

Home Health Deemed Surveys Document Hand Hygiene Lapses

The Joint Commission recently announced that all observations of noncompliance with hand hygiene protocol at Joint Commission–accredited organizations participating in the home health deemed status option will be documented by surveyors and will appear in the official survey report. This change, which became **effective February 24, 2014**, follows expectations set forth by the Centers for Medicare & Medicaid Services (CMS) during the deeming renewal process for the **Home Care** Accreditation Program.

Lapses in hand hygiene protocol will be documented at Infection Prevention and Control (IC) Standard IC.02.01.01, element of performance (EP) 2:

“The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.

Note: *Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all patients.”*


In addition, **effective January 1, 2014**, the scoring for this EP changed from Category C to Category A. This means that a home care organization that receives a Requirement for Improvement at this EP will no longer have to submit a Measure of Success as part of its post-survey follow-up process. These revisions will be published in the spring 2014 E-dition® update and the *2014 Update 1* to the *Comprehensive Accreditation Manual for Home Care*.

This means that a home care organization that receives a Requirement for Improvement at this EP will no longer have to submit a Measure of Success as part of its post-survey follow-up process.

Please note that noncompliance with establishing and implementing a hand hygiene program, setting goals for improved hand hygiene compliance, or improving compliance based on established goals will continue to be documented under National Patient Safety Goal NPSG.07.01.01:

“Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.”

For help in establishing and maintaining a hand hygiene program, organizations may consider following either the Centers for Disease Control and Prevention’s (CDC) or the World Health Organization’s (WHO) guidelines. Both sets of guidelines identify hand hygiene compliance opportunities as summarized in the boxes below.

Questions about the standards may be submitted to the Standards Interpretation Group via the Standards Online Question Form at http://www.jointcommission.org/standards_information/online_question_form. Accredited organizations may also direct inquiries to their assigned Account Executive at 630-792-3007. 

CDC: Hand Hygiene in Healthcare Settings

To disrupt the transmission of microorganisms, health care workers should practice hand hygiene at key points in time such as the following:

- Before patient contact
- After contact with blood or body fluids
- After contact with contaminated surfaces (even if gloves are worn)
- Before invasive procedures
- After removing gloves (wearing gloves is not enough to prevent the transmission of pathogens in health care settings)

References

1. Centers for Disease Control and Prevention. Hand Hygiene in Healthcare Settings. Accessed Mar 7, 2014. <http://www.cdc.gov/handhygiene/guidelines.html>
2. World Health Organization. Five Moments for Hand Hygiene. Accessed Mar 7, 2014. http://www.who.int/gpsc/tools/Five_moments/en/

WHO: Five Moments for Hand Hygiene

- Moment 1. Before touching a patient
- Moment 2. Before a clean/aseptic procedure
- Moment 3. After body fluid exposure risk
- Moment 4. After touching a patient
- Moment 5. After touching patient surroundings