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Journal of Radiology Nursing

journal homepage: www.radiologynursing.org

Hot Topics

Heightened Attention to Hand Hygiene: Joint Commission's Stricter Standard Enforcement

Valerie Aarne Grossman, MALS, BSN, NE-BC *

Medical Imaging Rochester, University of Rochester, Highland Hospital Medical Imaging, Rochester, NY

A recent announcement from The Joint Commission (TJC) on Accreditation and Certification of Healthcare Organizations states that the enforcement of the 2018 National Patient Safety Goal (NPSG) for hand hygiene has been made considerably stricter (TJC, 2017). Starting on January 1, 2018, if a surveyor witnesses a single employee failing to perform hand hygiene while delivering direct patient care, the organization will receive a deficiency resulting in a requirement for improvement. This deficiency can be classified under either of two Joint Commission standards:

- Infection Prevention and Control (IC) Standard IC 02.01.01, element of performance 2 expects the organization to use precautions to prevent the risk of infection and its spread, including personal protective equipment as well as hand hygiene (which is widely known to be the most important intervention in preventing the spread of health care-associated infection).
- Hand hygiene can also be categorized under the 2018 NPSG 07.01.01, which expects health care organizations to follow the current hand hygiene guidelines of the Center for Disease Control and Prevention (CDC) or the World Health Organization (WHO).

This differs from past years, where TJC would only render this serious of a deficiency if they witnessed a *pattern within the organization* of noncompliance with hand hygiene.

The importance of hand washing was first identified in Vienna as early as 1846 by Dr. Semmelweis who noticed that women who delivered their babies in the doctor's maternity ward were more likely to develop a fever and die than those women who delivered in the midwife ward (PBS News Hour, 2015). Dr. Semmelweis mandated that all doctors and medical students wash their hands with chlorinated lime (Ataman, Vatanoglu-Lutz, & Yildirim, 2013). In Italy in 1854, while serving in the Crimean War, Florence Nightingale identified the relationship between nursing practice and infection control (Smith & Lokhorst, 2009). Many British soldiers were dying under the very unsanitary conditions in the military hospital where Florence Nightingale and her team of 38

volunteer nurses were assigned. She observed that the soldiers were more likely to die of diseases, such as typhus, typhoid, cholera, and dysentery than from their battle wounds. The hospital was overrun with bugs, lice, fleas, and rats (Nightingale, Munding, & TJC, 1999). Nightingale demanded the hospital be supplied with clean linen and clothing, soap (for personal hygiene and environmental hygiene), clean drinking water, and clean eating utensils. Interestingly though, not more attention was paid to hand washing until the 1980s when foodborne illness outbreaks began to occur and the CDC became involved.

Many organizations are addressing modern day hand hygiene and the importance it plays in the prevention of disease and infection transmission. The World Health Organization (WHO) is very active in setting standards as well as publishing reference material for professionals to use around the world. In 2009, WHO published the 270 page "WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge That Clean Care is Safer Care" (WHO, 2009a, 2009b). It is a comprehensive coverage of information dealing with hand hygiene and its impact on the limiting of the spread of disease transmission.

The CDC has a robust hand hygiene program. The CDC campaign titled "Clean Hands Count" provides concise and accurate information regarding the importance of hand hygiene, how to accomplish it, and the finer details that are involved with appropriate hand hygiene programs (See Figures 1 and 2).

TJC itself is profoundly active in their hand hygiene campaigns. Starting as far back as 2008, the Joint Commission Center for Transforming Healthcare began work on its own improvement project: addressing the failures in hand hygiene (Joint Commission Center for Transforming Healthcare, 2018). They worked with eight leading hospitals to develop, test, and improve their Targeted Solutions Tool for hand hygiene (Shabot, Chassin, France, Inurria, Kendrick, & Schmaltz, 2016). They determined that to have a successful hand hygiene program with sustained high-quality improvement that made a difference in the safety of their patients, a comprehensive, systematic, and sustainable change was the only answer. In the years since, TJC allowed health care organization to develop their own programs: they now believe that hospitals have had enough time to hard wire excellent hand hygiene and thus are implementing these stricter standards effective from January 1, 2018. TJC recommends that organizations, if they have not already done so, should:

The author of the Hot Topics Column entitled "Heightened Attention to Hand Hygiene: Joint Commission's Stricter Standard Enforcement" has no conflict of interest to declare.

* Corresponding author: Valerie Aarne Grossman, PO Box 27, Macedon, NY 14502.
E-mail address: Valerie210@aol.com.

<https://doi.org/10.1016/j.jradnu.2018.01.002>

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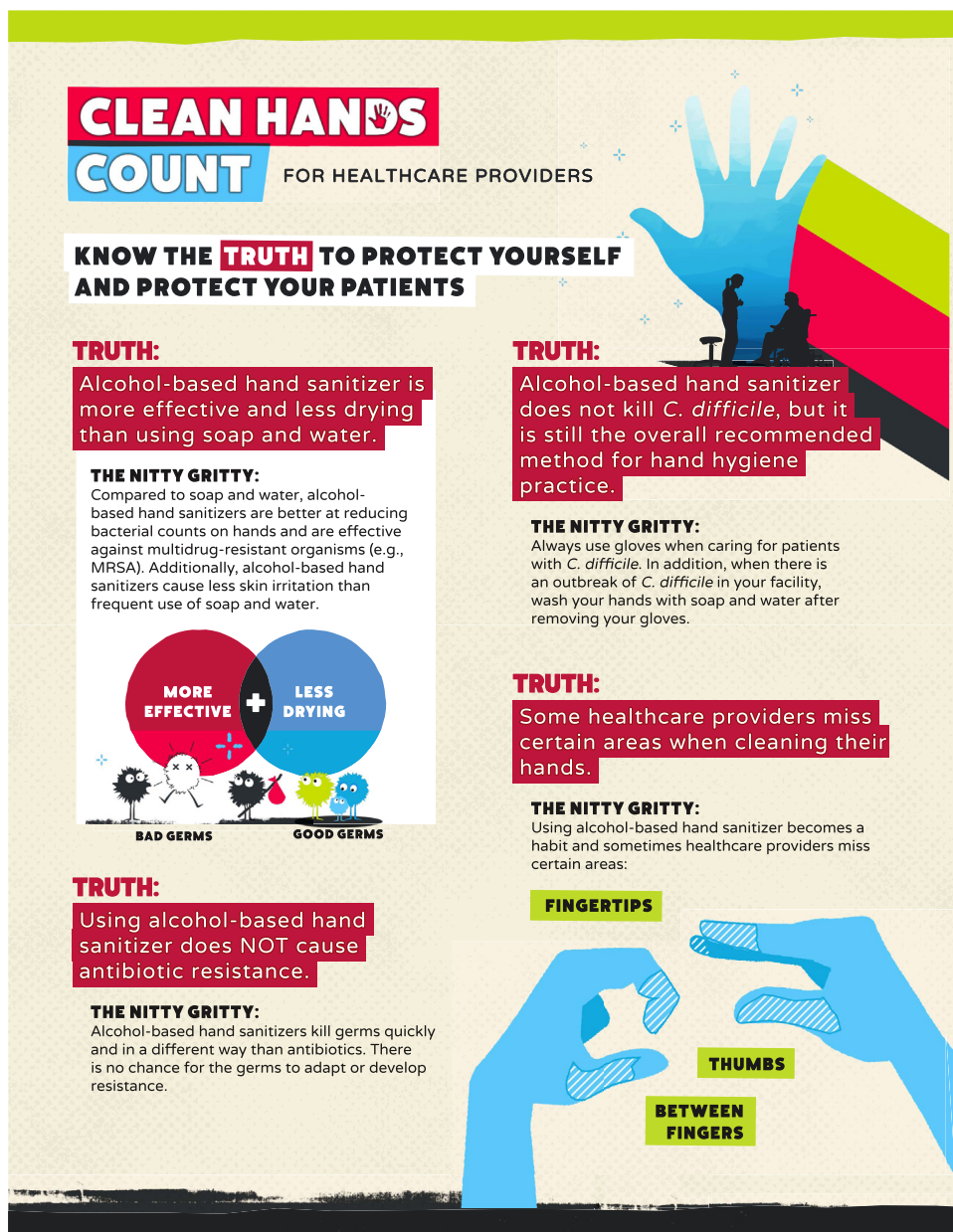


Figure 1. Clean Hands Count. Source: www.cdc.gov/HandHygiene.

- Plan the hand hygiene project with support and oversight of senior leadership and proper apportionment of funding, staffing, and resources.
- Inspire the staff to take ownership of a hand hygiene campaign and offer continuing education.
- Launch the initiative across the organization.
- Senior leadership and frontline managers must support lasting change as evidenced by a robust quality program and monitoring of compliance (Joint Commission International, n.d.) (Shabot et al., 2016).

Although minimizing the spread of infection is the priority for all health care staff members, there is concern among frontline staff regarding the complications of frequent hand washing for those who are in direct contact with patients for extended periods. As a result of near constant hand hygiene, some staff may experience

skin breakdown, which can range from mild to debilitating. Common symptoms include dryness, irritation, itching, cracking, and even bleeding. On more rare occasions, staff may suffer from allergic contact dermatitis (WHO, 2009b; Part 14). Staff may need to seek professional medical treatment from a dermatologist and will likely need to address issues that include the type of hand hygiene being used, brand of gloves, and use of barrier creams or hand lotions.

All personnel working in any imaging setting play an integral role in keeping our patients free from disease transmission, especially because there are times when a patient has a contagious concern and it is too early in their hospital stay or outpatient visit for diagnosis or perhaps there is a breakdown in communication ... thus all patients must be treated with caution and staff must pay meticulous attention to infection prevention techniques. All modalities must be diligent at the infection prevention aspects of their

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