

WELCOME: THE WEBINAR WILL BEGIN SHORTLY

ALL LINES WILL BE MUTED ...

PLEASE UTILIZE THE CHAT WINDOW FOR ANY QUESTIONS.



BSI QIA INFECTION DETECTION ORIENTATION WEBINAR

JANUARY 22, 2019 1:00 PM

Presented By: Maryam Alabood

Quality Improvement
Specialist
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WHAT IS THE NETWORK?



Network 14 is a non-profit organization incorporated in Texas and provides services on behalf of the Centers for Medicare & Medicaid Services (CMS) to kidney patients and their providers.

Our Mission

To support equitable patient- and family-centered quality dialysis and kidney transplant health care through the provision of patient services, education, quality improvement, and information management.





NETWORK STAFF





Mary Albin, Executive Director



Quality Improvement Department



Betrice Williams, Outreach Coordinator



Dany Anchia, RN, QI Coordinator



Javoszia Sterling, QI Analyst



Maryam Alabood, QI Specialist*

PATIENT ADVISORY COMMITTEE









OBJECTIVES



Location of project materials: http://www.esrdnetwork.org/ infection-detection

- Goals of Infection Detection QIA
- Focus Facility selection
- Project Timeline
- Project components
 - NHSN Requirements
- Sustainability
- CMS Watch List
- Wrap up





HOME

CALENDAR

OUR NETWORK

PATIENTS & FAMILIES

PROVIDERS

Continuing Education

Inclusive Care
End of Life
Vaccinations
sent- and Family-Centered
Care

Treatment Options Vocational Rehabilitation Patient-Provider Conflict

Quality Incentive Program (QIF

Quality Improvement
5-Diamond Patient Safety
Program
HAI-LAN/ Sepsis Resources
Managing Vascular Access
QAPI Tools and Resources
CROWNWeb

Quality Improvemen
Activities (QIA
Be the Voice-Be the Chang
2016 ICH CAHPS QIA
Quality QIA
Depression Screening QIA
Don't Wait, Vaccinati
2016 Vaccinston QIA

Grievance 2017 Grievance 2016 Grievance QIA

Home Modalit 2018 Home Referrals QI 2017 Home Referrals QI 2016 Home Referrals QI

Hospitaliza

INFECTION DETECTION

Orientation Webinar Information

Intervention Resources

CDC Resources

CDC Core Interventions for Dialysis BSI Prevention Q

"Days Since Last Bloodstream Infection" Poster @

"Put Together the Pieces to Prevent Infection" Poster @

"6 Tips to Prevent Dialysis Infection" Handout @

Conversation Starter to Prevent Infections in Dialysis Patients Q

Order Free laminated copies of CDC Tools (A)

CDC Observation Audit Tools

Hand Hygiene Observation Audit Tool @

Dialysis Station Routine Disinfection Audit Tool @

Catheter Connect and Disconnection Audit Tool @

Catheter Exit Site Care Audit Tool @

CDC Observation Checklist

Dialysis Station Routine Disinfection Checklist @

Catheter Connection Checklist @

Catheter Disconnection Checklist @

Catheter Exit Site Care Checklist @

GOALS, PURPOSE, AND ACTION



Goal: Reduce the national rate of bloodstream infections (BSIs) in dialysis patients by 50%, to achieve the 5 year national target to improve health of all ESRD patients living in the US.

- Purpose: The Network is contracted to develop a plan to reduce the rates of BSIs in patients with end stage renal disease (ESRD) because of their increased vulnerability to healthcare-associated infections (HAIs).
- Activities: Will focus on reducing BSIs by
 - Support ESRD facilities use of NHSN and the CMS reporting requirements
 - Participating in HAI LAN
 - Assist facilities with implementation of CDC core interventions and increase awareness
 - Reduce long-term catheters (LTCs)
 - Improve communication across care settings (especially between hospitals and dialysis facilities)
 - Encourage facilities to join Health Information Exchange (HIE)



NHSN DATA MEASURES



What is the Standardized Infection Ratio (SIR)?

The (SIR) is a summary measure used to track HAIs at a national, state, or local level over time. The SIR adjusts for various facility and/or patient-level factors that contribute to HAI risk within each facility. In HAI data analysis, the SIR compares the actual number of HAIs reported to the number that would be predicted, given the standard population (i.e., NHSN baseline), adjusting for several risk factors that have been found to be significantly associated with differences in infection incidence.

Why not the PBC rates?

These rates, or pooled means, were calculated using aggregate data reported to NHSN. The total number of infections was divided by the applicable number of patient days for that time period. However, a problem with strictly using pooled mean rates is that they cannot reflect differences in risk between populations, and therefore lose comparability over time and across entities



SELECTION PROCESS



Baseline Data: Q1/Q2 2018 (January – June)

Network 14 Average: -1.11 Focus Facility Average: 1.75

Network 14 facilities eligible to report for all of 2018

(N=573)

Facilities ranked by highest Excess BSI Rates Selection of 50% of Network 14 facilities with the highest Excess BSI Rates (N=286) Selection of 20% of Network 14 facilities with the highest Excess BSI Rates (N=115)

Total number of Focus Facilities from the 20% cohort

(N=115)



NHSN DATA



pbcCount = how many positive blood cultures reported into NHSN

Months = the 6 month period of the project (January-June 2018)

CCN	state	location	accessType	summaryYH	months	pbcCount	numPats	PBCRate
123456	TX	OPDIALYSIS	All	2018H1	6	1	96	1.04

numPats = the cumulative total # of patient/months for the 6 months

PBCRate = pbcCount/numPats (Ex: 1/96 = 0.0104 * 100pt/mo = 1.04)

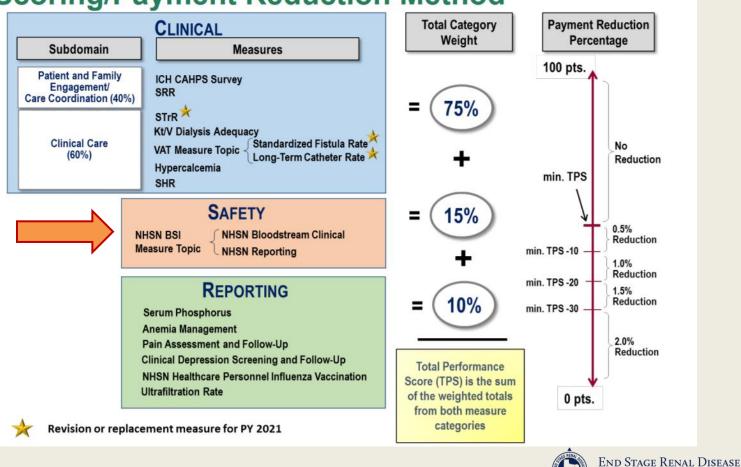


PY 2021 SCORING AND PAYMENT REDUCTION METHODOLOGY



Network of Texas

PY 2021 Scoring/Payment Reduction Method



PY 2021 SCORING AND PAYMENT REDUCTION METHODOLOGY



Reintroducing the NHSN Dialysis Event Reporting Measure

- PY 2015 version of reporting measure addresses tradeoffs associated with incentivizing facilities to report monthly dialysisevent data and to accurately report such data
- Score based on number of months a facility reports data
 - 12 months: 10 points
 - 6 to 11 months: 2 points
 - 0 to 5 months: 0 points



PROJECT COMPONENTS





CDC Core Interventions

NCC HAI LAN & HIE

Patient Engagement





TOGETHER LET'S KEEP DIALYSIS PATIENTS SAFE
DAYS SINCE LAST
BLOODSTREAM INFECTION Our last bloodstream infection was on
To learn more about dialysis safety, visit www.cdc.gov/dialysis
MAKING DIALYSIS SAFER COANTING DIALYSIS SAFETY

Order a FREE
Laminated copy
from the CDC
website!!







Conversation Starter to Prevent Infections in Dialysis Patients

Preventing infections is important for patient safety. The Centers for Disease Control and Prevention (CDC) wants dialysis patients and dialysis centers to start a conversation about preventing infections. Family members can also start the conversation. We hope this guide can be a starting point to improve awareness about patient safety issues.



How does this facility involve patients and their families in infection control activities? Are patients encouraged to speak up when they see a concerning practice (for example, a staff member who does not wash her hands)?

Dialysis centers should educate and empower patients to help prevent infections and support a safe care environment. Talk to your social worker or facility administrator for ideas on how you can get involved.

ow does this facility make sure that all patients receive cessary vaccines to prevent illness (such as Hepatitis B



Patients on dialysis have weakened immune systems and should get certain vaccines to keep from getting sick.



How does this facility make sure that dialysis center staff are vaccinated against the flu every year?

Sick staff members can spread the flu to patients. Requiring dialysis center staff to get vaccinated each year can help prevent this spread. Dialysis centers should also have policies that support staff to stay home when they are sick.

Does this facility check all patients for hepatitis C infection?

All hemodialysis patients should be tested for hepatitis C when they start treatment at a center, and then every 6 months if they could become infected. Testing is the only way to know if patients have hepatitis C and to find out if the infection is spreading in the facility.



Patients with

Catheters

Does this facility prepare medications in a separate room away from dialysis stations to avoid contamination?

Medications for injection should be prepared away from patient treatment areas to keep them safe from germs. One way to do this is to prepare them in a separate room More information about injection safety can be found at: www.oneandonlycampaign.org/



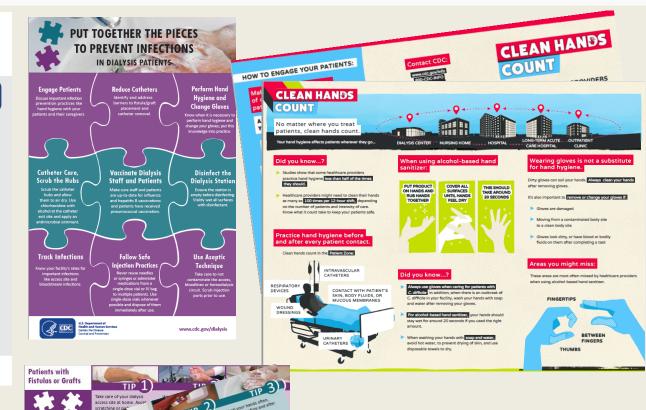
To learn more visit www.cdc.gov/dialvsis



I AM A RENAL PATIENT. Important info about my veins:

- . NO IVs or blood draws on my RIGHT / LEFT arm.
- If IV or blood draw is required, use my hand veins or my other arm.
- NO BPs on my fistula or graft arm (if fistula or graft in place).
- If a long-term central line is required, use tunneled internal jugular line.
- Use PICC line as last resort.











TAGE RENAL DISEASE
WORK OF TEXAS

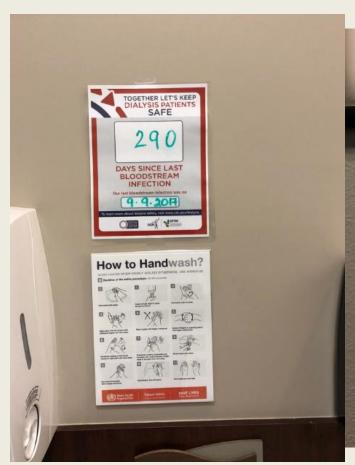






"DAYS SINCE LAST BSI" POSTER



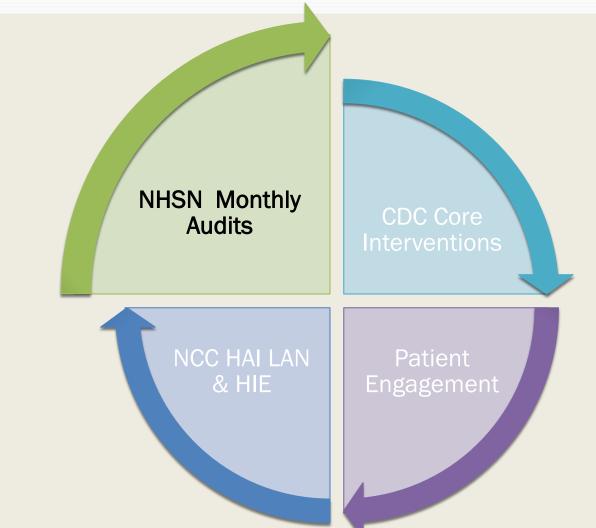






PROJECT COMPONENTS







CDC OBSERVATION AUDIT TOOLS



Four CDC Audit Tools (reported monthly in NHSN)

- 1. Hand Hygiene (minimum of 30)
- 2. Dialysis Station Routine Disinfection (minimum of 10)
- 3. Catheter Connection/Disconnection (minimum of 10)
 - Does not have to be all connections or all disconnections, but can be a combination of both
- 4. Catheter Exit Site Care (minimum of 5)



HAND HYGIENE AUDIT TOOL



Discipline	Hand by	ygiene	Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):					
	Hand hygiene opportunity	Opportunity successful						
							-	
				Nume	erator		-	
							-	
						Denomina	at∩r	
						Denomin	atoi	





DIALYSIS STATION ROUTINE DISINFECTION AUDIT TOOL

Observer:

Facility Name:



	thin a row must Lapplies when there is		•	re to be cou	inted as succe	ssful.")			nk. All applicable
Discipline	All supplies removed from station and prime bucket emptied	Gloves removed, hand hygiene performed	Station is empty before disinfection initiated	New clean gloves worn	Disinfectant applied to all surfaces and prime bucket	All surfaces are wet with disinfectant	All surfaces allowed to dry	Gloves removed, hand hygiene performed	No supplies or patient brought to station until disinfection complete
								Num	nerator
									Denom
Duration of	P=physician, N=1 f observation per			Nu	mber of proced				

DIALYSIS STATION ROUTINE DISINFECTION CHECKLIST



Checklist: Dialysis Station Routine Disinfection

This list can be used if there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection. The proper steps for cleaning and disinfecting surfaces that have visible soil on them are not described herein. Additional or different steps might be warranted in an outbreak situation. Consider gathering necessary supplies prior to Part A.

warrant	ed in an outbreak situation. Consider gathering necessary supplies ² prior to Part A.
Part A	a: Before Beginning Routine Disinfection of the Dialysis Station
	Disconnect and takedown used blood tubing and dialyzer from the dialysis machine.
	Discard tubing and dialyzers in a leak-proof container ² .
	Check that there is no visible soil or blood on surfaces.
	Ensure that the priming bucket has been emptied $\frac{3}{2}$.
	Ensure that the patient has left the dialysis station ⁴ .
	Discard all single-use supplies. Move any reusable supplies to an area where they will be cleaned and disinfected before being stored or returned to a dialysis station $\frac{5}{2}$.
	Remove gloves and perform hand hygiene.
PART	B: Routine Disinfection of the Dialysis Station – AFTER patient has left station
PART	B: Routine Disinfection of the Dialysis Station – AFTER patient has left station Wear clean gloves.
PART	,
PART	. Wear clean gloves. Apply disinfectant $^{\underline{c}}$ to all surfaces $^{\underline{c}}$ in the dialysis station using a wiping motion (with
PART	Wear clean gloves. Apply disinfectant $^{\underline{6}}$ to all surfaces $^{\underline{7}}$ in the dialysis station using a wiping motion (with friction).
PART	Wear clean gloves. Apply disinfectant ⁶ to all surfaces ² in the dialysis station using a wiping motion (with friction). Ensure surfaces are visibly wet with disinfectant. Allow surfaces to air-dry ⁸ . Disinfect all surfaces of the emptied priming bucket ² . Allow the bucket to air-dry
PART	Wear clean gloves. Apply disinfectant ⁶ to all surfaces ⁷ in the dialysis station using a wiping motion (with friction). Ensure surfaces are visibly wet with disinfectant. Allow surfaces to air-dry ⁸ . Disinfect all surfaces of the emptied priming bucket ³ . Allow the bucket to air-dry before reconnection or reuse.
	Wear clean gloves. Apply disinfectant ⁶ to all surfaces ² in the dialysis station using a wiping motion (with friction). Ensure surfaces are visibly wet with disinfectant. Allow surfaces to air-dry ⁸ . Disinfect all surfaces of the emptied priming bucket ³ . Allow the bucket to air-dry before reconnection or reuse. Keep used or potentially contaminated items away from the disinfected surfaces.







CATHETER CONNECT/ DISCONNECT AUDIT TOOL



Procedure observed, C=connect D=disconnect	Discipline	Mask worn properly (if required)	Hand hygiene performed	New clean gloves worn	Catheter removed from blood line aseptically (disconnection only)	Catheter hub scrubbed	Hub antiseptic allowed to dry	Catheter connected to blood lines aseptically (connection only)	New caps attached aseptically (after disconnecting)	Gloves removed	Hand hygiene performed
								Nume	rator		
										Deno	mina
Discipline: P = Duration of ob ADDITIONAL	bservation	period =		ninutes	Numbe	-	-	ned correc		<u> </u>	y

CATHETER CONNECT/ DISCONNECT CHECKLIST



Checklist: Hemodialysis catheter connection

Wear mask (if required)
Perform hand hygiene
Put on new, clean gloves
Clamp the catheter and remove caps
Scrub catheter hub with antiseptic
Allow hub antiseptic to dry
Connect catheter to blood lines aseptically
Remove gloves
Perform hand hygiene





Checklist: Hemodialysis catheter disconnection

Wear mask (if required)
Perform hand hygiene
Put on new, clean gloves
Clamp the catheter
Disconnect catheter from blood lines aseptically
Scrub catheter hub with antiseptic
Allow hub antiseptic to dry
Attach new caps aseptically
Remove gloves



Perform hand hygiene





CATHETER EXIT SITE CARE AUDIT TOOL

Division of Healthcare Quality Promotion



CATHETER EXIT SITE CARE CHECKLIST



Checklist: Hemodialysis catheter exit site care

Ш	Wear mask (if required) and remove dressing
	Perform hand hygiene
	Put on new, clean gloves
	Apply skin antiseptic
	Allow skin antiseptic to dry
	Do not contact exit site (after antisepsis)
	Apply antimicrobial ointment*
	Apply dressing aseptically
	Remove gloves
	Perform hand hygiene
	* Use an ointment that does not interact with catheter material







AUDIT CHECKLISTS



- Checklist tools for <u>each</u> observation audit should be used monthly with at least <u>one</u> patient and reported in the monthly survey.
 - Dialysis Station Routine Disinfection
 - Catheter Connection Checklist
 - Catheter Disconnection Checklist
 - Catheter Exit Site Care Checklist



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Ethics

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Patient- and Family-Centered

Treatment Options Vocational Rehabilitation Patient-Provider Conflict

Quality Incentive Program (QIP)

> Quality Improvement 5-Diamond Patient Safety Program HAI-LAW Sepsis Resources Managing Vascular Access

QAPI Tools and Resources CROWNWeb

Quality Improvement Activities (QIA)

Be the Voice-Be the Change 2016 ICH CAHPS QIA Culture Exchange: NHSN Data Quality QIA

Depression Screening QIA (PHFPQ) Don't Wait, Vaccinate

> 2016 Vaccination QIA Grievance

2017 Grievance 2016 Grievance QIA

Home Modality

2018 Home Referrals QIA 2017 Home Referrals QIA 2016 Home Referrals QIA

> Hospitalization Hypercalcemia 2017 Hypercalcemia

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Order Free Laminated Copies of CDC Tools

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Catheter Connect and Disconnection Audit Tool (A)

Catheter Exit Site Care Audit Tool @

CDC Observation Checklist

Dialysis Station Routine Disinfection Checklist Q

Catheter Connection Checklist (A)

Catheter Disconnection Checklist (A)

Catheter Exit Site Care Checklist @

Location of project materials:

http://www.esrdnetwork
.org/ infection-detection

CDC Observation Audit Tools

CDC Observation
Checklist



HOW TO REPORT OBSERVATIONS

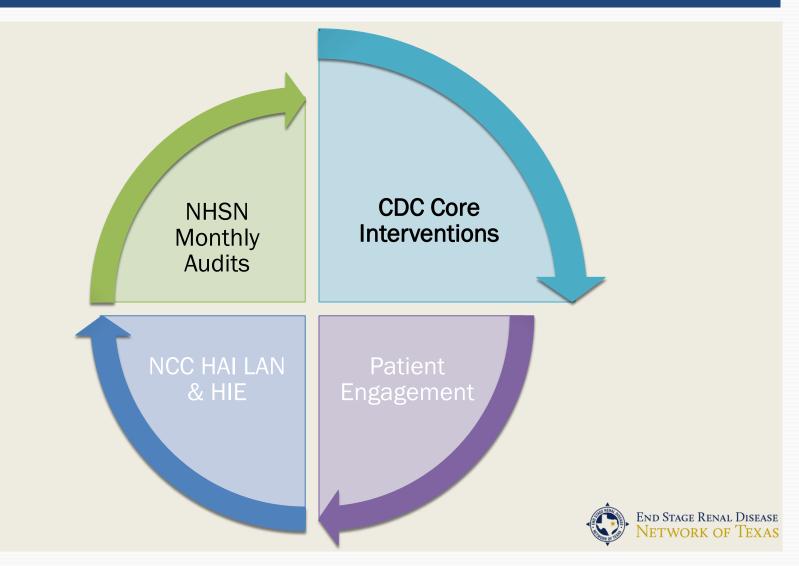


- Observations must be entered into NHSN
 - Schedule of due dates will be supplied, must be entered by last day of the month
 - Monthly email reminders will be sent
 - Maintain at least 2 individuals in your facility trained with access to enter data into NHSN
 - Prevention Process Measures (PPM) must be built for entry of the four CDC Audit Tools.
 - DO NOT SEND THE OBSERVATION AUDITS TO THE NETWORK



PROJECT COMPONENTS





CDC CORE INTERVENTIONS



- Complete CDC Core Intervention
 Education each month
 - 9 months remaining in project, 9 topics on the document
- Schedule of topics will be placed on the website with due dates
- Reporting document will be placed on website and complete survey by the last day of each month

CDC Approach to BSI Prevention in Dialysis Facilities

(i.e., the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention)

1. Surveillance and feedback using NHSN

Conduct monthly surveillance for BSIs and other dialysis events using CDC's National Healthcare Safety Network (NHSN). Calculate facility rates and compare to rates in other NHSN facilities. Actively share results with front-line clinical staff.

2. Hand hygiene observations

Perform observations of hand hygiene opportunities monthly and share results with clinical staff.

3. Catheter/vascular access care observations

Perform observations of vascular access care and catheter accessing quarterly. Assess staff adherence to aseptic technique when connecting and disconnecting catheters and during dressing changes. Share results with clinical staff.

4. Staff education and competency

Train staff on infection control topics, including access care and aseptic technique. Perform competency evaluation for skills such as catheter care and accessing every 6-12 months and upon hire.

5. Patient education/engagement

Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for access management when away from the dialysis unit.

6. Catheter reduction

Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

7. Chlorhexidine for skin antisepsis

Use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent for central line insertion and during dressing changes.*

8. Catheter hub disinfection

Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.**

9. Antimicrobial ointment

Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.***

- * Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.
- ** If closed needleless connector device is used, disinfect device per manufacturer's instructions
- *** See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis Safety website (htmlifsites). Use of chlorhexidine-impregnated sponge dressing might be an alternative.

For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit http://www.cdc.gov/dialysis



CDC CORE INTERVENTIONS





2019 BSI QIA: Monthly Feedback - FEBRUARY

Monthly Survey

-	1. Select your facility from the dropdown list.
	\$
	If your facility is not listed above, enter your CCN AND full facility name.
*	2. Complete the below information.
	First and last name of the person completing this survey.
	Email address of the person completing this survey.
	Title of the person completing this survey.

* 3. Rank your facility's <u>CURRENT</u> level of implementation of the below CDC Core Intervention for dialysis bloodstream infection (BSI) prevention.

Surveillance and Feedback using NHSN





CDC COALITION

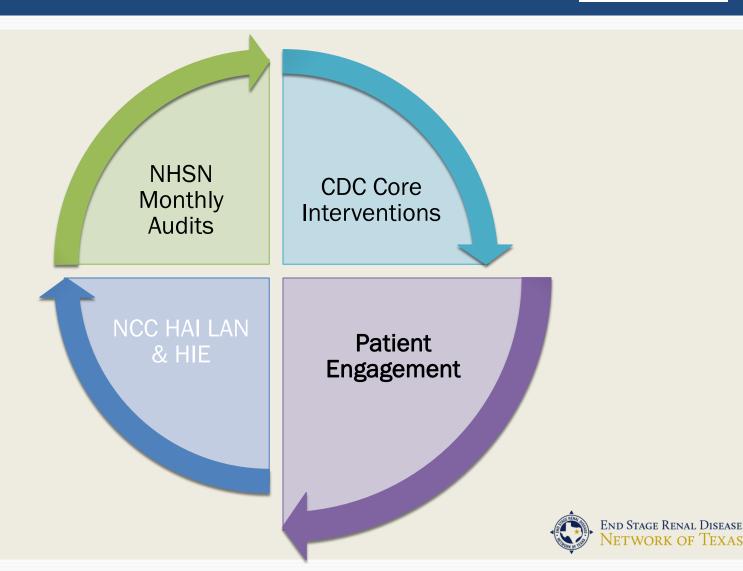


- Who Can Join?
 - Members include <u>individuals</u>, such as staff from individual clinics, nephrologists and nephrology nurses, dialysis technicians, leaders in infection prevention and/or patient safety, dialysis educators, patients, caregivers, and others.
- Facility Responsibility
 - At least one staff member participates
 - Join the CDC Coalition, it's <u>FREE</u> (www.cdc.gov/dialysis/coalition/members.html#join)
 - Members will help promote and distribute the Coalition's materials and messages.



PROJECT COMPONENTS





PATIENT ENGAGEMENT







Facility's Patient Clinic Committee members reviewing the Conversation Starter and the Lead Patient Committee member, Juan Morales, demonstrating teach back with the clinic staff.





OPTION 1



National Recognition Events

OPTION 2



Network's
Patient
Engagement
Calendar

OPTION 3



Facility's
Patient
Engagement
Plan



PATIENT ENGAGEMENT ACTIVITY



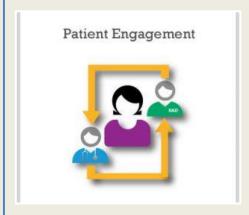
- Patient Engagement Activities will be promoted through the recognition and involvement of nationally recognized patient days.
 - Patient Recognition Day/Week (Feb 3, 2019/Feb 1-7, 2019)
 - World Kidney Day (March 14, 2019)
 - Patient Safety Awareness Week (March 10-16, 2019)
 - Patient Experience Week (April 27- May 1, 2019)
 - World Hand Hygiene Day (May 5, 2019)
 - Sepsis Awareness Month (September 2019)
 - Global Handwashing Day (October 15, 2019)
 - International Infection Prevention Week (October 14-20, 2019)
 - US Antibiotic Awareness Week (November 12-18, 2019)

(Network 14 strongly encourages participation of facility patient representatives)





OPTION 1



National Recognition Events

- PE Activity: June 2019
 - Network Calendar Activity
 - Facility Planned Activity
- PE Activity: July 2019
 - Network Calendar Activity
 - Facility Planned Activity
- PE Activity: August 2019
 - Network Calendar Activity
 - Facility Plan Activity





OPTION 2



Network's
Patient
Engagement
Calendar

JANUARY

Take part in your care It's your life!

How can I increase my engagement this month?

- Know your medicines
 - Make a complete list of every medicine you take, every pharmacy you have. Update your list every month.
 - o Ask what each of your medicines is for and what side effects to watch
 - Fill or refill your prescriptions on time.
 - Talk to your doctor before you stop taking a medicine or start taking; counter medicine).
 - Some medicines should not be taken with other medicines. Ask your Pharmacist about possible interactions before you take any new med
 - Put a copy of your medications in your wallet, your refrigerator/freez waterproof bag), and the glove compartment in your car.
- · Prevent infection and protect your access, if you have one
 - Always wash your hands before and after treatment. It could save yo
 Tell the staff at your facility to wash their hands and wear gloves before
 - If your access does not feel "right", get it checked immediately.
- Go to support groups if they are offered in your area or look for online sup
 Learn more about kidney disease and treatment options by searching
- Learn more about kidney disease and treatment options by searching seminars and support groups. Don't wait for someone else to tell you
- Know your options
- Attend your Plan of Care meetings at your facility and if you have que
- Continue to consult with your dietitian to learn how your diet can improve
 Talk with a pharmacist if you have any questions about insurance and drug
- . Talk with the social worker if you want to work, go to school, or volunteer
- Know your allowed fluid intake. Talk with your health care team to determ Why should I increase my engagement by taking part in my care?
- YOU know how you feel and what you need better than anyone else
- Attending Plan of Care meetings empowers YOU to help make decisions abo
- . When you understand all of your choices, YOU have more control over your

Word Search - Find the following words that will help you be part of your care Family XUTMLEARNBY

Patient EGAGNESTRIO
Engage PWEYLIMAFD
Learn EWPATIENTM

This information was created BY ESRD patients FOR ESRD patients! To file a for questions, contact the ESRD Network of Texas at 1-877-886-4435 (phone), 97 info@nw14.eard.net (email), 4099 McCwen Rd, Suite 820, Dallas, TX 75244, or ww



JANUARY



Participe en su cuidado iEs su vida!

¿Cómo puedo tener mayor participación este mes?

- Conozca sus medicamentos
 - Haga una lista completa de todos los medicamentos que toma, todas las farmacias que utiliza y cualquier alergia que padezca. Actualice su lista cada mes.
 - o Pregunte para qué es cada medicamento y de qué efectos secundarios debe estar pendiente.
 - Abastézcase v reabastézcase de sus recetas médicas a tiempo.
 - Hable con su médico antes de dejar de tomar un medicamento o comenzar a tomarlo (incluso medicamentos de venta libre).
 - Algunos medicamentos no deben tomarse junto con otros medicamentos. Pregúnteles a su Nefrólogo y Farmacéutico sobre las posibles interacciones antes de tomar cualquier medicamento nuevo.
 - Coloque una copia de la prescripción de medicamentos en su billetera, su refrigerador/congelador, su kit de emergencia (en una bolsa impermeable) y la guantera de su automóvil.
- Prevenga infecciones y proteja su acceso, si tiene una
- Lávese siempre las manos antes y después del tratamiento. ¡Puede salvar su vida!
- o ¡Dígale al personal del centro que se lave las manos y use guantes antes de tocarlo!
- Si siente que su acceso no está "bien", solicite que lo revisen inmediatamente.
- Asista a grupos de apoyo si se ofrecen en su área o busque grupos de apoyo en línea
 - Busque en Internet y asista a seminarios y grupos de apoyo para obtener más información sobre la enfermedad renal y las opciones de tratamiento. No esperes a que alguien más se lo diga.
- Conozca sus opciones
- Asista a sus reuniones del Plan de atención en su centro γ, si tiene alguna pregunta, por favor plantéela.
 Continúe consultando a su dietista para conocer cómo su dieta puede mejorar los resultados de sus pruebas de laboratorio.
- Hable con un farmacéutico si tiene alguna pregunta sobre el seguro y la cobertura de medicamentos
- Hable con la trabajadora social si quiere trabajar, ir a la escuela o ser voluntario
- Conozca su ingesta de líquidos permitida. Hable con su equipo de atención médica para determinar qué es lo mejor para usted.
- ¿Por qué debería tener mayor participación en mi cuidado?
- USTED sabe cómo se siente y qué necesita meior que cualquier otra persona
- Asistir a las reuniones del Plan de atención le permite a USTED ayudarlo a tomar decisiones sobre su atención

Cuando conoce todas sus opciones, USTED tiene más control sobre su propia salud

Búsqueda por palabras: encuentre las siguientes palabras que lo ayudarán a ser parte de su equipo de atención:

 Familia
 XUTMLEARNBY

 Paciente
 EGAGNESTRIO

 Participar
 PWEVIMAFD

 Aprender
 EWPATIENTM



¡Esta información fue creada POR pacientes con ENFERMEDAD RENAL EN ETAPA TERMINAL (ESRD) PARA p ENFERMEDAD RENAL EN ETAPA TERMINAL (ESRD)! Bara presentar una queja o si tiene preguntas, comuníquese con ESRD Network of Texas al 1-877-886-4435 (teléfono), 972-503-3219 (fax), info@mw14.esrd.net (email), 4099 McEwen Rd, Suite 820, Dallas, TX 75244 o www.ssrdnetwork.org





OPTION 3



Facility's
Patient
Engagement
Plan

- Existing patient engagement plan at the facility can be utilized
 - Specify activity completed each month in monthly survey
 - Provide documentation of all activities completed to the Network (by fax or email) DO NOT INCLUDE ANY PATIENT PHI
 - Complete survey questions around the plan's effectiveness and patient level of engagement
 - Will be reviewed by the NW and PAC SME for approval



FACILITY PATIENT REPRESENTATIVE (FPR)



- Every dialysis in Texas should have a FPR who will act as a link between patients and the facility staff.
 - Recommend 1 FPR for every shift
 - Consider diversity and predominant and secondary languages spoken by patients
 - Use Network FPR Toolkit to orient staff and patients to FPR role
- Responsibilities
 - Assist facility
 - Gather information and ideas from patients
 - Distribute information to patients
 - Share ideas from patients with facility staff
 - Co-design strategies to improve the delivery of care and patient information
 - Support Patient and Family Engagement activities, including QI activities
 - Promote Patient and Family Centered Care



FACILITY PATIENT REPRESENTATIVE (FPR)



http://esrdnetwork.org/patients-families/patient-representatives/

HOME

OUR NETWORK

CALENDAR

PATIENTS & FAMILIES

Filing a Grievance

Making Choices

Choosing a Facility Medicare Information Treatment Options

Patient Engagement & Patient- and Family-Centered Care

Patient Education

About Kidney Disease End of Life Healthy Living Vocational Rehabilitation Your Vascular Acce

Patient Representatives

PATIENT REPRESENTATIVES

What is a Facility Patient Representative (FPR)?

Every dialysis clinic in Texas should have a Facility Patient Representative (FPf between patients and the facility staff. The attached handbook and tools will ass training patients to become valuable members of the team.

To learn more about the FPR program, contact your facility social worker and re the FPR Toolkit!

FPR Toolkit - English - Spanish - Revised 05/2015

FPR FAQs

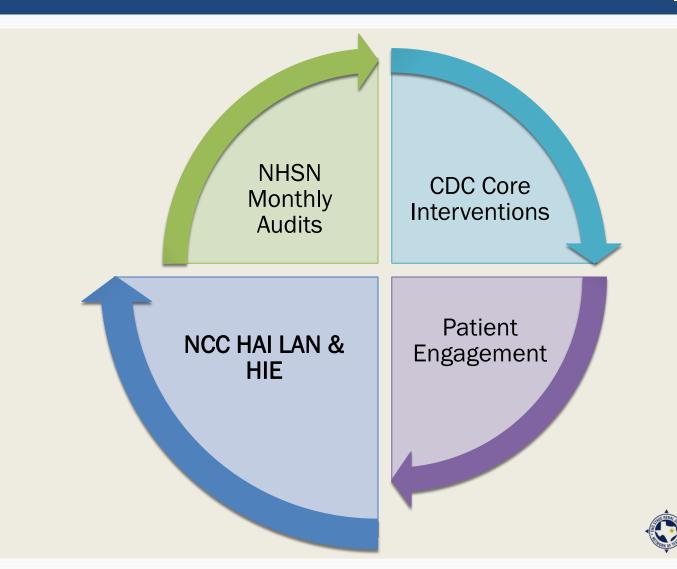
- FPR applications are for facility use.
- Please have the patient fill out the application, designated facility staff will application.
- All application material and signed agreements should be kept at the facility ε



PROJECT COMPONENTS



END STAGE RENAL DISEASE





NCC HEALTHCARE-ASSOCIATED INFECTION (HAI) LEARNING AND ACTION NETWORK (LAN)



- The ESRD NCC HAI LAN has two primary purposes.
 - The first is to improve information communication across care settings, with emphasis on communication between hospitals and dialysis centers caring for the same ESRD patients.
 - The second is to increase awareness of and implementation of CDC Core interventions.
- Facility Responsibility
 - Attend the ESRD NCC HAI LAN every other month.
 - Share identified interventions to improve the BSI rates from each LAN meeting with patients and staff



HEALTH INFORMATION EXCHANGE



- GOAL: Join a Health Information Exchange (HIE) or another evidence-based highly effective information transfer system to receive information relevant to positive blood cultures during transition of care.
- Facility Responsibility
 - Learn about Health Information Exchanges (HIE)
 - Join a Health Information Exchange
 - Provide proof to the Network



SUSTAINABILITY



SUSTAIN STANDARDIZE **TRANSPARENCY** INTEGRATION **NEVER GOBACK**

- Sustain the improvements made during the project after the project has ended
 - Start early, at the beginning of the project with the end goal in mind
 - Use SUSTAIN mnemonic to remember the seven steps of sustainability
 - Complete and submit a Sustainability Plan for each project to Network toward end of project
- Role of organizational culture and leadership in successful sustainability activities



RAPID CYCLE IMPROVEMENT



- Interventions are meant to drive results
- Network monthly tracking will include analysis of progress versus baseline data
- Trending will be reviewed, and if needed, an RCI may be necessary for your facility
- This analysis will dictate the possibility of a facility being relieved of this project at the end of 2019. Analysis may also suggest to the Network that the facility should remain beyond the end of 2019.



CMS WATCH LIST



- Facilities failing to submit required documents for projects will receive:
 - One written or emailed notice
 - One notification via phone
- If no response received from facility, the facility will be placed on the CMS Watch List, which will include:
 - Report of non-compliance to corporate leaders
 - Report of non-compliance with DSHS on monthly calls
 - Report of non-compliance to CMS



ADDITIONAL RESOURCES FOR FACILITIES



- Best Practices Video
 - Covers hand hygiene, catheter connection/disconnection, and fistula/graft cannulation
 - Procedure steps mirror the checklists
 - http://www.cdc.gov/dialysis/prevention-tools/training-video.html
- Catheter Scrub-the-hub Protocol
 - Key step in catheter connection/disconnection
 - http://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-Central-Venous-Catheter-STH-Protocol.pdf
- Checklist tools
 - https://www.cdc.gov/dialysis/prevention-tools/audit-tools.html
- Hand Hygiene Observation Protocol
 - http://www.cdc.gov/dialysis/prevention-tools/Protocol-hand-hygieneglove-observations.html



NEXT STEPS



- Complete the Pre-Project Survey
 - https://www.surveymonkey.com/r/HV67ZH6
- Have two NHSN trained associates
 - Setup Prevention Process Measures Module and confer rights to NW
- Begin to recruit a Facility Patient Representative, if you have one, inform them on how they can assist with this project
- Order laminated copies of the CDC Tools and "Days Since Last BSI" Poster <u>HERE</u> and start thinking about how you want to set up the Infection Prevention Station
- COMPLETE THE WEBINAR ATTESTATION! https://www.surveymonkey.com/r/bsiwebpoll



THANK YOU FOR **PARTICIPATING**







HOME

OUR NETWORK

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PATIENTS & FAMILIES PROVIDERS

Continuing Education

Patient-Provider Conflict

Activities (QIA)

INFECTION DETECTION

Orientation Webinar Information

Intervention Resources

CDC Resources

CDC Core Interventions for Dialysis BSI Prevention Q

"Days Since Last Bloodstream Infection" Poster Q

"Put Together the Pieces to Prevent Infection" Poster @

"6 Tips to Prevent Dialysis Infection" Handout @

Conversation Starter to Prevent Infections in Dialysis Patients @

Order Free laminated copies of CDC Tools Q

CDC Observation Audit Tools

Hand Hygiene Observation Audit Tool @

Dialysis Station Routine Disinfection Audit Tool @

Catheter Connect and Disconnection Audit Tool (A)

Catheter Exit Site Care Audit Tool @

CDC Observation Checklist

Dialysis Station Routine Disinfection Checklist @

Catheter Connection Checklist (A)

Catheter Disconnection Checklist @

Catheter Exit Site Care Checklist @

Location of project materials:

http://www.esrdnetwork.org/ infection-detection

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