WELCOME: THE WEBINAR WILL BEGIN SHORTLY!

ALL LINES WILL BE MUTED...
USE THE CHAT WINDOW FOR ANY QUESTIONS.

---------------------------------------------

PLEASE CALL IN TO ACCESS AUDIO:
1-800-747-5150
ACCESS CODE:4433761
BSI QIA

Infection Detection

Orientation Webinar

January 23, 2019
1:00 PM

Presented By:
Maryam Alabood

Quality Improvement Specialist
469-916-3803
malabood2@nw14.esrd.net
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.
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
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)
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: **-0.96**

- 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 remaining from 50% cohort (N=171)
### NHSN DATA

<table>
<thead>
<tr>
<th>CCN</th>
<th>state</th>
<th>location</th>
<th>accessType</th>
<th>summaryYH</th>
<th>months</th>
<th>pbcCount</th>
<th>numPats</th>
<th>PBCRate</th>
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<tbody>
<tr>
<td>123456</td>
<td>TX</td>
<td>OPDIALYSIS</td>
<td>All</td>
<td>2018H1</td>
<td>6</td>
<td>1</td>
<td>96</td>
<td>1.04</td>
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- **pbcCount** = how many positive blood cultures reported into NHSN
- **Months** = the 6 month period of the project (January-June 2018)
- **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

**Clinical Measures**
- ICH CAHPS Survey
- SRR
- STRR
- Kt/V Dialysis Adequacy
- VAT Measure Topic
- Standardized Fistula Rate
- Long-Term Catheter Rate
- Hypercalcemia
- SHR

**Safety Measures**
- NHSN BSI Measure Topic
- NHSN Bloodstream Clinical Reporting

**Reporting Measures**
- Serum Phosphorus
- Anemia Management
- Pain Assessment and Follow-Up
- Clinical Depression Screening and Follow-Up
- NHSN Healthcare Personnel Influenza Vaccination
- Ultrafiltration Rate

**Revision or replacement measure for PY 2021**

**Total Category Weight**
- Clinical: 75%
- Safety: 15%
- Reporting: 10%

**Payment Reduction Percentage**
- Total Performance Score (TPS) is the sum of the weighted totals from both measure categories.
- 100 pts.
- No Reduction
- 0.5% Reduction
- 1.0% Reduction
- 1.5% Reduction
- 2.0% Reduction

**Minimum TPS Reductions**
- min. TPS
- min. TPS -10
- min. TPS -20
- min. TPS -30

**End Stage Renal Disease Network of Texas**
Reintroducing the NHSN Dialysis Event Reporting Measure

- PY 2015 version of reporting measure addresses tradeoffs associated with incentivizing facilities to report monthly dialysis-event 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

- NHSN Monthly Audits
- CDC Core Interventions
- NCC HAI LAN & HIE
- Patient Engagement
INFECTION PREVENTION STATION

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

Order a FREE Laminated copy from the CDC website!!
INFECTION PREVENTION STATION

We’re Here To Give You A (clean) Hand!

Happy World Hand Hygiene Day 2018
From Your Southwood Team!

May 5, 2018
“DAYS SINCE LAST BSI” POSTER
PROJECT COMPONENTS

NHSN Monthly Audits

CDC Core Interventions

NCC HAI LAN & HIE

Patient Engagement
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

**Audit Tool:** Hemodialysis hand hygiene observations

(Use a “✓” for each ‘hand hygiene opportunity’ observed. Under ‘opportunity successful’, use a “✓” if successful, and leave blank if not successful)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Hand hygiene</th>
<th>Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hand hygiene opportunity</td>
<td>Opportunity successful</td>
</tr>
</tbody>
</table>

**Notes:**

- Duration of observation period = _______ minutes
- Number of successful hand hygiene opportunities observed = _______
- Total number of patients observed during audit = _______
- Total number of hand hygiene opportunities observed during audit = _______

**References:**

- National Center for Emerging and Zoonotic Infectious Diseases
- Division of Healthcare Quality Promotion

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**Numerator**

**Denominator**
DIALYSIS STATION ROUTINE
DISINFECTION AUDIT TOOL

Audit Tool: Hemodialysis station routine disinfection observations
(Use a “✓” if action performed correctly, a “✗” if not performed/performed incorrectly. If not observed, leave blank. All applicable actions within a row must have “✓” for the procedure to be counted as successful.)

*This audit tool applies when 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.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>All supplies removed from station and prime bucket emptied</th>
<th>Gloves removed, hand hygiene performed</th>
<th>Station is empty before disinfection initiated</th>
<th>New clean gloves worn</th>
<th>Disinfectant applied to all surfaces and prime bucket</th>
<th>All surfaces are wet with disinfectant</th>
<th>All surfaces allowed to dry</th>
<th>Gloves removed, hand hygiene performed</th>
<th>No supplies or patient brought to station until disinfection complete</th>
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</tbody>
</table>

Discipline: P=physician, N=nurse, T=technician, S=student, O=other
Duration of observation period: __________________________

Number of procedures performed correctly =
Total number of procedures observed during audit =

ADDITIONAL COMMENTS/OBSERVATIONS:

** Ensure the patient has left the dialysis station before disinfection is initiated.
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.

Part 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.
☐ Check that there is no visible soil or blood on surfaces.
☐ Ensure that the priming bucket has been emptied.
☐ Ensure that the patient has left the dialysis station.
☐ 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.
☐ Remove gloves and perform hand hygiene.

Part B: Routine Disinfection of the Dialysis Station – AFTER patient has left station

☐ Wear clean gloves.
☐ Apply disinfectant to all surfaces in the dialysis station using a wiping motion (with friction).
☐ Ensure surfaces are visibly wet with disinfectant. Allow surfaces to air-dry.
☐ Disinfect all surfaces of the emptied priming bucket. Allow the bucket to air-dry before reconnection or reuse.
☐ Keep used or potentially contaminated items away from the disinfected surfaces.
☐ Remove gloves and perform hand hygiene.

Do not bring patient or clean supplies to station until these steps have been completed.
# Catheter Connect/Disconnect Audit Tool

**Audit Tool:** Catheter connection and disconnection observations
(Use a “√” if action performed correctly, a “Φ” if not performed. If not observed, leave blank)

<table>
<thead>
<tr>
<th>Procedure observed, C=connect</th>
<th>D=disconnect</th>
<th>Discipline</th>
<th>Mask worn properly (if required)</th>
<th>Hand hygiene performed</th>
<th>New clean gloves worn</th>
<th>Catheter removed from blood line aseptically (disconnection only)</th>
<th>Catheter hub scrubbed</th>
<th>Hub antisepctic allowed to dry</th>
<th>Catheter connected to blood lines aseptically (connection only)</th>
<th>New caps attached aseptically after disconnecting</th>
<th>Gloves removed</th>
<th>Hand hygiene performed</th>
</tr>
</thead>
</table>

**Additional Comments/Observations:**

**Numerator**

**Denominator**

**Duration of observation period = _______ minutes**

Number of procedures performed correctly: _______

Total number of procedures observed during audit: _______
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

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Mask worn properly (if required)</th>
<th>Hand hygiene performed</th>
<th>New clean gloves worn</th>
<th>Skin antisepic applied appropriately</th>
<th>Skin antisepic allowed to dry</th>
<th>No contact with exit site (after antisepsis)</th>
<th>Antimicrobial ointment applied</th>
<th>Dressing applied aseptically</th>
<th>Gloves removed</th>
<th>Hand hygiene performed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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</table>

**Audit Tool:** Catheter exit site care observations
(Use a “✓” if action performed correctly, a “0” if not performed. If not observed, leave blank)

**Discipline:** P=physician, N=nurse, T=technician, S=student, O=other

**Duration of observation period:** ________ minutes

**Number of procedures performed correctly:** ________

**Total number of procedures observed during audit:** ________

**Additional Comments/Observations:**

[Numerator] [Denominator]
CATHETER EXIT SITE CARE CHECKLIST

**Checklist:** Hemodialysis catheter exit site care

- 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
It is **recommended** that you use the checklist tools monthly with at least **one** patient, and report feedback in the monthly survey.

- Dialysis Station Routine Disinfection
- Catheter Connection Checklist
- Catheter Disconnection Checklist
- Catheter Exit Site Care Checklist
Location of project materials:
http://www.esrdnetwork.org/infection-detection

**Orientation Webinar Information**

**Intervention Resources**

**CDC Resources**
- CDC Core Interventions for Dialysis BSI Prevention
- "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

**Order Free Laminated Copies of CDC Tools**

**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
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
- NHSN Monthly Audits
- NCC HAI LAN & HIE
- Patient Engagement
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 (60%) 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 [http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html]. 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](http://www.cdc.gov/dialysis)
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 CURRENT level of implementation of the below CDC Core Intervention for dialysis bloodstream infection (BSI) prevention.

Surveillance and Feedback using NHSN
Who Can Join?

Members include individuals, 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's are recommended to join!

- Join the CDC Coalition, it’s FREE (www.cdc.gov/dialysis/coalition/members.html#join)
- Members will help promote and distribute the Coalition’s materials and messages.
PROJECT COMPONENTS

NHSN Monthly Audits

CDC Core Interventions

NCC HAI LAN & HIE

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.
BSI QIA PATIENT ENGAGEMENT

OPTION 1

National Recognition Events

OPTION 2

Network’s Patient Engagement Calendar

OPTION 3

Facility’s Patient Engagement Plan
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

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

National Recognition Events
**BSI QIA PATIENT ENGAGEMENT NETWORK’S PATIENT ENGAGEMENT CALENDAR**

**OPTION 2**

**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 see here. Update your list every month.
  - 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 medication or start taking a counter medication.
  - 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/Pyrex 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 be.
  - 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 support groups.
  - Don’t wait for someone else to tell you.

- **Know your options**
  - Attend your Plan of Care meetings at your facility and have you quit.
  - 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 determine why should I increase my engagement by taking part in my care?
  - Know how you feel and what you need better than anyone else.
  - Attending Plan of Care meetings empowers YOU to help make decisions abo.

- **Word Search** Find the following words that will help you be part of your care
  - Family: XUTMLEARNBY
  - Patient: ESAGENSTRUCTION
  - Engage: PAVEYMAEDF
  - Learn: EWPATIENTM

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This information was created BY ESRD patients for ESRD patients! To file a for questions, contact the ESRD Network of Texas at 1-877-586-4345 (phone), 815150, 5559594 McAlpin Rd, Suite 520, Dallas, TX 75204, or see www.esrdetwork.com.
**OPTION 3**

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
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
What is a Facility Patient Representative (FPR)?

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

To learn more about the FPR program, contact your facility social worker and refer to 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 assist the patient.
- All application material and signed agreements should be kept at the facility.
PROJECT COMPONENTS

- NHSN Monthly Audits
- CDC Core Interventions
- NCC HAI LAN & HIE
- Patient Engagement
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.
GOAL: Learn more about 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.

Share the information you learn and give feedback to the network via the monthly survey questions.
SUSTAINABILITY

- 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
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.
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
### Best Practices Video
- Covers hand hygiene, catheter connection/disconnection, and fistula/graft cannulation
- Procedure steps mirror the checklists

### Catheter Scrub-the-hub Protocol
- Key step in catheter connection/disconnection

### Checklist tools

### Hand Hygiene Observation Protocol
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 [HERE](https://www.surveymonkey.com/r/bsiwebpoll) 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

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

Maryam Alabood
Quality Improvement Specialist
469-916-3803
malabood2@nw14.esrd.net