WELCOME: THE WEBINAR WILL BEGIN SHORTLY...
INFECTION DETECTION ORIENTATION WEBINAR

JANUARY 22, 2018
9:00 AM CT
NETWORK STAFF

Mary Albin, Executive Director

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Dany Anchia, RN, QI Coordinator

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Lydia Omogah, QI Specialist*

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

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

*Please utilize the chat window for questions*
PATIENT ADVISORY COMMITTEE

Subject Matter Experts

Juan Morales
Laredo, TX

C.B. Bryant
Amarillo, TX

Tameria Bell
Lancaster, TX

Nathaniel Kirby
Galveston, TX
Baseline Data: Q1/Q2 2017 (January – June)
Network 14 Average: 0.46
Focus Facility Average: 1.25

- Network 14 facilities eligible to report for all of 2017 (N=528)
- Facilities ranked by highest BSI Rates
- Selection of 50% of Network 14 facilities with the highest BSI Rates (N=264)
- Selection of 20% of Network 14 facilities with the highest BSI Rates (N=106)
- Total number of Focus Facilities from the 20% cohort (N=106)
### NHSN DATA

**ppcCount** = how many positive blood cultures reported into NHSN

**Months** = the 6 month period of the project (January-June 2017)

<table>
<thead>
<tr>
<th>CCN</th>
<th>state</th>
<th>location</th>
<th>accessType</th>
<th>summaryYH</th>
<th>months</th>
<th>pbcCount</th>
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<td>OPDIALYSIS</td>
<td>All</td>
<td>2017H1</td>
<td>6</td>
<td>1</td>
<td>96</td>
<td>1.04</td>
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</tbody>
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**numPats** = the cumulative total # of patient/months for the 6 months

**PBCRate** = pbcCount/numPats (Ex: 1/96 = 0.0104 * 100pt/mo = 1.04)
PY 2020 SCORING AND PAYMENT REDUCTION METHODOLOGY

**Clinical**
- Patient and Family Engagement/Care Coordination (40%)
  - ICH CAHPS Survey
  - SRR
  - STRR
  - K/V Dialysis Adequacy
- Clinical Care (60%)
  - VA Measure Topic
    - Access via AVF
    - Access via catheter
  - SHR

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

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

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

**Payment Reduction Percentage**
- Total Performance Score (TPS) is the sum of the weighted totals from the three measure categories.
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
Extension of NHSN Third-Quarter 2017 Deadline for ESRD QIP: After the Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety Network (NHSN) system release on December 2, 2017, analysis reports and select alerts were not accessible to some NHSN Dialysis Component group and facility users. This issue has since been resolved, and users are now able to access their reports and receive alerts. As a result of this issue, outpatient dialysis facilities and groups were unable to review NHSN data for completion and accuracy from December 2, 2017 through December 21, 2017. To provide facilities with ample time to review their NHSN data and make any corrections, the Centers for Medicare & Medicaid Services (CMS) has extended the End-Stage Renal Disease Quality Incentive Program (ESRD QIP) deadline for facilities to enter third-quarter 2017 NHSN data to **January 31, 2018**.

Thank you for your attention in this matter and for entering your facility’s data promptly. If you have any additional questions or concerns, please contact the NHSN helpdesk at [NHSN@cdc.gov](mailto:NHSN@cdc.gov) or CMS ESRD QIP team at [esrdqip@cms.hhs.gov](mailto:esrdqip@cms.hhs.gov).
PROJECT COMPONENTS

NHSN Monthly Audits
Four CDC Audit Tools (reported monthly in NHSN)

1. **Hand Hygiene** *(minimum of 30)*

2. **AV Fistula/Graft Cannulation** *(minimum of 10)*
   - Audit tool will also include de-cannulation, but this will not be measured. We are only concerned with cannulation observations.

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

**Numerator**

**Denominator**

**Discipline:**  
- P = physician,  
- N = nurse,  
- T = technician,  
- S = student,  
- D = dietitian,  
- W = social worker,  
- O = other

**Duration of observation period:**  
- **Number of successful hand hygiene opportunities observed:**

**Total number of patients observed during audit:**  
- **Total number of hand hygiene opportunities observed during audit:**

**Note:** See hand hygiene opportunities on back page.
AV FISTULA/GRAFT
CANNULATION AUDIT TOOL

**Audit Tool:** Arteriovenous fistula/graft cannulation observations
(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Site cleaned with soap and water</th>
<th>Hand hygiene performed (staff)</th>
<th>New, clean gloves worn</th>
<th>Skin antiseptic applied appropriately</th>
<th>Skin antiseptic allowed to dry</th>
<th>No contact with fistula/graft site (after antiseptic)</th>
<th>Cannulation performed aseptically</th>
<th>Connect to blood lines aseptically</th>
<th>Gloves removed</th>
<th>Hand hygiene performed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments/Observations:

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

Numerator

Denominator
AV FISTULA/GRAFT CANNULATION CHECKLIST

**Checklist: Arteriovenous fistula/graft cannulation**

- [ ] Clean site with soap and water
- [ ] Perform hand hygiene (staff)
- [ ] Put on new, clean gloves
- [ ] Apply skin antiseptic and allow it to dry
- [ ] Do not contact site (after antisepsis)
- [ ] Insert needles aseptically
- [ ] Connect to blood lines aseptically
- [ ] Remove gloves
- [ ] Perform hand hygiene
CATHETER CONNECT/DISCONNECT AUDIT TOOL

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

<table>
<thead>
<tr>
<th>Procedure observed, C=connect, 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>Catheter hub allowed to dry</th>
<th>Hub antiseptic applied aseptically (disconnection only)</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>

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:
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

![Audit Tool](image)

**Audit Tool: Catheter exit site care observations**

(Use a “✓” if action performed correctly, a “✗” if not performed. If not observed, leave blank)

<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 antiseptic applied appropriately</th>
<th>Skin antiseptic 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>
</table>

**Numerator**

**Denominator**

Duration of observation period: ________ minutes

Number of procedures performed correctly = ________

Total number of procedures observed during audit = ________

**ADDITIONAL COMMENTS/OBSERVATIONS:**

---

**Infection Detection**

**End Stage Renal Disease Network of Texas**

**National Center for Emerging and Zoonotic Infectious Diseases**

**Division of Healthcare Quality Promotion**

**Making Dialysis Safer Coalition**
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
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 two 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**
Checklist tools for each observation audit should be used monthly with at least one patient and reported in the monthly survey.

- AVF/AVG Cannulation Checklist
- Catheter Connection Checklist
- Catheter Disconnection Checklist
- Catheter Exit Site Care Checklist
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
2018 Infection Detection (BSI) Monthly Survey

* 1. Select your facility from the dropdown list.

If your facility is not listed above, enter your CGN 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.
   Phone number of the person completing this survey.
   Title of the person completing this survey.
CDC COALITION

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 Responsibility

- At least one staff member participates
- 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
- 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.

- World Kidney Day (March 8, 2018)
- Patient Safety Awareness Week (March 11-17, 2018)
- Patient Experience Week (April 23-27, 2018)
- World Hand Hygiene Day (May 5, 2018)
- Sepsis Awareness Month (September 2018)
- Global Handwashing Day (October 15, 2018)
- International Infection Prevention Week (October 14-20, 2018)
- US Antibiotic Awareness Week (November 11-17, 2018)

(Network 14 strongly encourages participation of facility patient representatives)
BSI QIA PATIENT ENGAGEMENT

OPTION 1

PE Activity: February 2018
- Network Calendar Activity
- Facility Planned Activity

PE Activity: June 2018
- Network Calendar Activity
- Facility Planned Activity

PE Activity: July 2018
- Network Calendar Activity
- Facility Planned Activity

PE Activity: August 2018
- Network Calendar Activity
- Facility Plan Activity

National Recognition Events
OPTION 2

BSI QIA PATIENT ENGAGEMENT

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 use.
  - 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 medicine or start taking a new one.
  - Put a copy of your medications in your wallet, your refrigerator (or waterproof bag), and the glove compartment in your car.
- Prevent infections and protect your access, if you have one
  - Always wash your hands before and after treatment. It could save your life.
  - Tell the staff at your facility to wash their hands and wear gloves before giving you any medication.
  - 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 support
  - Learn more about kidney disease and treatment options by searching online and support groups. Don't wait for someone else to tell you what you need to know.
- Know your options
  - Attend your Plan of Care meetings at your facility and if you have any
  - Continue to consult with your doctor to learn how your diet can improve.
  - Talk with a pharmacist if you have any questions about insurance and drug coverage.
  - Talk to health care staff if you want to work, such as going to school, or volunteer.
  - Know your available fluid intake. Talk with your health care team to determine why you need to manage fluid intake.
- You know how you feel and what you need better than anyone else.

Attending Plan of Care meetings empowers YOU to help make decisions about your care.

When you understand all of your choices, you have more control over your care.

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

Family
Patient
Engage
Learning

This information was created by ESRD patients for ESRD patients! If you have any questions, contact the ESRD Network of Texas at 1-877-886-4435 (phone), 817-272-5546 (fax). Note: This information is not a substitute for medical advice.

JANUARY

Participe en su cuidado "¡Es su vida!"

¿Cómo puedo tener mayor participación en mi cuidado?

- Conoce sus medicamentos
  - Haga una lista completa de todos los medicamentos que toma, todas las dosis y la dosis de cada medicamento.
  - Comuníquese con su clínico para preguntar sobre la dosis de cada medicamento.
  - Almacene y consulte la lista de medicamentos en su bolsa de medicamentos.
  - Hable con su médico antes de tomar un medicamento o cambiar su dosis.
- Conoce su plan de tratamiento
  - Conoce sus medicamentos y cómo afectarán su vida diaria.
  - Comuníquese con su clínico para preguntar sobre sus medicamentos.
- Conoce sus opciones
  - Sofisticado y comprensible. Pregúntele a su médico o clínico.
  - Conozca su plan de tratamiento e informe a su clínico.
- Conozca su plan de tratamiento e informe a su clínico.
- Conozca su plan de tratamiento e informe a su clínico.
- Conozca su plan de tratamiento e informe a su clínico.

¿Por qué debería tener mayor participación en mi cuidado?

- USTED sabe como se siente y qué necesitas mejor que cualquier otra persona.
- Conozca su plan de tratamiento e informe a su clínico.
- Conozca su plan de tratamiento e informe a su clínico.
- Conozca su plan de tratamiento e informe a su clínico.
- Conozca su plan de tratamiento e informe a su clínico.

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

- USTED
- Familia
- Paciente
- Trabajar
- Aprender

Nota: Esta información fue creada por pacientes con ESRD. Para obtener más información, comuníquese con el ESRD Network de Texas al 1-877-886-4435 (teléfono) o por correo electrónico a info@esrdnetworktx.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
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/

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 request 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 apply.
- 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: 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 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 2018. Analysis may also suggest to the Network that the facility should remain beyond the end of 2018.
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
NEXT STEPS

- Complete the Pre-Project Survey
  - [https://www.surveymonkey.com/r/2018bsipre](https://www.surveymonkey.com/r/2018bsipre)

- 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

- COMPLETE THE WEBINAR ATTESTATION
  - [https://www.surveymonkey.com/r/bsiwebpoll](https://www.surveymonkey.com/r/bsiwebpoll)
THANK YOU FOR PARTICIPATING

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

Lydia Omogah
Quality Improvement Specialist
469-916-3802
lomogah@nw14.esrd.net
TRAINING INFORMATION FOR QIA FACILITIES

CDC can assist with PPM facility training!
The Value of Auditing CDC Recommended Infection Prevention Practices

- Increased adherence to CDC recommended practices can prevent infections:
  - Outpatient hemodialysis facilities that implemented the package of CDC recommended practices saw a 32% reduction in BSIs and a 54% reduction in access-related BSIs.\(^1\)

- Auditing adherence to recommended practices:
  - Promotes and reinforces recommended practices among staff.
  - Ensures complete and correct implementation.

CDC Infection Prevention Audit Tools

- Facilities begin by learning recommended practices:
  - CDC Recommended Interventions to Prevent Bloodstream Infections in Dialysis Settings:
  - CDC recommended checklists:
    - Simple reference tools useful for training staff.

- Then use the audit tools as part of a planned series of observations within their hemodialysis facility.
Tips for Facilities to Successfully Implement New Practices

- Facilities should review current practices to identify discrepancies between current practices and CDC recommended practices.

- Facilities should develop an implementation strategy, they may consider:
  - Input from patient care staff
  - Training needs
  - How to inform patients of changes
  - Whether necessary supplies (e.g., chlorhexidine) are available
Available CDC Dialysis Infection Prevention Audit Tools:

Hand Hygiene
HD Catheter Connection/Disconnection
AV Fistula/Graft Cannulation/Decannulation

Although the audit tool includes both cannulation and decannulation, only cannulation is included in the QIA.
Data Collection

- All audits – observer(s) should try to ensure that observations are as representative as possible of normal practice at the facility:
  - Observe different staff members on different days and shifts.
  - Consider observing during particularly busy times (e.g., shift change), when staff may be less attentive to proper practices.
How to Use the Audit Tool: Opportunities

- Each audit includes multiple observations.
  - An observation is an opportunity to perform hand hygiene (when warranted)
- If an opportunity is observed and hand hygiene is performed, the observation is marked a success:

### 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>Opportunity successful</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>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

The first two observations were successful because hand hygiene was warranted and was performed.

The third observation was not successful because the warranted opportunity for hand hygiene was missed.
**Tallying Opportunity Audit Results**

- **Number of Successful Opportunities**: Sum of observed instances during which staff hand hygiene was warranted and was successfully performed.
- **Total Number Opportunities**: Total number of observed instances during which staff hand hygiene was warranted.

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**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)

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<th>Hand hygiene opportunity</th>
<th>Opportunity successful</th>
<th>Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>T</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>N</td>
<td>✓</td>
<td>missed opportunity before administering medication</td>
</tr>
<tr>
<td>4</td>
<td>P</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>N</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**Discipline:** P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other

**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 =** __________

**See hand hygiene opportunities on back page**
Audit Results Reported to NHSN

- **Number of Successful Opportunities**: Sum of observed instances during which staff hand hygiene was warranted and was successfully performed.
- **Total Number Opportunities**: Total number of observed instances during which staff hand hygiene was warranted.

These are the numbers reported to NHSN.

### Audit Tool: Hemodialysis hand hygiene observation

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

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Hand hygiene opportunity</th>
<th>Opportunity successful</th>
<th>Describe any missed opportunity before administering medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>T</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td><strong>Missed opportunity before administering medication</strong></td>
</tr>
<tr>
<td>P</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**Discipline**: P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other

**Duration of observation period = **__ minutes  
**Number of successful hand hygiene opportunities observed = **4  
**Total number of patients observed during audit = **__  
**Total number of hand hygiene opportunities observed during audit = **5

** See hand hygiene opportunities on back page
How to Use the Audit Tools: Procedures

- Each audit includes multiple observations.
  - An observation is the review of a procedure to indicate which steps were performed correctly or incorrectly.

- If each step of a procedure is observed and correctly performed, the observation is marked a success:

<table>
<thead>
<tr>
<th>Procedure observed, C=connect, 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 antiseptic 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>
<tbody>
<tr>
<td>1. C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2. D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The first observation (catheter connection) was not successful because hub antiseptic was not allowed to dry.

The second observation (catheter disconnection) was successful because all steps were observed and completed.
Once all observations have been completed, add the successful observations and note the total number of observations performed:

<table>
<thead>
<tr>
<th>Procedure observed, C=connect 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 antisepic 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>
<tbody>
<tr>
<td>1</td>
<td>C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>D</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3</td>
<td>C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>D</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5</td>
<td>C</td>
<td>T</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6</td>
<td>C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>7</td>
<td>C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

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

Duration of observation period = ___________ minutes

Number of procedures performed correctly = $\frac{5}{7}$

Total number of procedures observed during audit = $\frac{7}{7}$
Audit Results Reported to NHSN

- Once all observations have been completed, add the successful observations and note the total number of observations performed:

<table>
<thead>
<tr>
<th>Procedure observed, C=connect, 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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C</td>
<td>N</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>2</td>
<td>D</td>
<td>N</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>3</td>
<td>C</td>
<td>N</td>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>4</td>
<td>D</td>
<td>N</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>5</td>
<td>C</td>
<td>T</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>6</td>
<td>C</td>
<td>N</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>7</td>
<td>C</td>
<td>N</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

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

Duration of observation period = _________ minutes

Number of procedures performed correctly = \( \frac{5}{7} \)

Total number of procedures observed during audit = \( \frac{5}{7} \)
NHSN PREVENTION PROCESS MEASURES (PPM) MODULE – INFORMATION FOR FACILITIES
Prevention Process Measures (PPM) Module

- How facilities add PPM to Monthly Reporting Plans
- How facilities report PPM data to NHSN
- How to interpret NHSN missing/incomplete data alerts
- How facilities Confer Rights to share data with Groups
  - Differences for QIA vs. non-QIA facilities
- Analysis: available reports and percent adherence
Facilities Report Audit Results to NHSN

- Audit results can be reported to NHSN either “in-plan” or “off-plan.”

- In-plan refers to the selections made on the NHSN Monthly Reporting Plan:
  - By making a selection on the Monthly Reporting Plan, facilities agree to follow the NHSN Protocol for monitoring and reporting of that prevention process measure.
    - NHSN Dialysis Prevention Process Measures Protocol
  - In-plan reporting requires a minimum number of observations for each audit each month and will generate alerts to remind facility users to report additional data

- In-plan reporting is suggested for QIA facilities.
Monthly Reporting Plan: Prevention Process Measures

- Facilities indicate which audits will be performed during the month by checking the corresponding box(es):
  - By checking the box, the facility agrees to follow the NHSN protocol for monitoring and reporting of that prevention process measure.
  - There are a minimum number of observations for in-plan reporting, specified below each checkbox.

Tip – “Copy from the Previous Month” to make the same selections as before.
How Facilities Report Audit Results to NHSN

- From the navigation bar, select “Summary Data,” then “Add.”
- Select “Prevention Process Measures” from the menu.
- Click the “Continue” button.
Facilities report the sum of successful observations and the total number of observations that month on the Prevention Process Measures form in NHSN.

### Prevention Process Measures

<table>
<thead>
<tr>
<th>Prevention Process Measures</th>
<th># of Successful Observations</th>
<th>Total # Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene (HH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemodialysis Catheter Connection/Disconnection (CATHCON)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemodialysis Catheter Exit Site Care (CATHCARE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arteriovenous Fistula/Graft Cannulation/Decannulation (FGCANN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis Station Routine Disinfection (DISINFECT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection Safety (INJSAFE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example of Reporting Audit Results to NHSN

Number of procedures performed correctly = \( \frac{5}{7} \)

Total number of procedures observed during audit = \( \frac{5}{7} \)

<table>
<thead>
<tr>
<th>Prevention Process Measures</th>
<th># of Successful Observations</th>
<th>Total # Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene (HH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemodialysis Catheter Connection/Disconnection (CATHCON)</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Hemodialysis Catheter Exit Site Care (CATHCARE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arteriovenous Fistula/Graft Cannulation/Decannulation (FGCANN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis Station Routine Disinfection (DISINFECT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection Safety (INJSAFE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Combine Multiple Audits of the Same Type, from the Same Month

- **Successful Obs.** = \(5 + 2 + 5 = 12\)
- **Total Obs.** = \(7 + 4 + 6 = 17\)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Number of procedures performed correctly</th>
<th>Total number of procedures observed during audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>(\frac{5}{7})</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>(\frac{2}{4})</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>(\frac{5}{6})</td>
</tr>
</tbody>
</table>
### Incomplete/Missing Data Alert

The reporting [Protocol](#) requires a minimum number of observations for in-plan records. In-plan Hand Hygiene data do not meet minimum observation requirements.

Saving will generate Incomplete/Missing Summary Data Alert(s) as a reminder to complete in-plan reporting.

<table>
<thead>
<tr>
<th>Prevention Process Measures</th>
<th># of Successful Observations</th>
<th>Total # Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene (HH)</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Hemodialysis Catheter Connectors Exit Skin Interface</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Arteriovenous Fistula/Graft</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Dialysis Station Routine Disinfection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection Safety - Medication Administration (INJSAFE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Custom Fields**

[Help](#)
NHSN Action Items and Alerts

- If facilities make a Prevention Process Measure (PPM) selection on the Monthly Reporting Plan, but do not:
  - Report data for it, NHSN will show a *Missing* Summary Data alert
  - Report the minimum number of total observations required by the Protocol, NHSN will show an *Incomplete* Summary Data alert
Prevention Process Measure Alerts

- **Missing** Summary Data alerts can be removed by:
  - Reporting the additional data required by the Protocol
  - Un-checking the surveillance option from that Monthly Reporting Plan (i.e., making the data “off-plan”)

![Table of Missing Summary Data Alerts](image)
Incomplete summary data alerts can be removed by:

- Reporting the additional data required by the Protocol
- Un-checking the surveillance option from that Monthly Reporting Plan (i.e., making the data “off-plan”)
- Selecting “Dismiss Alert” after the month has ended

<table>
<thead>
<tr>
<th>Location Code</th>
<th>Month/Year</th>
<th>Summary ID</th>
<th>Summary Data Type</th>
<th>Alert</th>
<th>Dismiss Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIALYSIS</td>
<td>12/2014</td>
<td>5548</td>
<td>PPM - Hand Hygiene</td>
<td>30 or more Total Obs. Required</td>
<td></td>
</tr>
<tr>
<td>DIALYSIS</td>
<td>12/2014</td>
<td>5548</td>
<td>PPM - HD Catheter Connection/Disconnection</td>
<td>10 or more Total Obs. Required</td>
<td></td>
</tr>
<tr>
<td>DIALYSIS</td>
<td>02/2015</td>
<td>5541</td>
<td>PPM - Hand Hygiene</td>
<td>30 or more Total Obs. Required</td>
<td></td>
</tr>
<tr>
<td>DIALYSIS</td>
<td>02/2015</td>
<td>5541</td>
<td>PPM - HD Catheter Connection/Disconnection</td>
<td>10 or more Total Obs. Required</td>
<td></td>
</tr>
<tr>
<td>DIALYSIS</td>
<td>02/2015</td>
<td>5541</td>
<td>PPM - HD Catheter Exit Site Care</td>
<td>5 or more Total Obs. Required</td>
<td></td>
</tr>
<tr>
<td>DIALYSIS</td>
<td>02/2015</td>
<td>5541</td>
<td>PPM - Injection Safety</td>
<td>5 or more Total Obs. Required</td>
<td></td>
</tr>
</tbody>
</table>

Alerts for 02/2015
Incomplete summary data alerts can be removed by:

- Reporting the additional data required by the Protocol
- Un-checking the surveillance option from the Monthly Reporting Plan (i.e., making the data “off-plan”)
- Selecting “Dismiss Alert” after the month has ended

If too few observations were collected and the month has passed, incomplete alerts can be dismissed.
“Confer Rights” Alert for Facility Users with Administrator Rights

When Groups request these new data, a Confer Rights alert will display on the facilities’ homepage.
“Confer Rights” Alert for Facility Users with Administrator Rights

- Facility users should click “not accepted” to see all Groups that have modified their data sharing requests.
“Confer Rights” Not Accepted List

- Facility administrative users should click on the Group’s name to view the new request.

Facility Group: ESRD Network 14
Facility/Group ID: 21949
Facilities “Confer Rights” to Share PPM Data with Group(s)

- Facility users should review their Confer Rights screen to see which data the Group is requesting.

- All changes are marked:⚠️
Facilities “Confer Rights” to Share PPM Data with Groups

- If the facility agrees to share all data specified on the Confer Rights page, they should scroll to the bottom and click the “Accept” button.
New PPM Reports

- Line Listings that calculate percent adherence by month:
  - Hand Hygiene Percent Adherence
  - HD Catheter Connection/Disconnection Percent Adherence
  - AV Fistula/Graft Cannulation/Decannulation Percent Adherence
  - HD Catheter Exit Site Care Percent Adherence
  - Dialysis Station Routine Disinfection Percent Adherence
  - Injection Safety Percent Adherence

For QIA
**Interpreting NHSN PPM Reports**

- Percent adherence is calculated by dividing the number of successful observations by the total number of observations and multiplying by 100.

\[
\text{Percent Adherence} = \frac{\text{Number of Successful Observations}}{\text{Total Number of Observations}} \times 100
\]

Example NHSN Report for HD Catheter Connection/Disconnection

<table>
<thead>
<tr>
<th>Facility Org ID</th>
<th>Summary Year/ Month</th>
<th>HD Catheter Connection/ Disconnection # of Successful Observations</th>
<th>HD Catheter Connection/ Disconnection Total # of Observations</th>
<th>HD Catheter Connection/ Disconnection Percent Adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345</td>
<td>2015M01</td>
<td>6</td>
<td>10</td>
<td>60.0</td>
</tr>
<tr>
<td>12345</td>
<td>2015M02</td>
<td>7</td>
<td>10</td>
<td>70.0</td>
</tr>
<tr>
<td>12345</td>
<td>2015M03</td>
<td>8</td>
<td>10</td>
<td>80.0</td>
</tr>
</tbody>
</table>
New PPM Reports

- **Scheduled for July 2015** – Line Listing to review what’s been reported:
  - All Prevention Process Measures

For QIA
Online Reporting Resources

- Resources for PPM reporting are being updated
  - E.g., Protocol, training, etc.