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

JANUARY 13, 2017
2:00 PM CT
Glenda Harbert, RN, CNN, CPHQ, Executive Director

Kelly Shipley, RHIA, QI Director

Dany Anchia, RN, QI Coordinator

Aparna Biradar, MPH, QI Analyst

Javoszia Sterling, BA, Outreach Coordinator

Lydia Omogah, QI Specialist*

*denotes project lead
OBJECTIVES

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*
SELECTION PROCESS

Baseline Data: Q1/Q2 2016 (January – June)
Network 14 Average: 0.53
Focus Facility Average: 1.25

Network 14 facilities eligible to report for all of 2016
(N=553)

Facilities ranked by highest BSI rate

Selection of 20% of Network 14 facilities with the highest BSI Rates
(N=108)

Oversampling to account for possible attrition
(N=6)

Total number of focus facilities
(N=114)
PY 2019 Scoring and Payment Reduction Methodology

**Clinical**

<table>
<thead>
<tr>
<th>Subdomain</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety (20%)</td>
<td>NHSN Bloodstream Infection</td>
</tr>
<tr>
<td>Patient and Family Engagement/</td>
<td>ICH CAHPS Survey</td>
</tr>
<tr>
<td>Care Coordination (30%)</td>
<td>SRR</td>
</tr>
<tr>
<td>Clinical Care (50%)</td>
<td>STTR</td>
</tr>
<tr>
<td></td>
<td>K/VDialysis Adequacy</td>
</tr>
<tr>
<td></td>
<td>VAT Measure Topic</td>
</tr>
<tr>
<td></td>
<td>Hypercalcemia</td>
</tr>
<tr>
<td></td>
<td>Access via AVF, Access via catheter</td>
</tr>
</tbody>
</table>

**Reporting**

- Mineral Metabolism
- Anemia Management
- Pain Assessment and Follow-Up
- Clinical Depression Screening and Follow-Up
- NHSN HCP

**Total Category Weight**

= 90%

**Payment Reduction Percentage**

= 10%

Total Performance Score (TPS) is the sum of the weighted totals from both measure categories.
PROJECT COMPONENTS

- CDC Monthly Audits
- NHSN
- Patient Engagement
## PROJECT TIMELINE

<table>
<thead>
<tr>
<th>Project Timeline</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation webinar</td>
<td></td>
<td>13-Jan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-project evaluation survey</td>
<td></td>
<td>20-Jan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary NHSN trained associate</td>
<td></td>
<td>31-Jan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Surveillance and feedback using NHSN</td>
<td></td>
<td>31-Jan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary NHSN trained associate</td>
<td></td>
<td></td>
<td>28-Feb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Staff education and competency</td>
<td></td>
<td>28-Feb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submit three CDC audits into NHSN</td>
<td></td>
<td>28-Feb</td>
<td>31-Mar</td>
<td>28-Apr</td>
<td>31-May</td>
<td>30-Jun</td>
<td>31-Jul</td>
<td>31-Aug</td>
<td>30-Sep</td>
<td>31-Oct</td>
<td>30-Nov</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Patient education/engagement</td>
<td></td>
<td></td>
<td>28-Feb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Patient Experience Week</td>
<td></td>
<td>31-Mar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-project evaluation survey</td>
<td></td>
<td></td>
<td>31-May</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Catheter hub disinfection</td>
<td></td>
<td>31-May</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pe Activity: National Patient Safety Awareness Week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Chlorhexidine for skin antisepsis</td>
<td></td>
<td>28-Apr</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE Activity: Patient Experience Week</td>
<td></td>
<td>28-Apr</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedback-patient poll of three activities</td>
<td></td>
<td>31-May</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Share NHSN facility BSI rates with staff</td>
<td></td>
<td>31-Aug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Share NHSN facility BSI rates with patients</td>
<td></td>
<td>31-Aug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Network QIA Sustainability Plan</td>
<td></td>
<td>01-Jul</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-project evaluation survey</td>
<td></td>
<td>30-Sep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Maintenance: Share NHSN facility BSI rates with staff</td>
<td></td>
<td>31-Oct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Maintenance: Share NHSN facility BSI rates with staff</td>
<td></td>
<td>30-Nov</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>
Three CDC Audit Tools (to be reported into NHSN)

1. **Hand Hygiene** *(minimum of 20)*
   - Reduced number from previous projects

2. **Catheter Connection/Disconnection** *(minimum of 10)*
   - Does not have to be all connections or all disconnections, but can be a combination of both

3. **AV Fistula/Graft Cannulation** *(minimum of 10)*
   - Audit tool will also include decannulation, but this will not be measured. We are only concerned with cannulation observations.
PE Activity #1: March 2017
- National Patient Safety Awareness Week: March 12 - March 18
  - Share the facility’s BSIs and other dialysis event rates with patients.

PE Activity #2: April 2017
- Patient Experience Week: April 24 - April 28
  - Discuss facility policy for chlorhexidine or alternative use with patients.

PE Activity #3: May 2017
- World Hand Hygiene Day: May 5
  - Using the CDC’s Conversation Starter, share important hand hygiene practices with patients.

All documents will be found on Network website
(Network 14 strongly encourages utilization of facility patient representative)
• Complete CDC Core Intervention Activity each month
  • 9 months remaining in year, 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 will be faxed to the Network by the last day of each month
**CDC CORE INTERVENTION ACTIVITY LOG**

**Surveillance and feedback using NHSN:**
1. Complete Pre-Project evaluation survey.
2. Train a primary NHSN-trained associate. List name:
3. Complete facility-specific feedback forms for ESRD-related quality improvement initiatives.
4. Develop a plan to address identified deficiencies.
5. Submit the activity log to the ESRD Network by the last day of each month.

**Staff education and competency:**
1. Have a second NHSN-trained associate. List name:
2. Train staff on infection control topics, including appropriate use of personal protective equipment (PPE).
3. Perform competency evaluations for all staff.
4. Enter three observation audits into NHSN.

**Patient education:**
1. Revise the CDC Core Intervention Activity.
2. Share this information with patients.
3. Provide education to all patients on infection prevention topics (i.e., hand hygiene, use of alcohol-based hand sanitizers, use of protective equipment).
4. Enter three observation audits into NHSN.

**Conclusion:**
- Enter three observation audits into NHSN for this month.

---

**Monthly Activities:**
- **July 31:**
  - **Initiate:**
  - **Date:**
  - **Complete:**

- **August 31:**
  - **Initiate:**
  - **Date:**
  - **Complete:**

- **September 30:**
  - **Initiate:**
  - **Date:**
  - **Complete:**

- **October 31:**
  - **Initiate:**
  - **Date:**
  - **Complete:**

- **November 30:**
  - **Initiate:**
  - **Date:**
  - **Complete:**

---

**End Stage Renal Disease Network of Texas**

---

*This document will be faxed to the ESRD Network by the last day of each month.*
### 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 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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></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 =_________**

**Total number of patients observed during audit =_________**

**Total number of hand hygiene opportunities observed during audit =_________**

**See hand hygiene opportunities on back page**
# CATHETER CONNECT/ DISCONNECT AUDIT TOOL

**CDC Dialysis Collaborative**

Facility Name: __________________ Date: ___________ Start time: ______ AM / PM

Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Observer: __________________ Location within unit: __________________

**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 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></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>

**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:**

---

**Making dialysis safer for patients**

National Center for Emerging and Zoonotic Infectious Diseases

Division of Healthcare Quality Promotion
# 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 antisepsis)</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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></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>

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:**

Observations must be entered into NHSN

- Schedule of due dates will be supplied
- Email reminders will be sent the week prior
- Your facility must ensure that you maintain at least one individual in your facility trained at data entry into NHSN
  - Network 14 strongly suggests that you maintain two of these individuals
- Prevention Process Measures (PPM) must be built for entry of the audits. DO NOT SEND AUDITS TO THE NETWORK
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

- 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:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Hand hygiene opportunity</th>
<th>Opportunity successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>T</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>N</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.

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>✓</td>
<td>✓</td>
<td><strong>Missed opportunity before administering medication</strong></td>
</tr>
<tr>
<td>4</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5</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 = ___________  
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 observations

(Use a “✓” for each ‘hand hygiene opportunity’ observed. Under ‘opportunities 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 to prevent transmission of infection?</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>Missed opportunity before administering medication</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></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:

### 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>Hub antisptic 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>

Duration of observation period = _______ minutes

Number of procedures performed correctly = 5
Total number of procedures observed during audit = 7
Once all observations have been completed, add the successful observations and note the total number of observations performed:

**Audit Results Reported to NHSN**

- These are the numbers reported to NHSN

<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>

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

**Number of procedures performed correctly =** 5

**Total number of procedures observed during audit =** 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.
**Numerator and Denominators**

- Facilities report the sum of successful observations and the total number of observations that month on the Prevention Process Measures form in NHSN.

<table>
<thead>
<tr>
<th>Prevention Process Measures</th>
<th>Numerators</th>
<th>Denominators</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

<table>
<thead>
<tr>
<th>Discipline</th>
<th>P</th>
<th>N</th>
<th>T</th>
<th>S</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Number of procedures performed correctly = \( \frac{2}{4} \)
Total number of procedures observed during audit = \( \frac{2}{4} \)

Number of procedures performed correctly = \( \frac{5}{6} \)
Total number of procedures observed during audit = \( \frac{5}{6} \)

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

Arteriovenous Fistula/Graft Cannulation/Decannulation (FGCANN)
Dialysis Station Routine Disinfection (DISINFECT)
Injection Safety (INJSAFE)
In the data entry form, the Incomplete/Missing Data Alert window is displayed. The alert informs that the reporting protocol requires a minimum number of observations for in-plan records. In-plan Hand Hygiene data do not meet the minimum observation requirements. Saving the form will generate an Incomplete/Missing Summary Data Alert(s) as a reminder to complete in-plan reporting.

The options are to either "SAVE AS INCOMPLETE" or "CANCEL" the form.
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”)
Prevention Process Measure Alerts

- **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

### Alerts for 02/2015

<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>
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

Table:

<table>
<thead>
<tr>
<th>Name</th>
<th>Group ID</th>
<th>Status</th>
<th>Status Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialysis Group Example</td>
<td>10691</td>
<td>Not Accepted</td>
<td>Feb 2 2015 1:18PM</td>
</tr>
</tbody>
</table>
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.

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

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

### National Healthcare Safety Network
#### Line Listing - All Prevention Process Measures
As of: January 13, 2017 at 11:37 AM
Date Range: PPM_SUMMARY summaryYM 2016M01 to 2017M12

<table>
<thead>
<tr>
<th>Facility Org ID</th>
<th>CMS Certification Number</th>
<th>Summary Year/Month</th>
<th>Hand Hygiene # Successful Opportunities</th>
<th>Hand Hygiene Total # Opportunities</th>
<th>HD Catheter Dis/Connection # Successful Observations</th>
<th>HD Catheter Dis/Connection Total # Observations</th>
<th>Fistula Graft De/Cannulation # Successful Observations</th>
<th>Fistula Graft De/Cannulation Total # Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>22077</td>
<td>N/A</td>
<td>2016M11</td>
<td>20</td>
<td>20</td>
<td>9</td>
<td>10</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>22077</td>
<td>N/A</td>
<td>2017M01</td>
<td>18</td>
<td>20</td>
<td>9</td>
<td>10</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

Sorted by CCN summaryYM
Data contained in this report were last generated on January 13, 2017 at 10:55 AM.
Online Reporting Resources

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

MONTHLY FACILITY ACTIONS-NHSN

- ≥ 20 hand hygiene observations
  - Collect data using CDC audit tool
  - Report data to Network via entering results into NHSN

- ≥ 10 catheter connection/disconnection observations
  - Collect data using CDC audit tool
  - Report data to Network via entering results into NHSN

- ≥ 10 fistula/graft cannulation observations
  - Collect data using CDC audit tool
  - Report data to Network via entering results into NHSN
## Patient Engagement Activities

<table>
<thead>
<tr>
<th>Project Timeline</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation webinar</td>
<td>13-Jan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-project evaluation survey</td>
<td>20-Jan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary NHSN trained associate</td>
<td>31-Jan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Surveillance and feedback using NHSN</td>
<td>31-Jan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary NHSN trained associate</td>
<td></td>
<td></td>
<td>28-Feb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submit three CDC audits into NHSN</td>
<td></td>
<td></td>
<td>28-Feb</td>
<td>31-Mar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Patient education/engagement</td>
<td></td>
<td></td>
<td>31-Mar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE Activity: National Patient Safety Awareness Week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31-May</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Chlorhexidine for skin antiseptic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28-Apr</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE Activity: Patient Experience Week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28-Apr</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-project evaluation survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31-May</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Catheter hub disinfection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31-May</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE Activity: World Hand Hygiene Day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31-May</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Catheter reduction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31-May</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PE Feedback: patient poll of three activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31-Jul</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Share NHSN facility BSI rates with staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31-Aug</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Activity: Share NHSN facility BSI rates with patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31-Aug</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Network QIA Sustainability Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30-Sep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-project evaluation survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30-Sep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Maintenance: Share NHSN facility BSI rates with staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31-Oct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Maintenance: Share NHSN facility BSI rates with staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31-Oct</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Infection Detection*

*End Stage Renal Disease Network of Texas*
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)

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.

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

SUSTAIN
STANDARDIZE
UTILIZE
SHARE
TRANSPARENCY
ACCOUNTABILITY
INTEGRATION
NEVER GO BACK

- 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

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 (if applicable)
- Report of non-compliance with DSHS on monthly calls
- Report of non-compliance to CMS
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 2017. Analysis may also suggest to the Network that the facility should remain beyond the end of 2017.
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
Location of project materials:
http://www.esrdnetwork.org/infection-detection

Lydia Omogah
Quality Improvement Specialist
469-916-3802
lomogah@nw14.esrd.net
NEXT STEPS

- Complete the Pre-Project Survey due 1/20/17
  - [https://www.surveymonkey.com/r/bsipre](https://www.surveymonkey.com/r/bsipre)

- Have a primary NHSN trained associate by 1/31/17
  - Setup Prevention Process Measures Module and confer rights to NW
  - Proactively start training for a second NHSN associate as there should be a backup by the end of February

- Calculate facility rates for BSIs and DE by 1/31/17
  - Compare rates to other NHSN facilities
  - Share the results with front-line clinical staff

- WEBINAR EVALUATION LINK: ASAP [https://www.surveymonkey.com/r/bsiwebpoll](https://www.surveymonkey.com/r/bsiwebpoll)