Please complete the required monthly educational trainings and fax this form back to the Network by the DUE DATE listed each month.

<table>
<thead>
<tr>
<th>Check Boxes</th>
<th>Training</th>
<th>Completion Date</th>
<th>Initials and Date Completed</th>
</tr>
</thead>
</table>
|             | Surveillance and feedback using NHSN:  
1. Complete Pre-Project evaluation [survey](#).  
2. Have a primary NHSN trained associate. List name: ____________________________  
3. Calculate facility rates for BSIs and other dialysis events and compare to rates in other NHSN facilities.  
2.  
3.  
4. |
|             | Staff education and competency:  
1. Have a second NHSN trained associate. List name: ____________________________  
2. Train staff on infection control topics, including access care and aseptic technique. (view video-[role in preventing HAI](#))  
3. Perform [competency evaluation](#) for skills such as catheter care and accessing.  
4. Enter 20 HH/10 CathCon/10 FGCann PPM observations to NHSN. | February 28 | 1.  
2.  
3.  
4. |
|             | Patient education/engagement:  
1. Review the [CDC Conversation Starter](#) with Patients.  
2. Shared facility’s BSIs and other dialysis events rates with patients during the National Patient Safety Awareness Week (3/12-3/18). Specify how: ____________________________  
3. Provide standardized education to all patients on infection prevention topics ([circle one](#): vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, or instructions for access management when away from the dialysis unit)  
4. Enter 20 HH/10 CathCon/10 FGCann PPM observations to NHSN. | March 31 | 1.  
2.  
3.  
4. |

Facility 6-digit CCN #: ________________________________  
Facility Name: ________________________________  
After completion of training each month, fax this form to Attn: Lydia Omogah, QIS Fax number 972-331-3659

**DO NOT EMAIL ANY PATIENT SPECIFIC INFORMATION (PHI)**
### CDC Core Intervention Activity

<table>
<thead>
<tr>
<th>Did you incorporate the training materials?</th>
<th>Expain how or why not:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

### Chlorhexidine for skin antisepsis:
1. Used an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent for central line insertion and during dressing changes. List alternative used:
   ____________________________
2. Discussed facility policy for chlorhexidine or alternative use with patients during Patient Experience Week **(4/24-4/28)**. Specify how:
   ____________________________
3. Enter 20 HH/10 CathCon/10 FGCann PPM observations to NHSN.
   March 31

<table>
<thead>
<tr>
<th>Initials: 1.</th>
<th>Date: 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Catheter hub disinfection:
1. Complete Mid-Project Evaluation **survey**.
2. Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.
3. On World Hand Hygiene Day **(5/5)**, using the **CDC Conversation Starter**, shared with patients important **hand hygiene practices**.
4. Enter 20 HH/10 CathCon/10 FGCann PPM observations to NHSN.
   April 28

<table>
<thead>
<tr>
<th>Initials: 2.</th>
<th>Date: 2.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Catheter reduction:
1. Identify and address barriers to permanent vascular access **placement** and catheter removal efforts (e.g., through patient education, vascular access coordinator).
2. Enter 20 HH/10 CathCon/10 FGCann PPM observations to NHSN.
   May 31

<table>
<thead>
<tr>
<th>Initials: 3.</th>
<th>Date: 3.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Patient Engagement Feedback:
1. Circle the patient engagement activity patients found most effective or enjoyed? Why: ____________________________
   a. **March**-National Patient Safety Awareness Week
   June 30

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Facility 6-digit CCN #: ____________________________ After completion of training each month, fax this form to Attn: Lydia Omogah, QIS Fax number 972-331-3659

---

**DO NOT EMAIL ANY PATIENT SPECIFIC INFORMATION (PHI)**
cdc core intervention activity

<table>
<thead>
<tr>
<th>Facility Name: ______________________</th>
<th>Facility 6-digit CCN #: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>After completion of training each month, fax this form to Attn: Lydia Omogah, QIS Fax number 972-331-3659</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Comments related to any of the above Monthly Activities:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity 1</th>
<th>Activity 2</th>
<th>Activity 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July 31</strong></td>
<td>2.</td>
<td>2.</td>
<td></td>
</tr>
<tr>
<td><strong>August 31</strong></td>
<td></td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td><strong>September 30</strong></td>
<td></td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td><strong>October 31</strong></td>
<td></td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td><strong>November 30</strong></td>
<td></td>
<td>1.</td>
<td>1.</td>
</tr>
</tbody>
</table>

- **b. April** - Patient Experience Week
- **c. May** - World Hand Hygiene Day

2. Enter 20 HH/10 CathCon/10 FGCann PPM observations to NHSN.

**Staff Review:**
1. Share current NHSN facility BSI rates with staff. Specify how: ____________________________

**Patient Review:**
2. Share current NHSN facility BSI rates with patients. Specify how: ____________________________
3. Enter 20 HH/10 CathCon/10 FGCann PPM observations to NHSN.

**Project Review/Wrap-up:**
1. Complete post-project evaluation [survey](#)
2. Complete [Network Sustainability Plan](#)
3. Enter 20 HH/10 CathCon/10 FGCann PPM observations to NHSN.

**Project Maintenance:**
1. Enter 20 HH/10 CathCon/10 FGCann PPM observations to NHSN.
2. Calculate facility rates for BSIs and review with staff.

**Project Maintenance:**
1. Enter 20 HH/10 CathCon/10 FGCann PPM observations to NHSN.
2. Calculate facility rates for BSIs and review with staff.

**Additional Comments related to any of the above Monthly Activities:**