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Thank you for Joining Us!
The Meeting Will Begin Shortly



Better healthcare,
realized.

Healthcare-Associated Infections

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Heather Camilleri, CCHT

February 15, 2018

Meeting Reminders

- All phone lines muted upon entry to eliminate background noise/distractions
- Please don't place the call on hold, instead disconnect your line and rejoin the call when able
- We'll be monitoring our WebEx chat board throughout the webinar for questions or comments
- Be present and engaged in our topic presentations

Agenda Topics

- Background
- Disparities in Healthcare
- Project Plan
- Interventions
- Paperwork and Reporting
- Question and Answers
- Evaluation



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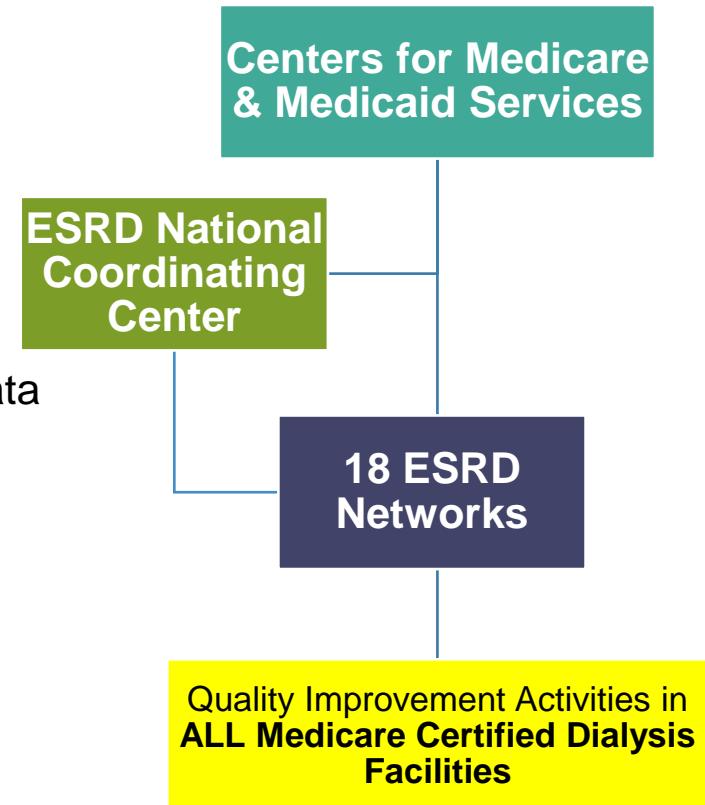


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Background

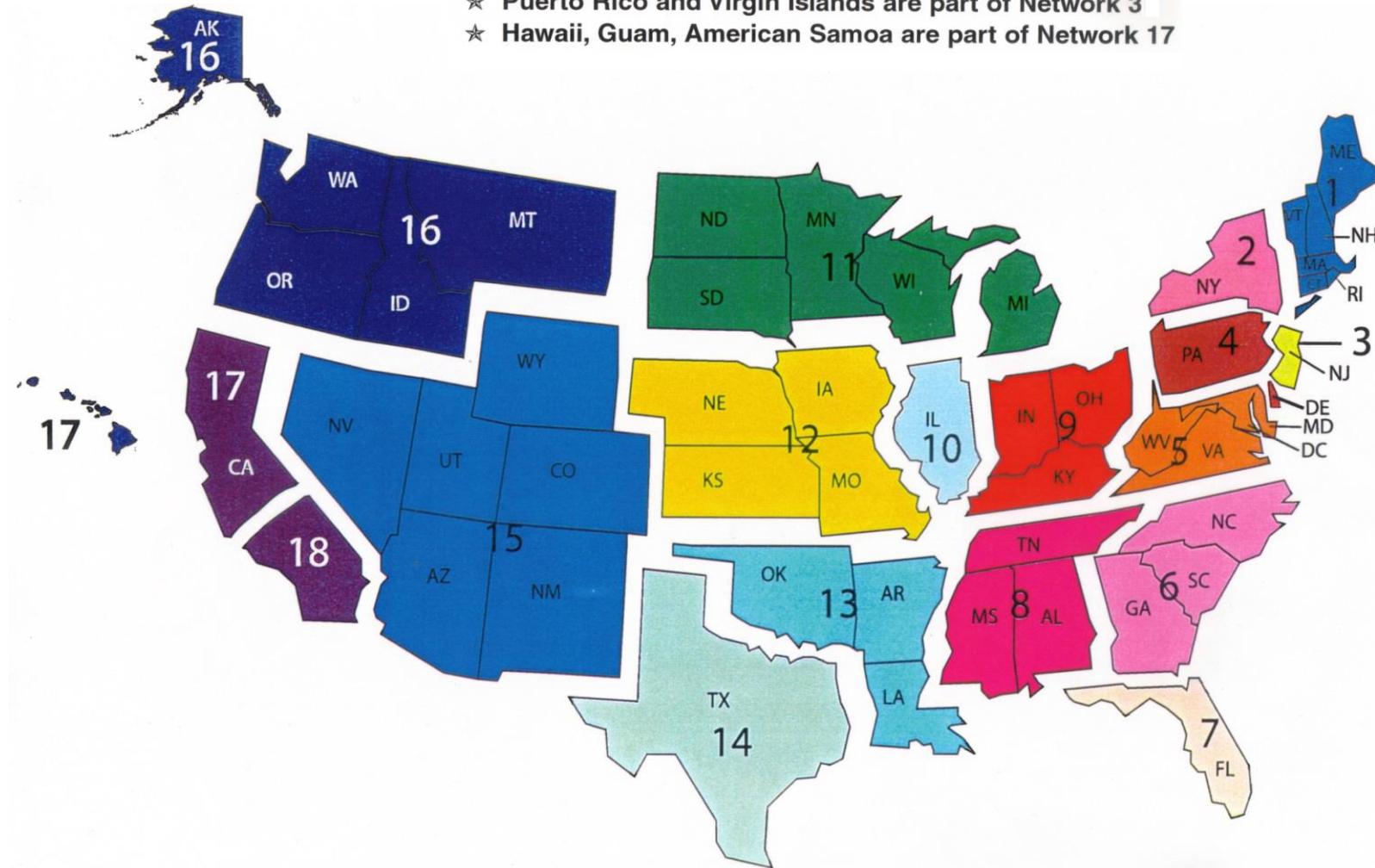
On a National Level

- Centers for Medicare & Medicaid Services (CMS)
 - Contracted ESRD Network Statement of Work (SOW)
- ESRD National Coordinating Center (NCC)
 - Bi-Monthly Learning and Action Network Calls
 - Collaboration with Large Dialysis Organizations (LDO) Data
- 18 ESRD Networks
 - 50 States and Territories
- Quality Improvement Activities
 - ALL Medicare Certified Outpatient Dialysis Centers

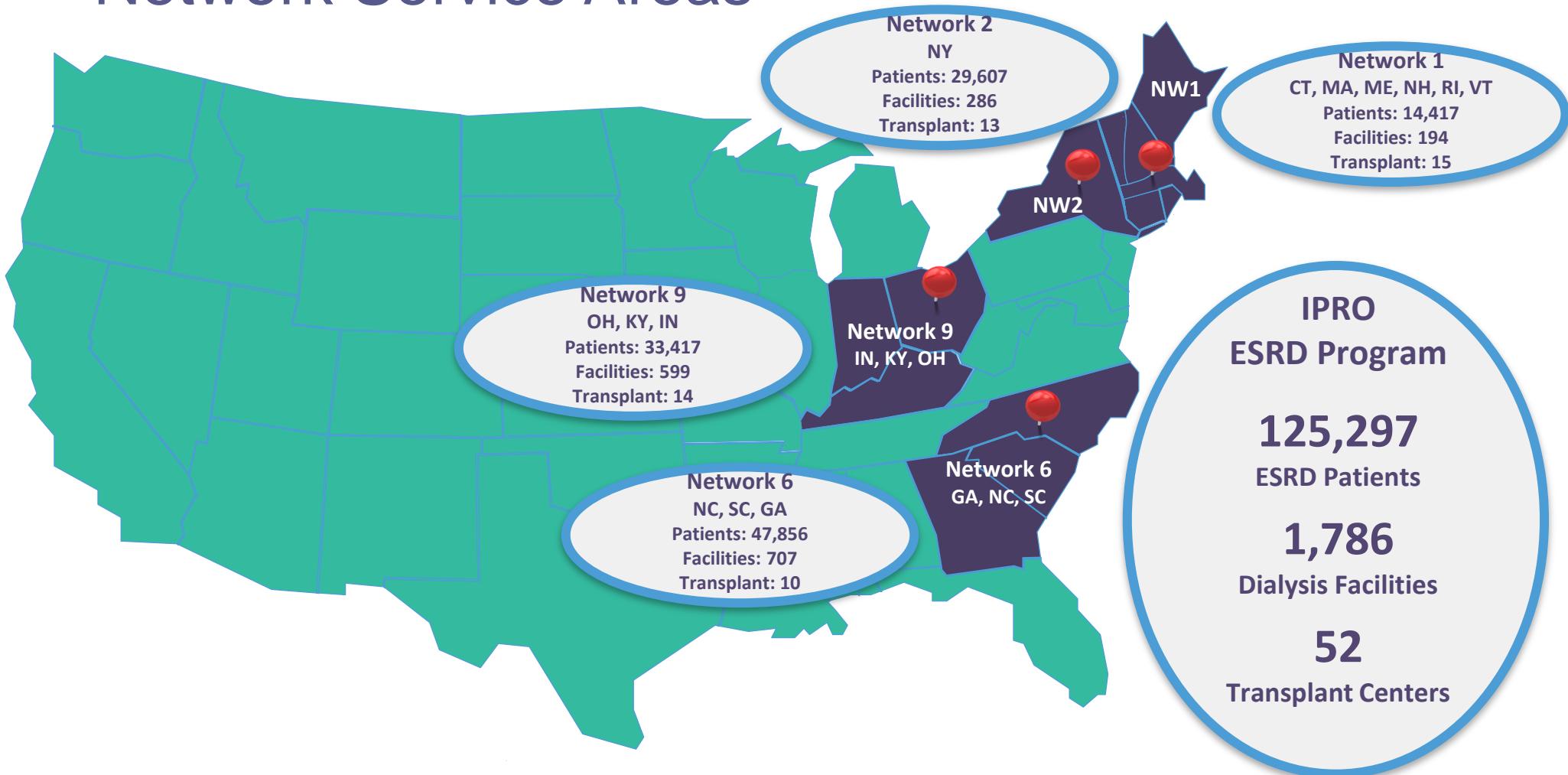


ESRD Networks

- ★ Puerto Rico and Virgin Islands are part of Network 3
- ★ Hawaii, Guam, American Samoa are part of Network 17



IPRO ESRD Network Program Network Service Areas



Network Demographics

By State

State	ESRD Patient Census	# of Dialysis Facilities	# of Transplant Facilities
Connecticut	4,317	49	2
Maine	1,069	18	1
Massachusetts	6,795	84	9
New Hampshire	1,063	18	1
Rhode Island	1,189	16	1
Vermont	333	8	1
TOTAL	14,762	193	15

Data Source: CROWNWeb

Facility Affiliation By State

Ownership	ESRD Patient Census	# of Dialysis Facilities
American Renal Associates	1,639	23
DaVita	4,724	45
Fresenius Kidney Care	5,835	76
Diversified Specialty Institutes (DSI)	214	3
Dialysis Clinic Inc.	713	9
Independent	1,530	33
Veteran Affairs	107	4
TOTAL	14,762	193

Data Source: CROWNWeb

ESRD Statement of Work

December 2017 - November 2018

HHS Secretary's Priorities

1. Reform, Strengthen, and Modernize the Nation's Health Care System
2. Protect the Health of Americans Where They Live, Learn, Work, and Play
3. Strengthen the Economic and Social Well-Being of Americans Across the Lifespan
4. Foster Sound, Sustained Advances in the Sciences
5. Promote Effective and Efficient Management and Stewardship

ESRD Statement of Work

December 2017 - November 2018

CMS Goals

1. Empower patients and doctors to make decisions about their health care
2. Usher in a new era of state flexibility and local leadership
3. Support innovative approaches to improve quality, accessibility, and affordability
4. Improve the CMS customer experience

ESRD Statement of Work

December 2017 - November 2018

Collaborations

- National Coordinating Center (NCC)
- Kidney Community Emergency Response Program (KCER)
- State Survey Agencies
- CMS Components
- Quality Innovation Networks (QIN-QIOs)

Disparities in Healthcare

CMS Disparity List



Addressing Disparities in Healthcare

- Conduct assessment to identify disparity with the greatest point difference between disparate and non-disparate groups
 - Age (65 and older vs. 18-64)
 - Ethnicity (Hispanic vs. Non-Hispanic)
 - Facility Location (Rural vs. Urban)
 - Gender (Female vs. Male)
 - Race (Population other than White, including African American, Asian, Native American, Pacific Islander, etc. vs. White)

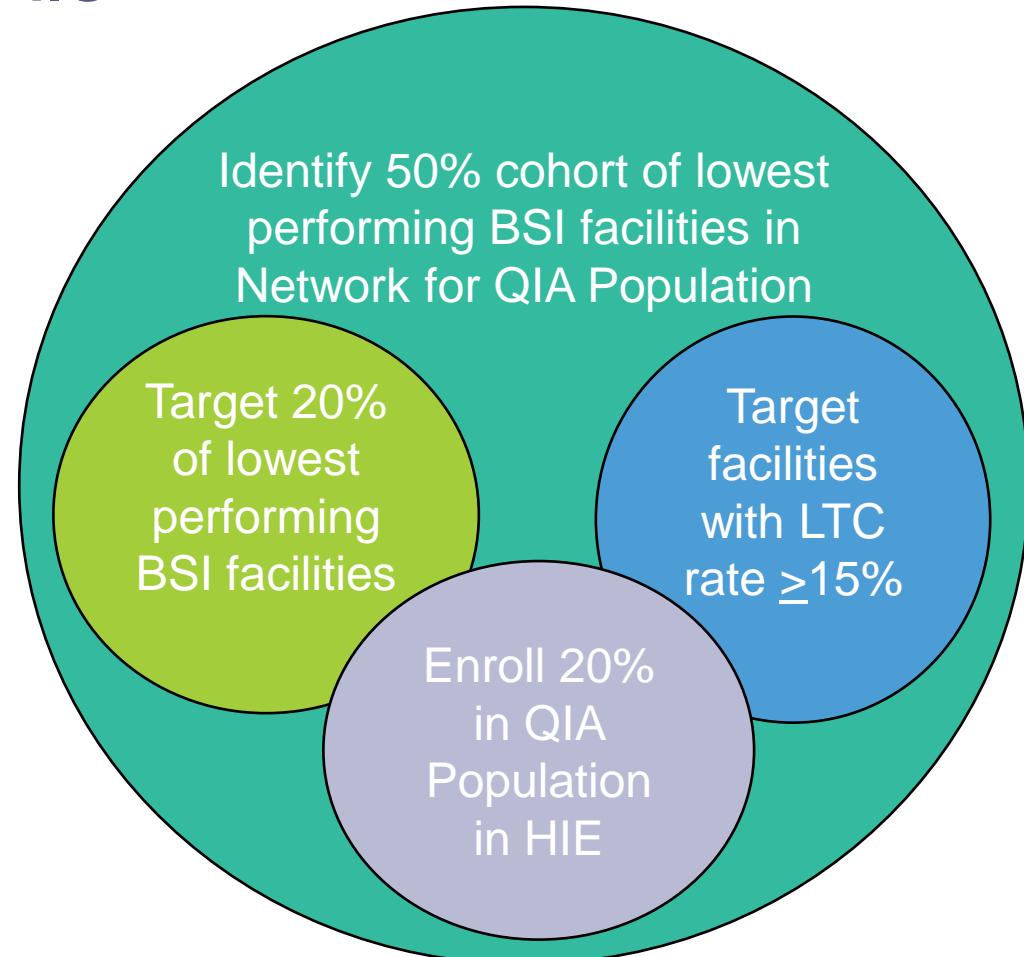
Healthcare-Associated Infections Project Plan

ESRD Statement of Work

QIA 1: Patient Safety HAs

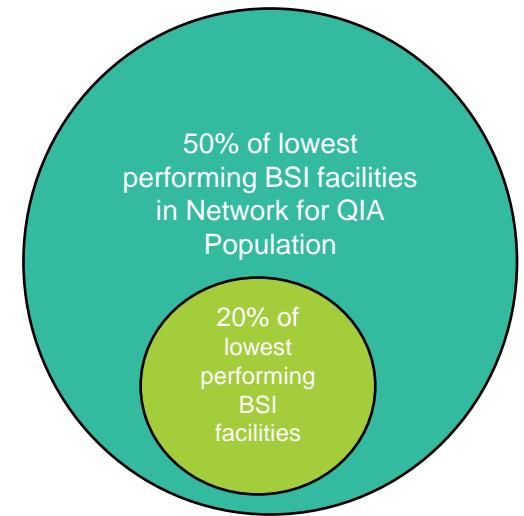
Contains 3 sub-projects

- BSI Reduction
 - Support NHNS
- LTC Reduction
- Healthcare Information Exchange (HIE)



Reduced Rates of BSIs

Patient Safety Reduce Rates of BSIs



Criteria

- Select 50% of facilities in Network service area reporting the highest BSI rates (~100 facilities)

Project Period

- Baseline: January – June 2017
- Re-measurement: January – June 2018

Requirements

- Utilization of CDC Core Interventions
- Conduct Root Cause Analysis (RCA)
- NCC HAI LAN participation

Patient Safety

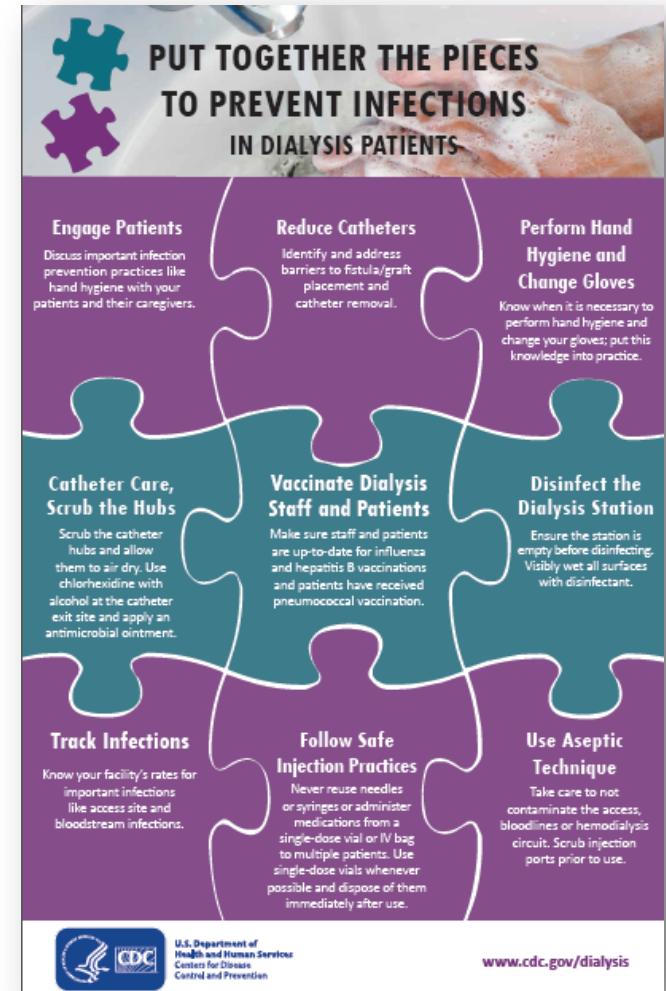
Reduce Rates of BSIs

Goals

- $\geq 20\%$ reduction in semi-annual pooled mean among highest 20% BSI rates
- National goal by 2023: Reduce the national rate of BSIs in dialysis patients by 50% of the blood stream infections (BSI) that occurred in 2016

Data Source

- National Healthcare Safety Network (NHSN)



Patient Safety Reduce Rates of BSIs

Interventions

- Root cause analysis (RCA) using “5 Why” Approach
- CDC Making Dialysis Safer Coalition
- CDC Core Interventions for Dialysis BSI Prevention

CDC Approach to BSI Prevention in Dialysis Facilities

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

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

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

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

4. Staff education and competency
Train staff on infection control topics, including access care and aseptic technique. Develop competency evaluation for skills such as catheter care and assessing every B12 month and upon hire.

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

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



CLEAN HANDS COUNT

FOR HEALTHCARE PROVIDERS

KNOW THE TRUTH TO PROTECT YOURSELF AND PROTECT YOUR PATIENTS

TRUTH:
Alcohol-based hand sanitizer is more effective and less drying than using soap and water.

THE NITTY GRITTY:
Compared to soap and water, alcohol-based hand sanitizers are better at reducing bacterial counts on hands and are effective

TRUTH:
Alcohol-based hand sanitizer does not kill *C. difficile*, but it is still the overall recommended method for hand hygiene practice.

THE NITTY GRITTY:
Alcohol-based hand sanitizers are not effective against *C. difficile* spores.



skin antisepsis
chlorhexidine ($\geq 0.5\%$) solution as the first line skin antiseptic agent for central line dressing changes.**
fication
an appropriate antiseptic after cap is removed and before accessing. Perform every 4 hours or disconnected.**
ment
or povidone-iodine ointment to catheter exit sites during dressing change.**
ly with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance. nector device is used, disinfect device per manufacturer's instructions.
acting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis cdc.gov/dialysis/prevention-tools/core-interventions.html#sites. Use of sponge dressing may be an alternative.
ation about the Core Interventions for Dialysis Bloodstream
vention, please visit <http://www.cdc.gov/dialysis>

TRUTH:
Using alcohol-based hand sanitizer does **NOT** cause antibiotic resistance.

THE NITTY GRITTY:
Alcohol-based hand sanitizers kill germs quickly and in a different way than antibiotics. There is no chance for the germs to adapt or develop resistance.

TRUTH:
More effective + less drying = good germs

THE NITTY GRITTY:
Using alcohol-based hand sanitizer becomes habit and sometimes healthcare providers certain areas:

FINGERTIPS
THUMBS
BETWEEN FINGERS

BAD GERMS + **GOOD GERMS**

Your 5 moments for HAND HYGIENE

1 BEFORE PATIENT CONTACT

2 BEFORE ASEPTIC TASK

3 AFTER BODY FLUID EXPOSURE RISK

4 AFTER PATIENT CONTACT

5 AFTER CONTACT WITH PATIENT SURROUNDINGS

1 BEFORE PATIENT CONTACT
When? Clean your hands before touching a patient without aseptic task
Why? To protect the patient against hand germs carried on your hands

2 BEFORE AN ASEPTIC TASK
When? Clean your hands immediately before any aseptic task
Why? To protect yourself and the health-care environment from harmful patient germs, eating his or her body

3 AFTER BODY FLUID EXPOSURE RISK
When? Clean your hands immediately after an exposure risk to body fluids (and after glove removal)
Why? To protect yourself and the health-care environment from harmful patient germs

4 AFTER PATIENT CONTACT
When? Clean your hands after touching a patient and his or her immediate surroundings
Why? To protect yourself and the health-care environment from harmful patient germs

5 AFTER CONTACT WITH PATIENT SURROUNDINGS
When? Clean your hands after touching an object or surface in the patient's immediate surroundings, when leaving - even without touching the patient
Why? To protect yourself and the health-care environment from harmful patient germs

WHO recommends the following: Université de Genève (H43). In particular the members of the Infection Control Programme, or their authorized representative in managing this material.

Patient Safety Reduce Rates of BSIs

Interventions

- Discuss infection control at QAPI meetings
- Share best practices/evidence based research

<https://www.cdc.gov/dialysis/coalition/>

Checklist: Arteriovenous fistula/graft cannulation

Checklist: Hemodialysis catheter disconnection

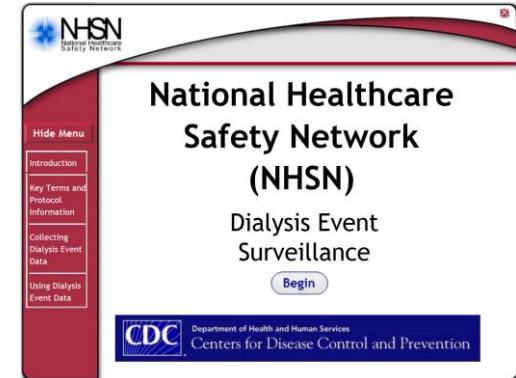
Checklist: Hemodialysis injectable medication preparation

Checklist: Hemodialysis catheter exit site care

CDC Dialysis Collaborative Audit Tool: Catheter connection and disconnection observations



Patient Safety Reduce Rates of BSIs



NHSN Requirement

- Annual NHSN Dialysis Event Surveillance training is a requirement:
<https://nhsn.cdc.gov/nhsntraining/courses/2016/C18/>
- Inform the Network of the completion by attestation using the link
[Attestation for the Network](#)
- Instructions for obtaining [CEU's](#)
- Additional resources provided by CDC
 - PDF document [Dialysis Event Protocol](#)
 - YouTube Video [Introduction to the NHSN Dialysis Event Surveillance Protocol](#)

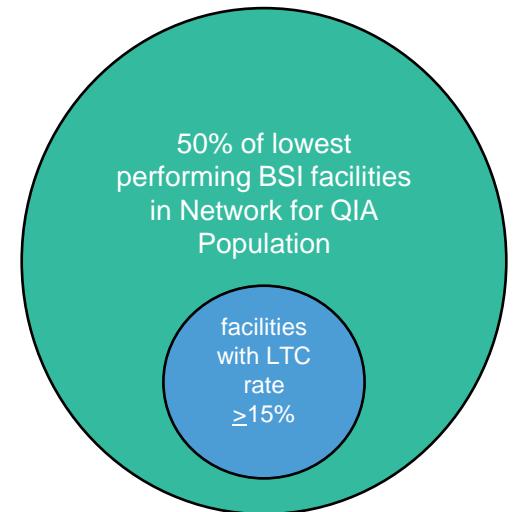
Long-Term Catheter Reduction

Patient Safety Long-Term Catheter Reduction

LTC Statistics

- Use of LTC has doubled over the last 2 decades
- 80% of all ESRD patients start with a catheter
- 51% increased risk of hospitalization primarily due to infection
- 50% of the clinics identified in the project this year were in it last year.

Patient Safety Long-Term Catheter Reduction



Criteria

- Select facilities with a long term catheter (LTC) rate of $\geq 15\%$ from the BSI QIA target facilities (~25 facilities)

Project Period

- Baseline: June 2017
- Re-measurement: CROWNWeb data as of October 2018 (August 2018 data)

Requirements

- Explore correlation between LTC and BSI through CDC Core Interventions

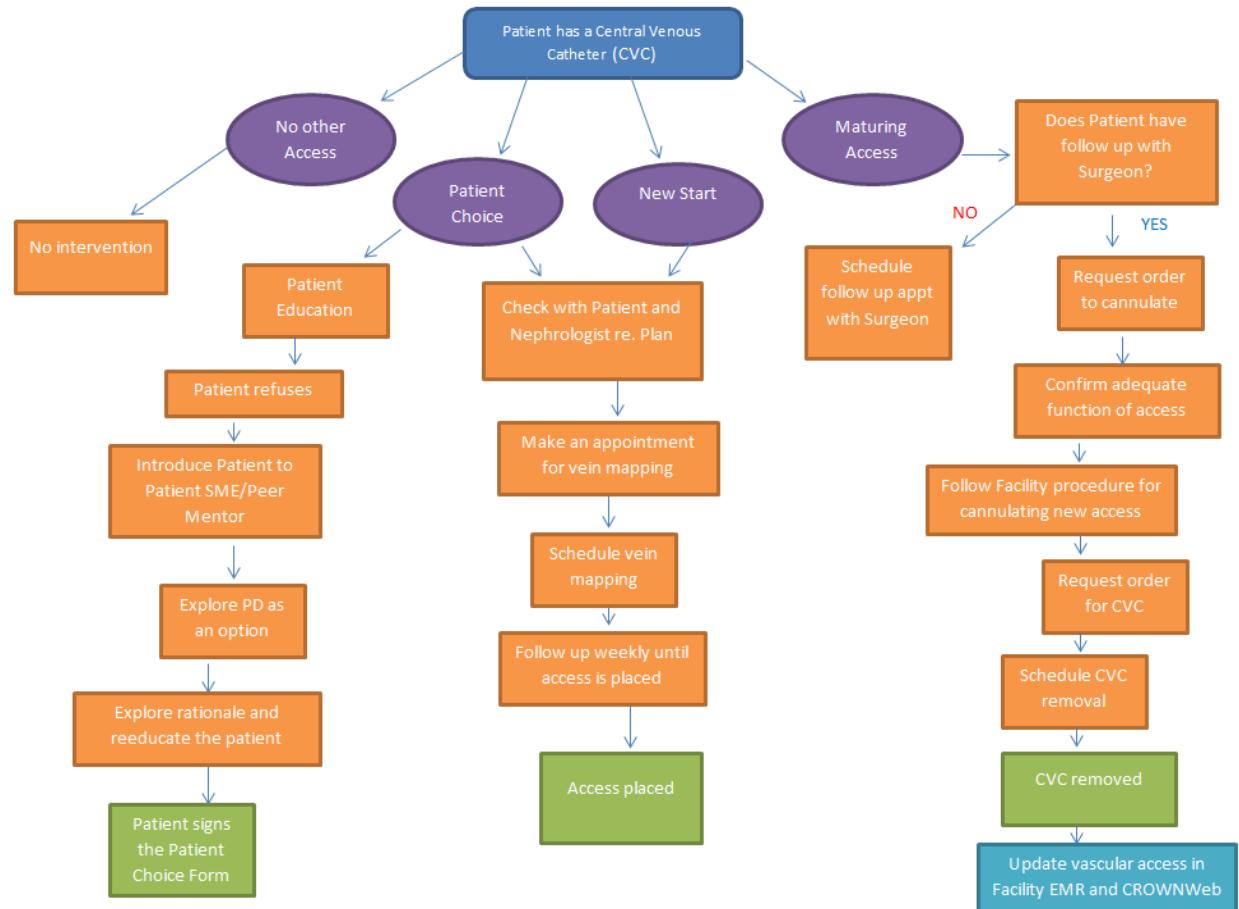
Patient Safety Long-Term Catheter Reduction

Goals

- Decrease aggregate LTC rate of target facilities by at least 2%

Data Source

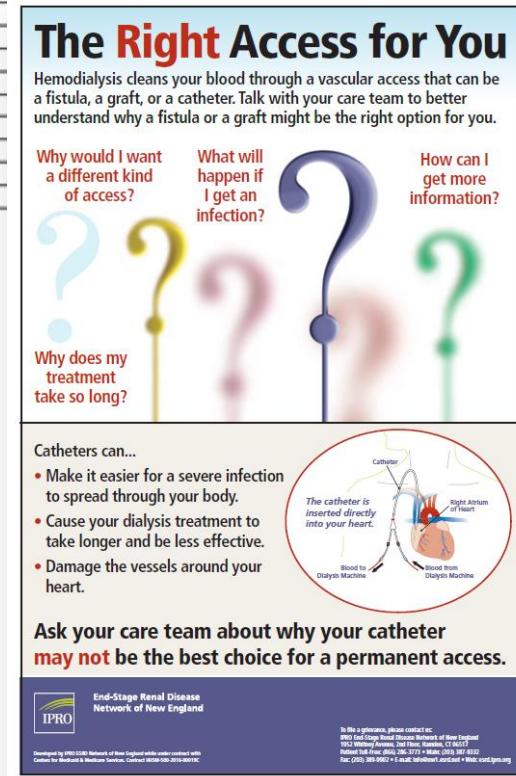
- CROWNWeb



Patient Safety Long-Term Catheter Reduction

Interventions

- Vascular Access Coordinator
- Monthly meeting with vascular surgeons
- RCA of barriers
- Cannulation education for staff
- Staff/ patient fistula education
- Data entry in CROWNWeb
- Sharing best practice
- Participation in LAN events



Health Information Exchange (HIE)

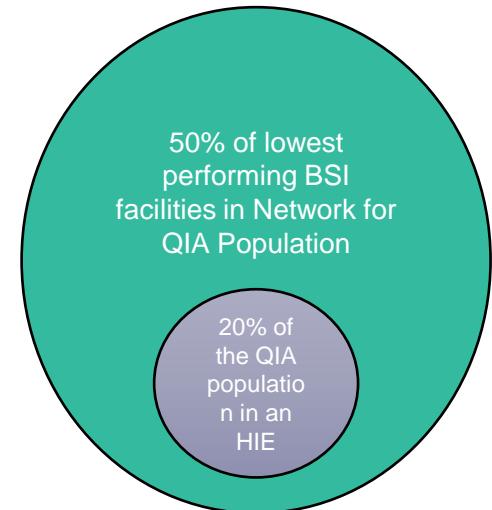
Patient Safety

What is HIE?

Health Information Exchange (HIE) is the mobilization of health care information electronically across organizations within a region, community or hospital system.



Patient Safety Health Information Exchange (HIE)



Criteria

- 20% of the BSI QIA cohort (~20 facilities)

Requirements

- Joining of an HIE or another evidence-based highly effective information transfer system as approved by the COR and CMS SME

Goals

- 20% using HIE

Data Source

- Self-reported

Patient Safety Health Information Exchange (HIE)

Interventions

- Identified MASS HIway as the HIE for MA dialysis providers
 - [MASS HIway](#)
- Collaborate with Large Dialysis Organizations (LDOs)
 - FKC, DCI and ARA (please contact your corporation)
- Reduce barriers in accessing information during transitions of care

Patient Engagement

Patient Safety

Patient Ambassador

Using Patient Ambassadors to achieve success

- CMS believes that the patient is the most valuable player on the healthcare team. Building interventions centered around the patient is the goal of every CMS project.
- Facilities to designate at least one patient ambassador
- Healthcare that results in the best outcomes revolves around team work. Be part of the team!

Patient Safety NCC LAN Participation

Participation in the Learning Action Network

- Improve spread of information
- Increase awareness of and the implementation of best practices to reduce BSIs

Participants

- Participating facilities
- Patients/care partners from each state
- Hospitals
- QIN-QIOs
- State Surveying agencies
- Dialysis facility regional leadership

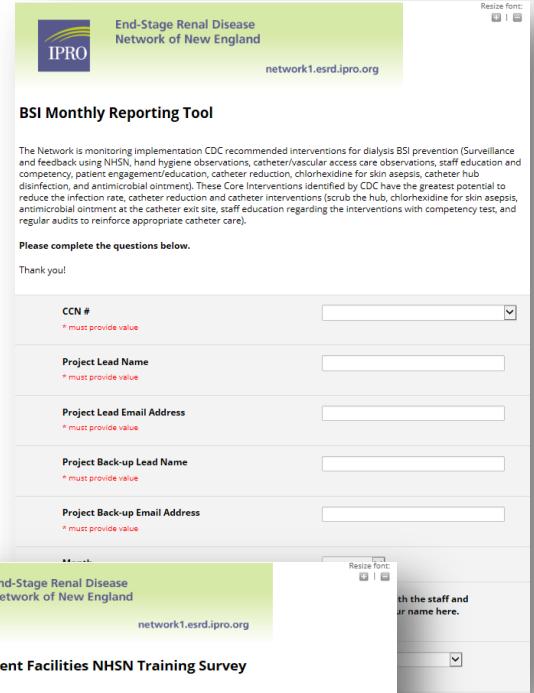


Paperwork Requirements

Patient Safety Project Reporting

Redcap survey

- Attestation of:
 - CDC Core Interventions
 - How education was completed
 - Best practices/Barriers identified
 - Update facility contact as needed
 - Annual NHSN Dialysis Event Surveillance training



The screenshot shows a Redcap survey titled "BSI Monthly Reporting Tool". The header includes the IPRO logo and the text "End-Stage Renal Disease Network of New England" and "network1.esrd.ipro.org". The survey content is as follows:

Please complete the questions below.

Thank you!

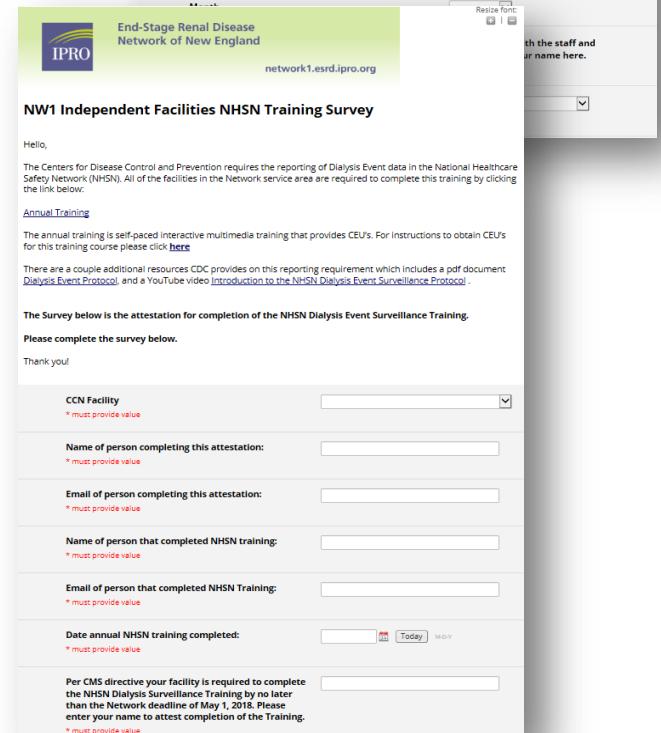
CCN # * must provide value

Project Lead Name * must provide value

Project Lead Email Address * must provide value

Project Back-up Lead Name * must provide value

Project Back-up Email Address * must provide value



The screenshot shows a Redcap survey titled "NW1 Independent Facilities NHSN Training Survey". The header includes the IPRO logo and the text "End-Stage Renal Disease Network of New England" and "network1.esrd.ipro.org". The survey content is as follows:

Hello,

The Centers for Disease Control and Prevention requires the reporting of Dialysis Event data in the National Healthcare Safety Network (NHSN). All of the facilities in the Network service area are required to complete this training by clicking the link below:

[Annual Training](#)

The annual training is self-paced interactive multimedia training that provides CEUs. For instructions to obtain CEUs for this training course please click [here](#).

There are a couple additional resources CDC provides on this reporting requirement which includes a pdf document [Dialysis Event Protocol](#), and a YouTube video [Introduction to the NHSN Dialysis Event Surveillance Protocol](#).

The Survey below is the attestation for completion of the NHSN Dialysis Event Surveillance Training.

Please complete the survey below.

Thank you!

CCN Facility * must provide value

Name of person completing this attestation: * must provide value

Email of person completing this attestation: * must provide value

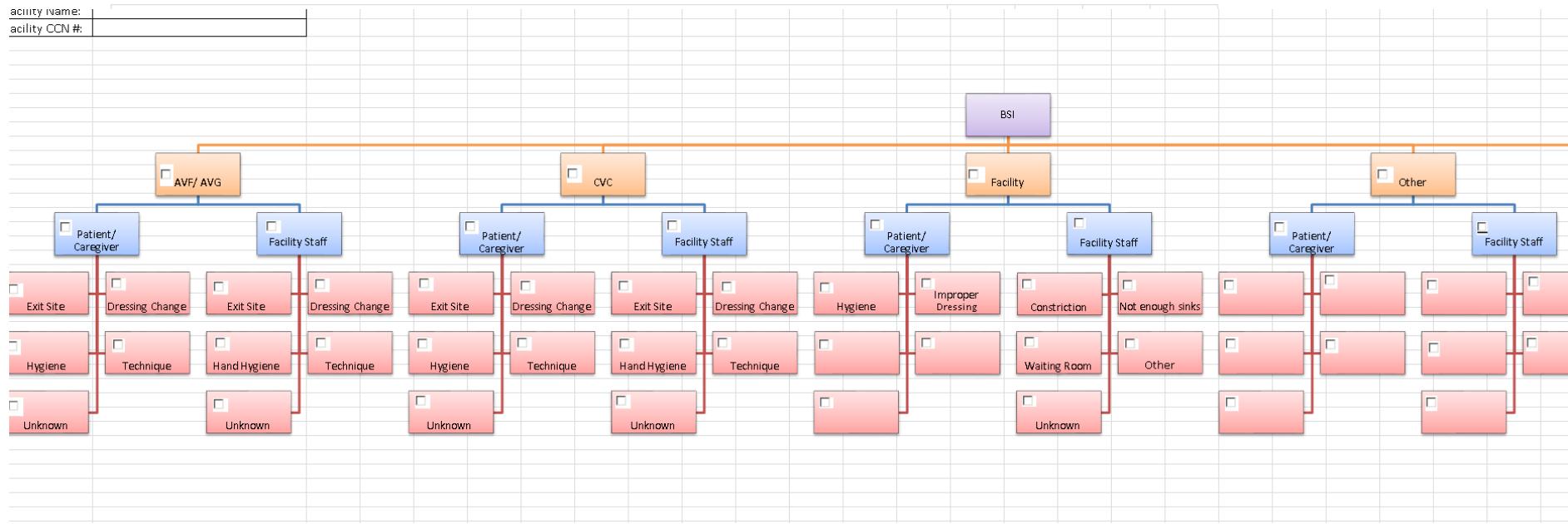
Name of person that completed NHSN training: * must provide value

Email of person that completed NHSN Training: * must provide value

Date annual NHSN training completed: Today / MO/Y

Per CMS directive your facility is required to complete the NHSN Dialysis Surveillance Training by no later than the Network deadline of May 1, 2018. Please enter your name to attest completion of the Training. * must provide value

Root Cause Analysis Tool



Patient Safety

Next Steps/Action

- Submit webinar evaluation survey to share your feedback
- Ensure facility has identified project lead and back-up lead
- Confirm the completion of the 5-Whys RCA
- Complete the REDCAP data requirement
- Review HAI Monthly Newsletters
- Register and participate in CMS NCC HAI LAN

Questions?
Comments?



Thank You for your participation

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