



June 5, 2018 Bloodstream Infection (BSI) Quality Improvement Activity (QIA) Learning and Action Network (LAN)

The ESRD NCC Program hosted an event on June 5, 2018 entitled “*Environmental Cleaning and Disinfection.*” The event consisted of **948** attendees, and **550** of them participated in the post-event evaluation (58.0%).

Highlights:

- 52 of the evaluation participants provided *written responses* in the comments section of the evaluation.
 - A summary highlight of the *written responses* includes:
 - Nephrologist rounding at hospitals are a great help on patient updates.
 - There should be a list of acceptable products that can be used for cleaning and disinfection: expecting us to interpret the labels leaves room for discrepancy between facilities and surveyors.
 - We utilize a lot of travelers and it makes it hard to stay on top of best practices with such high turnover.
 - A continued evidence-based education is very helpful in every facility to develop a process in HAI prevention.
 - A lot of the information sounds good but in reality, the cost and need for turnover with staff and patients tends to get in the way.
 - Excited for our staff to conduct June audits on each other.
 - Want my staff to watch it when the recording becomes available. Also, I need to share audit results with my staff.
 - We use the CDC audit tools and aid to ensure compliance.

Selection of Actionable Multiple-Choice Evaluation Results:

1. I gained *new skills and strategies* to apply in practice: **92.2%** answered “*Strongly Agree*” or “*Agree*”.
2. As a result of attending this activity, this activity will *improve my performance*: **94.9%** answered “*Strongly Agree*” or “*Agree*”.

Summary of Open-Ended Written Responses: Comments and Suggestions

1. When asked to *provide recommendations* as to how their facility/organization can improve communication with other providers, **95.3%** of the attendees responded and the following is a summary of the responses:
 - a. Communication log book with access to electronic records
 - b. Communication log book is continued between nursing home and dialysis facility
 - c. Staff should become part of an integrated communication network
 - d. All nurses and PCTs should have mandatory in-service yearly
 - e. Continually reach out and update patient information and check in monthly with ECF
 - f. Direct reporting to hospitals and nursing homes regarding infections and patients suspicious of exposure



- g. Ensure facilities overseen are following current standards of practice for cleaning
 - h. Have direct contact w/ nurse manager/director for a quicker response time
 - i. Have a point person at the nursing home and hospital to streamline communication
 - j. Partner with a SNF to educate their team on how to manage patients with CVCs
 - k. Implement an assessment sheet for every treatment to go back to the facility and for them to fill it out and send back

2. When asked to *describe an intervention or activity* that their facility/organization has implemented to improve awareness of blood stream infections (BSIs), **79.1%** of the attendees responded and the following is a summary of the responses:
 - a. More audits: hand hygiene, station cleaning, self-audits, monthly, weekly, etc.
 - b. Appointed patient ambassador: educate patients on hygiene
 - c. Much more education and outreach to staff and patients
 - d. Placed flyers in the waiting lounge
 - e. Handwashing material from CDC site and then staff sits with patient and educates them
 - f. In-service sessions; 5 Diamond Infection Program
 - g. Monthly activities: decorating gowns with name of bacteria, causes, symptoms and prevention
 - h. Poster: How Many Days Since Last Infection?
 - i. Share results of Infection Control audits
 - j. Teammates decorated PPE with “favorite” organism and talked about what they did and how they could be prevented
 - k. Used illuminator on treatment floor surfaces to show blood not visible to the naked eye: used GloGerm
 - l. Look at blood droplets as HEP B/HEP C, literally. Kind of like killing a nasty insect: we search it out and wipe it clean.

3. When responding to the question about whether the facility/organization has a *promising practice* related to reducing BSIs, **58.1%** of the attendees responded. The following is a summary of the responses with contact information, if provided:
 - a. Patients take reducing infection pledge upon admission
 - b. Audit tools for: cannulation, handwashing and initiation and termination of dialysis
 - c. CDC audit tool and infection prevention practice through huddles, and on the spot education
 - d. Clean stethoscopes between patient contacts
 - e. Encourage practice of “see it, say it” so all are reminded, as it is everyone’s responsibility
 - f. Include patients in infection control audits, staff education and self-audits
 - g. Optimize scheduling to allow adequate time for cleaning between patient treatments
 - h. Use Scrub the Hub program
 - i. Do Root Cause Analysis (RCA) on each BSI, implement all audit tools, have a multi-unit infection prevention committee and multi-unit multidisciplinary RCA meeting
 - j. Started a 13-pad process in disinfecting patient station and when patient leaves: 13 wipes for machine, chair, BP, TV, prime bucket, etc.
 - k. Working on “Ring the Bell” Celebrate Clean idea where we ring a bell after we wash our hands