Quality Insights Renal Network 4

March 26, 2014 Healthcare Associated Infections Initiative

 Quality Insights Renal Network 4 (QIRN4), under the direction of the Centers for Medicare & Medicaid Services (CMS), is to assist dialysis facilities in improving the quality of care they provide to End Stage Renal Disease (ESRD) patients.

- CMS adopted the Triple AIM as the model for improving/achieving national quality goals for the care of individuals with ESRD.
 - AIM I: Better Care for the Individual through Beneficiary and Family Center Care
 - AIM 2: Better Health for the ESRD
 Population
 - AIM 3: Reduce Costs of ESRD Care by Improving Care

Welcome, your facility has been selected to join the Healthcare Associated Infection Initiative.

AIM I: Better Care for the Individual through Beneficiary and Family Center Care

- Health Care Associated Infections

- Blood Stream Infections, referred to as Dialysis Facility Events within NHSN

Aim 1: Healthcare Associated Infections - NHSN Network's Role:

Support facilities reporting in NHSN

- Goal: 100% Network facilities reporting in NHSN
- Provide basic education and outreach to facilities to report NHSN data
 - Full 12 months of reporting is required. The quarter will close 90 days past quarter end. Jan-March will close June 30
 - All NHSN data is shared with CMS monthly
- Provide feedback to facilities to allow data to drive improvement

Aim 1: Healthcare Associated Infections • Facility Goals for NHSN:

- 100% of all facilities will accurately document in NHSN for 12 months and will join Network group
- All users must **annually**
 - Watch the Dialysis Event Surveillance Protocol Training Video
 - http://www.cdc.gov/nhsn/dialysis/dialysis-event.html
 - Read the Dialysis Event Protocol and have a copy available and easily accessible
 - http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf

Network role . . .

- Network will, as directed by CMS, implement a Quality Improvement Activity (QIA) using the CDC recommended tools
- The network will report the QIA results monthly to CMS on the facilities behalf
- We will promote and provide basic outreach to encourage **all** facilities to participate in CDC HAI training

In 2009 CDC launched a collaborative project to prevent bloodstream infections among dialysis patients. The participating dialysis facilities and CDC worked together to develop and implement the package of interventions. The facilities implemented many of the CDC recommended CDC's check list and tools. The article, *Following CDC Protocols Cuts Dialysis Bloodstream Infections in Half*, stated that CDC "released results of its Dialysis Bloodstream Infection Prevention Collaborative showing a 32 percent decrease in overall bloodstream infections and a 54 percent decrease in vascular access-related bloodstream infection after CDC prevention guidelines were used". In light of these results, QIRN 4 has been directed to implement a Quality Improvement Activity utilizing the CDC tools.

• HAI QIA:

- CMS Facility Role

- 100% of required observations will be submitted to the network on a monthly basis.
 - 30 Hand Hygiene Observations
 - 10 Cannulation/Decannulation Observations
 - 10 Catheter Connection/Disconnection Observations
 - Numerators / Denominators only submitted

• HAI QIA:

- Importance is on facilities correctly doing audits, less on results at this time.
- Facilities are encouraged to review & share audits with staff.

Process Improvement Strategies:

– QIRN4 will:

- Analyze monthly facility reporting data and provide feedback
- Share Best Practices
- Site visits as needed
 - Review the facility's observation/reporting process
 - Provide education
- Submit facilities data to CMS monthly

Process Improvement Strategies:

- Facilities will:
 - Use CDC developed tools and educational resources located on the CDC website
 - Involve the facility management to help further an institution climate change.
 - Observation and Feedback Numerators and denominators are submitted to the network monthly o Data should be submitted by the 5th of each month

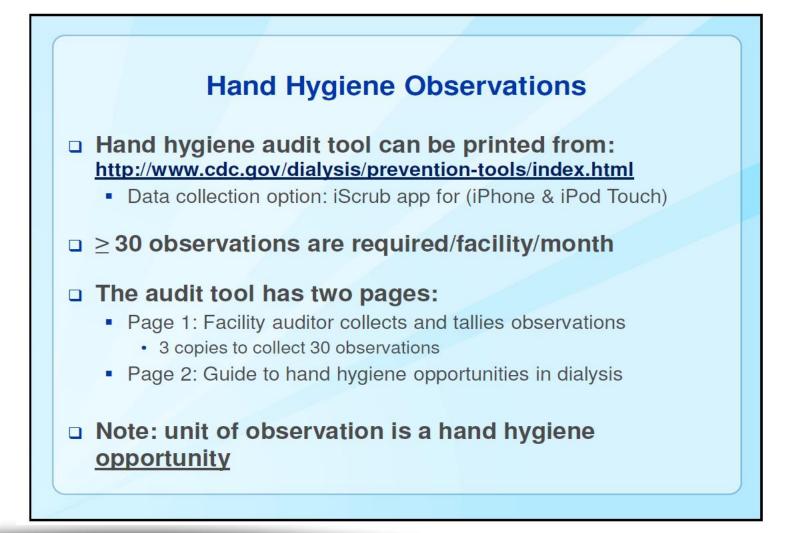
- HAI QIA Required Trainings:
 - All clinical staff should complete the "CDC Infection Prevention in Dialysis Settings"
 - http://www.cdc.gov/dialysis/clinician/CE/infection-preventoutpatient-hemo.html
 - CEU's are available on the CDC website.
 - All clinical staff should view the CDC video entitled "Preventing Bloodstream Infection in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff"
 - http://www.cdc.gov/dialysis/prevention-tools-training-video.html
 - Attestation that training was completed in Survey Monkey by April 15, 2014.
 - https://www.surveymonkey.com/s/HAIQIA2014

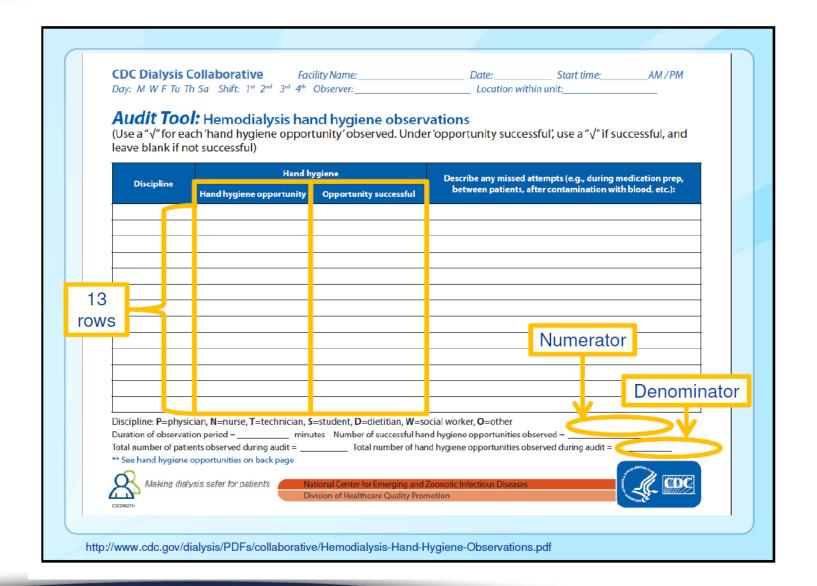
HAI QIA Tools:

- CDC has developed Protocols, Checklist and Observation Tools to be reviewed with staff. These are available on the CDC website at:
- http://www.cdc.gov/dialysis/prevention-tools/index.html

CDC "Tool Kit"

- Protocol for Hand Hygiene
- The Hand Hygiene Observations Tool
- Check list for Hemodialysis Catheter Connection
- Check list for Hemodialysis Catheter Disconnection
- Catheter Connection/Disconnection Observation Tool
- Check List for Fistula/Graft Cannulation
- Check List for fistula/Graft Decannulation
- AV fistula/Graft Cannulation/Decannulation Observation Tool
- Protocol for Scrub the Hub for Hemodialysis Catheters





Guide to Hand Hygiene Opportunities in Hemodialysis

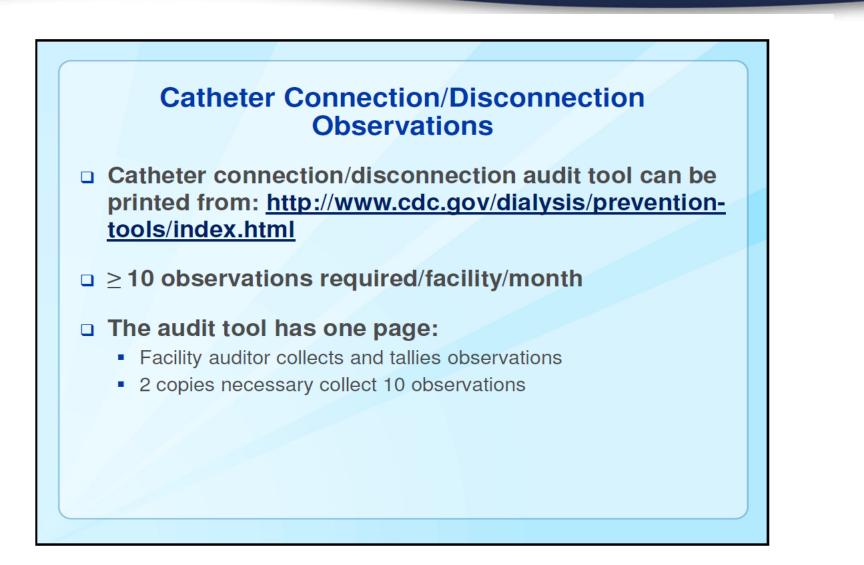
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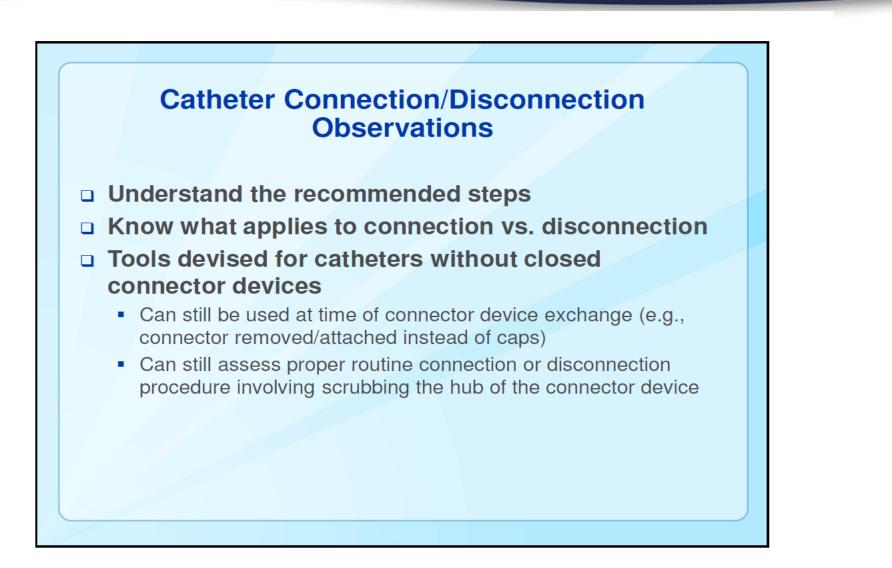
Hand Hygiene: What Facilities Submit to the Network

Facility monthly process:

- Facility uses the hand hygiene audit tool to collect a minimum of 30 observations
- Tallies numerator/denominator and either:
 - Submits this information to the Network via email OR
 - Uses NHSN to report hand hygiene audit results (encouraged)

Numerator =	Number of successful hand hygiene opportunities observed
Denominator =	Total number of hand hygiene opportunities observed during audits



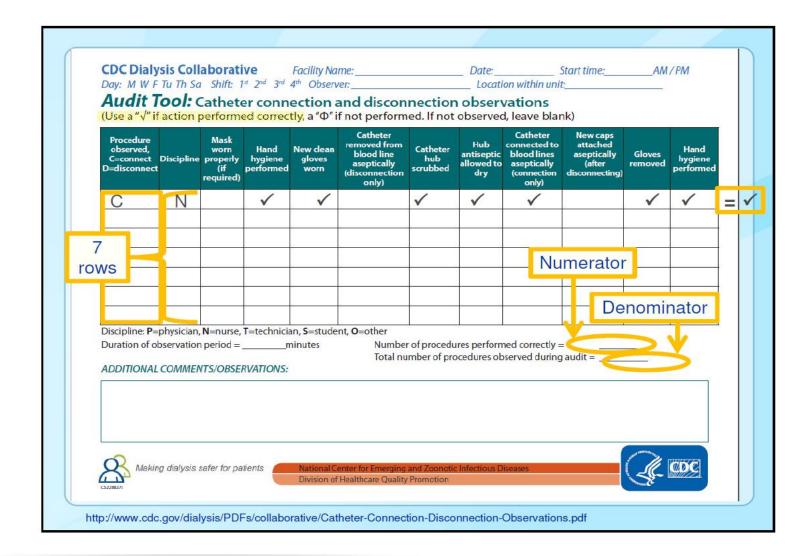


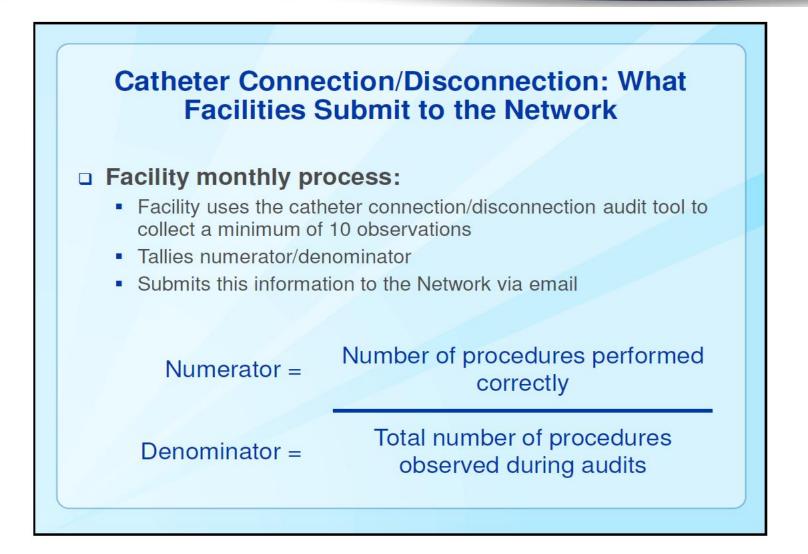
Audit Tool Corresponds to Hemodialysis Catheter Connection and Disconnection Checklists

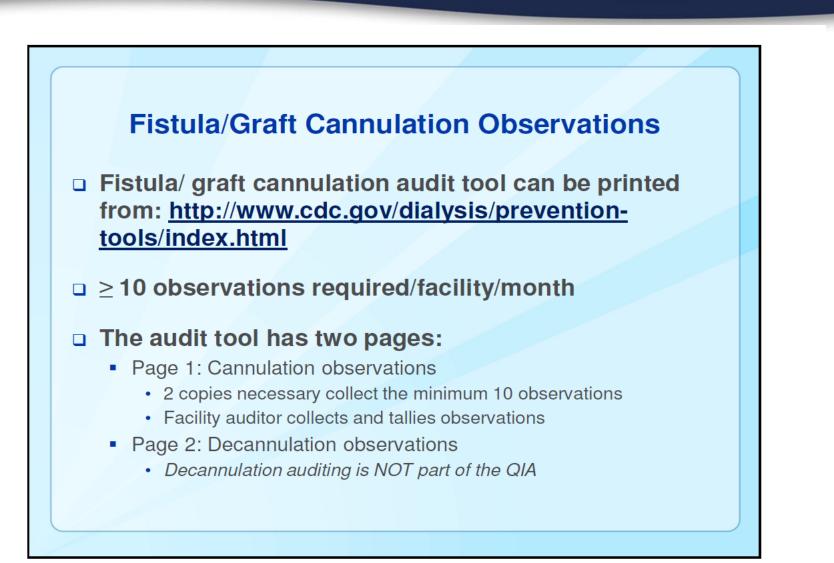
Checklist: Hemodialysis catheter connection

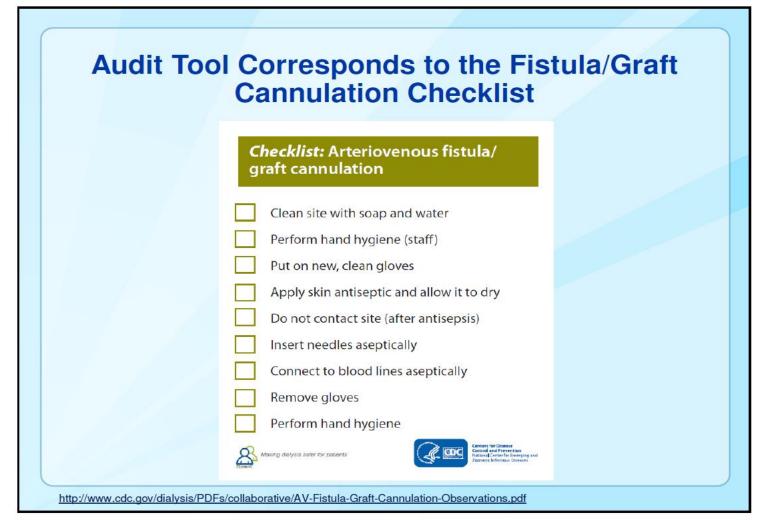
Checklist: Hemodialysis catheter disconnection

	Wear mask (if required)	Wear mask (if required)
	Perform hand hygiene	Perform hand hygiene
	Put on new, clean gloves	Put on new, clean gloves
	Clamp the catheter and remove caps	Clamp the catheter
	Scrub catheter hub with antiseptic	Disconnect catheter from blood lines aseptically
	Allow hub antiseptic to dry	Scrub catheter hub with antiseptic
	Connect catheter to blood lines aseptically	Allow hub antiseptic to dry
	Remove gloves	Attach new caps aseptically
	Perform hand hygiene	Remove gloves
		Perform hand hygiene
	Adapting dialysis safer for patients	Conserve Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-
htt	p://www.cdc.gov/dialysis/PDFs/collaborative/CL Hemodialys	sis-Catheter-Connection-508.pdf
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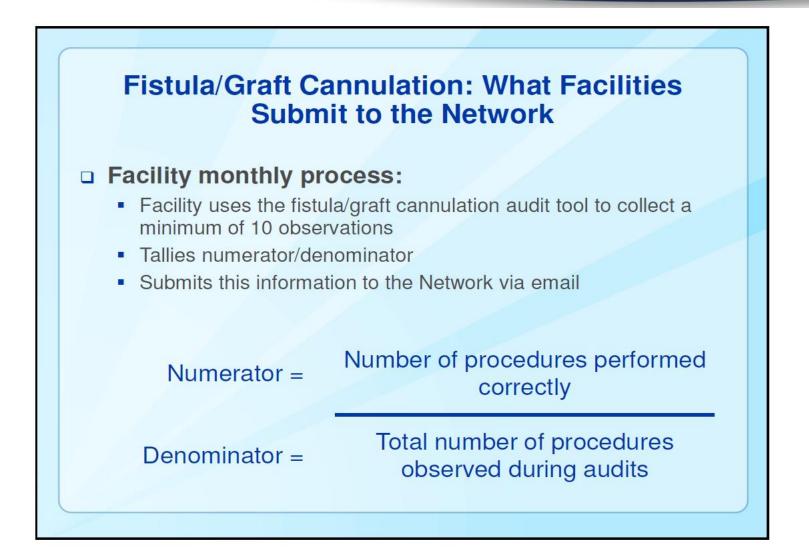








Discipline	Site clean with soa and wate	hygiene	New, clean gloves worn	Skin antiseptic applied appropriately	Skin antiseptic allowed to dry	No contact with fistula/ graft site (after antisepsis)	Cannulation performed aseptically	Connect to blood lines aseptically	Gloves removed	Hand hygiene performed	Commen
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HAI QIA document <u>Table 1</u>: Facility Submission of Audit Results to Network

	Hand Hygiene	Catheter Connection/ Disconnection	Fistula/ Graft Cannulation		
Numerator	# of Successful Hand Hygiene Opportunities Observed	# of Procedures Performed Correctly	# of Procedures Performed Correctly		
Denominator	Total # of Hand Hygiene Opportunities Observed During Audit	Total # of Procedures Observed During Audit	Total # of Procedures Observed During Audit		
OR	NHSN Used				
Comments (co	mmon breaches identified	; challenges in imple	menting the audits):		
		Facilities can use comments to comp			

Monthly Renorting Tool

HAI QIA AUDIT REPORTING TOOL

FACILITY NAME

Contact Person

PROVIDER#

Phone Number

	Hand Hygiene	Catheter Connection/ Disconnection	Fistula/Graft Cannulation
Numerator			
Denominator			
Comments:		•	•

Hand Hygiene

Numerator - Number of Successful Hand Hygiene Opportunities Observed

Denominator - Number of Total Hand Hygiene

Catheter Connection/Disconnection

Numerator - Number of procedures performed correctly

Denominator - Total number of procedures observed during audit

Fistula/Graft Cannulation

Numerator - Number of procedures performed correctly

Denominator - Total number of procedures observed during audit

Please email or fax this report by the 5th of each month to Anne Corcoran at ACorcoran@nw4.esrd.net or fax to 610-783-0374.

Any questions or concerns, please contact Cynthia Vernacchio @ cvernacchio@nw4.esrd.net or 610-265-2418 ext. 2821 or Kou Kha-Moua @.KKha-Moua@nw4.esrd.net 610-265-2418 ext. 2820.

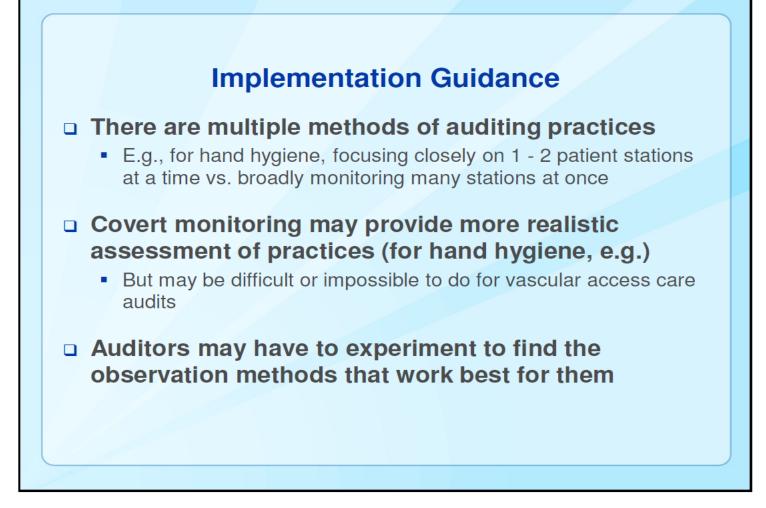
Suggestions for Facility Auditors

- First, understand the recommended steps and then practice using the tools
- Auditors should try to ensure that observations are as representative as possible of normal practice at the facility
 - E.g., observe different staff members on different days and shifts

For hand hygiene

- Consider observing during busy times, such as during shift change
- Try to select an area of the unit where staff interactions with patients are clearly visible

http://www.cdc.gov/dialysis/prevention-tools/Protocol-hand-hygiene-glove-observations.html





Summary – Monthly Facility Actions

□ ≥ 30 hand hygiene observations

- Collect data using CDC audit tool or the iScrub app
- Report data to Network via email using Table 1 or via NHSN

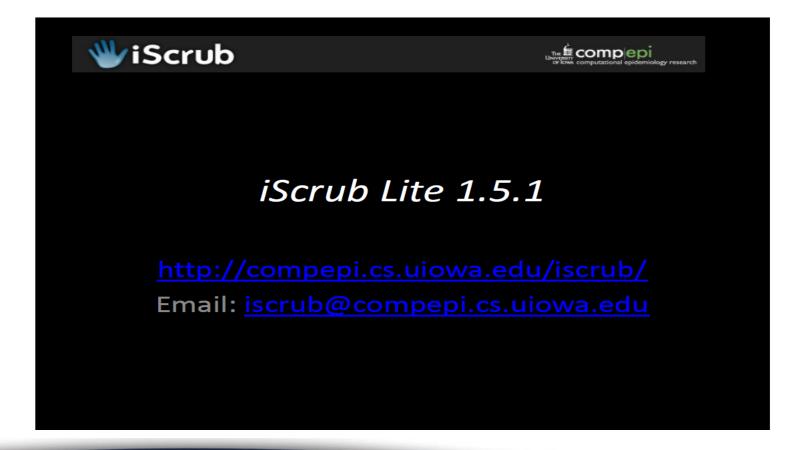
□ ≥ 10 catheter connection/disconnection observations

- Collect data using CDC audit tool
- Report data to Network via email using Table 1

□ ≥ 10 fistula/graft cannulation observations

- Collect data using CDC audit tool
- Report data to Network via email using Table 1

Other Reporting Resources: iScrub



iScrub Lite 1.5.1

- Provides real-time feedback on hand hygiene compliance among healthcare workers
 - Hand washing
 - Hand rubbing
- Compatible with <u>iPhones</u> and <u>iPod Touch</u>
 - Free application
 - Search for the app on your handheld device in the <u>App Store</u> or download via <u>iTunes</u>

Review

- Facility will provide CDC training to staff
- Complete Survey Monkey Attestation by April 15, 2014
- Facility will complete observations and submit reports monthly – DUE 5th of the month STARTING May 5th
- Network will provide support to facilities, as needed.
- NW4 will present Final Webinar to review initiative results.

Feedback/Questions

Questions?

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- Cynthia Vernacchio, QIC ext. 2821
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