

END STAGE RENAL DISEASE
NETWORK OF TEXAS

***BLOODSTREAM INFECTION (BSI)
QUALITY IMPROVEMENT
ACTIVITIES***

AUGUST 28, 2019

Presented By:
Dany Anchia
BSN, RN, CDN

Quality Improvement
Director

WHO IS THE NETWORK?



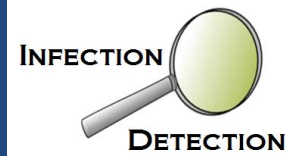
- Network 14 is a non-profit organization incorporated in Texas and provides services on behalf of the Centers for Medicare & Medicaid Services (CMS) to kidney patients and their providers.

Our Mission

To support equitable patient- and family-centered quality dialysis and kidney transplant health care through the provision of patient services, education, quality improvement, and information management.



PATIENT ADVISORY COMMITTEE

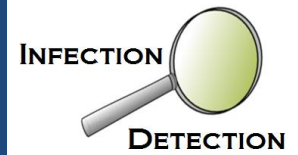


Subject
Matter
Experts



23 members

PATIENT ADVISORY COMMITTEE



Facility's Patient Clinic Committee members reviewing the Conversation Starter and the Lead Patient Committee member, Juan Morales, demonstrating teach back with the clinic staff.

BSI NETWORK QIA PROJECTS



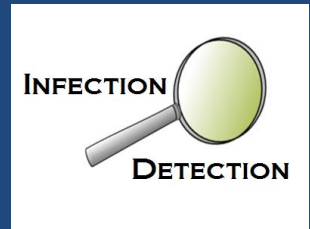
- As mandated by the Centers for Medicare and Medicaid Services (CMS), the bloodstream infections (BSI) and long-term catheter (LTC) quality improvement activities (QIAs) are aimed at reducing bloodstream infections and long-term catheter rates within the State of Texas (Network 14 coverage territory).



- Pilot Project: The ESRD Network of Texas has also been directed by CMS to collaborate with 10% of the outpatient dialysis facilities within the state of Texas to achieve a 2% point decrease in the average rate of overall hospitalizations and a 10% relative decrease in ESRD-related hospitalizations.

BSI QIA

GOALS, PURPOSE, AND ACTION

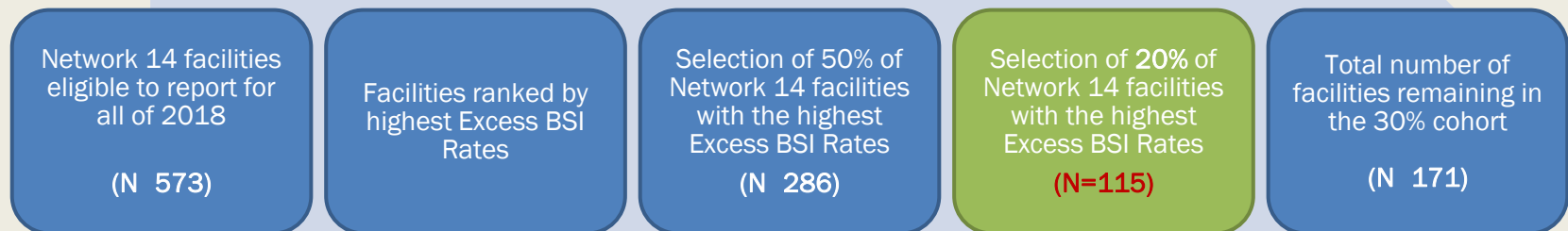


- **Goal:** Reduce the national rate of bloodstream infections (BSIs) in dialysis patients by 50%, to achieve the 5 year national target to improve health of all ESRD patients living in the US.
- **Purpose:** The Network is contracted to develop a plan to reduce the rates of BSIs in patients with end stage renal disease (ESRD) because of their increased vulnerability to healthcare-associated infections (HAIs).
- **Activities** will focus on reducing BSIs by:
 - Supporting ESRD facilities use of NHSN and the CMS reporting requirements
 - Assisting facilities with implementation of CDC Core Interventions and increase awareness of resources
 - Reducing the Long-Term Catheters (LTCs)
 - Participating in ESRD NCC HAI Learning and Action Network (LAN)
 - Improving communication between hospitals and dialysis facilities, and encourage facilities to join Health Information Exchange (HIE)

SELECTION PROCESS



- For 2019, CMS directed the Network to work with at least 50% of the facilities in the Network's service area with the highest excess infection rate and provide an increased focus on the top 20% of the selection.
- **Goal:** Achieve a 20% or greater relative reduction in the semi-annual pooled mean rate among the 20% cohort at re-measurement (Jan-Jun 2019) compared to the previous year (Jan-Jun 2018).

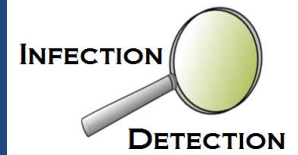


Baseline Data: Q1/Q2 2018 (January – June)

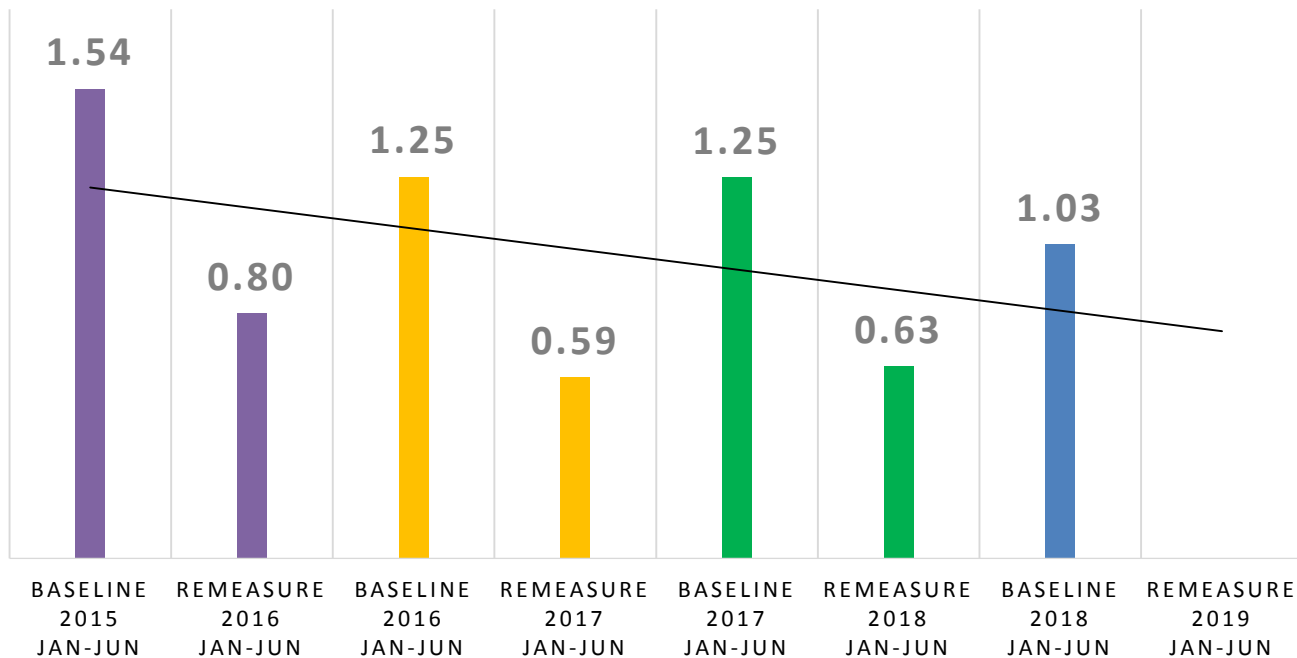
50% Cohort Facility Average PMR: 0.68

20% Cohort Facility Average PMR: **1.03**

BSI QIA GOAL

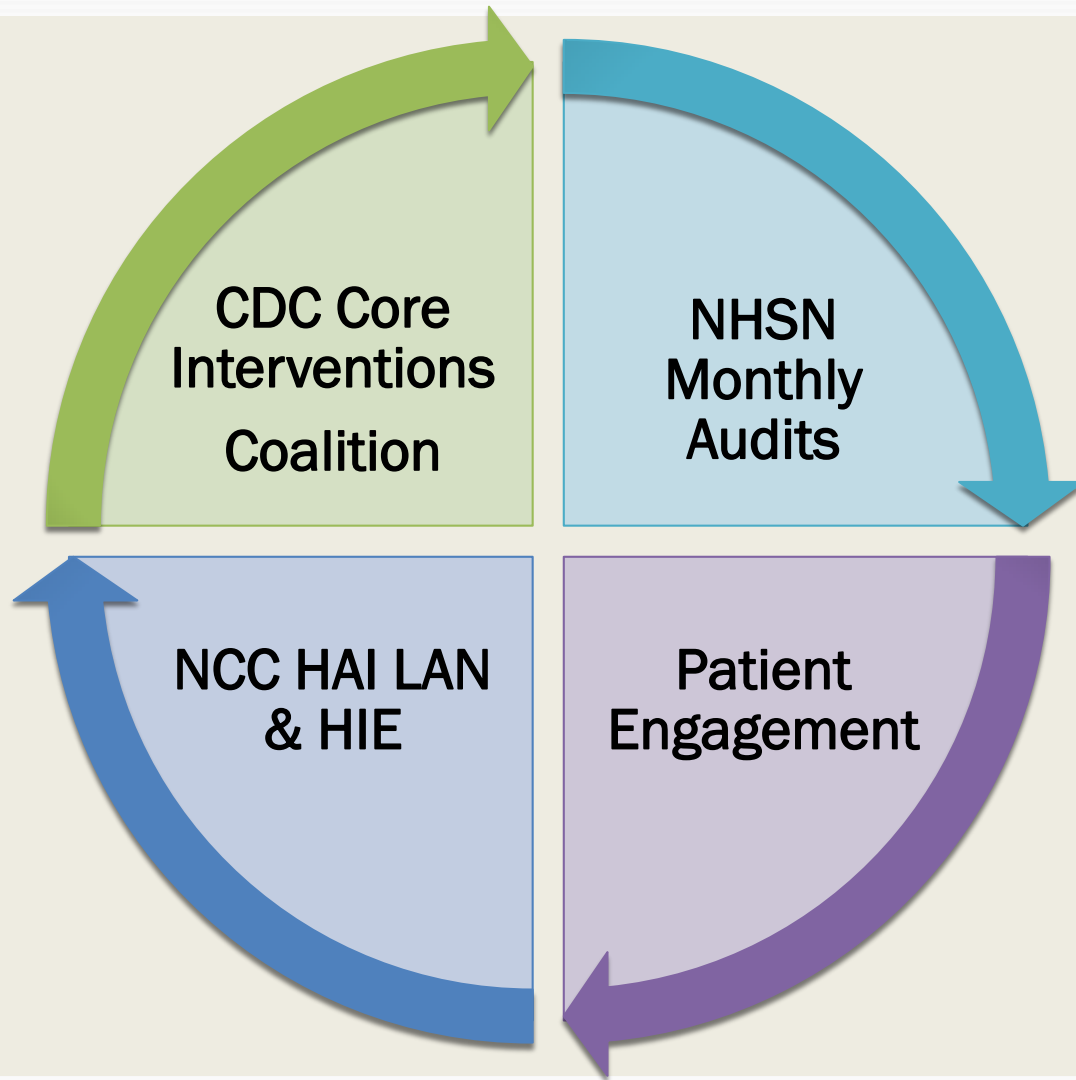
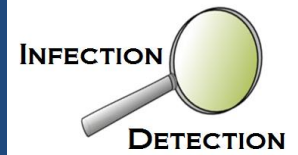


INFECTION DETECTION QIA: 2016-2019
SEMI-ANNUAL POOLED MEAN RATE
(20% GROUP)

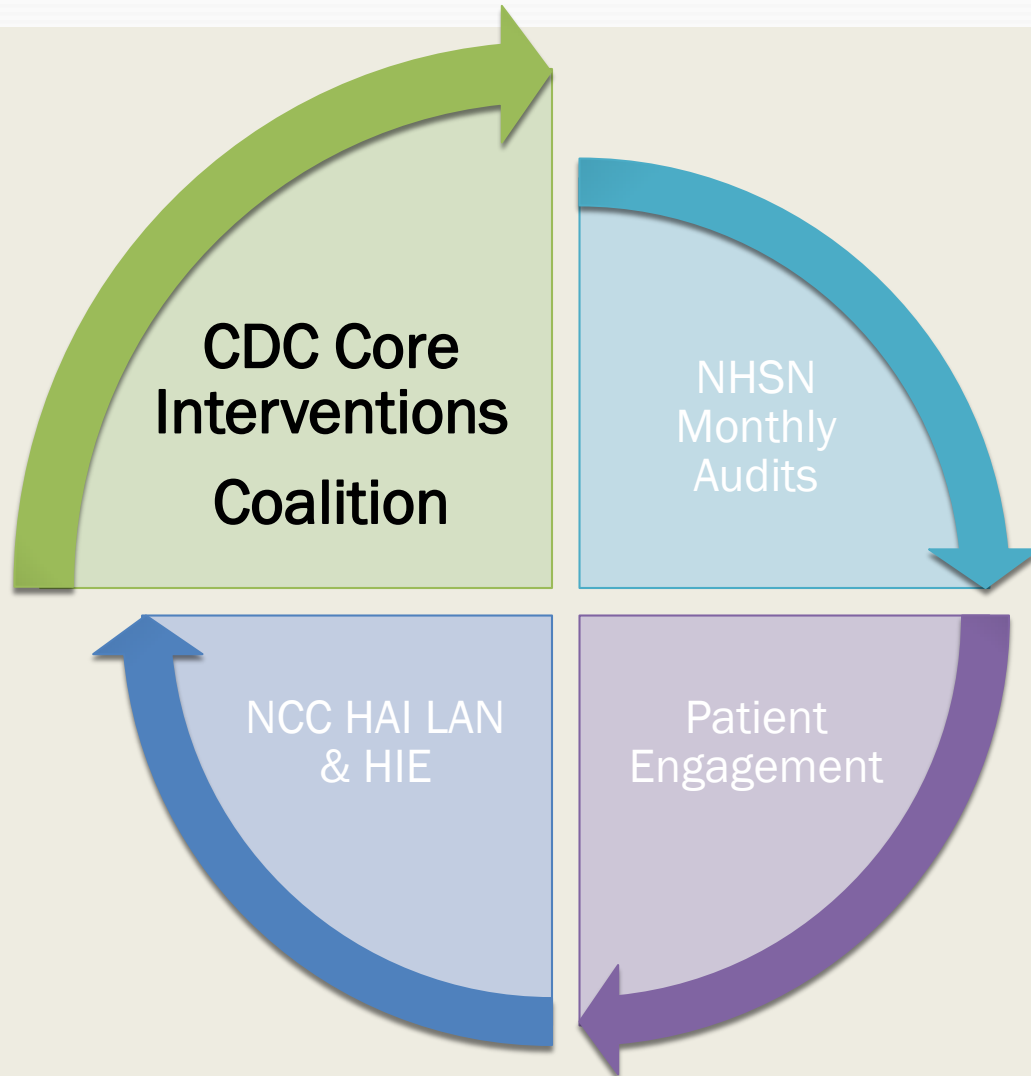


Project Goal:
20% reduction
in the semi-
annual pooled
mean rate of
the 20% cohort
= **0.82**

PROJECT COMPONENTS



PROJECT COMPONENTS




■ The Coalition's Goals:

- Facilitate adoption and implementation of CDC's core interventions
- Increase awareness about infection rates and bloodstream infection prevention
- Collaborate with other coalition members to share findings, stories or experiences related to bloodstream infection prevention

- Joining the Coalition as a member is **FREE**, and includes access to free resources and education!


■ Members include:

- Nephrologists and nephrology nurses
- Dialysis technicians and other clinic staff
- Dialysis educators and leaders
- Patients and caregivers



Making Dialysis Safer for Patients Coalition Materials
For Order Via CDC-INFO

All materials are free!


PATIENT MATERIALS



Conversation Starter to Prevent Infections in Dialysis Patients
300043




6 Tips to Prevent Dialysis Infection
English **221576**




6 Consejos para Prevenir Infecciones de Dialisis
Spanish **221682**

CLINICIAN MATERIALS


✓ All checklists are laminated for repeated use.




Hemodialysis Catheter Exit Site Care Checklist
222389




AV Fistula/Graft Cannulation Checklist
222387



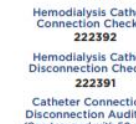
Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol
300038




Catheter Exit Site Care Audit Tool
(One tear pad with 50 sheets)
222394




AV Fistula/Graft Decannulation Checklist
222386




Hemodialysis Catheter Connection Checklist
222392



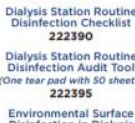
AV Fistula/Graft Cannulation and Decannulation Audit Tool
(One tear pad with 50 sheets)
222397



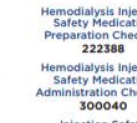
Hemodialysis Catheter Disconnection Checklist
222391




Catheter Connection & Disconnection Audit Tool
(One tear pad with 50 sheets)
222396




Dialysis Station Routine Disinfection Checklist
222390




Hemodialysis Injection Safety Medication Preparation Checklist
222388




Hand Hygiene Audit Tool
(One tear pad with 50 sheets)
222398




Dialysis Station Routine Disinfection Audit Tool
(One tear pad with 50 sheets)
222395




Hemodialysis Injection Safety Medication Administration Checklist
300040




Injection Safety Medication Preparation & Administration Audit Tool
(One tear pad with 50 sheets)
222393




Environmental Surface Disinfection in Dialysis Facilities: Notes for Clinical Managers
300039




CDC Dialysis Infection Prevention Resources CD
(Electronic versions of all the resources)
222379



Put Together the Pieces to Prevent Infections in Dialysis Patients
English **221579**
Spanish **300037**




Days Since Last Infection Poster
8.5" x 11" **300199**
11" x 17" **300200**




Preventing Bloodstream Infections in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff DVD
221580

You Can Order 2 Ways



CLICK

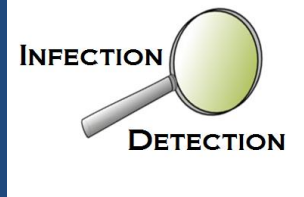
www.cdc.gov/pubs
select "Dialysis Safety" from the Programs drop down menu and click "Go"



CALL

1-800-CDC-INFO

CDC CORE INTERVENTIONS



TOGETHER LET'S KEEP DIALYSIS PATIENTS SAFE

DAYS SINCE LAST BLOODSTREAM INFECTION

Your last bloodstream infection was on

To learn more about dialysis safety, visit www.cdc.gov/dialysis

Conversation Starter to Prevent Infections in Dialysis Patients

Preventing infections is important for patient safety. The Centers for Disease Control and Prevention (CDC) wants dialysis patients and dialysis centers to start a conversation about preventing infections. Family members can also start the conversation. We hope this guide can be a starting point to improve awareness about patient safety issues.

How does this facility involve patients and their families in infection control activities? Are patients encouraged to speak up when they see a concerning practice (for example, a staff member who does not wash her hands)?

Dialysis centers should educate and empower patients to help prevent infections and support a safe care environment. Talk to your social worker or facility administrator for ideas on how you can get involved.

How does this facility make sure that all patients receive necessary vaccines to prevent illness (such as Hepatitis B, seasonal flu, and pneumococcal vaccines)?

Patients on dialysis have weakened immune systems and should get extra vaccines to keep from getting sick.

How does this facility make sure that dialysis center staff are vaccinated against the flu every year?

Since staff members can spread the flu to patients, receiving a dialysis center staff flu shot is encouraged each year to help prevent this spread. Dialysis centers should also have policies that require staff to stay home when they are sick.

Does this facility check all patients for hepatitis C infection?

All hemodialysis patients should be tested for hepatitis C when they start treatment at a center, and then every 6 months if they could become infected. Testing is the only way to know if patients have hepatitis C and to find out if the infection is spreading in the facility.

Does this facility prepare medications in a separate room away from dialysis stations to avoid contamination?

Medications for infection should be prepared away from patient treatment areas to keep them safe from germs. One way to do this is to prepare them in a separate room. More information about infection safety can be found at www.ohdsociety.org/signup/

CDC To learn more visit www.cdc.gov/dialysis **AAPD**

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 vascular access care and catheter accessing quarterly. 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. Perform competency evaluation for skills such as catheter care and accessing every 6-12 months 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 reduction**
Incorporate 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.
- 7. Chlorhexidine for skin antiseptics**
Use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent for central line insertion and during dressing changes.*
- 8. Catheter hub disinfection**
Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.**
- 9. Antimicrobial ointment**
Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.***

* Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.
** If closed needleless connector device is used, disinfect device per manufacturer's instructions.
*** See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis Safety website (<http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites>). Use of chlorhexidine-impregnated sponge dressing might be an alternative.

For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit <http://www.cdc.gov/dialysis>

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

CLEAN HANDS COUNT FOR HEALTHCARE PROVIDERS

HOW TO ENGAGE YOUR PATIENTS:
Make hand hygiene a topic of current patient care. ADDRESS AND PRIORITIZE BEFORE YOU BEGIN CARE.

CLEAN HANDS COUNT
No matter where you treat patients, clean hands count. Hand hygiene affects patients whether they're inpatient or outpatient.

Did you know...?
Healthcare workers have the highest rates of antibiotic resistance. Hand hygiene is the most effective way to prevent the spread of antibiotic-resistant germs. Hand hygiene can reduce the number of antibiotic-resistant germs that spread to patients.

When using alcohol-based hand sanitizer:
Use an alcohol-based hand sanitizer with at least 60% alcohol. Rub hands together for at least 20 seconds. Cover all surfaces of your hands. Rub until hands are completely dry.

Wearing gloves is not a substitute for hand hygiene.
Gloves protect your hands from germs, but they don't clean your hands. Always wash your hands before and after wearing gloves. Change gloves frequently. Do not reuse gloves. Do not touch your face, eyes, nose, or mouth while wearing gloves. Wash your hands immediately after removing gloves.

Areas you might miss:
These areas are most often missed by healthcare providers when using alcohol-based hand sanitizer:
FINGERFOLD
THUMB
TRIGGER

CONTACT WITH PATIENT'S SKIN, MUCOUS MEMBRANES, OR OTHER SURFACES:
Wash your hands with soap and water after removing your gloves. Wash your hands with soap and water after touching a patient's skin, mucous membranes, or other surfaces.

CONTACT WITH PATIENT'S SKIN, MUCOUS MEMBRANES, OR OTHER SURFACES:
Wash your hands with soap and water after touching a patient's skin, mucous membranes, or other surfaces.

6 TIPS to prevent Dialysis Infection

Patients with Fistulas or Grafts

TIP 1: Take care of your dialysis access at home. Avoid scratching or picking it.

TIP 2: Wash your hands often, especially before and after dialysis treatment.

TIP 3: Wash or clean your dialysis access site after treatment.

TIP 4: Know the steps your healthcare providers should take when using your dialysis access for treatment.

TIP 5: Know the signs and symptoms of infection and what to do if you think you might have an infection.

TIP 6: Know what to do if you have any problem with your dialysis access site.

Patients with Catheters

TIP 1: Catheters have a higher risk of infection. Ask your doctor about getting a fistula or graft instead.

TIP 2: Learn how to take care of the catheter at home. Do not get it wet.

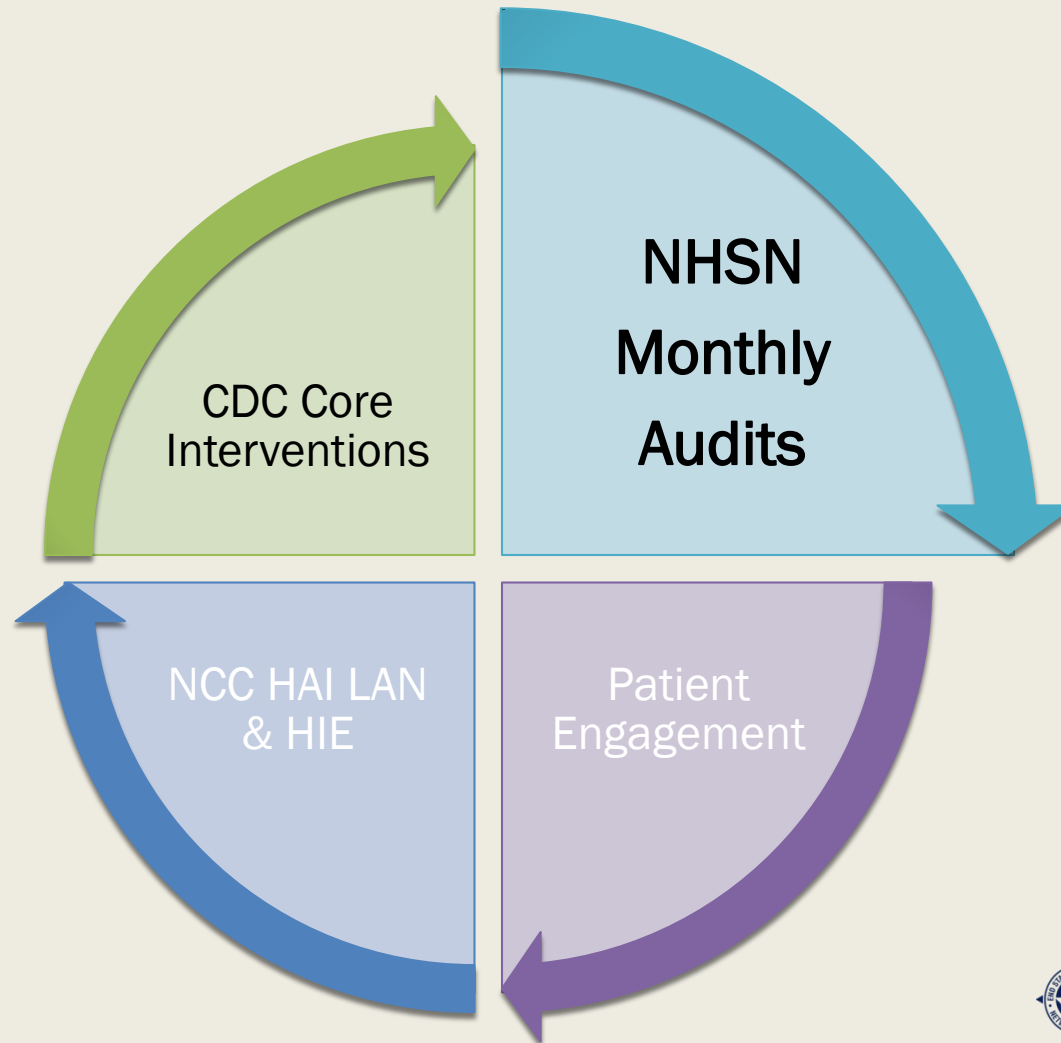
TIP 3: Wash your hands often, especially before and after dialysis treatment.

TIP 4: Know the steps your healthcare providers should take when using the catheter for treatment.

TIP 5: Know the signs and symptoms of infection and what to do if you think you might have an infection.

TIP 6: Know what to do if you have any problem with your catheter.

PROJECT COMPONENTS



CDC OBSERVATION CHECKLISTS



- Facilities are recommended to involve patients with infection control observations.
- The CDC Observation Checklist use the same steps listed in the audit form, but offer an easy to understand format to easily share with patients.
- By completing infection control observations, patients learn the correct infection control steps.

Checklist: Hemodialysis catheter connection

- Wear mask (if required)
- Perform hand hygiene
- Put on new, clean gloves
- Clamp the catheter and remove caps
- Scrub catheter hub with antiseptic
- Allow hub antiseptic to dry
- Connect catheter to blood lines aseptically
- Remove gloves
- Perform hand hygiene

Checklist: Hemodialysis catheter exit site care

- Wear mask (if required) and remove dressing
- Perform hand hygiene
- Put on new, clean gloves
- Apply skin antiseptic
- Allow skin antiseptic to dry
- Do not contact exit site (after antiseptics)
- Apply antimicrobial ointment*
- Apply dressing aseptically
- Remove gloves
- Perform hand hygiene

Checklist: Hemodialysis catheter disconnection

- Wear mask (if required)
- Perform hand hygiene
- Put on new, clean gloves
- Clamp the catheter
- Disconnect catheter from blood lines aseptically
- Scrub catheter hub with antiseptic
- Allow hub antiseptic to dry
- Attach new caps aseptically
- Remove gloves
- Perform hand hygiene

Checklist: Dialysis Station Routine Disinfection

This list can be used if there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection. The proper steps for cleaning and disinfecting surfaces that have visible soil on them are not described herein. Additional or different steps might be warranted in an outbreak situation. Consider gathering necessary supplies¹ prior to Part A.

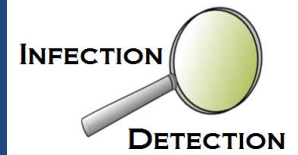
Part A: Before Beginning Routine Disinfection of the Dialysis Station

- Disconnect and takedown used blood tubing and dialyzer from the dialysis machine.
- Discard tubing and dialyzers in a leak-proof container².
- Check that there is no visible soil or blood on surfaces.
- Ensure that the priming bucket has been emptied³.
- Ensure that the patient has left the dialysis station⁴.
- Discard all single-use supplies. Move any reusable supplies to an area where they will be cleaned and disinfected before being stored or returned to a dialysis station⁵.
- Remove gloves and perform hand hygiene.

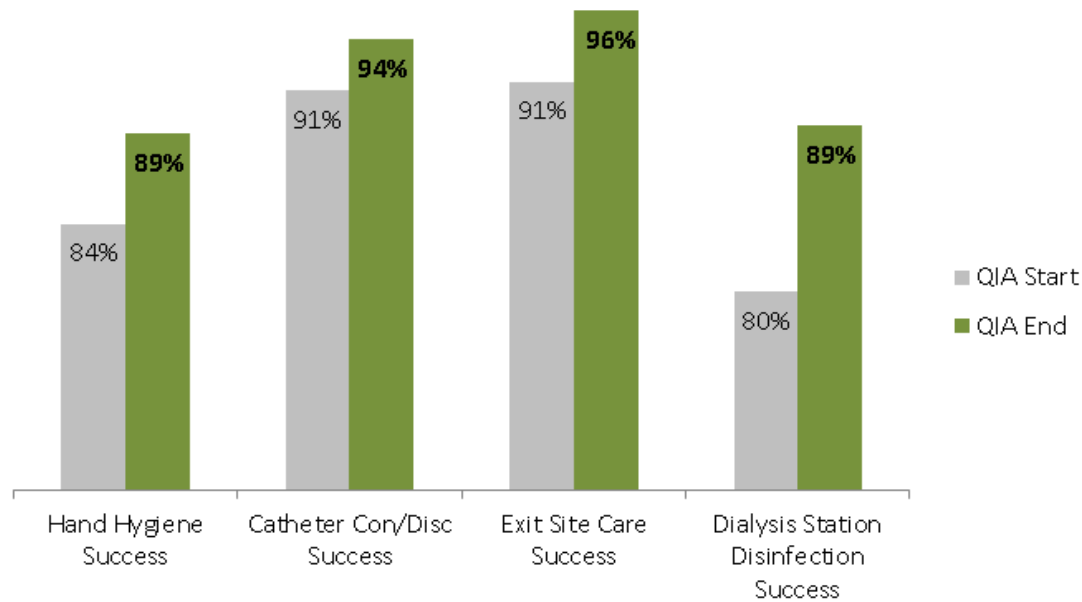
PART B: Routine Disinfection of the Dialysis Station – AFTER patient has left station

- Wear clean gloves.
- Apply disinfectant⁶ to all surfaces⁷ in the dialysis station using a wiping motion (with friction).
- Ensure surfaces are visibly wet with disinfectant. Allow surfaces to air-dry⁸.
- Disinfect all surfaces of the emptied priming bucket⁹. Allow the bucket to air-dry before reconnection or reuse.
- Keep used or potentially contaminated items away from the disinfected surfaces.
- Remove gloves and perform hand hygiene.

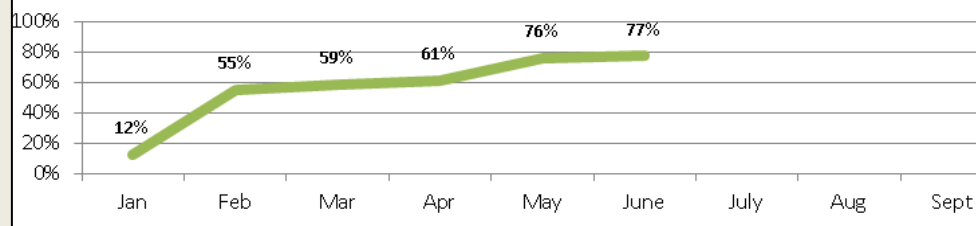
NHSN MONTHLY AUDIT DATA



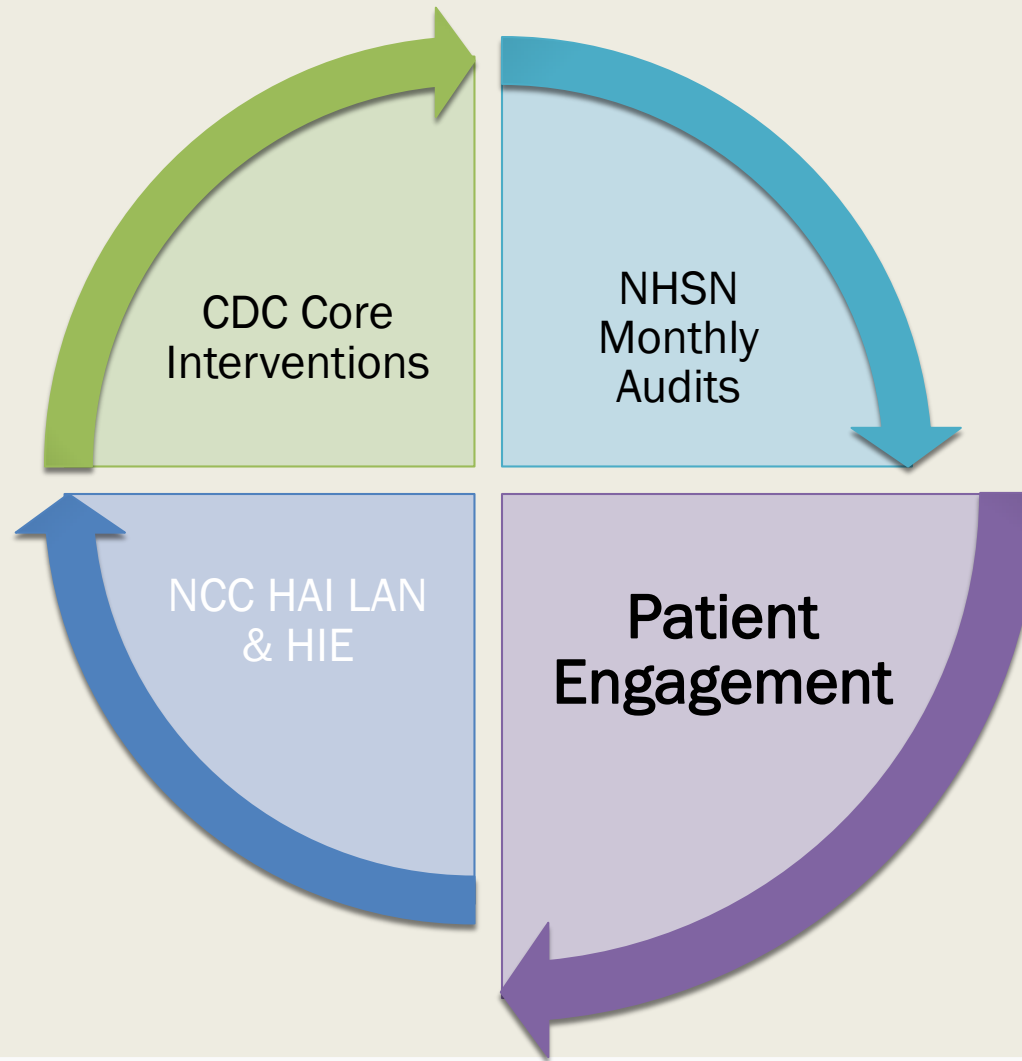
BSI QIA Improvement in Successful Prevention Process Measures (N=286)



BSI QIA Completion of CDC Audits



PROJECT COMPONENTS



INFECTION PREVENTION STATION



TOGETHER LET'S KEEP DIALYSIS PATIENTS SAFE

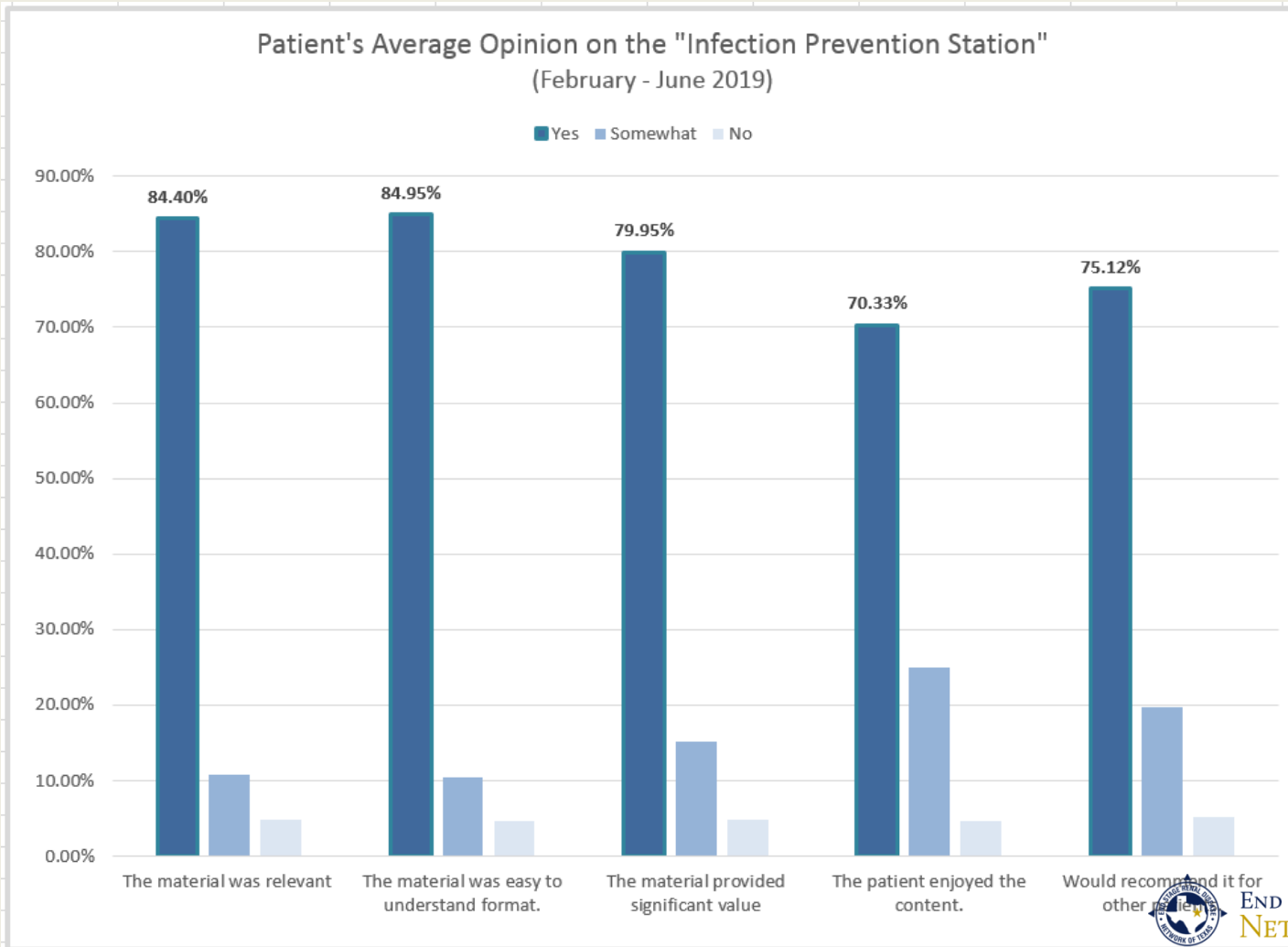
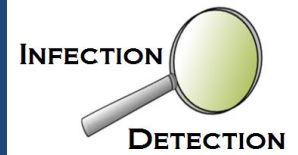
DAYS SINCE LAST BLOODSTREAM INFECTION

Our last bloodstream infection was on

To learn more about dialysis safety, visit www.cdc.gov/dialysis



INFECTION PREVENTION STATION



PATIENT ENGAGEMENT OPTIONS



OPTION 1

Patient Engagement



National
Recognition
Events

OPTION 2



Network's
Patient
Engagement
Calendar

OPTION 3



Facility's
Patient
Engagement
Plan



NATIONAL RECOGNITION EVENTS



MARCH 14
• World Kidney Day

MARCH 10 16
• Patient Safety Awareness Week

APRIL 27 May 1
• Patient Experience Week

MAY 5
• World Hand Hygiene Day

SEPTEMBER
• Sepsis Awareness Month

OCTOBER 15
• Global Handwashing Day

OCTOBER 14 20
• International Infection Prevention Week

NOVEMBER 12 18
• US Antibiotic Awareness Week



NETWORK'S PATIENT ENGAGEMENT CALENDAR

INFECTION



DETECTION



END STAGE RENAL DISEASE NETWORK OF TEXAS

Get Engaged! It's YOUR Life!



PATIENT ENGAGEMENT CALENDAR

Patient Engagement Question #1

Do you make a list of questions to ask your doctor at your next visit?

JANUARY
Take part in your care
It's YOUR Life!

FEBRUARY
Plan ahead for emergencies
Be ready!

MARCH
Attend a patient and family group meeting at your facility
Build your dialysis community!

Patient Engagement Question #2

Did you attend at least one Plan of Care meeting this year?

APRIL
Get to know your Care Team
They are here for YOU!

MAY
Learn about patient responsibilities
Do your job as a patient!

JUNE
Participate in your Plan of Care meetings
Nothing about me without me!

Patient Engagement Question #3

Do you know when the next patient and family group meeting is at your facility?

JULY
Learn about different dialysis treatments
Know your options!

AUGUST
Cherish your vascular access
It's your lifeline!

SEPTEMBER
Get your immunizations
Protect your health!

Patient Engagement Question #4

Do you know who your Facility Patient Representative is?

OCTOBER
Know the 6 tips to prevent dialysis infections
Stay healthy!

NOVEMBER
Take care of your emotional health
What is on your mind?

DECEMBER
Plan for end of life
ALL of us need to share our wishes!

Did you get your patient engagement handout this month?

If not, ask your facility staff or Facility Patient Representative(s) for more information on this month's topic!

Facility Staff Member: _____

Phone Number: _____

Facility Patient Representative 1: _____
Best Day and Time to Reach FPR: _____
Facility Patient Representative 2: _____
Best Day and Time to Reach FPR: _____

JANUARY



Take part in your care
It's your life!

How can I increase my engagement this month?

- Know your medicines
 - o Make a complete list of every medicine you take, every pharmacy you use, and any allergies you have. Update your list every month.
 - o Ask
 - o Fill o
 - o Talk
 - o cour
 - o Som
 - o Phar
 - o Put
 - o wate
- Prevent inf
- o Alwi
- o Tell i
- o If yo
- Go to suppe
- o Lear
- o sem
- Know your
 - o Atte
 - Continue to
 - Talk with a
 - Talk with th
 - Know your
 - You know I
 - o Attending P
 - When you u

World Search-Family Patient Engage Learn

for info!

- Conozca sus medicamentos
 - o Haga una lista completa de todos los medicamentos que toma, todas las farmacias que utiliza y cualquier alergia que padezca. Actualice su lista cada mes.
 - o Pregunte para qué es cada medicamento y de qué efectos secundarios debe estar pendiente.
 - o Abastécese y realístese de sus recetas médicas a tiempo.
 - o Hable con su médico antes de dejar de tomar un medicamento o comenzar a tomarlo (incluso medicamentos de venta libre).
 - o Algunos medicamentos no deben tomarse junto con otros medicamentos. Pregúntele a su Nefrólogo y Farmacéutico sobre las posibles interacciones antes de tomar cualquier medicamento nuevo.
 - o Coloque una copia de la prescripción de medicamentos en su billetera, su refrigerador/congelador, su kit de emergencia (en una bolsa impermeable) y la guantera de su automóvil.
- Prevenga infecciones y proteja su acceso, si tiene una
 - o Lávese siempre las manos antes y después del tratamiento. ¡Puede salvar su vida!
 - o ¡Dígale al personal del centro que se lave las manos y use guantes antes de tocarlo!
 - o Si siente que su acceso no está "bien", solicite que lo revisen inmediatamente.
- Asista a grupos de apoyo si se ofrecen en su área o busque grupos de apoyo en línea
 - o Busque en internet y asista a seminarios y grupos de apoyo para obtener más información sobre la enfermedad renal y las opciones de tratamiento. No espere a que alguien más se lo diga.
- Conozca sus opciones
 - o Asista a sus reuniones del Plan de atención en su centro y, si tiene alguna pregunta, por favor plantéelas.
- Continúe consultando a su dietista para conocer cómo su dieta puede mejorar los resultados de sus pruebas de laboratorio
- Hable con un farmacéutico si tiene alguna pregunta sobre el seguro y la cobertura de medicamentos
- Hable con la trabajadora social si quiere trabajar, ir a la escuela o ser voluntario
- Conozca su ingesta de líquidos permitida. Hable con su equipo de atención médica para determinar qué es lo mejor para usted.

- ¿Por qué debería tener mayor participación en mi cuidado?
- USTED sabe cómo se siente y qué necesita mejor que cualquier otra persona
- Asistir a las reuniones del Plan de atención le permite a USTED unirse a tomar decisiones sobre su atención
- Cuando conoce todas sus opciones, USTED tiene más control sobre su propia salud

Búsqueda por palabras: encuentre las siguientes palabras que lo ayudarán a ser parte de su equipo de atención:
 Familia: XUTMLEARNBY
 Paciente: EGAGNESTRIO
 Participar: PAVEVLIWAFD
 Aprender: EWPATIENTM

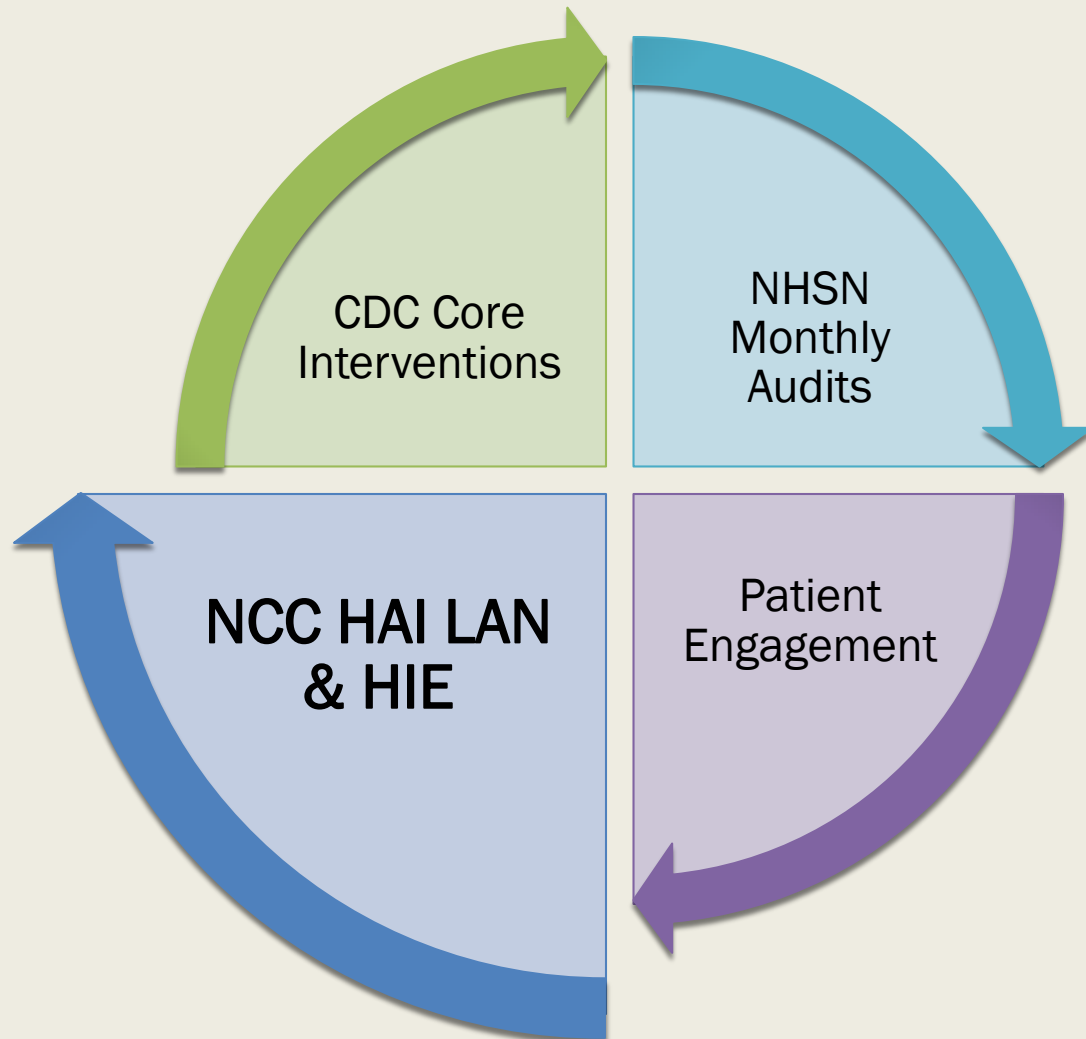
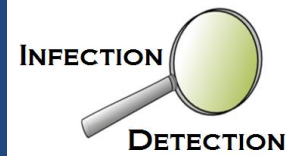


Esta información fue creada POR pacientes con ENFERMEDAD RENAL EN ETAPA TERMINAL (ESRD) PARA P- ENFERMEDAD RENAL EN ETAPA TERMINAL (ESRD)! Para presentar una queja o si tiene preguntas, comuníquese con ESRD Network of Texas al 1-877-886-4435 (teléfono), 972-503-3219 (fax), info@nw14.esrd.net (email), 4099 McEwen Rd, Suite 820, Dallas, TX 75244 o www.esrdnetwork.org



END STAGE RENAL DISEASE NETWORK OF TEXAS

PROJECT COMPONENTS



ESRD NCC HAI LAN CALLS & HIE



- The ESRD National Coordinating Center (NCC) Health Associated Infection (HAI) Learning and Action Network (LAN):
 - Bi-monthly national calls including all ESRD Networks and ESRD facilities
 - The Main purpose of the calls:
 - Improve information communication between hospitals and dialysis centers caring for the same ESRD patients, and sharing of best practices.
 - Increase awareness of and implementation of CDC Core interventions.



- Health Information Exchange (HIE):
 - Facilities are encouraged to join a Health Information Exchange or another evidence-based highly effective information transfer system to receive information relevant to positive blood cultures during patient's transition of care.
 - HIE's in Texas:
 - [Greater Houston HEALTHCONNECT \(GHH\)](#)
 - [Healthcare Access San Antonio \(HASA\)](#)
 - [Integrated Care Collaboration \(ICC\)](#)
 - [PHIX \(formerly known as Paso del Norte HIE, PdN HIE\)](#)
 - [Rio Grande Valley HIE \(RGV HIE\)](#)
 - [RioOne HIE](#)



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

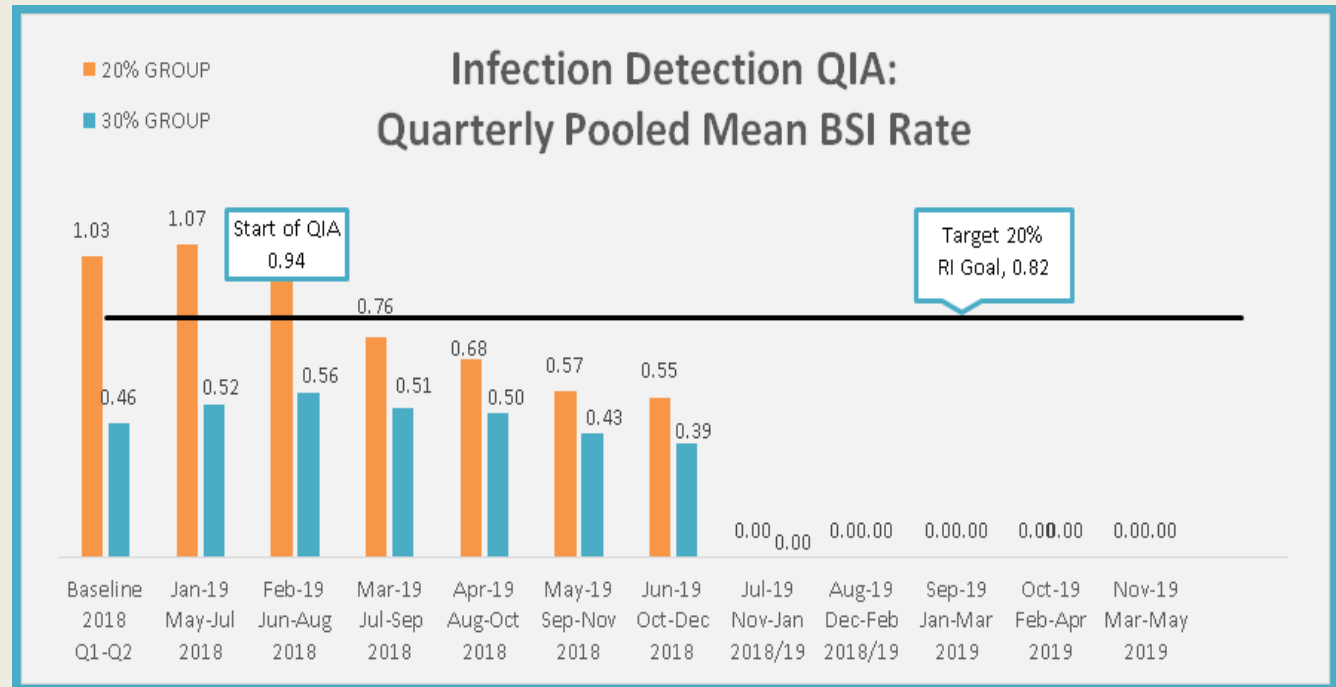
BSI QIA CURRENT RESULTS



- **Baseline:** (Jan - June 18)
 - 20% Group: 512 PBC
 - 30% Group: 363 PBC
 - 50% Group: 875 PBC

- **Goal:** 20% or greater reduction in the semi-annual PMR in the 20% cohort (N=115) by the re-measurement (Jan- June 19):
 - Goal PMR: 0.82
 - Reduction of 105 PBC or greater

- **Results:** Reduction of 118 PBC Q1 (Jan - Mar 19) in 20% cohort.
 - 20% Q1 2018: 245 PBC
 - 20% Q1 2019: 127 PBC



LONG TERM CATHETER QIA

DIALYSIS CATHETER IN PLACE >90 DAYS



Baseline and Goal:

- 38 facilities with LTC rates >15% from the 50% BSI facilities with highest infection rates
- Focus facilities baseline for this project is 21%
- Goal: decrease LTC rate by at least 2 percentage points

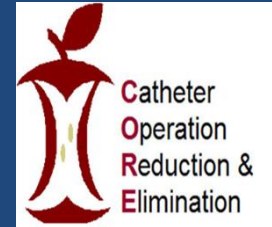
Best Practices:

- Facilities have been tracking LTCs monthly and reporting to the Network via Survey Monkey
- RCA, LTC Tracking tool, and having a designated vascular access manager have been the most helpful tools according to facilities' feedback.
- Medical City Dallas - Cannulation Camp
- Data Validation
- 5 Whys for patients
 - Obtained over 500 responses from patients



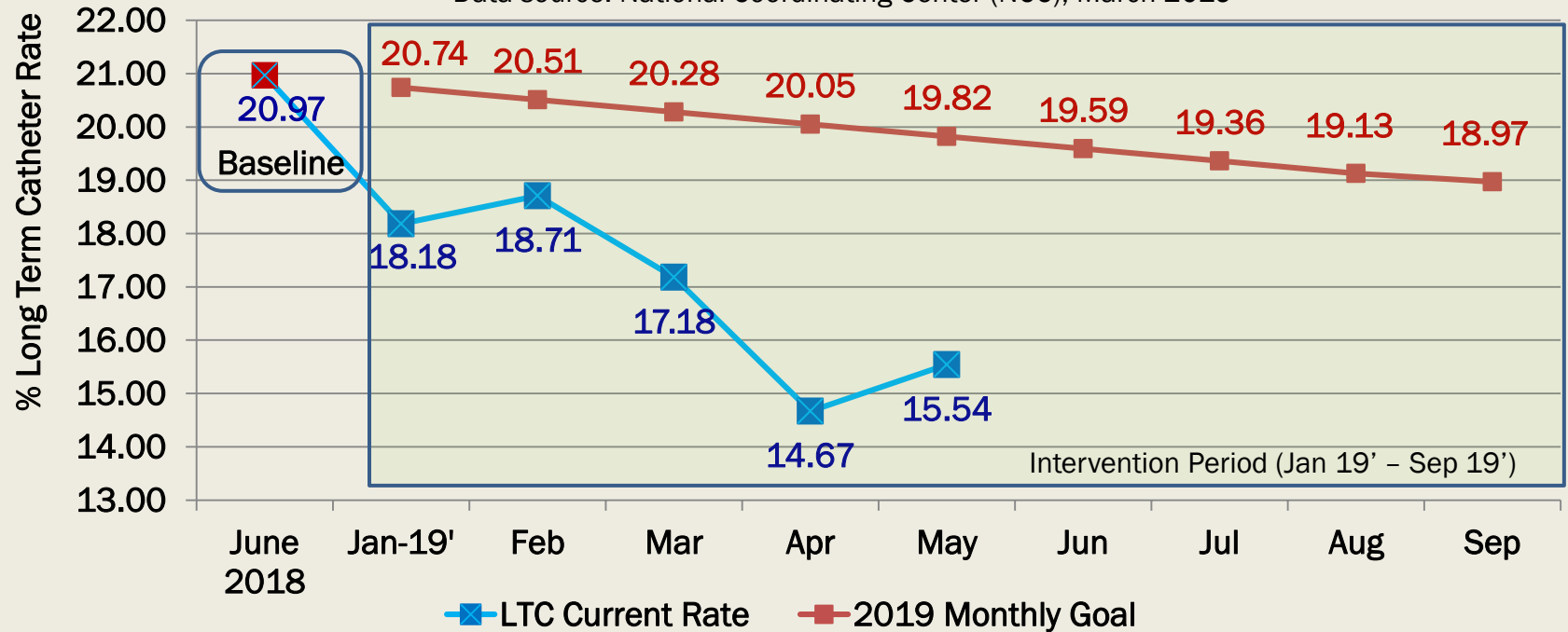
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LTC OUTCOMES TO DATE



LTC Cohort 38 Facilities with LTC rate >15% at baseline Goal = 2% reduction by September 2019

Data source: National Coordinating Center (NCC), March 2019



HOSPITALIZATIONS QIA INTERVENTIONS



- **Goal:** 2% point decrease in the average rate of overall hospitalizations and a 10% relative decrease in ESRD-related hospitalizations
- Network is required to disseminate interventions to Project Facilities
 - Based on identified Diagnosis and RCA
 - Network emails, fax blast, Webpage
 - Webinars regarding Hospitalization and Coordination of Care
 - Facilities are required to complete a Monthly Survey
 - Identify interventions used
 - Number of Hospitalizations
 - Patient engagement activities

List of Interventions:

- Forum of ESRD Network – Transitions of Care Toolkit
- KEPRO Patient Navigation Tool
- Hospital to Dialysis Transfer Summary
- Missed Treatment Workbook
- Network PAC Fluid Overload Patient Trifold
- L.A.C.E. Index Score
- Guidelines for Emergency Hemodialysis
- ZONE Tool
- Summer Kick-Off Lobby Day



PAC SME DESIGNED INTERVENTIONS



Suggestions on How to Help Avoid Hospitalization



- ✓ Complete all treatments
- ✓ Follow your fluid intake orders
- ✓ Follow renal and diabetic diet
- ✓ Keep hands and access clean
- ✓ Keep all appointments with doctors
- ✓ Follow medicine schedule
- ✓ Get your vaccinations

Remember, you know your body. You are your best advocate.

My Doctor's Phone Number: _____

My Facility Phone Number: _____

My Hospital Phone Number: _____



NO



To file a grievance please contact Network 14 at
 1-877-886-4435 and www.esrdnetwork.org
 ESRD Network of Texas, Inc. 4099 McEwen Rd, Ste. 820 Dallas, TX 75244
 972-503-3215 office 972-503-3219 fax 877-886-4435 toll free
info@nw14.esrd.net <http://www.esrdnetwork.org/>
 Created under CMS contract number: HHSM-500-2016-NW014C.



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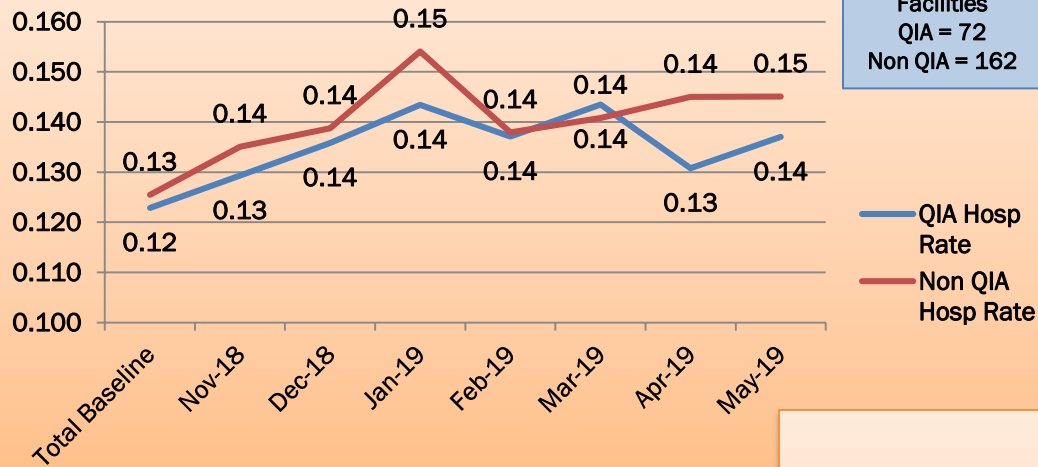


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HOSPITALIZATIONS QIA OUTCOMES

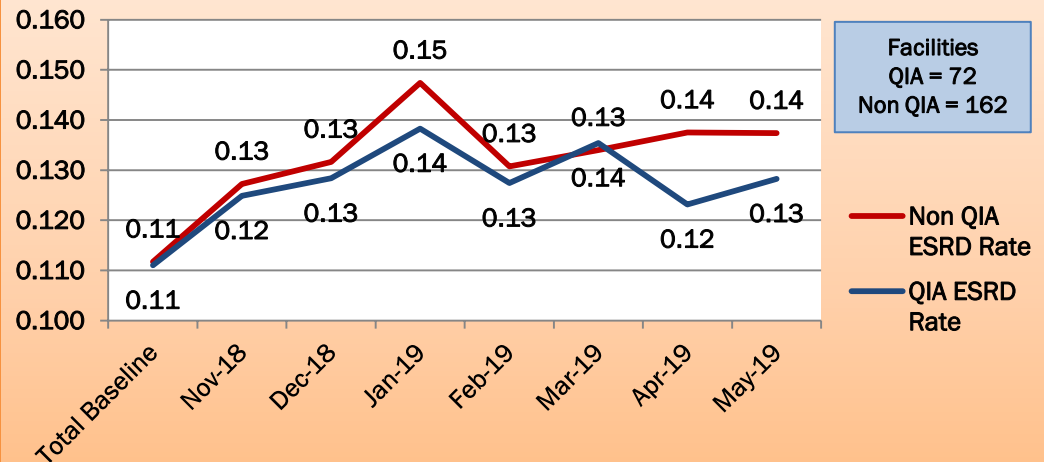


Total Hospitalizations



Goal (2 % point): 0.10

D Related Hospitalizations



Goal (10%):
0.099

HOSPITALIZATIONS QIA

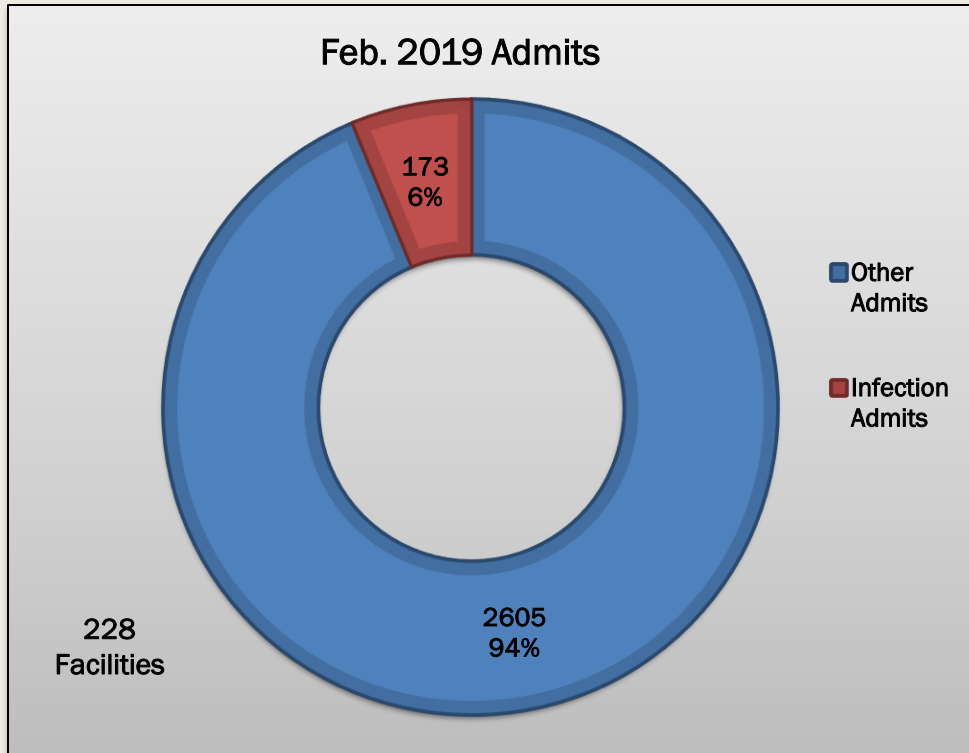
ICD-10 CODES



| | | |
|--|--|--|
| A04.7 Enterocolitis due to Clostridium difficile | I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure | K81.0 Acute cholecystitis |
| G40.89 Other seizures | I50.9 Heart failure, unspecified | K81.9 Cholecystitis, unspecified |
| G40.802 Other epilepsy, not intractable, without status epilepticus | I62.01 Nontraumatic acute subdura hemorrhage | K82.9 Disease of gallbladder, unspecified |
| G45.9 Transient cerebral ischemic attack, unspecified | I63.50 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery | K85.9 Acute Pancreatitis, unspecified |
| G89.29 Other chronic pain | I67.89 Other cerebrovascular disease | K86.1 Other Chronic Pancreatitis |
| G93.40 Encephalopathy, unspecified | I96 Gangrene, not elsewhere classified | K92.0 Hematemesis |
| I20.8 Other forms of angina pectoris | J12.9 Viral Pneumonia, unspecified | K92.1 Melena |
| I21.3 ST elevation (STEMI) myocardial infarction of unspecified site | J15.8 Pneumonia due to other specified bacteria | K92.2 Gastrointestinal hemorrhage, unspecified |
| I21.4 NonST elevation (NSTEMI) myocardial infarction | J18.9 Pneumonia organism unspecified | L89.309 Pressure ulcer of unspecified buttock, unspecified stage |
| I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris | J20.9 Acute Bronchitis, unspecified | M25.569 Pain in unspecified knee |
| I25.119 Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris. | J40 Bronchitis, not specified as acute or chronic | M54.9 Dorsalgia, unspecified |
| I25.708 Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris | J44.1 Chronic Obstructive Pulmonary Disease with acute exacerbation | N39.0 Urinary tract infection, site not specified |
| I26.99 Other pulmonary embolism without acute cor pulmonale | J44.9 Chronic obstructive pulmonary disease, unspecified | R00.0 Tachycardia, unspecified |
| I34.1 Nonrheumatic mitral (valve) prolapse | J45.901 Unspecified asthma with (acute) exacerbation | R00.1 Bradycardia, unspecified |
| I34.2 Nonrheumatic mitral (valve) stenosis | J45.909 Unspecified asthma, uncomplicated | R10.0 Acute abdominal |
| I46.9 Cardiac arrest, cause unspecified | J98.4 Other disorders of lung | R18.0 Malignant ascites |
| I48.0 Paroxysmal atrial fibrillation | K21.9 Gastroesophageal reflux disease without esophagitis | R19.7 Diarrhea, unspecified |
| I49.9 Cardiac arrhythmia, unspecified | K25.0 Acute gastric ulcer with hemorrhage | R41.82 Altered mental status, unspecified |
| I50.21 Acute systolic (congestive) heart failure | K29.00 Acute gastritis without bleeding | R42.0 Dizziness and giddiness |
| I50.22 Chronic systolic (congestive) heart failure | K31.84 Gastroparesis | R50.9 Fever, unspecified |
| I50.23 Acute on chronic systolic (congestive) heart failure | K56.60 Unspecified intestinal obstruction | R58 Hemorrhage, not elsewhere classified |
| I50.30 Unspecified diastolic (congestive) heart failure | K59.00 Constipation, unspecified | R62.7 Adult Failure to Thrive |
| | K62.5 Hemorrhage of anus and rectum | R65.21 Severe Sepsis with septic shock |
| | K72.90 Hepatic failure, unspecified without coma | R73.09 Other abnormal glucose |



HOSPITALIZATIONS INFECTION RELATED



2778 total hospitalizations based on CROWNWeb data

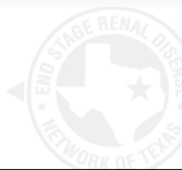
6% of these hospitalized patients reside in a nursing home/SNF

| DX | Admits |
|---|--------|
| Sepsis unspecified organism | 56 |
| Urinary tract infection | 33 |
| Infection of the skin and subcutaneous tissue | 31 |
| Infection due to other cardiac and vascular devices implants and grafts | 13 |
| Sepsis due to Methicillin resistant Staphylococcus aureus | 10 |
| Other specified bacterial agents as the cause of diseases classified elsewhere | 8 |
| Unspecified infection due to central venous catheter | 5 |
| Sepsis due to Methicillin susceptible staphylococcus aureus | 4 |
| Methicillin susceptible Staphylococcus aureus infection as the cause of diseases classified elsewhere | 3 |
| Other streptococcal sepsis | 3 |
| Gram negative sepsis unspecified | 2 |
| Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere | 2 |
| Severe Sepsis with septic shock | 2 |
| Sepsis due to Enterococcus | 1 |

THANK YOU FOR ATTENTION



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Location of project materials:
[http://www.esrdnetwork.org/
infection-detection](http://www.esrdnetwork.org/infection-detection)

BSI Lead: Maryam Alabood
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469-916-3803
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LTC Lead: Dany Anchia, BSN, RN, CDN
Quality Improvement Director
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danchia@nw14.esrd.net

Hospitalizations Lead: Mary Albin, BS, CPHQ
Executive Director
469-916-3809
malbin@nw14.esrd.net

INFECTION DETECTION

Orientation Webinar Information

Intervention Resources

CDC Resources

- [CDC Core Interventions for Dialysis BSI Prevention](#)
- ["Days Since Last Bloodstream Infection" Poster](#)
- ["Put Together the Pieces to Prevent Infection" Poster](#)
- ["6 Tips to Prevent Dialysis Infection" Handout](#)
- [Conversation Starter to Prevent Infections in Dialysis Patients](#)
- [Order Free laminated copies of CDC Tools](#)

CDC Observation Audit Tools

- [Hand Hygiene Observation Audit Tool](#)
- [Dialysis Station Routine Disinfection Audit Tool](#)
- [Catheter Connect and Disconnection Audit Tool](#)
- [Catheter Exit Site Care Audit Tool](#)

CDC Observation Checklist

- [Dialysis Station Routine Disinfection Checklist](#)
- [Catheter Connection Checklist](#)
- [Catheter Disconnection Checklist](#)
- [Catheter Exit Site Care Checklist](#)

- HOME
- OUR NETWORK
- CALENDAR
- PATIENTS & FAMILIES
- PROVIDERS
 - Continuing Education
 - Ethics
 - Inclusive Care
 - End of Life
 - Vaccinations
 - Patient- and Family-Centered Care
 - Treatment Options
 - Vocational Rehabilitation
 - Patient-Provider Conflict
- Quality Incentive Program (QIP)
 - NHSN
 - Quality Improvement
 - 5-Diamond Patient Safety Program
 - HAI-LAN' Sepsis Resources
 - Managing Vascular Access
 - QAPI Tools and Resources
 - CROWNWeb
 - Quality Improvement Activities (QIA)
 - Be the Voice-Be the Change
 - 2016 ICH CAHPS QIA
 - Culture Exchange: NHSN Data
 - Quality QIA
 - Depression Screening QIA (PHFPO)
 - Don't Wait, Vaccinate
 - 2016 Vaccination QIA
 - Grievance
 - 2017 Grievance
 - 2016 Grievance QIA
 - Home Modality
 - 2018 Home Referrals QIA
 - 2017 Home Referrals QIA
 - 2016 Home Referrals QIA
 - Hospitalization
 - Hypercalcaemia



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