IPRO ESRD Network Program
Healthcare Associated Infections (HAI)
Quality Improvement Activity (QIA)
Midpoint Educational Training Webinar

July 20, 2018
Welcome/Opening Remarks

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This Webinar is being recorded.

You will receive a communication email to notify you when the slides and recordings are available at our website.
Housekeeping Reminders

• All phone lines will be *muted*
• Please submit ALL questions and comments via chat at any time
• There will be breaks for answering Q & A
• Please don’t place the call on hold, instead disconnect your line and rejoin the call when you are able
• Be present and engaged in our topic presentations
• Please be prepared for sharing and actively participating in the open discussion by commenting in the WebEx chat board
• Remain open-minded and respectful in hearing other’s opinions
Agenda

• QIA Project Review
• Recap Facility Role & Responsibilities
• What is Quality Improvement?
• Why is Quality Improvement Important?
• Educational Resources & Interventions
• Barriers, Opportunities & Solutions
• Best Practice Successful Strategies
• Review of Facility Submitted Education Stations
• Closing Remarks/Next Steps
HAI QIA
Project Review
2018 HAI QIA Requirements

Purpose
• Reduce rates of BSIs and LTCs
• Support facility enrollment in NHSN, completion of annual training
• Assist dialysis facilities in the implementation of the CDC Core Interventions
• Assist dialysis facilities enrolling in a Health Information Exchange (HIE)

Selection Criteria:
• 50% of Facilities in the Network service area with highest BSI rates
• BSI cohort – 20% of facilities with the highest BSI rates
• LTC rate >15% from 50% of facilities with the highest BSI rates

Goals/Measurement:
• BSI – 20% relative reduction from the 20% highest BSIs in the cohort
• LTC – 2 percentage points reduction from data available
Support NHSN

- Enrollment of NW facilities
- Facilities 12 month reporting to meet QIP requirements
- Data entered accurately and on time
- Support Completion of NHSN Annual Training
- 90% of facilities complete NHSN Dialysis Event Surveillance training and report on COR report percent of facilities completing each month
- Quarterly data checks – Mar, Jun, Sept and Dec
- Assist 20% of BSI QIA cohort to join Health Information Exchange (HIE) to receive positive blood cultures
Why is Quality Improvement Important?
What is Quality Improvement?

Continuous improvement includes a four-step process that helps improve processes, as well as other elements like services and outcomes.
Why is Quality Improvement Important?

- Consumer information and choice
- Measures health care outcomes
- Health care costs (Value based purchasing)
Total Performance Score

**CLINICAL**
- Measure Topic?
  - Access via AVF
  - Access via catheter
- Vascular Access Type
- Kt/V Dialysis Adequacy
  - Hemodialysis
  - Peritoneal Dialysis
  - Pediatric Dialysis
  - Hypercalcemia
  - NHSN Bloodstream Infection
  - SRR

**REPORTING**
- Individual Measure Scores
  - ICH CAHPS Survey
  - Mineral Metabolism
  - Anemia Management

**Measure Calculations**
- Generally, each clinical measure scored by either achievement or improvement (whichever results in the higher score for facility); see two exceptions

**Total Category Weight**
- 75% = 60 pts. (min. TPS)

**Payment Reduction Percentage**
- 25% = 40 pts.
- No Reduction

**Total Performance Score (TPS)** is the sum of the weighted totals from both measure categories

- 0 pts.
Questions or Comments?
Educational Resources & Interventions
90% rated Good to Excellent
Resources / Interventions

95% Rated Audit Tools
Good - Excellent

85% Rated 6 TIPS
Good - Excellent
Resources / Interventions

Ask for Safe Care
Ask for Clean Hands

Germs that can cause serious infections are in every healthcare facility. They can be on your healthcare providers’ hands and also your own.

It’s OK to ask for clean hands. It could save your life. Make sure everyone around you has clean hands to protect against infections.

CLEAN HANDS COUNT

Speak up for Clean Hands.

85% Rated Good – Excellent
Resources / Interventions

90% Rated Good - Excellent

82% Rated Good – Excellent
# Monthly Catheter Tracking Tool

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Data should reflect the facility's ending census on the last day of the month</td>
</tr>
<tr>
<td></td>
<td>Jan</td>
</tr>
<tr>
<td>1</td>
<td>How many chronic non-transient, in-center hemodialysis patients did you have on the last day of the month?</td>
</tr>
<tr>
<td>2</td>
<td>Of the patients in question 1 above, how many were using a catheter only for vascular access?</td>
</tr>
<tr>
<td>3</td>
<td>Of the patients in question 2 above, how many have been using a catheter for 90 or more days?</td>
</tr>
<tr>
<td>4</td>
<td>Of the patients in question 2 above, how many have been referred for mapping and permanent access?</td>
</tr>
<tr>
<td>5</td>
<td>Of the patients in question 4 above, how many have been scheduled for AVF / AVG placement?</td>
</tr>
<tr>
<td></td>
<td>Total percentage of catheter only</td>
</tr>
<tr>
<td></td>
<td>Percentage of catheter &gt;= 90 days</td>
</tr>
</tbody>
</table>

75% Rated Good – Excellent

90% Rated Good – Excellent
Questions or Comments?
Mid-Point Review
Top Barriers, Opportunities & Solutions
Facility & Hospital Relationships

Opportunities

Needed to Improve relationship:
• Improved two way communication
• Need to have a point of contact
• Need knowledge of the discharge date and instructions

Working Well

• Excellent two way Communication
• Knowing the point of contact
• Having knowledge of the discharge date and instructions
Barriers to Decreasing BSIs

Patients with Comorbidities

Non-Compliance

Patient returned from hospital with BSI
Barriers to Decreasing LTCs

- Failed access placement attempts
- Patients with Comorbidities
- Patient refusals for access placement
Solutions to Causes of Recurrent BSI Culprits

- Hand Hygiene
- Use of Shared Items
- Multi-dose Vials
- Equipment Cleaning
- Touch contamination
- Improper Wearing of PPE
Solutions to assist in LTC Placement

Discussion with Patient & Family

Early Vascular Access Plan

LTC to AVF/AVG

Vascular Access Tracking

Discussion with Access Center

Core CDC

Appointment Follow up
Questions or Comments?
Best Practices and Successful Strategies
Best Practices

Communication with patient and family

Core CDC Interventions

BSI/ LTC Reduction Champion
Best Practices (continued)

- Improving Hand Hygiene
- Improving Staff awareness
- Enhancing Pt/family Education
- Vascular Access Team
- Early Initiation of VA protocol
Sharing Information with the Team

Current

• 47% Daily Huddles
• 45% Monthly Staff Meetings

Remaining

• Lunch & Learn
• QAPI Meetings
• Home room meetings
• Posters
• Email
Education Station Boards
**Break the Chain**

**Agent**
- Bacteria, Virus, Fungi, Parasite

**New Host**
- Immune compromised, Very young age, Elderly People, People with Chronic Disease, Post Operative, Hospitalized

**Reservoir**
- Human, Water, Rice, Medical Equipment

**Portal of Entry**
- Medical Injury, open wound, Respiratory tract, Urinary Tract

**Portal of Exit**
- Infections, Infections, Draggens

**Chain of Infection**

**Ways to Help Prevent Infection**
- Wear Gloves and PPE
- Get Immunized
- Cover Nose and Mouth when Coughing
- Keep Catheter Site Clean and Dry
- Wash Hands!!!!

**DCI Blakely Dialysis**

Dianne Jones
Janna V. Cable
West Iredell Dialysis Center
Vonda McNeill
Northern Georgia Dialysis
Nicole Ball
Satilla River Dialysis
Questions or Comments?
Closing Remarks/Next Steps
We need your feedback and suggestions! Please complete our Webinar Evaluation to share your thoughts and comments. We welcome and value your input!
Next Steps

- Continue to complete the Monthly data collection tools through October 2018
  - Identify challenges and opportunities
  - Allows the Network to provide assistance
- Continue to use ALL 9 CDC Core Interventions and the CDC Tools & Educational Resources
- If your BSI rate shows no sign of improvement
  - Conduct an RCA to determine the cause(s)
  - Reassess your interventions
  - Contact your ESRD Network for assistance
- Engage your Staff in the infection control efforts
- Engage your Patient Representatives or Mentors in the infection control and education efforts
- Keep your Education Station Updated with resources
- Have your NHSN Facility User complete Annual CDC Training
- Talk with your Facility Management about enrolling in an Health Information Exchange (HIE)
Stay in Touch!

- Subscribe to receiving Provider Insider, Emergency Messaging, Kidney Chronicles, and PAC Speaks
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- Website
Thank You

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