Welcome to the HAI BSI/LTC QIA 2019 Midpoint Webinar, the program will begin promptly at 3:00PM
IPRO ESRD Network of New York
HAI BSI/LTC QIA Midpoint Webinar

Infection Prevention/LTC Reduction
Best Practices

June 12, 2019
Welcome/Opening Remarks
Jeanine Pilgrim, Quality Improvement Director
Housekeeping Reminders

- All phone lines muted upon entry to eliminate background noise/distractions
- Be mindful of muting your phone when not speaking
- Please don’t place the call on hold, instead disconnect your line and rejoin the call when able
- Be present and engaged in our topic presentations
- Please be prepared for sharing and actively participating in the open discussions
WebEx Reminders

• This WebEx will be recorded and slides will be made available on the Network Website https://network2.esrd.ipro.org/events/
• To ask a private question use the Chat section in the bottom right corner of your screen sending to All Panelists
• To ask a question for the answer to be shared with all Attendees or Privately, use the Q&A section in the bottom right corner of your screen
Agenda

• Our Roles in Infection Prevention
• Infection Control Best Practice Measures
• Long-Term Catheter (LTC) Reduction Strategies
• Integrating Patients into Infection Prevention Team
• Available Educational Resources
Objectives

• Understanding our roles in Infection Prevention
• Knowing the importance of Infection Prevention
• Using “Best Practice” measures to bring changes to bloodstream infections and long-term catheter rates
• Learning how patients can make a difference in infection prevention
Time for a Live Poll Question

HD patients are at a high risk for infection because the process of HD requires frequent use of catheters or insertion needles to access the bloodstream?

• True
• False
Our Role in Infection Prevention

Novlet Russel-English,
Quality Improvement Coordinator Nurse
Infection and Dialysis

• Patients who undergo hemodialysis (HD) treatment have an increased risk for getting an infection.
• HD patients are at a high risk for infection because the process of HD requires frequent use of catheters or insertion needles to access the bloodstream.
• HD patients have weakened immune systems which increase their risk for infection.
• HD patients require frequent hospitalizations and surgery where they might acquire an infection.

(CDC.gov, 2017)
Why is Infection Prevention Important?

- Infections are the second leading cause of death in patients with ESRD
  - CMS National initiative to reduce the rate of bloodstream infections (BSIs) by 50% over the next five years (2023)
- CDC estimated that 37,000 bloodstream infections (BSIs) occurred among HD patients with central lines in 2008
  - One in four of these affected patients may have died as a result of the infection
- Since 1993, hospitalization rates among HD patients have increased 47% for bloodstream infection and 87% for vascular access infection
  - Central lines have the highest infection risk
- Whenever possible, AV fistulas are the preferred way to receive dialysis because they have the lowest risk of infection

(CDC.gov, 2015)
Our Roles in Infection Prevention

• Use evidence-based recommendations and guidelines
• Infection Prevention is everyone’s responsibility
• Hold teammates accountable for practicing infection control measures at all times, to all patients
• Conduct Staff Competency Assessments and Training In-Services
• Review policies and procedures frequently
• Provide on-going and regular patient and caregiver education
• Involve patients in the process of infection prevention and control
Time for a Live Poll Question

According to CDC, in 2008 an estimated __________ bloodstream infections (BSIs) occurred among HD patients with central lines:

- 20,000
- 40,000
- 37,000
- 35,000
Chat Check-In – Questions/Comments?
Infection Control Best Practices
Best Practices from the Field

• Wash hands before and after each patient care
• Wash hands before and after wearing gloves
• Escort patients to sink prior to them being cannulated
• Create a “Safe Zone” between patients
• Use the CDC checklists and audit tools to monitor proper techniques and provide education where needed
• Provide monthly education to both patients and staff
• Implement staff “huddles” prior to treatment start to review infection control and best practice measures
• Use Peer Mentors/Access Ambassador Coaches to encourage CVC patients to make the transition to AVF or AVG
Best Practices from the Field cont’d:

• Involve caregivers in the decision for patients to make the transition to CVC
• Involve patients and caregivers in the infection prevention practices, educate on the importance of awareness
• Use incentive/reward methods to encourage patients and staff to practice infection control e.g. Kudos “chips,” recognition in staff “huddles,” recognition of patients in treatment center (be creative)
• HD related Central Line-Associated Bloodstream Infections (CLABSIIs) can be reduced by avoiding the use of a CVC in favor of an AVF or an AVG, and by improving adherence to best practices for maintaining central lines in HD patients (CDC.gov/mmwr, 2011)
A Facility’s Perspective

Monica Matthews, Facility Administrator
Best Practices at Queens Village Dialysis

[Diagram showing the PDCA cycle: Plan, Do, Study, Act]

- **Plan**
  - Objective
  - Predictions
  - Plan to carry out the cycle (who, what, where, when)
  - Plan for data collection

- **Do**
  - Carry out the plan
  - Document observations
  - Record data

- **Study**
  - Analyse data
  - Compare results to predictions
  - Summarise what was learned

- **Act**
  - What changes are to be made?
  - Next cycle?
Chat Check-In – Questions/Comments?
Long-Term Catheter (LTC) Reduction
Successful Strategies
LTC Best Practice Reduction Strategies

- Schedule vein mapping and vascular access referrals early when patients are admitted with a CVC
- Arrange transportation for access appointments
- Seek family support for appointments
- Provide ongoing education and reinforce advantages of having an AVG/AVG compared to CVC
- Reinforce statistical data per CVC of increased risk of infection and hospitalization associated with CVC use
- Maintain aseptic techniques in all procedures
- Use Network resources to prepare a CVC removal kit for patients to take home and read to help them make the decision for more permanent access
Integrating Patients into Infection Prevention
Time for a Live Poll Question

Does your facility currently have Patient Champions/Peer Mentors?
- Yes
- No
Patients’ Roles in Infection Prevention:

- Wash accesses and hands prior to start of dialysis treatment
- Politely ask staff to wash his/her hands prior to your care, if you observe they have not done so
- Be a Peer Mentor and encourage other patients to make the transition from a CVC to a AVF or AVG to reduce their risk of bloodstream infections
- Encourage other patients to wash their hands and accesses before going to their dialysis chair
- Collaborate with your dialysis team in developing an Education Station and reducing BSI and LTC rates
Welcome to IPRO ESRD Network Program E-University

This site provides End Stage Renal Disease training opportunities for patients and professionals that align with the ESRD Network and CMS quality improvement goals. Once you have created a user account through the Log In link, you will be able to access and take training courses, download supporting materials, and obtain a certificate of completion.

If you require assistance, create a support ticket here: http://help.esrd.ipro.org/support/home, select "New support ticket", complete the form and select "Submit". Please reference E-University in the subject line of the form.

Patient Training
LEARN MORE

Professional Training
In Development

https://esrdlms.ipro.org/
Chat Check-In – Questions/Comments?
Educational Resources and Tools

Jeanine Pilgrim, Quality Improvement Director
### CDC Core Interventions

**CDC 9 Core Interventions**

<table>
<thead>
<tr>
<th>Intervention</th>
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</thead>
<tbody>
<tr>
<td>Surveillance and Feedback using NHSN</td>
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<tr>
<td>Hand Hygiene Observations</td>
</tr>
<tr>
<td>Catheter/Vascular Access Care Observations</td>
</tr>
<tr>
<td>Staff Education and Competency</td>
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<tr>
<td>Patient Education/Engagement</td>
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<td>Catheter Reduction</td>
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<tr>
<td>Chlorhexidine for Skin Antisepsis</td>
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<tr>
<td>Catheter Hub Disinfection</td>
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<tr>
<td>Antimicrobial Ointment</td>
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</table>
Patients and Visitors

Ask for Safe Care
Ask for Clean Hands

Germs that cause infections can enter a dialysis facility. It’s important for everyone, including healthcare workers, to wash their hands properly.

It’s OK to ask other patients to remind each other and everyone to wash their hands. Wash hands:

- After using the restroom
- Before eating
- Before touching the dialyzer
- After touching the dialyzer

Put Together the Pieces to Prevent Infections in Dialysis Patients

Engage Patients
Discuss infection prevention practices like hand hygiene with your patients and their caregivers.

Reduce Catheters
Identify and address barriers to routinely using catheters and catheter removal.

Perform Hand Hygiene and Change Gloves
Know when it is necessary to perform hand hygiene and change your gloves; put this knowledge into practice.

Catheter Care, Scrub the Hubs
Scrub the catheter.

Vaccinate Dialysis Staff and Patients
Make sure staff and patients are up to date on vaccinations.

Disinfect the Dialysis Station
Ensure the station is clean.

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 the catheter.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/ndd www.cdc.gov/dialysis/patients
# CDC Catheter Tracking Tools

**Audit Tool: Catheter exit site care observations**

(Use a ‘✓’ if action performed correctly, a ‘⊕’ if not performed. If not observed, leave blank)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Mask worn properly (if required)</th>
<th>Hand hygiene performed</th>
<th>New clean gloves worn</th>
<th>Skin antiseptic applied appropriately</th>
<th>Skin antiseptic allowed to dry</th>
<th>No contact with site (a antiseptic)</th>
<th>Antimicrobial</th>
<th>Dressing</th>
<th>Hand</th>
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**CDC Dialysis Collaborative**

**Facility Name:**

**Date:**

**Start time:**

**AM/PM**

**Observer:**

**Location within unit:**

---

**Audit Tool: Hemodialysis hand hygiene observations**

(Use a ‘✓’ for each hand hygiene opportunity observed. Under ‘opportunity successful,’ use a ‘✓’ if successful, and leave blank if not successful)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Hand hygiene:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Hand hygiene-opportunity</td>
</tr>
<tr>
<td></td>
<td>Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.)</td>
</tr>
</tbody>
</table>

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**Audit Tool: Catheter connection and disconnection observations**

(Use a ‘✓’ if action performed correctly, a ‘⊕’ if not performed. If not observed, leave blank)

<table>
<thead>
<tr>
<th>Procedure observed, Connect</th>
<th>Disconnect</th>
<th>Discipline</th>
<th>Mask worn properly (if required)</th>
<th>Hand hygiene performed</th>
<th>New clean gloves worn</th>
<th>Catheter removed from blood line aseptically (disconnection only)</th>
<th>Catheter hub scrubbed</th>
<th>Hub ports allowed to dry</th>
<th>Catheter connected to blood line aseptically (connection only)</th>
<th>New caps attached aseptically (after disconnecting)</th>
<th>Gloves removed</th>
<th>Hand hygiene performed</th>
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</tbody>
</table>

**CDC Dialysis Collaborative**

**Facility Name:**

**Date:**

**Start time:**

**AM/PM**

**Observer:**

**Location within unit:**

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**ADDITIONAL COMMENTS/OBSERVATIONS:**

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**Making dialysis safer for patients**

**National Center for Emerging and Zoonotic Infectious Diseases**

**Division of Healthcare Quality Promotion**
LTC Educational Resources/Tools

Hemodialysis Vascular Access

Hemodialysis cleans your blood through a fistula, graft, or catheter. If you have kidney failure, one of these will be your LIFELINE! Talk with your doctor to decide which type of vascular access is best for you.

Fistula

A tube is directly connected to an artery in a vein. The vein stretches over time, allowing needles to be put in it. Fistulas are the gold standard for hemodialysis.

Advantages
- Permanent
- Beneath the skin
- Lasts longer, up to 20 years
- Provides greater blood flow for better treatment
- Fewer infections & other complications
- Fewer hospitalizations
- Better survival (lower risk of dying than patients with catheters)

Disadvantages
- May not mature/develop
- Not possible for all patients
- Usually cannot be used for at least 6-8 weeks

Graft

A graft is a tube, usually made of plastic, that connects an artery to a vein, allowing needles to be put in it. Grafts are the second best way to get access to the bloodstream for hemodialysis.

Advantages
- Permanent
- Beneath the skin
- May be used after 2 weeks, in some cases
- May work in patients with poor veins

Disadvantages
- Increased hospitalizations
- Increased risk for clotting
- Increased risk for serious infections
- Increased risk for other complications and repair procedure
- Does not last as long as a fistula

Catheter

A catheter is a tube inserted into a vein in the neck or chest to provide vascular access for hemodialysis. The tip rests in your heart. It is usually a temporary access. It is the third choice for getting access to the bloodstream for hemodialysis. For some patients it is the only choice and will need to be used as a permanent access.

Advantages
- Can be used immediately after placement

Disadvantages
- Higher infection rate, which can be very serious or fatal
- Increased hospitalizations
- Does not last long, usually less than one year
- May require longer treatment times
- Prosthetic use may lead to inadequate dialysis
- Cannot shower without special equipment
- High risk of clotting requiring frequent procedures
- Risk of destroying important vein

Vascular Access Planning Guide for Professionals

Lifeline for a Lifetime:
Planning for Your Vascular Access

esrncc.org

esrd.ipro.org
Still Using a Catheter for Your Dialysis Access?

It’s time to consider

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Year:</th>
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<tbody>
<tr>
<td></td>
<td>Jan</td>
</tr>
<tr>
<td>How many chronic non-transplant, e-center hemodialysis patients did you have on the last day of the month?</td>
<td>100</td>
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<tr>
<td>Of the patients in question #1 above, how many were using a catheter only for vascular access?</td>
<td>35</td>
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<tr>
<td>Of the patients in question #2 above, how many have been using a catheter for 90 or more days?</td>
<td>25</td>
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<tr>
<td>Of the patients in question #2 above, how many have been referred for mapping and permanent access?</td>
<td>10</td>
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<tr>
<td>Of the patients in question #3 above, how many have been scheduled for AVF / AVG placement?</td>
<td>2</td>
</tr>
<tr>
<td>Total percentage of catheter only</td>
<td>35.0%</td>
</tr>
<tr>
<td>Percentage of catheters ≥90 days</td>
<td>25.0%</td>
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</table>

Questions or Concerns about a Permanent Access?

Let’s Talk!

IPRO
Questions/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!
# 2019 HAI BSI/LTC QIA

## Facility Self-Assessment Checklist (Internal Purposes Only)

<table>
<thead>
<tr>
<th>DUE DATE</th>
<th>ACTIVITY PER TIER</th>
<th>COMPLETE</th>
<th>NOTES</th>
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<tbody>
<tr>
<td><strong>TIER 1 FACILITIES</strong></td>
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<tr>
<td><strong>JANUARY 2019</strong></td>
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<tr>
<td>2019 Facility Contact Collection Form</td>
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<tr>
<td>ESRD NCC 1/8/19 LAN Recording</td>
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<tr>
<td>Root Cause Analysis/Corrective Action Plan (RCA/CAP) Tool</td>
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<tr>
<td>Designate Infection Control Coach</td>
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<tr>
<td>Daily Infection Control Coach &quot;Huddles&quot;</td>
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<td>Review Educational Resources from Network</td>
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<td>Complete CDC Audits/Checklists</td>
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<td>Review Mailed Resource Toolkit from Network</td>
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<td><strong>FEBRUARY 2019</strong></td>
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<td>January 2019 Collection Tool</td>
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<td><strong>MARCH 2019</strong></td>
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<td>ESRD NCC 3/5/19 LAN Recording</td>
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<td>February 2019 Collection Tool</td>
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<td><strong>APRIL 2019</strong></td>
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<td>2019 HAI BSI Infection Control Coach Knowledge Assessment</td>
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<tr>
<td>March 2019 Collection Tool</td>
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<tr>
<td>QAPI Meeting Minutes Submission via fax at 516-326-8929</td>
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<tr>
<td><strong>MAY 5, 2019</strong></td>
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<td>WORLD HAND HYGIENE DAY -- Use opportunity to educate, reinforce the importance of handwashing</td>
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<tr>
<td>and review proper handwashing techniques with both staff and patients, utilizing the CDC checklist, audit tools, and clean hands count resources provided by Network</td>
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<td><strong>MAY 7, 2019</strong></td>
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<tr>
<td>ESRD NCC LAN (MANDATORY)</td>
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<td><strong>MAY 10, 2019</strong></td>
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<tr>
<td>Infection Prevention Pledge Completion Submission (Enter numeric data in April Collection Tool)</td>
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<td><strong>MAY 10, 2019</strong></td>
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<tr>
<td>April 2019 Collection Tool</td>
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Project Reminders/Actions

- Visit [http://network2.esrd.ipro.org/events/](http://network2.esrd.ipro.org/events/) Slides and recordings will be available on our website 5-10 business days following the event
- Review Facility Self-Assessment Checklist and submit outstanding QIA requirements (collection tools, intervention feedback, sign pledge etc.)
- Submit Last QAPI Meeting Minutes (All Tiers) – (April 30, 2019) PAST DUE
- Submit Corrective Action Plan (Tier 1 & 2) – (May 31, 2019) PAST DUE
- Don’t forget to use Network/CDC resources to setup Education Station. Contest ends on June 30, 2019 submit photo to qualityimprovement@nw2.esrd.net (All Tiers)
- Register to join CMS National HAI LAN on July 2, 2019, from 3:00-4:00PM (1 FREE CEU) [https://www.esrdncc.org/en/events/](https://www.esrdncc.org/en/events/)
- Submit June Data Collection Tool – Due July 10, 2019 (All Tiers) (Upcoming)
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Thank You!

Order Printed Educational Resources
www.surveymonkey.com/r/NW2QIAResources

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