



Improving Healthcare
for the Common Good®

End-Stage Renal Disease Network of the South Atlantic
909 Aviation Parkway, Suite 300
Morrisville, NC 27560
phone: (919) 463-4500
patient toll-free: (800) 524-7139
fax: (919) 388-9637
esrd.ipro.org

To: Medical Directors, Nurse Managers, and Facility Administrators
From: Wambui Kungu, BS, HSM - Quality Improvement Coordinator
Date: **April 12, 2016**
RE: **2016 Healthcare Associated Infections: Quality Improvement Activity**

Project Background

Dialysis patients have multiple and frequent exposure to healthcare environments. Most patients undergo dialysis at least 3 times a week. The process of hemodialysis requires frequent access to the bloodstream by use of catheters or insertion of needles into Arteriovenous Fistula (AVF) sites. Additionally, dialysis patients have weakened immune systems, which increase their susceptibility to infection. The cost associated with HAIs is staggering. Published reports have estimated that these infections are responsible for more than \$28 billion in yearly healthcare expenditures. The physical and emotional cost of these infections to patients and their caregivers are immeasurable.

Quality Improvement Activity Description

IPRO ESRD Network of the South Atlantic will be focusing activities to decrease Healthcare Associated Infections. Facilities will be provided with ways to implement CDC tools as well as to use the data collected for future improvements in their infection control practices. **The project will be conducted from April through September, with reporting of project outcomes through the end of September.**

Your facility has been chosen to participate in this activity based on the number of Blood Stream Infections (BSI) in your facility from January through June of 2015. Activities related to this activity include performing audits, identifying a root cause for your facility's infections, and then implementing a plan to address some of these causes in collaboration with your facility team, the Network, and resources from the Centers for Disease Control (CDC). If a new infection is identified during this project period, you will be asked to do a full review ("*Autopsy*") of that infection, its root cause, and make any plan adjustments accordingly. Additionally, conference calls (Learning and Action Network- HAI LAN) will be held in May, August, and November to discuss this activity and HAI reduction. **A timeline of these activities is noted below.**

Please be aware that e-mails about this activity will be coming soon to those identified as representatives, accurate contact information (including name, title, and email address) is critical to ensure complete information is received. Thank you in advance for your assistance and participation in this initiative.

If you have any questions or comments about the activity, your participation, participation in the HAI-LAN, or future interventions please feel free to contact the Quality Improvement Department at either at (919) 463-4506 or by email at IPRO_Info@esrd.net. We look forward to working with you in this coming year's activities!



Improving Healthcare
for the Common Good®

2016 Facility/Network Timeline of Activities

April

- **The Network** will provide notification of participation in this activity, and project agreements for review and signature.
- The **Network** will provide a template for evaluating the root cause analysis (RCA) of the infections that occurred during the first six months of 2015, potential interventions based on cause category, and a summary form for reporting to the Network from May through the end of September. If your corporation has a similar RCA form, you may use this in place of the one provided, but must still provide this to the Network for review.
- **Facilities** will return the project agreements and root cause analysis and/or QAPI review **by April 29, 2016**

May

- **Facilities** begin using either the provided RCA template or other tool available at the facility with similar information to review any new infections with the interdisciplinary team during QAPI meetings. A summary of the RCA and discussion will be **sent to the Network by May 13, 2016**
- **Facilities** (1) identify three CDC interventions to implement and the methods to implement these from May through September and (2) provide these choices **to the Network by May 13, 2016** – review these plans during monthly QAPI meetings

June – End of September

- **Facilities** continue to implement CDC interventions on a monthly basis and:
 1. Provide a summary report to the Network including 3 successes, 3 challenges, and any key observations discussed during monthly QAPI about infections by either email or fax
 2. Report infections in NHSN and to the Network, perform a RCA (“autopsy”) of any new infections including notifying the Network of any change in intervention plans because of the identified RCA (for example if an infection is the result of poor technique by a staff member, describe what and when remediation might occur with this staff member)
 3. Report infections and any audits performed (if audits are your selected activity) in NHSN by the 5th of the following month

All facilities in the project are encouraged to participate in the quarterly LAN activities as well, to improve understanding, share best practices, and work through barriers identified during the project. **LAN meetings are scheduled for May 11, August 10, and November 9, 2016 from 9-10 AM.** Information about these meetings will be distributed via email in the coming days.



HAI BSI REDUCTION - PROJECT AGREEMENT

Dear Provider,

The Network shall achieve Centers for Medicare and Medicaid Services (CMS) goals through the development and implementation of quality improvement activities, such as the activity noted below. As directed by the Network governing bodies, performance goals in 2016 have been set that every dialysis facility is expected to achieve.

Please carefully review the notification letter and attached objectives for the **Healthcare Associated Infections – Bloodstream Infection Reduction Quality Improvement Activity (HAI BSI QIA)**. After review, please complete the necessary fields, have the Project Lead, Facility Administrator/Nurse manager, and the Medical Director sign, and **return to the Network** office via email at IPRO_Info@esrd.net or by fax at (919) 388-9637 **by April 29, 2016**.

****Please note, regardless of assigned Project Lead, Medical Director and Facility Administrator/Nurse Manager are responsible for ensuring completion of project objectives.**

In anticipation to your timely response, I thank you for your ongoing support and cooperation with the Network. If you have any questions or additional information is needed regarding these goals, please contact Wambui Kungu, Quality Improvement Coordinator at (919) 463-4500.

Sincerely,

A handwritten signature in cursive script that reads 'Shannon B. Wright'.

Shannon Wright, BSW, PMP, ITIL v3
Executive Director

A handwritten signature in cursive script that reads 'Wambui Kungu'.

Wambui Kungu, BS HSM
Quality Improvement Coordinator

CC: MEDICAL DIRECTOR, FACILITY ADMINISTRATOR/NURSE MANAGER, REGIONAL CONTACT



Improving Healthcare
for the Common Good®

**HAI BSI REDUCTION- PROJECT AGREEMENT
APRIL 2016 – OCTOBER 2016**

The undersigned hereby agrees to participate and cooperate with the goals and activities, including quality improvement projects, as set forth by IPRO ESRD Network of the South Atlantic (42 CFR Part 494.180.V772 (i) of Centers for Medicare & Medicaid Services (CMS) regulations).

Facility Name (DBA): _____ Medicare Provider # (CCN): _____

Project Lead Name: _____ Project Lead Title: _____

Project Lead Signature: _____ Date: _____

Project Lead Email: _____

Medical Director: _____

Medical Director's Signature: _____ Date: _____

Medical Director Email: _____

Facility Administrator/Nurse Manager Name: _____

Facility Administrator/Nurse Manager Signature: _____

Regional Director/Area Administrator: _____ Phone: _____

Regional Director/Area Administrator Email: _____

Any changes to the above listed contacts must be reported to the Network and corrected in CROWNWeb within 5 business days to ensure continuity with project implementation and communications between the Network and Facility. Plans are reviewed periodically, and are subject to change based on the CMS Statement of Work (SOW).

QUALITY IMPROVEMENT ACTIVITY

- **PROJECT OBJECTIVE:** Reduce BSI at the facility level
 - **PRIMARY PROJECT MEASURES**
 1. BSI data from NHSN
 - **PRIMARY PROJECT GOALS**
 1. Reduce BSI Rates at the facility level
- **ACTION ITEMS / FACILITY REQUIREMENTS**
 - Perform Root Cause Analysis (RCA) of infections (April for 2015/ May-October for any new infections)
 - Identify 3 CDC tools/resources to implement at the facility (May through October)
 - Implement tools, review monthly at QAPI, provide summary report, report in NHSN (May-October)

INFORMATION MANAGEMENT / DATA REPORTING RELATED TO THIS PROJECT

- **National Healthcare Safety Network (NHSN):** Report infection data and prevention process measures. Comply with CMS Quality Incentive Program requirements.