Thank You for Joining Us
HAI/BSI LAN Meeting Will Begin Shortly
Healthcare Associated Infections Learning and Action Network (HAI LAN)

February 10, 2016
Agenda

- Meet the Team
- Patient Perspective
- Overview: 2016 Healthcare Associated Infections-Bloodstream Infections Quality Improvement Activity (HAI BSI QIA)
- Review:
  - QIA Resource Tools
  - QIA Project Reporting
- Expectations for the HAI LAN calls
- How to Reach your Network
Meet the Team: Quality Improvement

- Network 1 (CT, ME, MA, NH, RI, VT)
  - Kristin Brickel, RN, MSN, MHA, CNN - Quality Improvement Director
  - Heather Camilleri, CCHT - Quality Improvement Coordinator

- Network 2 (NY)
  - Carol Lyden, RN, MSN, CNN - Quality Improvement Director
  - John Cocchieri - Data Coordinator

- Network 9 (IN, KY, OH)
  - Debbie DeWalt, MSN, BSN, RN - Quality Improvement Director
Patient Perspective
Infection Control

- Stephanie Dixon, SME
  - How an infection impacts a patient
  - Staff MUST wash hands between patients and procedures
  - I want to keep myself and others well

Photograph: Three people standing together, possibly at an academic event.
IPRO ESRD Network Program
Mission Statement

The Mission of the IPRO End Stage Renal Disease (ESRD) Network Program is to promote health care for all ESRD patients that is safe, effective, efficient, patient-centered, timely, and equitable.
IPRO ESRD Network Service Areas

Proudly Serving
73,087 ESRD Patients
1,024 Dialysis Facilities
42 Transplant Centers
# IPRO ESRD Network Service Areas by Network

<table>
<thead>
<tr>
<th>Network</th>
<th>Prevalent ESRD Patients</th>
<th>Dialysis Facilities</th>
<th>Transplant Centers</th>
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<tbody>
<tr>
<td>Network 1</td>
<td>13,492</td>
<td>186</td>
<td>15</td>
</tr>
<tr>
<td>Network 2</td>
<td>27,955</td>
<td>268</td>
<td>13</td>
</tr>
<tr>
<td>Network 9</td>
<td>31,640</td>
<td>570</td>
<td>14</td>
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<tr>
<td>Totals</td>
<td>73,087</td>
<td>1,024</td>
<td>42</td>
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*Data Source: CROWNWeb*
ESRD Patient-Centered Approach

**AIM 1**
- Patient and Family Engagement
- Better Healthcare for the ESRD Individual

**AIM 2**
- Patient-Centered Approach
- Better Health for the ESRD Population

**AIM 3**
- Innovation Pilot
- Reduce Cost of ESRD Care

Support ESRD QIP
- Support CROWNWeb
- Support NHSN
## Aim 1: Better Care for the ESRD Individual

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
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| Patient Safety: Healthcare Acquired Infections (HAI) | • Support NHSN  
• Establish HAI LAN  
• Reduce rates of dialysis events (BSI/Sepsis)  
• Increase HBV & pneumococcal vaccination rates |
ESRD Network Responsibilities

- Improve quality of care for ESRD patients
- Encourage patient engagement
- Support ESRD data systems and data collection
- Provide technical assistance to ESRD patients and providers
Facility Responsibilities

- Timely submission of data
- Keep facility personnel information updated in CROWNWeb
- Discuss challenges/barriers to participation in activities

**Communicate with the Network**
Bloodstream Infection (BSI) Reduction QIA

- **Domain**
  - Patient Safety: Healthcare-Associated Infections (HAIs)

- **Scope**
  - 20% of Network facilities

- **Objective**
  - Reduce BSI rates in outpatient dialysis facilities using CDC intervention materials

- **Goal**
  - 5% relative reduction of pooled mean BSI rate by second quarter of 2016
**HAI – Reduce BSI QIA: Notification**

**End Stage Renal Disease Network of New England**

**December 2015**

**Timeline of Activities**

1. **Facilities begin performing three CDC Audits and reporting these in the HAI Network** from January through March, in addition to monthly infections reports through the end of March.
2. Facilities begin using either the provided RCA template or other tool with similar information to review infections with the interdisciplinarily team reviewed and submitted.
3. Facilities will conduct the RCA and submit the results to the Network by March 31st.
4. Facilities will conduct the RCA and submit the results to the Network by March 31st.
5. Facilities will conduct the RCA and submit the results to the Network by March 31st.

**March – End of September**

- Facilities implement CDC interventions on a monthly basis and:
  1. Provide a summary report to the Network including 3 c-sure success status with progress made.
  2. Complete a RCA (including the Network of any change in intervention plans) and submit.
  3. Report infections and any audits performed in the Network by the 5th of the following month.

All facilities are encouraged to participate in the quarterly LANs, improve communication, share best practices, and work through barriers identified.

**Dear Provider,**

The Network shall achieve Centers for Medicare and Medicaid Services (CMS) quality improvement projects, as set forth by the IPRO (ESRD Network of New England) and CMS. Any changes to the above listed contacts must be reported to the Network and can be found on the IPRO webpage. Each business day, ensuring 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) and CMS Quality Improvement Activity.

**Project Objective: Reduce BSI at the facility level**

- **Primary project measures**
  - BSI rate (from M15)
  - **Primary project goals**
  - Reduce BSI rate (at the facility level)

**Information Management / Data Reporting Related to this Project**

HAI – Reduce BSI QIA: Audit Tools
HAI – Reduce BSI QIA: Monthly Reporting Form

Blood Stream Infection Monthly Summary Collection Tool

<table>
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<tr>
<th>Reporting Month:</th>
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<tbody>
<tr>
<td>Attention:</td>
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<td>Fax/Email:</td>
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<tr>
<td>Facility Contact Person:</td>
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<td>Provider Name:</td>
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<td>Medicare (CN):</td>
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Blood Stream Infections Identified This Month (Total Number, Total Patient Census, Patient Access Type)

<table>
<thead>
<tr>
<th>Total Number</th>
<th>Total Patient Census</th>
<th>Patient Access Type</th>
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</thead>
</table>

CDC Interventions Used This Month

1
2
3

3 Successes with Interventions This Month

1
2
3

3 Challenges with Interventions This Month

1
2
3
HAI – Reduce BSI QIA: RCA Tool
HAI – Reduce BSI QIA: RCA Tool Breakdown

Possible CDC interventions to implement for identified root cause:

- CDC Hand Hygiene Link: [http://www.cdc.gov/handhygiene/](http://www.cdc.gov/handhygiene/)
- CDC Hand Hygiene StaffLink: [http://www.cdc.gov/handhygiene/staff.html](http://www.cdc.gov/handhygiene/staff.html)
- CDC Audit Tool: [http://www.cdc.gov/handhygiene/audittoolstaffforfs.html](http://www.cdc.gov/handhygiene/audittoolstaffforfs.html)
- CDC Hand Hygiene Audit Tool: [http://www.cdc.gov/handhygiene/audittoolstaff.html](http://www.cdc.gov/handhygiene/audittoolstaff.html)
- CDC Core Interventions: [http://www.cdc.gov/handhygiene/toolstaff/core_interventions.html](http://www.cdc.gov/handhygiene/toolstaff/core_interventions.html)
- CDC Staff Tools: [http://www.cdc.gov/handhygiene/toolstaff/staff_connection.html](http://www.cdc.gov/handhygiene/toolstaff/staff_connection.html)
- CDC SiteSource: [http://www.cdc.gov/handhygiene/site_source/index.html](http://www.cdc.gov/handhygiene/site_source/index.html)
- CDC Road Map to Elimination: [http://www.cdc.gov/handhygiene/toolstaff/index.html](http://www.cdc.gov/handhygiene/toolstaff/index.html)
- CDC CE’s for Facility Staff: [http://www.cdc.gov/handhygiene/toolstaff/CEs_for_staff.html](http://www.cdc.gov/handhygiene/toolstaff/CEs_for_staff.html)

Please list the team members that were involved in this root cause discussion and the rationale for the findings:

Possible CDC interventions to implement for identified root cause:

- CDC Hand Hygiene Link: [http://www.cdc.gov/handhygiene/](http://www.cdc.gov/handhygiene/)
- CDC Hand Hygiene StaffLink: [http://www.cdc.gov/handhygiene/staff.html](http://www.cdc.gov/handhygiene/staff.html)
- CDC Audit Tool: [http://www.cdc.gov/handhygiene/audittoolstaffforfs.html](http://www.cdc.gov/handhygiene/audittoolstaffforfs.html)
- CDC Hand Hygiene Audit Tool: [http://www.cdc.gov/handhygiene/audittoolstaff.html](http://www.cdc.gov/handhygiene/audittoolstaff.html)
- CDC Core Interventions: [http://www.cdc.gov/handhygiene/toolstaff/core_interventions.html](http://www.cdc.gov/handhygiene/toolstaff/core_interventions.html)
- CDC Staff Tools: [http://www.cdc.gov/handhygiene/toolstaff/staff_connection.html](http://www.cdc.gov/handhygiene/toolstaff/staff_connection.html)
- CDC SiteSource: [http://www.cdc.gov/handhygiene/site_source/index.html](http://www.cdc.gov/handhygiene/site_source/index.html)
- CDC Road Map to Elimination: [http://www.cdc.gov/handhygiene/toolstaff/index.html](http://www.cdc.gov/handhygiene/toolstaff/index.html)
- CDC CE’s for Facility Staff: [http://www.cdc.gov/handhygiene/toolstaff/CEs_for_staff.html](http://www.cdc.gov/handhygiene/toolstaff/CEs_for_staff.html)

Please list the team members that were involved in this root cause discussion and the rationale for the findings:
Frequently asked Questions (FAQ)

- How can I check if my facility is in the project?
- How long do I need to perform the CDC audits?
- Where do I report the CDC audits?
- What is the next step in the timeline?
- Where can I find the forms/tools/resources?
- Can I submit my Corporations RCA Form/Tool?
- Who/Where can I go for questions?
How Can You Find Us?
<table>
<thead>
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IPRO ESRD Program Website
http://esrd.ipro.org
Please Take the Webinar Evaluation
For more information:

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http://esrd.ipro.org

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