Healthcare Associated Infections
Bloodstream Infections (HAI BSI)
Quality Improvement Activity (QIA)

May 3, 2016
Objectives

- 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
- 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
  - Jeanine Pilgrim, Quality Improvement Coordinator
  - John Cocchieri - Data Coordinator

- **Network 6 (GA, NC, SC)**
  - Wambui Kungu - Quality Improvement Coordinator

- **Network 9 (IN, KY, OH)**
  - Debbie DeWalt, MSN, BSN, RN - Quality Improvement Director
  - Susan Swan-Blohm, Quality Improvement Coordinator
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
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 2016 Service Areas

- Network 1: CT, MA, ME, NH, RI, VT
- Network 2: NY
- Network 9: IN, KY, OH
- Network 6: GA, NC, SC
## IPRO ESRD Network 2016 Service Areas

<table>
<thead>
<tr>
<th>State</th>
<th>Prevalent ESRD Patients</th>
<th>Dialysis Facilities</th>
<th>Transplant Facilities</th>
</tr>
</thead>
<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 6</td>
<td>44,190</td>
<td>664</td>
<td>10</td>
</tr>
<tr>
<td>Network 9</td>
<td>31,640</td>
<td>570</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>117,274</td>
<td>1,684</td>
<td>52</td>
</tr>
</tbody>
</table>

*Data Source: Individual Network Annual Reports for 2014*
ESRD Patient-Centered Approach

**AIM 1**
- Better Healthcare for the ESRD Individual
- Innovation Pilot

**AIM 2**
- Better Health for the ESRD Population
- Support ESRD QIP
  - Support CROWNWeb
  - Support NHSN

**AIM 3**
- Patient-Centered Approach
- Smarter Spending for ESRD Care

Patient and Family Engagement
Aim 1: Better Care for the ESRD Individual

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

To: Medical Directors, Nurse Managers
From: Heather Camilleri, CCHT, Quality Improvement Specialist
Date: December 22, 2015

Project Background

Dialysis patients have multiple and frequent exposures to blood and body fluids. The risk of infection is significantly increased with HAI in dialysis patients. The incidence of bloodstream infections (BSI) is 3 times higher in dialysis patients compared to the general population. Additionally, dialysis patients have weakened immune systems. The cost associated with HAI is high, with an estimated $3.5 billion spent annually in the U.S. on the prevention and treatment of HAI. The emotional cost to patients and families is immeasurable.

Quality Improvement Activity Description

The Project IDEO Network of New England will be audited for reducing bloodstream infections (BSI). Facilities will be provided with ways collected for future improvements in their infection control measures. This initiative will help to reduce the risk of HAI in dialysis patients.

Your facility has been chosen to participate in the HAI project. Facilities will be provided with ways collected for future improvements in their infection control measures. This initiative will help to reduce the risk of HAI in dialysis patients.

Timeline of Activities

December 2015

- The network will provide notification of participation in this activity. CDI contracts for review, signature, and return by January 15, 2016.

2016 Facility/Network Activities

January

- Facilities begin performing three CDC Audits and reporting these in the Network (NSHQI) from January through March, in addition to monthly infections reports.

February

- The network will provide a template for evaluating the root cause analysis. Identified during the first six months of 2015, potential interventions will be selected for reporting to the Network from March through the end of the year.

March

- Facilities begin using either the provided RCA template or other tools. Similar information will be collected from the interdiciplinary team to identify possible solutions and the root cause analysis.

March – End of September

- Facilities implement CDC interventions on a monthly basis.

- Provide a summary report to the Network including 3 successes, 3 failures, 3 observations discussed during monthly QAPI meetings.

- Report infections in NSHQI and to the Network, perform a RCA (auto included in the Network of any change in intervention plans). RCA discussion is conducted with the Network.

- If an infection is the result of poor technique by a staff member and remediation is required, the staff member’s performance is reviewed.

- Implement infections in NSHQI by the 30th of the month.

All facilities in the project are encouraged to participate in the quarterly LAN, Interim, and Annual Activities. These activities include: share best practices, and work through barriers to success.

CC: Medical Director, Facility Administrator, Nurse Manager
### HAI – Reduce BSI QIA: Audit Tools

#### CDC Dialysis Collaborative

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Date</th>
<th>Start Time</th>
<th>AM/PM</th>
</tr>
</thead>
</table>

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

- Use a "Y" if action performed correctly, a "N" if not performed. If not observed, leave blank.

<table>
<thead>
<tr>
<th>Procedure observed, comments</th>
<th>Catheter insertion</th>
<th>Catheter hubline</th>
<th>Catheter hubline exercises (disconnection setup)</th>
<th>Catheter hubline handling</th>
<th>Hand hygiene performed</th>
<th>New cannula dressing worn</th>
<th>New cannula dressing worn (disconnection setup)</th>
<th>Catheter hubline handling exercises</th>
<th>Half appropriate</th>
<th>Hand hygiene performed</th>
<th>New cannula dressing worn</th>
<th>Hand hygiene performed</th>
<th>Glucose removed</th>
<th>New cannula dressing worn (disconnection setup)</th>
</tr>
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<th>Facility Name</th>
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</tr>
</thead>
</table>

**Audit Tool: Arteriovenous fistula-graft cannulation observations**

- Use a "Y" if action performed correctly, a "N" if not performed. If not observed, leave blank.

<table>
<thead>
<tr>
<th>Procedure performed (if observed)</th>
<th>Procedure performed if observed</th>
<th>Hand hygiene performed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

#### CDC Dialysis Collaborative

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<tr>
<th>Facility Name</th>
<th>Date</th>
<th>Start Time</th>
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</tr>
</thead>
</table>

**Audit Tool: Hemodialysis hand hygiene observations**

- Use a "Y" for each hand hygiene opportunity observed. Under opportunity successful, use a "Y" if successful, and leave blank if not successful.

#### Training Information for QIA Facilities

**CDC can assist with PPM facility training!**

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**Improving Healthcare for the Common Good**

IPRO
HAI – Reduce BSI QIA: Monthly Reporting Form

Blood Stream Infection Monthly Summary Collection Tool

<table>
<thead>
<tr>
<th>Reporting Month:</th>
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<tbody>
<tr>
<td>Attention:</td>
<td></td>
</tr>
<tr>
<td>Fax/Email:</td>
<td></td>
</tr>
<tr>
<td>Facility Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Provider Name:</td>
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<tr>
<td>Medicare (CCN):</td>
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</tbody>
</table>

Blood Stream Infections Identified This Month (Total Number, Total Patient Census, Patient Access Type)

| Total Number: |             |
| Total Patient Census: |    |
| Patient Access Type: |          |
| 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

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:

<table>
<thead>
<tr>
<th>CDC Hand Hygiene Link</th>
<th>CDC Hand Hygiene Staff Link</th>
<th>CDC Audit Tool</th>
<th>CDC Hand Hygiene Audit Tool</th>
<th>CDC Care Intervention</th>
<th>CDC Staff Tools</th>
<th>CDC Suite Tools</th>
<th>CDC Surface Disinfection</th>
<th>NNIS Protocol</th>
<th>CDC Consultation Checklists</th>
<th>CDC Dissemination Checklist</th>
<th>CDC Read Map to Elimination</th>
<th>CDC Packet Guide &amp; Tips</th>
<th>CDC CEś for Facility Staff</th>
</tr>
</thead>
</table>

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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?
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