2018 BSI Project Kickoff

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ESRD Networks 16 and 18
Webinar Etiquette

• Keep your phone on Mute
• Questions – in “Q&A”
• Attendance – in “Chat”
• CCN
• A recording of this call and the slides will be available online
The Network team serves as...

Facilitator
Educator
Referral Source
Investigator
Quality Assurance
Advocate
Network Communication

- CCN
- Facility Contact Information
- "Facility Administrator"
Why Me?

BSI Rate = \( \frac{\# \text{ positive blood cultures}}{\text{Total \# patient – months}} \) * 100
The Meat

The Project Itself
Exit site care for catheters

- **HAI**: Healthcare-Associated Infection
- **BSI**: Bloodstream Infection
- **LAN**: Learning-Action Network
- **NHSN**: National Health System Network
- **eMR**: electronic medical record
- **HIE**: Health Information Exchange
- **PPM**: Prevention Process Measures
Project Expectations

1. Attest project participation by tomorrow
2. Adopt CDC Core Interventions and begin audits in February
3. Establish HIE/eMR access (monthly reporting)
4. QAPI documentation
Most of the Work

The Core Interventions
CDC Recommended Interventions to Prevent BSIs in Dialysis

aka “The Core Interventions”

- Enter data into NHSN within 30 days
- Conduct infection prevention audits
- Thoroughly educate staff and patients
- Reduce CVCs
- Use chlorhexidine and antibiotic ointment for CVC exit site care

Facilities should review current practices to identify discrepancies between current practices and CDC recommended practices.

Step 2

- Learn CDC Recommended Practices
- Implement CDC Recommended Practices
- Audit CDC Recommended Practices
- Provide Feedback on Adherence

But we’ve ALWAYS done it this way
Learn CDC Recommended Practices

Implement CDC Recommended Practices

Audit CDC Recommended Practices

Provide Feedback on Adherence
Step 3

- Minimum Requirements:
  - 20 Hand Hygiene by staff, on staff
  - 10 Hand Hygiene by patients, on staff
    - 10 AVF/AVG Cannulation
    - 10 Catheter Connection/Disconnection
    - 5 CVC Exit Site Care
    - 10 Dialysis Station Disinfection
    - 10 Injection Safety (Preparation)
    - 20 Injection Safety (Administration)
Audit Expectations

- Hand Hygiene: 20+10
- Dialysis Station Disinfection: 10
- CVC On/Off: 10
- AVF/AVG Cannulation: 10
- CVC Exit Site Care: 5
- Medication Injection Safety - Preparation: 10
- Medication Injection Safety - Administration: 20
Opportunities

- Each audit includes multiple observations.
  - An observation is an opportunity to perform hand hygiene
- If an opportunity is observed *and* hand hygiene is performed, the observation is marked a success

**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 opportunity</th>
<th>Opportunity successful</th>
<th>Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>missed opportunity before administering medication</td>
</tr>
<tr>
<td>T</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The first two observations were successful because hand hygiene was warranted and was performed.

The third observation was not successful because the warranted opportunity for hand hygiene was missed.
Tallying Results

- **Number of Successful Opportunities**: Sum of observed instances during which staff hand hygiene was warranted and was successfully performed.
- **Total Number Opportunities**: Total number of observed instances during which staff hand hygiene was warranted.

### 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)

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</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>√</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>T</td>
<td>√</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>√</td>
<td>√</td>
<td>missed opportunity before administering medication</td>
</tr>
<tr>
<td>P</td>
<td>√</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>√</td>
<td>√</td>
<td></td>
</tr>
</tbody>
</table>

**Discipline:** P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other

Duration of observation period = _________ minutes  Number of successful hand hygiene opportunities observed = _________
Total number of patients observed during audit = _________  Total number of hand hygiene opportunities observed during audit = _________

** See hand hygiene opportunities on back page
# Tallying Results

- **Number of Successful Opportunities**: Sum of observed instances during which staff hand hygiene was warranted and was successfully performed.
- **Total Number Opportunities**: Total number of observed instances during which staff hand hygiene was warranted.

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### Audit Tool: Hemodialysis Hand Hygiene Observations
(Use a “✓” for each ‘hand hygiene opportunity’ observed. Underline and leave blank if not successful)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Hand hygiene opportunity</th>
<th>Opportunity successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>T</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>P</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*Discipline: P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other

Duration of observation period = _______ minutes
Number of successful hand hygiene opportunities observed = 4
Total number of patients observed during audit = _______ Total number of hand hygiene opportunities observed during audit = 5

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These are the numbers reported to NHSN
Audit Tools: Procedures

- Each audit includes multiple observations.
  - An observation is the review of a procedure to indicate which steps were performed correctly or incorrectly.
- If each step of a procedure is observed and correctly performed, the observation is marked a success:

<table>
<thead>
<tr>
<th>Procedure observed, C=connect, D=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 antiseptic allowed to dry</th>
<th>Catheter connected to blood lines aseptically (connection only)</th>
<th>New caps attached aseptically (after disconnecting)</th>
<th>Gloves removed</th>
<th>Hand hygiene performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2. D</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

The first observation (catheter connection) was not successful because hub antiseptic was not allowed to dry.

The second observation (catheter disconnection) was successful because all steps were observed and completed.
Once all observations have been completed, add the successful observations and note the total number of observations performed:

### Audit Tool: Catheter connection and disconnection observations

(Use a “✓” if action performed correctly, a “Φ” if not performed. If not observed, leave blank)

<table>
<thead>
<tr>
<th>Procedure observed, C=connect, D=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>
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<th>New caps attached aseptically (after disconnecting)</th>
<th>Gloves removed</th>
<th>Hand hygiene performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Φ</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>D</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Φ</td>
<td>✓</td>
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<td>✓</td>
</tr>
<tr>
<td>3</td>
<td>C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Φ</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>D</td>
<td>N</td>
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<td>✓</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5</td>
<td>C</td>
<td>T</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>6</td>
<td>C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>7</td>
<td>C</td>
<td>N</td>
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</tr>
</tbody>
</table>

**Discipline:** P=physician, N=nurse, T=technician, S=student, O=other

**Duration of observation period = ________ minutes**

**Number of procedures performed correctly = \( \frac{5}{7} \)**

**Total number of procedures observed during audit = \( \frac{7}{7} \)**
Once all observations have been completed, add the successful observations and note the total number of observations performed:

These are the numbers reported to NHSN.

### Audit Tool: Catheter connection and disconnection
(Use a “✓” if action performed correctly, a “✗” if not performed. If not required, leave blank)

<table>
<thead>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>D</td>
<td>N</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>D</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>C</td>
<td>N</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
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Discipline: P=physician, N=nurse, T=technician, S=student, C=other

Duration of observation period = _________ minutes

Number of procedures performed correctly = \( \frac{5}{7} \)

Total number of procedures observed during audit = \( \frac{5}{7} \)
Medication Injection Safety
Dialysis Station Disinfection
Step 4

- **Clinic:** Continuous Improvement, Education, Teamwork, Accountability, Patient Engagement, Report Metrics to MD in QAPI

- **Network:** Monthly follow up with NHSN data, tracking project compliance

- **Learn:** CDC Recommended Practices
- **Implement:** CDC Recommended Practices
- **Audit:** CDC Recommended Practices
- **Provide Feedback on Adherence**
www.cdc.gov/nhsn/dialysis
Wait, More Acronyms?

HIE/eMR Access
“Positive blood culture: Report all positive blood cultures from specimens collected as an outpatient or collected within one calendar day after a hospital admission. One calendar day after hospital admission includes positive blood cultures collected on the day of or the day following admission to the hospital. Positive blood cultures meeting the criteria above should be reported regardless of whether or not a true infection is suspected or whether the infection is thought to be related to hemodialysis.”

eMR Access
Congratulations on your engagement!

Patient Engagement
Patient Engagement Suggestions

• Educate all your patients on the project and its expectations
• Patient in QAPI meeting to discuss project monthly
• Have a lobby day roundtable discussion on infections or form a patient committee
• Try games, videos, or interpretive dance
Take notes

Action Steps
Monthly Reporting - Network

Every clinic will report monthly starting in MARCH

1. HIE/eMR access
2. If all core interventions have been adopted
3. Patient Engagement

Due the 5th of every month starting in MARCH
Monthly Reporting - NHSN

Every clinic will report PPM (the CDC audits) monthly starting in MARCH

– Due the 5\textsuperscript{th} of every month starting in MARCH

– Opt into the PPM plan monthly
  • Check all the boxes
  • Click submit
To Do

- **Attestation:** Acknowledge project participation by tomorrow at [http://www.esrdnetwork18.org/machform/view.php?id=25001](http://www.esrdnetwork18.org/machform/view.php?id=25001); must be completed by either the Facility Administrator or the Medical Director.

- **Teamwork:** If you delegate management of the project all or in part to someone else, share this and all notifications with them. As the project manager, it is the Facility Administrator’s responsibility to communicate expectations directly to the team.
  
  - **CDC Audit tools:** Download and review with your IDT the CDC audit tools [https://www.cdc.gov/nhsn/dialysis/process-measures/index.html](https://www.cdc.gov/nhsn/dialysis/process-measures/index.html) under Data Collection Forms>Audit Tools
  
  - **NHSN monthly reporting set up** (additional instructions will be on the kickoff call):
    - Submit audits within NHSN data by the 5th each month, starting with February audits due in NHSN by March 5th

- **Monthly Reporting to the Network:** Submit project tasks by the 5th each month, starting with February data reportable by March 5th.

- **HIE/eMR access:** your clinic is required to establish access to a Health Information Exchange (HIE) or to an eMR (for at least one local hospital) this year. Progress towards this goal will be tracked monthly.

- **QAPI:** Don’t forget to start documenting on your project monthly in QAPI
I hope you took lots of notes...
Attendance

Please enter your name and CCN in the chat to get credit for attendance
Jewel Peterman, RN, BSN
Quality Improvement Coordinator
jpeterman@nw18.esrd.net
HealthInsight is a private, non-profit, community-based organization dedicated to improving health and health care, operating in nine western states: California, Alaska, Idaho, Montana, Oregon, Washington, Nevada, New Mexico, and Utah. The HealthInsight ESRD Alliance was formed in 2015 to bring together the strengths of all partners to further integrate quality efforts across the care continuum for patients at risk for kidney disease, those with chronic kidney disease, those on dialysis or receiving kidney transplant care.