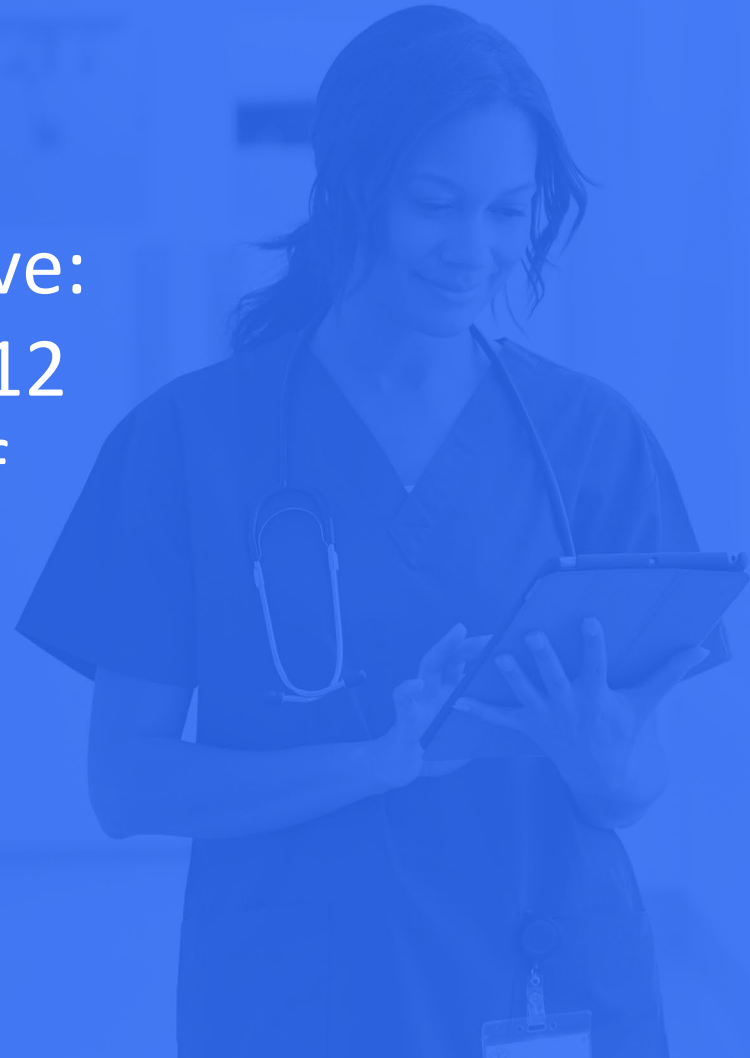
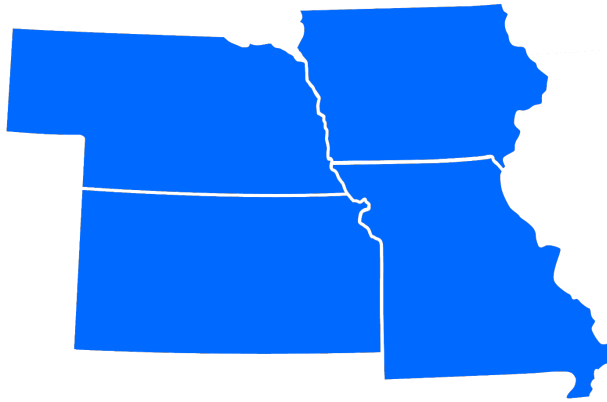


Infection Control Initiative: Qsource ESRD Network 12 and Iowa Department of Public Health

Roma Heater, RN
Quality Improvement Advisor



Qsource ESRD Network 12 Overview



Network 12
Iowa, Kansas, Missouri, Nebraska



29,000 Dialysis
and Transplant
Patients



334 Dialysis
Facilities



12 Transplant
Centers

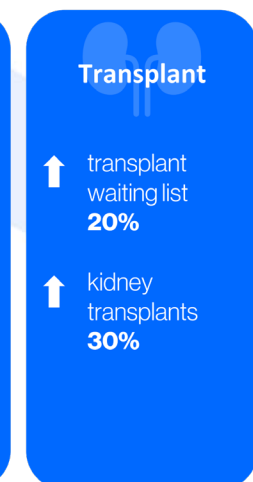
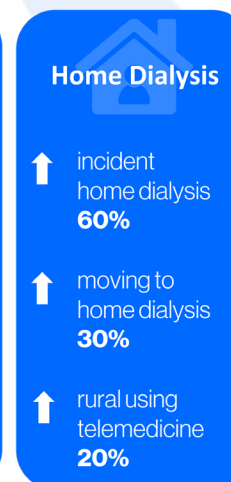
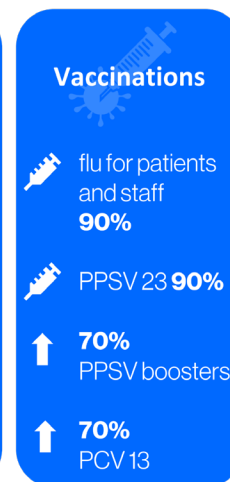
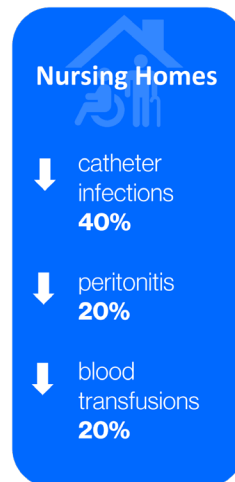
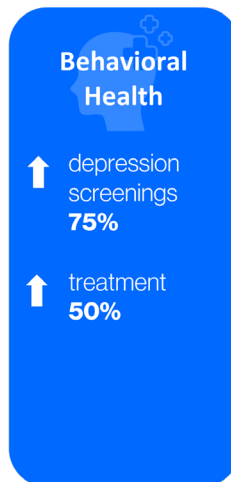
Quality Improvement Activities

Improvements Over a Five-Year Period (2021 to 2026)

CMS quality improvement activities incorporate and support CMS Strategic Initiatives. These priorities and goals target ESRD patients, dialysis providers, transplant providers, and ESRD stakeholders to achieve success.



National Long-Term Goals



Guest Speaker



Dr. Andrew Hennenfent, DVM, MPH, DACVPM, is the Healthcare Associated Infections (HAI) Program Manager for the Iowa Department of Health and Human Services (HHS) where he oversees the planning and response of antimicrobial stewardship efforts and technical assistance provided to Iowa healthcare personnel to improve infection control practices in all settings.

Prior to serving in this role, Dr. Hennenfent was the Emergency Management Coordinator for Animal Health at the Iowa Department of Agriculture and Land Stewardship (IDALS) and before that, the Public Health Veterinarian for the city of Washington, D.C.

STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

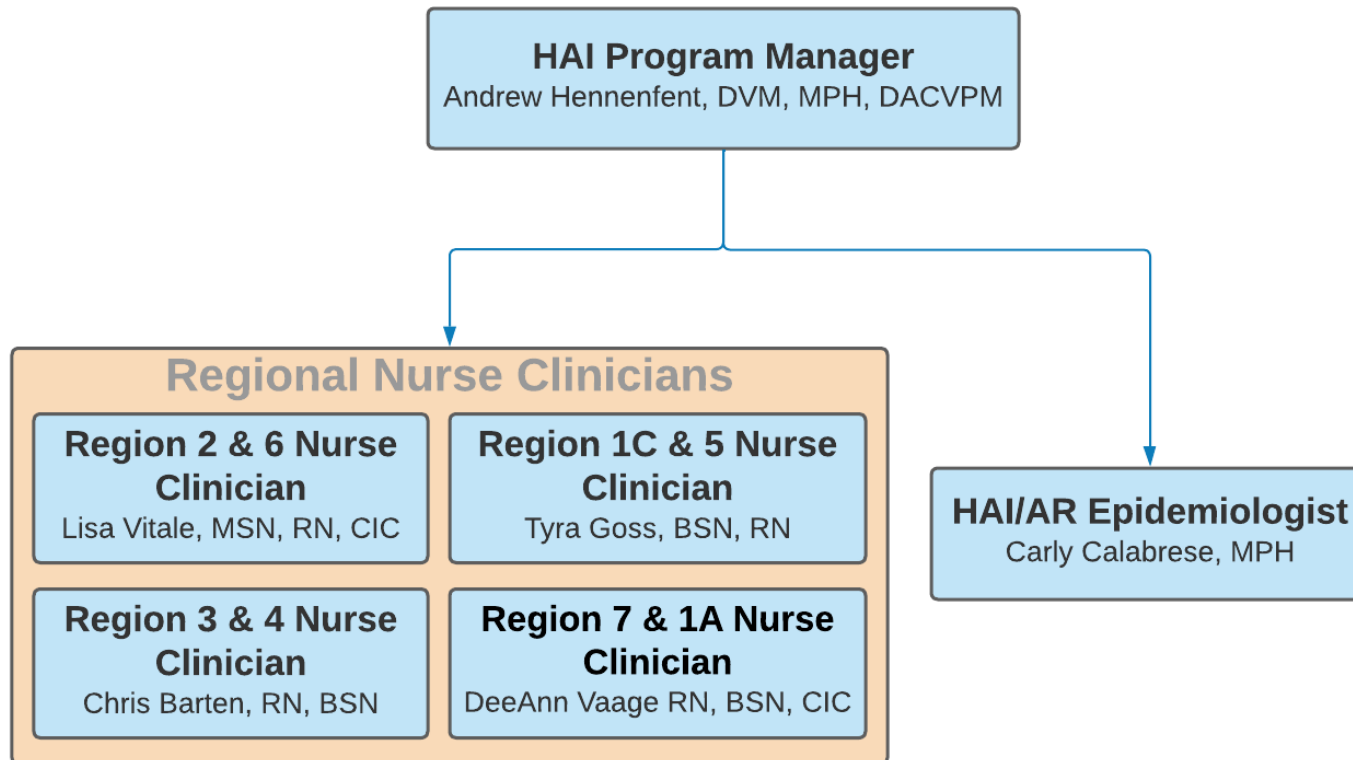
Technical Assistance Available from Iowa HHS

Andrew Hennenfent, DVM, MPH, DACVPM

Healthcare Associated Infections Program Manager

Iowa HHS HAI Program

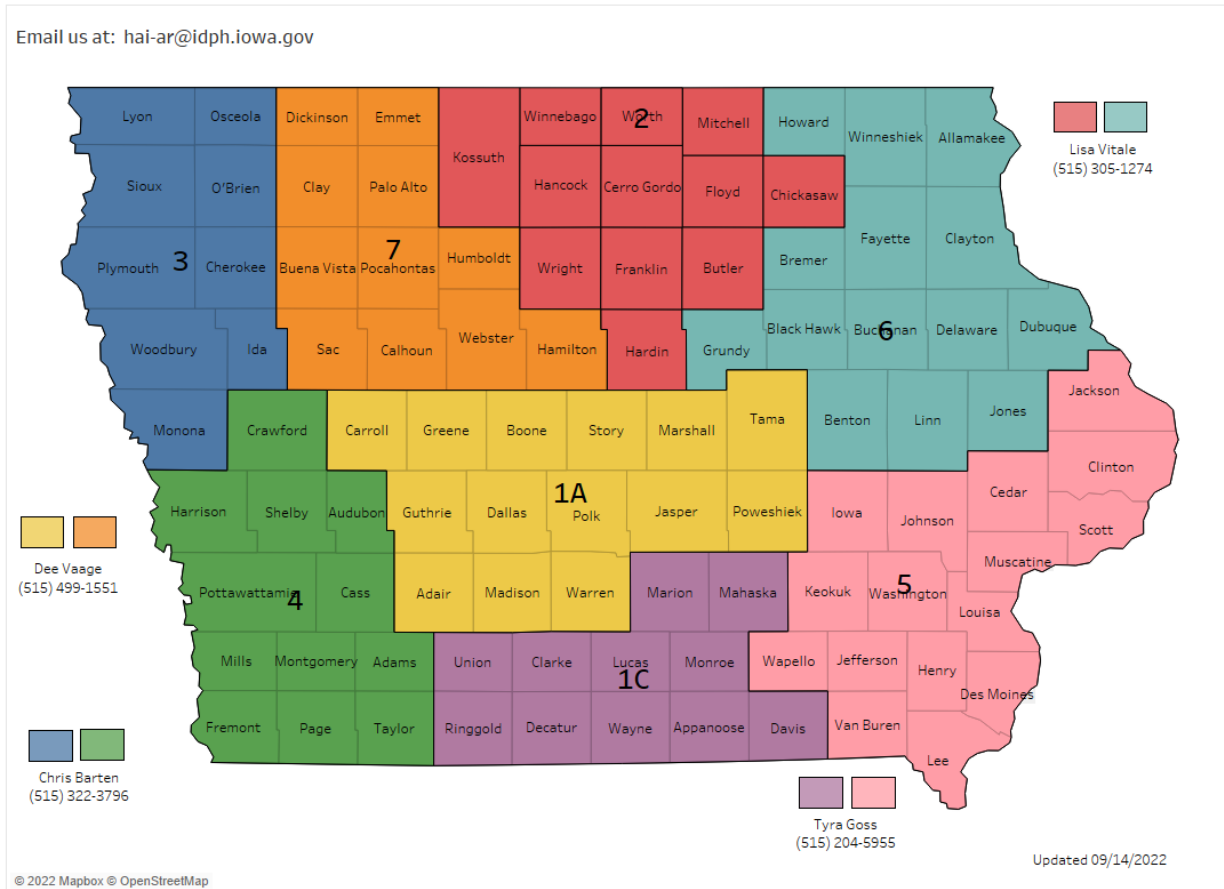
Healthcare Associated Infections (HAI) Program



Healthcare Associated Infections (HAI) Program

CADE HAI Nurse Clinician Coverage Map

■ Regions



Healthcare Associated Infections (HAI) Program



In-Person Proactive ICAR Assessment

Infection Control Assessment and Response (ICAR) Assessments are:

- Free of charge!
- Customized to assess infection prevention strengths and opportunities on a variety of infection prevention and control topics
- Conducted by Infection Preventionists from the Iowa Department of Health and Human Services
- Focused on education and offer the most up-to-date infection prevention resources
- Non-regulatory!

In-Person ICAR Flow:



Going Through an Assessment Your Facility Will Gain:

- A comprehensive in-person assessment that is consultative and non-regulatory!
- Enhanced IPC capacity at your facility
- A sustainable partnership for ongoing improvement
- Preparation for future visits by licensing, accreditation, or other regulatory organizations

Topics Covered:

- Policies and Infrastructure
- Disease Surveillance and Reporting
- Personnel Safety
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Respiratory Hygiene Etiquette
- Injection Safety
- Catheter and other Vascular Access Care
- Urinary Tract Catheter
- Dialyzer Reuse and Reprocessing
- Environmental Services

On-Site Observations:

- Hand hygiene
- Catheter connection and disconnection
- Catheter exit site care
- Cannulation
- Medication preparation
- Medication administration
- Routine disinfection

On-Site Observations:

Types of Audits: Opportunity and Procedure

- There are 2 types of audit tools:



Hand Hygiene Observations:

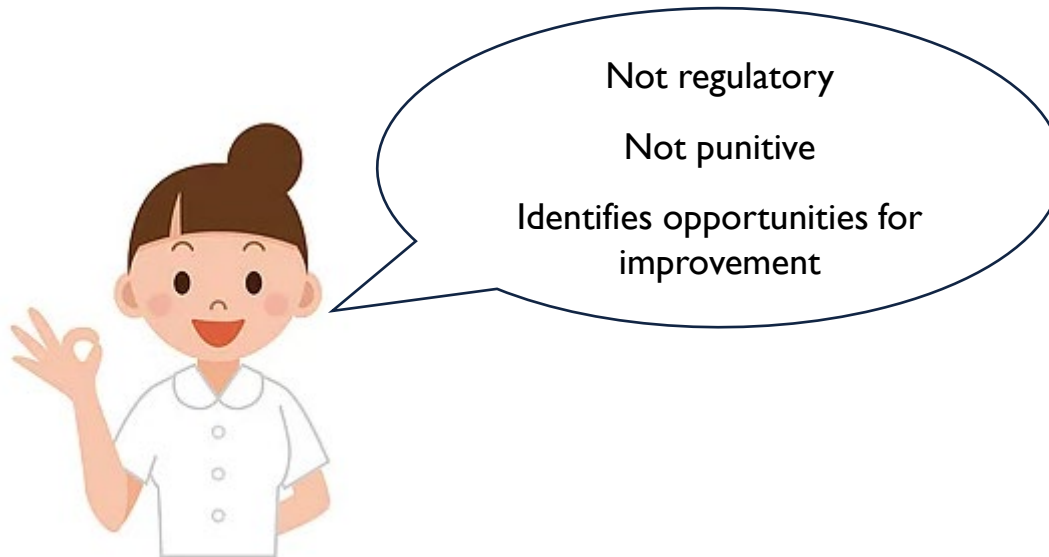
- Goal is to quantify the number of times a staff member performs hand hygiene (when indicated) over the total number of “opportunities” observed (when hand hygiene was warranted)



Not regulatory
Not punitive
Identifies opportunities for
improvement

Catheter Connection and Disconnection Observations:

- Goal is to determine whether each step in a hemodialysis catheter connection or disconnection procedure was performed correctly and completely



Catheter Exit Site Care Observations:

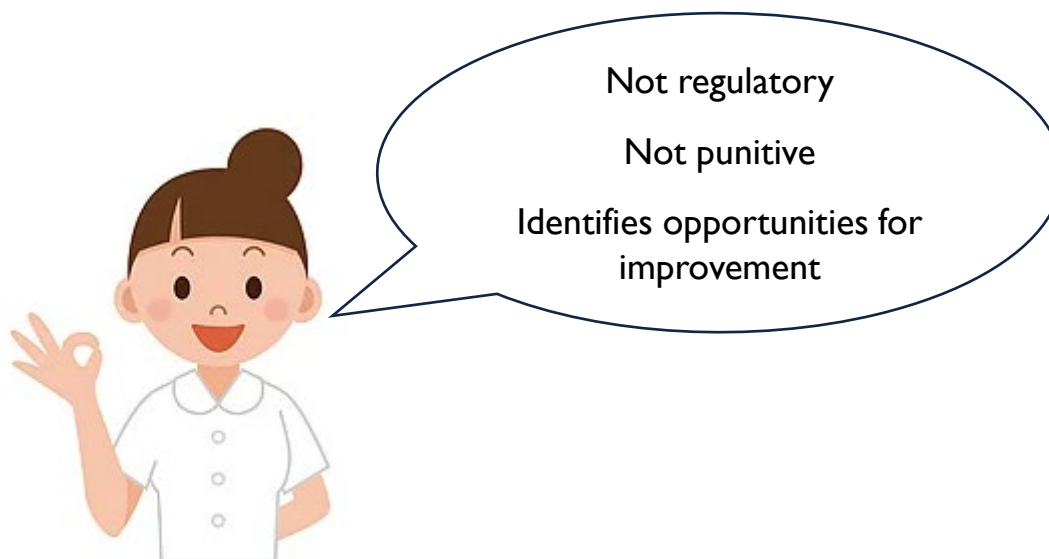
- Goal is to determine whether each step in a catheter exit site care procedure was performed correctly and completely



Not regulatory
Not punitive
Identifies opportunities for improvement

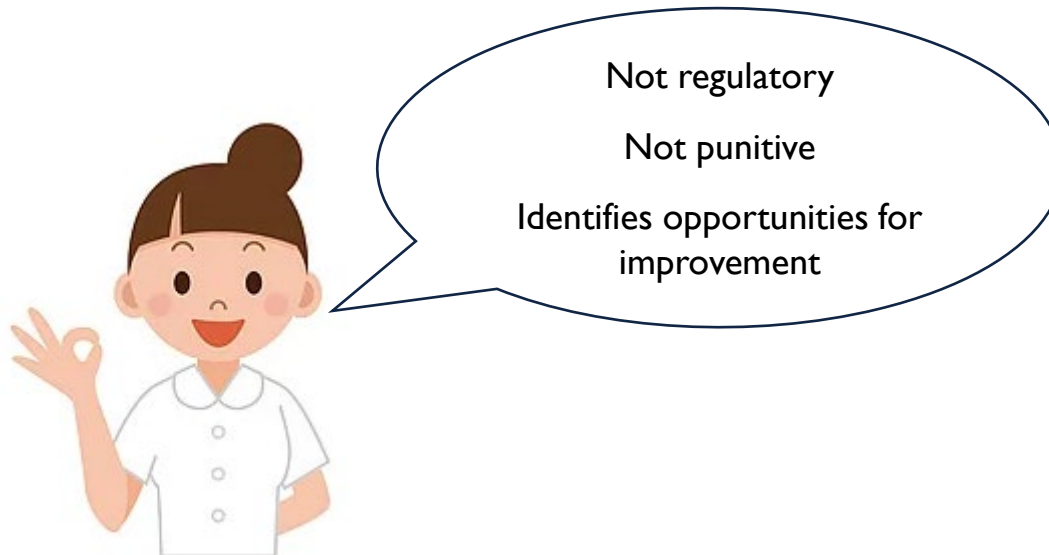
AV Fistula/Graft Cannulation Observations:

- Goal is to determine whether each step in a fistula or graft cannulation procedure was performed correctly and completely



Injectable Medication Preparation Observations:

- Goal is to determine whether each step during hemodialysis injectable medication preparation was performed correctly and completely



Injectable Medication Administration Observations:

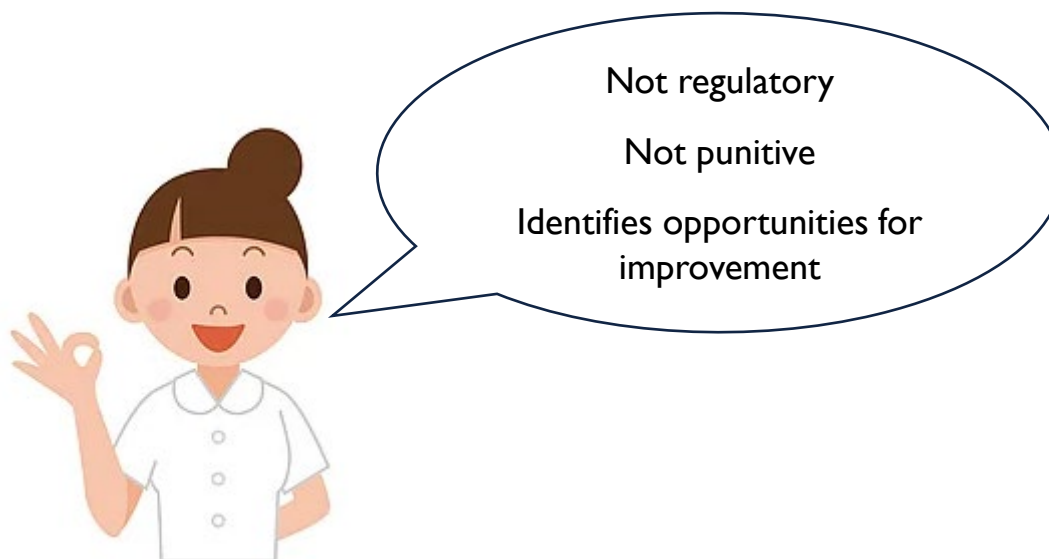
- Goal is to determine whether each step during hemodialysis injectable medication administration was performed correctly and completely



Not regulatory
Not punitive
Identifies opportunities for improvement

Hemodialysis Station Routine Disinfection Observations:

- Goal is to determine whether each step during hemodialysis station routine disinfection was performed correctly and completely



Facility Name: _____ Observer: _____
 Date: _____ Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Start time: _____ AM / PM

Audit Tool: Hemodialysis injectable medication administration

(Use a "√" if action performed correctly, a "Φ" if not performed/performed incorrectly. If not observed, leave blank. All applicable actions within a row must have "√" for the procedure to be counted as successful.)

Discipline	Medication properly transported to patient station*	Hand hygiene performed	Clean gloves worn	Injection port disinfected with antiseptic**	Medication administered aseptically	Syringe discarded at point of use	Gloves removed	Hand hygiene performed

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

Duration of observation period: _____

Number of procedures performed correctly = _____

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:

* Medications should be transported directly from medication preparation area to individual patient. Medications should be prepared as close as possible to the time of medication administration. Medications that are not immediately administered by the person who prepared the medication must be labeled appropriately.

**Appropriate antiseptics are chlorhexidine, povidone-iodine, tincture of iodine, and 70% alcohol.



National Center for Emerging and Zoonotic Infectious Diseases
 Division of Healthcare Quality Promotion



After The Assessment Your Facility Will Get:

- Verbal feedback
- A Summary Report outlining your best practices and opportunities for improvement
- Tailored free resources, tools, and training
- Ongoing consultation with an infection preventionist from the Iowa Department of Health and Human Services

Summary Report Example:


Injection safety section

PERSONNEL TRAINING AND POLICIES		
The facility has a competency-based training program for preparation and administration of parenteral medications (e.g., SQ, IM, and IV).	<input checked="" type="checkbox"/> Yes	
Personnel wear a facemask (e.g., surgical mask) when placing a catheter or injecting material into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia).	<input checked="" type="checkbox"/> Yes	
HCP who prepare and/or administer parenteral medications (i.e., SQ, IM, and IV) receive training on safe injection practices	<input checked="" type="checkbox"/> Yes	
	Yes	No
Upon hire, prior to being allowed to prepare and/or administer parenteral medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Annually	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When new equipment or protocols are introduced	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Summary Report Example (cont.):

Injection safety section

HCP are required to demonstrate competency with safe injection practices following each training.	<input checked="" type="checkbox"/> Yes	
The facility maintains current documentation of competency with preparation and/or administration procedures for all personnel who prepare and/or administer injections and parenteral infusions.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
HHS RECOMMENDATIONS regarding injection safety training and policies at your facility:		
In addition to monitoring adhere to safe injection practices, it is also important to document audits. The Hemodialysis injectable medication administration Audit Tool can be used to document observation and guide feedback to staff. This tool can be found at: https://www.cdc.gov/dialysis/PDFs/collaborative/Hemodialysis-InjectionSafety-Observations.pdf .		





Making Dialysis Safer For Patients Coalition

Increase Awareness About The Core Interventions For Dialysis Bloodstream Infection Prevention:

- Surveillance and feedback using NHSN
- Hand hygiene observations
- Catheter/vascular access care observations
- Staff education and competency
- Patient education/engagement
- Catheter reduction
- Chlorhexidine for skin antisepsis
- Catheter hub disinfection
- Antimicrobial ointment

Resource Center Showcase:

<https://www.cdc.gov/dialysis/coalition/resource.html>



Resources can be downloaded or physical copies ordered and received by mail

Making Dialysis Safer (MDS) for Patients Coalition Online Community

- Aims to bring together partner organizations to share information and resources
- Led by five community champions who help facilitate discussions, promote participant engagement, and support peer-to-peer sharing
- Safe and comfortable space for members to share experiences, best practices, and other insights as it relates to infection prevention and control in dialysis settings
- To join reach out to Grace Lee (glee@astho.org)



Let's Reset: A New Approach to Empower Patients to Speak Up About Dialysis Safety and Prevent Infection

- Patient-designed intervention to rapidly defuse conflict in the dialysis facility and create a safe space for communication between patients and providers
- Uses real-life situations and case examples shared by real patients to teach how emotions impact safety in dialysis facilities



Speak Up—Video for Patients

Speak Up

- Telling the story of 2 patients
- Messaging for an empowered patient/healthcare provider interaction
- Filmed through CDC Studios
- Companion tool for dialysis staff
- Available for download or can be ordered from the CDC warehouse in a DVD format for distribution to patients

<https://www.cdc.gov/dialysis/patient/speakup-video.html>

The screenshot displays the CDC website page for dialysis patients. At the top, it says "CDC Speak Up: Making Dialysis Safer for Patients" with a "Copy link" button. The main heading is "CDC.gov/dialysis" with the tagline "Making dialysis safer for patients." Below this is a "Tips for Staff Handout" section titled "ENGAGING PATIENTS IN THE INFECTION PREVENTION CONVERSATION". The handout includes several panels with illustrations and text:

- Panel 1:** "TIPS FOR STAFF" - "ASK PATIENTS HOW THEY FEEL ABOUT THEIR CARE AND LISTEN TO THEIR CONCERNS. THIS IS THE BEST WAY TO MAKE SURE THEY ARE SAFE AND HEALTHY." "TIPS FOR PATIENTS: EXPERIENCE HOW IT FEELS. ASK ABOUT YOUR CARE AND LISTEN TO YOUR STAFF. THIS IS THE BEST WAY TO MAKE SURE YOU ARE SAFE AND HEALTHY." "STAFF SHOULD ASK PATIENTS HOW THEY FEEL ABOUT THEIR CARE AND LISTEN TO THEIR CONCERNS. THIS IS THE BEST WAY TO MAKE SURE THEY ARE SAFE AND HEALTHY."
- Panel 2:** "HOW TO CREATE AN ENVIRONMENT WHERE PATIENTS FEEL SAFE" - "Encourage patients and caregivers to ask questions and speak up if they have concerns about their care. Encourage staff to listen and respond to patient concerns." "Let patients know you are there for them. You are not just a doctor or nurse, you are a person. You are a caregiver. You are a friend. You are a partner. You are a team. You are a family. You are a community. You are a world. You are a universe. You are a everything." "When the conversation starts, it's about the patient's experience. Ask them how they feel about their care. This is the best way to make sure they are safe and healthy."
- Panel 3:** "HOW TO ASSESS YOUR PATIENT'S AND CAREGIVER'S ABILITY TO ENGAGE IN CONVERSATION" - "It is important that all staff and caregivers understand the importance of patient engagement and how to support it." "Have a conversation with patients and caregivers. Encourage them to ask questions and speak up. This is the best way to make sure they are safe and healthy."
- Panel 4:** "HOW TO ASSESS YOUR PATIENT'S AND CAREGIVER'S ABILITY TO ENGAGE IN CONVERSATION" - "It is important that all staff and caregivers understand the importance of patient engagement and how to support it." "Have a conversation with patients and caregivers. Encourage them to ask questions and speak up. This is the best way to make sure they are safe and healthy."

At the bottom of the handout, there is a small CDC logo and the text "This document is available at <https://www.cdc.gov/dialysis/patient/speakup-video.html>." The CDC logo is also present in the bottom right corner of the screenshot.

hai-ar@idph.iowa.gov

Thank You!
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