

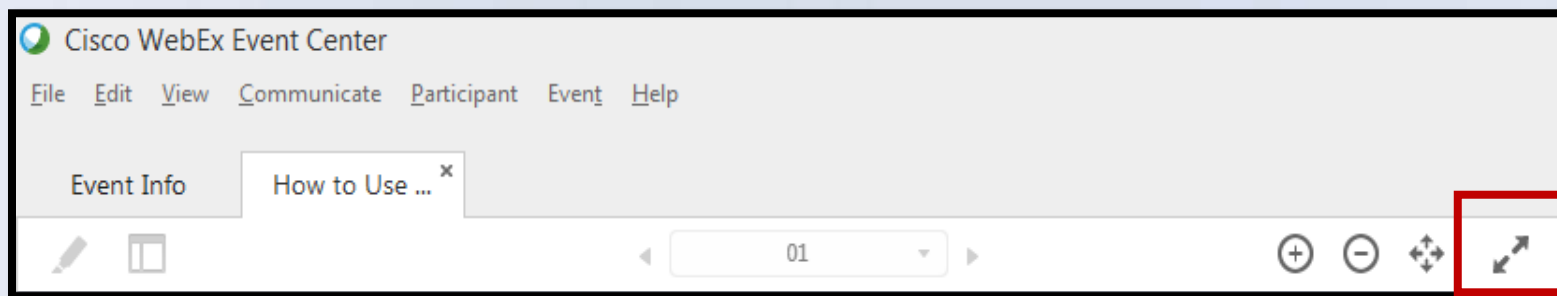
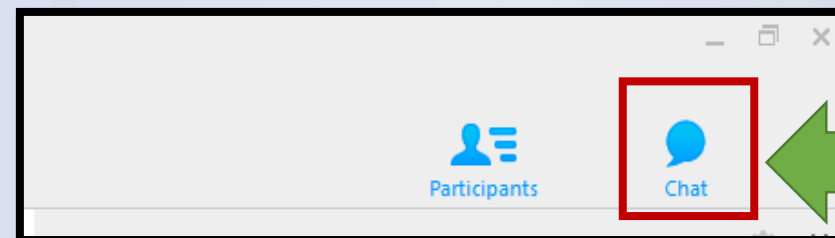


# **ESRD NCC Healthcare-Associated Infection (HAI) Learning and Action Network (LAN) Discovery Event**

December 8, 2016

# Meeting Reminders

- Please place phone on “Mute” if now speaking.
  - \*6 = Mute
  - \*7 = Unmute
- Use Chat – Send to “All Panelists.”
- Make the presentation full-screen.



- Get involved!



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# OVERVIEW OF THE CDPHE DIALYSIS INFECTION CONTROL ASSESSMENT RESPONSE (ICAR) PROGRAM

December 8, 2016



**COLORADO**  
Department of Public  
Health & Environment

# OBJECTIVES

- Review Core Interventions for Dialysis BSI Prevention
- Present an Overview of the Colorado ICAR Program
- Discuss the Colorado Dialysis Facility ICAR Process
- Review Preliminary Colorado ICAR Findings

# CDC APPROACH TO BSI PREVENTION IN DIALYSIS FACILITIES

## CDC Approach to BSI Prevention in Dialysis Facilities

(i.e., the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention)

### 1. Surveillance and feedback using NHSN

Conduct monthly surveillance for BSIs and other dialysis events using CDC's National Healthcare Safety Network (NHSN). Calculate facility rates and compare to rates in other NHSN facilities. Actively share results with front-line clinical staff.

### 2. Hand hygiene observations

Perform observations of hand hygiene opportunities monthly and share results with clinical staff.

### 3. Catheter/vascular access care observations

Perform observations of vascular access care and catheter accessing quarterly. Assess staff adherence to aseptic technique when connecting and disconnecting catheters and during dressing changes. Share results with clinical staff.

### 4. Staff education and competency

Train staff on infection control topics, including access care and aseptic technique. Perform competency evaluation for skills such as catheter care and accessing every 6-12 months and upon hire.

### 5. Patient education/engagement

Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for access management when away from the dialysis unit.

### 6. Catheter reduction

Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

### 7. Chlorhexidine for skin antisepsis

Use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent for central line insertion and during dressing changes.\*

### 8. Catheter hub disinfection

Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.\*\*

### 9. Antimicrobial ointment

Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.\*\*\*

\* Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.

\*\* If closed needleless connector device is used, disinfect device per manufacturer's instructions.

\*\*\* See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis Safety website (<http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites>). Use of chlorhexidine-impregnated sponge dressing might be an alternative.



- Evidence-Based Interventions
- Infection Prevention Tools
- Guidelines and Recommendations
- Audit Tools
- Education Materials for Staff and Patients
- Data Reports
- Making Dialysis Safer for Patients Coalition

[www.cdc.gov/dialysis/prevention-tools](http://www.cdc.gov/dialysis/prevention-tools)



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# HIGHLIGHTS OF THE NATIONAL ICAR PROGRAM

- A look at facility demographics
- Comprehensive assessment of infection control program and infrastructure
- Direct observation of facility infection prevention processes
- Summary report with suggestions and links to resources that might be beneficial in reducing infections at facilities.
- Dialysis ICAR tool: [www.cdc.gov/hai/pdfs/ic/infection-control-assessment-tool-for-hemodialysis-facilities.pdf](http://www.cdc.gov/hai/pdfs/ic/infection-control-assessment-tool-for-hemodialysis-facilities.pdf)

V. Respiratory Hygiene/Cough Etiquette		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<b>In non-clinical areas:</b>		
1. Does the facility have signs posted at entrances with instructions to patients with symptoms of respiratory infection to: <ul style="list-style-type: none"> <li>• Cover their mouth/nose when coughing or sneezing?</li> <li>• Use and dispose of tissues?</li> <li>• Perform hand hygiene after contact with respiratory secretions?</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Visually confirmed Click here to enter text.
2. Does the facility provide a means for patients to perform hand hygiene in or near waiting areas?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Visually confirmed Click here to enter text.
3. Does the facility provide space and encourage persons with symptoms of respiratory infection to sit as far away from others as possible?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Visually confirmed Click here to enter text.
4. Does the facility provide tissues and no-touch receptacles for disposal of tissues?  <i>Applies during periods of increased respiratory infections in the community</i>	<input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> Not Applicable (Not a period of increased respiratory infections)	<input type="radio"/> Visually confirmed Click here to enter text.
5. Does the facility offer facemasks upon facility entry to patients with symptoms of respiratory infection?  <i>Applies during periods of increased respiratory infections in the community</i>	<input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> Not Applicable (Not a period of increased respiratory infections)	<input type="radio"/> Visually confirmed Click here to enter text.



# COLORADO FACILITY SELECTION

- Census
- Bloodstream infection rates (BSIs)
- Access related bloodstream infection rates (ARBs)
- Central venous catheter (CVC) rates
- Time elapsed since last health facility survey
- Time elapsed since last prevention visit
- V-tags
- Dialysis Facility Compare (DFC) score and star ratings
- % of patients (+) for hepatitis C virus





# COLORADO ICAR PROCESS

- Scheduling of site visit
- Pre-visit conference call
- Advance review of ICAR assessment
- Tour of facility
- Observations
- Exit Conference
- Summary Report



# COLORADO IS DOING WELL WITH:

- Cannulation/decannulation of vascular accesses
  - Steps performed correctly in 94-100% of cases; exceptions are antiseptic application and patient hand hygiene
- Medication administration and preparation
  - 92-100% of the preparation steps are completed correctly
  - 90-100% of the administration steps are completed correctly
- Hand Hygiene



# AREAS COLORADO CAN IMPROVE

- **Patient involvement in infection prevention**
  - Washing access/hands pre-treatment 67% of the time
  - Patients use clean gloves and perform hand hygiene post-treatment 79% of the time
- **Implementation of the CVC recommendations**
  - Applying antimicrobial ointment to CVC exit sites only 8% of the time
  - Performing scrub-the-hub per protocol 80-83% of the time
  - Applying antiseptic correctly 86%
- **Environmental hygiene**
  - 39% of stations are empty before station cleaning commences
  - 66% disinfecting all surfaces of machines, prime buckets, and stations.



# CONTACT INFORMATION

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# For Questions, Comments, or to Join the ESRD NCC HAI LAN Workgroup



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# Thank you!