

2013 ADVICE Collaborative

Arizona Developing Value through Innovation and
Communication with ESRD providers



AZDHS & INTER MOUNTAIN ESRD NETWORK, INC.

June 2013

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EXECUTIVE SUMMARY

This report provides an overview of the 2013 ADVICE (Arizona Developing Value through Innovation and Communication with ESRD providers) Collaborative held on May 17, 2013 at the Black Canyon Conference Center in Phoenix, Arizona. This all day collaborative workshop was held to help build strategic partnerships with dialysis providers, ESRD networks, renal associations, public health professionals, federal partners, and other stakeholders and to stimulate significant improvement in infection control in dialysis care. Participants discussed current best practices, identified new ways to promote infection control, and developed a strategic plan of future activities through focus group sessions led by experts in the field of infection control which encouraged discussion and networking throughout.

Data/Survey Panel: Connie Belden, Licensing, ADHS, Darlene Rodgers, ESRD Network 15, and Shoana Anderson, Office of Infectious Disease Services, ADHS discussed how the use of multiple data sources and methods drive the environment of collaboration for improvement, described Network 15 and their contribution to process improvement, and identified the top 3 State licensing rule and Medicare Certification ESRD deficiencies: Article 10- Outpatient Treatment Centers Providing Dialysis Services, Medical Services, and Nursing Services.

Infection Control: Dr. Priti Patel, MD, MPH

Discussion of Survey Results on ESRD Infection Control: Jessica Rigler, MPH discussed the web-based survey administered via SurveyMonkey which opened in mid-March and linked as part of the registration for the ADVICE collaborative. It was requested that survey be completed by one staff member knowledgeable about infection prevention practices at each dialysis facility. There are 115 licensed dialysis facilities in Arizona and data was analyzed for the 61 responses (53%) received by April 15th, 2013. The survey addressed concepts such as the type of dialysis offered by facility and the number of in-center dialysis stations in that facility, amount of staffing, infection control and training approaches preformed at the facility, percentage of patients who received vaccines, percentage of facilities that offers vaccinations, what type of formal infection control trainings are offered annually, barriers for training, routinely used resources, barriers and challenges related to infection control, and topics and resources that would be useful for additional training. Results of this survey can be found at the end of this report.

Afternoon Breakouts/Challenges: The participants rotated through three different focus groups. The participants were made up of the meeting attendees, randomly placed in groups of 30 – 40 that rotated between the following topics: Environmental cleaning, Personal Protection Equipment (PPE), and safe injection practices. Moderators gave a short presentation of the subject and then presented the following questions:

1. What tools have you used to improve [environmental cleaning] in dialysis settings?
2. What are some of the main challenges for [environmental cleaning] in dialysis settings?
3. How do we address these challenges?
4. What additional tools or resources are needed in dialysis settings?
5. What can the state and ESRD Network do to provide support to the dialysis community?

Develop Action Plans: Identify Breakout Items: Breakout sessions leaders compiled feedback from the session participants to identify common themes within and across the relevant topics in the dialysis community related to Environmental Cleaning, Use of PPE, Safe Injection Practices in order to set the stage for future collaborative efforts. Leaders identified overarching themes across all three topics which included: Increase patient awareness and empowerment about HAIs and HAI prevention, implementation of consistent and consolidated information from state and federal health agencies, and to increase educational information targeted towards administration (i.e. CMO, CNO, etc.) to increase support for implementation of infection control activities.

Closing: Passing on to the HAI Committee: Vinita Oberoi, MPH, CIC closed the day by highlighting the accomplishments of the Arizona HAI Advisory Group. The HAI Advisory Committee stemmed from the recommendations of the Infection Prevention and Control Advisory Committee (IPCAC) to the Arizona Governor and Legislature. Their recommendations were to "establish a voluntary ongoing, statewide, multidisciplinary advisory committee on infection prevention and control." The ADHS HAI Advisory Committee has met bi-monthly since February 2010 and has 30+ voting members across healthcare disciplines. In 2013, the group plans to create a document concerning HAI isolation best practices for Long Term Care facilities and to host International Infection Prevention Week 2013 with a poster contest on vaccine history. Vinita also introduced first-ever ADHS dialysis infection prevention working group that plans to use the feedback from the 2013 ADVICE collaborative to provide resources to Arizona dialysis facilities.

ATTENDANCE

The 153 individuals in attendance represented Arizona Department of Health Services, , Banner Health, Centers for Disease Control and Prevention, DaVita HealthCare Partners Inc., DSI Renal, Inc., End Stage Renal Disease (ESRD) Network 15, Fresenius Medical Care North America (Rural West Arizona, Mesa, Midvale Park, Salt River, Thunderbird, West Tucson, Ahwatukee, Bullhead City, San Tan, Show Low, Yavapai, Kingman) (FMC), Gila River Health Care, Gila River Indian Community, Health Services Advisory Group (HSAG), Maricopa Integrated Health Systems, Maricopa Medical Center, Maricopa County Department of Public Health, Southern Arizona VA Health Care System, Pinal County Public Health District, Plaza Healthcare, Scottsdale Healthcare, South Mountain Dialysis, Glendale Community College, and University of Arizona Medical Center Dialysis Unit.

FOCUS GROUP SUMMARIES

ENVIRONMENTAL CLEANING FOCUS GROUP

Moderated by Shoana Anderson, MPH, CIC
Kristin Feelemyer, MS

Date May 17, 2013

Location Black Canyon Conference Center

Groups or Individuals Present 30 – 40 conference members picked at random

1. What tools have you used to improve environmental cleaning in dialysis settings?
 - Conduct monthly infection control audits by all staff and discuss feedback
 - Daily checklists for PPE to keep staff accountable
 - Use of pictorial reminders and peer encouragement
 - Use of “glow germ” for patients & staff to demonstrate effective hand-washing
 - Immediate corrections
 - Empower patients to encourage health care worker to wash their hands
2. What are some of the main challenges for environmental cleaning in dialysis settings?
 - Time constraints between patients increases pressure on staff, decreasing effectiveness
 - Proximity of stations (leads to cross-contamination)
 - Impact of frequent hand washing (chapped hands)
 - Dated/uninspiring/ineffective infection control educational tools
3. How do we address these challenges?
 - Update educational tools and resource lists
 - Increase patient awareness and education regarding health care worker associated infections
 - Rotate tasks between staff to prevent employee burnout
 - Limit number of patients seen per day/increase time between patients
 - Schedule patients with similar treatment times together
 - Encourage networking and collaboratives among health care workers
 - Consistent information from state and federal health departments
4. What additional tools or resources are needed in dialysis settings?
 - Job aids
 - “Blue printing” – monitoring/mapping patients from moment of facility entry to exit
 - Quick sheets about disinfectants and time needed for each patient
 - Consolidate educational tools
5. What can the state and ESRD Network do to provide support to the dialysis community?
 - More collaboration of architectural plans and recommendations to decrease cross contamination at dialysis patient stations
 - Educate patients from a patient perspective – communicating with patient to monitor general infection control (ie hand hygiene, proper PPE use, reasons for environmental cleaning, etc.)
 - Knowledge that the state can provide technical assistance and not just enforcement

USE OF PERSONAL PROTECTION EQUIPMENT (PPE) FOCUS GROUP

Moderated by Rebecca H. Sunenshine, MD
Kristen L. Herrick, MPH, CHES

Date May 17, 2013

Location Black Canyon Conference Center

Groups or Individuals Present 30 – 40 conference members picked at random

1. What tools have you used to improve PPE in dialysis settings?

- Conduct monthly infection control audits by all staff and discuss feedback
- Use of pictorials to find what is wrong with a picture
- Use of “glow germ” for patients & staff to demonstrate effective hand-washing

2. What are some of the main challenges for PPE in dialysis settings?

- Time constraints between patients increases pressure on staff, decreasing effectiveness
- Non-compliant health care workers not wearing proper PPE or adhering to protocols
- Lack of staff knowledge regarding gowns and health care worker associated infections due to inconsistent requirements from state/federal government
 - Lack of knowledge of importance of PPE
 - Gown reuse from patient to patient
 - Inpatient vs. outpatient regulations/guidance
 - How often should gowns be changed?
 - What is the minimum to highest level of standards?
- Pressure from patients that do not understand infection control or how it benefits them

3. How do we address these challenges?

- Update educational tools and resource lists
- Encourage networking and collaboratives among health care workers
- Consistent information from state and federal health departments

4. What additional tools or resources are needed in dialysis settings?

- Quick sheets about disinfectants and time needed for each patient
- Consolidate educational tools

5. What can the state and ESRD Network do to provide support to the dialysis community?

- Push to educate patients from a patient perspective: communicate with patient to monitor general infection control (i.e. hand hygiene, proper PPE use, reasons for environmental cleaning, etc.)
- Educational information targeted towards administration (i.e. CMO, CNO, etc.) to increase support and awareness

SAFE INJECTION PRACTICES FOCUS GROUP

Moderated by Eugene Livar, MD
Vinita Oberoi, MPH, CIC
Jessica Francies, MS

Date May 17, 2013

Location Black Canyon Conference Center

Groups or Individuals Present 30 – 40 conference members picked at random

1. What tools have you used to improve safe injection practices in dialysis settings?

- Internal auditing (especially during peak hours, do culture tests to show staff how their cleaning techniques are affecting their patients – use de-identified data)
 - Rounds
 - Shadowing other nurses
 - Observe peers
- Proper Education/practices (some staff think you can use one alcohol swab for multiple vials)
 - More education with policy updates – when there is a new policy, do a follow up 3 months after the implementation
- Communication

2. What are some of the main challenges for safe injection practices in dialysis settings?

- Time constraints/Facility crowding (small area increases risk of cross contamination and infection)
- Location of treatment area vs. medication station
- Staff turnover affects education and time constraints
- Sterility

3. How do we address these challenges?

- Peer review/Auditing
 - medication administration
 - general practices
- Using physical reminders to help with checklist
- Post exposure protocols
 - Ready to go package so when someone is exposed so the staff member is prepared. Then the staff member is able to get the information to a provider to administer prophylaxis

4. What additional tools or resources are needed in dialysis settings?

- More shared resources in a centralized location
 - Website to submit comments/questions anonymously
- Continuing education/reeducation
- Proper staff training with tools equipment (syringe, needle, etc.) for better staff and patient protection
 - Patient education
 - Need more staff feedback on how equipment is working, what methods they prefer to use

5. What can the state and ESRD Network do to provide support to the dialysis community?

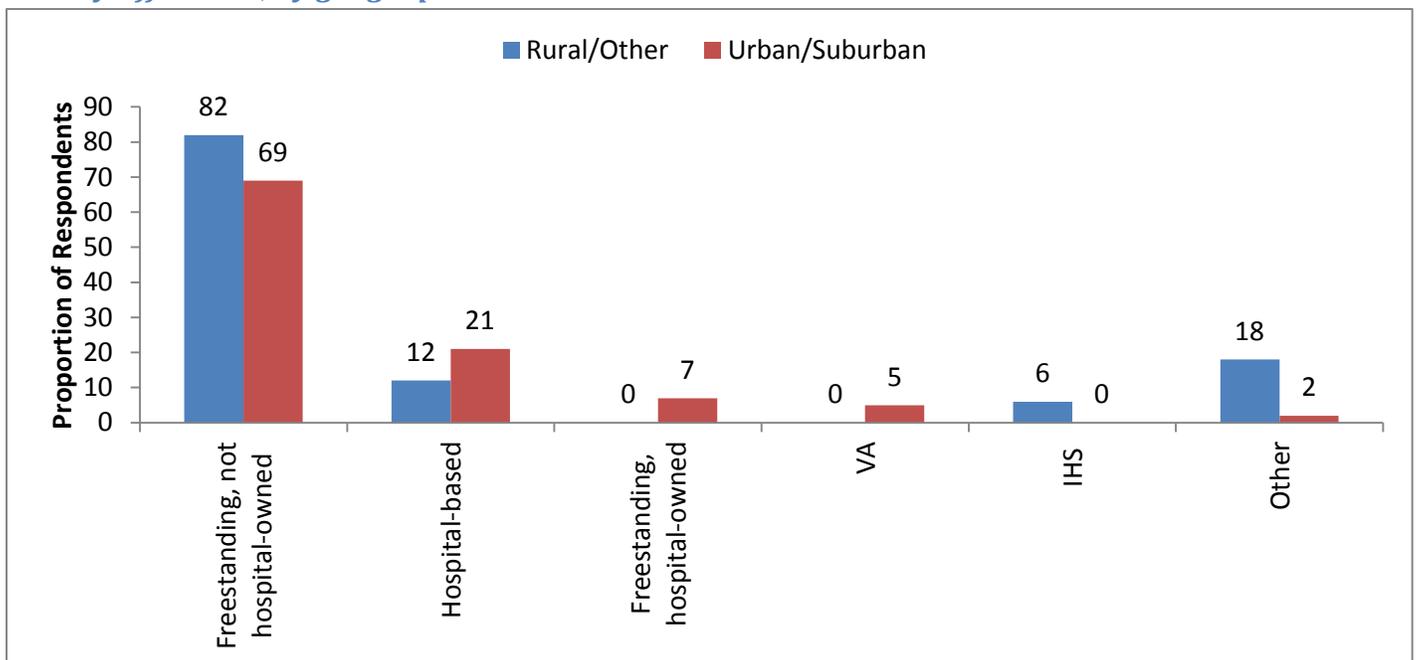
- Education and resources
 - *Corporation education*: Extra time needs to be allotted for each patient
 - *Patient education*: Preparing and educating patient about the proper time it takes for the entire routine. The time that is taken is directly benefiting them but if they don't understand this, it can affect their experience. This information also needs to be coordinated with their transportation.
 - *Staff education/updates*: "How to" training for staff (safe practices); Newsletter to bring more attention to current topics; time budgeting education (because everyone is on a different schedule, need to adjust the schedule based on certain patient needs)
- Validating skills for technicians
- Influence on architectural design of facilities
 - Medication station location
 - Chair locations
 - Sterile environment locations

DIALYSIS FACILITY SURVEY RESULTS

Facility Characteristics

Characteristic	Value	Number (percent)
Geographic location (n=60)	Urban/Suburban	42 (70%)
	Rural	16 (27%)
	Other	2 (3%)
Ownership (n=59)	For profit	52 (88%)
	Government	4 (7%)
	Not for profit	3 (5%)
Part of Group or Chain (n=60)	Yes	56 (93%)
	No	4 (7%)
Affiliation (n=59)	Freestanding, not owned by a hospital	43 (73%)
	Hospital-based	11 (19%)
	Freestanding, owned by a hospital	3 (5%)
	Veteran Affairs	2 (3%)
	Other	4 (7%)

Facility Affiliation, by geographic location



Type of dialysis offered by facility

	75% or more	50-74%	25-49%	Less than 25%	Do not provide this type
In-center dialysis (n=56)	49 (88%)	2 (4%)	0 (0%)	0 (0%)	5 (9%)
Peritoneal dialysis (n=51)	1 (2%)	1 (2%)	5 (10%)	15 (29%)	29 (57%)
Home dialysis (n=50)	0 (0%)	0 (0%)	0 (0%)	12 (24%)	38 (76%)

Number of in-center dialysis stations (n=51)

Number of hemodialysis stations	Number of facilities
0	5 (10%)
1-10	5 (10%)
11-20	30 (59%)
>20	11 (22%)

Staffing

- Range of 0 to 60 FTEs – mean of 15
- Dialysis Patient Care Technicians and nurses were most frequent
 - Average of 7 Dialysis Patient Care Techs
 - Average of 6.8 Nurses

Infection Control & Training

	Yes
Has written infection control protocols (n=56)	56 (100%)
Protocols routinely evaluated (n=57)	55 (96%)
Regular training provided to all patient care staff on IC topics (n=54)	53 (98%)
Staff evaluated on skills upon hire and at least every 6-12 months (n=56)	50 (89%)

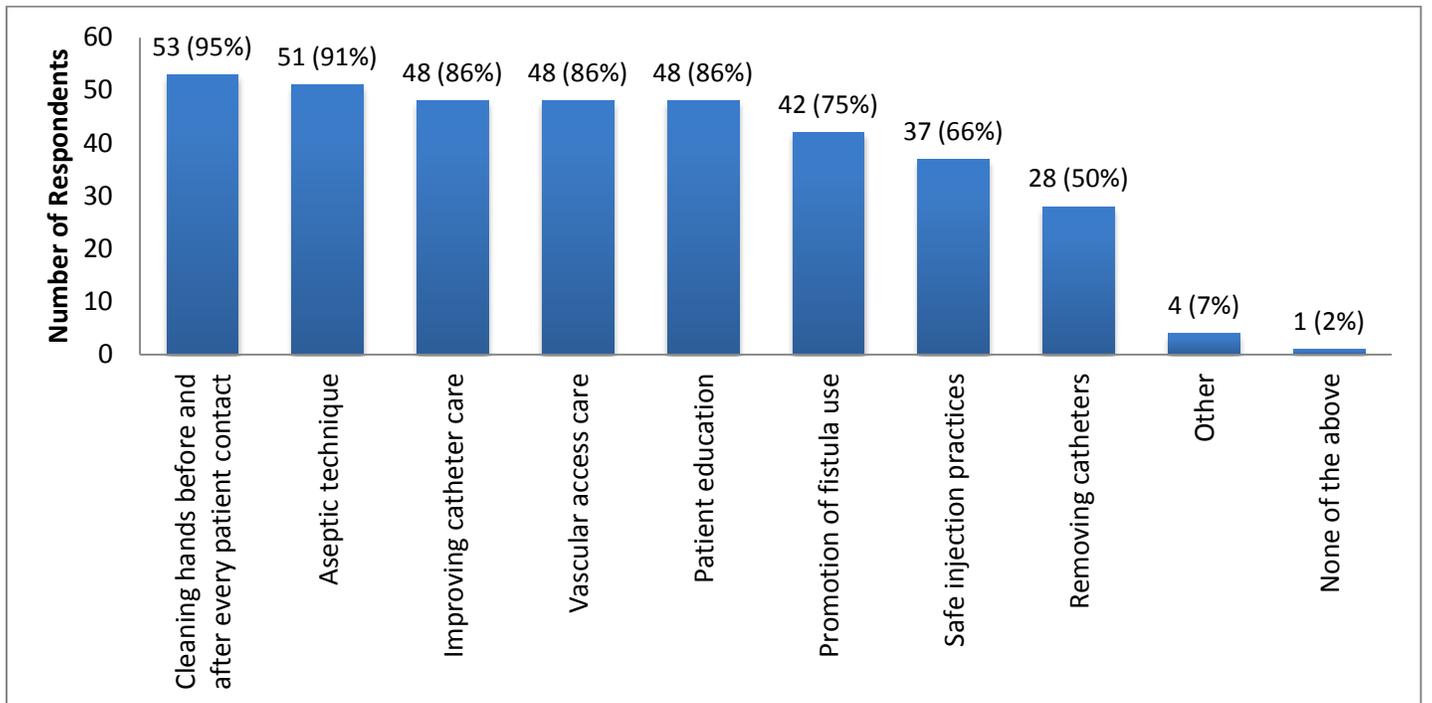
Percentage of Patients who received vaccines

	Proportion of patients vaccinated: Number and percent of facilities			
	0-25%	26-50%	51-80%	81-100%
Hepatitis B (n=45)	1 (2%)	5 (11%)	16 (36%)	23 (51%)
Influenza (annually) (n=45)	2 (4%)	0 (0%)	18 (40%)	25 (56%)
Pneumococcal (n=44)	4 (9%)	2 (5%)	13 (30%)	25 (57%)

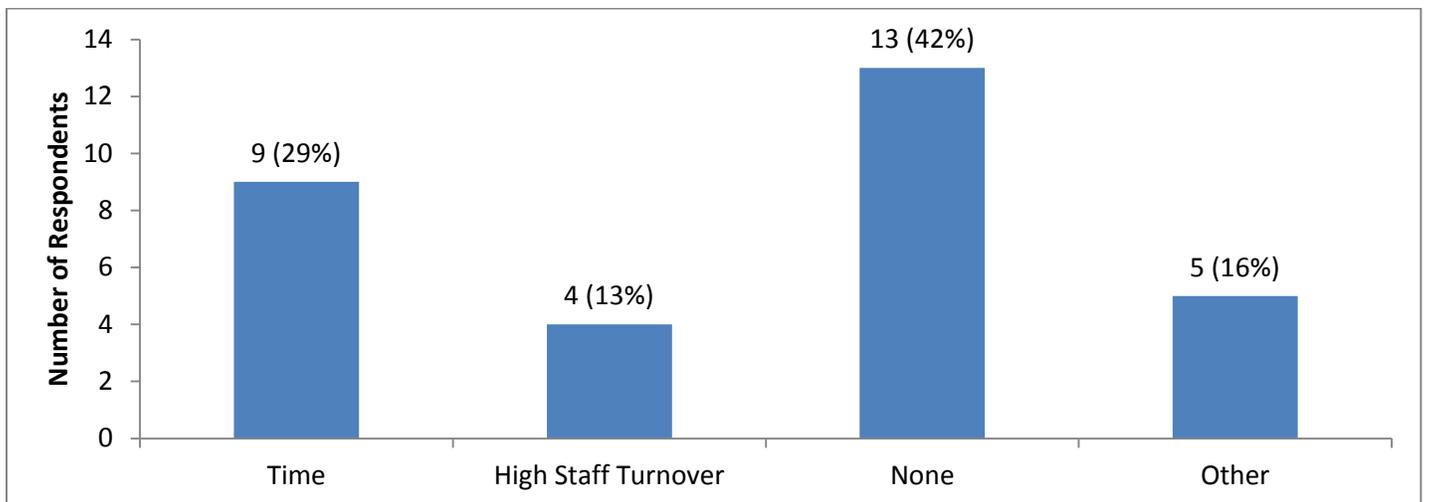
Facility offers vaccinations (n=54)

Facility offers vaccinations	Yes	No
Hepatitis B vaccine to patients	50 (93%)	4 (7%)
Influenza vaccine to patients	52 (96%)	2 (4%)
Influenza vaccine to staff	54 (100%)	0 (0%)
Pneumococcal vaccine to patients	51 (94%)	3 (6%)
Other	9 (17%)	45 (83%)

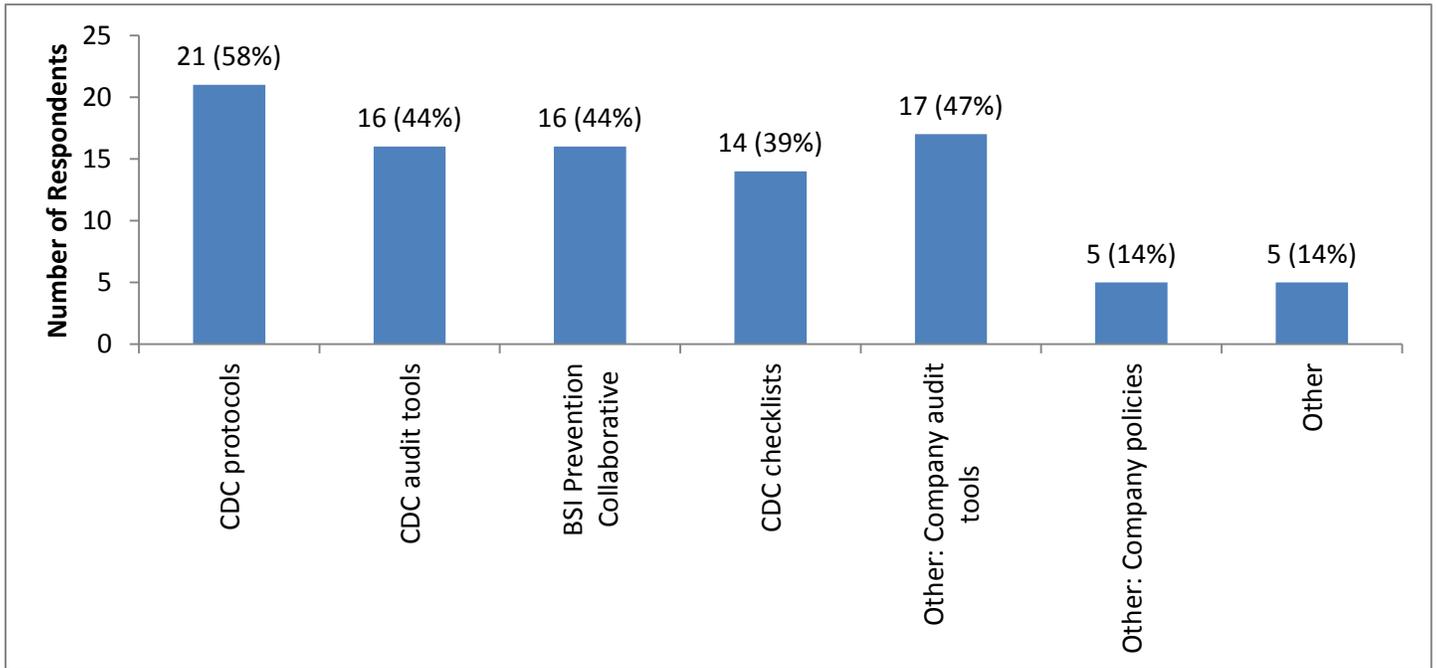
Formal Training Provided at Least Annually



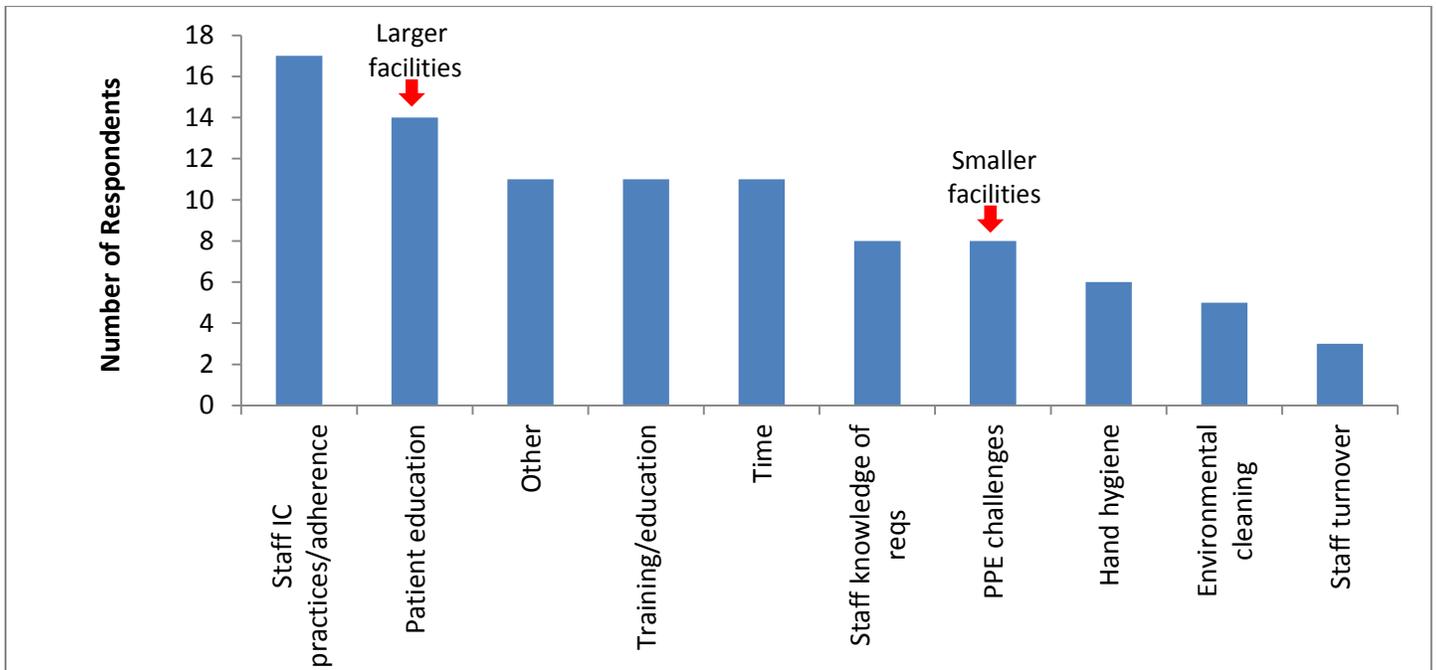
Barriers for Training (n=31)



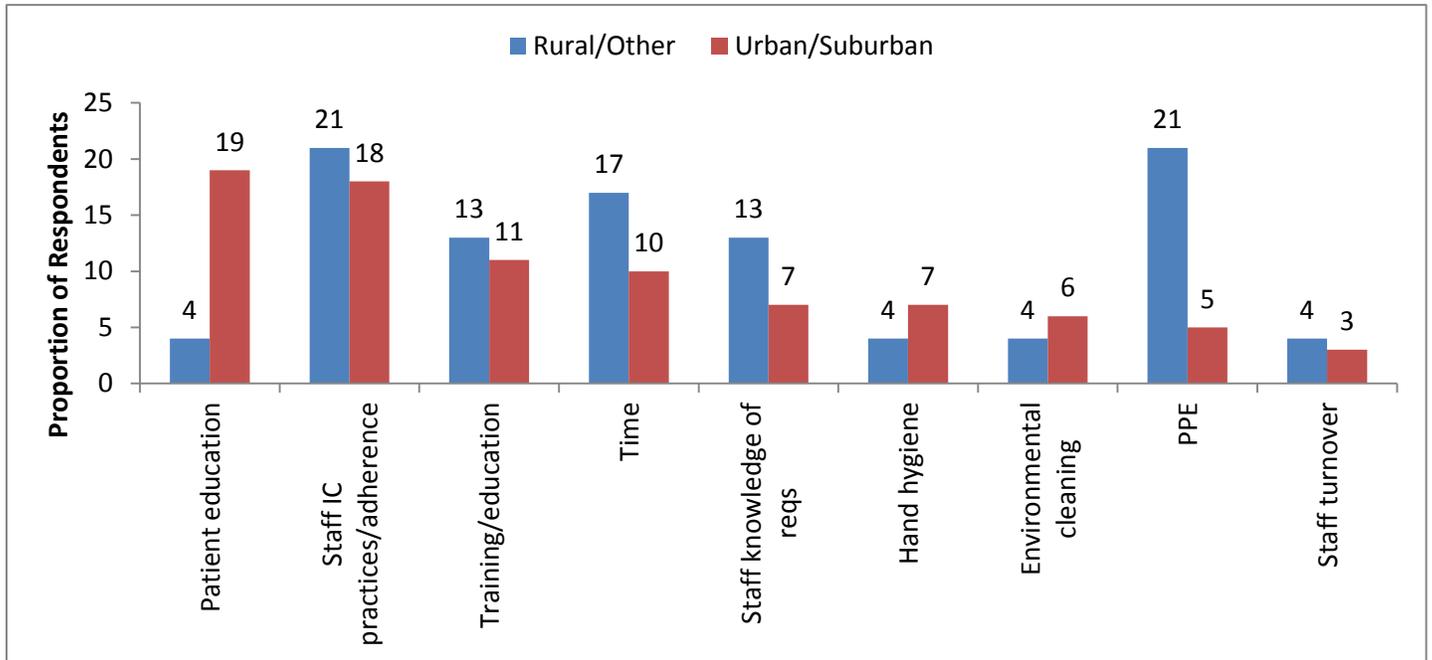
Resources Routinely Used (n=36)



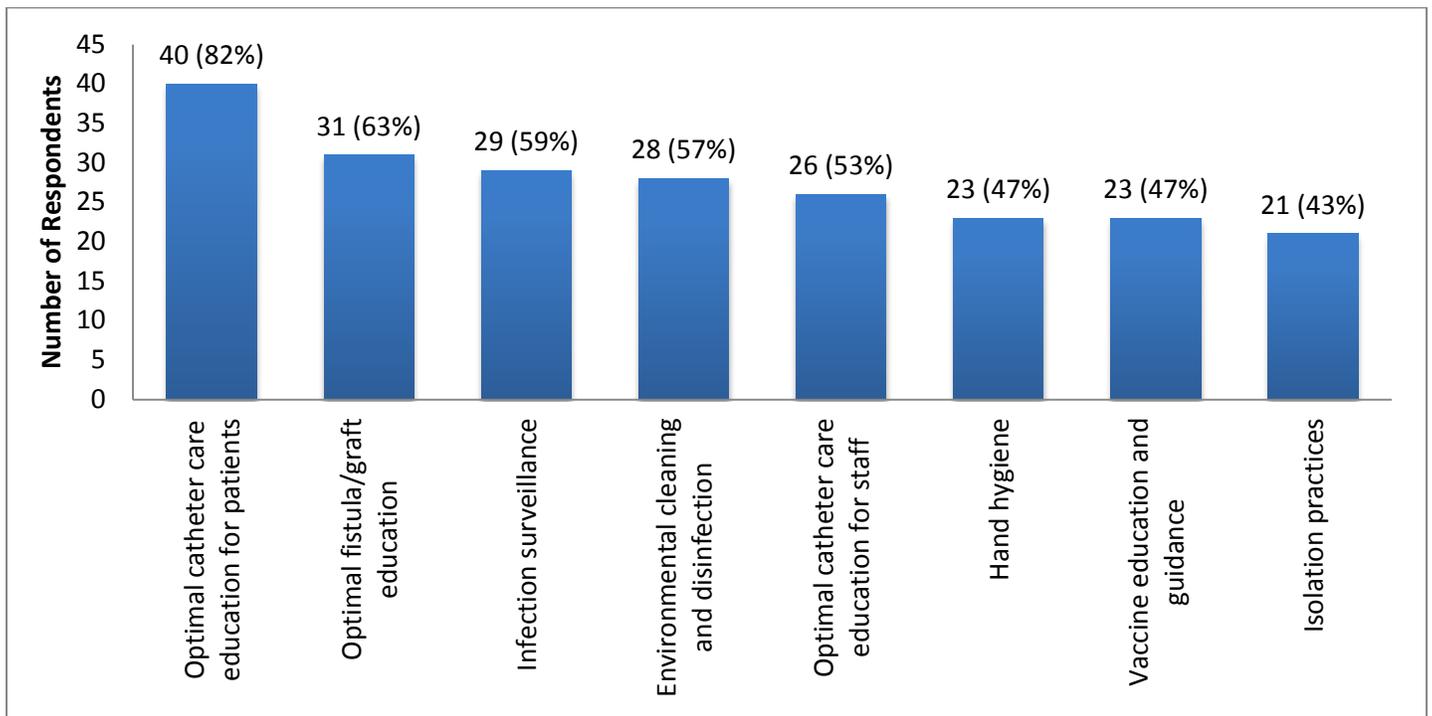
Most Important Barriers and Challenges Related to Infection Control (n=94)



Most Important Barriers and Challenges Related to Infection Control, by geographic location



Topics and resources that would be useful for additional training (n=49)



2013 ADVICE COLLABORATIVE

*Arizona Developing Value through Innovation and
Communication with ESRD providers*

AGENDA

May 17, 2013

7:30-8:30	CHECK-IN/BREAKFAST/NETWORKING	
8:30-9:00	Welcome & Introduction	Will Humble, MPH, Director Cara Christ, MD, MS
9:00-9:30	“Licensing/Setting the Stage for Improvement”	Kathryn McCanna, RN, BSN, CPHQ
9:30-10:15	Data/Survey Panel	Darlene Rodgers BSN, RN, CNN, CPHQ Connie Belden RN, BSN, CPHQ Shoana Anderson, MPH
10:15-10:30	BREAK	
10:30-11:45	Infection Control	Dr. Priti Patel, MD, MPH
11:45-12:30	LUNCH- (provided) Discussion of Survey Results on ESRD Infection Control	Jessica Rigler, MPH
12:30-3:20	AFTERNOON BREAKOUTS/CHALLENGES-	
	12:30-1:20- Breakout Session #1	
	1:30-2:20- Breakout Session #2	
	2:30-3:20- Breakout Session #3	
	<i>Attendees will have the chance to rotate through each challenge</i>	
	Challenge #1: Environmental Cleaning	Shoana Anderson, MPH
	Challenge #2: Use of Personal Protective Equipment	Rebecca Sunenshine, MD
	Challenge #3: Safe Injection Practices	Vinita Oberoi, MPH
3:30-4:00	Develop Action Plans: Identify Breakout Items	Breakout Leaders
4:00-4:30	Closing: Passing on to the HAI Committee	Vinita Oberoi, MPH



Health and Wellness for all Arizonans