

# ADVICE COLLABORATIVE III: Striving for Excellence

Arizona Developing Value through Innovation and Communication with ESRD providers



Educate, Execute, and Excellence - Basic Expectations to Best Practices

June 19<sup>th</sup>, 2015

# What Will We Cover?

- Educate, Execute, and Excellence
  - Basic expectations to best practices
    - A patient's story
    - ADHS surveyor expectations and resources
    - ESRD facility roadblocks and successes
    - Best practices
    - Available support

# A Patient's Story



Norma Williams-McCarty, CEO  
Tree of Life Ministries Inc.

# Introduction

- Self & Tree of Life Ministries, Inc. Institute for Child & Family Development-Arizona
- Brief history of agency and purpose as it relates to dialysis patient advocacy

# Personal story

- My experience
- Dialysis outpatient & in-patient
- Patient perceived roadblocks

# What can be done?

- Training for caregivers
  - i.e. patients, families, doctors, nurses, patient care technicians, biomedical equipment technician, social workers, dieticians, admin staff, transport drivers, etc.
- Patient Advocacy

# ARIZONA DEPARTMENT OF HEALTH SERVICES

End Stage Renal Disease  
Infection Control

# ADHS VISION-TOGETHER

## Leadership for a Healthy Arizona



6/22/2015

ADHS

# PRESENTATION OUTLINE

- ESRD CORE SURVEY and the STAR PROGRAM
- TOP 5 STATE INFECTION CONTROL CITATIONS
- TOP 6 FEDERAL CONDITIONS FOR COVERAGE.  
DEFICIENCIES RELATED TO INFECTION CONTROL
- INFECTION CONTROL RESOURCES



# ADHS PRESENTERS

- MARCI SMITH RN  
[Marci.Smith@azdhs.gov](mailto:Marci.Smith@azdhs.gov)  
Phone 602-364-3041
- Dianne Lavelle-DeGarmo RN, BSN  
[Dianne.Lavelle-DeGarmo@azdhs.gov](mailto:Dianne.Lavelle-DeGarmo@azdhs.gov)  
Phone 602-364-3027
- Nancy Winston RN  
[Nancy.Winston@azdhs.gov](mailto:Nancy.Winston@azdhs.gov)  
Phone 602-364-2029



# ADHS MISSION

---

To promote, protect, and improve the health and wellness of individuals and communities in Arizona.

# ESRD CORE SURVEY and the STAR Program

- The survey is facility-based (not corporate based). The survey looks for individualized performance improvement practices that reflect the unique aspects of that facility and its patient population.

# ESRD CORE SURVEY and the STAR Program

- STAR is the surveyor's tablet-based ESRD software program (STAR stands for: Surveyor Technical Assist for Renal Disease). The individual ESRD is surveyed in part based on information from the most current fiscal year.

# ESRD CORE SURVEY and the STAR Program

- The ‘core’ activities and guidance include ‘triggers’ pertinent to each specific area of review. The ‘triggers’ indicate the possibility of adverse conditions and/or deficient practice that may warrant additional investigation. The additional information gained may include expanding the task.

# ARIZONA ADMINISTRATIVE CODE (AAC)

## TITLE 9, CHAPTER 10 HEALTH CARE INSTITUTIONS:LICENSING

- Article 1: General
- Article 10: Outpatient Treatment Centers: Providing Dialysis Treatment Services

# 2567 FORMAT

- TAG # AND RULE OR STATUTE
- BASED ON STATEMENT
- FINDINGS
- 2567's ARE AVAILABLE TO THE PUBLIC ON THE ADHS WEBSITE @ AZCARECHECK.COM

# TOP 5 STATE DEFICIENCIES

## R9-10-1018

### 9 ESRD Facilities Cited:

1. R9-10-1028.3.a.iv Infection Control (tag 2166): Policies and procedures implemented regarding the use of personal protective equipment (PPE).

### 8 ESRD Facilities Cited:

2. R9-10-1028.3.a.ii Infection Control (tag 2164): Policies and procedures implemented regarding sterilization and disinfection of medical supplies and equipment.

# State citations continued

## 5 ESRD Facilities Cited

3. R9-10-1028.1 Infection Control (tag 2140): An infection control program is established under the direction of an individual qualified according to the outpatient treatment centers policies and procedures...

## 3 ESRD Facilities Cited

4. R9-10-1028.1.c Infection Control (tag 2146): c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases...

# State citations continued

1 ESRD Facility Cited

5. R9-10-1028.1.a Infection Control (tag 2142): a. A method to identify and document infections occurring at the outpatient treatment center.

# TOP 6 FEDERAL CITATIONS

## 9 Facilities Cited

1. 494.30(a)(4)(ii): The facility must demonstrate that it follows standard infection control precautions by implementing (4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-  
(ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment.

# Federal citations continued

## 8 Facilities Cited

2. 494.30(a)(1)(i): Staff members should wear gowns, face shields, eye wear, or masks to protect themselves and prevent soiling of clothing when performing procedures during which spurting or spattering of blood might occur (e.g., during initiation and termination of dialysis, cleaning of dialyzers, and centrifugation of blood). Staff members should not eat, drink, or smoke in the dialysis treatment area or in the laboratory.

# Federal citations continued

## 7 Facilities Cited

3. 494.30(a)(1): Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.

# Federal citations continued

## 6 Facilities Cited

### 4. 494.30(a)(1)(i): Routine Testing for Hepatitis B

The HBV serological status (i.e. HBsAg, total anti-HBc and anti-HBs) of all patients should be known before admission to the hemodialysis unit. Routinely test all patients [as required by the referenced schedule for routine testing for Hepatitis B Virus]. Promptly review results, and ensure that patients are managed appropriately based on their testing results.

# Federal citations continued

## 6 Facilities Cited

5. 494.30: The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas.

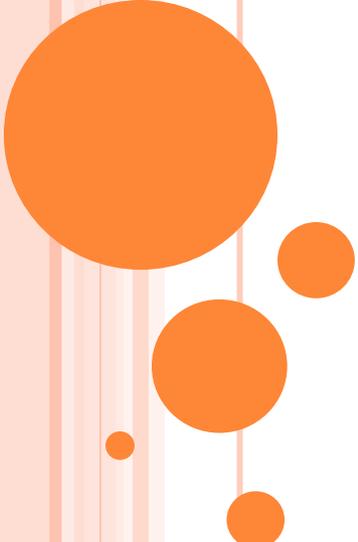
## 5 Facilities Cited

6. Infection Control Condition for Coverage

# ESRD Infection Control Resources

## Handout:

- The handout has some useful websites to visit for infection control information. It is not all inclusive.
- ESRD Core Survey Field Manual Version 1.7
  - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/ESRD-Core-Survey-Field-Manual.pdf>



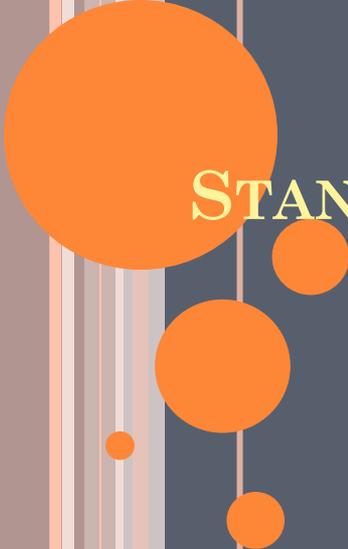
# INFECTION PREVENTION AND CONTROL

## Facility Perspective

**Marcy Hamblin RN BSN**  
**Infection Preventionist**  
**Gila River Health Care**

**Gloria Haught-Neese RN BSN**  
**Clinic Manager**  
**Estrella Mountain Dialysis**

# Survey identified common topics:



**ENVIRONMENTAL CLEANING**  
**STANDARD PRECAUTIONS: USE OF PPE/ HAND**  
**WASHING**  
**INJECTION SAFETY**

# QUESTIONS

- What are the cleaning challenges?
- How do we address these challenges?
- What additional tools/resources are needed?
- What can be done to support the dialysis community?



# ENVIRONMENTAL CLEANING

## 1. What are some of the main challenges for environmental cleaning in dialysis settings?

- Time constraints between patients increases pressure on staff to turnover stations quickly
- Multi-tasking makes it easy to miss surfaces, even entire stations
- Frequent blood contamination of surfaces, possible re-contamination of cleaned surfaces
- Proximity of stations (leads to cross-contamination) – frequently no physical barriers between stations
- Shared computer charting stations within treatment station difficult to clean surfaces, e.g. keyboards
- Impact of frequent cleaning/hand washing (chapped hands)
- Lack of understanding and education of infection prevention/control practices
- Clean vs. dirty



# ENVIRONMENTAL CLEANING

## 2. How do we address these challenges?

- Rotate tasks between staff to prevent employee burnout
- Schedule patients with similar treatment times together
- Update educational tools and resource lists
- Increase patient awareness and provide education regarding health care worker (HAI) associated infections



# ENVIRONMENTAL CLEANING

## **3. What additional tools or resources are needed in dialysis settings?**

- Utilize a dialysis station cleaning checklist
- Assure cleaning supplies are readily available
- Quick sheets about disinfectants and kill times
- Add these measures to the departmental orientation

## **4. What can be done to support to the dialysis community?**

- Help educate staff from a patient perspective – communicating with patient to monitor general infection control
  - i.e. hand hygiene, proper PPE use, reasons for environmental cleaning, etc.
- Knowledge that the state can provide technical assistance and not just enforcement



# Survey identified common topics:

**ENVIRONMENTAL CLEANING**

**STANDARD PRECAUTIONS: USE OF**

**PPE/ HAND WASHING**

**INJECTION SAFETY**

# QUESTIONS

- What are the challenges?
- How do we address these challenges?
- What additional tools/resources are needed?
- What can be done to support the dialysis community?



# PPE / HAND HYGIENE

## 1. What are some of the main challenges for PPE & hand hygiene in dialysis settings?

- Time constraints between patients, increases pressure on staff, emergency situations
- Non-compliant health care workers not wearing proper PPE or adhering to protocols, isolation when necessary
- 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
  - How often should gowns be changed
  - Countless indications for hand hygiene and glove changes
- Computer charting stations within treatment station
- Rules for clean and dirty (sinks, surfaces) can cause confusion and hinder best practice
- Lack of patient engagement and participation
- Pressure from patients that do not understand infection control or how it benefits them
- Distance between and access to hand hygiene supplies, gloves, waste and biohazard containers



# PPE / HAND HYGIENE

## **2. How do we address these challenges?**

- Educate staff on proper use of PPE
- Evaluate competency annually: PPE / Hand hygiene
- Monitor hand hygiene frequently (use secret shoppers)
- Teach patients to wash hands
- Close supervision of staff

## **3. What additional tools or resources are needed in dialysis settings?**

- Posted signage of required PPE; donning/doffing
- Clear identification of clean /dirty areas

## **4. What can be done to provide support to the dialysis community?**

- Help educate patients
- Provide educational information targeted towards administration (i.e. CMO, CNO, etc.) to increase support and awareness
- Consistent information from state and federal health departments



# Survey identified common topics:

ENVIRONMENTAL CLEANING

STANDARD PRECAUTIONS: USE OF

PPE/ HAND WASHING

INJECTION SAFETY

# QUESTIONS

- What are the challenges?
- How do we address these challenges?
- What additional tools/resources are needed?
- What can be done to support the dialysis community?



# SAFE INJECTION PRACTICES

## 1. 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, education, and time constraints
- Preparing or storing medications in patient treatment area or near contaminated items
- Certain medications are handled in a less stringent manner than others
  - Heparin, saline, Benadryl



# SAFE INJECTION PRACTICES

## **2. How do we address these challenges?**

- Monitor medication administration practices
- Utilize annual competency for best practice
- Use physical reminders to help (checklist)
- Staff are knowledgeable of post exposure protocols



# SAFE INJECTION PRACTICES

## **3. What additional tools or resources are needed in dialysis settings?**

- Access to shared resources in a centralized location
- Continuing education/re-education
- Proper staff training with tools equipment (syringe, needle, etc.) for better staff and patient protection
- Need more staff feedback on how equipment is working, what methods they prefer to use (sharps review)
- Assure staff are immunized



# SAFE INJECTION PRACTICES

## **4. What can be done to support the dialysis community?**

- Consistent information from state and federal health departments





Copyright © 2008 - All Rights Reserved



# Best Practices



[www.preventHAaz.gov](http://www.preventHAaz.gov)

June 19, 2015

**Eugene Livar, MD**

HAI Program Manager  
Office of Infectious Disease Services  
Arizona Department of Health Services



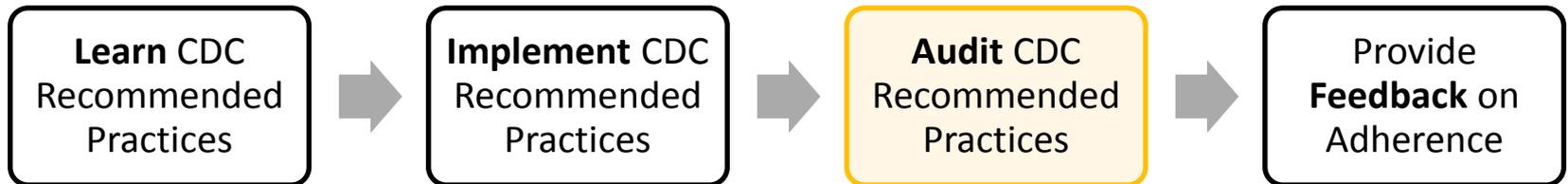
*Health and Wellness for all Arizonans*

# Are there any tools to assist our facility?



# Available CDC Dialysis Infection Prevention Audit Tools:

<http://www.cdc.gov/dialysis/prevention-tools/index.html>



# CDC Suggested Use of Dialysis Audit Tools

- Audit tools
  - Hemodialysis Hand Hygiene Observations
  - Hemodialysis Catheter Connection & Disconnection Observations
  - Hemodialysis Catheter Exit Site Care Observations
  - Arteriovenous Fistula & Graft Cannulation and Decannulation Observations

# CDC Infection Prevention Tools

- [Training Video and Print Resources for Preventing Bloodstream and Other Infections in Outpatient Hemodialysis Patients](#)
- [CDC's Core Interventions for Dialysis BSI Prevention](#)
  - [Hemodialysis Catheter Compatibility Information](#)
- [Recommended Staff Competencies](#)
- [Key Areas for Patient Education](#)
- [Protocol: Scrub-the-Hub for Hemodialysis Catheters](#)
- [Protocol: Hand Hygiene and Glove Use Observations](#)
- [Dialysis Infection Prevention Tools Button](#)

<http://www.cdc.gov/dialysis/prevention-tools/index.html>

# CDC Suggested Use of Dialysis Checklist Tools

- [Checklist Tools \[Portfolio PDF - 2.33 MB\]](#)
  - [Dialysis Station Routine Disinfection Checklist](#)
    - [Environmental Surface Disinfection in Dialysis Facilities: Notes for Clinical Managers](#)
  - [Hemodialysis Catheter Connection Checklist](#)
  - [Hemodialysis Catheter Disconnection Checklist](#)
  - [Hemodialysis Catheter Exit Site Care Checklist](#)
  - [Arteriovenous Fistula & Graft Cannulation Checklist](#)
  - [Arteriovenous Fistula & Graft Decannulation Checklist](#)
  - [Injection Safety Checklist](#)

# Environmental Cleaning & Disinfection

## Checklist: Dialysis Station Routine Disinfection

This list can be used if there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection. The proper steps for cleaning and disinfecting surfaces that have visible soil on them are not described herein. Additional or different steps might be warranted in an outbreak situation. Consider gathering necessary supplies<sup>1</sup> prior to Part A.

### Part A: Before Beginning Routine Disinfection of the Dialysis Station

- Disconnect and takedown used blood tubing and dialyzer from the dialysis machine.
- Discard tubing and dialyzers in a leak-proof container<sup>2</sup>.
- Check that there is no visible soil or blood on surfaces.
- Ensure that the priming bucket has been emptied<sup>3</sup>.
- Ensure that the patient has left the dialysis station<sup>4</sup>.
- Discard all single-use supplies. Move any reusable supplies to an area where they will be cleaned and disinfected before being stored or returned to a dialysis station<sup>5</sup>.
- Remove gloves and perform hand hygiene.

### PART B: Routine Disinfection of the Dialysis Station – AFTER patient has left station

- Wear clean gloves.
- Apply disinfectant<sup>6</sup> to all surfaces<sup>7</sup> in the dialysis station using a wiping motion (with friction).
- Ensure surfaces are visibly wet with disinfectant. Allow surfaces to air-dry<sup>8</sup>.
- Disinfect all surfaces of the emptied priming bucket<sup>3</sup>. Allow the bucket to air-dry before reconnection or reuse.
- Keep used or potentially contaminated items away from the disinfected surfaces.
- Remove gloves and perform hand hygiene.

Do not bring patient or clean supplies to station until these steps have been completed.



### Important Notes:

- <sup>1</sup> Necessary supplies may include, but are not limited to: leak-proof disposal containers, gloves and other appropriate personal protective equipment (PPE), properly diluted Environmental Protection Agency (EPA)-registered hospital disinfectant, and wipes/clothes.
- <sup>2</sup> If used dialyzers and blood tubing are transported out of the station before being discarded, they should be transported in a manner that prevents any leakage.
- <sup>3</sup> Perform this step if machine is equipped with a bucket for prime waste. If waste-handling option (WHO) ports are used, separate steps for disinfection are required and are not described here (follow manufacturer's instructions).
- <sup>4</sup> Patients should not be removed from the station until they have completed treatment and are clinically stable. If a patient cannot be moved safely, routine disinfection of the dialysis station should be delayed until the station can be vacated in a safe manner. If patients are moved to a separate seating area prior to removing cannulation needles or while trying to achieve hemostasis, the chairs and armrests in those areas must be disinfected in between patients.
- <sup>5</sup> Disposal/removal of used supplies may occur before and/or after the patient has departed the station.
- <sup>6</sup> Follow the manufacturer's label instructions for proper dilution, preparation, and use of the disinfectant.
- <sup>7</sup> Surfaces to disinfect include but are not necessarily limited to: all surfaces in contact with the patient (e.g., dialysis chair, tray tables, blood pressure cuffs) and frequently contacted by healthcare personnel (e.g., control panel; top, front and sides of dialysis machine; touchscreens; countertops; computer keyboards).
- <sup>8</sup> Air-drying is recommended to allow for sufficient contact time with the disinfecting agent.



[http://www.cdc.gov/dialysis/PDFs/collaborative/Env\\_checklist-508.pdf](http://www.cdc.gov/dialysis/PDFs/collaborative/Env_checklist-508.pdf)



Health and Wellness for all Arizonans

## Environmental Surface Disinfection in Dialysis Facilities: Notes for Clinical Managers

### ✓ Select proper disinfectant(s) and determine correct dilution(s) for routine use.

- Use only Environmental Protection Agency (EPA)-registered hospital disinfectants<sup>a</sup>.
  - EPA-registered hospital disinfectants have label instructions explaining how they should be used in healthcare settings.
  - EPA-registered sodium hypochlorite or other products for healthcare settings are available and are preferred over household bleach products that are not EPA-registered for disinfection of surfaces.
- Low-level vs. intermediate-level disinfection:
  - Routine disinfection of environmental surfaces can be accomplished using a low-level disinfectant (any EPA-registered hospital disinfectant). However, intermediate-level disinfectants must be available in the dialysis facility for disinfection of surfaces that are visibly soiled with blood or body fluids.
  - Intermediate-level disinfectants are sufficiently potent to inactivate mycobacteria and have a tuberculocidal label claim, whereas low-level disinfectants are not strong enough to inactivate these bacteria.
  - For convenience, consider selecting and routinely using hospital disinfectants that are tuberculocidal or have label claims of activity against hepatitis B virus (HBV) and human immunodeficiency virus (HIV). These products may be used to perform routine and intermediate-level disinfection.
- Identify and instruct staff on the correct dilution of the disinfectant agent.
  - Read the label carefully and follow the manufacturer's label instructions for proper dilution of the disinfectant. Note, label-specified dilutions for EPA-registered sodium hypochlorite (i.e., bleach) products might not necessarily

conform to a 1:100 or 1:10 dilution. The manufacturer's instructions are specific to the product and should be followed. Some products do not require preparation or dilution and are sold as "ready to use."

- Products with tuberculocidal, HBV, and HIV label claims will also have instructions for cleaning blood spills.

### ✓ Establish procedure for disinfecting dialysis station between patients.

- Identify responsible staff.
- Ensure procedure allows for sufficient disinfectant to be applied to surfaces (surfaces should be visibly wet).
- Employ strategies to optimize cleaning and disinfection of the station.
  - A sufficient patient-free interval is necessary at each station to facilitate adequate cleaning and disinfection. Routine surface disinfection should not commence until the patient has left the station.
  - A facility-wide patient-free interval between treatment shifts should be considered to ensure thorough disinfection of surfaces at the dialysis station and to minimize lapses in infection prevention that can occur when processes are performed in a hurried manner.
  - Routine disinfection of surfaces at the station should occur with *no patient present* to reduce the opportunities for cross-contamination and to avoid exposing patients to disinfectant fumes.
- Important considerations regarding moving patients to a post-treatment seating area to facilitate more rapid station turnover:
  - Patients should not be removed from the station until they have completed treatment and are clinically stable. If a patient cannot be moved safely, disinfection of the dialysis station should be delayed until the station can be vacated in a safe manner.

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



- If patients are moved to a separate seating area prior to removing cannulation needles or while trying to achieve hemostasis, the chairs and armrests in those areas must be disinfected in between patients. Avoid creating new opportunities for contamination of shared surfaces with blood or body fluids.
- Establish procedure for cleaning and disinfection of priming buckets.
  - Process should include emptying, cleaning (e.g., if blood is present), disinfection, and air-drying of bucket.
  - Disinfected priming buckets should be dry before reattaching to machine or use.
- Establish procedure for cleaning and disinfection of reusable supplies.
- Disposable medical supplies brought to the dialysis station should be discarded.
  - CDC recommends discarding these supplies instead of dedicating them to a patient.
  - Discard and dispose of these supplies in accordance with your state's regulated medical waste regulations.
- For equipment such as computer touchscreens and keyboards, check with the manufacturer for instructions and compatibility of equipment with disinfecting agent.
- Determine staff personal protective equipment (PPE) needs based on disinfectant product labels.

### ✓ Ensure staff have been properly trained on:

- Dialysis station cleaning/disinfection protocol;
- How to prepare the appropriate "use-dilution" of the disinfectant;
- Application of sufficient disinfectant to achieve visibly wet surfaces per the product label;
- Proper use of PPE (e.g., gloves, gown); and
- Management of routine disinfection vs. surfaces with visible soil or blood<sup>b</sup>.

### ✓ Ensure that staff have access to proper supplies, which should include:

- Leak-proof disposal containers;
- Gloves;
- Other appropriate PPE based on product label instructions;
- Properly diluted EPA-registered hospital disinfectants for routine/intermediate-level disinfection; and
- Wipes, cloths, spray bottles and/or buckets.

### Footnotes and Select References:

<sup>a</sup> Environmental Protection Agency. (2012, Oct 22). Selected EPA-registered Disinfectants. Retrieved from <http://www.epa.gov/oppad001/chemregindex.htm>.

<sup>b</sup> Centers for Disease Control and Prevention. Guidelines for Environmental Infection Control in Health-Care Facilities. *MMWR* 2004;52(RR10):1-42.

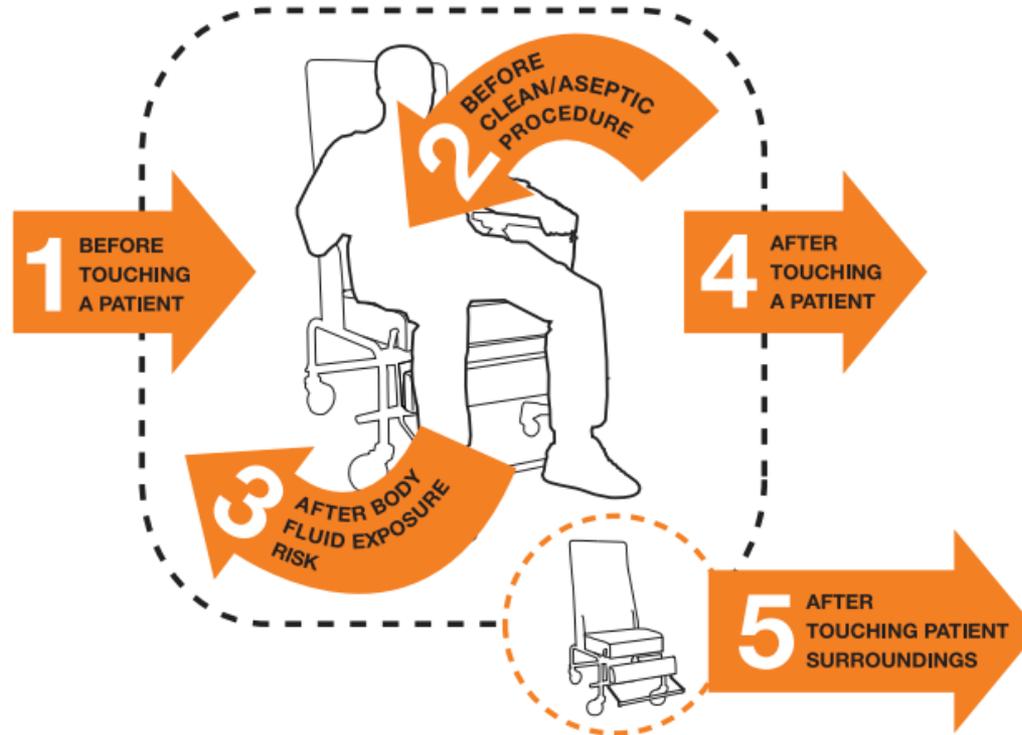
For machines that are equipped with waste-handling option ports, see references below:

- Jochimsen EM, Frenette C, Delorme M, Arduino M, Agüero S, Carson L, Ismail J, Lapierre S, Czyziw E, Tokars JI, Jarvis WR. A cluster of bloodstream infections and pyrogenic reactions among hemodialysis patients traced to dialysis machine waste-handling option units. *Am J Nephrol* 1998; 18 (6): 485-9.
- Wang SA, Levine RB, Carson LA, Arduino MJ, Killar T, Grillo FG, Pearson ML, Jarvis WR. An outbreak of gram-negative bacteremia in hemodialysis patients traced to hemodialysis machine waste drain ports. *Infect Control Hosp Epidemiol* 1999; 20 (11): 746-51.
- CDC. Outbreaks of Gram-Negative Bacterial Bloodstream Infections Traced to Probable Contamination of Hemodialysis Machines -- Canada, 1995 United States, 1997; and Israel, 1997. *MMWR* 1998;47(03);55-5.

[http://www.cdc.gov/dialysis/PDFs/collaborative/Env\\_notes\\_Feb13.pdf](http://www.cdc.gov/dialysis/PDFs/collaborative/Env_notes_Feb13.pdf)

# Hand Hygiene

# Your 5 Moments for Hand Hygiene



<http://www.who.int/gpsc/5may/haemodialysis.pdf>

# Simple Handwashing Recommendations

## Handwashing

- Wet hands with water, apply soap, rub hands together for at least 20 seconds
- Rinse and dry with a disposable towel or air dry them
- Use a disposable towel to turn off the faucet

## Alcohol-based hand sanitizer

- Apply it to the palm of one hand
  - Read label for correct amount
- Rub your hands together
- Rub the product over all surfaces of your hands and fingers until your hands are dry

Remember: Do not forget your thumbs!





# Personal Protective Equipment (PPE)

# Use Personal Protective Equipment (Correctly!)

- Gloves, a gown, and/or face protection (i.e. face shield, goggles, or mask)
  - If you might come into contact with blood or other infectious material
- Change gloves during patient care if your hands will move from a contaminated to a clean body-site
- Remove your gloves after contact with a patient or surrounding environment
- Do not wear the same pair of gloves for multiple patients
- Remove and discard PPE before leaving the patient's room or area\*\*\*

# Glove Do and Don'ts

- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash gloves for the purpose of reuse
- Perform hand hygiene immediately before and after removing gloves



# Protect yourself:

## Wear proper PPE during patient care

- When caring for a patient
- When cleaning surfaces in the environment or medical equipment
- PPE should be changed if it becomes soiled
- Remove gloves and perform hand hygiene:
  - between each patient or station, and
  - if moving from contaminated to clean area of the same patient or within the same station

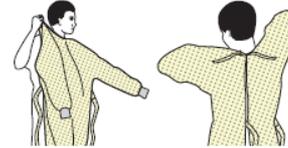
Remember PPE protects the patient and “YOU”!

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



CS2872-6

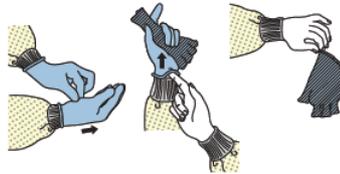
<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

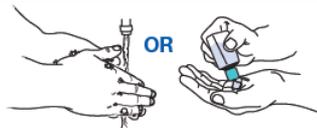


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



CR250672-E

## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

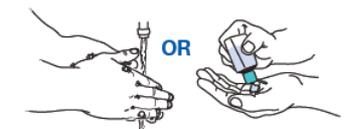


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



CR250672-E

<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

# Injection Safety

- One & Only Campaign
- Free to download and order hardcopies
- Easy to follow

<http://www.oneandonlycampaign.org/sites/default/files/upload/pdf/injection%20Safety%20Checklist-508.pdf>

## INJECTION SAFETY CHECKLIST

The following Injection Safety checklist items are a subset of items that can be found in the *CDC Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care*.

The checklist, which is appropriate for both inpatient and outpatient settings, should be used to systematically assess adherence of healthcare providers to safe injection practices. Assessment of adherence should be conducted by direct observation of healthcare personnel during the performance of their duties.

Injection Safety	Practice Performed?	If answer is No, document plan for remediation
Proper hand hygiene, using alcohol-based hand rub or soap and water, is performed prior to preparing and administering medications.	Yes No	
Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	Yes No	
Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	Yes No	
The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	Yes No	
Medication vials are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	Yes No	
Single-dose or single-use medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	Yes No	
Medication administration tubing and connectors are used for only one patient.	Yes No	
Multi-dose vials are dated by healthcare when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. <small>Note: This is different from the expiration date printed on the vial.</small>	Yes No	
Multi-dose vials are dedicated to individual patients whenever possible.	Yes No	
Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle). <small>Note: If multi-dose vials enter the immediate patient treatment area, they should be dedicated for single-patient use and discarded immediately after use.</small>	Yes No	

The *One & Only Campaign* is a public health effort to eliminate unsafe medical injections. To learn more about safe injection practices, please visit [OneandOnlyCampaign.org](http://OneandOnlyCampaign.org).

For the latest news and updates, follow us on Twitter @injectionsafety and Facebook/OneandOnlyCampaign.



This material was developed by CDC. The *One & Only Campaign* is made possible by a partnership between the CDC Foundation and Lilly USA, LLC.



*Health and Wellness for all Arizonans*

- Comprised of 3 sections
  - Education
  - Posters and Checklist
  - Training Materials
- Collaboration of HAI Advisory Committee and One & Only Campaign
- Includes a letter of recommendation from ADHS
- One stop shopping for first steps



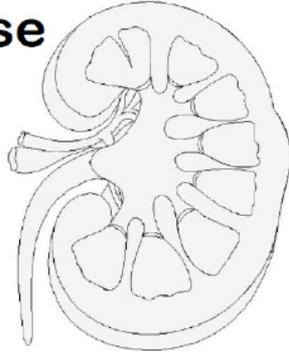
Arizona Healthcare-Associated Infections (HAI) Program  
*Injection Safety Toolkit*



<http://www.azdhs.gov/phs/oids/hai/advisory-committee/documents/subcommittee/hai/injection-safety-toolkit.pdf>

# ESRD Patient Vaccination

# Guidelines for Vaccinating Kidney Dialysis Patients and Patients with Chronic Kidney Disease



summarized from  
Recommendations of the Advisory Committee on  
Immunization Practices (ACIP)



List of Vaccines and their use for Dialysis or CKD Patients

Vaccine	Recommended for Dialysis or CKD Patients	Recommended for All Adults	May Use if Otherwise Indicated*	Contraindicated
Anthrax			X	
DTaP/Tdap/Td		X	X	
Hib			X	
Hepatitis A			X	
Hepatitis B	X (see p. 4)			
Human papillomavirus			X	
Influenza (TIV)		X (see p. 6)		
Influenza (LAIV)				X (see p. 6)
Japanese Encephalitis			X	
MMR		X	X	
Meningococcal			X	
Pneumococcal	X (see p. 7)			
Polio (IPV)			X	
Rabies			X	
Rotavirus			X	
Smallpox			X	
Typhoid			X	
Varicella		X	X	
Yellow Fever			X	
Zoster			X	

\*No specific ACIP recommendation for this vaccine exists for dialysis patients or patients with chronic kidney disease.

<http://www.cdc.gov/vaccines/pubs/downloads/dialysis-guide-2012.pdf>

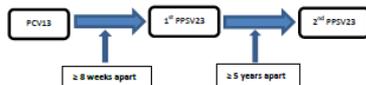




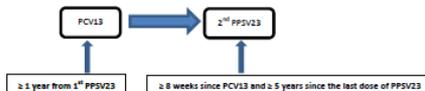
### PCV13 and PPSV23 Vaccination Algorithm for Individuals with Chronic Renal Failure or Nephrotic Syndrome per CDC and ACIP Guidelines

Age: ≥19-64 years

#### Recommendations for Pneumococcal Vaccine Naïve Adults ≥ 19-64 Years:



#### Recommendations for Adult ≥ 19-64 Years Previously Vaccinated with one dose of PPSV23 And Never Vaccinated with PCV13:



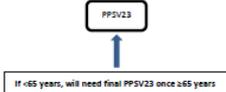
#### Recommendations for Adult ≥ 19-64 Years Previously Vaccinated with two doses of PPSV23 and Never Vaccinated with PCV13:



#### Recommendations for Adult ≥ 19-64 Years Previously Vaccinated with ≥1 dose PCV13 and Never Vaccinated with PPSV23:



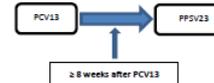
#### Recommendations for Adult ≥ 19-64 Years Previously Vaccinated with ≥1 dose PCV13 (≥8 weeks ago) and ≥1 dose PPSV23 (≥ 5 years ago):



### PCV13 and PPSV23 Vaccination Algorithm for Individuals with Chronic Renal Failure or Nephrotic Syndrome per CDC and ACIP Guidelines

Age: ≥65 years

#### Recommendations for Pneumococcal Vaccine Naïve Adults ≥ 65 Years:



#### Recommendations for Adult ≥ 65 Years Previously Vaccinated with ≥1 dose PCV13 (≥8 weeks ago):



#### Recommendations for Adult ≥ 65 Years Previously Vaccinated with ≥1 dose PPSV23 before 65 years:



Remember:

PCV13 & PPSV23 Key Concepts Chronic Renal Failure ≥64 years of age
Need 1 PCV13 (if not previously given)
Need 2 PPSV23 separated by 5 years
Final PPSV23 at ≥ 65 years old
5 years after any previous dose of PPSV23 given < 65 years
<b>Minimum intervals:</b>
Preferred: PCV13 → ≥ 8 weeks → ≥ 5 years → #2 PPSV23
Alternate: #1 PPSV23 → ≥ 1 year → PCV13 → Then give #2 PPSV23 when ≥ 8 weeks since PCV13 and ≥ 5 years since previous PPSV23
<b>≥ 65 years of age</b>
Need 1 PCV13 (if not previously given) and need 1 PPSV23
<b>Minimum intervals:</b>
Preferred: PCV13 → ≥ 8 weeks → PPSV23 (when ≥ 5 years since previous PPSV23)
Alternate: PPSV23 → ≥ 5 year → PCV13

#### New CMS Policy Regarding Payment for Medicare Part B Pneumococcal Vaccines

- In the past, the Centers for Medicare Services (CMS) has reimbursed providers for one polysaccharide pneumococcal vaccine (PPSV23) for Medicare B patients ≥ 65 years old in light of ACIP recommendations that adults ≥ 65 years old should receive both thirteen-valent conjugated pneumococcal vaccine (PCV13) and PPSV23. CMS has made modifications to its Medicare Part B Coverage of Pneumococcal Vaccinations. The policy says:
  - Give an initial pneumococcal vaccine if not previously received under Medicare Part B
  - A different, second pneumococcal vaccine will also be reimbursed if scheduled at least one year after the initial Medicare B covered pneumococcal vaccine
    - i.e. at least 12 full months have passed following the month in which the last pneumococcal vaccine was given
  - Prior pneumococcal vaccine receipt should be taken into account when choosing which pneumococcal vaccine to begin with under Medicare Part B
  - This new modified policy is effective for patients who received care on or after September 19, 2014

#### Resources

- CDC Guidelines for Vaccinating Kidney Dialysis Patients and Patients with Chronic Kidney Disease
  - <http://www.cdc.gov/vaccines/pubs/downloads/dialysis-guide-2014.pdf>
- Pneumococcal Advisory Committee on Immunization Practices (ACIP) Vaccine Recommendations
  - <http://www.cdc.gov/vaccines/imz/advis/comm-recommendations.html>
- Modifications to Medicare Part B Coverage of Pneumococcal Vaccinations
  - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2014-Transmittal-Items/R3119ACP.html>

\*Naïve=patients without previous pneumococcal vaccination of any type

<http://www.azdhs.gov/phs/oids/hai/advisory-committee/documents/subcommittee/hai/pcv13-ppsv23-vaccination-algorithm-for-individuals-with-chronic-renal-failure-nephrotic-syndrome.pdf>



Health and Wellness for all Arizonans

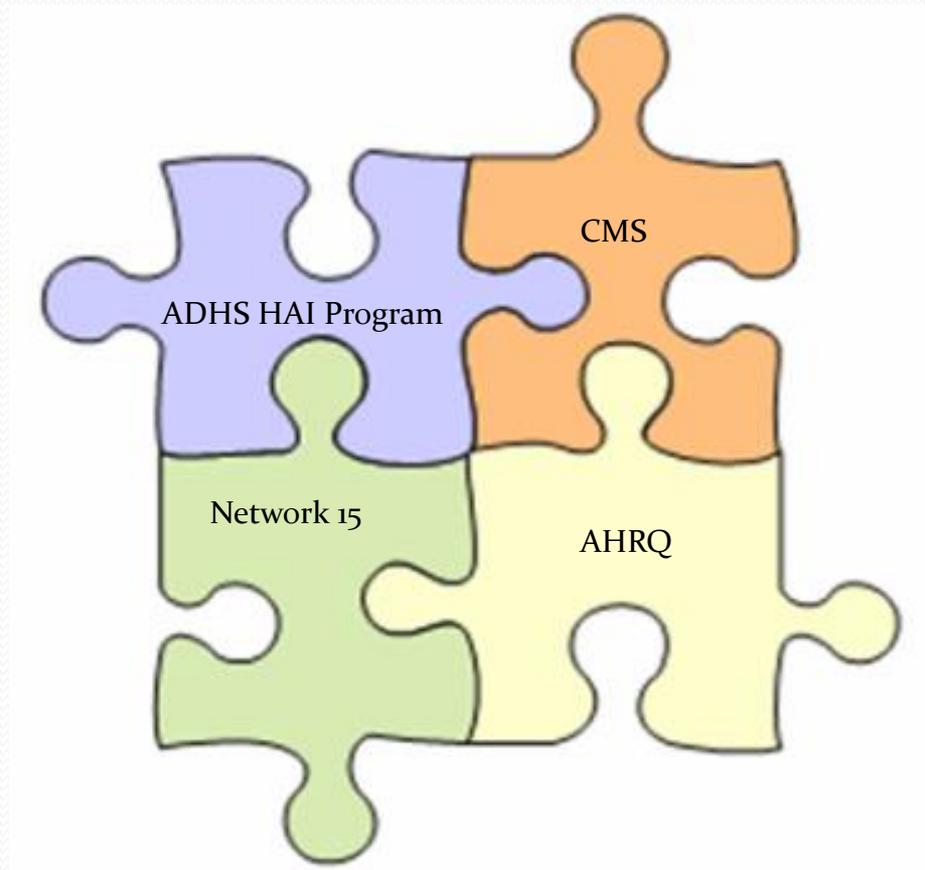
# Available Support

Darlene Rodgers, BSN, RN, CNN, CPHQ

Executive Director

ESRD Networks #15 and #17

# Is CDC the only place to find support and resources?



And others....

# CMS

- ESRD Program Interpretive Guidance Manual
- CMS 3427 ESRD Application/Notification and Survey/Certification Report
- ESRD Core Survey Field Manual Version 1.7
- ESRD Surveyor “Laminates”
  - abbreviated survey guidance
- ESRD Survey & Certification Memos
- ESRD Frequently Asked Questions Version 1.3
- Conditions for Coverage for End-Stage Renal Disease Facilities; Final Rule
- ESRD State Operations Manual

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis.html>

# AHRQ Safety Program for End-Stage Renal Disease Facilities Toolkit

- [Creating a Culture of Safety](#)
- [Clinical Care](#)
- [Using Checklists and Audit Tools](#)
- [Patient and Family Engagement](#)

<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/>

# Keeping Kidney Patients Safe

The screenshot displays the homepage of the website. At the top, there are five navigation tabs: Home, About Us, Patient Safety Events, Patient Safety Education Modules, and Contact Us. Below the tabs, the main content area is divided into several sections. On the left, there is a 'Share Your Safety Practices' section with a photo of a healthcare professional and a text box asking for user input. Below this is an 'Annotated Bibliography' section with a document icon. Further down are four more sections: 'Patient Safety Improvement Toolkit', 'Spotlight On Safety', 'Renal Patient Safety Resources', and 'Did You Know?'. The main content area starts with a 'Welcome' section featuring a video player titled 'RPA Patient Safety Best Practice' showing a man in a hat. Below the video is a paragraph of text and a link to 'Keeping Kidney Patients Safe'. To the right of the video is a 'Test Your Knowledge' section with a text box. At the bottom of the main content area are three columns: 'News' with a link to a study on hand hygiene, 'Current Spotlight' with a paragraph about dialysis facilities, and 'Test Your Knowledge' with a paragraph about hand hygiene compliance.

Home About Us Patient Safety Events Patient Safety Education Modules Contact Us

Home :

**Share Your Safety Practices**

Have you improved patient safety at your dialysis center? We want to hear from you. Please take a moment to share your safety practices for possible inclusion on this web site.

Awards Best Practices

**Annotated Bibliography**

**News**

A study based on observational data indicates that surveillance of hand hygiene may result in a lower rate blood cultures with antibiotic resistant bacteria.

**Current Spotlight**

How have more than 120 dialysis facilities found tools and resources necessary to implement patient safety targets, create an awareness of patient safety issues, and learn more about specific areas of patient safety. Find out how they use the 5-Diamond Patient Safety Program to create a patient safety culture.

**Test Your Knowledge**

The rate of compliance with hand hygiene is significantly lower when gloves were worn. Visit [Did You Know?](#) to learn more.

**Wellcome**

The Renal Physicians Association and the Forum of End Stage Renal Disease Networks welcome you to **Keeping Kidney Patients Safe**. This web site serves as a resource for nephrology professionals who are committed to achieving and maintaining optimum levels of kidney patient safety.

**Keeping Kidney Patients Safe** provides information and best practices to prevent the occurrence of the Six Adverse Patient Safety Events as identified by [patient](#) and [professional surveys](#) and also [assists nephrology professionals in meeting the quality assessment and performance improvement \(QAPI\) requirements outlined](#) in the Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage for End Stage Renal Disease Facilities.

RPA Patient Safety Best Practice

# ADHS HAI Program's End-Stage Renal Disease (ESRD) Subcommittee Webpage

Office of Infectious Disease Services Home	<b>Healthcare-Associated Infection (HAI) Advisory Committee End-Stage Renal Disease (ESRD) Subcommittee</b>	
HAI Home Page	On May 17, 2013, the ADVICE (Arizona Developing Value through Innovation and Communication with ESRD providers) Collaborative was held to address infection control in dialysis care. The goal of the collaborative was to build strategic partnerships with dialysis providers, End-Stage Renal Disease (ESRD) networks, renal associations, public health professionals, federal partners, and other stakeholders. Participants discussed current best practices, new ways to promote infection control, and developed a strategic plan for future activities. As a result, the End-Stage Renal Disease (ESRD) Subcommittee was developed. The ESRD Subcommittee is currently working on staff/patient infection control, best practices, and vaccination educational projects.	
International Infection Prevention Week	<b>End-Stage Renal Disease (ESRD) Subcommittee Roster</b>	
Arizona HAI Plan	<b>Resources</b>	
Arizona Healthcare Associated Infection (HAI) Advisory Committee	PCV13 and PPSV23 Vaccination Algorithm for Individuals with Chronic Renal Failure or Nephrotic Syndrome per CDC and ACIP Guidelines	
Infection Prevention and Control Advisory Committee (IPCAC)	The HAI Advisory Committee, in collaboration with the ESRD Subcommittee, has developed a pneumococcal vaccination algorithm. The goal of this algorithm to assist Arizona's hemodialysis facilities navigate recent changes to Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) recommendations regarding 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (PPSV23) use among chronic renal failure and nephrotic syndrome patients.	
General Info & FAQs	AHRQ Safety Program for End-Stage Renal Disease Facilities Toolkit	
Evidence-Based Guidelines	Dialysis clinics can use this toolkit to prevent healthcare-associated infections in their patients. Available at no charge, the toolkit helps clinicians and other health care workers follow clinical best practices, create a culture of safety, use checklists and other audit tools, and engage patients and their families in infection prevention practices. This new resource has science-based, practical information—including educational videos—that reflects the experiences of the frontline providers who helped develop the toolkit.	
HAI Surveillance and Investigation	CDC's Dialysis Safety website	
HAI Trainings	Provider Training Video - Preventing Bloodstream Infections in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff	
HAI Newsletters	The video is intended to be used by outpatient hemodialysis facilities as an educational tool to help remind their frontline staff, including technicians and nurses, about infection prevention measures. It can be used as an orientation video for new staff and as an annual in-service training tool to remind staff of proper protocols.	
Hospital Performance	Provider Poster - Put Together the Pieces to Prevent Infections in Dialysis Patients	
Infectious Diseases A-Z	The poster can be posted in staff lounges or on the treatment floor to serve as a reminder of the messages in the video and other important ways to prevent infections.	
Disease Reporting	Patient Pocket Guide - 6 Tips to Prevent Dialysis Infections	
Data, Statistics & Reports	The patient pocket guide is intended to educate patients on ways they can help prevent infections and can be shared as part of an information packet or reviewed with them by clinical staff.	
Training & Exercises	Infection Control Checklist	
Legal Requirements	In an effort to promote infection control best practices and a team approach to prevention, Arizona's Healthcare-Associated Infections (HAI) Advisory Committee has developed the "Infection Control Checklist". This two sided document promotes teamwork and interaction concerning infection control between healthcare providers (HCPs) and patients on one side and education on the other. This checklist can be used by HCPs and patients to increase their knowledge and promote discussion of healthcare-associated infections and prevention.	
Additional Resources	<small>Guidelines for Vaccinating Kidney Dialysis Patients and Patients with Chronic Kidney Disease, 2012.</small>	
Contact Us	<small>Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011.</small>	
Office of Infectious Disease Services 150 N. 10th Avenue, Suite 140 Phoenix, AZ 85007 (602) 364-3676 (602) 364-3199 Fax	<small>Guidelines for the Prevention of Infection in Outpatient Settings: Minimum Expectations for Safe Care, 2011.</small>	
HAI Questions	<small>Guide to the Elimination of Infections in Hemodialysis: An APIC Guide, 2010.</small>	

**Guidelines for Vaccinating Kidney Dialysis Patients and Patients with Chronic Kidney Disease, 2012.**  
The purpose of this document is to provide guidance for the vaccination of dialysis patients and patients with Chronic Kidney Disease (CKD). This summary is not meant to apply to chronic kidney disease patients who are recently post-transplant. These patients are considered more significantly immunosuppressed than those who have only chronic kidney disease, with or without dialysis.

**Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011.**  
This report provides Healthcare practitioners with background information and specific recommendations to reduce the incidence of intravascular catheter-related bloodstream infections (CRBSI).

**Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care, 2011.**  
This is a summary guide of infection prevention recommendations for outpatient (ambulatory care) settings. The recommendations included in this document are not new but rather reflect existing evidence-based guidelines produced by the Centers for Disease Control and Prevention and the Healthcare Infection Control Practices Advisory Committee. This summary guide is based primarily upon elements of Standard Precautions and represents the minimum infection prevention expectations for safe care in ambulatory care settings.

**Guide to the Elimination of Infections in Hemodialysis: An APIC Guide, 2010.**  
The purpose of this document is to provide evidence-based guidance for the prevention of healthcare-associated infections in all hemodialysis settings: acute, chronic, and home. The Guide has been designed for use by those responsible for infection prevention in these settings. In some settings, this may be the infection preventionist (IP), in others it may be the dialysis technician, dialysis nurse, or other.

**Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.**  
Evidence-based recommendations on the preferred methods for cleaning, disinfection, and sterilization of patient-care medical devices and for cleaning and disinfecting the healthcare environment. In addition to updated recommendations, new topics are also addressed in this guideline.

**Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.**  
This document is intended for use by infection control staff, healthcare epidemiologists, healthcare administrators, nurses, other healthcare providers, and persons responsible for developing, implementing, and evaluating infection control programs for healthcare settings across the continuum of care.

**Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006.**  
The prevention and control of MDROs is a national priority - one that requires that all healthcare facilities and agencies assume responsibility. The following recommendations are provided to guide the implementation of strategies and practices to prevent the transmission of MRSA, VRE, and other MDROs.

**Guidelines for Environmental Infection Control in Health-Care Facilities, 2003.**  
Compilation of recommendations for the prevention and control of infectious diseases that are associated with healthcare environments.

**Guideline for Hand Hygiene in Health-Care Settings, 2002.**  
Recent developments in the field have stimulated a review of the scientific data regarding hand hygiene and the development of new guidelines designed to improve hand hygiene practices in healthcare facilities.

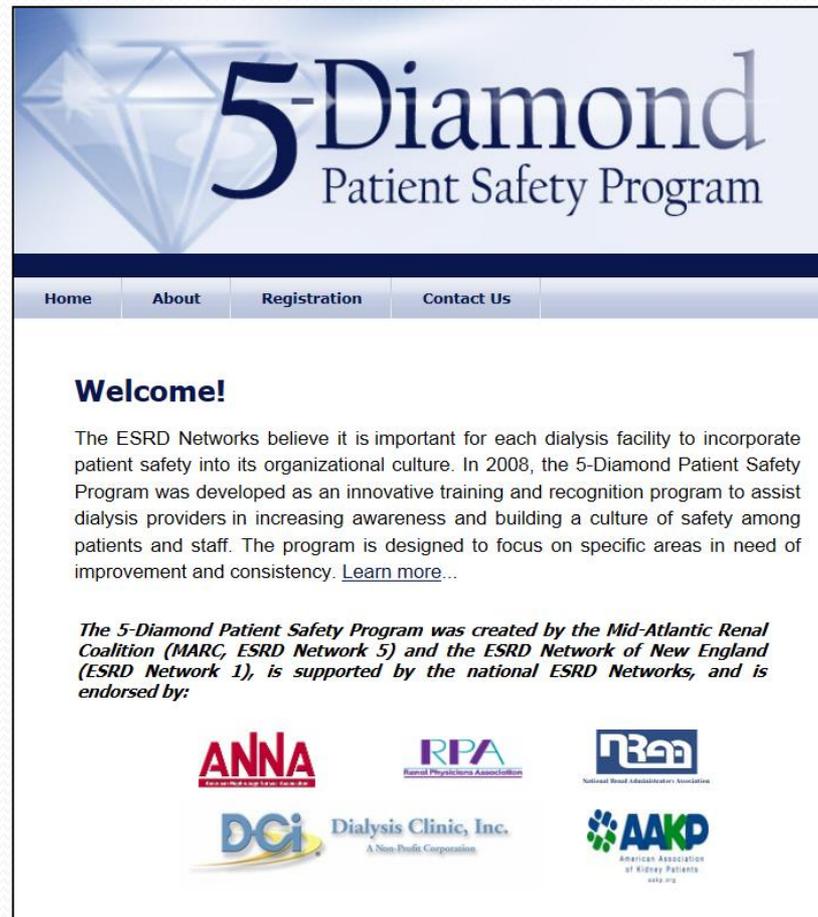
<http://www.azdhs.gov/phs/oids/hai/advisory-committee/end-stage-renal-disease.htm>

# InterMountain ESRD Network, Inc.

## Network 15

- Infection Prevention – Healthcare Associated Infections (HAIs) webpage
  - Explanation of ESRD related HAIs
  - Explanation and instruction on CDC audit tools
    - <http://www.esrdnet15.org/renal-professionals/infection-prevention.html>
- Infection Control Resource webpage
  - 20 high impact resources
    - <http://www.esrdnet15.org/resource-library/providers/category/infection-control.html>
- Decreasing Infection in Peritoneal or Hemodialysis Patients
  - 5 page document
  - Great example to understand and use your data!
    - <http://www.esrdnet15.org/images/resources/Quality-Incentive-Program/Decreasing%20Infection%20in%20Peritoneal%20or%20Hemodialysis%20Patients.pdf>

# 5-Diamond Patient Safety Program



The screenshot shows the website for the 5-Diamond Patient Safety Program. At the top, there is a large graphic of a diamond with the text "5-Diamond Patient Safety Program" next to it. Below this is a navigation menu with four items: "Home", "About", "Registration", and "Contact Us". The main content area starts with a "Welcome!" heading, followed by a paragraph explaining the program's purpose. Below that is a paragraph stating the program's origin and support. At the bottom, there are five logos for endorsing organizations: ANNA, RPA, NRAA, DCI, and AAKP.

## 5-Diamond Patient Safety Program

[Home](#) | [About](#) | [Registration](#) | [Contact Us](#)

### Welcome!

The ESRD Networks believe it is important for each dialysis facility to incorporate patient safety into its organizational culture. In 2008, the 5-Diamond Patient Safety Program was developed as an innovative training and recognition program to assist dialysis providers in increasing awareness and building a culture of safety among patients and staff. The program is designed to focus on specific areas in need of improvement and consistency. [Learn more...](#)

*The 5-Diamond Patient Safety Program was created by the Mid-Atlantic Renal Coalition (MARC, ESRD Network 5) and the ESRD Network of New England (ESRD Network 1), is supported by the national ESRD Networks, and is endorsed by:*

<http://5diamondpatientsafety.org/Home.aspx>

# Questions?

