ADVICE Collaborative

Arizona Developing Value through Innovation and Communication with ESRD Providers

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Executive Director, ESRD Networks 15/17
Purpose of the Collaborative

- To build strategic partnerships with dialysis providers, ESRDS Network, renal associations, public health professionals, federal partners, and other stakeholders and to stimulate significant improvement in infection control in dialysis care.
Quality Culture

- Customer focus
- Leadership
- Teamwork
- Systems thinking
- Fact–based decision making
Licensing - Setting the Stage for Improvement

- Vision, strategic map and contract alignments
- Relationships and credible partners
- Data and measurement
- Use of survey findings from licensing compliance, complaint investigations, and survey and certification activities to identify opportunities for improvement
Changing Scenery

- Multiple partners working toward improved safety for the dialysis community
- Increased requirements and pressure for information and reporting
- Use existing data to drive better decisions and outcomes
Using data to drive prevention activities:
- Analyzing licensing surveys for most common citations
- Outbreak and infection reports
- Dialysis facility Reports/Dialysis Facility Compare
- ESRD quality review
- Provider Quality Management programs
The top three most frequently cited during state/federal survey:

- Infection Control
- Physical Environment
- Patient Assessments
Network 15’s Role

• Network 15 functions as a quality oversight organization under contract with CMS.

• Each contract period provides the Networks with a body of work that must be accomplished (Statement of Work—SOW).

• Network 15 has operated as an ESRD Network since 1974.
Currently, NHSN contains only a modest amount of dialysis event data for 2012 and 2013.

The NW is currently in the process of analyzing the Dialysis Center Practice Survey Results for 2012 from NHSN.

A total of 303 facilities (out of 307 facilities certified as an outpatient hemodialysis facility as of December 31, 2012) completed the practice survey.
• % Facilities with a Dedicated Vascular Access Nurse Coordinator  AZ=92.8%  NW15=79.8%

• Person in charge of Infection Control at Facility
  – Primarily a Dialysis Nurse or the Nurse Manager

• Capacity to isolate hepatitis B?
  – Hep B Isolation Room  AZ=24.1%  NW15=38.3%
  – Hep B Isolation Area  AZ=4.5%  NW15=6.9%
  – No hep B Isolation  AZ=71.4%  NW15=54.8%
Setting the Stage

- Pre-meeting survey of attendees
- Keynote address–Infection Prevention (Dr. Priti Patel, CDC)
- Breakout sessions based on pre-meeting survey results
  - Environmental cleaning
  - Use of personal protective equipment
  - Safe injection practices
- Action steps (homework)
Pre-Meeting Survey

- Web-based
- Part of the ADVICE registration process
- 115 licensed dialysis facilities in AZ (caring for 7,783 patients)
- Data analyzed for 61 responses received by April 15, 2013
## Facility Characteristics

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has written infection control protocols (n=56)</td>
<td>56 (100%)</td>
</tr>
<tr>
<td>Protocols routinely evaluated (n=57)</td>
<td>55 (96%)</td>
</tr>
<tr>
<td>Regular training provided to all patient care staff on IC topics (n=54)</td>
<td>53 (98%)</td>
</tr>
<tr>
<td>Staff evaluated on skills upon hire and at least every 6–12 months (n=56)</td>
<td>50 (89%)</td>
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</tbody>
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Nurses are most likely to be the person in charge of infection control (95%)
Formal Training Provided at Least Annually

<table>
<thead>
<tr>
<th>Training Topic</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning hands before and...</td>
<td>53 (95%)</td>
</tr>
<tr>
<td>Aseptic technique</td>
<td>51 (91%)</td>
</tr>
<tr>
<td>Improving catheter care</td>
<td>48 (86%)</td>
</tr>
<tr>
<td>Vascular access care</td>
<td>48 (86%)</td>
</tr>
<tr>
<td>Patient education</td>
<td>48 (86%)</td>
</tr>
<tr>
<td>Promotion of fistula use</td>
<td>42 (75%)</td>
</tr>
<tr>
<td>Safe injection practices</td>
<td>37 (66%)</td>
</tr>
<tr>
<td>Removing catheters</td>
<td>28 (50%)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (7%)</td>
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<tr>
<td>None of the above</td>
<td>1 (2%)</td>
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Barriers for Training (n=31)

- Time: 9 (29%)
- High Staff Turnover: 4 (13%)
- None: 13 (42%)
- Other: 5 (16%)
Most Important Barriers and Challenges

- Staff IC practices/adherence
- Patient education
- Training/education
- Time
- Staff knowledge of regulations
- PPE challenges
- Hand hygiene
- Environmental cleaning
- Staff turnover
Resources Routinely Used

- CDC protocols
- CDC audit tools
- BSI prevention collaborative
- CDC checklists
- Company audit tools
- Company policies
Topics for Additional Training

- Optimal catheter care education
- Optimal AVF/AVG education
- Infection surveillance
- Environmental cleaning
- Optimal catheter care education
- Hand hygiene
- Vaccine education and guidance
- Isolation practices
Next Steps

- CDCs Response
  - CDC’s work with state health departments improves HAI tracking and prevention by implementing successful prevention strategies in the entire state and tracking the impact of that strategy across all hospitals
  - State HAI Advisory Committee
State-Level HAI Prevention

- The HAI Advisory Committee stemmed from 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.
The Arizona Healthcare Associated Infection (HAI) Advisory Committee's mission is to reduce the number and impact of HAIs in Arizona by convening a multidisciplinary group of partners to standardize best practices for monitoring and preventing HAIs, educate the public and healthcare providers on effective methods to reduce HAIs, and proactively address emerging HAI issues.
Five AZ HAI Subcommittees

- Antimicrobial Stewardship Subcommittee
- Education and Training Subcommittee
- Prevention Strategies Subcommittee
- Surveillance Subcommittee
- Long Term Care Subcommittee

- And now a sixth subcommittee—the Dialysis Working Group
Dialysis Working Group

2013 Plans:
- Invitation to healthcare providers to become part of the first-ever ADHS dialysis infection prevention working group.
- Approximately 10–15 members and two chairs needed
- Representation from a variety of settings
- Committee will plan methods for a long term (12–18 months) project to provide resources to Arizona dialysis facilities
- Will likely meet on an ongoing basis via phone and at the health department
Benefits of Participating

- Opportunity to study infection prevention practices
- Networking with other infection preventionists, public health professionals, related organizations, area businesses and others
- Opportunity to influence creation of resources and best practices in HAI prevention
- Ability to apply expertise to serve larger Arizona population