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 19th, 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
  o i.e. patients, families, doctors, nurses, patient care technicians, biomedical equipment technician, social workers, dieticians, admin staff, transport drivers, etc.

• Patient Advocacy
ADHS VISION-TOGETHER

Leadership for a Healthy Arizona
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

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ADHS MISSION

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

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
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
     o 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?
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
Best Practices

www.preventHAIaz.gov

June 19, 2015

Eugene Livar, MD
HAI Program Manager
Office of Infectious Disease Services
Arizona Department of Health Services
Are there any tools to assist our facility?
Available CDC Dialysis Infection Prevention Audit Tools:


- **Hand Hygiene**
- **HD Catheter Connection/Disconnection**
- **AV Fistula/ Graft Cannulation/Decannulation**

- **AV Fistula/ Graft Cannulation/Decannulation**
- **Dialysis Station Routine Disinfection**
- **Injection Safety**

- **Learn CDC Recommended Practices**
- **Implement CDC Recommended Practices**
- **Audit CDC Recommended Practices**
- **Provide Feedback on Adherence**

Health and Wellness for all Arizonans
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

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 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
☐ Check that there is no visible soil or blood on surfaces.
☐ Ensure that the priming bucket has been emptied
☐ Ensure that the patient has left the dialysis station
☐ 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.
☐ Remove gloves and perform hand hygiene.

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

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

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

Important Notes:

1. 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.
2. 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.
3. 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).
4. 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 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.
5. Disposal/removal of used supplies may occur before and/or after the patient has departed the station.
6. Follow the manufacturer’s label instructions for proper dilution, preparation, and use of the disinfectant.
7. 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).
8. Air-drying is recommended to allow for sufficient contact time with the disinfecting agent.

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.
  - 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 tuberculosis disinfectant rating, whereas low-level disinfectants are not strong enough to inactivate these bacteria.
  - For convenience, consider selecting and routinely using hospital disinfectants that are tuberculosis disinfectant-rated, whether or not they have other 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-specific 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 lags 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.

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:


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


Hand Hygiene
Your 5 Moments for Hand Hygiene

1. BEFORE TOUCHING A PATIENT
2. BEFORE CLEAN/ASEPTIC PROCEDURE
3. AFTER BODY FLUID EXPOSURE RISK
4. AFTER TOUCHING A PATIENT
5. AFTER TOUCHING PATIENT SURROUNDINGS

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!
How can we make sure this is being done?

http://www.cdc.gov/dialysis/PDFs/collaborative/audit-tools-Portfolio2.pdf
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 procedures 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

http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
How to Safely Remove Personal Protective Equipment (PPE)

Example 1

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 clean 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.
   - Unbutton gown front, 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 elastic 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.

Example 2

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 gloves in the front and pull away from your body so that the tie breaks, 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 or ear pieces.
   - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container.

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Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.

http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
Injection Safety
• One & Only Campaign
• Free to download and order hardcopies
• Easy to follow

• 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

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)

<table>
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<th>Vaccine</th>
<th>Recommended for Dialysis or CKD Patients</th>
<th>Recommended for All Adults</th>
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<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Keeping Kidney Patients Safe

http://www.kidneypatientsafety.org/
ADHS HAI Program’s End-Stage Renal Disease (ESRD) Subcommittee Webpage

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

- Infection Control Resource webpage
  - 20 high impact resources
    - [http://www.esrdnet15.org/resource-library/providers/category/infection-control.html](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!
5-Diamond Patient Safety Program

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?