



ADVICE Collaborative

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

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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
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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
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Data, Data, Data

- ▶ 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

State and Federal Survey Data

- ▶ 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.

Data Available to the NW

- 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

NHSN Outpatient Dialysis Center Practice Survey

Preliminary Data 2012

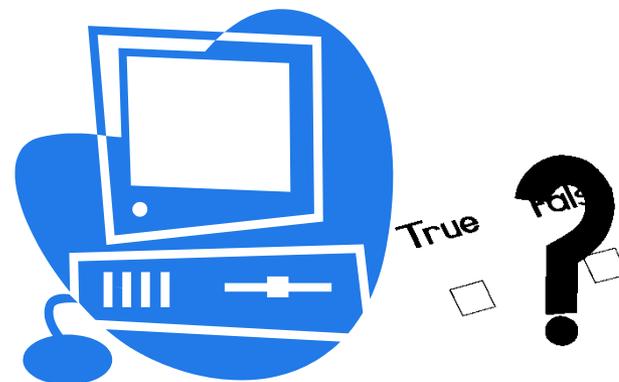
- % Facilities with a Dedicated Vascular Access Nurse Coordinator AZ=92.8% NW15=79.8%
- Person in charge of Infection Control at Facility
 - Primarily a Dialysis Nurse or the Nurse Manager
- Capacity to isolate hepatitis B?
 - Hep B Isolation Room AZ=24.1% NW15=38.3%
 - Hep B Isolation Area AZ=4.5% NW15=6.9%
 - 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

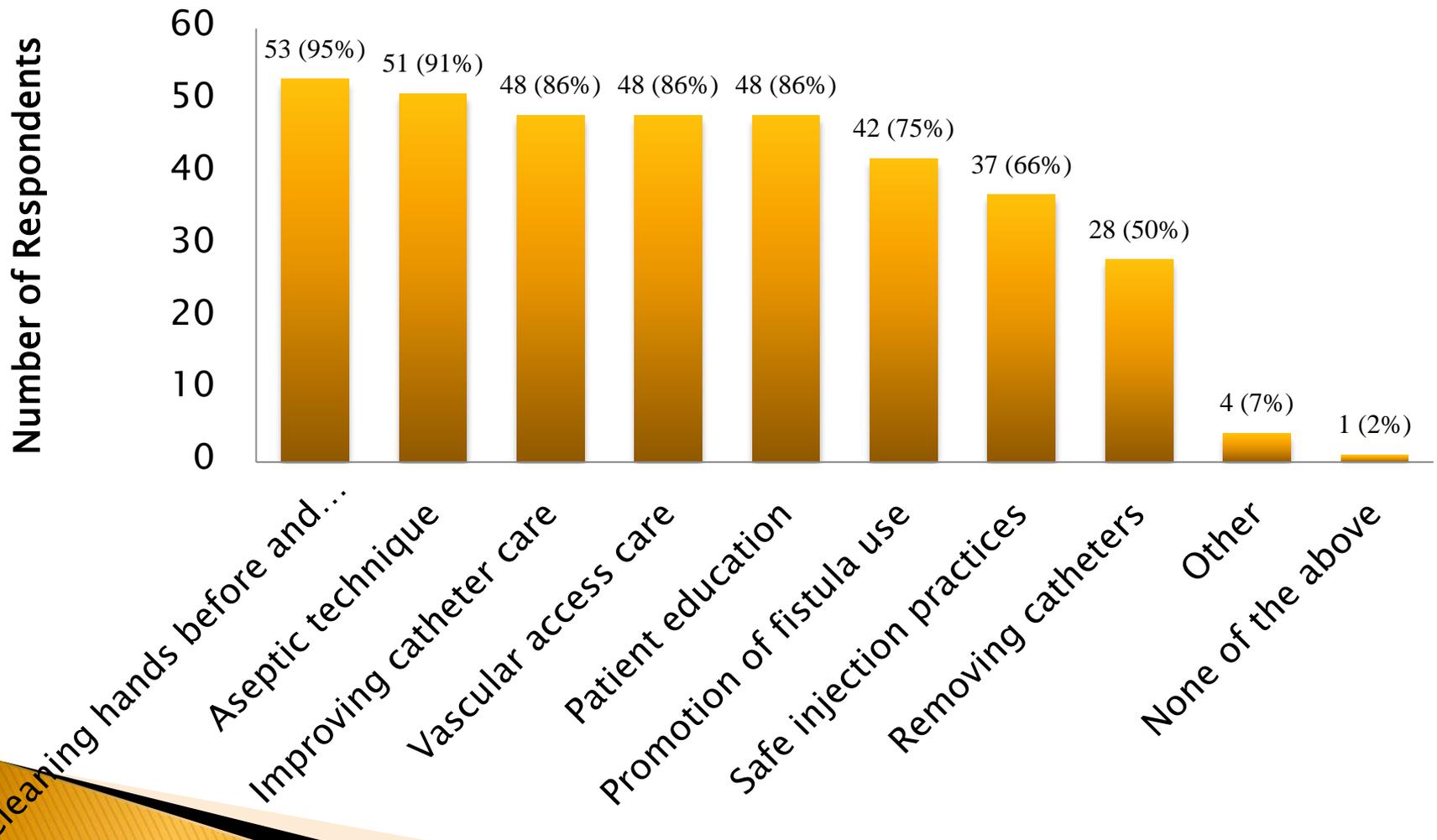
Characteristic	Value	Number (percent)
Geographic location (n=60)	Urban/Suburban	42 (70%)
	Rural	16 (27%)
	Other	2 (3%)
Ownership (n=59)	For profit	52 (88%)
	Government	4 (7%)
	Not for profit	3 (5%)
Part of Group or Chain (n=60)	Yes	56 (93%)
	No	4 (7%)
Affiliation (n=59)	Freestanding, not owned by a hospital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

Infection Control & Training

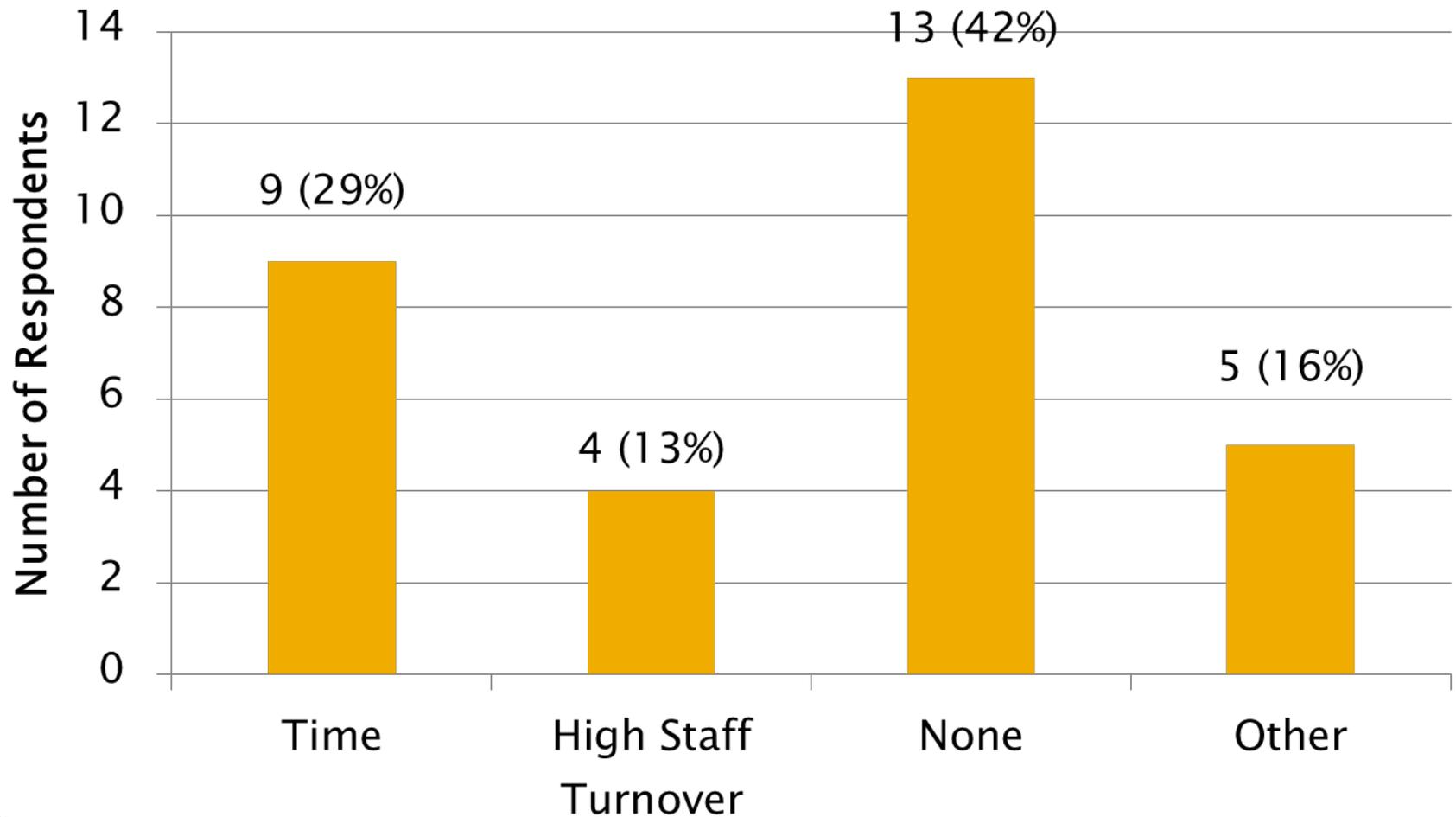
	Yes
Has written infection control protocols (n=56)	56 (100%)
Protocols routinely evaluated (n=57)	55 (96%)
Regular training provided to all patient care staff on IC topics (n=54)	53 (98%)
Staff evaluated on skills upon hire and at least every 6–12 months (n=56)	50 (89%)

Nurses are most likely to be the person in charge of infection control (95%)

Formal Training Provided at Least Annually



Barriers for Training (n=31)



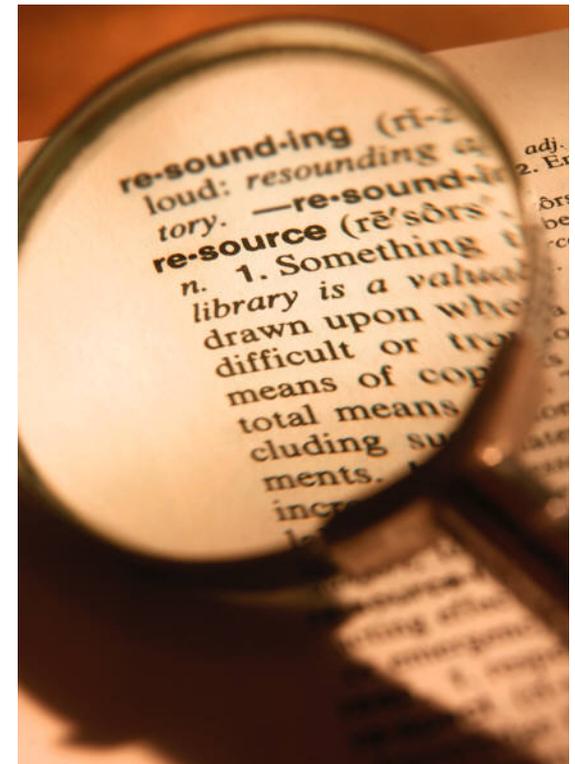
Most Important Barriers and Challenges

- ▶ 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
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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

Arizona HAI Advisory Committee

Mission

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

