



Welcome to Network 8's first Healthcare Acquired Infections Learning and Action Network (HAI LAN) newsletter. The Network 8 HAI LAN was established in May 2013, with a primary goal to reduce the number of dialysis related infections by determining and spreading best practices. The

workgroup assisting us with the LAN development consisted of staff from DaVita, DCI, Fresenius Medical Care and non-LDO dialysis providers in Alabama, Mississippi and Tennessee. Representatives from the Department of Health and Quality Improvement Organizations from these

states were consulted as well.

With this newsletter, we are excited to provide information on the progress of the HAI LAN, as well as educational materials to help reduce infections in your dialysis facility.

## Hand Hygiene in the Dialysis Setting

*Obtained from the ESRD Conditions for Coverage (CfC)*

Dialysis patients are at high risk for developing healthcare-associated infections as well as acquiring multi-drug-resistant microorganisms. Good hand hygiene is considered to be the single most effective tool to prevent healthcare-associated infections.

### Proper Protocol

The ESRD CfC, which were released in 2008, cover hand hygiene in detail, and constitute the best place for dialysis facilities to look for proper hand hygiene protocol.

"Hand hygiene" includes either washing hands with soap and water, or using a waterless alcohol-based antiseptic hand rub with 60-90% alcohol content, according to the CfC. "Hands should be washed with soap and water if visibly soiled. If not visibly soiled, hand hygiene with alcohol-based hand rub may be used. The CDC recommends that hand washing incorporate rubbing hands together 'vigorously' for 15 seconds, and that the use of alcohol-based rubs incorporate covering all surfaces of hands and fingers, until hands are dry. Ac-

ording to the CDC, even with glove use, hand hygiene is necessary after glove removal because hands can become contaminated through small defects in gloves and from the outer surface of gloves during glove removal."

Below are some examples of when hand hygiene should be performed:

- After touching blood, body fluids, secretions, excretions, and potentially contaminated items;
- Before and after direct contact with patients;
- Before performing any invasive procedure such as vascular access cannulation or administration of parenteral medications;
- Immediately after gloves are removed;
- After contact with inanimate objects, including medical equipment or environmental surfaces at the patient station;
- Before entering and on exiting the patient treatment areas; and
- When moving from a contaminated body site to a clean body site of the same patient.

## Hand Hygiene Facts

*Obtained from  
[www.kidneypatientsafety.org](http://www.kidneypatientsafety.org)*

- ◆ Improved adherence to hand hygiene has been shown to reduce transmission of antimicrobial resistant organisms (e.g. methicillin resistant staphylococcus aureus) and reduce overall infection rates.
- ◆ 11% of patients report seeing nurses or technicians who fail to wash hands or change gloves before touching a patient's access or change gloves before touching their access site.
- ◆ 27% of professionals report observing staff fail to wash hands or change gloves before touching a patient's access.
- ◆ Gloves reduce hand contamination by 70-80%, prevent cross-contamination and protect patients and health care personnel from infection.
- ◆ The use of gloves does not eliminate the need for hand hygiene.

## How NHSN Can Help

CDC helps the dialysis community prevent infections by providing evidence-based guidelines and access to the National Healthcare Safety Network (NHSN), a surveillance system that allows facilities to track infections. Tracking infections can identify which patients are at risk or which part of a facility needs improvement. In addition, surveillance allows CDC to see national trends and direct prevention efforts for the country.

Reporting infection data in NHSN is part of the CMS End Stage Renal Dialysis Quality Incentive Program (ESRD QIP) Rule. In order to comply with CMS ESRD QIP, dialysis facilities need to be enrolled in NHSN and report data regularly.

Data reported in 2013 will be used to calculate payment incentives for 2015.

Specifications for NHSN reporting are summarized below:

- **To earn the maximum 10 points on the NHSN Dialysis Event measure, dialysis facilities must:**
  - Report 12 months of data for in-center hemodialysis patients
- **To earn 5 points, a dialysis facility must:**
  - Report at least 6 consecutive months of data for in-center hemodialysis patients

## HAI LAN Activities

### Webinars

The first HAI LAN webinar was held on May 16. Dr. Marion Kainer, from the Tennessee Department of Health, presented Part 1 of Surveillance of HAIs in Outpatient Dialysis Using the NHSN Dialysis Event Module. Dr. Kainer presented Part 2 of this webinar on June 20.

Dr. Kainer's webinars reviewed the basics of entering data for Dialysis Events into the NHSN system, and focused on Dialysis Event definitions and how to correctly capture numerator and denominator data.

If you were unable to attend these webinars, you may watch the recordings which are located on the [Network 8 HAI LAN web page](#).

### Patient Poster

A patient poster entitled, "Help Us Help You", was distributed to all dialysis facilities in June. The goal of this poster is to raise awareness with dialysis patients of the importance of informing the dialysis staff of any medication changes that occur outside of the dialysis facility, including antibiotics for non-dialysis related infections.

If you would like additional copies of this poster, please contact [Kristi Durham](#) or [Pam Stephens](#).

### Additional Resources

- [5 Diamond Hand Hygiene](#)
- [CDC Infection Prevention Tools](#)
- [World Health Organization](#)
- [Network 8 HAI LAN Web Page](#)

## Special Thank You to the HAI LAN Workgroup!

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