



## Project Updates

### Reduce Rates of Dialysis Facility Events

This contract year, Networks were tasked by Centers for Medicaid and Medicare Services (CMS) to develop a Quality Improvement Activity (QIA) that includes 20% of the Network facilities. The Network implemented the QIA in March, and 85 facilities were selected to participate in the project. Selection criteria were based on facilities with long-term catheter rates greater than 10% and/or arteriovenous (AV) fistula rates greater than 40%. The QIA requires the facilities to report monthly on the following audits:

1. Hand Hygiene Observation (minimum of 30 per month)
2. Catheter Connection/Disconnection (minimum of 10 per month)
3. AV Fistula/AV Graft Cannulation Observation (minimum of 10 per month)

These facilities have identified areas for needed education for both patients and staff regarding proper hand hygiene procedures.

### Educational Checklist

CMS has instructed the Network to encourage all facilities to participate in Centers for Disease Control and Prevention (CDC) Healthcare Associated Infections (HAI) training

activities. In order to meet this contract requirement, Network 8 developed an HAI Educational Training Checklist that all facilities need to complete by October 3, 2014. This Educational Training Checklist was emailed to all facilities on February 26, and suggested completion dates for each topic were given. Facilities that complete all modules, by the deadline, will receive recognition in the form of a certificate, which can be framed and posted within the facility.

Network 8's first facility to complete the checklist was DaVita Knoxville East.

### Monthly National Healthcare Safety Network (NHSN) Data Quality Checks

CMS and the CDC have tasked the Networks with conducting monthly NHSN data checks. The purpose of the data checks is to identify the type and scope of errors being experienced by facilities. The goal is to improve the accuracy, completeness, and usefulness of the reported data. The Network will be reviewing NHSN denominator and numerator data, specifically looking for the following:

1. Facilities with errors in denominator data collection and reporting
2. Facilities with unusual monthly denominator values for specific vascular access types
3. Facilities that have checked the report "no events boxes" for  $\geq 3$  consecutive months
4. Facilities with potentially erroneous bloodstream infection (BSI) rates

If your facility falls into one or more of the above categories, you will receive an email from Pam Stephens or Kristi Durham. Upon receiving the email, please verify if the NHSN data is correct or incorrect. If you find that the data is incorrect, please log into NHSN and edit your facility data to reflect the correct information.

### Bi-Annual Survey

Bi-annually, the Network will contact 20 facilities to participate in a Facility Surveillance Practices Survey as required by CMS. Using the NHSN BSI Rate Report, the Network will identify facilities whose BSI rates are at the extremes of the BSI distribution (10 highest and 10 lowest BSI rates in the Network). The goals of the bi-annual reviews are to identify facilities whose practices could be considered best practices as well as

facilities that need further education to improve the accuracy and completeness of their dialysis event data. The reviews will also allow the Networks to better understand the potential relationship between reported rates and surveillance practices.

In May, Network 8 conducted the first bi-annual review. Twenty facilities completed the Facility Surveillance Practices Survey by phone. As a result of the information obtained from the survey calls, education on how to properly count monthly denominators was identified as the greatest need. When determining the vascular access category in

which to count a patient for the monthly denominators, remember the following:

- Report the number of maintenance hemodialysis out-patients who were dialyzed in the facility on the first two working days of the month.
- Include all vascular accesses in Dialysis Event reporting, even if they are not used for dialysis and even if they are abandoned and/or are non-functional. (e.g., clotted AV grafts or AV fistulas, chemotherapy ports)
- Count each patient only once. If the patient has multiple vascular accesses, record that patient once, reporting only their vascular access with the highest risk of infection.

## HAI LAN Activities

### Workgroup Meeting

The second HAI Learning and Action Network (LAN) workgroup meeting was held on April 22. Workgroup members were updated on HAI LAN activities to include the HAI QIA, Educational Checklist, and NHSN monthly data checks.

Vickie Taylor, HAI Project Leader for the Mississippi Quality Improvement Organization (QIO), Information and Quality Healthcare (IQH), discussed the purpose and goals of the Multi-drug Resistant Organism (MDRO) Prevention Collaborative. The goals of the project are to:

- Protect patients, staff and visitors from harm
- Establish baseline information regarding current infection control activities and resources
- Improve communications between participation facilities regarding MDROs
- Establish the appropriate use

of antibiotics in participating facilities to prevent formation of MDROs

Participation in the MDRO Prevention Collaborative is encouraged from hospitals, long term care facilities, acute hospitals, and dialysis facilities. For more information on this collaborative, please contact Vickie Taylor at [Vickie.Taylor@hcgis.org](mailto:Vickie.Taylor@hcgis.org).

Workgroup members also heard from Martha McAlpin, Charge Nurse from FMC Starkville. Martha provided information regarding a hand washing project the facility has started, entitled, Break the Bank. You can read more about this project in our Facility Spotlight section of this newsletter.

### Webinars

Ami Shah, contract Public Health Analyst to the CDC's, Division of Healthcare Quality Promotion, presented a webinar entitled "Introduction to NHSN Dialysis Event Analysis and Reports", on

April 16 and May 6. Objectives covered during the presentation are listed below:

- Describe the report options available
- How to create reports in three easy steps
- Define the components of NHSN Dialysis Event Rates
- How to interpret the BSI Rate Table and CMS End State Renal Disease (ESRD) Quality Incentive Program (QIP) Line Listing Reports

If you were unable to attend the webinar and would like copies of the presentation slides, please email Kristi Durham at [KDurham@nw8.esrd.net](mailto:KDurham@nw8.esrd.net).

### Upcoming Activities

Meredith Kanago, MSPH, Epidemiologist with the Tennessee Department of Health, will present a webinar on July 18 from 9:00 am–10:00 am CDT that will focus on NHSN denominator definitions. Specific webinar information will be sent at a later date.

# Facility Spotlight

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Network 8 would like to recognize and share facility best practices through the HAI LAN newsletter. This month, the Network would like to recognize FMC Starkville. During the April HAI LAN workgroup call, Martha McAlpin, Charge Nurse from FMC Starkville, provided information regarding a fun hand washing project the facility has started, titled, Break the Bank. Any time a staff member observes a patient washing their hands, the patient receives a dialysis dollar. Patients can spend their money on small items such as Chap Stick and hand sanitizer. Staff can receive dollars from the patients as well. The nurse or tech that has the most dollars gets a prize and a reserved parking space by the back door. Since the initiation of this project, the facility has increased their hand washing rate to 93%.

If your facility has a best practice and would like to be featured in the Network 8 HAI LAN newsletter, please email Kristi Durham at [KDurham@nw8.esrd.net](mailto:KDurham@nw8.esrd.net).

## NHSN's Migration to SAMS

NHSN started its general migration to the Secure Access Management System, or SAMS, in late 2013. SAMS will soon replace the Secure Data Network (SDN) that is currently used by NHSN for user identity verification. This means that in the future, digital certificates will no longer be required to access NHSN.

Unlike digital certificates, SAMS will not require you to install anything on your computer and it will not require an annual renewal. SAMS will allow NHSN users to access NHSN from any computer with a password and your SAMS grid card.

According to the CDC, feedback about the process has been positive and there has been widespread agreement that SAMS is a welcome change from the use of digital certificates to access the NHSN application. For SAMS Registration Process, NHSN users will:

### Step 1: Receive an invitation to register for SAMS

Step		Time
1a	Log in to the SAMS application using assigned username (i.e., your current email address) and temporary password from the invite email	2 Min
1b	Accept the SAMS Rules of Behavior	5 Min
1c	Complete the SAMS Registration Form	5 Min

### Step 2: Complete and submit identity verification documents to CDC

Step		Time
2a	Receive SAMS registration confirmation email, print the attached verification form	5 Min
2b	Take the Identity Verification Form to a notary public for endorsement	Varies
2c	Mail or fax the endorsement verification forms and supporting documents back to CDC	Varies

### Step 3: Access NHSN using SAMS credentials

Step		Time
3a	Receive confirmation from CDC that forms were received (correspondence via email and US Postal Service)	Varies
3b	Receive welcome emails from SAMS and the NHSN Program	Varies
3c	Receive SAMS grid card delivered to your home address	Varies
3d	Access NHSN: <ul style="list-style-type: none"> <li>If you are a newly enrolling facility, the facility admin will require access to NHSN Enrollment</li> <li>If you are any other NHSN user, you will access NHSN Reporting</li> </ul>	2 min