



# **End Stage Renal Disease(ESRD) Network Learning and Action Network (LAN) Series: Bloodstream Infection (BSI) Quality Improvement Activity**

April 3, 2018

# Streaming Audio

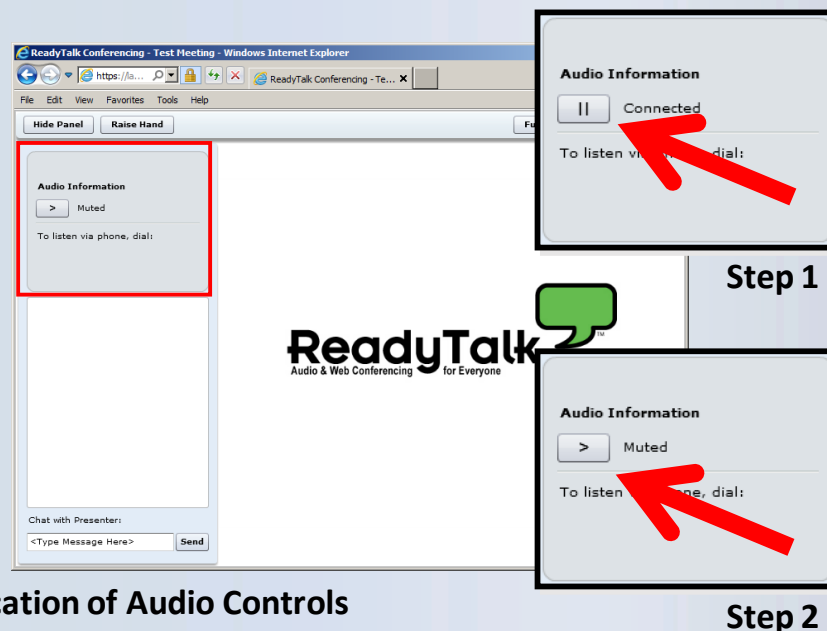
- Audio for this event is available via **INTERNET STREAMING**
  - No telephone line is required.
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- NOTE: A limited number of phone lines are available if you are experiencing poor audio quality – send us a chat message!



**Note:** Computer speakers or headphones are necessary to listen to streaming audio.

# Troubleshooting Audio

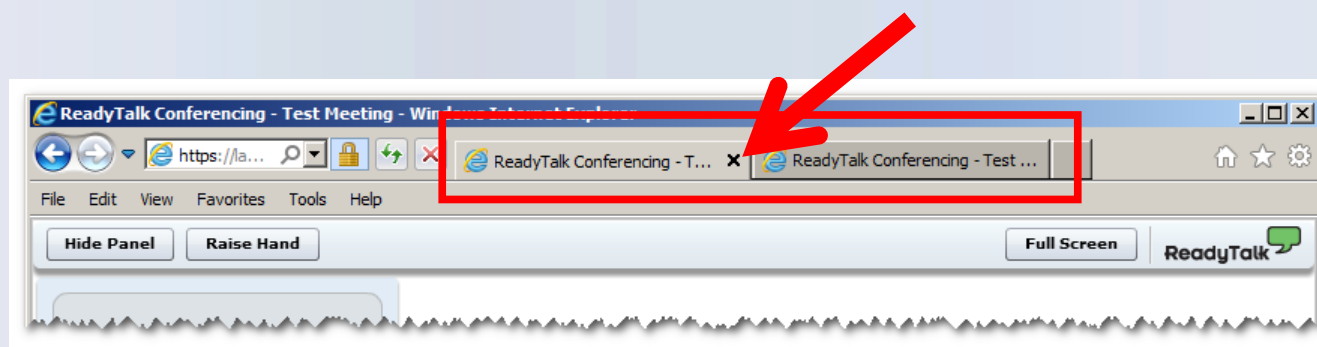
- Audio from computer speakers breaking up?  
Audio suddenly stop?
- Click Pause button
- Wait 5 seconds
- Click Play button



**Note:** Computer speakers or headphones are necessary to listen to streaming audio.

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.

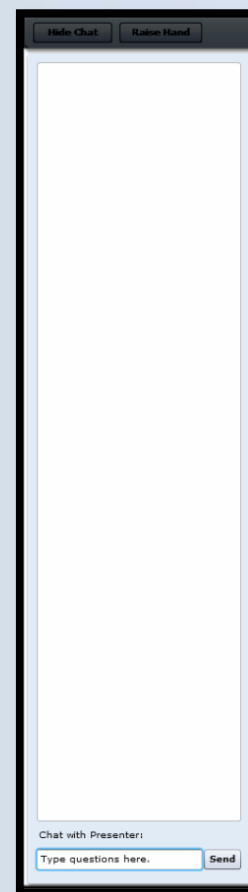


**Example of Two Connections to Same Event**

**Note:** Computer speakers or headphones are necessary to listen to streaming audio.

# Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



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# Welcome

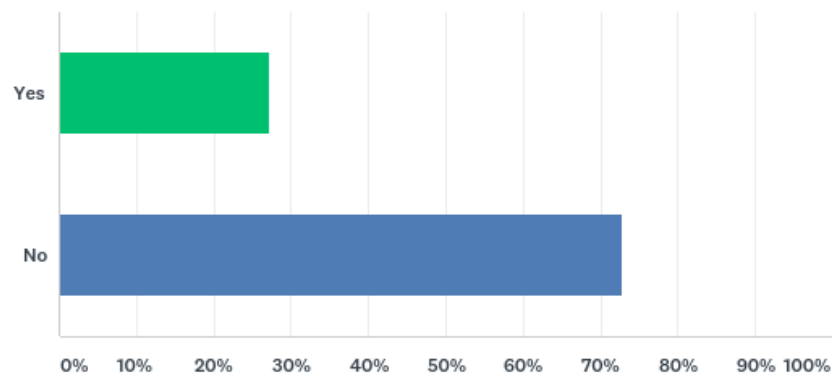
Learning and Action Networks (LANs) bring people together around a shared idea, opportunity, or challenge to offer and request information and experiences to improve the identified topic of discussion.

As a participant in today's LAN activity we encourage you to:

- Engage in the chat box. Share your approaches and experiences related to the information being shared and ask questions.
- Apply the information and knowledge being shared to your own facilities and practices to help reduce bloodstream infections.

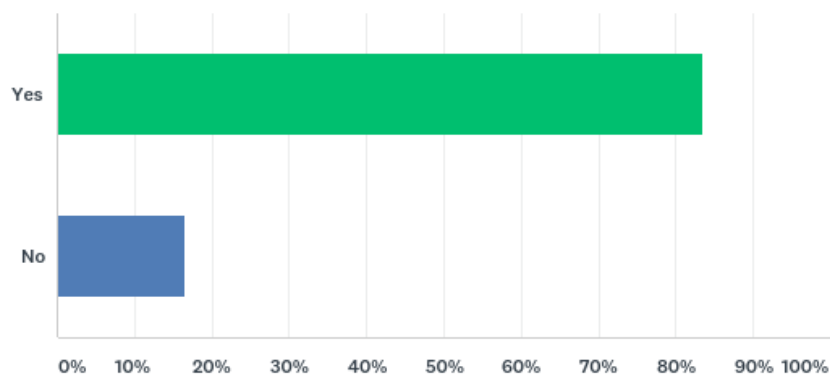
# Pre-Work Feedback – Question 1

Q1 Does your facility use transparent, semi-permeable polyurethane dressings?



## Pre-Work Feedback – Question 2

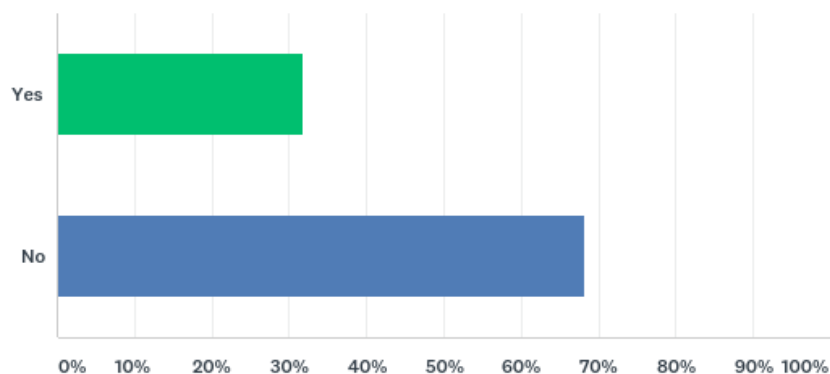
Q2 Does your facility have an established method to communicate with other healthcare providers and dialysis units to resolve identified issues?





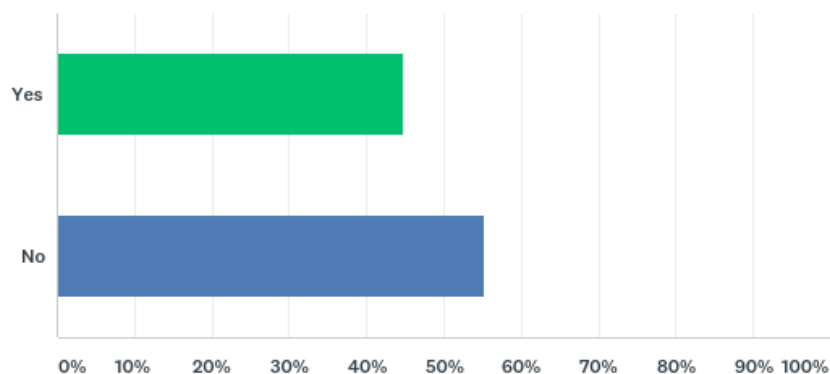
## Pre-Work Feedback – Question 3

Q3 Does your facility have a protocol to monitor patient dressings prior to and after patient transfer?



## Pre-Work Feedback – Question 4

Q4 If "yes" to question 3, have you seen an improvement in dressing adherence for patients who transfer between provider settings?





# What you will hear from our presenters

- Definition of challenges of the acute kidney injury/failure, end stage renal disease, and nursing home or long-term ambulatory care (LTAC) patient population.
- Highlight recognized issues contributing to the increase of bloodstream infection (BSI) rates and hospitalization.
- Identification of how to improve collaboration with other healthcare providers.



## Questions to run on...

- What one idea to reduce bloodstream infections are *you* excited to try at *your* facility?
- What steps will *you* take to implement a new idea to prevent bloodstream infections in *your* patient population?
- What actions have *you and your facility* taken to reduce bloodstream infections and how can *you* share that to help other patients?

# CE Credit Process: Certificate



## Bloodstream Infection (BSI) Quality Improvement Activity (QIA) Learning and Action Network (LAN) Call - April 3, 2018

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

After you complete the survey and click "Done," a screen appears for you to enroll as a new user or existing user in our Learning Management Center. This is our website, not the website of WebEx and is a completely new registration.

If you do not receive an email after you register, please have your IT staff allow automatic emails from the following domain: hsag.com. Most healthcare facilities block automatic replies. You will need to be able to receive these automatic responses for future events too.

**Another way to get around the automatic response issues with healthcare facilities is to register under your personal email account.**

### New User Link:

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Submit Feedback



# Care Continuum

## Pathway to Hemodialysis Catheter Related Bloodstream Infection (CRBSI) Reduction

**Presented by Sonia S Shepherd BSN, RN, CDN**  
**Group Facility Administrator**  
**DaVita SJRMC, Wayne and Lincoln Park Dialysis**



## Disclosure Statement

- Employee of DaVita Inc.



# Community of Care

- Population
  - Outpatient Incenter Hemodialysis (ICHD) Facility
  - End Stage Renal Disease (ESRD)
  - Acute Kidney Injury/Failure (AKI/AKF)
- High Acuity Comorbid
  - Tracheostomy Patients
  - Bed bound Patients
- Access used for first outpatient dialysis:-90.9% Catheter
- Nursing Home or Long Term Ambulatory Care (LTAC):- 65.6% of census





## Our Typical ICHD patient





## BSI Reduction “Bundle” of Care

- Teammate and Physician Education
- Chlorhexidine
- **‘Scrub the Hub’** implemented with each port entry
- Patient and Family Education

# Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol

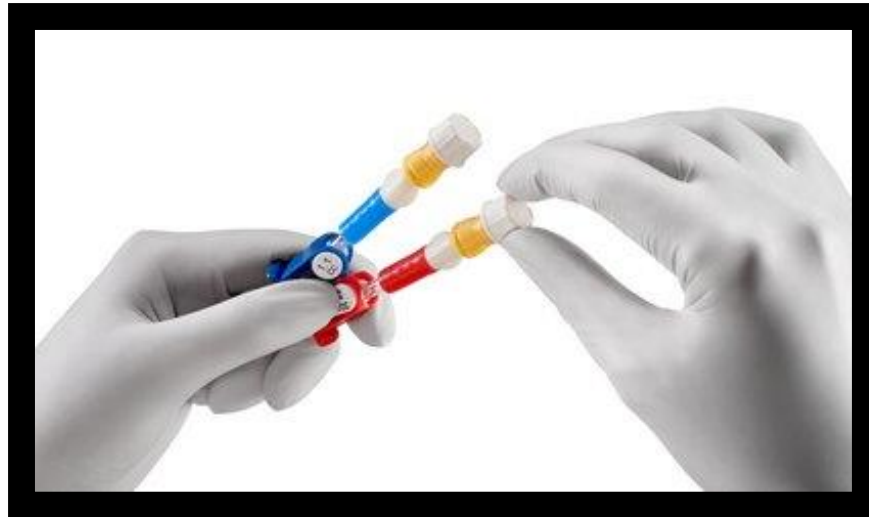
## Disconnection and Line Reversals

Catheter hubs should be disinfected again after disconnecting from bloodlines and before replacing a new cap at the end of a treatment. This should be done in a manner similar to that used when disinfecting the hub prior to accessing.

Disinfecting the catheter hub and the end of the extracorporeal blood line should also be performed if, during a treatment, a patient must be disconnected and their blood is re-circulated.

Anytime a patient's circuit is disconnected this should be done aseptically and the number of times a patient's catheter is disconnected from the blood lines should be minimized to the extent possible.

# Tego and Curo Cap Application to CVC ports



CDC – Chronic hemodialysis patients are at high risk for infection because the process of hemodialysis requires vascular access for prolonged periods.



# CVC Care Team Communication

- Nursing Home/LTAC Education
  - Contacted Dean of Nursing (DON) and relayed identified issues
  - Provided CVC 'Does and Don'ts' on access care
  - Utilized written and verbal reports with patient handoff



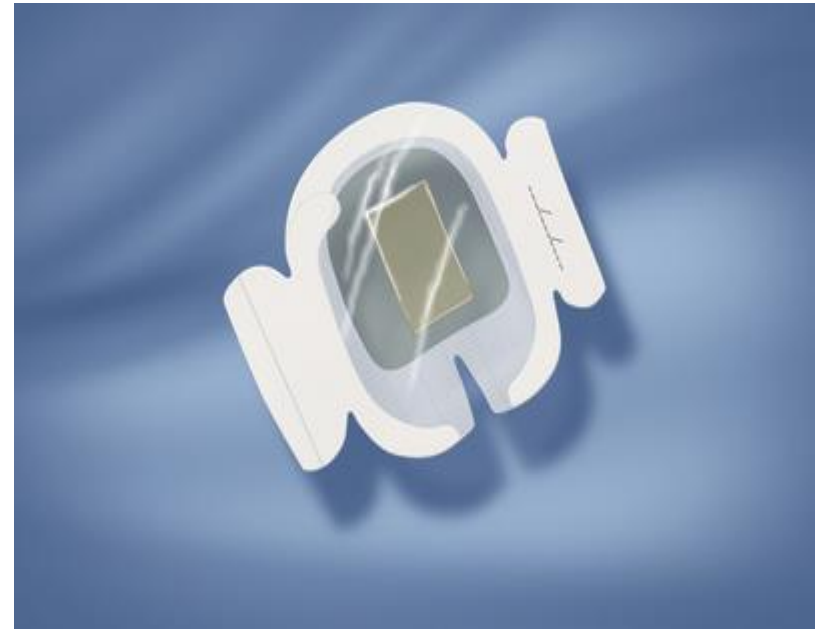
## Next Steps



- Despite the implementation of the “Bundle of Care” steps, incidents of access-related BSI occurred



# Evidence Based Practice





## Breaking down the barriers

- Permanent dialysis access - AVF/AVG
- Patient and Family Engagement – Infection Control
- Establish Communication with other healthcare providers
- Obtain access to Hospital Electronic Health Records (EHR)





Thank You





## References

- Brunelli et al. Int.J.Nephrol.Renovasc.Dis.2014; 7:131-139
- Grady NP, et al. CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, (2011) <https://www.cdc.gov/infectioncontrol/guidelines/bsi/>
- Vicki R. Lewis, Lindsey Clark, Raj Ratwani. Advances in the Prevention and Control of HAIs-Identifying and Aligning Work-System Factors to Mitigate HAIs in Ambulatory Dialysis <https://www.ahrq.gov/>
- Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol | Dialysis Safety | CDC . <https://www.cdc.gov/dialysis/prevention-tools/scrub-protocols.html>

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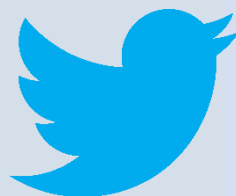
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