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Healthcare Acquired Infection Learning and Action Network: NHSN Data Quality QIA

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Webinar Etiquette

- **Mute** your phone
- Attendance
- CCN



The Network team serves as...

Facilitator

**Expert
Investigator**

Educator

**Referral
Source**

**Quality
Assurance**

Advocate



Network Communication

- CCN
- Facility Contact Information
- Facility Administrator



Priorities

Mine

- Patient Safety
- Patient Quality of Life
- Conditions for Coverage

Not Mine

- Tradition
- Profit at the expense of patients
- Politics



Why am I here again?

NHSN Data Quality QIA



Why So Complicated?

- Comorbidities
- Polypharmacy
- Lacking Coordination of Care
- High Mortality



ESRD Hospitalization

- High admission rates
- Readmission
- Expensive
- Downward spiral



Dialysis Event Protocol

“Positive blood culture: Report **all** positive blood cultures from specimens collected as an outpatient or collected within one calendar day after a hospital admission. **One calendar day after hospital admission includes positive blood cultures collected on the day of or the day following admission to the hospital.** Positive blood cultures meeting the criteria above should be reported regardless of whether or not a true infection is suspected or whether the infection is thought to be related to hemodialysis.”

<http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf>



Why Me?



$$\text{BSI Rate} = \frac{\# \text{ positive blood cultures}}{\text{Total \# patient months}} * 100$$



“There is no shame in making a mistake; the shame comes from knowing but doing **nothing about it.”**

-Ellen Gross



Project Expectations

- Monthly Calls
- CAPA: RCA & PDSA
- eMR access to at least one local hospital
- Increased reporting rate of hospital-drawn blood cultures



Monthly Calls

1. January 19 – Kickoff
2. February 16 – no call
3. March 16 – Project Implementation
4. April 20 – Culture Change
5. May 18 – Sepsis Recognition & Prevention
6. June 15 – Antibiotic Stewardship
7. July 20 – Patient Engagement
8. August 17 – Patient Education
9. September 21 – Recent Research
10. October 19 – Holistic Care and Infection Prevention
11. November 16 – Sustainability
12. December 21 – no call

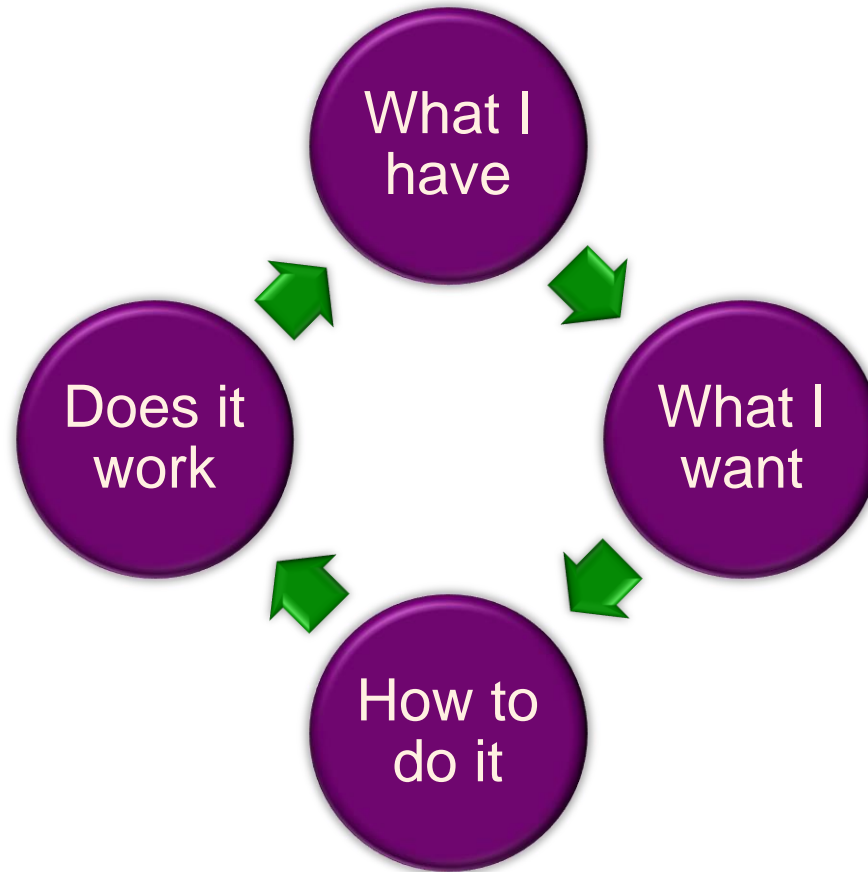


Corrective & Preventative Action Plan

Root Cause Analysis



PDSA (Plan, Do, Study, Act)



eMR Access



Evaluation

- **Clinic:** quarterly CAPA, continuous RCA, monthly QAPI documentation
- **Network:** monthly NHSN reports, CAPA review, individual follow up



To Do List

1. Acknowledge project participation using link in notification email **by 1/31/17**
2. Confer rights to Network in NHSN **by 1/31/2017**
3. CAPA Due **March 16**
4. Next call **March 16**
5. Following call **March 22**
6. “One ToDo” due **April 20**





Attendance

Please enter your name and CCN in the chat
to get credit for attendance



Questions?



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HealthInsight

HealthInsight is a private, non-profit, community-based organization dedicated to improving health and health care, operating in nine western states: California, Alaska, Idaho, Montana, Oregon Washington, Nevada, New Mexico and Utah. The HealthInsight ESRD Alliance was formed in 2015 to bring together the strengths of all partners to further integrate quality efforts across the care continuum for patients at risk for kidney disease, those with chronic kidney disease, those on dialysis or receiving kidney transplant care.

