

BSI Prevention QIA: Monthly Reporting Instructions and Report Submission Deadlines

Enclosed are the monthly reporting forms for each facility to report QIA events to the Network. Please utilize the form designated for each specific month. Monthly report forms should be received by the Network office no later than close of business on the **5th** of each month, beginning March 2017. Please keep all pledge forms and audits for possible auditing by the Network.

Month	Report on the Following Activities	Due Date to the Network
February	<input type="checkbox"/> Infections for December 2016–February 2017 <input type="checkbox"/> Action plan <input type="checkbox"/> Required staff education <input type="checkbox"/> Antibiotic Stewardship Collaborative Commitment Agreement	March 5, 2017
March	<input type="checkbox"/> March Infections and Action Plan <input type="checkbox"/> Audits <input type="checkbox"/> Patient education activities	April 5, 2017
April	<input type="checkbox"/> April Infections and Action Plan <input type="checkbox"/> Audits <input type="checkbox"/> Patient education activities	May 5, 2017
May	<input type="checkbox"/> May Infections and Action Plan <input type="checkbox"/> Audits <input type="checkbox"/> Patient education activities	June 5, 2017
June	<input type="checkbox"/> June Infections and Action Plan <input type="checkbox"/> Audits <input type="checkbox"/> Patient education activities	July 5, 2017
July	<input type="checkbox"/> July Infections and Action Plan <input type="checkbox"/> Audits <input type="checkbox"/> Patient education activities	August 5, 2017
August	<input type="checkbox"/> August Infections and Action Plan <input type="checkbox"/> Audits <input type="checkbox"/> Patient education activities	September 5, 2017
September	<input type="checkbox"/> September Infections and Action Plan <input type="checkbox"/> Audits <input type="checkbox"/> Patient education activities	October 5, 2017



Infection Prevention QIA Monthly Reporting Form

Reporting Month: **February 2017**

Please have staff who have completed the CDC's *Infection Prevention in the Dialysis Setting* training course during the reporting month sign below:

Facility Name:	
CCN:	

Print Name	Signature

Fax or email the completed form to Susan Moretti by **March 5, 2017** at 303.860.8392 or SMoretti@nw15.esrd.net.

Do not send any patient sensitive information (patient names/initials, SSN, DOB)



Infection Prevention QIA Monthly Reporting Form

Reporting Month: **March 2017**

Facility Name		Medicare CCN #	
Individual Completing Report			
Facility Hemodialysis Patient Census			
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk.			
AVF		Graft	
Were the BSI events entered in NHSN?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Infection Prevention Action Plan

List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions.

Infection(s) by Patient CW UPI	Type of Organism Identified	Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? <i>(Right Drug for the Right Bug?)</i>	Root Cause of Infection(s)	Planned/Completed Intervention(s)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Prevention Process Measure	# of Successful Observations	Total # of Observations
Hand Hygiene Observations (13 minimum per month)		
Hand Hygiene Observations (5 minimum completed by patients per month)		
Catheter Connections/Disconnections (7 minimum per month)		
Fistula or Graft Cannulations/Decannulations (7 each minimum per month)		
Dialysis Station Disinfections (7 minimum per month)		

Patient Resources

Report patient education activities for the month of **March 2017**.

# of patients who received <i>Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms</i>	
# of patients who received <i>Clean Hands Can Save Lives</i>	
# of patients who signed the pledge	

Fax or email the completed form to Susan Moretti by **April 5, 2017**
at 303.860.8392 or SMoretti@nw15.esrd.net.

Do not send any patient sensitive information (patient names/initials, SSN, DOB)



Infection Prevention QIA Monthly Reporting Form

Reporting Month: **April 2017**

Facility Name				Medicare CCN #	
Individual Completing Report					
Facility Hemodialysis Patient Census					
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk.					
AVF		Graft		Catheter	
Were the BSI events entered in NHSN?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Infection Prevention Action Plan for BSI Events				
List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions.				
Infection(s) by Patient CW UPI	Type of Organism Identified	Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (<i>Right Drug for the Right Bug?</i>)	Root Cause of Infection(s)	Planned/Completed Intervention(s)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Prevention Process Measure	# of Successful Observations	Total # of Observations
Hand Hygiene Observations (13 minimum per month)		
Hand Hygiene Observations (5 minimum completed by patients per month)		
Catheter Connections/Disconnections (7 minimum per month)		
Fistula or Graft Cannulations/Decannulations (7 each minimum per month)		
Dialysis Station Disinfections (7 minimum per month)		

Patient Resources	
Report patient education activities for the month of April 2017.	
# of patients who received <i>Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms</i>	
# of patients who received <i>Clean Hands Can Save Lives</i>	
# of patients who signed the pledge	
Please indicate which of the following resources you find most useful in educating patients regarding infection prevention	<input type="checkbox"/> <i>Clean Hands Can Save Lives</i> <input type="checkbox"/> <i>Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms</i>
Please indicate any successes or barriers your facility is experiencing with conducting the Infection Prevention QIA.	

Fax or email the completed form to Susan Moretti by **May 5, 2017** at 303.860.8392 or SMoretti@nw15.esrd.net.

Do not send any patient sensitive information (patient names/initials, SSN, DOB)



Infection Prevention QIA Monthly Reporting Form

Reporting Month: **May 2017**

Facility Name		Medicare CCN #	
Individual Completing Report			
Facility Hemodialysis Patient Census			
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk.			
AVF		Graft	
Were the BSI events entered in NHSN?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Infection Prevention Action Plan				
List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions.				
Infection(s) by Patient CW UPI	Type of Organism Identified	Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? <i>(Right Drug for the Right Bug?)</i>	Root Cause of Infection(s)	Planned/Completed Intervention(s)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Prevention Process Measure	# of Successful Observations	Total # of Observations
Hand Hygiene Observations (13 minimum per month)		
Hand Hygiene Observations (5 minimum completed by patients per month)		
Catheter Connections/Disconnections (7 minimum per month)		
Fistula or Graft Cannulations/Decannulations (7 each minimum per month)		
Dialysis Station Disinfections (7 minimum per month)		

Patient Resources	
Report patient education activities for the month of May 2017.	
# of patients who received <i>Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms</i>	
# of patients who received <i>Clean Hands Can Save Lives</i>	
# of patients who signed the pledge	

Fax or email the completed form to Susan Moretti by **June 5, 2017**
at 303.860.8392 or SMoretti@nw15.esrd.net.

Do not send any patient sensitive information (patient names/initials, SSN, DOB)

Infection Prevention QIA Monthly Reporting Form

Reporting Month: **June 2017**

Facility Name				Medicare CCN #	
Individual Completing Report					
Facility Hemodialysis Patient Census					
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk.					
AVF		Graft		Catheter	
Were the BSI events entered in NHSN?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Infection Prevention Action Plan for BSI Events				
List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions.				
Infection(s) by Patient CW UPI	Type of Organism Identified	Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (<i>Right Drug for the Right Bug?</i>)	Root Cause of Infection(s)	Planned/Completed Intervention(s)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Prevention Process Measure	# of Successful Observations	Total # of Observations
Hand Hygiene Observations (13 minimum per month)		
Hand Hygiene Observations (5 minimum completed by patients per month)		
Catheter Connections/Disconnections (7 minimum per month)		
Fistula or Graft Cannulations/Decannulations (7 each minimum per month)		
Dialysis Station Disinfections (7 minimum per month)		

Patient Resources	
Report patient education activities for the month of June 2017.	
# of patients who received <i>Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms</i>	
# of patients who received <i>Clean Hands Can Save Lives</i>	
# of patients who signed the pledge	
Please indicate which of the following resources you find most useful in educating patients regarding infection prevention	<input type="checkbox"/> <i>Clean Hands Can Save Lives</i> <input type="checkbox"/> <i>Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms</i>
Please indicate any successes or barriers your facility is experiencing with conducting the Infection Prevention QIA.	

Fax or email the completed form to Susan Moretti by **July 5, 2017** at 303.860.8392 or SMoretti@nw15.esrd.net.

Do not send any patient sensitive information (patient names/initials, SSN, DOB)



Infection Prevention QIA Monthly Reporting Form

Reporting Month: **July 2017**

Facility Name				Medicare CCN #	
Individual Completing Report					
Facility Hemodialysis Patient Census					
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk.					
AVF		Graft		Catheter	
Were the BSI events entered in NHSN?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Infection Prevention Action Plan				
List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions.				
Infection(s) by Patient CW UPI	Type of Organism Identified	Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (Right Drug for the Right Bug?)	Root Cause of Infection(s)	Planned/Completed Intervention(s)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Prevention Process Measure	# of Successful Observations	Total # of Observations
Hand Hygiene Observations (13 minimum per month)		
Hand Hygiene Observations (5 minimum completed by patients per month)		
Catheter Connections/Disconnections (7 minimum per month)		
Fistula or Graft Cannulations/Decannulations (7 each minimum per month)		
Dialysis Station Disinfections (7 minimum per month)		

Patient Resources	
Report patient education activities for the month of July 2017.	
# of patients who received Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms	
# of patients who received Clean Hands Can Save Lives	
# of patients who signed the pledge	

Fax or email the completed form to Susan Moretti by **August 5, 2017** at 303.860.8392 or SMoretti@nw15.esrd.net.

Do not send any patient sensitive information (patient names/initials, SSN, DOB)



Infection Prevention QIA Monthly Reporting Form

Reporting Month: **August 2017**

Facility Name		Medicare CCN #	
Individual Completing Report			
Facility Hemodialysis Patient Census			
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk.			
AVF		Graft	
Were the BSI events entered in NHSN?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Infection Prevention Action Plan				
List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions.				
Infection(s) by Patient CW UPI	Type of Organism Identified	Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? <i>(Right Drug for the Right Bug?)</i>	Root Cause of Infection(s)	Planned/Completed Intervention(s)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Prevention Process Measure	# of Successful Observations	Total # of Observations
Hand Hygiene Observations (13 minimum per month)		
Hand Hygiene Observations (5 minimum completed by patients per month)		
Catheter Connections/Disconnections (7 minimum per month)		
Fistula or Graft Cannulations/Decannulations (7 each minimum per month)		
Dialysis Station Disinfections (7 minimum per month)		

Patient Resources	
Report patient education activities for the month of August 2017.	
# of patients who received <i>Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms</i>	
# of patients who received <i>Clean Hands Can Save Lives</i>	
# of patients who signed the pledge	

Fax or email the completed form to Susan Moretti by **September 5, 2017**
at 303.860.8392 or SMoretti@nw15.esrd.net.

Do not send any patient sensitive information (patient names/initials, SSN, DOB)

Infection Prevention QIA Monthly Reporting Form

Reporting Month: **September 2017**

Facility Name				Medicare CCN #	
Individual Completing Report					
Facility Hemodialysis Patient Census					
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk.					
AVF		Graft		Catheter	
Were the BSI events entered in NHSN?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Infection Prevention Action Plan				
List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions.				
Infection(s) by Patient CW UPI	Type of Organism Identified	Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (<i>Right Drug for the Right Bug?</i>)	Root Cause of Infection(s)	Planned/Completed Intervention(s)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Prevention Process Measure	# of Successful Observations	Total # of Observations
Hand Hygiene Observations (13 minimum per month)		
Hand Hygiene Observations (5 minimum completed by patients per month)		
Catheter Connections/Disconnections (7 minimum per month)		
Fistula or Graft Cannulations/Decannulations (7 each minimum per month)		
Dialysis Station Disinfections (7 minimum per month)		

Patient Resources	
Report patient education activities for the month of September 2017 .	
# of patients who received Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms	
# of patients who received Clean Hands Can Save Lives	
# of patients who signed the pledge	
Please indicate which of the following resources you find most useful in educating patients regarding infection prevention	<input type="checkbox"/> <i>Clean Hands Can Save Lives</i> <input type="checkbox"/> <i>Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms</i>
Please indicate any successes or barriers your facility is experiencing with conducting the Infection Prevention QIA.	

Fax or email the completed form to Susan Moretti by **October 5, 2017** at 303.860.8392 or SMoretti@nw15.esrd.net.

Do not send any patient sensitive information (patient names/initials, SSN, DOB)