

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 pleage forms and audits for possible auditing by the Network.

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



Reporting Month: February 2017

Facility Name				CCN#						
Individual Comp	oleting Report									
Facility Hemodialysis Patient Census										
Were the BSI ev	ents entered in NHSN?		Yes 🗆 N	lo						
	Infaction Dr	rovention Ac	tion Plan for BSI I	Evonts						
		er 2016–Feb	ruary 2017, the d	ocument	eed root causes, vascular eted interventions.					
List BSI Events I Patient CW UF	THE ROOT CALLED OF INT	fection(s)	Vascular Access Type	Р	Planned/Completed Intervention(s)					



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.



Reporting Month: March 2017

Infection Prevention Process Measure Planned/Completed Infection(s) Prevention Process Measure Prevention Process Measure Prevention Process Measure Prevention Process Measure Prevention Preventio		<u> </u>							
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk. AVF	Facility Name				Medicare CCN #				
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk. AVF	Individual Completing Report								
at risk. AVF Were the BSI events entered in NHSN? Infection Prevention Action Plan List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions. Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (Right Drug for the Right Bug?) Yes No Prevention Process Measure H of Successful Observations Diservations (5 minimum per month) Hand Hygiene Observations (5 minimum completed by patients per month) Catheter Connections/Disconnections (7 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 Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives	Facility Hemodialysis Patient Census								
No No No No No No No No	Report only on patients	who had a positive blood	l cultu	re. Please enter th	ne patient's vascular a	ccess type that is highest			
Infection Prevention Action Plan List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions. Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (Right Drug for the Right Bug?) Yes No Prevention Process Measure Prevention Process Measure # of Successful Observations (13 minimum per month) Hand Hygiene Observations (13 minimum per month) Fistula or Graft Cannulations/Decannulations (7 each minimum per month) Patient Resources Report patient education activities for the month of March 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	at risk.								
Infection Prevention Action Plan List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions. Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (Right Drug for the Right Bug?) Yes No Yes No Yes No Prevention Process Measure # of Successful Observations (13 minimum per month) Hand Hygiene Observations (13 minimum per month) Hand Hygiene Observations (5 minimum completed by patients 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 Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives	AVF Graft Catheter								
List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions. Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (Right Drug for the Right Bug?) Yes No Prevention Process Measure Prevention Process Measure Prevention Servations (13 minimum per month) Hand Hygiene Observations (5 minimum completed by patients per month) Catheter Connections/Disconnections (7 minimum per month) Patient Resources Report patient education activities for the month of March 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	Were the BSI events ente	ered in NHSN?		☐ Yes	□ No				
List reported BSI events, type of organism identified, the documented root causes, and planned/completed interventions. Were sensitivities reviewed with Nephrologist for appropriate drug, dose, and duration? (Right Drug for the Right Bug?) Yes No Prevention Process Measure Prevention Process Measure Prevention Servations (13 minimum per month) Hand Hygiene Observations (5 minimum completed by patients per month) Catheter Connections/Disconnections (7 minimum per month) Patient Resources Report patient education activities for the month of March 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									
Infection(s) by Patient CW UPI Type of Organism Identified Total # of Su	List reported BSI events,					/completed interventions.			
Right Bug?) Yes			Were sensitivities reviewed with Nephrologist for appropriate drug,			•			
Yes No Yes No No Yes No No Yes No No Yes No No Yes No No No Yes No No No Yes No No No No No No No N			(Ri						
Prevention Process Measure Yes			□ Y	<u> </u>					
Prevention Process Measure # of Successful 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 Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives			□ Y	'es □ No					
Prevention Process Measure # of Successful Observations 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 Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives			□ Y	es 🗆 No					
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 Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives			□ Y	'es □ No					
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 Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives									
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 Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives	Pr	evention Process Meas	ure						
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 Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives	Hand Hygiene Observation	ons (13 minimum per mor	nth)						
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 Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives	Hand Hygiene Observation	ons (5 minimum complete	ed by p	atients per montl	n)				
Patient Resources Report patient education activities for the month of March 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	Catheter Connections/Di	sconnections (7 minimum	n per n	nonth)					
Patient Resources Report patient education activities for the month of March 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	Fistula or Graft Cannulat	ions/Decannulations (7 ea	ach mi	nimum per month	n)				
# of patients who received Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives	Dialysis Station Disinfect	ions (7 minimum per mon							
# 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 received Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms # of patients who received Clean Hands Can Save Lives									
# of patients who received Clean Hands Can Save Lives					e month of March 201	7.			
# of patients who received <i>Clean Hands Can Save Lives</i>	•	•							
# of patients who signed the pledge									
	# 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.



Reporting Month: April 2017

Facility Name					Medicare CCN #	
Individual Completing Repo	ort					
Facility Hemodialysis Patier	nt Census					
Report only on patients wh	no had a positive blo	od culture.	. Please ent	er the patien	t's vascular access typ	e that is highest at risk.
AVF		Graft			Catheter	
Were the BSI events entere	d in NHSN?		☐ Ye	s \square	No	
List reported BSI eve					BSI Events causes, and planned/co	ompleted interventions.
Infection(s) by Patient CW UPI	Type of Organism Identified	W re Ne ap an	ere sensitiv viewed with ephrologist opropriate d nd duration rug for the F	ities n for rug, dose, ? (<i>Right</i>	Root Cause of Infection(s)	Planned/Completed Intervention(s)
			□ Yes	□ No		
			□ Yes	□ No		
			□ Yes	□ No		
		[□ Yes	□ No		
Pro	evention Process	# of Successful Observations	Total # of Observations			
Hand Hygiene Observation	ons (13 minimum p	er month))			
Hand Hygiene Observation	ons (5 minimum co	mpleted b	y patients	per month))	
Catheter Connections/Di			-			
Fistula or Graft Cannulat	ions/Decannulation	ns (7 each	minimum	per month)		
Dialysis Station Disinfect	ions (7 minimum p	er month)				
	Renort		atient Res		month of April 2017 .	
# of patients who received Knowing the Signs and Syn	Infection Prevention	•			-	
# of patients who received	Clean Hands Can Sa					
# of patients who signed th	e pledge					
Please indicate which of the following resources you find most useful in educating patients regarding infection prevention					-	Save Lives tion: Washing Your Vascular g the Signs and Symptoms
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.



Reporting Month: May 2017

Facility Name					Medicare CCN #		
Individual Completing F	Report						
Facility Hemodialysis Pa							
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 en	tered in NHSN?		☐ Ye	es [□ No		
	1.5.	ı' B					
List reported BSI event		fied, th	ne docum			/completed interventions.	
Infection(s) by Patient CW UPI	Type of Organism Identified	a do	Vere sens reviewed Nephrolo ppropriatose, and d Right Drug Right B	d with gist for te drug, luration? g for the	Root Cause of Infection(s)	Planned/Completed Intervention(s)	
			Yes	□ No			
			Yes	□ No			
			Yes	□ No			
			Yes	□ No			
P	revention Process Mea	sure			# of Successful Observations	Total # of Observations	
Hand Hygiene Observat	tions (13 minimum per m	onth)					
, -	ions (5 minimum comple		•	per month)		
·	Disconnections (7 minimu	•					
	tions/Decannulations (7		ninimum	per month)			
Dialysis Station Disinfec	tions (7 minimum per mo						
	Report patient		ient Res		e month of May 2017		
# of patients who received Access & Knowing the S	ved <mark>Infection Prevention:</mark> Signs and Symptoms	Wash	ing Your	Vascular			
# of patients who recei	ved Clean Hands Can Sa v	e Live	s				
# of patients who signe	d the pledge						

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



Reporting Month: June 2017

Facility Name					Medicare CCN #		
Individual Completing Repo	rt						
Facility Hemodialysis Patien	nt Census						
Report only on patients wh	no had a positive blood culti	ire. Pleas	e enter the pa	atient	t's vascular access typ	oe that is highest at risk.	
AVF	Graft				Catheter		
Were the BSI events entere	d in NHSN?	[☐ Yes		No		
List reported BSI ever	Infection Prev					completed interventions.	
Infection(s) by Patient CW UPI	Type of Organism Identified	Were rev Nep appropr and du	e sensitivities iewed with hrologist for iate drug, do iration? (Right the Right Bu	se,	Root Cause of Infection(s)	Planned/Completed Intervention(s)	
		☐ Yes		lo			
		☐ Yes		lo			
		☐ Yes		lo			
		☐ Yes		lo			
Prevention Process Measure # of Successful Observations Total # of Observations							
Hand Hygiene Observations	(13 minimum per month)						
Hand Hygiene Observations	s (5 minimum completed by	patients p	er month)				
Catheter Connections/Disco	onnections (7 minimum per i	month)					
Fistula or Graft Cannulation	s/Decannulations (7 each m	inimum p	er month)				
Dialysis Station Disinfection	s (7 minimum per month)						
Patient Resources							
	Report patient				month of June 2017 .		
# of patients who received a Knowing the Signs and Sym	Infection Prevention: Washi						
# 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						n Save Lives ntion: Washing Your Vascular ng the Signs and Symptoms	
Please indicate any successor	es or barriers your facility is	experienc	ing with cond	luctin	ng the Infection Preve	ention QIA.	



Reporting Month: July 2017

Facility Name					Medicare CCN #		
Individual Completing I	Report						
Facility Hemodialysis Pa	atient 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 er	tered in NHSN?			Yes [□ No		
List reported BSI event	s, type of organism			ion Action I		/completed interventions.	
Infection(s) by Patient CW UPI	Type of Orgai Identified		review Nephrol appropri dose, and (<i>Right Dr</i>	nsitivities ed with logist for late drug, duration? ug for the Bug?)	Root Cause of Infection(s)	Planned/Completed Intervention(s)	
		[□ Yes	□ No			
]	□ Yes	□ No			
		[□ Yes	□ No			
		[□ Yes	□ No			
F	Prevention Proces	s Measur	·e		# of Successful Observations	Total # of Observations	
Hand Hygiene Observa	tions (13 minimum	per month	า)				
Hand Hygiene Observa							
Catheter Connections/	<u> </u>	-	<u>-</u>				
Fistula or Graft Cannula				n per month)			
Dialysis Station Disinfe	ctions (7 minimum						
	Report p		Patient Re		e month of July 2017		
# of patients who recei Access & Knowing the	-		shing You	r Vascular			
# of patients who rece	ived <i>Clean Hands C</i>	an Save Li	ives				
# of patients who signe	d the pledge						

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



Reporting Month: August 2017

Facility Name				Medicare CCN #	
Individual Completing Re	eport				
Facility Hemodialysis Pat	ient Census				
Report only on patients at risk.	who had a positive blood	l cultu	re. Please enter t	ne patient's vascular a	ccess type that is highest
AVF	Graft			Catheter	
Were the BSI events ente	ered in NHSN?		☐ Yes	□ No	
	lufoct	on Du	evention Actior	Diox	
List reported BSI events,		ed, the	documented ro		/completed interventions.
Infection(s) by Patient CW UPI	Type of Organism Identified	r N ap dos	ere sensitivities eviewed with ephrologist for propriate drug, e, and duration? ght Drug for the Right Bug?)	Root Cause of Infection(s)	Planned/Completed Intervention(s)
		□ Y	'es □ No		
		□ Y	'es □ No		
		□ Y	'es □ No		
		□ Y	'es □ No		
Pr	evention Process Meas	ure		# of Successful Observations	Total # of Observations
Hand Hygiene Observation	ons (13 minimum per mo	nth)			
	ons (5 minimum complete		•	n)	
	sconnections (7 minimun	•			
	ions/Decannulations (7 e		nimum per mont	n)	
Dialysis Station Disinfect	ions (7 minimum per mor				
		lucatio		e month of August 201	.7.
'	ed <i>Infection Prevention:</i> I	Vashir	ng Your Vascular		
Access & Knowing the Si					
# of patients who receiv	ed Clean Hands Can Save	Lives			
# 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**.



Reporting Month: September 2017

Facility Name				Medicare CCN #			
Individual Completing Repo	ort						
Facility Hemodialysis Patien	nt Census						
Report only on patients wh	no had a positive blood cult	ure. Please e	enter the patien	t's vascular access typ	e that is highest at risk.		
AVF	Graft			Catheter			
Were the BSI events entere	d in NHSN?		Yes \square	No			
List reported BSI ever	Infect nts, type of organism identi		ntion Action F		ompleted interventions.		
Infection(s) by Patient CW UPI	Type of Organism Identified	Were : revie Neph appropria and durati	sensitivities ewed with rologist for ate drug, dose, on? (Right Drug Right Bug?)	Root Cause of Infection(s)	Planned/Completed Intervention(s)		
		☐ Yes	□ No				
		☐ Yes	□ No				
		☐ Yes	□ No				
		☐ Yes	□ No				
Prevention Process Measure # of Successful Observations Total # of Observations							
Hand Hygiene Observations	s (13 minimum per month)						
Hand Hygiene Observations	s (5 minimum completed by	patients per	month)				
Catheter Connections/Disco	onnections (7 minimum per	month)					
Fistula or Graft Cannulation	s/Decannulations (7 each n	ninimum per	month)				
Dialysis Station Disinfection	s (7 minimum per month)						
		Patient F	Resources				
				nth of September 201	7.		
# of patients who received a Knowing the Signs and Sym	=	ing Your Vas	scular Access &				
# of patients who received	Clean Hands Can Save Live						
# of patients who signed the pledge							
Please indicate which of the patients regarding infection	•		Save Lives tion: Washing Your Vascular g the Signs and Symptoms				
Please indicate any successes or barriers your facility is experiencing with conducting the Infection Prevention QIA.							