

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	 □ 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

This material was prepared by HSAG: ESRD Network 17, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. CA-ESRD-17A146-01052017-05



Reporting Month: February 2017

Facility Name				CCN #					
Individual Complet	ing Report								
Facility Hemodialys	is Patient Census								
Were the BSI event	s entered in NHSN?		Yes 🗆 N	No					
Infection Prevention Action Plan for BSI Events List reported BSI events from December 2016—February 2017, the documented root causes, vascular access type highest at risk associated with the BSI, and planned/completed interventions.									
List BSI Events by Patient CW UPI	Root Cause of infect	tion(s)	Vascular Access Type	Planned/Completed Intervention(s)					



Reporting Month: February 2017

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

Print Name	Signature

Fax or email the completed form to Ruth Dawson by March 5, 2017 at 813.354.1514 or RDawson@nw7.esrd.net.



Reporting Month: March 2017

Facility Name					Medicare CCN #	
Individual Completing	Report					
Facility Hemodialysis P						
Report only on patients who had a positive blood culture. Please enter the patient's vascular access type that is highest at risk.						
AVF	Gra	aft			Catheter	
Were the BSI events er	ntered in NHSN?		☐ Yes		□ No	
	Ind.	action D	revention	A ation	Dlaw	
List reported BSI event						/completed interventions.
Infection(s) by Patient CW UPI	Type of Organism Identified	l a do	Vere sensitive reviewed we Nephrologis of ppropriate of the Right Drug for Right Bug	ith t for drug, ation? or the	Root Cause of Infection(s)	Planned/Completed Intervention(s)
			Yes	□ No		
			Yes	□ No		
			Yes	□ No		
			Yes	□ No		
ı	Prevention Process M	easure			# of Successful Observations	Total # of Observations
	tions (13 minimum per					
	tions (5 minimum comp			month)	
	Disconnections (7 minin	-	month)			
	ations (7 minimum per r					
Dialysis Station Disinfe	ctions (7 minimum per r	month)				
		t educat		for the	month of March 201	7.
•	ved Infection Preventio	n: Wash	ing Your Va	scular		
Access & Knowing the	· ·					
# of patients who rece	ived <i>Clean Hands Can S</i>	ave Live:	s			
# of patients who signe	ed the pledge					

Fax or email the completed form to Ruth Dawson by **April 5, 2017** at 813.354.1514 or <u>RDawson@nw7.esrd.net</u>.



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	ed in NHSN?		☐ Ye	s \square	No	
List reported BSI eve					BSI Events auses, and planned/c	ompleted interventions.
Infection(s) by Patient CW UPI	Type of Organism Identified	We rev Nep app and	re sensitiv iewed with ohrologist oropriate d d duration	ities n for rug, dose,	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			patients	per month))	
Catheter Connections/Di			•			
Fistula or Graft cannulati	ons (7 minimum pe	er month)	· ·			
Dialysis Station Disinfecti						
,	· ·				<u> </u>	
	Domont		tient Res		was not be af America 2017	
# of patients who received Knowing the Signs and Syn	Infection Prevention				month of April 2017.	
# of patients who received	Clean Hands Can Sa	ve 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 tion: Washing Your Vascular ng the Signs and Symptoms	
Please indicate any success	es or barriers your fa	icility is expe	eriencing w	ith conducti	ng the Infection Preve	ntion QIA.



Reporting Month: May 2017

Facility Name				Medicare CCN #			
Individual Completing F	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 en	tered in NHSN?		☐ Yes [□ No			
	Infoct	ion Drov	ention Action I	Dlaw			
List reported BSI event					/completed interventions.		
Infection(s) by Patient CW UPI	Type of Organism Identified	rev Nepl appro dose, a (<i>Right</i>)	e sensitivities iewed with hrologist for opriate drug, and duration? It Drug for the ght Bug?)	Root Cause of Infection(s)	Planned/Completed Intervention(s)		
		☐ Yes	\square No				
		☐ Yes	□ No				
		☐ Yes	□ No				
		☐ Yes	□ No				
				# of Successful			
P	revention Process Meas	sure		Observations	Total # of Observations		
Hand Hygiene Observat	tions (13 minimum per mo	nth)					
, ,	tions (5 minimum complet)			
·	Disconnections (7 minimur	-	nth)				
	tions (7 minimum per mor	-					
Dialysis Station Disinfed							
		Dations	t Resources				
	Report patient o			e month of May 2017	,		
# of patients who receive	ved Infection Prevention:						
Access & Knowing the	•						
# of patients who rece	ived Clean Hands Can Sav o						
# of patients who signe	d the pledge						

Fax or email the completed form to Ruth Dawson by June 5, 2017 at 813.354.1514 or RDawson@nw7.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 cult	ure. Please en	ter the patien	t's vascular access typ	e that is highest at risk.
AVF	Graft			Catheter	
Were the BSI events entere	d in NHSN?		'es 🗆	No	
List reported BSI ever	Infection Prev				ompleted interventions.
Infection(s) by Patient CW UPI	Type of Organism Identified	Were sel review Nephrol appropriate and durati	nsitivities ed with ogist for drug, dose, ion? (<i>Right</i> 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	(5 minimum completed by	patients per r	nonth)		
Catheter Connections/Disco	onnections (7 minimum per	month)			
Fistula or Graft Cannulation	s (7 minimum per month)				
Dialysis Station Disinfection	s (7 minimum per month)				
	Renort natient	Patient Re		month of June 2017.	
# of patients who received a Knowing the Signs and Sym	Infection Prevention: Wash				
# of patients who received	Clean Hands Can Save Live	s			
# of patients who signed the	e pledge				
Please indicate which of the patients regarding infection	e following resources you fir prevention	=	n Save Lives tion: Washing Your Vascular ng the Signs and Symptoms		
Please indicate any success	es or barriers your facility is	experiencing	with conducti	ng the Infection Preve	ntion QIA.



Reporting Month: July 2017

Facility Name					Medicare CCN #	
Individual Completing Ro	eport					
Facility Hemodialysis Pat						
Report only on patients	who had a positive blood	cultu	ure. Please ente	r the	patient's vascular ac	cess type that is highest
at risk.						
AVF	Graft				Catheter	
Were the BSI events ent	ered in NHSN?		☐ Yes		□ No	
	Infecti	on Pi	revention Acti	on P	Plan	
List reported BSI events						completed interventions.
Infection(s) by Patient CW UPI	Type of Organism Identified	N ap do:	Vere sensitivitie reviewed with lephrologist for opropriate drug se, and duration ight Drug for the Right Bug?)	, 1?	Root Cause of Infection(s)	Planned/Completed Intervention(s)
			Yes \square	No		
			Yes \square	No		
			Yes \square	No		
			Yes \square	No		
	<u>'</u>				# of Successful	Total # of
Pr	evention Process Meas	ure			Observations	Observations
Hand Hygiene Observati	ons (13 minimum per mor	nth)				
Hand Hygiene Observati	ons (5 minimum complete	d by	patients per mo	nth)		
Catheter Connections/D	isconnections (7 minimum	per i	month)			
Fistula or Graft cannulat	ions (7 minimum per mon	th)				
Dialysis Station Disinfections (7 minimum per month)						
		Doti	ent Resources			
	Report patient e				month of July 2017.	
# of patients who received Infection Prevention: Washing Your Vascular Access & Knowing the Signs and Symptoms				Local State Control Control		
# of patients who received <i>Clean Hands Can Save Lives</i>						
# of patients who signed	I the pledge					

Fax or email the completed form to Ruth Dawson by **August 5, 2017** at 813.354.1514 or <u>RDawson@nw7.esrd.net</u>.



Reporting Month: August 2017

Facility Name				Medicare CCN #			
Individual Completing R	eport						
Facility Hemodialysis Pa	tient 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 en	tered in NHSN?		☐ Yes ☐	□ No			
	lu fo at	ion Drove	ention Action I	Non			
List reported BSI events					/completed interventions.		
Infection(s) by Patient CW UPI	Type of Organism Identified	revi Neph appro dose, a (<i>Right</i>	sensitivities ewed with prologist for priate drug, and duration? Drug for the ght Bug?)	Root Cause of Infection(s)	Planned/Completed Intervention(s)		
		☐ Yes	□ No				
		☐ Yes	□ No				
		☐ Yes	□ No				
		☐ Yes	□ No				
		•		# of Successful			
P	revention Process Meas	sure		Observations	Total # of Observations		
Hand Hygiene Observat	ions (13 minimum per mo	nth)					
Hand Hygiene Observat	ions (5 minimum complete	ed by pati	ents per month				
·	Disconnections (7 minimun	•	ith)				
	tions (7 minimum per mor						
Dialysis Station Disinfec	tions (7 minimum per mor						
		Detient	Descrives				
	Report nations ed		Resources	month of August 201	7		
# of patients who receiv	ved Infection Prevention:			month of August 201			
Access & Knowing the	•	· · · · · · · · · · · · · · · · · · ·	- 29				
	ved Clean Hands Can Save						
# of patients who signed	d the pledge						

Fax or email the completed form to Ruth Dawson by **September 5, 2017** at 813.354.1514 or <u>RDawson@nw7.esrd.net</u>.



Reporting Month: September 2017

Facility Name					Medicare CCN #	
Individual Completing Repo	ort					
Facility Hemodialysis Patier	nt Census					
Report only on patients wh	no had a positive b	lood cultu	ıre. Please ent	er the patie	ent's vascular access typ	oe that is highest at risk.
AVF		Graft			Catheter	
Were the BSI events entere	d in NHSN?		☐ Ye	es 🗆	□ No	
List reported BSI eve	nts. type of organis		on Preventi			ompleted interventions.
Infection(s) by Patient CW UPI	Type of Orgar Identified	nism	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)
			☐ Yes	□ No		
			☐ Yes	□ No		
			☐ Yes	□ No		
			☐ Yes	□ No		
Preve	ention Process N	# of Successful Observations	Total # of Observations			
Hand Hygiene Observations	s (13 minimum per	month)				
Hand Hygiene Observations	s (5 minimum comp	oleted by I	patients per m	onth)		
Catheter Connections/Disco	onnections (7 minir	mum per r	month)			
Fistula or Graft Cannulation	ıs (7 minimum per	month)				
Dialysis Station Disinfection	s (7 minimum per i	month)				
	Panart n	ationt odu	Patient Res		nonth of September 20 :	17
# of patients who received						
Knowing the Signs and Syn	-					
# of patients who received	Clean Hands Can S	Save Lives	1			
# of patients who signed the pledge						
Please indicate which of the following resources you find most useful in educating patients regarding infection prevention					□ Infection Preven	n Save Lives tion: Washing Your Vascular ng the Signs and Symptoms
Please indicate any success	es or barriers your	facility is	experiencing v	vith conduct	ting the Infection Preve	ention QIA.