

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

This material was prepared by HSAG: ESRD Network 7, 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. FL-ESRD-7A1046-01052017-04



Reporting Month: February 2017

Facility Name				CCN#					
Individual Comp	leting Report								
Facility Hemodia	llysis Patient Cens	sus							
Were the BSI ev	ents entered in N	HSN?	☐ Yes ☐ I	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 b Patient CW UP	. I KUUT LAIISE	of infection(s)	Vascular Access Type	F	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	itered in NHSN?		☐ Yes		□ No	
	I.o.f.	action D	revention	A ation	Dlaw	
List reported BSI event		ntified, th	ne documen	ted root		/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		
	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 <i>Infection Preventio</i>	n: Wash	ing Your Va	scular		
Access & Knowing the	· ·					
# of patients who rece	ived Clean Hands Can S	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 ente	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 🗆	No			
List reported BSI eve	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	We rev Nej app and	ere sensitiv viewed with phrologist propriate 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				
Prevention Process Measure					# of Successful Observations	Total # of Observations		
Hand Hygiene Observation	ons (13 minimum p	er month)						
Hand Hygiene Observation			, patients	per month))			
Catheter Connections/Di	sconnections (7 mi	inimum per	r month)					
Fistula or Graft cannulati	ons (7 minimum pe	er month)						
Dialysis Station Disinfecti	ions (7 minimum p	er month)						
						<u>'</u>		
	Donort		tient Res		month of Amril 2017			
# of patients who received Knowing the Signs and Syn	Infection Prevention				month of April 2017.			
# of patients who received	Clean Hands Can Sa	ıve 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 successes or barriers your facility is experiencing with conducting the Infection Prevention QIA.						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	ort		•		
Facility Hemodialysis Patien	nt Census				
Report only on patients wh	no had a positive blood cult	ure. Please enter the pa	tient's vascular access ty	pe that is highest at risk.	
AVF	Graft		Catheter		
Were the BSI events entere	d in NHSN?	☐ Yes	□ No		
List reported BSI eve	Infection Prev	vention Action Plan		completed interventions.	
Infection(s) by Patient CW UPI	Type of Organism Identified	Were sensitivities reviewed with Nephrologist for appropriate drug, dos and duration? (Right Drug for the Right Bug	Root Cause of se, Infection(s)	Planned/Completed Intervention(s)	
		☐ Yes ☐ N	0		
		☐ Yes ☐ N	О		
		☐ Yes ☐ N	o		
		☐ Yes ☐ N	0		
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 (7 minimum per month)				
Dialysis Station Disinfection	s (7 minimum per month)				
		Patient Resources			
			the month of June 2017.		
# of patients who received a Knowing the Signs and Sym	=	ing Your Vascular Acces	ss &		
# 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 firn prevention	☐ Infection Prevei	in Save Lives ntion: Washing Your Vascular ing the Signs and Symptoms		
Please indicate any successes or barriers your facility is experiencing with conducting the Infection Prevention QIA.					



Reporting Month: July 2017

English Maria					a d'a con CON II		
Facility Name				ĪV	1edicare CCN #		
Individual Completing Re							
Facility Hemodialysis Pati							
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 ente	ered in NHSN?		☐ Yes		No		
List reported BSI events,			evention Action e documented ro			completed interventions.	
Infection(s) by Patient CW UPI Type of Organism Identified 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)		
		□ Y	′es □ No	0			
		□ Y	′es □ No	0			
		□ Y	′es □ No	0			
		□ Y	′es □ No	0			
Pre	evention Process Meas	sure			# of Successful Observations	Total # of Observations	
Hand Hygiene Observation	ons (13 minimum per mo	nth)					
Hand Hygiene Observation	ons (5 minimum complete	ed by p	oatients per mon	th)			
Catheter Connections/Dis	sconnections (7 minimun	n per n	nonth)				
Fistula or Graft cannulati	ons (7 minimum per mor	nth)					
Dialysis Station Disinfecti	ons (7 minimum per mor	nth)					
	Donort national		ent Resources	+ha,	month of July 2017		
# of patients who receive Access & Knowing the Signature	ed Infection Prevention: 1				month of July 2017 .		
# of patients who receive	ed Clean Hands Can Save	: Lives					
# of patients who signed	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			1	Medicare CCN #	
Individual Completing Repo	rt				
Facility Hemodialysis Patien	nt Census				
Report only on patients wh	no had a positive blood cult	ure. Please ent	er the patient	's vascular access type	e that is highest at risk.
AVF	Graft			Catheter	
Were the BSI events entere	d in NHSN?	☐ Ye	es 🗆 🗈	No	
List reported BSI ever	Infect ints, type of organism identif		on Action Pl		mpleted 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)
		☐ Yes	□ No		
		☐ Yes	□ No		
		☐ Yes	□ No		
		☐ Yes	□ 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 m	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)				
	Report natient ed	Patient Res		th of September 201	7
# of patients who received a Knowing the Signs and Syn	Infection Prevention: Wash			an or copiemiser 202	
# of patients who received	Clean Hands Can Save Live	5			
# of patients who signed the	e pledge				
Please indicate which of the patients regarding infection	e following resources you fir prevention	=	Save Lives ion: Washing Your Vascular g the Signs and Symptoms		
Please indicate any successes or barriers your facility is experiencing with conducting the Infection Prevention QIA.					