Meeting Reminders

• Please place phone on “Mute” if now speaking.
  ▪ *6 = Mute
  ▪ *7 = Unmute

• Use Chat – Send to “All Panelists.”

• Make the presentation full-screen.

• Get involved!
Karen Strott, RN
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OVERVIEW OF THE CDPHE DIALYSIS INFECTION CONTROL ASSESSMENT RESPONSE (ICAR) PROGRAM

December 8, 2016
OBJECTIVES

• Review Core Interventions for Dialysis BSI Prevention
• Present an Overview of the Colorado ICAR Program
• Discuss the Colorado Dialysis Facility ICAR Process
• Review Preliminary Colorado ICAR Findings
CDC APPROACH TO BSI PREVENTION IN DIALYSIS FACILITIES

Evidence-Based Interventions
Infection Prevention Tools
Guidelines and Recommendations
Audit Tools
Education Materials for Staff and Patients
Data Reports
Making Dialysis Safer for Patients Coalition

www.cdc.gov/dialysis/prevention-tools
HIGHLIGHTS OF THE NATIONAL ICAR PROGRAM

- A look at facility demographics
- Comprehensive assessment of infection control program and infrastructure
- Direct observation of facility infection prevention processes
- Summary report with suggestions and links to resources that might be beneficial in reducing infections at facilities.

COLORADO FACILITY SELECTION

- Census
- Bloodstream infection rates (BSIs)
- Access related bloodstream infection rates (ARBs)
- Central venous catheter (CVC) rates
- Time elapsed since last health facility survey
- Time elapsed since last prevention visit
- V-tags
- Dialysis Facility Compare (DFC) score and star ratings
- % of patients (+) for hepatitis C virus
COLORADO ICAR PROCESS

- Scheduling of site visit
- Pre-visit conference call
- Advance review of ICAR assessment
- Tour of facility
- Observations
- Exit Conference
- Summary Report
COLORADO IS DOING WELL WITH:

- Cannulation/decannulation of vascular accesses
  - Steps performed correctly in 94-100% of cases; exceptions are antiseptic application and patient hand hygiene

- Medication administration and preparation
  - 92-100% of the preparation steps are completed correctly
  - 90-100% of the administration steps are completed correctly

- Hand Hygiene
**AREAS COLORADO CAN IMPROVE**

- **Patient involvement in infection prevention**
  - Washing access/hands pre-treatment 67% of the time
  - Patients use clean gloves and perform hand hygiene post-treatment 79% of the time

- **Implementation of the CVC recommendations**
  - Applying antimicrobial ointment to CVC exit sites only 8% of the time
  - Performing scrub-the-hub per protocol 80-83% of the time
  - Applying antiseptic correctly 86%

- **Environmental hygiene**
  - 39% of stations are empty before station cleaning commences
  - 66% disinfecting all surfaces of machines, prime buckets, and stations.
CONTACT INFORMATION

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For Questions, Comments, or to Join the ESRD NCC HAI LAN Workgroup

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Thank you!