

Module 2, Session 1: Infection Control at the Facility Level



Preparation Checklist

Materials Required for this Session:

- ☐ Facility Trainer Binder - Module 2, Session 1
- ☐ Facility-specific material: Policies and procedures (P&Ps) relevant to the session, including those dealing with: early detection and management, contact precautions, patient education, embedded/shared computer cleaning, isolation room, waste handling option ports (if applicable to the facility)
- ☐ Copy of facility's most recently completed *CDC Infection Control Assessment and Response (ICAR) tool: Domain I*
- ☐ *Facility Trainer Attendance Log* (provided in Session Appendix)
- ☐ *Facility Trainer Assessment Tracker* (provided in Session Appendix)
- ☐ **Participant Notebooks** with Module 2, Session 1 handouts (provided in Session Appendix):
 - *Infection Control at the Facility Level Pre-Session Assessment*
 - *Infection Control at the Facility Level Post-Session Assessment*
 - *Module 2, Session 1: Participant Resources*
 - *Session Follow-Up Task list*
- ☐ Flip chart/ white board and markers
- ☐ Blank name tags/tents and markers
- ☐ Extra pens

Resources used for this session:

- CDC Dialysis Bloodstream Infection (BSI) Prevention Collaboration
 - <http://www.cdc.gov/dialysis/collaborative/index.html>
- *CDC Dialysis Safety: Making Dialysis Safer for Patients Coalition*
 - <https://www.cdc.gov/dialysis/coalition/index.html>
- *CDC Approach to BSI Prevention in Dialysis Facilities Fact Sheet*
 - http://www.cdc.gov/dialysis/PDFs/Dialysis-Core-Interventions-5_10_13.pdf
- *Safe Hemodialysis Checklist* Hand-Out
 - http://esrdncc.org/wp-content/uploads/2015/01/ESRDNCC-Hemodial-Checklist_5natnl.pdf
- *CDC Patient Pocket Guide: 6 Tips to Prevent Dialysis Infections*
 - <http://www.cdc.gov/dialysis/PDFs/Dialysis-Patient-PocketGuide.pdf>
- AHRQ Safety Program for End-Stage Renal Disease Facilities-Toolkit: Patient and Family Engagement
 - <http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/esrdpatfamengage.html>

- *Guide to Infection Prevention For Outpatient Settings: Minimum Expectations for Safe Care*
 - http://www.cdc.gov/hai/pdfs/guidelines/Ambulatory-Care+Checklist_508_11_2015.PDF
- AHRQ Safety Program for End-Stage Renal Disease Facilities - Toolkit
 - <http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/index.html>

Preparing for the Session:

Before the Facility Trainer begins this session, the following tasks should be completed:

- Notify participants about the session, at least two weeks prior, include the location, date, and time of the session.
- Assemble Module 2, Session 1 handouts for participants to add to their **Participant Notebook**.
- Assemble P&Ps needed for review.
- Make copies of recent ICAR Domain I, and highlight areas with gaps in policy, to be added to the **Participant Notebook**.
- Set up the classroom with handouts and blank name tags at each participant's place.
- Have the Facility Trainer's binder ready before beginning the session.

Tasks to be done as participants arrive:

- Ask participants to sign in using the *Facility Trainer Attendance Log*.
- Give each participant Module 2, Session 1 handouts to be inserted into their **Participant Notebook**.
- Prompt participants to complete the *Pre-Session Assessment*.

Tasks to be done after completion of the session:

- Write notes about the session on the "Notes and Homework" page. Include: which policies need to be developed or updated and any action plans that were developed and require follow-up.
- Complete the *Facility Trainer Assessment Tracker* with Pre- and Post-Session Assessment scores.
- Address areas of concerns, successes, questions, need for follow-up, staff members to check in with, etc.

Facility Trainer Brief

Learning Objectives

At the close of Module 2, Session 1 the participants will be able to:

- Identify the facility's infection control personnel.
- Describe quality improvement activities (QIA) in which the facility participates.
- Understand the basic expectations for infection control at the facility level, as outlined by the CDC.
- Develop a plan to implement the CDC's Core Interventions to protect patients and staff.

Module 2, Session 1: Overview

This module is directed towards managers, policy makers, physicians (MDs), and medical practitioners. This session reviews the minimum expectations set forth by the CDC for infection control and addresses the need for a proper infrastructure to establish and sustain appropriate infection control. The goal is not only to have participants identify necessary policies and procedures, but also to work toward implementation of basic infection control interventions within the facility. Basic infection control practices are addressed, including: quality improvement activities (QIA) to prevent healthcare associated infections (HAIs), early detection, isolation rooms and contact precautions, resources for staff education, and facility signage for staff and patients.

Session 1 is designed to help participants understand the value of the core interventions in the creation of an effective infection control program and to encourage participation in making appropriate changes at the facility. A goal of the session is to open the lines of communication and facilitate an action plan. Participants should begin to understand their role in the facility's infection control program and implement staff training on P&Ps.

****The facility should have an identified infection control person. If your facility does not have an identified infection control person – open the floor for discussion on identifying a staff member for this role. If the identified infection control person does not have any formal training, consider having him or her become certified in infection control or provide further education on the topic of infection control.**

Module 2, Session 1 is divided into these five parts:

Part 1: Introduction (5 minutes)

After participants complete the *Pre-Session Assessment*, the Facility Trainer introduces the session, identifies the facility's current infection control person, reviews quality improvement activities (QIAs) in which the facility participates, and highlights the P&Ps currently in place to address infection control.

Part 2: Core Collaborative Interventions (10 minutes)

The Facility Trainer leads the participants through a brief discussion of the background of the CDC collaborative and provides an overview of the Core Interventions, as well as the resources needed to implement them at the facility.

Part 3: Educating Patients about Infection Control (10 minutes)

This Facility Trainer discusses the importance of early detection as well as patient education and participation in the infection control program. This section opens the floor for an open discussion about current practices, patient education, and additional resources available.

Part 4: Action Plan (10 minutes)

The Facility Trainer identifies policy gaps found in the facility's most recent ICAR assessment and leads an open discussion to formulate plans to mitigate gaps in policy. The discussion will include creation of an action plan; specifically, core interventions that should be implemented. Other points to be discussed include delegation of responsibilities, planning, feasibility, timeliness, and identification of individuals to assist in implementing policy.

Part 5: Wrap-Up and To-Do List (5 minutes)

The Facility Trainer summarizes "Infection Control at the Facility Level" and opens the floor for questions and discussion. This will include participant completion of the sessions' *Post-Session Assessment*, as well as a reminder to staff about the tasks participants will complete after the close of Module 2, Session 1.

Key messages







These are the key messages for this session. They should be reinforced from time to time throughout this program.

- The facility is committed to preventing HAIs and participating in QIAs.
- The purpose of CDC's Dialysis BSI Prevention Collaborative is for hemodialysis facilities and providers to work together to prevent BSIs in hemodialysis and to increase interest in improving infection control.
- Early detection and patient education play a large role in the prevention and spread of infection at the facility level.

Classroom Presentation

Part 1: Introduction

Estimated Time: 5 Minutes

Welcome!	Notes		
<p>As participants arrive, ask them to complete the <i>Pre-Session Assessment</i> and sign into the <i>Facility Trainer Attendance Log</i>.</p> <p>Welcome participants to the training session.</p> <p> Present: Welcome to Module 2, Session 1: <i>Infection Control at the Facility Level</i>. During this session, we will provide an overview of some of the QIAs in which we now take part, as well as other programs that are available. We will also review the current P&Ps, talk about the importance of patient education in the infection control process, and create an action plan to mitigate any gaps in, or needed improvements to, existing policies.</p>			
Introductions	Notes		
<p> Ask participants to introduce themselves; e.g., their name, position within the facility, and goals for attending. Encourage participation of all attendees.</p> <p> Present: As we work to improve our infection control practice and decrease our HAIs, it is important to understand what the facility is already doing.</p> <table border="1"><tr><td></td><td>Notes to the Facility Trainer The following highlights the points to be addressed in this portion of the presentation. Please note the text in <i>italics</i> should be modified to appropriately represent your facility.</td></tr></table> <p>The facility has an identified infection control person in charge of the infection control activities within the facility. <i>Provide infection control personnel's name, contact info, as well as pertinent training.</i> This person is a valuable resource and serves as the point person between the facility, the corporation, the Network, and state surveyors.</p>		Notes to the Facility Trainer The following highlights the points to be addressed in this portion of the presentation. Please note the text in <i>italics</i> should be modified to appropriately represent your facility.	
	Notes to the Facility Trainer The following highlights the points to be addressed in this portion of the presentation. Please note the text in <i>italics</i> should be modified to appropriately represent your facility.		

****If Applicable****

Currently, our facility participates in our ESRD Network's Healthcare-Associated Infection (HAI) Quality Improvement Activity (QIA). *Provide participants with a summary of ESRD activities in which the facility has recently participated or anticipates participating in.*

Other HAI prevention activities we have worked on include: *provide information regarding any other infection control activities such as clinical trials, staff education, or company-led QIAs.*



Present: Of significance in hemodialysis infection control is the CDC Prevention Collaborative which we are going to talk about in greater detail in the next section.



Ask: Before we move on, does anyone have any questions regarding QIAs in which the facility participates?

Part 2: CDC Prevention Collaborative

Estimated Time: 10 Minutes

What is the Collaborative?

Notes



Refer participants to The CDC Dialysis BSI Prevention Collaborative link:

<http://www.cdc.gov/dialysis/collaborative/index.html>



Present: The CDC Dialysis BSI Prevention Collaborative was established in 2009 with a goal to work together to prevent bloodstream infections (BSIs) in hemodialysis and spur a broader interest in preventing infections among the dialysis community.

The members of the Prevention Collaborative include freestanding and hospital-based outpatient dialysis facilities across the country. Participating facilities measure BSIs using the dialysis event surveillance module within CDC's National Healthcare Safety Network (NHSN), and are creating and implementing a package of evidence-based practices to prevent these infections.

In an effort to decrease the rates of bloodstream infections among hemodialysis patients, the Prevention Collaborative developed the Core Interventions and steps to prevent infections in patients.

Through the collaborative, facilities collect data, share ideas, and continually create evidence-based practice guidelines and recommendations to prevent infections.

One of the collaborative studies, the Michigan Keystone project, implemented basic interventions established by the collaborative and showed a 66% reduction of central line associated bloodstream infections (CLABSI) (Center for Disease Control and Prevention: Dialysis Safety, 2012). A variety of helpful tools and success stories are available through the website, in the link provided.

Core Interventions

Notes



Refer participants to *The Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention* in the handouts:
http://www.cdc.gov/dialysis/PDFs/Dialysis-Core-Interventions-5_10_13.pdf






Present: BSIs can be a devastating complication of hemodialysis and have a grave impact on hospitalization rates; healthcare associated costs; increased rates of other complications such as endocarditis and osteomyelitis; and increased morbidity rates. The CDC Dialysis BSI Prevention Collaborative has established nine core interventions for facilities to implement to help reduce BSIs.

Core Interventions include:

1. Surveillance and feedback using NHSN,
2. Hand hygiene observations – performed monthly,
3. Catheter/vascular access care observations –performed quarterly,
4. Staff education and competency – should occur upon hire and every 6-12 months thereafter,
5. Patient education/engagement – standardized education on infection control,
6. Catheter reduction,
7. Chlorhexidine for skin antisepsis during catheter exit site care,
8. Catheter hub disinfection, and
9. Antimicrobial ointment use on catheter exit sites.







Ask: In which interventions do we already engage? How can we increase our participation in the Core Interventions? Would our facility be interested in becoming more involved with CDC partnerships?

	<p>Notes to the Facility Trainer</p> <p>The CDC established the <i>Making Dialysis Safer for Patients Coalition</i> and is encouraging facility members to join the coalition. https://www.cdc.gov/dialysis/coalition/index.html</p>	
 Open Responses		
	<p>Notes to the Facility Trainer</p> <p>Make sure to review the Core Interventions with staff and encourage them to refer to the link provided above. Encourage a Q&A regarding the Collaborative as well as a discussion about the facility's participation in the Collaborative.</p>	

Part 3: Managing Infection Control Education with Patients

Estimated Time: 10 Minutes

Current Practices in Patient Education	Notes
<p> Present: An important part of any infection control program is identifying possible infected and/or contagious patients and providing education about the importance of taking an active role in infection control. While it is important that we help identify patients who could pose a risk, educating patients and encouraging them to participate in infection control will help in early identification of infections and overall improved infection control.</p> <div data-bbox="191 1360 1015 1514">  <p>Notes to the Facility Trainer</p> <p>Open the floor for a Q&A with open responses. Lead an open discussion using the questions below.</p> </div> <p> Ask: What systems does the facility have in place for early detection of infected individuals? Does this take place in the waiting room or on the treatment floor?</p> <p> Can we separate potentially infected individuals at a distance greater than six feet from the general patient population? In the waiting room and on the treatment floor?</p>	



Are the facility's patients engaged in the infection control process? Do we encourage patients to speak up when breaches are identified?



Is there signage in the waiting area, as well as the patient care area, that actively encourages patients to participate in hand hygiene, preventing the spread of respiratory infections?



What are some ways we can improve patient involvement?



Open Responses



Present: The facility should be providing regular, standardized education to all patients. We should be regularly educating patients about:

- Vascular access care,
- Hand hygiene,
- Risks related to catheter use,
- Recognizing signs of infection, and
- Instructions for access management when away from the dialysis unit.

	Notes to the Facility Trainer
	The Facility Trainer should be able to provide examples of patient education that the facility has in place. If there is currently no on-going education, open the floor to discuss how education can be initiated and implemented.

Patient Education Resources

Notes



Refer participants to *Safe Hemodialysis Checklist*:
http://esrdncc.org/wp-content/uploads/2015/01/ESRDNCC-Hemodial-Checklist_5natnl.pdf


CDC Patient Pocket Guide: *6 Tips to Prevent Dialysis Infections*
<http://www.cdc.gov/dialysis/PDFs/Dialysis-Patient-PocketGuide.pdf>

AHRQ Safety Program for End-Stage Renal Disease Facilities-Toolkit:
Patient and Family Engagement

<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/esrdpatfamengage.html>



Present: The *Safe Hemodialysis Checklist* and the CDC Patient Pocket Guide: *6 Tips to Prevent Dialysis Infections* are two useful resources for patients to encourage not only participation in infection control but to advocate for themselves.

	Notes to the Facility Trainer
	The facility should provide standardized training to patients. Consider implementing a patient education program if one does not already exist. See CDC's Patient Information index for more information and videos: http://www.cdc.gov/dialysis/patient/index.html

Part 4: Action Plan

Estimated Time: 10 Minutes

Gaps in Policy

Notes



Refer participants to the facility's ICAR assessment, provided in the session hand-outs.




Present: The highlighted areas on the ICAR assessment are areas where we are lacking important policies. We need to develop a plan to write new policies as well as educating the staff on implementation of any new policy developed.








Ask participants: how can we establish new policies to help mitigate these gaps?





Open Responses

	Notes to the Facility Trainer
	This section will vary by facility. If the policy making process needs to be brought up to the corporate level, develop a plan to start this process. If the policy can be created at the facility level, create an action plan to accomplish this – identify the lead person, set a




	<p>deadline, and discuss content to be included.</p> <p><i>Once a new policy has been developed it is essential to re-train the staff on the policy.</i></p> <p><i>For example: if there is a lack of policy on changing gowns, once the policy is created, educate the staff on Module 3 Session 3 with the new policy guidelines.</i></p> <p>Establish a clear plan about what needs to be done, who is completing each task, and deadlines for completion.</p>	
Gaps in Policy Implementation		Notes
<div> Refer participants to the ICAR tool, Domain I and to the corresponding P&Ps – the highlighted items are policies that are already in place but may or may not be implemented appropriately.</div> <div> Present: The circled items on the ICAR are policies the facility already has in place but that may or may not be implemented appropriately and therefore create a gap in our infection control program.</div> <div> Ask: Do you see gaps in practice that do not correlate with these policies? Does the staff need re-training on an existing policy?</div> <div> Open Responses</div>		
<div></div>	<div>Notes to the Facility Trainer</div> <div>Review the policies in question and lead an open discussion:<ul style="list-style-type: none">Are they up to date? Do they need to be updated or changed? <i>If policies need to be changed, start the process by identifying what needs to be changed and who needs to be involved with the process. Then, identify a lead person and set deadlines for completion.</i>Is the staff aware of the policy? Do they regularly implement the policy in their practice? <i>Consider retraining staff on policies that are not appropriately implemented. Use the modules in the curriculum to tailor the training session. For example: If staff do not regularly follow the</i></div>	

	<p>vascular access policy, retrain staff using the facility policy and Module 5, Session 3.</p> <p>Establish a clear plan outlining what needs to be done, who is completing each task, and deadlines for completion.</p>	
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Resources	Notes
 <p>Refer participants to <i>Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care</i> http://www.cdc.gov/hai/pdfs/guidelines/Ambulatory-Care+Checklist_508_11_2015.PDF</p>  <p>Present: The CDC provides valuable resources and tools in policy making and planning. These resources outline the minimum expectations for safe practice in the outpatient setting. Use these tools to help with policy making and the implementation of the policy.</p>	

Part 5: Wrap Up and To-Do List

Estimated Time: 5 Minutes

To-Do	Notes
 <p>Present: As active members in the facility's infection control program we need to work together to improve policy and procedure, create an environment in which patients are actively involved in infection control, and decrease HAIs. Through the QIAs and the Collaborative, our facility will continue to make efforts to improve our practice, decrease our rates of infection, and subsequently provide quality, evidence-based care to our patients.</p>  <p>Present: Today we have established a list of activities on which we need to follow-up and actions to take as we proceed with our quality improvement efforts. Before closing the session we will review our To-Do List.</p>  <p>Use the white board/flip chart/poster to record "to do" items and have participants record items they need to complete on the</p>	

Session Follow-Up Task List. For each item you list include the staff members that will be charged with completing each task, specific tasks to be done, and deadlines for completion. Items that need to be addressed, depending on facility needs and what has been established in the session, include:

- Patient education plan,
- Facility signs and visual cues (example: signs on hand washing in patient waiting areas),
- CDC Collaborative involvement and/or research,
- New P&Ps to be established,
- Training plan for facility staff on new P&Ps,
- Plans for implementing new P&Ps and/or re-training on existing P&Ps.



Ask: Does anyone have any questions regarding the session content or action plan moving forward?



Open Responses

Closing	Notes
<div data-bbox="185 1121 266 1192" data-label="Image"> </div> <p>Present and Summarize Key Points:</p> <ul style="list-style-type: none"> • The facility is committed to preventing HAI and to the QIA. • The purpose of the CDC's Dialysis BSI Prevention Collaborative is for hemodialysis facilities and providers to work together to prevent BSIs and increase interest in improving infection control. • Early detection and patient education play a large role in the prevention and spread of infection at the facility level. <div data-bbox="185 1499 266 1570" data-label="Image"> </div> <p>Address questions or concerns.</p> <div data-bbox="185 1612 266 1684" data-label="Image"> </div> <p>Present: Thank you all for coming and for your continued commitment to improving the care of patients receiving hemodialysis at the facility and to improving the facility's infection control program. Please take the <i>Post-Session Assessment</i> before leaving.</p>	



Refer participants to the *Infection Control at the Facility Level Post-Session Assessment*. Have each participant complete the *Post-Session Assessment* and leave the completed assessment with the Facility Trainer.

Dismiss the group.

Session Appendix

- *Facility Trainer Attendance Log*
- *Facility Trainer Assessment Tracker*
- *Infection Control at the Facility Level Pre-Session Assessment*
- *Infection Control at the Facility Level Post-Session Assessment*
- *Module 2, Session 1: Participant Resources*
- *Session Follow-Up Task List*

Infection Control in Hemodialysis

Training Curriculum: Module 2, Session 1

Infection Control at the Facility Level Pre-Assessment

Date:	
Participant Name:	
Facility:	

1. The CDC Dialysis BSI Prevention Collaborative was established in 2009 with the goal for outpatient dialysis centers to work together to decrease BSI rates.
 - a. True
 - b. False
2. The Collaborative established nine core interventions, including which of the following?
 - a. Surveillance and feedback using NHSN
 - b. Patient education and engagement
 - c. Hand hygiene, catheter care, and vascular access observation
 - d. The use of antimicrobial ointment during catheter dressing changes
 - e. C & D
 - f. All of the above
3. The CDC recommends that patients be separated by a distance greater than 3 feet in the treatment area.
 - a. True
 - b. False
4. Patient education plays a big role in infection control, regular patient education should include: (select all that apply)
 - a. Vascular access care
 - b. Hand hygiene
 - c. Risks related to catheter use
 - d. Recognizing signs of infection
 - e. Access management outside of the facility
5. I understand the CDC recommendations for P&Ps at my facility and know where to find the CDC resources for evaluating current P&Ps.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither disagree or agree
 - d. Agree
 - e. Strongly Agree

Infection Control in Hemodialysis

Training Curriculum: Module 2, Session 1

Infection Control at the Facility Level Post-Assessment

Date:	
Participant Name:	
Facility:	

1. The CDC Dialysis BSI Prevention Collaborative was established in 2009 with the goal for outpatient dialysis centers to work together to decrease BSI rates.
 - a. True
 - b. False
2. The Collaborative established nine core interventions, including which of the following?
 - a. Surveillance and feedback using NHSN
 - b. Patient education and engagement
 - c. Hand hygiene, catheter care, and vascular access observation
 - d. The use of antimicrobial ointment during catheter dressing changes
 - e. C & D
 - f. All of the above
3. The CDC recommends that patients be separated by a distance greater than 3 feet in the treatment area.
 - a. True
 - b. False
4. Patient education plays a big role in infection control, regular patient education should include: (select all that apply)
 - a. Vascular access care
 - b. Hand hygiene
 - c. Risks related to catheter use
 - d. Recognizing signs of infection
 - e. Access management outside of the facility
5. I understand the CDC recommendations for P&Ps at my facility and know where to find the CDC resources for evaluating current P&Ps.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neither disagree or agree
 - d. Agree
 - e. Strongly Agree

Infection Control in Hemodialysis

Training Curriculum: Module 2, Session 1

Participant Resources

Date:	
Participant Name:	
Facility:	

- CDC Dialysis Bloodstream Infection (BSI) Prevention Collaboration
 - <http://www.cdc.gov/dialysis/collaborative/index.html>
- *CDC Dialysis Safety: Making Dialysis Safer for Patients Coalition*
 - <https://www.cdc.gov/dialysis/coalition/index.html>
- *CDC Approach to BSI Prevention in Dialysis Facilities Fact Sheet*
 - http://www.cdc.gov/dialysis/PDFs/Dialysis-Core-Interventions-5_10_13.pdf
- *Safe Hemodialysis Checklist Hand-Out*
 - http://esrdncc.org/wp-content/uploads/2015/01/ESRDNCC-Hemodial-Checklist_5natnl.pdf
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Infection Control in Hemodialysis

Training Curriculum: Module 2, Session 1

Session Follow- Up Task List

Date:	
Participant Name:	
Facility:	

Personal To-Do Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Facility-Wide To-Do Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Additional Comments:
