

# Module 3, Session 1: Surveillance and Disease Reporting

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## Preparation Checklist

### Materials required for this session:

- ☐ Facility Trainer Binder - Module 3, Session 1
- ☐ Facility-specific material: NHSN data, policies and procedures (P&Ps) related to hepatitis, multi-drug resistant organisms (MDROs), and antimicrobial administration.
- ☐ Copy of the facility's most recently completed *CDC Infection Control Assessment and Response (ICAR) tool: Domain IV*
- ☐ *Facility Trainer Attendance Log* (provided in session Appendix)
- ☐ *Facility Trainer Assessment Tracker* (provided in session Appendix)
- ☐ **Participant Notebooks** with Module 3 Session 1 handouts (provided in session Appendix):
  - *Surveillance and Disease Reporting Pre-Session Assessment*
  - *Surveillance and Disease Reporting Post-Session Assessment*
  - *Module 3, 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:

- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN): What is NHSN?
  - <http://www.cdc.gov/nhsn/about-nhsn/index.html>
- CDC National Healthcare Safety Network (NHSN): Tracking Infections in Outpatient Dialysis Facilities
  - <http://www.cdc.gov/nhsn/dialysis/index.html>
- CDC National Healthcare Safety Network (NHSN): Dialysis Event Surveillance
  - <http://www.cdc.gov/nhsn/dialysis/event/index.html>
    - *Dialysis Event Protocol*
      - <http://www.cdc.gov/nhsn/pdfs/pscmanual/8pscdialysiseventcurrent.pdf>

### 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 3, Session 1 handouts for participants to add to their **Participant Notebook**.

- Assemble P&Ps needed for review.
- Make copies of recent ICAR Domain IV, and highlight areas with gaps in policy, to be added to **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:**

- Have participants sign in using the *Facility Trainer Attendance Log*.
- Give each participant Module 3, 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 concern, successes, questions, need for follow up, and staff members to check in with.

## **Facility Trainer Brief**

### *Learning Objectives*

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At the close of Module 3, Session 1 participants will be able to:

- Understand what surveillance is and how disease is reported.
- Review surveillance and disease reporting at the facility.
- Discuss NHSN and DPH required reporting.
- Understand the facility's P&Ps related to disease surveillance and prevention.
  - If gaps are identified, develop an action plan to update P&Ps.

### *Module 3, Session 1: Overview*

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This session covers Surveillance and Disease Reporting. Participants will review Domain IV of their facility's most recent ICAR assessment and discuss the CDC's NHSN. The Facility Trainer will review infection-related risks for dialysis patients, and will lead a discussion on the reporting process of tracking rates of infection, and the value for staff, patients, and public health. Participants will begin to understand how reporting data to NHSN, and appropriate reporting and screening, can impact infection control processes.

## **Module 3, Session 1 is divided into these five parts:**

### **Part 1: Introduction (5 minutes)**

Participants take the *Pre-Session Assessment* to determine their current knowledge of the topic. During this section the Facility Trainer introduces the session and identifies the objectives of the session.

### **Part 2: About NHSN (5 minutes)**

The Facility Trainer leads the participants through a discussion about the basics of NHSN, including the requirements for reporting through CMS and NHSN.

### **Part 3: Tracking Infections (5 minutes)**

The Facility Trainer reinforces the potentially high risk of infection for dialysis patients. The trainer educates participants about the importance, purpose, and use of NHSN data. Participants discuss facility-specific NHSN data.

### **Part 4: Facility Measures (5 minutes)**

The Facility Trainer and participants review the facility's most recent ICAR Domain IV and facility P&Ps related to antimicrobial administration, hepatitis C screening, and MDROs. The Facility Trainer summarizes CDC recommendations and leads a discussion about practices that occur at the facility. If P&Ps are not being enforced or are not in place, an action plan is developed to mitigate the gaps.

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

The Facility Trainer summarizes the session, reinforces the key messages, emphasizes any action plans that were developed, and opens the floor for questions and discussion. Participants complete a *Post-Session Assessment*.

## **Key messages**

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

- CDC's National Healthcare Safety Network (NHSN) helps facilities identify problems, measure progress, and work towards reducing HAIs.
- NHSN is particularly important to dialysis facilities as bloodstream infections (BSIs), as well as other types of infections, are prevalent and a severe threat to the patient population.
- Screening and reporting of infections can help with early identification to improve patient outcomes and reduce risk of transmission to others.

# Classroom Presentation

## Part 1: Introduction

Estimated Time: 5 Minutes

Welcome!	Notes
<p>As participants arrive, <b>ask them to complete a <i>Pre-Session Assessment</i> and sign into the <i>Facility Trainer Attendance Log</i>.</b></p> <p><b>Welcome</b> participants to the training session.</p> <p> <b>Present:</b> Welcome to <i>Module 3, Session 1: Surveillance and Disease Reporting</i>. During this session, we will review NHSN reporting and discuss the facility's reports and rates of infection. We will discuss the importance of NHSN data related to infection control at the facility and in regards to public health. We will evaluate our rates of infection and discuss areas where we can work together to improve.</p> <p> <b>Ask</b> participants to introduce themselves: their name, position in the facility, and goals for attending. Encourage participation of all attendees.</p>	
Objectives	Notes
<p> <b>Present:</b> Before we begin, I will highlight some key messages that we will address throughout the session. Please keep these messages in mind as you implement what you have learned into your daily practice:</p> <ul style="list-style-type: none"> <li>• CDC's National Healthcare Safety Network (NHSN) helps facilities identify problems, measure progress, and work toward reducing HAIs.</li> <li>• NHSN is particularly important to dialysis facilities, as bloodstream and other infections are a prevalent and a severe threat to the patient population.</li> <li>• Screening and reporting of infections can help with early identification to improve patient outcomes and reduce risk of transmission to others.</li> </ul> <p> <b>Ask:</b> Before we move on does anyone have any questions regarding goals of this session?</p>	

What is NHSN?	Notes
<div data-bbox="191 331 256 401" data-label="Image"></div> <p><b>Refer</b> participants to the CDC National Healthcare Safety Network (NHSN): What is NHSN?  <a href="http://www.cdc.gov/nhsn/about-nhsn/index.html">http://www.cdc.gov/nhsn/about-nhsn/index.html</a></p> <div data-bbox="191 516 256 585" data-label="Image"></div> <p><b>Present:</b> NHSN is a national healthcare-associated infection (HAI) tracking system that serves over 17,000 medical facilities nation wide. It is used to not only identify and track rates of infection but also to help guide healthcare facilities by identifying problematic areas and measuring progress of HAI prevention efforts. The ultimate goal of NHSN is to “drive national progress toward elimination of HAIs.”</p> <p>NHSN ensures that protected health information remains confidential, while providing information and data to facilities to promote improvement in their infection control program and protocols. NSHN data can be shared among clinicians and facilities, and is available to patients.</p> <div data-bbox="191 1014 256 1083" data-label="Image"></div> <p><b>Ask:</b> What does this mean for dialysis facilities?</p> <div data-bbox="191 1119 256 1188" data-label="Image"></div> <p><b>Open Responses</b> <i>(Give participant’s an opportunity to discuss their understanding of NSHN before introducing the next reference)</i></p>	
NHSN and CMS	Notes
<div data-bbox="191 1409 256 1478" data-label="Image"></div> <p><b>Refer</b> participants to CDC National Healthcare Safety Network (NHSN): Tracking Infections in Outpatient Dialysis Facilities  <a href="http://www.cdc.gov/nhsn/dialysis/index.html">http://www.cdc.gov/nhsn/dialysis/index.html</a></p> <div data-bbox="191 1593 256 1663" data-label="Image"></div> <p><b>Present:</b> The Center for Medicare and Medicaid Services (CMS) requires that all end-stage renal disease facilities report to NHSN according to the Dialysis Event Protocol, in order to receive full payment. This includes monthly reporting per NHSN standards.</p>	

	<b>Notes to the Facility Trainer</b> For more information, please see the Dialysis Event Protocol at CDC National Healthcare Safety Network (NHSN): Dialysis Event Surveillance <a href="http://www.cdc.gov/nhsn/dialysis/event/index.html">http://www.cdc.gov/nhsn/dialysis/event/index.html</a>	
	<b>Ask:</b> Is anyone familiar with this protocol? Who is responsible for reporting to NHSN at our facility?	
	<b>Open Responses</b>	
	<b>Notes to the Facility Trainer</b> If the facility has no standardized method for reporting NHSN data, initiate an action plan to formalize the process and participate in monthly reporting.	

### Part 3: Tracking Infections

Estimated Time: 10 Minutes

Our patients are at risk	Notes
<div data-bbox="191 1058 253 1129"></div> <p><b>Refer</b> participants to CDC National Healthcare Safety Network (NHSN): Tracking Infections in Outpatient Dialysis Facilities  <a href="http://www.cdc.gov/nhsn/dialysis/index.html">http://www.cdc.gov/nhsn/dialysis/index.html</a></p> <div data-bbox="191 1276 253 1339"></div> <p><b>Present:</b> CMS mandates participation with NHSN for a variety of reasons. The primary goal is for patient safety and for a reduction of HAIs. BSIs and other infections are the second leading cause of death in hemodialysis patients; vascular disease being the number one cause. Some statistics to keep in mind, per CDC:</p> <ul style="list-style-type: none"> <li>• In 2008 approximately 37,000 BSIs occurred in dialysis patients with CVCs – 1 in 4 of these patients died.</li> <li>• Hospitalization rates among hemodialysis patients has skyrocketed since 1993 – with a 47% increase for BSIs and 87% for vascular access infections.</li> </ul> <div data-bbox="191 1709 245 1764"></div> <p><b>Ask:</b> Which patients are at the highest risk for infection?</p> <div data-bbox="191 1814 261 1877"></div> <p><b>Open Responses</b></p>	



**Present:** Patient risk is correlated with access type. Patients with central lines have the highest risk for infection and patients with AV fistulas have the lowest risk of infection, which is why AVFs have become the gold standard for hemodialysis patients.

## How NHSN helps



**Refer** participants to CDC National Healthcare Safety Network (NHSN): Tracking Infections in Outpatient Dialysis Facilities  
<http://www.cdc.gov/nhsn/dialysis/index.html>



**Present:** In order to improve our infection control we need to understand trends that occur both at our facility and nationally. With an understanding of trends in infection, as well as causes of these infections, we can learn from the data and improve our infection control. NHSN collects information about process measures and outcomes. This data helps dialysis facilities in many ways.

- Tracking infections can help to identify high risk patients.
- Tracking infections can identify aspects within the facility that need improvement.
- Help facilities understand national trends.
- Data can direct and focus infection prevention efforts.



**Present:** Participation in monthly reporting to NHSN can help guide our practice and decrease our rates of infection. Additional reporting such as adverse events, clusters of infections, and new cases of hepatitis B and C to the department of public health is important in understanding trends at the facility as well as altering officials to concerns in public health.



### Notes to the Facility Trainer

Lead a discussion with participants regarding facility BSI rates, trends in infection, hepatitis rates, and other infections.



**Ask:** Who knows the facility BSI rate at the facility? How do our rates compare to other facilities in the state? In the country?




### Open Responses



**Ask:** Do we regularly report other red flag events such as clusters of infections, adverse events, and new cases of hepatitis?



### Open Responses

	Notes to the Facility Trainer
	<p>All members of the facility should be aware of the facility's BSI rate. This should be shared with staff on monthly basis. This information can be disseminated in a number of ways, including email blasts, during staff meetings, and posted on signs in staff lounge areas. If data are not currently being disseminated on a regular basis, initiate an action plan to share the data with the facility staff.</p>

## Part 4: Facility Measures

Estimated Time: 10 Minutes

P&Ps	Notes				
<div data-bbox="188 1005 253 1079"></div> <p><b>Refer</b> participants to most recent facility-specific ICAR as well as P&amp;Ps related to antimicrobial administration, hepatitis C screening, and MDROs.</p> <div data-bbox="188 1192 253 1255"></div> <p><b>Present:</b> As we discussed reporting and tracking of infections are important for infection control on many levels. Part of this process includes having facility P&amp;Ps in place. These P&amp;Ps will protect patients, staff, and the community through screening and identification of infections and communication to other healthcare providers about infections within the facility. Of importance, per CDC recommendations:</p> <ul style="list-style-type: none"> <li>• Blood cultures should always be taken prior to antimicrobial administration for suspected BSI.</li> <li>• Facilities should conduct routine screening of patients for Hepatitis C on admission and every six months thereafter.</li> <li>• Information about MDROs should be communicated to other healthcare facilities when patients are being transferred.</li> </ul> <div data-bbox="188 1696 253 1770"></div> <div data-bbox="188 1696 1026 1877"> <table> <tr> <th data-bbox="188 1696 329 1738"></th><th data-bbox="329 1696 1026 1738">Notes to the Facility Trainer</th></tr> <tr> <td data-bbox="188 1738 329 1877"></td><td data-bbox="329 1738 1026 1877"> <p>Open the floor for a Q&amp;A with open responses to evaluate what is occurring at the facility and/or what needs to occur. Lead an open discussion using the questions below. The following section highlights the</p> </td></tr> </table> </div>		Notes to the Facility Trainer		<p>Open the floor for a Q&amp;A with open responses to evaluate what is occurring at the facility and/or what needs to occur. Lead an open discussion using the questions below. The following section highlights the</p>	
	Notes to the Facility Trainer				
	<p>Open the floor for a Q&amp;A with open responses to evaluate what is occurring at the facility and/or what needs to occur. Lead an open discussion using the questions below. The following section highlights the</p>				



questions to be discussed and the text in *italics* serves as directives and suggestions to be addressed in order to mitigate gaps.



**Write** on the white board or flip chart throughout the discussion, the gaps identified during the discussion. Direct participants to enter in the *Session Follow-Up Task List* anything that needs to be accomplished after the session.



**Ask:** Do we draw blood cultures prior to antimicrobial administration? Do we have a P&Ps in place ensuring this practice? *Discuss any missed opportunities for blood cultures. If no P&Ps in place, develop an action plan and assign tasks to participants as necessary.*



**Open Responses**



**Ask:** Are patients routinely screened for hepatitis C? On admission? Every six months? *Discuss any missed opportunities for hepatitis C screening. If no P&Ps in place, develop an action plan and assign tasks to participants as necessary.*








**Open Responses**



**Ask:** Do we report MDROs to facilities upon patient transfer? *If no, consider developing P&Ps. Initiate an action plan and assign tasks to participants as necessary.*



**Open Responses**

To-Do	Notes
 <p><b>Present:</b> Surveillance and disease reporting are essential practices in having an effective infection control program. Not only is it important for patient safety but it is also important for reimbursement through CMS. By following recommendations we can improve our BSI and HAI rates and continue to provide quality care to our patients.</p> <p>Today we have established a list of activities we need to follow up on and actions to take moving forward. Before closing the session we will review our “To-Do” list.</p>  <p><b>Write</b> on whiteboard the to-do list and have participants enter items they need to complete in their <i>Session Follow-Up Task List</i>. For each item entered include personnel to complete each task, specific tasks to be done, and deadlines to complete tasks by. Items that need to be addressed, depending on your facility’s needs and what has been establishing in the session include:</p> <ul style="list-style-type: none"> <li>• NHSN monthly reporting,</li> <li>• Public health reporting, and</li> <li>• New P&amp;Ps to be established or P&amp;Ps to be amended/updated.</li> </ul>  <p><b>Ask:</b> Does anyone have any questions regarding the session content or action plan moving forward?</p>  <p><b>Open Responses</b></p>	
Closing	Notes
 <p><b>Present and Summarize</b> key points:</p> <ul style="list-style-type: none"> <li>• CDC’s National Healthcare Safety Network (NHSN) helps facilities identify problems, work toward reduction of HAIs, and measure progress.</li> <li>• NHSN is particularly important to dialysis facilities as BSIs and other infections are prevalent and pose a severe threat to the patient population.</li> <li>• Screening and reporting of infection can help with early</li> </ul>	

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identification to improve patient outcomes and reduce risk of transmission to others



**Address** questions or concerns.



**Present:** Thank you all for coming and for your continuing commitment to the facility and to our infection control program. Please take the *Post-Session Assessment* before leaving.



**Refer** participants to *Surveillance and Disease Reporting Post-Session Assessment* – have each participant complete return the *Post-Session Assessment* to the Facility Trainer.

**Dismiss** the group.

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## *Session Appendix*

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- *Facility Trainer Attendance Log*
- *Facility Trainer Assessment Tracker*
- *Surveillance and Disease Reporting Pre-Session Assessment*
- *Surveillance and Disease Reporting Post-Session Assessment*
- *Module 3, Session 1: Participant Resources*
- *Session Follow-Up Task List*



# Infection Control in Hemodialysis

## Training Curriculum: Module 3, Session 1

## Facility Trainer Assessment Tracker

<b>Date/Time:</b>		<b>Answer Guide:</b> 1. A 2. A 3. B. False (2 <sup>nd</sup> leading cause) 4. A, C, D 5. B
<b>Facility:</b>		
<b>Location:</b>		
<b>Trainer:</b>		

[illegible]

# Infection Control in Hemodialysis

## Training Curriculum: Module 3, Session 1

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### Surveillance and Disease Reporting Pre-Assessment

Date:	
Participant Name:	
Facility:	

1. The ultimate goal of NHSN is to drive national progress towards the elimination of HAIs.
  - a. True
  - b. False
2. In order to receive payment for the Center for Medicare and Medicaid Services (CMS), all ESRD facilities must participate in *monthly* reporting per NHSN standards.
  - a. True
  - b. False
3. Bloodstream infections are the number one cause of death in hemodialysis patients.
  - a. True
  - b. False
4. CDC recommendations for surveillance include: (select all that apply)
  - a. Blood cultures should be taken prior to antimicrobial administration for suspected BSI
  - b. Patients should be screened for HIV bi-annually
  - c. Facilities should conduct routine screening of patients for Hepatitis C on admission and every six months thereafter
  - d. Information about MDROs should be communicated to other healthcare facilities upon transfer of patient
5. NHSN data is available to providers and facilities only.
  - a. True
  - b. False



# Infection Control in Hemodialysis

## Training Curriculum: Module 3, Session 1

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### Surveillance and Disease Reporting Post-Assessment

Date:	
Participant Name:	
Facility:	

1. The ultimate goal of NHSN is to drive national progress towards the elimination of HAIs.
  - a. True
  - b. False
2. In order to receive payment for the Center for Medicare and Medicaid Services (CMS), all ESRD facilities must participate in *monthly* reporting per NHSN standards.
  - a. True
  - b. False
3. Bloodstream infections are the number one cause of death in hemodialysis patients.
  - a. True
  - b. False
4. CDC recommendations for surveillance include: (select all that apply)
  - a. Blood cultures should be taken prior to antimicrobial administration for suspected BSI
  - b. Patients should be screened for HIV bi-annually
  - c. Facilities should conduct routine screening of patients for Hepatitis C on admission and every six months thereafter
  - d. Information about MDROs should be communicated to other healthcare facilities upon transfer of patient
5. NHSN data is available to providers and facilities only.
  - a. True
  - b. False

# Infection Control in Hemodialysis

## Training Curriculum: Module 3, Session 1

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### Participant Resources

Date:	
Participant Name:	
Facility:	

- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN): What is NHSN?
  - <http://www.cdc.gov/nhsn/about-nhsn/index.html>
- CDC National Healthcare Safety Network (NHSN): Tracking Infections in Outpatient Dialysis Facilities
  - <http://www.cdc.gov/nhsn/dialysis/index.html>
- CDC National Healthcare Safety Network (NHSN): Dialysis Event Surveillance
  - <http://www.cdc.gov/nhsn/dialysis/event/index.html>
- *Dialysis Event Protocol*
  - <http://www.cdc.gov/nhsn/pdfs/pscmanual/8pscdialysiseventcurrent.pdf>

# Infection Control in Hemodialysis

## Training Curriculum: Module 3, Session 1

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### 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:

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