

New Jersey Infection Control Activities in Hemodialysis

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Infection Control Assessment and Response in New Jersey

- ▶ Infection Control Assessment and Response (ICAR)
- ▶ Visited 57 facilities in total including acute care, long term care, outpatient, and hemodialysis facilities
 - ▶ 27 visits were to outpatient hemodialysis facilities
 - ▶ 9 visits were conducted with CDC
- ▶ Dialysis has been a focus in New Jersey due to unique regulations
 - ▶ Infection preventionist requirement for hemodialysis and ambulatory care centers
 - ▶ Bi-annual HCV antibody screening

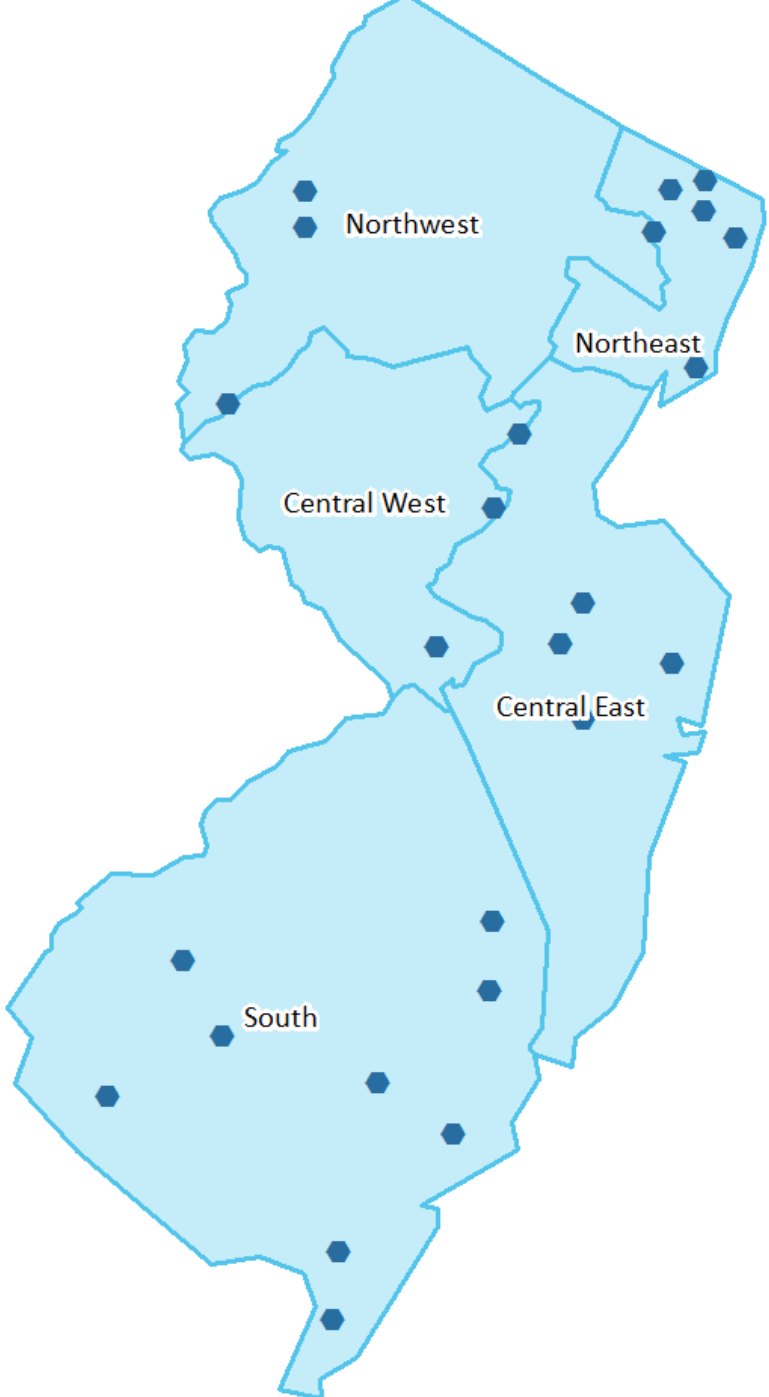
Facility Outreach

- ▶ Framed as an infection control assessment with education program
 - ▶ Emphasis on non-regulatory assessments
- ▶ NJDOH placed initial calls to facility administrators/nurse managers
 - ▶ Follow up calls for scheduling
- ▶ Written documentation to facilities:
 - ▶ Letter outlining goals and selection criteria
 - ▶ Assessment Tools provided in advance for facility review and use

Site Visit Assessment Structure

- ▶ Site visits take 1 full day
 - ▶ Exception- 9 facilities assessed with CDC took 1.5 days each
- ▶ Used CDC observation and interview tools
- ▶ Introduction meeting to discuss purpose of visit
- ▶ On the floor observations/interviews
- ▶ Environmental Assessments
 - ▶ Glo-Germ, Bluestar (CDC)
- ▶ Additional observations if necessary
- ▶ Exit

Dialysis Assessments
by region as of
September 14, 2016

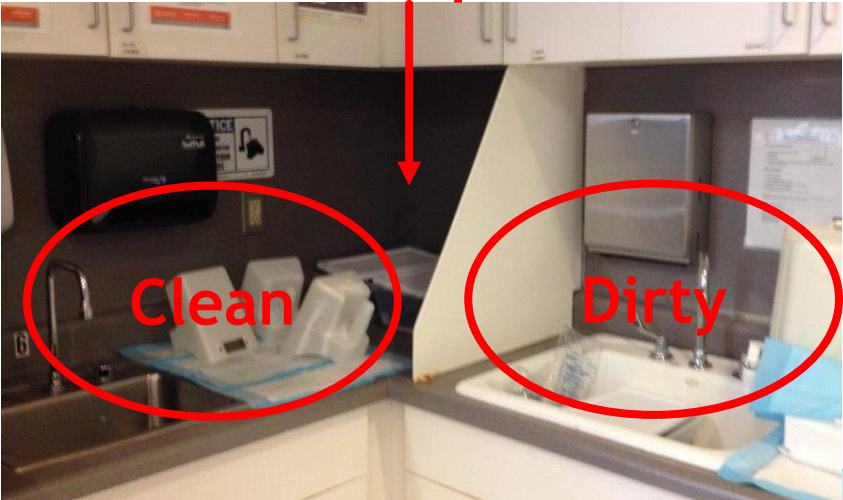


Results

Distance
Between
Stations
= 0 ft

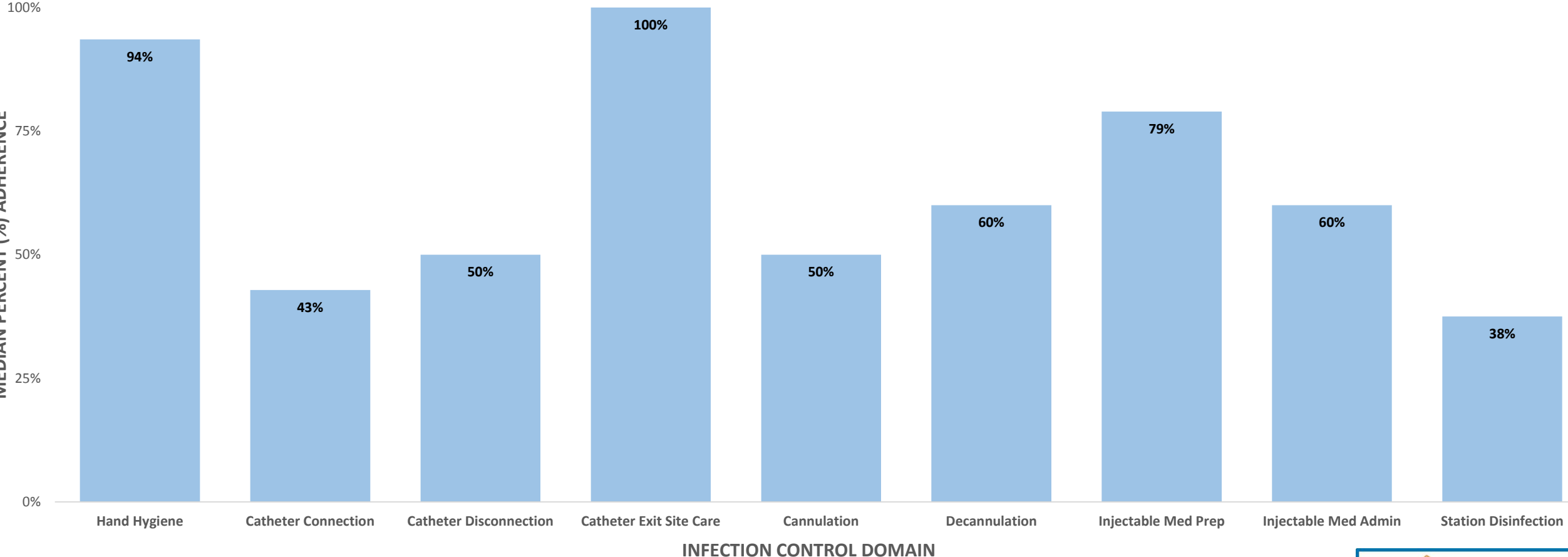


Clean
Clamps



Results

Median Adherence to CDC Best Practices
Across 27 New Jersey Hemodialysis Facilities, September, 2016



Feedback to Facilities

Note:

"✓" (Green) indicates a success rate of 90% or greater for the indicated step.

"!" (Orange) indicates a success rate between 70% and 89% for the indicated step.

"!!" (Red) indicates a success rate less than 70% for the indicated step.

Statewide Observations
New Jersey Department of Health, Infection Control Assessment and Response

Table 1. Arteriovenous Fistula/Graft Cannulation

Arteriovenous Fistula/Graft Cannulation Step	Outcome	Notes
1 Site cleaned with soap and water	!	
2 Staff hand hygiene performed	✓	
3 New gloves worn by staff	✓	
4 Skin antiseptic applied appropriately	✓	
5 Skin antiseptic allowed to dry	✓	
6 No contact with fistula/graft site after antisepsis	✓	
7 Cannulation performed aseptically	✓	
8 Connection to blood lines aseptically	!	
9 Staff gloves removed	✓	
10 Staff hand hygiene performed	✓	

Statewide Observations
New Jersey Department of Health, Infection Control Assessment and Response

Table 2. Arteriovenous Fistula/Graft Decannulation

Arteriovenous Fistula/Graft Decannulation Step	Outcome	Notes
1 Staff hand hygiene performed	✓	
2 New gloves worn by staff	✓	
3 Disconnect from blood lines aseptically	!	
4 Needles removed aseptically	✓	
5 Clean gloves or a clean clamp used to compress site	✓	
6 Clean gauze/bandage applied to site	✓	
7 Hand hygiene performed when necessary	✓	
8 Staff gloves removed	✓	
9 Staff hand hygiene performed	✓	
10 Patient glove removed, hand hygiene performed	!	

Statewide Observations
New Jersey Department of Health, Infection Control Assessment and Response

Table 3. Catheter Connection to the Dialysis Machine

Catheter Connection Step	Outcome	Notes
1 Mask worn properly	✓	
2 Staff hand hygiene performed	✓	
3 New gloves worn by staff	✓	
4 Catheter hub scrubbed correctly	✓	
5 Hub antiseptic allowed to dry	!	
6 Catheter connected to blood lines aseptically	!!	
7 Staff gloves removed	✓	
8 Staff hand hygiene performed	✓	

Statewide Observations
New Jersey Department of Health, Infection Control Assessment and Response

Table 4. Catheter Disconnection from the Dialysis Machine

Catheter Disconnection Step	Outcome	Notes
1 Mask worn properly	✓	
2 Staff hand hygiene performed	✓	
3 New gloves worn by staff	✓	
4 Catheter removed from blood line aseptically	!	
5 Catheter hub scrubbed	✓	
6 Hub antiseptic allowed to dry	!	
7 New caps attached aseptically	✓	
8 Staff gloves removed	✓	
9 Staff hand hygiene performed	✓	

Statewide Observations

New Jersey Department of Health, Infection Control Assessment and Response

Table 5. Catheter Exit Site Care		
Exit Site Care Step	Outcome	Notes
1 Mask worn properly	✓	
2 Staff hand hygiene performed	✓	
3 New gloves worn by staff	✓	
4 Skin antiseptic applied appropriately	✓	
5 Skin antiseptic allowed to dry	✓	
6 No contact with exit site after antiseptis	✓	
7 Antimicrobial ointment applied	--	
8 Dressing applied aseptically	✓	
9 Staff gloves removed	✓	
10 Staff hand hygiene performed	✓	

Statewide Observations
New Jersey Department of Health, Infection Control Assessment and Response

Table 6. Injectable Medication Preparation

Medication Preparation Step	Outcome	Notes
1 Medication preparation done in designated area	✓	
2 Medication preparation area is clean	✓	
3 All vials are inspected	✓	
4 Staff hand hygiene performed	!	
5 Septum of all vials disinfected	!	
6 All vials entered with new needle and new syringe	✓	
7 Medication preparation completed aseptically	✓	
8 Single dose vials are discarded	✓	
9 Multi-dose vials are discarded or stored properly	✓	

Statewide Observations
New Jersey Department of Health, Infection Control Assessment and Response

Table 7. Injectable Medication Administration

Medication Administration Step	Outcome	Notes
1 Medication properly transported to patient station	✓	
2 Staff hand hygiene performed	✓	
3 New gloves worn by staff	✓	
4 Injection port disinfected with antiseptic	!	
5 Medication administered aseptically	✓	
6 Syringe discarded at point of use	!	
7 Staff gloves removed	✓	
8 Staff hand hygiene performed	✓	

Statewide Observations
New Jersey Department of Health, Infection Control Assessment and Response

Table 8. Routine Dialysis Station Disinfection

Station Disinfection Step	Outcome	Notes
1 All supplies removed from station, prime bucket emptied	!	
2 Staff gloves removed, hand hygiene performed	✓	
3 Station is empty before disinfection initiated	!!	
4 New gloves worn	✓	
5 Disinfectant applied to all surfaces and prime bucket	!!	
6 All surfaces are wet with disinfectant	!	
7 All surfaces allowed to dry	✓	
8 Staff gloves removed, hand hygiene performed	✓	
9 No supplies or patient brought to station until disinfection is complete	!	

Common Findings

- ▶ Common gaps found on site visits include
 - ▶ Lack of antibiotic ointment at exit site care with dressing change
 - ▶ Inconsistent environmental cleaning
 - ▶ Cross contamination due to shared/embedded computer terminal and machine to patient interaction
- ▶ Some of the common positives we have seen include:
 - ▶ Especially in comparison to other healthcare settings, dialysis centers had exceptional competency based training programs in place including routine auditing
 - ▶ In general, best practices identified in facilities where strong leadership was noted

Assessment Follow Up

- ▶ Phone calls with each participating facility 6 months after initial assessment
- ▶ To date, 11 facilities have been contacted for follow up
 - ▶ NJDOH created internal audit tracking tool for facilities
 - ▶ 8 facilities have provided information on internal audits using CDC audit tools
- ▶ Facilities have a chance to request signage or other educational materials
 - ▶ Glo-Germ with accompanying tracking tool

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Thank you!

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