# March 3, 2020 Bloodstream Infection (BSI) Quality Improvement Activity (QIA) Learning and Action Network (LAN)

The End Stage Renal Disease (ESRD) National Coordinating Center (NCC) hosted an event on March 3, 2020 entitled "Long-term Catheters: Rethinking Candidacy for Surgical Access." The event consisted of 1166 attendees, and 517 of them participated in the post-event evaluation (44.3%).

**Selection of Evaluation Results:**

- The content in the activity increased/improved my knowledge and understanding of the topic matter(s) presented: 97% (502/517) answered "Strongly Agree" or "Agree."
- Were you satisfied with the overall QIA LAN presentation? 99% (512/517) answered "Yes."
- The speaker was effective in presenting the material: 99.6% (515/517) answered "Strongly Agree" or "Agree."
- Does your facility participate in the Network BSI QIA for 2020? 76.2% (396/517) answered "Yes."
- Did you attend or listen to the recording of the previous BSI LAN in January? 74.7% (386/517) answered "Yes."

**Summary of Open-Ended Written Responses: Comments and Suggestions:**

- When asked which intervention(s) presented during this meeting will be implemented prior to the May LAN, 94.8% (490/517) responded. The following are examples of the responses:
  - Talk with medical director to implement using larger needle sizes for first use of fistulas by the expert cannulator.
  - Use of expert cannulator on new accesses and obtaining orders to refer for permanent access on the first treatment.
  - Coordinate with vascular surgeons to combine appointments such as vessel mapping and surgery for placement the same day.
  - Implement the new workflow tool idea into our existing vascular access tracking tool.
  - Huddles with staff during QAPI and at other times to review vascular access.
  - Catheter tracking tool and possibly the root cause analysis on long term catheters.
  - Home lobby day; will try to get peer mentoring patient to patient for promotion of peritoneal dialysis and decrease long-term catheters.
  - We will engage our patient representatives to talk to new patients, especially those who are resistant to permanent access.
  - We will discuss with the nephrologist and nursing leadership the possibility of changing the policy and procedure on cannulation of a new fistula to base initial fistula needle size off of the assessment of the master cannulator and possibly skip 17G needle to decrease the amount of time to get to 15G needle.
  - Weekly IDT goal meeting including the vascular access manager to discuss the updates and development of patients with catheter and implement the tool for dialysis staff.

- When asked to describe the activities that your facility/organization conduct to decrease the number of BSIs, 21.8% (113/517) responded. The following are examples of the responses provided:
  - Impeccable infection control practices including hand washing. 5 Diamonds patient safety program.
  - Infection audits, daily discussion on infection control practices, identification of maturation challenges and regularly meeting with surgeon.
  - We track access referrals and have staff designated for tracking and advocating for patients needing access placement. We have staff designated to provide modality options training to help with the decision of in-center dialysis, peritoneal or home hemodialysis. We reward patients with a balloon and fanfare when they have their catheter out. Staff discuss with the doctor's the need for education on access placement, permanent access placement is part of our admissions process discussion with social workers. We use a team approach to solving hurdles of delays in patient's obtaining access placement (insurance issues, transport, family support).
  - Infection control concepts and practices were repeatedly discussed during patient and family engagement activities/education. Handwashing and access washing strictly implemented. Patients also serve as "observers" and reports directly to the administrator all observed violations in infection control practices especially among the staff.
  - We implemented a nurse solely as an access coordinator to increase communication with vascular doctors to try to expedite access placement along with her many other interventions such as patient and staff education.
  - Educated the staff and patients through posters, webinars, daily huddles, hand hygiene audits.
  - Patients are encouraged and educated every treatment about the importance of handwashing. Staff are also audited on a regular basis to ensure they're being compliant with handwashing policy.

- When asked if the facility/organization has a promising intervention, practice or process that they would be willing to share, 5.4% (28/517) of the attendees who completed the evaluation responded “Yes.” The following are examples of the responses provided:
  - Road to Zero program to decrease BSIs.
  - Designated access placement and BSI coordinator.
  - Monthly infection control flyers provided by nurse and patient spokesperson.
  - Teammates are auditing each other on hand washing.
  - We do have a strong CKD program and work hard on early access referral.
  - We have been meeting as a team with the vascular surgeons quarterly, now we are going to do it every other month. When we make an appointment, we say they have a catheter and explain the 90-day rule, this helps get our patients in earlier.