National Healthcare Safety Network (NHSN) Prevention Process Measure (PPM) Training for Participation in Network Quality Improvement Activities

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March 19, 2015
1 – 2 pm
Outline

- CMS QIP Rule NHSN requirements
  - Dialysis Event Surveillance
  - Healthcare Personnel Safety (HPS) Influenza Vaccination

- Training for participating in the Network’s Quality Improvement Activities (QIA)
  - Applicable CDC Infection Prevention Audit Tools
  - NHSN Prevention Process Measures (PPM)
    - How to add required PPM to your Monthly Reporting Plan
    - How to report your PPM data to NHSN
    - How to interpret the NHSN alerts
    - How to confer Rights to share data with Group(s)
    - Analysis – available reports and percent adherence
CMS QUALITY INCENTIVE PROGRAM (QIP) RULE: NHSN REPORTING REQUIREMENTS
CMS Quality Incentive Program (QIP) Rule
NHSN Reporting Requirements

- **NHSN Dialysis Event Surveillance:**
  - **Calendar year 2015 (PY 2017):** Facilities must report all 12 months to be awarded points.
    - Reporting deadlines:
      - Q1: June 30, 2015
      - Q2: September 30, 2015
      - Q3: December 31, 2015
      - Q4: March 31, 2016

- **NHSN Healthcare Personnel Safety (HPS) Summary Influenza Vaccination Surveillance:**
  - **Calendar year 2015/2016 (PY 2018):** Facilities must report for the October 2015 – March 2016 flu season to be awarded points.
    - Reporting deadline is May 15, 2016.
# Healthcare Personnel (HCP) Influenza Vaccination


- Training, protocols, tables of instructions, forms

<table>
<thead>
<tr>
<th>HCP categories</th>
<th>Employee HCP</th>
<th>Non-Employee HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employees (staff on facility payroll)*</td>
<td>Licensed independent practitioners: Physicians, advanced practice nurses, &amp; physician assistants*</td>
</tr>
</tbody>
</table>

1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season
4. Number of HCP who have a medical contraindication to the influenza vaccine
5. Number of HCP who declined to receive the influenza vaccine
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)
NHSN Tracking Infections in Outpatient Dialysis Facilities

A leading cause of death among hemodialysis patients, second only to vascular disease, bloodstream and other types of infections are a significant threat to patient safety. CDC helps the dialysis community prevent infections by providing evidence-based guidelines and access to the National Healthcare Safety Network (NHSN), a surveillance system that allows facilities to track infections. These resources are critical for tracking and preventing infections and for evaluating the effectiveness of a specific infection prevention effort.

In 2008, CDC estimated that 37,000 bloodstream infections occurred among hemodialysis patients with central lines. One in four of these infected patients may have died as a result of the infection. Since 1993, hospitalization rates among hemodialysis patients have increased 47% for bloodstream infection and 87% for vascular access infection.

The Burden and Risk

Healthcare providers including doctors, nurses, and technicians can prevent many of these infections by following basic infection prevention recommendations and tracking rates.

A patient’s risk of infection is related to their vascular access type (how a patient’s veins are accessed so they can receive hemodialysis). Common types include: central lines, arteriovenous (AV) fistulas created from the patient’s own blood vessels, and AV grafts constructed from synthetic materials.

Whenever possible, AV fistulas are the preferred way to receive dialysis because they have the lowest risk of infection. Central lines have the highest infection risk.

NHSN Surveillance Informs Prevention

Tracking infections can identify which patients are at risk or which part of a facility needs improvement. In addition, surveillance allows CDC to see national trends and direct prevention efforts for the country.

Information collected includes process measures, such as the number of catheters and fistulas used, and outcomes such as infections. This information can be used to evaluate and improve performance locally, statewide, and nationally.

In addition to allowing facilities to categorize hemodialysis patients by type of vascular access used, NHSN provides a variety of analysis options including line listings, rate tables, and control charts, which can be used to better inform quality improvement decisions.

Recently, the Centers for Medicare and Medicaid Services (CMS) published a final rule encouraging all end stage renal disease (ESRD) facilities to track quality indicators through NHSN by following the Dialysis Event Protocol. Facilities must comply with the rule to receive full payment through the CMS Prospective Payment System (PPS) ESRD Quality Incentive Program (QIP). Go to cms.gov for more information about the CMS rule or click here to join NHSN to report dialysis event information.

To Report Dialysis Events, click here.
- Training
- Protocol
- Forms

Dialysis Prevention Process Measures
- Training
- Protocol
- Forms

CLIP – Surveillance for Central Line Insertion Practices Adherence
- Training
- Protocol
- Forms

Surveillance for Dialysis Patient Influenza Vaccination
- Training
- Protocol
- Forms

Surveillance for Healthcare Personnel Influenza Vaccination
- Training
- Protocol
- Forms

About CMS ESRD QIP Rule, click here.
- End Stage Renal Disease (ESRD) Quality Incentive Program (QIP)
- Contact CMS about the QIP rule at ESRDQIP@cms.hhs.gov

http://www.cdc.gov/nhsn/dialysis/index.html
Questions: CMS ESRD QIP and NHSN?

- **Dialysis Event Surveillance**
  - Next reporting deadline March 31, 2015
  - Calendar year 2015, continue to report quarterly

- **Healthcare Personnel Safety (HPS)**
  Summary Influenza Vaccination Surveillance required for 2015/2016 flu season.
NHSN PREVENTION PROCESS MEASURE (PPM) TRAINING INFORMATION FOR QIA FACILITIES
Network Quality Improvement Activities (QIA) – Audit of Recommended Practices

- Part of the Network’s QIA requires facilities to complete internal, monthly audits of CDC-recommended practices:
  - ≥ 30 hand hygiene observations
  - ≥ 10 HD catheter connection/disconnection observations
  - ≥ 10 AV fistula/graft cannulation observations

- Facilities complete these audits monthly, tally numerators/denominators, and report those numbers to NHSN’s Prevention Process Measure (PPM) module monthly

- Emphasis is on completing the minimum number of observations for each audit
The Value of Auditing CDC Recommended Infection Prevention Practices

- Increased adherence to CDC recommended practices can prevent infections:
  - Outpatient hemodialysis facilities that implemented the package of CDC recommended practices saw a 32% reduction in BSIs and a 54% reduction in access-related BSIs.¹

- Auditing adherence to recommended practices:
  - Promotes and reinforces recommended practices among staff.
  - Ensures complete and correct implementation.

**CDC Infection Prevention Audit Tools**

- **Begin by learning recommended practices:**
  - CDC Recommended Interventions to Prevent Bloodstream Infections in Dialysis Settings:
  - CDC recommended checklists:
    - Simple reference tools useful for training staff.

- **Then use the audit tools as part of a planned series of observations within your hemodialysis facility.**
Tips for Facilities to Successfully Implement New Practices

- Review current facility practices to identify discrepancies between current practices and CDC recommended practices.

- Then develop an implementation strategy for new practices, you may want to consider:
  - Input from patient care staff
  - Training needs (e.g., an in-service)
  - How to inform patients of changes
  - Whether necessary supplies (e.g., chlorhexidine) are available

Hand Hygiene
HD Catheter Connection/Disconnection
AV Fistula/Graft Cannulation/Decannulation

Although the audit tool includes both cannulation and decannulation, only cannulation is included in the QIA.
Audit Tool: Hemodialysis hand hygiene observations
(Use a “✓” for each ‘hand hygiene opportunity’ observed. Under ‘opportunity successful’, use a “✓” if successful, and leave blank if not successful)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Hand hygiene opportunity</th>
<th>Opportunity successful</th>
<th>Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Discipline: P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other
Duration of observation period = _______ minutes  Number of successful hand hygiene opportunities observed = __________
Total number of patients observed during audit = _______  Total number of hand hygiene opportunities observed during audit = _______

** See hand hygiene opportunities on back page

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion
### Audit Tool: Catheter connection and disconnection observations

(Use a “✓” if action performed correctly, a “Φ” if not performed. If not observed, leave blank)

<table>
<thead>
<tr>
<th>Procedure observed, C=connect, D=disconnect</th>
<th>Discipline</th>
<th>Mask worn properly (if required)</th>
<th>Hand hygiene performed</th>
<th>New clean gloves worn</th>
<th>Catheter removed from blood line aseptically (disconnection only)</th>
<th>Catheter hub scrubbed</th>
<th>Hub antiseptic allowed to dry</th>
<th>Catheter connected to blood lines aseptically (connection only)</th>
<th>New caps attached aseptically (after disconnecting)</th>
<th>Gloves removed</th>
<th>Hand hygiene performed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P=physician, N=nurse, T=technician, S=student, O=other</td>
<td>Duration of observation period = _____ minutes</td>
<td>Number of procedures performed correctly = _____</td>
<td>Total number of procedures observed during audit = _____</td>
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### ADDITIONAL COMMENTS/OBSERVATIONS:

...
Audit Tool: Arteriovenous fistula/graft cannulation observations
(Use a "✓" if action performed correctly, a "✗" if not performed. If not observed, leave blank)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Site cleaned with soap and water</th>
<th>Hand hygiene performed (staff)</th>
<th>New, clean gloves worn</th>
<th>Skin antiseptic applied appropriately</th>
<th>Skin antiseptic allowed to dry</th>
<th>No contact with fistula/graft site (after antisepsis)</th>
<th>Cannulation performed aseptically</th>
<th>Connect to blood lines aseptically</th>
<th>Gloves removed</th>
<th>Hand hygiene performed</th>
<th>Comments</th>
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</tbody>
</table>

Discipline: P=physician, N=nurse, T=technician, S=student, O=other
Duration of observation period = _________ minutes
Number of procedures performed correctly = _________
Total number of procedures observed during audit = _________

ADDITIONAL COMMENTS/OBSERVATIONS:

Making dialysis safer for patients
National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion
Data Collection

- For all audits, observer(s) should try to ensure that observations are as representative as possible of normal practice at the facility:
  - Observe different staff members on different days and shifts.
  - Consider observing during particularly busy times (e.g., shift change), when staff may be less attentive to proper practices.
How to Use the Audit Tool: Opportunities

- Each audit includes multiple observations.
  - An observation is an opportunity to perform hand hygiene (when warranted)
- If an opportunity is observed and hand hygiene is performed, the observation is marked a success:

### Audit Tool: Hemodialysis hand hygiene observations
(Use a “✓” for each ‘hand hygiene opportunity’ observed. Under ‘opportunity successful’, use a “✓” if successful, and leave blank if not successful)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Hand hygiene opportunity</th>
<th>Opportunity successful</th>
<th>Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>missed opportunity before administering medication</td>
</tr>
<tr>
<td>T</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

The first two observations were successful because hand hygiene was warranted and was performed.

The third observation was not successful because the warranted opportunity for hand hygiene was missed.
Tallying Opportunity Audit Results

- **Number of Successful Opportunities**: Sum of observed instances during which staff hand hygiene was warranted and was successfully performed.
- **Total Number Opportunities**: Total number of observed instances during which staff hand hygiene was warranted.

**Audit Tool: Hemodialysis hand hygiene observations**
(Use a “✓” for each ‘hand hygiene opportunity’ observed. Under ‘opportunity successful’, use a “✓” if successful, and leave blank if not successful)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Hand hygiene opportunity</th>
<th>Opportunity successful</th>
<th>Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>T</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>missed opportunity before administering medication</td>
</tr>
<tr>
<td>P</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**Discipline:** P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other

Duration of observation period = ________ minutes  Number of successful hand hygiene opportunities observed = ________

Total number of patients observed during audit = ________  Total number of hand hygiene opportunities observed during audit = ________

** See hand hygiene opportunities on back page
Audit Results Reported to NHSN

- **Number of Successful Opportunities**: Sum of observed instances during which staff hand hygiene was warranted and was successfully performed.
- **Total Number Opportunities**: Total number of observed instances during which staff hand hygiene was warranted.

These are the numbers reported to NHSN.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Hand hygiene opportunity</th>
<th>Opportunity successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Audit Tool**: Hemodialysis hand hygiene observation

(Use a “✓” for each ‘hand hygiene opportunity’ observed. Under ‘opportunity successful’, leave blank if not successful)

Duration of observation period = ___________ minutes
Number of successful hand hygiene opportunities observed = ___________ 4
Total number of patients observed during audit = ___________
Total number of hand hygiene opportunities observed during audit = ___________ 5

** See hand hygiene opportunities on back page
How to Use the Audit Tools: Procedures

- Each audit includes multiple observations.
  - An observation is the review of a procedure to indicate which steps were performed correctly or incorrectly.

- If each step of a procedure is observed and correctly performed, the observation is marked a success:

  The first observation (catheter connection) was not successful because hub antiseptic was not allowed to dry.

  The second observation (catheter disconnection) was successful because all steps were observed and completed.

```markdown
Audit Tool: Catheter connection and disconnection observations
(Use a “✓” if action performed correctly, a “Φ” if not performed. If not observed, leave blank)

<table>
<thead>
<tr>
<th>Procedure observed, C=connect D=disconnect</th>
<th>Discipline</th>
<th>Mask worn properly (if required)</th>
<th>Hand hygiene performed</th>
<th>New clean gloves worn</th>
<th>Catheter removed from blood line aseptically (disconnection only)</th>
<th>Catheter hub scrubbed</th>
<th>Hub antiseptic allowed to dry</th>
<th>Catheter connected to blood lines aseptically (connection only)</th>
<th>New caps attached aseptically (after disconnecting)</th>
<th>Gloves removed</th>
<th>Hand hygiene performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Φ</td>
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<td>✓</td>
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<td>D</td>
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<td>✓</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
```
**Tallying Procedure Audit Results**

- Once all observations have been completed, add the successful observations and note the total number of observations performed:

<table>
<thead>
<tr>
<th>Procedure observed, C=connect, D=disconnect</th>
<th>Discipline</th>
<th>Mask worn properly (if required)</th>
<th>Hand hygiene performed</th>
<th>New clean gloves worn</th>
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<th>New caps attached aseptically (after disconnecting)</th>
<th>Gloves removed</th>
<th>Hand hygiene performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C</td>
<td>N</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>C</td>
<td>N</td>
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</table>

**Audit Tool:** Catheter connection and disconnection observations
(Use a “✓” if action performed correctly, a “✗” if not performed. If not observed, leave blank)

- Duration of observation period = ________ minutes
- Number of procedures performed correctly = 5
- Total number of procedures observed during audit = 7
Once all observations have been completed, add the successful observations and note the total number of observations performed:

These are the numbers reported to NHSN

<table>
<thead>
<tr>
<th>Procedure observed, C=connect D=disconnect</th>
<th>Discipline</th>
<th>Mask worn properly (if required)</th>
<th>Hand hygiene performed</th>
<th>New clean gloves worn</th>
<th>Catheter removed from blood line aseptically (disconnection only)</th>
<th>Catheter hub scrubbed</th>
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<tbody>
<tr>
<td>1</td>
<td>C</td>
<td>N</td>
<td>✓</td>
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<td>✓</td>
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<td>✓</td>
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</table>

Discipline: P-physician, N-nurse, T-technician, S-student, C-other
Duration of observation period = _________ minutes

Number of procedures performed correctly = \[\frac{5}{7}\]

Total number of procedures observed during audit = \[\frac{7}{7}\]
NHSN PREVENTION PROCESS MEASURES (PPM) MODULE
Prevention Process Measures (PPM) Module

- How to add PPM to your Monthly Reporting Plans
- How to report the audit/PPM data to NHSN
- How to interpret NHSN missing/incomplete data alerts
- How to Confer Rights to share data with Groups
  - Differences for QIA vs. non-QIA facilities
- Analysis: available reports and percent adherence
Facilities Report Audit Results to NHSN

- Audit results can be reported to NHSN either “in-plan” or “off-plan.”
- In-plan refers to the selections made on the NHSN Monthly Reporting Plan:
  - By making a selection on the Monthly Reporting Plan, facilities agree to follow the NHSN Protocol for monitoring and reporting of that prevention process measure.
    - NHSN Dialysis Prevention Process Measures Protocol
  - In-plan reporting requires a minimum number of observations for each audit each month and will generate alerts to remind facility users to report additional data.

- In-plan reporting is suggested for QIA facilities.
Monthly Reporting Plan: Prevention Process Measures

- Indicate which audits will be performed during the month by checking the corresponding box(es):
  - By checking the box, the facility agrees to follow the NHSN protocol for monitoring and reporting of that prevention process measure.
  - There are a minimum number of observations for in-plan reporting, specified below each checkbox.

### Prevention Process Measures

<table>
<thead>
<tr>
<th>Locations</th>
<th>Hand Hygiene (HH)</th>
<th>HD Catheter Connection/Disconnection (CATHCON)</th>
<th>HD Catheter Exit Site Care (CATHCARE)</th>
<th>AV Fistula/Graft Cannulation/Decannulation (FGCANN)</th>
<th>Dialysis Station Disinfection (DISINFECT)</th>
<th>Injection Safety (INJSAFE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPDIAL — OP DIALYSIS CLINIC</td>
<td>✓ (≥ 30)</td>
<td>✓ (≥ 10)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tip – “Copy from the Previous Month” to make the same selections as before.
How to Report Audit Results to NHSN

- From the navigation bar, select “Summary Data,” then “Add.”
- Select “Prevention Process Measures” from the menu.
- Click the “Continue” button.
Numerators and Denominators

- Report the sum of successful observations and the total number of observations that month on the Prevention Process Measures form in NHSN.

<table>
<thead>
<tr>
<th>Prevention Process Measures</th>
<th>Numerators</th>
<th>Denominators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene (HH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemodialysis Catheter Connection/Disconnection (CATHCON)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemodialysis Catheter Exit Site Care (CATHCARE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arteriovenous Fistula/Graft Cannulation/Decannulation (FGCANN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis Station Routine Disinfection (DISINFECT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection Safety (INJSAFE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example of Reporting Audit Results to NHSN

### Prevention Process Measures

<table>
<thead>
<tr>
<th>Procedure</th>
<th># of Successful Observations</th>
<th>Total # Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene (HH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemodialysis Catheter Connection/Disconnection (CATHCON)</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Hemodialysis Catheter Exit Site Care (CATHCARE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arteriovenous Fistula/Graft Cannulation/Decannulation (FGCANN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis Station Routine Disinfection (DISINFECT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection Safety (INJSAFE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Combine Multiple Audits of the Same Type, from the Same Month

<table>
<thead>
<tr>
<th>Discipline: P=physician, N=nurse, T=technician, S=student, O=other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of observation period = __________ minutes</td>
</tr>
<tr>
<td>Number of procedures performed correctly =</td>
</tr>
<tr>
<td>Total number of procedures observed during audit =</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Successful Obs. = 5 + 2 + 5 = 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Obs. = 7 + 4 + 6 = 17</td>
</tr>
</tbody>
</table>

Arteriovenous Fistula/Graft Cannulation/Decannulation (FGCANN)

Dialysis Station Routine Disinfection (DISINFECT)

Injection Safety (INJSAFE)
NHSN Action Items and Alerts

- If a Prevention Process Measure (PPM) selection is on the Monthly Reporting Plan, but your facility does not:
  - Report data for it, NHSN will show a *Missing* Summary Data alert.
  - Report the minimum number of total observations required by the Protocol, NHSN will show an *Incomplete* Summary Data alert.
Prevention Process Measure Alerts

- **Missing** Summary Data alerts can be removed by:
  - Reporting the additional data required by the Protocol.
  - Un-checking the surveillance option from that Monthly Reporting Plan (i.e., making the data “off-plan”).
Incomplete summary data alerts can be removed by:

- Reporting the additional data required by the Protocol.
- Un-checking the surveillance option from that Monthly Reporting Plan (i.e., making the data “off-plan”).
- Selecting “Dismiss Alert” after the month has ended.
**Prevention Process Measure Alerts**

- **Incomplete** summary data alerts can be removed by:
  - Reporting the additional data required by the Protocol
  - Un-checking the surveillance option from that Monthly Reporting Plan (i.e., making the data “off-plan”)
  - Selecting “Dismiss Alert” after the month has ended

If too few observations were collected and the month has passed, incomplete alerts can be dismissed.

### Alerts for 02/2015

<table>
<thead>
<tr>
<th>Location Code</th>
<th>Month/Year</th>
<th>Summary ID</th>
<th>Summary Data Type</th>
<th>Alert</th>
<th>Dismiss Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIALYSIS</td>
<td>12/2014</td>
<td>5548</td>
<td>PPM - Hand Hygiene</td>
<td>30 or more Total Obs. Required</td>
<td></td>
</tr>
<tr>
<td>DIALYSIS</td>
<td>12/2014</td>
<td>5548</td>
<td>PPM - HD Catheter Connection/Disconnection</td>
<td>10 or more Total Obs. Required</td>
<td></td>
</tr>
<tr>
<td>DIALYSIS</td>
<td>02/2015</td>
<td>5541</td>
<td>PPM - Hand Hygiene</td>
<td>30 or more Total Obs. Required</td>
<td></td>
</tr>
<tr>
<td>DIALYSIS</td>
<td>02/2015</td>
<td>5541</td>
<td>PPM - HD Catheter Connection/Disconnection</td>
<td>10 or more Total Obs. Required</td>
<td></td>
</tr>
<tr>
<td>DIALYSIS</td>
<td>02/2015</td>
<td>5541</td>
<td>PPM - HD Catheter Exit Site Care</td>
<td>5 or more Total Obs. Required</td>
<td></td>
</tr>
<tr>
<td>DIALYSIS</td>
<td>02/2015</td>
<td>5541</td>
<td>PPM - Injection Safety</td>
<td>5 or more Total Obs. Required</td>
<td></td>
</tr>
</tbody>
</table>
“Confer Rights” Alert for Facility Users with Administrator Rights

When Groups request these new data, a Confer Rights alert will display on the facilities’ homepage. The alert indicates that the right was not accepted and a survey is required for 2013.
“Confer Rights” Alert for Facility Users with Administrator Rights

- Facility users should click “not accepted” to see all Groups that have modified their data sharing requests.
“Confer Rights” Not Accepted List

- Facility administrative users should click on the Group’s name to view the new request.
Facilities “Confer Rights” to Share PPM Data with Group(s)

- Review the Confer Rights screen to see which data the Group is requesting.

- All changes are marked: !
Facilities “Confer Rights” to Share PPM Data with Groups

- If your facility agrees to share all data specified on the Confer Rights page, scroll to the bottom and click the “Accept” button.
Non-QIA Facilities Can Opt Out of Sharing PPM Data with Network Groups

- Facilities may select “N/A” to opt out of sharing data in specified section(s)
- Non-QIA facilities can choose to opt out by selecting “N/A,” and then scrolling to the bottom and clicking the “Accept” button.
New PPM Reports

- **Scheduled for April 2015** – Line Listings that calculate percent adherence by month:
  - Hand Hygiene Percent Adherence
  - HD Catheter Connection/Disconnection Percent Adherence
  - AV Fistula/Graft Cannulation/Decannulation Percent Adherence
  - HD Catheter Exit Site Care Percent Adherence
  - Dialysis Station Routine Disinfection Percent Adherence
  - Injection Safety Percent Adherence

Learn CDC Recommended Practices → Implement CDC Recommended Practices → Audit CDC Recommended Practices → Provide Feedback on Adherence
Reports will be located in the “Prevention Process Measures” folder on the Output Options screen.

Don’t forget to generate new data sets before running reports!
PPM Reports – Analysis Output Options

- Reports will be located in the “Prevention Process Measures” folder on the Output Options screen:
Interpreting NHSN PPM Reports

- Percent adherence is calculated by dividing the number of successful observations by the total number of observations and multiplying by 100.

\[
Percent \ Adherence = \frac{Number \ of \ Successful \ Observations}{Total \ Number \ of \ Observations} \times 100
\]

Example NHSN Report for HD Catheter Connection/Disconnection

<table>
<thead>
<tr>
<th>Facility Org ID</th>
<th>Summary Year/ Month</th>
<th>HD Catheter Connection/Disconnection # of Successful Observations</th>
<th>HD Catheter Connection/Disconnection Total # of Observations</th>
<th>HD Catheter Connection/Disconnection Percent Adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345</td>
<td>2015M01</td>
<td>6</td>
<td>10</td>
<td>60.0</td>
</tr>
<tr>
<td>12345</td>
<td>2015M02</td>
<td>7</td>
<td>10</td>
<td>70.0</td>
</tr>
<tr>
<td>12345</td>
<td>2015M03</td>
<td>8</td>
<td>10</td>
<td>80.0</td>
</tr>
</tbody>
</table>
Resources for PPM reporting are being updated
  - E.g., Protocol, training, etc.

CMS ESRD QIP

- Next CMS QIP Dialysis Event reporting deadline for Quarter 4, 2014 is March 31, 2015.
- QIP Rule in 2015:
  - Continue reporting Dialysis Event data quarterly
  - New! Healthcare Personnel Influenza Vaccination Summary is required for 2015/2016 flu season
Summary – Audit Tools

- Prepare for implementation of audit tools:
  - Become familiarized with CDC’s Recommended Interventions and checklists

- 3 CDC Audit Tools are used for QIA participation:
  - Hand Hygiene
  - Hemodialysis Catheter Connection/Disconnection
  - Arteriovenous Fistula/Graft Cannulation/Decannulation
    - Remember only cannulation is part of the QIA
Summary – NHSN Prevention Process Measures

- The summary results of each Audit Tool (e.g., number of successful observations and the total number of observations) can be reported to the NHSN Prevention Process Measures (PPM) module:
  - Monthly Reporting Plan has been updated for each PPM
    - In-plan reporting is suggested for QIA measures
    - NHSN will provide alerts for in-plan data to help you report what is required
  - In NHSN, report PPM data under “Summary Data”
  - Users with administrator rights in NHSN should “Confer Rights” to share data with your Group(s)
  - Use analysis to create reports and provide feedback to staff on adherence to recommended practices
Thank you!

Questions?

NHSN Helpdesk: nhsn@cdc.gov
Specify “dialysis” in the subject line

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov   Web: www.cdc.gov