# 2020 Blood Stream Infection Reduction Quality Improvement Activity (QIA)

## Objectives
- Reduce the rates of blood stream infections
- Identify and mitigate the barriers to reducing the rates of blood stream infections
- Determine the steps providers and patients can take to reduce blood stream infections

## Project Goal
Demonstrate reduction in blood stream infections a cohort of 20% of facilities with the highest excess infection rates in the Network service area

## Measures
Successful completion of the BSI QIA will be based on the following measures:
- Facility achievement of a reduction in blood stream infections (% reduction) based on the facilities baseline BSI rate
- Utilization of the CDC Core Interventions
- Completion of NHSN annual training and accurate data report
- Involve patients in direct interventions – allow patients the ability to impact the care received at facilities

Use this project outline to guide you through this year’s activities and interventions. You will find the hyperlinks of resources and surveys in blue text, for which recommend that you keep this document accessible in an electronic format for you to click directly into it. This outline also lives in the BSI QIA Network website page at https://network6.esrd.ipro.org/home/provider/qia/hai-bsi-qia/

This outline will help you (1) stay organized with project requirements, (2) access all resources, (3) know due dates in advance, (4) plan your and your team’s workflow and (5) best allocate resources for this project. This outline will work simultaneously with the QIA Project Calendar that will be released at the beginning of each month, and the BSI QIA Progress Report which will indicate the completion of these activities through three achievement levels.

Keep in mind that some dates and activities might change depending on speaker availability, emergency response efforts needed in our service area, delay in data or resources available, etc. The ESRD Network will keep you updated of changes via email.
NOTE: Leadership Calls (the Network will be discussing selected facility status with your Directors and Regional Leadership; be sure to communicate with them your facility progress, barriers and needs as requested).

For any questions or concerns regarding the BSI QIA project, please contact the Network project lead Loretta Ezell at lezell@nw6.esrd.net or call at 919-463-4507.

<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
<th>Important dates*</th>
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</table>
| December | **QIA Information & Resources**  
• Notification / Inclusion letter for the QIA Project  
• BSI Toolkit (Professional and Patient)  
• Job Aid: How to Run a Vascular Access report in CROWNWEB  
• Job Aid: Vascular Access Cleanup in CROWNWEB  
**QIA Actions**  
☑ Complete Key Facility Contact Survey  
☑ Knowledge / Practice Assessment | **QIA Actions Due**  
Due: 12/5/2019 |
| January  | **QIA Resources**  
• Resource Mailing: great to use with Lobby Day, Education Station and Bulletin Boards  
• CDC Audit tools and Checklist [Link](#)  
**QIA Actions**  
• Attend the NCC BSI LAN call (Review QI Calendar Date TBD)  
• Facility to select - Infection Prevention Champion  
• Facility to select – Patient Facility Representative (PFR)  
• Attend BSI QIA NCC LAN Cal (Link for Registration will be released when available)  
Takeaway Survey Due in February  
• Start preparing your Education Station / Lobby Day  
☑ LAN Takeaway Survey (and facility data collection-[Link to be released](#))  
☑ BSI QIA Lead and/or Infection Prevention Champion/navigator educates all facility staff  
  a. CDC video Infection Control In Outpatient Hemodialysis Units [Link](#)  
  b. SPICE Injection Safety Video [Link](#)  
  c. Staff to sign Infection Prevention Pledge | **QIA Actions Due**  
1/30/2020 |
## 2020 BSI QIA Project Outline – Project Lead / Back-up Lead

<table>
<thead>
<tr>
<th>Month</th>
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<tbody>
<tr>
<td><strong>February</strong></td>
<td><strong>QIA Resources</strong>&lt;br&gt;• CDC Audit tools and Checklist [Link]&lt;br&gt;• CDC Conversation Starter [Conversation Starter]&lt;br&gt;<strong>QIA Actions</strong>&lt;br&gt;• Attend Network Webinar: Achieving a Zero BSI Rate is Possible (Review QI Calendar Date/Link TBD)&lt;br&gt;• Discuss how to include PFR in Quality Improvement and structure of meeting to accommodate including patient in quality improvement activities&lt;br&gt;• Infection Prevention Champion and PFR to Review Conversation Starter with patients&lt;br&gt;• Continue work on Education Station / Lobby Day&lt;br&gt;• Start Huddle / Learning Board&lt;br&gt;• Infection Prevention Champion&lt;br&gt;  o Performs CDC Audits&lt;br&gt;  o Completes BSI Rapid cycle Improvement Worksheet &amp; Reports BSI data via Network data collection tool&lt;br&gt;• Patients to sign Infection Prevention Pledge</td>
<td>Pending date, please check QIA Calendar&lt;br&gt;<strong>QIA Actions Due</strong>&lt;br&gt;Due: 2/28/20</td>
</tr>
<tr>
<td><strong>March</strong></td>
<td><strong>QIA Resources</strong>&lt;br&gt;• CDC Audit tools and Checklist [Link]&lt;br&gt;• Attend the NCC BSI LAN call (Review QI Calendar Date TBD)&lt;br&gt;• Clean Hands Count for Patients and Visitors Fact [Clean Hands Count]&lt;br&gt;<strong>QIA Actions</strong>&lt;br&gt;• BSI QIA LAN Call Takeaway Survey (Link)&lt;br&gt;• Lobby Education Initiative Picture DUE by submitting in this (LINK)&lt;br&gt;• Invite PFR to your March QAPI meeting&lt;br&gt;• Work with the PFR to Perform Hand Hygiene Audits</td>
<td><strong>QIA Actions Due</strong>&lt;br&gt;3/30/2020</td>
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| **April** | **QIA Resources**  
- CDC Audit tools and Checklist [Link](#)  
- Network host PFR call to discuss patient CDC Audit participation and preparing for support group topic  
- CDC Core Interventions [CDC Core Interventions](#)  

**QIA Actions**  
- Host a Patient Support Group Meeting Topic consideration: Review of CDC Recommendations used at the facility and how the PFR and other can be involved in infection prevention  
- Invite patient to QAPI  
- Work with the PFR to Perform Catheter Connection and disconnection audits  
- Infection Prevention Champion  
  - Performs CDC Audits & Submits results in NHSN  
  - Completes BSI Rapid cycle Improvement Worksheet & Reports BSI data via Network data collection tool |
| | | QIA Actions Due 4/30/2020 |
| **May** | **QIA Resources**  
- CDC Audit tools and Checklist [Link](#)  
- Attend the NCC BSI LAN call *(Link for Registration will be released when available)*  
- PAC Speaks Newsletter – My life is in Your Hands *(To email newsletter)*  

**QIA Actions**  
- BSI QIA LAN Call Takeaway Survey (Link)  
- Work with the PFR to review /perform Medication Preparation Checklist  
- Host a Patient Support Group Meeting / Invite a patient to your QAPI meeting.  
- Work with the PFR to celebrate World Hand |
<p>| | | QIA Actions Due 5/29/2020 |</p>
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<tr>
<td>June</td>
<td>Hygiene Day. Use the following educational resources for this activity (Information TBD)</td>
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|       | - Infection Prevention Champion  
|       |   a. Performs CDC Audits & Submits results in NHSN  
|       |   Completes BSI Rapid cycle Improvement Worksheet & Reports BSI data via Network data collection tool |
|       | QIA Resources                                                                |
|       |   - NW6 Infection Facts Overview (to email material)  
|       |   - CDC Audit tools and Checklist [Link]  
|       | QIA Actions  
|       |   - Attend the Mid-Point Webinar (Date – Review QI calendar TBD Registration Link)  
|       |   - Infection Prevention Champion and PFR plan for a Patient Support Group: Conversation Starter: Focus topic with patients: Medication Preparation, Dialysis station cleaning, disposable dialyzers  
|       |   - Invite a patient to your QAPI meeting.  
|       |   - Infection Prevention Champion  
|       |     a. Performs CDC Audits & Submits results in NHSN  
|       |     Completes BSI Rapid cycle Improvement Worksheet & Reports BSI data via Network data collection tool |
| July  | QIA Resources                                                                |
|       |   - Attend NCC BSI LAN Call  
|       |   - CDC Audit tools and Checklist [Link]  
|       |   - Be Prepared Checklist (to email resource)  
|       | QIA Actions  
|       |   - BSI QIA LAN Call Takeaway Survey (Link)  
|       |   - Work with the PFR to Perform Hand Hygiene Audits  
|       |   - Host a Patient Support Group Meeting Patient Support Group: Focus topic with patients: Hepatitis Testing  
|       |   - Invite a patient to your QAPI meeting.  
|       |   - Infection Prevention Champion  
|       |     a. Performs CDC Audits & Submits results in NHSN  
|       |     Completes BSI Rapid cycle Improvement Worksheet & Reports BSI data via Network data collection tool |
|       | QIA Actions Due  
|       |   6/30/2020  
|       | QIA Actions Due  
|       |   7/30/2020  

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<td>August</td>
<td><strong>QIA Resources</strong>&lt;br&gt;• CDC Audit tools and Checklist <a href="#">Link</a></td>
<td>QIA Actions Due 8/30/2020</td>
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<td><strong>QIA Actions</strong>&lt;br&gt;☐ Invite a patient to your QAPI meeting.</td>
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<td>☐ Host a Patient Support Group Meeting</td>
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<td>September</td>
<td><strong>QIA Resources</strong>&lt;br&gt;• CDC Audit tools and Checklist <a href="#">Link</a></td>
<td>QIA Actions Due Due: 9/30/20</td>
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<tr>
<td>(September cont’d)</td>
<td><strong>QIA Actions</strong>&lt;br&gt;☐ Review QIA successes, lessons learned and opportunities to improve</td>
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<tr>
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<td>☐ Invite a patient to your QAPI meeting.</td>
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**Notes:**
- All activities and due dates subject to change
- All survey due by 6pm on the indicated day.
- **Acronyms**
  - PFR – Patient Facility Representative (Patient Role)
  - IPC – Infection Prevention Champion (Staff Role)
  - PSG - Patient Support Group
  - QAPI – Quality Activities Performance Improvement
Helpful Tips for Success:

- Keep a notebook to document your facility’s participation in the BSI project to share with State Survey Agents if requested
- In partnership with your Interdisplinary Team and patient input - Formulate an Improvement Plan to decrease and prevent BSI in your facility
- Host a lobby day activity
- Invite a patient to your facility’s monthly QAPI meeting
- Conduct a patient and family education session or support group meeting on infection prevention – include patients and family members/caregivers
  - Form a support group if you do not currently have one
- Actively participate in scheduled webinars and collaborative calls to share ideas, brainstorm through the barriers and celebrate successes
- Conduct an internal kick-off orientation/in-service with all staff members to share your facility’s commitment decrease and prevent blood stream infections
- Prepare staff to answer questions from patients concerning infection prevention

For additional resources visit our website at: https://network6.esrd.ipro.org/

- NHSN: https://www.cdc.gov/nhsn/index.html
- CDC Dialysis Safety Resource Center: https://www.cdc.gov/dialysis/coalition/resource.html
- AAKP: https://aakp.org/