PREVENT HAIs Healthcare-Associated Infections

Recommended Infection Prevention Components of Quality Assessment and Performance Improvement

The facility quality assessment and performance improvement program should implement ongoing and effective processes to prevent, detect and manage infections, with a goal of minimizing or eliminating healthcare-associated infections acquired at the facility. The following clinical and technical areas should be continuously monitored, with analysis of the available data, prompt recognition of adverse trends, and implementation of performance improvement activities to achieve and sustain measurable improvements:

1. Infection occurrence surveillance: Occurrences should be logged for—
    a. All bloodstream infections, stratified by vascular access type. The Centers for Disease Control (CDC) National Healthcare Safety Network dialysis event rates should be measured.
    b. All other positive culture results separated by location/site, including hemodialysis or peritoneal dialysis access exit site, wound, etc.

    Sufficient information should be recorded for each occurrence, including patient identification, date of infection diagnosis (positive culture result), site of infection, infecting organisms with antibiotic sensitivities.
2. Disease-specific management should be addressed, with continuous monitoring, at a minimum for—
    a. Hepatitis B and hepatitis C
        i. Surveillance of all patients per CDC guidelines, including comprehensive investigation and reporting of seroconversions
        ii. Vaccination program for hepatitis B-susceptible patients to ensure timely offer of vaccination and followup testing of vaccines for response. Vaccination offered to susceptible staff.
    b. Tuberculosis surveillance of patients and staff
    c. Influenza vaccination programs for patients and staff
    d. Pneumococcal pneumonia vaccination program for patients
3. Vascular access prevalence aimed at minimizing central venous catheter (CVC) rates and achieving optimum arterial venous (AV) fistula use rates, including measuring CVC and AV fistula prevalence rates and AV fistula incidence rates
4. Staff education and visual practice audits
    a. All facility staff receive initial and at least annual education in infection control pertinent to their job duties, using, at a minimum, the information and procedures in Checklists #1–5
    b. Direct care staff are visually audited, using the ICE Checklists #1–5 monthly; each direct care staff visually audited at least annually
5. Patient education should be focused on informing patients about infection prevention through vascular access care/hygiene. Patients should be informed about what to expect of direct patient care staff practices for infection control, and should be empowered as active participants in ensuring their care is appropriate, with freedom to voice concerns without fear of reprisal.
6. Environmental/technical: Ensuring the microbial safety of hemodialysis by monthly evaluation of—
    a. Water and dialysate cultures and endotoxin levels
    b. Dialyzer reprocessing and reuse program (if applicable)
        i. Reuse water source and reuse equipment cultures and endotoxins
    c. Patient pyrogen reactions