CMS Updates Network 8 Contract Requirements

This contract year, Network 8 has been tasked with new requirements related to the National Healthcare Safety Network (NHSN) and our Healthcare Associated Infection Learning and Action Network (HAI LAN). A Quality Improvement Activity (QIA) will be developed by the end of the 1st quarter and will be based on infection data obtained from NHSN. CMS requires at least 20% of facilities to be in the QIA, and they will be responsible for conducting monthly hand hygiene observations, catheter connection/disconnection observations, and fistula/graft cannulation observations using CDC audit tools. A bi-annual review of the top 10 and bottom 10 facilities, based on NHSN Bloodstream Infection (BSI) rates, will also be conducted.

Network 8 will continue to support new and returning facilities with NHSN enrollment and reporting, and the Network will also continue to work to obtain group administrator rights for all facilities. Monthly data checks will be performed and findings will be reported to CMS.

Currently, 99% of Network facilities have enrolled in NHSN, and 99% have conferred rights to the Network. Facilities have until April 15, 2014, to enter 2013 Dialysis Event data. So far, 97% of Network facilities have reported the minimum requirement of 6 consecutive months of NHSN data. To determine if your facility has met the CMS QIP requirements, you can run the CMS ESRD QIP Rule report. Instructions for running this report can be found here:


Important 2014 NHSN Updates for Outpatient Dialysis Facilities

- Beginning January 2014, outpatient dialysis facilities will be required to report 12 months of dialysis event data into NHSN. Outpatient dialysis facilities will have three months after the end of the quarter to submit data to NHSN. For example, Q1 data (January – March 2014) will be due on June 30, 2014.

- There is a report in NHSN that gives you the status of your facility’s reporting of Dialysis Events to meet the CMS ESRD QIP minimum requirements. You can find the instructions on how to run this NHSN report at: http://www.cdc.gov/nhsn/PDFs/dialysis/CMS-QIP-NHSN-report-6.pdf.

- Annual Outpatient Dialysis Center Practices Survey

The new version of the annual survey is available at:

http://www.cdc.gov/nhsn/forms/57.500_OutpatientDialysisSurv_BLANK.pdf

Data should be collected the first week of February. Beginning February 1, upon login to NHSN, the 2014 Survey will be listed as a required “Action Item.” Users will be able to submit Monthly Reporting Plans, Denominators for Outpatient Dialysis Forms, and Dialysis Event Forms for January-April 2014 without a 2014 Survey complete. However, as of May 1, 2014, no further data entry will be allowed until a 2014 Survey is complete. continued
Important 2014 NHSN Updates  continued from page 1

- “Report No Events” by Dialysis Event Type
  The “Report No Events” checkbox on the Denominators for Outpatient Dialysis form has been separated into three selections, one for each dialysis event type. Each dialysis event type needs to be accounted for every month; either the event type is reported on one or more Dialysis Event forms, or the “Report No Events” checkbox for that event type is selected on the Denominators for Outpatient Dialysis form to confirm no events of that type occurred during the month.

- Dialysis Event Form: New Fields
  Two new fields have been added to the Dialysis Event form. The Problems section now includes “urinary tract infection” and the Outcomes section now includes “loss of vascular access.” The Table of Instructions for the Dialysis Event form, can be found here. http://www.cdc.gov/nhsn/forms/instr/57_502.pdf

- Dialysis Event Form: Optional Fields Now Required
  Requirements for two questions on the Dialysis Event form have changed:
  - “Was the patient admitted/readmitted to the dialysis facility on this dialysis event date?” is required.
  - “Is this a catheter-graft hybrid?” is conditionally required if “Other Access Device” is selected under Risk Factors.

- New Optional Hand Hygiene Reporting for Dialysis Facilities
  Dialysis facilities that monitor staff hand hygiene adherence now have an option to track the monthly summary of their observations in NHSN. Data are entered by selecting the “Summary Data” and “Add” options on the navigation bar, then selecting “Prevention Process Measure – Hand Hygiene” from the dropdown menu.

Bloodstream Infection (BSI) Facts

- Infection is a leading cause of morbidity and is second only to cardiovascular disease as the leading cause of death in the chronic uremic patient on HD.¹
- Multiple factors contribute to infectious morbidity and mortality in the ESRD patient on HD. ESRD patients are more susceptible to infection because of the process inherent in HD treatment which includes the need for long-term vascular access, including chronic central-line use.¹
- In 2008, an estimated 37,000 central line associated bloodstream infections (CLABSIs) occurred among patients receiving outpatient hemodialysis.²
- CLABSIs are one of the most deadly types of HAI, with a mortality rate of 12%–25%.²

³ National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination
² MMWR/March 1, 2011/Vol.60

HAI LAN Activities

Network 8 held an HAI LAN workgroup meeting on February 18. Workgroup members included dialysis facility and regional managers, HAI Coordinators from the Mississippi and Tennessee State Departments of Health, and the HAI Project Leader from the Mississippi Quality Improvement Organization (QIO), Information and Quality Healthcare (IQH). Workgroup members were updated on the new contract requirements, and we also heard from our local QIOs from Alabama, Mississippi, and Tennessee. Teresa Fox from Alabama Quality Assurance Foundation (AQAF), Vickie Taylor from IQH, and Lesley Hays from Qsource gave updates on planned 2014 HAI initiatives.

You will receive notification of future HAI LAN activities, prior to the event.