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SAFE HEALTHCARE:
A CDC WEBINAR SERIES

Infections in Dialysis Centers: Understanding what Matters to Patients

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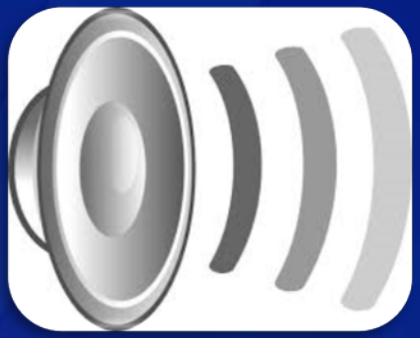

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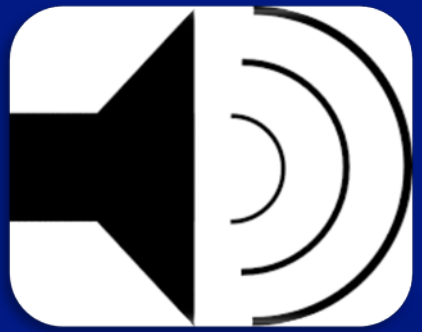

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

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Planning committee reviewed content to ensure there is no bias.

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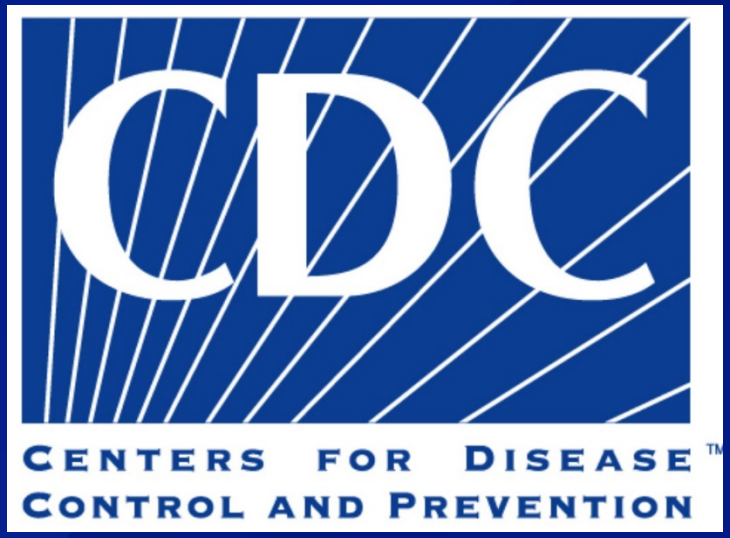
Continuing Education Information

PROGRAM DESCRIPTION:

- These presentations will highlight patients' perspectives of healthcare associated infections (HAIs) in hemodialysis settings. Presenters will also discuss the prevention and management of infectious diseases in dialysis patients, as well as, implications for patient-centered care and engagement.

OBJECTIVES:

- Describe infection control techniques that reduce the risk and spread of healthcare- associated infections (HAI).
- Identify unsafe practices that place patients at risk for HAIs.
- Describe best practices for infection control and prevention in daily practice in healthcare settings.
- Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.



Infections in Dialysis Centers: Understanding what Matters to Patients

Priti Patel, MD, MPH

Medical Officer

Division of Healthcare Quality Promotion, CDC

May 2, 2017

CDC Approach to BSI Prevention in Dialysis Facilities

(i.e., the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention)

1. Surveillance and feedback using NHSN
Conduct monthly surveillance for BSIs and other dialysis events using CDC's National Healthcare Safety Network (NHSN). Calculate facility rates and compare to rates in other NHSN facilities. Actively share results with front-line clinical staff.

2. Hand hygiene observations
Perform observations of hand hygiene opportunities monthly and share results with clinical staff.

3. Catheter/vascular access care observations
Perform observations of vascular access care and catheter accessing quarterly. Assess staff adherence to aseptic technique when connecting and disconnecting catheters and during dressing changes. Share results with clinical staff.

4. Staff education and competency
Train staff on infection control topics, including access care and aseptic technique. Perform competency evaluation for skills such as catheter care and accessing every 6-12 months and upon hire.

5. Patient education/engagement
Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for access management when away from the dialysis unit.

6. Catheter reduction
Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

7. Chlorhexidine for skin antisepsis
Use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent for central line insertion and during dressing changes.*

8. Catheter hub disinfection
Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.**

9. Antimicrobial ointment
Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.***

* Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.

** If closed needleless connector device is used, disinfect device per manufacturer's instructions.

*** See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis Safety website (http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites). Use of chlorhexidine-impregnated sponge dressing might be an alternative.

For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit http://www.cdc.gov/dialysis

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

CDC

Set of 9 Interventions

Evidence-based CDC recommendations

http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html

Featured Speakers

- Allison Tong, MPH (Hons), MM, PhD,
  Associate Professor, Principal Research Fellow,
  Sydney School of Public Health,
  The University of Sydney-Australia
  - Patient Perspectives on the Prevention and Management of Infectious Disease in Hemodialysis Units

- Mark Unruh, MD, MS, Professor and Chair,
  Department of Internal Medicine, Solomon,
  Gardner & Sterling Chair Section Chief, New Mexico
  VA Health System, Associate Director UNM Clinical
  and Translational Science Center,
  University of New Mexico School of Medicine
  - Approaches to Engage Dialysis Patients in Their Care and in Research

CDC Disclaimer: The findings and conclusions in this presentation are those of the presenter(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Featured Speakers

- Ronald J. Krokey, Patient Advocate, Former Dialysis Patient
  - Infection Prevention and Patient Engagement: A Patient's Perspective

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  - *Questions will be addressed at the end of the webinar, as time allows.*
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The speakers' slides will be provided to participants in a follow-up email.

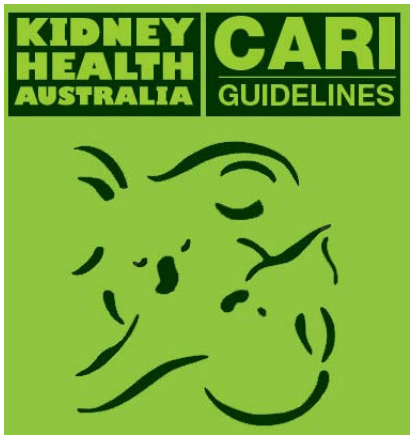
Patient perspectives on the prevention and management of infectious disease in hemodialysis units

Dr. Allison Tong
The University of Sydney
e: allison.tong@sydney.edu.au

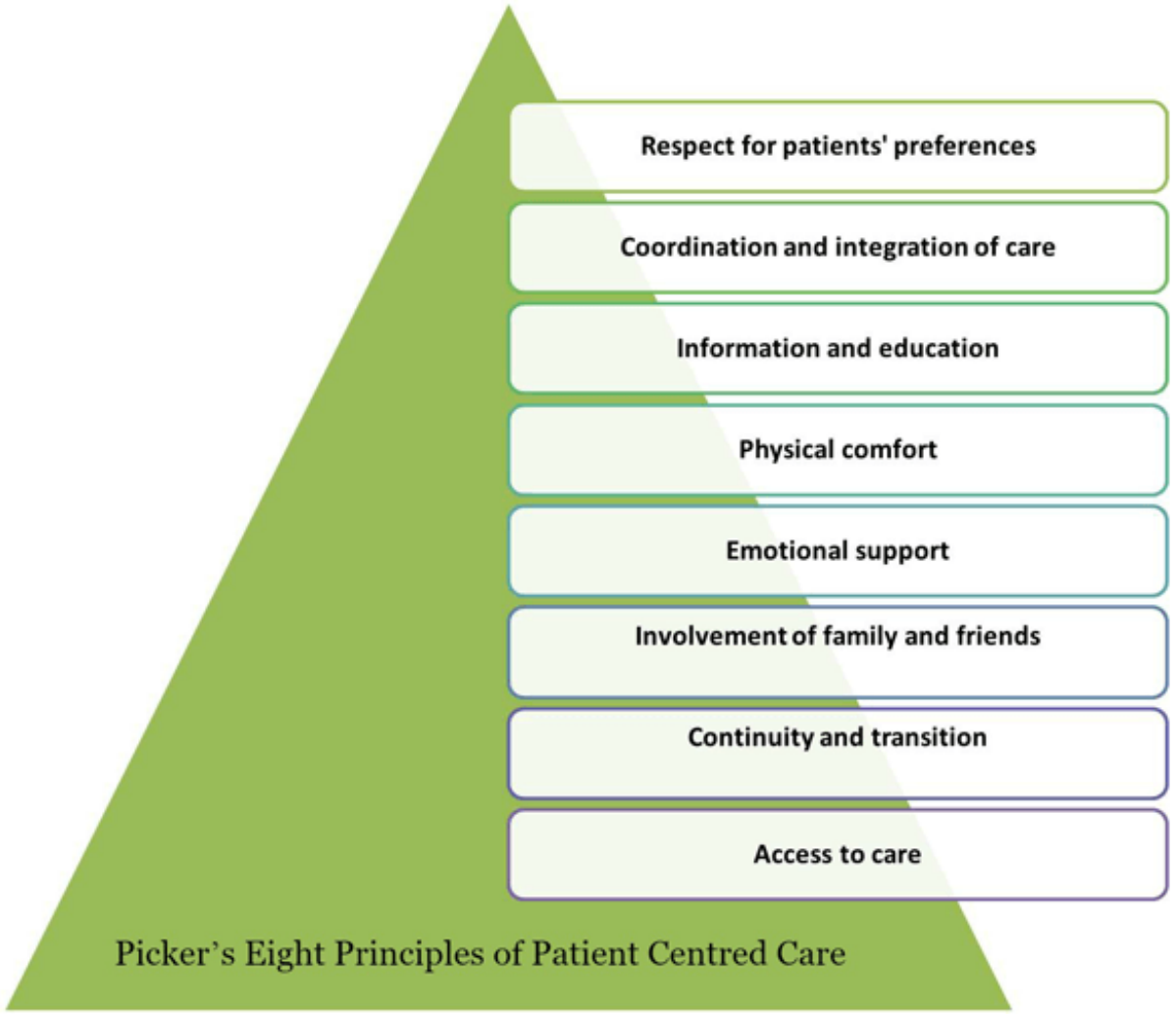
CDC Making Dialysis Safer Coalition Webinar
Tuesday May 2, 2017
Centers for Disease Control, Atlanta, United States

THE UNIVERSITY OF SYDNEY

1. The need to understand patient perspectives
2. Patient's experiences and perspectives on the prevention and management of infectious microorganisms in hemodialysis units
   (KHA-CARI Guidelines – Patient workshop)
3. Implications for patient-centered care

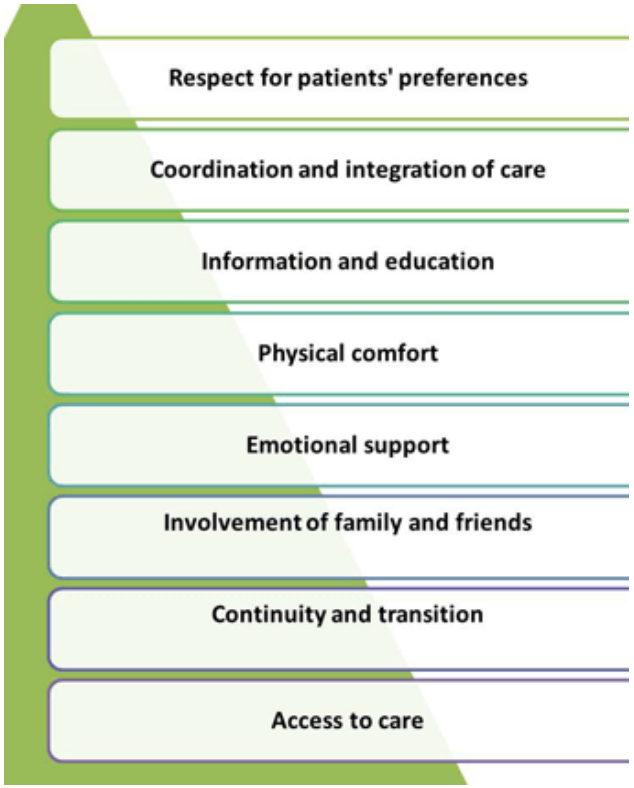


Patient-centered care: Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions. - Institute of Medicine



Do guidelines on infection control in hemodialysis units address patient priorities, needs and concerns?

- **Guidelines reviewed:** CDC, KDIGO, ERBP, UK Renal Association, CSN, NICE.
- Mostly on clinical/technical procedures (e.g. hand hygiene, personal protective equipment, cleaning and disinfection, patient isolation, screening, vaccination)
- NICE: use input from local patient and public experience for continuous quality improvement to minimize harm from healthcare-associated infections
- CDC: Patient education/engagement: Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection and instructions for access management when away from the dialysis unit.



Infect Control Hosp Epidemiol 2015;36(4):461–463

Examining Hospital Patients' Knowledge and Attitudes Toward Hospital-Acquired Infections and Their Participation in Infection Control

Holly Seale, PhD;[1] Yuliya Novytska;[2] Julie Gallard, RN;[3] Rajneesh Kaur, MPH[1]

- 80% patients would be willing to help hospital staff with prevention of infection, but many would not feel comfortable asking a healthcare worker to sanitize their hands.

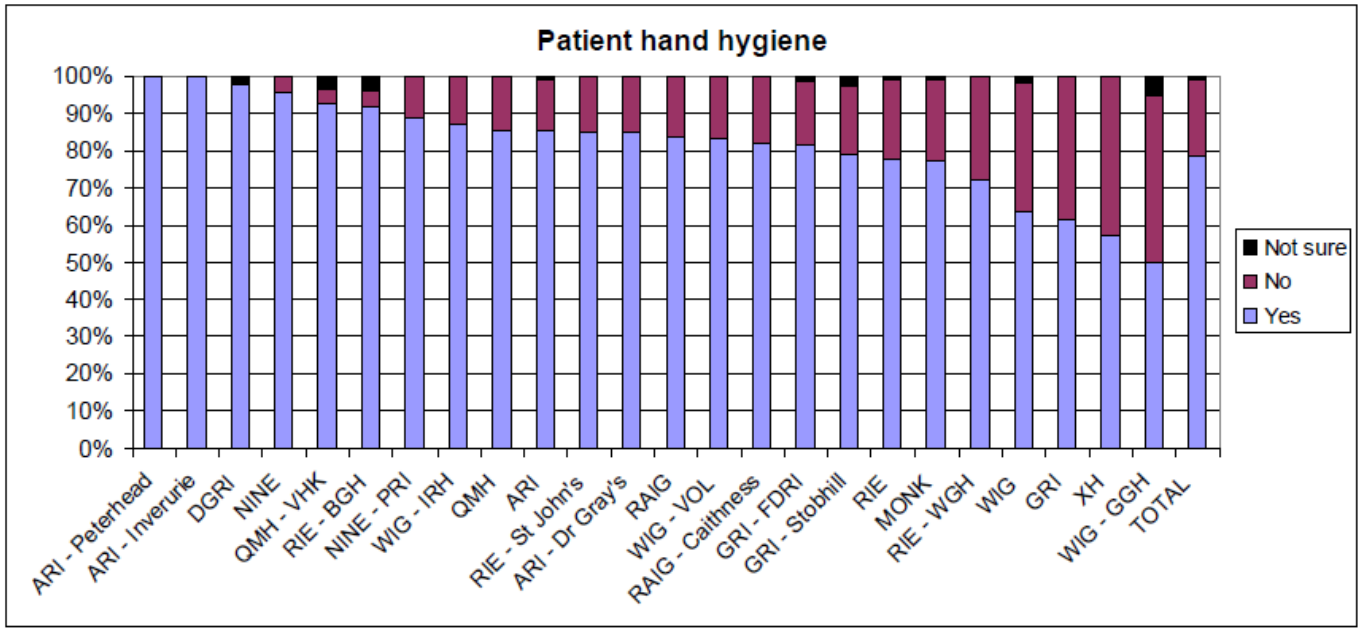
Journal of Hospital Infection (2010) 74, 42–47

Healthcare-associated infection and the patient experience: a qualitative study using patient interviews

E. Burnett*, K. Lee, R. Rushmer, M. Ellis, M. Noble, P. Davey

- Lack of verbal and written communication about infection status was a major concern
- Patients were not comfortable about asking questions
- Reluctant to challenge staff about their practice

Scottish Renal Patient Experience Survey



For key to Figure 11, please see pages 13/14.

9.4 Comments about hand hygiene

187/1294 respondents provided 189 comments about hand hygiene. Just under a third of these were positive. Of the remaining comments, patient and staff hand hygiene drew the most comments (85), with the vast majority highlighting the variability in compliance among both staff and patients alike. Some raised concerns about visitors to the dialysis ward not following hand hygiene procedures.

Nephrology Nursing Journal, *41*(1), 37-39, 50.

Infection control and bloodstream infection prevention: the perspective of patients receiving hemodialysis

See I, Shugart A, Lamb C, Kallen AJ, Patel PR, Sinkowitz-Cochrane RL

- **Ownership and personal responsibility** – *"It is my life, if I am not going to take care…then who will?"*
- **Own advocate for safety**
- **Patient-provider partnership** – *"healthcare providers have to invite the patient to speak up and make it part of the culture."*

KHA-CARI Guidelines – Patient workshop

Miller HM, Tong A, Tunnicliffe DJ, Campbell D, Pinter J, Commons RJ, Athan E, Craig JC, Gilroy N, Green J, Henderson B, Howell M, Stuart RL, Van Eps C, Wong MG, De Zoysa J, Jardine M. Hemodialysis International 2017; 21: 213-223

Clinical context

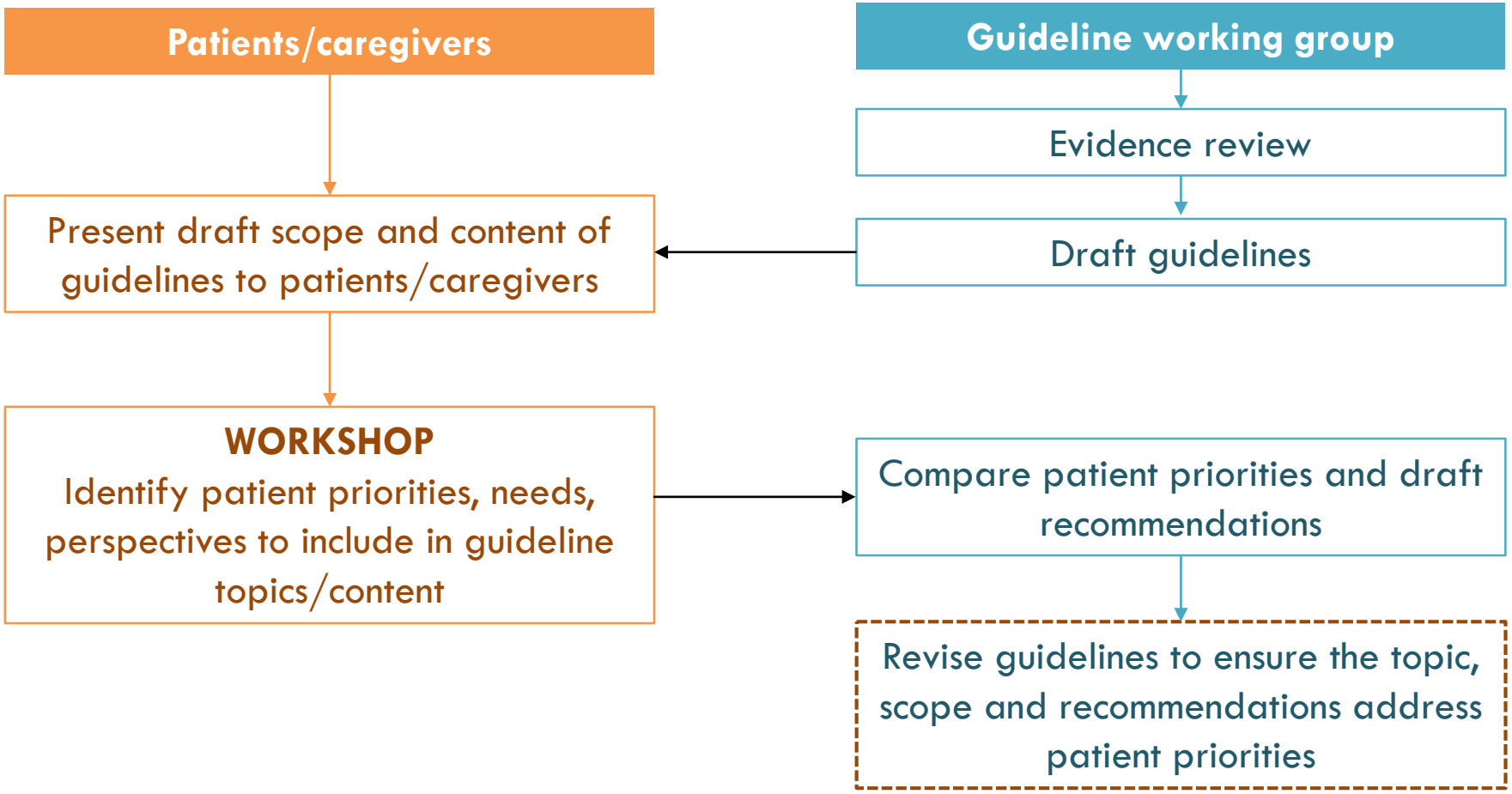
- Increased risk of exposure to infectious agents
- Frequent and extended vascular exposure, immune dysfunction, close proximity to other patients, hospitalization, contact with health workers
- Multidrug-resistant bacteria (MRSA, VRSA), bacteremia, blood-borne viruses (Hep B, C, HIV)
- Impact on wellbeing: social isolation, travel restrictions, disruption of care

Guidelines

- Epidemiology, benefits and harms of screening, transmission-based precautions, environmental controls

KHA-CARI Guidelines – Patient workshop

Aim: To identify the priorities of patients and caregivers to include in clinical practice guidelines on screening and management of infectious microorganisms in hemodialysis units



KHA-CARI Guidelines – Patient workshop

Participants

- Two HD units in Sydney, Australia
- Purposive sampling: age and clinical characteristics *(screened, diagnosed, undergoing treatment)*

Workshop

- Questions: experience of HD and screening for infectious disease; guideline topics and outcomes
- Recorded/transcribed
- Extract topics; thematic analysis to identify reasons

Participant characteristics (n=11)

- 9 patients, 3 caregivers
- 7 male
- 7 had been screened
- 4 diagnosed with infectious microorganism

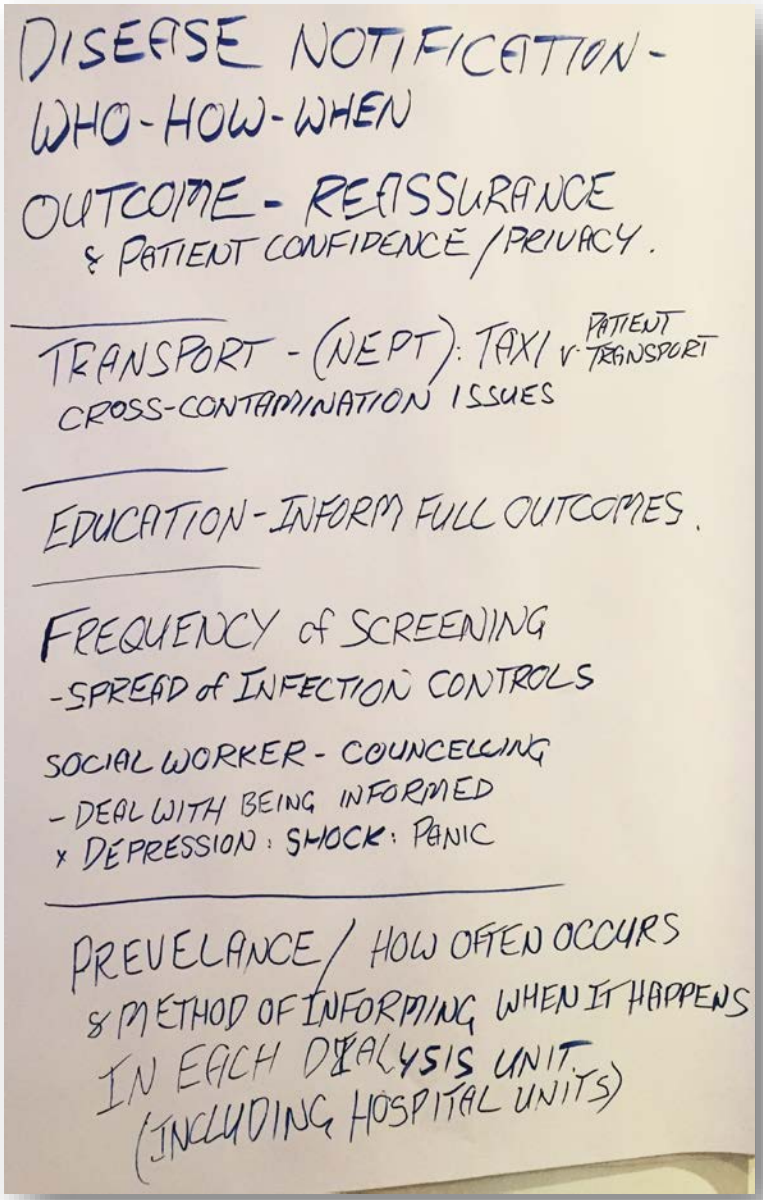
  Blood-borne viruses 2

  Multidrug-resistant organisms 2

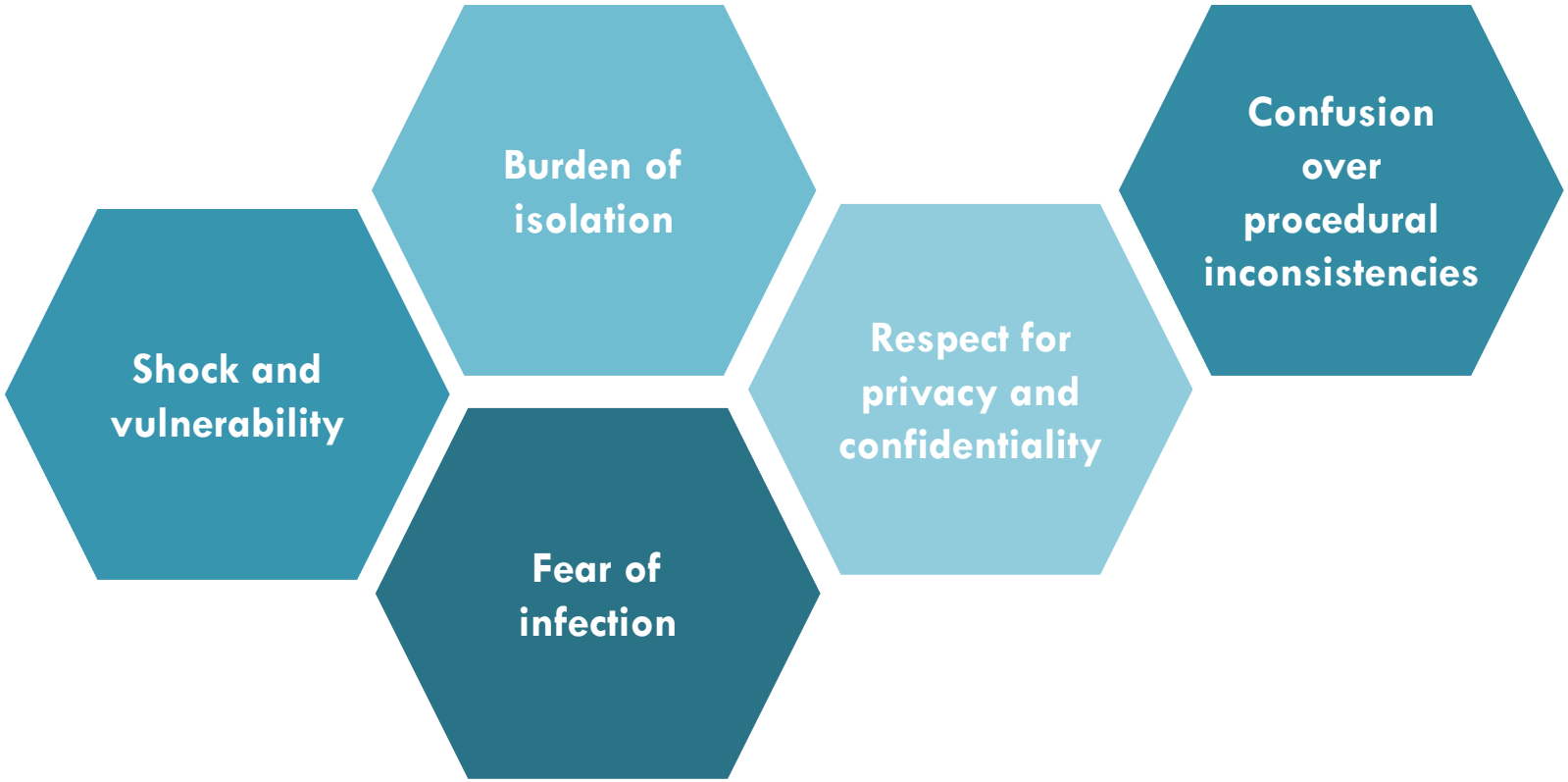
  Bloodstream infections 2

New guideline topics

1. **Privacy and confidentiality**
   - Disease notification
   - Exchange of patient information between staff
2. **Psychosocial care during and after disease notification**
   - Information
   - Ongoing support following diagnosis
3. **Quality of transportation**
   - Minimize cross-infection during transportation
4. **Psychosocial treatment of patients in isolation**
   - Inform about the reasons for isolation
5. **Patient/caregivers education and engagement**
   - Impact of infection on future treatment (dialysis, infection)
   - Transmission (to understand their own risk to others)
6. **Patient advocacy**
   - Empower patients to disclose information (express concerns anonymously)



Themes


Shock and vulnerability
Burden of isolation
Fear of infection
Respect for privacy and confidentiality
Confusion over procedural inconsistencies

Themes

Shock and vulnerability

"When they tell you, it just smacks you in the head, and you think how did I get that?"

"I thought - where? How? I've been into hospital many times, so when did I contract it? How long have I had it? I had no idea."

"It doesn't just affect the patient; it's also the partner - the husband or the wife. It impacts the whole family."

Themes

Burden of isolation

"You can't converse with anybody, you're just by yourself. You feel as if you're in prison, as if you've been convicted of murder and you're in solitary."

"The evidence might say you have to isolate them, but the guideline should say what you should do to make sure that the person isolated isn't feeling stigmatized, upset, alone."

"You could overcome the isolation with giving the patient something to do, or to look at. Just so you're not in there by yourself with a bed and cabinet and that's it, and a window to look out. You need some sort of activity to help you along."

Themes

Fear of infection

"They want to know where it's come from and what it's going to do to them. You want to find out answers. It's scary."

"Education is important. That was the thing about AIDS and HIV. People were freaking out, because they weren't aware of how they could contract it."

"Someone else has passed it onto you, so you've got no control over whether you pass it onto someone else."

Themes

Respect for privacy and confidentiality

"The doctor comes to your bedside, he's got the screens around and he says 'you've got this and this and we're going to do this and this'. But the other three patients in the ward can hear."

"You should just assume anybody could have it [infectious disease], and make procedures appropriately. That way it takes away a bit of the stigma."

Themes

Confusion over procedural inconsistencies

"How do you tell me to wash my hands, clean up, make sure that's all sterilized, this and that, but the chair that I'm about to go sit on, somebody else has been sitting on there. How do you know if it's clean? Even the table where you put your coffee, that's not even wiped down."

Implications for patient-centered care

Respect patient privacy

- Protect confidentiality in communicating information

Provide education (early on)

- Prevalence/incidence, transmission
- Procedures for preventing infection (e.g. hygiene, anti-infective agents)
- Impact of infection on treatment/care

Empower patients

- Ability to express concerns anonymously e.g. audits, PREMS (NHS Scotland Patient Experience Survey)

Address psychosocial impacts

- Stigma
- Isolation/boredom
- Vulnerability

Draft guideline recommendations

"Include [staff] education about maintaining patients' privacy where possible."

"… auditing of hemodialysis patients' opinions about screening, isolation, decolonisation and other infection control procedures to identify gaps in education, psychosocial concerns, threats to privacy and procedural inconsistencies surrounding infection control procedures from the perspective of the patients."

9.1 Do the staff usually clean their hands either by washing them with soap and water or using alcohol gel before treating you?
☐ Yes ☐ No ☐ Not sure

"Evidence around the psychosocial effects and potential harms of screening, isolating and decolonising hemodialysis patients with VRE is minimal."

Patient Engagement in Clinical Research: Lessons for Dialysis Care

Mark Unruh, MD, MS
Professor & Chair of Medicine
University of New Mexico
New Mexico Veterans Hospital

CDC Making Dialysis Safer Coalition Webinar Tuesday May 2, 2017 Centers for Disease Control, Atlanta, United States

Patient Engaged Research

- Background as a Clinician & Investigator
- Community-Based Participatory Research
- Patient-Centered Research

Patient-Centered Research

- Local patient boards participating in the entire process of research
- Regional or national patient advocates
- Boards that represent patients such as advocacy groups or pueblos

Cultural Influences

- Autonomy
- Beliefs
- Attitudes
- Practices
- Knowledge
- Communication

Table 2. Examples of patient engagement across the different studies

ID	Study Title	Who Were Patients/ Caregivers?	How Were they Identified/ Selected?	How Many Patients Were on Council?	How Did Investigators Interact with Patients?	What Were the Patients' Specific Responsibilities?	Were There Any Changes over Time in Their Roles?	Who Were Other Stakeholders?
1	Shared Decision Making and Renal Supportive Care (SDMRSC)	Patients undergoing hemodialysis and families of patients.	Referred by social workers or clinicians.	12	Initially monthly, then quarterly.	Reply to the queries from investigators and partner in development of study goals, methodology and dissemination plan.	They were most involved in the planning process, but remain important sources of input.	Representatives from dialysis provider organizations, hospices, nephrologists, and dialysis social workers.
2	NephCure Kidney Network for Patients with Nephrotic Syndrome (NKN)	Adult patients and parents of minors with primary nephrotic syndrome ($n=6$) and patient advocates ($n=4$).	Call for nominations through advocacy organization's website.	10	Weekly e-digest; monthly steering committee calls; monthly workgroup calls.	Codevelop policies, operational plans; aid in implementation (peer-to-peer recruitment); review ancillary research projects; aid in communications and dissemination.	Roles did not change, but degree of involvement did. Originally, Steering Committee members also were required to be on ≥1 workgroup, modified approach to route interested patients to different roles (governance versus implementation).	Practicing clinicians ($n=3$), researchers ($n=3$), representatives from industry ($n=2$).
3	Improving Patient Quality of Life and Caregiver Burden by a Peer-Mentoring Program for patients with CKD and Their Caregivers	Patients with CKD (stage 4 or 5) and caregivers.	Referred by social workers or clinicians.	5	Initially in focus group setting (for proposal review); during conduct of the study, within the context of periodic meetings.	Review the proposal; serve as members of the community advisory board (oversight of conduct of study) and members of the Patient and Caregiver Advisory Group.	No	Representatives of patient advocacy organization; clinicians; representatives of hospital administration; representatives of healthcare organizations.

Cukor et al. CJASN 2017

Shared Decision Making and Renal Supportive Care

<u>AIM 1:</u> To improve EOL communication with a more diverse population of HD patients who are at high risk for death

<u>AIM 2:</u> To determine whether enhanced renal supportive care impacts the use of hospice services, location of death, and EOL planning.

<u>AIM 3:</u> To determine the effect of enhanced renal supportive care on quality of life/death and caregiver satisfaction with patient care in the last week of life.

Lewis Cohen, MD

Michael Germain, MD

Sarah Goff, MD, MS

John Griffith, PhD

Lisa Marr, MD

Nwamaka Eneanya, MD

UNM HEALTH SCIENCES CENTER

Qualitative Findings

- Most patients reported that they had not discussed prognosis or ACP with their nephrologist or other members of the dialysis team.
  - –2 preferred not to have such discussions
  - –majority said they would welcome them and/or desired them.
- Some patients reported having filled out paper work for “DNR”, but many had never handed the paperwork back in to their dialysis team; those that had were unsure of who on the dialysis team had this information or knew of their preferences.

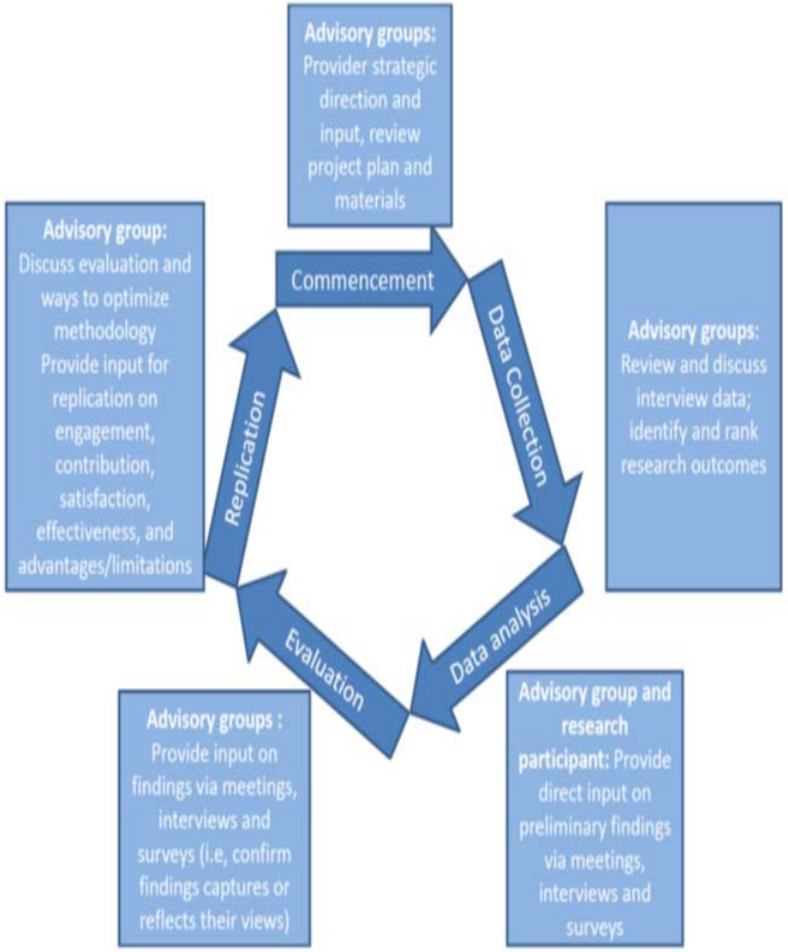
Goff et al. CJASN 2015

Factors that may impact patients' perspectives regarding ACP and prognostic discussions

- *Dialysis experience* "*The dialysis just drains me down to nothing. It just zaps me. I'll be good for a couple of hours afterwards and then I just sit in a chair and stare*." [UNM 5 patient, male, White]
- Patients described specific Positive and Negative aspects of their dialysis experience.
- "I don't worry about it [ACP]… adjust it [dialysis] and run day by day and work with these nice people. I've been very happy here – never consider making a change." [BMC 5, patient, male, White]
- "Right now I have a doctor that I basically haven't ever been introduced to." [BMC 3, patient, male, White]

Goff et al. CJASN 2015

Patients Provide Continuous Feedback



- Developed Protocol
- Guidance on the protocol
- Improved consent process
- Provided guidance on how to present study
- Great ideas for the next study

Rules of Engagement

- Expectations and commitment
- Guidelines for interactions
- Follow-up on recommendations
- Additional training

Operating a Patient Advisory Board

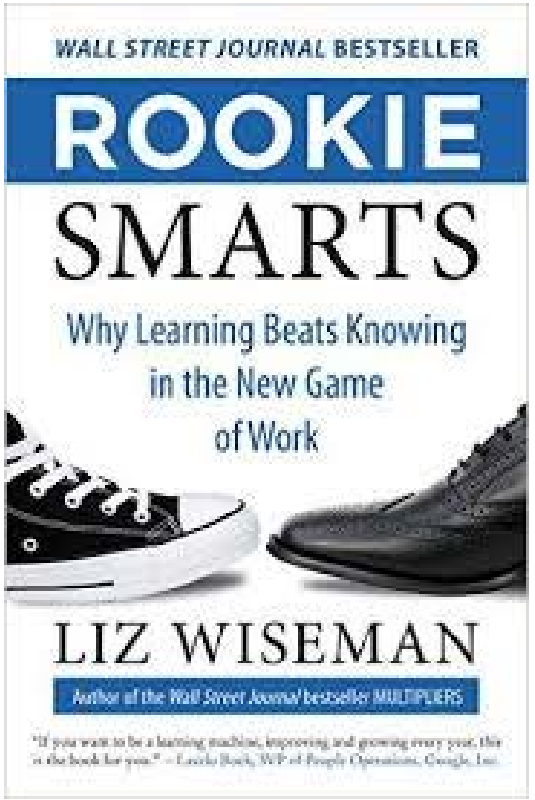
- Involved in the project longitudinally
  - meet every three months during the study period.
- The use of face-to-face meetings for patients
  - Hard of hearing or have Spanish as a preferred language
  - Four questions for each meeting, which will last between 45 to 60 minutes
  - Agenda written at a sixth grade level.

Maintain Engagement

Recommended Practice	Rationale
Gain trust and continue to build trust	Develop trust in recruiting patients.
Select patients for whom the research has important consequences	Patients with a vested interest in the topic
Prepare patients for their role, responsibilities and the topic	Team provides education to patients on topic and role
Utilize trained and neutral facilitator	Take advantage of skilled facilitators to create a safe atmosphere for discussion
Provide feedback on results and the ways that their input is being used	Acknowledge the contribution of patients

Benefits of Engagement

- Advocate for self
- Advocate for patient community
- Auditor of providers
- Provide ideas for providers and systems



"Experience is not the enemy: It is the hubris that is often a by-product of experience that is our greatest enemy." Liz Wiseman

Generate a Culture of Safety

- Become a student of safety
- Engage patients and staff to improve safety
- Partners in providing high quality care
  - Expectations and culture
  - Feedback on experience of care
  - Providing ideas and inspiration for ongoing improvements
    - https://www.ted.com/talks/eric_dishman_health_care_should_be_a_team_sport

Strategies to engage hemodialysis patients in infection prevention: a patient's perspective

Ronald J. Krokey

Patient Advocate, Former Dialysis Patient

Conversation Starter to Prevent Infections in Dialysis Patients

Conversation Starter
to Prevent Infections in Dialysis Patients

Preventing infections is important for patient safety. The Centers for Disease Control and Prevention (CDC) wants dialysis patients and dialysis centers to start a conversation about preventing infections. Family members can also start the conversation. We hope this guide can be a starting point to improve awareness about patient safety issues.

How does this facility involve patients and their families in infection control activities? Are patients encouraged to speak up when they see a concerning practice (for example, a staff member who does not wash her hands)?

Dialysis centers should educate and empower patients to help prevent infections and support a safe care environment. Talk to your social worker or facility administrator for ideas on how you can get involved.

How does this facility make sure that all patients receive necessary vaccines to prevent illness (such as Hepatitis B, seasonal flu, and pneumococcal vaccines)?

Patients on dialysis have weakened immune systems and should get certain vaccines to keep from getting sick.

How does this facility make sure that dialysis center staff are vaccinated against the flu every year?

Sick staff members can spread the flu to patients. Requiring dialysis center staff to get vaccinated each year can help prevent this spread. Dialysis centers should also have policies that support staff to stay home when they are sick.

Does this facility check all patients for hepatitis C infection?

All hemodialysis patients should be tested for hepatitis C when they start treatment at a center, and then every 6 months if they could become infected. Testing is the only way to know if patients have hepatitis C and to find out if the infection is spreading in the facility.

Does this facility prepare medications in a separate room away from dialysis stations to avoid contamination?

Medications for injection should be prepared away from patient treatment areas to keep them safe from germs. One way to do this is to prepare them in a separate room. More information about injection safety can be found at: www.oneandonlycampaign.org/

CDC

To learn more visit www.cdc.gov/dialysis

AAKP

- **Co-developed by CDC and AAKP**
- **Started with a CDC draft of topic areas and questions**
- **Conducted focus groups with patients to get their feedback on the most important infection prevention topics**
- **Can be used by patients, family members, or staff to initiate a conversation**

https://www.cdc.gov/dialysis/patient/conversation-starter.html

https://www.cdc.gov/dialysis/pdfs/mdsc_qa_final_508_2_sm.pdf

The format is questions followed by context (not answers)

How does this facility involve patients and their families in infection control activities? Are patients encouraged to speak up when they see a concerning practice (for example, a staff member who does not wash her hands)?

Dialysis centers should educate and empower patients to help prevent infections and support a safe care environment. Talk to your social worker or facility administrator for ideas on how you can get involved.

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https://www.cdc.gov/dialysis/pdfs/mdsc_qa_final_508_2_sm.pdf

Try it Today!

Conversation Starter
to Prevent Infections in Dialysis Patients

Preventing infections is important for patient safety. The Centers for Disease Control and Prevention (CDC) wants dialysis patients and dialysis centers to start a conversation about preventing infections. Family members can also start the conversation. We hope this guide can be a starting point to improve awareness about patient safety issues.

How does this facility involve patients and their families in infection control activities? Are patients encouraged to speak up when they see a concerning practice (for example, a staff member who does not wash her hands)?

Dialysis centers should educate and empower patients to help prevent infections and support a safe care environment. Talk to your social worker or facility administrator for ideas on how you can get involved.

How does this facility make sure that all patients receive necessary vaccines to prevent illness (such as Hepatitis B, seasonal flu, and pneumococcal vaccines)?

Patients on dialysis have weakened immune systems and should get certain vaccines to keep from getting sick.

How does this facility make sure that dialysis center staff are vaccinated against the flu every year?

Sick staff members can spread the flu to patients. Requiring dialysis center staff to get vaccinated each year can help prevent this spread. Dialysis centers should also have policies that support staff to stay home when they are sick.

Does this facility check all patients for hepatitis C infection?

All hemodialysis patients should be tested for hepatitis C when they start treatment at a center, and then every 6 months if they could become infected. Testing is the only way to know if patients have hepatitis C and to find out if the infection is spreading in the facility.

Does this facility prepare medications in a separate room away from dialysis stations to avoid contamination?

Medications for injection should be prepared away from patient treatment areas to keep them safe from germs. One way to do this is to prepare them in a separate room.
More information about injection safety can be found at: www.oneandonlycampaign.org/

CDC

To learn more visit
www.cdc.gov/dialysis

AAKP
American Association of Kidney Patients

Does this facility use the CDC recommendations to help prevent infections?

Regular use of CDC resources and recommendations can keep patients from getting serious infections. These recommendations include monitoring staff hand hygiene and vascular access care, training staff, and assisting patients in learning about these practices. Facilities should be using these recommendations and giving their staff feedback to know how they are doing.
More information can be found at: www.cdc.gov/dialysis/prevention-tools

How does this facility handle cleaning dialysis stations in between patient treatments – specifically, are dialysis stations cleaned while a patient is still in the chair?

Dialysis stations need proper cleaning to prevent spread of germs between patients. CDC has steps for facilities to follow to make sure every station is safe for the next patient. Some steps should not start until the patient has completed their dialysis treatment and left the station.
More information can be found at: www.cdc.gov/dialysis/prevention-tools

Does this facility use a new, disposable dialyzer (artificial kidney) with each dialysis treatment? If not, can a patient opt out of reusing the dialyzer?

Reused dialyzers must be thoroughly cleaned and disinfected after each use, and mistakes can occur. Talk to your doctor about whether you could use a disposable dialyzer instead of a reused one.

How does this facility support patients to use a fistula instead of a catheter as early in their treatment as possible?

Sometimes it is medically necessary to use a catheter for dialysis. However, catheters can lead to serious infections and other problems. Fistulas and grafts are safer for most patients. Talk to your care team about what is right for you.
More information can be found at: www.aakp.org/store/item/understanding-your-hemodialysis-access-options.html

If there was an outbreak in this facility how would the facility communicate with patients? How would the facility partner with others such as the health department?

Contagious germs can spread through dialysis centers. Finding an outbreak (a sudden increase in numbers of sick persons) early and alerting public health can help to stop the spread of infection.

MAKING DIALYSIS SAFER COALITION

Facility Certificate

https://www.cdc.gov/dialysis/pdfs/mdsc-certificate.pdf

- **Question and Answer Session**
  - *Please submit your questions via the chat window, located on the lower left-hand side of the webinar screen.*

#DialysisPatientsFirst

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

http://www.cdc.gov/dialysis/
DialysisCoalition@cdc.gov

Upcoming ASN Nephrologists Transforming Dialysis Safety (NTDS) Webinar

https://www.asn-online.org/NTDS/

Before We End Today's Webinar…

- **Continuing Education**
  - Detailed instructions for taking the post-test and evaluation will appear on your screen as soon as today's webinar concludes.
    - www.cdc.gov/tceonline; Access Code: **WC0502**
    - If you are listening to this webinar as a recording, please check the Tune in to Safe Healthcare webinar page for instructions for claiming continuing education.
  - If you exit out of the webinar prior to taking the post-test and evaluation, you can access the continuing education information in an email that will be sent to you following today's webinar.

THANK YOU