END STAGE RENAL DISEASE NETWORK OF TEXAS

BLOODSTREAM INFECTION (BSI) QUALITY IMPROVEMENT ACTIVITIES

AUGUST 28, 2019

Presented By:
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BSN, RN, CDN

Quality Improvement Director

WHO IS THE NETWORK?

- Network 14 is a non-profit organization incorporated in Texas and provides services on behalf of the Centers for Medicare & Medicaid Services (CMS) to kidney patients and their providers.

Our Mission

To support equitable patient- and family-centered quality dialysis and kidney transplant health care through the provision of patient services, education, quality improvement, and information management.

PATIENT ADVISORY COMMITTEE

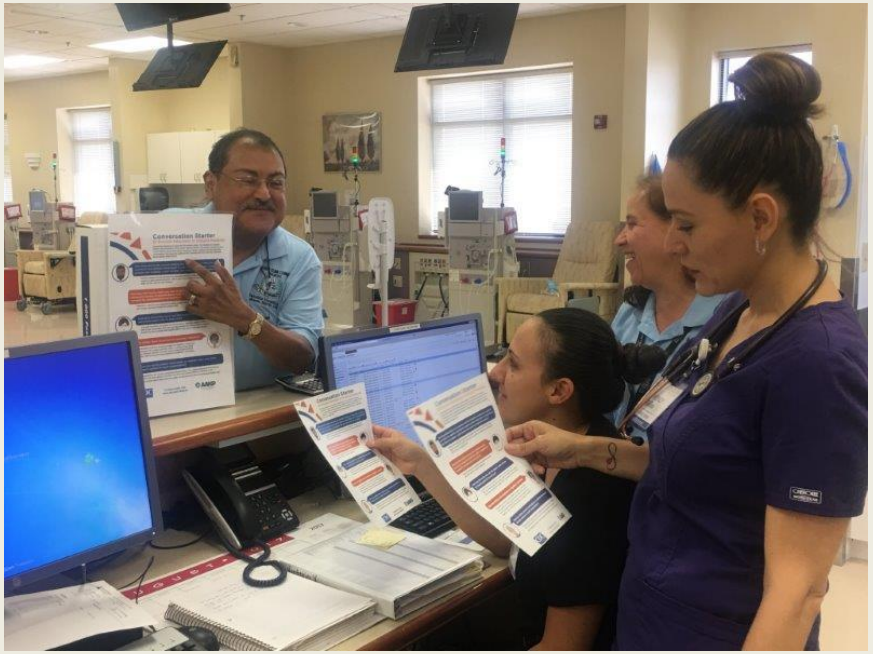
INFECTION DETECTION

Subject Matter Experts

23 members

PATIENT ADVISORY COMMITTEE

INFECTION DETECTION



Facility's Patient Clinic Committee members reviewing the Conversation Starter and the Lead Patient Committee member, Juan Morales, demonstrating teach back with the clinic staff.

END STAGE RENAL DISEASE NETWORK OF TEXAS

BSI NETWORK QIA PROJECTS

- As mandated by the Centers for Medicare and Medicaid Services (CMS), the bloodstream infections (BSI) and long-term catheter (LTC) quality improvement activities (QIAs) are aimed at reducing bloodstream infections and long-term catheter rates within the State of Texas (Network 14 coverage territory).

- Pilot Project: The ESRD Network of Texas has also been directed by CMS to collaborate with 10% of the outpatient dialysis facilities within the state of Texas to achieve a 2% point decrease in the average rate of overall hospitalizations and a 10% relative decrease in ESRD-related hospitalizations.

BSI QIA
GOALS, PURPOSE, AND ACTION

- **Goal**: Reduce the national rate of bloodstream infections (BSIs) in dialysis patients by 50%, to achieve the 5 year national target to improve health of all ESRD patients living in the US.

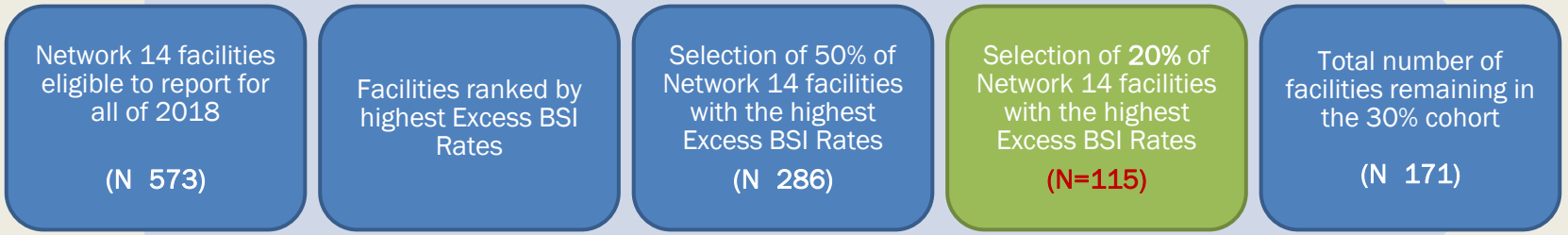
- **Purpose**: The Network is contracted to develop a plan to reduce the rates of BSIs in patients with end stage renal disease (ESRD) because of their increased vulnerability to healthcare-associated infections (HAIs).

- **Activities** will focus on reducing BSIs by:
  - Supporting ESRD facilities use of NHSN and the CMS reporting requirements
  - Assisting facilities with implementation of CDC Core Interventions and increase awareness of resources
  - Reducing the Long-Term Catheters (LTCs)
  - Participating in ESRD NCC HAI Learning and Action Network (LAN)
  - Improving communication between hospitals and dialysis facilities, and encourage facilities to join Health Information Exchange (HIE)

SELECTION PROCESS

- For 2019, CMS directed the Network to work with at least 50% of the facilities in the Network's service area with the highest excess infection rate and provide an increased focus on the top 20% of the selection.

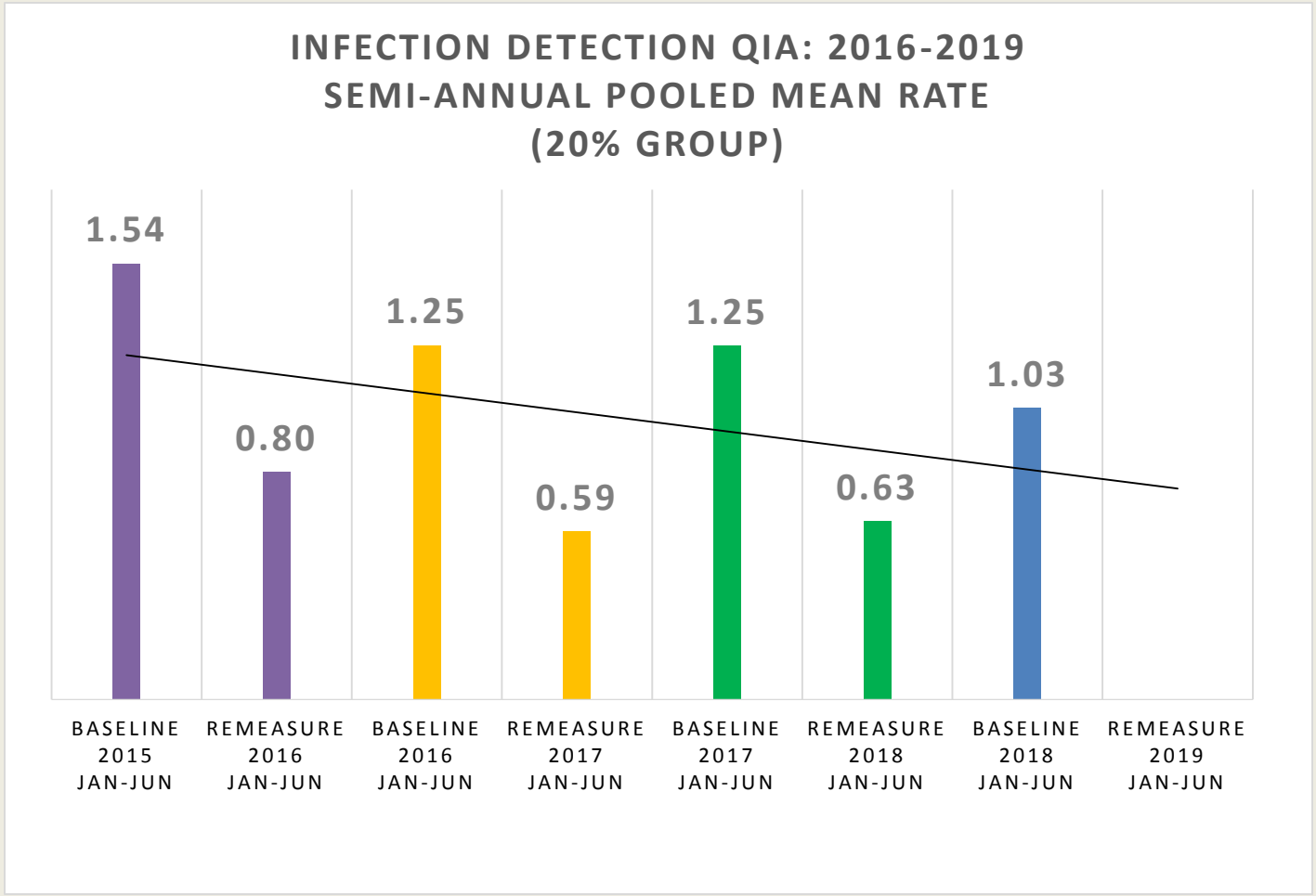
- **Goal:** Achieve a 20% or greater relative reduction in the semi-annual pooled mean rate among the 20% cohort at re-measurement (Jan-Jun 2019) compared to the previous year (Jan-Jun 2018).



Baseline Data: Q1/Q2 2018 (January – June)
50% Cohort Facility Average PMR: 0.68
20% Cohort Facility Average PMR: 1.03

End Stage Renal Disease Network of Texas

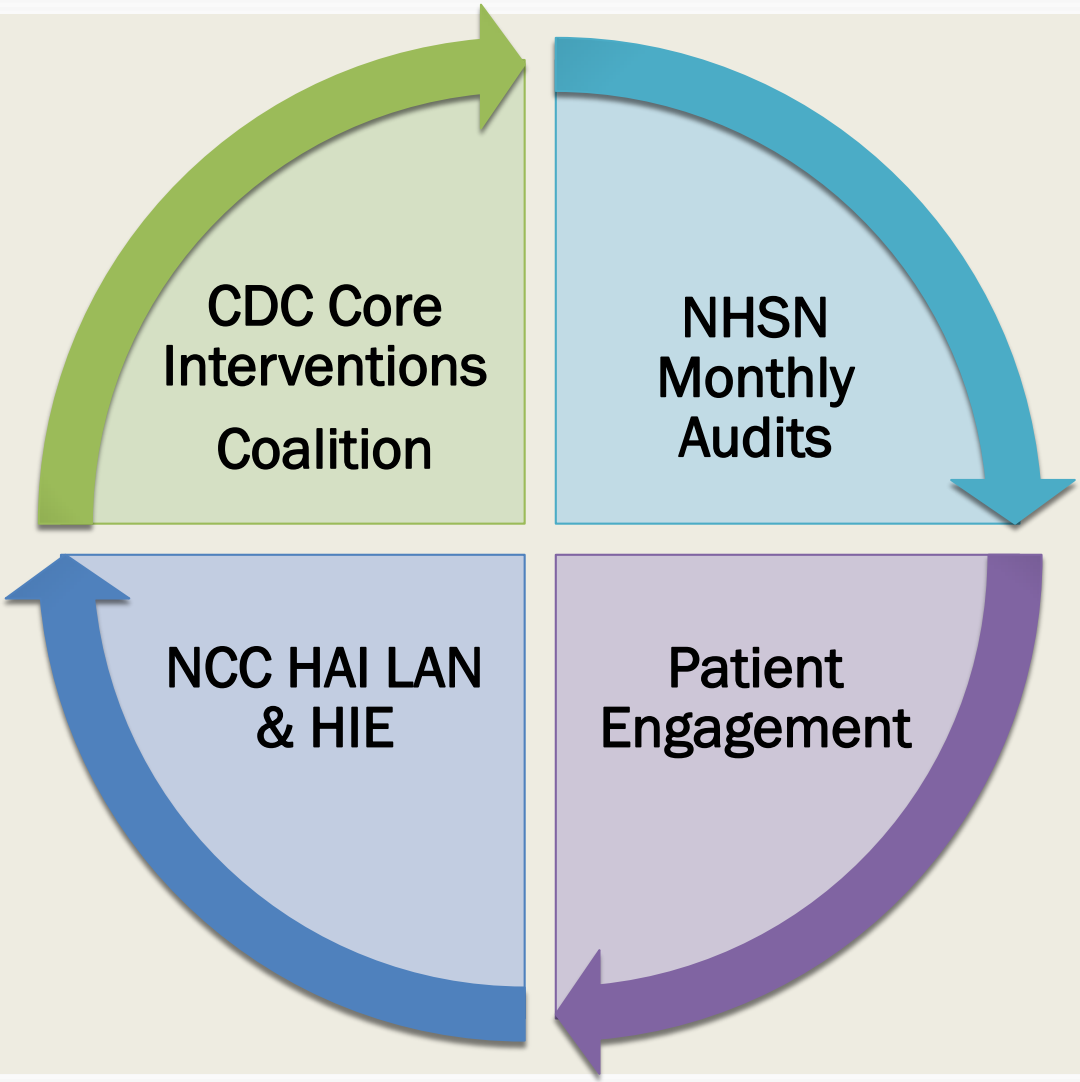
BSI QIA GOAL



Project Goal:
20% reduction in the semi-annual pooled mean rate of the 20% cohort = 0.82

End Stage Renal Disease Network of Texas

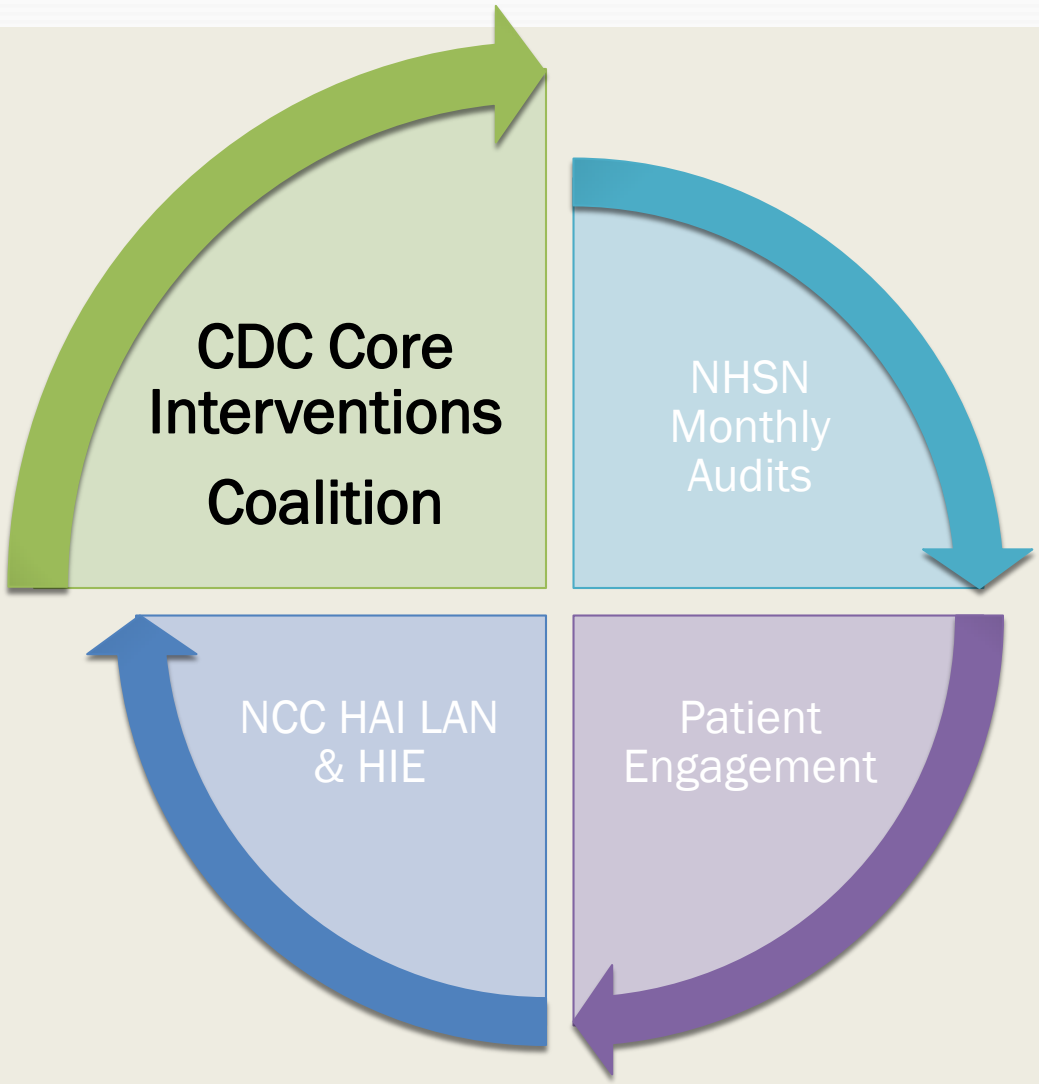
PROJECT COMPONENTS



End Stage Renal Disease Network of Texas

PROJECT COMPONENTS

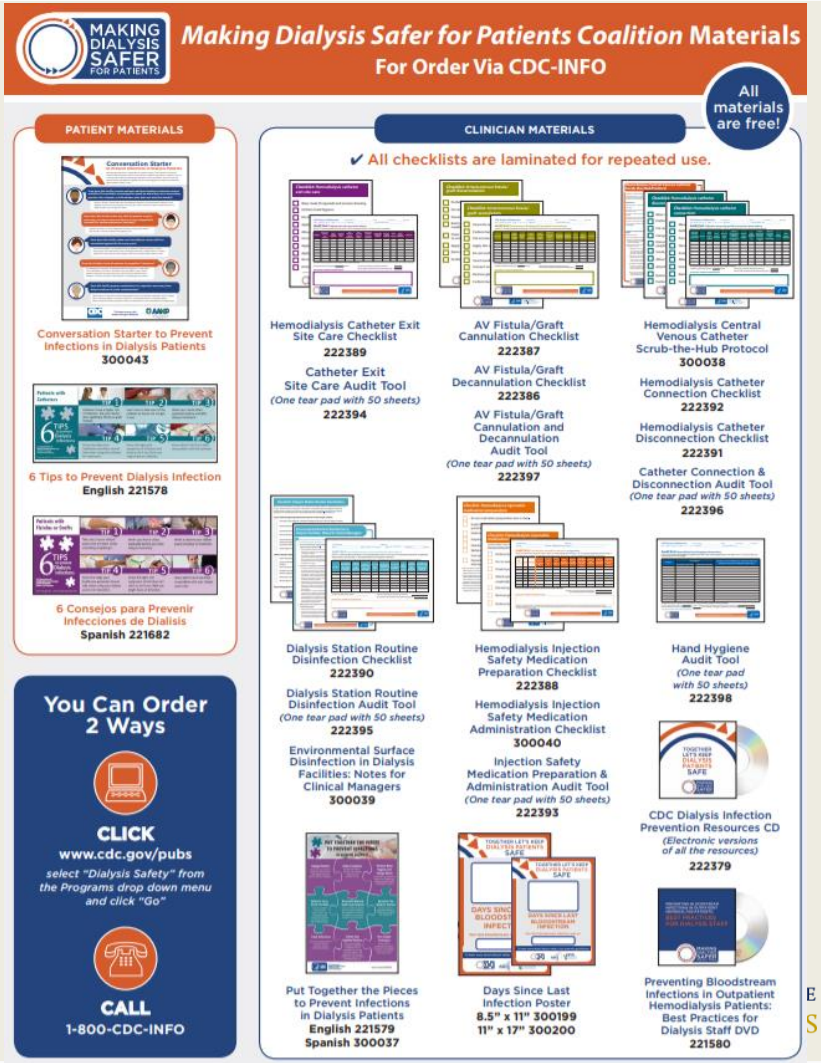
INFECTION DETECTION



END STAGE RENAL DISEASE NETWORK OF TEXAS

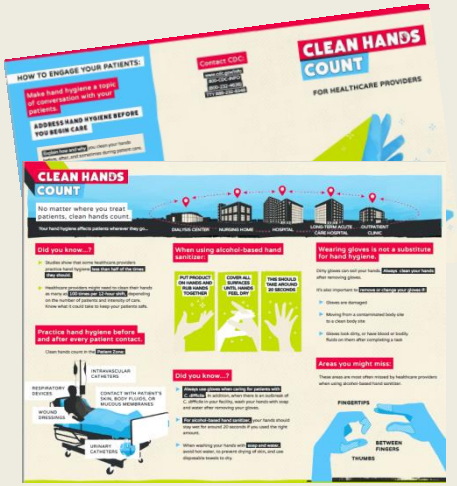
CDC COALITION

- **The Coalition's Goals:**
  - Facilitate adoption and implementation of CDC's core interventions
  - Increase awareness about infection rates and bloodstream infection prevention
  - Collaborate with other coalition members to share findings, stories or experiences related to bloodstream infection prevention
- Joining the Coalition as a member is **FREE**, and includes access to free resources and education!
- **Members include:**
  - Nephrologists and nephrology nurses
  - Dialysis technicians and other clinic staff
  - Dialysis educators and leaders
  - Patients and caregivers



CDC CORE INTERVENTIONS

INFECTION DETECTION



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.

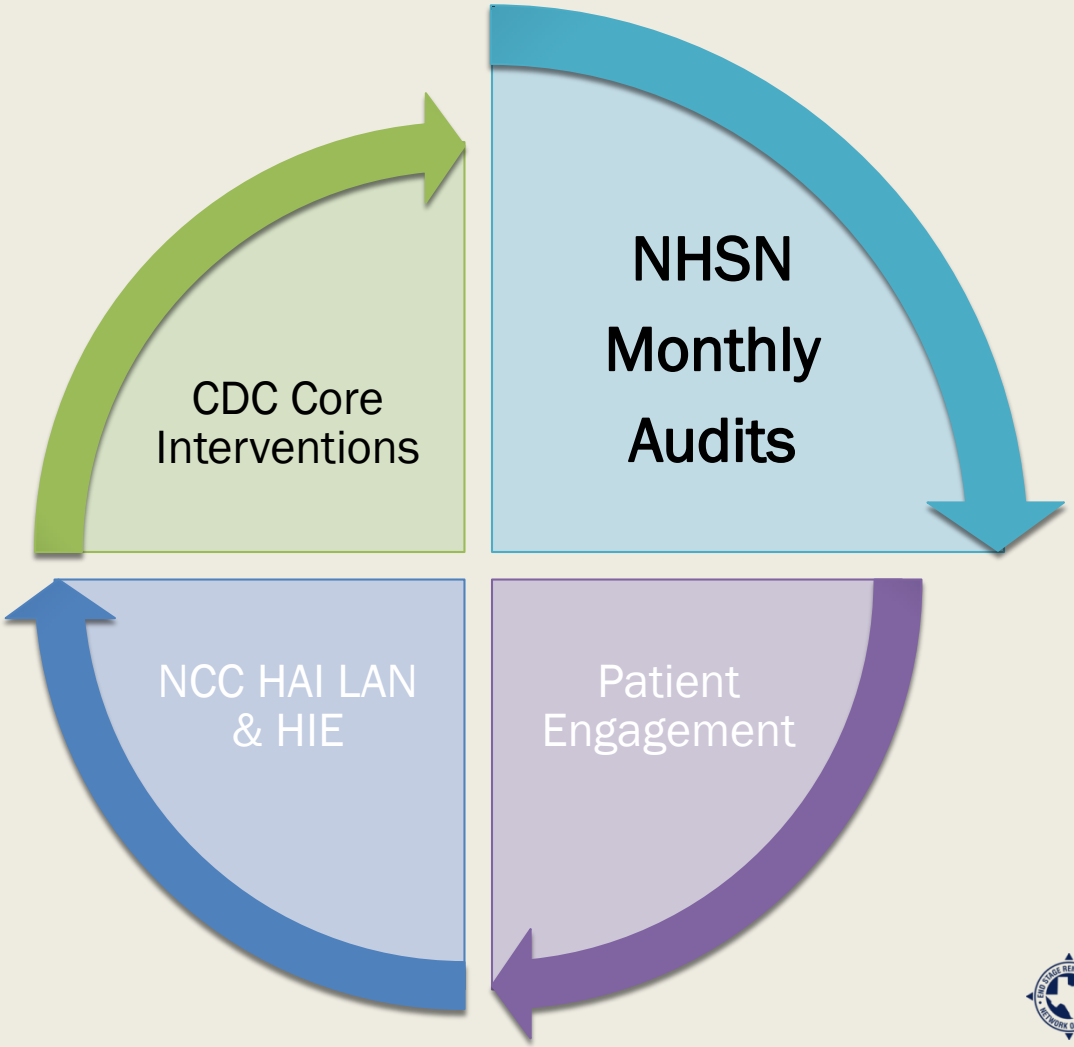
For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit http://www.cdc.gov/dialysis

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

CDC

PROJECT COMPONENTS

INFECTION DETECTION



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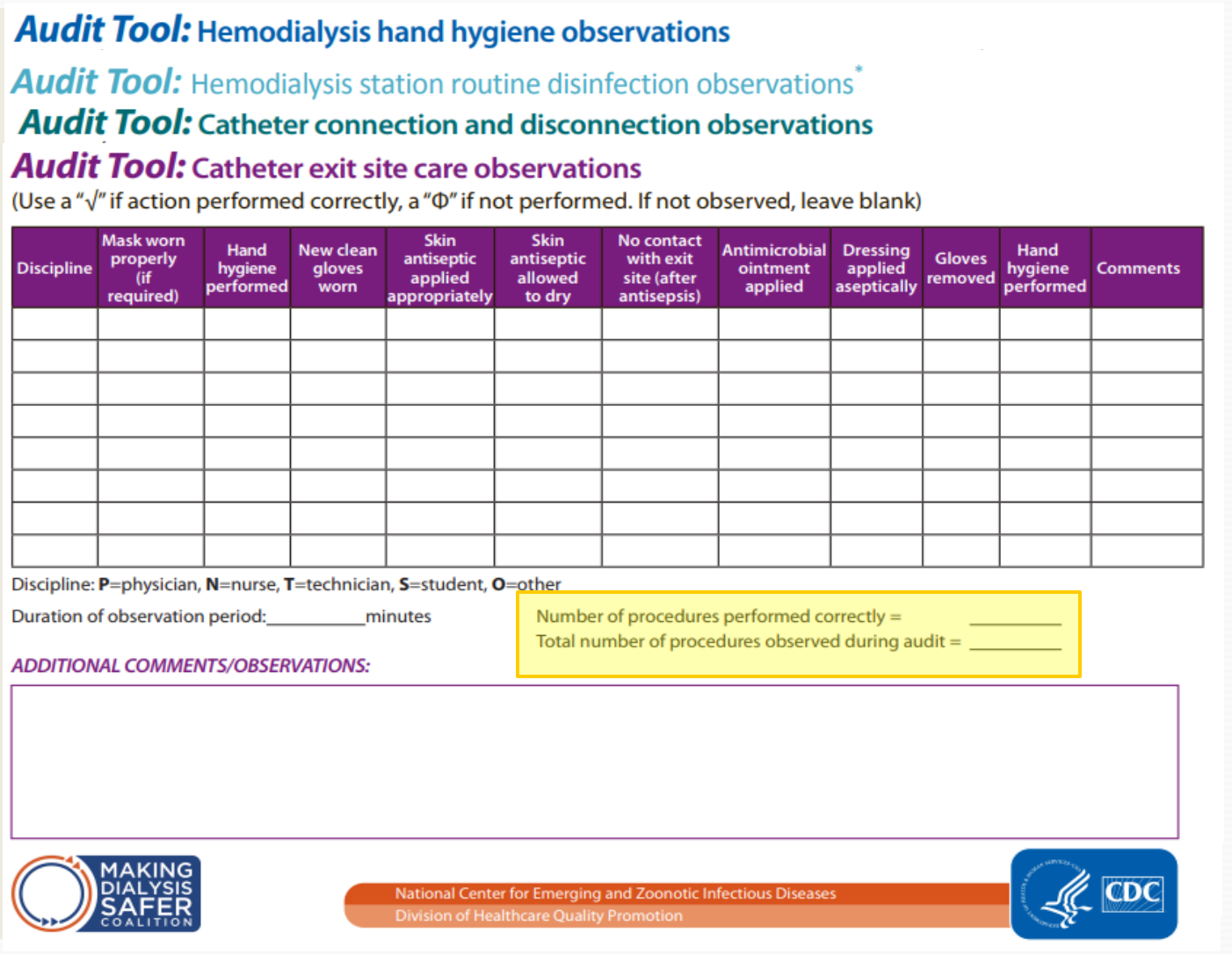
CDC OBSERVATION AUDIT TOOLS

- Facility staff can use these forms to observe staff, such as nurses or techs, for the proper infection control steps.
- The 4 Audits:
  - Hand Hygiene
  - Dialysis Station Routine Disinfection
  - Catheter Connection/ Disconnection
  - Catheter Exit Site Care



Audit Tool: Hemodialysis hand hygiene observations

Audit Tool: Hemodialysis station routine disinfection observations*

Audit Tool: Catheter connection and disconnection observations

Audit Tool: Catheter exit site care observations

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)

Discipline	Mask worn properly (if required)	Hand hygiene performed	New clean gloves worn	Skin antiseptic applied appropriately	Skin antiseptic allowed to dry	No contact with exit site (after antisepsis)	Antimicrobial ointment applied	Dressing applied aseptically	Gloves removed	Hand hygiene performed	Comments

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 COALITION

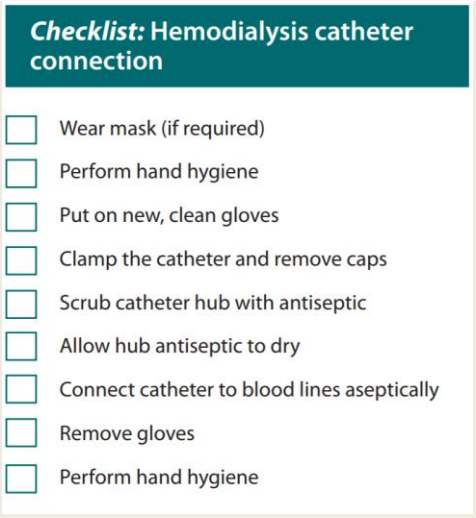
National Center for Emerging and Zoonotic Infectious Diseases

Division of Healthcare Quality Promotion

CDC

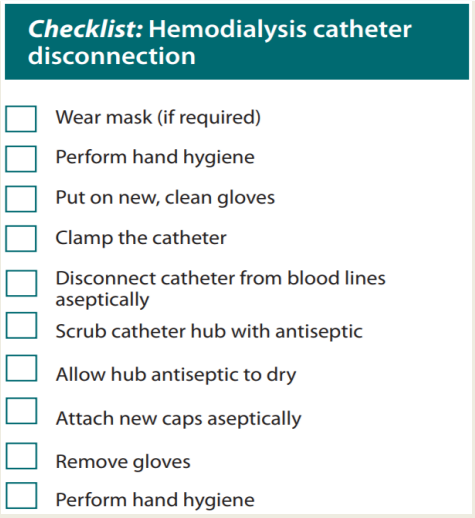
CDC OBSERVATION CHECKLISTS

- Facilities are recommended to involve patients with infection control observations.
- The CDC Observation Checklist use the same steps listed in the audit form, but offer an easy to understand format to easily share with patients.
- By completing infection control observations, patients learn the correct infection control steps.



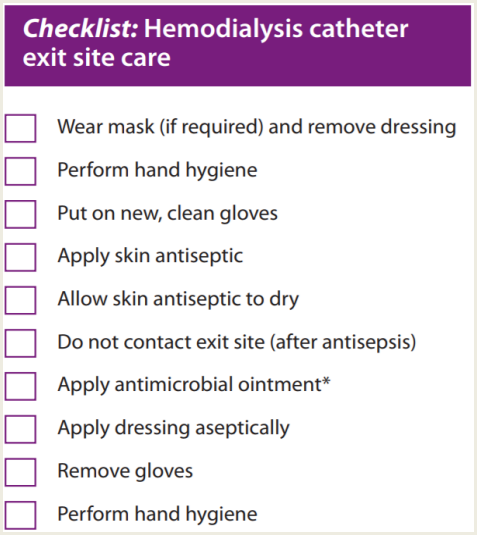
Checklist: Hemodialysis catheter connection

- [ ] Wear mask (if required)
- [ ] Perform hand hygiene
- [ ] Put on new, clean gloves
- [ ] Clamp the catheter and remove caps
- [ ] Scrub catheter hub with antiseptic
- [ ] Allow hub antiseptic to dry
- [ ] Connect catheter to blood lines aseptically
- [ ] Remove gloves
- [ ] Perform hand hygiene



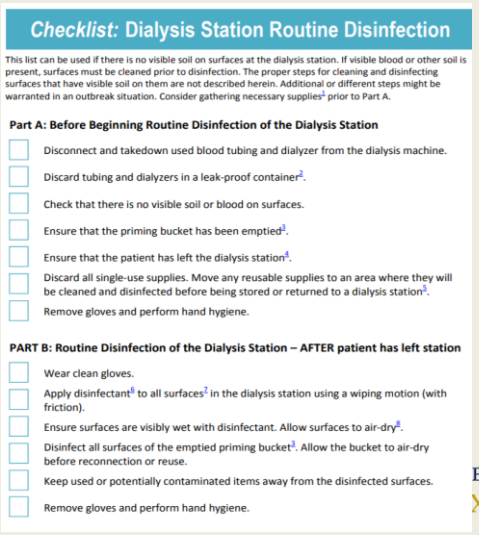
Checklist: Hemodialysis catheter disconnection

- [ ] Wear mask (if required)
- [ ] Perform hand hygiene
- [ ] Put on new, clean gloves
- [ ] Clamp the catheter
- [ ] Disconnect catheter from blood lines aseptically
- [ ] Scrub catheter hub with antiseptic
- [ ] Allow hub antiseptic to dry
- [ ] Attach new caps aseptically
- [ ] Remove gloves
- [ ] Perform hand hygiene



Checklist: Hemodialysis catheter exit site care

- [ ] Wear mask (if required) and remove dressing
- [ ] Perform hand hygiene
- [ ] Put on new, clean gloves
- [ ] Apply skin antiseptic
- [ ] Allow skin antiseptic to dry
- [ ] Do not contact exit site (after antisepsis)
- [ ] Apply antimicrobial ointment*
- [ ] Apply dressing aseptically
- [ ] Remove gloves
- [ ] Perform hand hygiene



Checklist: Dialysis Station Routine Disinfection

This list can be used if there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection. The proper steps for cleaning and disinfecting surfaces that have visible soil on them are not described herein. Additional or different steps might be warranted in an outbreak situation. Consider gathering necessary supplies[1] prior to Part A.

Part A: Before Beginning Routine Disinfection of the Dialysis Station

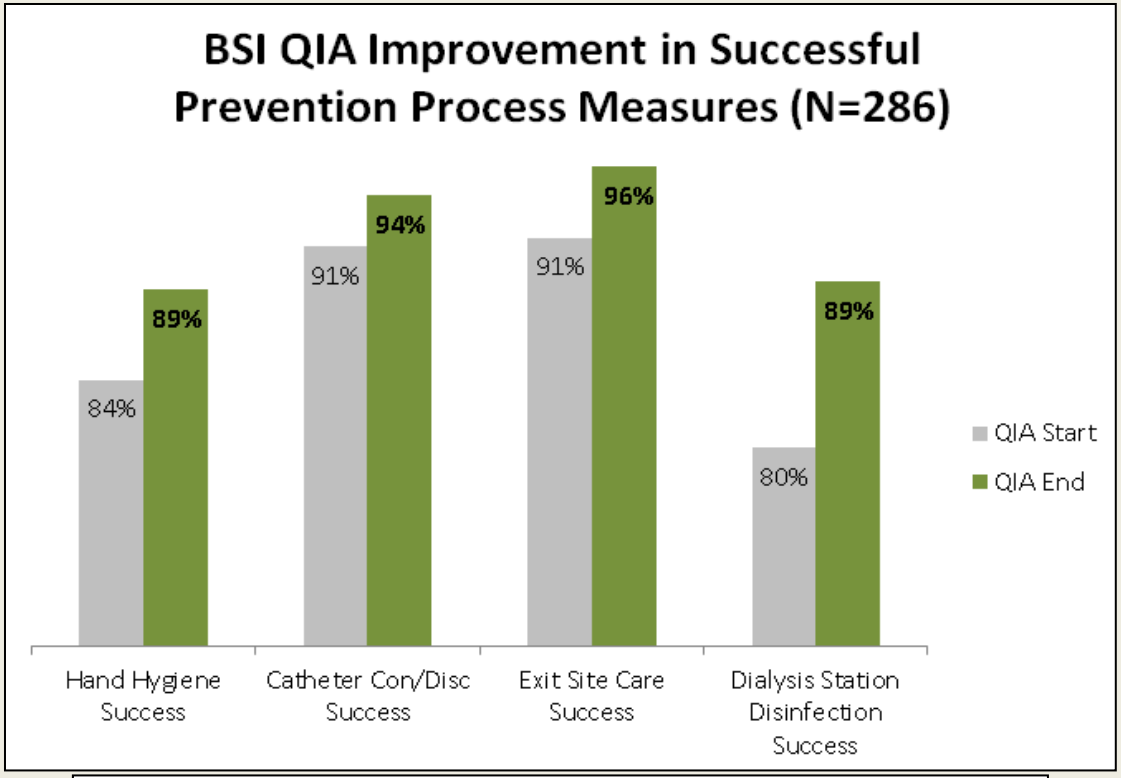
- [ ] Disconnect and takedown used blood tubing and dialyzer from the dialysis machine.
- [ ] Discard tubing and dialyzers in a leak-proof container[2].
- [ ] Check that there is no visible soil or blood on surfaces.
- [ ] Ensure that the priming bucket has been emptied[3].
- [ ] Ensure that the patient has left the dialysis station[4].
- [ ] Discard all single-use supplies. Move any reusable supplies to an area where they will be cleaned and disinfected before being stored or returned to a dialysis station[5].
- [ ] Remove gloves and perform hand hygiene.

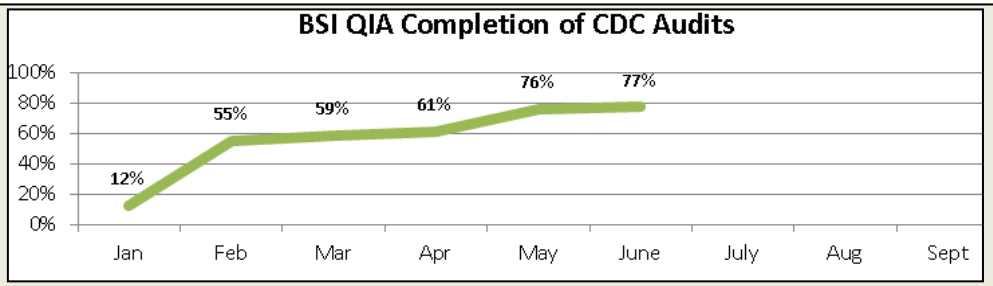
PART B: Routine Disinfection of the Dialysis Station – AFTER patient has left station

- [ ] Wear clean gloves.
- [ ] Apply disinfectant[6] to all surfaces[7] in the dialysis station using a wiping motion (with friction).
- [ ] Ensure surfaces are visibly wet with disinfectant. Allow surfaces to air-dry[8].
- [ ] Disinfect all surfaces of the emptied priming bucket[3]. Allow the bucket to air-dry before reconnection or reuse.
- [ ] Keep used or potentially contaminated items away from the disinfected surfaces.
- [ ] Remove gloves and perform hand hygiene.

EASE
XAS

NHSN MONTHLY AUDIT DATA





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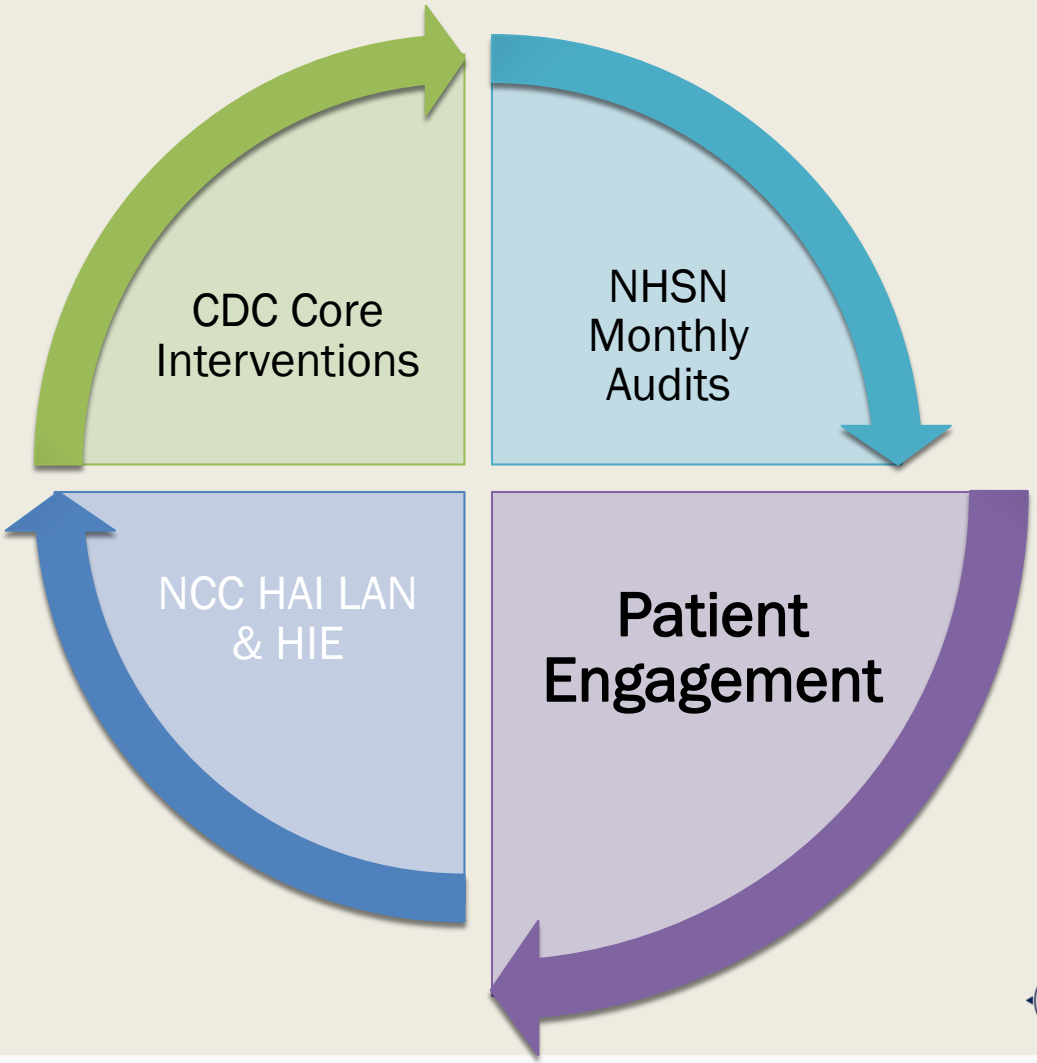
PROJECT COMPONENTS

INFECTION DETECTION



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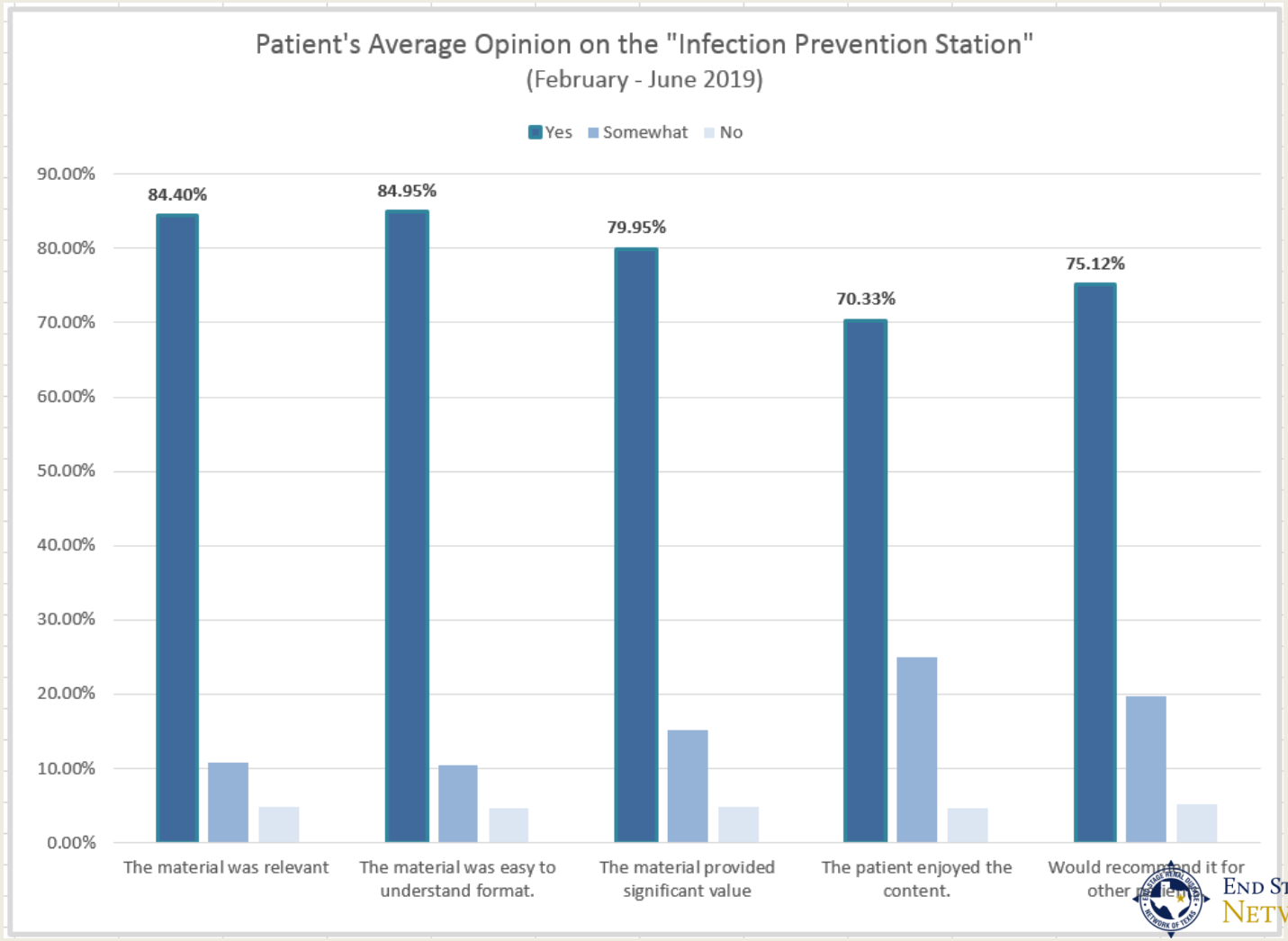
INFECTION PREVENTION STATION

END STAGE RENAL DISEASE NETWORK OF TEXAS

INFECTION PREVENTION STATION



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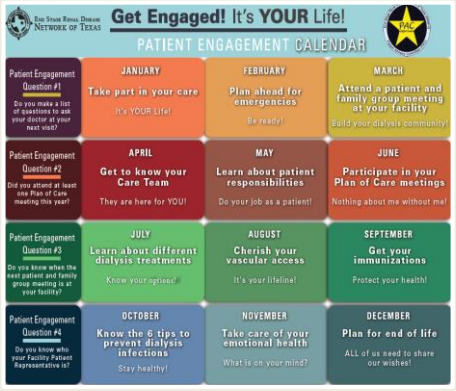
PATIENT ENGAGEMENT OPTIONS

INFECTION DETECTION

OPTION 1

National Recognition Events

OPTION 2



Network's Patient Engagement Calendar

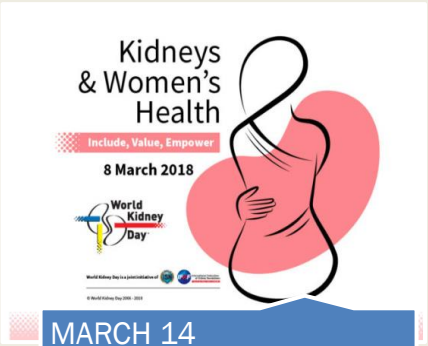
OPTION 3

Facility's Patient Engagement Plan

END STAGE RENAL DISEASE NETWORK OF TEXAS

NATIONAL RECOGNITION EVENTS

INFECTION DETECTION



MARCH 14
- World Kidney Day

MARCH 10 16
- Patient Safety Awareness Week

APRIL 27 May 1
- Patient Experience Week

MAY 5
- World Hand Hygiene Day

SEPTEMBER
- Sepsis Awareness Month

OCTOBER 15
- Global Handwashing Day

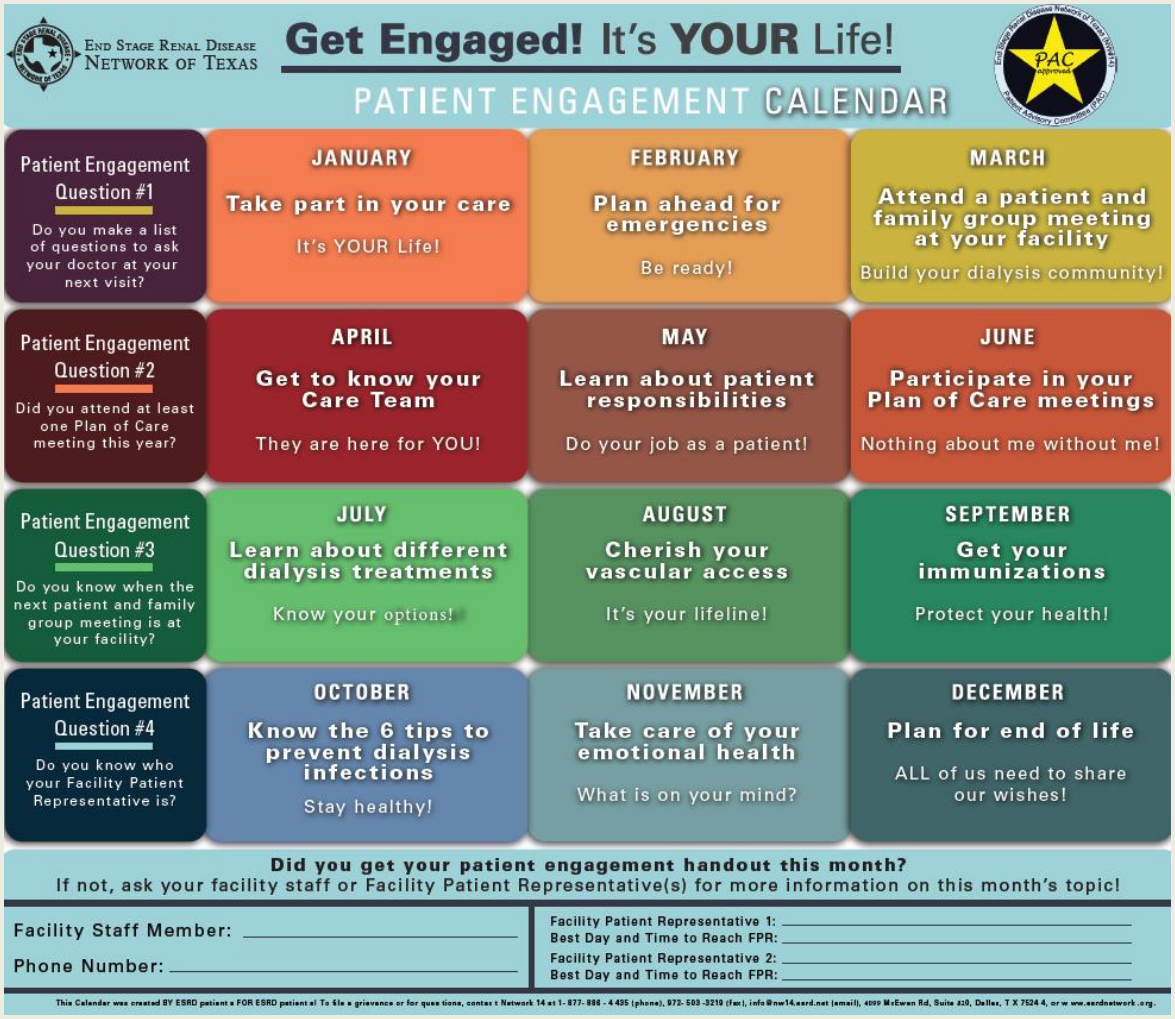
OCTOBER 14 20
- International Infection Prevention Week

NOVEMBER 12 18
- US Antibiotic Awareness Week

END STAGE RENAL DISEASE NETWORK OF TEXAS

NETWORK'S PATIENT ENGAGEMENT CALENDAR

INFECTION DETECTION



End Stage Renal Disease Network of Texas

Get Engaged! It's YOUR Life!

PATIENT ENGAGEMENT CALENDAR

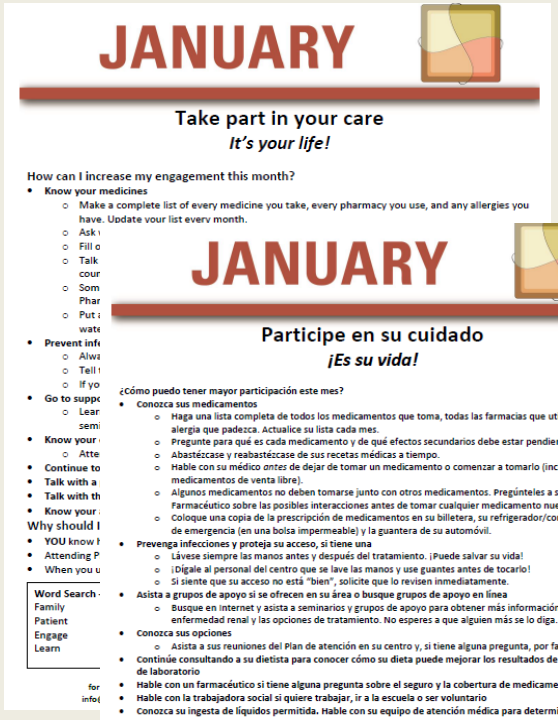
Patient Engagement Question #1 Do you make a list of questions to ask your doctor at your next visit?	**JANUARY** Take part in your care It's YOUR Life!	**FEBRUARY** Plan ahead for emergencies Be ready!	**MARCH** Attend a patient and family group meeting at your facility Build your dialysis community!
Patient Engagement Question #2 Did you attend at least one Plan of Care meeting this year?	**APRIL** Get to know your Care Team They are here for YOU!	**MAY** Learn about patient responsibilities Do your job as a patient!	**JUNE** Participate in your Plan of Care meetings Nothing about me without me!
Patient Engagement Question #3 Do you know when the next patient and family group meeting is at your facility?	**JULY** Learn about different dialysis treatments Know your options!	**AUGUST** Cherish your vascular access It's your lifeline!	**SEPTEMBER** Get your immunizations Protect your health!
Patient Engagement Question #4 Do you know who your Facility Patient Representative is?	**OCTOBER** Know the 6 tips to prevent dialysis infections Stay healthy!	**NOVEMBER** Take care of your emotional health What is on your mind?	**DECEMBER** Plan for end of life ALL of us need to share our wishes!

Did you get your patient engagement handout this month?
If not, ask your facility staff or Facility Patient Representative(s) for more information on this month's topic!

Facility Staff Member: _____
Phone Number: _____

Facility Patient Representative 1: _____
Best Day and Time to Reach FPR: _____
Facility Patient Representative 2: _____
Best Day and Time to Reach FPR: _____

This Calendar was created BY ESRD patients FOR ESRD patients! To file a grievance or for questions, contact Network 14 at 1-877-888-4435 (phone), 972-503-3219 (fax), info@nw14.esrd.net (email), 4099 McEwen Rd, Suite 820, Dallas, TX 75244, or www.esrdnetwork.org.



JANUARY

Take part in your care
It's your life!

How can I increase my engagement this month?

- **Know your medicines**
  - Make a complete list of every medicine you take, every pharmacy you use, and any allergies you have. Update your list every month.
  - Ask
  - Fill
  - Talk
  - Som
  - Phar
  - Put
- **Prevent infe**
- **Go to suppo**
- **Know your**
- **Continue to**
- **Talk with a**
- **Talk with th**
- **Know your**

Why should I

- **YOU know**
- Attending P
- When you

Word Search
Family
Patient
Engage
Learn

JANUARY

Participe en su cuidado
¡Es su vida!

¿Cómo puedo tener mayor participación este mes?

- **Conozca sus medicamentos**
  - Haga una lista completa de todos los medicamentos que toma, todas las farmacias que utiliza y cualquier alergia que padezca. Actualice su lista cada mes.
  - Pregunte para qué es cada medicamento y de qué efectos secundarios debe estar pendiente.
  - Abastézcase y reabastézcase de sus recetas médicas a tiempo.
  - Hable con su médico *antes* de dejar de tomar un medicamento o comenzar a tomarlo (incluso medicamentos de venta libre).
  - Algunos medicamentos no deben tomarse junto con otros medicamentos. Pregúnteles a su Nefrólogo y Farmacéutico sobre las posibles interacciones antes de tomar cualquier medicamento nuevo.
  - Coloque una copia de la prescripción de medicamentos en su billetera, su refrigerador/congelador, su kit de emergencia (en una bolsa impermeable) y la guantera de su automóvil.
- **Prevenga infecciones y proteja su acceso, si tiene una**
  - Lávese siempre las manos antes y después del tratamiento. ¡Puede salvar su vida!
  - ¡Dígale al personal del centro que se lave las manos y use guantes antes de tocarlo!
  - Si siente que su acceso no está "bien", solicite que lo revisen inmediatamente.
- **Asista a grupos de apoyo si se ofrecen en su área o busque grupos de apoyo en línea**
  - Busque en Internet y asista a seminarios y grupos de apoyo para obtener más información sobre la enfermedad renal y las opciones de tratamiento. No esperes a que alguien más se lo diga.
- **Conozca sus opciones**
  - Asista a sus reuniones del Plan de atención en su centro y, si tiene alguna pregunta, por favor plantéela.
- **Continúe consultando a su dietista para conocer cómo su dieta puede mejorar los resultados de sus pruebas de laboratorio**
- **Hable con un farmacéutico si tiene alguna pregunta sobre el seguro y la cobertura de medicamentos**
- **Hable con la trabajadora social si quiere trabajar, ir a la escuela o ser voluntario**
- **Conozca su ingesta de líquidos permitida. Hable con su equipo de atención médica para determinar qué es lo mejor para usted.**

¿Por qué debería tener mayor participación en mi cuidado?

- **USTED** sabe cómo se siente y qué necesita mejor que cualquier otra persona
- Asistir a las reuniones del Plan de atención le permite a **USTED** ayudarlo a tomar decisiones sobre su atención
- Cuando conoce todas sus opciones, **USTED** tiene más control sobre su propia salud

Búsqueda por palabras: encuentre las siguientes palabras que lo ayudarán a ser parte de su equipo de atención:

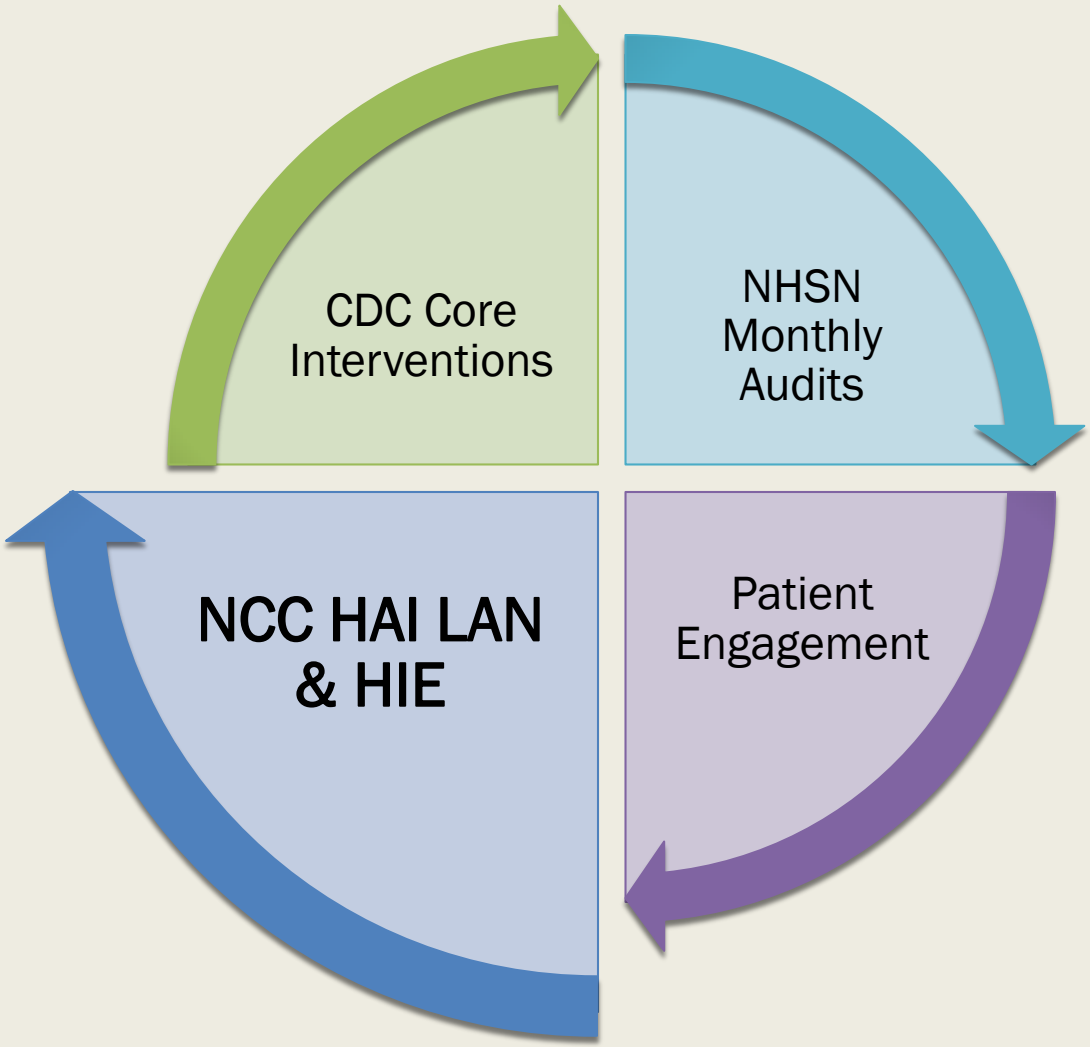
Familia	XUTMLEARNBY
Paciente	EGAGNESTRIO
Participar	PWEYLIMAFD
Aprender	EWPATIENTM

¡Esta información fue creada POR pacientes con ENFERMEDAD RENAL EN ETAPA TERMINAL (ESRD) PARA p
ENFERMEDAD RENAL EN ETAPA TERMINAL (ESRD)! Para presentar una queja o
si tiene preguntas, comuníquese con ESRD Network of Texas al 1-877-888-4435 (teléfono), 972-503-3219 (fax), info@nw14.esrd.net (email), 4099 McEwen Rd, Suite 820, Dallas, TX 75244 o www.esrdnetwork.org

End Stage Renal Disease Network of Texas

PROJECT COMPONENTS

INFECTION DETECTION



END STAGE RENAL DISEASE NETWORK OF TEXAS

ESRD NCC HAI LAN CALLS & HIE

- **The ESRD National Coordinating Center (NCC) Health Associated Infection (HAI) Learning and Action Network (LAN):**
  - Bi-monthly national calls including all ESRD Networks and ESRD facilities
  - The Main purpose of the calls:
    - Improve information communication between hospitals and dialysis centers caring for the same ESRD patients, and sharing of best practices.
    - Increase awareness of and implementation of CDC Core interventions.

- **Health Information Exchange (HIE):**
  - Facilities are encouraged to join a Health Information Exchange or another evidence-based highly effective information transfer system to receive information relevant to positive blood cultures during patient's transition of care.
  - HIE's in Texas:
    - Greater Houston HEALTHCONNECT (GHH)
    - Healthcare Access San Antonio (HASA)
    - Integrated Care Collaboration (ICC)
    - PHIX (formerly known as Paso del Norte HIE, PdN HIE)
    - Rio Grande Valley HIE (RGV HIE)
    - RioOne HIE

SUSTAINABILITY

SUSTAIN

STANDARDIZE

UTILIZE

SHARE

TRANSPARENCY

ACCOUNTABILITY

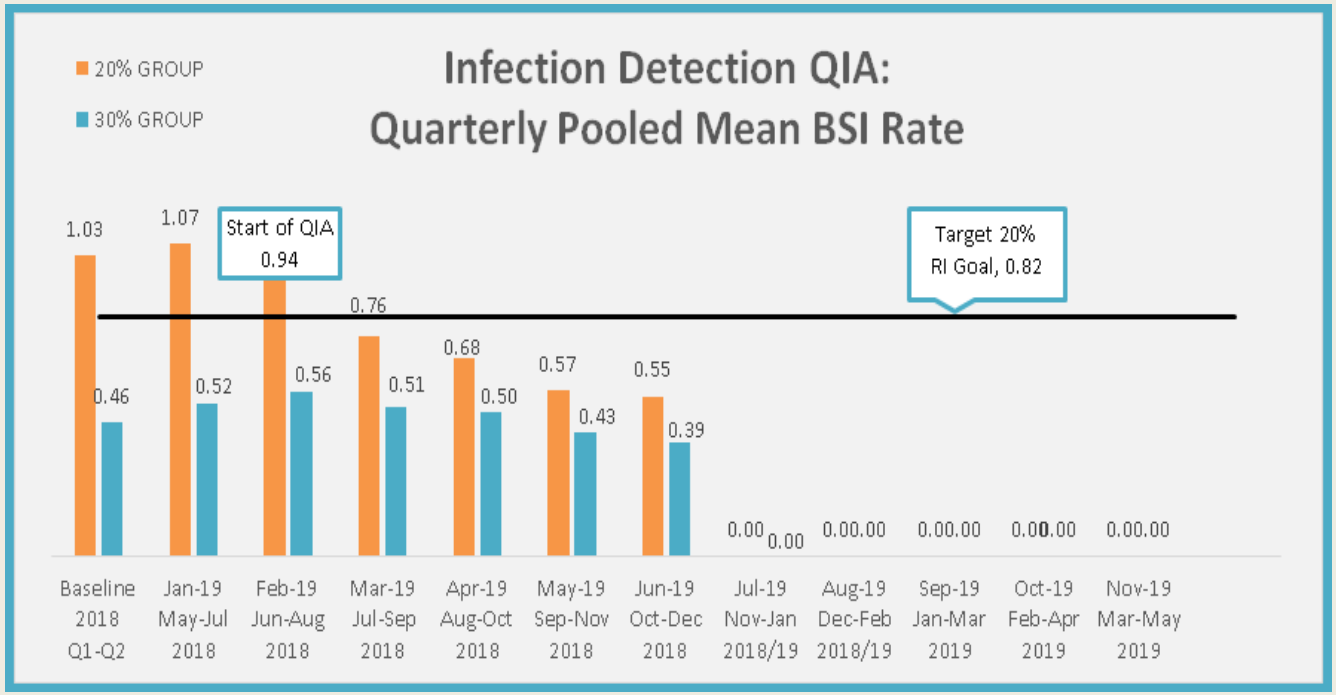
INTEGRATION

NEVER GO BACK

- Sustain the improvements made during the project after the project has ended
  - Start early, at the beginning of the project with the end goal in mind
  - Use SUSTAIN mnemonic to remember the seven steps of sustainability
  - Complete and submit a Sustainability Plan for each project to Network toward end of project
- Role of organizational culture and leadership in successful sustainability activities

BSI QIA CURRENT RESULTS

- **Baseline:** (Jan – June 18)
  - **20% Group: 512 PBC**
  - 30% Group: 363 PBC
  - 50% Group: 875 PBC
- **Goal:** 20% or greater reduction in the semi-annual PMR in the 20% cohort (N=115) by the re-measurement (Jan- June 19):
  - Goal PMR: 0.82
  - Reduction of 105 PBC or greater
- **Results:** Reduction of **118** PBC Q1 (Jan – Mar 19) in 20% cohort.
  - 20% Q1 2018: 245 PBC
  - **20% Q1 2019: 127 PBC**



End Stage Renal Disease Network of Texas

LONG TERM CATHETER QIA

DIALYSIS CATHETER IN PLACE >90 DAYS

Catheter Operation Reduction & Elimination

Baseline and Goal:

- 38 facilities with LTC rates >15% from the 50% BSI facilities with highest infection rates
- Focus facilities baseline for this project is 21%
- Goal: decrease LTC rate by at least 2 percentage points

Best Practices:

- Facilities have been tracking LTCs monthly and reporting to the Network via Survey Monkey
- RCA, LTC Tracking tool, and having a designated vascular access manager have been the most helpful tools according to facilities' feedback.
- Medical City Dallas - Cannulation Camp
- Data Validation
- 5 Whys for patients
  - Obtained over 500 responses from patients

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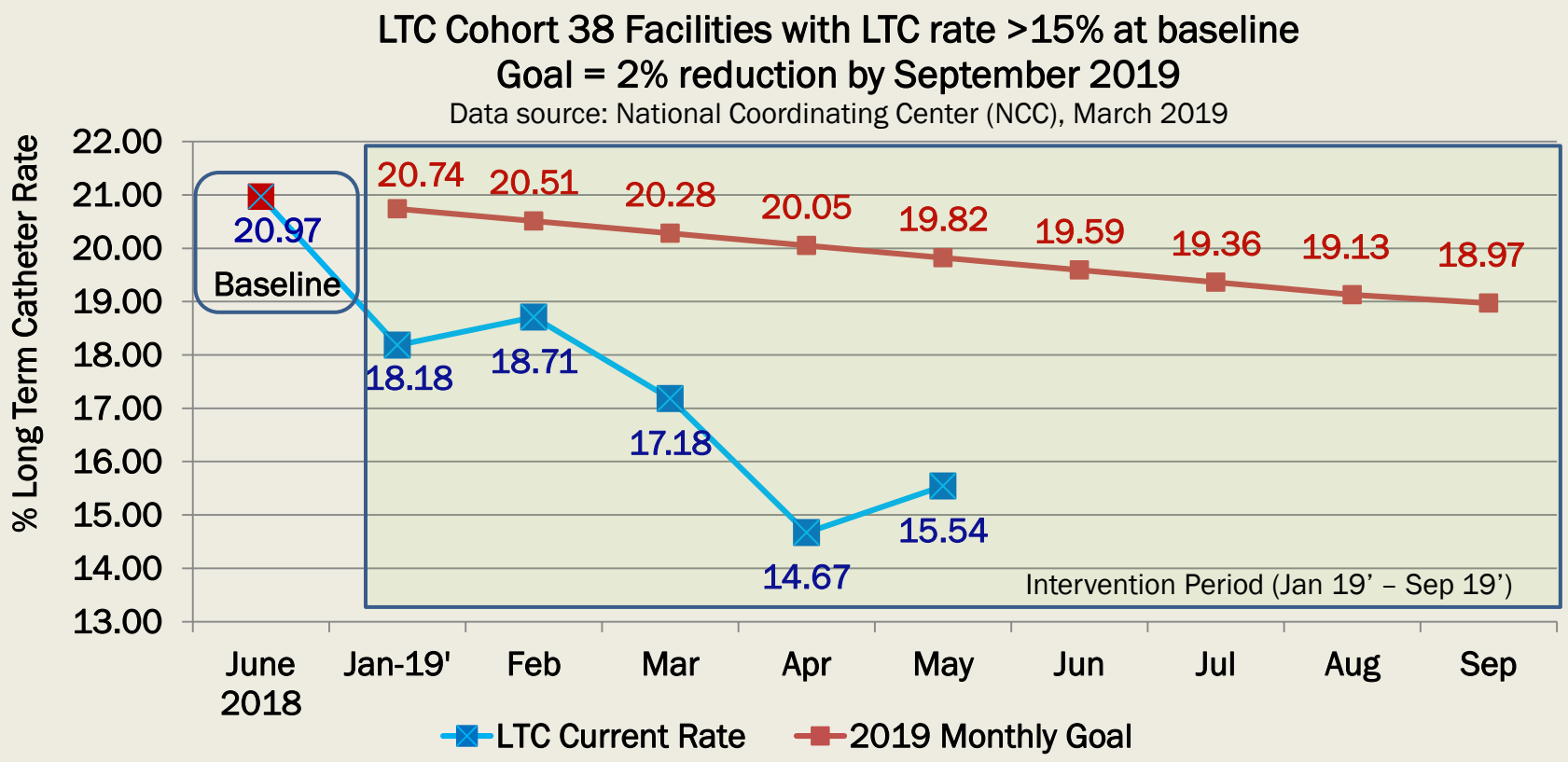
LTC OUTCOMES TO DATE

Catheter Operation Reduction & Elimination



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HOSPITALIZATIONS QIA INTERVENTIONS

- **Goal:** 2% point decrease in the average rate of overall hospitalizations and a 10% relative decrease in ESRD-related hospitalizations

- Network is required to disseminate interventions to Project Facilities
  - Based on identified Diagnosis and RCA
  - Network emails, fax blast, Webpage
  - Webinars regarding Hospitalization and Coordination of Care
  - Facilities are required to complete a Monthly Survey
    - Identify interventions used
    - Number of Hospitalizations
    - Patient engagement activities

List of Interventions:

- Forum of ESRD Network – Transitions of Care Toolkit
- KEPRO Patient Navigation Tool
- Hospital to Dialysis Transfer Summary
- Missed Treatment Workbook
- Network PAC Fluid Overload Patient Trifold
- L.A.C.E. Index Score
- Guidelines for Emergency Hemodialysis
- ZONE Tool
- Summer Kick-Off Lobby Day

PAC SME DESIGNED INTERVENTIONS

Suggestions on How to Help Avoid Hospitalization

- ✓ Complete all treatments
- ✓ Follow your fluid intake orders
- ✓ Follow renal and diabetic diet
- ✓ Keep hands and access clean
- ✓ Keep all appointments with doctors
- ✓ Follow medicine schedule
- ✓ Get your vaccinations

Remember, you know your body. You are your best advocate.

My Doctor's Phone Number: _____

My Facility Phone Number: _____

My Hospital Phone Number: _____

To file a grievance please contact Network 14 at
1-877-886-4435 and www.esrdnetwork.org
ESRD Network of Texas, Inc. 4099 McEwen Rd, Ste. 820 Dallas, TX 75244
972-503-3215 office 972-503-3219 fax 877-886-4435 toll free
info@nw14.esrd.net http://www.esrdnetwork.org/
Created under CMS contract number: HHSM-500-2016-NW014C.

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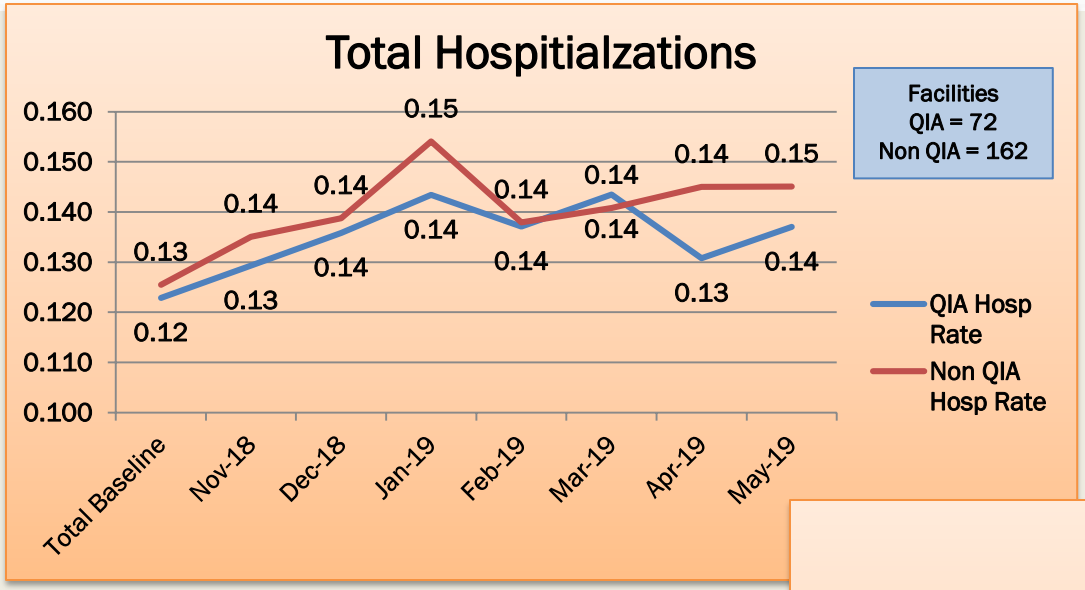
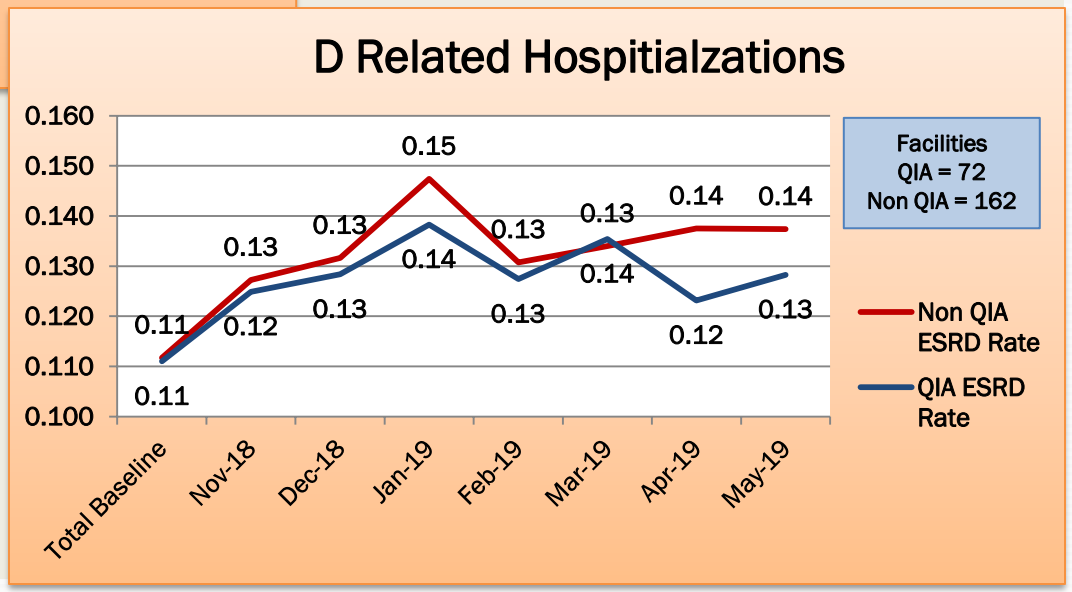
HOSPITALIZATIONS QIA OUTCOMES



Goal (2 % point): 0.10



Goal (10%): 0.099

HOSPITALIZATIONS QIA ICD-10 CODES

A04.7 Enterocolitis due to Clostridum difficile

G40.89 Other seizures

G40.802 Other epilepsy, not intractable, without status epilepticus

G45.9 Transient cerebral ischemic attack, unspecified

G89.29 Other chronic pain

G93.40 Encephalopathy, unspecified

I20.8 Other forms of angina pectoris

I21.3 ST elevation (STEMI) myocardial infarction of unspecified site

I21.4 NonST elevation (NSTEMI) myocardial infarction

I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris

I25.119 Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris.

I25.708 Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris

I26.99 Other pulmonary embolish without acute cor pulmonale

I34.1 Nonrheumatic mitral (valve) prolapse

I34.2 Nonrheumatic mitral (valve) stenosis

I46.9 Cardiac arrest, cause unspecified

I48.0 Paroxysmal atrial fibrillation

I49.9 Cardiac arrhythmia, unspecified

I50.21 Acute systolic (congestive) heart failure

I50.22 Chronic systolic (congestive) heart failure

I50.23 Acute on chronic systolic (congestive) heart failure

I50.30 Unspecified diastolic (congestive) heart failure

I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure

I50.9 Heart failure, unspecified

I62.01 Nontraumatic acute subdura hemorrhage

I63.50 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery

I67.89 Other cerebrovascular disease

I96 Gangrene, not elsewhere classified

J12.9 Viral Pneumonia, unspecified

J15.8 Pneumonia due to other specified bacteria

J18.9 Pneumonia organism unspecified

J20.9 Acute Bronchitis, unspecified

J40 Bronchitis, not specified as acute or chronic

J44.1 Chronic Obstructive Pulmonary Disease with acute exacerbation

J44.9 Chronic obstructive pulmonary disease, unspecified

J45.901 Unspecified asthma with (acute) exacerbation

J45.909 Unspecified asthma, uncomplicated

J98.4 Other disorders of lung

K21.9 Gastroesophageal reflux disease without esophagitis

K25.0 Acute gastric ulcer with hemorrhage

K29.00 Acute gastritis without bleeding

K31.84 Gastroparesis

K56.60 Unspecified intestinal obstruction

K59.00 Constipation, unspecified

K62.5 Hemorrhage of anus and rectum

K72.90 Hepatic failure, unspecified without coma

K81.0 Acute cholecystitis

K81.9 Cholecystitis, unspecified

K82.9 Disease of gallbladder, unspecified

K85.9 Acute Pancreatitis, unspecified

K86.1 Other Chronic Pancreatitis

K92.0 Hematemesis

K92.1 Melena

K92.2 Gastrointestinal hemorrhage, unspecified

L89.309 Pressure ulcer of unspecified buttock, unspecified stage

M25.569 Pain in unspecified knee

M54.9 Dorsalgia, unspecified

N39.0 Urinary tract infection, site not specified

R00.0 Tachycaria, unspecified

R00.1 Bradycardia, unspecified

R10.0 Acute abdominal

R18.0 Malignant ascites

R19.7 Diarrhea, unspecified

R41.82 Altered mental status, unspecified

R42.0 Dizziness and giddiness

R50.9 Fever, unspecified

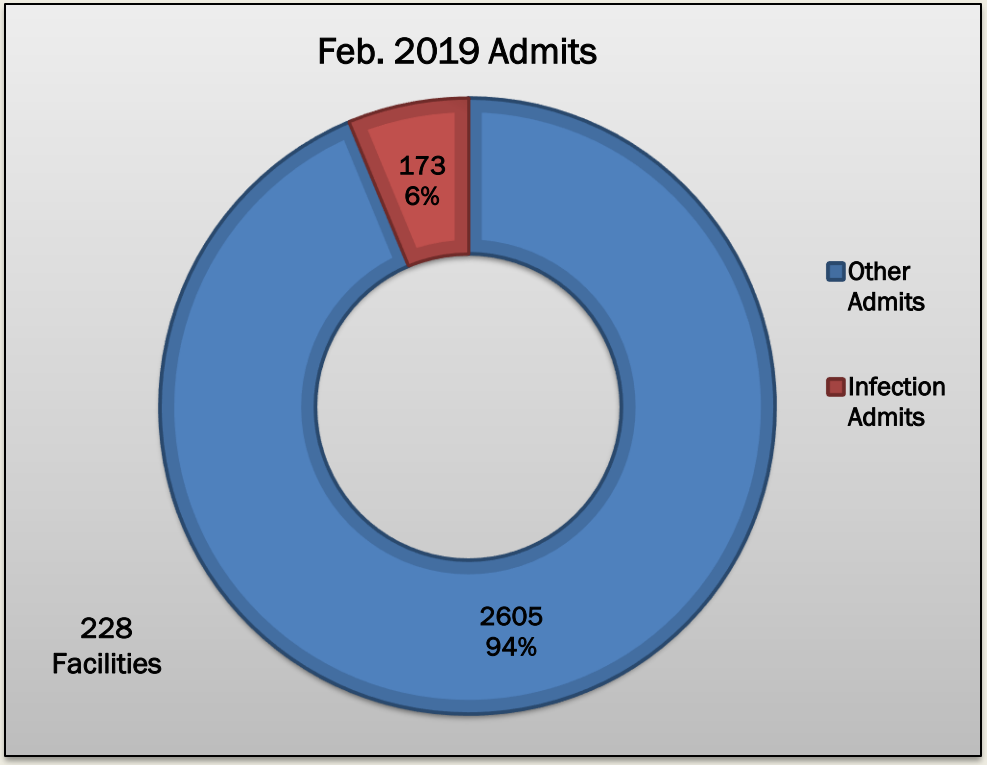
R58 Hemorrhage, not elsewhere classified

R62.7 Adult Failure to Thrive

R65.21 Severe Sepsis with septic shock

R73.09 Other abnormal glucose

HOSPITALIZATIONS INFECTION RELATED



2778 total hospitalizations based on CROWNWeb data

DX	Admits
Sepsis unspecified organism	56
Urinary tract infection	33
Infection of the skin and subcutaneous tissue	31
Infection due to other cardiac and vascular devices implants and grafts	13
Sepsis due to Methicillin resistant Staphylococcus aureus	10
Other specified bacterial agents as the cause of diseases classified elsewhere	8
Unspecified infection due to central venous catheter	5
Sepsis due to Methicillin suscepible staphylococcus aureus	4
Methicillin susceptible Staphylococcus aureus infection as the cause of diseases classified elsewhere	3
Other streptococcal sepsis	3
Gram negative sepsis unspecified	2
Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere	2
Severe Sepsis with septic shock	2
Sepsis due to Enterococcus	1

6% of these hospitalized patients reside in a nursing home/SNF

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THANK YOU FOR ATTENTION

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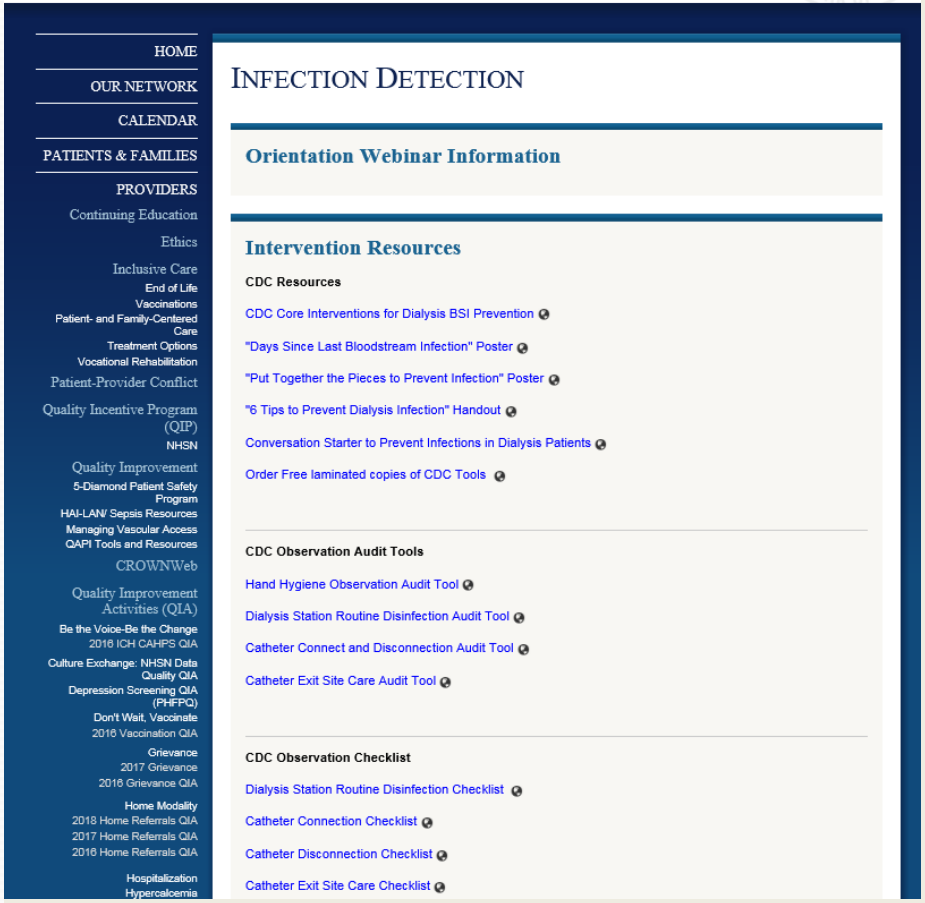

Location of project materials:

http://www.esrdnetwork.org/infection-detection

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