

## ➔ **Observations of Hemodialysis Care and Infection Control Practices:** ▲

Purpose - To identify routine patient care practices which may impact patient safety in the areas of infection control, equipment operation, reprocessed dialyzer use, and patient assessment

- 1. Observe the direct care staff delivering care** – *Observe the following activities using the applicable checklists from the “Observations of Hemodialysis Care and Infection Control Practices” worksheet:*

**Hemodialysis patient care and dialysis station & equipment preparation:** *Attempt to capture at least 2 separate observations of each of the procedures listed below. Try to conduct observations on different days and of different staff. Include an observation of the care for at least one patient with a central venous catheter (CVC), and one patient with an AV fistula/graft (AVF/AVG). It may be possible to observe several of the procedures at one dialysis station during the changeover between patient shifts. Observe each procedure listed below one at a time, to assure focus on that activity.*

- Pre-dialysis vascular access care and initiation of hemodialysis
- Discontinuation of a patient's hemodialysis treatment and post-dialysis vascular access care (CVC and AVF/G)
  - *For facilities with poor infection outcomes, observe 1-2 additional vascular access care opportunities each for patients with CVC and AVF/G*
- Cleaning and disinfection of the dialysis station between patients
- Preparation of the dialysis machine and extracorporeal circuit
- Dialysis Supply Management: *While conducting the above observations, note the supply management and supply contamination prevention activities.*

### **Triggers for citation or more investigation of concerns:**

- Observed trends of breaches in infection control patient care practices:
  - Hand hygiene and glove use (V113)
  - Supplies taken to station not disposed, disinfected or dedicated to that patient (V116)
  - Clean dialysis supplies not protected from potential contamination (V119)
  - Breaches in aseptic practices for CVC (V147) or vascular access care (V550)
- Not adequately disinfecting the HD station & equipment between patients (V122)
- Not testing hemodialysis machine alarms (V403)
- Not testing dialysate pH/conductivity with independent method or lack of staff knowledge of acceptable parameters for pH/conductivity (V250)
- Not performing reprocessed dialyzer germicide tests (V350, 351, 353) or patient/dialyzer identification by 2 people (V348) when patient is at the station
- Not priming reprocessed or dry pack dialyzers according to manufacturer's DFU (V352, 403)
- Not assessing patients before and after treatment or monitor during treatment according to facility policy (V504, 543, 550, 551, 715)

**Medication preparation and administration:** *Observe this process using the applicable observational checklist. Attempt to capture 2 observations of different staff, if possible, preparing and administering medications to 1-2 patients.*

### **Triggers for citation or more investigation of concerns:**

- Medications not prepared in a clean area away from the dialysis stations (V117)
- Single dose medication vials punctured more than once or used for multiple patients (V118)

- Multidose medication vials punctured with previously used syringe or needle (V143)
- Poor aseptic technique (V143)
- Medications for multiple patients taken to a patient station (V117)
- Medications prepared and/or administered by unqualified personnel (V681)

**Extending** any of the above direct care and medication preparation/administration observations should not be necessary if poor practices were identified during either or both of the 2 observations of each procedure. If the surveyor determines that more observations are indicated, 2 additional observations of the applicable procedure(s) should be sufficient to determine the presence of deficient practice.

**2. Review Facility Isolation practices:** If there is a hepatitis B positive (HBV+) patient on in-center hemodialysis at the facility:

- **Observe** the isolation room/area, and the equipment and supplies contained within it. If possible, **observe** the care delivery for an HBV+ patient for the observations of procedures above, looking for separation of care practices from the HBV susceptible patients.
- **Review** staff/patient assignments for the current week, looking at which patients are concurrently assigned to the staff caring for HBV positive patient.
- **Ask** staff on duty how staff assignments are made when an HBV+ patient is dialyzing.

**Triggers for citation or more investigation of concerns:**

- HBV+ patient(s) not isolated (V110, 128, 129)
- Observed trends of breaches in infection control practices when caring for HBV+ patients (V113, 116, 117, 119, 121)
- Staff assigned/delivering care to HBV+ patient and HBV susceptible patients on same shift- *Investigate the extent of the practice* (V110, 131). **Note:** The only exceptions to this requirement are when there is a patient emergency, and when there is only 1 RN on duty who may be required to deliver care to an HBV+ patient and HBV susceptible patients on the same shift, e.g., medication administration, CVC access.
- When only 1 RN is on duty, poor infection control separation between care to HBV+ and HBV susceptible patients (V131)
- Isolation equipment not dedicated for use on HBV+ patients (V130)
- Non-HBV+ patient(s) dialyzing in the isolation room/area when an HBV+ patient is on in-center HD census (V110, 128, 130)

**3. Verify dialysis treatment prescription delivery:** *Review and compare the dialysis prescription delivery (dialysate, dialyzer, blood flow rate, dialysate flow rate) to patients' dialysis orders for 4-5 patients during their treatments.*

**Trigger for citation or more investigation of concerns:**

- 1 or more patients not dialyzed on ordered prescription, e.g., wrong dialysate, dialyzer type, blood flow rate, dialysate flow rate (V543, 544)