

Position Statement – Association of Dialysis Advocates

Model State Legislation for Collecting and Reporting Healthcare-Associated Infections

Opening Statement: *Association of Dialysis Advocates* supports the Model Legislation on Public Reporting of Healthcare-Associated Infections developed by Association for Professionals in Infection Control and Epidemiology, Infectious Diseases Society of America, and the Society for Healthcare Epidemiology of America.

Who We Are: *Association of Dialysis Advocates (ADA)* is a grassroots, voluntary patient advocacy organization dedicated to ensuring dialysis patients receive quality, safe delivery of care. *ADA*'s goals are two-fold: (1) to improve existing conditions in dialysis facilities by increased and effective oversight and enforcement of regulations by Centers for Medicare and Medicaid Services (CMS), and (2) to improve existing infection control practices in order to decrease infection rates and save lives. *ADA* accepts no monies from dialysis industry or related businesses, nor government agency, thereby maintaining objectivity when addressing delivery of care issues and concerns. *ADA*'s members include patients, family members, professionals and concerned consumers and taxpayers.

ADA agrees that HAIs are a major public health problem. Individuals with End-Stage Renal Disease (ESRD) require dialysis or transplants to sustain their lives. This population is at higher risk for acquiring an infection due to impaired immune defenses and frequent access site punctures leading often to bacteremia due to lack of infection control practices. Additionally, inadequate monitoring of water systems presents as another source of infection. Although there is a national system in place to monitor and prevent infections, we have seen no significant decrease.

As noted in "Electronic Reporting of Infections Associated with Hemodialysis by M Klevins, DDS, MPH, J Tokars, MD MPH and M Andrus BA RN CIC: Results from a report submitted to the Dialysis Surveillance Network summarizes adverse-events from September 1999 through March 2005. "Results: There were 53,804 events in the 321,519 patient-months during the period of analysis. The rate of hospitalization was 13 per 100 patient-months; the rate of outpatient IV vancomycin starts was 3 per 100 patient-months. The rate of vascular access infection was 3.1 per 100 patient-months and varied from 0.6 for fistulas to 10.1 for temporary catheters. Of the 8,359 blood isolates reported, 77% (6,427) were primary bacteremias (5,275 were catheter-associated, 1,152 were fistula- or graft-associated), 19% (1,587) were secondary bacteremias, and 4% (345) were contaminants." Of note, is that dialysis facilities volunteered to submit data. *ADA*'s concern falls with those facilities that are not reporting. *ADA* firmly supports a surveillance system as the National Safety Healthcare Network offers to dialysis facilities in order to monitor their facility infections as well as compare their rates to other facilities. However, we strongly support all facilities report their infections as this will strengthen accountability.

Association of Dialysis Advocates strongly supports a statewide standard for surveillance of infections or standardized systems for collecting and reporting HAIs and public disclosure in order to have more provider accountability with increased focus on existing infection control practices in order to decrease HAIs. In review of dialysis facility survey findings, from 28 states, noted were significant deficient practices in infection control. Due to a lack of effective corrective actions put in place by CMS, continued deficiencies are seen. Contributing to the continued deficient infection control practices in dialysis facilities is the existing ineffective oversight system which does not provide a model to deter deficiencies, i.e., civil monetary penalty, suspension of operation. The inclusion of reported infection data in Dialysis Facility Compare provides a valuable aspect of assessment when patients are choosing a facility.

Association of Dialysis Advocates welcomes the opportunity to work with those initiating the Model Legislation in order to decrease the number of HAIs.

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Association of Dialysis Advocates

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