Next Step in holding dialysis facilities accountable: public disclosure of infection rates

Hospital infection report raises questions for dialysis patients

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Public disclosure-- because it sheds "sunshine" (a natural disinfectant) upon events--is the single most effective tool the public has at its disposal for furthering safety. Because dialysis patients have on average one or two hospitalizations annually, and because infection is the number-two killer of dialysis patients, high hospital infection rates represent great interest among--and a heavy burden upon--the ESRD patient population. *Association of Dialysis Advocates (ADA) believes that public disclosure of infection rates in dialysis facilities is the most efficient and surest path towards effective infection control implementation among dialysis providers.*

CMS (Centers for Medicare and Medicaid Services)—the agency responsible for regulation and oversight of dialysis facilities—provides a "Dialysis Facility Compare" (DFC) page on its website that charts hemodialysis adequacy (urea reduction rate), anemia management, and patient survival. The CMS chart however, does *not* provide information about infection control and infection rates as do the surveys included on the *Association Dialysis Advocates'* website. These infection rates are of vital importance to dialysis patients who, as frequent consumers of a highly invasive medical service, are at high risk for death and a multitude of adverse events resulting from a treatment-acquired infection. Dialysis patients are also forced to "shop" for services for which there is less consumer-friendly information than one can obtain to make an informed decision regarding the purchase of the latest automobile.

This month the state of Pennsylvania took steps to publicly release hospital infection rates. The *American Journal of Medical Quality* also published research data this month on hospital acquired infections in its report, "Hospital Acquired Infection: Meeting the Challenge."[i] *ADA* fully supports Dr. David Nash's following editorial statement in the *American Journal of Medical Quality*: "Regrettably, many persons within the health care industry believe that HAI is simply a risk of doing business—almost an expected outcome from the care of seriously ill patients, especially those in our high-technology settings such as the operating room, intensive care unit, or renal dialysis center." Dr. Nash further states that, "…it is the *process of care* (italics *ADA*) not the underlying clinical condition of the patient that drives the current epidemic of HAI." The above mentioned report clearly notes chronic renal failure as a "significant predictor" of infection.

A single staff member can ruin any infection control practiced by other team members for an entire facility. This, combined with the "revolving door syndrome" occurring among patients transferring from one type of facility to another, demands greater accountability from all providers that are paid via patients' insurance premiums, carriers, and our citizen's tax dollars. The revolving door presents significant opportunity for transference of infection and constitutes a costly and public health concern. *ADA* believes *effective* infection control is one of the easiest and least costly ways providers can demonstrate competence and regard for patient safety.

Because *infection kills*, *ADA* supports greater accountability among dialysis providers and challenges individual facilities to examine their "process of care" in building a foundation for the prevention of infection. *ADA* also fully supports public disclosure of dialysis facility infection rates including, but not limited to, vascular access site infections. Patients and their families have a

right to know if their chosen (or contemplated) unit is providing care sufficient to prevent the transmission of the dangerous pathogens that destroy lives.

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[i] American Journal of Medical Quality - November/December 2006 - Hospital-Acquired Infection: Meeting the Challenge, Supplement to Volume 21 Number 6 Editorial section - Hospital-Acquired Infections: Raising the Anchoring Heuristic. David B. Nash, MD, MBA.