

Association of Dialysis Advocates (ADA)

Position Statement on Infection Control

Association of Dialysis Advocates (ADA) believes the existing infection control practices taking place in dialysis facilities require strengthening in order to ensure safe delivery of care and decreased infection rates. Our position is supported by (1) fact that “infections” are the #2 killer of dialysis patients, and (2) results of dialysis facilities state surveys related to infection control practices.

Glaring deficient infection control practices were found in survey results from 28 states. Failure to adhere to recommended guidelines for infection control creates potential or actual harm to dialysis patients, i.e., negative outcome situations that are avoidable and direct result of failure on part of dialysis staff to safeguard health of dialysis patients. This is unacceptable and demonstrates negligent delivery of care.

Dialysis patients are at greater risk for infections than many other patients due to their compromised immune systems, co-morbid conditions and fact that there is constant opportunity for infectious agents to enter bodies via frequent access entry. Additionally, the revolving door of patient transfers from various settings, i.e., from hospital to dialysis unit, nursing home to dialysis unit, dialysis unit to hospital, plays a major role in keeping the patient at risk to acquire an infection; therefore, an even more judicious implementation of infection control practices is needed in dialysis facilities.

The existing delivery of care system in dialysis facilities has a major problem with healthcare acquired infections. In order to work towards decreasing the number of acquired infections within our dialysis facilities, there must be a mandate from CMS and dialysis corporate levels for consistency in practices that will minimize opportunity for infections in patients. And, in order to have continued improvement in delivery of care and patient outcomes, there must be adequate and effective oversight and enforcement of federal and state regulations related to infection control.

Presently, guidelines and recommendations for infection control practices are adequate; however, regulations requiring employment of the guidelines in dialysis facilities are absent, weak and/or support deficient delivery of care. It is projected that deficient practices will continue until there are enforcement processes in place to deter unsafe practices.

ADA's expectations are that dialysis facility staffs have full understanding of infection control practices, including rationale for practices, and that effective practices are implemented. The lack of appreciation for negative patient outcomes, resulting from failure to use infection control practices, is greatly missing by those providing care. We cannot allow such to continue.

ADA does not, nor will not, accept excuses for dialysis staff's failures to follow recommended and appropriate infection control practices. Inadequate staffing, expectation to move patients in and out during dialysis sessions, necessity to employ shortcut procedures, forgetfulness on part of staff, etc., are inexcusable reasons for substandard care and further compromise of patients' lives. Failure to practice infection controls in the dialysis setting is far-reaching and seriously impacts patients, their families, and the greater community as well.

ADA calls upon dialysis corporate/facility management to send a clear message to dialysis facility employees that there will be zero tolerance for lack of infection control practices. Dialysis corporate level representatives have been contributors in developing Centers for Disease Control and Prevention (CDC) guidelines for infection control practices; therefore, *ADA* believes these individuals should be instrumental in ensuring application of the guidelines within their facilities and hold those in charge of facilities answerable. Unless there is an unquestionable dictate from upper management, it is not expected that infection control practices will be given serious attention needed at clinic level to prevent unnecessary infections and resulting illnesses, hospitalizations, and death among dialysis patients.

ADA calls upon CMS to advance its stewardship of public funds for healthcare to elder and disabled citizens by requiring acceptable infection control practices in dialysis facilities to decrease negative outcomes to patients, and by mandating appropriate sanctions in cases of actual harm or death to patients, or repeated infraction of infection control practices. *ADA* also calls upon CMS to recognize its responsibility to ensure access to medical care, quality medical care. There is no quality where there is no infection control.

ADA will remain vigilant in addressing infection control practices, or lack thereof, in dialysis facilities and do all we can to advocate for improved practices and accountability for failure to employ recommended and accepted community standards to prevent infections.

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