

### *Infection is the number two killer of dialysis patients*

Dialysis is the single most invasive procedure outside of an operating room. The need to access the bloodstream so frequently leaves dialysis patients at high risk for the infections that are second only to cardiovascular complications as the leading cause of death in dialysis patients. Infections are generally introduced at the point of access for the hemodialysis. Patients with catheters are even more likely to acquire an access site infection than patients who have fistulas. Comorbid conditions and a weakened immune system also leaves patients susceptible to infections, such as pneumonia, when effective infection control practices are not utilized by dialysis staff.

The single most important prevention practice is hand-washing. This simple but fundamental precaution is too often ignored, especially in hectic, poorly staffed environments where staff is often poorly educated and insufficiently trained, as well as a lack of adequate supervision. However, the failure to wash one's hands occurs frequently and can readily lead to life-threatening infections upon the introduction of bacteria directly into the dialysis patient's bloodstream. Touching any surfaces that have come into contact with patient and staff coughs, and not washing hands before putting on gloves and after removal of gloves, as well as not washing hands when moving between patients or contaminated surfaces, will also readily transmit bacteria.

Acquired infections in dialysis units can kill, disable, hospitalize, or prolong illnesses in patients while disrupting lives and increasing healthcare expenditures. Acquired infections are generally the result of cross-contamination—the transfer of bacteria from patient-to-patient or from surface-to-surface (dialysis machine, telephone, medical chart, door knob, supplies, computer keyboards and more). The handling of patients, supplies, and equipment thus requires a very high level of trained, systematic attention. Such prevention is the key to better outcomes in dialysis units.

Inter-facility transfer of patients between nursing homes, hospitals and dialysis units also increases the opportunity and risk for the spread of infectious disease. Persistent and systemic infections in nursing homes and hospitals place all patients at higher risk for acquired disease, with more adverse events and poorer outcomes for dialysis patients than the general patient population due to their vulnerable, compromised immune systems. Protecting general patient populations will always require first protecting those most vulnerable.

### **The Blame Game**

To place blame on any one component of healthcare delivery represents a faulty view. It is a combination of factors that lead to inadequate infection control practices. The lack of government-based sanctions to deter regulatory non-compliance, the lack of corporate leadership among dialysis providers, a lack of hygiene training programs for staff, the lack of unit supervision, and even an indifference to appropriate care delivery all need to be addressed. Meanwhile, patients, family members, and advocates empowered by

education will improve lives and result in safer medical environments.

### **Increasing Awareness of Infection Control Practices Leads to Decreased Infections**

The need for increased awareness of acquired infections is brought to your attention to keep you safe. Your personal attention can play a role in furthering your own and the safety of others, including dialysis facility staff. Timely, appropriate hygiene practice will make a difference in the care you receive. Knowing the best practices and recognizing the challenges of staff and fellow patients increases the supportive communication that ensures effective care. Education is fundamental to well-being.

### **In Conclusion**

ADA advocates are here to help. We want to hear about your experiences. Have you managed to bring a potentially harmful incident to the attention of staff? Have your care technicians and nurses been supportive when learning of your concerns? Have you observed hygiene matters in your unit that are/are not being addressed? Do you have confidence in your care technicians?

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