To: Senate Health Committee

Re: Patient Safety – ESRD Dialysis Facilities

From: Roberta Mikles, BA RN
Director, Advocates4QualitySafePatientCare

Honorable Senator Alquist and Members of the Senate Health Committee:

My name is Roberta Mikles. I am a retired Registered Nurse, Dialysis Patient Safety Advocate and daughter of a patient who acquired MRSA pneumonia in the hospital and suffered emotionally and physically with a lengthy recovery period. Additionally, he experienced unsafe care, at times, during his incenter dialysis treatments.. My father died on July 14th of this year at the age of 91. He was reminding some staff to wash their hands, or change their contaminated gloves up until the week before he died. He was educated and able to speak up to protect himself. But, many patients are not. And, he paid the price dearly e.g. experiencing various levels of retaliation from some at his dialysis unit.

On behalf of myself, and as spokesperson for *Advocates4QualitySafePatientCare,* we urge the Senate Health Committee to follow in the footsteps of our federal level Department of Health and Human Services in addressing infections in this vulnerable population of patients who receive dialysis treatments in outpatient settings.

Recently, we added to our organization's website www.qualitysafepatientcare.com dialysis facility survey reports for 2009 and 2010. We learned, from these survey findings, as we have been stating for years, the following:

(1) There continues to be significant numbers of infection control deficiencies, in fact, CMS identifies that the most cited deficiency is infection control, e.g. basic hand washing and changing gloves when needed,
(2) In spite of the newly revised Conditions there are significant numbers of infection control deficiencies,
(3) In spite of mandated, through the Conditions, dialysis technician certification, there does not appear to be improvement in care areas
(4) There is inadequate unit-level supervision to ensure dialysis facility staff are implementing correct infection control practices, adhering to the facility's own policies and procedures, and following the newly revised Conditions for Coverage.
(5) Staff, including unit-level management staff, are not being adequately educated and trained so that there is a clear understanding of the significance of implementing correct practices.

The surveys clearly indicate that patients, in many units, are being placed in situations of potential or actual harm, including, but not limited to acquiring a preventable infection.

Recently, I was invited to the HHS Action Plan to Prevent Healthcare-Associated Infections – Targets and Metric meetings. I applaud the HHS for extending their Action Plan to include ESRD Facilities (Tier 2). With this said, it is in the dialysis patients' best interest for California to follow suit. Additionally, we would suggest that California review that which Colorado has mandated at a state level for ESRD Facilities, e.g. increased oversight related to infection prevention. Providers can no longer state that increased oversight is not needed, or that all is okay in these facilities – the surveys speak for themselves. We can not stress enough the importance of this and remind Members of the Senate Health Committee that dialysis is a life-sustaining treatment that in a minute's time can become life-threatening.

Several years ago, I attempted, through Senator Alquist's office, to have SB 1474 – Dialysis Facilities, introduced to the Senate Health Committee. This would have increased state-level oversight of ESRD Dialysis Facilities. Three days prior to such, it was taken off agenda. Apparently, providers blocked this

introduction, stating that there was no need for an increase in state-level oversight because the new ESRD Conditions were being released and that was all that was needed. Perhaps now, as evidenced by survey findings, providers will realize, as well as the Senate Health Committee, that dialysis patients deserve attention.

With the above stated, *Advocates4QualitySafePatientCare* recommend the following through mandated legislation:

(1) ESRD Facilities report infection data to the CDPH and CDC's NHSN program e.g.
(a) numbers of access site infections (fistula, graft, central lines)
(b) numbers of hospitalizations for infection (bacteremia)

Note: Similar to acute care facilities reporting

(2) ESRD Facilities report the number of antibiotic starts (intravenous) to CDPH and CDC's NHSN progam

(3) ESRD Dialysis Facility Surveys - (Statement of Deficiencies, F2567s) be posted in a conspicuous place in the facility (same as that which is mandated for Skilled Nursing Facilities) **OR** posted to the CDPH website under Licensing & Certification Section.

(4) All ESRD Dialysis Facility Staff be required to have Continuing Education Units (CEUs) in infection control - specific to delivery of dialysis care. We understand that RNs and LVNs are already required to obtain CEUs and that dialysis technician mandated Certification requires same. However, considering the ongoing problem with acquired infections, it is obvious that whatever is being done presently, by providers, is not effective. **OR** A non provider, e.g. Association for Professionals in Infection Control, etc., develop a one-day class per every 18 months focused on implementation of effective infection controls in the ESRD Dialysis Facility setting. A written test must be passed.

(5) An education handbook is developed for patients that explains what practices dialysis staff should be implementing to prevent infections. (APICs Guideline for Hemodialysis Units presents excellent information, for example that can be added to a handbook, with APIC's permission

(6) Because retaliation continues to exist in many units, targeted training for staff is needed in order to result in staff understanding that the patient, and/or their designated advocate, has the right to question or ask questions about the care that is being delivered, including reminding staff to implement correct practices. Patients can, and do, prevent errors.

This is serious and patients lives are in your hands.

I appreciate this opportunity to bring the above information to your attention and welcome the opportunity to further work with you to protect this vulnerable population

Respectfully,

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