June 25, 2012

Dr. Don Wright  
Deputy Assistant Secretary for Health  
Department of Health and Human Services  
Office of Healthcare Quality  
200 Independence Avenue, S.W.  
Room 711G  
Washington, DC 20201

Re: Draft National Healthcare-Acquired Infection Action Plan

Dear Dr. Wright:

On behalf of the American Nephrology Nurses’ Association (ANNA) we are pleased to submit comments on HHS’ draft “National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination” (Draft National Action Plan).

ANNA is a nonprofit organization whose mission is to promote excellence by advancing nephrology nursing practice and positively influencing outcomes for individuals with kidney disease. Founded in 1969, we represent over 10,000 registered nurses and other health care professionals at all levels of practice. ANNA develops and updates standards of clinical practice, educates practitioners, stimulates and supports research, disseminates new ideas, promotes interdisciplinary communication and cooperation, and monitors and addresses issues affecting the practice of nephrology nursing.

ANNA appreciates the efforts conducted by HHS and other federal agencies which lead to the creation and development of the Draft National Action Plan. Overall we were very pleased with the report and look forward to working with you on its implementation and the eradication of healthcare-acquired infections.

C. Priority Recommendations

2. Prevention of Bloodborne Pathogen Transmission
   Priority Module 1 – Recommendations to Prevent Hepatitis B Virus and Hepatitis C Virus Infections

Treat hemodialysis patients with active HBV infection at an isolation station with dedicated room, machine, supplies, and staff members: ANNA supports the overall...
intent of this recommendation. However, we request you consider clarifying the language to adopt the Centers for Disease Control (CDC) recommendation adopted in its MMWR 2001 Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients, which reads as follows:

- to isolate HBsAg-positive patients, designate a separate room for their treatment and dedicate machines, equipment, instruments, supplies, and medications that will not be used by HBV-susceptible patients. Most importantly, staff members who are caring for HBsAg-positive patients should not care for susceptible patients at the same time, including during the period when dialysis is terminated on one patient and initiated on another.

Currently as part of their practice, dialysis providers routinely implement CDC recommendations. Thus, it would be helpful if the Final National Action Plan could incorporate this same language in order to ensure continued compliance across all providers.

For patients who respond to the hepatitis B vaccine series, check surface antibody titers annually and administer a booster dose when indicated: ANNA supports this recommendation and suggests that the Final Action Plan utilize the same language as the CDC 2001 recommendation pertaining to this issue:

- HBV-Immune Patients. Annual anti-HBs testing of patients who are positive for anti-HBs (>10 mIU/mL) and negative for anti-HBc determines the need for booster doses of vaccine to ensure that protective levels of antibody are maintained. No routine follow-up testing is necessary for patients who are positive for both anti-HBs and anti-HBc.

Incorporating the existing CDC recommendations would be beneficial particularly to direct providers of care who benefit from the adoption of currently practiced and widely accepted recommendations.

Perform baseline HCV antibody screening of patients and repeat bimannually for susceptible patients to identify new HCV infections: ANNA questions the rationale for this recommendation. Current Centers for Disease Control and Prevention (CDC) guidelines have no requirement for patients who are positive for HCV be isolated or treated differently from patients who are negative for HCV. Therefore, unless HHS were to recommend actions to be taken for patients who test positive for HCV, there appears little reason to justify the burden of this baseline screening.

4. Prevention Priority Implementation Bundles

The Draft National Action Plan discusses the need to disseminate prevention recommendations in a manner that promotes operational feasibility. HHS notes the importance of incorporating recommendations into the daily routine of staff who provide care to ESRD patients and suggests including prevention infection control guidelines into care bundles which would be incorporated in the daily treatment flow sheet of each patient.

ANNA supports HHS’ recommendation to implement care bundles into the daily routine of staff members. However, we caution that including these guidelines into the daily treatment
flow sheet may not be the most effective or efficient process. As health information technology (HIT) utilization continues to expand, we are concerned that mandating changes to the flow sheet may require changes to various electronic systems in use and thus could increase administrative costs unnecessarily. Rather, we suggest that the implementation of care bundles within the daily routine can be accomplished through other avenues, such as educational activities, additional training, or compliance audits.

5. Education and Training

Education and training of dialysis providers and ESRD patients and their caregivers is imperative to controlling and preventing healthcare-acquired infections. ANNA agrees that one of the most important ways to eradicate healthcare-acquired infections is to provide proper education and training of providers, patients, and caregivers. We are committed to educating our members on procedures and standards to reduce the transmission of infections.

The Draft National Action Plan suggests that education programs and expertise developed by various professional organizations be adopted and implemented as part of a more comprehensive educational program. The Plan calls for additional continuing education and other training opportunities to address issues and may be specific to a given dialysis provider. While we support the goal of this recommendation, we are concerned that implementation of this goal may be operationally challenging. We are concerned that the recommendation concerning education and training may be interpreted by some to suggest that ESRD providers must employ or have routine access to an expert infection preventionist, which would impose an unnecessary and significant financial burden on most ESRD providers. We request that HHS clarify that the hiring of specified personnel is not required to meet this recommendation.

ANNA supports educational programs which could help reduce the risk of infection in dialysis patients. We would recommend that these education efforts be geared to address the learning needs of both the professional disciplines who provide and oversee the care in dialysis facilities as well as the unlicensed staff who provide much of the direct care.

The Draft National Action Plan suggests that ESRD network representatives serve as a resource in disseminating information to facilities. While this may be one avenue to explore, ANNA is concerned that such requirements may overly burden the ESRD Networks, which are already taxed. Networks have limited resources for the development and distribution of such educational material. Additionally, ANNA is aware that CMS has recently revised the ESRD Network Scope of Work, and this responsibility would need to be considered within that new contract. ANNA suggests pursuing other opportunities for the dissemination of additional information.

Finally, the Draft National Action plan discusses the importance of incorporating prevention control activities as part of an individual’s training and education. The Plan suggests a dialogue with various boards and professional societies as an important step in evolving curricula, licensing, and certification standards. Currently, formal education in ESRD is not specifically included in the curriculum in educational institutions, but instead provided as “on-the-job” training after hire. ANNA supports this recommendation and would encourage HHS
to work with educational institutions and accrediting organizations to specifically address the dialysis environment.

Conclusion

Thank you for the opportunity to comment on the draft “National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination.” We look forward to working with CMS to eradicate healthcare-associated infections. If you have any questions, please contact me or have your staff contact Kerri Holloway RN, CQM, at kerilee6756@yahoo.com.

Sincerely,

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