

CUSP for ESRD in New Jersey Learning Session

760 Alexander Road, Princeton, NJ

May 13, 2014

Registration: 8:30 a.m. – 9 a.m.

Fee: \$40 per person

Program Start Time: 9 a.m. – 3 p.m.

This program will provide learners with an overview of the current efforts to eliminate Bloodstream Infections (BSI) in New Jersey dialysis units through the use of TeamStepps and CUSP methodology; and to implement evidence-based interventions/strategies to reduce or eliminate BSI and vascular access (VA) infections for end stage renal disease (ESRD) patients.

OBJECTIVES:

1. Describe the science of safety and defect analysis and how they apply to the dialysis setting.
2. Describe the current state of infection rates for dialysis units in New Jersey.
3. Identify the potential crosscontamination risks for in-center hemodialysis patients.
4. Examine barriers and explore strategies for making changes to disinfection practices.
5. Present three positive outcomes from implementation of new station disinfection process.
6. Describe the process used by Capital Health System to address BSI.
7. Review results of interventions used to address BSI.
8. Discuss and describe future goals for BSI reduction.
9. Describe TeamSTEPPS and how it applies to the dialysis setting.
10. Demonstrate effective communication and teamwork strategies through role play.
11. Define a safe environment.
12. Identify risk associated with improper Infection Control practices.
13. Discuss how to implement safe practices to help prevent infections.

TARGET AUDIENCE:

Physicians, nurses, directors of quality, infection preventionists and dialysis unit staff.

CONTINUING EDUCATION CREDIT:

HRET-NJHA is an approved provider of continuing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

P#131-5/11-14. This activity is approved for 4.0 contact hours.

There is no commercial support for this activity. Accredited status does not imply endorsement by the provider or American Nurses Credentialing Center's Commission on Accreditation of any commercial products displayed in conjunction with an activity.

Disclosure information: Full disclosure will be provided at the educational activity.

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AGENDA

- 8:30 a.m. *Registration*
- 9:00 *Welcome and Overview*
- 9:15 **Introduction and Overview of Current Work**
- Shannon Davila, MSN, RN, CIC, CPHQ*
 Clinical Quality Improvement Manager
 New Jersey Hospital Association
- Karen Ripkey, RN, CNN*
 Clinical Quality Improvement Coordinator
 Quality Insights Renal Network 3
- 10:00 **CDC Disinfection Checklist Trial A “Test of Change”**
- Peggy Bushey, RN, CDN, NM*
 Nurse Manager, Renal Services
 Fletcher Allen Healthcare
- 11:00 **The CUSP Experience: Capital Health Regional Medical Center Renal
Dialysis**
- Caroline Steward, APRN, CCRN, CNN*
 Nurse Practitioner Capital Health Dialysis
- 11:30 *Networking Luncheon*

(OVER)

- 12:30 p.m. **TeamSTEPPS in the Dialysis Setting**
- Shannon Davila, MSN, RN, CIC, CPHQ*
Clinical Quality Improvement Manager
New Jersey Hospital Association
- Nancy Winter, MSN, RN, NE-BC*
Clinical Quality Improvement Manager
New Jersey Hospital Association
- 1:30 *Break*
- 1:45 **Unit Team: Our Story - FMC Livingston ACC DIALYSIS**
- Cynthia Allen-Hardy, RN*
Nurse Manager/Clinical Manager
FMC Livingston ACC Dialysis
- 2:15 **Comprehensive Unit-based Safety Program (CUSP) Infectious Disease Control**
- Marlou Santiago, RN, BS*
Clinic Manager
- Susan Gerard, RN*
Catherine Garcia, RN, BSN
FMC Lakewood Dialysis
- 2:45 **Questions and Answers, Evaluation**
- 3:00 p.m. *Program Adjournment*

Registration Information

PAYING BY CREDIT CARD

Guarantee your seat now by registering and paying online with a credit card.
It's secure and easy.

Note: For security purposes, please **DO NOT** mail credit card information with your security code to the P.O. Box. Save time and register online through our secure web site.

PAYING BY CHECK

Please fax your registration prior to mailing with payment. Your registration will be incomplete until your payment is received. A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: (609) 275 - 4271

Make check payable to: HRET of NJ

Mail to: Educational Services | HRET of NJ, PO Box 828691 | Philadelphia, PA 19182-8691

Payment is due by May 6, 2014

Note: For security purposes, please **DO NOT** mail credit card information with your security code to the P O Box. Save time and register online through our secure website.

CANCELLATION POLICY

- Cancellations received by May 6, 2014 will receive a refund minus a \$20 administrative fee. Cancellations received May 6, 2014 will not be eligible for a refund.
- Registrants unable to attend may send an alternate.

GENERAL INFORMATION

- **On-site registration:** We will do our best to accommodate walk-ins, but cannot guarantee seating. If a conference does have availability, payment is due at that time.
- For program inquiries, please contact the program coordinator at: kjackson@njha.com
- For registration and payment inquiries, please contact JPerfette@njha.com
- **In the event of inclement weather, call 609-275-4140 before coming to the conference**
- For directions visit NJHA at: <http://www.njha.com/directions.aspx> (parking is behind the conference center building)
- If you have a disability and need special accommodation, please call 609-275-4181.

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Registration Start:	8:30 a.m. - 9 a.m.
Program Start:	9 a.m. – 3 p.m.
Location:	New Jersey Hospital Association, 760 Alexander Road, Princeton, NJ 08543
Fee:	\$40 per person
Seminar:	EDU 1418

REGISTRATION

(Please type or print clearly. Please copy form for additional registrants.)

Note: Your registration will not be complete until payment has been received.

Credit Card Registration

Full Name: _____ (EDU 1418)	
Job Title: _____	Check Amount: \$ _____ Check # _____
Degrees/Credentials (MD, RN, LNHA, etc.): _____	Organization: _____
E-mail: _____	Organization Address: _____
Phone Number: _____	City, State, Zip: _____

Additional Registrant

Full Name: _____ (EDU 1418)	
Job Title: _____	Check Amount: \$ _____ Check # _____
Degrees/Credentials (MD, RN, LNHA, etc.): _____	Organization: _____
E-mail: _____	Organization Address: _____
Phone Number: _____	City, State, Zip: _____