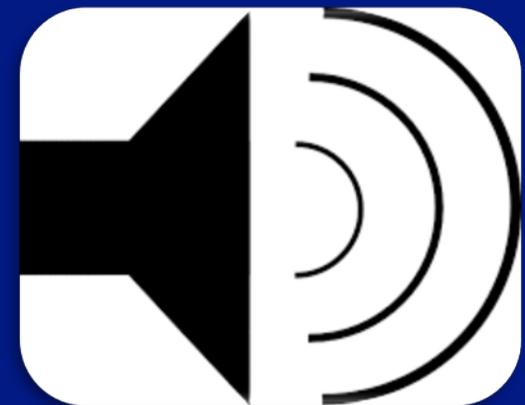
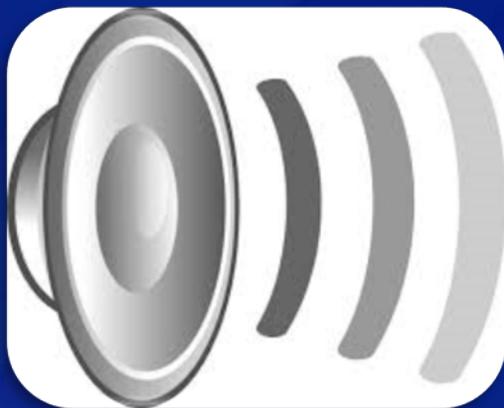


Welcome to

Tune in to Safe Healthcare: Reducing Infection in the Outpatient Dialysis Facility - Results of the Standardizing Care to Improve Outcomes in Pediatric End Stage Renal Disease (SCOPE) Collaborative

**The audio for today's webinar will be coming through your computer speakers. Please ensure your speakers are turned on with the volume up.
Thank you!**



Continuing Education Information

ACCREDITATION STATEMENTS:

CME: The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians.

- ❑ The Centers for Disease Control and Prevention designates this **live activity** for a maximum of *(1) AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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- ❑ This activity provides **(1)** contact hours.

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CECH: Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to **(1)** total Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are 0. CDC provider number **98614**.

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- ❑ **Category:** This activity has been designated as Knowledge-Based.
- ❑ Once credit is claimed, an unofficial statement of credit is immediately available on TCEOnline. Official credit will be uploaded within 60 days on the NABP/CPE Monitor.

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- ❑ The Centers for Disease Control and Prevention is a pre-approved provider of Certified in Public Health (CPH) recertification credits and is authorized to offer **(1)** CPH recertification credits for this program.
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Continuing Education Disclosure Statement

DISCLOSURE: In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled product(s) or product(s) under investigational use.

CDC, our planners, our presenters, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters with the exception of Dr. Bradley Warady and he wishes to disclose that he is a research sponsor for Baxter Healthcare. Planning committee reviewed content to ensure there is no bias.

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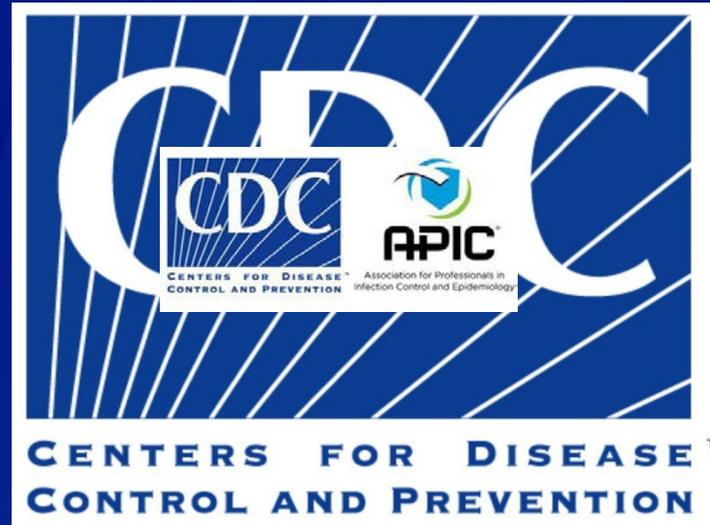
Continuing Education Information

PROGRAM DESCRIPTION:

- ❑ This presentation will include a discussion of results of the Standardizing Care to Improve Outcomes in Pediatric End stage renal disease (SCOPE) Collaborative, which is a Quality Transformation Network for dialysis centers serving children aiming to:
 - ❑ Improve patient outcomes
 - ❑ Support collaborating pediatric nephrology centers
 - ❑ Enable physicians to meet the American Board of Pediatrics (ABP) Part IV and Maintenance of Certification (MOC) requirements, and
 - ❑ Generate new knowledge and evidence-based clinical practices in the pediatric nephrology population.

CE OBJECTIVES FOR THE SAFE HEALTH CARE WEBINAR SERIES:

- ❑ Describe infection control techniques that reduce the risk and spread of healthcare-associated infections (HAI).
- ❑ Identify unsafe practices that place patients at risk for HAIs.
- ❑ Describe best practices for infection control and prevention in daily practice in healthcare settings.
- ❑ Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.



Reducing Infection in the Outpatient Dialysis Facility - Results of the Standardizing Care to Improve Outcomes in Pediatric End Stage Renal Disease (SCOPE) Collaborative

January 31, 2017

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



The ***Making Dialysis Safer for Patients Coalition*** is a collaboration of diverse organizations who have joined forces with the common goal of promoting the use of CDC's core interventions and resources to prevent bloodstream infections in dialysis patients.



Featured Speakers

- **Bradley A. Warady, M.D., Professor of Pediatrics at the University of Missouri-Kansas City School of Medicine; Director, Division of Nephrology and Director, Dialysis and Transplantation at Children's Mercy Hospital**



- **Alicia Neu, M.D., Professor of Pediatrics and Division Director for Pediatric Nephrology at the Johns Hopkins University School of Medicine, Director of Pediatric Dialysis and Kidney Transplantation, the Bloomberg Children's Center at Johns Hopkins Hospital**



CDC Disclaimer: The findings and conclusions in this presentation are those of the presenter(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Before We Get Started...

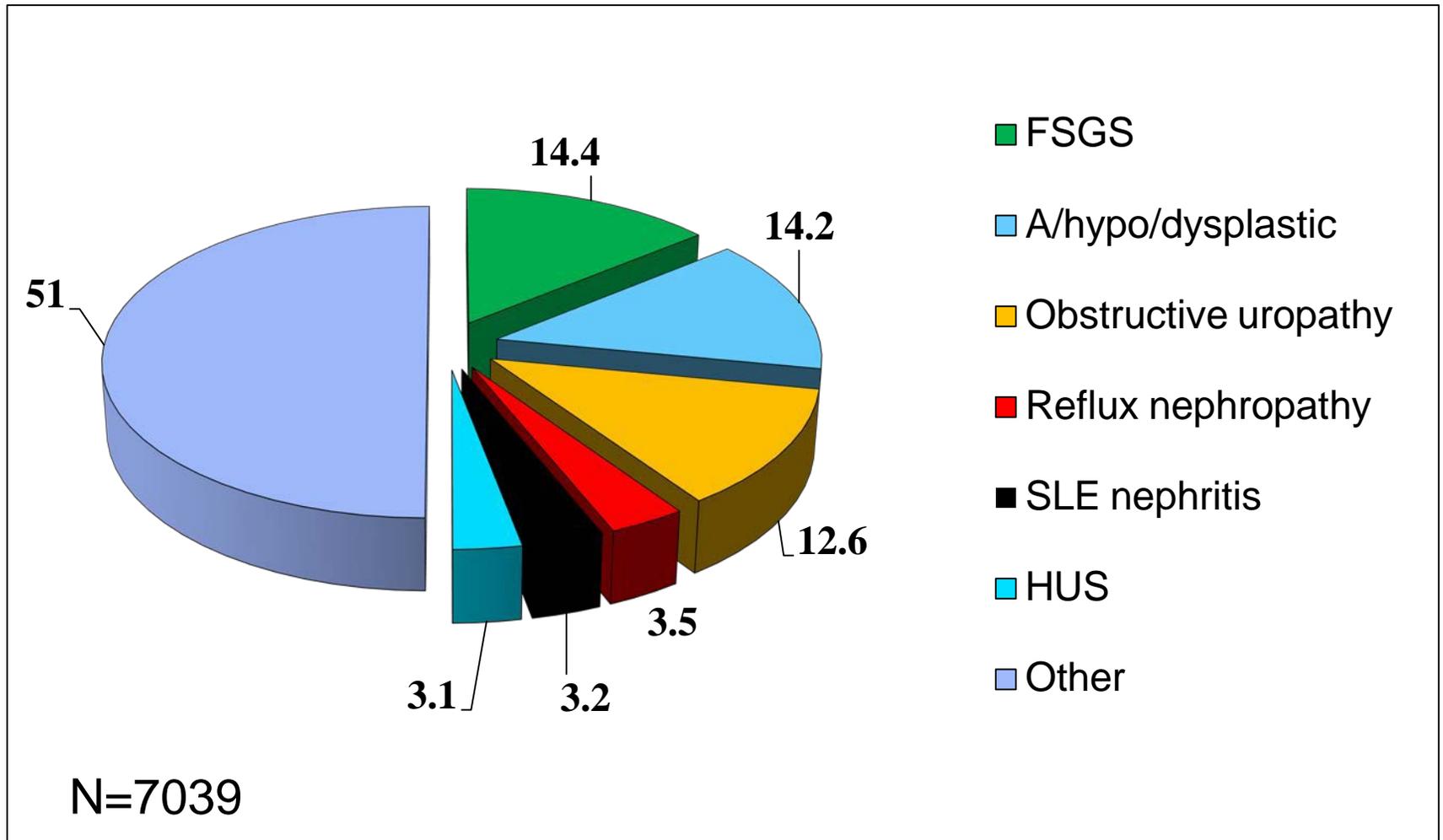
- **To submit a question:**
 - Use the “*Chat*” window, located on the lower left-hand side of the webinar screen.
 - Questions will be addressed at the end of the webinar, as time allows.
- **To ask for help:**
 - Please press the “*Raise Hand*” button, located on the top left-hand side of the screen.
- **To hear the audio:**
 - **Please ensure your speakers are turned on with the volume up** – the audio for today’s conference should be coming through your computer speakers.

The speakers’ slides will be provided to participants in a follow-up email.

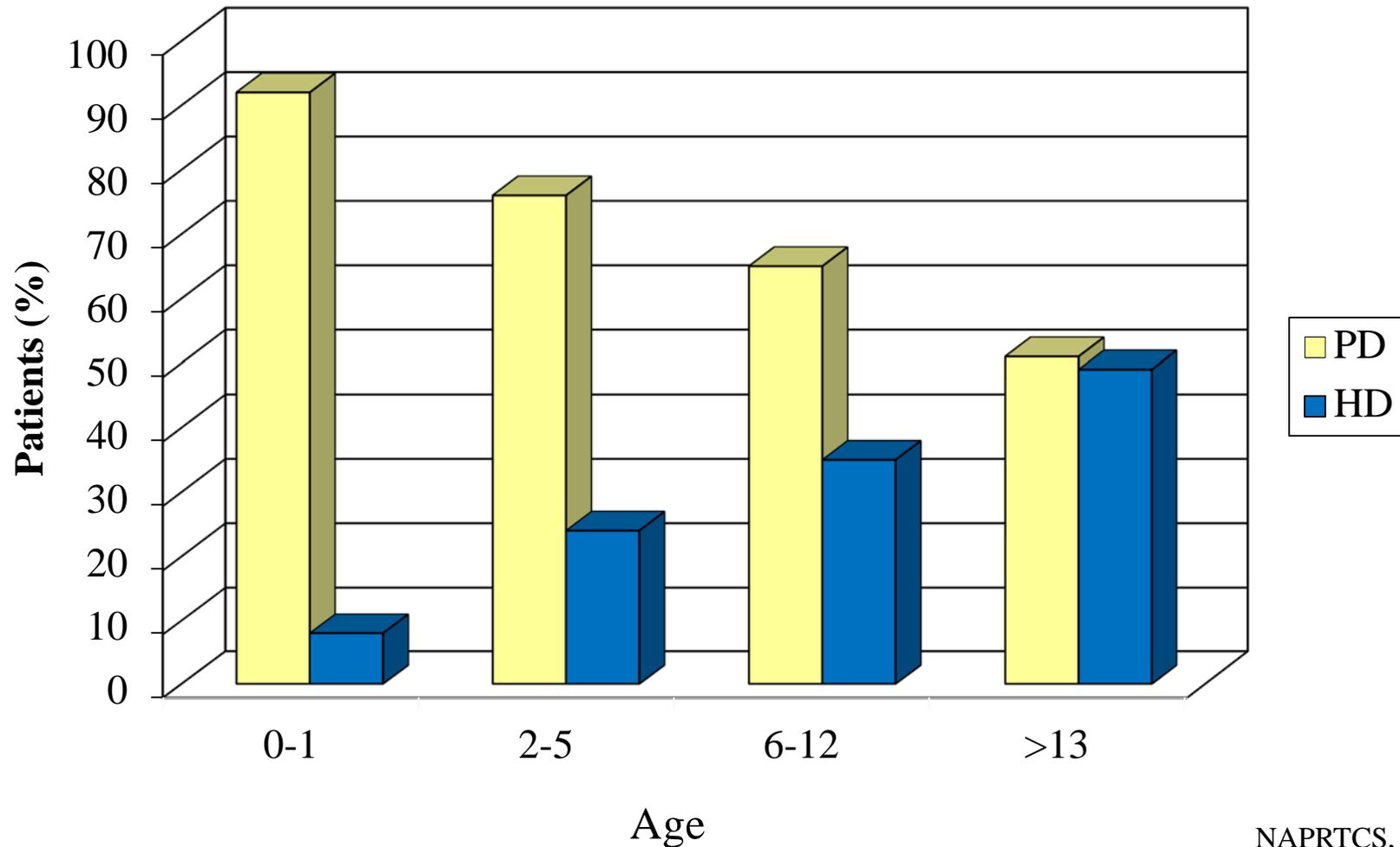


Reducing infection in the outpatient dialysis facility:
Results of the **S**andardizing **C**are to Improve **O**utcomes in **P**ediatric **E**SRD (SCOPE) Collaborative

Primary Diagnosis



Dialysis Modality by Age



Peritonitis Project: Rationale

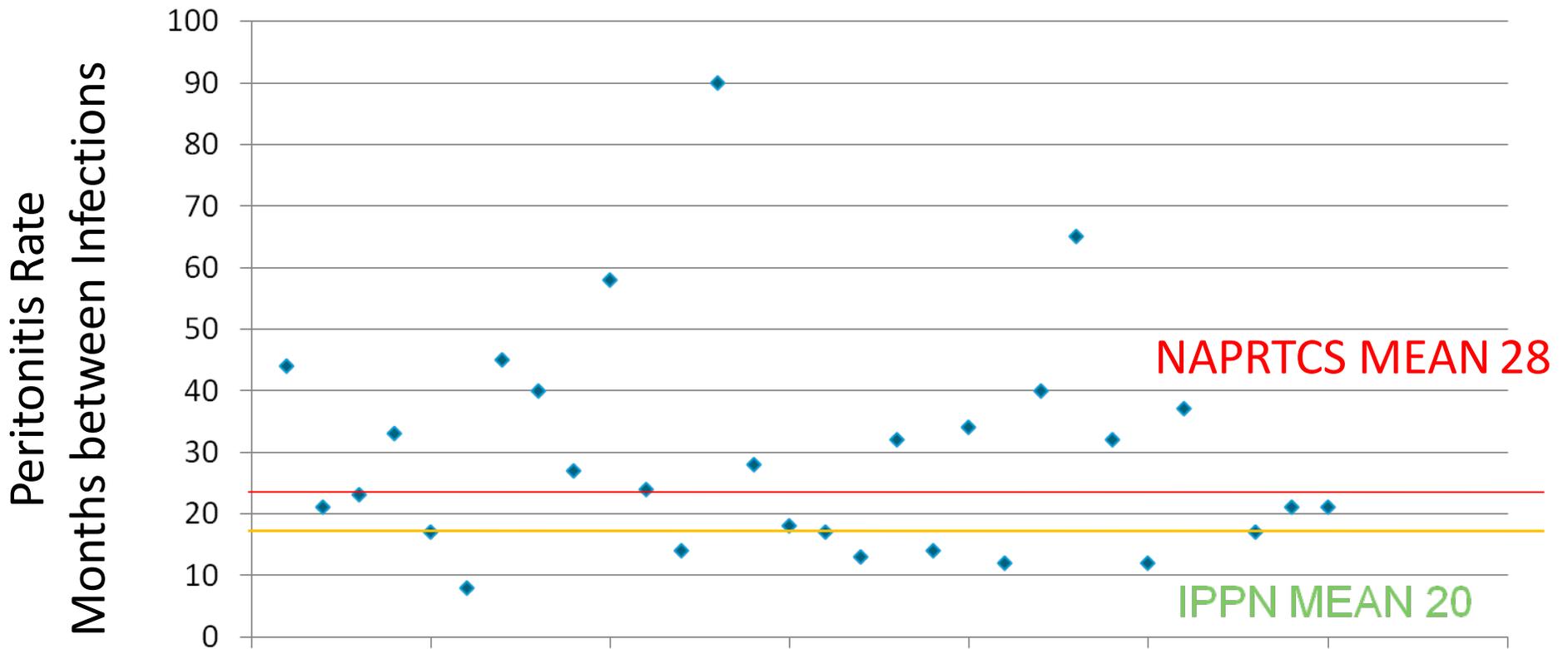
- Peritonitis is the leading cause for hospitalization in pediatric PD patients worldwide
- Recurrent peritonitis is a leading cause for PD failure
- Infection is a leading cause of mortality in pediatric PD patients

Peritonitis Variability In US

(Months between Infections)



International Pediatric Peritoneal Dialysis Network



Each value represents mean peritonitis rate at single pediatric peritoneal dialysis facility between 2003-2008

SCOPE Collaborative Structure

- **Children's Hospital Association Structure & Support**
 - Experience facilitating national collaboratives
 - Model includes multi-disciplinary, multi-institutional faculty
- **NAPRTCS**
 - 25 years of experience with data collection in pediatric CKD/Dialysis/Transplant from over 140 pediatric nephrology centers
- **Site Teams**
 - Form multi-disciplinary team to test and implement bundles
 - Report process & outcome data monthly
 - Participate in workshops, webinars & listserv

40 SCOPE CENTERS



Quality Transformation Collaborative

- STANDARDIZE care
- Audit to ensure RELIABLE performance of standardized care
- TEACH clinical teams to change their behaviors and *how to engage patients/families to implement best practices*
- SUPPORT teams with monthly transparent DATA and networking sessions
- Scientifically ASSESS impact of effort

Quality Transformation Collaborative

- **STANDARDIZE care**
- Audit to ensure RELIABLE performance of standardized care
- TEACH clinical teams to change their behaviors and *how to engage patients/families to implement best practices*
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Standardizing PD Catheter Care

- PD Catheter Insertion Bundle
- Training Bundle
- Follow Up Care Bundle

PD Catheter Insertion Bundle

- Catheter exit-site orientation in the lateral or downward position
- IV 1st generation cephalosporin x 1 dose prior to incision
- No sutures at exit site
- Post-op
 - Catheter immobilized
 - No dressing changes in 1st 7 days and then only sterile (gown, mask, gloves) dressing changes until exit site healed
 - No catheter use for 14 days

Patient and Care Giver Training Bundle

- **Training performed by qualified RN**
- **Training RN to pt/family ratio 1:1**
- **Primary provider & alternate for each patient**
- **Appropriate teaching aids**
- **Unit training protocols based upon ISPD guidelines**
- **Specific protocols for aseptic technique, WHO hand hygiene, exit site care**
- **Post-training concept test & demo test**
- **Home visit**

PD Catheter/Exit Site Follow-Up Care Bundle

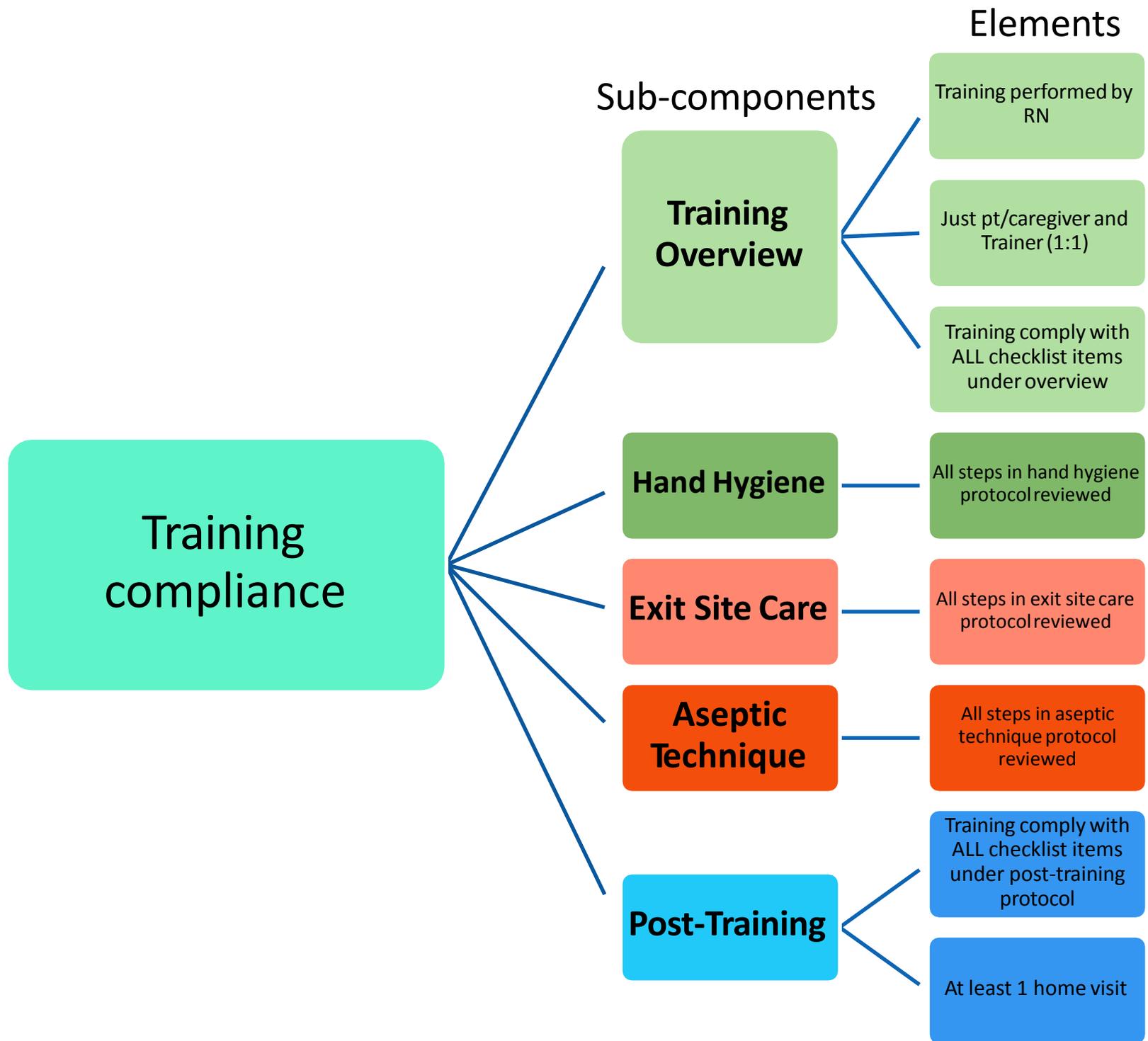
- **Monthly visit**
 - Exit-site scored by RN (IPPN scoring)
 - Key aspects of hand hygiene, exit site care and aseptic technique reviewed
- **Every 6 month demo test and concept test**
- **Re-training after peritonitis episode**
- **Prophylactic antibiotics with touch contamination or other break in aseptic technique according to ISPD guidelines**

Quality Transformation Collaborative

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Compliance Data

- EVERY catheter insertion
- EVERY initial training session
- EVERY follow-up visit

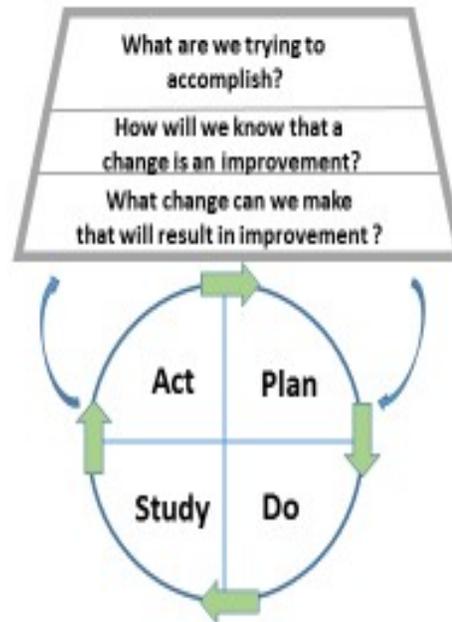


Quality Transformation Collaborative

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- Scientifically ASSESS impact of effort

The Model for Improvement

- Developing a culture of safety
- Using small tests of change



Quality Transformation Collaborative

- STANDARDIZE care
- Audit to ensure RELIABLE performance of standardized care
- TEACH clinical teams to change their behaviors and *how to engage patients/families to implement best practices*
- **SUPPORT teams with monthly transparent DATA and networking sessions**
- Scientifically ASSESS impact of effort



- Home
- Announcements
- Resources
- Study Documents
- Directory
- Study Login
- Training System
- Coordinators
- CNRP Participants
- Benchmark Project
- CHA-QI**
- Other Information

PLEASE NOTE: To access the Directory, please type **NAPRTCS** in the User Name box and **WELCOME** in the Password box when you are prompted.
(The ID and password are case sensitive - allcaps)

Welcome to the NAPRTCS Website

NAPRTCS is now known as the North American Pediatric Renal Trials and Collaborative Studies

The North American Pediatric Renal Trials and Collaborative Studies (NAPRTCS) is a research effort organized in 1987.



At the outset of the study, the operational objective of this group was to obtain the voluntary participation of all renal transplant centers in North America in which multiple (>4) pediatric patients received renal allografts annually. Scientific

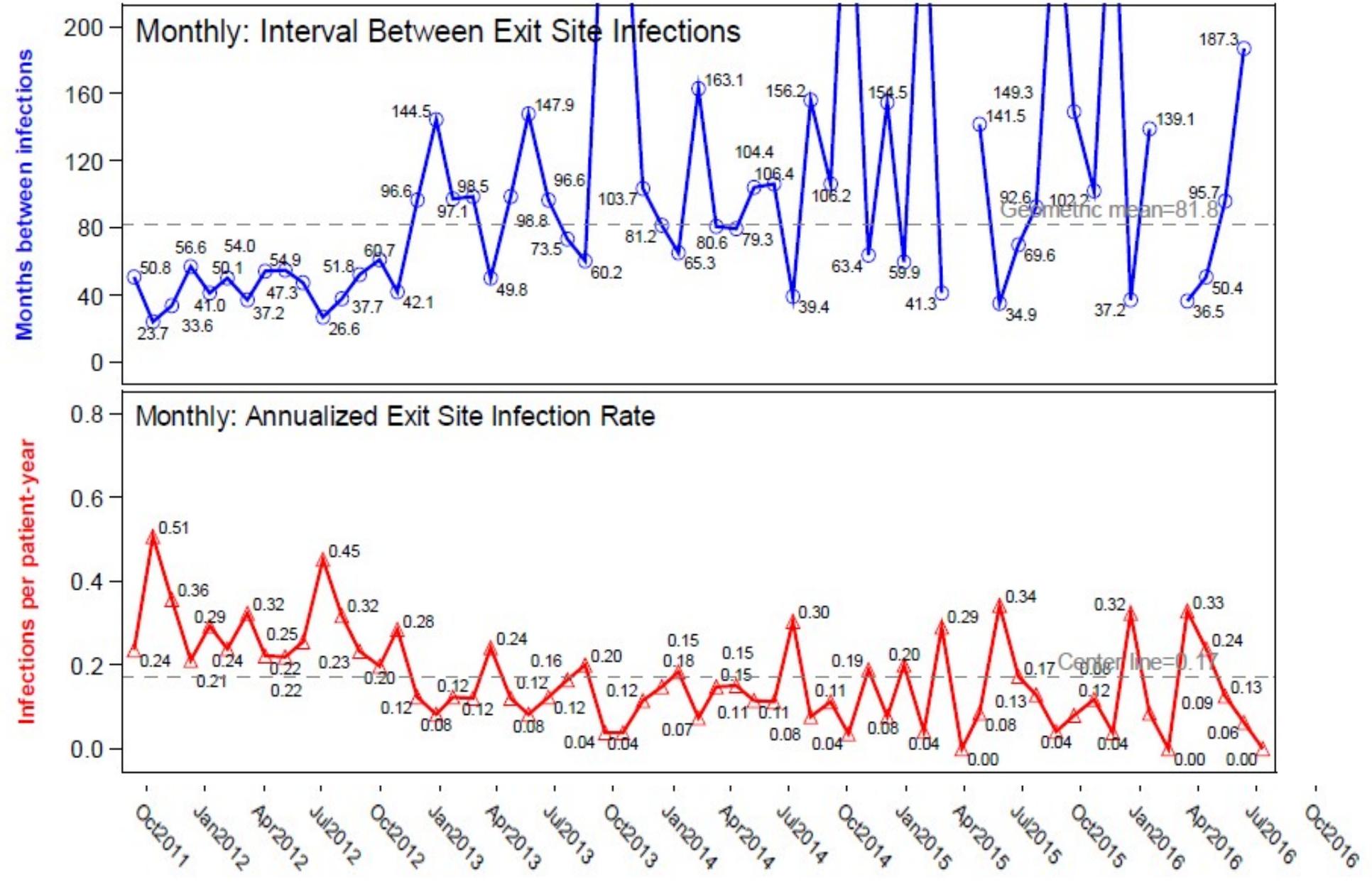
PD Project Launched October 2011

Enrollment/Data (October 4, 2016)

- 1210 enrollments, 873 terminations
- 1073 Catheter Insertions
 - 748 New
 - 325 Prevalent
- 1098 Training Sessions
 - 573 Initial
 - 573 Re-training
- 15214 Follow Up Forms
- 833 Infections over 16998.89 catheter-months of follow up
 - 596 Peritonitis episodes
 - 237 Exit site/tunnel infections

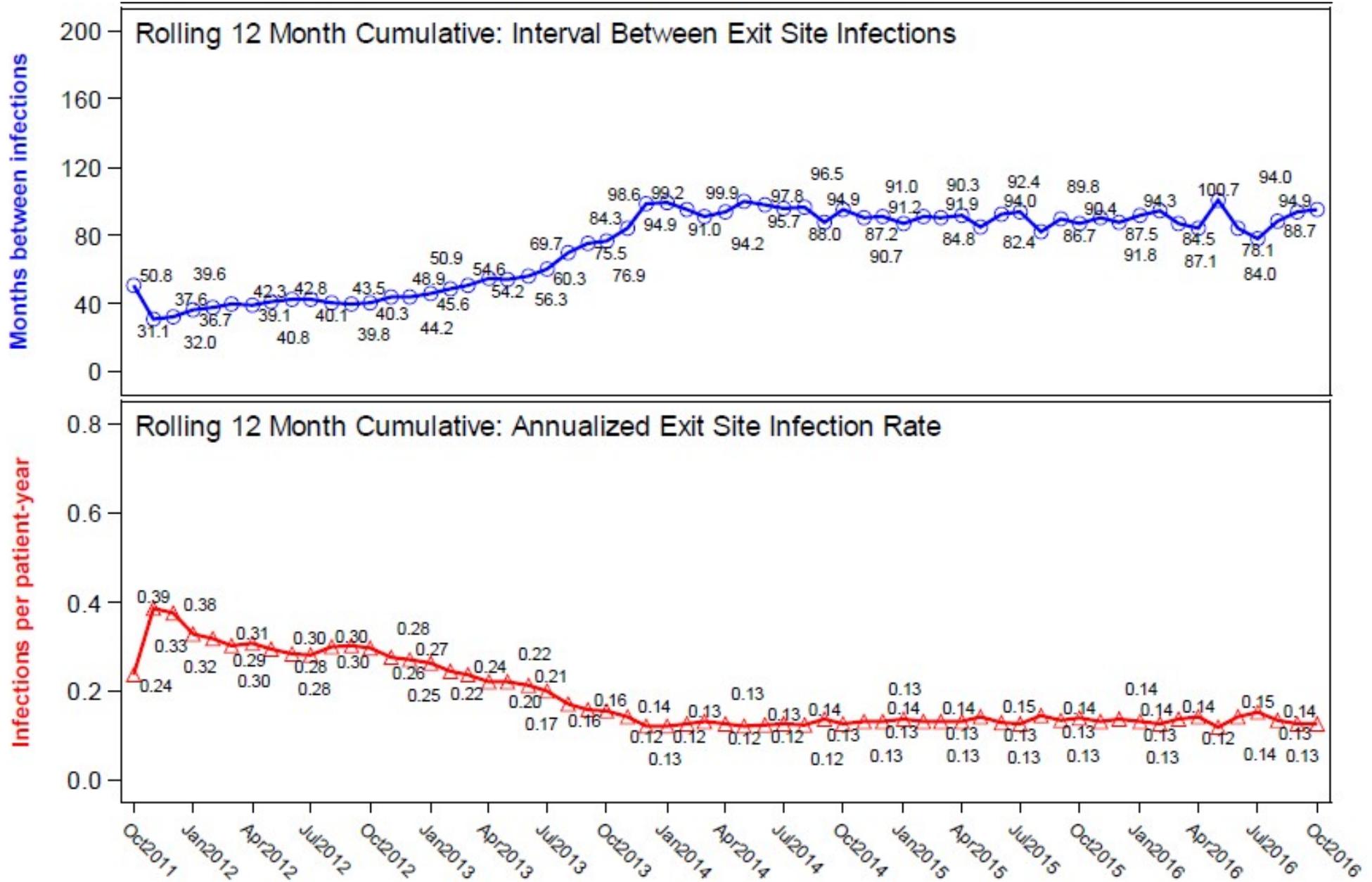
Aggregate Monthly Exit Site Infection

04OCT2016



Aggregate Monthly Exit Site Infection

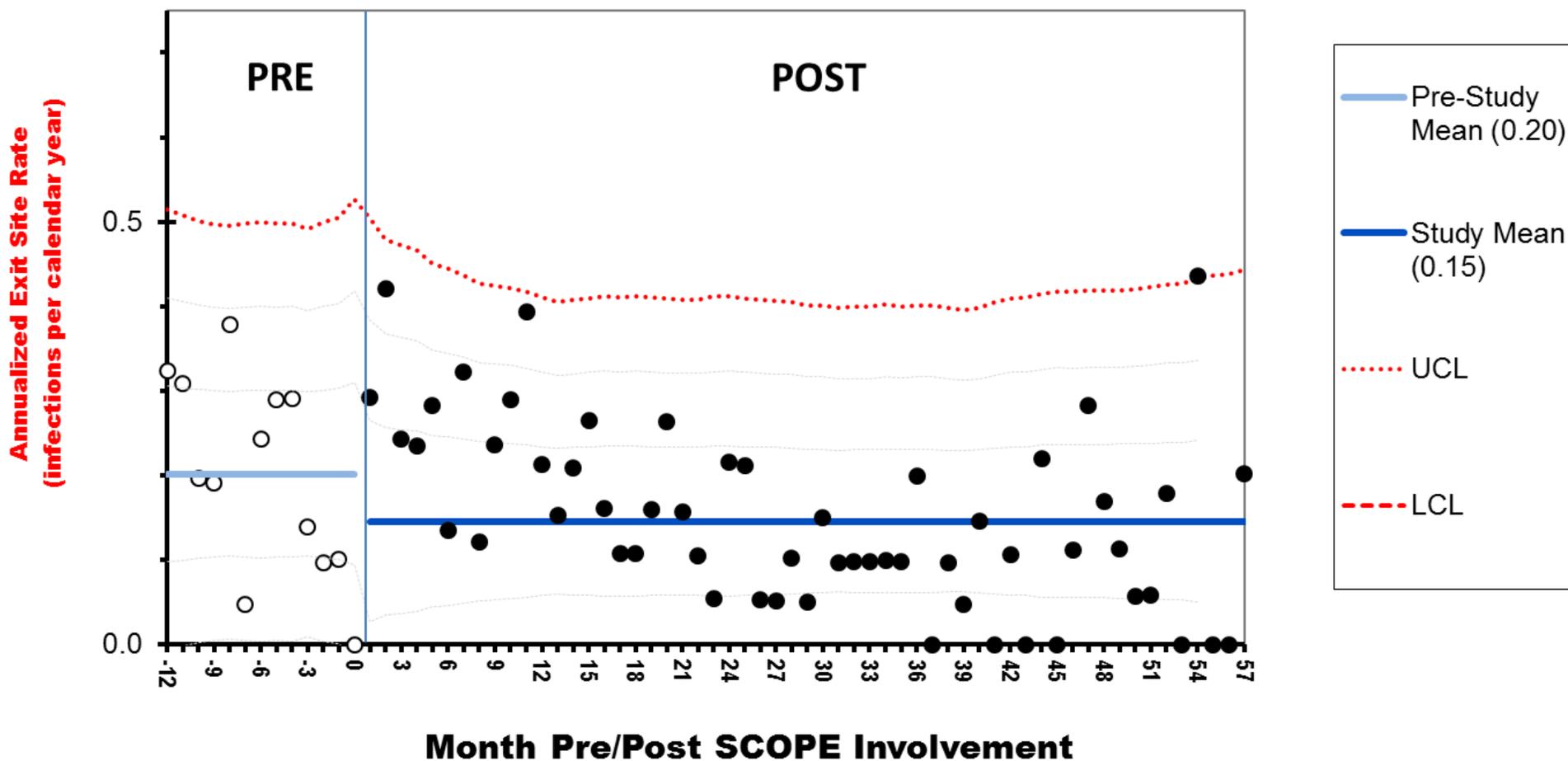
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Rates – Exit Site

Annualized Exit Site Rate by Month: Pre- thru 57 Months Post

N=22 Centers with Pre/Post Data, Excluding Hospitalizations



Cost of Peritonitis Infection

PHIS
Demographics
Resource Utilization
Financial Data
Prior Admissions



SCOPE
Catheter Insertion
Follow up Forms
Infection Data
Clinical Outcomes

- Median Cost: \$14,049 per infection episode
- ICU stay, septic shock, and fungal peritonitis associated with higher cost of hospitalization

Data Review and Networking Opportunities

- Monthly Webinars
- Twice Yearly Face to Face Learning Sessions
- eGroup/Listserv
- Practice Inventory
- Online sharing of resources

Quality Transformation Collaborative

- STANDARDIZE care
- Audit to ensure RELIABLE performance of standardized care
- TEACH clinical teams to change their behaviors and *how to engage patients/families to implement best practices*
- SUPPORT teams with monthly transparent DATA and networking sessions
- **Scientifically ASSESS impact of effort**

Implementation of standardized follow-up care significantly reduces peritonitis in children on chronic peritoneal dialysis



Alicia M. Neu¹, Troy Richardson², John Lawlor², Jayne Stuart², Jason Newland³, Nancy McAfee⁴ and Bradley A. Warady³; and the SCOPE Collaborative Participants⁵

¹Division of Pediatric Nephrology, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA; ²The Children's Hospital Association, Alexandria, Virginia, USA, and Overland Park, Kansas, USA; ³Divisions of Pediatric Nephrology and Infectious Diseases, Children's Mercy Hospital, Kansas City, Missouri, USA; and ⁴Seattle Children's Hospital, Seattle, Washington, USA

Results

Current SCOPE Participants

40
Centers



Participating at Collaborative
Launch October 2011

29
Centers



Provided pre-launch
patient and infection data

24
Centers

644 enrollments
751 catheter insertions
319 training sessions
7977 follow up forms

Methods

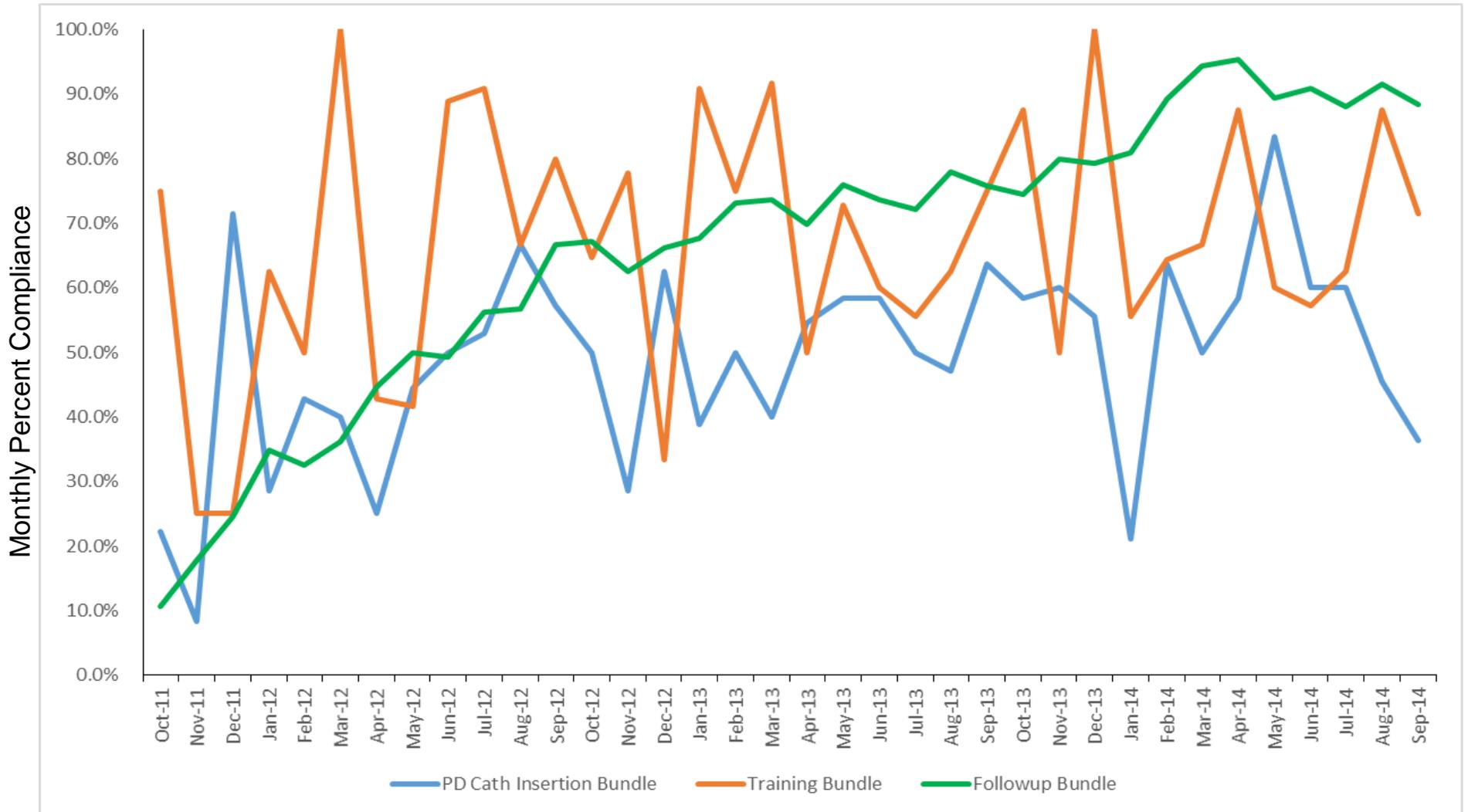
- Monthly Compliance scoring all or none
- Infection rates for each center were calculated as an annualized rate =

Number of infections during time period

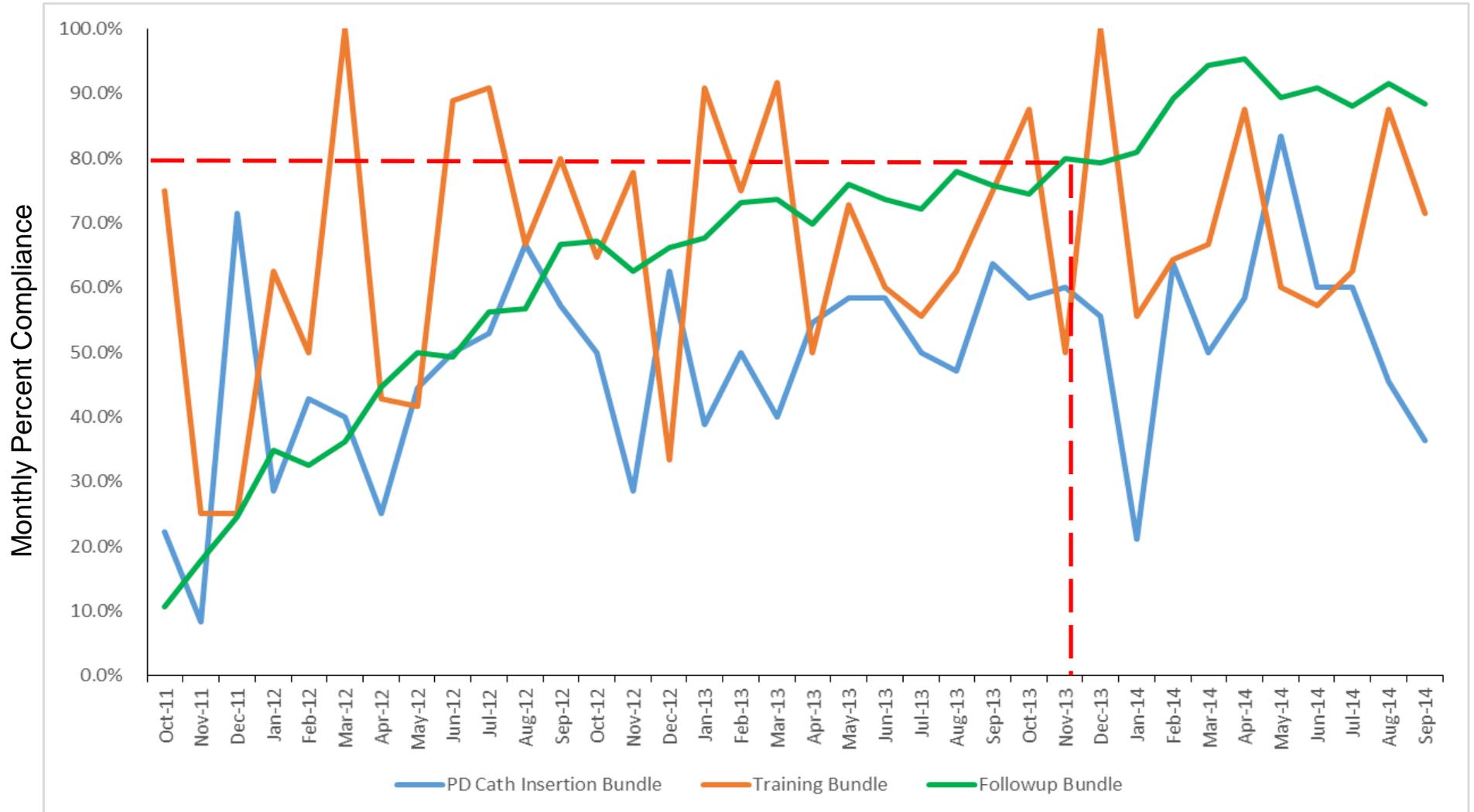
Peritoneal dialysis patient-years at risk

- Collaborative rates were calculated as the mean of the center rates

SCOPE Care Bundle Compliance



SCOPE Care Bundle Compliance

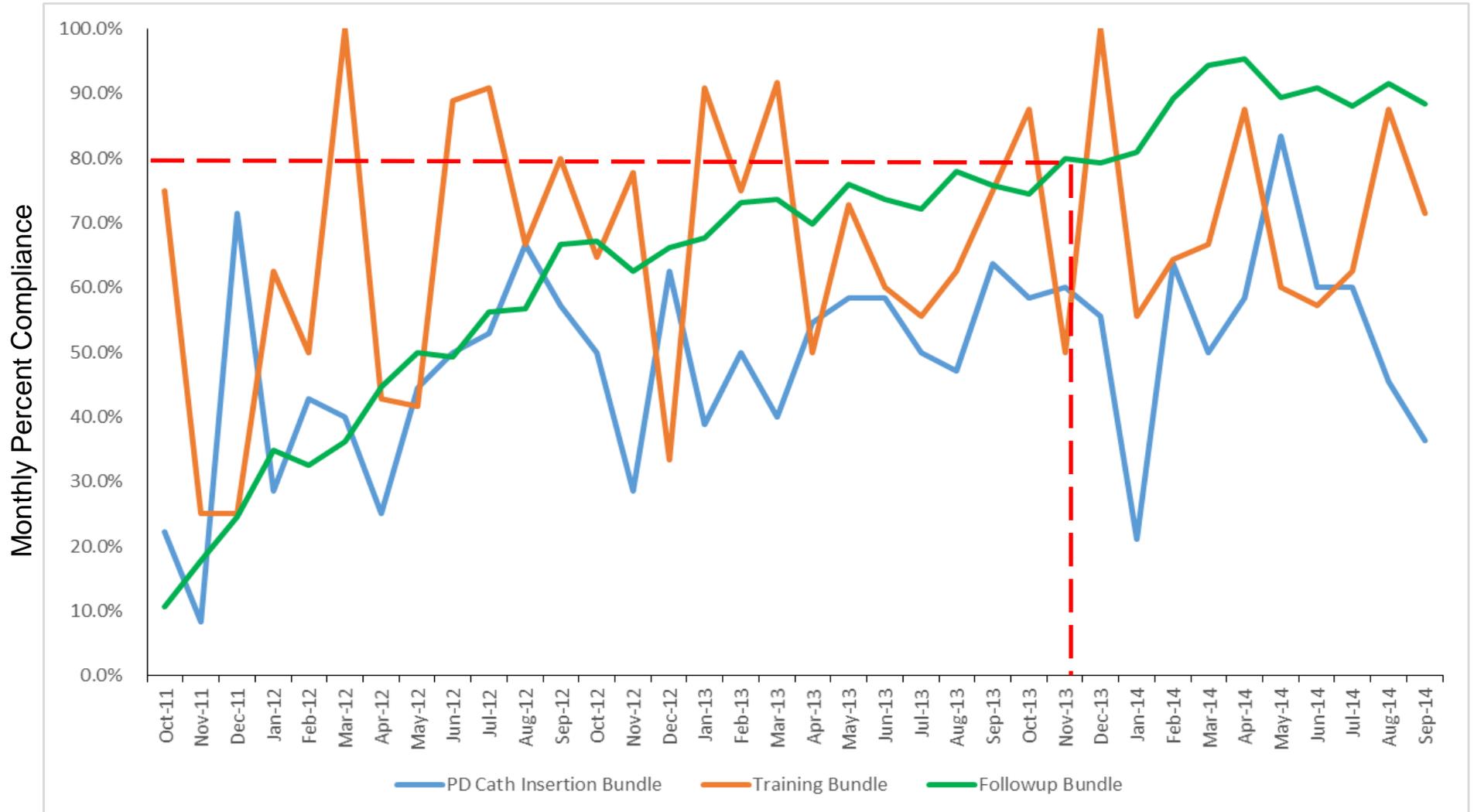


SCOPE Care Bundle Compliance

Care Bundle Compliance	OR	95% CI	P-Value
Insertion	1.02	(0.99,1.04)	0.064
Training	1.02	(0.99,1.05)	0.105
Follow up	1.10	(1.10,1.11)	<0.001
Follow up (w/ random Hosp Effect)	1.15	(1.11,1.19)	<0.001

Generalized Linear Mixed Model Techniques

SCOPE Care Bundle Compliance



PD Catheter/Exit Site Follow-Up Care Bundle

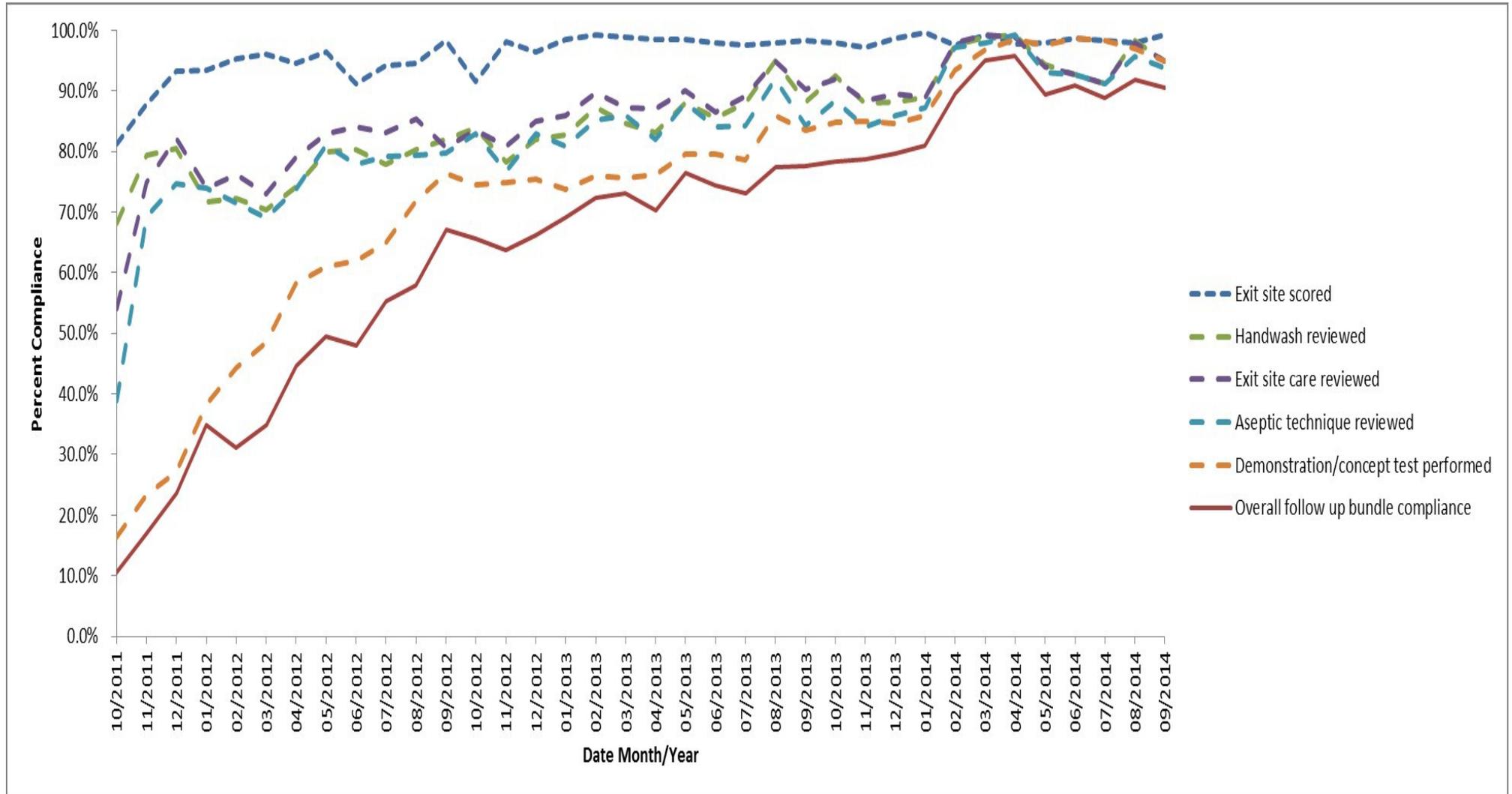
- **Monthly visit**
 - Exit-site scored by RN (IPPN scoring)
 - Key aspects of hand hygiene, exit site care and aseptic technique reviewed
- **Every 6 month demo test and concept test**
- **Re-training after peritonitis episode**
- **Prophylactic antibiotics with touch contamination or other break in aseptic technique according to ISPD guidelines**

Monitored at EACH monthly follow up visit for EVERY patient

Barriers to Follow Up Compliance

- Monthly PD visits are multidisciplinary: evaluations by MD, RN, dietician and SW required. Typical length 60-90 minutes.
- CMS requires the following be assessed at *every* visit:
 - Adequacy of dialysis
 - Anemia
 - Bone and mineral metabolism
 - CV/fluid management
 - Rehab/psychosocial assessment
 - Nutrition
 - Growth and development
 - Transplant status
 - **Infection/Dialysis Access**

Follow up Bundle Compliance



Techniques to increase FU compliance

- Dedicated nurse educator to review topics between visits with other providers
- Use of posters/other visual aids
- Have patient perform ES care in clinic



ASEPTIC CONNECTION TECHNIQUE

Wash hands with soap and water according to WHO guidelines



Collect supplies



Clean work area



Close windows, turn off fans



Put on mask



Perform hand hygiene using WHO handrub procedure
(Note: after hand hygiene, hands are **clean** not sterile)

After handrub, touch only PD supplies and equipment

Perform hand hygiene using WHO handrub procedure, if anything other than PD supplies and equipment is touched
REMEMBER WHICH PARTS OF SUPPLIES ARE STERILE



Perform the connection procedure, according to procedure

Examples of techniques to increase FU compliance/reduce “review” fatigue

- Have patient monitor provider hand washing
- Glo Germ™ to assess patient/caregiver hand hygiene technique
- Patient video audits
- Video games



Peritonitis Rates

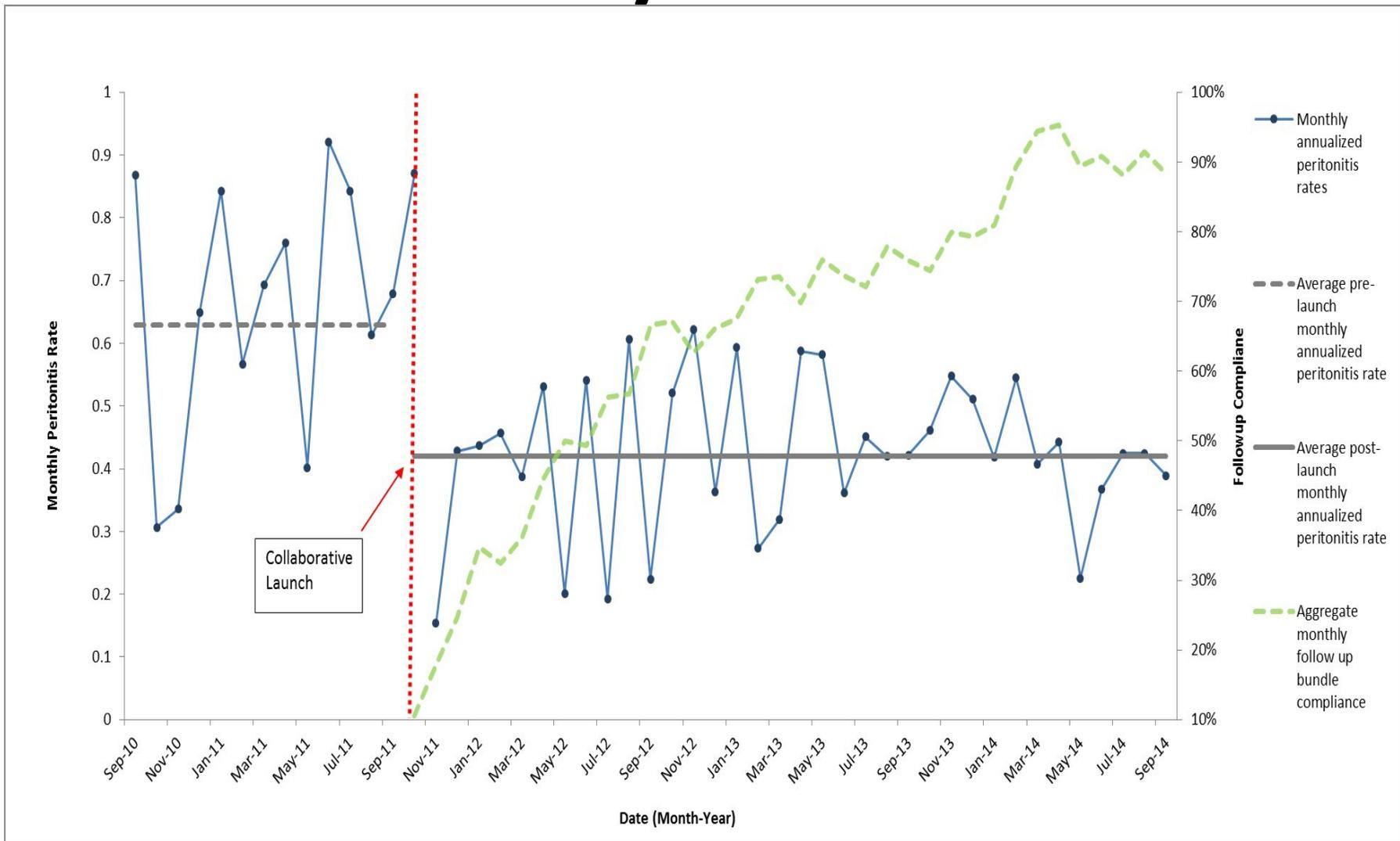
- Pre-launch (13 mo)
 - 206 peritonitis episodes/3778 pt months
- Post-launch (36 mo)
 - 320 peritonitis episodes/8853 pt months

Mean Monthly Peritonitis Rates

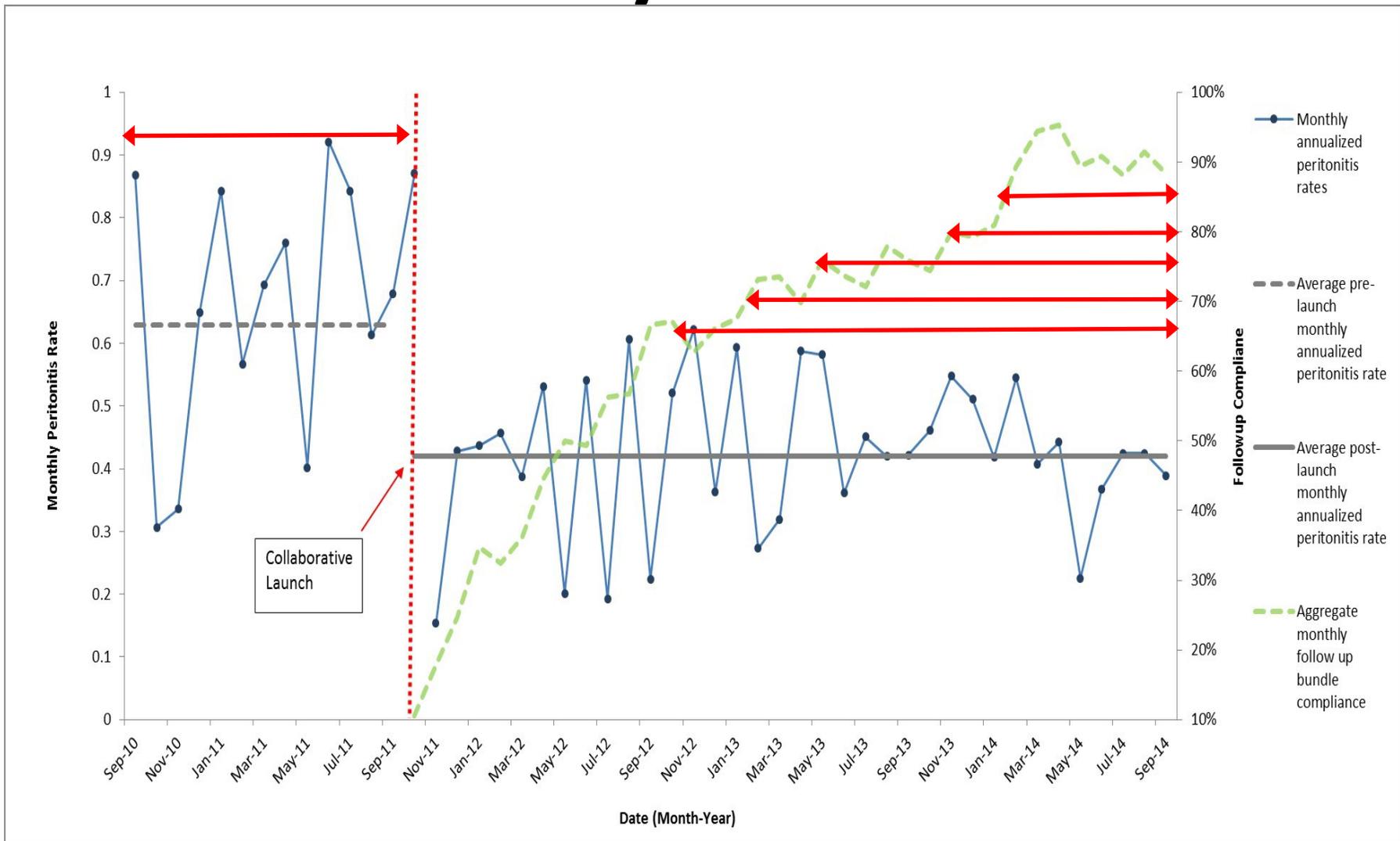
	Mean	95% CI	P-Value
Pre-Launch	0.63	(0.43, 0.92)	0.026
Post-Launch	0.42	(0.31, 0.57)	

Generalized Linear Mixed Model assuming a negative binomial distribution with a natural log link function. A random center effect was included to account for center specific variability in peritonitis rates.

Mean Monthly Peritonitis Rates



Mean Monthly Peritonitis Rates



Sensitivity Analysis

Follow Up Compliance %	Month/Year Mean Compliance Achieved	# Months to Mean Collaborative Compliance	Ratio of Peritonitis Rates (95% CI)	p-value
65%	November 2012	13	1.23 (0.86,1.77)	0.311
70%	March 2013	17	1.27 (0.89,1.78)	0.168
75%	July 2013	21	1.37 (0.95, 1.96)	0.086
80%	November 2013	25	1.42 (1.01,1.99)	0.045
85%	March 2014	29	1.65 (1.17, 2.34)	0.007

PD Project: Moving Forward

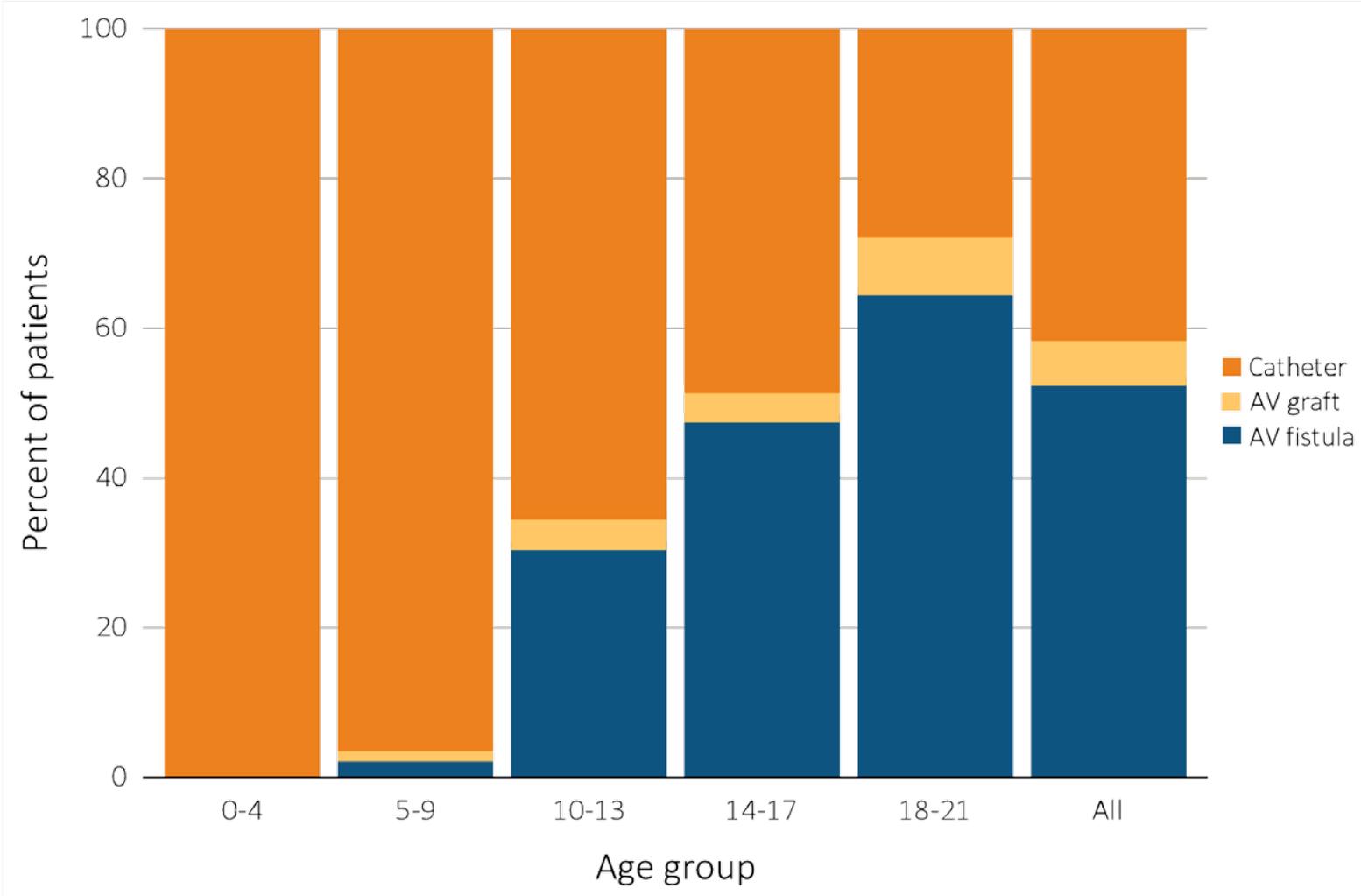
Ongoing efforts to maintain high level compliance with follow up bundle and improve compliance with insertion and training

- SCOPE Research
 - Groups Infant
 - Fungal peritonitis
 - ES Care
 - Catheter Insertion
 - Training
- PD Innovation Groups
 - Touch contamination
 - Ideal Home Visit
- PD & HD Innovation
 - Groups Health
 - Literacy
 - Patient & Family
 - Engagement
- Cost of peritonitis
 - Link data from SCOPE and PHIS

Hemodialysis Access-Related Infection Prevention Project

- Launched in late 2013 (rolling)
- Combined the success of the PD project with CHA's other quality transformation projects which successfully reduced access-related blood stream infections in hospitalized children
- Care bundles derived largely from CDC recommendations

Distribution of vascular access type in prevalent pediatric hemodialysis patients (aged 0-21 years* as of December 31, 2015), 2015



Data Source: Special analyses, USRDS ESRD Database. Hemodialysis patients initiating treatment for ESRD at least 90 days prior to December 1, 2015, *who were <22 years old as December 1, 2015, and who were alive through December 31, 2015; Catheter = any catheter use; fistula and graft use shown are without the use of a catheter. Abbreviations: AV, arteriovenous; ESRD, end-stage renal disease.

Hemodialysis Access Care and Maintenance Practices

Standardized Practices for Accessing:

- Tunneled Hemodialysis catheter
- AV Graft
- A/V Fistula

Hemodialysis Catheter Connection/Entry Procedure

- Proper hand hygiene per WHO guidelines
- Use Personal Protective Equipment (PPE) including new, clean exam gloves and proper face protection
- Mask for patient's face or trach
- Hub/cap is prepped/scrubbed
 - **Alcohol (15 second scrub, 15 second dry); CHG (30 second scrub, 30-60 second dry); Povidone-iodine** (apply according to manufacturer's recommendations and let dry); Sodium hypochlorite (60 second scrub, 60 second soak); FDA Approved disinfection device
- Connect catheter to blood lines using aseptic technique
- Remove gloves and perform hand hygiene per WHO guidelines

Hemodialysis Catheter Disconnection/Cap Change Procedure

- Proper hand hygiene per WHO guidelines
- Use Personal Protective Equipment (PPE) including new, clean exam gloves and proper face protection
- Mask for patient's face or trach
- Disconnect using aseptic technique
- Cap changed on a schedule specified by manufacturer (every treatment for standard caps, every 7 days for closed connector luer access cap)
- Hub scrubbed
 - **Alcohol (15 second scrub, 15 second dry); CHG (30 second scrub, 30-60 second dry); Povidone-iodine** (apply according to manufacturer's recommendations and let dry); Sodium hypochlorite (60 second scrub, 60 second soak)
- Remove gloves and perform hand hygiene per WHO guidelines

Hemodialysis Catheter

Exit Site Care and Dressing Change Procedure

- Proper hand hygiene per WHO guidelines
- Use Personal Protective Equipment (PPE) including new, clean exam gloves and proper face protection
- Mask for patient's face or trach
- Site is prepped
 - **CHG (30 second scrub, 30-60 second dry)**; or 70% Alcohol (15 second scrub, 15 second dry); Povidone-iodine (apply and let dry for 2-3 minutes when used on skin); Sodium hypochlorite (apply and let dry for 2 minutes)
- Appropriate antibiotic ointment/cream at insertion site
 - mupirocin, **bacitracin/polymixin**, gentamicin, **povidone-iodine** OR use **chlorhexidine-impregnated sponge dressing**
- Appropriate dressing change
 - Sterile transparent, semi-permeable dressing: change every 7 days and PRN if soiled, damp or loose
 - Gauze dressing change every 2 days PRN if soiled, saturated or loose
 - Documentation of date of dressing change
- Remove gloves and perform hand hygiene per WHO guidelines

Fistula /Graft Cannulation Procedure

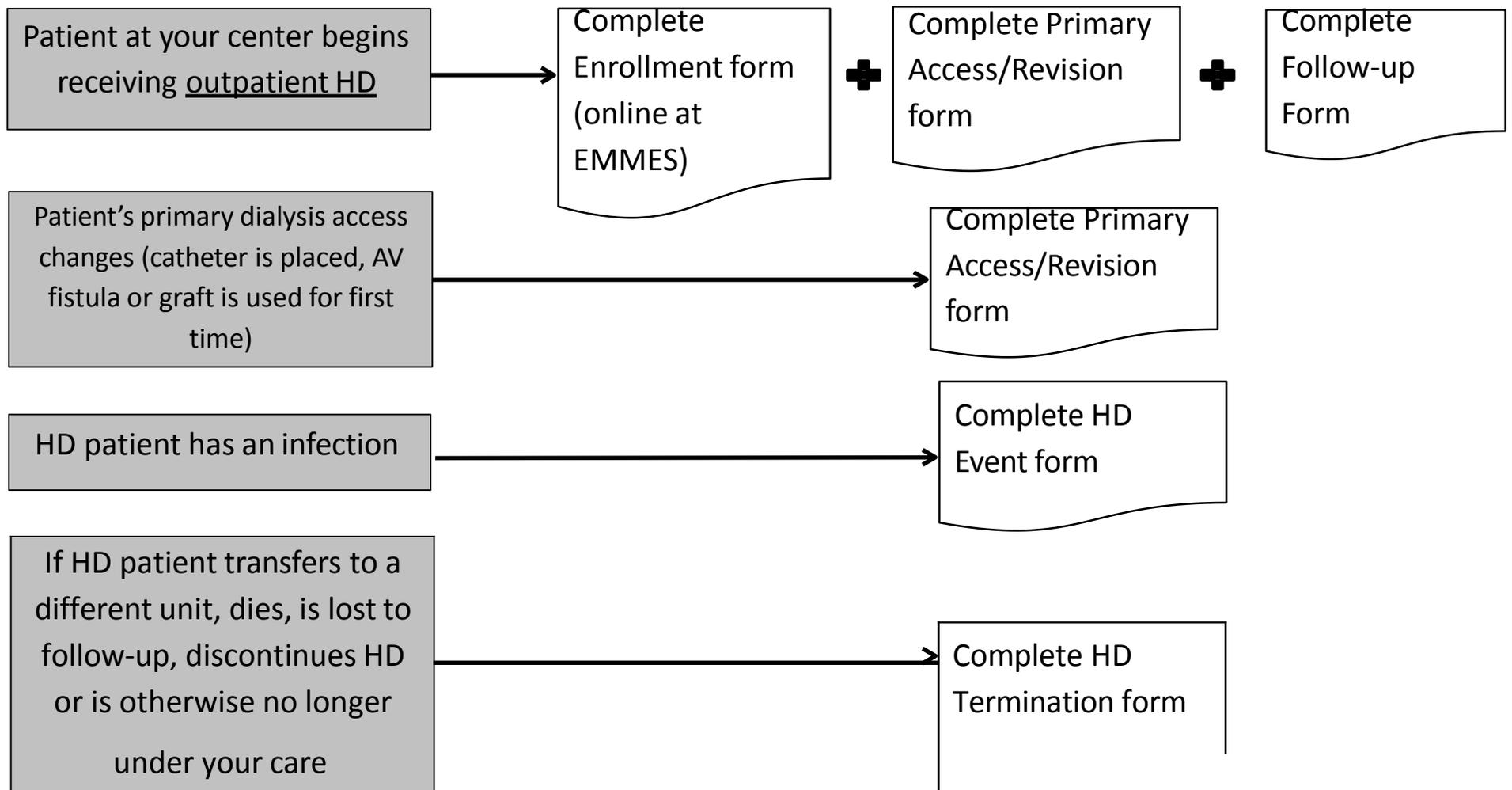
- Patient site washed with soap and water
- Proper hand hygiene per WHO guidelines
- Use Personal Protective Equipment (PPE) including new, clean exam gloves and proper face protection (not applicable for self-cannulation)
- Site is prepped
 - **Alcohol (1 minute rubbing motion); CHG (30 second scrub, 30-60 second dry); Povidone-iodine (apply and let dry for 2-3 minutes when used on skin); Sodium hypochlorite solution (apply and let dry for 2 minutes)**
- Needles inserted using aseptic technique
- Remove gloves and perform hand hygiene per WHO guidelines

VI. Fistula/Graft

Decanulation Procedure

- Proper hand hygiene per WHO guidelines
- New, clean exam gloves
- Proper face protection
- Remove needles using aseptic technique
- Apply clean gauze/bandage to site
- Compress the site with clean gloves
- Remove gloves and perform hand hygiene per WHO guidelines

HD Data Collection Process Flow: For Each Event



HD Data Collection Process Flow:

Monthly

For each HD patient cared for in
your center

Complete HD Maintenance Observation Form
Strive to collect **2 times the number of HD
patients cared for by your center each
month** with a maximum of 30 forms/month

Annually

For each active HD patient

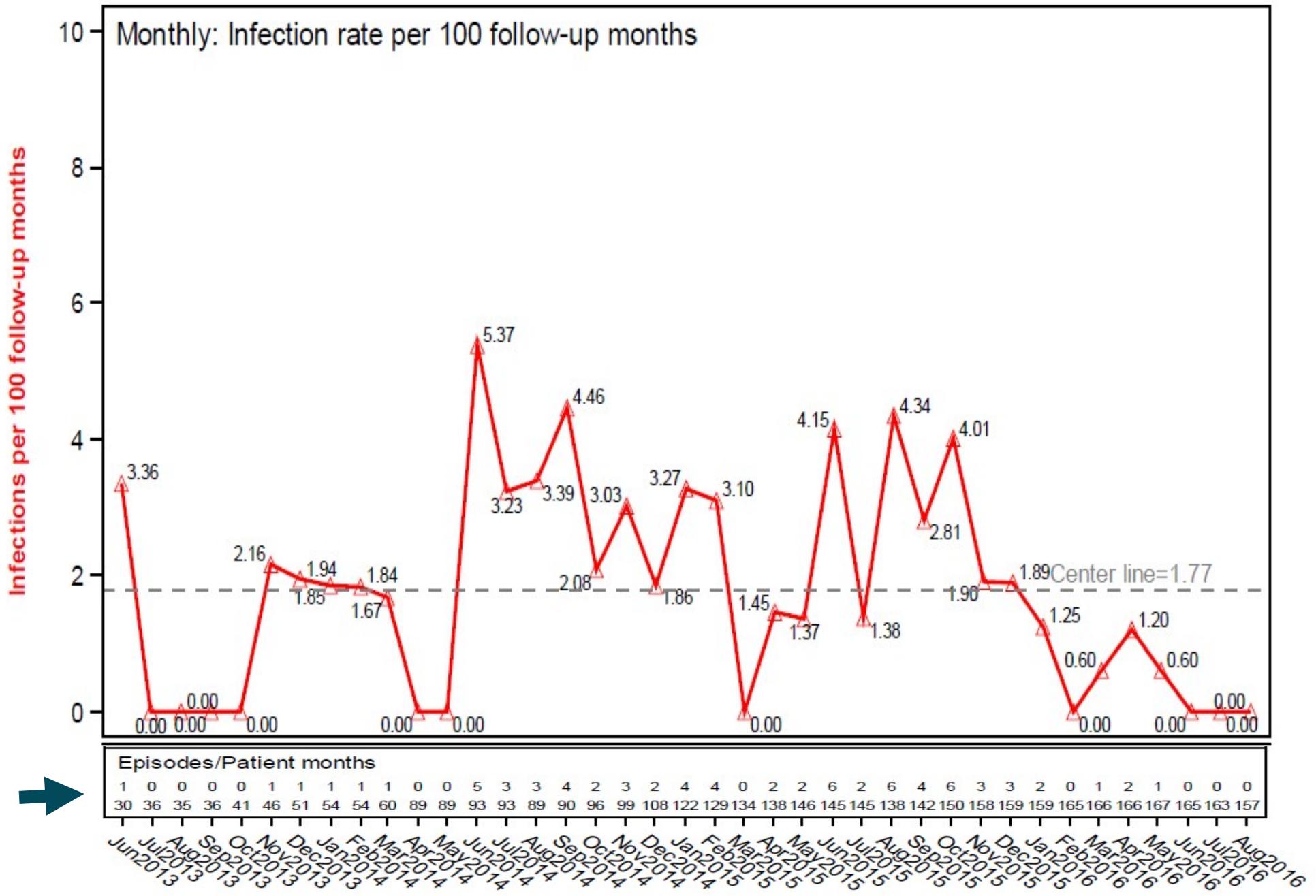
Complete HD
Follow-up Form

HD Project Launched June 2013

Enrollment/Data (October 4, 2016)

- 25 Sites Entering Data
- 498 enrollments
- 4956 Total Observations
- 753 Follow up forms
- Through 8/30/2016:
 - 3174 Catheter observations
 - 2292 Dressing/exit site assessments
 - 2432 Connection/entry observations
 - 2223 Disconnection observations
 - 2371 Cap care observations
 - 1809 Dressing change/exit site care observations
 - 1313 AV fistula/graft observations
 - 1068 Graft Care and Cannulation observations
 - 994 Decannulation observations
- 77 infections over 4300.17 catheter months of follow up
- 2 infections over 1797.57 AV fistula/graft months of follow up

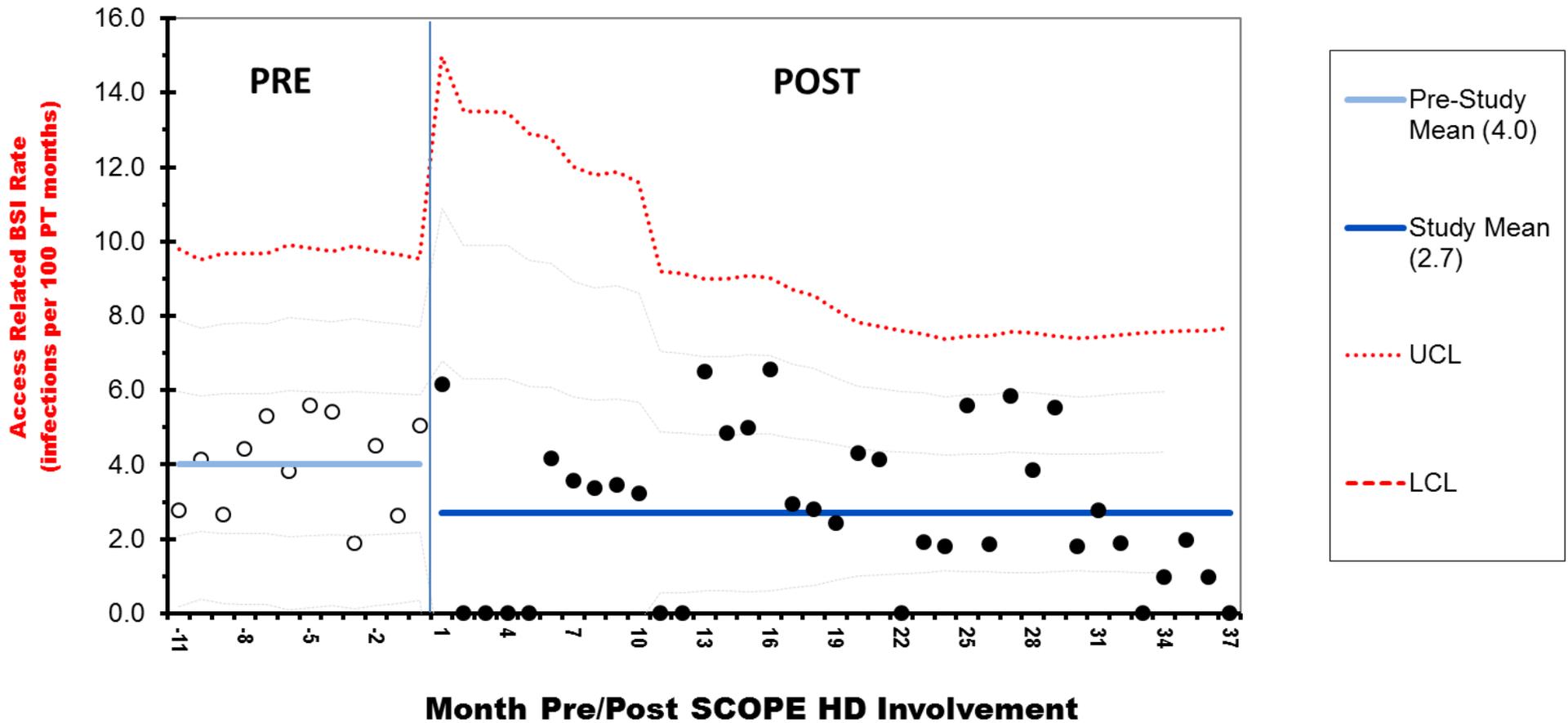
Hemodialysis Component -- Catheter Access -- Access Site Infection Graph ALL Centers Combined 30AUG2016



Rates – Access Related BSI

Access Related BSI Rate by Month: Pre- thru 37 Months Post

N=15 Centers with Pre/Post Data



32.5% decrease in infection rate from 4.0 BSI per 100 patient-months to 2.7 BSI per 100 patient-months.

Thanks to the SCOPE team members and especially to all of our patients and their families



Questions?

SCOPE Faculty:

Bradley Warady, MD

Children's Mercy Hospital, Kansas City, MO

bwarady@cmh.edu

Alicia Neu, MD

Johns Hopkins Children's Center, Baltimore, MD

aneu1@jhmi.edu

Nancy McAfee, RN

Seattle Children's Hospital, Seattle, WA

Janet McDonald, RN

Boston Children's Hospital, Boston, MA

Jayne Stuart

Children's Hospital Association:

Jayne.Stuart@childrenshospitals.org

Question and Answer Session & the Coalition

- Please submit your questions via the chat window, located on the lower left-hand side of the webinar screen.
- For more information on the Making Dialysis Safer for Patients Coalition, visit:
<https://www.cdc.gov/dialysis/coalition/>
- Or send an email to DialysisCoalition@cdc.gov

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Before We End Today's Webinar...

□ Continuing Education

- Detailed instructions for taking the post-test and evaluation will appear on your screen as soon as today's webinar concludes.
 - www.cdc.gov/tceonline; Access Code: **WC0131**
- If you exit out of the webinar prior to taking the post-test and evaluation, you can access the continuing education information in an email that will be sent to you following today's webinar.

THANK YOU