SCOPE Faculty

SCOPE is now led by a national faculty including clinical leaders, infectious diseases specialist, and quality improvement experts.

- Brandy Begin,RN
- Rebecca Same, MD
- Alicia M Neu MD
- Jennifer Ehrlich, RN
- Bradley A Warady MD

Expectations and Boundaries

For the length of time of this project, the SCOPE Clinical Faculty Steering committee and CHA will:

1. Provide an opportunity to participate in a collaborative that we believe can substantially reduce hemodialysis related infections your patients
2. Provide evidence-based information on HD infections
3. Teach participating centers how to apply a care model for reducing HD infections
4. Teach the Model for Improvement
5. Offer coaching to Pediatric Nephrology teams on implementing and evaluating changes
6. Coordinate communication activities to keep participants connected to the steering committee and to colleagues during the improvement collaborative
7. Develop a framework for testing changes in care delivery
8. Provide tools, forms, and other aids to help with implementation of key areas of care for reducing HD infections
9. Commit to writing multiple peer-review manuscripts with rigorous data analysis on collaborative efforts.

Participating organizations and teams are expected to:

1. Commit a senior leader – this may be the same person as the physician champion – to support and promote the team working on the collaborative improvement project
2. Send one (required) or two(recommended) team members who have the authority to drive change, including the physician champion and, ideally, a nurse and/or infection control professional, to two-three one-and-one-half-day learning workshops per year (travel costs to be covered by participating hospital)
3. Provide resources and support to the hospital's team (includes attending workshops, devoting time to data entry, testing and implementing changes, and promoting active senior leadership)
4. Collect and submit data every month to the collaborative database
5. Provide staff to accommodate the approximately 40 hours of data collection required per month
6. Implement the standardized database collection tool to track patients and their care and submit monthly data
7. Commit to be transparent with all data to all other teams within the collaborative group
8. Work to involve all hospital staff as appropriate with the aim of helping the multidisciplinary clinical team become competent in safety and quality improvement
9. Perform pre-work activities to prepare for workshops

10. Connect project goals to the broader patient safety work in the hospital
11. Participate in collaborative group webinars and conference calls and a collaborative discussion listserv to share with and learn from others
12. Make well-defined measurements at least monthly, plot them over time for the duration of the collaborative improvement project and share them with the other teams in the collaborative
13. Maintain responsibility for IRB requirements for a quality improvement project (with option to publish aggregate data)

References

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4. Sucupira C, Abramczyk ML, de Abreu Carvalhaes JT, de Moraes-Pinto MI. Surveillance system of hemodialysis-associated infections in a pediatric unit. *Infection control and hospital epidemiology: the official journal of the Society of Hospital Epidemiologists of America*. May 2012;33(5):521-523.

5. Hayes WN, Watson AR, Callaghan N, Wright E, Stefanidis CJ. Vascular access: choice and complications in European paediatric haemodialysis units. *Pediatr Nephrol*. Jun 2012;27(6):999-1004.

6. Prevention CfDC. Dialysis Event Protocol. 2013. http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf. Accessed August 24th, 2013.