The Renal Network
ESRD Network 10

Root Cause Analysis Form for BSI with Vascular Access

Patient Name:	Reported Month/Year:	NHSN Criteria Met: ☐ Yes ☐ No
DOB:	LTC/SNF Resident: ☐ Yes ☐ No	If yes, where?
☐ Fistula	☐ Graft	Access location:
Organism(s):		
Date of last intervention:	Location:	
If infection occurred less than 48 hours from the time of intervention, follow up with the intervention facility as BSI could be related to this procedure		

Event Details **Think about the 72 hours prior to start of infection when answering the following questions**		
Were there any observed breaches of proper hand hygiene or infection control by anyone involved in this patient's care at the dialysis unit?	☐ Yes If yes, corrective action plan	☐ No
Did patient or staff member wash access arm prior to being seated for dialysis treatment?	☐ Yes	☐ No If no, corrective action and patient education
Was an alcohol-based chlorhexidine (>0.5%) solution or povidone iodine or 70% alcohol used during cannulation prep?	☐ Yes	☐ No If no, corrective action plan
Was any touch contamination (by staff or patient) observed after cannulation prep?	☐ Yes If yes, corrective action plan and/or patient education	☐ No
Was the dialysis unit adequately staffed on the suspected date of infection?	☐ Yes	☐ No If no, did staff take time to complete proper access care?
Are you able to identify any other possible sources of contamination?	☐ Yes If yes, address issues	☐ No
Were there any mechanical problems with the AVF/G; i.e. problems with cannulation, needle adjustments, inability to achieve prescribed BFR?	☐ Yes If yes, was proper procedure followed to address problems?	☐ No
Are there any patient factors that you believe may have contributed to this infection?	☐ Yes If yes, educate patient/family member	☐ No
Comments:		