

Oops.. Now what??

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Objectives

- By the end of this presentation the learner should be able to:
 - Understand the key elements of a QAPI program
 - Understand how to work your QAPI plan
 - Understand the importance of creating an obtainable goal that can be sustained

Admit your errors before
someone else exaggerates
them. ~Andrew V. Mason

While one person hesitates because he feels inferior, the other is busy making mistakes and becoming superior. ~Henry C. Link

Mistakes Happen

- As dialysis providers, we do our best to ensure that we provide the best care all the time for our patients.
- As we all know, no one is ever perfect and sometimes things happen
- There is always opportunity to improve outcomes and current care for our patients

What is QAPI?

- Quality Assessment Patient Improvement
- Under the Conditions for Coverage, dialysis units will be held to ‘community standards’... they are summarized in the CMS “Metric Assessment Tool” (MAT) and based on the CMS Clinical Performance Standards

MAT Tool

MEASURES ASSESSMENT TOOL (MAT)

Tag	Condition/Standard	Measure	Values	Reference	Source
V550 V551	(5) Vascular access	Fistula Graft Central Venous Catheter	Preferred ^{1,2} Acceptable if fistula not possible ^{1,2} Avoid, unless bridge to fistula/graft or to PD, if transplant soon, or in small adult/peds pt ¹	¹ =KDOQI Vascular Access 2006 ² =Fistula First	DFR Interview CW
V552	(6) Psychosocial status	Survey physical & mental functioning annually KDQOL-36 survey annually	Achieve & sustain appropriate status	Conditions for Coverage CMS CPM	Chart Interview
V553 V554	(7) Modality	Home dialysis referral Transplantation referral	Candidacy or reason for non-referral	Conditions for Coverage	Chart Interview
V555	(8) Rehabilitation status	Productive activity desired by patient Pediatric: formal education needs met Vocational & physical rehab referrals as indicated	Achieve & sustain appropriate level, unspecified	Conditions for Coverage	Chart Interview
V562	(d) Patient education & training	Dialysis experience, treatment options, self-care, QOL, infection prevention, rehabilitation	Documentation of education in record	Conditions for Coverage CMS CPM 4/1/2008	Records Interview
<p>494.110 Quality assessment & performance improvement (QAPI): The dialysis facility must develop, implement, maintain, & evaluate an effective, data-driven QAPI program with participation by the professional members of the IDT. The program must reflect the complexity of the organization & services (including those under arrangement), & must focus on indicators related to improved health outcomes & the prevention & reduction of medical errors. The dialysis facility must maintain & demonstrate evidence of its QAPI program including continuous monitoring for CMS review.</p>					
V629	(i) HD adequacy (monthly) (i) PD adequacy (rolling average each patient tested ≤4 months)	HD: Adult (patient with ESRD ≥3 mo) PD: Adult	% with spKt/V ≥1.2 or URR ≥65% (conventional 3 times/week dialysis) % with weekly Kt/V _{urea} ≥1.7 (dialysis+RKF)	Conditions for Coverage CMS CPM 4/1/2008 (all)	DFR Records
V630	(ii) Nutritional status	Unspecified in Conditions for Coverage & CPMs Refer to parameters in Patient assessment V509	↑ % within target range	Conditions for Coverage	Records
V631	(iii) Mineral metabolism/renal bone disease	Calcium, phosphorus, & PTH	↑ % in target range monthly	Conditions for Coverage CMS CPM 4/1/2008	Records
V632	(iv) Anemia management Patients taking ESAs &/or Patients not taking ESAs	Mean hemoglobin (patient with ESRD ≥3 mo) Mean hematocrit Serum ferritin & transferrin saturation or CHR	↑ % with mean 10-12 g/dL ↑ % with mean 30-36% Evaluate if indicated	Conditions for Coverage CMS CPM 4/1/2008 (all)	DFR Records
V633	(v) Vascular access (VA) Evaluation of VA problems, causes, solutions	Cuffed catheters > 90 days AV fistulas for dialysis using 2 needles Thrombosis episodes Infections per use-life of accesses VA patency	↓ to <10% ¹ ↑ to ≥65% ¹ or ≥66% ² ↓ to <0.25/pt/yr (graft) or 0.50/pt/yr (fistula) ↓ to <1% (fistula); <10% (graft) ↑ % with fistula ≥3 yrs & graft ≥2 yrs	¹ =KDOQI 2006 ² =Fistula First CMS CPM 4/1/2008	DFR Records CW 2/09

Why do we have a QAPI program?

- QAPI programs are required by the CMS Conditions for Coverage
- To identify problems and to improve the quality of care our patients receive

What should “I” know about QAPI?

- The program is about “Quality”
- QAPI is responsible for tracking, trending, analyzing and reporting outcomes
- The QAPI program is focused on Patient Safety

The QAPI Program Must:

- Develop, implement, maintain & evaluate an effective, **data-driven**, quality assessment and performance improvement program with participation by the **professional** members of the interdisciplinary team (IDT).

The QAPI Program Must:

- Have a written plan describing the program:
 - Scope
 - Objectives
 - Organization
 - Responsibilities
 - Procedures for overseeing the effectiveness of monitoring, assessing and problem solving activities
- Use accepted clinical practice standards
- Refer to the Measures Assessment Tool (MAT)
 - Meet or exceed these community standards and if not,
 - Take actions toward improving these outcomes

The QAPI Program Must:

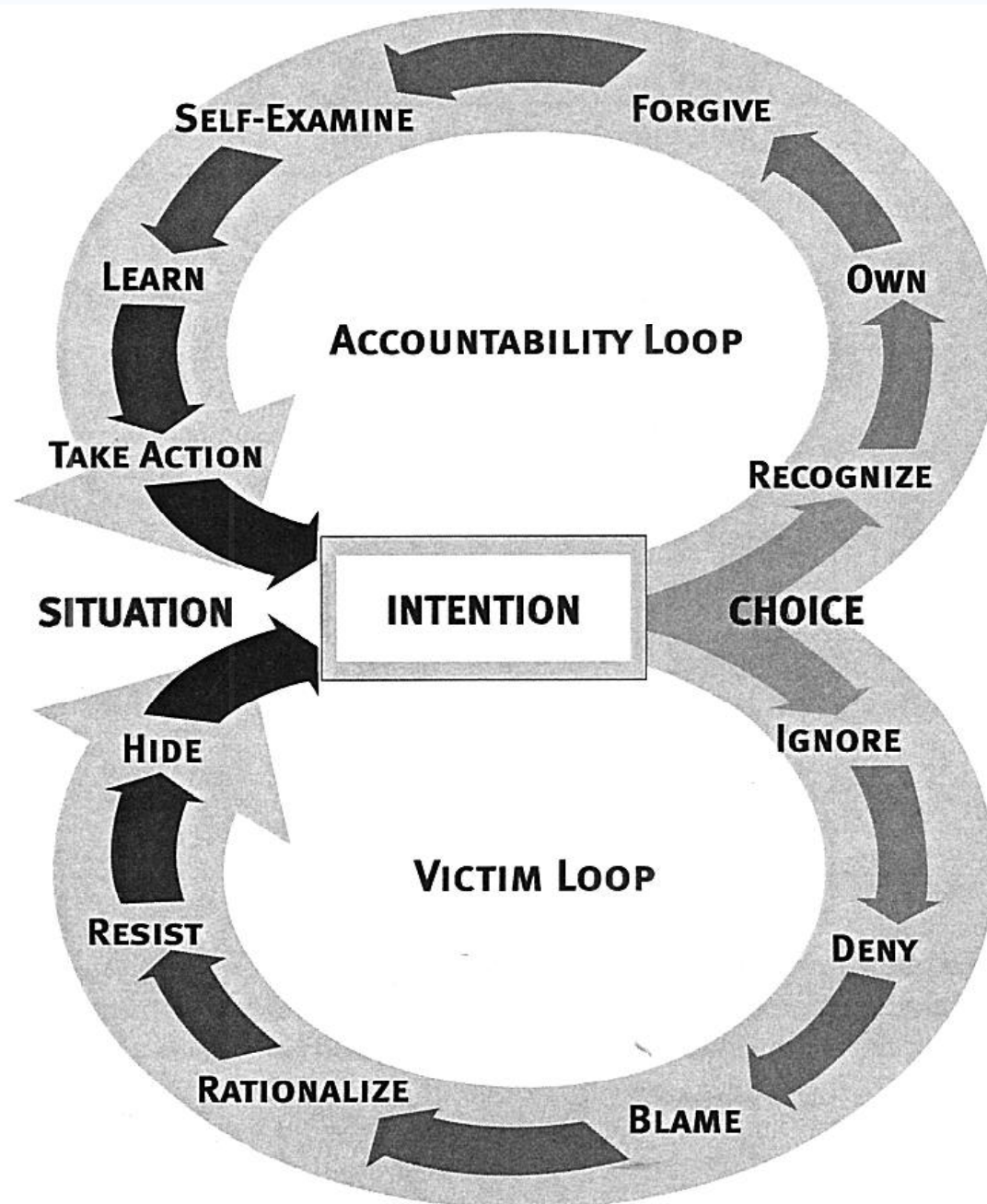
- Track health outcomes
- Identify, prevent and reduce medical errors, mortality and morbidities
- Maintain and demonstrate evidence of your quality assessment and performance improvement program

So *How* are we going to do this??!!!!!!

Required Components

The program must monitor at minimum, the following areas:

- Water and Dialysate Quality
 - Adequacy of dialysis
 - Nutritional status
 - Mineral metabolism and renal bone disease
 - Anemia and iron management
 - Vascular access
 - Medical injuries and medical errors identification
 - Dialyzer reuse (if applicable)
 - Patient satisfaction and grievances
 - Infection control
- **How: The QAPI program will assist you to complete the task.**



ACTIONS OF THE QAPI PROGRAM

- Must continuously monitor the performance
- Take actions that result in performance improvements
- Track performance to ensure it is sustained

Prioritizing your actions

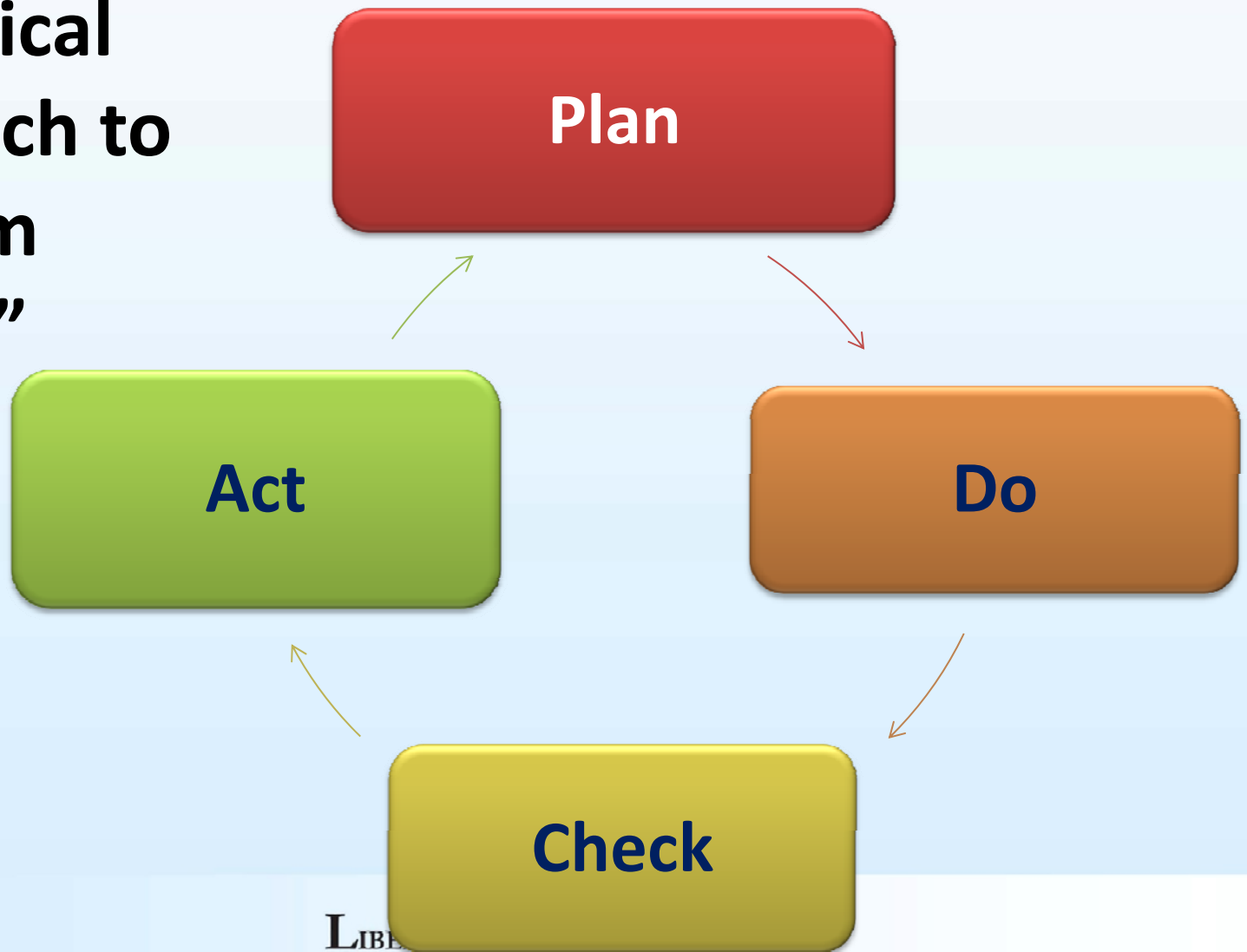
When prioritizing consider:

- Frequency of identified problems
- Severity of identified problems
- Give priority to improvement activities that affect clinical outcomes or health and **safety of the patient.**

Ensure immediate correction of any identified problems that threaten the health and safety of patients. QAPI IT LATER, FIX IT NOW!!!!!!

How to approach?!

**“Methodical
Approach to
problem
solving”**



CQI: Continuous Quality Improvement

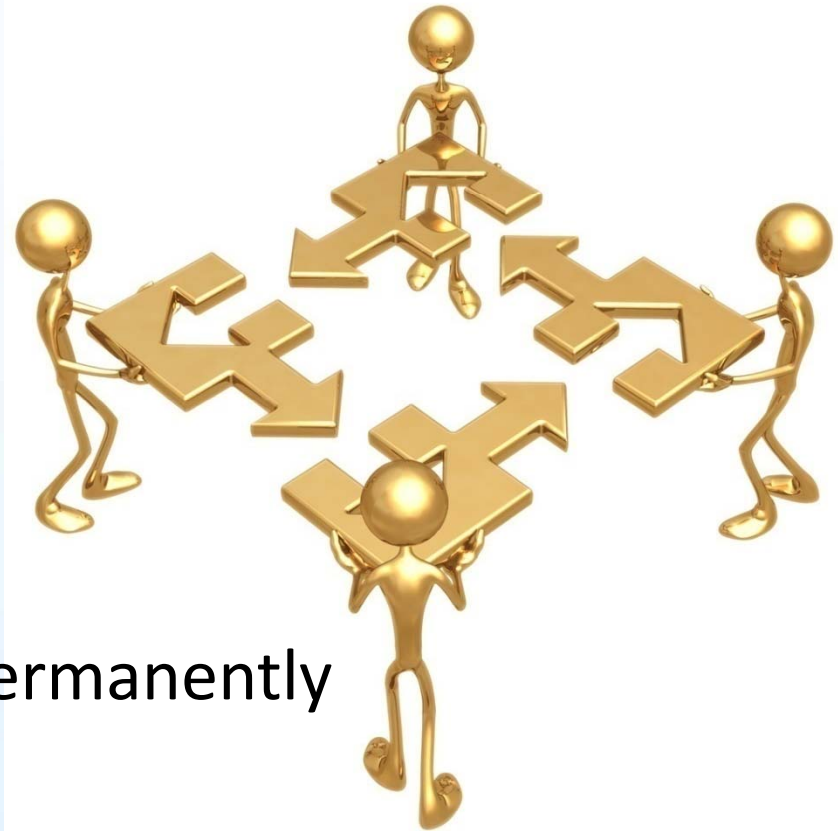
- Plan
 - Identify desired outcomes
 - Identify processes to improve
 - Study the process
 - Identify the causes for situation
 - Plan ways to improve the process
- Do
 - Implement solutions
- Check
 - Evaluate the results
- Act
 - Establish the new process



A CQI Model Should Reflect This Process

CQI Entails

- Daily focus
- Identify Problems
- Solve and ***Prevent*** Problems
- Strive to eliminate problems permanently
- Be ***proactive !***
- Concentrating on finding and fixing problems with processes, not people



CQI is a mindset – a methodical approach to problem solving: a way of thinking

Is What you are Doing, Currently Working?



Common Issues..

- Not having clear directions
 - Addressing individual issues on separate action plans
 - Ensuring all instructions are easily understood



Common Issues..

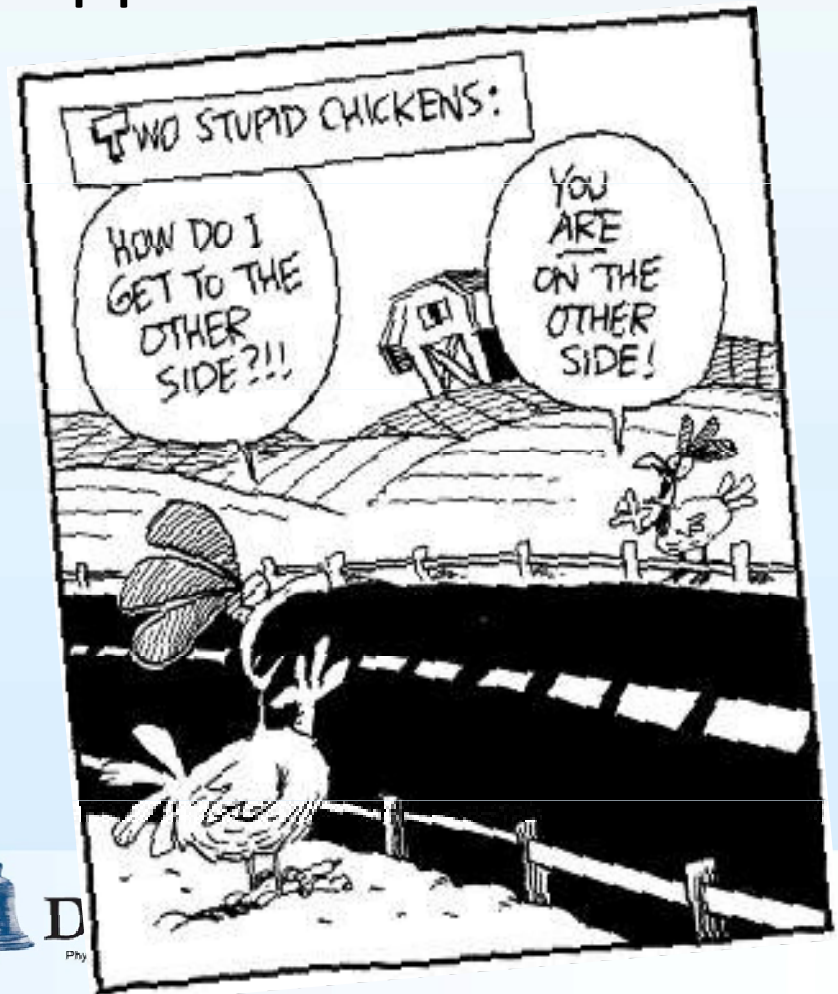
- Not working as a team
- Having one person always take charge instead of having the team work together.



(As far as we know, photo is public domain)

Common Issues...

- Seeing the same issues happen over and over again.
 - Repeat QAPI action items



Common Issues..

- Not researching ways to solve issues
 - There are multiple ways to solve issues
 - Researching creative new ways to solve issues can be key to success



Common Issues..

- Not setting realistic timelines or completion dates.
 - Gone on too long = Needs evaluation for new plan
 - Done to soon = May cause reoccurrence of problem.

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**"We can ask our people to work eight days a week,
but we'll have to pay a royalty to The Beatles."**

Scenario #1

- Clinic X has identified that staff are not properly using the phoenix meters to test for Conductivity and pH.
 - Not being completed prior to each patient treatment
 - Not being calibrated each treatment day correctly

Research

Not being completed prior to each patient treatment

- V250 States: It is necessary for the operator to follow the manufacturer's instructions regarding dialysate conductivity and to measure approximate pH with an independent method before starting the treatment of the next patient.

Research

Not being calibrated each treatment day correctly

- The manufacturer of the meter requires that you calibrate the meters prior to use each treatment day. You must calibrate the meters for the ranges you plan to test for.
- CMS requires that staff are trained for each task they are asked to perform

The Plan

Not being completed prior to each patient treatment

- Re-educate staff to the requirements to test prior to each patient treatment
 - Complete read and sign education verification for all DPC staff – **Nurse Manager**
- Require verification of second person that this is complete prior to treatment initiation
 - Create check off box on machine set up log sheet – **Nurse Manager**

The Plan

Meters are not being calibrated each treatment day correctly

- Re-educate staff on how to properly calibrate their meters
 - Complete competency training/verifications – **Biomed**
 - Monitor staff calibrations for a period of 1 month-
Nurse Manager
 - Assign 2 staff members to calibrate together to ensure completion
 - Prior to start of any patient treatments RN will verify calibrations are completed

Work your Plan (Do)

- After the completing your plan and getting it approved at the QAPI meeting the work begins:
 - Implement your plan in the clinic
 - Set realistic goals for time frame on items such as re-educating staff and implementing new logs.
 - Not done in one day, but not to exceed one week

Check your plan

- As part of the original QAPI action plan, you should have a plan in place to re-evaluate your work and progress.
 - Should be re-evaluated prior to next QAPI meeting
 - Needs to be realistic and feasible to ensure success.
 - In this case I would check for progress weekly for at least one month and then bi-weekly for another month.

Act on your plan

- Once you have implemented your plan and checked your plan for success, you will now make a permanent change in your practice.
 - In this example, you evaluated the plan, and it was successful. Staff are performing all the checks prior to start of treatment and calibrating the meters properly each day.
 - Change will be made to P and P's to reflect new process.

Now its your turn

In the criminal justice system, the people are represented by two separate yet equally important groups: the Dialysis QAPI Team, who investigate crimes; and the Medical Directors, who prosecute the offenders. These are their stories.

LAW &

ORDER

DVU

Dialysis Victims Unit

Issue Identified

- A dialysis machine was removed from the isolation room for repair mid treatment. The machine was not bleached before it was pulled from isolation room.
- The biomed came in the next day and saw the “broken” sign on the machine and fixed the problem.
- Machine was heat disinfected and returned to service. This machine went out on the treatment floor for non isolation treatments without being bleached first.

QAPI

- The Plan:
- Implement Plan
- Check Plan
- Act on Plan

Issue # 2 Identified

- Clinic Y has seen an increase of high results for Colony Counts on their RO product each month.
- They are good post disinfection (Redraw) each month.
- All of the other source results are below action level.

QAPI

- The Plan:
- Implement Plan
- Check Plan
- Act on Plan

Issue #3

- Clinic Z has multiple results documented on their morning RO water check log sheets that are outside of acceptable ranges.
- There is no documentation that anyone was notified or that the issue was corrected.
- The acceptable parameters are a very wide range which would only make an out of range result be at a point where there would be an issue with being compliant if out of range.

QAPI

- The Plan:
- Implement Plan
- Check Plan
- Act on Plan

Lessons to Live By...

Don't Let your Process Improvement Plan come Crashing Down



Work Hard on resolving your problem



Achieve Success



Set Your Next Goal



Work Towards Achieving Success



