QAPI
Role of the Patient

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4 APRIL 2019
Objective

To review regulatory framework for QAPI
To highlight new requirement for patient participation in QAPI
To review patient experiences in QI
To present tools that might be useful
To share ideas
ESRD Networks

Social Security Amendments of 1972 defined an entitlement extending Medicare to those with irreversible kidney failure

1978: PL 95292 established 32 ESRD Networks – regional organizations to assure access to dialysis, tx, and oversee quality of care

1986: OBRA – 32 Networks became 17, then 18
QAPI - Quality Assessment & Performance Improvement

42 CFR Ch IV Part 494 Subpart C Patient Care 494.110

Other sections reference QAPI:

- 494.30 (b) (3) report all IC issues to med director and QI Committee
- 494.150 (a) Medical director is responsible for the Quality Assessment and Improvement Program
- 494.180 (a)(4) Governing body appoints a CEO/administrator who allocates necessary staff, resources for QAPI
- 494.180 (c) (2) Governing body informs medical staff appointees of QAPI program
- 494.180 (h) Facility must furnish data to CMS [...] relevant to [...] quality improvement and quality assessment.
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. Refer to your ESRD Network’s goals for targets for aggregate patient outcomes.
| Health outcomes: Physical & mental functioning | Survey adult/pediatric patients by standardized tool, e.g. KDOQL 36 survey or age appropriate survey | Achieve & sustain appropriate status | Conditions for Coverage | Records |
| Health outcomes: Patient hospitalization | Standardized hospitalization ratio (1.0 is average, >1.0 is worse than average, <1.0 is better than average) | ↓ unplanned hospitalizations | Conditions for Coverage | DFR Records |
| Health outcomes: Patient survival | Standardized mortality ratio (1.0 is average, >1.0 is worse than average, <1.0 is better than average) | ↓ mortality | Conditions for Coverage | DFR Records |
| (i) HD adequacy (monthly) | HD: Adult (patient with ESRD ≥3 mo) | ↑ % with spKt/V ≥1.7 or URR >65% if 3 times/week dialysis and stdKt/V ≥2.0/week if 2 or 4-6 times/week dialysis | Conditions for Coverage | NQF #0249 (adult) NQF #1423 (peds) |
| (ii) PD adequacy (rolling average, each patient tested ≤4 months) | PD: Adult | ↑ % with weekly Kt/V ≥1.7 (dialysis+RKF) | Conditions for Coverage | NQF #0318 |
| (iii) Nutritional status | Facility set goals; refer to parameters listed in V509 | ↑ % of patients within lab target range on albumin and other nutritional parameters set by the facility | Conditions for Coverage; KDOQI Nutrition 2000 KDOQI CKD 2002 | Records |
| (iv) Mineral metabolism/renal bone disease | Calcium, phosphorus, & PTH | ↑ % in target range on all measures monthly | Conditions for Coverage | Records |
| (v) Anemia management | Monitor patients on ESAs &/or patients not taking ESAs | ▲ % of patients with anemia symptoms ▲ % of patients (esp. transplant candidates) transfused Evaluate if indicated ▲ % of patients educated about potential risks/benefits | FDA 6/24/11 for more info re CKD 5D recommendation | DFR Records Interview |
| (v) Vascular access (VA) | Cuffed catheters > 90 days AV fistulas for dialysis using 2 needles, if appropriate Thrombosis episodes Infections per use-life of access VA patency | ↓ to <10%6 | KDOQI Vascular Access2006 Fistula First | DFR Records |
| (vi) Medical injuries & medical errors identification | Medical injuries & medical errors reporting | ↓ frequency through prevention, early identification & root cause analysis | Conditions for Coverage | Records |
| (vii) Reuse | Evaluation of reuse program including evaluation & reporting of adverse outcomes | ↓ adverse outcomes | Conditions for Coverage | Records |
| (viii) Patient satisfaction & grievances | Report & analyze grievances for trends CAHPS In-Center Hemodialysis Survey or other survey | Prompt resolution of patient grievances ↑ % of patients satisfied with care | Conditions for Coverage | Records Interview |
| (ix) Infection control | Analyze & document incidence for baselines & trends Promote immunizations | Minimize infections & transmission of same | Conditions for Coverage | DFR Records |
| Vaccinations | Hepatitis B, influenza, & pneumococcal vaccines Influenza vaccination by facility or other provider | Documentation of education in record ↑ % of patients vaccinated on schedule ↑ % of patients receiving flu shots 10/1-3/31 | Conditions for Coverage | NQF #0226 |
2019 Scope of Work

National Quality Strategy

HHS Secretary Goals
  ◦ Opioid Crisis
  ◦ Health Insurance Reform
  ◦ Drug Pricing
  ◦ Value Based Care
CMS Priorities

Empower patients and doctors to make decisions about their health care

Usher in a new era of state flexibility and local leadership

Support innovative approaches to improve quality, accessibility, and affordability

Improve the customer experience
New Scope of Work

The Network shall provide technical assistance to project-participating dialysis facilities on

Incorporating patient, family and caregiver participation into the Quality Assurance Performance Improvement (QAPI) Program and governing body of the facility;
Concepts

Use innovative approaches, rapid cycle improvement incorporating boundariliness, unconditional teamwork, customer focus, emphasis on sustainability
Theoretical Considerations

• Traditional view: power is vested in the providers; beneficiaries are passive recipients

• Forces for change:
  • Public mistrust
  • Demands for transparency, accountability
  • Growing support for principles of democracy and consumerism
  • Healthcare is in reality co-produced

• Barriers to change
  • Bureaucracy – averse to power sharing
  • Tokenism, suboptimal quality of involvement, lack of resources prevents meaningful engagement

• Next steps
  • Activate the consumer – create an invited space allowing consumers to participate in decision-making by the experts
Research on patient engagement in QI

• Patient-family advisors (PFAs) were asked to participate in Rapid Process Improvement Workshops in Saskatchewan, Canada (Goodrich D, Isinger T, Rotter T. Patient family advisors’ perspectives on engagement in healthcare quality improvement initiatives: power and partnership. Health Expect. 2018;21:379-386.)

• Interviews conducted of 18
  • 4 with negative experiences with the healthcare system; 5 positive; 9 mixed
  • Most experienced one or one more encounters characterized by disrespect
  • Most had felt powerless
  • 7 of the volunteers were enticed by ads; the rest were recruited
  • Motivations to join: to have agency and possible shared actions; to create a better system; to learn “insider” knowledge, (a form of power); assertion of rights (right to get well, not sicker as a result of the healthcare system); obligation to help as a civic duty; obligation to help others who cannot help themselves (altruism); gratitude (if past experiences positive)
  • Time commitment was a barrier; before participating - concerns about being heard, keeping up intellectually
What happened

• Patients shared stories
• Patients found themselves in the company of high level executives
• Patients felt encouraged to contribute.
• Patients came to recognize that they could express points of view that the staff might feel constrained to express
• PFAs redirected conversations away from impact change had on staff to impact change had on patients.
Lessons learned

- Participants should be those with lived experience within the healthcare system
- Capacity to act on the power given to speak up
- Patients generally self-selected into groups they felt they had sufficient knowledge to make a contribution
- Participants felt empowered to speak up and advocate even after their project ended
- Some participants gained a more nuanced appreciation of healthcare work
- Some participants found it took focus away from the negative aspects of their chronic illness channeling their focus on making things better.
- Some participants developed social capital – new relationships, new speaking skills
- Some were disappointed that they did not know the impact of their work – follow up.
Potential Implications for QAPI

- Recruit patients and family members whose experiences may motivate them to participate
- Orient the participants in the QAPI process, work of the committee, time commitment
- Actively encourage participation
- “Prescriptive” nature of some of what QAPI committees are required to discuss may not align with patient centered concerns.
- Nonetheless, some patients may be motivated to become advocates for a more patient centered approach to future QAPI requirements and help move QAPI activities in that direction.
- Limitation of study – qualitative research; recall of experience may have been more accurate for some. The RPIW experience may not be generalizable
Patient engagement in hospital health service planning and improvement: a scoping review*

Search review criteria: consumer participation or patient participation and (program evaluation or quality improvement or hospital administration or hospital planning or health services research)

Interventions included consulting about or engaging patients or providers in hospital service improvement activities of any type including governance, service planning, delivery, evaluation or quality improvement, or research to inform service design or improvement.

2227 full-text studies emerged as potentially relevant.

10 studies were included in the review

Only one paper described patient members of quality committees.

No study evaluated impact of PE on clinical outcomes

*Liang L, Cako A, Urquhart R, Straus se, Wodkis WP, Baker GR, Gagliardi AR. BMJ Open 2018;8:1-8
Facilitators

- Selection of patients based on their personal characteristics and skills
- Involving patients and staff with the desire to work together
- Involving supportive staff with leverage to navigate hospital processes to effect change
- Early involvement in projects so that patients were familiar with objectives and could offer meaningful contributions to shape the project’s aims and activities
- Meeting monthly or more frequently if needed
- Small team size that was less hierarchical and more easily integrated patients
- Explicit effort to involve patients in meetings and extend value and respect for their input
- Debriefing with patients after meetings to gather feedback about how the session had gone and how interaction could be improved
- Formal interaction supplemented with informal interaction by email, telephone or other interaction to build relationships
- Formalising patient roles by labelling and recognising their position
- Asking patients about feelings to prompt detailed accounts of their experiences
- Joint training of patients and healthcare professionals
- Patient recommendations that align with what healthcare professionals consider appropriate

Barriers

- Lack of knowledge among healthcare professionals on how to engage with an empowered group of questioning patients
- Lack of guidance on the role of patients and how they should be involved
- Healthcare professional beliefs about the relevance and representativeness of individual patient experiences
- Healthcare professional beliefs about patient capacity to contribute given lack of criteria for inclusion or a vetting process
- Healthcare professional beliefs that patient feedback was complaining and patients were hostile and ungrateful
- Infrequent meetings
- Disagreement between patients and healthcare professionals on the role of patients
- Lack of informal opportunities outside of meetings for interaction to build trust
- Dysfunction and hierarchies among the healthcare professionals
- Pressure from senior management to achieve specific objectives that diverged from patient objectives
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<th>Hospital quality manager</th>
<th>Head of pathway</th>
<th>P-value*</th>
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<td>17.5</td>
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<tr>
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</table>

*P-value for differences in items across pathways from Fisher's exact test.

Groene O et al. Involvement of patients or their representatives in quality management functions in EU hospitals....Int J Qual Health Care 2014; 26:81-91.
Tools for PFE

AHRQ.gov
Am I Ready to Become an Advisor?

Are you thinking about becoming a patient and family advisor? Review the checklist below and check the boxes with which you agree. If there are statements with which you do not agree, these may be things to work on as you become an advisor.

I am ready to be a patient and family advisor when:

- I am willing to talk about the positive and negative care experiences I had as a patient or family member of a patient.
- If I had any negative experiences, I am coping well and am ready to respectfully share my ideas about how things could have gone differently.
- I am ready to speak up and share suggestions and potential solutions to help improve hospital care for other patients and family members.
- I am willing to think beyond my own personal experiences.
- I can bring a positive attitude to discussions.
- I can listen to and think about what others say, even when I disagree.
- I am willing to keep any information I may hear as an advisor private and confidential.
- I enjoy working with people who are different from me.
- I am willing to learn how to best serve as an advisor.
- I have time in my schedule to be a patient. Usually advisors spend at least 1 hour a month and not more than 4 hours per month on advisor work.

Adapted from resources from the Institute for Patient- and Family-Centered Care, Bethesda, MD.
Confidentiality Statement for [insert hospital name] Advisors

As a patient and family advisor at [insert hospital name], you will be trusted with information about our hospital and the patients we serve. This may include information about patient care experiences, diagnoses, hospital quality and safety, and other sensitive information. It may also include protected health information about patients.

Protected health information includes any information about a patient’s visit at [insert hospital name]. This information includes, but is not limited to, a patient’s name, address, phone number, date of birth, financial information, diagnosis, and treatment.

A Federal law called HIPAA (pronounced "hip-uh") explains what healthcare providers must do to safeguard protected health information. HIPAA stands for the Health Insurance Portability and Accountability Act. The law requires us to define the minimum necessary information to which employees, volunteers, contracted agencies, and other individuals can have access.

As a patient and family advisor, you may have access to protected health information about our patients. It is important for you to know that protected health information can only be used and disclosed as permitted by law. This means that protected health information cannot be shared outside the hospital or health care facility, and it cannot be shared in any written, verbal, or email communications with friends or family unless specifically permitted by law.

The easiest way to remember what this law means is the saying, "What you hear or see here must remain here." We require your cooperation in following these rules.

Please sign below to let us know that you have reviewed this information, understand it, and agree to it. Signing your name means that you have read and understood the information above, that you have had a chance to ask questions, and that you agree not to share protected health information outside the hospital or health care facility in any written, verbal, or email communications.

Name (please print) ______________________
Signature ________________________________
Date ____________________________

Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Guide to Patient and Family Engagement
Using QAPI to Improve Care: Putting it to Work in the Real World

FORUM OF ESRD NETWORKS
MEDICAL ADVISORY COUNCIL
What is quality care and why should I care?

Institute Of Medicine

- The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
- Safe, Effective, Patient-centered, Timely, Efficient, and Equitable
What is quality care and why should I care?

CMS Definition of Quality Is...

The Right Care for Every Patient Every Time
Improving Through Change

REMEMBER:

All improvement requires change

BUT

Not all change IS improvement!
What is Change?

Change is a departure from an existing process or way of doing something, to a new process or a different way of doing the same thing.
Why Do We Resist Change?

Loss of control - I don’t have enough information...

Loss of identity - We’ve always done it this way...

Loss of competence - I’m afraid I’ll make a mistake...
Process Change

People
Policy
Procedure
Equipment
Culture Change

Corporate culture

The total sum of the values, customs, traditions and meanings that make a company unique. Corporate culture is often called "the character of an organization"

The values of a corporate culture influence the ethical standards within a corporation, as well as managerial behavior.
Process readiness + Culture readiness = Change in Outcomes
## What is Change Readiness?

<table>
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<tr>
<th>Category</th>
<th>10% Ready</th>
<th>50% Ready</th>
<th>90% Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading Change</td>
<td>No one in charge</td>
<td>Leadership clear, commitment clear in some areas</td>
<td>Clear management commitment</td>
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<tr>
<td>Shared Need</td>
<td>Most happy with status quo</td>
<td>Many think a change is needed</td>
<td>Everyone knows a change is needed</td>
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<tr>
<td>Vision</td>
<td>What vision?</td>
<td>Some consensus on what is needed, but also some apathy</td>
<td>Everyone knows the necessary outcome</td>
</tr>
<tr>
<td>Mobilizing commitment</td>
<td>A staffer might help someone</td>
<td>Some resources dedicated, more are needed</td>
<td>All needed resources are available</td>
</tr>
<tr>
<td>Monitoring Progress</td>
<td>Everyone has their own opinion</td>
<td>Some things are measured, but staff at times “gut feeling”</td>
<td>Clear measures and goals</td>
</tr>
<tr>
<td>Anchoring Change</td>
<td>Why does anything have to be done</td>
<td>Discussion has begun, but hasn’t finished</td>
<td>Everyone knows what has to be done to embed change</td>
</tr>
</tbody>
</table>

Creating Change

Evaluate processes
  ◦ People, Policy, Procedure, Equipment

Determine barriers to change

Identify ways to overcome barriers

Seek out best practices

Create environment of collaboration
CREATIVE CHANGE

From the top down...
Support
Resources

From the ground up...
Problem identification
Idea development
Using the Team to Drive Improvement

Multidisciplinary
Common Goal
Day-to-Day Knowledge
Physician Buy-in
The Composition of an Effective Team

- System Leadership
- Technical Expertise
- Day-to-day Leadership

Arrows indicate interdependencies or flows between the components.
The Interdisciplinary Team

Medical Director
Nurse Manager
Dietitian
Social worker
Biomed Tech
Others
  ◦ Other nephrologists(?)
  ◦ Surgeon
  ◦ Staff members including PCTs
Changes Need to be...

Evidenced Based
Patient Centered
System Based
So How Do We Get Started?
Why Should I Care About Quality Improvement?

- Improved patient outcomes
- Improved patient safety
- Increased customer satisfaction
- Improved staff morale
- Reduction of rework
- Cost savings
And so...

Our approach to quality improvement in healthcare needs to be focused on identifying areas for change, creating change, and measuring change.
IHI Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in an improvement?
Developing a Goal Statement

Where are we currently – why is this a problem?
- What does our data show?
- What is our trend?

Where do we want to be?
- What knowledge do we have?
- What is our goal?
QAPI: Using Knowledge to Improve

Improvement comes from the application of knowledge

Any approach to improvement must be based on building and applying knowledge

Significant, long-term, positive impact only occur when someone takes the initiative
Setting Goals

Be realistic

Be specific

Understanding CMS or Network-set goals vs. facility or corporate-set goals

Set both short term and long term
  ◦ In order to reach our long term goal, what do we need to accomplish monthly, quarterly, etc.

Remember “how to eat an elephant”
What Are We Trying to Accomplish?

Goal/Aim Statement

Our rate for catheters >90 days is 35%

KDOQI states that the 90 day catheter rate should be < 10%

We will have a 25% catheter rate in 6 months
How will we know a change is an improvement?

Collect and trend data

Identify sources of data

Review and trend data monthly

Analyze by various characteristics

Draw conclusions with the team
Data Sources

Data is NOT a four letter word!

Data is:
• Your observations – what you hear and what you see
• Your measurements – what you keep track of
• How you report your observations and measurements

What is the benchmark?
• What data sources do you have?
Your Observations – Subjective Data

Is there an opportunity for improvement?
- Too many catheters?
- Too many access infections?
- Patient safety issues?

Is there something that everyone is complaining about?

Is there a process that is too cumbersome?
- Medication errors?
Your Measurement – Objective Data

Begin to collect information about your problem, your observation

- Collect simple points of information at regular intervals **over time**
- KISS – counting the number of days between episodes of infections might be simpler and more meaningful than collecting every episode of access infection
- **What is the trend?**
How Will We Know a Change is an Improvement?

We will collect baseline 90 day catheter rates at the beginning of the project.

We will collect 90 day catheter data each month and trend.

We will collect 90 days catheter data at the end of 6 months to evaluate the success of the project: Our catheter rate will be 25% or less.
What changes will result in an improvement: finding root causes

Don’t stop with surface issues – go deeper

Brainstorming to discover all root causes
- All disciplines – all team members

Use a root cause tool
- Fishbone diagram
- 5 Whys
- Other tools
Root Cause Analysis

Baseline

Medical
Patient

Surgical
Staff-Related

Technical
Education

Desired Goal
For each patient with a CVC to be completed monthly. Put a check mark in each box that applies for the patient.

<table>
<thead>
<tr>
<th>Patient initials</th>
<th>New patient awaiting placement of fistula/graft</th>
<th>New patient awaiting maturation/healing of fistula or graft</th>
<th>Patient has no vessels for AV fistula by mapping</th>
<th>Established patient with failed fistula/graft with new fistula/graft planned</th>
<th>Patient refuses</th>
<th>Unable to tolerate increased cardiac output induced by AV fistula due to cardiac condition</th>
<th>Severe peripheral vascular disease precludes fistula/graft placement</th>
<th>All possible graft/fistula access sites evaluated by vessel mapping</th>
<th>MD referral barrier</th>
<th>Vascular access surgeon barrier</th>
<th>Waiting a living donor</th>
<th>Catheter infections</th>
<th>Appointment made</th>
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Comments:

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TOTAL (Count checked boxes)
5 Whys

**Why** did this occur?
But **why** did that occur?
So **why** did that occur?
And then **why** did that occur?
OK, so then **why** did that occur?
What are the barriers?

What are the barriers to overcoming these root causes?

What barriers are within your control and what are not?
What are our root causes?

Problem: 35% of patients have catheters for more than 90 days
Goal: Decrease 90 day catheter rate to 25% in 6 months
Root cause(s): Difficulty in getting new accesses placed
Developing your QAPI Plan

Identify strategies

All team members need to have a role

Someone needs to be accountable and in charge

Tasks need to be assigned and dates set to re-evaluate

Plan needs to be dynamic – needs to be reviewed at least monthly
Developing your QAPI Plan

- **ACT**
  - What changes are to be made?
  - What will be the next cycle?

- **PLAN**
  - State the objective
  - Develop a plan to carry out the cycle

- **DO**
  - Carry out the plan
  - Document observations
  - Analyze the data

- **STUDY**
  - Complete analysis
  - Summarize what was learned

- **Act**
- **Plan**
- **Study**
- **Do**
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<th>RESPONSIBLE TEAM MEMBER</th>
<th>START DATE</th>
<th>ESTIMATED COMPLETION DATE</th>
<th>ACTUAL COMPLETION DATE</th>
<th>COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)</th>
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Percent of Patients Dialyzing with a catheter for > 90 days

Project Implemented
Evaluate and Re-evaluate

Review plan regularly

Use data to determine – Are we improving?

Are we seeing unintended consequences?

Does the plan need revision?

Should we bring others to the team? If so, who is the best person to help?
What do you do at the end??

Evaluate!

- Did we achieve our overall goal?
- If not, why not?
- If so, make it a permanent change
- If not, what new strategies can we develop to try?
- Are there best practices we can adopt?
- Are there additional resources we need?
- Are there new partners we can bring to the team?
Resources
Institute for Healthcare Improvement

www.ihi.org
In Conclusion...

“Every system is perfectly designed to achieve the results that it gets.”

Paul Batalden
“The definition of insanity is doing the same thing over and over again and expecting different results”

Albert Einstein
Why Do QAPI?

Because CMS says so?
Because the Network is on my tail?
Because we won’t get paid if our outcomes are bad?

Because it’s the right thing to do – the right care for every patient every time!
Possible Approaches

Work with PAC and Social Workers to indicate availability of participation on QAPI Committee

Have a one pager describing the role and responsibilities including handling of sensitive information and time commitment

Actively recruit candidates who are already engaged

Define how many patients to involve; rotate participation

Provide more detailed information to patients who accept and periodically debrief
Assessment of quality and improvement activities have been a feature of the ESRD program for decades

HHS, CMS establish strategies and priorities

Other organizations such as the Networks, survey agencies, and other stakeholders such as the NQF provide a framework in which the individual facilities operate their QAPI programs

With the increasing recognition of the central role of patients in shaping their care, patients now have a seat at the QAPI table
Thanks!