



WELCOME TO HEARTLAND KIDNEY NETWORK WEBINAR SERIES

IMPLEMENTING A QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT-QAPI

THURSDAY, JUNE 17, 2010, 1:30PM-2:30PM CST

THIS WEBINAR WILL BEGIN MOMENTARILY

ALL LINES WILL BE ON MUTE DURING THE PRESENTATION AND WILL BE OPENED THEREAFTER FOR Q & A

Speakers:

Kay L. Brown, BS - Quality Improvement Director

Cathy Long, BA, RHIT, CPHQ – Quality Improvement Coordinator

OBJECTIVES

- Learn how to understand and implement a QAPI
- Incorporate best practices into your QAPI program
- Use Network resources to aid you in a successful QAPI



CPMs

- The ESRD Network develops clinical performance measure (CPM) goals annually. The CPMs include measures such as anemia management, dialysis adequacy, nutrition, mineral metabolism, vascular access, and more. The Medical Review Board of the Network assists in the process of setting CPM goals. The Heartland Kidney Network incorporates the CPM goals into its more general Network goals.



QAPI REQUIREMENTS

- **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.



QAPI REQUIREMENTS CON'T.

- While these regulations charge the facility governing body with the responsibility for allocating necessary staff and resources for the QAPI program (refer to V756), the **medical director** is assigned operational responsibility for the QAPI program.



WHAT IS QAPI?

- It is an ongoing evaluation of operating systems & clinical process rather than individual problems.
- It is data driven.
- It is an ongoing program that achieves measurable improvements in health care.
 - Examples
 - Increasing AV Fistula placement
 - Reduce skipped or shortened treatments
 - Improve staff retention
 - Decrease Catheter Use



DEVELOPING A QAPI

- Write a clear statement of the purpose of the improvement.
- Use measurable goals
- Focus on issues that are important to your dialysis unit—prioritize multiple issues.
- Include a realistic timeframe for completion



YOUR QAPI TEAM



- The team should be interdisciplinary
- The health care team comes from many areas. The QAPI team should come from similar areas.
- QAPI will be better received if planned by an interdisciplinary group. You will get buy in from every area.
- Nothing wrong with including a patient advocate on the team. They can sometimes enlighten the group on external issues impacting the unit.
- Many times the CQI team is the QAPI team.



IMPLEMENTING A QAPI

- Data collection reveals problem areas.
- QAPI team (including the Medical Director) uses quality tools to identify potential solutions.
- Determine which potential solutions you are going to attack first—Prioritize!
- Implement the potential solutions and measure to examine the effectiveness of the solution.
- If implementation improves the outcomes continue to monitor.
- If implementation does not improve outcomes return to the QAPI and adjust the solution.



QUALITY IMPROVEMENT TOOLS

- PDSA Cycle (1930s)-Older method simplistic problems
- DMAIC Method (1980s)-Developed by Motorola for more complex issues
- Flow Chart (Process mapping) One of the most powerful quality tools
- Cause and Effect Diagram (Fishbone)
- Logic Trees
- Root Cause Analysis



PDSA CYCLE



- Walter A. Shewart first discussed the cycle in a book, “Statistical Method from the Viewpoint of Quality Control”, in 1939.
- However, Shewart’s protégé, W. Edward Deming, encouraged this approach to problem solving.
- Japanese call this the Deming cycle.
- The model can be used for the ongoing improvement of almost anything and it contains the following four continuous steps: Plan, Do, Study and Act.
 - **Plan** - Develop a plan for improving quality at a process
 - **Do** - Execute the plan, first on a small scale
 - **Study** - Evaluate feedback to confirm or to adjust the plan
 - **Act** - Make the plan permanent or study the adjustments



PDSA CON'T

- P – D – S – A
- Plan: 1. Identify the problem
2. Analyze the problem
- Do: 3. Develop a solution
4. Implement the solution
- Study: 5. Evaluate your results (if your goal was achieved go to step 6, if not go back to step 1)
- Act: 6. Standardize solution
7. Monitor for continued improvement



DMAIC METHOD

- Method comes from Six Sigma
- DMAIC =
 - Define-Identify the problem
 - Measure-Implement measurements around the problem
 - Analyze-Analyze data from measurements to determine trends
 - Improve-Implement a process improvement based on the data
 - Control-Implement control points to determine if process improvement is continually working

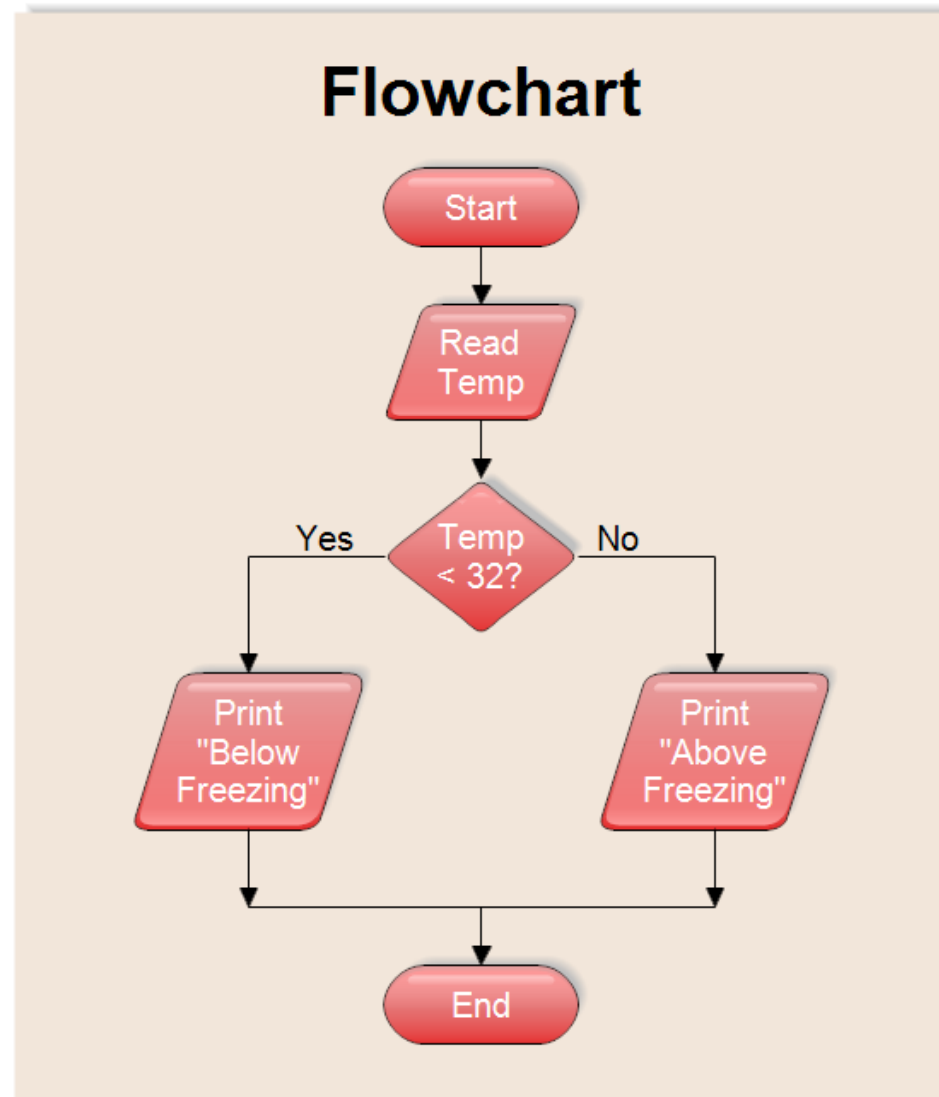


HOW TO APPLY DMAIC

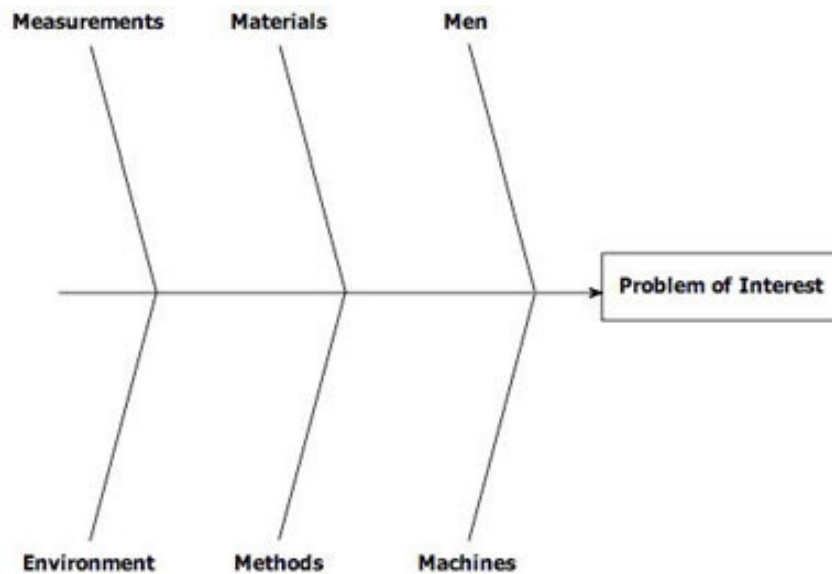
- Problem Statement: A person wants to loose his body weight
- Define: Person wants to loose 10 lbs.
- Measure: Daily or weekly weighing while loosing
- Analyze: Person should analyze their food habits i.e simple food log that shows each item eaten, what time we eat it, and how many calories are contained in it .
- Improve: By improving diet habits i.e taking less calorie food.
- Control: By maintaining the Diet habit. weigh once in a week and keeping track record.



EXAMPLES OF TOOLS--FLOWCHART



EXAMPLES OF TOOLS—CAUSE AND EFFECT DIAGRAM (FISHBONE OR ISHIKAWA)



LOGIC TREES



ROOT CAUSE ANALYSIS (RCA)

- 5 Whys—easy to use—good for simplistic problems
- If you don't ask the right questions, you don't get the right answers. A question asked in the right way often points to its own answer. “Asking questions is the ABC of diagnosis. Only the inquiring mind solves problems.” -- Edward Hodnett.
- Root Cause(s) will not be physical cause. Root cause(s) will be a systemic cause.
- Problem with 5 whys—We stop when we reach the first physical cause that can be addressed easily.



HOW TO COMPLETE 5 WHYS

- 1. Write down a specific problem
- 2. Ask why the problem happens and write the answer below the problem.
- 3. If the answer does not address the root cause of the problem in step 1, ask why again and write the answer below the first answer.
- 4. Loop back to step 3 until the team agrees that the root cause has been reached. This may take fewer or greater than 5 whys.



5 WHYS EXAMPLE

- **Problem statement:** On the way home from work on Monday my car stops on I29.
 - ***Why did my car stop?***
 - It was out of gas.—(Physical cause)
 - ***Why did my car run out of gas?***
 - I didn't fill it up this morning.—(Physical cause)
 - ***Why didn't I fill up my gas tank?***
 - I didn't have any money. (Physical cause)
 - ***Why didn't I have any money?***
 - Because I lost it all at a poker game Sat night. (Physical cause)
 - ***Why did I lose my money at the Sat poker game?***
 - Because I can't bluff when I have a good hand. (Systemic cause)
- **Solution:** Don't gamble on Sat night and you will have money on Monday to buy gas. (Change habit--Systemic)



CELEBRATE MILESTONES

- It is important to celebrate milestones reached during a QAPI.
 - Celebrations can be small.
 - Pizza party for the team
 - Balloons in the facility
 - Bulletin board flyers



LETS RUN THROUGH A SIMPLE EXAMPLE QAPI

- **Statement of problem:**

- **Facility 2728 data does not reconcile with claims data on Fistula placement.**

- **Goal:**

- Report the same data on 2728 and claims forms to ensure that all vascular access methods are accounted for.



USE 5 WHYS TO DETERMINE ROOT CAUSE(S)

Problem Statement: Facility 2728 data does not match claims data in regards to AV Fistula placement.

- Why ?
 - Two different people fill out the forms. (Physical cause)
- Why?
 - Fistula present but facility 2728 does not verify if a CVC patient has a fistula maturing. (Physical cause)
- Why?
 - Not enough personnel. (Systemic cause)
 - Wrong personnel filling out forms. (Systemic cause)
 - No time. (Systemic cause)



SOLUTIONS

Problem Statement: Facility 2728 data does not reconcile with claims data on Fistula placement.

- Why ?
 - Two different people fill out the forms (Physical cause)
 - Solution: Have some type of double check method
- Why?
 - Fistula present but facility 2728 does not verify if a CVC patient has a fistula maturing. (Physical cause)
 - Policy requiring Sleeves up protocol
 - Only Nurse or Nephrologist fill out 18-D on 2728
- Why?
 - Not enough personnel. (Systemic cause)
 - Staffing restrictions based on revenue/staff retention
 - Wrong personnel filling out forms. (Systemic cause)
 - Improper training program
 - No time. (Systemic cause)
 - Staffing restrictions based on revenue/staff retention



REVIEW

- A QAPI is a plan to improve a problem.
- Must develop a QAPI team with all areas of the problem having representation (i.e. Medical Director, Nurse, Dietician, Social Worker, Patient Advocate, PCT, etc.).
- Use Quality Tools to solve the problem.
- Use the Network as a resource for ideas and tools.

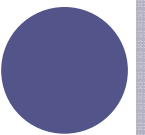


DISCLAIMER

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QUESTIONS



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Questions about the Webinar Session? contact

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