

Using QAPI to Improve Care: Making it Work



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Module 3: QAPI: Regulation Content

Objectives:

- Review regulatory content for QAPI.
 - Condition
 - Standards
- Review Interpretative Guidance and identify ways you can use it.
- Review Measures Assessment Tool (MAT).

What facility do you work in?

- A)Aurora Medical Group
- B)DaVita/Total Renal Care
- C)DVA Renal Healthcare
- D)Fresenius Medical Care
- E)Gundersen Luthern
- F)Korkor, Adel B
- G)Midwest Dialysis Center
- H)Other

Submit

Clear

If choose other, please type the name of your organization.

Submit

Clear

Quality Assessment and Performance Improvement Condition Statement:

V - 626: "The facility must develop, implement, maintain, and evaluate an effective, data driven, quality assessment and performance improvement program with participation by the professional members of the interdisciplinary team."

Quality Assessment and Performance Improvement Standards:

- (a) Standard: Program scope.
- (1) The program must include, but not be limited to, an ongoing program that achieves measurable improvement in health outcomes and reduction of medical errors by using indicators or performance measures associated with improved health outcomes and with the identification and reduction of medical errors.
 - (2) The dialysis facility must measure, analyze and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and facility operations. These performance components must influence or relate to the desired outcomes or be the outcomes themselves. The program must include, but not be limited to, the following:
 - (i) Adequacy of dialysis.
 - (ii) Nutritional status.
 - (iii) Mineral metabolism and renal bone disease
 - (iv) Anemia management.
 - (v) Vascular access.
 - (vi) Medical injuries and medical errors identification.

(vii) Hemodialyzer reuse program, if the facility reuses hemodialyzers.

(viii) Patient satisfaction and grievances.

(ix) Infection control; with respect to this component the facility must--

(A) Analyze and document the incidence of infection to identify trends and establish baseline information on infection incidence;

(B) Develop recommendations and action plans to minimize infection transmission, promote immunization; and

(C) Take actions to reduce future incidents.

(b) Standard: Monitoring performance improvement.
 The dialysis facility must continuously monitor its performance, take actions that result in performance improvements, and track performance to ensure that improvements are sustained over time. Each facility must participate in ESRD network activities and pursue network goals.

(c) Standard: Prioritizing improvement activities.
 The dialysis facility must set priorities for performance improvement, considering prevalence and severity of identified problems and giving priority to improvement activities that affect clinical outcomes or patient safety.

Quality Assessment and Performance Improvement

- Use of professionally accepted clinical practice guidelines to track health outcomes
- Identification, prevention, and reduction of medical errors
- Action towards improving outcomes not meeting target levels
- Patient satisfaction is included – CAHPS tool is recommended by CMS

Quality Assessment and Performance Improvement

Use of principles of CQI

- Monitor data/information
- Prioritize areas for improvement
- Determining potential root causes and barriers
- Set measurable goals
- Developing, implementing, evaluating, and revising plans that will result in improvements in care

Quality Assessment and Performance Improvement

- Adequacy of dialysis
- Nutritional status
- Bone and mineral metabolism
- Anemia management
- Vascular access
- Medical errors AKA Patient Safety
- Hemodialyzer reuse
- Patient satisfaction and grievances
- Infection control including surveillance and immunization status

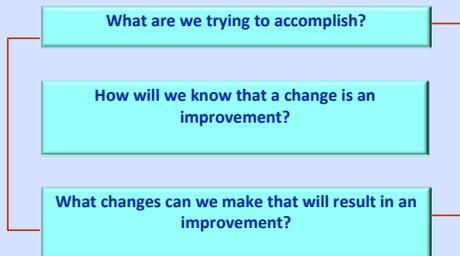
QAPI Means...

- Monitor
- Recognize
- Act

Or, in other words...

- What am I trying to accomplish?
- How will I know a change is an improvement?
- What changes can we make that will result in an improvement
- Then...PDCA

IHI Model for 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
 - And...
- Significant, long-term, positive impact only occur when someone takes the initiative

Measures Assessment Tool

Fig.	Condition/Standard	Measures	System	Reference	Source
101	Hand hygiene	Hand hygiene	Hand hygiene	ADDF 8001	Manual
102	Hand hygiene	Hand hygiene	Hand hygiene	ADDF 8001	Manual
103	Hand hygiene	Hand hygiene	Hand hygiene	ADDF 8001	Manual
104	Hand hygiene	Hand hygiene	Hand hygiene	ADDF 8001	Manual
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