Using QAPI to Improve Care: Making it Work

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Module 4: QAPI: Setting Goals and Identifying Barriers

OBJECTIVES

- Identify 2 components to a quality improvement goal
- Describe the 2 kinds of data
- List 3 tools for conducting root cause analysis

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

Submit
Clear

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 23% catheter rate in 6 months
- We will decrease our catheter rate by 2% every month
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 administration?
Your Measurement – Objective Data

- Begin to collect information about your problem, your observations
- 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? What is the benchmark?

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 for 6 months
- At the end of 6 months we will evaluate the success of the project: Goal - Our catheter rate will be 23% 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

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 our root causes?

- Problem: 35% of patients have catheters for more than 90 days
- Goal: Decrease 90 day catheter rate to 23% in 6 months
- Root cause(s): Difficulty in getting new accesses placed

What are the barriers?

- What are the barriers to overcoming these root causes?
- What barriers are within your control and what are not?

End of Module 4

Thank you!

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