

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

Submit

Clear

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

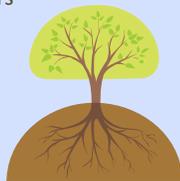
- Begin to collect information about your problem, your observations
 - Collect simple points of information at regular intervals **over time**
 - KISS – counting the number of days between episodes of infections might be simpler and more meaningful than collecting every episode of access infection
 - **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



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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