

## F. Focused Quality Assurance Activities

As a complement to the wide ranging quality improvement initiatives of The Renal Network, focused interventions were conducted to provide more direct contact between the Network and facilities failing to meet Network goals.

### 1. Fistula First.

There are four focused intervention projects included in Fistula First (FF) activities.

The projects are:

1. Decreasing Catheters
2. Changing Patient Culture
3. Community Partnerships
4. Root Cause Analysis

These projects are described at length with charts displaying progress toward goals in section 3.E.

### 2. Facility Intervention Profiling System.

Using data routinely reported to the Network, the MRB utilizes the Facility Intervention Profiling System to analyze all available aspects of quality of care. The facility profiling process is designed to identify facility outliers in order to assist in improving quality of care. The process assigns weighted points to quality indicators, based on the indicator's importance to patient care.

Data used for the profile includes:

- fourth quarter sample provided by the lab data collection
- Standardize Mortality Ratio (SMR)
- Standardized Hospitalization Ratio (SHR)
- vascular access data
- grievances and complaints
- compliance with Network reporting requirements.

Point levels & actions included:

- No points: notification of job well done
- 1 – 9 points: notification of points received, no response required.
- 10 to 39 points: facility internal review requested.
- 40 to 49 points: MRB required facility review and action plan submitted to the Network.
- Greater than 50 points: MRB required facility review, action plans, and site visit if no

improvement is achieved by the facility.

The Network intervenes with any facility acquiring a total of 40 or more points. Any facility acquiring more than 40 points for three consecutive years is subject to a site visit.

There were six facilities with 40 or more points in 2008. These facilities were required to participate in

Network Quality Improvement Projects, submit action plans to the Network and perform internal reviews according to the areas of points assigned. All six facilities were successful in decreasing their total acquired points by the 2009 profile (see Figure 69 below).

<b>Figure 69 – Facilities &gt;40 Points 2008</b>		
<b>Facility</b>	<b>2008 Points</b>	<b>2009 Points</b>
<b>A</b>	40	25
<b>B</b>	43	25
<b>C</b>	42	12.5
<b>D</b>	50	10
<b>E</b>	40	30
<b>F</b>	45	42.5

Network staff and the MRB chairman visited one of the six facilities for lack of improvement in the areas assessed points and quality of care concerns. Findings at the site visit were reported to the State Agency and the Network project officer.

**2009 Intervention Facilities.** The following plan was approved by the

MRB in October 2009 and implemented:

- 1) Facilities received a letter with the points they were assessed and a description of the intervention profiling process.
- 2) Targeted facilities (those with 40 or more points) were contacted

in October 2009 to determine their most current data. Discussions with these facilities surrounded assistance being provided by the Network in the areas that points were assessed and required to submit an action plan for improvement to the Network. Interventions included providing resources to the facilities, participation in specific quality improvement projects, and technical assistance.

During 2009, four facilities were identified for intervention based on their points scored on the profiling system. Three of these

facilities had 40 to 49 points, and one of the facilities had 50 points. It was mandated that facilities targeted for intervention profiling were involved in quality improvement initiatives based on certain substandard areas. The following table (Figure 70) displays the number of facilities that had points in the areas where quality improvement projects are being conducted (not mutually exclusive).

The targeted facilities will be expected to improve by the 2010 intervention profiling analysis set for August.

**Figure 70 – Areas of Points Accumulations**

Substandard Area	Number of Facilities w/Points *
Prevalent Patient Fistula Rate <40%	3
<85% of Patient with Kt/V $\leq$ 1.2 & URR $\leq$ 65%	3
Standardized mortality ratio (SMR)	4

\*Some facilities had points in all areas.

### 3. CPM Plan – Hemodialysis Adequacy QIP.

In May 2009, twelve hemodialysis facilities in Network 9/10 were identified by the MRB using 2008 Fourth Quarter Lab Data as being sub-standard performers in adequacy of dialysis.

These facilities had dialysis adequacy rates below the MRB threshold of two standard deviations (83.6% Kt/V) below the Network mean (92.0% Kt/V) raising concerns of inappropriate patient care.

The goal of this project was that, by March 2010, 60% of the targeted facilities met or exceeded the Network average of 92% patients with adequate dialysis. More information and charts displaying project outcomes can be found in Section 3.E.

#### **4. Grievance Process.**

Most activities related to the Network grievance process provide direct and focused intervention between the Network and the dialysis provider. When a complaint is filed, the Network intervenes to help resolve the complaint between the patient and the dialysis provider. With the patient's permission, the Network contacts the provider to discuss the issue and suggested resolutions as appropriate.

The Network also provides additional resources to the patient and provides coaching assistance on problem-solving and communication skills as needed. In the course of the examination of the grievance, facility processes are examined. When deficiencies are noted, corrective action plans are developed and monitored by the Network.

Additionally, the analysis of grievance data often produces topics for quality improvement such as the Barriers to Outpatient Dialysis project, which is described in Goal 2.

Complete details on the Network grievance process can be found in Goal 3.