

QAPI

Where do I begin?

The Renal Network Annual Meeting

March 10-11 2009

Catherine Colombo RN CNN

Conditions for Coverage

- **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 Highlights

- Effective
- Data-driven
- Interdisciplinary, participative
- Focused on indicators and outcomes
- Including prevention/reduction of errors
- Ongoing
- Documented

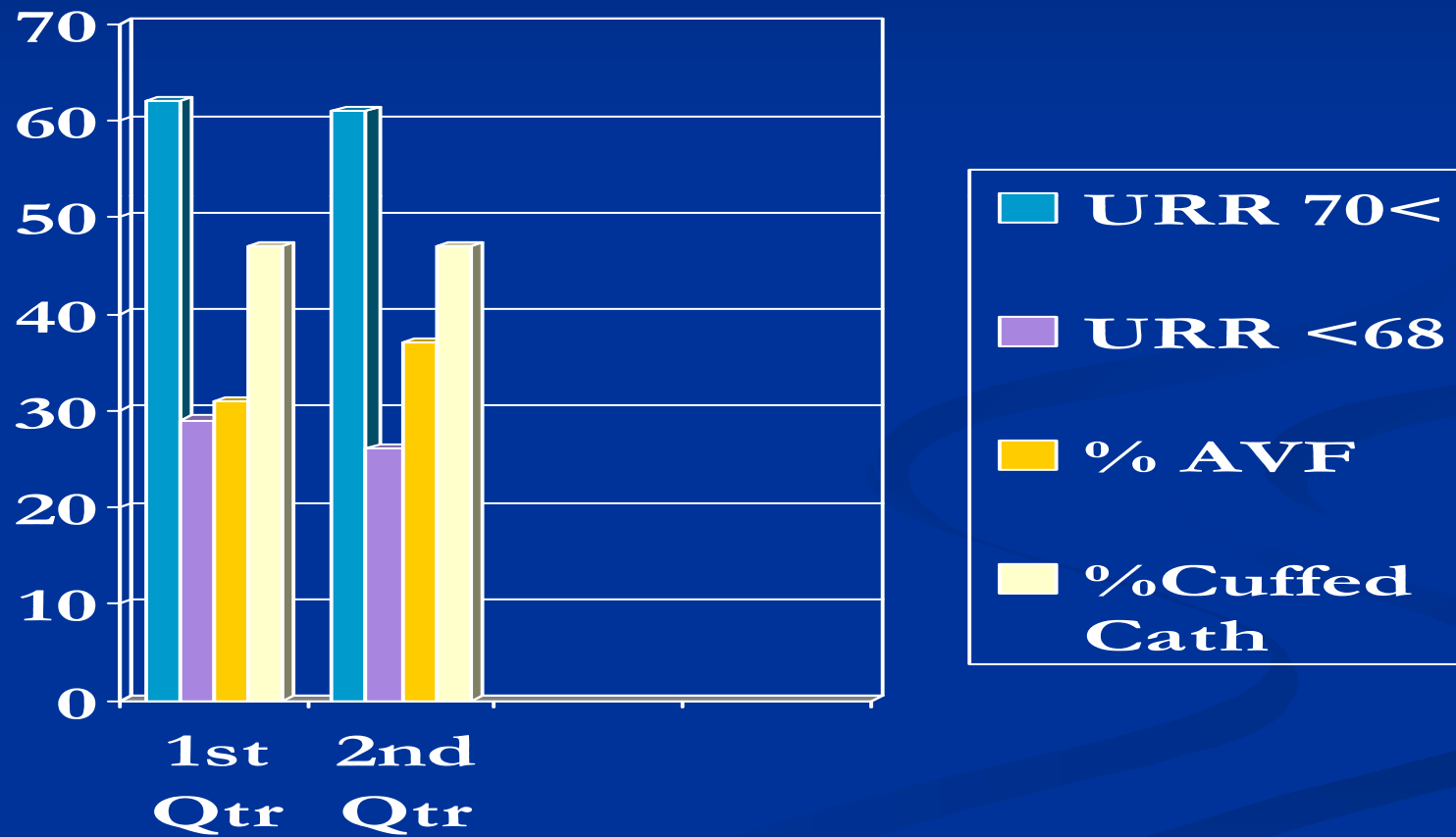
Data

- Internal resources
- Network Data
 - Scorecards
 - Fistula First Reports
- Goals set by looking at MAT
- Measures Assessment Tool
 - Published by CMS (appendix to Interpretive Guidelines)
 - Guide for accepted standards of quality measures

Our Story

- Resurrection Medical Center
 - Metropolitan Medical Center 300+ beds
 - 14 station Outpatient Dialysis Center 60-65 patients
 - Management challenges
 - Current Manager on board 7 months
 - Supportive Administration and Medical Director

Data



Network Facility Vascular Access Data

- Insert graph here

Compare your Facility

- Compare your Facility to like Facilities in the Region
- The Renal Network Facility Vascular Access Profile
 - Prevalent Fistula Rate for June 2008 29.3%
 - 4th from the bottom
 - Prevalent Fistula Rate for December 2008 39.6%
 - 7TH from the bottom
- Slow progress- Opportunity exists

Challenges

- “Our patients are older and sicker”
 - Mean age:
- “The patients don’t want a fistula”
 - Lack of education
 - Catheter Culture
- Who is managing the process?
 - No Access Coordinator
 - No standard process for AVF evaluation

Goal

- Fistula is preferred access for Hemodialysis (MAT)
 - Goal is 66% Prevalent Fistula rate
- How many patients do you need to get there?



Plan

- Implement Vascular Access Coordinators
- Members of IDT to attend Network Seminar
- Develop Patient Education Tools
 - Be creative
- IDT (including Access surgeon) to meet
 - How can Inpatient staff help?
- IDT to re do standing orders for access

Key Points

- Document, document and document
- Don't put the plan on the shelf. It is a dynamic document
- Follow- up
- Document, document, document