

QAPI: Medical Director Responsibilities

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494.150 Condition: Responsibilities of the Medical Director

- Medical director responsibilities include, but are not limited to, the following:
 - (a) Quality assessment and performance improvement program.
 - (b) Staff education, training, and performance.
 - (c) Policies and procedures.

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QAPI: Highlights

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

What is the QAPI?

- Monthly meeting
- Facility Manager, RN, Medical Director, Dietitian, Social Worker, Technical Staff
- Minutes kept
- Trends assessed
- Actions taken

What is the QAPI *not*?

- Dialysis rounds
- Interdisciplinary care plan meeting

Elements of the QAPI

- Measures Assessment Tool
 - Published by CMS (appendix to Interpretive Guidelines)
 - Guide for accepted standards of quality measures
 - Likely to be used by surveyors

Elements of the QAPI: Water Quality

- Max chloramine < 0.1 mg/L (each shift)
- Max total chlorine < 0.5 mg/L (each shift)
- Bacterial cultures
 - Product water < 50 CFU
 - Dialysate < 200 CFU
- Endotoxin
 - Product water < 1 EU
 - Dialysate < 2 EU

Elements of the QAPI

- Adequacy

- HD: % of patients with $spKt/V > \text{or} = 1.2$

- PD: % of patients with weekly

- $Kt/V_{\text{urea}} > \text{or} = 1.7$ (dialysis + residual function)

Elements of the QAPI: Nutritional Status

- “Examples of nutritional parameters to be addressed include, but are not limited to:
 - Nutritional status;
 - Hydration status;
 - Metabolic parameters such as glycemic control (if diabetic) and cardiovascular health;
 - Anthropometric data such as height, weight, weight history, weight changes, volume status, amputations;
 - Appetite and intake;

Elements of the QAPI: Nutritional Status

- Ability to chew and swallow;
- Gastrointestinal issues;
- Use of prescribed and over-the-counter nutritional, dietary, or herbal supplements;
- Previous diets and/or nutrition education;
- Route of nutrition.
- Self-management skills
- Attitude to nutrition, health, and well-being; and
- Motivation to make changes to meet nutrition and other health goals.

Elements of the QAPI

- Mineral metabolism/bone disease
 - Ca, Phos, PTH
 - % within target range
- Anemia management
 - Mean Hgb, Hct, ferritin and transferrin saturation
 - % within mean 10-12 g/dL

Elements of the QAPI: Vascular Access

- Cuffed catheters > 90 days
 - Decrease to <10%
- AV fistula using two needles
 - Increase to >65%
- Thrombosis episodes
 - Graft: < 0.25/pt/year
 - Fistula: < 0.5/pt/year
- Patency: % with AVF > 3 yrs and Graft > 2 yrs

Elements of the QAPI

- Medical injuries and medical errors identification
 - Decrease frequency through prevention, early identification and root cause analysis
- Reuse
 - Decrease adverse outcomes

Elements of the QAPI

- Patient satisfaction and grievances
 - Report and analyze grievances for trends
 - In-center hemodialysis surveys
 - Prompt resolution of grievances
 - Increase % of patients satisfied
- Infection Control
 - Analyze and document incidence
 - Minimize infections and transmission
 - Promote immunization

Elements of the QAPI

- Vaccinations: Hepatitis B, Influenza, Pneumococcal
 - Document
 - Increase % vaccinated on schedule
 - Increase % receiving flu shots 10/1 – 3/31

Elements of the QAPI: Health Outcomes

- Physical and mental functioning
 - KDQOL-36 survey annually
 - Increase % completing survey
 - Achieve and support “appropriate status”
- Patient survival
 - Standardized mortality ratio (SMR)
 - Goal is < 1.0 or decreasing mortality

Keys to Successful QAPI

- Engagement by Medical Director and Facility staff
- Regular scheduled meetings
- Data collection/analysis
- Careful documentation
- CQI tools
 - Plan/Do/Check/Act