QAPI – The Ripple Effect

Fistula First and beyond

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Objectives

- Demystify the QAPI process
- Demonstrate the interrelationship of quality indicators from a clinic’s actual experience. (ripple effect)
- Identify common barriers in developing a quality program
- Identify the key components of a successful quality program
Our story

- 2 separate units
  - PSMH Regional Dialysis Centre – 24 station non profit hospital based unit – 110 hemo 38 home therapies, in patient acute dialysis. (over 30 years of service).
    - 74% fistula, 3% cath’s > 90 days. Dr Breitenfield Silver Awards in 07 and 08.
  - MDC – 15 station JV freestanding for profit unit – 40 hemo and 2 pd (4 years of service)
    - 72% fistula, 4% cath’s > 90 days. Dr Breitenfield Gold Award in 09.
- Separate entities with shared staff, IDT leaders, nephrologists, surgeon, etc
Lessons Learned

- PSMH unit struggles
  - “loved patients”…..to death??
  - 7-8 years ago struggled with indicators most importantly morbidity and mortality.
  - Ahead of the curve with vascular access upper 40%’s
  - “pet project” before Fistula First
  - Binge and purge quality program but obvious that fistula patients “did better”
  - Drill down – fistula patients most likely to meet other indicators.
  - Less than 2 years later meeting or exceeding most indicators
Not reinventing the wheel

- MDC opens 2005
  - Used existing quality models
  - Staff very familiar with quality
  - Initial quality data “good” not good enough – spirit of competition was natural.
  - Able to focus on the art of drill down.
2008 results – Goal 70% fistula rate

- Apparent theme emerged
  - AS fistula rates rose so did other core indicators

- Case of the chicken or the egg??
  - Is it direct effect with fistula being the driving force?
  - Is it indirect effect with drill down of outliers identifying common issues effecting multiple indicators?
Both PSMH Dialysis and Manteno Dialysis have average fistula rates of 70% or more (68-76%). And permanent cath rate consistently below 5%.
MDC Results

2008 fistula rate

<table>
<thead>
<tr>
<th>Month</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Jan</td>
<td>64</td>
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<tr>
<td>Feb</td>
<td>66</td>
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<td>Oct</td>
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<td>Nov</td>
<td>70</td>
</tr>
<tr>
<td>Dec</td>
<td>68</td>
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</tbody>
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Bonus!!
Side by side fistula and kt/V
Hemoglobin

[Bar chart showing hemoglobin levels in percentage of patients for different months: Jan-Mar '08, Apr-Jun '08, Jul-Sep '08, Oct-Dec '08. The chart indicates the percentage of patients with hemoglobin levels of 0-10 g/dL, 10-12 g/dL, and >12 g/dL for each period.]
Hemoglobin and fistula
Benchmarking hgb qtr 4 2008

hemoglobin

- < 10
- 10-12 target
- > 12

Expected, MDC, IL, NW 9/10
Other indicators

- The Ripple Effect:
- Access complications: Decrease of 50%
  Episodes decreased from 1:18pm to 1:36pm
- Infection Control:
  NINE CONSECUTIVE MONTHS INFECTION FREE!! 0% infection rate for BSI, exit site, or access site infections!!
- Decrease in overall phosphorus < 5.5
- Increase in Albumin > 4.0
- Patient satisfaction increased in areas of education and quality of care.
QAPI – what is it?

- Sea of Initials – QA, QI, PI, CQA, CQI, RCA, PDSA
  - DOQI = KDOQI
  - FF
  - PFP

- QAPI – Quality Assessment and Process Improvement
Navigating the sea of Quality

- Vascular Access
- Adequacy
- Anemia
- Nutrition
- Infection Control
- Quality of Life
- Mortality/morbidity
- And more……..
Approach to QAPI

Stagnation - resistance to change
  ` settling for good enough
  failure to stay current in practice
  Binge and purge of data
  Denial

Tidal Wave – chaotic reactive approach
  flavor of the month
  poor navigation
  failure to trend and respond – data overload
Ripples

- Safe/Steady churning of the water
  - Uses structure/planned interdisciplinary approach
  - Shared vision and ownership
  - Clear Goals
  - Measures/benchmarks
  - Tools
OK but what does it MEAN?

- It's not about the acronym
- **Our definition:**
  - Providing the treatment and achieving the outcomes **YOU** would want for **YOUR** own family.
  - “Care for the patient in the chair like the person you love most in the world”
  - Continuously challenging “good enough”
  - Has to be measurable and quantifiable.
  - It IS about……..
the B E S T

- BEST practice = BEST
- outcomes =

BEST CARE

test and tweak

Be aware

strategize

Explore and explain
**Be Aware**

- **Needs assessment**
  - What do we do well? – strengths, practices and processes that work – are they exportable?
  - What can we do better? Evidence based data driven.
    - Benchmarks – Network reports, Dialysis Facility Compare, FF, USRDS, DOPPS, etc
    - Research – journals, seminars, conferences, networking

For Us – getting fistula placed, cannulation, assessing, physician support, and staff buy in were strengths.

Incident patients from in and out of the area with no CKD ed, caths in place, infections lead to delays in fistula or access infection were barriers.
Explore and explain

- Look at the data
- Walk through the unit with eyes wide open
- What are our variances
- What are our strengths and our barriers
- Develop a realistic agreed upon Goal

For us: assuming out of area pts were biggest problem, drill down of outliers, infection data by type of access, (tunnelled and non tunnelled, cath, fistulae, graft). When were infections and caths occurring, how, why, who. Patterns and trending were key. VAM asset but staff viewed access as her responsibility. DENIAL…

So…..

Goals – Improve fistula rate to 70% consistently.
Strategize - avoid the paralysis of analysis

- How to exploit strengths, remove barriers
- Use of resources direct effect (interventions) and indirect (documentation and data management)
- Benchmarks
- Ownership and team involvement
- Communication of progress

For us: strong quality program, monthly meeting, add review of outliers specifics with MD, EMR with reporting capabilities and charting ease, recomp of staff for cath/access care incorporating hand hygiene, competition, PPE. Use “whats in it for me” with everyone, patient involvement/education. Utilize entire IDT team link to nutrition, QOL, anemia mgmt, pt and MD satisfaction, added to annual evaluations for all staff.
Test and tweak

- Initiate interventions
- Accumulate data
- Pattern and trend
- Drill down
- Communicate progress, gather input, monitor variances,
- Respond with updated interventions.

For us: outlier trends, monthly quality meetings, unit meetings, email, reading material for potty breaks, - hand gel on machines, skills day, ckd ed follow up, appts, assessments, (anemia, home therapies growth, etc) Foot checks, send out for non dialysis abx., etc which started us back at B
BEST take aways for us

- Easy for stagnation to occur in the quality pond – ripples work best
  - A few small pebbles got the water moving without the white water rapids ride that would have occurred if we threw all our big rocks in at once. (focus and clarity are key)
  - The water will ripple in all directions if we’re all paddling in the same direction. (shared vision with clear goals)
  - Always carry a life preserver even in gently rippling water, storms can still happen. (be prepared to adapt, change interventions, refocus)
  - Don’t overlook the other fish/ecosystem in the pond pursuing the elusive Big one. (analyze all indicators to be sure they’re all responding to the interventions in a positive way. Toxic ripples are NOT the goal.)
  - Using a structured interdisciplinary approach towards an indicator will improve indicators across the board – the drill down
Results – Chicken or the Egg??

- The Ripple Effect:
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- Patient satisfaction increased in areas of education and quality of care. QOL??
All in the family

- Working toward improved fistula rates positively impacted all our quality goals.

- AS fistula rates continued to improve to +70% so did anemia, adequacy, infection, and nutritional indicators – K and Phos….QOL??

- Using “drill down techniques” identified outliers with related quality issues or trends allowing for barrier identification. ……
Example

- Patient “Anna Uria” –the labels- “refuses to get fistula” “non compliant with treatment” “sullen/angry/withdrawn”

- Drill down: shortens or skips tx, URR 61, hgb 9.8, albumin 3.2, phos 8.2, K 6.2

- 68 y/o AA female on hemodialysis 6 mos after acute presentation to ER ckd due to HTN. Single raising 14 y/o grandchild. Had worked at dept store prior to CKD.
Two roads which do you choose?

- Tunnel vision binge and purge of data – education focused on fistula – everyone knows its better for you, “if you don’t comply you die”, etc

- Interdisciplinary approach – focus on all issues – who is she really?
  - New to dialysis – death sentence, history of poor outcomes with f/f on dialysis.
    - Unable to work loss of income, loss of housing, transportation issues, food costs, medication costs.
    - Physically “sick and tired” – hgb, alb, adequacy.
    - Concerned about grandchild, home alone, who’s going to take care of him when I die? Who’s going to be around while I have surgery?
    - Why bother I’m dying.....
Patient Centered Goal Setting

- Have a fistula? – she could care less!!! Means nothing to her life. Need to speak the patient’s language.

- Supporting her and the grandchild is what matters to her
  - Education – dialysis is NOT automatic death sentence, what can she expect, how can she impact outcomes? Not alone in circumstances – grieving process- coping skills, support group.
  - Her goals -Return to work – home therapies? Helps her work and spend time with grandchild – flexible. PD/HH
  - Working thru logistics – housing, meds, transportation, food, paying for surgery, supervision of grandchild.
The walls come tumbling down

- Addressed basic survival issues
- Fistula placed and used at 2 months
- URR 73% on 3.5 hours, phos 5.2, K 5.0 Alb 3.8 hgb 11.5.
- Start home therapies and return to work scheduled.
- Not possible in tunnel visioned isolated multidisciplinary binge and purge approach to QAPI.
Successful QAPI is

- A continuous cycle – a journey not a destination
- a structured approach to achieving best care
- Interdisciplinary and all inclusive
- Utilizes resources effectively to maximize interventions and minimize data management
- responsive
- Evident in the faces of our patients
Successful QAPI is NOT

- Paralysis of analysis – data only
- All consuming nor occurs in a vacuum
- about the “numbers” it IS about Joe, Mary, Bob, Alice, etc and giving them another birthday, anniversary, getting to meet that new grandchild, another family dinner… Quality of LIFE.
Objectives

- Demystify QAPI
- Demonstrate the interrelationship of quality indicators
- Identify common barriers in developing a quality program
- Identify the key components of a successful quality program
Thank you

- For your attention
- For your time
- For your dedication to your patients!
- Wishing you smooth sailing through the ripples!
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