QAPI & Vascular Access Management Success

Quality Assurance
Performance Improvement Program
Works well for vascular access management
Susan Wood RN BSN, DaVita
Why a QA Process?

- CMS Measures Assessment Tool (MAT)
- § 494.110 Condition: Quality Assessment and Performance Improvement (V625-640):
  - Facility aggregate data
  - Facility-based assessment
  - Driving improvement of care
- Plan of care Condition expects individual patient improvement of care.
- Improving access = improving other outcomes
  → Specific vascular access QA process
The dialysis facility must develop, implement, maintain, and 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 and services (including those under arrangement), and must focus on indicators related to improved health outcomes & the prevention and reduction of medical errors. The dialysis facility must maintain & demonstrate evidence of it’s QAPI program including continuous monitoring for CMS review.
V627 Ongoing; uses indicators = improved health outcomes V712 MD resp: QAPI Program

V633 QAPI Indicator: Vascular access V725 CfC: Medical Records

V638 Continuously monitor/take action/track/sustain improve V730 MR: Centralize all info; each member of IDT has access
Running Successful QA Meetings

- Advance preparation
- Meeting logistics
  - Right people invited and attend - Interdisciplinary Team, Vascular Access Managers
  - Frequency - Monthly
  - Ground Rules
  - A Goal!
- Meeting execution
  - Facilitator
  - Data use to guide process → Discussion → Decisions → Action Plan
  - Decision making process
  - Accountability & Follow-through
  - Check the effectiveness of past action
- Evaluate and review your vascular access management plans
Advance preparation

- Gather access data days before meeting
- Analyze for trends
  - Access status
  - Access performance
  - Differences in vascular surgery groups
- Evaluate results of vascular access action plans made at previous meeting
- Be ready with discussion points to address recent vascular access trends noted prior to meeting
- Issue meeting agenda to IDT prior to meeting
Invite All Interdisciplinary Team Members

- Multi-disciplinary
  - MD, FA, CSS, PD RN, HHD
  - RN, ICM, Anemia Manager,
  - Access Mgr, RD, Safety Manager,
  - Biomed, CSS, DCS, ROD

- Schedule the meeting well in advance so that key members are available

- Get IDT member reports before meeting if members have time conflicts.

- Enable attendance via conference call.
#1 Tool – documentation

- Maintain facility vascular access data binder/spreadsheet for ongoing reference
  - Contains audits, logs, other detailed information
- Clinical outcome data reports
- Use a QAPI form/process
Prioritize Discussion

Priority is with those items that affect patient outcomes.

- Follow a QAPI outline
- CMS conditions for Coverage mandates prioritization of action plans based on patient outcomes.
  - Infection control
  - Focus on Quality Assurance Activities
Successful meeting - create action plans during the meeting.

- Be specific
  - Identify root cause of noted Vascular access trends
  - Assign specific tasks to specific people – insure buy in of the individual
  - Create timeline for steps/tasks
    - Reassess the results throughout the timeline
  - Identify your resource requirements
  - Evaluate and adjust

- How will the plan be monitored and evaluated?
Action Plan Revision begins with an evaluation of the existing plan.

- Root Cause. Aim to be proactive rather than reactive.
- Assessment - How effective was the action plan?
- What changes need to be made?
- Identify responsible party and target date for action.
- Priority level for each action
Create a simple list of all of the tasks needed to achieve an objective.

1. Identify the root cause of the problem – each patient is unique. Multiple root issues possible.
2. Identify concrete actions that address the root cause
   - List the specific steps
   - Name the resources
   - Make a timeline

What changes are going to happen?

- Appoint the responsible person
- Evaluate weekly throughout the process

How will you know if you are successful?
Follow up

- Identify key person(s) to follow up on action items
- Stick to the timeline; specific date and time that action will be accomplished
- Review efficacy of plan
- Adjust plan if necessary
Evaluation of Action Plans

- Review result of action plans for next meeting, build on knowledge gained
- Continue to apply QAPI process/review monthly
- Vascular Access Report should be part of discussion at following QA meeting.
Optimal Patient Outcomes

Vascular Access Priority drives Optimal Patient Outcomes!
Successful Quality Assessment (QA) Meeting Process Review

- Advance preparation.
- Interdisciplinary Team Members should be invited.
- Develop action plans during the meeting.
- Assign accountability to specific team members for follow up items/actions.
- Evaluate and review your vascular access management plans.
7 Steps to Wipe Out CVCs!

Step 1: Educate patient & family about the benefits of:
AV Fistula
KDOQI recommendations - including "Rule of 6s."

Step 2: MD referral orders for bilateral vessel mapping & surgical evaluation for AV Fistula only.

Step 3: Schedule patient for bilateral vessel mapping and surgical evaluation for AV Fistula only.

Step 4: Schedule patient surgery for AV Fistula

Step 5: 4-6 weeks Post-op send patient for evaluation of AV Fistula ("Rule of 6s")

Step 6: Schedule patient for AV Fistula cannulation.

Step 7: Schedule patient for CVC removal.
KDOQI “RULE of 6’s”

- VA 2006 KDOQI Guideline
- A Measurable tool to Assess maturation: Depth below skin Approximately 0.6 cm - Diameter Greater than 0.6 cm
- Vein **MUST** Mature **Prior** to the First cannulation 6 - 8 week Post Op Check AVF Maturation
- For all **New** AVF’s prior to cannulation Access Blood Flow Greater than 600 mL/Min