

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT IN DIALYSIS



Technicians CAN Make a Difference!

What We Will Talk About

- The importance of including technicians in the dialysis facility QAPI program
- CMS expectations for QAPI programs in all dialysis facilities, and how QAPI is reviewed in the new CMS ESRD Core Survey
- Technicians' role and contributions to their facility QAPI program

CMS New ESRD Core Survey

- More **efficient** use of survey resources to conduct a more **effective** survey
- Focuses on what **really** impacts **patient safety** and **quality care** delivery
- Streamlines traditional survey reviews in some areas (water/dialysate, environmental tour, etc.)
- **Enhances** reviews in a few critical areas (**QAPI**, infection control, Patient “voice”)

CMS Expectations for QAPI

Program must be sufficiently comprehensive and robust to:

- Monitor all facility operations/services,
- Recognize when performance improvement is indicated,
- Take actions to attain and sustain improvements, and
- Support a facility-wide “Culture of Safety” that assures optimum patient safety

An effective QAPI program
MUST involve all levels of
facility staff, including
technicians!

(it's not just the "QAPI
Committee" anymore)

The Importance of Staff Inclusion in Performance Improvement is Well Documented

"Everyone is an expert in a highly specialized field...his or her own job. Odds are, each individual knows better than anyone how to improve it."

Wolfe Schmitt, CEO of Rubbermaid

"The real experts about your organization are your own people, and the management challenge lies in tapping into this wealth of knowledge. The ideas people will support most are the ones they come up with themselves. Asking people for their input encourages both creativity and buy-in."

Ed Oakley and Doug Krug, "Enlightened Leadership"

"Tell me and I'll forget; show me and I may remember; involve me and I'll understand."

Chinese Proverb

Technicians' POV is Vital to Effective Dialysis Facility QAPI

Technicians are the FRONT LINE staff in dialysis

- YOU **know more about the patients** than any other staff designation
- YOU **operate and maintain** the dialysis equipment
- YOU know the **environment & "culture"** of the facility best
- YOU can best **identify risks** to patients
- YOU are the ones who **implement** the **performance improvement actions**

Conducting QAPI without the Technicians' POV gives an incomplete picture of the issues and will result in less effective performance improvement.

QAPI Review in the New CMS ESRD Core Survey

QAPI Review has 3 segments:

- **Monitoring ALL facility areas**
 - Clinical & operational indicators
 - Oversight of technical areas
- **Performance Improvement Activities in Critical Priority Areas and where it's needed**
 - Mortality review/evaluation
 - Infection prevention & control
 - Error/adverse occurrence tracking/investigation
 - Areas in need of improvement at THIS facility
- **Culture of Safety**
 - Risk identification and reporting
 - Patient engagement
 - Staff engagement

Technicians can contribute in ALL of these areas!

Monitoring All Facility Areas

Clinical & operational indicators/Oversight of Technical Areas Expectations

- Everything **monitored** & measured with established **standards/goals & requirements**
- **Recognize** when goals not met
- **Investigate** WHY
- **Take actions** to address issues and improve

Technicians' roles: PARTICIPATE & CONTRIBUTE

- **Volunteer** for projects/roles (i.e. vascular access manager, infection control "officer", electronic health records resource person, etc.)
- **Volunteer** your unique knowledge about issues for a more effective investigation of issues
- **Suggest** ways to resolve the issues to develop PI plans
- **"Buy" into** PI plans and **implement** them consistently

Performance Improvement Activities- Critical Priority Areas

- **Mortality review expectations**-all deaths reviewed/evaluated for causes, trends, and relationship to care received at the facility
 - Actions taken to address preventable causes

Technicians' Role in mortality review:

- Think about and report: how were the patient's last several treatments? Anything unusual? Trends?

Performance Improvement Activities- Critical Priority Areas

Infection Prevention and Control Expectations

- Infection occurrence tracking/trending
 - All positive cultures recorded and followed-up
- High risk disease management/vaccination
 - HBV, TB, influenza, pneumococcal pneumonia
- Staff education and visual practice audits for infection control
- Patient education in infection prevention

Technicians' Role in QAPI Infection Prevention and Control

- **Report** patient symptoms-fever, chills, redness or pain at access, new onset cough
 - **Note and report** patients on same shift or chair with infections
- **Educate and encourage** patients to accept vaccinations and get rid of CVCs
- **Understand** what is expected of YOU for optimum infection prevention practices
 - **Ask** to have the visual audit forms (checklists)
 - **Volunteer** to be the auditor
- **Educate and encourage** patients to be engaged in expecting good infection prevention practices
 - **Model professional** attitude when patients self-advocate

Performance Improvement Activities- Critical Priority Areas

Error/Adverse Occurrence Expectations

- **Reporting:** ALL events and **"near misses/close calls"**
 - ALL staff aware of what & how to report
 - **Open non-blaming** "culture" is pervasive-staff and patients feel free to openly report without fear of punishment or reprisal
- **Investigating:** **inclusionary of ALL involved**-gathering all pertinent info as to WHY (root/multiple cause analysis)
- **Addressing:** **planning and implementing** actions to prevent future recurrences (performance improvement)

Technicians' Role in Error/Adverse Occurrence Reporting, Tracking & Investigation

- **BE AWARE** of and report **ANYTHING** that may pose a risk to patients
 - **Unplanned events**
 - **Errors**
 - **Near misses**
 - **Environmental hazards (large and small)**
- **Offer your POV** of circumstances & **WHY**
- **Participate** in planning for addressing the problem-and **implement the plan**

Culture of Safety-Lessons Learned from Hospitals

Patient Safety can only be assured when there is a facility-wide “Culture of Safety” that supports:

- **Open, non-judgmental communication b/t all levels of personnel and patients**
 - **ALL are committed to shared patient safety goal (no blame/shame)**
- **Clear direction for staff of what is expected**
 - **Less reliance on memory**
- **Robust system for reporting & investigating causal factors of ALL abnormal events, and near misses/close calls**
 - **NOT WHO is to blame, but WHAT and WHY did it happen?**



CMS Expects All Dialysis
Facilities to Implement a True
Culture of Safety!

not just in words or on paper

QAPI Review for a Facility-Wide Culture of Safety

- **Patient engagement:** verifying that patients' "voices" are encouraged and listened to
 - **HRQOL results reviewed**
 - **Patient complaint/grievance system reviewed**
 - **Patient satisfaction is assessed and acted upon**
- **Staff engagement:** verifying staff are educated in and encouraged to freely report concerns
 - **Staff suggestion/complaint system reviewed**

Technicians' Role in Your Facility's Culture of Safety

- **Speak up** about your work environment, issues, and concerns that may lead to problems with patient safety
- **Report ALL abnormal events and close calls**- openly give your POV of what and why
- **Encourage patient engagement**-don't take offense if they speak up-YOU are the professional
- **Know what is expected** in all of the care you give- **have clarity** on HOW to best do things to protect patients and do it that way all the time
- **Be open & honest with surveyors** about your facility's "culture"! They can help improve things!



**Celebrate What YOU Do to
Improve Your Patients' Lives!**