Using the Core Survey to Determine the Safety Culture in a Facility

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Data as a FIRST Step

Inclusive Team QAPI

- IDT members listed at V541
  - Medical Director, Nurse Manager, MSW, Registered Dietitian
- All levels of direct patient care and technical staff
- Patients

Momentary QAPI team of a dialysis clinic

Who Is Needed?

Who has the necessary knowledge?
Who is critical to implementation of change?
Who is ready for professional growth?
Whose thinks outside the box?
Who knows the most about the box?

Team Participation

Preparation for active meetings

Possible Meeting Strategies

Work Between Meetings
- Discipline in the Face of Urgency
- Outreach

Support and Celebration

Structure and Scope

- **ALL** clinical and operational indicators
- **Data** segmented
  - By program (CAPD, CAPD; HD 3x/week, >4x/week, nocturnal)
  - By setting (home or in-center)
- Clinical and operational indicators monitored as often as needed
  - Daily, Monthly, Quarterly, Annually
- Data **trended** for last 6 months and **analyzed**

Regulatory Dashboard

Plan Of Care	Injuries Errors V634	Vascular Access V633	Tech/ Reuse V635	Pt Satis/ Grievance V636	Infection Control V637
Fx/rehab V627	Med/Rx	% catheters >90 days	Water Quality	Complaints made	Septicemia
Adequacy V629	Falls	Infections	Chlorine	Complaints resolved	% vaccinated HBV, flu, PNA
Nutrition V630	Hypotension	Failures	Pt signs/ sx	% satisfied	Hep B pts
CKD MBD V631	Equipment malfunction	Infiltrations	D error setup	HCQOL	*IC Compliance*
Anemia V632	Blood loss		D error tx		Water & Dialysate
Fluid/BP V543	Needle sticks				
Mortality /Hospital	Tx probs				

Outcome Goals per Current Standards: The MAT

MEASURES ASSESSMENT TOOL (MAT)

Tag	Condition/Standard ➡	Measure ➡	Values ➡	Reference ➡	Source
V550 V551	(5) Vascular access	Fistula Graft Central Venous Catheter	Preferred, if appropriate[4,5] Acceptable if fistula not possible or appropriate[4,5] Avoid, unless bridge to fistula/graft or to PD, if transplant soon, or in small adult/peds pt[7]	[4]=KDOQI Vascular Access 2006 [5]=Fistula First	Chart Interview
V552	(6) Psychosocial status	Survey physical & mental functioning by standardized tool, e.g.KDQOL-36 survey	Documentation of action in response to results	Conditions for Coverage CMS CPM 4/1/08; DOPPS	Chart Interview
V553 V554	(7) Modality	Home dialysis referral Transplantation referral	Candidacy or reason for non-referral	Conditions for Coverage	Chart Interview
V555	(8) Rehabilitation status	Productive activity desired by patient Pediatric: formal education needs met Vocational & physical rehab referrals as indicated	Achieve & sustain appropriate level, unspecified	Conditions for Coverage	Chart Interview
V562	(d) Patient education & training	Dialysis experience, treatment options, self-care, QOL,	Documentation of education in record	Conditions for Coverage	Chart
	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. Refer to your ESRD Network's goals for targets for aggregate patient outcomes.				
V628	Health outcomes: Physical & mental functioning	Survey adult/pediatric patients by standardized tool, e.g. KDQOL-36 survey	Achieve & sustain appropriate status ↑ % of eligible patients completing survey	Conditions for Coverage CMS CPM 4/1/2008	Records
V628	Health outcomes: Patient hospitalization	Standardized hospitalization ratio (1.0 is average, >1.0 is worse than average, <1.0 is better than average)	↓ hospitalizations	Conditions for Coverage	DFR Records
V628	Health outcomes: Patient survival	Standardized mortality ratio (1.0 is average, >1.0 is worse than average, <1.0 is better than average)	↓ mortality	Conditions for Coverage CMS CPM 4/1/08	DFR Records
V629	(i) HD adequacy (monthly)	HD: Adult (patient with ESRD ≥3 mo)	↑ % with spKt/V ≥1.2 or URR ≥65% if 3 times/week dialysis and stdKt/V ≥2.0/week if 2 or 4-6 times/week dialysis	Conditions for Coverage CMS CPM 4/1/2008, MIPPA	DFR Records
V629	(i) PD adequacy (rolling average, each patient tested ≤4 months)	PD: Adult	↑ % with weekly Kt/V$_{urea}$ ≥1.7 (dialysis+RKF)	Conditions for Coverage CMS CPM 4/1/2008	DFR Records
V630	(ii) Nutritional status	Facility set goals; refer to parameters listed in V509	↑ % of patients within lab target range on albumin and other nutritional parameters set by the facility	Conditions for Coverage	Records
V631	(iii) Mineral metabolism/renal bone disease	Calcium, phosphorus, & PTH	↑ % in target range on all measures monthly	Conditions for Coverage CMS CPM 4/1/2008	Records
V632	(iv) Anemia management Monitor patients on ESAs &/or patients not taking ESAs	Anemia symptoms Blood transfusion Serum ferritin & transferrin saturation or CHr Patient education on ESAs	↓% of patients with anemia symptoms ↓ % of patients (esp. transplant candidates) transfused Evaluate if indicated ↑% of patients educated about potential risks/benefits	FDA 6/24/11 for more info	DFR Records Interview
V633	(v) Vascular access (VA) Evaluation of VA problems, causes, solutions	Cuffed catheters > 90 days AV fistulas for dialysis using 2 needles, if appropriate Thrombosis episodes Infections per use-life of access VA patency	↓ to <10%[6] ↑ to ≥65%[6] or ≥66%[7] ↓ to <0.25/pt-yr at risk forfistulas; 0.50/pt-yr at risk for (grafts ↓ to <1% (fistula); <10% (graft) ↑ % with fistula >3 yrs & graft >2 yrs	[6]=KDOQI 2006 [7]=Fistula First CMS CPM 4/1/2008	DFR Records
V634	(vi) Medical injuries & medical errors identification	Medical injuries & medical errors reporting	↓ frequency through prevention, early identification & root cause analysis	Conditions for Coverage	Records
V635	(vii) Reuse	Evaluation of reuse program including evaluation & reporting of adverse outcomes	↓ adverse outcomes	Conditions for Coverage	Records
V636	(viii) Patient satisfaction & grievances	Report & analyze grievances for trends CAHPS In-Center Hemodialysis Survey or any patient satisfaction survey	Prompt resolution of patient grievances ↑ % of patients satisfied with care	Conditions for Coverage CMS CPM 4/1/2008	Records Interview
V637	(ix) Infection control	Analyze & document incidence for baselines & trends	Minimize infections & transmission of same Promote immunizations	Conditions for Coverage	DFR Records
V637	Vaccinations	Hepatitis B, influenza, & pneumococcal vaccines Influenza vaccination by facility or other provider	Documentation of education in record ↑ % of patients vaccinated on schedule	Conditions for Coverage CMS CPM 4/1/2008	Records DFR

Sources: *DFR*=Dialysis Facility Reports; *CW*=CROWNWeb; *Chart*=Patient Chart; *Records*=Facility Records; *Interview*=Patient/Staff Interview
Abbreviations: *BCG/BCP*=bromcresol green/purple *BMI*=Body mass index; *CAHPS*=Consumer Assessment of Healthcare Providers & Services; *CFU*=colony forming units; *CHr*=reticulocyte hemoglobin; *DOPPS*=Dialysis Outcomes & Practice Patterns Study; *ESA*=erythropoiesis stimulating agent; *MIPPA*=Medicare Improvements for Patients & Providers Act of 2008; *nPCR*=normalized protein catabolic rate; *RKF*=residual kidney function; *SD*=standard deviation; *spKt/V*=single pool Kt/V

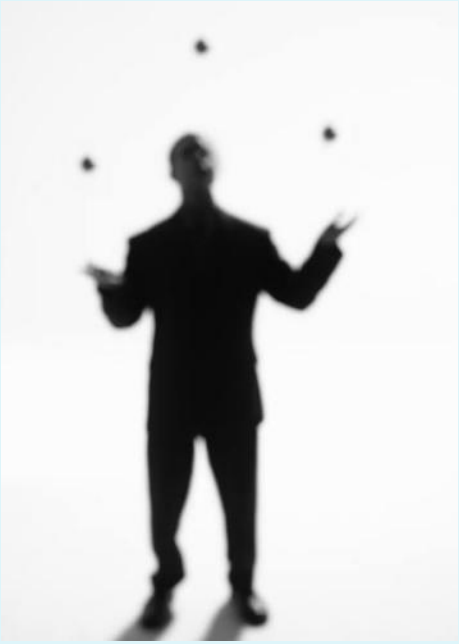
Sample QAPI Schedule
11:30-12:30 2nd Thursday Monthly

January 14 11:30 AM Clinical Outcomes report Access Report Equipment/Reuse Report Error/Grievance Review Results of MBD Q1 Report Staff turnover team	February 11 11:30 AM Clinical Outcomes report Access Report Infection Control Review Error/Grievance Review Hemoglobin Team Report Safety Team	March 11 11:30 AM Clinical Outcomes report Access Report Patient Status Review Error/Grievance Review Preview MBD Q2 Effort Exercise Team
April 8 11:30 AM Clinical Outcomes report Access Report Equipment/Reuse Report Error/Grievance Review Results of MBD Q2 Report Annual Competence Rev	May 13 11:30 AM Clinical Outcomes report Access Report Infection Control Review Error/Grievance Review Hemoglobin Team Report TBD	June 10 11:30 AM Clinical Outcomes report Access Report Plant Walk-through Error/Grievance Review Preview MBD Q3 Report TBD

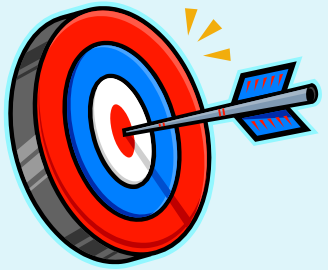
Prioritize Performance Improvement Actions

Things to consider:

- Prevalence of problem
- Severity of problem
- Impact on clinical outcomes
- Impact on patient safety



Set Goals & Targets



- Each element has an outcome goal and threshold
  - **Goal =** target at which improvement plans are aimed
  - **Threshold =** level where greater attention is needed
- **Targets** set based on current community accepted standards, which may change over time
- **Standards** on Measures Assessment Tool (MAT) at a minimum used as targets

Patient Engagement

Survey Says:

- Annual
- Indicated

Complaint Response

- Consideration
- Appreciation
- Invitation

Post Admission “Welcome”

Staff Engagement

First: Do No Suppression

- No Punishment for Communication of Concerns
- No Eye Rolling, Labeling

Use Expertise on Work Experience

Failing Staff Can Uncover Obstacles

Give Credit for Staff Contributions

Not Buying? Refine, Don't Refute

Respond

Respond

Respond

Introspection

- Do I believe Patients or Staff have knowledge that can make the facility safer?
- Do I believe they are given an opportunity to share that information?
- How is that working for us?
- How do I respond to (unsolicited) unclear input? With impatience, feigned understanding or probing?
- Do I routinely provide time for thoughtful input?
- How well do I provide reinforcing feedback?
- If asked by a surveyor how I engage input...

Tracking for Improved Outcomes

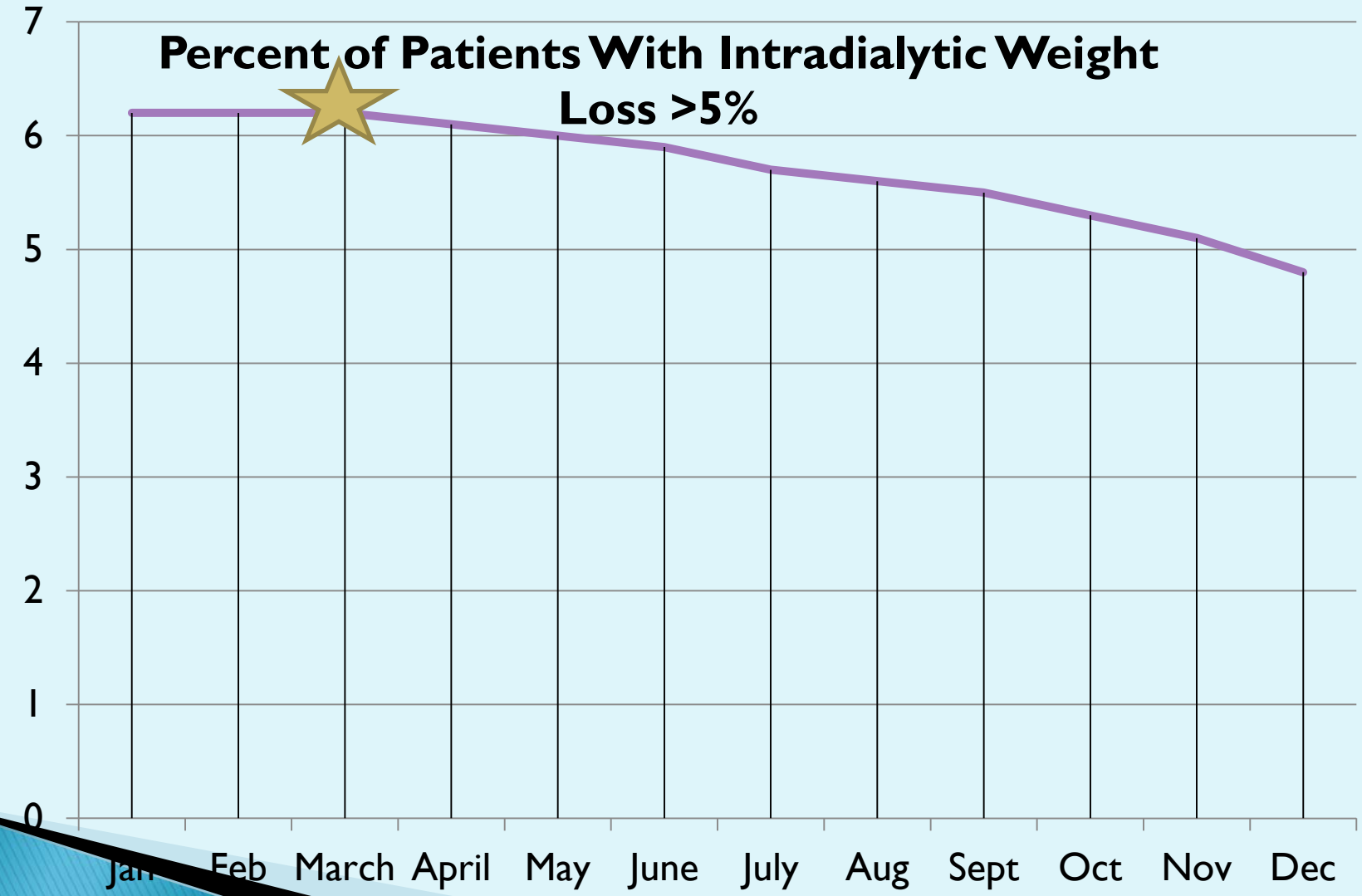
Improved Indicators

- Segmented Data
- Input Engagement
- Cause Analysis
- Focused Goal
- Strategy
- Monitor
- Revise or Extend

Reduced Errors

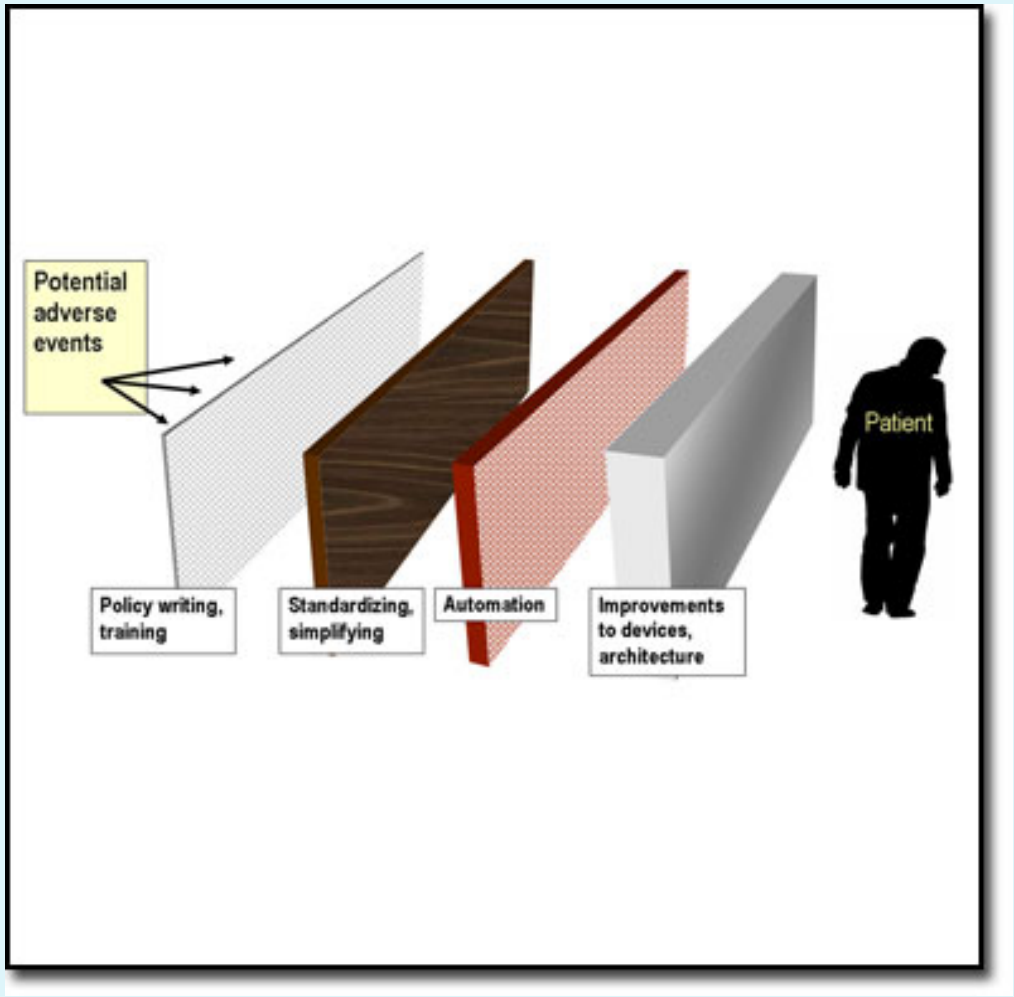
- Reporting Review
- Input Engagement
- Cause Analysis
- Response Strength Review
- Implementation
- Monitor
- Revise or Extend

Successful Outcome Intervention (Goal <5 %)



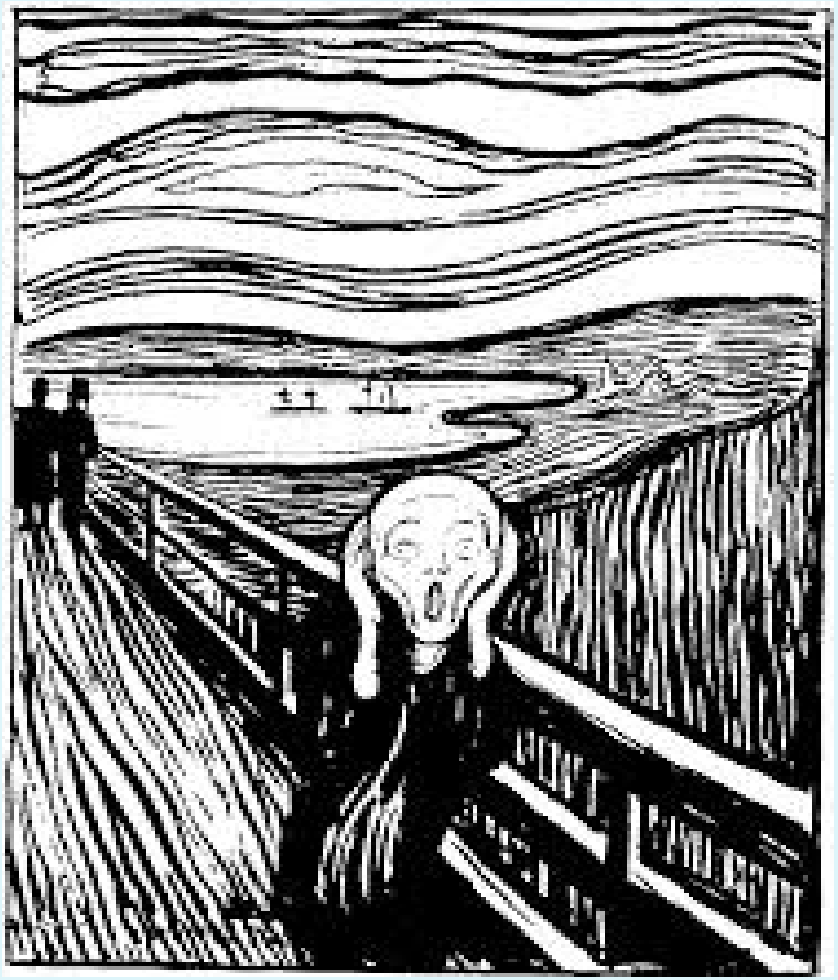
Hierarchy of Patient Safety Protections

Some actions for resolving problems/issue have been proven to be more **effective** at achieving and sustaining performance improvement!



Error "Curve"

When attempting to reduce a particular type of error, step one is identifying the extent of the problem. Intense scrutiny and increased reporting expectation could increase prior to improvement



Monitoring Thresholds

- Even successful strategies can decay for all manner of reasons.
- If adherence to plan is contributing factor, reporting “slips” or errors can become more difficult.
- Plans should anticipate and address this phase
- Thresholds for revisiting outcome or error management should be part of plan
- Dip below threshold = Renew focus

Thank You! Questions?