

## Forum of ESRD Networks: Medical Advisory Committee (MAC) Report

---

Stuart L. Goldstein, MD, MAC Chair  
Network 14  
July 24<sup>th</sup>, 2009

## History and Evolving Scope

---

- First meeting in February 2007, Baltimore
  - "The Incubator of Ideas" (Dick Goldman)
  - Resource for
    - The Forum Board
    - Network EDs
    - Individual Networks
  - Interpretation Consistency
    - CMS mandates
    - QA/QI versus research
    - Priorities
-

## The MACs Mission and Scope

---

- Provide a consistent interpretation from the physician perspective of the challenging issues faced by the Networks and Forum Board
  - Work with and through the Networks to generate QA/QI initiatives aimed at improving patient care
- 

## Roster

---

- |  |  |
|--|--|
| <input type="checkbox"/> Jay Ginsberg, MD,<br>Vice-Chair | <input type="checkbox"/> James McCarthy, MD              |
| <input type="checkbox"/> Robert Lynn, MD                 | <input type="checkbox"/> David Sommerfeld, MD            |
| <input type="checkbox"/> Padmaja Kodali, MD              | <input type="checkbox"/> Eric Simon, MD                  |
| <input type="checkbox"/> James Hartle, MD                | <input type="checkbox"/> Stuart Goldstein, MD –<br>Chair |
| <input type="checkbox"/> Andrew Howard, MD               | <input type="checkbox"/> Cynthia Kristensen,<br>MD       |
| <input type="checkbox"/> Richard Paul, MD                | <input type="checkbox"/> Curtis Wickre, MD               |
| <input type="checkbox"/> Jeffrey Sands, MD,<br>MMM       | <input type="checkbox"/> Venu Kondle, MD                 |
| <input type="checkbox"/> Tom Wooldridge, MD              | <input type="checkbox"/> Stanley Rosen, MD               |
| <input type="checkbox"/> Peter DeOreo, MD                |  |
-

## Support Role

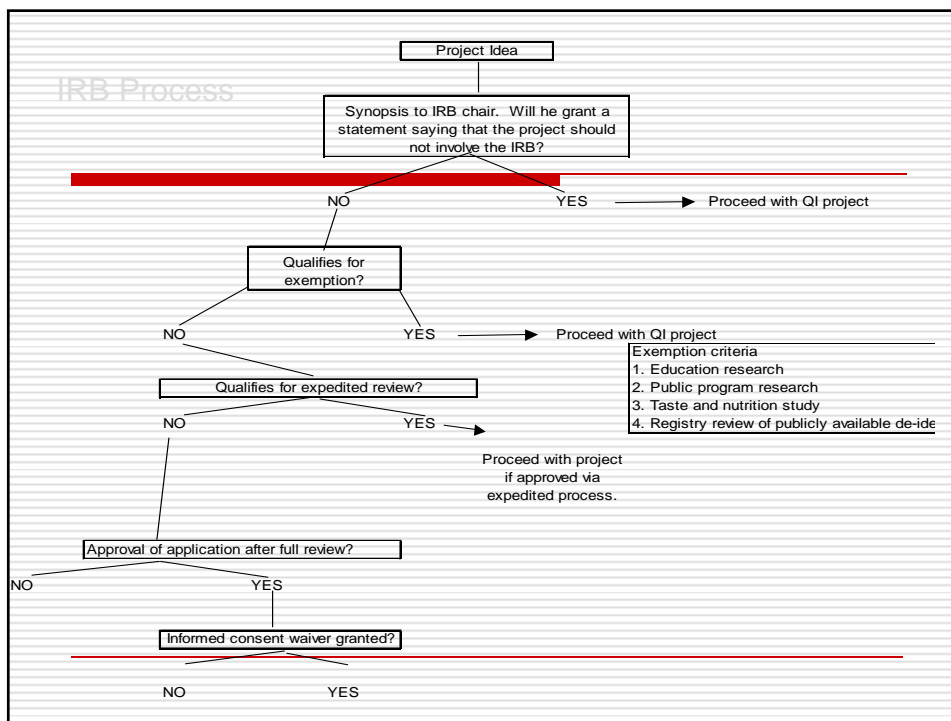
---

- Review relevant NQF measures on behalf of the Forum Board
  - Petition USRDS to make data available by Network
  - Attribution
  - Fistula First
    - Data verification ability for the Networks
  - Pediatric CPM data
  - CROWNWeb
- 

## Support Role: MRBs

---

- OHRP/Hopkins Issue
    - Board concluded the activity conducted was research as defined by the law
    - RESOLUTIONS
      - Educate MRBs (MAC reps on MRB vital)
      - MRB members at academic institutions should obtain their IRB approval for any research
      - Networks should obtain independent IRB approval
      - Draft a position paper to outline means of working within existing legislation
      - Forum will petition other organizations to advance legislative change
-



## The Incubator: What's Hatched

- ❑ Research vs. QI algorithm for IRB approval
- ❑ QAPI Toolkits
  - Medication Reconciliation (Ginsburg)
  - Coordination of Diabetic Care (Christensen)
  - Vaccination (Goldstein)
  - Vascular Access/Catheter Reduction (Sands)
- ❑ Attribution (Ginsberg representing MAC)

## The QAPI Toolkits

---

- Developed by MAC
  - EDs and QIDs and Forum Board reviewed and provided comments
  - Distribution Plan
    - MAC will provide to Networks
    - MAC will **not** provide to clinics directly
    - Networks can modify toolkits if desired
    - Networks will announce availability of toolkits and distribute upon request
- 

## QAPI Toolkits: Attribution

---

- Two metrics to be assessed
    - Are the toolkits valuable to the Networks?  
(MAC attribution)
    - Are the toolkits valuable to the clinics/providers?  
(Network attribution)
  - MAC will develop questionnaire to assess use/value to Networks
  - MAC representative to each Network MRB and ED/QID to develop use/value tool for Network attribution
-

## QAPI Toolkits: Basic Format

---

- Introduction
    - Consistent high-level view of the QAPI process
    - Basic intent of the particular QAPI toolkit
  - Baseline current assessment tool
  - Template to create the action plan, institute and track improvements
  - Outcome reporting templates
  - Multi-year improvement plans
  - Hyperlinks to relevant publications/tools
- 

## PDSA cycle

---

QI PROJECT PHASES	ACTIVITIES	KEEP IN MIND
<b>Plan</b>	Make a plan for the change, collect baseline data, plan to carry out the cycle (who, what, where, when)	Brainstorming, motivating
<b>Do</b>	Carry out the plan, document problems and unexpected observations, continue to monitor data	Flowchart, run chart
<b>Study</b>	Complete the analysis of the data, compare data to predictions, summarize what was learned	Fishbone diagram, Pareto chart, control chart, histogram
<b>Act</b>	What changes are to be made? Develop ongoing evaluation/monitoring, next cycle?	Flowchart, brainstorming

---

## Medication Reconciliation

---

- MR identified by numerous organizations as a high priority patient safety concern
  - Dialysis patients especially vulnerable
    - Multiple chronic meds with dose changes
    - Transitions between in-patient, outpatient and hospice care
  - Background work
    - Assess the state of MR in the dialysis community
    - Identify best practices/QA
    - Create and disseminate a toolkit based on findings to assist dialysis programs
- 

## Medication Reconciliation Project:

---

- Survey pilot conducted via successfully via Zoomerang™
  - 41/63 complete responses
    - 51% use a form
    - 66% believe they need an improved process
-

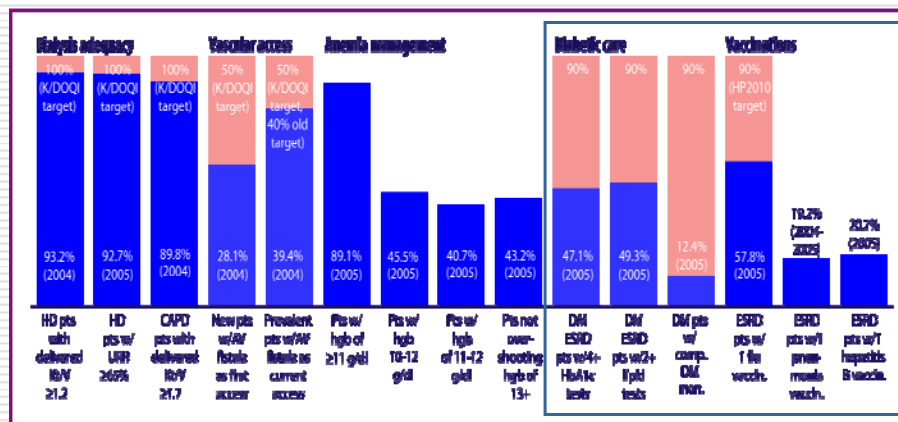
## Medication Reconciliation QAPI

- Potential Root Causes
  - No hospital information
  - Patient does not bring D/C med list
  - No one in dialysis unit responsible
- Barriers
  - Patient uninformed
  - No health personnel time allotted for MR
- Metrics

## Example MR QAPI Plan

Quality Assessment & Performance Improvement (QAPI)					
FACILITY NAME:		PROVIDER NUMBER:			
TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
1. Write policy for facility to establish ownership of medication reconciliation (i.e. who is responsible for seeing it gets done)					
2. Develop educational program for patients and their families concerning the importance of medications and keeping track of them					
3. Work with hospital to create a policy that will ensure that medication lists get to the dialysis unit on discharge of all dialysis patients					
4. Educate staff that will be reconciling medications about common errors and duplications of medications at hospital discharge					
5. Determine and evaluate metrics					
<b>Selected Definitions:</b> Metric – units of measure used to evaluate a process and determine change in the process or outcomes related to it over time Root Causes – reasons that a process is not functioning as designed Runchart – assessments to diagnose a process or to improve the outcomes related to that process Brainstorming – a structured group session to generate a list of ideas about an issue in a short period of time Multi-Voting – technique used in conjunction with brainstorming to identify the critical few items worthy of immediate attention Flowchart – a graphic representation of the sequence of steps that are performed in a specific work process Run Chart – points plotted on a graph in the order in which they become available over time					

## Quality Indicators



## Vaccination QAPI Toolkit

- Focus on Influenza, Hep B, Pneumococcal vaccinations
- Can be customized to any vaccination
- Builds on success of the "Safe and Timely Immunization Coalition (STIC)"
  - Networks 6, 11 and 15
  - CDC

# Sample Vaccination Action Plan

<b>Problem Statement:</b> Only 45% of the patients in the facility received the influenza immunization in 2008. The Healthy People 2010 goal is 90%.						<b>Facility Name:</b> XYZ Dialysis <b>Facility Provider Number:</b> 098765
<b>Goal for Improvement:</b> Increase the percentage of patients receiving influenza immunization by 45 percentage points in the 2009-2010 influenza season; rate will be equal to or greater than 90%.						<b>Name of Person Completing Report:</b> Jamie Doe
<b>Data Required/Needed Resources:</b> Number of patients receiving influenza immunization, tracking mechanism, personnel time and commitment to the project, patient education resources regarding the need for immunization, physician orders for immunization.						<b>Date:</b> May 1, 2009
<b>Root Causes-Barrier:</b> Lack of patient/staff education regarding the importance of vaccination of kidney patients, lack of documentation of immunizations including those given outside of the dialysis facility, refusal of vaccine by patients who do not want to receive the immunization.						<b>I have reviewed this Action Plan:</b> _____ <b>Medical Director</b> Administrator
<b>Actions Already in Place:</b> The facility does not currently have an immunization program. Patients are encouraged to seek immunization outside the dialysis facility.						

ACTION PLAN IMPLEMENTATION STEPS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	CHECKPOINT DATE	DATE COMPLETED	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)
Enlist the support of the Medical Director and the other facility Nephrologists for an influenza immunization program.	Facility Administrator	May 2, 2009	May 5, 2009	May 4, 2009	May 4, 2009	Medical Director and attending Nephrologists approve of an influenza immunization program within the facility. The MDs have agreed to participate on the QI team and are interested in discussing standing orders for immunization of their patients.
Establish current immunization status for all patients-did they receive the influenza immunization in the past year?	Facility RNs	May 10, 2009	May 30, 2009	May 20, 2009	May 28, 2009	Immunization status verified for all patients. The 45% rate thought to be accurate in the problem statement was found to be inaccurate. The actual immunization rate is 40%.
Develop an education program for patients and staff regarding influenza immunization-secure education materials, schedule learning sessions, and document all education efforts for both patients and staff. Determine when vaccine can be ordered and storage requirements. Confirm standing orders and consent requirements. Research documentation/tracking.	Facility Nurse Manager / Educator	May 30, 2009	Jun 30, 2009	Jun 25, 2009	Jun 30, 2009	Resources gathered for patient and staff education. Educational materials reviewed by the QI team. Staff education-in-services scheduled to impress upon staff the importance of patient and staff immunization. Patient "Education Days" scheduled. Nurse Manager is looking into when vaccine can be ordered for the upcoming flu season and will confirm storage requirements. MDs contacted regarding standing orders. The Administrator is in the process of researching a documentation/tracking tool for all immunizations.

# Vaccination Scorecard

Facility Name: \_\_\_\_\_ Number of patients: \_\_\_\_\_ Immunization Data Collection Tool

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Instructions:** Use the codes at right to indicate immunization status for Influenza, pneumococcal polysaccharide, and hepatitis B. Codes 1, 2, and 9 (and 3N for Hep B) indicate individual patient immunization status.

**Immunization Codes:**  
 1. YES: received all doses possible  
 2. YES: received all doses/location  
 3. YES: not ordered, antibody negative (Hep B only)  
 4. NO: not received, pt refused  
 5. NO: not received, pt allergic  
 6. NO: not ordered by other resource  
 7. NO: already had, not complete (Hep B only)  
 8. NO: serologic antigen positive (Hep B only)  
 9. Unknown

**Note Regarding Hepatitis B:** In the right column, indicate immune status (1-immune, 2-not immune, 3-unknown) and if the negative after 2 vaccine attempts. If the patient has already received 2 vaccine doses, but is antibody negative and another series is started, enter code 7 (ABT 2) in left column and 3 in right column, and use the middle columns to track the vaccination series. If the patient subsequently becomes antibody positive, change the codes to 1 and 1, respectively. If no vaccination is successful, change left column code to 3 and right column code

Immunization	Influenza During 2008-09 season (008-309 enter code 1, 2, 4-8, or 9)	Pneumonia			Patient has received complete series (enter code 1 to 9)	Hepatitis B			Hep B immune status		
		Received 23-valent vaccine in last 5 years (enter code 1, 2, 4, 6, or 9)	Most recent dose			Date completed	Patient has received partial series (enter 1 or 2 doses)	Date of most recent dose			
Patient Name			MM	DD	YYYY	MM	DD	YYYY	MM	DD	YYYY
Number of entered patients											
Patients vaccinated (codes 1, 2) (%)											
Percentage vaccinated (%)	0%	0%				0%					0%
Vaccine candidates (codes 3N, 4, 6, 9)	0	0				0					0
Percent vaccine eligible	0%	0%				0%					0%
Vaccination in progress (code 7)								0			
Percent in progress								0%			
Vaccination not indicated (5, 6, or 8P)	0					0					0
Percent not indicated	0%					0%					0%

## Coordination of Care Project

---

- Jeff Sands – Project development
  - Numerous ESRD co-morbidities prevalent in the dialysis population
    - Many can be managed by nephrologists, other subspecialists or general practitioners
    - Do facilities have a handle on who is actually managing these co-morbidities?
- 

## Coordination of Care Project

---

- Background work
    - Dr. Sands created a score sheet to evaluate many potential co-morbidities
    - MAC evaluated based on importance, feasibility, and relevance to dialysis patient
    - Three co-morbidities ultimately chosen by MAC and approved by the Board for study
      - Diabetes management
      - Influenza vaccination
      - Pneumococcal vaccination
-

## Coordination of Care Project: Aims

- Determine if diabetic care is being managed
  - Who – Nephrologist, Endocrinologist, Internist
  - What – Education, HgbA1C, Eye care, Foot care etc.
  - How – Mechanism for coordination
- NOT mandating that the dialysis team manages diabetic care
- This template can be extrapolated to other diseases (HTN and other CV care, etc)

## Diabetic Care – Potential Barriers

Possible Barrier Categories - Please check all that apply and add others	
Facility Barriers	Problem in Facility?
The facility does not routinely ask or document which provider is managing the diabetic control	
There is no designated place in the chart to document who is the diabetic care provider	
There is no process for communicating laboratory or medication data to the diabetic provider	
Diabetic patients are not identified	
Lack of process for medication reconciliation between the patient, facility, diabetes provider	
Blood sugar and/or A1C not ordered or available in the facility	
The DM provider does not see the lab results	
The facility does not receive any information from the DM provider, including medication changes	
No one knows what medications the patient is actually taking	
No program for patient education and self care	

## Diabetic Care Coordination: QAPI Plan

Concept/Goals	Potential Measures	Numerator	Denominator	Comments/ Inclusion Criteria
<b>Coordination of Care Measures</b>				
<b>Outcome Measures</b>				
100% will have designated diabetes care manager	% diabetics with designated diabetes care manager (DCM)	# diabetics with designated diabetic physician	Number of diabetic patients during qtr (or month)	Evidence in medical record, or on patient DM care record. Diabetics under care of nephrologist for 30 days before audit.  Only diabetic HD patients of Physician C will be audited.
Medications will be reviewed monthly for 100% of diabetic patients	% diabetics with monthly medication updates	# diabetics with documentation of monthly medication review	Number of diabetic patients during qtr (or month)	Diabetics under care of nephrologist for 30 days before audit.  Only diabetic HD patients of Physician C will be audited.
100% of patients will have their diabetes care team identified	% diabetics with designated: <ul style="list-style-type: none"> <li>• Ophthalmologist</li> <li>• Podiatrist</li> <li>• Dentist</li> <li>• Pharmacy</li> </ul>	# diabetics with designated physician xxx documented on chart	# of diabetic patients during qtr (or month)	Diabetics under care of nephrologist for 30 days before audit.  Only diabetic HD patients of Physician C will be audited.

## Diabetic Coordination: Goals

- Structural Outcome Measures
- Process Measures
- Balancing Measures
- Institution of one or more of the measures should lead to an improvement in the long-term goal of better diabetes outcomes





## QAPI Toolkit Guidelines

---

- The MAC plans to make these available to the Networks August, 2009 (2 months ahead of schedule)
  - Survey instruments assessing use and effectiveness in development
    - Web-based
    - Voluntary, but we need these for attribution!
- 

## Future MAC Projects

---

- QAPI Program Toolkit development
    - "A QAPI for QAPI"
    - Partner with Network QIDs essential
  - A Medical Director Education Toolkit
    - Focus on new Medical Directors
  - Any future requests from Networks and Forum Board
-