



CREATING A CULTURE OF QUALITY

“Keeping Kidney Patients Safe” – RPA’s Patient Safety Initiative

RPA developed “Keeping Kidney Patients Safe” as a resource for nephrology professionals who are committed to improving patient safety. Focused on six key areas, it provides tools and best practices for improving kidney patient safety.

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Project objective, purpose and goals: The Renal Physicians Association developed *Keeping Kidney Patients Safe* (www.kidneypatientsafety.org) as an innovative resource for nephrology professionals to improve patient safety in six critical areas of concern, as well as to assist them in meeting the Centers for Medicare and Medicaid Services (CMS) End Stage Renal Disease Facility Conditions for Coverage. The six areas of concern, as identified in the 2007 *Health and Safety Survey to Improve Patient Safety in End Stage Renal Disease*, are: incorrect dialyzer or dialyzing solution, patient falls, medication errors and omissions, hand hygiene, non-adherence to procedures and venous needle dislodgement. Developed by a multidisciplinary committee that included nephrologists and representatives from the ESRD Network of New England and the American Association of Kidney Patients, *Keeping Kidney Patients Safe* encourages interactive learning and provides tools to improve patient safety protocols and procedures at dialysis facilities. Utilizing features such as educational modules and best practices for patient safety, the site provides resources that dialysis facilities may use to build a culture of safety. The value of *Keeping Kidney Patients Safe* has been recognized by CMS, as the Agency has cited *Keeping Kidney Patients Safe* in its Program Interpretive Guidance Version 1.1 and referenced it in a brief video about the Conditions for Coverage.

Setting: The site features a “Share Your Safety Practices” page, where nephrology professionals may submit a brief description of the policies and procedures they developed and implemented at their dialysis facilities to improve patient safety. Best practices in the six areas submitted by nephrologists and other professionals are reviewed for possible inclusion on the web site and in the development of educational modules for use in dialysis centers.

Sample/Patients: To date, twelve best practices have been submitted, improving the safety of more than 3600 ESRD patients.

Process studied: Best practices are often developed as part of quality improvement efforts and frequently include observations and root cause analyses. Outcome success is defined by each entity undertaking a best practice, but most frequently includes risk reduction, such as reducing patient falls or medication omissions.

Intervention: Once the area for patient safety improvement has been identified, interventions typically include risk identification, staff and patient education, changes to protocols and new signage.

Evaluation: The impact of the patient safety improvement efforts are typically measured by comparing post-implementation data to baseline data as well as through observation of behaviors related to patient safety, such as hand hygiene.

Conclusions and recommendations: From the best practices as a whole, RPA has concluded that improving patient safety is both necessary for patient health and feasible to implement with limited resources. Each best practice includes lessons learned and recommendations for others interested in implementing their own patient safety projects.