

Table of Contents

1. Quality Assessment & Performance Improvement (QAPI).....	I-1
2. ESRD Network 18 Quality Improvement Program.....	I-3
3. Quality Improvement Work Plan (QIWP).....	I-5
4. Medical Review Board.....	I-6
5. Release of Data To ESRD Network Organizations.....	I-8
6. Unit Administrators: Consider Making A Facility Manual.....	I-10
7. Starting A Quality Assessment & Performance Improvement (QAPI) Team.....	I-11
8. QAPI Team Members Responsibilities and Roles.....	I-12
9. Holding Quality Assessment & Performance Improvement (QAPI) Team Meetings.....	I-19
10. Getting Your Medical Director Involved.....	I-20
11. Policies & Procedures Defined.....	I-21
12. Policy & Procedure Writing Tips.....	I-22

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Quality Assessment & Performance Improvement (QAPI)

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge.”

Institute of Medicine

What is “Quality Improvement”?

“Quality Improvement” (also known as “Quality Assessment & Performance Improvement” or “total quality management”) has been a major force behind the success of many Japanese industries in the past three decades. Ironically, two Americans, W. Edwards Deming and Joseph M. Juran developed the basic principles. Quality Improvement is a systematic approach to defining quality for the organization, measuring for achievement and acting on the difference between goals and actual performance. The basic philosophy and principles behind quality improvement are:

1. Focusing on processes rather than just outcomes in a health care setting.
2. Measuring performance with reliable statistical methods.
3. Using information to build quality into the process (search for problems before they occur).
4. Stressing leadership that creates an organizational commitment to put quality at the highest level of importance.

In the 1991 book *An Introduction to Quality Improvement in Health Care*, the Joint Commission on Accreditation of Healthcare Organizations (JCHCO) outlined their “Agenda for Change” for health care:

1. Quality is a central priority for the organization.
2. Organization leaders are knowledgeable in, committed to, and involved in quality improvement.
3. Quality improvement efforts focus on functions and processes.
4. The organization uses reliable statistical methods to measure performance of both process and outcome.
5. All staff within the organization participates and cooperates in the quality improvement effort.
6. All barriers to cooperation are removed, and dialogue between patients and staff is encouraged.
7. The organization demonstrates a spirit of respect and support, in which leaders assume those providing care are capable and welcome the chance to improve their effectiveness, and remove procedural defects that impede quality.

In July 1994, CMS (formerly known as HCFA) reshaped their quality assurance program into the ESRD Health Care Quality Improvement Program (HQAPIP). HQAPIP embodies major quality themes that are the cornerstone of health system reform:

1. Development of quality indicators or measures.
2. Support for QAPI.
3. Promotion of informed patient choice to increase beneficiary protection.

Additionally, HQAPIP incorporates current quality management trends:

1. Shift towards the quantitative evaluation of the process of treatment.
2. Availability of practice guidelines based on clinical and basic science (which provide more objective measurement of performance).
3. Large data management systems enabling practitioners to access patterns and outcomes of care in a timely fashion.

Since 1994, CMS and the ESRD Networks have engaged in two national projects (The Core Indicator/Clinical Performance Measures Study, and the National Cooperative Project on Anemia) to promote the use of QAPI Methodology among renal providers, and to improve clinical outcomes for ESRD patients. In 2003, CMS along with the ESRD Networks and other partners started the National Vascular Access Improvement Initiative (NVAII) that later became the Fistula First Breakthrough Initiative (FFBI). The goal of this initiative is to significantly increase the use of AV fistulas (AVF) as a primary source of vascular access among dialysis patients and to reach 66% of prevalent AVF rate by June 30, 2009. While FFBI remains one of the ESRD primary focus areas, there are other QI projects that are as important as the FFBI. To standardize the quality improvement projects lead by the ESRD Networks, in 2006 CMS introduced the Quality Improvement Work Plan (QIWP) into the ESRD Network community. The QIWP serves as a blueprint for ESRD Networks' quality improvement activities and accounts for each task covered in the Statement of Work.

The publication of the National Kidney Foundation's Dialysis Outcomes Quality Initiative (NKF-DOQI) Clinical Practice Guidelines in 1997 represented the first comprehensive effort to provide evidence-based guidelines for improving the quality of life for dialysis patients. To further expand the opportunity for improvement, NKF-DOQI enlarged its scope in 2001 to cover early intervention and prevention measures that can delay or prevent the need for dialysis. To reflect this expansion, the reference to "Dialysis" in DOQI was changed to "Disease" and the new initiative has been renamed the Kidney Disease Outcomes Quality Initiative (K/DOQI). These guidelines are the primary focus of the quality improvement process and outcome activities for all ESRD Networks, and it is the source of indicators for the Clinical Performance Measures (CPM) Study. The 2006 K/DOQI Guidelines accounts for 12 CKD-related areas and utilize a three-stage review process for each topic to become incorporated in the guidelines.

The Southern California Renal Disease Council, Inc. (SCRDC), ESRD Network 18, defines quality as "doing the right thing correctly the first time". The Network utilizes the FOCUS-PDSA Model for Improvement developed by Associates in Progress Improvement for quality improvement activities' application and analysis. This model is also used by the Institute for Healthcare Improvement (IHI), a leader in the implementation of the quality process. All quality improvement projects outlined in the QIWP follow this model.

ESRD Network 18 Quality Improvement Program

Purpose: To improve the quality and appropriateness of care given to ESRD patients within Network 18.

Goals: To achieve the ESRD Network Program strategic goals and the Health Care Quality Improvement Program (HQAPIP) mission by assisting ESRD providers/facilities to assess and improve the care provided to all individuals with ESRD. Quality Improvement (QI) refers to ongoing activities and studies designed to evaluate patient care. These activities include review of patterns of care, and evaluation of processes and outcomes, based on available national criteria and/or recommendations. Methodologies utilized in the QI program include:

1. Reviewing all activities and studies at the regularly scheduled Medical Review Board (MRB) meetings and calls.
2. Conducting quality improvement and data education for facilities.
3. Supporting Network quality improvement standards at the facility level, through assisting providers with monitoring of patterns of care and outcomes.
4. Reviewing patient grievances, facility profiles, annual facility quality improvement reports, and data submission patterns.
5. Identifying problem facilities, recommending improvement or corrective action plans, and/or following the facilities' improvement plans to resolution.
6. Concurrent and retrospective Network-wide studies, as assigned by CMS or MRB.

Objectives: The Quality Improvement Program is presented in the body of the Quality Improvement Work Plan (QIWP) and will:

1. Be maintained and re-evaluated by the Medical Review Board on an ongoing basis.
2. Present educational workshops, conference calls, and WebEx educational teleconferences for facilities on a scheduled or as-needed basis.
3. Monitor care at the facility level through the following methodologies:
 - a. Clinical Performance Measures and other special studies
 - b. Medical Review Board special studies
 - c. Patient Grievances
 - d. Facility Profiling
 - e. Collaborative Activities with State Survey Agencies
 - f. Vocational rehabilitation program follow-up

- g. Assure that appropriate improvement action is taken by facilities, through follow-up on problems identified through data analysis and facility reporting mechanisms
4. Perform on-site facility reviews as needed

Organization: The Network Quality Improvement Program has four components:

1. Vascular Access (Fistula First) Quality Improvement Project (QIP);
2. Clinical Performance Measures (CPMs) Project;
3. Network-Specific Quality Improvement Projects (QIPs);
4. Facility-Specific Quality Assessment and Improvement Projects (QAIPs).

These projects are reflected in a comprehensive Quality Improvement Work Plan (QIWP) developed by the Network in conjunction with the Medical Review Board (MRB). The MRB is responsible for overseeing all quality assessment/improvement efforts at the Network level. The MRB reviews all findings, identifies problems, requests or enacts an improvement plan, and follows problems through resolution. The MRB and the Board of Directors (BOD) serve as the governing body of the Network. Participation on the MRB and BOD is designated by rules and regulations of the Renal Disease Program published in the Federal Register.

Monitoring & Evaluation: The MRB is charged with developing criteria for studies and supporting the K/DOQI guidelines as the minimal standards for measuring quality outcomes. The activities addressed by the QI program are outlined in the Statement of Work and reflected in the QIWP. Network staff conducts ongoing monitoring and evaluation, and problems are reviewed by the MRB. Findings are analyzed and improvement plans are developed and implemented. The BOD reviews minutes from the MRB meetings, and a summary is submitted through the annual report to CMS. Sanctions based on Federal rules and regulations are outlined to assure facility participation in Network goals.

Appraisal: The quality improvement program is evaluated on an ongoing basis, and revised as necessary to assure that the needs of the patients and facilities are being met.

Changes in the quality improvement program are reflected in the minutes of the MRB as well as in the contract deliverables with CMS.

Quality Improvement Work Plan (QIWP)

The CMS Health Care Quality Improvement Program (HQAPIP) and ESRD Network Statement of Work (SOW) serve as the blueprint for Network 18 quality improvement activities. The QIWP is developed in conjunction with the MRB and updated regularly during MRB meetings/calls or as necessary. The Network 18 Quality Improvement Program accounts for each task covered in the Statement of Work. These include activities related to Tasks 1.a through 1.d below and are reflected in a comprehensive Quality Improvement Work Plan (Task 1.e):

Task 1.a. Vascular Access Quality Improvement Project (FFBI): The Centers for Medicare and Medicaid Services (CMS) has identified increasing fistula rates as a national breakthrough priority. Evidence based literature indicates that AV Fistula is the preferred access for hemodialysis based on lower complication rates, longevity and lower costs. CMS has set a National goal of 66% prevalent patients using AV Fistulas by June 30, 2009. CMS has set ESRD Network – specific goals for continuous improvement in this area.

Task 1.b. Clinical Performance Measures Collection (CPM): The CPM project was initiated by CMS in 1994 and includes annual data collection by ESRD Networks from a random sample of hemodialysis and peritoneal dialysis patients nationwide that is statistically representative of every Network. Clinical data is collected for adequacy of dialysis, anemia management, nutrition, and vascular access. The CPM results are reviewed with the MRB and reflected in the Detail Plan for Clinical Indicators. The annually revised Detail Plan for Clinical Indicators represents all Network-specific results and goals for the next performance year. The Network monitors the collection process for completeness, accuracy and timely submission of data. In addition, the Network conducts follow-up activities with facilities that need improvement in identified clinical performance areas.

Task 1.c. Network Specific Quality Improvement Projects: According to the SOW 2006-2009, pre-approved areas for Network-specific quality improvement projects are: Adequacy of Dialysis (In-center or home-hemodialysis) CPM(s) I-III, Adequacy of Dialysis (Peritoneal Dialysis) CPM(s) I-III, Anemia Management, CPM(s) I-III, Vascular Access CPM(s) I-III, Nutrition Status, Hemodialysis Reuse, Patient Experience of Care, Complaints/Grievances, Patient Safety (including medical injuries), Medical Errors Identification, Infection Control, Immunization, Bone Disease, Transplantation, Measures/Indicators to Promote Self-Care settings and/or In-Center Care, Encourage Vocational Rehabilitation, End of Life Care Planning, and Mental Health Services/Counseling. With prior approval of the Project Officer, the Network may undertake other measures/indicators that support achievement of strategic goals and mission of the HQAPIP. This includes QIP(s) undertaken in conjunction with partners such as QIO(s) and beneficiary representative groups.

Task 1.d. Facility Specific Quality Assessment and Performance Improvement Projects (QAPIs): The objectives of these QI activities are to assist in the facility level development, implementation, maintenance, and evaluation of an effective data driven, interdisciplinary Quality Assessment and Performance Improvement (QAPI) Quality Improvement program which focuses on indicators related to improved health outcomes. Projects are based on the CPM Data Collection, Annual Lab Data Collection, and monthly 100% Vascular Access Data Collection for facilities with the most room for improvement at the facility level. The Network is focused on assisting poor-performing facilities based on their specific needs by fostering internal QI at the facility level, and providing technical assistance and education.

Task 1.e. Quality Improvement Work Plan: The Network will continue disseminating profiles and information to facilities on a regular basis, and developing a Network Quality Improvement Work Plan (QIWP), in conjunction with the Medical Review Board (MRB), to address the SOW contract tasks 1.a through 1d.

Medical Review Board

Quote extracted from Federal Register, Vol. 53, No. 13, Thursday, January 21, 1988, Rules and Regulations.

Section 405.2113 Medical Review Board:

(a) *General.*

The medical review board must be composed of individuals qualified to evaluate the quality and appropriateness of care delivered to ESRD patients.

(b) *Restrictions on medical review board members.*

(1) A medical review board member must not review or provide advice with respect to any case in which he or she has, or had, any professional involvement, received reimbursement, or supplied goods.

(2) A medical review board member must not review the ESRD services of a facility in which he or she has a direct or indirect financial interest (as described in section 1126(a)(1) of the Act).”

Medical Review Board Tasks As Related To Quality Improvement

1. Determine methodologies to be used for evaluating patient care
2. Utilize a variety of methods to identify potential problems
3. Develop criteria and standards
4. Collect and analyze data
5. Assess compliance
6. Identify potential problem with facilities and patients for review
7. Make recommendations to assist in problem resolution as a measure of evaluation
8. Assist facilities to develop their own quality improvement programs
9. Meet quarterly or bi-monthly as deemed necessary
10. Evaluate quality of care utilizing:
 - a. Medical Review Board studies and CMS QI projects
 - b. Data profile analysis
 - c. Facility self assessment as recommended by the MRB
 - d. Review of facility profiles and outcome measures (see Section IV)
 - e. Review of patient grievances
 - f. On-site reviews of facilities (as approved by CMS)
 - g. Referrals from State or Federal agencies

CMS & Network Goal-Directed Facility Activities

Under the 2008 CMS Conditions for Coverage for End Stage Renal Disease Facilities, 495.180, Standard V772: Relationship with the ESRD Network

“The dialysis facility must cooperate with the ESRD Network designated for its geographic area, in fulfilling the terms of the Network’s current statement of work. Each facility must participate in ESRD Network activities and pursue Network goals.”

In order to achieve the CMS and Network goals, each facility must cooperate by accomplishing the following:

1. Continuously strive to deliver care to each patient that is individualized, consistent with current professional knowledge, and achieves desired outcomes.
2. Assess and refer in a timely manner medically suitable patients to treatment modalities that increase independence, including self-care, home care and transplantation.
3. Establish and maintain a quality management system that evaluates the care provided, identifies opportunities to improve care delivered, and incorporates ongoing patient and staff education/training.
4. Clearly delineate and respect the rights and responsibilities of both the patient/family/significant others AND the facility. All involved in the receipt and delivery of care must understand and respect these rights and responsibilities.
5. Submit required data and information to the Network in a timely and accurate manner.
6. Designate two disaster representatives for the facility and provide off-facility contact information.
7. Appoint a facility representative and alternate to participate in Network governance activities as appropriate.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Office of Clinical Standards and Quality

April 7, 2003

TO: All Renal Dialysis and Transplant Providers

SUBJECT: Release of Data to ESRD Network Organizations

The purpose of this letter is to address your concerns about releasing protected health information on individual patients to End Stage Renal Disease (ESRD) Network Organizations (usually referred to as ESRD Networks).

Section 1881 of the Social Security Act (the Act) provides Medicare benefits to certain individuals who have end stage renal disease and to kidney donors. For the purpose of assuring effective and efficient administration of the benefits provided under § 1881, the Secretary has established 18 End Stage Renal Disease Network areas, and entered into contracts with the ESRD Network organizations, primarily to perform activities related to ensuring high quality and appropriate care for patients within an assigned area.

In order to conduct their activities, Networks must obtain from ESRD facilities health information that identifies individuals that would be included under the definition of protected health information (PHI) under the "Standards for Privacy of Individually Identifiable Health Information," otherwise known as the "HIPAA Privacy Rule" (45 CFR Parts 160 and 164). The HIPAA Privacy Rule guarantees certain privacy rights to individuals and places certain obligations on health care providers to protect PHI. However, the Privacy Rule provides that PHI may be used and disclosed without the authorization of the subject of that information to the extent a law requires the use or disclosure.

Providers Are Required by Law to Disclose Information to Networks. Networks are required by statute and regulations to gather information from ESRD providers to prepare annual reports to the Secretary covering, among other things, the Network's goals and the Network's performance in meeting those goals. They must also help the Secretary to assure the maintenance of a national end stage renal disease registry that assembles and analyzes data reported by Network organizations, transplant centers, and other sources on all ESRD patients. ESRD providers, in turn, are required by statute and regulations to provide data to the Networks, as the Networks require, in order for the Networks to follow their plans and meet their goals under their agreements with the Secretary. Providers do not have the discretion to withhold information requested by the Networks while the Networks are performing Network activities required by statute or regulation.

ESRD Providers Do Not Need Business Associate Agreements. With respect to the disclosures required by law, ESRD Providers do not need business associate agreements with the Networks. Under the definition of business associate in § 160.103 of the Privacy Rule, Networks are not business associates of a provider or practitioner because they are not performing functions for the provider or practitioner when they collect information as required by law.

Introduction to QAPI- Release of Data To ESRD Network Organizations

The Social Security Act Protects PHI Disclosed to Networks As Well As Persons Who Disclose It. The Social Security Act provides in § 1881 (c)(8) that the provisions in §§ 1157 and 1160 of the Act apply with respect to network administrative organizations (including such organizations as medical review boards) with which the Secretary has entered into agreements under § 1881 (c). This means that the confidentiality provisions in the law that quality improvement organizations (QIOs) must follow in protecting data under § 1160 of the Act also apply to Networks. Also, the law guarantees certain protections to those who disclose information to the Networks, as described in § 1157 of the Act. Under § 1157, no person providing information to a Network will be held, by reason of having provided such information, to have violated any criminal law or to be civilly liable under any State or Federal law, unless the information provided is unrelated to the performance of the contract of the Network or the information is false and the individual knew or had reason to believe that the information was false.

If you have any questions concerning the information provided above, please feel free to contact your Network.

Sincerely,



Stephen F. Jencks, MD, MPH
Director
Quality Improvement Group
Office of Clinical Standards and Quality

Unit Administrators: Consider Making a Facility Manual

What is it?

The facility manual is a large binder housing important facility documents (or copies of those documents) to be used by the Unit Administrator only. The documents can be grouped by type and separated by tabs so that everything is easily found and very organized. It should be locked in a secure place.

Why do it?

- Important items are all in one location and easy to find
- When the State Surveyor comes to visit, you can invite them in, take them to a quiet place, ask if they want a cup of coffee, provide this binder for them to start reviewing, and then go contact your supervisor to alert him/her that the Surveyor has arrived. Many of the items listed are things the Surveyor will want to see. Having this resource will give you some time to catch your breath and relax!
- It is also handy during an annual or bi-annual facility review by the Board of Directors, Governing Body, Joint Commission on Accreditation of Health Care Organizations (JCAHO), or dialysis corporate officials.

Things to include (*this is not an all inclusive list – just ideas*)

- Disclosure of Ownership of the dialysis facility
- Corporate Organizational Chart or in the case of an independent dialysis facility the Organizational Chart of the owners and managers
- Facility emergency calling tree (copy)
- Number of dialysis stations approval letter from the Centers of Medicare & Medicaid Services (CMS)
- Corporation and/or facility Mission, Vision, and Values statement(s)
- Current End Stage Renal Disease (ESRD) Network Goals and facility plan to meet them
- Current physician's certificates: Drug Enforcement Agency (DEA) and State Registration
- Physician's malpractice insurance (current proof of)
- Physician's Advanced Cardiac Life Support (ACLS) certificate (copy)
- OSHA 200 log (illness & Injury report)
- The last state agency review results
- Proof of last fire drill, disaster drill, cut & clamp, tornado drill, etc.
- Description of the facility Quality Assessment & Performance Improvement (QAPI) program (not the QAPI book)
- Fire Inspectors report
- Risk Management report
- Worker's compensation Carrier Information
- Exterminators report
- Monthly Facility Safety Report (physical plant inspection)
- Description of the facility long and short term care plan program (emphasis on how patients are involved in their care; modality choice; and evaluation for kidney transplant evaluation if desired)
- The Facility Grievance Procedure
- The Network Grievance Procedure
- Letters of affiliation agreements
 - o Emergency care
 - o Hospitalization
 - o Blood bank
 - o Laboratory
 - o Acute dialysis
 - o Transplantation
 - o Organ procurement organization
 - o Back-up dialysis center(s)
 - o Etc.

Starting a Quality Assessment & Performance Improvement (QAPI) Team

Sometimes it is necessary to initiate, restructure, or reorganize the QAPI team. Here are some general guidelines that may be helpful.

Forming a Team

Tips toward initiating a QAPI team could include, but not limited to, the following (in no particular order):

- Gather as much preliminary information and data as possible. (i.e. Topics to be discussed.)
- Establish an interdisciplinary-disciplinary team (must, minimally, consist of physician, registered nurse, masters-prepared social worker, and registered dietitian).
- Try to involve a variety of staff members in order to utilize their unique expertise.
- Assign tasks to the various team members.
- Decide what processes or outcomes indicators the QAPI team will examine and develop a review schedule.
- Keep the meeting minutes, reporting documentation, and review schedule in a safe place. The State Surveyor will want to see evidence of QAPI meetings.
- In some cases 7:00 am or 1:00 pm meetings work well for physicians – better ask first!
- Have a written agenda that is distributed to the members prior to the meeting.
- Have a set time meeting limit (usually 1 hour or less). If at all possible, do not exceed the time limit.
- QAPI meetings are usually held on a monthly basis.
- Many large dialysis organizations have very organized QAPI programs.
- Independent dialysis organizations may need to use creativity in organizing their program.
- Hospital-based dialysis programs may be able to utilize the expertise of the QAPI and risk management personnel on staff.
- Contact the ESRD Network for QAPI resources!

Note: Minutes need to be taken during the meeting. Someone must be responsible for distributing them to all of the attendees.

Quality Assessment and Performance Improvement (QAPI) Team Members Responsibilities & Roles

The ESRD Conditions for Coverage that were released by the Centers for Medicare & Medicaid Services (CMS) on April 15, 2008 require that dialysis facilities establish a written Quality Assessment and Performance Improvement (QAPI) Program. The program is led by the Medical Director of the facility and designed to assist the facility in achieving clinical performance excellence. Below is a listing of possible QAPI team members and examples of their various responsibilities and roles. Facilities are encouraged to utilize this resource as they develop the written facility QAPI program.

Team Members	Responsibilities related to QAPI	Role in QAPI
Patients	Patients are responsible to adhere to the physician ordered plan of care and dialysis treatment prescription to the best of his/her ability. Patients are encouraged to ask questions of the dialysis care team when clarification is necessary. Patients are encouraged to work cooperatively with the team to ensure that he/she receives the highest quality of renal care.	
Medical Director	The Medical Director (MD) has operational responsibility for the Quality Assessment and Performance Improvement (QAPI) program and ensures that program data is used to develop actions to improve quality of care. The Medical Director ensures that the facility's QAPI program is effectively developed, implemented, maintained, and periodically evaluated. The Medical Director ensures that the facility achieves clinical outcomes that include but are not limited to: adequacy of dialysis, nutritional status, anemia management, vascular access, medical injuries, and medical errors identification, hemodialysis reuse program, patient satisfaction and grievance. The Medical Director is in charge of oversight of attending physicians. The Medical Director controls the involuntary patient discharge/transfer process. The Medical Director ensures that the facility participates in ESRD Network activities and pursues Network goals.	<ul style="list-style-type: none"> • Meet monthly with the QAPI team • Review aggregate patient data and formulate an overall facility plan for improvement, including a timeline • Adjust individual patient care plans (with attending physicians if applicable) to facilitate the meeting of clinical care goals for that patient. • Make recommendations to the team on how to improve the quality of care delivered to the patients • Control the involuntary patient discharge/transfer process for the facility • Ensure that the facility participates in ESRD Network activities and pursues Network goals. • Receive and act upon recommendations from the ESRD Network. • Cooperate with the ESRD Network in fulfilling the terms of the Networks current statement of work

Introduction to QAPI- QAPI Team members responsibilities and roles

Team Members	Responsibilities related to QAPI	Role in QAPI
<p>Nephrologist</p>	<p>The Nephrologist is responsible to assist the Medical Director in the coordination of the Quality Assessment and Performance Improvement (QAPI) program. He/she agrees to adhere to and enforce facility policies and procedures. The nephrologist agrees not to dismiss or transfer a patient involuntarily without first discussing it with the Medical Director. The nephrologist will utilize clinical data to develop action plans to improve quality of care. The nephrologist will adjust individual patient care plans to facilitate achievement of clinical goals. The nephrologist agrees to promote participation in ESRD Network activities and the pursuit of Network goals.</p>	<ul style="list-style-type: none"> • Meet monthly with the QAPI team • Review patient data and formulate patient specific plans for improvement, including a timeline • Adjust individual patient care plans to facilitate the meeting of clinical care goals for that patient. • Make recommendations to the team on how to improve the quality of care delivered to the patients • Ensure that the facility participates in ESRD Network activities and pursues Network goals. • Receive and acts upon recommendations from the ESRD Network. • Cooperate with the ESRD Network in fulfilling the terms of the Networks current statement of work
<p>Advanced Practice Nurse</p>	<p>The Advanced Practice Nurse (APN) is to practice under the authority of the Medical Director and Nephrologist. He/she is responsible to assist the Medical Director and Nephrologist in the coordination of the Quality Assessment and Performance Improvement (QAPI) program. To adhere to and enforce the facility policies and procedures. The APN agrees not to dismiss or transfer a patient involuntarily without first discussing it with the Medical Director. The APN utilizes data to develop actions to improve the patients' quality of care. The APN adjusts individual patient care plans to facilitate achievement of clinical goals. The APN promotes participation in ESRD Network activities and the pursuit of Network goals.</p>	<ul style="list-style-type: none"> • Meet monthly with the QAPI team • Assist the team with tracking, trending, and analysis of the clinical data. • Make recommendations to the team on how to improve the quality of care delivered to the patients • Review patient data and formulate patient specific plans for improvement, including a timeline • Adjust individual patient care plans to facilitate the meeting of clinical care goals for that patient. • Ensure that the facility participates in ESRD Network activities and pursues Network goals. • Receive and acts upon recommendations from the ESRD Network. • Cooperate with the ESRD Network in fulfilling the terms of the Networks current statement of work

QAPI Team members responsibilities and roles -Introduction to QAPI

Team Members	Responsibilities related to QAPI	Role in QAPI
<p>Facility Administrator</p>	<p>To assist the Medical Director (MD) in the coordination of the Quality Assessment and Performance Improvement (QAPI) program. The MD monitors facility management and patient care staff actions to assure that patient safety is a top priority and that the desired clinical outcomes are being achieved. The MD supports facility participation in ESRD Network activities and pursuit of Network goals.</p>	<ul style="list-style-type: none"> • Meet monthly with the QAPI team • Educate the patient care staff regarding QAPI requirements • Assist the team with tracking, trending, and analysis of the clinical data. • Suggest changes in policies and procedures that would facilitate achievement of clinical performance goals, promote patient safety, and/or improve patient satisfaction. • Track and trend medical injuries, medical errors, hemodialysis reuse program, patient satisfaction, and grievances • Work with the physicians and patient care staff to identify patient safety or grievance issues • Monitor and track patient satisfaction, grievances, patient safety, and other issues • Ensure that physicians' orders are carried out. • Ensure that the facility participates in ESRD Network activities and pursues Network goals. • Receive and acts upon recommendations from the ESRD Network. • Cooperate with the ESRD Network in fulfilling the terms of the Networks current statement of work

Introduction to QAPI- QAPI Team members responsibilities and roles

Team Members	Responsibilities related to QAPI	Role in QAPI
Charge Nurse	The charge nurse is responsible for assisting the Unit Administrator in helping the patient care staff to adhere to and deliver the patients prescribed plan of care and the dialysis prescription.	<ul style="list-style-type: none"> • Meet monthly with the QAPI team • Educate the patient care staff regarding QAPI requirements • Maintain written minutes and notes from the QAPI meetings and distribute them as directed by the Unit Administrator • Under the direction of the Unit Administrator, assigns staff members to coordinate the following performance measures: <ul style="list-style-type: none"> - Adequacy of dialysis, nutritional status, and anemia management • Work with the Unit Administrator and patient care staff to identify patient safety or grievance issues • Ensure that physicians' orders are carried out. • Ensure that the facility participates in ESRD Network activities and pursues Network goals. • Receive and acts upon recommendations from the ESRD Network. • Cooperate with the ESRD Network in fulfilling the terms of the Networks current statement of work

QAPI Team members responsibilities and roles -Introduction to QAPI

Team Members	Responsibilities related to QAPI	Role in QAPI
<p>Vascular Access Coordinator</p>	<p>The vascular access coordinator is responsible for monitoring adherence to the patients prescribed plan of vascular access care and dialysis prescription and coordinating education and care related to the selection, creation, and maintenance of the vascular access.</p>	<ul style="list-style-type: none"> • Meet monthly with the QAPI team • Educate the patient care staff regarding QAPI requirements • Track and trend catheter usage, arteriovenous fistula, and arteriovenous grafts. • Track and trend vascular access infections • Work with the Unit Administrator and patient care staff to identify vascular access issues and/or the need for interventions • Coordinate vascular access care (surgical referrals, etc.) • Ensure that physicians' orders are carried out. • Ensure that the facility participates in ESRD Network activities and pursues Network goals. • Receive and acts upon recommendations from the ESRD Network. • Cooperate with the ESRD Network in fulfilling the terms of the Networks current statement of work

Introduction to QAPI- QAPI Team members responsibilities and roles

Team Members	Responsibilities related to QAPI	Role in QAPI
Registered Dietitian	The registered dietitian is responsible for counseling patients on management of protein, calorie, sodium, potassium, phosphorus, calcium and fluid intake, translating the chemistry of these limits into diets for patients; monitoring vitamin and mineral supplementation including iron levels and their effect on erythropoietin; helping to manage glycemic control of diabetic patients and lipid levels in patients with dyslipidemia by manipulation of diet when possible; and assessing nutritional status by using clinical and biochemical measures.	<ul style="list-style-type: none"> • Meet monthly with the QAPI team • Work with the care team to identify patient dietary issues and/or the need for interventions • Make recommendations for interventions • Implement interventions as directed by the team • Perform follow up to assess improvements • Ensure that physicians' orders are carried out. • Ensure that the facility participates in ESRD Network activities and pursues Network goals. • Receive and acts upon recommendations from the ESRD Network. • Cooperate with the ESRD Network in fulfilling the terms of the Networks current statement of work

QAPI Team members responsibilities and roles -Introduction to QAPI

Team Members	Responsibilities related to QAPI	Role in QAPI
<p>Additional Team Members</p>	<p>The team members assist the QAPI team to improve the quality of care provided to the patients. Team members perform specific duties as assigned by the Unit Administrator and/or Medical Director.</p>	<ul style="list-style-type: none"> • The team members assist the QAPI team to improve the quality of care provided to the patients. Team members perform specific duties as assigned by the Unit Administrator and/or Medical Director. Meet monthly with the QAPI team • Work with the care team to identify patient issues and/or the need for interventions • Make recommendations for interventions • Implement interventions as directed by the team • Perform follow up to assess improvements • Ensure that physicians' orders are carried out. • Support other team members as directed by the Unit Administrator and/or Medical Director • Ensure that the facility participates in ESRD Network activities and pursues Network goals. • Receive and acts upon recommendations from the ESRD Network. • Cooperate with the ESRD Network in fulfilling the terms of the Networks current statement of work

Holding Quality Assessment & Performance Improvement (QAPI) Team Meetings

Running effective QAPI meetings is an art! Here are some helpful tips!

- Having a written agenda that is distributed to the members prior to the meeting.
- Be sure everyone knows the location and time of the meeting. Reminder emails or faxes are a good idea. People tend to remember the meeting better if they occur at regular intervals. (i.e. The second Tuesday of every month at 1:00 PM in Room 10.)
- Allow everyone to have the opportunity to express an opinion. Do not let outgoing personalities take over the meeting. Encourage quiet personalities to express themselves.
- Serve food!
- Assign tasks and set up a review schedule.
- Be sure to keep the review schedule, supporting documents, and minutes in a safe place. Some prefer a QAPI notebook.
- Stick to the agenda items, but allow for some flexibility.
- The State Surveyor will want to see documentation of QAPI meetings during certification and re-certification survey visits.
- People want to feel that they have contributed and have achieved something during a meeting and not wasted their time.
- Have a set time limit (usually 1 hour or less). If at all possible, do not exceed the time limit.
- QAPI meetings are usually held on a monthly basis.
- Minutes must to be taken during the meeting. Someone must be assigned the task of distributing them to all of the attendees and placing a copy in the QAPI notebook. The attendees should sign off on the official copy. (Especially the Medical Director!)

Getting Your Medical Director Involved

Being the Medical Director of a dialysis facility is an incredible responsibility! In recent years, Medical Directors have been required to take more active roles in every aspect of the running of the unit while being responsible for the clinical outcomes. According to the new CMS Conditions for Coverage 494.150, Medical Director responsibilities include, but are not limited to, the following:

- Accountable to the Governing Body
- Responsible for patient care and outcomes
- Responsible for effective Quality assessment and performance improvement program (QAPI) and Infection Control program
- Responsible to assure all staff, physicians and non-physician providers “adhere” to all policies and procedures
- Must be engaged in any involuntary patient transfer or discharge

Here are some general tips on how facility managers can create an environment in which they can work more effectively with the Medical Director to foster his/her involvement at the facility.

- Know his/her schedule and approach him/her during the most convenient times.
- Cultivate your relationship. You both want the same things: patients that are healthy & happy, staff members that are pleasant, well-trained, & long term employees, and a dialysis facility that is clean, safe & efficient!
- Try to use economy of steps: “Two birds with one stone” (i.e. One page/phone call with several issues.)
- Courtesy emails, notes, or fax reminders are a nice idea.
- Keep them “in-the-loop”. No one likes surprises.
- Make your interactions as pleasant as possible.
- Serve food, coffee, etc.!
- Strive to have the facts at hand.
- Pay close attention to details.
- Invite your Medical Director to lecture to your staff members at an upcoming staff meeting. Be sure to document the date, time, topic, and attendees. Show this to the State surveyor – they will love it!
- The Medical Director is an amazing resource! Remember that!
- Don’t waste their time – be organized.
- Do something nice for them.
- Promote professionalism by demonstrating it yourself.

Regarding Staff Training ... Did You Know?

- The Medical Director is responsible for overseeing the adequacy of staff training? Remember to include him/her in training initiatives and have him/her sign off on training certificates! (Evidence of training.) Medicare Regulation V-723. Keep copies of training certificates in the employees file. Training must be documented. In the eyes of the State Surveyor, if it wasn’t documented, it doesn’t count!

Policies & Procedures Defined

Policies: These are general statements of how a facility or organization wants thing to be within its walls.

Policy Title: Clearly state the broad category of the policy.

Purpose: bullet point what the goals of the policy are.

Policy: Enumerate the key points of the policy. (Note- Detailed clinical steps should be contained in the procedure, not the policy.)

Name of the organization

Page numbers: Example 1 of 1, 4 of 7, etc.

Policy Number

Date(s) of origination, review, approval, and revision

Reference materials used

Procedures: In order to make policies a working reality, procedures are needed to define in step-by-step fashion how to fulfill the policy.

Name of the organization

Title

Page numbers: Example 1 of 1, 4 of 7, etc.

Date(s) of origination, review, approval, and revision

Policy Statement

Guidelines

Equipment Needed

Essential Steps in the Procedure

Key Points to clarify the steps

Examples and/or illustrations

References

Policy & Procedure Writing Tips

- Appoint a team to complete the writing of the procedure
- Because multiple steps are frequently involved in procedures, ask more than one individual to document the steps and/or demonstrate the procedure.
- Refer to other procedures involved in completing the task.
- Involve other departments in the review process to determine impact elsewhere.
- Be as specific as possible, do not imply or skip steps.