

There is no “I” in Team, but
There is a “T”

Annual Dialysis Technician Meetings

Candace Walworth, MD

April 7th 2011, Portsmouth, NH

April 14th 2011, Sturbridge, MA

Quality

Assessment

Improvement

Assessment and
Performance
Improvement

Incentive

QUALITY

- ✿ A peculiar and essential character; an inherent feature
- ✿ A degree of excellence; superiority in kind

QUALITY ASSURANCE/ASSESSMENT

- ✿ A program for the systematic monitoring and evaluation of the various aspects of a project, service or facility to ensure the standards of quality are being met.
- ✿ EL: The activity of checking goals and services to make sure they are good

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI)

1. The dialysis facility must develop, implement, maintain and evaluate an effective, data driven QAPI program.
2. The program must reflect the complexity of the organization and services... and must focus on indicators to improve health outcome and the prevention and reduction of medical errors.
3. The dialysis facility must maintain and demonstrate evidence of its QAPI including continuous monitoring for CMS review.

QAPIs

1. Health outcomes: physical and mental functioning (KDQOL – 336 survey)
2. Health outcomes: Patient surveillance
3. Hemodialysis adequacy
4. Peritoneal dialysis adequacy
5. Nutritional status
6. Mineral metabolism / renal bone disease
7. Anemia management

QAPIs - continued

8. Vascular access
 - Cuffed catheters > 90 days
 - AV fistulas for dialysis using 2 needles
9. Medical injuries and medical errors identification
10. Reuse
11. Patient satisfaction and grievances
12. Infection control
13. Vaccinations

QAPI Meetings

- Monthly
- Ad-hoc

TEAM



**Androscoggin
Kidney Center**

**FMC Dialysis Services
Auburn, ME**

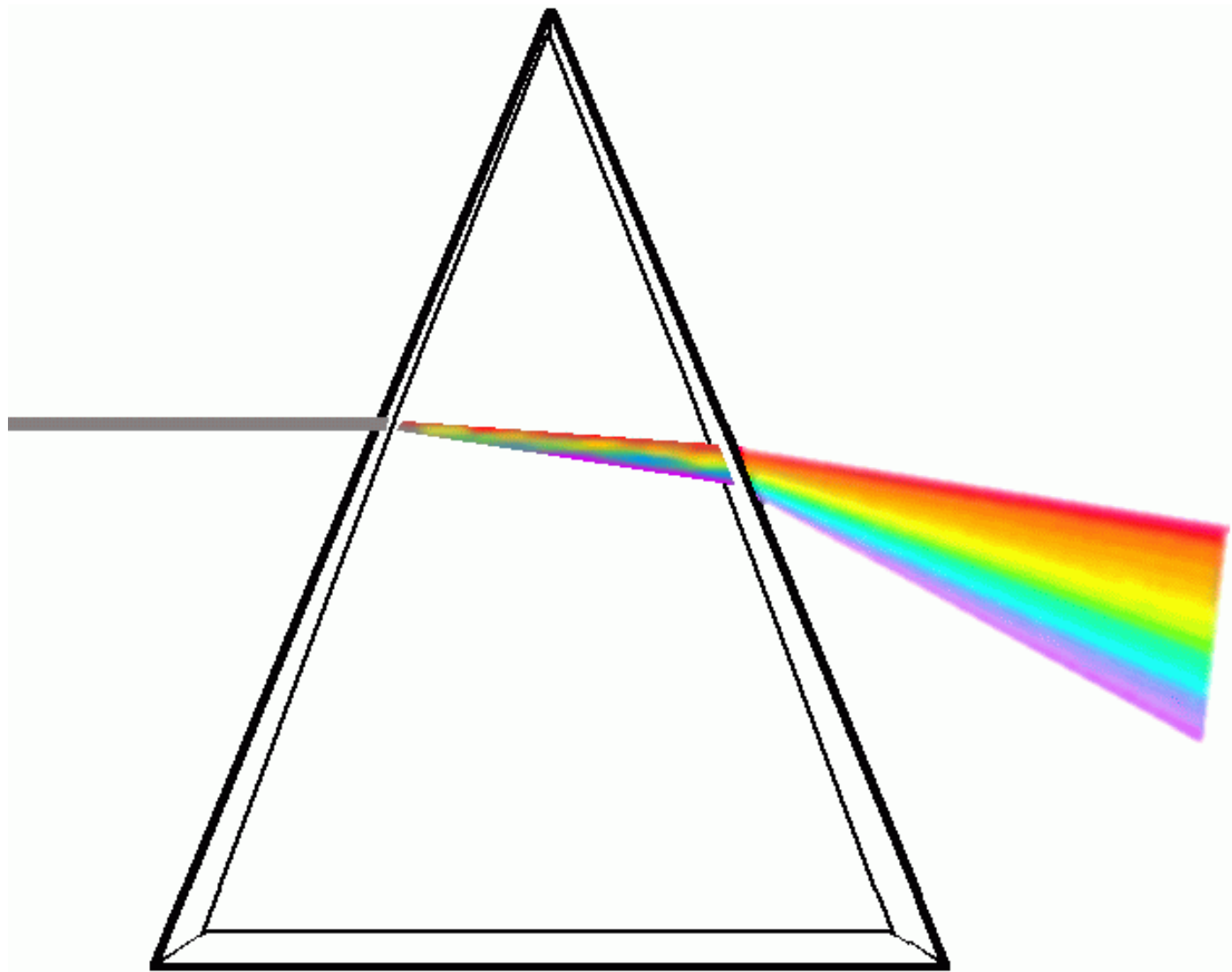
1100 Minot Avenue

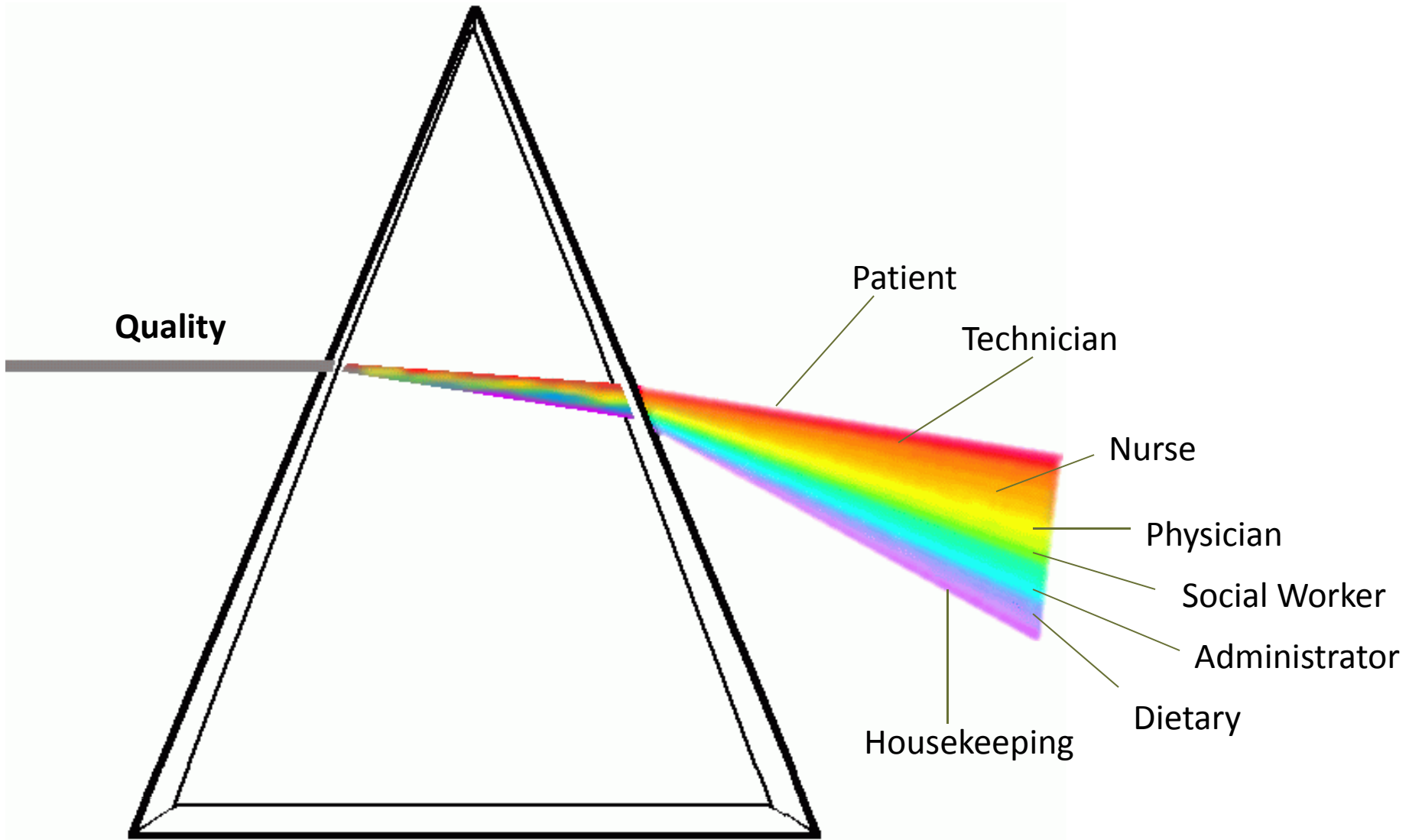
 **AMERICAN
HOMEPATIENT**

Understanding and Correcting Patient Fall Issues at a New Facility: Androscoggin Kidney Center

1. Remodeled home health agency building with new parking lot and covered entrance
2. Patient falls at entrance/exit and within unit
3. Several near-accidents for patients on stretchers and in wheelchairs teetering as they bumped over curbs

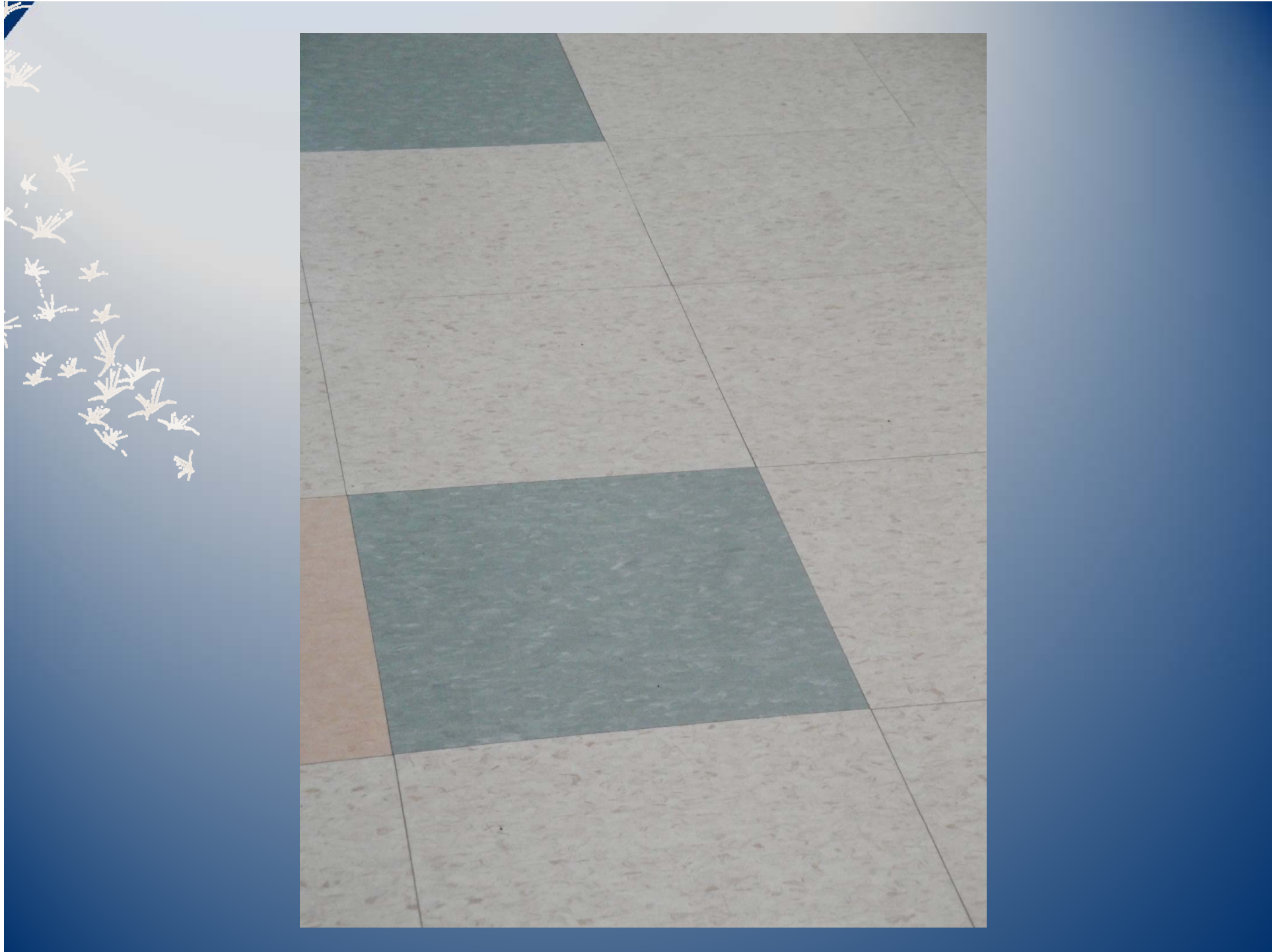
www.kidneypatientsafety.org





Root Cause Analysis

1. Irregular curb contours at ambulance entrance
2. Difficult to see curb
3. Orthostatic dizziness
4. Floor care within unit



Change ↔ QAPI

1. Dedicated ambulance only entry with doorbell
2. Curb configuration at ambulance entrance converted to gradual incline
3. Painted curb iridescent yellow
4. Changed floor treatment
5. Wheelchair parking lot
6. Pre and post therapy dizziness inquiries – EVERY treatment; EVERY PATIENT
7. Most at risk patient closest to scales and nursing station



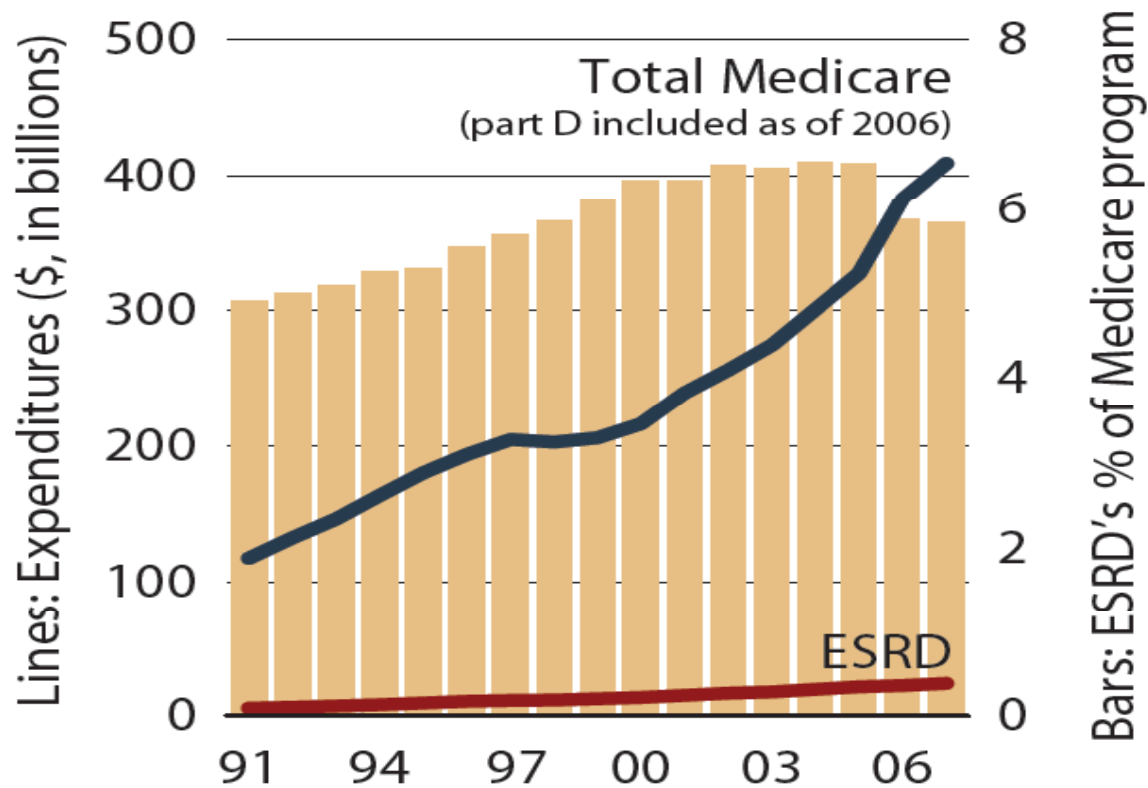






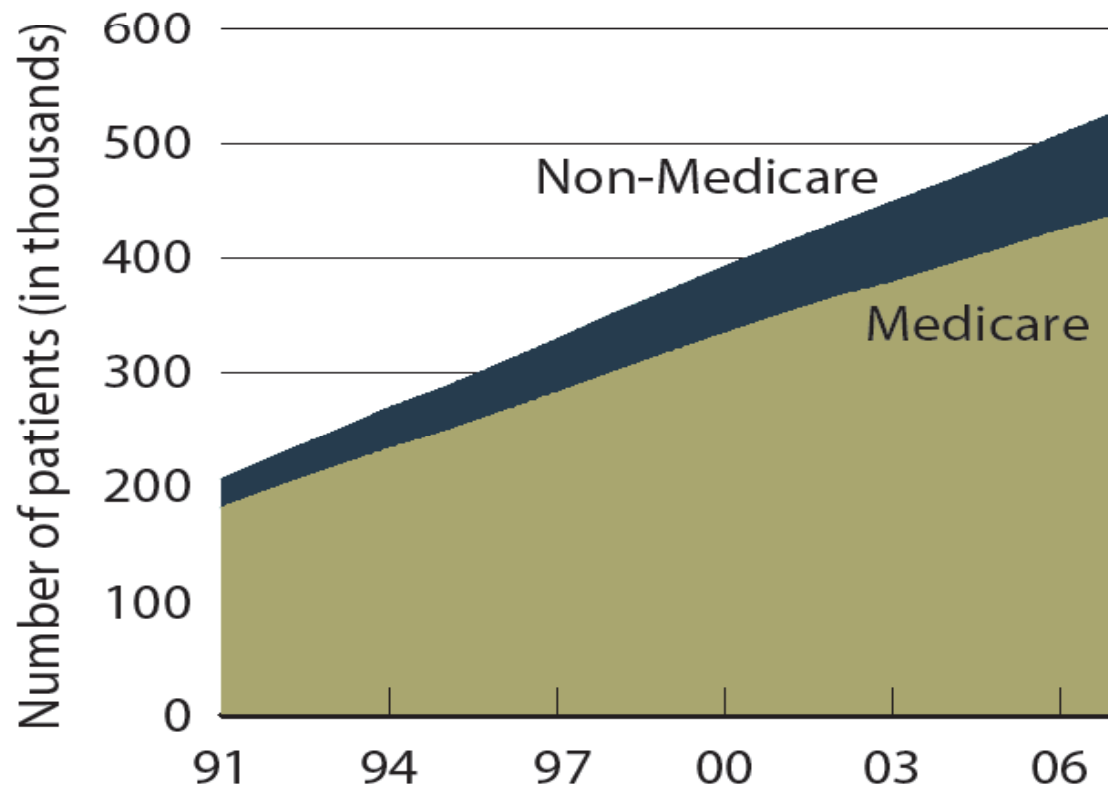
11 **2**_{ii}

Costs of the Medicare & ESRD programs



Source: 2009 USRDS Annual Report

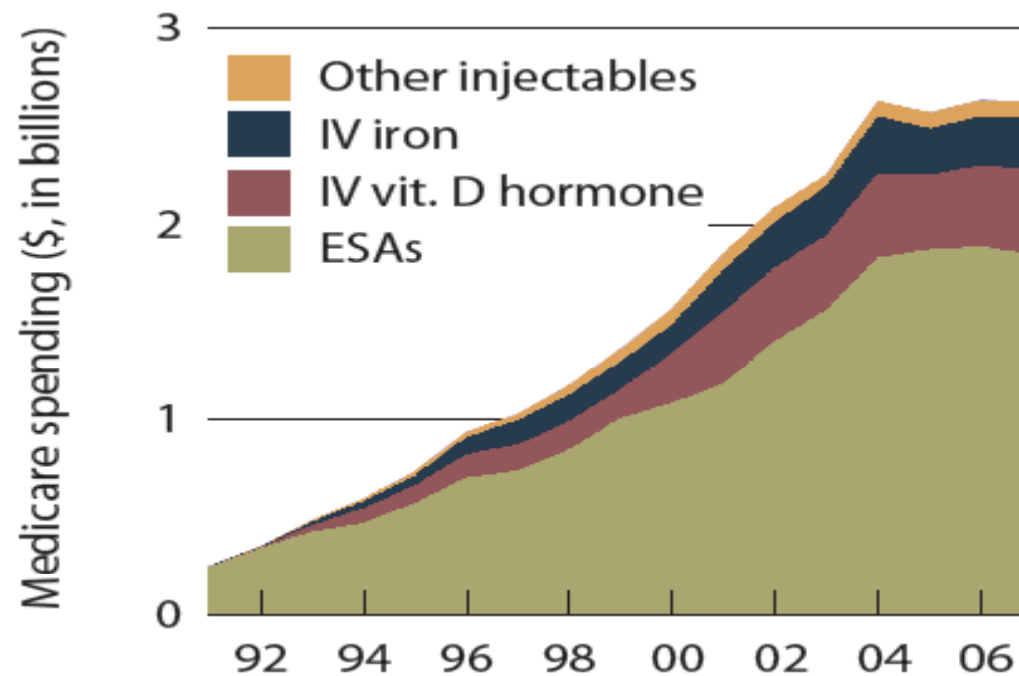
11 **3**_{ii} **Estimated point prevalent ESRD patients**



Source: 2009 USRDS Annual Report

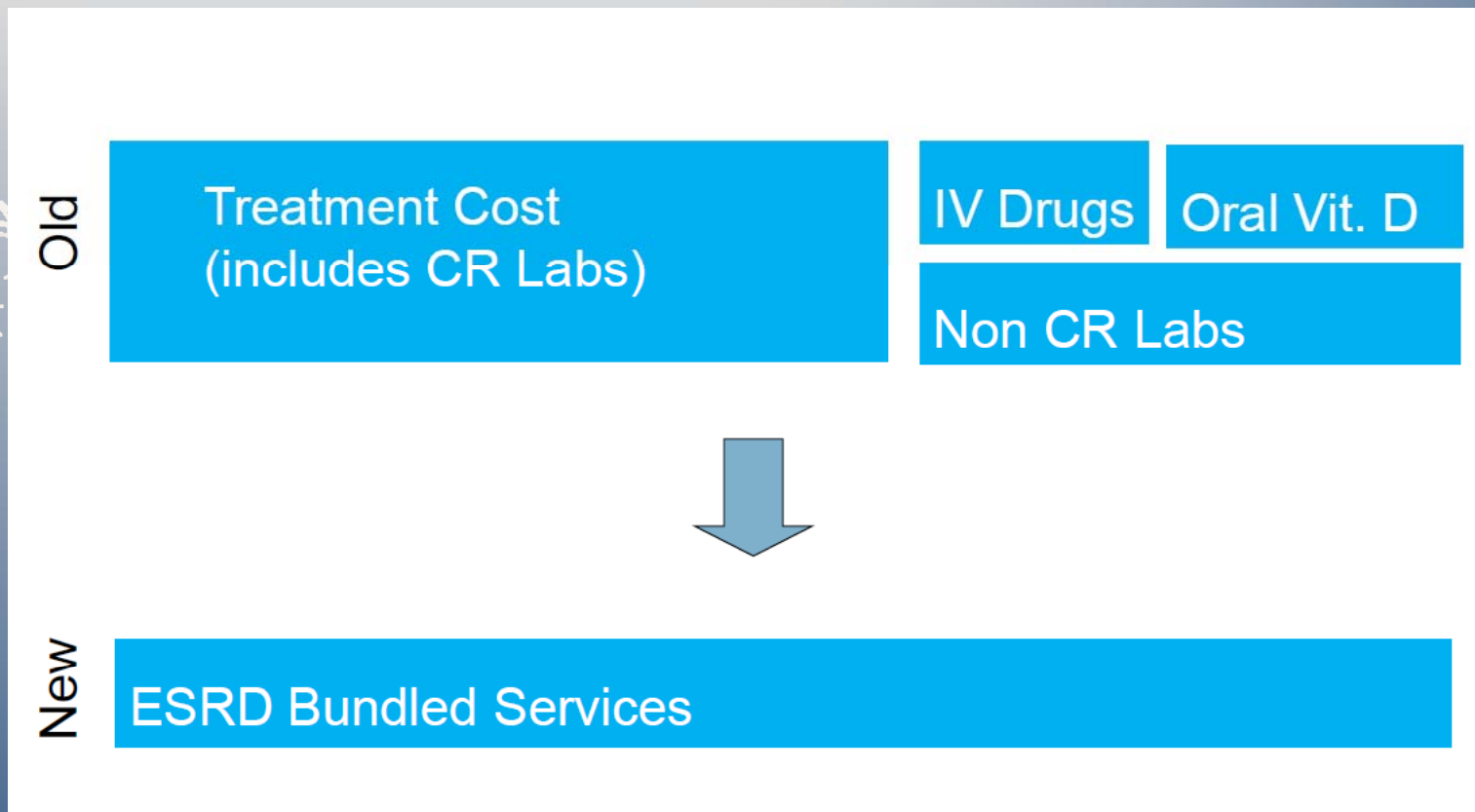
Costs for injectables

¹¹ **13**_{ii} Total Medicare spending on injectables



Source: 2009 USRDS Annual Report

What changed January 2011?



Source: Dr. Mahesh Krishnan MD NN&I Webinar

ESRD Prospective Payment System

- Single bundled case mix adjusted payment to facilities for each treatment
- Costs reflected treatment costs and supplies, certain ESRD drugs and ESRD laboratory tests

The Payment Bundle

HAS AN IMPACT ON THE ENTIRE
DIALYSIS TEAM



Clinic Managers: the economic heart of the bundling engine

- will need to understand the calculations
- properly bill outlier payments, case mix adjusters, apply the wage adjustment, monitor lab testing, watch drug usage, document, document, document

Physicians/Medical Directors: consistent anemia management, lab testing are key roles. What will be the impact on joint venture arrangements?

Nurses, Dietitians, Hemodialysis Technicians, Social Workers: on the front line of patient care. Conditions for Coverage requirements will become a bigger part of quality improvement (QIP), tied to pay-for-performance. New CPMs on the way, too.



Quality Incentive Program

QIP: Nonpayment for Nonperformance

- 2% withhold, incremental pay-back for achieving “total performance score” based on
 - ▣ % of patients with Hgb <10 (more is lower score)
 - ▣ % of patients with Hgb >12 (more is lower score)
 - ▣ % of patients with URR >65% (more is higher score)
- Hgb and URR data averaged for each patient over entire year (initially using 2010 data)
- QIP Begins in 2012

ESRD Quality Incentive Program

Future Measures Required in Medicare Improvement for Patients and Providers Act (MIPPA)


- Patient Satisfaction
- Iron Management
- Bone Mineral Metabolism (i.e. calcium and phosphorus)
- Vascular Access

Not Required But Being Considered by CMS

- KT/V
- Access Infection Rate
- Fluid Weight Management
- Pediatric Measures

Note: Expert Panel Meeting Synthesis Report was Submitted to CMS 7/30/2010





T ogether
E veryone
A chieves
M ore