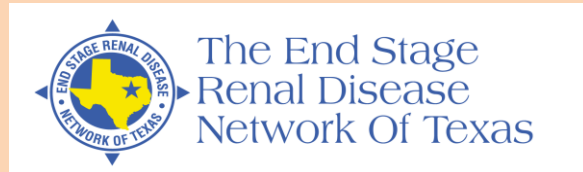


# QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT (QAPI) PACKAGE - HD

**Developed by: Network 7 Distributed by: NW 14**



*Working to improve the quality of care provided by dialysis  
and transplant centers, while ultimately improving the quality  
of life for kidney patients*

Centers for MEDICARE and MEDICAID Services  
Contract Number: HHSM-500-2006-NW007C

4040 McEwen Road, Suite 350, Dallas, TX 75244 Phone 972-503-3215 Fax 972-503-3219  
Email: [info@nw14.esrd.net](mailto:info@nw14.esrd.net) Website: [www.esrdnetwork.org](http://www.esrdnetwork.org)

**Quality Assessment & Performance  
Improvement (QAPI ) Program  
Overview**

Data Driven Quality Assessment & Performance  
Improvement Program

Interdisciplinary Team  
Led by Medical Director

Operationalized, written plan QAPI program scope, objectives,  
organization, responsibilities, procedures for overseeing effectiveness of  
monitoring, assessing and problem solving

**Scope of the QAPI Program**

Facility Wide – all services  
Data – use of current professionally-accepted clinical practice standards to track outcomes  
(MAT)  
Must allow for identification, prevention & reduction of medical errors, mortality and  
morbidity

**Important Aspects of the QAPI Program**

Appropriate monitoring data/information  
Prioritizing areas for improvement  
Determining potential root causes  
Developing, implementing, evaluating and revising plans  
Record of QAPI activities including minutes or method of demonstrating the analysis and actions

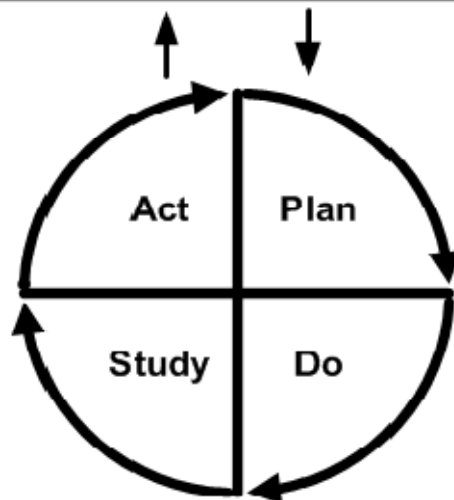
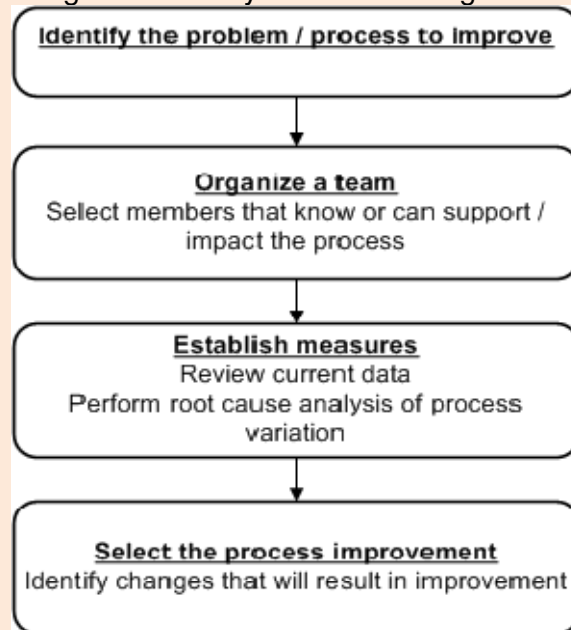
## What is Quality Improvement?

Quality Improvement is a method of planning and implementing continuous improvements in system or processes in order to provide quality health care reflected by improved patient outcomes.

The ESRD Network of Texas, Inc. bases its improvement process on the Model for Improvement developed by Associates in Process Improvement, and utilized by the Institute for Healthcare Improvement (IHI).

This model has two parts:

- Establishing what is to be studied and how to measure the improvements; and
- Using the PDSA cycle to test changes



### Test Changes:

The Plan-Do-Study-Act cycle is a method of testing change by planning the change, implementing it, observing the results, and acting on what is learned.

# QAPI PACKAGE- Introduction

The intended use of this tool is to provide dialysis facilities with a tool to demonstrate evidence of the facility's quality assessment and performance improvement program required in the Conditions for Coverage

QAPI is a major focus of responsibility for the dialysis unit and the unit's medical director as outlined in the Conditions of Coverage of October 2008. According to the new ESRD Conditions for Coverage (494.110) "The dialysis facility must develop, implement, maintain and evaluate an effective, data driven, quality assessment and performance improvement program with participation by the professional members of the interdisciplinary team (IDT). The dialysis facility must maintain and demonstrate evidence of its quality improvement and performance improvement program for review by CMS".

*The Measures Assessment Tool (MAT) which lists the expected outcomes based on community-accepted standards and values was utilized as a reference in the development of this tool.*

# QAPI package Instructions

## How to use the tool

- 1 The QAPI tool includes facility trends and aggregate data and not intended to include patient specific information except on the tracking tools for infection and hospitalization. **(Note: Do Not E-mail Confidential Beneficiary Information. CMS Policy: " no Personally Identifiable Information or Protected Health Information of a beneficiary may be transmitted via email")**
- 2 The scope of the QAPI program must be facility wide and include review of all services provided; in-center, home hemodialysis, home peritoneal dialysis, self care, reuse and central reprocessing. This tool is for review of hemodialysis services.
- 3 The tool was developed to be used as an Excel program with data typed directly into the fields. The tool can also be printed out for manual entry of information, however the ability for auto population of graph fields will be lost.
- 4 Enter the Facility Name onto the "Data" tab. (The facility name will auto populate on all additional tabs except the infection and hospitalization tracking tabs)
- 5 Enter Facility goals into designated fields on Data tab (if applicable). Network goals are already populated.
- 6 Save the workbook; ("Save As") and name the workbook as "Master".
- 7 For each month, open the "Master" workbook, enter the month/year on each page and then **save as** the workbook with the month/year (ex: "save as" July 2009 )
- 8 Enter aggregate data into designated fields ("Data" tab) for the month. Data entered onto Data tab will auto populate the graphs.
- 9 Each outcome includes an area for data comparison. Resources for US data include facility lab data and quarterly vascular access reports sent from the Network; Network Annual report located on the ESRD website at <http://www.fmqai.com/esrd.aspx>; The ESRD Network Coordinating Center website at <http://www.esrdncc.org/> ("For Networks"); Dialysis Facility Report. A notes area is available to document comparison results.
- 10 The PDSA cycle is the recommended model for process improvement. For each outcome not meeting expected measure, an area is provided for documentation of the improvement plan.
- 11 A sign in sheet for Interdisciplinary team members and additional personnel attending the QAPI meeting should be completed for each meeting.
- 12 Outstanding items requiring follow up should be entered onto the designated area on the "Sign In" page and addressed at the next scheduled meeting date.
- 13 Tracking tools for infection and hospitalizations are included and can be revised to facility specifications.
- 14 For each month, completed QI tool documents should be printed and placed in Facility QI manual.

**FACILITY: Sunny Dialysis Center**

Year:

**QAPI Indicators**

Month	INDICATORS (Indicates Network 14 Clinical Outcomes Guidelines)	US Data	Facility Goal	J	F	M	A	M	J	J	A	S	O	N	
Patient Census		31943	341340												
<b>ADEQUACY</b>															
% URR $\geq$ 65%		93.5%	91.0%	88.2%											
% K <sub>T</sub> /V $\geq$ 1.2		96.3%	95.3%	93.2%											
<b>NUTRITIONAL STATUS</b>															
% Albumin $\geq$ 4.0 / 3.7g/dL		35.0%	35.1%	65.3%											
% Albumin $\geq$ 3.5 / 3.2 g/dL		83.7%	82.6%	54.0%											
<b>MINERAL METABOLISM</b>															
% Calcium 8.4 - 10.2 mg/dL		81.6%	82.9%	72.0%											
% Calcium 8.4 - 9.5 mg/dL		64.7%	65.0%	16.0%											
% Phosphorous $\geq$ 3.5 - $\leq$ 5.5 mg/dL		52.4%	54.1%	58.0%											
% Phosphorous $\leq$ 5.5 mg/dL		N/A	N/A	65.0%											
% Intact PTH 150-300 pg/mL		N/A	N/A	72.0%											
<b>ANEMIA</b>															
% Hgb 10 - 12g/dL		60.0%	61.5%	75.0%											
% Hgb < 10g/dL		5.4%	6.2%	10.0%											
% Hgb > 12g/dL		34.6%	32.4%												
% Saturation $\neq$ 20		88.0%	85.2%	82.0%											
% Ferritin $\neq$ 200 / $\leq$ 800ng/ml		60.1%	60.8%												
% Ferritin $\neq$ 800ng/ml		30.4%	29.6%												
% Ferritin $\neq$ 200 / $\leq$ 500ng/ml		N/A	N/A												
% Ferritin $\neq$ 500ng/ml		N/A	N/A	75.0%											
<b>VASCULAR ACCESS</b>															
% AVF using 2 needles		66%	66%	66.0%											
% AVG		< 24%	< 24%												
% Catheter only > 90 days		$\neq$ < 10%	$\neq$ < 10%	10.0%											
<b># THROMBOSIS EPISODES</b>															
AVF				2	2										
AVG				1	2										
<b>% VA Patency</b>															

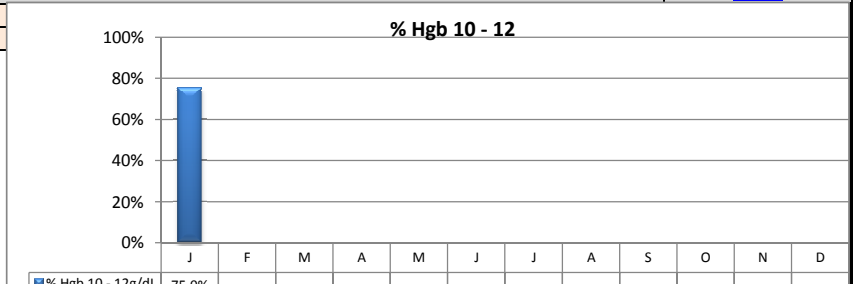
# Quality Assessment Performance Improvement (QAPI)

**FACILITY: Sunny Dialysis Center** **Month:**   **Year:**  

**ANEMIA MANAGEMENT: Hgb 10-12** [DATA](#)

QIP needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Follow up needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Data Comparison			
Facility	NW Goals	Org	US
	60.0%		61.5%
Notes			

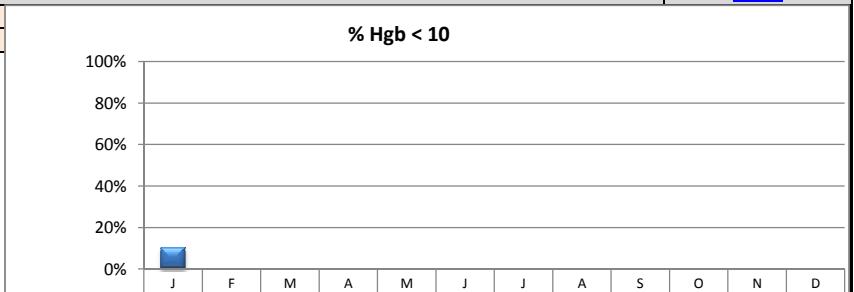


**PDSA CYCLE**

**ANEMIA MANAGEMENT: Hgb < 10** [DATA](#)

QIP needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Follow up needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Data Comparison			
Facility	NW Goals	Org	US
	5.4%		6.2%
Notes			

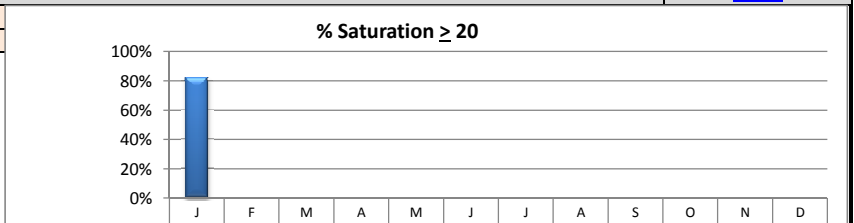


**PDSA CYCLE**

**ANEMIA MANAGEMENT: Iron Saturation / Ferritin** [DATA](#)

QIP needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Follow up needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

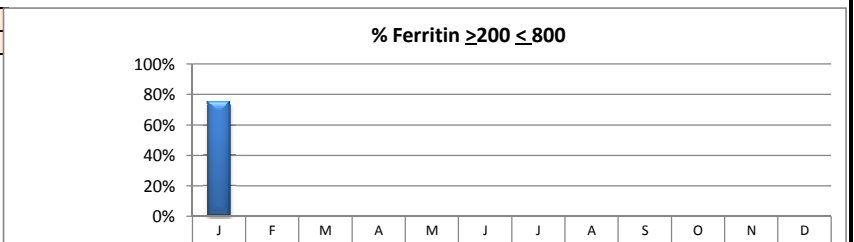
Data Comparison			
Facility	NW Goals	Org	US
	88.0%		85.2%
Notes			



**PDSA CYCLE**

QIP needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Follow up needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

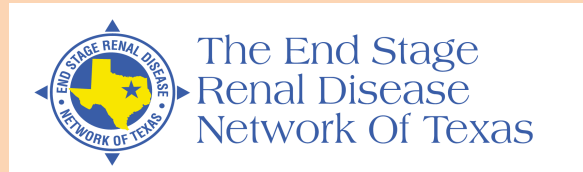
Data Comparison			
Facility	NW Goals	Org	US
	60.1%		60.8%
Notes			



**PDSA CYCLE**

# QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT (QAPI) PACKAGE - PD

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Email: [info@nw14.esrd.net](mailto:info@nw14.esrd.net) Website: [www.esrdnetwork.org](http://www.esrdnetwork.org)

**FACILITY: Sunny Dialysis** **Year: 2011**

INDICATORS (Indicates Network 14 Clinical Outcomes Guidelines)	Month	NW 14	US Data	Facility Goal	GAPI Indicators: Peritoneal Dialysis													
					J	F	M	A	M	J	J	A	S	O	N			
<b>Patient Census</b>		2126	26803															
<b>ADEQUACY</b>																		
KtV urea $\geq$ 1.7/week		91.0%	88.7%															
Creatinine Clearance $\geq$ 60 L/wk		57.4%	57.4%															
<b>NUTRITIONAL STATUS</b>																		
% Albumin > 4.0 / 3.7 g/dL		16.4%	18.0%															
% Albumin > 3.5 / 3.2 g/dL		59.1%	61.4%															
% Albumin $\geq$ 4.0 g/dL																		
<b>MINERAL METABOLISM</b>																		
% Calcium > 8.4 mg/dL / < 10.2 mg/dL		78.0%	80.1%															
% Calcium 8.4 - 9.5 mg/dL		62.1%	62.6%															
% Calcium $\leq$ 9.5 mg/dL																		
% Corrected Calcium (BCG) < 10 mg/dl																		
% Phosphorous 3.5 - 5.5 mg/dL		54.9%	56.3%															
% Phosphorous $\leq$ 5.5 mg/dL																		
% Intact PTH 150-300 pg/ml																		
<b>ANEMIA</b>																		
% Hgb 10 - 12 g/dL		57.5%	56.9%															
% Hgb 11 - 12 g/dL		34.8%	35.7%															
% Hgb > 12 g/dl		33.7%	33.1%															
% Hgb < 10g/dL		8.8%	10.0%															
% Saturation $\geq$ 20		91.2%	87.6%															
% Ferritin $\geq$ 200 / $\leq$ 800ng/ml		58.3%	57.4%															
% Ferritin $\geq$ 100 & $\leq$ 500 ng/ml		N/A	N/A															
% Ferritin > 800 ng/ml		18.5%	18.8%															
% Ferritin > 500 ng/ml		N/A	N/A															
<b># INFECTIONS</b>																		
Peritonitis																		
Exit Site Infection																		
Tunnel Infection																		
Other																		
<b>Medical injuries &amp; medical errors identification</b>																		
<b># Medical Injuries</b>																		
<b># Medical Errors</b>																		
<b>Patient Satisfaction &amp; Grievances</b>																		
<b># Grievances</b>																		
<b>% Satisfaction surveys completed</b>																		
<b>VACCINATIONS: (percentage of patients received vaccinations)</b>																		
<b>% Hepatitis B</b>																		

# Quality Assessment Performance Improvement (QAPI)

<b>FACILITY: Sunny Dialysis</b>				<b>Month:</b>		<b>Year:</b>	<b>2011</b>																				
<b>ADEQUACY MANAGEMENT</b>							<a href="#">DATA</a>																				
<b>QIP needed?</b>	Yes		No																								
<b>Follow up needed?</b>	Yes		No																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Data Comparison</th> </tr> <tr> <th>Facility</th> <th>NW Goal</th> <th>Org</th> <th>US</th> </tr> </thead> <tbody> <tr> <td></td> <td>90.0%</td> <td></td> <td>88.7%</td> </tr> <tr> <td colspan="4"><b>Notes</b></td> </tr> <tr> <td colspan="4" style="height: 20px;"></td> </tr> </tbody> </table>				Data Comparison				Facility	NW Goal	Org	US		90.0%		88.7%	<b>Notes</b>								<b>% Kt/V <math>\geq</math> 1.7</b>			
Data Comparison																											
Facility	NW Goal	Org	US																								
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Facility	NW Goal	Org	US																								
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469-916-3803**

**Please note: Be sure to keep a record  
of all supporting documents in an  
easily accessible hard copy file.  
A binder with all documents would be advisable.**