

ICH CAHPS Quality Improvement Activity (QIA)

February 16, 2017

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Today's Objectives

- Provide the purpose and activities
- Define all requirements and outcome goals
- Review resources and tools required for successful implementation
- Establish deadlines for data submission



CMS Requirements

- Launch a QIA to address a single measure for the lowest score on the ICH CAHPS results administered during spring 2016
- Increase the percentage of patients who respond positively to the measure (ICH CAHPS question) by a relative 5% over baseline.



Selected ICH CAHPS Measure

- Networks 16 and 18 analyzed spring 2016 ICH CAHPS data
- The lowest score that has reasonable potential for positive change was Question 18: “In the last 3 months, has anyone on the dialysis center staff asked you about how your kidney disease affects other parts of your life?”



Question 18 Results

- Network-wide results
 - **Network 16:** 61% of patients responded “yes”
 - **Network 18:** 61% of patients responded “yes”
- Project facility results
 - **Network 16:** 48% of patients responded “yes”
 - **Network 18:** 37% of patients responded “yes”



Background

- Patient advisors to the Network emphasize that quality of life outside of dialysis is an important aspect of their care that is often missed. They want dialysis staff to help them to:
 - Pursue their dreams
 - Improve their outlook on life
 - Live well with kidney failure



QIA Aims

- To work in collaboration with project facilities to improve patient perception that staff care about how kidney disease affects their life outside of dialysis.
- To increase the percentage of patients who report being asked about their quality of life outside the dialysis setting.
 - 5% relative improvement on patient responses to Question 18 by September 30, 2017



QIA Activities

- Identify current processes that assess patient quality of life outside of dialysis, and analyze for opportunities to improve.
- **February 2017 – September 2017** – Survey 1/8 of facility patient population on ICH CAHPS Question 18.



Interventions/Resources for Staff

- The Network will provide materials for staff:
 - Educate staff on why and how to convey interest in all aspects of patient lives
 - Promote staff awareness that patients may be experiencing a change or decline in quality of life, and how to respond
 - Encourage and support utilization of the facility social worker
 - Tools to increase interaction with patients and increase opportunities to discuss patient quality of life



Resources for Patients

- The Network will provide materials to help patients address self-selected lifestyle needs and/or goals.
- Network subject matter experts (patients on the Network Patient Advisory Council) will advise on development of all materials.



Monthly Patient Survey

- Network will pull a list of UPIs from CROWNWeb
 - Random number table to choose 1/8 of patients per facility per month
- Notification by fax to facility 1st week of each month – which patients to survey



Dear Patient:

Northwest Renal Network (Network 16) works with dialysis providers to make sure there is good care. We are working with staff at your clinic to increase their focus on patient quality of life outside of dialysis. We need to hear from you to know if this is successful.

Please answer the question below. Your answer will help to provide a “snapshot” of how your facility is doing. After completing the survey, please place it in the sealed envelope provided to you and return to a member of your treatment team.

Thank you for taking the time to help us. If you have questions, please call the Network at 1-800-262-1514.

4. In the last 3 months, has anyone on the dialysis center staff asked you about how your kidney disease affects other parts of your life?

Yes No

Your comments (optional)



Timeline for Survey Data Submission

- **February** - A list of patients to survey in February will be faxed to you on 2/17/2017
- **March – September** - the faxed list will be sent to you 1st week of the month
- Collect surveys anonymously (individual sealed envelope or survey return box)
- Mail all completed surveys to the Network in one envelope on the **last day of each month** (including February)
 - Network 16 Lisa Hall
 - Network 18 Eileen Rhodes



Monitoring Progress

- Network will review survey results
- No improvement in your facility after 2 months?
 - Conduct RCA and develop appropriate interventions



Techniques for Root Cause Analysis

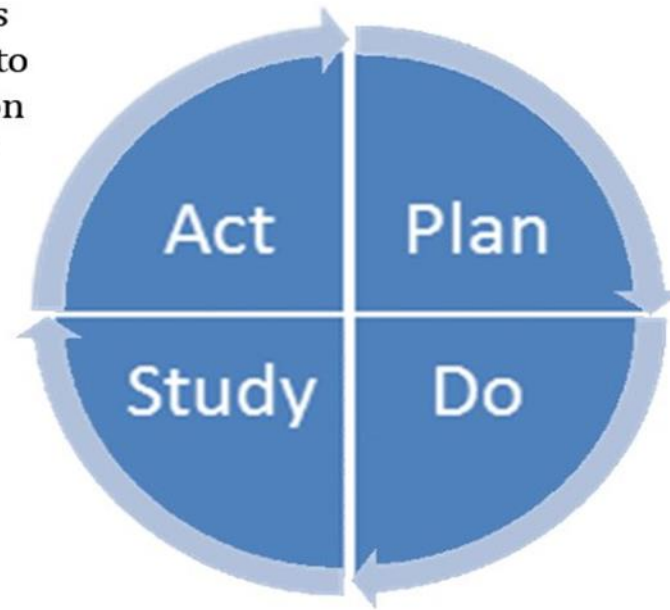
- Choose a tool that works best for your team. Some examples include, but are not limited to:
 - “Ask Why 5 Times” Technique
 - Causal Tree
 - Decision Table
- An article outlining the above techniques will be provided to you in your project packet.



Plan-Do-Study-Act (PDSA)

What changes
are we going to
make based on
our findings?

What exactly are
we going to do?



What were
the results?

When and how
did we do it?



QAPI/PDSA Tool

PDSA Cycle Template



Directions: Use this Plan-Do-Study-Act (PDSA) tool to plan and document your progress with tests of change conducted as part of chartered performance improvement projects (PIPs). While the charter will have clearly established the goals, scope, timing, milestones, and team roles and responsibilities for a project, the PIP team asked to carry out the project will need to determine how to complete the work. This tool should be completed by the project leader/manager/coordinator with review and input by the project team. Answer the first two questions below for your PIP. Then as you plan to test changes to meet your aim, answer question 3 below and plan, conduct, and document your PDSA cycles. Remember that a PIP will usually involve multiple PDSA cycles in order to achieve your aim. Use as many forms as you need to track your PDSA cycles.

Model for Improvement: Three questions for improvement

<p>1. What are we trying to accomplish (aim)? State your aim (review your PIP charter – and include your bold aim that will improve resident health outcomes and quality of care)</p>
<p>2. How will we know that change is an improvement (measures)? Describe the measureable outcome(s) you want to see</p>
<p>3. What change can we make that will result in an improvement?</p> <p>Define the processes currently in place; use process mapping or flow charting</p> <p>Identify opportunities for improvement that exist (look for causes of problems that have occurred – see Guidance for Performing Root Cause Analysis with Performance Improvement Projects; or identify potential problems before they occur – see Guidance for Performing Failure Mode Effects Analysis with Performance Improvement Projects) (see root cause analysis tool):</p> <ul style="list-style-type: none"> ▪ Points where breakdowns occur ▪ “Work-a-rounds” that have been developed ▪ Variation that occurs ▪ Duplicate or unnecessary steps <p>Decide what you will change in the process; determine your intervention based on your analysis</p> <ul style="list-style-type: none"> ▪ Identify better ways to do things that address the root causes of the problem ▪ Learn what has worked at other organizations (copy) ▪ Review the best available evidence for what works (literature, studies, experts, guidelines) ▪ Remember that solution doesn’t have to be perfect the first time

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.

<p>Plan</p> <p>What change are you testing with the PDSA cycle(s)? What do you predict will happen and why? Who will be involved in this PDSA? (e.g., one staff member or resident, one shift?). Whenever feasible, it will be helpful to involve direct care staff. Plan a small test of change. How long will the change take to implement? What resources will they need? What data need to be collected?</p>	<p>List your action steps along with person(s) responsible and time line.</p>
<p>Do</p> <p>Carry out the test on a small scale. Document observations, including any problems and unexpected findings. Collect data you identified as needed during the “plan” stage.</p>	<p>Describe what actually happened when you ran the test.</p>
<p>Study</p> <p>Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for: unintended consequences, surprises, successes, failures.</p>	<p>Describe the measured results and how they compared to the predictions.</p>
<p>Act</p> <p>Based on what was learned from the test: Adapt – modify the changes and repeat PDSA cycle. Adopt – consider expanding the changes in your organization to additional residents, staff, and units. Abandon – change your approach and repeat PDSA cycle.</p>	<p>Describe what modifications to the plan will be made for the next cycle from what you learned.</p>

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Questions?



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