

Professional Module: Patient Engagement in Quality Assessment and Performance Improvement (QAPI)

Introduction

This module is intended to support End Stage Renal Disease (ESRD) Networks and dialysis facilities with engaging patients in the Quality Assessment and Performance Improvement (QAPI) meetings and activities.

Patient and family engagement is a significant and important focus for the Centers for Medicare & Medicaid Services (CMS), and therefore, is a large part of the work required of the ESRD Networks. “Patients and families are partners in defining, designing, participating in and assessing the care practices and systems that serve them to assure they are respectful of and responsive to individual patient preferences, needs, and values. This collaborative engagement allows patient values to guide all clinical decisions and drives genuine transformation in attitudes, behavior, and practice.”¹

QAPI meetings and activities are the perfect opportunity for dialysis center staff to engage patients, family members, and caregivers in quality improvement initiatives focused on improving the quality of care and quality of life for people impacted by ESRD. The goals of QAPI are to improve patient outcomes and reduce medical errors. Engaging patients in their healthcare can lead to measurable improvements in safety and quality.²

Patient and family engagement includes bringing patient and family perspectives directly into the planning, delivery, and evaluation of healthcare, thereby improving the quality and safety of the care provided.³ Understanding and incorporating patient concerns and needs in QAPI can improve the relationship between facility staff and patients and improve the experience of care for people receiving dialysis. Effective QAPI leverages patients lived experiences to maximize the return on investments made in care improvement.

Objectives of This Module

This learning module is focused on engaging patients in QAPI. At the completion of this module, staff will be able to describe QAPI, list areas where patients can impact care, discuss patient and professional roles, describe how and where to engage patients, and outline ways to measure a successful QAPI program.



TABLE OF CONTENTS

Introduction—1
Objectives—1
What Is QAPI—2
Areas Patients Can Impact—2
Patient and Professional Roles—3
How leadership Can Engage Patients—3
How to Invite Patients—4
Where QAPI Takes Place—4
How to Know If QAPI Is Making a Difference—5
Scenario: QAPI in Action—5
Conclusion—6
Getting Started—6
Resources—6
References—6



What Is QAPI?

QAPI merges quality assessment (QA) and performance improvement (PI) into a comprehensive approach to quality management. QA is the process of meeting standards and ensuring care reaches an acceptable level. PI is the proactive, continuous study of processes with the intent to identify opportunities and test new approaches to fix the underlying causes of persistent, systemic problems. Data-driven QAPI programs may be customized to facility needs. Key steps include:

- Identifying the problem and defining the goal
- Deciding on a measurement to monitor improvement
- Brainstorming solutions based on barriers and root causes
- Planning an intervention
- Using Plan-Do-Study-Act (PDSA) to implement the improvement project



While many different performance improvement tools are available, the PDSA model is one of the most utilized tools for the QAPI process. The PDSA cycle is a method of testing change by planning the change, implementing it, observing the results, and acting on what was learned. PDSA cycles are rapid tests of change. Often referred to as the Model for Improvement,⁴ PDSA addresses three basic questions:

- What are we trying to accomplish?
- How will we know that change is an improvement?
- What change can we make that will result in improvement?

The simple and straightforward approach is conducive to patient engagement and rarely entails the need for consultants or outside personnel to help solve the problem. Once the dialysis staff and patients identify an area of improvement, the team can easily follow the PDSA cycle approach.

Areas Patients Can impact at QAPI Meetings

Patient involvement in QAPI meetings should include, but not be limited to, the following components:

Patient Concerns	Clinical Care	Facility Management
<ul style="list-style-type: none"> • Diet and nutrition • Fluid management • Patient satisfaction and grievances • Individualized patient goals and approaches to care • Scheduling flexibility • Travel requirements and transportation availability • Lobby Days and patient orientation 	<ul style="list-style-type: none"> • Nutritional status • Vascular access • Medical injuries and medical errors • Infection control 	<ul style="list-style-type: none"> • Emergency preparedness • Access to home dialysis and transplant education • Fistula and catheter education

Patient and Professional Roles in QAPI

A QAPI culture fosters the active participation of patients, family members, and caregivers as well as all staff members and Medical Directors. Roles for each are described in this section.

Patients, Family Members, and Caregivers:

- Patients are subject matter experts about the care that is being provided in the dialysis facility. They can provide suggestions and recommendations on improving care, safety, access to care, and outcomes. Examples of areas on which they can have an impact include safety measures, infection control processes, ways to reduce missed treatments, and patient satisfaction in the dialysis facility. Suggestions might include providing a hand sanitizer station in the waiting room or installing safety grab bars in the restrooms.
- Family members and caregivers are also essential to the QAPI process. Family members hear and learn about facility activities through the eyes of the patient. Family members can assist in confirming events, correcting misunderstood information, and supporting positive improvements in care, staff and patient communication, and facility management.

Facility Staff:

- Each facility staff member has a different role in the QAPI meeting related to his or her role in the facility. For example, the nurse may report on the anemia management progress and hospitalizations, the social worker may review grievances and missed treatments, and the dietitian may discuss the overall nutritional status of the patients.
- Patient care technicians (PCTs) also play a role in the QAPI meetings. Because of their close connection to patients and the amount of time they spend on the floor in the dialysis facility, PCTs are instrumental in QAPI projects. They can bring forth concerns they observe or discover through their interactions with patients.
- Staff members working as a team, engage in open, respectful dialog to find solutions for easy and complex problems.

Medical Director:

- The medical director is a pivotal part of the QAPI committee. He or she acts as the senior clinical leader in a dialysis facility and is responsible for both communicating and listening to the medical staff in the determination of clinical policies.
- The medical director is responsible for the clinical strength of the interdisciplinary team members, including nursing staff, PCTs, dieticians, social workers, and any other ancillary staff that interact with the patients.
- The medical director should include leadership that affects the patients' experience of care and quality of life.
- The medical director sets the tone and culture for all staff that work with patients in the facility.⁵

How Leadership Can Engage Patients in QAPI

A culture to support QAPI efforts begins with the dialysis facility leadership. Leadership and involvement from the top, including the medical director and facility administrator, are essential to facility staff adoption of a quality culture. Ways that dialysis center leaders can engage patients in the QAPI process include⁶:

- Provide resources for QAPI.
 - ◇ Allow meetings to happen during working hours and when patients are at the center.
 - ◇ Encourage patients to come prepared with his/her own topics for discussion.
- Create a culture of inclusiveness between patients, family members, and dialysis facility staff.
 - ◇ Include an open-door policy.
 - ◇ Emphasize open communication across shifts and between all staff members.
 - ◇ Ensure that people do not feel judged for bringing their concerns forward.



How Leadership Can Engage Patients in QAPI (continued)

- Implement and use a feedback cycle.
 - ◇ Check in with patients, family members, and caregivers often to obtain their feedback about the improvement strategies implemented by the QAPI committee.
 - ◇ Seek feedback every step of the way. Create a suggestion box and place it in the lobby. Allow people to respond anonymously.
- Develop meeting content inclusive of clearly capturing the patient perspective by using phrases such as:
 - ◇ From your perspective, what are the challenges to change _____?
 - ◇ What do you think would be the best way to approach _____?
 - ◇ Based on the information we have shared with you today, what do you believe patients would want to know about this topic?

How to Invite Patients to QAPI

Every voice matters! Including patients in QAPI meetings creates a method to obtain feedback on care and services offered by the dialysis facility and obtain input on quality, safety, access to care, and other critical areas affecting patients. To engage patients, staff can:

- Share the purpose of the meeting and explain why patients are being invited.
 - ◇ Use statements such as, *Attending the QAPI meeting gives you an opportunity to share your ideas with the team. We want to hear and understand your perspective, to personalize the patient's experience and knowledge.*
- Make the invitation special and provide it in writing.
 - ◇ Briefly describe the goal of the meeting and how patient engagement in the meeting brings value to the meeting. Provide the meeting date, time, and location.
 - ◇ Use testimonials on the invitation from patients who have attended a QAPI meeting.
- Review the role the patient will play in the QAPI meeting.
 - ◇ Offer suggestions for improved patient involvement.
 - ◇ Encourage the patient to bring forth his/her personal experience and perspective.

Where QAPI Takes Place

Most QAPI meetings take place at the facility in a conference room where the QAPI committee can gather to discuss and review the quality initiatives. When planning to invite patients and family members to the QAPI meetings, staff should consider alternative options, such as calling in to the meeting. As well, many patients have become proficient with using platforms such as Zoom™ or WebEx for meetings. Although patients won't be involved in the entire meeting, they should be informed that they are participating in a portion of the meeting agenda. This will help ease the transition of the patient in and out of the meeting.



How to Know if QAPI Is Making a Difference

Part of the QAPI process is to track and trend data and outcomes. The QAPI committee sets goals for each metric and incorporates discussion and progress toward meeting the goals into every QAPI meeting. If certain measures are not improving or meeting the target, then the facility must implement a performance improvement plan. For example, the facility goal may be to have 35% of the patients on a transplant waitlist. Every month at the QAPI meeting, the team reviews the transplant log to identify barriers that are preventing patients from becoming active on the transplant waitlist, such as missed appointments. If the goal is not met, root causes are identified and interventions are implemented until the goal is met. The facility must also address individual patients who are not meeting the goal in the patient's plan of care. Posting QAPI metrics on a bulletin board and or sharing results in the patient's newsletters are great ways to share progress toward facility goals with patients.

Scenario: QAPI In Action

The scenario below illustrates how a QAPI committee might develop an action plan in response to lack of patient handwashing before and after treatment. The response shows how facility staff engaged patients to resolve the lack of handwashing and mitigate future occurrences while simultaneously sustaining the improvement over time. The activities described are representative of the types of improvement plans to which patients can contribute and assist with monitoring in real time. It addresses the problem and takes steps to prevent recurrence of the situation.

Scenario: The dialysis staff noticed that patients were not washing their hands when they arrived at and left the facility. They reported their observations to the clinical manager. The clinical manager decided to perform some handwashing audits and found that only 50% of the patients were consistently washing their hands. This was discussed at the monthly QAPI meeting. The group decided to perform a root cause analysis by soliciting feedback from all the patients. The questions were:

- Why might patients not wash their hands before and after dialysis treatments?
- What could the facility do to improve handwashing?

There were three main themes that emerged from the questionnaire:

- Nobody told them they needed to wash their hands.
- Patients did not understand the importance of handwashing.
- The facility did not have enough sinks and/or hand sanitizer stations available.

The QAPI committee invited two patients to the meeting and reviewed the responses from the questionnaire. After the clinical manager presented the findings, she asked the patients what would be needed to improve handwashing compliance in their facility. Their suggestions were as follows:

- Provide education to the patients that includes proper handwashing techniques and an overview of the infection control policy.
- Install two more sinks and six more hand sanitizer stations in the treatment room.
- Establish a goal that 75% of patients will wash their hands pre- and post-dialysis by the end of four weeks.
- Perform initial handwashing audits (before the intervention) and again in four weeks to evaluate the effectiveness of the plan.

The facility was able to achieve a compliance rate of 90%. To sustain the compliance, the staff will be performing handwashing audits every quarter, and the results will be included as part of the QAPI meetings. The initial feedback from the questionnaire and the quarterly handwashing audit results were posted on the patient bulletin board in the waiting room and included in the facility patient newsletter.

Conclusion

When staff think of QAPI, they should think of involving the entire staff as well as patients and family members at the dialysis facility. Quality improvement takes a team effort; it cannot be done by one person. Healthcare professionals with patients and family members as partners can develop safe, effective, efficient, and reliable healthcare processes and services to improve the quality of care and quality of life for people with end stage renal disease.

Getting Started

To get started, staff can:

- Invite one patient to the next QAPI meeting.
- Provide the patient with the [Because Your Voice Matters!](#) QAPI Meeting Preparation tool listed in the resources section of this module.

Resources

- [Help Patients Understand Their Role in Quality Assessment & Performance Improvement \(QAPI\)](#)
- [CMS: QAPI Tools](#)
- [Because Your Voice Matters!](#)

References

¹ CMS. Person & family Engagement Strategy. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Person-and-Family-Engagement-Strategy-Summary.pdf> Accessed July 26, 2021.

² Agency for Healthcare Research and Quality (AHRQ). Guide to patient and family engagement in hospital quality and safety. Available at <https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/guide.html>. Accessed on July 13, 2021.

³ Institute for Healthcare Improvement (IHI). Advancing the Practice of Patient- and Family-Centered Care. How to Get Started. Bethesda, Maryland: Institute for Family-Centered Care; 2008. Available at <http://www.ihl.org/resources/Pages/Publications/AdvancingthePracticePFCHowtoGetStarted.aspx>. Accessed on July 13, 2021.

⁴ Institute for Healthcare Improvement. Available at: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx> Accessed July 2021.



This material was prepared by the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. FL-ESRD NCC-NC1PFE-09302021-02