



"Doc-Talk" - Quality Edition

Vol. 1 October 2006

ESRD Heartland Kidney Network www.network12.org 816-880-9990

"Medicare has various initiatives to encourage improved quality of care in all health care settings where Medicare beneficiaries receive their health care services, including physicians' offices and ambulatory care facilities, hospitals, nursing homes, home health care agencies and dialysis facilities."

1/31/05 CMS Fact Sheet

... "By embracing CQI the physician will find these new requirements considerably less taxing and indeed hopefully positive in their impact on the quality of care delivered to patients..."

Lindenfeld & Vlcek

Web Resources available at:

www.HeartlandKidney.org

<http://www.ihf.org/ihf>

www.fistulafirst.org

Questions about CQI?

Contact us!

Physicians & Continuous Quality Improvement

There have been many changes recently affecting dialysis centers and the role of the Medical Director and physicians. Pay for Performance (P4P) has been rolled out in hospital and long term care settings and is on the horizon for dialysis centers as well.

This newsletter will focus on the following:

- How dialysis center Medical Directors and Nephrologists can lead their facilities in the use of continuous quality improvement (CQI) concepts to improve outcomes.
- Network-specific clinical performance goals

CQI Concepts for Doc's

As physicians, you are highly skilled in critical thinking and evaluation – uniquely positioning you as the natural leader of the care team.

Quality Management Principles

"One quality expert (identity unknown) has said: *"the old assumption is that quality fails when people do the right thing wrong; the new assumption is that, more often, quality failures arise when people do the wrong things right."*

If people want to do the right thing, then the job of the manager/lader is more to enable their talents and energies than to monitor, control, and incentivize."

Janet Brown, RN, CPHQ

Idea: Take some time to teach your staff how to read data presented in graphic form. Explain what a p-value is to them!

The Institute of Medicine (IOM) Goals of Patient Care

- Patient Centered
- Effective
- Safe
- Efficient
- Equitable
- Timely



Questions to ask-

- What clinical quality indicator will be measured?
- How will progress be monitored?
- What is the threshold for action to be taken?

Plan – Do – Check – Act

This is an ongoing method or cycle of assessing quality improvement!



"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives."
William Foster

... "Essential components of the CQI methodology include the use of a multidisciplinary team; participative management; a consistent process, well understood by all team members; a content expert (team leader); and a trained facilitator..."
Lindenfeld & Vlcek

"Continuous improvement is an ongoing effort to improve over time."
Mary Turner

7505 NW Tiffany Springs Parkway, Suite 230
 Kansas City, Missouri 64153

(816) 880-9990

FAX: (816) 880-9088

E-MAIL:
syelton@nw12.esrd.net
clong@nw12.esrd.net

www.HearlandKidney.org

Supported under CMS contract 500-03-NW12 to the ESRD Network#12.

What Does the ESRD Network Expect?

Medical Directors are required by the Medicare Conditions of Coverage to be actively involved in the quality improvement program of the facility. Evidence of such involvement could include:

- Documented regular attendance at CQI meetings
- Active participation in CQI
- Knowledge of, and documented reference to, efforts made to reach Network clinical performance goals.

Think "Process Change"...

- Rather than just meeting standards, search for ways to improve patient outcomes
- Focus on outcomes and the processes that produce those outcomes
- Improve the average and the outliers will improve too
- Focus on systems of care not individual cases

Clinical Performance Goals (Heartland Kidney Network specific)

Clinical Performance Indicator	Goal
Adequacy: % patients with mean Kt/V \geq 1.2 % patients with mean URR \geq 65%	95% (Note –all patients should be monitored monthly)
Vascular Access: % Prevalent patients with AV Fistulas % Incident patients with AV Fistulas Stenosis monitoring of AV Grafts % prevalent patients with catheters % prevalent patients with catheters \geq 90 days	45% or > 50% or > 100% 10% 10%
Anemia Management: % patients with mean Hgb > 11g/dl	85% or > than US average
Serum Albumin: % patients with mean serum albumin > 4.0/3.7 g/dl (BCG/BCP)	= or > US average

These goals are set by the Medical Review Board of ESRD Heartland Kidney Network annually and approved by CMS.

Our sincere thanks goes to our friends at ESRD Networks #3 and #5 for sharing formatting and content for this newsletter!



Heartland Kidney Network
 7505 NW Tiffany Springs Parkway, Suite 230
 Kansas City, Missouri 64153



.....

