

QAPI (QUALITY ASSESSMENT AND PROCESS IMPROVEMENT)

This chapter of the Grievance Toolkit is going to deal with the process by which dialysis units make changes and improvements in their patient care. While not strictly a part of the Grievance Filing Process, it is good to know how long term improvements are made and the part Quality Assessment and Process Improvement (QAPI) plays.

By federal regulation, every Medicare certified dialysis facility must have a grievance process, tell patients about it, and keep a grievance log, which is a part of their QAPI.

Patient Centered Care is about Teamwork.

QAPI incorporates this Teamwork approach.

This is where Patient participation can play a vital role in the success of the improvement program. An effective team is composed of:

- ◆ System Leadership
- ◆ Technical Expertise
- ◆ Day to Day Leadership

Patients can provide both technical expertise and day to day leadership positions in most teams. An example of an effective team may be:

- ◆ Floor Nurse
- ◆ Patients
- ◆ Administrator
- ◆ Floor PCT
- ◆ Social Worker
- ◆ Dietitian
- ◆ Medical Director



In a truly Patient Centered Care approach to improvement, patients will be involved in selecting improvements related to their care. However, this is only possible if patients are willing to work with the facility as a team member.

How does Quality Assessment and Process Improvement (QAPI) relate to Grievances?

As discussed in previous chapters, grievances are usually filed for one of three reasons. We have seen or experienced something that:

- a. Endangers us or others*
- b. Violates our Patient Rights*
- c. Violates Clinical Standards of Care*

What resolution do we want to see? Ultimately we want to create a culture of safety and communication for the long term in our unit. It is in everyone's best interest if patients are aware of the process used to create these improvements.

Facilities may make these necessary changes through QAPI. QAPI is a formal system that utilizes data and information to make long term and effective improvement, often through a four step process called the PDSA cycle for Plan, Do, Study, and Act, explained briefly below:



1. Plan

There are at least two steps necessary in the Planning stage

i) State the objectives and set the goals

To develop a good objective several questions will need to be asked such as

- “Where are we currently and why is this a problem?”
- “Where do we want to be?”
- “What knowledge do we have?”
- “What is our goal?”

In stating a goal it is necessary to be realistic, and set both long term and short term goals. It is also important to understand CMS or Network-set goals vs. Facility or Corporate set goals. Some goals (CMS and Network) are mandated and required. These goals are set **FOR** the unit and are not negotiable. Often facility or corporate goals can be tweaked and these are the goals in which patients can participate.

ii) Develop a plan

The plan will include such things as what you are trying to accomplish, the specific steps that will be tested, and how you will know whether or not the change is an improvement. Not all changes will correct the problem and several solutions may need to be considered.

2. Do

This is where the facilities carry out the plan, document the observations and analyze the data. These steps are important in determining if the problem was corrected or not and may result in information that can be shared with other facilities facing the same problems.

3. Study

This may be the most important step. It will tell you whether or not goals were achieved. But it is important to note that failure to achieve the goal set does not mean that the QAPI was not successful. Once the analysis is complete the facility can summarize what was learned and move forward with another plan. The process may be long and you may not see immediate victories through QAPI, but all lessons learned are valuable and should be shared.

4. Act

If the change tested was successful, act to implement system-wide. This may be the result of a grievance that was filed and a determination that a change or an improvement is necessary.

How does this improve communication?

Patient involvement can be the most effective method of opening up long term communication. Patients and staff will have many opportunities to share their unique perspectives while working together to achieve the desired goal. Once this level of communication has been established in one area, it can carry over into all areas of patient/staff interaction and result in many opportunities to work together to resolve problems BEFORE they rise to the level of grievance.