

CMS: Developing a Quality Program Unique to the Transplant Program

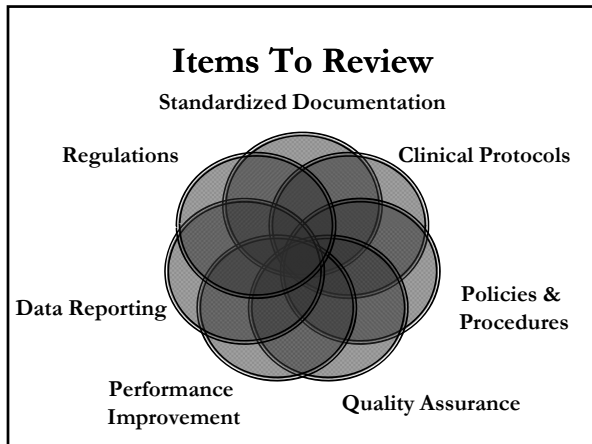
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Objectives

- List elements needed to develop a quality program
- Describe how to review the CMS regulations as a team
- Describe how to establish & maintain a QAPI program
- Discuss preparation for a CMS audit

Build Blocks of a QAPI Program

- Starts at the top – must have support of program leadership
- Dedicated resources
- Education of all personnel
- Accountability
- Do not practice ‘fly by night’ compliance
- Continuous monitoring
- Feedback to all personnel



Requirements for a QAPI Program

Components Required:

- Develop
- Implement
- Maintain
- Comprehensive
- Data-driven

Components of QAPI Program

- Use objective measures to evaluate center's performance with regards to transplantation activities and outcomes
- Transplant center must take actions that result in performance improvements and track performance to ensure improvements are sustained

Development

- Participants- Include (Director, primary transplant surgeon, primary transplant physician, clinical transplant coordinator, and nursing personnel).
- Participation in QAPI committee meetings, presenting topics to the QAPI committee, or updates for the QAPI committee about the program's status.

Adverse Events

- Establish and implement written policies to address and document adverse events that occur during any phase of the organ transplant process
- Must address the process for identification, reporting, analysis, and prevention of adverse events
- Must conduct a thorough analysis of and document any adverse event
- Utilize the analysis to effect change in the center's policies & practices to prevent repeat incidents

Develop Through Teamwork

- Divide the CMS regulations by CoP's among team members
- Assign a team leader for each group, involve others to assist and perform a gap analysis
- Establish a schedule to meet (weekly, monthly, and/or quarterly) as a group
- Define how information will be communicated and presented to the QAPI committee

Understand the Regulations

- Who is responsible
 - For review of new policies/regulations
 - Perform gap analysis
 - Designing and implementing practice change to comply
- The 'Who' must
 - Understand how the regulations apply to practice across all levels and continuum of care
 - Impact on multidisciplinary team
 - Empowered

Common Mistakes Made

- Not reviewing the guidelines
- All team members not involved
- Lack of completion
- Not communicating to all team members their roles & responsibilities

Implementation

- Standardize documentation
 - Templates for forms and letters
- Ensure all required policies are in place
- Review and update current policies and protocols
- Educate all team members on regulations, policies, protocols, processes, documentation requirements and working as a team

Written and Comprehensive

- Members-name, title, role, and responsibilities
- Methods of operating and decision-making
- Frequencies for review of program performance and reporting
- Method that findings and recommendations are reported

Written and Comprehensive

- Tracking and implementing recommendations for improvement
- Ongoing compliance with changes that are implemented
- Broad representation of transplant program's multidisciplinary team

Maintain-Monitor for Compliance

- Audits
 - Self/Peer/Manager
 - Sampling/100%
 - Review of results
 - Counseling
- Quality Indicators
 - Include regulatory components
 - New process, policy and procedure
 - Raise level of awareness

Objective Measure's

- Must evaluate the program's performance related to transplantation activities and outcomes
- Examples:
 - Patient and donor selection criteria
 - Wait list accuracy
 - Patient and donor management
 - Informed consent practices

Data-Driven Measures

- Example's
 - Survival outcomes over a given period of time
 - Percentage of organs refused over a given period of time
 - Percentage of organ rejection over a given period of time
 - Number of post-transplant or post-living-donation infections and other complications

Initial Preparation

- Education
 - Department newsletter
 - Email
 - Staff meetings
- Utilize the Interpretive Guidelines
- Workgroups

Initial Preparation “cont”

- Audited all charts back to June 2007 for compliance with
 - 2 ABO’s
 - ABO and other vital data verification form
 - Listing letter with date
 - Informed Consents (all elements)
 - Notification of Dual listings/Time transfer
 - Timely removal from waiting list

Initial Preparation “cont”

- Contracts with outside entities
 - Reviewed and collected
- Agreement with OPO and Tissue Bank
- QAPI
 - Program plan available
 - Minutes of meetings
 - Near misses/non critical adverse events available
 - Critical Adverse events involving transplant patients in past 12 months available from Risk Management

Initial Preparation “cont”

- Human Resources
 - Reviewed all HR files for
 - Signed job description
 - Competencies
 - Licensure
 - Orientation plan
 - On going education credits
- Printed Map Quest for each MD
- Printed Organizational Chart (Title-Name)

Initial Preparation “cont”

- Sample patient education folders, current
- Established process to have a printed copy of all
 - Protocols
 - Policies & Procedures
 - Forms
- Maintained ongoing patient lists/reports
- Developed Care Maps for recipient and donor management
- Workgroups for QAPI (primary and subcommittees) provided ongoing reports of status and updates

What We Did-

- Standardization of practice
- Education and Orientation
- Development of template forms
- Development of audit tool
- Monitor for compliance
- Living Donor Advocate
- Development of organ offer and transplant log

What We Did-

- Review of all policies & procedures and protocols;
- Examples-
 - Adverse Events
 - Patient and Donor Management (all phases and disciplines included)
 - Communication with dialysis centers
 - ABO and Vital Data Verification (listing, recovery, and transplantation)

Standardization of Practice

- Establish specific policies & practices that act a model, or guideline for a process
- Different employees & shifts use same process
- Standards that get similar outcomes assessed for best practice
- Training focuses on standards, not *'this is how I do it'* or *'this is how is has always been done'*

Template Forms

- Apply to paper or electronic records
- Do not leave anything to 'memory'
 - Use forms as reminder of information needed
 - Standardize the answers to specific questions
- Incorporate required data for UNOS listing purposes, Tidi forms completion, CMS standards and UNOS policy and Bylaws
- Include relevant NPSG's

Policies & Procedures and Protocols

- Policies & Procedures
 - Cover all aspects of regulations from all agencies
 - Include
 - Training of new staff
 - Standardization of practice
- Protocols are
 - General to encompass the individualized care necessary in transplant
 - Evidenced based – include references

Policy and Procedure Reminder's

- If you practice it, standardize it
- If you standardize it, write it
- If you write it, monitor it
- If you don't do it, don't write it
- If you did not document it, you did not do it
- Annual or bi-annual review of P & P
- Maintain historical record of P & P (date of original and date of any revisions)

Policies & Procedures "cont"

- Informed consent process
 - Evaluation-All elements are covered by different members of the team.
 - Listing-All elements are covered by the transplant coordinator
 - Re-Evaluation-All elements are covered by the coordinator, physician and/or social worker
 - Time of Transplant-Current SRTR data, detailed surgical discussion, and right to refuse

Policies & Procedures "cont"

- Documentation of Selection Criteria for donor and recipients
 - Development of template form
 - Documentation is placed in the medical record after the committee meets
 - Documentation of the selection criteria used in making a determination (approved, deferred, denied)
 - Signed by a member of the team

Policies & Procedures “cont”

- Role of Multidisciplinary team members in delivery of care during evaluation, listing, transplant/donation and discharge
 - Documentation of multidisciplinary rounds (group rounds and individual progress notes)
 - Dietician and Pharmacist, phase-out
 - Living donor advocate-all phases
 - Transplant Surgeon/Physician, Social Worker, Transplant Coordinator, and Nurse-transplant/donation phase and discharge

Policies & Procedures “cont”

- Organ Recovery and Recipient
 - Policy to describe the process for retrieval by a member of the transplant center’s team
 - Policy to describe the process of verification of ABO & Vital Data of the donor for the intended recipient (deceased and living donor’s) prior to recovery
 - Policy to describe the process of verification of ABO & Vital Data of the donor for the intended recipient prior to transplantation

Education for Staff

- Developed and implemented a 2 day transplant specific orientation for all staff and contract RN’s hired who will care for transplant recipients
- Developed and implemented a on-going education for Clinical Coordinators and other multidisciplinary team members
 - Weekly in-services
 - Monthly Coordinator “brown-bag” lunch education
 - Monthly support staff education
- Developed Core Competencies for inpatient RN’s
- Use NATCO Core Competencies for all Clinical Coordinators

Challenges...

- Maintaining focus over the long term
- 3 years worth of patient records as opposed to 1 year
- Continuous self auditing
- Time and resources
- Change in staff

Questions ?



References

www.cms.gov
www.jointcommission.org
