NEW

THE ESRD CORE SURVEY

Getting to the Core of Patient Safety and Quality Care
What will be discussed...

- Background & development of the ESRD Core Survey
- Major areas of the Core Survey: data, infection control, QAPI
- Enhanced areas of the Core Survey: “culture” of safety, technical safety, the patients’ voice
The first of CMS’s SCG Efficiency & Effectiveness Initiatives

Pilot testing conducted in 11 States in July, August, September, 2012

National roll-out in FY 2013

Core Survey materials/tools—will be posted at CMS ESRD Survey & Certification website:

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis.html
Comprehensive ESRD CfC published, including:
- CDC comprehensive infection control elements
- AAMI comprehensive elements on water/dialysate/reuse/home dialysis
- Specific clinical standards for patient assessment, patient plan of care & QAPI (MAT)

Detailed Interpretive Guidance for the CfC

Detailed ESRD Survey Process with 16 separate survey tasks-AKA “Yellow Brick Road”

Measures Assessment Tool (MAT)
Lessons Learned Since 2008

- The Traditional ESRD Survey process not time efficient
- Average ESRD survey time \( \uparrow 38\% \) since 2008
- Interval time between surveys increased since 2008
- Meanwhile, the total number of ESRD facilities has \( \uparrow \)
Evolution of the ESRD Core Survey Process
# Evaluated the Data

- Citation frequency & patterns
- Survey time
- Research on Outcomes

## Table 2. CFC Citations in Standard ESRD Surveys, FY 2010

<table>
<thead>
<tr>
<th>VTAG</th>
<th>CFC Area</th>
<th>Overall (N = 1582)</th>
<th>Worst Performing (Top 20%) (N = 399)</th>
<th>Best Performing (Bottom 20%) (N = 258)</th>
<th>Difference in Rate of Citation (Worst v. Best)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V100</td>
<td>Compliance with Fed, State, and Local</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V110</td>
<td>Infection Control</td>
<td>87 (5.5%)</td>
<td>39 (9.8%)</td>
<td>5 (1.9%)</td>
<td>7.8%</td>
</tr>
<tr>
<td>V175</td>
<td>Water &amp; Dialysate Quality</td>
<td>70 (4.4%)</td>
<td>28 (7.0%)</td>
<td>4 (1.6%)</td>
<td>5.5%</td>
</tr>
<tr>
<td>V300</td>
<td>Reuse of Hemodialysis and Bloodlines</td>
<td>6 (0.4%)</td>
<td>2 (0.5%)</td>
<td>0 (0.0%)</td>
<td>0.5%</td>
</tr>
<tr>
<td>V400</td>
<td>Physical Environment</td>
<td>41 (2.6%)</td>
<td>11 (2.8%)</td>
<td>9 (3.5%)</td>
<td>-0.7%</td>
</tr>
<tr>
<td>V450</td>
<td>Patient Rights</td>
<td>9 (0.6%)</td>
<td>4 (1.0%)</td>
<td>1 (0.4%)</td>
<td>0.6%</td>
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<tr>
<td>V500</td>
<td>Patient Assessment</td>
<td>82 (5.2%)</td>
<td>33 (8.3%)</td>
<td>8 (3.1%)</td>
<td>5.2%</td>
</tr>
<tr>
<td>V540</td>
<td>Patient Plan of Care</td>
<td>92 (5.8%)</td>
<td>34 (8.5%)</td>
<td>10 (3.9%)</td>
<td>4.6%</td>
</tr>
<tr>
<td>V580</td>
<td>Care at Home</td>
<td>15 (0.9%)</td>
<td>9 (2.3%)</td>
<td>0 (0.0%)</td>
<td>2.3%</td>
</tr>
<tr>
<td>V625</td>
<td>QAPI</td>
<td>77 (4.9%)</td>
<td>28 (7.0%)</td>
<td>7 (2.7%)</td>
<td>4.3%</td>
</tr>
<tr>
<td>V660</td>
<td>Special Purpose Renal Dialysis Fac</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0.0%</td>
</tr>
<tr>
<td>V675</td>
<td>Laboratory Services</td>
<td>1 (0.1%)</td>
<td>1 (0.3%)</td>
<td>0 (0.0%)</td>
<td>0.3%</td>
</tr>
<tr>
<td>V680</td>
<td>Personnel Qualifications</td>
<td>20 (1.3%)</td>
<td>5 (1.3%)</td>
<td>4 (1.6%)</td>
<td>-0.3%</td>
</tr>
<tr>
<td>V710</td>
<td>Responsibilities of the Medical Dir</td>
<td>84 (5.3%)</td>
<td>33 (8.3%)</td>
<td>9 (3.5%)</td>
<td>4.8%</td>
</tr>
<tr>
<td>V725</td>
<td>Medical Records</td>
<td>9 (0.6%)</td>
<td>4 (1.0%)</td>
<td>1 (0.4%)</td>
<td>0.6%</td>
</tr>
<tr>
<td>V750</td>
<td>Governance</td>
<td>74 (4.7%)</td>
<td>30 (7.5%)</td>
<td>6 (2.3%)</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

Note. This table is limited to facilities included in the Outcomes List report for FY 2010.
Looked To The Donabedian Model for Patient Safety

Patient Safety Management

Adjust structure and process to eliminate or minimize risks of health care associated injury before they have an adverse event that impacts on the outcomes of care.
- **Started** with the patient & facility outcomes
  - **Desired**: clinical areas (e.g. adequacy, nutrition)
  - **Adverse**: infection control and technical areas (e.g. sepsis, chloramamines breakthrough)
- Evaluated what facility structure and processes must be in place to facilitate the desired & prevent the adverse outcomes
- Determined what core survey actions could most efficiently validate the presence of those facility structures and processes
From various groups in the dialysis community:

- Professional Organizations/Leaders
- Surveyors
- Patient Leaders
- Providers/Risk Managers/Staff
- Technical/Clinical Experts
- ESRD Networks
The ESRD Core Survey for 2013
The ESRD Core Survey

- Still has 16 survey “tasks”
- More Streamlined & concise reviews of what REALLY impacts patients
- Starts with “the basics”, and expands to more detailed review if there is reason to do so
  - “Triggers” indicate deficient practice/need to investigate
The ESRD Core Survey Focuses on Contemporary Issues in Dialysis

- **Major contemporary focuses**
  - Data
  - Infection control
  - Quality Assessment & Performance Improvement (QAPI)

- **Enhanced contemporary focuses**
  - Technical safety
  - “Culture of Safety” implemented
  - Patients’ Voices
Facility and patient-specific data is used to focus review *where improvement is needed*

Starts with off-site preparation by *review of data reports*

At onset of survey, will use *current facility outcome data*

- Basis for sampling patients for review
- Focus area(s) for QAPI review
Know your facility outcomes!
- Review your DFR
- Keep up-to-date on your QAPI outcome data

Use the Core Survey “Data Tools” Worksheet
- Lists information and measures that surveyors will request
Directed Observations of care delivery
  - Using observational checklists outlining “step-by-step” practices that support infection prevention (per CfC)

Review of Isolation Practices

QAPI Review of Infection Prevention/Control
  - Surveillance
  - Vaccination programs
  - Staff education and practice audits
  - Patient engagement and education
Infection Control: What You Can Do

- Use the “Task 3b Observations of Care & Infection Control Practices” Worksheet!
  - Contains 8 Observational Infection Control Worksheets
  - Information on Surveys of Isolation Practices
- Visually audit staff while delivering care
- Actively engage patients
  - Patients have access to the Checklists
  - For their personal care, what to expect from staff
- Keep your infection surveillance and vaccination programs current & active
Expect a pro-active QAPI program to protect patients 24/7/365

Core Survey QAPI Review has 3 segments:

- Monitoring ALL facility areas
  - Clinical & operational indicators
  - Mortality review/evaluation
  - Infection prevention & control program
  - Oversight of technical areas
- Performance Improvement activities where it’s needed
- Culture of Safety-facility-wide
  - Medical error reporting system
  - Patient engagement
  - Staff engagement
QAPI: What You Can Do

- Use the “QAPI Review” Worksheet
  - Ensure that you are monitoring all of the areas listed
- Know which of your clinical & technical areas fall short of thresholds/goals
  - Implement pro-active, meaningful performance improvement to achieve & sustain improvements
- Evaluate your medical error/adverse occurrence/clinical variance system
  - Include reporting “near misses”
  - Ensure robust investigation, evaluation of cause(s), & actions to prevent recurrence
QAPI: What You Can Do

- Engage your patients in their care & facility operations
  - Monitor their psychosocial status with standard tools
  - Evaluate your patient suggestion/complaint system
- Keep your infection control program pro-active
- Conduct routine practice audits:
  - Water & dialysate quality
  - Staff practices of water & dialysate testing, equipment operation
  - Equipment maintenance & repair
  - Dialyzer reprocessing QA audits
Technical Safety in the Core Survey

- Direct Observations of:
  - Machine preparation
  - Dialyzer Reprocessing
  - Water treatment & dialysate preparation

- Interviews of staff doing technical activities

- Review of critical components of equipment maintenance & repair

- Review of facility oversight/monitoring of technical areas
EVERYONE at the facility committed to identifying and eliminating risks to patients

- Open, non-judgmental communication: Patients & staff have no fear of reprisal for speaking up

- Clear expectations for staff

- Robust system for reporting and investigating causal factors of ALL abnormal events, and near misses/close calls: NOT WHO, but WHAT and WHY did it happen?
Identifying a Culture of Safety in the Core Survey

- **ALL levels of staff will be asked about:**
  - The facility system for reporting issues & communication about safety risks
  - Their involvement in investigating & problem-solving

- **Patients will be asked about:**
  - How they are encouraged to report concerns & suggestions
  - How does the direct care & administrative staff respond
Culture of Safety: What You Can Do

- Evaluate the “culture” of your facility
  - Is it “blame/shame” or open communication
- Research the lessons learned about patient safety & methods for implementing a culture of safety
  - Institute for Healthcare Improvement: [www.ihi.org](http://www.ihi.org)
- Engage ALL staff and patients in open communication about their treatment & work environment
- Engage staff & patients (as appropriate) in problem-solving
As the frequent recipients of care at the facility, patients have the “best view” of safety & quality

Patient interviews are enhanced & open-ended

Patient education and engagement are emphasized

QAPI review includes a segment dedicated to the patients’ voice/engagement
The goal of the ESRD Core Survey Process is more efficient use of survey resources to conduct an effective survey that:

- Assures patient safety through focus on what most impacts safety
- Assures quality of patient clinical management through focus on areas where facility and patient-specific data show improvement is needed
- Supports a robust facility-based QAPI program that assures continued patient safety and quality care
ESRD Life Safety Code (LSC) requirements were removed on 7/2012 except for ESRD facilities that
- Do not exit to grade
- Are adjacent to “industrial high hazard” occupancies

New water & dialysate standards of the AAMI Renal Committee are not CMS Conditions for Coverage currently
- The new standards are currently being reviewed
- If adopted, standards would go through Rulemaking

New survey tools & materials on CMS Web site
CELEBRATE WHAT YOU DO TO IMPROVE PATIENTS’ QUALITY OF LIFE!

NRAA,
THANK YOU!