Patient and Family Engagement: QAPI Best Practices

April 11, 2019
Learning Objectives

• Learn how one facility adapted its QAPI meeting to include patients and staff
• Design quality improvement projects using patient participation during the QAPI meeting
• Learn about Quality Improvement Resources
Question

Does your facility currently include patients in the QAPI meeting?
Quality Assessment and Performance Improvement (QAPI)
Guest Speaker:

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• Medical Director, SUNY Parkside Dialysis Center
• Member of the IPRO ESRD Network of New York Medical Review Board
Parkside Dialysis

QAPI meeting process

• No personal information on any patient will be discussed.
• No identifying information that relates or could connect to a particular patient or a staff member shall be discussed when a patient representative is present.
• Patient representatives are given first priority in QAPI and they need to share their positive and negative experiences during the preceding month.
• The Nurse Manager needs to be present for the meeting.
• Patient representatives are rotated every month. One representative is present from each shift in each month.
• QAPI should serve as a platform to address big issues and not minor individual and personal concerns.
Outcomes:

• "New Lessons learned": Setting priorities that concern patients which can be different from what facilities or the administration might be thinking

• "Old lessons revisited": Helps refocus on issues we as a facility or administration might have felt is resolved but they are not. (Example: Revisit the model we had designed to address an issue)
Parkside Dialysis

Short Term Goals:

• Achievement of patient satisfaction score on quarterly ICH CAPS evaluation.

• Goals can be set improvement by increments of 5%

• Examples of goals:
  • Overall hygiene and appearance of the facility
  • Arrival late and discharge late
Long Term Goals:

- Percent of patient graduation and participation in Quality Assessment coalitions
- Percent patient remaining with catheters pre and post participation
- Percent patient listed versus referred for transplant
- Patients understanding of their benefits covered under their plans
Question

Do you think your facility can commit to adapting some of the QAPI PFE techniques adopted by Parkside Dialysis?
NW2 ESRD Network
Annual Meeting 4/4/19:
QAPI: Role of the Patient
John Wagner, MD, MBA
Research on patient engagement in QI

- Patient-family advisors (PFAs) were asked to participate in Rapid Process Improvement Workshops in Saskatchewan, Canada (Goodrich D, Isinger T, Rotter T. Patient family advisors’ perspectives on engagement in healthcare quality improvement initiatives: power and partnership. Health Expect. 2018;21:379-386.)

- Interviews conducted of 18
  - 4 with negative experiences with the healthcare system; 5 positive; 9 mixed
  - Most experienced one or one more encounters characterized by disrespect
  - Most had felt powerless
  - 7 of the volunteers were enticed by ads; the rest were recruited
  - Motivations to join: to have agency and possible shared actions; to create a better system; to learn “insider” knowledge, (a form of power); assertion of rights (right to get well, not sicker as a result of the healthcare system); obligation to help as a civic duty; obligation to help others who cannot help themselves (altruism); gratitude (if past experiences positive)
  - Time commitment was a barrier; before participating - concerns about being heard, keeping up intellectually
What happened

• Patients shared stories
• Patients found themselves in the company of high level executives
• Patients felt encouraged to contribute.
• Patients came to recognize that they could express points of view that the staff might feel constrained to express
• PFAs redirected conversations away from impact change had on staff to impact change had on patients.
Lessons learned

- Participants should be those with lived experience within the healthcare system
- Capacity to act on the power given to speak up
- Patients generally self-selected into groups they felt they had sufficient knowledge to make a contribution
- Participants felt empowered to speak up and advocate even after their project ended
- Some participants gained a more nuanced appreciation of healthcare work
- Some participants found it took focus away from the negative aspects of their chronic illness channeling their focus on making things better.
- Some participants developed social capital – new relationships, new speaking skills
- Some were disappointed that they did not know the impact of their work – follow up.
IHI Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in an improvement?
Where are we currently – why is this a problem?
- What does our data show?
- What is our trend?

Where do we want to be?
- What knowledge do we have?
- What is our goal?
Possible Approaches

Work with PAC and Social Workers to indicate availability of participation on QAPI Committee

Have a one pager describing the role and responsibilities including handling of sensitive information and time commitment

Actively recruit candidates who are already engaged

Define how many patients to involve; rotate participation

Provide more detailed information to patients who accept and periodically debrief
Institute for Healthcare Improvement

www.ihi.org
ANNA Resources

www.annanurse.org
ESRD Network Resources
Closing Remarks
Questions or Comments?
Thank You!

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