

INDICATOR	Met	Not Met	Comments
MONITORING CARE AND FACILITY OPERATIONS			
<p>Clinical and operational indicators: A brief look to assure all expected indicators and areas pertinent to dialysis care are continuously monitored. Review current monitoring to determine if the following are being monitored:</p> <ul style="list-style-type: none"> • Water & dialysate quality • Dialysis equipment repair and maintenance • Personnel qualifications and issues • Patient modality choice & transplant referral • Infection prevention & control • Mortality-(expirations & causes) • Fluid & BP management • Nutritional status • Anemia management (Hgb, transfusions, TSAT%, ferritin) • Physical plant safety “rounds,” audits • Dialyzer Reuse: QA audits & adverse events • Patient satisfaction & grievance/ complaints • Morbidity-(hospitalizations, admitting diagnoses & readmissions w/in 30days) • Dialysis adequacy • Mineral and bone management • Vascular access • Medical errors/adverse occurrences/clinical variances 			
<p>Oversight of technical operations and practice audits to verify the presence of consistent QAPI oversight and performance improvement actions for water/dialysate, equipment maintenance/repair, and dialyzer reuse programs</p> <ul style="list-style-type: none"> • Water and dialysate quality • Review of monthly water and dialysate cultures/endotoxin results, annual product water chemical analysis, and other microbiological monitoring as indicated for the equipment in use • Audits at least annually of facility staff mixing dialysate concentrates; testing batches of acid concentrate; testing dialysate pH/conductivity; testing water for total chlorine and microbiological sample collection; operating equipment 			

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<ul style="list-style-type: none"> • Dialysis equipment: Review of monthly dialysis machine, equipment and ancillary equipment maintenance and repair • Reuse: Review and verification that all required reuse audits are conducted at the applicable intervals and adverse occurrences related to reuse addressed. The Reuse Quality Assurance audits include visual practice audits of staff reprocessing dialyzers, and staff preparing reprocessed dialyzers for patients' treatments (set up) • Expect to see evidence that all of the above reviews and audits were conducted. When problems were identified, expect to see evaluation to determine the cause(s) of the issue and actions taken to resolve it. 			
REVIEW OF QAPI ACTIVITIES IN CRITICAL PRIORITY AREAS			
<p>Mortality review: Looking at the QAPI activities for evaluating and trending patient deaths, and efforts implemented to address adverse trends potentially related to care received at the facility.</p> <ul style="list-style-type: none"> • Expect to see evidence that the facility reviewed and evaluated all patient deaths, and analyzed trends in causes of patient deaths • Expect to see, for identified trends in cause of deaths, that the QAPI Team investigated the issues and conducted QAPI review focused on the aspects of care related to specific-cause categories. 			
<p>Infection prevention and control: A review of the facility program for infection occurrence tracking/trending, vaccination, personnel infection control education and visual auditing, and patient education in infection prevention, toward the goal of reduction of patient infection rates.</p> <ul style="list-style-type: none"> • Review the infection tracking logs. Expect to see that all positive culture results, dialysis access, blood stream infections (BSI), and peritonitis episodes, if applicable, are recorded with sufficient information for each; that trends in infections were recognized, evaluated/investigated, and 			

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<p>performance improvement strategies implemented and monitored for effectiveness.</p> <ul style="list-style-type: none"> • Review documentation of facility dialysis-related infection rates. Expect to see that the facility routinely calculates dialysis-related infection rates as applicable to the modalities offered using an accepted formula. Vascular access and peritoneal dialysis catheter infection rates are generally expressed as events per 100 patient months. Peritonitis rates are either expressed as episodes per patient year at risk or episodes per 100 patient months; that high infection rates and upward trends are recognized, investigated, and performance improvement actions implemented and monitored for effectiveness. • Review the QAPI documentation of oversight for surveillance and vaccinations. Expect to see evidence of active QAPI oversight of the high risk disease surveillance and vaccination programs listed above. If trends of lapses in surveillance or vaccination were identified, that the QAPI Team responded to thoroughly investigate the problem, implement performance improvement actions, and monitor them for effectiveness. • Review the documentation visual audits of personnel infection control practices while delivering care to patients. Expect to see evidence of active staff education and at least annual verification of competency for infection prevention and control by visually auditing each direct care staff member providing care to patients. There should be evidence of actions taken for improvement when lapses in practices were observed, i.e., involved staff included in the investigation into issues surrounding the poor practices and development and implementation of improvement plans, rather than just counseling or reeducating. 			

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<ul style="list-style-type: none"> Interview staff on patient education for infection prevention. Expect to see that the facility's infection prevention and control program includes educating patients and families about strategies for remaining infection-free Review infection control rate information. Expect to see that a facility with high patient infection rates has fully investigated for trends and causes of the infections, including but not limited to staff care practices, water/dialysate and dialyzer reprocessing sources. For high rates of CVC>90 days, there should be evidence of meaningful strategies implemented for reducing CVC rates. When reductions in infection rates or CVC >90 days rates are not attained, there should be evidence of revisions and changes in performance improvement actions until improvements are achieved. 			
<p>Medical error/adverse occurrence/clinical variance tracking and investigation system to verify the presence of an effective system for responding to events, investigating, and addressing causal factors to prevent occurrence or recurrence.</p> <ul style="list-style-type: none"> Review the facility error/occurrence log for the past six months: Select one occurrence to "follow" along with the responsible person. You may randomly select the error or select one pertinent to concerns identified during the survey. Look at the reporting of the occurrence, the investigation into the circumstances and possible cause(s), and QAPI actions to prevent future similar occurrences. Expect to see evidence that the facility thoroughly investigated the error/occurrence by looking at why it happened, including interviews with all applicable staff to understand what circumstances surrounded it, and involved those staff members in the development of the plan for resolution. There must be evidence that the facility implemented a meaningful action plan to 			

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mitigate factors that contributed to the error/occurrence, monitored the plan for effectiveness in preventing recurrence, and, if a similar error/occurrence happened, revised and implemented the revised plan			
Data-driven focus and survey findings areas: Following through with the focuses and findings of the past survey, to determine what the facility QAPI activities were for recognition of the problems/risks, and actions taken to address them. <ul style="list-style-type: none"> Expect to see evidence that the facility: <ul style="list-style-type: none"> Prioritized performance improvement activities to assure the areas identified with the highest potential for impacting patient safety were given priority and aggressively addressed in a timely manner Routinely monitored the focus area, recognized that a problem/opportunity for improvement existed, thoroughly investigated root/multiple causes of the issues, and developed and implemented performance improvement plans Monitored the performance improvement plan to attain and sustain improvements, or, if goals were still not achieved, revised the actions until improvements were attained and sustained. 			
CULTURE OF SAFETY REVIEW			
Risk identification and reporting: Looking to see that an effective program exists to identify all risks to patients and facilitate liberal reporting of those risks, including “near misses/close calls” to allow comprehensive investigation and mitigation of risks. <ul style="list-style-type: none"> Expect to see that the facility medical error/adverse occurrence/clinical variance reporting system includes all expected error/occurrences, and staff are educated on reporting defined occurrences and near misses/close calls. 			

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<p>Staff engagement: Looking at the facility's communication systems and role expectations among all levels of staff. Review the facility staff complaint/suggestion log.</p> <ul style="list-style-type: none"> Expect to see evidence that the facility administration educates and encourages staff to make suggestions and voice concerns and complaints about their work environment. There should be evidence that administrative personnel recognize and acknowledge staff concerns in a timely, non-judgmental manner, conduct substantive investigation into the concerns, and include applicable staff in resolution to the issues. 			
<p>Patient engagement: Looking at the facility program for assessing and addressing patients' health outcomes.</p> <ul style="list-style-type: none"> Review the patient suggestion/complaint/grievance log with the responsible facility-based person. Select one patient suggestion/complaint/grievance to review how it was investigated, resolved, and the result communicated to the patient. You may wish to interview the involved patient about their experience using the facility patient suggestion/complaint/grievance system. <ul style="list-style-type: none"> Expect to see that the facility's management and staff encourage patients to verbalize suggestions and concerns, in addition to written complaints /grievances. Staff should be educated in how to respond professionally to patients' verbalized concerns and to report them to their supervisor for recording and follow up. There must be evidence that the patient's concern you reviewed was recorded, the circumstances investigated, mutually acceptable resolution reached, and the result communicated to the patient. 			
<p>Patient Satisfaction Survey: To verify that the facility routinely assesses the patients' satisfaction</p>			



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with the facility and care received and acts upon the identified opportunities to improve care. <ul style="list-style-type: none">• Review summary information of the most recent patient satisfaction survey results. If trends of negative patient responses were identified, ask the staff how they utilized that information to improve programs or care delivery.			