



Compliance Rates Improve with “Plan-Do-Check-Act” Model



Dara Weber and Tonya Travis of the University of Michigan Transplant Center

Conditions of Participation for the Medicare ESRD Program. We were asked to submit a quality improvement plan (QIP) that would examine the root causes of our unit’s failure to meet the reporting obligations and outline the specific actions our facility would take to meet CMS data reporting standards.

We took the notice from Renal Network 11 very seriously and immediately went to work incorporating the Plan-Do-Check-Act process. We learned a great deal through this experience and recently shared it with our colleagues as part of the University of Michigan’s Quality Month Celebration held in October. During this event, we created a storyboard to describe our process. The many people that make up our team were highlighted in the Quality Month Celebration exhibit, including: Administrative Task Force, Financial Counselors, Kidney Pre and Post Coordinators, and Transplant Surgeons. Following are more details about what we did.

The University of Michigan Transplant Center is among several ESRD service providers that did not achieve the CMS data compliance standard in 2005. They are among a few that turned around their performance in very short order—achieving 97% compliance within three months of submitting a quality improvement plan (QIP) to Network 11. When the QIP was submitted, it was evident from the Administrator’s letter that the unit was committed to improving data compliance rates. In this edition of DataLINKS newsletter, we asked the University of Michigan Transplant Center to share their successful approach with their colleagues throughout Network 11. Following is their story.

The University of Michigan Transplant Center is a multidisciplinary solid organ transplant program, including kidney, kidney/pancreas, liver, lung and heart. In calendar year 2005, we performed a total of 225 deceased and living, kidney and kidney combination transplants.

In March 2006, we received notice from Renal Network 11 that we were not meeting data reporting obligations required by CMS in the



The many people that make up our team were highlighted in the Quality Month Celebration storyboard

PLAN

The Problem

Received notice from Renal Network 11 that we were not meeting data reporting obligations required by CMS.

What data indicated this to be a problem or an improvement opportunity?

The CMS Forms Compliance Report for 2005 reflected a combined compliance rate of 82.4%, falling below the CMS required rate of 90%.

What root causes were identified?

- Limited staff awareness about compliance standards and the importance of the 2728 form for all patients.
- No established protocols or educational tools for staff to follow when completing 2728 and 2746 forms.
- Delays in obtaining required signatures from patient and attending surgeon, resulting in late forms submission.
- Accuracy error rate escalation due to blank entry fields.
- Timeliness of forms submission to Renal Network 11 was not tracked.

The Improvement Goals

- Create a Quality Improvement Task Force to: (1) assess our current data reporting system and (2) identify process improvement opportunities, with particular emphasis on 2728 form completion.
- Develop a CMS ESRD forms reporting QIP.
- Consistently submit accurate and timely reports, with a combined compliance rate to exceed 90%.



DO

What process changes were implemented?

- A spreadsheet was developed to help track 2728 forms completed by our Data Specialist, Dara Weber. A tickler within the spreadsheet was also developed to alert Dara of deadlines for each patient. The spreadsheet also allows Dara to track the progress of each form and to identify any potential problem areas that may require further attention.
- Living donor kidney transplant recipients are required to have a History and Physical (H&P) appointment before surgery. The Nurse Coordinator that performs the H&P will begin to complete the 2728 form and obtain the required patient signature. Once the transplant has occurred, the rest of the form is completed by the Data Specialist and reviewed for accuracy by the Nurse Coordinator. The operative report is then reviewed and the attending surgeon is identified. The Data Specialist then obtains the signature of the attending physician.
- Deceased donor kidney transplant recipients have a slightly different process. At the time of the transplant, an e-mail notification to staff is circulated. The Data Specialist will begin to fill out the form before the first post-operative visit. At this time, the patient will provide a signature and the nurse will review and finish completing the form. The attending surgeon will also sign at this time. If a patient needs to discuss financial or insurance eligibility during their inpatient stay and before the first post-operative visit, the Financial Counselor assigned may also seek the patient signature on the form. In either instance, the Data Specialist will be tracking progress and checking the timeline of the forms within her spreadsheet to ensure timely and accurate submission of forms.
- Request quarterly data compliance reports from Renal Network 11 to review rates.
- Compliance rates are tracked in graph format so we can visually monitor our progress.

CHECK

How have your outcomes improved as a result of the process changes?

- Our combined compliance rate for the time period January 1 to March 30, 2006 was 97% (total forms submitted by this time was 36).
- Three months later, we again requested a report—this time for performance from January 1 to June 30, 2006. Between March and June, we had more than doubled the quantity of forms submitted (79 total forms)—yet, we achieved 99%!
- We have received positive verbal and written recognition for our efforts to improve the quality, accuracy and timeliness of CMS forms from Renal Network 11. In addition, we have been asked by the Network to share our process for data compliance success with other facilities.
- We as a Transplant Center are providing better customer service to our ESRD patients.

ACT

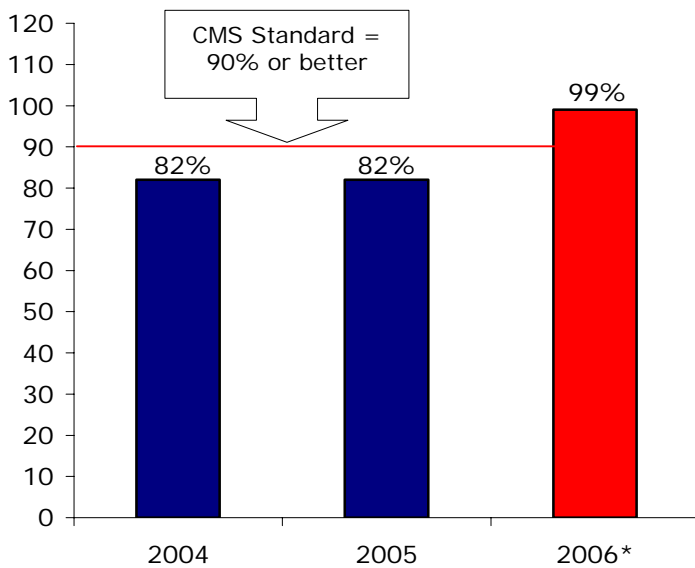
What will you do now to standardize this work or to expand it?

- We will continue daily/weekly spreadsheet update and review.
- We will continue to request quarterly compliance reports from Renal Network 11, review reports, and graph documentation.

As a result of our process changes, we have identified new areas for improvement such as:

- Consistently and accurately document patient initial dialysis dates and facility data for each patient record.
- Define a similar process as appropriate for combined organ transplantation such as heart/kidney.
- Hold regularly scheduled task force meetings to continuously review and discuss our improvement processes to ensure successful outcomes each quarter.
- Consistently maintain CMS good practice guidelines of no less than 90% and ultimately achieve a best practice status of 100%!

**University of Michigan Transplant Center
Data Compliance Rate, by Year**



* reflects performance from January–October 2006 (116 total forms)

—Submitted by Tonya Travis,
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