



Data Compliance Quality Improvement Plan Development

Your facility has been asked to complete a Quality Improvement Plan (QIP) because your facility's CMS Data Compliance rate has not shown significant improvement in 2007. Several Network 11 dialysis facilities have shown improvement in their data compliance rates through the completion and **continued use** of an effective quality improvement plan. These plans were successful because they included each component of the quality improvement process, and also incorporated on-going participation from the entire facility team responsible for completing the CMS forms 2728 and 2746. This team varies from facility to facility. Please consider the following strategies as you develop a quality improvement plan for your facility.

- **Goal:** Define the desired outcome area currently not being met.
Example: CMS Data Compliance \geq 90%
- **Problem Statement:** Define the problem that has prevented goal from being met, remembering that your facility could have multiple problem statements for one outcome area.
Example: Patients or Physicians not available for signatures.
- **Root Causes:** Determine the underlying causes that have led to the problem.
Example: Information to complete the form in disparate places throughout the organization; Limited access to a patient or physician for signatures; etc.
- **Action Plan Implementation Steps:** Determine what steps need to be taken to address the problem and its root causes.
Example: For each step, identify:
 1. What team member(s) are primarily responsible for completing CMS Forms;
 2. Lead team member(s)
 3. What date the task should begin (e.g. Start Date: April 1, 2008);
 4. Dates for periodic checks on performance (e.g. monthly, quarterly, bi-annually), etc.
- **Evaluation:** Determine a timeframe and structure for how each action plan step will be evaluated. During your evaluation(s), tasks and/or procedures may need to be revised or changed to facilitate further improvement.
Example: Bring list of current pending forms to monthly Continuous Quality Improvement (CQI) meetings for team to review; report improvements or continued problem areas.
- **Person(s) Responsible:** This is often a multidisciplinary team. Determine the team members necessary to improve the outcome identified in the problem statement.
Example: Nurse Manager, Renal Social Worker, Attending Nephrologists, Dialysis Nurses, Administrative Assistants.

For more assistance in developing a quality improvement plan for your facility, consider reviewing the Best Practices document, developed by your peers. It is enclosed with this mailing and also posted to the Network 11 Website at:

www.esrdnet11.org/assets/pdf/data_team/best_practices_factsheet.pdf

If you have any questions, please contact Tom Kysilko, Data Manager, Renal Network of the Upper Midwest at: tkysilko@nw11.esrd.net or 651-644-9877. Thank you!