

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) QUALITY IMPROVEMENT ACTIVITY (QIA) MONITORING FORM Increasing the Number of Patients Dialyzing at Home

Facility Name:			CCN:					
Date of QAPI Me	eting:							
Facility QIA Base	line:		Facility QIA Goal:					
Goal Met?	□Yes	□No						

Monitoring Metrics													
	Number of Patients by Month												
Number of Patients:		Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.		
Educated regarding home dialysis													
Interested in home dialysis													
Referred to a home program													
Transitioned to home dialysis (no longer dialyzing in-center)													

List QIA interventions implemented at the facility this month:

(include recommendations from the Learning and Action Network (LAN) calls)

What interventions were successful?

After implementing the interventions, what barriers remain to patients being educated, referred, or transitioned to home dialysis?

Feedback from patients not interested in home dialysis: ______

What is the facility's plan for the next month? ______

Facility Administrator/Date

Facility Medical Director/Date

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