

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 N	Meeting:			
Facility QIA Ba	seline:		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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