HSAG HEALTH SERVICES ADVISORY GROUP
The Florida ESRD Network

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) QUALITY IMPROVEMENT ACTIVITY (QIA) MONITORING FORM
Increasing the Number of Patients on the Transplant Waitlist

Facility Name: _____   **CCN:** _____

Date of QAPI Meeting: _____

Facility QIA Baseline: _____   **Facility QIA Goal:** _____

Goal Met?   ☐Yes   ☐No

Monitoring Metrics											
	Number of Patients by Month										
Number of Patients:	**Feb.**	**Mar.**	**Apr.**	**May**	**June**	**July**	**Aug.**	**Sep.**	**Oct.**	**Nov.**	**Dec.**
Educated regarding transplant											
Referred to a transplant center											
In work-up for transplant											
Waitlisted											

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 and referred for transplant? _____
_____

Feedback from patients not interested in transplant: _____
_____
_____
_____

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

_____   _____
Facility Administrator/Date   **Facility Medical Director/Date**