

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 Meeting: _____
 Facility QIA Baseline: _____ Facility QIA Goal: _____
 Goal Met? Yes No

Monitoring Metrics											
Number of Patients:	Number of Patients by Month										
	Feb.	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