



ESRD Networks 7, 13, 15, 17

# Quality Assessment and Performance Improvement (QAPI) Quality Improvement Activity (QIA) Monitoring Form Reducing the Use of Long-Term Catheters (LTCs)

Date of QAPI Meeting: \_\_\_\_\_

Facility QIA Baseline: \_\_\_\_\_

Facility QIA Goal: \_\_\_\_\_

Goal Met:  Yes  No

Patient Representative Present:  Yes  No

## Monitoring Metrics

Number of Patients With:	Number of Patients by Month											
	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
An LTC >90 days, who are eligible for a permanent access												
An LTC >90 days, who have been referred for a permanent access												
An LTC >90 days, educated on permanent access types												
An LTC who are Acute Kidney Injury (AKI) patients												

What QIA interventions have been implemented at the facility this month?

\_\_\_\_\_

What QIA interventions were successful? \_\_\_\_\_

\_\_\_\_\_

After implementing the QIA interventions, what barriers remained for reducing LTCs? \_\_\_\_\_

\_\_\_\_\_

What is the facility's LTC reduction plan for the next month? \_\_\_\_\_

\_\_\_\_\_

Does the facility have a process to address permanent access placement for patients with AKI? If no, what is the facility's plan to address permanent access placement for AKI patients? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Facility Administrator/Date

\_\_\_\_\_/\_\_\_\_\_  
Facility Medical Director/Date