

# QUALITY IMPROVEMENT (QI) PLAN FORMAT

Florida Medical Quality Assurance, Inc. (FMQAI): The Florida ESRD Network

Hemodialysis Adequacy QI Plan - Sample				Facility Name:		CKD Dialysis Center		
				Facility Number:		000000		
Day-to-Day Leader Name:		Laura Leader, RN			Title:		Clinical Manager	
Telephone/Email	222 222-2323 / lleader@dialysis.com	Extension:	1234	Plan Development Date:		5/8/04		
1. Problem / Process to Improve	2. Measure(s)	3. Baseline Result	4. Root Cause(s)	5. Action(s)	6. Goal(s)	7. Time Frame		8. Evaluation Process
	Measure(s) to be addressed.	Enter the baseline result for the performance of each measure.	State the underlying root cause(s) for the difference between the desired level of performance and the facility's actual performance.	For each identified root cause, describe the specific actions your facility will take to achieve improvement in the measure. Actions may include modifying specific protocols, processes, procedures, or internal hospital systems as needed to obtain a change.	Describe, in measurable terms, the goal to be achieved for the associated measure (e.g., "To increase our baseline measurement of 30% to 70%.)	Provide the time frame for the implementation of all improvement action(s) listed. The begin (B) date represents the earliest date of all activities to be implemented, while the end (E) date represents the date of the latest activity to be implemented for the associated measure.		Describe the evaluation process that your facility will use to ensure that measure performance improvement is achieved.
Hemodialysis Adequacy	% of HD patients in facility with a URR $\geq$ 65% per month	60%	Inconsistent blood sampling for URR. Predialysis BUN drawn after initiation of dialysis. Post dialysis blood samples not consistently drawn using the slow flow/stop pump technique.  Inadequate dialysis treatment time: Interruptions of treatment not accounted for; patient's request early discontinuation for social reasons (i.e. to catch a bus); delay in starting treatment due to patients lateness to clinic.	a. Facility policy for BUN sampling updated using recommended NKF-K/DOQI recommendations.  b. Staff will be in-serviced and monitored with a competency check sheet to verify appropriate blood sampling technique. 100% of staff that performs blood draws will be trained.  c. Social worker to assess and intervene with transportation issues/concerns.  d. If treatment is interrupted, time is added to the treatment to maintain adequate treatment time.	Greater than 80% of patients will have a URR of $\geq$ 65%	B	5/10/04	Nurse Manager will verify that all staff were in-serviced regarding blood sampling technique. This should be completed by June 1, 2004.  On a quarterly basis, Nurse Manager will monitor staff blood draws using a competency check sheet.  Will monitor monthly lab reports to verify that at least 80% of patients have a URR $\geq$ 65%.

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							E	5/30/01	Will monitor additional actions when implemented.
							B		
							E		
							B		
							E		
							E		