

January/February QIA Activity Report

Please provide updates and feedback by February 28, 2019.

1. Which QIA(s) are you reporting for?

- Transplant QIA ONLY
- Home Therapies QIA ONLY
- BOTH Transplant and Home Therapies QIAs

2. Please select your facility from the drop down list below; facility name, CMS Certification Number (CCN - 33-XXXX), and city/town have been included.

3. Your name and contact information

Your Name

e-mail

phone

4. Does your facility have

	Yes	No
Home Therapies Training (PD or HHD) at your facility?	<input type="radio"/>	<input type="radio"/>
A relationship with a home training facility? (shared resources/speakers)	<input type="radio"/>	<input type="radio"/>
A relationship with a transplant facility? (shared resources/speakers)	<input type="radio"/>	<input type="radio"/>

If no, why?

5. Has your facility performed an RCA for the QIA(s)

Yes

No

If yes, when was the RCA performed?

6. RCA Method (e.g., Current Reality Tree, Failure Mode and Effects Analysis, Fault Tree Analysis, Fishbone Diagram, Five Whys Analysis, Pareto Analysis,)

7. Please list your top three barriers (For each QIA Applicable)

Home Therapies Barrier

#1

Home Therapies Barrier

#2

Home Therapies Barrier

#3

Transplant Barrier #1

Transplant Barrier #2

Transplant Barrier #3

8. Has your facility assessed the process for educating patients about their treatment options?

Yes

No

We do not have a formal process

9. Do you discuss patient treatment options education (# of home therapy/transplant referrals) at QAPI meetings?

Yes

No

Not sure

10. Do you have staff in-services/education on Treatment Options?

Yes

No

Not sure

If yes, please describe

11. Comments or Questions about these QIAs?

Thank you for completing the January QIA MSR for your facility.

We appreciate your time and effort.

Please click on "DONE" to submit your responses to the Network

Quality Improvement Team

I PRO ESRD Network of New York