



Quality Improvement Activity RCA Report Form

Network Information	
ESRD Network Number & Name	IPRO ESRD Network of New York (NW2)
Contact	Anna Bennett abennett@nw2.esrd.net
Facility Selection	
Facility Name	
Facility CCN	
QIA	Increase Number of Patients listed on UNOS Waitlist
Specific Improvement Goals	Demonstrate at least a two (2) percentage point improvement over natural trend (60 month look back) in the number of patients on the UNOS list by September 30th
Measure	Patients added to UNOS waitlist between 1/1/2019 and 9/30/2019
Target (numeric)	2% improvement over natural trend by 9/30 (Goal value supplied by Network)

SECTION 1. ROOT CAUSE ANALYSIS *(To Be Filled Out by Facility Staff)*

Name(s) of facility staff involved in RCA	
Type of RCA <i>(Which root cause method did you use (e.g., Current Reality Tree, Failure Mode and Effects Analysis, Fault Tree Analysis, Fishbone Diagram, Five Whys Analysis, Pareto Analysis,)?)</i>	
Date RCA completed	
What are the top 3 underlying issues that facility staffs identify as potential causes for poor performance on the identified measure(s) targeted for this QIA?	

SECTION 2. PSDA CYCLE: Describe the intervention to address the root causes.

Modifiable Barrier #1:

PLAN:		DO:	
<u>Clinic:</u> Name		<u>What:</u> What will implementation entail? Specifically what will staff do?	
<u>Goal:</u> 0.0%		<u>When:</u> When will implementation of the intervention (the what), begin?	
<u>Predictions:</u> What are you trying to accomplish?		<u>Who:</u> Who is the facility staff member that is responsible for overseeing the PSDA process?	
<u>Data needed:</u>			
STUDY:		ACT:	
Review Data:		What changes can be made that will result in improvement?	
What are your facility's baseline rates for:			
Referral:			
Utilization:			
Intervention start date		On what date did/will the "Do" actions begin?	
Interim performance targets and dates		How will the facility check process and how often?	

Optional Reference:

<http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx>

The Fundamentals of the Model for Improvement and testing changes on a small scale using PSDA Cycles

PSDA Template developed by Audrey Broaddus, Quality Improvement Director of The Renal Network, Network 10.