

Quality Assessment and Performance Improvement (QAPI) **Quality Improvement Activity (QIA) Monitoring Form Reducing Bloodstream Infections (BSIs)**

Date of QAPI Meeting: ______

Facility QIA Baseline: Facility QIA Goal:

Goal Met: \Box Yes \Box No

Patient Representative Present: \Box Yes \Box No

Monitoring Metrics												
	Number of Patients by Month											
Number of Patients With:	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
A BSI												
A vascular access-related BSI												
A central venous catheter (CVC)-related BSI												
Two or more BSIs within 12-months												
A BSI this month who received education on BSI prevention												

What QIA interventions have been implemented at the facility this month? (including recommendations from the Learning and Action Network (LAN) calls)

What QIA interventions were successful?_____

After implementing the QIA interventions, what barriers remained for reducing BSIs?

What is the facility's BSI reduction plan for the next month?

Does the facility participate in a Health Information Exchange (HIE)? If no, what is the facility's process to effectively obtain blood culture results and hospitalization records? _____

Has the facility discussed the nine CDC ³	[•] core interventions in QAPI? If no	, what is the facility planning to do?
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Facility Administrator/Date

Facility Medical Director/Date

CDC = Centers for Disease Control and Prevention

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