

## QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) QUALITY IMPROVEMENT ACTIVITY (QIA) MONITORING FORM

**Increasing the Number of Patients on the Transplant Waitlist** 

Facility Name:			CCN:						
Date of QAPI M	leeting:								
Facility QIA Baseline:			Facility QIA Goal:						
Goal Met?	□Yes	□No							

Monitoring Metrics													
	Number of Patients by Month												
Number of Patients:	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.		
Educated regarding transplant													
Referred to a transplant center													
In work-up for transplant													
Waitlisted													

## List QIA interventions implemented at the facility this month:

(include recommendations from the Learning and Action Network (LAN) calls)

## What interventions were successful? \_\_\_\_\_\_

After implementing the interventions, what barriers remain to patients being educated and referred for transplant?

Feedback from patients not interested in transplant:

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

Facility Administrator/Date

Facility Medical Director/Date

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