



ESRD Networks 7, 13, 15, 17, 18

## Reducing Hospitalizations Quality Improvement Activity (QIA) Monitoring Form: Anemia in Chronic Kidney Disease

Date of Quality Assessment and Performance Improvement (QAPI) Meeting: \_\_\_\_\_

Reducing Hospitalizations QIA lead: \_\_\_\_\_

Facility Goal: \_\_\_\_\_ Goal Met:  Yes  No

Monitoring Metrics												
Number of Patients by Month												
Number of patient(s) who visited the emergency department (ED) or were hospitalized with:	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Anemia												
Anemia, who had a blood loss (>200 ml) within the last 30 days												
Anemia, who had a recent blood loss (>200 ml) and was not prescribed iron												
Anemia, and received <i>written</i> and <i>verbal</i> education on adequate nutritional intake within 3 treatments post hospital use												
<b>Total # of hospitalizations or ED visits due to anemia last month:</b> <span style="float: right;"> <input type="checkbox"/> Decreased by: # _____           <input type="checkbox"/> Increased by: # _____         </span>												

What hospitalization reduction interventions have been implemented at the facility this month?

\_\_\_\_\_

What interventions have been successful in reducing anemia related hospital use? \_\_\_\_\_

\_\_\_\_\_

What barriers remain? What new barriers were identified this month? \_\_\_\_\_

\_\_\_\_\_

What is the facility's plan to address the identified barriers during the next month? \_\_\_\_\_

\_\_\_\_\_

Did the facility obtain and review the complete hospitalization records (including discharge summary, medication list, etc.) for all hospitalizations this month?  Yes  No

\_\_\_\_\_/\_\_\_\_\_  
Facility Administrator/Date

\_\_\_\_\_/\_\_\_\_\_  
Facility Medical Director/Date