



ESRD Networks 7, 13, 15, 17, 18

Reducing Hospitalizations Quality Improvement Activity (QIA) Monitoring Form: Fluid Overload

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.
Fluid overload												
Fluid overload, who missed one or more treatments in the week leading up to the hospital use												
Fluid overload, who left treatment 1 kilogram over or under dry weight within the week leading up to the hospital use												
Fluid overload, who has had one or more dry weight prescription changes within 30 days												
Fluid overload, and received <i>written</i> and <i>verbal</i> education on fluid and sodium intake within 3 treatments post hospital use												
Total # of hospitalizations or ED visits due to fluid overload last month: <input type="checkbox"/> Decreased by: # ____ <input type="checkbox"/> Increased by: # ____												

What interventions have been implemented at the facility this month?

What interventions have been successful in reducing fluid overload 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