



ESRD Networks 7, 13, 15, 17, 18

Reducing Hospitalizations Quality Improvement Activity (QIA) Monitoring Form: Hypertensive Urgency/Emergency

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.
A hypertensive urgency or emergency												
A hypertensive urgency or emergency, who did not reach their dry weight in the week leading up to the hospital use												
A hypertensive urgency or emergency, who had a change in blood pressure medication within the past 30 days												
Hypertension, who received <i>written</i> and <i>verbal</i> education on sodium intake and fluid balance within 3 treatments post hospital use												
Total # of hospitalizations or ED visits due to hypertension last month: <input type="checkbox"/> Decreased by: # _____ <input type="checkbox"/> Increased by: # _____												

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

What interventions have been successful in reducing hypertension 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