



ESRD Networks 7, 13, 15, 17, 18

Reducing Hospitalizations Quality Improvement Activity (QIA) Monitoring Form for January–June: Vascular Access Complications (Hemorrhage & Stenosis)

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.
A hemorrhage of vascular access						
A hemorrhage of vascular access, who had a history of access site issues (aneurysms/ pseudoaneurysms, erosion, stenosis, infection, etc.)						
A hemorrhage of vascular access, who had an anticoagulation medication change and/or administration error leading up to the hospital use						
A stenosis of vascular access						
A stenosis of vascular access, who had an abnormal access flow, venous pressure, or other abnormal access reading within the last 30 days						
A vascular access complication, who received <i>verbal</i> and <i>written</i> education on the prevention of vascular access complications within 3 treatments post hospitalization						
Total number of:						
Hemorrhage(es) leading to hospital use last month:	<input type="checkbox"/> Decreased by: # _____		<input type="checkbox"/> Increased by: # _____			
Stenosis(es) leading to hospital use 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? _____

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



ESRD Networks 7, 13, 15, 17, 18

Reducing Hospitalizations Quality Improvement Activity (QIA) Monitoring Form for July-December: Vascular Access Complications (Hemorrhage & Stenosis)

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:	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
A hemorrhage of vascular access						
A hemorrhage of vascular access, who had a history of access site issues (aneurysms/ pseudoaneurysms, erosion, stenosis, infection, etc.)						
A hemorrhage of vascular access, who had an anticoagulation medication change and/or administration error leading up to the hospital use						
A stenosis of vascular access						
A stenosis of vascular access, who had an abnormal access flow, venous pressure, or other abnormal access reading within the last 30 days						
A vascular access complication, who received <i>verbal</i> and <i>written</i> education on the prevention of vascular access complications within 3 treatments post hospitalization						
Total number of: Hemorrhage(es) leading to hospital use last month: <input type="checkbox"/> Decreased by: # _____ <input type="checkbox"/> Increased by: # _____ Stenosis(es) leading to hospital use 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? _____

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