

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

Increasing the Number of Patients on the Transplant Waiting List

Facility Name:		Date of QAPI Meeting:						
At	tendees:							
1.	List the change idea from the Transplant Cha	nge Pac	kage th	nat you	are wo	orking o	n this r	nonth:
2.	Report this month's progress from implemen more referrals to the transplant center, or ot			_			tereste	d patients,
	Monitoring Metrics							
Number of Patients:		Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
N	ewly educated about transplant or referral process							
Newly interested in transplant								
Newly referred to a transplant center								
1.	What barriers remain to patients being educa	ated, re	ferred,	or wai	tlisted?	•		
2.	Provide feedback from the QAPI meeting atte	ndees:						
3.	Provide feedback from patient(s):							
4.	What is the facility's plan for next month?							
5.	Other discussion or comments:							
Fa	cility Administrator Signature/Date		F	acility	Medica	l Direct	or Signa	ature/Date

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