

SAMPLE of a QAPI ACTION PLAN
Unit-Wide Adequacy of Hemodialysis Project - Tool 5

Facility:
 Original date of plan: May 2007
 Updates to plan: June 2007

PROBLEM STATEMENT: 59% (37) of patients had Kt/V < 1.2 as confirmed on May labs. As of June labs, 15 patients had Kt/V < 1.2 – 9/37 patients from May and 6 new patients.

ROOT CAUSES: Refer to attached adequacy fishbone diagram for overview of potential root causes. Those identified:

- Significant # of Central Venous Catheters (CVC)
- Patient non-adherence to treatment prescriptions
- Blood flow rates (BFR) issues with certain patients
- Failure of staff to optimize BFR (resolved)
- Failure to deliver prescribed treatment (slow increase in BFR; signing off early)

DATA REQUIRED:

- Monthly labs
- Review of AMAs and reasons for signing off early and missing treatments
- Reasons for failure to reach target

SOLUTIONS TO IMPLEMENT:

- Adequacy protocol that is consistently followed (June update: in progress)
- Strict adherence to treatment prescription by staff (June update: in progress)
- Formal patient education re: adequacy of dialysis factors and risks of URR <65% (to be started end of June)
- Staff education re: adhering to treatment orders and factors in achieving targets (completed 6-1-07)
- Focus on non-adherence issues (June update: in progress)

Steps to Take	Responsible Person	Start Date	Completion Date Target	Checkpoint Dates	Date Completed	Comments (Status, outcomes, disposition, etc.) Date entries
Establish and consistently follow an adequacy protocol	XYZ to develop, Staff to follow, XYZ to	5-07	6-07	5-8 5-15 5-22 5-29	6-07	May, 2007 New protocol is currently in place. Staff will be in-serviced and told mandatory to follow.

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Steps to Take	Responsible Person	Start Date	Completion Date Target	Checkpoint Dates	Date Completed	Comments (Status, outcomes, disposition, etc.) Date entries
Continue to reinforce correct procedure for drawing pre and post BUNs.	check/enforce XYZ & Staff	3-07	Ongoing	Monthly	Ongoing	June 2007: Staff in-serviced; DON checking compliance of staff. May 2007 Spot checks show that correct procedure is not being consistently used. June 2007: Staff in-serviced; DON checking staff compliance regularly.
Monitor Kt/Vs and focus on patients with URR < 65% and Kt/Vs < 1.2.	XYZ, Dr X, and staff	5-07	7-07 and Ongoing	6-07	TBD	May update: Labs reviewed. May– 59% versus 78.3% in March and April. June update: All but 9 of 37 patients from May achieving target of 65% or greater and Kt/V ≥ 1.2. The 9 patients will continue to be followed and their POCs/action plans evaluated. Six new patients have been identified and POCs/action plans are being developed by the IDT.
Use the XXX Labs generated Quality Management Program Tracking report to trend adequacy.	All staff and Dr X	2-07	Ongoing	Ongoing	Ongoing	
Reinforce adequacy principles to staff and monitor compliance.	XYZ	3-07	7-07 and Ongoing	5-07 6-07	6-07 and ongoing	May 2007: Adequacy CQI/QAPI module and patient education materials completed. Scheduled for roll out end of May. June 2007 update: roll out continues.

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Steps to Take	Responsible Person	Start Date	Completion Date Target	Checkpoint Dates	Date Completed	Comments (Status, outcomes, disposition, etc.) Date entries
Identify root causes for Kt/V < 1.2 and develop POC/CQI action plans for patients with Kt/V < 1.2.	XYZ and staff	5-07	7-07 and ongoing	6-07 Ongoing	6-07	May and June 2007: Using CQI/QAPI adequacy materials. Patient-specific plans focused on specific root causes completed for all patients below target. Common root causes/issues being collected.
Formal patient education re: adequacy of dialysis.	Staff	6-07	7-07	Weekly	TBD	May 2007: Using patient education materials. June 2007 update: Program not completely implemented yet. Goal is to complete by the first of July.

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