

XYZ Center
QAPI/CQI ACTION PLAN
Unit-Wide Fluid Management Project SAMPLE

<p>PROBLEM STATEMENT: ___% of pts gaining more than x kgs between dialysis treatments as confirmed by chart audit DATE PROJECT STARTED: DATE PROJECT COMPLETED:</p>						
<p>ROOT CAUSES: Refer to attached fluid management fishbone diagram for overview of potential root causes. Root Causes identified: 1) failure to update dry weights in timely fashion, 2) inadequate prescribed dialysis times for weight gains, 3) lack of a fluid removal protocol, 4) poor patient adherence to fluid and sodium regimen.</p>						
<p>DATA REQUIRED:</p> <ul style="list-style-type: none"> - Monthly labs - Physical assessment of edema - Prescribed dry weights - Monthly medication list - Review of AMAs and reasons for signing off early and/or missing treatments - Reasons for failure to reach fluid removal and blood pressure targets 						
<p>SOLUTIONS TO IMPLEMENT:</p> <ul style="list-style-type: none"> - Fluid management protocol that is consistently followed (in progress) - Strict adherence to treatment prescription by staff (in progress) - Formal patient education re: cardiovascular factors and risks of fluid overload - Staff education re: adhering to treatment orders and factors in achieving targets - Focus on non-adherence issues (in progress) 						
ACTION PLAN (steps)	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	CHECKPOINT DATES	DATE COMPLETED	COMMENTS (Status, outcomes, disposition, etc.)
Establish and consistently follow the fluid management protocol	XYZ to develop; Staff to follow; XYZ to check/enforce	Feb 21	March 15	March 1 Ongoing		New protocol is currently in place. Staff will be in-serviced and instructed that use of protocol is mandatory. Staff in-serviced; DON checking adherence of staff.

Fluid Management CQI Action Plan. Source: Debra Punch, MBA, RN. This document is intended to serve as a sample only and does not suggest or direct specific clinical practices or patient care.

ACTION PLAN (steps)	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	CHECKPOINT DATES	DATE COMPLETED	COMMENTS (Status, outcomes, disposition, etc.)
Continue to reinforce adherence to prescribed fluid restrictions for fluid management.	XYZ & Staff	Mar 1	Ongoing	Ongoing	Ongoing	Spot checks show that correct procedure is not being consistently used.
Monitor: pre & post dry weights. Goal: weight gains < X kgs between treatments	XYZ, Dr X, and staff	Mar 1	Mar 15	Mar 8 Ongoing		Identified from chart audit that weight measurements and POCs/action plans are being appropriately developed by staff.
Ensure that dry weights are being met.	All staff and Dr X	Mar 1	Apr 1 Ongoing	Mar 8, 15, 22, 28, then ongoing		Spot checks reveal that dialysis machine settings are appropriate for prescribed fluid removal. If more than x kgs fluid removal required, MD being notified for possible extra treatment.
Use lab values to assess nutritional/fluid adherence.	XYZ	Mar 1	Mar 15 Ongoing	Monthly		Patient-specific plans of care (POCs) done on all patients.
Continue to reinforce achieving prescribed dialysis regimen each treatment using dialysis time, appropriate sodium modeling and ultrafiltration tools.	XYZ	Mar 1	Daily Ongoing	Ongoing		Spot checks confirm that that updated dialysis orders have been obtained. Will monitor outcomes of orders.
Dietitian to review fluid and sodium intake with patient each month.	Dietitian	Mar 1	Ongoing	Monthly	Ongoing	Patient education and reinforcement are being provided. Focus is on fluid and sodium restrictions and the risk of cardiovascular incidents if fluid and sodium restrictions are not followed.

Fluid Management CQI Action Plan. Source: Debra Punch, MBA, RN. This document is intended to serve as a sample only and does not suggest or direct specific clinical practices or patient care.