

**XYZ Center
QAPI/ CQI ACTION PLAN
Unit-Wide Hypertension Project**

PROBLEM STATEMENT: _____% of pts having (4) predialysis BP's >130/80 as confirmed by chart audit
 _____% of pts having (4) postdialysis BP's > 130/80 as confirmed by chart audit

ROOT CAUSES: Refer to attached hypertension fishbone diagram for overview of potential root causes. Root Causes identified: 1) untreated hypertension, 2) volume overload, 3) inadequate ultrafiltration, 4) lack of timely physician follow-up after antihypertensive medication modifications, 5) no hypertension management protocols, 5) clearance of certain antihypertensive drugs by dialysis, and 6) poor patient adherence to dialysis and antihypertension management.

DATA REQUIRED:

- Monthly labs
- Prescribed dry weight
- Monthly medication list
- Pre and post B/P results from daily treatment records
- Review of AMAs and reasons for signing off early and/or missing treatments
- Reasons for failure to reach target

SOLUTIONS TO IMPLEMENT:

- Hypertension 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 BP's >xxx pre or post dialysis
- 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 a hypertension protocol.	XYZI to develop; Staff to follow,	Feb 21	Mar 15	Ongoing	Mar 15	New protocol has been developed and approved. Staff will be in-serviced and told mandatory to follow.

Hypertension 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 antihypertensive meds. Check ESA usage and effects.	XYZ to check/enforce	Mar 1	Mar 15 Ongoing	Daily Ongoing	Ongoing	Staff in-serviced.
Monitor (4) pre & post B/P's. Goal: BP < 130/80	XYZ & Staff	Mar 1	Ongoing	Daily		Spot checks show that protocol and fluid removal P& P are not being consistently used/followed. Will continue to reinforce and audit.
Ensure dry weights are being met and BP is responding to dry weight mgmt for prevention of fluid overload	XYZ, Dr X, and staff	Mar 1	Apr 1, then Ongoing	Mar 15		Chart audit to identify patients. Hypertension, root cause and POCs/action plans to be developed by staff. Confirmed that dialysis machines are set for appropriate dry weight
Use lab values to check nutritional/fluid adherence.	All staff and Dr X	Mar labs	Ongoing	Ongoing	Ongoing	Patient-specific plans done on all patients.
Continue to reinforce normal BP values principles to staff.	XYZ	Feb 22	Until stable	Weekly	Ongoing	Reinforcement during patient rounds continues.
Review medication list and verify that the patient is adherent with medication regime vs dialysis treatment times.	XYZ	Mar 1	Ongoing	Monthly	Ongoing	Monthly meds review continues.

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