

XYZ Center
CONTINUOUS QUALITY IMPROVEMENT ACTION PLAN
Unit-Wide Adequacy of Dialysis Project **SAMPLE**
Date of Original

XYZ Update

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
- Patient non-adherence to treatment Rx
- BFR issues in 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 (in progress)
- Strict adherence to treatment prescription by staff (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 (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 adequacy protocol	XYZI to develop, Staff to follow, XYZ to check/enforce	5-07	3-07	Ongoing		May, 2007 New protocol is currently in place. Staff will be in-serviced and told mandatory to follow. June 2007: Staff in-serviced; DON checking compliance of staff.

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Continue to reinforce correct procedure for drawing pre and post BUNs.	XYZ & Staff	2006	Ongoing	Ongoing	Ongoing	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 Kt/Vs < 1.2.	XYZ, Dr X, and staff	2006	Ongoing	Ongoing	Ongoing	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. The 9 will continue to be followed and their care plans/action plan evaluated. Six new patients identified and action plans being developed by staff.
Use the Meridian Labs generated Quality Management Program Tracking report to trend adequacy.	All staff and Dr X	2-07	Ongoing	Ongoing	Ongoing	
Continue to reinforce adequacy principles to staff.	XYZ	1-07	Ongoing	Ongoing	6-07 and ongoing	May 2007: Adequacy CQI module and patient education materials completed. Scheduled for roll out end of May. June 2007 update: roll out continues.
Identify root causes for Kt/V , 1.2 and develop Care plans/CQI action plans for patients with Kt/V <1.2.	XYZ and staff	6-07	6-07 and ongoing	Monthly		May and June 2007: Use CQI adequacy materials. Patient-specific plans done on all patients below target.
Formal patient education re:	Staff	6-07	7-07	Weekly		May 2007: Use patient education materials.

May – June Unit-wide Adequacy CQI Action Plan

ACTION PLAN (steps)	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	CHECKPOINT DATES	DATE COMPLETED	COMMENTS (Status, outcomes, disposition, etc.)
adequacy of dialysis.						June 2007 update: Program not implemented yet. Goal is to initiate by the first of July.