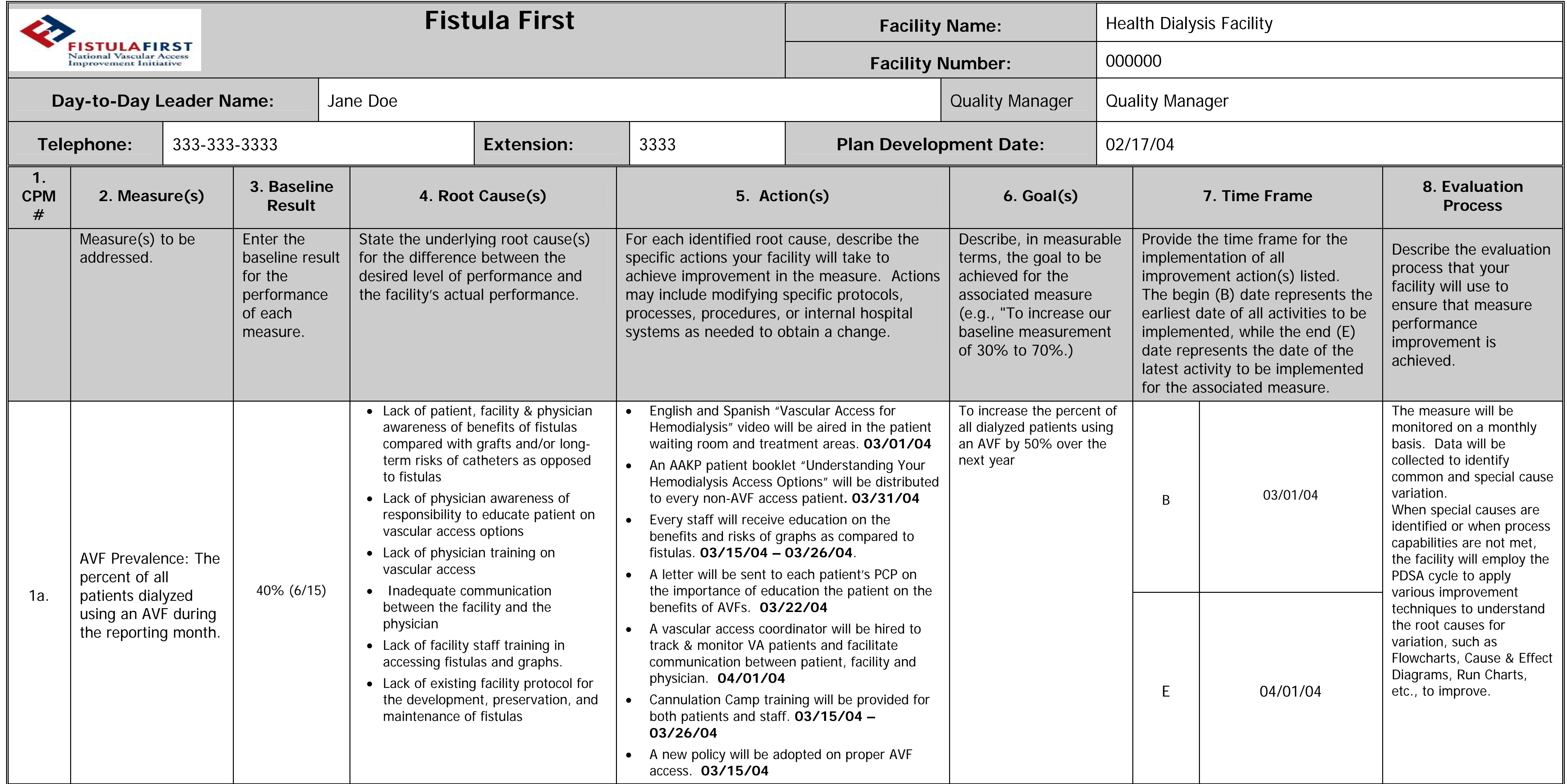
QUALITY IMPROVEMENT (QI) PLAN FORMAT

Florida Medical Quality Assurance, Inc. (FMQAI): The Florida ESRD Network



Fistula First		Facility Name:	Health Dialysis Facility
		Facility Number:	000000
Day-to-Day Leader Name:	Jane Doe	Quality Manager	Quality Manager
Telephone: 333-333-3333	Extension: 3333	Plan Development Date:	02/17/04

1. CPM #	2. Measure(s)	3. Baseline Result	4. Root Cause(s)	5. Action(s)	6. Goal(s)	7. Time Frame		8. Evaluation Process
	Measure(s) to be addressed.	Enter the baseline result for the performance of each measure.	State the underlying root cause(s) for the difference between the desired level of performance and the facility's actual performance.	For each identified root cause, describe the specific actions your facility will take to achieve improvement in the measure. Actions may include modifying specific protocols, processes, procedures, or internal hospital systems as needed to obtain a change.	Describe, in measurable terms, the goal to be achieved for the associated measure (e.g., "To increase our baseline measurement of 30% to 70%.)	Provide the time frame for the implementation of all improvement action(s) listed. The begin (B) date represents the earliest date of all activities to be implemented, while the end (E) date represents the date of the latest activity to be implemented for the associated measure.		Describe the evaluation process that your facility will use to ensure that measure performance improvement is achieved.
1a.	AVF Prevalence: The percent of all patients dialyzed using an AVF during the reporting month.	40% (6/15)	• Lack of patient, facility & physician awareness of benefits of fistulas compared with grafts and/or long-term risks of catheters as opposed to fistulas • Lack of physician awareness of responsibility to educate patient on vascular access options • Lack of physician training on vascular access • Inadequate communication between the facility and the physician • Lack of facility staff training in accessing fistulas and graphs. • Lack of existing facility protocol for the development, preservation, and maintenance of fistulas	• English and Spanish "Vascular Access for Hemodialysis" video will be aired in the patient waiting room and treatment areas. **03/01/04** • An AAKP patient booklet "Understanding Your Hemodialysis Access Options" will be distributed to every non-AVF access patient. **03/31/04** • Every staff will receive education on the benefits and risks of graphs as compared to fistulas. **03/15/04 – 03/26/04**. • A letter will be sent to each patient's PCP on the importance of education the patient on the benefits of AVFs. **03/22/04** • A vascular access coordinator will be hired to track & monitor VA patients and facilitate communication between patient, facility and physician. **04/01/04** • Cannulation Camp training will be provided for both patients and staff. **03/15/04 – 03/26/04** • A new policy will be adopted on proper AVF access. **03/15/04**	To increase the percent of all dialyzed patients using an AVF by 50% over the next year	B E	03/01/04 04/01/04	The measure will be monitored on a monthly basis. Data will be collected to identify common and special cause variation. When special causes are identified or when process capabilities are not met, the facility will employ the PDSA cycle to apply various improvement techniques to understand the root causes for variation, such as Flowcharts, Cause & Effect Diagrams, Run Charts, etc., to improve.

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