

CCN Provider Number: _____ Facility Name: _____

Reporting Month: _____

Name of Person Completing Form: _____

HOME DIALYSIS QIA – PSDA TOOL

ROOT CAUSE ANALYSIS (RCA) RESULT:

How many patients in your census have you identified as realistic candidates for home dialysis referral?

If greater than zero (0), how many of these patients CONVERTED to home dialysis?

What is the main obstacle you've identified this month for those patients being added to a home program? This will be the focus of your monthly PSDA cycles. Possible barriers listed below:

1. Educational Knowledge Gap
2. Fear
3. Lack of Home Support System
4. Lack Internal Referral Process
5. Lack of Patient Follow up
6. Limited staff to provide home training
7. Patient Refused after home dialysis training (if this is the barrier, need to specify why?) _____
8. Other (please specify) _____

PSDA CYCLE DOCUMENTATION:

PLAN – Describe your monthly plan to improve the identified barrier (include details such as who, what, when)?

DO – What is the one intervention you used this month to address your identified barrier? Possible interventions listed below:

1. Partner with Network 4 Patient Advocates to host home dialysis education day and/or one-to-on patient mentoring
2. Partner with our home program to host home dialysis education “lobby” day
3. Use of the “Why should I choose home” flyer for education
4. Use of the brochure, “Why Should I Choose Home Dialysis” for education
5. Nephrologist/NP provide patient education during monthly rounds
6. Social Workers provide one-to-one home dialysis patient education
7. Provide Staff Home Dialysis In-services
8. Trial a “Transitional Care” orientation model for new patients
9. Use of My Life, My Dialysis Tool to assess modality options that fit the patient’s lifestyle
10. Other (specify) _____

DO – The Type of Intervention (circle one)

Educational

Process Change

System Change

STUDY – Did you achieve the plan’s goal with this reporting month’s intervention? Yes or No

STUDY – What did you learn about the effectiveness of the intervention? Include patients’ feedback (if any) on this month’s intervention? (Use the Patient Evaluation Form to assist in gathering patients’ feedback if needed)

STUDY – What impact did this month’s intervention make? (circle one)

Group Difference

Individual Level Change

None

STUDY – What barrier(s) (if any) did you discover when implementing the intervention this reporting month?

STUDY – Is there anything that the Network can do to help you overcome these barriers?

ACT: What is your plan for NEXT month?

Sustainability Plan:

Do you have processes established for sustaining the transplant waitlist rate? YES or NO

If yes, what **successful** action item have you put in place for sustainability? (See list below for ideas & circle one if applicable)

1. Included Home Dialysis education as part of the new staff onboarding process
2. Included Home Dialysis education as part of the annual staff training
3. Adopted the “Why should I choose home” poster as part of our training materials
4. Adopted the brochure, “Why Should I Choose Home Dialysis” as part of our training materials
5. Established at least quarterly education “lobby” days with our home dialysis program
6. We have recruited and trained one of our previous/current home dialysis patients to be our home dialysis patient advocate
7. Adopted the 5 Diamond Home Modality Module as part of our training materials
8. We have established a “Transitional Care” orientation model for new patients in our facility
9. Adopted the “My Life, My Dialysis Choice Tool” to assess modality options that fit the patient’s lifestyle
10. Other (specify) _____