

Monthly QAPI Data-Pack Workbook

Collect once at the chair-side, type once into the Scorecard — a fill-in form whose fields map **1:1** to the online QAPI Scorecard, for the Dialysis Unit Quality Program.



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9

QAPI domains covered, matching the field manual

35

Fields — every one feeds the online Scorecard

~10 min

To fill once a month's charts are closed

1 How to Use This Workbook

1 · Collect

Fill this workbook by hand across the month — at the nursing station, off the water log, off the labs.

2 · Transfer

Type the month-end totals into the online QAPI Scorecard before the meeting.

3 · Bring

Bring this workbook and the printed Scorecard to the monthly CQI meeting.

Every metric below is worded exactly as it appears in the **Dialysis Unit QAPI Scorecard** (renalcarematters.com/guides/calc-dialysis-qapi-scorecard.html) and the field manual **Dialysis Center QAPI vs. CQI**, Section 6. Leave any field blank if you don't have that number yet — the Scorecard scores it as "no data" and excludes it rather than penalising the unit.

Hard-red items — flag immediately, don't wait for month-end

Any **hepatitis B/C seroconversion** · water bacteria ≥ 100 CFU/mL or endotoxin ≥ 0.25 EU/mL · an **overdue chemical water analysis** · chloramine over limit at breakthrough · any **intradialytic or immediate death**. Each of these forces a Root Cause Analysis (RCA) regardless of any other score — notify the DCH the same day, don't hold it for the monthly form.

UNIT / FACILITY NAME

REPORTING MONTH

PREPARED BY

DATE PREPARED

Educational data-collection aid. Not a validated accreditation instrument or a substitute for your DOH/PhilHealth/PSN documentation or registry software. Confirm every target against your current governing documents.

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2 Census & Context

METRIC	THIS MONTH	NOTE
Prevalent patients	_____	count
Patient-months this month	_____	= prevalent patients this month
Modality mix (HD % / PD %)	_____ / _____	%
Mean Charlson comorbidity score (<i>optional, case-mix</i>)	_____	see calc-charlson-comorbidity

3 Adequacy & Dose

METRIC	THIS MONTH	TARGET
% patients spKt/V ≥ 1.2	_____ %	≥ 90%
Mean spKt/V (single-pool)	_____	≥ 1.4, min 1.2
% URR (urea reduction ratio) ≥ 65	_____ %	≥ 90%
Missed / shortened treatments	_____	count — track & minimise

4 Vascular Access

METRIC	THIS MONTH	TARGET
% prevalent AVF / AVG (fistula-first)	_____ %	≥ 60–70%
% prevalent CVC > 90 days	_____ %	≤ 10%

Access-related infection rate and thrombosis/intervention rate are logged with the infection-domain line list on page 4 — record each event as it happens, not just the month-end count.

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5 Anemia Management

METRIC	THIS MONTH	TARGET
% Hb (hemoglobin) 10–11.5 g/dL	_____ %	maximise in-range
% Hb < 9 g/dL	_____ %	minimise
% Hb > 12 g/dL	_____ %	minimise
% TSAT (transferrin saturation) in target	_____ %	TSAT > 20–30%

6 CKD-MBD, Nutrition & Volume

METRIC	THIS MONTH	TARGET
% phosphate in range	_____ %	≥ 60%
% albumin ≥ 3.5 g/dL	_____ %	≥ 80%
Mean IDWG (interdialytic weight gain, % body wt)	_____ %	< 4–4.5%
% sessions with UFR > 13 mL/kg/h	_____ %	≤ 5%

Intradialytic hypotension rate — track alongside these and note the trend, even though it is not separately scored on the Scorecard.

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7 Infection Prevention & Control

METRIC	THIS MONTH	TARGET
BSI (bloodstream infection) events this month	_____	rate computed in Scorecard
Access-related BSI events	_____	trend down; CVC-focused
Hand-hygiene / aseptic-connection audit	_____ %	≥ 90%
Vaccination coverage (eligible patients)	_____ %	≥ 90%
Any HBV/HCV seroconversion this month? HARD RED	<input type="checkbox"/> Yes <input type="checkbox"/> No	zero tolerance — RCA if Yes

Infection / Near-Miss Event Log (fill as each event happens)

DATE	EVENT TYPE	PATIENT / ACCESS (NO PHI BEYOND INITIALS)	NOTES / RCA STATUS

Log every BSI, access-site infection, IV antibiotic start, and near miss here as it happens — the month-end counts above are the totals from this log. Near misses are gold: log them too, even though nothing reached the patient.

Educational data-collection aid. Not a validated accreditation instrument. No patient-identifying information beyond initials belongs on this sheet.

8 Water & Dialysate Quality

METRIC	LATEST RESULT	TARGET
Product-water bacteria (CFU/mL) DOH/PSN	_____	< 100 (action 50)
Product-water endotoxin (EU/mL)	_____	< 0.25
Chemical water analysis current? DOH/PSN — 6-monthly	<input type="checkbox"/> Yes <input type="checkbox"/> No	must be current
Chloramine within limit at breakthrough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	checked each shift
Preventive maintenance on schedule	_____ %	≥ 95%

Hard-red on water — notify the DCH the same day

Bacteria ≥ 100 CFU/mL, endotoxin ≥ 0.25 EU/mL, or an overdue chemical analysis each force an immediate Root Cause Analysis (RCA) — do not wait for the monthly meeting to escalate a water result.

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9 Outcomes, Hospitalisation & Mortality

METRIC	THIS MONTH	NOTE
Deaths this month	_____	count
Hospital admissions	_____	count; trend down
Expected deaths (optional, for SMR)	_____	case-mix adjusted
Intradialytic / immediate deaths RCA each	_____	investigate every one
PRDR/REDCOP annual report submitted? Annual	<input type="checkbox"/> Yes <input type="checkbox"/> N/A this month	required for LTO

10 Patient Experience & Staff Safety

METRIC	THIS MONTH	NOTE
Grievances this month / resolved	_____ / _____	count
Falls	_____	trend to zero
Needlestick injuries	_____	trend to zero
Medication errors	_____	trend to zero
KDQOL / PROM captured this cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6–12 monthly

✓ Ready for the Meeting

- Census & context collected
- Adequacy & dose collected
- Vascular access collected
- Anemia collected
- CKD-MBD / nutrition / volume collected
- Infection prevention & control collected
- Water & technical collected
- Outcomes & mortality collected
- Experience & safety collected
- All totals transferred to the online Scorecard

PREPARED BY _____

REVIEWED BY (DCH) _____

DATE REVIEWED _____

Next step — run the meeting

Type these totals into the **Dialysis Unit QAPI Scorecard** (renalcarematters.com/guides/calc-dialysis-qapi-scorecard.html) for the color-coded scorecard, the Unit QAPI Index, and an auto-drafted PDSA charter for every red metric. Then open the **Monthly CQI Meeting Walkthrough** (renalcarematters.com/guides/calc-qapi-meeting-wizard.html) to run the standing agenda and generate the minutes.

Educational data-collection aid. File this workbook alongside your DOH/PSN-required attendance and complications logbooks. Does not replace individualised clinical assessment or your registry software.