



Professional Module: Quality Assessment and Performance Improvement (QAPI) Self-Survey

This module supports End Stage Renal Disease (ESRD) Networks and dialysis professionals to develop and sustain effective QAPI activities. QAPI addresses identified issues and proactively seeks out areas for improvement before poor outcomes result. As such, QAPI provides each facility with a structure on which the facility staff, medical director, and patients can:



Now that we have reviewed the main goals of QAPI, reflect on your QAPI meetings and activities. Rate the facilities' performance against the statements below. Share the results with the team, including the medical director, noting where improvements are needed. Make plans to improve and save the completed document. Repeat this self-survey in three months to see facility progress. Contact your ESRD Network for technical assistance if you need additional help.

Date: _____ Facility: _____ Person completing form: _____

Mark how closely your facility meets these statements:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Everyone on the team understands the goals of QAPI					
Everyone on the team knows in which areas this facility needs improvement (e.g., home dialysis referrals)					
Everyone on the team knows how their role contributes to overall facility success.					
The principles and goals of QAPI are incorporated into our facility culture.					
Facility QAPI plans are robust, collaborative, and revised continuously. It is a living document that guides our work.					
New employees and those new to the facility are provided training and resources on the QAPI process and plans.					
When making performance improvement plans, we focus on making system changes instead of focusing on individuals or singular issues.					
Our QAPI process includes both quantitative (e.g., number of patients waitlisted) and qualitative (e.g., patient feedback) data, wherever possible.					
Our QAPI process includes clearly defined goals based on past performance, benchmarking, or another standard.					
If our facility offers more than one modality (e.g., in-center hemodialysis, peritoneal, home hemodialysis) QAPI plans are specific to each.					
We have clear plans on how to achieve success in our identified areas of improvement, including who is accountable and what resources are needed.					
We use structured processes to identify root causes.					
We have formal methods to measure our progress.					
A patient representative regularly attends QAPI meetings.					
Patients who attend QAPI meetings understand the process and facility goals.					

Hamidi S, Auguste BL. Continuous quality improvement in peritoneal dialysis: Your questions answered. *Perit Dial Int.* 2023 Feb 26;8968608231156924. doi: 10.1177/08968608231156924. Epub ahead of print. PMID: 36843355.

Payton, J. (2022). NCPD. Use of the Dialysis Survey Process to Enhance Quality Improvement Processes. *Nephrology Nursing Journal*, 49(2).