

Transplant QIA Monthly Online Status Form Worksheet

Facility Information

Network: Select Network 3
CCN: Select your facility from the dropdown
Reporting Month: Select from the dropdown

Contact Information

Name of the person providing the above information and completing this update

First Name: _____ Last Name: _____

Email: _____

Facility-Reported Metrics

How many patients in your facility are potential candidates for kidney transplant during this reporting month? _____

Of these patients identified as potential candidates, how many are referred to a transplant center for work-up during this reporting month? _____

Which social determinants of health (social needs) are most likely to prevent your patients from pursuing a home modality? (Select all that apply)

- Access to affordable, nutritious food
- Access to primary care provider
- Crime and violence
- Discrimination
- Employment status
- Environmental conditions
- Health literacy
- Housing situation
- Income
- Interpersonal violence
- Level of education
- Transportation needs
- Utilities
- Other

Other (please specify) _____

If none, please explain how you have mitigated these barriers. _____

Barriers and Mitigation


Which of the following domain(s) remains the most influential barrier impeding performance on the areas of opportunity topics this reporting month? (Select all that apply)

- Dialysis facility-related
- Patient-related
- System-related

What actions did your team take this reporting month to address identified barriers?

Please share any barriers/educational needs for which you would like the Network to assist the facility in identifying solutions.

Verify you are not a robot and submit your data using the Submit button at the bottom of the form.

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 **SUBMIT DATA**