

QAPI Meeting Minutes

IDF - Center

Meeting Date:

Clinical Data from:

Census on last day of clinical data month:

In attendance:	Print Name:	Signature:	Date:
Nephrologist:	_____	_____	_____
Nurse Administrator:	_____	_____	_____
Nursing:	_____	_____	_____
Dietitian:	_____	_____	_____
Social Worker:	_____	_____	_____
Other/Guest:	_____	_____	_____

Minutes of the prior month were reviewed by all members of the committee.

- Minutes were approved as written.
- The following changes were made:

For each indicator: If goal is not met (where goal is established) **and** 3 month trend shows no improvement toward goal (no significant change or worsening) you must complete a performance improvement plan.

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ADEQUACY (ASCEND QAPI report: IDF FACILITY AND TREND REPORT-Kt/V Natural Log)

Measure		Values/Goals						QIP Benchmark 2018					
HD: Adult (patient on HD \geq 3 mo)		100% of patients will have Daugirdas II Kt/V \geq 1.2 *						\geq 98.56% of patients will have Kt/V \geq 1.2					
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

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ANEMIA MANAGEMENT (ASCEND QAPI report: IDF FACILITY AND TREND REPORT-Hemoglobin / IDF FACILITY AND TREND REPORT-Ferritin / IDF FACILITY AND TREND REPORT-Transferrin Saturation)

Measure							Values/Goals						
Mean hemoglobin (≥ 18 years old and with ESRD ≥ 3 mo)							100% of patients with Hgb >12 g/dL did not receive an ESA						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
Mean hemoglobin (≥ 18 years old and with ESRD ≥ 3 mo)							$\leq 10\%$ of patients have a Hgb <9 g/dL						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
Tsat							$\geq 85\%$ of patients with Tsat 20-50%						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
Serum ferritin							$\geq 80\%$ of patients with Ferritin 200 – 1000 ng/mL						
Result													
Jan			April				July			Oct			
%			%				%			%			

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VASCULAR ACCESS (EQRS report: Vascular Accesses in Use Report)

Measure		Values/Goals						QIP Benchmark 2018					
Cuffed catheters > 90 days		≤ 9.40%						≤ 3.11%					
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure		Values/Goals						QIP Benchmark 2018					
AV fistulas for dialysis using 2 needles		≥ 65.98%						≥ 79.90%					
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

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VASCULAR ACCESS INFECTION (Antibiotic Log – for number of access infections monthly) (NHSN report: Rate table for Access Related Bloodstream Infections – for percentage of access infections quarterly)

Measure						Values/Goals					
Number of Vascular Access Infections* per access (fistula)						↓ to 0 (fistula)					
Result											
Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Rate of Vascular Access Infections* per access (fistula)						↓ to 0 (fistula)					
Result											
Jan			April			July			Oct		

Measure						Values/Goals					
Number of Vascular Access Infections* per access (graft)						↓ to 0 (graft)					
Result											
Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Rate of Vascular Access Infections* per access (graft)						↓ to 0 (graft)					
Result											
Jan			April			July			Oct		

Measure						Values/Goals					
Number of Vascular Access Infections* per access (CVC)						↓ to 0 (catheter)					
Result											
Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Rate of Vascular Access Infections* per access (CVC)						↓ to 0 (catheter)					
Result											
Jan			April			July			Oct		

Measure						Values/Goals					
Number of Vascular Access Infections* per access (All)						↓ to 0					
Result											
Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Rate of Vascular Access Infections* per access (All)						↓ to 0					
Result											
Jan			April			July			Oct		

*Vascular Access Infections includes both access-related blood stream infections (ARBSI) and local access site infections (LASI).

Meeting Month	Discussion: Describe/Assess Trend	Plan:	Responsible Party:
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INFECTION CONTROL - VACCINES (CV REPORTS: Influenza virus vaccine statistical report / PPD (tuberculin) statistical report / Pneumovax statistical report/Hepatitis Screening and Vaccination report) (ASCEND REPORTS: HEPATITIS SUMMARY REPORT (custom reports #14))

Measure							Values/Goals						
Number of patients with a change in Hep B antigen (HBsAG neg to HBsAG pos) status in past month							Goal is zero						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec

Measure							Values/Goals						
Number of patients with a change in Hep C antibody (HCV antibody neg to HCV antibody pos) status in past year							Goal is zero						
Result													
January							July						
%							%						

Measure							Values/Goals						
Pneumococcal vaccine (over past 5 years)							Increase percentage of patients receiving vaccine (at IDF or other provider)						
Result													
June													
%													

Measure							Values/Goals						
Flu vaccine							90% of patients will receive flu vaccine by the end of the flu season (at IDF or other provider)						
Result (cumulative result for each month in flu season)													
2017				2018									
Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
Hepatitis B vaccine							100% of patients will have a known Hepatitis B immunity status (HBsAg, HBsAb, HBcAb)						
Result													
Feb							Aug						
%							%						

Measure							Values/Goals						
Hepatitis B vaccine							100% of patients without Hepatitis B immunity have been offered the Hepatitis B vaccine						
Result													
Feb							Aug						
%							%						

Measure							Values/Goals						
TB testing							100% patients receive PPD annually (at IDF or other provider) or have Chest X-ray or have completed TB survey						
Result													
July													

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%

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INFECTION CONTROL – NHSN AUDITS

Measure							Values/Goals						
Hand Hygiene							100% observed compliance with procedure						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
CVC Connection/Disconnection							100% observed compliance with procedure						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
CVC Exit Site Care							100% observed compliance with procedure						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
AVF/AVG Cann/Decann.							100% observed compliance with procedure						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
Hemodialysis Injectable Medication Preparation & Hemodialysis Injectable Medication Administration							100% observed compliance with procedure						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
Hemo Station Disinfection							100% observed compliance with procedure						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

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MEDICAL INJURIES & MEDICAL ERRORS IDENTIFICATION (Report: Event Reports)

Measure							Values/Goals						
Medical injuries & medical errors reporting past month and past 12 month period (Attach copy of Event Report summary reports for last full month and past 12 months)							↓ frequency through prevention, early identification & root cause analysis						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec

Measure							Values/Goals						
Staff:patient ratio (# of staffing exception reports)							Meet regulatory requirement for staff:patient ratio.						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec

Measure							Values/Goals						
Chart Audit (billing)							100% compliance						
Result													
Jan-June							July - December						
%							%						

Measure							Values/Goals						
Chart Audit (medical record)							100% compliance						
Result													
Jan-June							July - December						
%							%						

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HEALTH OUTCOMES: PATIENT MORBIDITY & MORTALITY (Missed Treatment Report / CV Hospital Admission Report / Mortality Report)

Measure							Values/Goals						
Percentage of missed treatments due to “no shows” per potential number of treatments							↓ missed treatments due to “no-shows” or unexcused Facility goal: 						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
Number of hospital admissions							↓ hospitalizations						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec

Measure							Values/Goals			QIP Benchmark 2018			
Standardized hospitalization ratio (SHR) (1.0 is average, >1.0 is worse than average, <1.0 is better than average) SHR data is available in July at: https://dialysisdata.org/							0.967			0.670			
Result													
July													

Measure							Values/Goals						
Number of deaths							↓ mortality						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec

Measure							Values/Goals						
Standardized mortality ratio (SMR) (1.0 is average, >1.0 is worse than average, <1.0 is better than average) SMR data is available in July at: https://dialysisdata.org/							↓ mortality						
Result													
July													

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NUTRITIONAL STATUS

(ASCEND QAPI report: IDF FACILITY AND TREND REPORT-Albumin)

Measure							Values/Goals						
Facility set goals; refer to parameters listed in V509							≥80% of patients will have albumin ≥ 3.5 g/dL						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
Facility set goals; refer to parameters listed in V509							≥40% of patients will have albumin ≥ 4.0 g/dL						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

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MINERAL METABOLISM/BONE DISEASE

(ASCEND QAPI report: IDF FACILITY AND TREND REPORT-Calcium / IDF FACILITY AND TREND REPORT-Phosphorous / IDF FACILITY AND TREND REPORT-PTH)

Measure		Values/Goals					QIP Benchmark 2018					
Calcium (uncorrected)		≤0.86% of patients with Calcium > 10.2 mg/dL					0% of patients will have a Calcium > 10.2 mg/dL					
Result												
2018												
Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
%	%	%	%	%	%	%	%	%	%	%	%	

Measure		Values/Goals									
Calcium (corrected)		≤10% of patients with Calcium < 8.4 mg/dL									
Result											
2018											
Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%

Measure				Values/Goals									
Phosphorus				≥65% of patients with Phosphorous ≤5.5 mg/dL									
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure				Values/Goals									
Phosphorus				≤12.1% of patients with Phosphorous >7 mg/dL									
Result													
2017		2018											
New measure established in Jan 2018; no 2017 data.		Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
		%	%	%	%	%	%	%	%	%	%	%	%

Measure		Values/Goals									
PTH		≥70 % of patients with iPTH 150 - 600 pg/mL									
Result											
Jan			April			July			Oct		
%			%			%			%		

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PATIENT SATISFACTION & GRIEVANCES (COMPLAINT/GRIEVANCE REPORT)

Measure							Values/Goals						
Report & analyze grievances for trends							Prompt resolution of patient grievances						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec

Measure							Values/Goals						
Patient at Risk of Involuntary Discharge							Minimize Involuntary Discharges						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec

Measure						Values/Goals					
CAHPS In-Center Hemodialysis Survey or any patient satisfaction survey						↑ % of patients satisfied with care					
Values/Goals											
M.D. Rating		Center Rating		Staff Rating		M.D. comm & care		Providing Info		Quality of Care & Ops	
Goal	Bench-mark	Goal	Bench-mark	Goal	Bench-mark	Goal	Bench-mark	Goal	Bench-mark	Goal	Bench-mark
62.22	76.57	66.82	82.48	62.26	77.42	67.04	78.09	79.79	86.83	61.22	71.52
Result											
Spring 2017											
M.D. Rating		Center Rating		Staff Rating		M.D. comm & care		Providing Info		Quality of Care & Ops	
Fall 2017											
M.D. Rating		Center Rating		Staff Rating		M.D. comm & care		Providing Info		Quality of Care & Ops	
Spring 2018											
M.D. Rating		Center Rating		Staff Rating		M.D. comm & care		Providing Info		Quality of Care & Ops	

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HEALTH OUTCOMES: PHYSICAL & MENTAL FUNCTIONING (Report: KDQOL)

Measure		Values/Goals	
Survey adult/pediatric patients KDQOL-36 survey annually or more often as needed		↑ % achieve & sustain appropriate status ≤ 10% patients have a below average MCS score ≤ 10% patients have a below average PCS score	
Result			
Jan (July – Dec 2017 data)		July (Jan – June 2018 data)	
MCS	PCS	MCS	PCS
%	%	%	%

Measure						Values/Goals					
Survey adult/pediatric patients KDQOL-36 survey annually or more often as needed						↑ % completing survey ≥85% eligible patients complete survey					
Result											
2018											
Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%

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TREATMENT MODALITIES (Report: CV Transplant Report)

Measure							Values/Goals						
Patients (> 30 days since admission) suitability for transplant is established							100% of patients are assessed for transplantation annually and status is established.						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

Measure							Values/Goals						
Patients annually review treatment choice							100% of eligible patients have reviewed treatment choices						
Result													
2017		2018											
Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
%	%	%	%	%	%	%	%	%	%	%	%	%	%

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WATER AND DIALYSATE QUALITY (WATER LOGS)

Measure														Values/Goals													
Max.Total Chlorine < 0.1 mg/L daily/shift														100% of test results are WNL													
Result																											
2017														2018													
Nov		Dec		Jan		Feb		Mar		April		May		June		July		Aug		Sept		Oct		Nov		Dec	
Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
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Measure														Values/Goals													
Bacteria: Action level \geq 50 CFU/mL Max. Allowable < 200 CFU/mL														100% of test results are WNL													
Endotoxin : Action Level \geq 1.0 EU/mL Max. Allowable < 2.0 EU/mL																											
Result																											
2017														2018													
Nov		Dec		Jan		Feb		Mar		April		May		June		July		Aug		Sept		Oct		Nov		Dec	
Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
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Measure														Values/Goals													
Water quality checks are completed as required														100%													
Result																											
2017														2018													
Nov		Dec		Jan		Feb		Mar		April		May		June		July		Aug		Sept		Oct		Nov		Dec	
Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PHYSICAL PLANT SAFETY (Physical Environment Inspection)

Measure		Values/Goals	
Identification and correction of safety issues		Environment supports safe facility operations	
Result			
Jan	April	July	Oct

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SPECIAL QAPI INITIATIVES:

Meeting Month	Discussion: Describe/Assess Trend	Plan:	Responsible Party: