



## Plan of Action (POA) Worksheet

Agency Name: \_\_\_\_\_ Provider #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

### Quality Improvement Team Members

- |                  |    |    |    |
|------------------|----|----|----|
| 1. (Facilitator) | 3. | 5. | 7. |
| 2.               | 4. | 6. | 8. |

<i>Outcome Report Date</i> _____ <small>(End date on the OBQI Report)</small>	<i>POA Date</i> _____ <small>(Date of first intervention action)</small>	<i>Target Outcome Selection Date</i> _____ <small>(Date target outcome was chosen)</small>
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- |   |  |
|---|--|
| <p>1. <i>Target Outcome:</i> _____</p> <p>1a. <i>Current</i> _____ % <small>(from OBQI Outcome Report)</small></p> <p>1b. <i>Prior Year</i> _____ % <small>(from OBQI Outcome Report)</small></p> <p>1c. <i>Nat'l Reference</i> _____ % <small>(from OBQI Outcome Report)</small></p> | <p>2. <i>POA for (circle one):</i></p> <p style="padding-left: 20px;">a. <i>Remediation (Improvement), OR</i> b. <i>Reinforcement</i></p> <p>2c. <i>Should Be Done List Date Completed:</i> _____ <small>(Date list is finalized)</small></p> <p>2d. <i>Process of Care Audit Date Completed:</i> _____ <small>(Date audits tallied)</small></p> |
|---|--|

**3. Problem or Strength Statements:**

*Identified Problem(s) (for Improvement) or Strength(s) (for Reinforcement):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Date Finalized:*** \_\_\_\_\_

(Date problem or strength statement was finalized)

**4. Best Clinical Practices (prioritized):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Date Finalized:*** \_\_\_\_\_

(Date best clinical practices were finalized)

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**5. Intervention Actions**

<i><b>Action</b></i> It is recommended that POAs have Intervention Actions from more than one or two categories. Categories: 1. Education (staff and patient) 2. Forms/tools/guidelines 3. Protocols/policy 4. Monitoring POA plans; 5. Staff motivation and communication	<i><b>Time Frame</b></i>		<i><b>Responsible Person(s)</b></i>	<i><b>Monitoring each Intervention Action (and Frequency)</b></i>
	<i><b>Start</b></i>	<i><b>Finish</b></i>		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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**6. Evaluation of the POA**

**Definitions for Monitoring the POA and Evaluation**

**Monitoring the POA:** Monitoring the POA is a validation process to assure that **Best Clinical Practices** are occurring. Monitoring the POA may include record review, staff interviews, case conferences, or any means to determine that Best Clinical Practices are occurring.

**Monitoring Frequency/Timeframes:** Monitoring the POA begins soon after implementation of the first Intervention Action (within a few weeks) and continues **monthly**. Monitoring may decrease to every other month or quarterly when consistent Best Clinical Practice compliance is assured. NOTE: It is recommended that prior to decreasing monitoring of POA activities to less than monthly, the home health agency first discuss this frequency change with their Quality Improvement Organization (QIO). The QIO for Arizona is Health Services Advisory Group, Inc., (HSAG)

**Evaluating the Plan of Action:** Evaluation is a validation process to assure that the POA is effective and that sufficient improvement occurs. The ultimate effectiveness of the POA is determined by assessing whether the target outcome rate improves (in the case of an outcome selected for remediation) or does not decline (for an outcome selected for reinforcement) over a subsequent time period. Evaluating the POA involves **analyzing the OBQI Outcome Report** for changes in the target outcome rate.

**Evaluating POA Frequency/Timeframe:** Evaluating the POA requires sufficient data on the OBQI reports to be considered valid information. To adequately evaluate the effectiveness of a POA using OBQI report data, there should be at least *6 months of data* post POA implementation. Therefore, evaluating the POA should **begin at 9 months post POA implementation and continue monthly** until 15 months post POA implementation.

**6a. Review of Plan:**

**6b. Next Outcome Report**

**6b. Next Steps**

<i>Date: (Month post POA implementation)</i>	<i>(9months)</i>	<i>(10 months)</i>	<i>(11 months)</i>	<i>(12 months)</i>	<i>(13 months)</i>	<i>(14 months)</i>	<i>(15 months)</i>	<i>Check one below:</i>
<i>Responsible Person(s):</i>								<input type="checkbox"/> Close POA* <input type="checkbox"/> Continue Target Outcome for Remediation (Improvement)**
<i>OBQI Report Results:</i>								
<i>Current %</i>								Continue Target Outcome for Reinforcement **
<i>Prior %</i>								
<i>Prior SSI</i>	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
<i>Nat'l Ref. %</i>								
<i>Nat'l SSI</i>	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	

\* Closure of a POA should consist of periodic assessment of Best Clinical Practice compliance post closure.

\*\* Continuation of work on a Target Outcome 15 months post POA implementation should be discussed with the QIO for POA instruction.

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## *6c. Monitoring Plan and Results*

<i>Date</i> <i>(Projected date or date range)</i>	<i>What will be done to monitor the POA</i> <i>(SPECIFIC plan for what will occur to assure that est Clinical Practices are occurring; i.e., record review of 10 charts, interview 10 PTs, etc.)</i>	<i>Who is responsible</i> <i>(Name or names of people who will carry out the monitoring)</i>	<i>Actual Date</i>	<i>Monitoring Results</i> <i>(Numbers or percent of records or interviews in which Best Practice compliance was achieved)</i>	<i>Actions</i> <i>(as a result of monitoring results)</i>
EXAMPLE: 08/10/04- 08/15/04	Data entry will log all care episodes where patients that scored other than 0 on M0420; 25 of these records will be reviewed to assess for implementation of best practices.	James King, PT (5 charts) Nan Johnson, RN (5 charts) Joan Crane, LPN (10 charts) Dan Grant, OT (5 charts)	08/13/04	Best Practice #1 = 5/25 Best Practice #2 = 12/15 Best Practice #3 = 15/15	1. Staff memo sent to all staff on 8/20 with monitoring results. 2. Memo distributed reminding staff of BP #1.