

Plan of Action for Continuous Quality Improvement Reducing Acute Care Hospitalization Pilot Project

Agency Name: _____ **Wonderful Home Health Care** _____

QUALITY IMPROVEMENT TEAM MEMBERS

- | | | |
|-----------|------------|----|
| 1. AB, RN | 4. GH, OT | 7. |
| 2. CD, PT | 5. IJ, CNA | 8. |
| 3. EF, RN | 6. | 9. |

Outcome Report Date: 02//2004 to 01/2005 Plan of Action Date: 04/12/2005

1. **Target Outcome Addressed by Plan of Action:** Acute Care Hospitalization
2. **Action Plan for (circle one):** a. Remediation b. Reinforcement
3. **Identified Problem or Strength:** A risk assessment of patients for acute care hospitalization and emergent care is not consistently completed for all patients at the SOC/ROC nor is there evidence that patients found to be “at risk” have an individualized case management plan developed.
4. **Care Behaviors or Processes Selected as Best Practices (Prioritized):**
 - a. The clinician will assess all patients for potential risk for emergent care and acute care hospitalization at the SOC/ROC utilizing the Wonderful Home Health Care’s Risk Assessment form.
 - b. The clinician will notify the case manager of all patients found to have 5 or more risk factors during their risk assessment on the same day as the SOC/ROC and flag the patients medical record as being “at risk”.
 - c. The case manager will discuss all patients identified as being “at risk” in a multi-disciplinary case conference to identify interventions specific to each patient, based on their specific risk factors, within 72 hours of the patient’s SOC/ROC.
 - d. The clinician will implement an individualized care management plan for patients found to be “at risk” for emergent care or acute care hospitalization within 5 days of the SOC/ROC.
5. **Intervention Actions (Prioritized):**

Action	Time Frame		Responsible Person(s)	Monitoring Approaches (and Frequency)
	Start	Finish		
a. The Wonderful Home Health Care’s Risk Assessment form will be reviewed and updated.	4/13/05	4/20/05	AB and CD	Form to be reviewed, updated, and approved by the Practice Counsel by 4/27/05
b. A procedure will be developed as well as needed materials identified and purchased to flag the medical record of “at risk” patients.	4/13/05	4/13/05	GH	The procedure to flag the “at risk” patients will be approved by the OBQI committee and the supplies purchased by 4/17/05
c. A tracking system with instructions will be developed to assist the case manager in tracking identified “at risk” patients.	4/15/05	4/22/05	EF	A tracking system and instructions will be ready by 4/22/05.

d. All staff will receive an in-service regarding the POA, best practices, risk assessment form, the case manager's tracking form, and individualized care management plans.	5/01/05	5/07/05	CD	All clinical, office and medical records staff will have attended the in-service as evidenced by the sign-in sheet.
e. A monitoring tool will be developed for the auditing of best practice implementation	4/20/05	4/25/05	AB	The monitoring tool is developed and piloted by the UR staff, and revised as needed by 5/25/05
f. Colorful posters reminding staff of the best practices will be created and displayed in prominent areas (i.e., bathrooms, medical records dept., lunch room, etc.)	4/18/05	4/28/05	IJ	Posters have been created and placed in all designated areas by 5/01/05

6. Evaluation:

a. Review of Plan:

Date: 07/15/05

Responsible Person(s): EF

Results:

b. Next Outcome Report:

Date: 6/2006

Result:

Next Step(s):

c. Monitoring Activities:

All audits are to be completed by Thursday of each week

(1) Activity:

A random sample of 10 active charts of patients with a SOC/ROC the previous week will be audited for the presence of a completed risk assessment form.

Date Completed:

Finding:

Response:

(2) Activity:

The charts of all patients identified to be "at risk" from the randomly selected charts will be checked for the presence of an "at risk" flag on their chart and has a date that matches the patient's SOC/ROC..

Date Completed:

Finding:

Response:

(3) Activity:

All previously selected charts (see monitoring activity 1) will be audited for the presence of case conference notes that indicate the case conference was held within 72 hours of the patient's SOC/ROC.

Date Completed:

Finding:

Response:

(4) Activity:

All previously selected charts (see monitoring activity 1) will be audited for the implementation an individualized care management plan for patients found to be "at risk" for emergent care or acute care hospitalization within 5 days of the SOC/ROC

Date Completed:

Finding:

Response:

(5) Activity:

All "at risk" patients identified in the previously selected charts (see monitoring activity 1) are present on the case manager's tracking form with a notification date that matches the patient's SOC/ROC.

Date Completed:

Finding:

Response