

## Plan of Action In-Depth Review

	Review Item	Comments
1.	Team members identified?	
2.	Titles/Disciplines specified?	
3.	Target Outcome (section 1) stated in specific terms?	The Target Outcome is selected via the following criteria (listed in order of importance): 1. Be statistically significant (<.10); 2. Magnitude of the outcome differences; 3. an adequate number of cases (>30); 4. The actual significance levels of the differences; 5. The importance or relevance to your agency's goals; and 7. Clinical significance.
4.	Remediation or Reinforcement (section 2) correctly specified?	Remediation is selected if the goal is to improve the selected Target Outcome by changing the care behaviors of the staff. The goal of reinforcement is to maintain a superior outcome by reinforcing exemplary care behaviors currently being practiced by the clinical staff.
5.	Problem or Strength statement (section 3) identified?	Problem/Strength Statements are determined as the result of the Process of Care Investigation of the agency's selected outcome via an audit of agency-identified Important Care Behaviors. The statement should be specific and clearly written either indicating what you are <u>not doing</u> in care provision that is causing unfavorable outcome results or reinforce what you <u>are doing</u> that produced the favorable outcome results.
6.	Is Problem or Strength statement logically consistent with Target Outcome?	The Problem/Strength Statement should be clearly worded, the focus of the entire POA, and directly related to the selected Target Outcome.
7.	Is Problem/Strength statement stated in specific terms that will guide Best Practices?	The Problem/Strength Statement guides the development of Best Practices which in turn guides the development of the agency-specific interventions to improve performance of the selected Target Outcome. The problem/strength statement describes the specific aspects of care provisions or care issues. They are formulated by summarizing the results of the Process of Care (POC) investigation. The summary of the POC investigation (conducted prior to this step) leads to the identification of specific patient care issues. The care issues should be clearly linked to the Target Outcome selected and should be within the agency's control. <b>Specific statements address the CARE that that will be provided, not just the documentation.</b> The statement contains <b>tangible, clear wording</b> using concrete terms with a relatively <b>narrow focus</b> to emphasize a manageable area of change.
8.	Does Problem/Strength focus on patient care issue(s)?	Problem/strength statements should focus on <b>specific aspects of patient care</b> such as communication, assessments, care planning, care coordination, interventions, patient teaching in terms of medications, their

		disease process, signs & symptoms of exacerbation, and when to call the agency.
9.	Is the Problem/Strength issue within the agency's control?	
10.	Does the Problem/Strength issue focus on more than documentation?	The Problem/Strength Statement reflects the findings of the Process of Care (POC) investigation in which identified “important care behaviors” are identified. The medical records are audited for compliance with those care behaviors. The Problem/Strength Statement then reflects those specific clinical issues that resulted from the POC. The Problem/Strength Statement guides the next step of the OBQI process – Best Practices. Best Practices are created in response to the Problem/Strength Statement. Examples include specific assessments, treatments and service interventions, and coordination of systems within the agency. They can include documentation but <b>must go beyond documentation to include assessments and care provided.</b>
11.	Do Best Practices address the stated Problem/Strength?	
12.	Are Best Practices stated in specific terms that will guide clinician behavior?	Best Practices state the <b>precise clinical behaviors</b> to be done in very specific patient care situations. They should describe <b>who, what, when, &amp; how</b> for each Best Practices to ensure consistency of care delivery among staff. Best Practices must also identify care processes other than just assessments in order to move the outcome’s rate.
13.	Are Intervention Actions (section 5) identified?	Intervention Actions state: <b>what will be done</b> to <u>implement</u> Best Practices; a clear timeframe for <b>when it is to be done; who is responsible</b> for carrying out the specific action; and <b>how the action is to be monitored</b> to ensure that implementation occurs as planned. Examples of interventions are the development of written standards of care, the purchase of equipment, staff education, and development or revision of forms.
14.	Are specific time frames specified in the Intervention Actions?	Specific start and finish dates need to be identified for the Intervention Actions which should begin soon after the POA is written and be completed within 4 to 6 weeks.
15.	Are responsible individuals named in the Intervention Actions?	Responsibility for accountability for the completion of each specific Intervention Action should be clearly determined and stated in the POA.
16.	Are Intervention Actions practical/achievable?	Each Intervention Action should have a single focus and be achievable. The specified actions should be practical for the agency to achieve in a relatively short time frame. Additional actions can be added at later intervals throughout the next several months.
17.	Do the Intervention Actions go beyond in-servicing and forms revision?	Use of only one approach (e.g. education) to inform staff about the desired change is seldom sufficient. For greater success, <b>strive for a balance between educational activities and structural or process modifications.</b>

		<p>Examples include: development of forms or processes, practice guidelines, development of new learning or patient teaching tools, developing clinical competencies required of the staff, establishing multidisciplinary work groups or committees to implement the Best Practice, setting up a mentoring system, requesting consultation from clinical specialists, etc. Testing comprehension at the end of educational session helps clinicians retain information as well as assist in evaluating the success of the educational effort. Reminder mechanisms presented periodically also serve to keep the chosen Best Practices continually in front of staff members.</p>
18.	Are Intervention Actions logically consistent with Best Practices?	<p>Every Best Practice should have an Intervention Action to address it and ensure it is achievable via the development of tools and/or education, etc. In converse, every intervention tool, guideline, instruction sheet, etc. should be mentioned in the Best Practice statements.</p>
19.	Are Monitoring Approaches (section 5) for the specified Intervention Activities specific?	<p>Monitoring approaches in Section 5 identify <b>how the committee will know</b> when an <b>identified intervention activity</b> has been <b>accomplished</b>. Auditing of charts is never appropriate in this section of the plan. Rather, the chart audits for monitoring staff compliance with the Best Practices is addressed in section 6 c of the POA.</p> <p>An example: If the intervention action is to “Develop PT referral guidelines,” the monitoring activity for that intervention activity would be, “Guidelines are developed and approved by the PT supervisor.”</p>
20.	Does Review and Evaluation (sections 6a & 6b) designate when and by whom?	<p>Section 6 is of particular importance in the POA. It allows for the monitoring of the staff’s compliance with the POA . Failure to monitor the plan most likely will result in no improvement in the rate for the selected outcome. The best POA is for naught if the staff does not consistently implement it!</p> <p>Section 6a refers to the quarterly evaluation of the POA (in its entirety). An identified date for the evaluation needs to be stated. A specific person also needs to be identified who will be responsible for ensuring that the evaluation takes place.</p> <p>The findings of the monitoring activities will allow the agency to determine whether the plan is on course and if the Best Practices are consistently used in care delivery. The 1<sup>st</sup> evaluation should occur by the end of the 3<sup>rd</sup> month after receiving the Outcome Report and continue at least quarterly after that. If it is noted that Best Practices are not being consistently used, additional Intervention Actions may be needed. Changes to and/or additional Best Practices and Intervention Actions may also be deemed necessary to improve the effectiveness of</p>

		<p>the POA.</p> <p><i>Section 6a refers to the <b>quarterly</b> evaluation of the <u>POA</u> (in its entirety) rather than the results of the Outcome Report. Evaluating the Outcome Report on a monthly or bimonthly basis is highly unlikely to show any significant evidence of change, besides which, the reports always run 2 months behind. If improvement in the Outcome report is not seen from one 6-month period to another, and your monitoring activities in section 6 C indicate that the staff is compliant in following the Best Practices, probably the Process of Care Investigation did not correctly or adequately address the clinical care deficits related to the outcome. If there is no improvement in 6 months, I suggest that the OBQI committee go through the OBQI process again (identify important care behaviors, perform a Process of Care, develop a Problem/Strength Statement, etc.).</i></p>
21.	Is the Monitoring Schedule (section 6c) specific?	<p>Monitoring activities allows you to assess the success of the implementation process, staff compliance with <u>each</u> Best Practice, and the possible need for alterations to the POA. Monitoring Activities should specify <b>exactly what it is that is being monitored</b> and needs to <b>relate to the stated Best Practices</b>. For example: “<i>The presence of documentation of an assessment of the patient’s medication compliance is documented in the medical record at the SOC.</i>” This type of statement lets the auditors know precisely what they are looking for and the appropriate response to the audit question can only be “yes” or “no.”</p> <p>If the Best Practices were based on the findings of your Process of Care Investigation, which resulted from a selection of important care behaviors related to the outcome, and the staff is compliant with the POA, an improvement in the selected outcome will occur. This monitoring section is intended for the monitoring of the actual plan, not for the results of the Outcome Report. The Outcome Report should be reviewed for changes no more frequently than quarterly to determine the impact of the POA.</p> <p>Monitoring activities should <b>begin at high frequencies</b> (every 2 weeks after implementation for at least 2 months) and tapered to less-frequent audits (monthly for 3 months), then finally to quarterly if the audit results are positive. Monitoring also provides <b>provisions for feedback</b>. There are a variety of monitoring approaches:</p>

		chart review, peer review, supervisory visits, case conferences, and staff meetings.
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