

Clinicians are not indivualizing care plans for high

risk patients at SOC/ROC

Date Finalized: 12-09-2005

Acute Care Hospitalization (ACH) $\underline{\sf EXAMPLE}$ Plan of Action Worksheet

Agency Name: Happy Health Care Provider #: AZ037XXX Contact Name:	
Quality Improvement Team Members	
1. (Facilitator) Casey, RN, QI Director 3. Kathy, Medical Reco	ords 5. Paul, RN, Clinical Nurse 7. Marianne, OBQI QI 9. Lynn, PT, Therapy Manager
${\it 2. Bill, BSN, RN, Clinical Director} \qquad {\it 4. Ann, Home Care Aid}$	le 6. Sam, CEO/Administrator 8. Debbie, RN, Intake 10. Sherry, RN, Clinical Nurse
Outcome Report Date: August, 2005 Plan of Action Date December 9, 2005 Target Outcome Selection Date December 1, 2005	
1. Target Outcome: Acute Care Hospitalization 2. Plan of Action for (circle one): Reinforcement 1a. Current 18.7% (from OBQI Outcome Report) 1b. Prior Year 25.6% (from OBQI Outcome Report) 1c. Nat'l Reference 24.4% (from OBQI Outcome Report) 2d. Process of Care Audit Date Completed: 12-09-2005	
3. Problem Statements:	4. Best Clinical Practices (prioritized):
Identified Problem(s) (for Improvement) or Strength(s) (for Reinforcement): Clinicians are not assessing patients for risk of hospitalization at SOC/ROC.	At SOC/ROC, all patients will be assessed for risk of re-hospitalization or need for emergent care. Patients who are identified as high risk (scoring guide on tool) will have individualized care plans developed/implemented at SOC/ROC by clinician.
Clinicians are not providing emergency contact protocal at SOC?ROC.	Clinicians will develop emergency contact protocol for all patients at SOC/ROC and all visiting staff will instruct at each visit until patient/caregiver verbalize understanding

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