

Example

Initial Process of Care Investigation

Clinical Record Review to Determine Clinical Areas for Improvement

Target Outcome: Acute Care Hospitalization

Important Clinical Care Actions – “should be done list”	# Records with compliance / Total # reviewed					Tally & %
	Reviewer 1 Eric	Reviewer 2 Steve	Reviewer 3 John	Reviewer 4 Michelle	Reviewer 5 Nicole	
1. At SOC, the SN will instruct the client and/or caregiver regarding the agency’s 24 on-call phone # and the physician’s phone #.	1/3	2/3	0/4	4/5	2/3	9/18 (50%)
2. The SN will reinforce the agency’s 24 on-call phone # and the physician’s phone # at each visit or until the client and/or caregiver verbalizes understanding.	2/3	2/3	2/4	4/5	2/3	12/18 (66%)
3. At the SOC/ROC, the SN will educate the client and/or caregiver regarding their disease process and any abnormal/unusual signs and symptoms to report to the agency and/or physician.	2/3	2/3	1/4	2/5	1/3	8/18 (44%)
4. At each visit, the SN will reinforce the client’s disease process and any abnormal/unusual signs and symptoms to report until the client and/or caregiver verbalize understanding.	0/3	0/3	1/4	1/5	1/3	3/18 (17%)
5. An extra SN visit will be made if a call is received with a complaint of possible deterioration of health status.	2/3	1/3	NA/1 2/3	3/5	2/3	10/17 (59%)
6. The physician will be notified when a client is assessed to have clinical changes suggesting deterioration of health status.	1/3	0/3	NA/1 0/3	1/5	1/3	3/17 (18%)
7. Increase the SN visit frequency as needed when the assessment reveals deterioration in the client’s clinical status.	2/3	1/3	NA/1 2/3	2/5	2/3	9/17 (53%)
8. The SN will reinforce all physician instructions with the client and/or caregiver at every visit.	2/3	2/3	2/4	2/5	1/3	9/18 (50%)
9. A case conference with the client and/or caregiver will be planned if calls related to vague client complaints occur more than twice a week.	NA/3	NA/3	NA/4	NA/4 1/1	NA/3	1/1 (100%)

Processes of Care Identified for Improvement: select 3-4 areas for improvement that are within your control.

1. Client/caregiver instructions for 24hr on-call procedure.
2. Client/caregiver education regarding the disease process, s/s for reporting, and prevention of these.
3. Follow-up by SN with additional/PRN visits for deterioration; and communication with MD.