



## **CALTCM Best Practice Implementation Award Proposed Implementation Plan**

Please complete the form and submit your application for the CALTCM Best Practice Implementation Award via email to [info@caltcm.org](mailto:info@caltcm.org) or via fax (855) 793-2226.

### **CONTACT INFORMATION**

**Team Lead, Position:** \_\_\_\_\_

**Team Lead Phone:** \_\_\_\_\_

**Team Lead Email:** \_\_\_\_\_

**Team Members & Positions:** \_\_\_\_\_

\_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Facility Phone:** \_\_\_\_\_

### **STATEMENT OF BEST PRACTICE:**

**1) We plan to use the following best practice for our submission:**



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2) The goals of adopting this best practice will enhance our program/practice in the following ways:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

3) The target population/patients for our best practice will be:

- |   |   |
|---|---|
| <input type="checkbox"/> Nursing Home/SNF/Sub-acute | <input type="checkbox"/> Home Bound Elders  |
| <input type="checkbox"/> Community Disabled Persons | <input type="checkbox"/> Hospital Inpatient |
| <input type="checkbox"/> Assisted living/RCFE       |   |
| <input type="checkbox"/> Other – Describe: _____    |   |

**4) STATEMENT OF GOALS:**

Please describe the best practice you plan to complete. Use S.M.A.R.T. goals (**S**pecific, **M**easurable, **A**chievable, **R**ealistic/**R**esults Oriented and **T**ime Dated) to guide your plans.

**S.M.A.R.T. Goal Example:**

“By February 2015, all planning meetings will be paperless by using tablets so notes can be shared electronically to facilitate communication.”

**Specific: What, Why, How**

What: all planning meetings will be paperless

Why: to facilitate communication

How: by using tablets

**Measurable:** whether or not all meetings are paperless by 2/2015

**Achievable:** participants have tablets and know how to use them

**Results Oriented:** notes are shared electronically

**Time Dated:** by 2/2015



## CALTCM Best Practice Implementation Award Proposed Implementation Plan

### S.M.A.R.T. Goal #1

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**Specific:** *What will the goal accomplish? Why and How will it be accomplished?*

**What:** \_\_\_\_\_

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**Why:** \_\_\_\_\_

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**How:** \_\_\_\_\_

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**Measurable:** *How will you measure whether or not the goal has been reached?*

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**Achievable:** *Do you have the necessary knowledge, skills, and resources to accomplish this goal?*

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**Results Oriented:** *What is the reason, purpose or benefit of accomplishing this goal?*

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**Time Dated:** *What is the completion date?*

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### S.M.A.R.T. Goal #2

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**Specific:** *What will the goal accomplish? Why and How will it be accomplished?*

**What:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Measurable:** *How will you measure whether or not the goal has been reached?*

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**Achievable:** *Do you have the necessary knowledge, skills, and resources to accomplish this goal?*

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**Results Oriented:** *What is the reason, purpose or benefit of accomplishing this goal?*

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**Time Dated:** *What is the completion date?*

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### S.M.A.R.T. Goal #3

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**Specific:** *What will the goal accomplish? Why and How will it be accomplished?*

**What:** \_\_\_\_\_

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**Why:** \_\_\_\_\_

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**How:** \_\_\_\_\_

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**Measurable:** *How will you measure whether or not the goal has been reached?*

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**Achievable:** *Do you have the necessary knowledge, skills, and resources to accomplish this goal?*

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**Results Oriented:** *What is the reason, purpose or benefit of accomplishing this goal?*

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**Time Dated:** *What is the completion date?*

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## CALTCM Best Practice Implementation Award Proposed Implementation Plan

### **ASSESSMENT:**

1. Which QAPI methods do you plan to use to study your project?
  - a. Flow Chart, PDSA, etc.

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### **MEASUREMENT:**

1. Which sources of data do you plan to use to measure your project process and outcomes?
  - a. Administrative data, chart audits, surveys, etc.

Goal 1: \_\_\_\_\_

Goal 2: \_\_\_\_\_

Goal 3: \_\_\_\_\_

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### **THINKING THROUGH ACTIVITIES TO IMPLEMENT YOUR PLAN:**

**A. Commitment from Organizational Leadership:** Identify who needs to be aware of your action plan and goals for this QAPI project. Are they at the table already? If not, how will you get buy-in from necessary stakeholders?

**We will need to communicate with the following people:**

Person's name and title	Who will communicate with them?
1.	
2.	
3.	
4.	



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**B. Resources:** Identify what other resources you will need to accomplish your plan.  
Resources may include: personnel, time, financial requirements, leadership, and support from a committee or administrator.

**We will need the following resources:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**C. Barriers:** Please identify potential obstacles or barriers to implementing your plan.

**We anticipate the following obstacles/barriers:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**D. Strategies to overcome barriers:**

**We will use these strategies to overcome the obstacles outlined above:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**E. How will you sustain your improvements over time?**

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