



We Honor Veterans

Performance Improvement Plan (PIP) Template

The PIP requirement for We Honor Veterans Partners mirrors the Quality Assessment and Performance Improvement (QAPI) provision in the Hospice Conditions of Participation (CoP's) that requires hospices to measure, analyze, and track quality indicators and other aspects of performance to assess processes of care, hospice services, and operations.

Instructions: This template may be used to develop a PIP. Each step should be included and may be modified as needed. Contact veterans@allianceforcareathome.org with questions.

Name of Organization:

PIP Lead:

PIP Implementation Date:

PIP Completion/Review Date:

PIP Frequency:

STEP ONE: Identify an Area for Improvement

Using the results of the Veteran Specific Questions (VSQs), identify a VSQ for which your organization would like to see more favorable results. Write a problem statement that describes the current gap and creates a goal that describes the change expected after the PIP has been completed.

Problem Statement

Goal

Example

A PIP will be developed for VSQ question #1 because this question was answered 'yes' by only 50% of respondents and staff would like to improve this to 90% within 6 months.

STEP TWO: Make a Plan

Describe the steps your organization will take to improve results. Use the SMART Goal framework and Root Cause Analysis to structure your plan.

SMART Goal

S Specific — What exactly will you improve?

M Measurable — How will you measure success?

A Achievable — Is this realistic given your resources?

R Relevant — How does this connect to Veteran-centered care?

T Time-bound — By when will this be achieved?

Root Cause Analysis

- What is contributing to the current gap?
 - What systems, processes, or training factors are involved?
 - What barriers exist for staff or patients?
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Example

Plan steps for improving VSQ Question #1 (military history screening):

- Staff will ask every patient about military experience and document it in the patient record.
- If military experience is documented, designated staff will complete the Military History Checklist.
- Patient records for new admissions will be reviewed weekly to ensure compliance.

STEP THREE: Implement the Plan

Using the root causes identified in Step Two, designate staff responsible for each action and complete the Improvement Plan table below.

Action / Idea	Root Cause	Designated Staff	Start Date	Due Date	Resources Needed	Impact Expected

STEP FOUR: Review the Results

1. Collect data and track and review results weekly for each step of the plan.
2. Monitor VSQ results each quarter to evaluate progress toward the goal.

Example

Weekly data (sample):

- 80% of admissions had documentation that the patient was asked about military experience
- 85% Military History Checklist completion rate for patients with military experience
- 100% of new admission records reviewed

Quarter 2 VSQ results: Question #1 increased to 65% 'Yes' responses



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STEP FIVE: Develop a New PIP or Continue Activities

- If Step Four shows the goal has been achieved, put a system in place to ensure the activities that resulted in improved VSQ results will continue.
- If Step Four shows the goal was not achieved, review the plan and revise.