

Corrective Action Plan (CAP) Process and QMB CAP Template

2016

Objectives

- Understand a Quality Improvement Methodology – 5 Why's Root Cause Analysis
- Understand the CAP process
- Understand the essential elements required to write an acceptable CAP
- Understand how to complete the QMB CAP Template

For every effect, there is a root cause. Find and address the root cause rather than try to fix the effect, as there is no end to the latter.
-Celestine Chua



Root Cause Analysis: 5 Whys

- The 5 Whys is a simple problem-solving technique that helps you to get to the root of a problem quickly. The 5 Whys strategy involves looking at any problem and asking: "Why?" repeatedly to determine what caused the area of noncompliance.

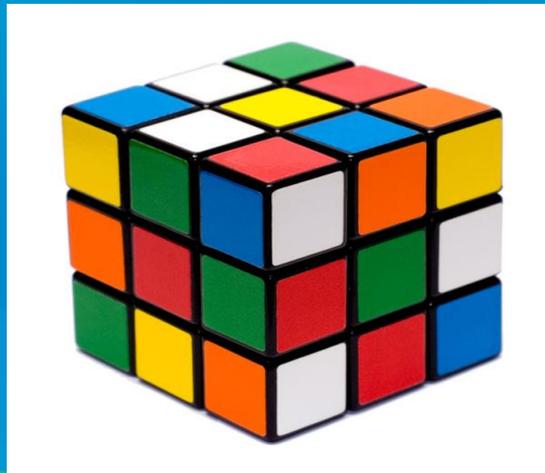
Root Cause Analysis: 5 Whys

- Very often, the answer to the first "why" will prompt another "why" and the answer to the second "why" will prompt another and so on; hence the name the 5 Why's strategy.

Root Cause Analysis: 5 Whys

Two benefits of the 5 Whys include:

- It helps you quickly determine the root cause of a problem.
- It's simple, less time consuming, and easy to learn and apply.



Why?

because...

Why?

because...

Why?

because...

Why?

because...

Why?

because...

5 Why Analysis

Define the problem

Why is this happening?

1.

Why is that?

2.

Why is that?

3.

Why is that?

4.

Why is that?

5.

Root cause →

Blank box for defining the problem.

Blank box for step 1.

Blank box for step 2.

Blank box for step 3.

Blank box for step 4.

Blank box for step 5, the root cause.

5 Why Analysis

Define the problem

HIV Consent – records missing one of the following: signed consent form; documentation of verbal consent; documentation that client declined HIV testing.

Why is this happening?

1. Staff has been trained but they did not obtain consent.

Why is that?

2. There are many things to remember and staff simply forgot.

Why is that?

3. There is no process or system in place to remind staff that they need to obtain consent prior to performing an HIV test.

Why is that?

4.

Why is that?

5.

Root Cause →

What is a CAP?

- A step-by-step plan of action and schedule for correcting a process or area of non-compliance
- A process or guideline for implementing corrective actions



What is a CAP?

- Ensures accountability for the implementation of the improved process/change
- Includes follow-up and/or review system that evaluates the effectiveness of the corrective actions



Corrective Action Plan (CAP) Process

Step 1

- The Contractor receives an electronic report via email.
- The Contractor completes a CAP for all findings.

Step 2

- The Contractor submits the CAP to the QMB mailbox.

Step 3

- Either QMB accepts the CAP and the Contractor is placed on the routine review cycle or an additional CAP is requested if information is lacking/incorrect.

Step 4

- QMB sends a letter closing the review or the Contractor is placed on accelerated monitoring.

CAP Process

- All Contractors are expected to prepare a CAP that addresses each review criteria on the QMB monitoring tools for which compliance is marked “No.”

CAP PROCEDURES

- Does the CAP answer:
 - Who?
 - What?
 - When?
 - How?



CAP PROCEDURES

- The CAP should provide specific procedures implemented by the Contractor:
 - Who is responsible for the corrective action? Who is conducting the training?
 - What is the corrective action(s), including supporting documentation?
 - When (date) is the corrective action completed or projected to be completed;

CAP Process

- The CAP should provide specific actions/procedures implemented by the Contractor:
 - How will ongoing compliance be maintained? Follow-up should occur to determine if training was effective.
 - Example:
 - 1) Follow-up will be done to determine if training was effective and ongoing (quarterly) record reviews will continue until compliance is achieved.
 - 2) Additional training will occur as needed if noncompliance continues.
 - 3) Once compliance is achieved, the record reviews will be conducted twice yearly as stated in the QM Plan (see attached QM Plan).

CAP Process

- After submitting the CAP, the Contractor will be notified if the CAP is accepted. If additional information is required, the Contractor will be notified and an additional CAP (ADD CAP) will be requested.

CAP Process

- The Contractor should respond to the QMB in the time frame specified in the letter.
- The CAP should be submitted to QMB@dshs.state.tx.us

QMB CAP TEMPLATE

Sample Corrective Action Plan

Core
 EPHC
 PHC
 BCCS
 Title V CM
 Title V CD
 Title V PM
 Title V PD
 Family Planning
 WIC Fiscal
 WIC Clinical
 THS
 CSHCN

REVIEW CRITERIA	FINDING	NAME AND TITLE OF PERSON RESPONSIBLE	CORRECTIVE ACTION	TIMEFRAME FOR IMPLEMENTATION	FOLLOW-UP AND MONITORING FOR ONGOING COMPLIANCE
<p>1.The agency has a QM Plan which includes the following: c. Ongoing clinical record reviews to assure conformity to standards.</p>	<p>There was no documentation that record reviews were conducted as described in the QM Plan.</p>	<p>Julissa Huff- QA Coordinator Contact information: 512-978-0000 jhuff@abc.org</p>	<p> <input checked="" type="checkbox"/> Staff Training <input type="checkbox"/> Policy/Plan Revision <input checked="" type="checkbox"/> Modify Process <input type="checkbox"/> System Improvement <input type="checkbox"/> WIC Fiscal Submissions <input type="checkbox"/> Other: </p> <p>A QA Activity Calendar was created describing the frequency of record reviews as outlined in the QM Plan (see Attachment A).</p> <p>The staff were trained on conducting record reviews twice yearly at all clinic sites, for all DSHS funding sources.</p> <p>A record review was completed at all clinic sites, for all DSHS funding sources.</p> <p>The next record review is scheduled to be completed in December at all sites, for all DSHS funding sources.</p>	<p>QA Activity Calendar created – August 1, 2015</p> <p>Staff training completed - August 5, 2015</p> <p>Record reviews completed - September 7, 2015</p> <p>Next scheduled record reviews to be completed - 12/15/2015</p>	<p>The QA Activity calendar will be revised each year.</p> <p>Staff training will be done once a year and more often as needed.</p> <p>The frequency of record reviews will be increased until compliance is achieved. Once compliance is achieved, the frequency of the record reviews will be completed as indicated in the QM Plan (see Attachment B).</p>

Exercise:

What information is missing
from this CAP?



CAP
 ADD CAP
 2nd Add CAP

Corrective Action Plan ABC Contractor July 27-31, 2015

Core
 EPHC
 PHC
 BCCS
 Title V CM
 Title V CD
 Title V PM
 Title V PD
 Family Planning
 WIC Fiscal
 WIC Clinical
 THS
 CSHCN

REVIEW CRITERIA	FINDING	NAME AND TITLE OF PERSON RESPONSIBLE	CORRECTIVE ACTION	TIMEFRAME FOR IMPLEMENTATION	FOLLOW-UP AND MONITORING FOR ONGOING COMPLIANCE
II. Eligibility 2. The record contains evidence that the client was screened for potential eligibility for other programs.	There was no documentation that clients were screened for the Texas Women Health Program (TWHP).		<input checked="" type="checkbox"/> Staff Training <input type="checkbox"/> Policy/Plan Revision <input type="checkbox"/> Modify Process <input type="checkbox"/> System Improvement <input type="checkbox"/> WIC Fiscal Submissions <input type="checkbox"/> Other:	All PHC clients will be screened for TWHP. The records will be kept in the client files.	December 2015 Checked records

Tips

- Assigning the right person to write the CAP
 - The staff responsible for writing the CAP should be familiar with QM processes and procedures.
 - The staff responsible for writing the CAP should be familiar with the areas of noncompliance to ensure an appropriate response.

Tips

- It is recommended that the Contractor brings the applicable QMB Tools to the Exit Conference.
 - The CAP writing process may be easier if the Contractor has a frame of reference.

Tips

- For a combined review of various programs at an agency, the Corrective Action Plans for all programs should be submitted at one time.

Tips

- Define Preventive Measures
 - How can Contractors prevent problems from occurring again? Identifying preventive measures can improve or prevent occurrences of noncompliance.

Tips

- A CAP should be created with realistic timelines and corrective actions.



Tips

- A CAP *may* begin immediately after the on-site monitoring review. A Contractor does not have to wait for the report to begin the corrective action process.



Summary

- Does the CAP answer:
 - Who?
 - What?
 - When?
 - How?





QMB Website

<http://www.dshs.state.tx.us/qmb>

**Great resource for all the tools you need to
conduct a successful review!**

Contact

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Have a
GREAT
Day!

