1. Problem/Issue
We have a variety of care plans being used across the team documenting Home Health Care Monitoring. Our patients have little involvement in care planning. We recognised the need for standardising our approach and evidence supports that actively involving patients in their care plan improves their health outcomes.

2. Aim
100% of new referrals to the Central Case Management Team will have in place a new co-designed Home Health Monitoring Care Plan by June 2018.

3. Actions Taken
An audit tool was designed by the team to gather some baseline data relating to the current Home Health Monitoring Care Plan. (n=10)

A simple questionnaire was developed to engage patients in the process, seek feedback on the current care plan design and the appropriateness of the wording.

Staff also gave their ideas about the content of the care plan.

4. Measures/Outcomes
Compliance with the completion of care plans by staff increased from 28% to 100%
Personalisation of care plans increased from 40% to 100% in 2nd PDSA Cycle

5. Learning Outcomes
Reducing and simplifying language made the care planning more accessible to patients

To promote optimal health and reduce the risk of other health problems developing, through health education and preventative measures

To check your health and keep you safe at home

Engaging the IT System Lead was key to success
Engaging the staff in the design will support sustainability
Next steps include spreading this success to neighbouring teams

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**Audit Compliance**
- Baseline: 28%
- 1st PDSA: 100%
- 2nd PDSA: 100%

**Personalisation of Care Plans**
- Baseline: 40%
- 1st PDSA: 100%
- 2nd PDSA: 100%