

Key Terms

The single shared plan of care addresses several process goals related to redundancies, gaps, conflicts, and interactions of planned interventions and monitoring among other types of issues that are outside the scope of this challenge.

Goals refer to either desired states or actions and have at least the following attributes: the target state or behavior, the time frame by which to evaluate the goal (this may include a non-time delimited chronic goal e.g. "live independently") and the measure and value by which to measure progress.

EXAMPLE: patients' goals often may be functional and/or social e.g. attend my granddaughter's graduation while healthcare provider goals will often be quantitative e.g. lower LDL to < 100 mg/dl

Redundancies involve similar interventions or monitoring actions that *may* not be necessary to achieve a goal.

EXAMPLE: a patient may be on multiple medications to control hypertension

Gaps are omitted interventions or monitoring actions that are necessary to provide an acceptable probability of realizing either clinical goals or Veterans' goals.

EXAMPLE: a patient may have a health condition that is unaddressed e.g. untreated, uncontrolled diabetes

Discrepancies are specifications of the same intervention or monitoring action that may differ in name, frequency or intensity.

EXAMPLE: orders for monitoring of anticoagulation may differ between two providers in the proposed frequency (e.g. 2 days/week vs. 1x/week). Home health referrals may recommend a certain frequency of home health rehab services while the home health providers may recommend a different frequency or duration

Specifications include strength/intensity, method, and frequency of interventions or monitoring interventions.

EXAMPLE: Medications, Nursing plans, Rehab plans should each include specifications for these attributes.

Interactions are positive or negative effects resulting from the combination of two or more points of the care plan.

EXAMPLE: This may include interactions between patient behaviors and medical treatments (e.g. warfarin and diet or anti-hyperglycemics and exercise.) or interactions between treatments that address multiple goals e.g. adequate pain control may allow an individual with osteoarthritis to be more physically active which may in turn lead to improved control of bodyweight.