

PIP Review Tool Statewide PIP

Date: [Click here to enter text.](#)

CCO name: [Click here to enter text.](#)

Primary contact for this quarter: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

Study question:

Standard 8: Improvement Strategies

Using the text boxes, please provide an overview of the interventions in chronological order and address all criteria for each intervention.

Part 1: To be completed prior to intervention implementation

- a. Describe the root cause analysis or quality improvement process used to select the intervention. Please include information on:
- Local data that you analyzed to determine root cause(s)
[Click here to enter text.](#)
 - Root causes or contributing factors to the problem/gap
[Click here to enter text.](#)
 - Stakeholders involved in the decision-making process
[Click here to enter text.](#)
- b. Describe each initial intervention strategy and include the following information for each of the interventions: start dates, staff roles and qualifications, tools or instruments used. (*Modifications made to the intervention over time can be discussed under 8g: Next Steps.*)

[Click here to enter text.](#)

PIP Review Tool

Statewide PIP

- c. Describe how each intervention addresses causes/barriers identified in the root cause analysis and is a system intervention:

[Click here to enter text.](#)

- Are the interventions expected to improve the study indicator because they also
 - are supported by research literature? Yes No
 - have a history of success? Yes No
 - are based on clinical knowledge? Yes No
 - use a methodology that promotes rapid evaluation and modification?
 Yes No
 - Other? Yes No

Please explain: [Click here to enter text.](#)

- d. Cultural and linguistic appropriateness of each intervention:

- Describe how the intervention addresses racial, ethnic, and/or linguistic differences in the study population.

[Click here to enter text.](#)

- Describe how each intervention addresses other cultural considerations such as socioeconomic status, geographic location (urban vs. rural living), literacy status, serious and persistent mental illness, etc.

[Click here to enter text.](#)

- e. Tracking and monitoring plan - Initial
(Results from tracking and monitoring should be documented below in Part 2 for each quarter):

- Study indicator:

- How often do you plan to collect data to track your progress?

[Click here to enter text.](#)

- Intervention implementation:

- If applicable, what qualitative data will you collect (e.g. interviews, focus groups, minutes, etc.) to demonstrate that the intervention(s) will be implemented as planned?

[Click here to enter text.](#)

- If applicable, what quantitative data (e.g., attendance records, surveys, etc.) will you collect to demonstrate that the intervention(s) will be implemented as planned?

[Click here to enter text.](#)

- How often do you plan to collect data related to intervention implementation? [Click here to enter text.](#)

PIP Review Tool Statewide PIP

Part 2: To be reviewed and updated as appropriate each quarter

CCO Name: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Measurement Period: Choose an item.

Contact Name: [Click here to enter text.](#)

e. Tracking and monitoring plan (continued)

Results:

- Study indicator:

- Have you made any changes to the frequency of data collection?

Quarter 1: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 2: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 3: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 4: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

- What are the results for current reporting periods?

(If available please attach run/control charts or other data collection tools.)

Quarter 1:

[Click here to enter text.](#)

Quarter 2:

[Click here to enter text.](#)

Quarter 3:

[Click here to enter text.](#)

Quarter 4:

[Click here to enter text.](#)

PIP Review Tool Statewide PIP

- Intervention implementation:
 - If applicable, have you made any changes in the qualitative data you are collecting (e.g. interviews, focus groups, minutes, etc.) to demonstrate that the intervention(s) has been implemented as planned?

Quarter 1: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 2: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 3: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 4: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

- If applicable, have you made any changes to the quantitative data (e.g., attendance records, surveys, etc.) you are collecting to demonstrate that the intervention(s) has been implemented as planned?

Quarter 1: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 2: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 3: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 4: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

- Have you made any changes to the frequency of data collection related to implementation of the intervention?

Quarter 1: Yes No

PIP Review Tool Statewide PIP

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 2: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 3: Yes No

If yes, please describe changes:

[Click here to enter text.](#)

Quarter 4: Yes No

- What are the results of data analysis related to intervention implementation for each of the reporting periods?

Quarter 1:

[Click here to enter text.](#)

Quarter 2:

[Click here to enter text.](#)

Quarter 3:

[Click here to enter text.](#)

Quarter 4:

[Click here to enter text.](#)

- What is the number or percentage of the study eligible enrollees reached by each intervention?

Quarter 1:

[Click here to enter text.](#)

Quarter 2:

[Click here to enter text.](#)

Quarter 3:

[Click here to enter text.](#)

Quarter 4:

[Click here to enter text.](#)

- f. What are the barriers you encountered during intervention implementation, and how will they be addressed or have they been addressed?

PIP Review Tool Statewide PIP

- Please note if barriers prevented any of the interventions from being implemented as planned:

Quarter 1:

[Click here to enter text.](#)

Quarter 2:

[Click here to enter text.](#)

Quarter 3:

[Click here to enter text.](#)

Quarter 4:

[Click here to enter text.](#)

g. Next steps

- At the end of each reporting period, please describe how interventions will be either:
 - Adapted (continue implementation, but with changes)
 - Adopted (implement on a larger scale or plan for sustainability)
 - Abandoned (discontinue in favor of other interventions)

Quarter 1:

[Click here to enter text.](#)

Quarter 2:

[Click here to enter text.](#)

Quarter 3:

[Click here to enter text.](#)

Quarter 4:

[Click here to enter text.](#)

****Please note: if you determine that you need to implement a new intervention strategy, you should complete Part 1 and Part 2 for the next quarterly submission.***

PIP Review Tool Statewide PIP

Date: [Click here to enter text.](#)

CCO name: [Click here to enter text.](#)

Primary contact for this quarter: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

Study question: [Click here to enter text.](#)

Standard 8: Improvement Strategies

Using the text boxes, please provide an overview of the interventions in chronological order and address all criteria for each intervention.

Part 1: To be completed prior to intervention implementation

- a. Describe the root cause analysis or quality improvement process used to select the interventions. Please include information on:
- Local data that you analyzed to determine root cause(s)
[Click here to enter text.](#)
 - Root causes or contributing factors to the problem/gap
[Click here to enter text.](#)
 - Stakeholders involved in the decision-making process
[Click here to enter text.](#)
- b. Describe each initial intervention strategy and include the following information for each of the interventions: start dates, staff roles and qualifications, tools or instruments used. (*Modifications made to the intervention over time can be discussed under 8g: Next Steps.*)

[Click here to enter text.](#)

PIP Review Tool

Statewide PIP

- c. Describe how each intervention addresses causes/barriers identified in the root cause analysis and is a system intervention:

[Click here to enter text.](#)

- Are the interventions expected to improve the study indicator because they also:
 - are supported by research literature? Yes No
 - have a history of success? Yes No
 - are based on clinical knowledge? Yes No
 - use a methodology that promotes rapid evaluation and modification?
 Yes No
 - Other? Yes No

Please explain: [Click here to enter text.](#)

- d. Cultural and linguistic appropriateness of each intervention:

- Describe how the intervention addresses racial, ethnic, and/or linguistic differences in the study population.

[Click here to enter text.](#)

- Describe how each intervention addresses other cultural considerations such as socioeconomic status, geographic location (urban vs. rural living), literacy status, serious and persistent mental illness, etc.

[Click here to enter text.](#)

- e. Tracking and monitoring plan – Initial

(Results from tracking and monitoring should be documented below in Part 2 for each quarter):

- Study indicator:

- How often do you plan to collect data to track your progress?

[Click here to enter text.](#)

- Intervention implementation:

- If applicable, what qualitative data will you collect (e.g. interviews, focus groups, minutes, etc.) to demonstrate that the intervention(s) will be implemented as planned?

[Click here to enter text.](#)

- If applicable, what quantitative data (e.g., attendance records, surveys, etc.) will you collect to demonstrate that the intervention(s) will be implemented as planned?

[Click here to enter text.](#)

- How often do you plan to collect data related to intervention implementation?

[Click here to enter text.](#)

PIP Review Tool Statewide PIP

**Part 2: To be reviewed and updated as appropriate for each quarter
(please copy template for each quarterly report)**

CCO Name: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Contact Name: [Click here to enter text.](#)

Measurement Period: Choose an item.

Quarter: Choose an item.

e. Tracking and monitoring plan (continued)

Results:

- Study indicator:
 - Have you made any changes to the frequency of data collection?
 Yes No
If yes, please describe changes:
[Click here to enter text.](#)
 - What are the results for the current reporting period?
(If available please attach run/control charts or other data collection tools.)
[Click here to enter text.](#)
- Intervention implementation:
 - If applicable, have you made any changes in the qualitative data you are collecting (e.g. interviews, focus groups, minutes, etc.) to demonstrate that the intervention(s) has been implemented as planned?
 Yes No
If yes, please describe changes:
[Click here to enter text.](#)
 - If applicable, have you made any changes to the quantitative data (e.g., attendance records, surveys, etc.) you are collecting to demonstrate that the intervention(s) has been implemented as planned?
 Yes No
If yes, please describe changes:
[Click here to enter text.](#)
 - Have you made any changes to the frequency of data collection related to implementation of the intervention?
 Yes No
If yes, please describe changes:
[Click here to enter text.](#)

PIP Review Tool Statewide PIP

- What are the results of data analysis related to intervention implementation for the reporting period?
[Click here to enter text.](#)

- What is the number or percentage of the study eligible enrollees reached by each intervention?
[Click here to enter text.](#)

- f. What are the barriers you encountered during intervention implementation, and how will they be addressed or have been addressed?
 - Please note if barriers prevented any of the interventions from being implemented as planned:

[Click here to enter text.](#)

- g. Next steps

- At the end of each reporting period, please describe how interventions will be either:
 - Adapted (continue implementation, but with changes)
 - Adopted (implement on a larger scale or plan for sustainability)
 - Abandoned (discontinue in favor of other interventions)

[Click here to enter text.](#)

****Please note: if you determine that you need to implement a new intervention strategy, you should complete Part 1 and Part 2 for the next quarterly submission.***