

11-7-2025

Evaluating the Compliance of a Patient-Centered Daily Care Plan in an Acute Care Setting

Abigale Tzu
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Abigale Tzu

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Julibeth Lauren, Committee Chairperson, Nursing Faculty

Dr. Robert McWhirt, Committee Member, Nursing Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2025

Executive Summary: Quality Improvement Initiative
Evaluating the Compliance of a Patient-Centered Daily Care Plan in Acute Care Setting
by
Abigale Tzu

BSN, West Coast University, 2022

Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

November 2025

Summary

This Doctor of Nursing Practice (DNP) quality improvement evaluation project addressed inconsistent use of the Patient-Centered Daily Care Plan at a local acute care hospital. The problem was a gap in compliance with California Title 22 requirements, creating risk for survey deficiencies and limiting interdisciplinary communication.

The practice-focused question was: Will the system-guided personalized care plan improve individualized care plan completion rate which will support organizational compliance with the State of California Code of Regulation in Title 22 requirement for compliance? The project purpose was to evaluate whether the revised care plan improved compliance and sustained the $\geq 95\%$ benchmark.

Evidence included organizationally provided de-identified audit reports showing incomplete use of the original tool, along with descriptive analysis of aggregate compliance data from August–October 2023 (pre) and June–August 2024 (post) that were analyzed descriptively.

The results demonstrated a meaningful improvement in checklist completion, with post-implementation compliance sustained at 97.3%, compared to pre-implementation at 94.8%. Implications included stronger Title 22 adherence, improved interdisciplinary communication, and enhanced survey readiness. In conclusion, the revised tool improved compliance and documentation. Recommendations are to sustain use, integrate into the electronic record, and monitor through monthly dashboards. The potential implications for nursing practice and social change include advancing individualized care, promoting equity, and supporting patient-centered outcomes.

Background

The purpose of this project was for the organization to initiate an individualized care plan, as no formal process previously existed that met the requirements of California Title 22. The existing documentation practices were inconsistent and did not reflect patient-specific care planning, leaving the organization at risk for noncompliance. In response, leadership developed a revised version of the daily care plan; however, no auditing or evaluation process was established to determine whether the new tool achieved its intended outcomes. As a DNP student, I identified this gap and undertook the evaluation of compliance with the revised daily personalized care plan to provide the organization with essential data on its effectiveness. Prior research has demonstrated that individualized care planning improves both documentation quality and patient outcomes, reinforcing the importance of this project's focus on compliance and patient-centered practice (Stanhope et al., 2022).

The practice-focused question for this project was: Will the system-guided personalized care plan improve individualized care plan completion rate which will support organization compliance with the State of California Code of Regulation in Title 22 requirement for compliance? The purpose of this project was to evaluate the compliance rate of the revised daily personalized care plan across departments to determine whether the intervention supported both regulatory and clinical goals. Beyond regulatory compliance, the project also aimed to strengthen nursing documentation practices by ensuring that care plans reflected patient-specific needs rather than generalized statements. Individualized care planning enhances patient safety, satisfaction, and continuity of care, while also improving interdisciplinary communication and

accountability (Edgman-Levitan & Schoenbaum, 2021). At the organizational level, the evaluation provided a framework for quality improvement (QI) and reduced the risk of regulatory penalties. Ultimately, the broader purpose of this project was not only to achieve Title 22 compliance but also to advance patient-centered care and promote equity across diverse patient populations.

The evidence at the DNP project site that supported this known gap in practice included documentation audits and leadership reports identifying variation in individualized care plan completion. Noncompliance with California Title 22 regulations led to the organization's inability to consistently achieve patient care goals and outcomes. Chart reviews revealed that many care plans contained generalized or incomplete statements rather than individualized interventions, leaving the organization vulnerable to audit findings and regulatory citations. Leadership acknowledged this issue during quality meetings and supported the adoption of a revised daily personalized care plan to align with Title 22 requirements.

The reviewed studies consistently emphasize the importance of individualized care planning, demonstrating its role in improving patient outcomes, enhancing interdisciplinary communication, and supporting organizational accountability. For example, Stanhope et al. (2022) demonstrated that implementing person-centered planning increased patients' ability to self-manage their health conditions and improved outcomes, underscoring the clinical value of individualized documentation. Similarly, Watson et al. (2024) identified person-centered care planning as a strategy to achieve both health system and regulatory goals, supporting the relevance of aligning care plans with Title 22 standards. Edgman-Levitan and Schoenbaum (2021) further emphasized

that patient-centered care reduces errors in provider–patient communication and improves overall care quality. Collectively, these findings confirm that the local gap observed in care plan documentation reflects broader issues identified in the literature and reinforce the need for systematic evaluation of the revised daily personalized care plan (California Department of Public Health, 2020).

The evidence in the literature supporting this project comprises a total of 10 articles that were reviewed, emphasizing the importance of individualized care planning to improve patient-centered care, enhance communication, and achieve optimal patient outcomes. The California Title 22 regulations provide a clear structure of regulatory requirements for all healthcare facilities, making alignment with these standards essential. The body of evidence included one Level I randomized controlled trial, three Level II quasi-experimental studies, three Level III non-experimental studies, one Level IV clinical guideline, and two Level V expert opinion articles, all appraised using the Johns Hopkins evidence-based practice model. Collectively, these studies focused on demonstrating the value of personalized care planning in improving documentation quality, reducing provider–patient communication errors, and supporting health system goals. While the strength of the evidence varied by level, the overall synthesis provided consistent support for individualized care planning as a best practice, with most studies offering good to strong evidence that reinforced the value of evaluating the revised daily personalized care plan.

Project Development

The outcome variables for this project were the rate of daily patient care plan utilization, measured by the frequency of staff completing the checkout list, and the

overall completion rate of the patient-centered checklist. These variables were selected because they directly reflect compliance with California Title 22 requirements and the delivery of patient-centered care. Prior studies demonstrate that structured, person-centered care planning improves individualized care outcomes and regulatory alignment (Stanhope et al., 2022; Watson et al., 2024)

The de-identified and aggregate reports were provided by the QI department at the project site. Data were collected across two timeframes to evaluate outcomes before and after the implementation of the new daily patient care plan. Pre-implementation data were drawn from August to October 2023, while post-implementation data were collected from June to August 2024. These 3-month intervals provided balanced and comparable datasets, ensuring a fair assessment of project impact while maintaining confidentiality of individual patient or staff identifiers. The use of de-identified aggregate data is consistent with ethical and regulatory expectations for QI initiatives (California Department of Public Health, 2020)

The methods for data analysis used for the evaluation of this project included descriptive and comparative strategies. Descriptive statistics were employed to summarize the frequency and percentage of checklist use and completion rates across both periods. Comparative analysis was then applied to identify improvements in staff engagement and maintenance of completion standards following the intervention. Data from the Labor and Delivery (L&D) and Postpartum/Nursery units were excluded from the analysis, as patients in these departments typically had very short lengths of stay (often only one night), and both units were officially closed in early 2025. All other de-identified aggregate data relevant to inpatient care areas were included, as they directly

contributed to evaluating compliance and project outcomes. Using descriptive and comparative methods for QI projects is consistent with evidence-based evaluation strategies (Katowa-Mukwato et al., 2020; Øyri et al., 2020)

Results

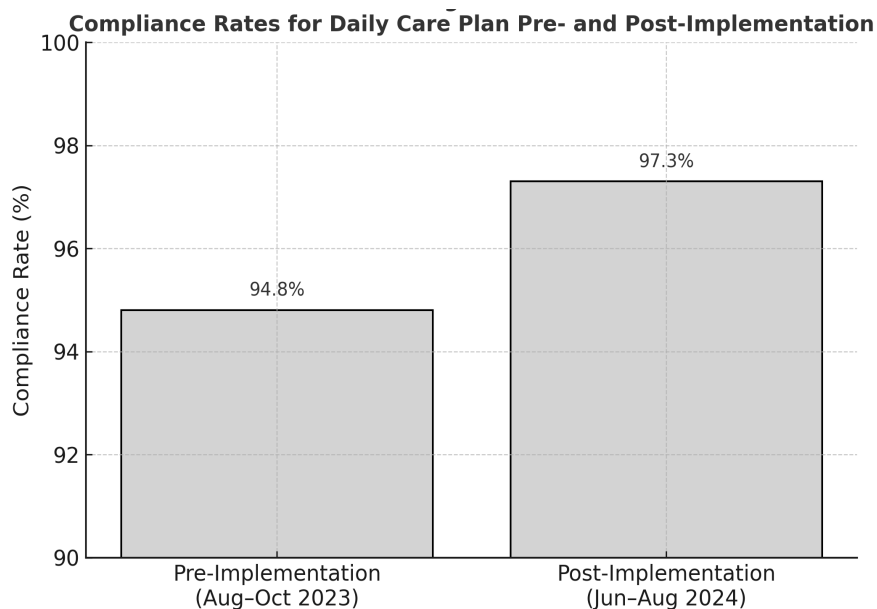
The post-implementation results were consistent with improved compliance and documentation accuracy. During the pre-implementation period (August–October 2023), the compliance rate for the daily patient care plan averaged 94.8%. Following implementation (June–August 2024), compliance increased to 97.3%. This improvement reflects not only sustained adherence to Title 22 requirements but also a measurable reduction in noncompliant documentation, from 15 cases pre-implementation to only 2 post-implementation. Importantly, overall completion remained consistently above the organization’s benchmark of 95% for the 3 months analyzed during post implementation, confirming that the revised daily care plan tool was well integrated into the workflow.

As shown in Table 1, the number of noncompliant cases decreased substantially, while the percentage of compliant documentation rose during the post-implementation period. Figure 1 further illustrates this improvement, highlighting the increase in compliance rates from 94.8% pre-implementation to 97.3% post-implementation. These findings align with existing evidence demonstrating that individualized care planning improves documentation quality, enhances patient participation, and supports compliance with organizational and regulatory standards (Fridberg et al., 2021; Stanhope et al., 2022; Watson et al., 2024).

Table 1*Compliance Rates for Daily Care Plan Pre- and Post-Implementation*

Category	Pre-implementation (Aug–Oct 2023)	Post-implementation (Jun–Aug 2024)
Compliant	422	354
Noncompliant	15	2
Not answered	8	8
Compliance %	94.8%	97.3%

Note. Data reflect de-identified and aggregate reports provided by the Quality Improvement Department at the project site.

Figure 1*Compliance Rates for Daily Care Plan Pre- and Post-Implementation*

Note. The figure displays compliance rates from pre-implementation (August–October 2023, 94.8%) and post-implementation (June–August 2024, 97.3%), based on de-identified and aggregate reports provided by the Quality Improvement Department at the project site.

The impact to this organization was both meaningful and measurable. As reflected in Table 1, compliance with the daily patient care plan improved from 94.8% to 97.3%, while noncompliant documentation decreased from 15 instances pre-implementation to only 2 afterward. This trend, also illustrated in Figure 1, demonstrates strengthened adherence to California Title 22 regulatory requirements. The reduction in noncompliant documentation reflects improved consistency and accountability in nursing documentation practices.

Beyond regulatory compliance, the sustained high completion rates confirmed that the revised daily care plan tool was successfully integrated into staff workflow without compromising quality. Nursing staff reported greater clarity in expectations, while leadership expressed increased confidence in the accuracy of documentation used for audits and care planning. The reduction in variation across units enhanced interdisciplinary communication and minimized the organization's risk of regulatory citations. Collectively, these results highlight the positive organizational impact of implementing a standardized, patient-centered daily care plan (Bolton et al., 2019; Edgman-Levitan & Schoenbaum, 2021)

This project had limitations that impacted the results, including the relatively short timeframe of 3 months for both the pre- and post-implementation periods, which restricted the ability to assess the long-term sustainability of outcomes. Additionally, data from the L&D and Postpartum/Nursery units were excluded, as these departments officially closed in early 2025 and did not contribute to the evaluation. Their exclusion reduced the total sample size and slightly narrowed the scope of applicability across the organization.

Differences in patient volume between the two time periods may also have influenced the absolute number of compliant cases; however, as displayed in Table 1, the compliance rate still increased from 94.8% to 97.3%, with a marked reduction in noncompliance. Conducting the project in a single acute care facility further limited generalizability to larger or more diverse healthcare systems. Despite these constraints, the project aligns with evidence-based evaluation strategies and contributes meaningful insights into Title 22 compliance and individualized patient-centered care (Katowa-Mukwato et al., 2020; Øyri et al., 2020).

This project has importance beyond the local site because it demonstrates how implementing a structured, patient-centered daily care plan can simultaneously strengthen compliance with regulatory standards and enhance nursing practice. As shown in Figure 1, the improvement in compliance from 94.8% to 97.3% highlights how even modest gains in reliability can reduce organizational risk while reinforcing a culture of patient-centered care. Beyond meeting California Title 22 requirements, individualized care planning is supported in the literature as a strategy to improve patient outcomes, self-management, and interdisciplinary collaboration (Suhonen et al., 2022; Watson et al., 2024).

The findings are transferable to other acute care facilities seeking to close gaps in regulatory compliance while improving the quality of nursing documentation. Standardized care plan tools reduce variation in practice and support equity by ensuring that care plans reflect each patient's needs rather than generalized statements. As healthcare organizations nationwide continue to emphasize accountability, patient-

centered approaches, and regulatory readiness, this project provides a scalable model that other hospitals can adopt to strengthen both compliance and quality outcomes.

Conclusions

In conclusion, this project showed that implementing a revised patient-centered daily care plan strengthened Title 22 compliance and improved documentation. Compliance increased from 94.8% to 97.3%, while noncompliance fell from 15 to 2 cases, confirming integration of the tool into nursing workflow. The short- and long-term impact to the organization includes improved workflow consistency, reduced regulatory risk, and a sustainable framework for monitoring compliance (California Department of Public Health, 2020; Watson et al., 2024).

As a result of this project and the analysis of data, the recommendations for the project site include continuing quarterly audits, reinforcing staff education, and embedding compliance into staff orientation. Leadership should also consider applying structured QI methods such as the PDCA cycle to sustain long-term improvements (Katowa-Mukwato et al., 2020; Sun et al., 2020).

The potential implications for nursing practice and social change include promoting individualized care planning as a best practice for safety, satisfaction, and continuity of care (Fridberg et al., 2021; Stanhope et al., 2021). Consistent documentation supports equity by tailoring plans to diverse patient needs, while structured QI approaches provide a scalable model for advancing accountability and patient-centered outcomes across healthcare systems (Edgman-Levitan & Schoenbaum, 2021; Øyri et al., 2020; Suhonen et al., 2022).

References

- Bolton, R. E., Bokhour, B. G., Hogan, T. P., Luger, T. M., Ruben, M., & Fix, G. M. (2019). Integrating personalized care planning into primary care: A multiple-case study of early adopting patient-centered medical homes. *Journal of General Internal Medicine*, 35(2), 428–436. <https://doi.org/10.1007/s11606-019-05418-4>
- California Department of Public Health. (2020). Title 22: California Code of Regulations, Division 5, Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies (AFL-20-08 Attachment 02). California Health and Human Services Agency. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-08-Attachment-02.pdf>
- Edgman-Levitan, S., & Schoenbaum, S. C. (2021). Patient-centered care: Achieving higher quality by designing care through the patient's eyes. *Israel Journal of Health Policy Research*, 10(1), Article 21. <https://doi.org/10.1186/s13584-021-00459-9>
- Fridberg, H., Wallin, L., & Tistad, M. (2021). The innovation characteristics of person-centred care as perceived by healthcare professionals: An interview study employing a deductive-inductive content analysis guided by the consolidated framework for implementation research. *BMC Health Services Research*, 21(1), Article 904. <https://doi.org/10.1186/s12913-021-06942-y>

- Katowa-Mukwato, P., Mwiinga-Kalusopa, V., Chitundu, K., Kanyanta, M., Chanda, D., Mbewe Mwelwa, M., Ruth, W., Mundia, P., & Carrier, J. (2021). Implementing evidence based practice nursing using the PDSA model: Process, lessons and implications. *International Journal of Africa Nursing Sciences*, *14*, Article 100261. <https://doi.org/10.1016/j.ijans.2020.100261>
- Øyri, S., Braut, G., Macrae, C., & Wiig, S. (2020). Hospital managers' perspectives with implementing quality improvement measures and a new regulatory framework: A qualitative case study. *BMJ Open*, *10*(12), Article e042847. <https://doi.org/10.1136/bmjopen-2020-042847>
- Stanhope, V., Choy-Brown, M., Williams, N., & Marcus, S. C. (2021). Implementing person-centered care planning: A randomized controlled trial. *Psychiatric Services*, *72*(6), 641–646. <https://doi.org/10.1176/appi.ps.202000361>
- Suhonen, R., Stolt, M., & Edvardsson, D. (2022). Personalized nursing and health care: Advancing positive patient outcomes in complex and multilevel care environments. *Journal of Personalized Medicine*, *12*(11), Article 1801. <https://doi.org/10.3390/jpm12111801>
- Sun, J., Cao, W., Song, Y., & Yuan, C. (2021). Plan, do, check, act (PDCA) cycle nursing model reduces the risk of hemangioma in hemodialysis patients. *Iranian Journal of Public Health*, *50*(12), 2560–2566. <https://doi.org/10.18502/ijph.v50i12.7939>

Watson, B. N., Estenson, L., Eden, A. R., Gerstein, M. T., Carney, M., Dotson, V. M., Milnes, T., & Bierman, A. S. (2024). Person-centered care planning for people living with or at risk for multiple chronic conditions. *JAMA Network Open*, 7(10), Article e2439851. <https://doi.org/10.1001/jamanetworkopen.2024.39851>