

**Plan of Action for Continuous Quality Improvement**  
**Organization Name and Provider #**

QUALITY IMPROVEMENT TEAM MEMBERS

- |                  |    |    |
|------------------|----|----|
| 1. (Facilitator) | 4. | 7. |
| 2.               | 5. | 8. |
| 3.               | 6. | 9. |

Outcome Report Date \_\_\_\_\_ Plan of Action Date \_\_\_\_\_

1. **Quality Measure Addressed by Plan of Action:**
2. **Action Plan for (circle one):** a. Creating change      b. Sustaining and reinforcing
3. **Identified Problem or Strength:**
4. **Care Behaviors or Processes Selected as Best Practices (Prioritized):**
  - a.
  - b.
  - (etc., as needed)
5. **Intervention Actions (Prioritized):**

Action	Time Frame		Responsible Person(s)	Monitoring Approaches (and Frequency)
	Start	Finish		
a.				
b.				
c.				
.				
.				
.				

6. **Evaluation:**

<ol style="list-style-type: none"> <li>a. <b>Review of Plan:</b>  Date:  Responsible Person(s):  Results:</li> <li>c. <b>Monitoring Activities:</b> <ol style="list-style-type: none"> <li>(1) <b>Activity:</b>  Date Completed:  Finding:  Response:</li> <li>.</li> <li>.</li> <li>.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>b. <b>Next Outcome Report:</b>  Date:  Result:  Next Step(s):</li> <li>(2) <b>Activity:</b>  Date Completed:  Finding:  Response:</li> <li>.</li> <li>.</li> <li>.</li> </ol>
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