



Action Plan—Guidance

Use this form to develop your quality improvement plan. Clarification for each component is provided below and a blank template.

ORGANIZATION NAME							
Action Plan for PROJECT Initiated DATE–Updated DATE							
Goal Statement:		<p>Clearly state the aim/goal that you are trying to accomplish.</p> <p>The aim should be SMART:</p> <ul style="list-style-type: none"> • Specific • Measurable • Attainable • Relevant • Time-Bound 					
ITEM	ROOT CAUSE	PLAN	RESPONSIBILITY	DATE DUE/COMPLETED	MEASUREMENT PLAN	STATUS	RESULTS/LESSONS LEARNED
Identify key areas for improvement.	Identify the root cause of the problem (findings of the root cause analysis [RCA]). The root cause is the factor that when fixed prevents the problem from re-occurring.	Identify plan for accomplishing the improvement in each area identified for change.	Identify project leader and/or team. Make sure to include individuals that directly work in the area that is under improvement. Assign clear responsibilities to each team member.	Set deadlines. Identify when completed. Due (D) Completed (C) D—xx/xx/xx C—xx/xx/xx	Describe the plan to collect information to evaluate the results and to monitor progress.	Describe the status of progress over time	Plan-do-study-act (PDSA) <ul style="list-style-type: none"> • Record what you have learned. • What has worked/not worked? • Identify changes you would make to your project plan and plans you have moving forward. • Identify potentials to spread good practices across your organization.

Portions of this material were originally developed by Ohio KEPRO and was adapted by Health Services Advisory Group (HSAG), a Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. XS-HQIC-XT-07162021-01

Action Plan—Example

Quality Care Practice of Your Town

Action Plan for Aspirin Therapy Initiated 9/01/19—Updated 10/22/19

Goal Statement:	To improve the heart health of our patients by increasing awareness of appropriate low-dose aspirin therapy, with 90% of high-risk patients receiving education by the end of CY 2019.						
ITEM	ROOT CAUSE	PLAN	RESPONSIBILITY	DATE DUE/COMPLETED	MEASUREMENT PLAN	STATUS	RESULTS/LESSONS LEARNED
Staff Education	Lack of familiarity with current guidelines	<ol style="list-style-type: none"> Conduct front-line staff education Conduct competency assessment 	<ul style="list-style-type: none"> Dr. Hauser All frontline staff 	<ol style="list-style-type: none"> D—11/01/19 C—10/10/19 D—11/15/19 C—10/31/19 	<ul style="list-style-type: none"> 100% staff attendance 100% on assessment 	Complete	100% of front-line staff received training and achieved score of 100% on competency assessment (3 on second attempt).
Patient Education: EMR/systems	No aspirin education in system	<ol style="list-style-type: none"> Add education to EMR Implement chart audits to verify (through 2012) 	Mary	<ol style="list-style-type: none"> D—11/01/19 C—10/29/19 D—12/31/19 	Audit charts monthly to see if education has been given from EMR: target 100% compliance	EMR updates complete	Dr. Jones has problems accessing the internet to get patient education on aspirin. We will provide materials at check out and make sure it is tracked for Meaningful Use.
Patient Education: Office reminders	Incomplete understanding of aspirin therapy	<ol style="list-style-type: none"> Obtain materials and MD approval Display patient posters 	<ul style="list-style-type: none"> Robin/ Dr. Hauser Jennifer 	<ol style="list-style-type: none"> D—11/01/19 C—10/10/19 D—11/15/19 C—10/31/19 	1 poster in each high-traffic area	Complete	HSAG posters displayed in waiting area and examination rooms.

Action Plan

Action Plan for _____
Initiated ___/___/___ - Updated ___/___/___

Goal Statement: _____

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