# 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:** | | *Clearly state the aim/goal that you are trying to accomplish.*  *The aim should be SMART:*   * *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)*   * *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 | | | | | | | |
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| **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 | 1. Conduct front-line staff education 2. Conduct competency assessment | * Dr. Hauser * All frontline staff | 1. D—11/01/19 C—10/10/19 2. D—11/15/19  C—10/31/19 | * 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 | 1. Add education to EMR 2. Implement chart audits to verify (through 2012) | Mary | 1. D—11/01/19 C—10/29/19 2. 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 | 1. Obtain materials and MD approval 2. Display patient posters | * Robin/  Dr. Hauser * Jennifer | 1. D—11/01/19 C—10/10/19 2. 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

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| **Action Plan for \_\_\_\_\_\_\_\_\_ Initiated \_\_/\_\_/\_\_ – Updated \_\_/\_\_/\_\_** | | | | | | | |
| **Goal Statement:** | |  | | | | | |
| **ITEM** | **ROOT CAUSE** | **PLAN** | **RESPONSIBILITY** | **DATE DUE/COMPLETED** | **MEASUREMENT PLAN** | **STATUS** | **RESULTS/LESSONS LEARNED** |
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