Sample Quality Improvement Project Action Plan

Name of Agency/Clinic/Program: _____ Date Form Completed/Updated:_____

Goal #1: _____ Date Begun:_____

Goal #2: _____Date Begun:_____

Objectives: _____

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Intervention	Intended Outcome	Individual(s) Responsible	Resources Required	Start Date	End Date	Measurement of Success
Sample Intervention: Flag charts of positive cases to ensure that providers are aware of the quality concern at the point of contact. Admin Asst (overseen by Director) will pull charts of all positive cases, flag them w/ labels and re-file them. Director will inform staff in weekly meeting of what the labels mean. Director will use weekly productivity statistics to determine the number of clinical reviews conducted for current month vs. previous 2 months.	To increase the number of clinical reviews conducted.	• Clinic Director • Administrative Assistant	For 80 positive cases: • 3 hours of Admin Asst's time to pull, flag and re-file charts. • 2 sheets of 50 labels. • 3 hours of Director's time: 1 to supervise Admin Asst and spot-check charts, and 2 to compile and analyze data to evaluate success.	12/26/10	12/31/10 (for flagging charts) 1/31/11 (for assessin g effective-ness)	1) All positive cases are flagged (per Admin Asst. self-report and Clinic Director spot-check of flagged charts). 2) Number of clinical reviews per month increases by >10% in January vs. prior 2 months (per Director's analysis of weekly productivity stats).