

Plan of Action Worksheet

Agency Name: _____ Provider #: _____ Contact Name: _____

Quality Improvement Team Members

1. (facilitator)	3.	5.	7.
2.	4.	6.	8.

Outcome Report Date _____ <small>(end date on the OBQI Report)</small>	Plan of Action Date _____ <small>(date of first intervention action)</small>	Target Outcome Selection Date _____ <small>(date target outcome was chosen)</small>
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<p>1. Target Outcome: _____</p> <p><i>1a. Current</i> _____% <small>(from OBQI Outcome Report)</small></p> <p><i>1b. Prior Year</i> _____% <small>(from OBQI Outcome Report)</small></p> <p><i>1c. Nat'l Reference</i> _____% <small>(from OBQI Outcome Report)</small></p> <p><i>1d. Agency Goal</i> _____% <small>(to be achieved over the next 12 months)</small></p>	<p>2. Plan of Action for (circle one):</p> <p style="padding-left: 20px;"><i>a. Remediation (Improvement), OR b. Reinforcement</i></p> <p>2c. Should Be Done List Date Completed: _____ <small>(date list is finalized)</small></p> <p>2d. Process of Care Audit Date Completed: _____ <small>(date audits tallied)</small></p>
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3. Problem or Strength Statements:
Identified Problem(s) (for Improvement) or
Strengths(s) (for Reinforcement): _____

4. Best Clinical Practices (prioritized): (Best Clinical Practices are conducted for or with clients to help them improve on outcomes.) _____

Date problem or strength statement was finalized: _____ Date best clinical practices were finalized: _____