

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 _____ (end date on the OBQI Report)	Plan of Action Date _____ (date of first intervention action)	Target Outcome Selection Date _____ (date target outcome was chosen)
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1. Target Outcome: _____ <i>1a. Current</i> _____% (from OBQI Outcome Report) <i>1b. Prior Year</i> _____% (from OBQI Outcome Report) <i>1c. Nat'l Reference</i> _____% (from OBQI Outcome Report) <i>1d. Agency Goal</i> _____% (to be achieved over the next 12 months)	2. Plan of Action for (circle one): <i>a. Remediation (Improvement), OR b. Reinforcement</i> <i>2c. Should Be Done List Date Completed:</i> _____ (date list is finalized) <i>2d. Process of Care Audit Date Completed:</i> _____ (date audits tallied)
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3. Problem or Strength Statements: <u>Identified Problem(s) (for Improvement) or</u> <u>Strengths(s) (for Reinforcement):</u>
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4. Best Clinical Practices (prioritized): (Best Clinical Practices are conducted for or with clients to help them improve on outcomes.) _____
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Date problem or strength statement was finalized: _____ Date best clinical practices were finalized: _____