# Quality Improvement Plan (QIP)

## Facility Name:

## CCN (if nursing home):

## SMART Goal:

## Problem Statement:

## Date Plan Drafted:

## Date Plan Updated:

In the table below, describe planned action steps for completing each improvement activity and when each will be done. In **Date** column, enter date due or expected date of completion. If date is not determined yet, enter TBD. Indicate type of date: D = due date, C = date activity was completed, TBD = date has not been determined yet.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Briefly Describe Action Steps to Complete Activity | Data/Measure *(NA if not applicable)* | Date *(indicate type of date: D=date due, C=date completed, TBD=no date determined yet)* |
| Quality Improvement Committee (QA or QAA) input and guidance  |  |  |  |
| Identify involved policies and procedures |  |  |  |
| Anticipated improvement meeting frequency and duration |  |  |  |
| Improvement team members |  |  |  |
| Selected tools and resources |  |  |  |
| Root cause analysis (RCA) (including how root causes will be prioritized and each improved) |  |  |  |
| Anticipated outcome measures and/or process measures |  |  |  |
| Change ideas/ interventions for each root cause listed above |  |  |  |
| Plan-Do-Study-Act (PDSA) Action steps and dates to begin testing each change idea/intervention listed above |  |  |  |
| Initiate monitoring (how, who, when, etc.) |  |  |  |
| Monitoring report analysist (how, who, when, etc.) |  |  |  |
| Sustainment plan (How will change become normal practice?)  |  |  |  |