

Quality Improvement Plan: Template (Provider: Replace “Template” with your organization’s name) - Data Driven Review

PROVIDER DEMOGRAPHICS

Provider Name			
Provider Address			
Target Area			
Plan start date (month, day and year)		Plan end date	
Lead Contact			
Goal (State as the end result the provider wishes to achieve based on a successful design and implementation of a Quality Improvement Plan)			

PROVIDER METRICS

Current Level of Performance: *Identify the current level of performance for the targeted area.*

- Based on . . .

Benchmarks: *List as many metrics as necessary to measure and track progress toward goal.*

- By . . .
- By . . .
- By . . .

IDENTIFIED ROOT CAUSES

List the root causes your organization identified through the root cause analysis work.

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<p><u>Overall Provider Improvement Activities</u> <i>Enter the Overall Provider Improvement Activity in this box. An Overall Provider Improvement Activity should be broad in scope. Use the subsequent lines to list all steps for completing the Overall Provider Improvement Activity. (A separate Overall Provider Improvement Activity template should be used for each activity.)</i></p>	<p><u>Lead Person</u> <i>List the name of the lead person responsible.</i></p>	<p><u>Timelines</u> <i>Indicate start and end dates for the full activity and for each step.</i></p>	<p><u>Evidence</u> <i>List possible ways for verifying the activity took place.</i></p>	<p><u>Resources/ Materials Needed</u> <i>List any specific resources needed in order to complete the activity.</i></p>
Overall Provider Improvement Activity:				

For assistance, please contact:
 Naomi Brimer at 219-738-9930, select #2 and dial extension #3100, or email naomi.brimer@fssa.in.gov

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