

PROVIDER DEMOGRAPHICS

Provider Name			
Provider Address			
Target Area			
Plan start date (month, day and year)		Plan end date	
Lead Contact			
Goal (State the end result the provider wishes to achieve based on a successful design and implementation of a Quality Improvement Plan. The goal should take into consideration all factors involved that will affect achieving the goal.)			

PROVIDER METRICS

Current Level of Performance: *Identify the current level of performance for the targeted area. This should include how the level of performance is currently being measured and the data source utilized.*

Current Level of Performance	How Level of Performance is currently being measured	Data Source
Based on . . .		
Based on . . .		
Based on . . .		

Benchmarks: *List as many metrics as necessary to measure and track progress toward goal. Include the data source and indicate how you will calculate the metric.*

Benchmark	Data Source	How the metric will be calculated
By . . .		
By . . .		
By . . .		

IDENTIFIED ROOT CAUSES

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

-
-
-
-
-

Quality Improvement Plan: *The Quality Improvement Plan should be broad in scope and correlate to the root cause being addressed. The action step/activities should outline how your organization will complete the quality improvement plan including the lead person, timeline, evidence to verify the step/activity took place, and any resources/materials that are needed to accomplish the step/activity.*

Quality Improvement Plan #1:

Root Cause Addressed with this Quality Improvement Plan:

<u>Action Steps/Activities</u> <i>Enter the Action Steps/Activities in the boxes below for completing the Quality Improvement Plan. (A separate Quality Improvement Plan should be used for each initiative.)</i>	<u>Lead Person</u> <i>List the name of the lead person responsible.</i>	<u>Timelines</u> <i>Indicate start and end dates for the full activity and for each step.</i>	<u>Evidence</u> <i>List possible ways for verifying the activity took place.</i>	<u>Resources/ Materials Needed</u> <i>List any specific resources needed in order to complete the activity.</i>
Action Steps/Activities	Lead Person	Timeline	Evidence	Resources/Materials Needed
1.				
2.				
3.				
4.				
5.				
6.				
7.				

For assistance, please contact your DDR Specialist at 260-449-5455 or email: DataDrivenReview@fssa.in.gov

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Quality Improvement Plan #2:

Root Cause Addressed with this Quality Improvement Plan:

<p><u>Action Steps/Activities</u> <i>Enter the Action Steps/Activities in the boxes below for completing the Quality Improvement Plan. (A separate Quality Improvement Plan should be used for each initiative.)</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>
Action Steps/Activities	Lead Person	Timeline	Evidence	Resources/Materials Needed
1.				
2.				
3.				
4.				
5.				
6.				
7.				

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Quality Improvement Plan #3:

Root Cause Addressed with this Quality Improvement Plan:

<p>Action Steps/Activities <i>Enter the Action Steps/Activities in the boxes below for completing the Quality Improvement Plan. (A separate Quality Improvement Plan should be used for each initiative.)</i></p>	<p>Lead Person <i>List the name of the lead person responsible.</i></p>	<p>Timelines <i>Indicate start and end dates for the full activity and for each step.</i></p>	<p>Evidence <i>List possible ways for verifying the activity took place.</i></p>	<p>Resources/ Materials Needed <i>List any specific resources needed in order to complete the activity.</i></p>
Action Steps/Activities	Lead Person	Timeline	Evidence	Resources/Materials Needed
1.				
2.				
3.				
4.				
5.				
6.				
7.				

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Quality Improvement Plan #4:

Root Cause Addressed with this Quality Improvement Plan:

<p>Action Steps/Activities <i>Enter the Action Steps/Activities in the boxes below for completing the Quality Improvement Plan. (A separate Quality Improvement Plan should be used for each initiative.)</i></p>	<p>Lead Person <i>List the name of the lead person responsible.</i></p>	<p>Timelines <i>Indicate start and end dates for the full activity and for each step.</i></p>	<p>Evidence <i>List possible ways for verifying the activity took place.</i></p>	<p>Resources/ Materials Needed <i>List any specific resources needed in order to complete the activity.</i></p>
Action Steps/Activities	Lead Person	Timeline	Evidence	Resources/Materials Needed
1.				
2.				
3.				
4.				
5.				
6.				
7.				

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Quality Improvement Plan #5:

Root Cause Addressed with this Quality Improvement Plan:

<p>Action Steps/Activities <i>Enter the Action Steps/Activities in the boxes below for completing the Quality Improvement Plan. (A separate Quality Improvement Plan should be used for each initiative.)</i></p>	<p>Lead Person <i>List the name of the lead person responsible.</i></p>	<p>Timelines <i>Indicate start and end dates for the full activity and for each step.</i></p>	<p>Evidence <i>List possible ways for verifying the activity took place.</i></p>	<p>Resources/ Materials Needed <i>List any specific resources needed in order to complete the activity.</i></p>
Action Steps/Activities	Lead Person	Timeline	Evidence	Resources/Materials Needed
1.				
2.				
3.				
4.				
5.				
6.				
7.				