**Performance Improvement Action Plan**

Topic/Project:

Date:

| **Action (delete row if n/a)** | **Responsible group member(s)** | **Date to be completed** | **Follow up** |
| --- | --- | --- | --- |
| New policy(s) or policy changes: |  |  |  |
| Standing orders: |  |  |  |
| EHR changes: |  |  |  |
| Checklists: |  |  |  |
| Equipment needs: |  |  |  |
| Communication tools: |  |  |  |
| Patient education: |  |  |  |
| Staff education: |  |  |  |
| Kick off plan: |  |  |  |
| Celebration plan: |  |  |  |
|  |  |  |  |