**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: |   |   |   |
|   |   |   |   |