



**Quality Improvement
Organizations**

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

QUALITY IMPROVEMENT PLAN

Antipsychotic Medications

This quality improvement (QI) plan provides a sample report to help you improve your facility's medication review process. Please use this as a guide to meet your facility's QI challenges, to lead you through your own root cause analysis and to develop a QI plan specific to your facility's needs.



QUALITY IMPROVEMENT PLAN

Facility Name _____

Designated Contact Name _____

Title _____

Email _____ Phone _____

Team Lead _____ Title _____

Additional Team Members

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Date of completion of this QI plan: _____

Provide a description of the concern or problem that was identified.

Perform a Root Cause Analysis (RCA) to look into the issue to see why it happened. For a common approach to performing a RCA, use the 5 Whys Tool (page 3), the Fishbone Diagram (page 4) or other RCA tool that you prefer.

Depending on your quality opportunity, one or the other might suffice. Typically, you would not use two different RCA tools; therefore, select the tool that best matches the extent of the issue you are striving to solve, identifies all of the root causes and assists you in developing appropriate interventions. Describe your findings.

Describe your plan for sustainability. You should build into your plan how you will continue the improvement efforts after completion of your QI plan.

Clearly state the goal you are trying to accomplish _____

Date QI plan will begin _____ Facility Name _____

Area Needing Improvement	Planned Action/ Intervention	Staff responsible	Date Due	Measurement and Monitoring Plan (Describe how you will collect data to evaluate the results and monitor progress.)	Status and date complete	Results and Lessons Learned
Area needing improvement ONE						
Area needing improvement TWO						

Clearly state the goal you are trying to accomplish _____

Date QI plan will begin _____ Facility Name _____

Area Needing Improvement	Planned Action/ Intervention	Staff responsible	Date Due	Measurement and Monitoring Plan (Describe how you will collect data to evaluate the results and monitor progress.)	Status and date complete	Results and Lessons Learned
Area needing improvement THREE						
Area needing improvement FOUR						

Facility Name _____

Date QI plan will begin _____

OUTCOMES TRACKING TABLE									
Measure Description	Goal	Baseline	Date	Date	Date	Date	Date	Date	Comments

Facility Name _____

Date QI plan will begin _____

QUALITY IMPROVEMENT EDUCATIONAL ACTIVITIES					
QI Measure Concern Identified	Activity	Training Topic	Training Completion Date	Staff	Attendance List (Y/N)