# Facility Action Plan Template

The purpose of this tool is to support quality improvement efforts by identifying opportunities for improvement, strategies, and steps to accomplish the work. In order to implement activities identified, goals and objectives should be specific, measurable, achievable, realistic, and time oriented toward successfully implementing an improvement plan.

To complete the template, think of an activity to complete. For example, you may want to better understand the safety culture at your facility. Prior to developing an action plan that outlines the steps to take to assess staff and resident perceptions of the safety culture. Therefore, you will want to identify challenges you might encounter when assessing safety culture and high-level strategies to successfully complete the activity. Next, identify what results you want to achieve – that is, what success looks like. Finally, you can begin filling in the table with specific steps to take. Use this tool to monitor progress toward executing your plan and make adjustments when necessary.

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| --- | --- | --- | --- | --- |
| **Activity:** |   |   |   |   |
| **Challenges identified:**  |   |   |   |   |
| **Consider:** |   |
| **What does success look like?** |   |   |   |   |
|  |  |  |  |  |   |
| **Steps** | **How will this happen?**[Be specific and include important steps to make the idea/activity happen.] | **Who will make this happen?** [Be specific for each task.] | **How do I know to move to next step and by when?[**What does success look like? How will you track your progress?] | **What other information do I need to make this happen?** | **Tools or resources to use** |
| 1 |  |  |  |  |   |
| 2 |  |  |  |  |   |
| 3 |  |  |  |  |   |
| 4 |  |  |  |  |  |
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| --- | --- |
| **Activity:** | Implement cultural intervention of T.E.A.M.S. component that focuses on: **Assess What's Working** |
| **Challenges identified:**  | Hospital sending resident to long-term care facility with an indwelling urinary catheter when not medically necessary; providers maintaining status quo despite education on evidence-based practices; how to measure and improve safety culture to influence practice change |
| **Consider:** | Administering Nursing Home Survey on Patient Safety to all staff; engaging facility’s Human Resources (HR) Department to orient staff on safety culture; determining next steps once survey results come back for quality improvement efforts |
| **What does success look like?** | The Nursing Home Survey on Patient Safety is administered to all staff annually, and progress is evident. |
|  |  |  |  |  |   |
| **Steps** | **How will this happen?**[Be specific and include important steps to make the idea/activity happen.] | **Who will make this happen?** [Be specific for each task.] | **How do I know to move to next step and by when?[**What does success look like? How will you track your progress?] | **What other information do I need to make this happen?** | **Tools or resources to use** |
| 1 | Obtain buy-in from leadership/executive team by sharing the success of the project. | Facility team lead | Meeting with senior leadership held and they agree to support an annual safety culture survey of all staff by 09/30/17. | Baseline and followup safety culture survey results and a summary of activities conducted and strategies implemented to affect culture change. | Nursing Home Survey on Patient Safety and promotional materials |
| 2 | Promote and discuss survey in advance of annual dissemination at monthly all staff meeting, in team huddles. | Senior leadership Charge nurses on all shifts | Documentation of survey promotion and discussion during meetings, and all staff sign log stating they received fact sheet and flier by 01/01/18. | See above | Copies of flier and fact sheet, staff log sheet |
| 3 | Include Nursing Home Survey on Patient Safety fact sheet in orientation materials for new staff. | Facility team leadAdministratorHR directorIT director | By 10/15/17 share success of project with administrator, who will explain to HR director importance of survey to (1) monitor staff perceptions on safety, and (2) identify strengths and opportunities for improvement. Fact sheet included in orientation materials for staff. New staff educated on survey to understand its purpose. | Identification of what team has done to communicate and share survey results with staff, and an understanding of what benefits occurred as a result of implementing plan to improve safety culture. | Survey sent to all staff electronically.Shortcut to survey added to all workstation computers.Hard copies of surveys provided to all staff on all shifts with anonymous dropbox location.Hyperlink to Nursing Home Survey on Patient Safety. |

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**Example**