

# Improving Outcomes for an Aging Population: Alzheimer's Treatment in Long Term Care

## SAMPLE ACTION PLAN TEMPLATE

This template may be modified when developing the QI action plan

### Example:

Quality improvements	Key success factors	Barriers	Action steps	Responsible parties	Resources needed	Timeline/ benchmarks	Follow Up: Did you implement this goal as outlined?
<p>Goal: To screen all residents with dementia/AD yearly for changes in cognitive impairment</p>	<p>Yearly document-ation on patient chart of a CI screen as well as the results</p>	<ul style="list-style-type: none"> <li>• Time</li> <li>• Qualified/ trained staff</li> <li>• Uncooper-ative residents</li> </ul>	<ul style="list-style-type: none"> <li>• Decide which screen to use</li> <li>• How many residents should be screened weekly?</li> <li>• Which floors get screened when?</li> <li>• When is the best time of day to screen?</li> </ul>	<ul style="list-style-type: none"> <li>• Staff that will be conduct- ing the screens include:               <ul style="list-style-type: none"> <li>• Person 1</li> <li>• Person 2</li> <li>• Person 3</li> <li>• Person 4</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Printouts of the mini cog (other screening tests) that staff can use when screening residents</li> <li>• Pencils</li> </ul>	<ul style="list-style-type: none"> <li>• One year</li> <li>• Assess progress on a weekly basis for the first 3 mos.</li> <li>• If satisfied move to monthly progress updates</li> </ul>	<p>Y</p> <p>Comments:</p>

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Goal 1:							Y / N Comments:
Goal 2:							Y / N Comments:
Goal 3:							Y / N Comments:

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Please answer the following questions based on your completed Action Plan.

1. Please list up to three barriers that may have prevented achievement of the goal(s). This might be the same as or different than the anticipated barriers initially identified: \_\_\_\_\_

\_\_\_\_\_

2. Please identify two key practice, process and/or outcomes changes that resulted from this activity: \_\_\_\_\_

\_\_\_\_\_

3. General Comments: \_\_\_\_\_

\_\_\_\_\_

## Reflection Questions

1. Did your facility meet the Initial Performance Goals previously outlined? **Y / N**

2. Can you still achieve higher performance in these measures? **Y / N**

3. If performance at your facility did not improve based on the identified performance measures, is there an explanation as to why not? (this might include system factors, outside barriers, etc) \_\_\_\_\_

\_\_\_\_\_

4. What additional changes might be implemented to further improvement? \_\_\_\_\_

\_\_\_\_\_