| Date Decided (dd-mm-yyyy) | Person Responsible: | Deadline for Action (dd/mm/yyyy)  | Status Update: |
| --- | --- | --- | --- |
| [Click on field and type to insert text] | [Click on field and type to insert text] | [Click on field and type to insert text] | [Click on field and type to insert text] |
|  |  |  |  |

| **Question** | **Your Answer** |
| --- | --- |
| **Which quality statement is this action plan for?**  | [Click on field and type to insert text] |
| **Does this statement apply to your organization? (yes/no)** | [Click on field and type to insert text] |
| **What are we doing now?** | [Click on field and type to insert text] |
| **What are the gaps between current practice and the quality statement?** | [Click on field and type to insert text] |
| **What is the behavioural practice that needs to change?** | [Click on field and type to insert text] |
| **Whose behaviour needs to change?** | [Click on field and type to insert text] |
| **What are the barriers/facilitators to change?** | [Click on field and type to insert text] |
| **Has the statement been prioritized for quality improvement? If so, how? (e.g. QIP)** | [Click on field and type to insert text] |
| **What intervention/s can address the barrier and/or enhance the facilitators?** | [Click on field and type to insert text] |