| 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] |