**Facility name:** **Date last updated:**

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| **Action Plan for the AHRQ Surveys on Patient Safety Culture** |
| **1. Identifying Areas to Improve** |
| **1a. What areas do you want to focus on for improvement?** |
|  |
| **1b. What are your “SMART” goals?** |
|  |
| **Notes or Comments** |
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**Facility name:** **Date last updated:**

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| **Action Plan for the AHRQ Surveys on Patient Safety Culture (continued)** | |
| **2. Planning Your Improvement Initiative** | |
| **2a. What initiative will you implement?** | |
|  | |
| **2b. What resources will you need?** | |
| **Types of staff and required time and estimated costs:** | |
| **Supplies, materials, equipment, and other resources needed and estimated costs:** | |
| **2c. What are possible barriers and how can you overcome them?** | |
| **Barriers** | **Strategies for Overcoming Barriers** |
| 1. | 1. |
| 2. | 2. |

**Facility name: Date last updated:**

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| **Action Plan for the AHRQ Surveys on Patient Safety Culture (continued)** | | | |
| **2. Planning Your Improvement Initiative (continued)** | | | |
| **2d. How will you measure progress and success?** | | | |
| **Process Measures** |  | | |
| **Outcome Measures** |  | | |
| **2e. Will you pilot test the initiative?** | | | |
| **PDSA Plan:** | | | |
| **Area within the facility where pilot test will be done:** | | | |
| **2f. What is the timeline?** | | | |
| **Task/Milestone** | | **Start Date** | **End Date** |
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**Facility name: Date last updated:**

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| **Action Plan for the AHRQ Surveys on Patient Safety Culture (continued)** |
| **3. Communicating Your Action Plan** |
| **3a. How will you share your action plan?** |
| **Whom action plan will be shared with:** |
| **Communication methods:** |
| **3b. How will you provide progress updates on your action plan?** |
| **Whom progress updates will be provided to:** |
| **How often progress updates will be provided:** |
| **Notes or Comments** |
|  |