Continuous Quality Improvement (CQI) Action Plan

Washington State Department of Social & Health Services

Transforming lives

Plan Purpose:

Date: Next Action Plan Review Date:

Specific, Measurable, Attainable, Relevant and Time Framed = SMART

WHAT PROMPTED THIS ACTION PLAN?	
WORK GROUP LEAD / AREA ADMINISTRATOR'S NAME	WORKGROUP / OFFICE
ONGOING GROUP MEMBERS	CONTRIBUTING STAKEHOLDERS (NAME AND ROLE / AGENCY; NOT ONGOING GROUP MEMBERS
LIST SOURCES OF DATA REVIEWED	RELATED POLICIES / STRATEGIES

Use tab key in the last column to create additional rows within a goal.

Goal:

ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED

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