

## Wound Care PARTICIPANT ACTION PLAN

Organ	ization / Facility Name:	Facility Zip			
Team	Member Name	Team Member Role / Title	Team Member Email Address		
By the	<ol> <li>Decide on a measureable of 2. Identify the core members a project.</li> <li>Decide what care processes 4. Establish a timeline for company of the core of the</li></ol>		champion this quality improvement		
1.	SETTING OUR GOAL (Make it a measureable target) Our primary goal is to:				
2.	FORMING OUR TEAM The members of our start-up team will be:				
	A				
	Names for a Champion and Co-Champion				
3.	RESOURCES WE WILL NEED Resources we will need to get started in our facility				

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4.	SETTING OUR TIMELINE We will start on (approximate date)				
	Top 3 barriers to address for t	this plan to advance			
	<u>1.                                    </u>				
	2.				
	3.				
	ACTIONS we will take to address these barriers, including timeline expectations  1.				
	2.				
	3.				
5)	PLANS FOR TRAINING AND C	DRIENTATION			
6)	PLANS FOR MAKING CONTACT WITH OUR LOCAL HOSPITAL(S) and other SNFs to improve integration of WOUND care across the setting of Care.  Our plans to contact our local hospital and SNFs will include:				
	☐ Medical Director	☐ ER Director	☐ Chief Hospitalist		
	<ul><li>Hospital Director of Case Management</li></ul>	☐ Hospital PI Department	☐ Director of Critical Care/ICU		
	☐ Consultant Pharmacist	☐ Hospital Pharmacists	☐ Home Health Agencies		
7)	IDENTIFY MEANINGFUL MEA	SURES OF CURRENT PERFORM	IANCE		
8)	PLANS FOR EVALUATING TH	E EFFECTIVENESS OF THE INTI	FRVENTION(S)		
Ο,	T EARLO FOR EVALUATING TH	E ELL EGITVENEGG GI THE INTE			
8)	OTHER THOUGHTS. CONCER	RNS WE WANT TO KEEP ON THE	TABLE		
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