

Action Plan

A one-page action plan that turns improvement intent into named actions, owners, and dates. Designed to be visible, light, and actually used.

QUALITY IMPROVEMENT

Once the team has decided on a focus area and the changes they want to test, a simple action plan turns intent into named actions, owners, and dates. This template is deliberately one page of structure: enough to coordinate, light enough to actually use.

What makes an action plan land

Named owners <i>not "the team"</i>	Every action has one named person responsible. "The reception team will..." usually means no one does. "Sarah will..." usually means Sarah will.
Specific dates <i>not "this quarter"</i>	Real dates create real accountability. "By 30 May" is much harder to drift past than "later this quarter".
Small first steps <i>not big bangs</i>	Break larger changes into actions that can be completed in a week or two. Momentum matters more than scope on early actions.
Visible to the team <i>not in a folder</i>	Print the plan and pin it. Or keep it in a shared file the team actually opens. An action plan in someone's inbox is not an action plan.

TIP

Aim for 4–8 actions per cycle, not 25. Long action lists become impossible to track and end up being ignored. Better to do 5 things well and add more later.

Worked example

EXAMPLE — REFUGEE PATIENT IDENTIFICATION FOCUS, 6-WEEK CYCLE

ACTION	OWNER	BY WHEN	STATUS
Update new patient form to include preferred language, interpreter need, country of birth, year of arrival	Sarah (PM)	20 May	Done
Agree local coding convention for refugee status (BP custom field, ethnicity, or note tag)	Cong (clinical)	22 May	Done
Update reception team script to ask language and interpreter need at registration	Mel (reception lead)	27 May	In progress
Run BP search for patients with non-English language; review 20 records to confirm coding	Sarah (PM)	3 June	Pending
Brief whole team at Wednesday huddle, walk through new workflow	Sarah (PM)	5 June	Pending
Two-week check-in to review what's working and adjust	Whole team	19 June	Pending
End-of-cycle review of 10 new records and 10 existing records, document findings	Cong & Sarah	30 June	Pending

Blank action plan

FILL IN WITH YOUR TEAM

PRACTICE NAME

CYCLE DATES

FOCUS AREA OR CHANGE BEING TESTED

One sentence. What is the team working on this cycle?

GOAL (LINK TO AIM STATEMENT)

If you've completed Appendix 01, paste the AIM statement here.

ACTIONS

ACTION	OWNER	BY WHEN	STATUS

REVIEW CHECKPOINTS

MID-CYCLE CHECK-IN

END-OF-CYCLE REVIEW

WHAT WILL TELL US THIS WORKED

Reference your measures from Appendix 09. Two or three is enough.

THINGS TO WATCH (BALANCING MEASURES)

What might get worse as a side effect of these changes?

A NOTE ON MOMENTUM

Action plans drift when no one checks in. Build the mid-cycle review into a regular meeting (the team huddle in **Appendix 10** works well). Even a 5-minute look at the plan is enough to keep the actions visible and adjustable.

NEXT STEP

At the end of the cycle, do a brief review. What worked? What didn't? What's the next focus? Record findings in **Appendix 09 (Monthly Snapshot Template)** and use **Appendix 07 (MFI & PDSA Template)** for the next round of structured improvement.