

Health Center Action Plan

Section 1: General Information

- **Date of Plan Creation:** _____
- **Plan Created By:** _____
- **Title/Role:** _____
- **Department/Area:** _____

Section 2: Issue/Problem Statement

- **Description of Issue/Problem:**

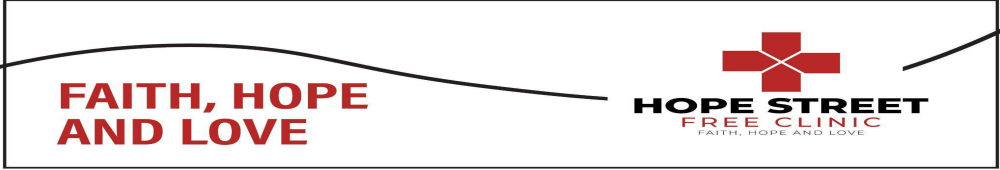
- **Impact of Issue/Problem:**

- **Root Cause Analysis:**

Section 3: Goals and Objectives

- **Primary Goal:**

- **Specific Objectives:**
 1. _____
 2. _____
 3. _____



Section 4: Action Steps

| Action Step | Responsible Person(s) | Resources Needed | Notes |
|-------------|-----------------------|------------------|-------|
|-------------|-----------------------|------------------|-------|

Section 5: Monitoring and Evaluation

- **Monitoring Plan:**

- **Evaluation Criteria:**

Section 6: Review and Adjustments

- **Review Dates:**
 - First Review: _____
 - Second Review: _____
 - Third Review: _____
- **Adjustments Made:**

Section 7: Sign-Off

- **Prepared By:**
 - Name: _____
 - Title: _____
 - Signature: _____
 - Date: _____

**FAITH, HOPE
AND LOVE**



- **Reviewed By:**
 - Name: _____
 - Title: _____
 - Signature: _____
 - Date: _____
 - **Approved By:**
 - Name: _____
 - Title: _____
 - Signature: _____
 - Date: _____
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Instructions:

1. **General Information:** Fill in the date, creator's name, role, and department.
2. **Issue/Problem Statement:** Describe the issue, its impact, and the root cause analysis.
3. **Goals and Objectives:** State the primary goal and list specific objectives to achieve this goal.
4. **Action Steps:** Detail each action step, assign responsible persons, identify resources needed, and set timelines. Track the status and note any relevant information.
5. **Monitoring and Evaluation:** Develop a monitoring plan and define evaluation criteria to measure the success of the action plan.
6. **Review and Adjustments:** Schedule regular review dates to assess progress and make necessary adjustments.
7. **Sign-Off:** Obtain signatures from the preparer, reviewer, and approver to formalize the plan.