Governor’s Award of Excellence

# Intervention Plan – Improving Diabetes Management: Physician Offices (Track 1/Track 2)

## Instructions: This template is for your team to document interventions and monitor your progress as you work toward your Governor’s Award of Excellence. Please complete the form below quarterly.

**Practice/hospital/nursing home name:** Click here to enter text.

**Practice TIN or hospital CCN:** Click here to enter text.

**Date**: Click here to enter a date.

**Measure/improvement topic**: Click here to enter text.

**Baseline rate**: Click here to enter text.

**Data source**: Click here to enter text.

**Current rate and time period**: Click here to enter text. **Target goal rate**: Click here to enter text.

**Team members:**

*Name Position*

Click here to enter text.  Click here to enter text.

Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text.

Click here to enter text.Click here to enter text.

**Describe improvement desired**: Click here to enter text.

**Provide details for each intervention below. List both qualitative and quantitative information for the intervention whenever possible.**

**Intervention description #1:** Click here to enter text.

**Barrier(s):** Click here to enter text.

**Root cause:** Click here to enter text.

**Target population:** Click here to enter text.

**Setting(s):** Click here to enter text.

**Date implemented:** Click here to enter text.

**Date ended (if applicable):** Click here to enter text.

**Date modified/ terminated including rationale (if applicable):** Click here to enter text.

**Metrics (process/outcome) description (define the denominator and numerator):** Click here to enter text.

**Intervention description #2:** Click here to enter text.

**Barrier(s):** Click here to enter text.

**Root cause:** Click here to enter text.

**Target population:** Click here to enter text.

**Setting(s):** Click here to enter text.

**Date implemented:** Click here to enter text.

**Date ended (if applicable):** Click here to enter text.

**Date modified/ terminated including rationale (if applicable):** Click here to enter text.

**Metrics (process/outcome) description (define the denominator and numerator):** Click here to enter text.

**Current results and next steps (as appropriate):** Click here to enter text.

**Describe satisfaction from improvement made:** Click here to enter text.

**Additional comments/general notes**: Click here to enter text.