Governor’s Award of Excellence

# Intervention Plan – Increasing Adult Immunizations

## 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 name:** Click here to enter text.

**Practice TIN:** Click here to enter text.

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

**Measure/improvement topic**: *Adult Immunizations*

**Current number of core elements implemented:** Click here to enter text.

**Time period**: Click here to enter text.

**Target goal**: To be defined by provider office, but no less than 10% relative improvement rate

**Team members:**

*Name Role*

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 focus for this time period**: Click here to enter text.

Provide details for each intervention below. List both qualitative and quantitative information for the intervention whenever possible. Examples of interventions include, but are not limited to, implementing standing orders, training front desk staff in scheduling, and assessing adult vaccines using MCIR.

**Intervention #1:**

**Plan of action for implementing core element:** Click here to enter text.

**Target population:** 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.

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

**Root cause of barrier(s):** Click here to enter text.

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

**Intervention #2:**

**Plan of action for implementing core element:** Click here to enter text.

**Target population:** 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.

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

**Root cause of barrier(s):** Click here to enter text.

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

Add additional interventions as needed. Complete all fields for each additional intervention.

**Intervention #3:**

**Plan of action for implementing core element:** Click here to enter text.

**Target population:** 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.

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

**Root cause of barrier(s):** Click here to enter text.

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

**Describe impact on office culture/operations from improvement made:** Click here to enter text.

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