

NAME OF PERSON COMPLETING SUBMISSION:

DATE:

QIP#

TITLE:

**PROVIDER NAME:** 

**CONTACT INFORMATION:** 

Effective: September 2002

Revised: June 2007

Reviewed: May 2009 Revision #2 – December 2011 Revised – August 2022

## QUALITY IMPROVEMENT PLAN (QIP) SUBMISSION

Please provide an Opportunity Statement:					
5					
Please describe the most likely cause of problem analyzed in the table below:					
Intervention/Action Plan	Responsible Person/Department	Expected Completion Date			

**Proprietary** 

Attachment QL-5A3

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## QUALITY IMPROVEMENT PLAN (QIP) SUBMISSION

	<b>Indicators</b>	/Goals	to	<b>Evaluate</b>	Improvement:
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**Target Goal:** 

Effective: September 2002 Revised: June 2007 Reviewed: May 2009 Revision #2 – December 2011

Revised – August 2022