Template for Quality Improvement Plan

(To be completed based on findings from CAMHS Operational Guideline - Self-Assessment Survey)

Title of Self-Assessment Survey:	
Date of QIP:	
CAMHS Team:	
Printed names/signatures of identified person(s) responsible for actions:	

Area identified for improvement	Appropriate Intervention/s	Actions Required including relevant resources	Timeframe for completion	Identified Person/s responsible for actions	Evidence of completion (how progress will be measured)	Review Date/s (when progress will be measured)	Outcome/s following review

