

**AHP Continuous Quality Improvement
Incentive Application**

Practice Name:

Date:

**Name of Individual
Completing Application:**

Arcadia measure selected for Improvement:

Reason for selecting this measure:

Baseline Start date:

Baseline end date:

Baseline performance rate (% or #):

Goal:

Please describe the actions that were taken to improve and work towards the goal. Provide dates that actions were initiated.

Remeasure performance
Start date:

End date:

Rate (% or #):

Please assess the impact of actions taken and describe the improvement achieved:

Please return this application and any supporting documentation to Renée Sutton at renee.sutton@ahpnetwork.com.