

# Pain Management Quality Improvement Workplan (Final)

Name(s): \_\_\_\_\_ Organization: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

Elements of Pain QI Program	Institutional Strengths in Developing Program Elements	Institutional Weaknesses in Developing Program Elements	Potential Strategies/Actions to Implement Program Elements	Responsible Person(s)	Target Completion Date

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Initial(s) \_\_\_\_\_ Date: \_\_\_\_\_

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