Network 14
ICH CAHPS QIA Timeline

ACTIVITY	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Submit Patient Survey Starter Kit Inventory Sheet by fax	2/7/17							
Attend Introductory Project Webinar	2/10/17							
Complete Facility-Level Root Cause Analysis		3/27/17						
Distribute survey to 1/8 patients	X	X	X	X	X	X	X	X
Return completed surveys to Network through UPS mail		3/1/17 (Feb surveys)	4/3/17 (Mar surveys)	5/1/17 (Apr surveys)	6/1/17 (May surveys)	7/3/17 (Jun surveys)	8/1/17 (Jul surveys)	9/1/17 (Aug surveys) 9/28/17 (Sep surveys)
Recruit FPR(s) if needed	X	X	X					
Hold Home Therapies Discussion Group(s) with FPR(s) and other patients				X				
Submit Sign-in sheet(s) and Discussion Group Summary Forms					6/7/17			
Implement Facility Specific Intervention					X	X		
Submit Facility Intervention Description Form						7/31/17		
Attend Project Wrap-Up Webinar; Complete Project Evaluation							8/30/17	
Complete Sustainability Plan								9/13/17