

RHP 4 | Coastal Bend Region

Improve Access to Care Workgroup | Quarterly Report Form

Reporting Period:

Contact Information	
Provider Organization:	
Primary Contact:	Email:
Goals	
Goal(s): <ul style="list-style-type: none">•	
Plan	
Plan for Implementation and Achievement: <ul style="list-style-type: none">•	
Do	
Actions Taken: <ul style="list-style-type: none">•	
Study	
Review and Evaluate: <ul style="list-style-type: none">• <i>Progress Towards Goal(s):</i><ul style="list-style-type: none">○• <i>Challenges:</i><ul style="list-style-type: none">○	
Act	
Next Steps: <ul style="list-style-type: none">•	
Collaborate	
Share Successes and/or Request Assistance <ul style="list-style-type: none">•	