Wound management self-assessment tool

## Action plan template

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No.​ | Action​category​ | Objective or recommendation​ | By whom​ or action owner ​ | By when or deadline for action​ | Expected improvement / success measure​ | Evidence progress  / completion ​ |
| 1​ |  |  |  |  |  | ​ |
|  |  |  |  | ​ |
|  |  |  |  | ​ |
|  |  |  |  | ​ |
| 2​ |  |  |  |  |  | ​ |
| 3​ |  |  |  |  |  |  |

To access all resources related to the Wound management self-assessment program, visit:   
<https://aci.health.nsw.gov.au/statewide-programs/lbvc/chronic-wound-management/self-assessment>