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| **Project Year 1**: Complete top portion of form (plan, blue) to describe your plan for the coming year.  **Project Year 2**: The following year, complete the bottom portion of the form (summary, grey) to describe progress made over the preceding year. This portion is left blank when initially submitted. | |
| **Hospital Name:** |  |
| **Year:** | |
| **QI Project Focus:** | □ Relates to an underperforming measure identified on the performance snapshot report |
| **QI Project Team Lead:** |  |
| *Additional staff involved:* |
| **QI Project Physician Support:** |  |
| **Baseline Numeric Data and Project Selection Rationale:** | |
| **Plan for Implementation:** | |
| **Actions Taken/Changes Implemented (provide supporting or developed materials, if applicable):** | |
| **Current Status/Results/Improvement (include numeric data and source of data):** | |
| **Opportunities for Additional Improvement or Maintenance/Next Steps:** | |