

Area of Opportunity Form

As a part of XXXX Hospital's continuing Performance Improvement Program, we are always looking for areas of opportunity for improvement. If you have any ideas on how to improve a process, we would like to hear what it is. We value your ideas and appreciate you taking the time and effort to contact us.

Date: _____ Employee Name: _____ Dept: _____

How can we reach you? Best time: _____ Place: _____ Phone: _____ ext: _____

What is your idea for improvement? _____

How will this make things better? _____

Do you have any suggestions how this might work? _____

Supervisor/Manager comments: _____

Please send: ORIGINAL to Quality/Risk Department
COPY to your Supervisor / Manager / Director

Need more information? Call ext. XXXX

PERFORMANCE IMPROVEMENT PRITORIZATION GRID

High Risk	High Volume	Problem Prone	Important to Mission	Customer Satisfaction	Staff Satisfaction	Clinical Outcome	Safety	Regulatory Requirement	TOTAL SCORE

Scoring: 0 = no effect; 1 = weak effect; 2 = some effects; 3 = strong effect; 4 = very strong effect; 5 = potentially life threatening
 Grid is used to evaluate and prioritize proposed performance improvement projects

RECOMME NDATIONS:

Multidisciplinary? Y N	Departmental? Y N	PRIORITY: High (30-above)
Team Needed ? Y N		Med (15 – 29) Low (5-14)
Assign team coach ? Y N	Reasonable Time Frame?	Include Other Departments? Y N

PROPOSED TEAM MEMBERS (Who is familiar with this process?)

NAME	DEPARTMENT

QUALITY MANAGEMENT COMMITTEE COMMENTS:

Recommendations:

Referred to:

Date: