

## 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

