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| **Improvement Initiative Planning Form** | |
| Name: |  |
| Role: |  |
| Date of submission: |  |
| Multidiscipline Team Members: |  |
| Improvement Initiative Title: |  |
| Division: |  |
|  | |
| Opportunity Statement (Topic/ issue that you would like to improve) | |
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| Aim Statement (How good do you want it to be and by when?) | |
|  | |
| Why is it necessary to make this improvement? | |
|  | |
| Measures (How will you know that your change is an improvement?) | |
| Outcome Measure: | |
| Process Measures: | |
| Balancing Measures | |
| What changes can you make that will lead to the desired improvement? (Use Driver Diagram to help identify them and then list the changes to test below) | |
|  | |
| What Risks and barriers are there to the success of this improvement initiative and how will you manage them? | |
| Risks: | |
| Barriers: | |