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| **Project Title:****KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE-JEDDAH****Quality Management Department**(Performance Improvement Project Completion Form) |
|  |
| **Department /Unit:**  |
|  |
| **Methodology:**  |
| □ FOCUS-PDCA □ LEAN □ FMEA □ Other |
| **Description of the area for improvement:**(This should include data to support the need for starting the project) |
|  |
| **Goal(s):**(Must be measurable) |
|  |
| **What has been done?**(Interventions put in place that have contributed to the improvement) |
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| --- | --- | --- |
| Project’s Start Date | Project’s End Date | Project’s Duration in (Days) |
|  |  |  |

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| **Results:**(The results should include data before and after the project with graphs to show if there has been any improvements). |
|  |
| **Goal(s) Achieved:** |
| [ ]  Completely [ ]  Partially [ ]  Not achieved, (Please explain) |
| **Benefits:** |
| [ ]  Contained or reduced cost of operation. [ ]  Improved cycle time.[ ]  Improved productivity. [ ]  Increased customer satisfaction.[ ]  Improved work processes. [ ]  Other? Specify: |
| **Team Members:** | **Department** |
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| **Approved by:**(Head/ Chairman/ Director of initiating department) | **Signature:** | **Date:** |
| **For Quality Management use only:** |
| **Related Quality Committee:** [ ]  NPQMC [ ]  Medical QMC [ ]  Managerial QMC [ ]  AHQMC [ ]  Other? Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **QMD Acknowledgment:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** |

 Thank you for taking the time to complete this form

###  *Submit completed form to QM Department MBC J-19*