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| **Intervention** **Title:** |  |

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| **Lead Name:** |  | **Date:** |  |

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| **Step** **1.** **What** **are** **you** **trying** **to** **achieve?**  |
| **Current practice****Current Problem / situation in two words** | **Targeted Practice****Enter target practice** |
| Click or tap here to enter text. | Click or tap here to enter text.  |

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| **1. What will the improvement increase or decrease?**  |
| Click or tap here to enter text. |
| **2. Group or population improvement will affect?** |
| Click or tap here to enter text. |
| **3. Baseline (From what) and goal (To what)? (Optional)** |
| Click or tap here to enter text. |
| **4. Time frame Written as date (by when & sustain for how long)?** |
|  Click or tap here to enter text. |

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| **Step** **2.** **Classify** **the** **root** **cause** **(reason)** **of** **the** **gap** **using** **5** **whys**: |
| **What is the: Problem/issue/ Pain** point? | Click or tap here to enter text. |
| **Why?**  | Click or tap here to enter text. |
| **Why?**  | Click or tap here to enter text. |
| **Why?**  | Click or tap here to enter text. |
| **Why?**  | Click or tap here to enter text. |
| **Root cause** **Why?**  | Click or tap here to enter text. |
|  | Click or tap here to enter text. |

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| **Step** **3.** **Choose** **the** **solution** **to** **solve** **the** **most** **common** **reason/** **cause:** |
| **Actions****List all actions taken to solve the problem (one action per bullet)** | **Involved Person****List the assigned person for each action** | **Time Frame****List the estimated time frame for each action** |
| 1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.
6. Click or tap here to enter text.
 | 1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.
6. Click or tap here to enter text.
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5. Click or tap here to enter text.
6. Click or tap here to enter text.
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| **Step** **4.** **List** **the** **lessons** **learned** **and** **the** **standard** **work** **to** **prevent** **reoccurrence:** |
| **Lessons Learned****List the impact of this improvement and how it might affect other sections /units/departments** | **Standard Work****Education and monitor any incident or complaint related to** |
| 1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.
6. Click or tap here to enter text.
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**Note:** Upon completion, please share the form with your Quality Coordinator/ Designee.

For more information contact Quality Management Department

**Thank you**