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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) | | | |
|  | | | |
| |  |  |  | | --- | --- | --- | | Project’s Start Date | Project’s End Date | Project’s Duration in (Days) | |  |  |  | | | | |
| **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*