

## QUALITY IMPROVEMENT PROCESS IDEA FORM

Everyone at Hardin County General Hospital works together as a team to continuously improve the processes that affect our patients. We appreciate your suggestions for process improvements. Please complete this form and forward to the QI Coordinator. Your suggestion will be reviewed and will be addressed. You may receive a direct response regarding the status of this suggestion by including your name on the process idea form.

Opportunity for improvement identified through:

\_\_\_\_\_ Risk Management/Infection Control

\_\_\_\_\_ Incident Reporting

\_\_\_\_\_ Staff Concerns

\_\_\_\_\_ Patient Surveys

\_\_\_\_\_ Other/specify below:

\_\_\_\_\_ Monitoring and Evaluation

What needs to Improve or Change?

Name (Optional): \_\_\_\_\_ Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

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