

Project #



Children's
Hospital

Idea Card:

Ideas / To Do / Doing / Completed

Date: _____ Your name: _____

Issue: _____

Improvement idea: _____

Expected benefit: _____

Who needs to be involved with the change? _____

How will the project be measured?: _____

Are patients and families directly affected? YES NO

Project owner: _____ Team members: _____

Status updates (Date: notes): _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Outcome: _____

Outcomes measured?: YES NO Completion date: _____

Wall of fame document created?

COMPLETE TOP PORTION