**Coffey Health System**

**Quality Improvement Quick PIP Form**

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| **Department:** | **Date:** | **Location:** |
| **Identified Opportunity for Performance Improvement (PI):**  |
| **Decision/Action:** | **Who:** | **When:** |
| **Measure of Success:*** Add to Departmental QA Calendar
 |
| **Notification of Action/Change:** *(photocopy or email copies to)** All department employees
* Department Manager
* Stacy Augustyn, Chief Quality and Compliance Officer
* Other:
* Other:
* Other:
 |
| **Management Acknowledgement** :*Signature/Date* |