**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* | | | |