

“Just Do It”

Department: _____ Date: _____

Aspect of Care or Service: _____

Topic (Specific Activity Under Action): _____

Employee Name: _____

Those activities that belong on a “Just Do It Form” are those activities that can be done immediately and require no monitoring or coaching to assist in employees in adopting a new behavior and warrant no monitoring to assure desired outcomes (examples – Painting yellow lines on curbs so people see them and don’t fall, repairing broken floor tiles, changing out old mattresses to increase patient comfort, reducing noise level at nurses’ station at night by replacing a piece of noisy equipment.)

<input type="checkbox"/>	bring today’s level of performance into compliance	<input type="checkbox"/>	team member identified opportunity for immediate quality improvement (suggestion from employee, physician or outside party)
<input type="checkbox"/>	allows for immediate patient satisfaction enhancement	<input type="checkbox"/>	other: _____ _____
<input type="checkbox"/>	immediate remedy to enhance patient or employee safety	<input type="checkbox"/>	

Current Level of Performance:
Immediate Change Made to System:
New and Improved Performance or Outcome Achieved: