

Infection Monitoring Initiative Hopi Healthcare Center Implementation Plan

These questions are designed to assist with the implementation process for your Infection Monitoring Initiative. They should all be thoroughly discussed and agreed upon by the QI team and officially approved by the Executive Leadership member of the team. Individual items should also be discussed with any other parties involved outside of the team. There may be additional questions unique to your hospital that you will want to consider prior to implementation.

	Implementation Questions	Response	Target Date
1.	Who is the member of Executive Leadership that will officially approve the Team Charter, and when?	Acting CEO	
2.	Who will be the Executive Champion for this initiative who will lead the development and execution of the Implementation Plan?	Nicole Damgaard	
3.	Who is the primary physician champion for this initiative?	Dr. R. Karra	
4.	Who will be involved in the developing the Implementation Plan?	The HHCC team	
5.	Who will be the Process Owner for this process change that will track performance; get feedback and input on progress and barriers; inform the members of the QI team; document any plans to redesign your processes or systems; and document changes in the process flow?	IP	
6.	Is the Process Owner experienced in developing process flow charts and if not, how will that skill be developed?	Yes/ QA Director will help	
7.	How will all the people involved in making the targeted process successful learn about their individual responsibilities?	E-mail	
8.	How will the Board of Directors be informed about the initiative?(Tip: Use message from CEO)	Letter written waiting for approval and signature.	
9.	How will the medical staff learn of the initiative? (Tip: message from CEO)	Thru Dr. Karra and CEO letter when signed.	
10.	How will the hospital staff learn of the initiative? (Tip: Use message from CEO)	CEO letter	
11.	Who on the hospital staff needs to know the details about the new process and how it will be tested and how will they find out? (Tip: Use process flow chart)	Will go to the Nursing staff meetings and show them the flow chart. Also Dr. Karra will inform Med. Staff.	
12.	Who on the hospital staff or medical staff has	QA Director/PDSA	

	the greatest knowledge of proven methods for managing change and improving performance; and which method is it for? (i.e., Baldrige, Six Sigma, FOCUS PDSA Model, etc.)		
13.	How will the Process Owner document any plans to redesign your processes or systems? (i.e., process flow charts, PDSA forms, meeting minutes)	PSDA, flow charts, and meeting minutes.	
14.	Who will lead the development of your Data Monitoring Plan?	(Refer to your Data Monitoring Plan) IP	
15.	On what measures will you initially focus your attention?	#'s of positive cultures sent to county/state.	
16.	Who will develop your Data Collection Tool?	IP/QA director	