

Infection Monitoring Initiative Southeast Arizona Medical 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?	Brian Bickel, CEO	May 7, 2010
2.	Who will be the Executive Champion for this initiative who will lead the development and execution of the Implementation Plan?	Beth Spalsbury, ICP	July 2, 2010
3.	Who is the primary physician champion for this initiative?	Dr. C. Spooner	May 7, 2010
4.	Who will be involved in the developing the Implementation Plan?	Infection Control Committee	May 7, 2010
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?	Beth Spalsbury, ICP	July 2, 2010
6.	Is the Process Owner experienced in developing process flow charts and if not, how will that skill be developed?	Yes	N/A
7.	How will all the people involved in making the targeted process successful learn about their individual responsibilities?	Team Meetings	June 3, 2010
8.	How will the Board of Directors be informed about the initiative?(Tip: Use message from CEO)	Message from CEO at Quality Council Meetings	Monthly Meetings
9.	How will the medical staff learn of the initiative? (Tip: message from CEO)	Message from CEO at Medical Staff Meetings	Monthly Meetings
10.	How will the hospital staff learn of the initiative? (Tip: Use message from CEO)	Message from CEO	
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)	Laboratory, HIM, Acute Care, Surgery, Emergency Department, Medical Staff, PI/QA,	Members of ICC
12.	Who on the hospital staff or medical staff has	CEO	

	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)	Meeting minutes, IC spreadsheet, data tool forms amended as needed	July 2, 2010
14.	Who will lead the development of your Data Monitoring Plan?	Beth Spalsbury, ICP	July 2, 2010
15.	On what measures will you initially focus your attention?	Obtaining culture reports and accessing the medical record within 24 hours of the culture being finalized.	June 3, 2010
16.	Who will develop your Data Collection Tool?	Beth Spalsbury, ICP	July 2, 2010