

## Infection Monitoring Initiative Sage Memorial Hospital 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?	Chief Executive Officer	April 14, 2010
2.	Who will be the Executive Champion for this initiative who will lead the development and execution of the Implementation Plan?	Interim Director of Nursing	April 14, 2010
3.	Who is the primary physician champion for this initiative?	Dr. Sara Valladolid	April 14, 2010
4.	Who will be involved in the developing the Implementation Plan?	Dr. Hector Bermudez	April 14, 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?	Esther Labib-Kiyarash, BBA	
6.	Is the Process Owner experienced in developing process flow charts and if not, how will that skill be developed?	Yes	
7.	How will all the people involved in making the targeted process successful learn about their individual responsibilities?	Meetings and e-mail	
8.	How will the Board of Directors be informed about the initiative?(Tip: Use message from CEO)	Quarterly Reports	
9.	How will the medical staff learn of the initiative? (Tip: message from CEO)	Quarterly Reports	
10.	How will the hospital staff learn of the initiative? (Tip: Use message from CEO)	Staff meetings	
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)	ER clinical staff and medical/telemetry unit staff. Will find out at staff meetings and tested through use of tracking forms	

12.	Who on the hospital staff or medical staff has 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.)	Esther Labib-Kiyarash, Quality Assurance Manager	
13.	How will the Process Owner document any plans to redesign your processes or systems? (i.e., process flow charts, PDSA forms, meeting minutes)	Flow charting	
14.	Who will lead the development of your Data Monitoring Plan?	(Refer to your Data Monitoring Plan)	
15.	On what measures will you initially focus your attention?		
16.	Who will develop your Data Collection Tool?		