**Site Information:**

|  |  |
| --- | --- |
| **Clinic / Laboratory Name(s)** |  |
| **City (Location)** |  |

**Improvement Project Description:**

|  |  |
| --- | --- |
| **Prioritized Gap** |  |
| **Metric Numerator Selected** |  |
| **Metric Denominator Selected** |  |
| **Data Source for Numerator** |  |
| **Data Source for Denominator** |  |

**Improvement Project Progress:**

|  |
| --- |
| Is on-site monitoring of improvement project metrics occurring? **YES** / **NO** (If ‘NO’, describe the actions taken to ensure monitoring is established.) **Date** on-site monitoring started / restarted:   |
| **Previous Metric Values** | **Date:**  | **Current Metric Values** | **Date:**  |
| **Numerator** |  | **Final Value** | **Numerator** |  | **Final Value** |
| **Denominator** |  | **Denominator** |  |

**Improvement Project Narrative:**

(Describe successes, challenges, project course corrections, plans moving forward.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Successes:** (Describe the interventions implemented and how they were successful.)**Challenges:** (Describe interventions implemented and how they were difficult or had associated challenges / failures.)

|  |  |
| --- | --- |
| **Person(s) Responsible for****Implementing Correction(s):** |  |
| **Date Due:** |  |

**Course Corrections / Future Plans:**  |