Month: Year:

|  |  |
| --- | --- |
| 1. **Description:** (Title of project with brief description)

**Team:** (List Team Lead and Subject Matter Expertise)**Expected Outcome/Completion Date:** | 1. **Implementation Plan(s)** choose which one(s) you will use from project outcomes
* **Communication Plan** (check when complete/attach spreadsheet with details (names/dates/etc):
* **Training Plan** (check when complete/attach sep. sheet with details – names/dates/etc.):
* **New or Revised Operating Procedure** (check when complete/attach sep. sheet with details):

**Follow-up Actions:** * **Meetings scheduled with team lead at 30/60/90 days to review agreed upon process continues**
* **Data plan in place to compare before and after results**
 |
| 1. **Improvements To**

|  |  |
| --- | --- |
|  | Place X next to correct item |
| Strategic Initiative(s) |  |
| Quality of Service  |  |
| Costs to Division/Department |  |
|  |  |

**Comments:** IE: Expected long range returns | 1. **Accomplishments/Lessons Learned/Challenges** (Describe original state, changes implemented, cost savings or avoidance)
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Adapted from Ventura County