QUALITY IMPROVEMENT PROBLEM SOLVING REPORT

Start Date:	End Date:	Revision:

QI Project:

Team:

Current State/Improvement Goals: *Attach AIM Statement*

Current Data Related to Problem/Concern:

List Potential Solutions:

Prioritize Solutions/Describe Which to Implement:

Problem/Root Causes Analysis:

Implementation Plan   🟩 On Schedule   🟨 Problems   🟥 Late

Task:	Assigned to:	Month 1				Month 2				Month 3			
		1	2	3	4	1	2	3	4	1	2	3	4

OKC·COUNTY
HEALTH
DEPARTMENT