Los Angeles County Department of Public Health

QI Project Idea Form

Program:	
QI Specialist:	
Date:	
Expected Start Date:	
4 Maril 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	_
1. What is it you want to improve?	
Ans:	
2. How do you know that	on improvement is needed?
2. HOW GO YOU KNOW THAT (an improvement is needed?
Ans:	
3. Who will be on your QI	Project Team?
Ans:	
4. How can QIAP help you	?
Ans:	
5. Have you shared this ide	ea with your Program Director?
Ans:	

*Please submit this form to PITeam@ph.lacounty.gov and cc your Program Director.

QIAP Toolkit: Page 2 Revised: August 2018

