

CHANGE PROJECT FORM

STAR-SI Project

1. PROJECT TITLE	
2. What AIM will be addressed? (choose one and indicate baseline and desired goal)	<input type="checkbox"/> Reduce waiting time <u>from</u> (e.g. 1 st contact to assessment, assessment to 1 st tx) _____ to _____ days <input type="checkbox"/> Reduce no-shows for (e.g. assessment, 1 st tx session) _____ from _____% to _____% <input type="checkbox"/> Increase # of admissions from detox into outpatient tx from _____% to _____% <input type="checkbox"/> Increase # of admissions into outpatient from _____ to _____
3. LOCATION	
4. Start DATE and expected completion date	
5. LEVEL OF CARE	
6. What subset of CLIENTS are we trying to serve better? (e.g. detox clients transferring to OP)	
7. CHANGE TEAM LEADER	
8. CHANGE TEAM MEMBERS	
9. How will we collect the data to MEASURE AIM improvement?	
10. How will the Executive Sponsor know if the project has increased revenues, decreased costs, or otherwise affected the financial bottom line?	
11. EXECUTIVE SPONSOR of project	Signature _____

Rapid Cycle #	Cycle Date	Plan <i>What is the idea/change to be tested?</i>	Do <i>What change or action did you specifically do to test this idea/change?</i>	Study <i>What were the results? (Please include impact on aim and other measures)</i>	Act <i>What is the next step?</i>

Project Outcomes (only complete once the project is finished)	
1. When did the project stop? (Enter in mm/dd/yyyy format)	
2. What did you LEARN? (e.g. what were some unexpected outcomes, lessons learned from your change efforts)	
3. What was the financial impact of this change (i.e., the business case for change)?	
Sustainability Plan (only complete if you are sustaining the project)	
A. Who is the sustain leader?	
B. What steps are being implemented to assure that the change is sustained?	
C. What system is in place to effectively monitor the sustainability of the improvement?	
D. At what point would the change team intervene to get the project back on track?	

Additional Notes: