
Directions: Please take a few moments to acknowledge the fine work undertaken by your organization by noting specific changes that you have made toward improving resident care and quality of life. These changes can reflect very big or very small areas of change. Please try to be as specific as possible and provide detail and contact information about a single change that will assist others in following your example. Please use a single form for each story. Take as much space as you need.

Proprietary/Non-profit/ Corporately owned/Union:

Organization Size:

How many people live there?

Describe the Change (big or small):

Provide a brief description of a change that reflects a positive practice you have implemented regardless of its size.

Problem or Difficulty the Change Was Designed to Address:

Describe, in simple terms, the difficulty, problem or situation that was present.

What is the Objective?

Ultimately, what is it that you were trying to accomplish?

Blueprint for Change:

What specific steps did you take to make the change?

What are the Significant Results?

As a result of implementing this change

Partners in the Change process:

Who helped? (ie. Family members, residents, charge nurse, MDS coordinator, In-service Director, Administrator, Director of Nursing)

Limitations or Problems Encountered:

What problems did you run into?

Overcoming the Problem:

How were you able to overcome the problem?

Estimated Cost To Date:

Give a ballpark figure of the estimated cost, if any.

Measurement Strategy Employed in Your Change Process:

Was there anything measurable that helped to inform the change you implemented? (ie. Data, PDSA cycle?)

Noticeable Changes in Measurement:

Leadership Support:

Were there actions on the part of leaders within your organization that made this change possible?

Advice to Other Organizations That May Want to Initiate a Similar Change:

Any tips that might help someone who follows in your path

Permission to Share

Your success or improvement story and supporting documents would be beneficial to share with others across the state and nation with similar interests in healthcare quality improvement. We encourage you to grant permission to share this information to a broad audience. Below is a list of the information and materials that we seek approval to share with others having an interest in healthcare quality improvement:

Item: Success Story

Levels of Permission			
<input type="checkbox"/> Unrestricted	<input type="checkbox"/> QIO-only	<input type="checkbox"/> Other	<input type="checkbox"/> Link
Permission is granted to use the above-referenced material for unrestricted use and public access.	Permission is granted to post electronically the above-referenced material for QIO staff-only access.	Permission is granted with the following limitations (provide attachment, if necessary):	Permission is granted to the parties described below to post a weblink to the above-referenced material available at the following URL:
<p>On behalf of the (insert name of permission granting organization), I hereby grant permission to Quality Partners of Rhode Island, the Centers for Medicare & Medicaid Services, and its agents, including website-related contractors and partners in quality improvement to use and/or publish information in whole or in part at the state, national, and/or international levels regarding this organization's quality improvement efforts, including interventions, literature, documents, images, graphs, or other materials (described above) for the purpose of furthering the advancement of health care quality. This is to include print, electronic, visual, verbal, Web and/or various media for an indefinite period of time. Reasonable adjustments may be made to materials and formats for purposes of editorial, layout, and delivery need. This permission extends to any materials listed above that may be copyrighted. I have the authority to grant this permission on behalf of this organization and all parties who contributed to this material. Permission is granted, although not obligated, to identify my organization and/or myself as a credit in connection with the information.</p>			
Date:		Organization:	
Name:		Street Address:	
Title:		Telephone:	
Email Address:		City, State, Zip:	
Signature:		<i>If submitted electronically, e-mail source will serve as signature authentication.</i>	



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