

# DO-IT Project/Process Form

Departmentally Organized Improvement Tactics



An Affiliate of **MERCYONE**

## OWN IT

DO-IT Project Title

Contact Name

Contact Email

Department(s)  
Involved

<input type="checkbox"/> Accounting	<input type="checkbox"/> EVS	<input type="checkbox"/> Maintenance	<input type="checkbox"/> PT
<input type="checkbox"/> Administration	<input type="checkbox"/> Health & Rehab Services	<input type="checkbox"/> Marketing / PR	<input type="checkbox"/> Purchasing
<input type="checkbox"/> Cardiopulmonary Rehab	<input type="checkbox"/> Health Information (HIM)	<input type="checkbox"/> Med/Surg	<input type="checkbox"/> Radiology
<input type="checkbox"/> Diabetes Ed / Dietetics	<input type="checkbox"/> HTPC	<input type="checkbox"/> OT	<input type="checkbox"/> SLS
<input type="checkbox"/> Dietary	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Patient Access	<input type="checkbox"/> Social Services
<input type="checkbox"/> EMC	<input type="checkbox"/> IT	<input type="checkbox"/> Patient Accounts	<input type="checkbox"/> ST
<input type="checkbox"/> Emergency Dept (ED)	<input type="checkbox"/> Lab	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Surgery

Participant(s)

*Those involved in DO-IT*

Challenge / Opportunity

*What are you looking to improve?*

SEE IT | Current State

*What's happening now? How are things currently done and what isn't working well?*

SOLVE IT | Improved State

*What would it look like if things were better? Describe the improvement you expect.*

## IMPROVE DAILY

DO-IT | Task/Action

OWN IT | Who's Accountable?

Due Date

Completion Date

DO-IT   Task/Action	OWN IT   Who's Accountable?	Due Date	Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## BE ONE

Findings/Learnings

*What did you learn? Share "aha!" moments & useful tips. Any adjustments from original plan?*

Share with Others

*Who could benefit from knowing about this project? How will you tell them?*

## INNOVATE

Key Results

*What results does this DO-IT impact?*

Consumer Experience

Team Engagement

Ambulatory Growth

Quality Improvement

Sustainable Growth & Efficiency

Select "Save As" to save this form and all project-related files to your department's designated folder in the "DO-IT Folders" on the P: Drive.

If applicable, attach supporting documents, final deliverables, before/after photos and any other relevant materials that showcase your improvements before submitting.