

Bright Idea Card Title: _____		Date: _____	
<b>Triple Aim (Check Appropriate Boxes):</b>			
<input type="checkbox"/> Improve Patient Experience <input type="checkbox"/> Improve Health Outcomes <input type="checkbox"/> Reduce Cost to Patients and the System <input type="checkbox"/> Utilize Staff & Providers to be Most Effective			
Name: _____		<b>Aim</b>	
What problem are you trying to eliminate? What is currently happening?			
What is your idea, potential solution, and expected result?		<b>Plan</b>	
Your Leader's Signature: _____			

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Owner: \_\_\_\_\_

What did you experiment? What were the results? What did you learn?

Do

Study

What is your plan to sustain results and communicate the change in process?

Date Card Completed:

Owner: \_\_\_\_\_

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