

RBHA
QUALITY LEADERSHIP COUNCIL (QLC)
Quality Improvement Activity Request Form

Employee(s)

Team/Program

Phone #

Date

I. Quality Improvement Action(s) Requested:

- _____ from your direct individual experience
_____ from your direct Team/Program/Unit experience
_____ other

II. Area of Quality Improvement (Check)

- | | |
|------------------------------------|---|
| _____ service quality/delivery | _____ consumer/family rights |
| _____ service access | _____ consumer/family relations |
| _____ evaluation | _____ contract provider relations |
| _____ strategic planning | _____ community relations |
| _____ standards compliance | _____ life-safety/therapeutic environment |
| _____ records/documentation | _____ information/communication |
| _____ finance | _____ management |
| _____ care management/coordination | _____ human resources/personnel |
| _____ other _____ | |
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III. Request Justification: Provide additional explanation, available data, and/or available information/analysis (please attach)

IV. Participation of QI Activities (Check if applicable)

- _____ available to participate on QI Team
_____ available to develop any additionally needed data/information

Submit to QLC Office (Melissa Hobson) 1st Floor (email: hobsonm@rbha.org)