# Surgical Services Associate Improvement Idea

Your ideas are valued. If there is an issue and you have a solution to fix it, or if you have a new idea to try that will enhance or improve things, we’d like you to share it. Please complete the top section of this form. Complete all of the components for your idea to be considered. Once you are finished, forward the form to your Director/Supervisor.

The Director/Supervisor is to review and complete the response section within ~2 weeks from the date the idea was submitted. You will receive a completed “response” copy in return.

If any questions please discuss with your Director/Supervisor. Thanks for your ideas.

## Associate/Employee Completes This Section

<table>
<thead>
<tr>
<th>Date Submitted:</th>
<th>Associate Name (print clearly):</th>
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Describe what the current problem or issue is:

What is your idea for improvement or recommended solution:

What are the steps or components you feel are needed to implement your idea:

Are you willing to lead the work involved if it is approved?  □ YES  □ NO If “no” explain why not:

## Director/Supervisor Completes This Section

<table>
<thead>
<tr>
<th>Date of Response:</th>
<th>Director/Supervisor Signature:</th>
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Idea Approved:  □ YES  Project assigned to:

Target Completion Date:

□ NO  This is the reason why:

## Idea Follow-up (Accountability)

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<th>Project completed:</th>
<th>Date of completion/implementation date:</th>
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□ YES  Why not: