

**Appendix A**  
**Oneida County Health Department**  
**Rapid Cycle Improvement Quick Strike Project Form**

Project Title:	
Submitted By:	
Briefly identify or describe the program, project or process that should be addressed with an RCI project:	
Priority:	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Anticipated Outcome(s)?	
Who should be on this RCI team? Who should be the lead?	
Baseline Data to Support Change?	
What was the <b>FINANCIAL IMPACT</b> of this change project? (e.g. Increased revenue? Reduced costs? Increased staff retention?)	
Is there a <b>HEALTH EQUITY IMPACT</b> as a result of the change project?	

<b>AIM Statement</b>					
<b>Step #</b>	<b>Start Date</b>	<b>End Date</b>	<b>Change Made</b> <i>What changes were made?</i>	<b>Outcome</b> <i>What were the results?</i> <i>How do they compare with baseline measure?</i>	<b>Next Steps</b> <i>What is your next step?</i> <i>Adopt, adapt, or abandon the change made?</i>
<b>FINAL OUTCOME:</b> Please briefly describe final outcome of RCI project (new form developed, updated P & P, etc)					

<b>Outcome put in Ideas and Solutions Log?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Yet
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Additional Notes: