****

**Local Implementation Plan**

WA Improvement Project Pilot: [fill in program name]

Date:

|  |  |
| --- | --- |
| Describe the key features of the new practice(s) or procedure(s) you want to implement: | |
| Name the Practice(s): | |
| What are you doing now? | |
|  | |
| Who will be involved and what will they be doing that reflects recommended practices? | |
|  | |
| Describe Your Action Steps | Timelines |
|  |  |
| How will you know that you are successful? (Describe criteria or benchmarks of success) | |
|  | |