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**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) |
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