

MEG CORE FACILITY
National Institute of Mental Health
Bethesda, MD 20892-1059

**QUALITY & PROCESS IMPROVEMENT
REPORT**

QA/QI Instructions: To make recommendation(s) for quality assurance / improvement indicate details of the proposed improvement in the description section.

In addition, if you have a complaint please let us know so that we are aware of it and can address the issue.

Check all that apply; Fill out sections; where not applicable indicate N/A or leave blank.

Section I.

**Please leave this section blank MEG staff will assign a file number in order to track.*

A. QA/QI # _____

B. Regarding: (*✓ all that apply*)

- 1. Subjects/Patients
- 2. Equipment
- 3. Maintenance
- 5. Training
- 6. Staffing
- 7. Process/Procedure related
- 4. Other _____

C. Date: ____/____/____ **Time:** _____ am / pm

Please provide your name, email and phone number if you want to be contacted for further discussion and feedback. Leave blank if you wish to remain anonymous.

Recommended by: _____

Email: _____

Phone Number: _____

D. Description of Improvement / or Complaint: (*attach another page if necessary*)

Over →

Section II. (To be complete by MEG Staff)

Summary of Suggested Process Improvement / Complaint:

Feasibility / Resolution:

Status:

- Feasible
- Resolved
- Not Feasible (**explain below*)
- Not Resolved (**explain below*)
- Implemented
- Not implemented (**explain below*)

Comments: _____

Investigator: _____ **Date:** _____ - _____