



Section A:

IDEA

Date: _____

Colleague's Name: _____

ID Number: _____ Extension: _____

Department Name: _____

Idea: _____

Summary Title (to be filled out by department director): _____

Section B:

Department Manager's Response

Thank you for your idea! Here's the status:

Your idea may implement your idea as a GSI.

Cost center/account number: _____

When finished implementing, complete section D below and return to your department director.

Your idea cannot be implemented.

Reason: _____

Overall Comments: _____

Your idea has been forwarded to another department.

Name/Department: _____

Your idea affects multiple departments.

It has been forwarded to _____ committee

Originating Department Manager's Signature

Section C:

GSC Response/Other Director's Response

Thank you for your idea! Here's the status:

Your idea was implemented.

When finished implementing, complete section D below, return a photocopy of idea form to originating department director and submit white copy to GSI coordinator.

Your idea cannot be implemented.

Reason: _____

Overall Comments: _____

Your idea was addressed as a Departmental GSI.

When finished implementing, complete section D below, return a photocopy of idea form and final recommendations to originating department director and submit white copy and the final recommendations to GSI coordinator.

GSC has decided to post your idea as a hospital-wide GSI.

Section D:

Cost Benefit Worksheet (CBW)

Implemented by cost center: _____

a. Hours saved _____

b. Tangible savings \$ _____

c. Intangible savings \$ _____

d. Cost \$ _____

e. Net savings (b minus d) \$ _____

Area Impact (please circle one)

Customer Satisfaction High Quality

Productivity Climate

Best People Low Cost

Innovation

VP Signature (if savings over \$5000)

Original Copy = Gain Share Committee

Copy = Director

Copy = Colleague