



# Bright Idea Form

List a new idea that you want to implement at SMH to assist in making it the best community healthcare provider in the nation.

List your idea category:

Service  People  Quality  Finance  Growth

*Please complete application in full.*

My idea is: \_\_\_\_\_  
\_\_\_\_\_

My idea's benefit to SMH: \_\_\_\_\_  
\_\_\_\_\_

Cost savings to SMH as a result of implementing my idea: \_\_\_\_\_  
\_\_\_\_\_

Departments affected: \_\_\_\_\_  
\_\_\_\_\_

Items, equipment of tools needed: \_\_\_\_\_  
\_\_\_\_\_

Cost to implement: \_\_\_\_\_  
\_\_\_\_\_

Estimated time of implementation: \_\_\_\_\_  
\_\_\_\_\_

You will need assistance from whom to implement idea: \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Dept \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Dept \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: Please forward this application to the appropriate Director (see reverse).**



# Bright Idea Approval

Name of Team Member(s) Submitting Idea: \_\_\_\_\_  
*Please Print*

Idea: \_\_\_\_\_  
*Please Print*

## Pillars Affected:

- People     Service     Quality     Growth     Finance

### DEPARTMENT DIRECTOR SECTION

- Agree to request approval of Senior Leaders     Not Approved

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please forward to Human Resources.*

### SENIOR LEADER SECTION

- Approved     Not Approved

Explanation of Ideas not approved \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Approved Level:

- Orange** – Hot Idea  
 **Red** – Burning Idea  
 **Blue** – Blazing Idea

Senior Leader Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_