|  |  |
| --- | --- |
| **Title of Improvement Project** |  |
| **Identified Project Sponsor** |  |
| **Initiative Start Date** |  |
| **Initiative End Date** |  |
| **Location of Project** |  |
| **Improvement Team Names & Titles** |  |
| **ARECCI Project Ethics Score & Notes** | [**https://arecci.albertainnovates.ca/**](https://arecci.albertainnovates.ca/)**do this questionnaire and enter score here—** |
| **Opportunity for Patient Participation?*** **Yes**
* **No**
 | **Checklist – Health Care Partner Readiness:**<https://patientvoicesbc.ca/resources/engagement-readiness-checklist>**IAP2:**<https://patientvoicesbc.ca/resources/iap2-spectrum-public-participation/>**What is the opportunity?** *(focus group, resource development for project, PJM, project team member etc.)* |
| **Strategic priority or initiative** | *State the NH strategic priority this project aligns with* |
| **Operational priority** | *State the local operational priority this project aligns with* |

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## PROJECT PROPOSAL

**What are we trying to accomplish?**

|  |  |
| --- | --- |
| **Problem Statement** | *It’s important to work on this now because….* |
| **Aim Statement** | *What will improve? Where? By how much? By when?* |
| **Business Case** | *Outline improvements in productivity, patient & provider satisfaction, cost savings associated with the project.* |

## PROJECT INITIATION

**Project Scope**

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| --- |
| **Where does the project begin and end? What work will this project include/not include?** |
|  |

**Risks & Mitigations**

*What are the risks for participants/organization?*

*How can you mitigate these risks?*

*How will the benefits of the project outweigh the remaining risk?*

## PROJECT PLANNING

**MEASUREMENT PLAN: How will we know that a change is an improvement?**

|  |  |  |  |
| --- | --- | --- | --- |
| **MeasureS** | **Baseline**  | **Target** | **Plan to Collect Data****(**how will it be collected, frequency of collection & who will collect it, etc) |
| **OUTCOME MEASURE(S)** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **PROCESS MEASURE(S)** |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **BALANCING MEASURE(S)** |  |  |  |
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***TEAM ROLES***

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| --- | --- |
| **NaMe &title** | **role on the team**(List duties/responsibilities the team member will perform for the team)i.e. data collection, run PDSAs, etc) |
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***COMMUNICATION PLAN: Who needs to know about your project?***

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| --- | --- | --- | --- | --- |
| **AUDIENCE(s)** | **KEY MESSAGE** | **cOMMUNICATION cHANNEL(S)** (email, posters, social media, etc) | **TIMELINE AROUND COMMUNIcATION** | **wHO WILL TAKE ON COMMUNICATION ROLES**(Creating communication, getting NH communication approval, sending communication) |
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## TESTS OF CHANGE

**What changes can we make that will result in improvement?**

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| **Identify your process changes ideas.** |
|  |

**Initial Activities**

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| **i.e. collecting baseline data, process mapping, creating education materials, educate physicians and nurses on the unit** |
|  |

**PDSA**

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| --- |
| **PDSAs trialled** |
|  |