

Email completed form to physicianqi@northernhealth.ca

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|---|--|
| Title of Improvement Initiative | |
| Start Date of Initiative | |
| End Date of Initiative | |
| Initiative Lead & Contact Information | |
| Sponsor | |
| Location of Initiative | |
| Improvement Team names & titles | |
| ARECCI Score | |
| Quality Improvement Mentor (if applicable) | |

What are we trying to Accomplish?

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|--|--|
| Problem Statement/Opportunity Statement (what's wrong with quality) | |
| AIM Statement/Objective | <i>{to reduce/improve baseline from X to Y by timeframe}</i> |
| What NH strategic direction does this initiative link to? | |
| What regional, HSDA and/or local plan does this initiative link to? | I think this should be removed |

| Risks or Barriers | Mitigation Strategy |
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| In Scope (what work will this initiative include?) | Out of Scope (what work will this initiative not include?) |
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How will we know that a change is an improvement?

| Measure Description | Baseline (past performance on measure) | Target | Plan to Collect Data |
|--------------------------------|--|--------|----------------------|
| Lag / Outcome Measures | | | |
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| Lead / Process Measures | | | |
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| Balancing Measure | | | |
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What Changes will Result in Improvement?

List Change Ideas or Tactical Elements that will Result in Improvement – *these directly link to process measures you listed above*

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High Level Milestones for Initiative *(note: does not replace value of creating a work plan and using a RACI for tasks)*

| Anticipated Milestones | Date to Achieve Milestone | Deliverable/Activity associated with Milestone |
|------------------------|---------------------------|--|
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Required Budget for Initiative

| Activity | # of participants | Estimated Hours | Total hours (# participants X hrs) | Cost per hr (use hourly pay rates) | Total Cost |
|---|-------------------|-----------------|------------------------------------|------------------------------------|------------|
| Backfill for seconded staff | | | | | |
| Minor equipment/renovations | | | | | |
| Project Costs (travel, meals, accommodations) | | | | | |
| Other (please specify) | | | | | |
| Total | | | | | |

| | |
|--------------------------|---|
| Sponsor Signature | Other Signature (as appropriate) |
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