The intent of this form is to help guide your thinking regarding either the problem you are trying to solve, or what you are trying to improve. The form contains information regarding which elements you should consider to ensure a project is successful.

Not sure what kind of help you need? (e.g. one time consult vs Quality Council led)

Review this form, and contact the Neuro QI Lead, Erin Barrett: erin.barrett@ahs.ca.

If you are seeking formal Quality Council support, please complete the online form:

<https://redcap.albertahealthservices.ca/surveys/?s=YYMN3TLPXDDTJDJN>

Online submissions will be reviewed at Neuro Quality Council. You will be notified of the date of review, and invited to speak to your submission. The Council meets the third Wednesday of every other month (starting in January).

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| Section / Department Sponsor (the person providing resources or endorsement for the project) |
|  |
| Lead (the person responsible for the work and completion of the project)\*NOTE: projects require a commitment to help define the scope and population, best practices and data validation. Time is required to ensure the work is completed in a timely fashion. |
|  |
| What section does this request apply to? |
|  |
| What service area does this request apply to? (Please indicate all.) |
| * Ambulatory – Neuro
* Ambulatory – Other
* Emergency Department
* Inpatient – Neuro
* Inpatient – Other (e.g. Surgery)
 | * Surgical Services (e.g. Day Surgery, OR, PACU)
* Diagnostic Imaging
* Lab Services
* Other (please described)
 |
| What are the goals of your project? |
| * I want to understand the scope or scale of a problem
* I want a regular reporting tool to help me/a team identify problem areas
* I want to implement a specific quality improvement initiative
* I want a one-time report showing data for a specific application
* I want to extract data for a research project
 |
| * Other
 |  |
|  |
| What is the problem or question(s) you are trying to understand / evaluate or solve? |
|  |
| What are the potential risks or consequences if the problem / question is NOT addressed / understood? |
|  |
| Are there any best practices / targets which you are attempting to meet, or align your project goal with? |
|  |
| What is the specific patient population included in your project? |
|  |
| How many patients each year would be impacted? |
|  |
| Which disciplines does the project impact? |
|  |
| How many providers each year would be impacted? |
|  |
| What data would be available to evaluate your project problem / question? |
|  |
| Is this a research based project? |
|  |
| Is this time sensitive? (e.g. patient safety review) |
|  |
| When are you hoping to make a change based on evaluation of your problem / question? |
| * Within a month
* 1 to 3 months
* 3 to 6 months
* More than 6 months
* Unknown
* Not applicable - I'm just asking for data to understand the problem
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|  |
| Write down any other questions / comments you may have. |
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