**Quality Improvement (QI) Project Management Form**

North Country HealthCare

Colorado Plateau Center for Health Professions

*This document will be used to track active projects being conducted at NCHC. This form should be filled out prior to the start of the QI project. Please email completed forms to research@nchcaz.org. Upon completion of this project, you will also be required to report your results and outcomes using the QI Project Report Template found on the CPCHP website.*

**Principal Investigator (PI): Emilee Jung**

*The person that is responsible for managing the project (you).*

**PI Email: ejung@nchcaz.org**

**Preceptor/Supervisor: Marica Martinic**

*If this is a student/resident project, please list the preceptor. If this is an internal/employee project, please list your primary supervisor.*

**Project Title: Infrared (IR) Skin Thermometer Screening: Analysis and Improvement of Current Organizational Protocol**

*Title of the QI project. This does not need to be a formal title and can be changed.*

**Primary Department: Operations, Education**

*The chief department (i.e. dental, education, etc.) that the project is being conducted on.*

**Overseeing Committee: Research Committee, CQI Committee, COVID-19 Screening Committee**

*If there is a committee or group that is currently overseeing this project, list this here.*

**Start Date: 06/01/2020**

*The anticipated date that the project will start.*

**End Date: 07/31/2020**

*The anticipated date that the project will end.*

**Project Topic Area: COVID-19 Employee Fever Screening**

*A few words describing the broad project category (i.e. Opioids, diabetes, Annual Wellness Visits, etc.)*

**Project Purpose: We are attempting to determine the accuracy and reliability of IR thermometers for employee temperature screening. Our goal is to create cut-off values and to improve the current protocol so that all fevers are being appropriately detected.**

*Briefly elucidate what you are trying to determine or achieve (1-2 sentences).*

**Project Description: This project will include three temperature readings (outdoor IR, indoor IR, and control) measured from employees from 6 different NCHC clinic locations (Flagstaff-4th, Grand Canyon, Kingman, Williams, Show Low, and Round Valley). Data collectors will obtain informed consent from the employees before taking their temperature, and it is estimated that each location will spend 1-3 days collecting data.**

*Describe in general terms what this project will entail and how it will be carried out (2-3 sentences).*

**Standardized RACI Matrix:**

*Below is a pre-completed RACI matrix that includes all of the fundamental stages of any QI project (rows). For each of the general milestones listed in the table below, assign each individual (columns) as responsible (R), accountable (A) consulted (C), or informed (I). You may need to adjust the table below the fit the number of stakeholders for your project. If unfamiliar with how to structure or complete a RACI matrix, an instructional document can be found on the CPCHP research internet site.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Emilee Jung | Tasha Harder | Marica Martinic | Data Collectors | COVID-19 Screening Committee | Clinic Managers | April Alvarez-Corona |
| 1. Study Design | R | C | A | I | A | C | C |
| 2. Identification of metrics and measures | C | R | A | I | I | I | I |
| 3. Development of materials or protocols | R | R | A | C | I | I | I |
| 4. Data collection or compilation | A | R | I | R | I | C | I |
| 5. Data analysis/Determining results | R | I | A | I | I | I | I |
| 6. Reporting results | R | I | A | I | I | I | I |
| 7. Improvements or other iterations | C | C | R | I | R/A | C | R |

**Approval Signatures**

*Please obtain signatures or electronic (emailed) approval from each of the stakeholders identified in the RACI matrix for this project. Note: you may add or delete lines as needed.*

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