**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):**

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

**PI Email:**

**Preceptor/Supervisor:**

*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:**

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

**Primary Department and Location:**

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

**Overseeing Committee:**

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

**Start Date:**

*The anticipated date that the project will start.*

**End Date:**

*The anticipated date that the project will end.*

**Project Topic Area:**

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

**Project Purpose:**

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

**Project Description:**

*Describe in general terms what this project will entail and how it will be carried out (3-5 sentences).*

**Key Stakeholders:**

*List the teams or individuals who are involved in, or need to know about, your project. Include the overseeing committee and your preceptor/supervisor.*

**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 or group identified as a Key Stakeholder (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.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Milestones* | Stakeholder #1 | Stakeholder #2 | Stakeholder #3 | Stakeholder #4 | Stakeholder #5 |
| 1. Study design |  |  |  |  |  |
| 2. Identification of metrics and measures |  |  |  |  |  |
| 3. Development of materials or protocols |  |  |  |  |  |
| 4. Data collection or compilation |  |  |  |  |  |
| 5. Data analysis/Determining results |  |  |  |  |  |
| 6. Reporting of results |  |  |  |  |  |
| 7. Improvements or further iterations |  |  |  |  |  |

**Approval Signatures**

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

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