**Quality Improvement (QI) Project Report Template**

North Country HealthCare

Colorado Plateau Center for Health Professions

*This document is to help you report the results of your QI project and to be used to track PDSA cycles over time. Please email completed forms to research@nchcaz.org. The Research Committee will review the outcomes of the project and notify you if additional documentation is required.*

**Principal Investigator (PI):**

*The person that was responsible or conducted the project.*

**PI Email:**

**Project Title:**

**Primary Department:**

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

**Start Date:**

*The actual date the project was started.*

**End Date:**

*The actual date the project ended. This should be the date the results are reported.*

**Results:**

*Describe the outcomes of the project, and whether it resulted in a new workflow or intervention. What happened? Was the project successful or unsuccessful and why? Please be specific and inclusive.*

**Conclusions:**

*Based on the results of the project, what do you conclude about the new state of the workflow? Are more PDSA cycles needed? Are there barriers or challenges you experienced that you would like to identify?*

**Project Stakeholders:**

*Please list the individuals that contributed significantly to the completion of this project. This information is important in planning future PDSA cycles and knowing exactly who was involved.*