**Homework Assignment #1 – Capstone Quality Improvement Initiative Project Planning**

**DRAFT Due: Friday, May 17, 2024 *(to be discussed during the May 30/31 retreat session)***

Please email your completed assignment to:

Elina Kats ([ekats@gnyha.org](mailto:ekats@gnyha.org))

In preparation for the May 30 and 31 in-person sessions, please begin planning your Capstone Quality Improvement project. Each Fellow will work with an interdisciplinary team of clinicians in an area of your choice that focuses on advancing quality or patient safety. **The project must be endorsed by your institution’s senior leadership** and should be discussed regularly (e.g., once a month) with your CQFP faculty mentor You will also work on this project with an interdisciplinary team at your hospital and begin engaging this team early on in the idea development and planning stage. The following guide will assist you in planning your project and should be completed and updated periodically.

The goal is to take what you will learn in CQFP and apply it practically as you plan and implement this quality improvement project. Your overview does **not** need to be lengthy or detailed, but if you require more space, please feel free to attach additional pages.

If you would like to submit more than one proposal, GNYHA/UHF and your mentor will work with you to identify the project with the most potential for success.

**Fellow Name/Institution**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief description of the problem** (What is the problem? What are your hypotheses about the causes or drivers?)

**Objectives** (What do you hope to accomplish? How will you address the causes of the problem?)

**Rationale** (Why did you select this issue? Why do you think there is a need for improvement?)

**Target Population** (What is your target population? How did you select this population? Consider scoping this to a manageable population.)

**Value Added** (How will this project enhance the services delivered by your service within your hospital? Please also address any federal and/or state regulatory, patient safety, and/or public reporting aspects.)

**Equity -** How will you consider issues of health equity related to this project?

**Team Members** (Who you include is important to your project’s success? Remember to include an interdisciplinary team.)

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| **Name** | **Title** | **Name** | **Title** |
| **1.** |  | **6.** |  |
| **2.** |  | **7.** |  |
| **3.** |  | **8.** |  |
| **4.** |  | **9.** |  |
| **5.** |  | **10.** |  |

**Project Measures** (How will you measure impact? What measures do you hope to collect to understand the problem and assess progress in solving?)

**Data Sources** (What data will you utilize, and where will you obtain this data?)

**Time Frame** (Include an estimated project timeline with the anticipated time frames for the key steps. Consider when you will organize your team, create a planning strategy, identify barriers, determine/implement interventions, conduct your baseline and post-intervention measurements, conduct your data analysis, etc.) Please refer to the capstone timeline provided for general guidance.

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| **Activity** | **General Timeframe** | **Who will be involved?** |
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**Additional Considerations** (Include your **first thoughts** on anticipated barriers and how you will address them. Describe strategies you will use to engage your team, and how you will keep your project’s scope manageable)

**Hospital sign offs\***

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| **CEO (site CEO, Executive Director is appropriate)** |  | **Director or Supervisor** |  |
| **Nurse or Physician Contact\*\*** |  |  |  |

\***Institutional sign-off is required for your project by Friday, July 5, 2024.** We recognize that you will likely be unable to obtain sign-off prior to the May retreat. If you have any questions about the sign-off requirements, please contact Elina Kats ([ekats@gnyha.org](mailto:ekats@gnyha.org); 212-259-0703.)

\*\*Physicians should get sign-off from a nurse on their team, and nurses should get sign-off from a physician on their team