

Name of Site/Program/Unit	
Name of Initiative	
Timeframe of Initiative	
Date of Request	
Primary Contact	
Leadership Sponsor	

Background: What is the current context or background of the improvement opportunity?

For reference only.

Please contact Naomi.Jensen@interiorehealth.ca for a fillable copy.

Goal/Aim: What are you trying to improve?

Scope of QI Support Needed: Please detail the level of scope and activities you envision the QPS department supporting you with
(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Quality and Patient Safety education | <input type="checkbox"/> Other <i>(please describe):</i> |
| <input type="checkbox"/> Stakeholder engagement | |
| <input type="checkbox"/> Developing a project plan or charter | |
| <input type="checkbox"/> Problem analysis and action planning | |
| <input type="checkbox"/> Identifying measures for improvement | |
| <input type="checkbox"/> Coaching with PDSA cycles | |
| <input type="checkbox"/> Spread and sustainability plan | |

Alignment with IH Goals *(check all that apply)*

- Improve Health and Wellness
- Deliver High Quality Care
- Ensure Sustainable Health Care by Improving Innovation, Productivity, and Efficiency
- Cultivate an Engaged Workforce and a Healthy Workplace

For QPS Use:

- Request brought forward to QPS Leadership for discussion Yes N/A
- Approved
- Not Approved *(specify reason)* _____
- Request assigned to _____
- Primary contact for initiative notified of decision

Please submit completed requests from IH West (NOK/TCS) to
Naomi.Jensen@interiorhealth.ca

Please submit completed requests from IH Central/East to
Reed.Scott@interiorhealth.ca