****

**2019 Northern Health Quality Celebration**

**Submission Form**

Deadline for submission: **August 18, 2019**

1. Please email your completed submission form to: qualityandinnovation@northernhealth.ca
2. You will receive an e-mail to acknowledge that your contribution was received.

**I would like to do a:**

 [ ]  Poster/Storyboard – Display only 1. [ ]  Oral Presentation 3.

 [ ]  Poster/Storyboard – Oral Presentation (max 10 min) 2.

|  |  |
| --- | --- |
| Title of quality improvement initiative: |       |
| First Name: |       | Last Name: |       |
| Position Title: |       | Organization: |       |
| Community: |       |
| Email Address: |       |
| Phone: |       |

Please check all of the categories that apply to your Quality Improvement initiative:

|  |  |  |
| --- | --- | --- |
| [ ]  Acute care[ ]  Cancer[ ]  Child & youth[ ]  Chronic disease[ ]  Critical care (ED, ICU, trauma)[ ]  Data and Measurement[ ]  Diagnostics[ ]  Dietetics[ ]  Education and training | [ ]  Elder care[ ]  Home care[ ]  Indigenous health[ ]  Information technology[ ]  Medication management[ ]  Mental health & substance use[ ]  Nursing[ ]  Patient safety | [ ]  Perinatal care[ ]  Person and family centred care[ ]  Primary health care[ ]  Public and population health[ ]  Rehabilitation[ ]  Staff and Physician Wellness/Workforce/Worklife[ ]  Surgical services[ ]  Other: |
| If you selected “other”, please specify: |       |

|  |
| --- |
| If you have an idea for an oral presentation or poster that you would like to discuss or need assistance, please contact QualityandInnovation@northernhealth.ca. |

1. Posters/Storyboards will be categorized and posted on the Northern Health Research and Quality website and may be displayed at a Northern Health site.

2. Posters/Storyboards will be shared via webinar and you will have 10 minutes to describe your quality improvement initiative.

3. Quality improvement initiatives can be presented on a webinar. Every webinar will be hosted/moderated for the presenters.

**PRESENTATION CONTENT (The purpose is to provide a brief overview of the initiative. Please be brief…you can use bullets.)**

|  |
| --- |
| **Title:** Descriptive title of your quality improvement initiative (e.g., Reducing wait times for diagnostic imaging at UHNBC) |
|       |
| **Aim:** One sentence stating specific aim of the quality improvement initiative (e.g., To reduce by 20% patient wait times for diagnostic imaging from date of physician referral to date of imaging appointment at UHNBC from 45 days to 36 days by January 31, 2016) |
|       |
| **Customer(s)** who will benefit from this initiative? (Check all that apply) |
| [ ]  Staff | [ ]  Patients/Client/Consumer | [ ]  Family | [ ]  Other |
| **QI methodologies used and ideas tested:** Brief description of quality improvement methodologies used in your initiative (e.g., mapping process of how referrals are received in diagnostic imaging to see where bottlenecks might be occurring in how referrals are processed; and looking at matching capacity to demand – how many referrals come in to the number of appointments available to see how smoothing the flow can be established) |
|       |
| **Measurements (to be) used and/or results achieved:** (e.g., no results yet – as initiative still being implemented. What will be measured is count of days waiting from date of referral to appointment booked; survey results of patient and staff experience before and after improvements made to reduce wait times) |
|       |
| **How was input received from customer when planning, implementing or sustaining the initiative?** (e.g., interviewed patients and learned that wait times for diagnostics was their biggest problem; hence focus of this initiative; at end of initiative will be surveying diagnostic imaging staff to ensure whether the improvement ideas tested to reduce wait times will be able to be sustained and not have an adverse impact on their workload) |
|       |
| **What was (or will be) the impact on the customer?** (e.g., the intended impact on patients is that they receive a diagnosis earlier and hence treatment based on diagnosis, if required, is not delayed; staff will have an easier process to manage referrals and book appointments) |
|       |
| **Lessons learned in planning, implementing and/or sustaining the improvement:** (e.g., ensure the Scheduler is part of the planning from the start, as they are responsible for an important part of the process; encourage people to celebrate what we’ve achieved, however small it seems; recognize what did not go well and learn from it - don’t bury it; it is important to check back in and reinforce the improvements made) |
|       |