



800-015-01-F: QI PROJECT PROPOSAL FORM

Project Title: <i>Improving Immunization Clinics</i>		Submitted By: <i>D. THOMPSON, RN, MSN</i>	
Explain the gap in service, efficiency, or process targeted for improvement (what is the problem)? <i>Lengthy process. Staff involvement (1 clerical, 2 nurses). Max 14 clients / day Checking records for accuracy</i>			
What type of process is the project for: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Program			
Key Project Objective(s) (what are you trying to accomplish): <i>More efficient process - ↑ capacity to see patients; ↑ revenue.</i>			
Project aligns with (check all that apply):			
<input checked="" type="checkbox"/> Accreditation	<input checked="" type="checkbox"/> CCHD Strategic Plan	<input type="checkbox"/> After Action Reports	<input type="checkbox"/> Community Health Improvement Plan
<input checked="" type="checkbox"/> Customer Satisfaction	<input checked="" type="checkbox"/> Program Planning or Evaluation	<input checked="" type="checkbox"/> CCHD Mission, Vision, Values	<input type="checkbox"/> Other (specify):
Explain why this project is a priority and how it aligns with the selections above: <i>Immunizations are the crown of public health and a main operating service for our community to help prevent disease spread.</i>			
Has baseline data been identified to measure change? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which data: <i>Current attendance @ clinics</i>			
Resources needed (financial, personnel and other):			
List the stakeholders you plan to involve:			
Who should be the QIPT Consultant of this team? <i>?</i>		Who should be on this QI team? <i>Ashante, Janet.</i>	
Anticipated start date: <i>?</i>		Anticipated project duration: <input type="checkbox"/> 3 mth <input type="checkbox"/> 6 mth <input type="checkbox"/> 9 mth <input type="checkbox"/> 1 yr <input type="checkbox"/> > 1 yr	
QIC to Complete:			
Date Submitted: 09/13/2016		QIC Review Date:	
Initials:		Initials:	
Proposal: <input type="checkbox"/> Accepted <input type="checkbox"/> Requesting more information or modifications <input type="checkbox"/> Denied			
QIC Comments: <i>9/15/16 Submitted LGEP Grant Application to complete this project.</i>			

SIPOC Diagram

SUPPLIERS	INPUTS	PROCESS	OUTPUTS	CUSTOMERS
Who provides inputs that are needed to make this process work? <i>Can include people, other offices, agencies, organizations, etc.</i>	What resources do you need to perform this process? <i>Can include materials, supplies, information, authorization, services, etc.</i>	What are the 5-7 major milestones that make up this process?	What is produced by this process? <i>Can include services, products, information, decisions, etc.</i>	Who benefits from this process?
Nurses	Vaccines and inventory	Patient makes appointment.	Vaccinated children and adults	The public
Clerical	Medical supplies	Complete patient and payment paperwork.	Control of vaccine preventable diseases.	Schools
Parents and guardians.	Vaccine Information Sheets	Complete nursing assessment.	Completed immunization records	Children
Children	Parent authorizations and permission forms.	Vaccine preparation and administration.	Educated families	Families
ACIP Vaccination Schedule	Electronic Medical Record system (EMR)	Post vaccine care instructions.	School immunization compliance	Adults
Ohio Department of Health	Vaccine storage (refrigerators, temperature control, emergency power and storage)	Process payment.	Inventory control	
Vaccine suppliers	Vaccine inventory control records.	Complete medical record.		
Insurance providers (private and managed care plans)				
Insurance specialists				

Process Map

Step 1	Step 2	Step 3	Step 4	Step 5
Client makes appointment with staff Appointment confirmed week before time	Complete financial paperwork Apply for sliding fee scale Decide on payment method Prepare immunization record	Nurse pulls chart and reviews record Decide on vaccines to use Assessment with patient Prepare vaccines	Draw and administer vaccine Document in medical record	Post care review with parent or guardian of patient Vaccine Information Sheets given and reviewed Discuss care and side effects
Step 6 Make additional appointment as needed Process payments Patient discharged Complete medical record	Step 7			