1. Applicant Name (First and Last Name)

2. Designation

3. Specialty or Area of practice

4. Preferred phone number

5. In which Community of Care will the improvement project take place?

6. What are your top 3 reasons for applying to the PQI Program?

7. How might you incorporate QI into your clinical work or future career plans?

8. Are you applying with a dyad partner?
   (Note: A dyad partner can be someone from Operations such as a nurse, allied health professional, or administrative staff who is integral to your project. The dyad partner can help with team member formation, brainstorming ideas, work jointly on deliverables, encourage each other! They are welcome to attend our training and also receive a certificate upon satisfactorily completion of the training.

   The dyad partner needs to get approval from their manager and be released from care for training and QI work. Funding is not available for these dyad partners.)

   a. Dyad partner name (First name and Last name)
   b. Dyad partner Title
   c. Dyad partner Email
   d. Confirm that the manager of your dyad partner has received approval and will be released from care for training and QI work.

9. Does your project involve more than one department, area, or team, or involves an area or team that is not your usual workplace (e.g., your usual workplace is General Internal Medicine, and you want to change something in Emergency; or if you are a hospitalist, and you want to discharge patients who will need home health team support)?

10. Tell us the name of the Operations Director/Program Director of the area/ team where the proposed project will take place?

** If you are not sure who is the Operations/Program Director, refer to below resources:*

- *VCH Org charts: https://one.vch.ca/ourvch/how-were-organized/organizational-charts*
- *PHC Programs Contact Info: https://connect.phcnet.ca/discover-learn/leadership/leaders-resources-centre/leader-on-call/phc-contact-lists, or*
- *inquire with the manager of the area*

a. Does the person above (Operations Director/Program Director) support your project?

- Yes
- No (prompt: It is important to get the approval from the Operations Director/Program Director. [They will be invited to provide feedback to your application as part of the selection process.] If you need further support to connect with them, please email medicalquality@vch.ca)
- Haven't yet connected (prompt: It is important to get the approval from the Operations Director/Program Director. [They will be invited to provide feedback to your application as part of the selection process.] If you need further support to connect with them, please email medicalquality@vch.ca)
- Have reached out, but have not yet heard back
- Not applicable

11. Tell us the name of the VCH/ PHC (not UBC) Department Head/Physician Program Director of the area where the proposed project will take place?

a. Does the person above (Department Head/Physician Program Director) support your project?

- Yes
- No (prompt: It is important to get the approval from the Department Head/Physician Program Director. [They will be invited to provide feedback to your application as part of the selection process.] If you need further support to connect with them, please email medicalquality@vch.ca)

- Haven't yet connected (prompt: It is important to get the approval from the Department Head/Physician Program Director. [They will be invited to provide feedback to your application as part of the selection process.] If you need further support to connect with them, please email medicalquality@vch.ca)
- Have reached out, but have not yet heard back
- Not applicable

12. If applicable: Tell us the name of the VCH/ PHC (not UBC) Division Head of the area where the proposed project will take place?

    a. If applicable, does the person above (Division Head) support your project?

        - Yes
        - No (prompt: It is important to get the approval from the Division Head. [They will be invited to provide feedback to your application as part of the selection process.] If you need further support to connect with them, please email medicalquality@vch.ca)
        - Haven't yet connected (prompt: It is important to get the approval from the Division Head. [They will be invited to provide feedback to your application as part of the selection process.] If you need further support to connect with them, please email medicalquality@vch.ca)
        - Have reached out, but have not yet heard back
        - Not applicable

13. Have you taken PQI Level 1 training?

    Note: PQI Level 1 training comprises IHI Open School QI 101, QI 102, QI103 and Dr. Berwick's video. For more details go here: https://bit.ly/PLQI_L1</p

    - Yes
    - Not yet, but I commit to take it before Mar 1, 2027

14. Have you taken PQI Level 2 training?

Note: PQI Level 2 (previously known as Intermediate or "1 day training"). For more details go here: https://bit.ly/PLQI_L2</p>

- Yes
- Not yet, but if I am selected, I commit to take it before Cohort start (August 2027)

15. Based on the below diagram, please indicate if the problem you have identified, and intended project approach align with a Quality Improvement methodology that emphasizes root-cause exploration and testing of different ideas.

Ask yourself	Methodology	Example
Does your project involve implementing one specific solution?	Project Management	"The goal is to establish a new clinic serving long haul COVID patients"
Does your project involve testing a hypothesis to gain knowledge you can generalize to other populations/settings	Research	"Is Cryoneurolosis an effective, drug free treatment for knee pain impairing inpatient neuro-rehabilitation?"
Do you want to assess the need for or outcomes of a clinical program?	Program Evaluation	"How well is the Community Virtual Care Program meeting its stated goals and deliverables?"
Do you want to know is we are meeting a certain standard of clinic practice?	Quality Assurance	"What is the hand hygiene compliance on my unit?"
Will your project test a number of different ideas/approaches to solve a problem specific to your local experience/team?	Quality Improvement! (QI)	"How to identify delirium earlier in patients?"

- Yes – The problem I want to tackle, and the approach I want to follow fall under "Quality Improvement"
- No – I will modify it, so it can adapt QI methodologies (Go back to "Problem" and "Aim" to make changes as appropriate)
- Uncertain – Please email medicalquality@vch.ca to discuss your project idea with 3 available dates and times before January 31, 2027

16. In which site will the improvement project take place? (e.g., VGH, SPH, MSJ, Pender Clinic, etc.)

17. In which department/division or unit will the improvement project be implemented? (e.g., VGH Emergency Room, Richmond ACE unit 4N, SPH CICU, etc.)

18. hat problem are you trying to address (ideally supported by data)?
    What supporting evidence that a problem exists can you provide, e.g., baseline data, scholarly evidence of care gaps, or common agreement with your Department/Division that an issue exists? **Please do not include any solutions; root cause analysis, brainstorming and idea-testing are part of the PQI journey**.

19. What is the aim of the project?
    What do you want to improve, where, by how much, by when? (within the 10 months for this project) ***Please do not include any solutions; root cause analysis, brainstorming and idea-testing are part of the PQI journey***.
    Example: "The wait time for patients with dizziness at the hearing and balance center will decrease from 12 months to less than 6 months by August 2027."

20. Please estimate the patient population or assess the number of patients that are experiencing this problem in a week/month **at the local site/ department where the proposed project will take place.**

21. Please confirm there are more than 12 patients experiencing this problem per month **at the local site/ department where the proposed project will take place.**

    - Yes
    - No (To have meaningful data analysis, a minimum of 12 data points is needed to do PDSA to test your change ideas. Please consider other project ideas. Or connect with PQI (medicalquality@vch.ca) about other potential project ideas.)

22. What system priorities is your project addressing? (e.g., cancer care, addictions care, health equity, planetary health, etc)
    - Access to care
    - Provider wellness (e.g. joy in work, reduce burnout)
    - Indigenous cultural safety / Indigenous specific anti-racism
    - Planetary health
    - Equity, diversity and inclusion
    - Cancer care

- Mental health and addictions care
- Surgical care
- Senior care
- Maternity / reproductive care
- Suicide prevention
- Venous thromboembolism prevention
- Medication reconciliation
- Person centred care
- Hand hygiene
- Provider handover and care transition
- Others

23. The Level 3 QI training is a time-intensive endeavor. Please acknowledge that you can protect time and are able to devote around 15 hrs. per month (over a 10 month period, August to May) to your QI training and project work.

    - Yes, I am able to protect time to train and do QI work
    - No, I think this year may not be good for me. I will reapply next year

24. The patient voice is important to understand what matters to our patients in order to effectively improve not only patient care, but also the patient experience. Please acknowledge that, were you to be selected, you would be open to incorporate the patient voice and/ or include a patient partner as a project team member [we will help you with this step during our Level 3 QI training] (newly added - drop down menu)

    - Yes, I am open to incorporate the patient voice and/or to include a patient partner as a project team member.
    - I am not sure, I would like to hear more about this, I will connect with medicalquality@vch.ca to learn more.

25. Acknowledge box

    I acknowledge that my proposed project idea does not rely on significant investment of new resources (equipment, staff, etc.) and the project outcome is likely to be financially neutral or beneficial.