

Quality/ Performance Improvement Verification Form

Please check the box of the activity you are applying with and include the supporting documentation.

Applicant Name: _____

Applicant Department: _____

<p>1. Creates a poster/display as resource for new process or equipment</p>		<p>Please include a separate page with a detailed description of new process/ equipment and any supporting photos of poster/ display.</p> <p>Manager Signature:</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">SignatureDate</p>
<p>2. Actively serves on Unit Based Council (beyond minimum requirement)</p>		<p>Dates of Service:</p> <p>Designee Signature:</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">SignatureDate</p>
<p>3. Serve as unit representative on QI/ PI subcommittee (beyond minimum requirement)</p>		<p>Dates of Service:</p> <p>Designee Signature:</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">SignatureDate</p>
<p>4. Serve as unit champion for quality measures (i.e. skin champion)</p>		<p>Manager Signature:</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">SignatureDate</p>
<p>5. Identify potential areas of investigation and search for evidence for a potential QI/PI initiative</p>		<p>QI/ PI Initiative Name:</p> <p>Please attach list of potential areas of investigation and search results.</p>

<p>6. Collect and analyze data for potential QI/ PI initiative</p>		<p>QI/ PI Initiative Name:</p> <p>Please attach evidence of data collection and analysis.</p>
<p>7. Implementation of a QI/ PI project or initiative</p>		<p>QI/ PI Initiative Name:</p> <p>Please attach a separate page detailing implementation measures.</p>
<p>8. Evaluation of a QI/PI project or initiative</p>		<p>QI/ PI Initiative Name:</p> <p>Please attach a separate page detailing the evaluation of the QI/PI initiative.</p>
<p>9. Assist in performing a QI/PI audit (documentation, gel in /gel out, skin rounds, etc.)</p>		<p>Date of Audit:</p> <p>Designee Signature:</p> <hr/> <p>Signature Date</p>
<p>10. Hold evidence-based practice workshop on unit</p>		<p>Date of Event:</p> <p>Manager Signature:</p> <hr/> <p>Signature Date</p> <p>Please attach separate page with a one-paragraph statement detailing the topic and outcomes of workshop as well as number of individuals who attended.</p>
<p>11. Exemplar</p>		<p>Please attach exemplar with heading: Quality/ Performance Improvement Exemplar. An exemplar is a story describing something that has helped you grow as a nurse. Please see page 22 on Exemplars for more detailed information.</p>