Project Guideline Form - Nursing Career Ladder

Name: _________________________________ Date: ________________
Component #: __________________________
____ Background / Problem:

____ Goal Statement:

____ Description of the intervention, new technology, innovation, initiative, or return on investment implemented.

____ What is the metric used to determine if the intervention, technology, innovation or return on investment led to an improvement?

____ Is the intervention which was implemented based upon observation, evidenced-based practice or a change in professional guidelines or standards? If EBP – please attach references or resources used.

____ Attach Meeting Minute(s) which describes the intervention, technology, innovation or return on investment implementation and progress of change (assessment if your intervention is working).

____ Outcomes: Attach your pre-data (1 data point) and post data (3 data points) after the intervention, technology, innovation or return on investment which resulted in patient outcome improvement? The data can be monthly or quarterly. Did you meet your goal? Yes  No

____ Describe your individual work with this project (Tell us your story of your idea, intervention, technology introduction, innovation or return on investment). What was implemented, when it was implemented, how was it educated, etc.

____ List names of all staff who participated on this project.
How do you plan to sustain what you have achieved to allow for further improvement?

*Example Metrics: (Not all inclusive)*

- # of HAPUs per month and/or >Stage II
- # of Falls per month and/or Falls with Injury
- Patient Experience Domains / Press Ganey / HCAHPS
- # of CAUTI Per Month
- # of CLABSI Per Month
- # of Unsuccessful IV Attempts

Magnet Program Director Signature: ________________________________ Date _____