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 it was educated, etc.

_____ What percentage of the project is your individual work?

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

Magnet Program Director Signature: _____ Date: _____