

## 2024-2025 Quality Professional Development Project Application

### Administrative Information

1. Project Information

Project Title:

New Project or Continuation?

2. Project Point of Contact

Name:

Title:

Phone Number:

Email:

3. Applicant Organization

Hospital Name:

Mailing Address:

Hospital Main Phone Number:

4. Leadership Approval to Conduct Project

Leadership approval to conduct the project is required. Has your project been discussed and approved by your supervisor and/or leadership team?

Yes  No

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## Project Narrative Instructions

The Project Narrative must describe all aspects of the proposed project. Make it brief and clear. Provide the following information in the following order. Please use the section headers and complete each section in its entirety. This ensures reviewers can understand your proposed project.

### Section Headers

Problem and Background: Describe what you are trying to improve and provide data as support for this need. What data is available to show the significance of your problem? What data are you planning to collect about the problem during your proposed work?

Project Overview: Describe an overview of the quality improvement project, scope of work, and a high-level timeline with potential project milestones.

Goals and Objectives: Indicate goals and objectives of the proposed project. Consider SMART objectives. If your project may develop goals and objectives for an initiative through the proposed work, please indicate.

Evaluation Measurement: How will you measure change or success? Please describe potential outputs as well as process and outcome measures for the project or how measures will be developed during the work. If data will not be available at the conclusion of the work regarding the impact of the project, how will you evaluate the work that was accomplished?

Outputs: Number of publications, media message, participants, or resources created during the intervention.

Process Measures: The percentage of people receiving preventive services or activities.

Outcome Measures: Reduction in teen pregnancy or a decrease in pediatric flu cases for a defined population during a period.

Optional - Please attach any additional information or supporting documentation you wish to be considered to the application email.

## Submitting Your Application

Submit the following items by email to Michelle Hoffman, [michelle.hoffman@state.sd.us](mailto:michelle.hoffman@state.sd.us)

- 2024-2025 Quality Professional Development Project Application
- Project Narrative
- Additional information (optional)

### Acknowledgement and Disclaimer

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