Quality Improvement Project Abstract
Web Submission / Update

Three items are needed for a **new presentation** to be added to the Intermountain Alumni database of quality improvement projects.

1. Process Improvement Project Release – completed, signed and submitted
2. Abstract of the Improvement Project
3. PowerPoint Presentation of the Improvement Project

Two items are needed for an **existing presentation** to be updated in the IHC Alumni database of quality improvement projects.

1. Process Improvement Project Release – completed, signed and submitted
    A new release must be given for each new iteration of the project
2. PowerPoint Presentation of the new iteration of the Improvement Project

Submit materials to:

Intermountain Health Care
Institute for Health Care Delivery Research
Improvement Project Web Submission
36 South State Street, 16th Floor
Salt Lake City, Utah 84111

Phone: (801) 442-2896
Fax: (801) 442-3486
E-Mail: institute@imail.org

Quality Improvement Project Abstract

Project Information
• Title of the project (concise, but informative).

Contact / Team Membership
• Name of the institution(s) to which the work should be attributed.
• Name, mailing address and e-mail of author responsible for correspondence about the project.
• Names of all persons who participated sufficiently in the work to take public responsibility for the content.

Project Description
• Summary, no longer than 150 words
  • Aim statement (3-4 lines describing the purpose of the project).
  • Basic procedures for improvement opportunities.
  • Main findings (data and statistical significance).
  • Principle conclusions. Emphasize important aspects of the project.
  • Key words identification (for web and database searches).

Quality Improvement Project Presentation

Presentation
• Please create your presentation in PowerPoint. E-Mail a copy of the file to *institute@imail.org*
• The first page of the presentation should include the presentation title as well as a contact name, institution and telephone number.
• Presentations are commonly between 15 and 25 slides.
• Please try to keep presentations under 900KB-1000KB. Understandably, larger files take longer to load on individual user computers.

Process Improvement Project Release

To Whom It May Concern:

I authorize Intermountain Healthcare, Inc. and any of its subsidiaries, whether owned, leased, or managed, to release and publish the following for use on the Internet:

(check all that apply)

_____ Abstract of Process Improvement Project
_____ Graphical Display of Improvement Results (project presentation)
_____ Project Contact Information (name and telephone number)
_____ Originating Organization (organization name and address)

The nature of this disclosure has been described to me. I understand that the disclosure may be published or broadcast. I have been fairly represented in that disclosure, and I authorize Intermountain Healthcare to use the disclosure in any of its publications or communications.

_____
Process Improvement Project Title (please print)

_____   _____ _____ _____
Project Keywords:

_____
Organization

_____
Organization Address

_____
City   State   Zip code

Additional Comments: _____

Return completed and signed form to:

Intermountain Healthcare
Institute for Health Care Delivery Research
36 South State Street, 16th Floor
Salt Lake City, UT 84111
Telephone: (801) 442-3623
Fax: (801) 442-3486
Email: institute@imail.org

Project Team:

Date   Signature
_____

Printed Name
_____

Professional Title / Position
_____

Telephone   Fax
_____

E-Mail Address
_____

Date   Signature
_____

Printed Name
_____

Professional Title / Position
_____

Telephone   Fax
_____

E-Mail Address
_____

Date   Signature
_____

Printed Name
_____

Professional Title / Position
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_____

E-Mail Address

Project Team:

_____
Date   Signature

_____
            Printed Name

_____
            Professional Title / Position

_____
            Telephone   Fax

_____
            E-Mail Address

_____
Date   Signature

_____
            Printed Name

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            Professional Title / Position

_____
            Telephone   Fax

_____
            E-Mail Address

_____
Date   Signature

_____
            Printed Name

_____
            Professional Title / Position

_____
            Telephone   Fax

_____
            E-Mail Address