QLA Application

(For overview purposes only – must complete online at: https://forms.office.com/r/7SXt1q3Ttf*)*

Name & Credentials: _____   **Preferred email:** _____

Title/Role Description/ Department: _____

1. What is the problem you would like to solve?
Problem should be related to a clinical outcome (not a process improvement) and small enough to manage throughout the duration of QLA.

2. How frequently does the problem occur?
Are there events/fallouts daily? Weekly? Monthly? Not yet known?

3. What sources of evidence indicate this needs to improve?
Has a literature search been completed? Is there current literature/studies that supports improvement needed? How do you know this is a problem?

4. Do you have any data currently being collected on this issue? If yes, How – manual or automated via a report? *Use existing data sources whenever possible. The more reliable the data, and the more frequently you collect it, the faster you can measure and implement change.*

5. Select all the following that apply to your project.
- ○   *Aligns with a priority measure or initiative within your organization*
- ○   *Aligns with a national collaborative project*
- ○   *Aligns with a national measure (i.e., US News and World Report, HEDIS)*
- ○   *Addresses Health Disparities*
- ○   *N/A or unsure*

6. Have you had any Quality Improvement (QI) training before? ☐ **YES** *(If yes, please describe)* ☐ **NO**

7. Have you led a Quality project before? ☐ **YES** ☐ **NO**

8. Have you been a part of a Quality project before? ☐ **YES** ☐ **NO**

9. Describe your interest in Quality Improvement. Why do you want to take this course?

The Quality Leadership Academy is a significant personal time commitment. By submitting your application, you attest that have reviewed the course dates on the QLA Anchor page and are available to devote the time your project, and that you have approval to participate from your supervisor. You will be required to attend 6 sessions in-person, and the other 6 virtually. Applications will not be kept on file and must be resubmitted prior to each course for consideration. You will be notified of acceptance in March and required to pay the registration fee at that time.

10. I attest that I have reviewed the course schedule, and I am available during the course times. I have the approval to participate from my current supervisor. If not selected, I understand I must resubmit my application for consideration prior to each course.