University of Alberta, Department of Medicine

Health Quality Funding

Department of Medicine Health Quality Fund – Final Report

Section 1: Information

Title of Project:

Year funded:
UofA Fund # Fund Value

Lead:

Co Lead:

Section 2: Project Result Summary

Have you completed the proposed project goals (Y/N)?:

Please highlight the main outcome(s) achieved by the project: (1 page max; excluding attachments)

Did the project achieve what was intended?

What are the key reporting tools

Were there any unforeseen challenges with data sources/data validation?

What quality measures were developed, and how were they validated?

How did the project improve patient outcomes or streamline processes?

Were there any barriers to sustainability identified, and how were they addressed?

Section 3: Impacts and Lessons Learned

Were there any benefits of positive outcomes?

What key lessons were learned during the project?

How will these insights inform future QI initiatives?

Section 4: Sustainability and Future Directions

What steps have been taken to ensure the sustainability of the project's outcomes?

How will the project be maintained and monitored moving forward

What are ways the Department of Medicine could support your vision for the next steps?

How will ongoing training and support be provided to ensure continuous improvement?

Briefly mention if your project reduced waste, optimized resources, or aligned with any one or more of the principles of sustainable healthcare (promoting prevention, empowering patients, streamlining services, or using low-carbon alternatives)?

Section 5: Program Feedback

Please highlight any feedback you may have for this Fund:

Section 6: Summary of Budget Expenditures

- *Please provide a summary of expenditure related to the funded budget: (Use the budget template provided)* *Budget Attached* ☐

NOTE: Before submitting - please ensure this report briefly summarizes the HQ research conducted, key data and results, the significance of the findings, and any publications or presentations completed or in progress. **SEE WEBSITE FOR SUBMISSION DEADLINE.**

Section 7: Signatures

SIGNATURES: By signing below, the Lead confirms that the information in this report is accurate to the best of their knowledge. They also acknowledge and agree that the information present in this report may be used by the Department of Medicine to evaluate the Annual Health Analytics and Quality Funding program and for internal business and external reporting purposes.

Date:

Project Lead Name: Signature: