**iTORCH - iNNOVATORS IN TORBAY CLINICAL HEALTHCARE – Registration**

**Please download this form and save on your computer.**

Please e-mail your completed Registration Form at the time of commencement and the Outcome Form at the time of completion to effectiveness.sdhct@nhs.net, or send to the Clinical Effectiveness Department, Bowyer Building, Torbay Hospital.

On receipt of this form, information will be entered onto the Activity Database which is managed by the Clinical Effectiveness Department. This form is in two parts. Please ensure that you submit the Registration form at the commencement of your project, and the Outcomes Form on completion of your project.

**Project Title:**

**Project Group:**

|  |  |  |
| --- | --- | --- |
| **Sponsor:**  | **Mentor:**  | **Lead:**  |
| **Project Duration – Planned:** | **Start date:**  | **Completion date:**  |
| **Directorate:**  |  |

**Rationale and Aims**

*What is the problem I am trying to fix? Why is this important? How will you go about it?*

**The Aim – what are we trying to accomplish?** (what… in order to… change by how much and when?)

**Project Measures**

*How will we know that a change is an improvement? What will you use as basis for improvement, and how will you present results? Where/how do you aim to collect the data.*

*This form allows 5 measures. If you need to record more measures, please continue on a separate sheet of paper and attach to this form.*

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Measure** | **Source of Information** | **Measure Mode** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

**Suggested Changes**

*What changes can you suggest which may result in improvement? (PDSA cycles or small tests of change)*

**I**

**Project Plan**

*What will you include/exclude from the project scope? Does this project link to another on-going piece of work in the Trust? Who else needs to be involved or informed of the project?*

**Project Linkages:**

**Project Plan Exclusions:**

**Project Action Plan:**

*This form allows 5 actions. If you need to record more actions, please continue on a separate sheet of paper and attach to this form.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Action** | **Responsibility** | **Monitoring Group** | **Target Completion Date** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

**iTORCH - iNNOVATORS IN TORBAY CLINICAL HEALTHCARE – Outcome**

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**Ref No:**

**Project Title:**

**Project Completion Date:**

**Conclusions / Outcome:**

*Please note that the outcome, as written in the box below will be used on your Participation Certificate (if requested), and also used on reports relating to Continuous Quality Improvement Activity.*

**Abstracts Submitted** *(State Journal or Conference, dates etc):*

**Publications Accepted** *(State Journal, publication dates etc):*

**Presentations** (*State Conference, date, poster/oral etc):*

**Participation Certificate**

**Do you require a Participation Certificate?** **[ ]  Yes** **[ ]  No**

**If ‘Yes’, please supply internal address to which the certificate can be sent :**