Nursing Practice MSN/DNP Quality Improvement Project Submission Coversheet

Applicant Name: ______________________________

Credentials: ______________________________

Program Type: MSN DNP

Academic Institution: ______________________________

Project Title: ______________________________

Practice Setting/Unit: ______________________________

Unit Leader Name: ______________________________

Submission Requirements:

Completed Application Form

Unit Leader Approval (Signature Required)

Supporting Documents (if applicable)

Submit completed application to Clinical Outcomes at Nursing_Research@GMH.EDU prior to project initiation.

Nursing Practice MSN/DNP Quality Improvement Project Application

Department: Clinical Outcomes
Version: 1.0
Effective Date: 04-01-2026

SECTION 1: APPLICANT INFORMATION

Applicant Name: ____
Credentials: ____
Program Type (select one): MSN DNP

Academic Institution: ____
Email Address: ____
Phone Number: ____

SECTION 2: PROJECT OVERVIEW

Project Title: ____

Practice Setting/Unit: ____

Target Population: ____

Project Start Date: _________________
Project End Date: _________________

SECTION 3: PROBLEM AND AIM

Problem Statement (PICOT):
(Describe the clinical or operational problem being addressed)

Aim Statement:
(Include specific, measurable, time-bound goal)

SECTION 4: PROJECT DESIGN AND METHODOLOGY

Project Type (select one): Quality Improvement Evidence-Based Practice Research

Framework/Model (e.g., PDSA, DMAIC, IHI Model for Improvement):

Intervention Description:

Data Collection Plan:

Outcome Measures:

SECTION 5: DATA AND COMPLIANCE REVIEW

Will patient data be used? Yes No

If yes, describe data sources:

Does this project involve protected health information (PHI)? Yes No

Does this project require IRB review? Yes No Unsure

SECTION 6: FEASIBILITY AND RISK ASSESSMENT

Resources Required (staff, equipment, time):

____

____

Potential Risks to Patients or Staff:

____

____

Mitigation Strategies:

____

____

____

SECTION 7: ALIGNMENT WITH ORGANIZATIONAL PRIORITIES

Select applicable priority areas:

Patient Safety
Fall Prevention
Pressure Injury Prevention
Infection Prevention
Patient Experience
Other: ___________________________

Describe alignment with organizational goals:

____

____

____

SECTION 8: UNIT LEADER APPROVAL (REQUIRED FOR SUBMISSION)

To be completed by the Unit/Department Leader where the project will be implemented

Unit/Department: ____
Unit Leader Name and Title: ____

Leader Review Questions:

1. Does this project align with unit priorities and patient care goals? Yes No
   Comments: ____

Form Owner: Clinical Outcomes
Prepared by: Cinnamon C. Hooks, MPH, RN, NPD-BC, CPHQ, CPPS, CIC

2. Is the project feasible within current staffing and workflow? Yes No
   Comments: ____

3. Are required resources (staff time, equipment, data access) available? Yes No
   Comments: ____

4. Have potential risks to patients or staff been considered and addressed? Yes No
   Comments: ____

5. Does the leader support implementation of this project on the unit? Yes No

Additional Comments:

Unit Leader Signature: ________________________
Date: __________

SECTION 9: CLINICAL OUTCOMES REVIEW AND FINAL APPROVAL

Clinical Outcomes Review (Completeness and Feasibility):

Reviewer Name and Title: ______________________________

Application complete
Project appropriately classified (QI vs Research)
Data sources identified and accessible
Outcome measures clearly defined
Feasibility confirmed
Risks addressed
Alignment with system priorities confirmed

Determination: Approved to proceed for executive review Requires Modifications Not Approved

Comments:

Clinical Outcomes Signature: ________________________
Date: __________

SECTION 10: EXECUTIVE APPROVAL (FINAL AUTHORIZATION)

Vice President, Nursing Practice
Signature: ______________________________
Date: ___________

Chief Nursing Officer (CNO)
Signature: ______________________________
Date: ___________

FOOTER

This form is intended for submission and review of MSN and DNP Quality Improvement and Evidence-Based Practice projects. Completion of this form does not constitute project approval until all required reviews and signatures are obtained.