Choosing Wisely Vermont
Application:
Project Lead: Date:
Project Title :
Primary Department/Service: Other Departments/Services:
Please provide the following on a separate sheet (ideally one page)
1. PROBLEM STATEMENT: Describe and quantify the current state. How does this process affect patients/families? How does it relate to attaining high reliability, integrated care or to enhancing the patient experience?
2. BACKGROUND: Provide baseline assumptions, information related to frequency and volume, and published, evidence-based guidelines if available.
3. OPPORTUNITY / METHOD: Based on the problem and background, what can be changed in our systems to address the problem?
Return completed application to: pamela.stevens@vtmednet.org or Mail Stop 445SJ4 Attn: Pamela Stevens
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Stevens Jeffords Institute for Quality
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