

**UW Medicine Center for Scholarship in Patient Care Quality and Safety & Seattle Children's Hospital Certificate Program in Patient Safety and Quality
2020-2021**

Application form for INDIVIDUAL applicants

The Certificate Program in Patient Safety and Quality is open to faculty, trainees, and leaders in nursing, pharmacy, allied health, institutional quality, and safety departments. We are pleased to welcome applicants from any healthcare organization in Western Washington. In addition to learners from the UW Medicine community, our past classes have represented Providence/Swedish, Veterans Affairs, The Seattle Fire Department, and others. This year we are encouraging senior leaders to identify and send teams of 3-8 participants who are working on a specific improvement project. Teams could be institution, unit, or department-based and interdisciplinary. If you are attending the Certificate program as part of one of these teams you DO NOT need to fill out this application form. Only fill out this application form if you are applying to the program as an individual.

Participants devote approximately eight hours per month towards the program (approximately a 0.05 FTE commitment for eight months). This time commitment is comprised of six mandatory full day in-person conferences and project-related work. Applicants must have preapproved financial support and release time.

We anticipate that at the end of the course, participants will be **(1)** capable of meaningful participation in institution-wide quality improvement efforts, **(2)** able to lead local quality improvement projects, and **(3)** prepared to disseminate their scholarly quality improvement work on a local, regional, and national level.

Individual applicants are expected to bring their own quality improvement/patient safety project.

Please identify a quality improvement or patient safety project that you're currently working on (or can easily join) to work on as part of this course. Course faculty provide conceptual guidance, while you will be responsible for identifying and meeting with a project mentor on a regular basis. If you are having trouble identifying a project, please contact pcqscert@uw.edu for guidance before completing this application.

<i>Tuition Information**</i>	
Individual applicant paying with a UW budget number:	\$2,348
Individual applicant paying in any way besides a UW budget number:	\$2,715 (\$2,348 + 15.6% overhead charge)

Attendance at all six full-day sessions is mandatory. Applicants must be able to commit to all of the following day-long in-person meeting dates. Failure to do so will result in no certificate issued:

- October 15th, 2020
- December 1st, 2020
- January 20th, 2021
- February 25th, 2021
- April 20th, 2021
- May 26th, 2021

We will only consider complete applications, consisting of **1)** a complete application document **2)** your resume or curriculum vitae **3)** a letter of support from your supervisor or division head. Please PDF these together into one document and submit to pcqscert@uw.edu.

**** Applications are due by Wednesday, August 12th, 2020**

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Email: _____ Phone: _____

Employee Information

Primary Site: _____ Department/Division: _____

UW Net ID (if applicable): _____

Payment Information**

** Either the UW or non-UW payment box should be filled out, not both

UW Budget Number Information

UW Budget Number to be charged, <i>if accepted</i> :	
UW Budget Contact Name:	
UW Budget Contact Email Address:	

OR

Non-UW Budget Number Information

I am:

Self-paying (*we will contact you for payment*)

Using the funds other than by UW budget number.

Invoice contact:

Full Name: _____ Email: _____ Phone: _____

Attestation

By providing this information, I verify that:

- I am able to commit to all six mandatory session days.
- If not self-paying, I have received approval from my division head/section chief/invoice contact to have this course paid by the above payment option and verified approved commitment to this program.
- I have discussed the 0.05 FTE commitment for this course with my division head/section chief/supervisor, and have approved release time if necessary.
- I understand that paying by any means except a UW budget number will incur a 15.6% overhead charge.
- I understand that tuition will be charged by October 2020 and is non-refundable.

Signature

Date

Improvement Project

All individual applicants must bring their own quality improvement/patient safety project to work on during the duration of this course. If you are having trouble identifying a project, please contact pcqscert@uw.edu for guidance before completing this application.

Please include the following information about your project below:

- 1) Description of the project & the institutional need for the project
- 2) How this project fits in our timeline outlined in the Project Scoping in [Appendix I](#)
- 3) Name of your project mentor(s)

Written Statement

Describe any of your previous experiences in patient safety and quality, and why the Certificate Program appeals to you.

Appendix 1: Project scoping guidelines for an improvement project

Please consider the project-scoping characteristics that have been the key to success in the past, and address them on page 3 of the application.

- **Outcome:** The project should have a clear deliverable
- **Timing:** The project should be achievable in this timeline
 - Assessment and planning in Fall 2020
 - Begin implementation Winter 2020
 - Have time to complete at least one PDCA cycle after implementation
- **Measures:** The project should allow measurement of success over time
 - Ideally, measures should require as little manual audit time as possible
 - Measures should be SMART (specific, meaningful, achievable, realistic, time based)
 - Ideally, measures should allow charting of progress over time (run or control charts)
- **Management**
 - The project should have buy-in from local/institutional leadership
 - Ideally, projects should help units work towards institutional goals
 - There should be a mentor or team of mentors who have time to share their QI expertise and experience with the group
 - Total time commitment likely to be at least one hour every two weeks for mentors
 - We encourage you to invite your project mentor to the project work time during each of the in-person sessions
 - The project should allow participants enough flexibility to make meaningful contributions to the product and outcome

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Letter of Support

Date: _____

Dear Certificate Program Leadership,

It is my pleasure to recommend _____ (**applicant**) to the **2020-2021 Certificate Program in Patient Safety and Quality**. I believe that _____ (**applicant**) is well suited to excel in the program because:

I have discussed both the time commitment and financial cost of this program with the applicant.

_____ (**applicant**) ensures that he/she has appropriate approval and commits to attending the six-mandatory day-long in-person meetings, as well as has the necessary clinical/academic/operational support to meet the approximate 0.05 FTE commitment. _____ (**applicant**) will be paying for the course by _____ (**UW budget number (insert budget number)/self-pay/other (please explain)**) and has received appropriate permissions to do so.

Thank you for considering this application.

Sincerely,

Equal Opportunity Statement

The University of Washington reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations.

The University of Washington is committed to providing access, equal opportunity and reasonable accommodation in its services, programs, activities, education, and employment for individuals with disabilities. To request disability accommodation in the application process, contact the department at (206) 543-8778 or the Disability Services Office at least ten days in advance at: (206) 543-6450/V, (206) 543-6452/TTY, (206) 685-7264 (Fax), or e-mail dso@u.washington.edu.