

**Intent to Change Contract  
Practice Improvement Project in Palliative Care**

Coleman Palliative Medicine Fellow: \_\_\_\_\_

Date: \_\_\_\_\_

**I. GOAL SETTING**

Please use these questions as a guide in formulating a goal or practice improvement project.

- Is this goal in keeping with the mission, vision or strategic goals at my hospital or health care organization?
- Does it reflect or incorporate quality improvement priorities at the hospital or health care organization?
- Will there be institutional support or interest for this endeavor?
- Will it be feasible both to implement this project and evaluate the impact over a 2 year period?

Practice Improvement Project (Goal):

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**II. IMPLEMENTING YOUR PLAN**

SPECIFIC ACTION PLANS or STEPS for implementing your project: (You may list as many or as few as you wish.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

For EACH action plan or step listed above, please try to identify: 1) resources or ways in which this plan is achievable, and 2) any barriers to completing it.

Action plan or step	Resources or assets helpful in accomplishing this step	Barriers or obstacles to accomplishing this step
1.		
2.		
3.		
4.		

**III. EVALUATION**

Identify which action plans or steps present an opportune time for collecting baseline data or outcome data, measuring the effect of your intervention. Consider **what** you might want to evaluate, **when**, and **how** you would go about it.

Action Plan or Step	Evaluation Plan: What? When? How?
1.	
2.	
3.	
4.	

**IV. PROJECT TIMELINE**

Identify target start dates for action plans, steps and evaluation plans. Revise or update it as necessary.

<b>List Action Plan, Step, and Evaluation Plans</b>	<b>Target Start Date</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	