

Provider Quality Improvement Project (QIP) Evaluation Form

Provider Name : _____

Provider Contact/Email: _____

1. _____

QIP Titles 2. _____

3. _____

	QIP 1	QIP 2	QIP 3
Reason for Project selection?			
Objective Defined?			
Goal Defined?			
Baseline Identified?			
Post-Baseline Measurements?			
Barriers Defined?			
Documented Interventions?			
Analysis Performed?			
Overall	# Met		
	# Not Met		
	Total % met		

RECOMMENDATIONS:

QIP 1 – _____

QIP 2 – _____

QIP 3 - _____

