

University of Iowa Hospitals and Clinics

VALUE ANALYSIS PROGRAM PRESENTS

PROCESS IMPROVEMENT GRANT PROGRAM

PIG

University of Iowa Hospitals and Clinics has initiated a Process Improvement Grant Program whose charge is designed to solicit and fund initiatives focused on innovative, multidisciplinary strategies to enhance the clinical and operational efficiency of care rendered at University of Iowa Hospitals and Clinics with resultant cost savings. University of Iowa Hospitals and Clinics will provide seed funding for selected proposals, with individual budgets up to \$20,000 over a six to twelve month time frame. If the pilot or proposal is deemed successful, a commitment to perpetuate the initiative, through alternative funding sources, must be present.

To apply for a **PIG**, please complete the attached form. Once this form is completed, the Subcommittee Coordinating the Value Analysis Program will review your request. All information must be completed before the Subcommittee can review. Especially important areas are estimated Operational Savings or Cost Avoidance with MFK included.

Your request can be submitted at any time. If you have been approved to proceed you will receive notification and an MFK for funding. The grant must be completed in the time frame identified and, a final report will be due the month following the end of your grant period.

Thank you for your interest in our important mission of improving processes with resultant cost savings.

Send via Campus Mail to Terri Stoner, Value Analysis Facilitator, 1310 JCP,
OR send as an e-mail attachment to terri-stoner@uiowa.edu

Review Panel Use Only

<i>University of Iowa Hospitals and Clinics</i> PROCESS IMPROVEMENT GRANT PROGRAM – PIG [1] _____ Project Title

“PIG” FORM

[2] Process Improvement Grant Leader Name: _____ Title: _____

[3] Department/Unit _____

[4] Telephone No: _____ E-mail Address: _____ Campus Address: _____

[5] Goals and Preliminary Studies a. Specific goals for addressing the efficiency, productivity, reengineering, appropriateness or efficacy objectives. b. Provide preliminary studies, literature review and/or survey of comparable practices at peer institutions.

[6] Significance, Anticipated Impact, Innovation a. Provide relevant, concise and specific facts, which support the need for this initiative. b. Document interdisciplinary involvement, and potential replicability in other areas of the UI Hospitals and Clinics.

[7] Project Methods, Barriers, Implementation Plan, Project Timeline a. Project methods and barriers must be explained. b. A detailed project timeline including plan for implementation. Final report must be submitted at end of grant funding deadline.

Signatures by all affiliated Clinical and Operational Departments are required prior to submittal.

Initiated by: _____	Date: _____	COMMENTS: _____	
Operational Dept. Name _____	Endorsement: _____	Date: _____	Operational Dept. Name _____ Endorsement: _____ Date: _____
Clinical Dept. Name _____	Endorsement: _____	Date: _____	Clinical Dept. Name _____ Endorsement: _____ Date: _____
Financial Mgt. Review – JoEllen Browning _____	Date: _____	Information Systems _____	Date: _____
Staff Relations – Linda Bergquist _____	Date: _____	Facility Services/Space Utilization – Ken Davenport _____	Date: _____

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(1) _____ Project Title

“PIG” FORM

[8] BACKGROUND: Describe the project recommended as well as a brief overview of current practices versus proposed improvement:

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[9] STRATEGY: List specific goals and objectives in the current UI Hospitals and Clinics Strategic Plan this request supports:

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[10] OUTCOMES: Explain how the proposed project will affect clinical patient outcomes and impact clinical differentiation:

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[11] EFFICIENCY: Explain the impact the proposed project will have on your operating efficiencies or on other departments' operating expenses:

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Review Panel

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University of Iowa Hospitals and Clinics
PROCESS IMPROVEMENT GRANT PROGRAM – PIG

(1) _____ Project Title

“PIG”
FORM

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[12] REVENUES: Explain how the proposed project is necessary for a) maintaining an existing revenue source, or b) developing a new revenue source:

[13] PATIENT SATISFACTION: Explain how the proposed project will improve patient, family, or visitor satisfaction:

[14] STAFF SATISFACTION: Explain how the proposed project will improve staff, faculty, or volunteer satisfaction:

[15] SAFETY: Explain how the proposed project will impact safety and site the regulatory agency and standard that applies, if applicable:

[16] COMPLIANCE: Explain how the proposed project is necessary for compliance with federal, state or local regulations, requirements of the Board of Regents, State of Iowa, the University of Iowa, UI Hospitals and Clinics, or other requirements:

Requesting Grant Amount

University of Iowa Hospitals and Clinics
PROCESS IMPROVEMENT GRANT PROGRAM – PIG
_____ Project Title

**“PIG”
FORM**

PROPOSED BUDGET

[17] Salary (Staff Relations must approve Position Description and Salary)

Position Title	Rank Code	Dept.	RC	FTEs	Annual Salary + Fringe	Other Personnel Costs (e.g. Overtime)	TOTAL COST
_____	_____	_____	_____	_____	_____	_____	\$ _____

Staff Relations must approve position description:

[18] Wage (Staff Relations must approve Position Description and Salary)

Position Title	Rank Code	Dept.	RC	Annual # of Hours	Hourly Rate	Cost	Other Personnel Costs (e.g. Overtime)	
_____	_____	_____	_____	_____	_____	_____	_____	+ \$ _____

[19] General Expense

_____	+ \$ _____
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[20] Capital Equipment

	Unit Price	Quantity	Total Equipment	
_____	_____	_____	_____	+ \$ _____

[21] Describe other support services or expenses not covered by PIG.

_____	+ \$ _____
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[22] Assumptions Used in Developing Financial Data

- a. Unit of Activity Measurement _____
- b. Annual Volume of Activity: _____
 - Inpatient: _____
 - Outpatient: _____
- TOTAL** _____
- c. Anticipated Charge per Unit of Activity _____
- d. Anticipated Annual Gross Revenue: _____
 - Inpatient: _____
 - Outpatient: _____
- TOTAL** _____

Requesting Grant Amount

University of Iowa Hospitals and Clinics
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 _____ Project Title

“PIG”
FORM

Assumptions Used in Developing Financial Data (continued)

e. Estimated Patient Payor Population Makeup:

	Inpatient	%	Outpatient	%	Combined	%
Medicare	_____	%	_____	%	_____	%
Medicaid	_____	%	_____	%	_____	%
Blue Cross	_____	%	_____	%	_____	%
Commercial & Other	_____	%	_____	%	_____	%
Self Pay	_____	%	_____	%	_____	%
Indigent	_____	%	_____	%	_____	%
TOTAL	100	%	100	%	100	%

f. If this grant replaces a current process within your department, identify and then quantify the impact of this replacement (i.e. impact on volume, staffing, revenue, and expense savings):

g. Identify and quantify any impact this new PIG may have on other departments. Discuss the extent of awareness and acceptance of this initiative by the affected departments:

[23] Space and Environmental Modifications

- \$
 - \$

[24] Expected Revenues

Provide top DRG or APC codes relevant to this request and provide expected incremental volume and then income expected.

- \$

[25] Estimated Operational Savings \$
 Description

MFK Required: _____

- \$

[26] Estimated Cost Avoidance \$
 Description

MFK Required: _____

- \$

Total Cost Less Revenue less Savings =

\$