•						
Brought Forwa Financial Year 2000/2001	Primary Ca		Fareham and Gosp Primary Care 1	Trust	Primary Care Trust	
2001/2002 2002/2003 Carried forwar	d	PROJEC	CT PROPOSAL F	ORM		
Project Refere	nce					
Primary Care Group/Trust		it FAREH	IAM & COSR	DRT PC	- Τ	
Project Topic		JMH PEER				
Service	г		ARNET RHH	7	CARE	
Project Lead	Cor		HOSPITALS]		
Name FIONA CAMERON						
Designation				COMM	NITH SERVICES	
Contact Address FAREHAM REACH GOSPOZT ROAD FAREHAM HANTS						
Contact No	Cod	e A 🔡	Bleep No			
Rationale for I ANECOOT	Project Project Project PPROPR	Outline why you or are to be answered DENCE WA	DILD SUC	Which specif	PROPRIATENESS HAB & PAILCARE) EDICAL NEED ic questions THAT PATIENTS RHH & QA IND THEREAFTER	
Supporting Evide						
Available evidenc	e includes:	Grade A	Grade B	Grade C	\checkmark	
Is the project	1 🗸 Multip	rofessional 2	Uniprofessional			
If multi-professi will be participa	-	ofessions/services it?	? unsur	LE AT	PREBENT	
Are clients/reps i If YES, at what s i Designing	stage?	s audit?	Yes 2 🗸 No Measuring Outco	omes 4 C	Collecting Data	

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Is the audit related to any of these?	- · · · · · · · · · · · ·						
I National Service Framework	2 NICE Implementation	3 Trust Business Plan					
4 📝 Risk Management	5 Health of the Nation/Our Healthier Nation	6 Local Consus Concern					
Does the audit reflect:		· · · · · · · · · · · · · · · · · · ·					
1 District-wide Priority 2 Primary Care Trust/Group Priority 3 Service Priority							
Does the audit involve: Structure M Process M Outcome							
Does the audit involve measurement aga If YES, please specify and explain how thes		Laure 1					
	······································	······································					
Are clients/patients involved? Yes No							
If YES please explain further:		$\sum_{i=1}^{n}$					
STUDY DESIGN Population to be audited:							
ALL DECERSED APTIENTS AU PALLIPTIVE CARE WHO WER TRANSFERRED FROM REHM	E REFERRED 6-9~	ontho deathor.					
Data Source Casenote Review	Questionnaire 2	Telephone Survey					
	Focus Group 5	Interviews 6					
Patient Tracking 7	PEER REVIEW.						
Is the Project: Prospective	Concurrent Retrospe	ective					
ENCLOSURES (See notes)	(Please clarify)						
Audit Tool Supporting Evidence Other TRIGGERS LIST.							
RESOURCES REQUIRED							
1. Access to IT Systems Yes No 2. Additional Funding Yes No							
3. Clinical Auditor Time Yes No Hours	Amount						
PROPOSED DATES FOR PROJECT Project Start Date Total length of project (months) Clinical Leader's Signature	T.b.a. Project Finish Report to be distributed Designation						
Second Se	3						

Date:

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