

- Brought Forward
- Financial Year
- 2000/2001
- 2001/2002
- 2002/2003
- Carried forward

PROJECT PROPOSAL FORM

Project Reference

Primary Care Group/Trust

Project Topic

Service

Project Lead

Name

Designation

Contact Address

Contact No

Bleep No

Project Objectives

PEER REVIEW OF PATIENT JOURNEY FROM REFERRAL TO GWMH THROUGH TO DEATH TO ~~ASSESS~~ ASSESS APPROPRIATENESS OF ACCESS TO SPECIALIST SERVICES (REHAB & PALL CARE) & ENSURE REFERRAL CRITERIA MEET MEDICAL NEED.

Rationale for Project

Outline why you consider this audit necessary. Which specific questions are to be answered by this audit?

ANECDOTAL EVIDENCE WOULD SUGGEST THAT PATIENTS ARE INAPPROPRIATELY REFERRED FROM RHH & QA TO GWMH REHABILITATION SERVICES AND THEREAFTER PALLIATIVE CARE

Supporting Evidence

N/A

Available evidence includes:

Grade A

Grade B

Grade C



Is the project

1 Multiprofessional

2 Uniprofessional

If multi-professional, which professions/services will be participating in this audit?

? UNSURE AT PRESENT

Are clients/ reps involved in this audit?

1 Yes

2 No

If YES, at what stage?

1 Designing Audit

2 Setting Standards

3 Measuring Outcomes

4 Collecting Data

