

Choosing Wisely Hospital
Designation Application: Leadership Status

Complete this application form if you meet the designation requirements for becoming a Choosing Wisely Canada Hospital: Leadership Status.

Please review the [Choosing Wisely Hospital Guide to Designation](https://choosingwiselycanada.org/download/6920/) for details on how to fill out this application form and instructions on submitting your data.

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|  | Application Requirements:  |
|  | * Completion of quality improvement projects totaling 7 credits
	+ Completion of QI Status counts as 5 credits
* Demonstration that Choosing Wisely is an organizational/strategic priority
* Proof of mentoring at least one other hospital
* Plan for how you intend to show sustained efforts and demonstrate ongoing organizational commitment to Choosing Wisely.
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|  | Application Reminders:  |
|  | * Designation and good standing as a Using Blood Wisely Hospital counts as 2 credits. To be in good standing you must be meeting UBW benchmarks for a minimum of 4 months preceding this application.
* Participation in Using Labs Wisely (requiring the satisfactory completion of one annual cycle of Using Labs Wisely) counts as 2 credits
* Implementation of a self-directed QI project based on a Choosing Wisely Canada recommendation or toolkit counts as 1 credit
	+ Lab projects cannot count as a self-directed QI project. Hospitals interested in lab projects should participate in Using Labs Wisely.
	+ Self-directed projects should be implemented hospital-wide or across as many departments or units as possible. If you have questions about the applicability of your project, please contact Choosing Wisely Canada.
	+ To ensure that your self-directed QI project is eligible, please consult with Choosing Wisely Canada prior to your submission.
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|  | Application Instructions:  |
|  | * **Step 1:** Complete this application form
* **Step 2:** Collate all data and supporting documents into a single file
	+ Display data as SPC or run charts
	+ PDF or Word file required. The data and documents should be clearly labelled to correspond with each project.
* **Step 3:** Sign the application
	+ Signatures are required from both the Chief of Staff (or equivalent) and the President/Chief Executive Officer (or equivalent)
* The final application should contain TWO attachments: This application form and a PDF or Word file containing the data and supporting documents
* **Step 4:** Send the application form and file containing data and supporting documents to: info@choosingwiselycanada.org
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**Questions?** | **Email:** info@choosingwiselycanada.org

www.choosingwiselycanada.org/cwc-hospitals

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* Lab projects cannot count as a self-directed QI project. Hospitals interested in lab projects should participate in Using Labs Wisely.

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Get designated.

**HOSPITAL INFORMATION:**

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| Hospital Name/Site(s): |  | Click or tap here to enter text. |
| Contact Name and Role: |  | Click or tap here to enter text. |
| Contact Email: |  | Click or tap here to enter text. |

**CREDITS COMPLETED:**

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|  |[ ]  QI Status (5 Credits) |
|  | National Program Participation:  |
|  |[ ]  Using Blood Wisely: Designation and good standing. To be verified by Choosing Wisely Canada (2 credits) |
|  |[ ]  Using Labs Wisely: Satisfactory completion of one annual cycle. To be verified by Choosing Wisely Canada (2 credits) |

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| **SELF-DIRECTED QI PROJECT SUBMISSIONS (1 CREDIT EACH):**  |
| 1. Choosing Wisely Canada Recommendation (or Toolkit) Implemented: Click or tap here to enter text. |
| Aim: Click or tap here to enter text. |
| **Project Summary:** (Include name, description of the project, interventions used, and sustainability plan)  |
| Click or tap here to enter text. |
| **Project Scope:**(Describe the scope or reach of the project’s implementation across the hospital. For example, what departments it impacts, the percentage of beds or patients impacted, etc.) |
| Click or tap here to enter text. |
| **Results Summary:**  |
| Click or tap here to enter text. |
| Submit the data and any supporting documents for this recommendation, clearly labelled with this section, in a PDF or Word file.Review the [**Choosing Wisely Hospital Guide to Designation**](https://choosingwiselycanada.org/download/6920/) for how to format your data. |

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| 2. Choosing Wisely Canada Recommendation (or Toolkit) Implemented: Click or tap here to enter text. |
| Aim: Click or tap here to enter text. |
| **Project Summary:** (Include name, description of the project, interventions used, and sustainability plan)  |
| Click or tap here to enter text. |
| **Project Scope:**(Describe the scope or reach of the project’s implementation across the hospital. For example, what departments it impacts, the  percentage of beds or patients impacted, etc.) |
| Click or tap here to enter text. |
| **Results Summary:**  |
| Click or tap here to enter text. |
| Submit the data and any supporting documents for this recommendation, clearly labelled with this section, in a PDF or Word file.Review the [**Choosing Wisely Hospital Guide to Designation**](https://choosingwiselycanada.org/download/6920/) for how to format your data. |

If you are submitting seven individual self-directed QI projects, [click here](https://choosingwiselycanada.org/download/6927/).

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| Demonstrating Leadership and Organizational Commitment:  |
| **A. Making Choosing Wisely a Strategic Priority** |
| Details: Detail how your organization has made Choosing Wisely a strategic priority. Examples of this could include a letter from the hospital CEO outlining organizational commitments, hospital operating/strategic plan, etc.Submit the supporting documents for this recommendation, clearly labelled with this section, in a PDF or Word File. |
| Click or tap here to enter text. |

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| **B. Mentorship of at least one other hospital** |
| Details: Name the hospital(s) you mentored. Include a letter from the mentored hospital outlining the mentorship.Submit the supporting documents for this recommendation, clearly labelled, in a PDF or Word File. |
| Click or tap here to enter text. |
| C. Sustaining Efforts and Ongoing Organizational Commitment to Choosing Wisely  |
| Details: Outline how you plan to show evidence of sustained efforts and organizational commitment to Choosing Wisely. Proof of this will be submitted at year 1 and year 2 post-designation, and every 2 years thereafter. |
| Click or tap here to enter text. |

Sign-Off

I hereby submit my hospital’s application to attain the designation of Choosing Wisely Canada Hospital: Leadership Status and certify that the information contained in this application is accurate to the best of my knowledge.

Should the designation be granted, I understand that to maintain our designation, our hospital must remain in good standing with respect to the requirements above, and demonstration of ongoing organizational commitment to Choosing Wisely must be submitted at year 1 and year 2 after receiving designation, and every two years thereafter. Choosing Wisely Canada has the right to request updated or further information at any time and may revoke the designation if it deems that we no longer meet the requirements.

*Please use e-signatures:*

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|  | Click here to enter date |
| **Print name****Chief of Staff (or equivalent Title)** | **Date** |

Email Address: Click or tap here to enter text.

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| Shape  Description automatically generated with low confidence | Click here to enter date |
| **Print name****President / Chief Executive Officer(or equivalent title)** | **Date** |

Email Address: Click or tap here to enter text.

**Questions?** | **Email:** info@choosingwiselycanada.org

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