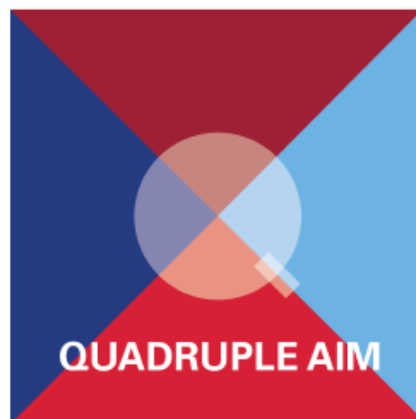


AHVRP Quadruple Aim Submission Form

Thank you for your interest in participating in the AHVRP Quadruple Aim. By completing this survey and submitting your content, you are attesting you have consulted with your senior leader and you have permission to share your program on the AHVRP website and potentially a future AHVRP publication. You may submit more than one program.



AHVRP Quadruple Aim Submission Form

Please complete the information below which will be used in the publication if your content is selected.

*** 1. Submitter info:**

Name (include designations):

Title:

Company:

Total number of volunteers:

City/Town:

State:

Number of beds:

Work Email Address:

Work Phone:

2. Which category best fits your program?

- Aim #1: Improving the Patient Experience of Care
- Aim #2: Improving the Health of Populations
- Aim #3: Reducing the Per-Capital Cost of Health Care
- Aim #4: Care Team Well Being

3. What is the name of your program? Year program began?

4. What is the goal of your program?

5. What is the summary of your program? Purpose? What was the need?

6. What are the roles of the volunteers? Specific, measurable, impact outcomes?

7. What is the role of health care provider staff?

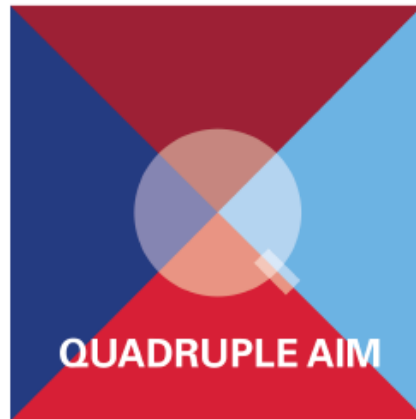
8. Who are the primary collaborators (departments, outside agencies) in your program?

9. What are the outcomes and benefits of the program? Highlight # of patient visits, volunteer hours, success rate? Include any measurable data points of the program.

10. How do you communicate, check in, follow up with the department? What is the frequency?

11. What are the future plans for your program?

12. Share any recognition the program has received. Awards? What other hospitals model your program?



AHVRP Quadruple Aim Submission Form

Information submitted!

Thank you!