

Innovation Program Screening Tool

The Innovation Committee will use this tool to assess the Innovation Program applications.

Application Name:

Committee Member's Name:

0 1 2 3 4 5
Not at all Somewhat Completely

Scoring Criteria	Score (0 to 5)
Criteria 1. Patient Outcomes <i>Success will result in improved (direct or indirect) patient outcomes and experience (for the patients involved)</i>	
Criteria 2. Staff Experience <i>Success will result in improved (direct or indirect) staff experience (for the staff involved)</i>	
Criteria 3. Implementation and Measurement <i>The project clearly outlines a viable implementation plan and how they will measure the project outcomes</i>	
Criteria 4. Thinking Differently <i>The project demonstrates they are 'thinking differently' about the challenge</i>	
Criteria 5. Perceived 'Wow' factor <i>Does this project make you go 'wow'? This can be for many reasons including 'thinking differently', 'innovation', fun and engaging idea etc.</i>	
Total	0

Do you require any further information about this project from the applicant or another staff member? YES/NO, if yes please list:

Do you think the initiative is suitable for support from another program/service in the district? YES/NO, if yes please list: