



Lean Project Application, Cycle 2

Name of Organization: _____ **Date:** _____

Submitted by: _____ **Title:** _____

Email: _____ **Phone:** _____

Please submit a separate application for each project and include team members who are directly and regularly involved in the project work.

Lean Projects

CATEGORY	P4P/P4X Measures of High Risk/High Value (QCIS Priorities) <input checked="" type="checkbox"/> Select all the measure you are interested in affecting
OUTCOME	<input type="checkbox"/> Potentially Preventable Readmissions/ED Visits (including Behavioral Health) <input type="checkbox"/> Prevention Quality Indicators: <input type="checkbox"/> Admissions for Hypertension <input type="checkbox"/> Admissions for Heart Failure <input type="checkbox"/> Admissions for Diabetes with Complications <input type="checkbox"/> Admissions for Asthma <input type="checkbox"/> Hypertension control <input type="checkbox"/> A1C control <input type="checkbox"/> Other: _____
TRANSITIONS OF CARE	<input type="checkbox"/> Referrals to Health Home <input type="checkbox"/> Referral tracking (specialty/Community Based Organization) <input type="checkbox"/> Referrals to retinal exams (results returned) <input type="checkbox"/> Post-acute focus on Potentially Preventable Readmissions/ED Visits <input type="checkbox"/> Other: _____
ACCESS	<input type="checkbox"/> Routine well visits with PCP <input type="checkbox"/> Follow-up After Behavioral Health Hospitalization <input type="checkbox"/> Initiation and Engagement in Treatment Alcohol/Drug Dependence <input type="checkbox"/> Other: _____
OTHER (specify):	

Explain in detail what you plan to address/change including the potential impact:

Lean project participants (list up to six)	Lean project role
Name: Title: Email:	Senior leadership sponsor (REQUIRED)
Name: Title: Email:	Lean project oversight (Manager/Director+) (REQUIRED)
Name: Title: Email:	Lean Team Participant
Name: Title: Email:	Lean Team Participant
Name: Title: Email:	Lean Team Participant
Name: Title: Email:	Lean Team Participant

Organizational Expectations

- Commitment to allow up to 6 employees time for education and project implementation
- Leadership commitment to support the team and to consider implementing recommended improvements
- Submit and present project completion report

Senior Organizational Leadership Sponsoring Lean Project

Name: _____ Title: _____

Signature: _____ Date: _____

Please email completed application to Mary Morris mmorris@sbhny.org by Wednesday, March 21, 2018