



**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**

<b>CATEGORY</b>	<b>P4P/P4X Measures of High Risk/High Value (QCIS Priorities)</b> <input checked="" type="checkbox"/> Select all the measure you are interested in affecting
<b>OUTCOME</b>	<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: _____
<b>TRANSITIONS OF CARE</b>	<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: _____
<b>ACCESS</b>	<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: _____
<b>OTHER (specify):</b>	

**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: \_\_\_\_\_

Date: \_\_\_\_\_

*Please email completed application to Mary Morris [mmorris@sbhny.org](mailto:mmorris@sbhny.org) by Wednesday, March 21, 2018*