**COVER PAGE**

Preventive Care Title:

Name of Care Delivery Organization:

Size of Care Delivery Organization (e.g. # of clinicians, sites and/or facility beds):

**Contact for questions:**

Name:

Phone:

Email:

Does the organization agree to share their ideas, learnings, and methodology with others at no cost if selected as the winner?

[ ]  Yes

[ ]  No

Please explain as needed:

**All applicants are invited to attend the Partners in Excellence celebration dinner were the final winner(s) of the award will be announced. Winner(s) are not disclosed prior to the dinner.**

Who would be representing the group at the dinner? *Ideally this list would be no longer than 3 or 4 individuals. If necessary, additional may be added.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Professional Title** | **Email** | **Phone Number** |
| **Guest 1** |  |  |  |  |
| **Guest 2** |  |  |  |  |
| **Guest 3** |  |  |  |  |
| **Guest 4** |  |  |  |  |

**POSTER SUMMARY REQUIREMENTS**

A poster will be created of your work and displayed during the reception prior to the dinner celebration. The poster will include your corporate logo, an innovation picture of your choice, and a brief summary. To ensure a high quality poster, we ask that you submit these items at the same time of this submission using the specifications below.

[ ]  Official Corporate logo in .EPS file format

[ ]  300-word limit for poster summary

[ ]  High-resolution (min 300 DPI) JPEG photo in portrait/vertical orientation.

**Provider** [Organizational name(s)]

**Challenge** (What was the issue/situation?]

**Process for Change** (Brief description of what you did & your goals.]

**Results** [Did it work? What were your results? ]

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*

**Adoption Considerations** [What was/is important to know in getting started with this Improvement?]

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*

**Recommendations for Sustaining the Gains** [What steps were done or will do to sustain your improvement?]

*
*

**Upon completion of the Poster Summary fields above, please confirm that your word count is less than 300 words. This is necessary to ensure that your summary will fit on the poster board.**

**SUBMISSION FORM**

**Directions:** Please complete all seven questions in their entirety. The form should be no longer than five (5) pages in length not inclusive of the separate cover page or supporting reference attachments. The form should be single spaced with 11 point Calibri style font.

For examples of previous award-winning submission forms, visit the [Partners in Quality](https://www.healthpartners.com/provider-public/quality-and-measurement/partners-in-quality/) page on the HealthPartners Provider Portal.

**NOTE:**

Your submission will be evaluated by individuals who are not necessarily familiar with acronyms/abbreviations. Please avoid using them or include adequate explanations.

**\*All submissions will be blinded prior to evaluation from the review panel committee.**

When completing the submission form:

* + Absolutely no clinician or organizational names.
	+ Do not include organizational identification in your answers.
	+ Ensure that your graphs are blinded.
	+ If you have supporting reference materials, send it as an attachment.

**Email the completed submission form to** **HPAwards@HealthPartners.com** **by the deadline of July 16, 2021.**

**Preventive Care Title:**

**Submission Date:**

**Was this preventive care clinical improvement activity designed and implemented in the past three years?**

[ ]  Yes

[ ]  No

**QUESTIONS**

1. **Describe the challenge that needed to be addressed. Include baseline status or performance prior to implementing the improvement strategy.**

1. **How many people might be affected by this strategy at your clinic system?**

1. **Describe the goal(s) for the clinical improvement activity and how it advances current screening status and/or targets the challenge(s).**

1. **Describe what was done to improve this preventive service.** (Include changes to your present practice, team and/ or infrastructure changes.)

1. **Describe the challenges encountered (e.g. barriers, unexpected and/or unintentional consequences) and how they were overcome.** (e.g. important considerations when adopting this change.)

1. **Describe the metric(s) developed to evaluate success of the improvement strategy.**

1. **Based on the metric(s) above:**
	1. **Describe the result(s) and include detailed data supporting a change in the outcomes.**

* 1. **Do the results demonstrate success for your clinical improvement activity? If so, please explain.**

1. **Describe what steps you have done or will take to sustain your improvement.** (Recommendations for sustaining the gains.)