

Legacy Health Partners Quality Award Form

LHP wants to recognize the ways our network provides high-quality care for our patients. Submit this form to apply and have your improvement activities considered for an LHP Quality Award.

Examples include but are not limited to: telehealth and virtual visits, tracking care gaps in preventive care and planning future follow-up, and outreach to patients with chronic conditions.

Submit to LegacyHealthPartners@lhs.org by the end of October

Practice Name: _____

Provider Champion: _____

Contact Person: _____ Email: _____ Phone: _____

Categories (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Access to care | <input type="checkbox"/> Preventive care |
| <input type="checkbox"/> Care coordination | <input type="checkbox"/> Health-related social needs, social determinants of health |
| <input type="checkbox"/> Chronic condition management | <input type="checkbox"/> Telehealth, virtual visits |
| <input type="checkbox"/> Clinic operations | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diversity, equity and inclusion | |

Provide a brief problem statement describing the challenge you identified.

What was the project goal? What by when?



LEGACY
HEALTH PARTNERS

Delivering value and improving health

Conclusions and lessons learned: What were the impacts of the results and outcomes? Are the results sustainable?

Team members: List active team members and their credentials. Attaching a team photo is encouraged.