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):		
☐ Access to care		☐ Preventive care
☐ Care coordination☐ Chronic condition management		☐ Health-related social needs, social determinants of health
☐ Clinic condition management		☐ Telehealth, virtual visits
☐ Diversity, equity and inclusion		☐ Other:
Provide a brief problem statement desc	ribing the cl	challenge you identified.
What was the project goal? What by wl	nen?	



How did the project demonstrate the following?
• Impact on patients: improves health, patient experience, and patient access to care.
• Impact on clinic: improves efficiency or workflows, increases provider and staff satisfaction, and illustrates engagement and partnership across clinic roles.
• Impact on quality: demonstrates measurable improvement on a defined performance measure, and uses evidence based best practices or innovative problem solving. Include how data is used to track/measure results
• Impact on cost of care: reduces the cost of care for the patient and the network. Include plans for sustainabilit or how the project could be replicated by others.

Conclusions and lessons learned: What were the impacts of the results and outcomes? Are the results sustaina	able?
Team members: List active team members and their credentials. Attaching a team photo is encouraged.	