



# Essentials for Quality Improvement Advisors

“Developing Leaders to *ADVANCE* Quality Excellence”

## 2017 PROGRAM APPLICATION



Instructions: Please complete the application below and submit via e-mail to Partnership Improvement Academy at [ImprovementAcademy@partnershiphp.org](mailto:ImprovementAcademy@partnershiphp.org) or via fax to (707) 863-4316. If you have questions, please send us an e-mail at the above e-mail address or contact Denise Armstorff @ [DArmstorff@partnershiphp.org](mailto:DArmstorff@partnershiphp.org) or (707) 430-4853. Deadline to apply is January 31, 2017.

### I. Health Center Information

Health Center/Practice Name:

If you are a multi-site organization, which site will participate in the *ADVANCE* program?

Address:

City:

State:

Zip:

Phone:

Fax:

### II. Health Center Demographics

Number of full-time equivalent (FTE) providers:

Number of FTE Staff (non-providers):

Which EHR does your health center use?

How many sites does your health center have?

What system, if any, do you use for population health management?

Has your practice made progress toward implementing team based care? If so, what elements have you implemented?

Please identify the services provided at your health center:

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Medicine         | <input type="checkbox"/> Family Medicine |
| <input type="checkbox"/> Women’s Health (OB/FP) | <input type="checkbox"/> Lab             |
| <input type="checkbox"/> Pediatrics             | <input type="checkbox"/> HIV Services    |
| <input type="checkbox"/> Pharmacy               | <input type="checkbox"/> Dental          |
| <input type="checkbox"/> Behavioral Health      | <input type="checkbox"/> Residency       |

**III. Participants (Who will attend the program learning sessions)**

**Participant 1** – Clinician with a formal or informal leadership role in leading quality improvement efforts within the provider practice; should have authority/influence to provide resources and remove barriers

<b>Name:</b>	<b>Title:</b>
<b>Direct Phone Number:</b>	<b>Email Address:</b>

Please describe this person's role within the practice, highlighting responsibilities related to QI:

**Participant 2** – Staff member who is responsible for leading and/or executing improvement projects within the provider practice; must be able to be involved in carrying out the work and overseeing the selected project/improvement team (e.g., QI coordinator, manager, medical assistant, project manager, etc.)

<b>Name:</b>	<b>Title:</b>
<b>Direct Phone Number:</b>	<b>Email Address:</b>

Please describe this person's role within the practice, highlighting responsibilities related to QI:

**Participant 3 (Optional but strongly recommended)** – 1 staff member who is expert at understanding practice data systems and capabilities and can readily generate, display, and analyze data for the improvement project

<b>Name:</b>	<b>Title:</b>
<b>Direct Phone Number:</b>	<b>Email Address:</b>

Please describe this person's role within the practice, highlighting responsibilities related to QI:

#### **IV. Application Questions**

**1. What are the strategic priorities of your organization over the next 1 – 3 years?**

**2. Briefly describe your practice's current quality improvement activities.**

**3. Why do you want to be part of the *ADVANCE* training program?**

**4. Describe your organization's measurement system or strategy for evaluating your quality improvement projects/programs (i.e., dashboard) including the frequency for reviewing data.**

**5. Who within your practice is expert at understanding practice data systems and capabilities and can readily generate, display, and analyze data to support your improvement project?**

**6. Is there anything else you would like us to know?**

## V. Selecting an Improvement Project

As part of this program, you will apply learning from the trainings to a quality improvement project at your practice. This year we are asking participating practices to select one of four designated improvement initiatives. Please identify which of the following potential projects that you would like to work on as you progress through the *ADVANCE* program (select any/all that apply):

- Annual Monitoring for Patients on Persistent Medications
- Blood Pressure Control
- Cervical Cancer Screening
- Childhood Immunizations

## VI. Application Process and Eligibility Criteria

**APPLICATION PROCESS:** Each practice may submit one application. Multi-site practices may submit one application per site. All applications will be reviewed by a selection team made up of PHC medical directors and QI staff. The selection team will also conduct interviews to determine the applicant's readiness, will and capacity.

**ELIGIBILITY CRITERIA:** In order to be considered for participation in the *ADVANCE* program, identified participants must be employed by a PHC-contracted primary care practice and be 100% committed to:

- Attending **all** program learning sessions (includes three 2-day in-person and 7 webinars).
- Investing the time necessary to actively apply learning to select QI project.
- Regularly submitting documentation to demonstrate project status and progress.
- Purposefully collaborating with others and actively sharing challenges and successes.
- Meeting regularly with the assigned Performance Improvement Coach to discuss project.
- Sharing the project with executive leaders and others in the organization regularly
- Providing a resource to assist with project data collection and sharing of data
- Sending PHC monthly project data for 12 months post-program end-date

Teams who are unable to fulfill the above commitments at any time during the program, will be requested to attend a meeting with the *ADVANCE* Selection Team regarding continued eligibility and may be dismissed from the program.

<b>VII. Signatures</b> I have read and understand the commitments required to participate in the <i>ADVANCE</i> program.	
<b>CEO/Senior Executive</b>	
<b>Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Participant 1</b>	
<b>Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Participant 2</b>	
<b>Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Participant 3 (Optional)</b>	
<b>Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

If you have questions about ADVANCE, please contact us at [ImprovementAcademy@partnershiphp.org](mailto:ImprovementAcademy@partnershiphp.org).

**You will receive a confirmation receipt following submission of your application.**