



CareOregon

Care Support and System Innovation Program

315 SW Fifth Ave., Suite 900

Portland, Oregon 97204

Application deadline: December 15, 2008

2009 Project Narrative

Improvement Projects

Whole System Primary Care Delivery Renewal Projects

Please limit the length of your narrative to three to five pages and address the following items:

- 1. Organization Background:** List the organization's location, number of providers (or FTE) for ambulatory care practices/organizations, number of beds for hospitals and organization's mission statement.
- 2. Project Description:** Present an overview of the project you propose to implement with funding from CareOregon. Relate the project to the funding categories outlined in the 2009 CSSI Program Description.
 - Describe what the project is trying to accomplish: What is the aim or goal of the project?
 - What are the objectives and activities of the project: What changes are proposed?
 - Describe how the project addresses the six aims for improvement described in the Institute of Medicine's *Crossing the Quality Chasm* report.

Ambulatory Care-Based Projects—Define the patient population and how the project will improve the lives of this population group. Describe and reference the best emerging practices or evidence-based care guidelines upon which the project is based.

Whole System Primary Care Delivery Renewal Projects—For groups participating in the Primary Care Renewal collaborative, define how you plan to expand your PCR work: deepening your PCR capacity, or spreading your PCR model to other teams in your current site or other clinics in your health system. Describe both the clinical and administrative resources you have to support spread and improvement, the resources you will need to add, your timeline for implementation over the next year and your plan for managing and monitoring the multiple teams at your site or sites.

Hospital-Based Projects—also describe how the project will address one or more of the Institute of Healthcare Improvement (IHI) "Protecting 5 Million Lives from Harm" interventions or another IHI-recommended intervention. Please explain if this is an enhancement of an existing project and/or previous efforts to address this intervention or if it is a new project.

- 3. Measurements:** How will you know that the project is resulting in improvement?
How will you know proposed changes will be improvements?
- Relate the measures for improvement to the project aim.
 - Relate the measures to the emerging/best practices or to the evidence-based care upon which the project is based.
 - What process or outcome measures will be used? Include baseline measures, if any are available.
 - What data sources will be used?
 - Who will collect the data?

Hospital-based projects—Reference the measures recommended by the IHI.

- 4. Project Team:** List team members, their positions in your organization and their roles and percentage of time dedicated to the project. Indicate which team member (or members) will serve as coach/leader. Include the name and position of the project sponsor/champion. (See CSSI Program Description for more information about project teams.)
- 5. Experience with Model for Improvement or Other Improvement Methods:** Summarize the experience of team members, coaches and the organization using the model for improvement and/or other improvement or change efforts.
- 6. Timeline:** Outline a one-year timeline for the project, indicating key steps and deliverables.
- 7. Additional Funding Sources:** Include a list of additional funding sources for this project, including funding from programs similar to CSSI at other health plans.
- 8. Spread/Sustainability:** Describe the potential for spreading the use of the Model for Improvement and the plan for sustaining the project beyond 2009.
- 9. Strategic Plan:** Describe how the CSSI project fits into your organization's strategic plan or long-range plan.
- 10. Letters of support:** Include letters of support from the project sponsor/champion and the CEO or equivalent.

Submitting an application: E-mail the following to wolfordd@careoregon.org:

1. Cover sheet (May be submitted in Microsoft Word or PDF format. Contact Diana Wolford at wolfordd@careoregon.org for a copy of this form.)
2. Narrative
3. Budget (May be submitted in Microsoft Word or Excel.)
4. The letters of support from the project sponsor/champion and the CEO or equivalent. (May be sent by e-mail in PDF format or by postal mail to Diana Wolford, CareOregon CSSI, 315 SW Fifth Ave., Suite 900, Portland, OR 97204. Letters mailed must be received by December 15, 2008.)

Business Practice Viability

Please provide a brief description of the practice and potential needs, such as billing and collection processes, patient flow and scheduling, and staff satisfaction and retention.

For more information, contact Diana Wolford, CSSI Program Coordinator, at 503-416-1725 or wolfordd@careoregon.org.

CSSI application materials are available at <http://www.careoregon.org/provider/provider.html> in the “What’s New” section.

Applications are due by December 15, 2008

Thank you for your interest in CSSI.