

UNIVANTS of Healthcare Excellence award program

OFFLINE APPLICATION WORKSHEETS

***Please note:** All offline applications MUST be completed and submitted to the UNIVANTS Administration Team at univantsofhealthcareexcellence@abbott.com

For questions please contact univantsofhealthcareexcellence@abbott.com



UNIVANTS™
OF HEALTHCARE EXCELLENCE

ADD-147724-GBL-EN

PROJECT TEAM

Applicant Information

APPLICANT NAME*

INSTITUTION*

EMAIL*

TITLE*

DEPARTMENT*

ADDRESS*

CITY*

STATE/PROVINCE

ZIP/POSTAL CODE*

COUNTRY*

INSTITUTION TYPE*

- ☐ Public
☐ Private

INSTITUTION CATEGORY*

- ☐ Hospital
☐ Laboratory

INSTITUTION SUB CATEGORY*

- ☐ Networked/integrated Health System
☐ Independent
☐ Specialty
☐ Other

Fields marked with an asterisk () are required.*

Note: Your name and contact information will be used for administration purposes only in association with this award.

Names and emails will NOT be distributed or used in any context beyond notifications of the award status.



UNIVANTS™
OF HEALTHCARE EXCELLENCE

PROJECT TEAM

Interdisciplinary Team Information

CONFIRM LABORATORY MEDICINE PARTICIPATION*

- ☐ Yes, Laboratory Medicine/Pathology was associated with the clinical care initiative
- ☐ No, Laboratory Medicine/Pathology was associated with the clinical care initiative †

† *For the purposes of this award, laboratory medicine must be one of the interdisciplinary team members.*

ADDITIONAL TEAM PARTICIPATION

Please identify all disciplines associated with the clinical care initiative. Highest rated projects involve at least 5 disciplines, including Laboratory Medicine/Pathology.

Laboratory Medicine/Pathology can be used more than once, but there must be at least two additional disciplines associated with the application to meet the minimum eligibility requirements.

** Choose a Discipline(s) from the list to the right:*

DISCIPLINE*

ADDITIONAL DISCIPLINE*

ADDITIONAL DISCIPLINE*

ADDITIONAL DISCIPLINE

ADDITIONAL DISCIPLINE

ADDITIONAL DISCIPLINE

ADDITIONAL DISCIPLINE

Choose a Discipline(s) from the list below:

CARE COORDINATORS
CLINICAL DEPARTMENT
CLINICAL DOCUMENTATION/
CODING/HEALTH RECORDS
DATA ANALYTICS/INFORMATION
MANAGEMENT
HOSPITAL ADMINISTRATION/
LEADERSHIP
INFECTION CONTROL
LABORATORY MEDICINE/
PATHOLOGY
NURSING
NUTRITION & DIABETES
OCCUPATIONAL HEALTH &
SAFETY
PAIN MANAGEMENT
PAYOR (TRUST AND/OR
GOVERNING BODY OUTSIDE
OF HEALTH SYSTEM)
PHARMACY
RADIOLOGY
(DIAGNOSTIC IMAGING)
RISK MANAGEMENT
OTHER (If other, please specify)



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APPENDIX I

Care Team Members

Please identify three to five care team members (including yourself, if applicable) with the most significant impact to the clinical care initiative. These care team members will constitute your award-winning team. For the purposes of this award, laboratory medicine must be one of the care team members. The total number of care team members provided should not exceed five, including yourself.

NOTE: Care team member names and contact information are for administration purposes only in association with this award. Names and emails will NOT be distributed or used in any context outside of the UNIVANTS of Healthcare Excellence Awards.

EXAMPLE 1

First and Last Name John Doe, MD

Professional Title Senior Medical Officer

Email johndoe@gmail.com

EXAMPLE 2

First and Last Name Jane Doe, MD

Professional Title Medical Director of Clinical Chemistry

Email janedoe@gmail.com

1

LABORATORY MEDICINE/ PATHOLOGY CARE TEAM MEMBER

First and Last Name _____

Professional Title _____

Email _____

2

CARE TEAM MEMBER

First and Last Name _____

Professional Title _____

Email _____

3

CARE TEAM MEMBER

First and Last Name _____

Professional Title _____

Email _____

4

CARE TEAM MEMBER

First and Last Name _____

Professional Title _____

Email _____

5

CARE TEAM MEMBER

First and Last Name _____

Professional Title _____

Email _____

INITIATIVE

Clinical Care Initiative

Please provide a high-level overview of the clinical care initiative that achieved measurably better healthcare performance. This can include but is not limited to the unmet needs being addressed as well as the influence and contributions of the various partners and disciplines involved. Please also include an executive summary of the impact associated with the clinical care initiative.

For maximum understanding of your care clinical care initiative across the judging panel from different disciplines and geographies, please avoid undefined acronyms and ensure the simplest language possible. In addition, please also avoid any product names and/or manufacturer names in your submission.

NOTE: This section is limited to 2,500 characters or less (including spaces) to ensure an executive abstract of your clinical care initiative. Additional content not already provided throughout other sections of the application can be attached as supplemental content upon application submission.

Please briefly describe a high-level overview of the clinical care initiative.*



MEASURABLE IMPACT

Measurable Impact

Key Performance Indicators (KPIs) are measures of impact.

Things to consider:

1. Every application must have at least one KPI for each stakeholder.
2. Up to 10 KPIs can be entered for each stakeholder.
3. KPIs can be measured quantitatively or qualitatively.
4. At least two quantitative metrics must be used.
5. No more than four qualitative metrics can be used.
6. Applications with multiple quantitative metrics are stronger than applications with only one quantitative metric.
7. Applications with multiple KPIs per stakeholder are stronger than applications with only one KPI per stakeholder.
8. For qualitative metrics, direct quotes must be used and attributed to a source with first and last name and discipline/title provided. The same source cannot be used to support the same or different KPIs.
9. Each KPI can have more than one supporting metric to support measurably better performance. To achieve maximum points for each metric associated with the KPI, the KPI would need to be entered separately for each supporting metric.
10. It is important to enter each KPI under the stakeholder receiving the benefit.

Should you need further assistance or clarification for completing the Measurable Impact section please contact the Award Administration Team at UNIVANTSoftHealthcareExcellence@abbott.com.


The Award Administration Team has no role in the scoring process and is a resource to aid applicants with their submissions.

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MEASURABLE IMPACT

Patient KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 PATIENT	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Mortality <input type="radio"/> Safety <input type="radio"/> Wellness <input type="radio"/> Length of Stay <input type="radio"/> Equity <input type="radio"/> Wait Time <input type="radio"/> Experience <input type="radio"/> Engagement <input type="radio"/> Satisfaction <input type="radio"/> Anxiety <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PATIENT stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PATIENT :			

Add additional **PATIENT** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 PATIENT	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Mortality <input type="radio"/> Safety <input type="radio"/> Wellness <input type="radio"/> Length of Stay <input type="radio"/> Equity <input type="radio"/> Wait Time <input type="radio"/> Experience <input type="radio"/> Engagement <input type="radio"/> Satisfaction <input type="radio"/> Anxiety <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PATIENT stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PATIENT :			


Do you have additional **PATIENT** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Patient KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 PATIENT	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Mortality <input type="radio"/> Safety <input type="radio"/> Wellness <input type="radio"/> Length of Stay <input type="radio"/> Equity <input type="radio"/> Wait Time <input type="radio"/> Experience <input type="radio"/> Engagement <input type="radio"/> Satisfaction <input type="radio"/> Anxiety <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PATIENT stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PATIENT :			

Add additional **PATIENT** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 PATIENT	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Mortality <input type="radio"/> Safety <input type="radio"/> Wellness <input type="radio"/> Length of Stay <input type="radio"/> Equity <input type="radio"/> Wait Time <input type="radio"/> Experience <input type="radio"/> Engagement <input type="radio"/> Satisfaction <input type="radio"/> Anxiety <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PATIENT stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PATIENT :			

Do you have additional **PATIENT** KPI(s) to add:


YES

NO


See Appendices for additional **PATIENT** KPI worksheets:

MEASURABLE IMPACT

Clinician KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 CLINICIAN	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Clinician Confidence <input type="radio"/> Clinical Uncertainty <input type="radio"/> Clinical Satisfaction <input type="radio"/> Litigation Risk <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the CLINICIAN stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the CLINICIAN :			

Add additional **CLINICIAN** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 CLINICIAN	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Clinician Confidence <input type="radio"/> Clinical Uncertainty <input type="radio"/> Clinical Satisfaction <input type="radio"/> Litigation Risk <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the CLINICIAN stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the CLINICIAN :			

Do you have additional **CLINICIAN** KPI(s) to add:


YES

NO


See Appendices for additional **CLINICIAN** KPI worksheets:

MEASURABLE IMPACT

Health Systems/Administration KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 HEALTH SYSTEMS/ADMIN.	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Resource Utilization <input type="radio"/> Unnecessary Hospital Admissions <input type="radio"/> Readmission Rates <input type="radio"/> Reimbursement <input type="radio"/> Staff Satisfaction <input type="radio"/> Employee Engagement <input type="radio"/> Reputation <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the HEALTH SYSTEMS/ADMINISTRATION stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the HEALTH SYSTEMS/ADMINISTRATION :			

Add additional **HEALTH SYSTEMS/ADMINISTRATION** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 HEALTH SYSTEMS/ADMIN.	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Resource Utilization <input type="radio"/> Unnecessary Hospital Admissions <input type="radio"/> Readmission Rates <input type="radio"/> Reimbursement <input type="radio"/> Staff Satisfaction <input type="radio"/> Employee Engagement <input type="radio"/> Reputation <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the HEALTH SYSTEMS/ADMINISTRATION stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the HEALTH SYSTEMS/ADMINISTRATION :			

Do you have additional **HEALTH SYSTEMS/ADMIN.** KPI(s) to add:


YES

NO


See Appendices for additional **HEALTH** KPI worksheets:

MEASURABLE IMPACT

Payor KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 PAYOR	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Healthcare Costs <input type="radio"/> Risks <input type="radio"/> Other: _____	<div>1*</div> <input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name: _____
			Professional Title: _____
Rate the significance of impact to the PAYOR stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PAYOR :			

Add additional **PAYOR** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 PAYOR	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Healthcare Costs <input type="radio"/> Risks <input type="radio"/> Other: _____	<div>2</div> <input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name: _____
			Professional Title: _____
Rate the significance of impact to the PAYOR stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PAYOR :			

Do you have additional **PAYOR** KPI(s) to add:

YES

NO

See Appendices for additional **PAYOR** KPI worksheets:

PROCESS ATTRIBUTES

Process Attributes

Directions: Please select the answer that best describes your clinical care initiative and be prepared to provide an explanation for your selection when completing the application.

1. How would you describe the **UNIQUENESS of your clinical care initiative?**

Uniqueness – The degree of novelty employed in your approach.

- ☐ **NOT UNIQUE:** The scope or process used to achieve outcomes is a proven best practice that has been done before.
- ☐ **UNIQUE:** The scope or process used to achieve outcomes is unique for your region or setting.
- ☐ **HIGHLY UNIQUE:** The scope or process used to achieve outcomes is novel and has never been done before.

2. How would you describe the **EASE OF IMPLEMENTATION of your clinical care initiative?**

Ease of Implementation – The level of difficulty when executing your approach.

- ☐ **SIMPLE:** Minimal to no new infrastructure was required to implement the initiative.
- ☐ **MODERATE:** Some infrastructure changes were needed to drive initiative implementation.
- ☐ **DIFFICULT:** Substantial infrastructure changes were needed to drive initiative implementation.

3. How would you describe the **SCALABILITY of your clinical care initiative?**

Scalability – Ability and/or capacity to expand the best practice in other settings.

- ☐ **NOT SCALABLE:** The approach is not able to be adapted to similar or different processes.
- ☐ **SCALABLE:** The approach could likely be adapted to similar or different processes.
- ☐ **HIGHLY SCALABLE:** The approach is widely adaptable to similar and different processes.

4. How would you describe the **LEVEL OF GOVERNANCE associated with your clinical care initiative?**

Level of Governance – Adherence to a standardized process. Governance can be manual, automated or a combination of both.

- ☐ **NOT GOVERNED:** Manual methods are used to ensure adherence to the new process.
- ☐ **GOVERNED:** At least one aspect of the new process(es) is automated.
- ☐ **HIGHLY GOVERNED:** Most, if not all aspects of the new process(es) is automated, enabling a strict cadence of compliance.

5. How would you describe the significance of **LABORATORY INTELLIGENCE in your clinical care initiative?**

Laboratory Intelligence – The use of laboratory data in an integrative manner to generate actionable insights and/or decisions.

- ☐ **NOT/SOMEWHAT SIGNIFICANT:** Laboratory intelligence had minor relevance to the overall outcomes of the initiative.
- ☐ **SIGNIFICANT:** Laboratory intelligence was one of the key enablers that drove the success of the initiative.
- ☐ **VERY/EXTREMELY SIGNIFICANT:** Success of the initiative could not have been achieved without the utilization of laboratory intelligence.

PROCESS ATTRIBUTES

Name The Initiative

Thank you for completing the application questions. Next, please name your clinical care initiative. The name should describe the most meaningful impact of your clinical care initiative in as few words as possible without disclosing your institution name. This will be the title used to identify your application by the judges for your potentially award winning clinical care initiative.

APPLICATION TITLE:*



UNIVANTS™
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CONFIRMATION

You're Almost Done!

Please take this opportunity to review your application, and to collect supporting documentation to amplify your application when you submit your final application.

- As you review, please remember that the more KPIs associated with your clinical care initiative the stronger the potential for an award-winning application.
- For more tips and/or to ensure the best success for your application, please access the [Checklist](#).

For more support, please contact the Award Administration Team at UNIVANTSoftHealthcareExcellence@abbott.com

SUPPORTING DOCUMENTATION (OPTIONAL)

Supporting documents can be used to reinforce the value and score of your clinical care initiative. Multiple documents can be provided. Supporting documentation should not contain detailed patient information.

REVIEW YOUR APPLICATION

NOTICE*

- ☐ 1. I thoroughly reviewed my application and understand that by selecting submit that I have completed my application.
- ☐ 2. I understand that the Award Administration Team will keep me informed about the status of my award application, the award program and/or any other pertinent details associated with the award.
- ☐ 3. I understand that by submitting this application, my name, best practice and associated institution may be used in media if I receive recognition associated with the UNIVANTS of Healthcare Excellence Program.

Thank you for completing this offline application worksheet.



UNIVANTS™
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APPENDIX



UNIVANTS™
OF HEALTHCARE EXCELLENCE

CONFIRMATION

Checklist

To strengthen your application score and to avoid unnecessary disqualification, please use the checklist below:


<input type="checkbox"/> Is your best practice written in a way that is easy to understand? <ul style="list-style-type: none">Judges will score from perspectives across disciplines; therefore, not everyone will be an expert in the area of your application.<ul style="list-style-type: none">Ensure all acronyms are defined.Use attachments in supplemental data if complex explanations are needed.Could someone outside your organization understand your clinical care initiative using only the explanation in the high-level overview?
<input type="checkbox"/> Is there evidence to support each included Key Performance Indicator (KPI)? <ul style="list-style-type: none">If the judges do not understand the information or how it supports a measurable difference for the KPI, the KPI could be disqualified and in turn potentially disqualify the entire application.
<input type="checkbox"/> Is every KPI associated with the correct stakeholder? <ul style="list-style-type: none">Judges can disqualify KPIs if they are not associated with the right stakeholder. This could disqualify the KPI and potentially disqualify the entire application.Example: Earlier diagnosis is a patient benefit and therefore a patient KPI.
<input type="checkbox"/> Have you maximized the use of metrics relative to the associated KPI? <ul style="list-style-type: none">If more than one quantitative metric supports the same KPI and reinforces one another in a related way, they should be submitted as proof under a single KPI (e.g., reducing female and male mortality collectively supports overall 'Reduced Mortality').If more than one quantitative metric supports the same KPI, but are independent from one another, they can be submitted as two separate metrics for the same KPI (e.g., quantitative metrics of reduced length of stay and reduced invasive procedures both independently support 'Improved Patient Experience').If two independent qualitative metrics support the same KPI, we recommend selecting the strongest quote and/or using multiple quotes as supporting evidence for the single KPI (e.g., two physicians of different disciplines providing quotes that speak to 'Improved Clinician Confidence').
<input type="checkbox"/> Does every quantitative metric show a measurable difference? <ul style="list-style-type: none">A quantitative metric should include a numerical indication of change.Details help the judges understand the impact and value.
<input type="checkbox"/> Does every qualitative quote include a named source? <ul style="list-style-type: none">All qualitative metrics (aka, quotes from relevant stakeholders supporting the casual relationship of impact) must be attributed to a named source and discipline. If there is no source or discipline identified, the KPI is disqualified.The source and the discipline should relate to the KPI. For example, a clinician can speak on behalf of their patients, whereas laboratorians may not. Similarly, administration can speak to 'Clinical Confidence or Satisfaction' of their staff, whereas laboratories may not.Other tips when submitting qualitative quotes:<ul style="list-style-type: none">Only submit content that is relevant to the KPI and ensure that the submitted content reinforces the KPI.The same source cannot be used across multiple KPIs.A best practice for any submission is to avoid qualitative quotes from any member of the care team intended to be recognized. Any source directly linked to a care team member being directly nominated for recognition has the potential for judge disqualification of the KPI.
<input type="checkbox"/> Ensure all the supporting documents are included in your submission.
<input type="checkbox"/> Have you printed and reviewed a PDF of your application? <ul style="list-style-type: none">Character limitations exist and can lead to truncated text when copy and pasting.If more content is needed than space provides, please address with supporting documentation in the supplemental zip file (see above).

Any questions, concerns or comments can be submitted to the Award Administration Team at UNIVANTSoftHealthcareExcellence@Abbott.com.


The Award Administration Team has no role in the scoring process and is a resource to aid applicants with their submissions.

MEASURABLE IMPACT

Patient KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 PATIENT	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Mortality <input type="radio"/> Safety <input type="radio"/> Wellness <input type="radio"/> Length of Stay <input type="radio"/> Equity <input type="radio"/> Wait Time <input type="radio"/> Experience <input type="radio"/> Engagement <input type="radio"/> Satisfaction <input type="radio"/> Anxiety <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PATIENT stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PATIENT :			

Add additional **PATIENT** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 PATIENT	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Mortality <input type="radio"/> Safety <input type="radio"/> Wellness <input type="radio"/> Length of Stay <input type="radio"/> Equity <input type="radio"/> Wait Time <input type="radio"/> Experience <input type="radio"/> Engagement <input type="radio"/> Satisfaction <input type="radio"/> Anxiety <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PATIENT stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PATIENT :			


Do you have additional **PATIENT** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Patient KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 PATIENT	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Mortality <input type="radio"/> Safety <input type="radio"/> Wellness <input type="radio"/> Length of Stay <input type="radio"/> Equity <input type="radio"/> Wait Time <input type="radio"/> Experience <input type="radio"/> Engagement <input type="radio"/> Satisfaction <input type="radio"/> Anxiety <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PATIENT stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PATIENT :			

Add additional **PATIENT** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 PATIENT	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Mortality <input type="radio"/> Safety <input type="radio"/> Wellness <input type="radio"/> Length of Stay <input type="radio"/> Equity <input type="radio"/> Wait Time <input type="radio"/> Experience <input type="radio"/> Engagement <input type="radio"/> Satisfaction <input type="radio"/> Anxiety <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PATIENT stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PATIENT :			


Do you have additional **PATIENT** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Patient KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 PATIENT	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Mortality <input type="radio"/> Safety <input type="radio"/> Wellness <input type="radio"/> Length of Stay <input type="radio"/> Equity <input type="radio"/> Wait Time <input type="radio"/> Experience <input type="radio"/> Engagement <input type="radio"/> Satisfaction <input type="radio"/> Anxiety <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PATIENT stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PATIENT :			

Add additional **PATIENT** KPI below (optional)


Stakeholder	Qualifier	KPI	Method of Measure
 PATIENT	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Mortality <input type="radio"/> Safety <input type="radio"/> Wellness <input type="radio"/> Length of Stay <input type="radio"/> Equity <input type="radio"/> Wait Time <input type="radio"/> Experience <input type="radio"/> Engagement <input type="radio"/> Satisfaction <input type="radio"/> Anxiety <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PATIENT stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PATIENT :			

Continue to next Stakeholder KPI:


CONTINUE

MEASURABLE IMPACT

Clinician KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 CLINICIAN	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Clinician Confidence <input type="radio"/> Clinical Uncertainty <input type="radio"/> Clinical Satisfaction <input type="radio"/> Litigation Risk <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the CLINICIAN stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the CLINICIAN :			

Add additional **CLINICIAN** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 CLINICIAN	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Clinician Confidence <input type="radio"/> Clinical Uncertainty <input type="radio"/> Clinical Satisfaction <input type="radio"/> Litigation Risk <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the CLINICIAN stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the CLINICIAN :			


Do you have additional **CLINICIAN** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Clinician KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 CLINICIAN	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Clinician Confidence <input type="radio"/> Clinical Uncertainty <input type="radio"/> Clinical Satisfaction <input type="radio"/> Litigation Risk <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the CLINICIAN stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the CLINICIAN :			

Add additional **CLINICIAN** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 CLINICIAN	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Clinician Confidence <input type="radio"/> Clinical Uncertainty <input type="radio"/> Clinical Satisfaction <input type="radio"/> Litigation Risk <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the CLINICIAN stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the CLINICIAN :			


Do you have additional **CLINICIAN** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Clinician KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 CLINICIAN	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Clinician Confidence <input type="radio"/> Clinical Uncertainty <input type="radio"/> Clinical Satisfaction <input type="radio"/> Litigation Risk <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the CLINICIAN stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the CLINICIAN :			

Add additional **CLINICIAN** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 CLINICIAN	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Clinician Confidence <input type="radio"/> Clinical Uncertainty <input type="radio"/> Clinical Satisfaction <input type="radio"/> Litigation Risk <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the CLINICIAN stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the CLINICIAN :			


Do you have additional **CLINICIAN** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Clinician KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 CLINICIAN	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Clinician Confidence <input type="radio"/> Clinical Uncertainty <input type="radio"/> Clinical Satisfaction <input type="radio"/> Litigation Risk <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the CLINICIAN stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the CLINICIAN :			

Add additional **CLINICIAN** KPI below (optional)


Stakeholder	Qualifier	KPI	Method of Measure
 CLINICIAN	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Clinician Confidence <input type="radio"/> Clinical Uncertainty <input type="radio"/> Clinical Satisfaction <input type="radio"/> Litigation Risk <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the CLINICIAN stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the CLINICIAN :			

Continue to next Stakeholder KPI:


CONTINUE

MEASURABLE IMPACT

Health Systems/Administration KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 HEALTH SYSTEMS/ADMIN.	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Resource Utilization <input type="radio"/> Unnecessary Hospital Admissions <input type="radio"/> Readmission Rates <input type="radio"/> Reimbursement <input type="radio"/> Staff Satisfaction <input type="radio"/> Employee Engagement <input type="radio"/> Reputation <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the HEALTH SYSTEMS/ADMINISTRATION stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the HEALTH SYSTEMS/ADMINISTRATION :			

Add additional **HEALTH SYSTEMS/ADMINISTRATION** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 HEALTH SYSTEMS/ADMIN.	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Resource Utilization <input type="radio"/> Unnecessary Hospital Admissions <input type="radio"/> Readmission Rates <input type="radio"/> Reimbursement <input type="radio"/> Staff Satisfaction <input type="radio"/> Employee Engagement <input type="radio"/> Reputation <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the HEALTH SYSTEMS/ADMINISTRATION stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the HEALTH SYSTEMS/ADMINISTRATION :			


Do you have additional **HEALTH SYSTEMS/ADMIN.** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Health Systems/Administration KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 HEALTH SYSTEMS/ ADMIN.	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Resource Utilization <input type="radio"/> Unnecessary Hospital Admissions <input type="radio"/> Readmission Rates <input type="radio"/> Reimbursement <input type="radio"/> Staff Satisfaction <input type="radio"/> Employee Engagement <input type="radio"/> Reputation <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the HEALTH SYSTEMS/ADMINISTRATION stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the HEALTH SYSTEMS/ADMINISTRATION :			

Add additional **HEALTH SYSTEMS/ADMINISTRATION** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 HEALTH SYSTEMS/ ADMIN.	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Resource Utilization <input type="radio"/> Unnecessary Hospital Admissions <input type="radio"/> Readmission Rates <input type="radio"/> Reimbursement <input type="radio"/> Staff Satisfaction <input type="radio"/> Employee Engagement <input type="radio"/> Reputation <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the HEALTH SYSTEMS/ADMINISTRATION stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the HEALTH SYSTEMS/ADMINISTRATION :			


Do you have additional **HEALTH SYSTEMS/ADMIN.** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Health Systems/Administration KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 HEALTH SYSTEMS/ADMIN.	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Resource Utilization <input type="radio"/> Unnecessary Hospital Admissions <input type="radio"/> Readmission Rates <input type="radio"/> Reimbursement <input type="radio"/> Staff Satisfaction <input type="radio"/> Employee Engagement <input type="radio"/> Reputation <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the HEALTH SYSTEMS/ADMINISTRATION stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the HEALTH SYSTEMS/ADMINISTRATION :			

Add additional **HEALTH SYSTEMS/ADMINISTRATION** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 HEALTH SYSTEMS/ADMIN.	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Resource Utilization <input type="radio"/> Unnecessary Hospital Admissions <input type="radio"/> Readmission Rates <input type="radio"/> Reimbursement <input type="radio"/> Staff Satisfaction <input type="radio"/> Employee Engagement <input type="radio"/> Reputation <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the HEALTH SYSTEMS/ADMINISTRATION stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the HEALTH SYSTEMS/ADMINISTRATION :			


Do you have additional **HEALTH SYSTEMS/ADMIN.** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Health Systems/Administration KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 HEALTH SYSTEMS/ ADMIN.	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Resource Utilization <input type="radio"/> Unnecessary Hospital Admissions <input type="radio"/> Readmission Rates <input type="radio"/> Reimbursement <input type="radio"/> Staff Satisfaction <input type="radio"/> Employee Engagement <input type="radio"/> Reputation <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the HEALTH SYSTEMS/ADMINISTRATION stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the HEALTH SYSTEMS/ADMINISTRATION :			

Add additional **HEALTH SYSTEMS/ADMINISTRATION** KPI below (optional)


Stakeholder	Qualifier	KPI	Method of Measure
 HEALTH SYSTEMS/ ADMIN.	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Resource Utilization <input type="radio"/> Unnecessary Hospital Admissions <input type="radio"/> Readmission Rates <input type="radio"/> Reimbursement <input type="radio"/> Staff Satisfaction <input type="radio"/> Employee Engagement <input type="radio"/> Reputation <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the HEALTH SYSTEMS/ADMINISTRATION stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the HEALTH SYSTEMS/ADMINISTRATION :			

Continue to next Stakeholder KPI:


CONTINUE

MEASURABLE IMPACT

Payor KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 PAYOR	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Healthcare Costs <input type="radio"/> Risks <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PAYOR stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PAYOR :			

Add additional **PAYOR** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 PAYOR	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Healthcare Costs <input type="radio"/> Risks <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PAYOR stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PAYOR :			


Do you have additional **PAYOR** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Payor KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 PAYOR	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Healthcare Costs <input type="radio"/> Risks <input type="radio"/> Other: _____	<div>5</div> <input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name: _____
			Professional Title: _____
Rate the significance of impact to the PAYOR stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PAYOR :			

Add additional **PAYOR** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 PAYOR	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Healthcare Costs <input type="radio"/> Risks <input type="radio"/> Other: _____	<div>6</div> <input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name: _____
			Professional Title: _____
Rate the significance of impact to the PAYOR stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PAYOR :			


Do you have additional **PAYOR** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Payor KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 PAYOR	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Healthcare Costs <input type="radio"/> Risks <input type="radio"/> Other: _____	<div>7</div> <input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name: _____
			Professional Title: _____
Rate the significance of impact to the PAYOR stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PAYOR :			

Add additional **PAYOR** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 PAYOR	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Healthcare Costs <input type="radio"/> Risks <input type="radio"/> Other: _____	<div>8</div> <input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name: _____
			Professional Title: _____
Rate the significance of impact to the PAYOR stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PAYOR :			


Do you have additional **PAYOR** KPI(s) to add:

YES


NO

MEASURABLE IMPACT

Payor KPIs

Stakeholder	Qualifier	KPI	Method of Measure
 PAYOR	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Healthcare Costs <input type="radio"/> Risks <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PAYOR stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PAYOR :			

Add additional **PAYOR** KPI below (optional)

Stakeholder	Qualifier	KPI	Method of Measure
 PAYOR	<input type="radio"/> Enhanced <input type="radio"/> Increased <input type="radio"/> Decreased <input type="radio"/> Mitigated <input type="radio"/> Reduced <input type="radio"/> Earlier <input type="radio"/> Improved <input type="radio"/> Maintained <input type="radio"/> Higher <input type="radio"/> Lower <input type="radio"/> Other: _____	<input type="radio"/> Healthcare Costs <input type="radio"/> Risks <input type="radio"/> Other: _____	<input type="radio"/> Quantitative:
			<input type="radio"/> Qualitative Quote:
			First and Last Name:
			Professional Title:
Rate the significance of impact to the PAYOR stakeholder: <input type="radio"/> NOT/SOMEWHAT SIGNIFICANT: Positive impact to one or several entities, people, or groups <input type="radio"/> SIGNIFICANT: Meaningful or substantial impact to entities, people, or groups <input type="radio"/> VERY/EXTREMELY SIGNIFICANT: Wide-reaching impact to entities, people, or groups			
Describe the significance of the impact and value to the PAYOR :			

Continue to next section:

CONTINUE