



## APPLICATION

*All applications must be submitted electronically to Trena Sykes at [tsykes@lumc.edu](mailto:tsykes@lumc.edu)*

*Submission Deadline January 10, 2011*

**Title of Project:** \_\_\_\_\_

**Team Members: (please include titles and departments):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Project Description

**Purpose / Background:** (Reason for initiating project)

\_\_\_\_\_  
\_\_\_\_\_

**Aim Statement:** (SMART statement-specific, measurable, attainable, relevant, and time-bound)

\_\_\_\_\_  
\_\_\_\_\_

**Key Project Improvements Made:** (List the changes/steps you made that resulted in improvement)

\_\_\_\_\_  
\_\_\_\_\_

**Key Metrics / Data:** (A graph of results must be attached to be considered in the Fair)

\_\_\_\_\_  
\_\_\_\_\_

**Analysis** (Was there improvement, where are you in relation to your goal, what has worked, what has not worked, what needs to be changed?)

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**Next Steps:** (What solutions will you implement over next quarter, next year?)

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**Which category would best describe your project?**

- Magis Values and Behaviors
- Clinical Processes/Outcomes
- Operations Improvement/Resource Utilization
- Safety

**Team Contact Person:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_