

**1. REVIEW your data for this project.**

Have you met project goals?     No     Yes, go to Item #3  
Is there minimal data variation?     No     Yes, go to Item #3

**2. What are your PLANS to reach project goals and/or reduce variation in your data? Note potential areas for improvement or continued work.**

Barriers/Problem:  
Proposed intervention:  
Measure of success:

**3. List Childhood Lead Prevention best practices you have adopted and that will be SUSTAINED. What are most effective and/or have significant positive impact? Consider documentation, resources, and patient encounters.**

**4. DESCRIBE what lead project elements you will “take off your plate” and indicate WHY. These may be items you felt were project-specific and not necessarily effective, efficient, or meaningful for your practice.**

**5. HOW will you sustain Lead program elements indicated in item 3?**

What will be your sustainability goal? (1-2 sentences with Specific, Measurable, Attainable, Relevant, Time bound components that will build or maintain improvements)

Sustainability Team (who will help with this effort?):

What will training/retraining look like for staff? Continued education for providers?

How will you monitor maintenance of your improvement work? What will that include? How frequently will that happen?

What are plans for deviation from expectations or declines in data?

What may be barriers to continuing this work? What supports will be needed?

**6. WHAT are your plans for spreading, sharing, or scaling up the work accomplished during the lead project? Consider who this may target, when this will happen, and key messages or items that will be shared. In addition, what advice would you give another provider who is joining this program?**