

Application Process and Deadlines

- Please complete the application form (page 2 and 3) and return to I2S2_Communications@cchmc.org
- Submit a letter of recommendation from your sponsor (senior leader from your division that is nominating/supporting your I²S² application)
- Your direct supervisor must approve/demonstrate support of your application via email or by letter enclosed with your application
- **The application (including letter of recommendation and supervisor approval) deadline is April 15, 2025**
- **Participants will be notified of their acceptance by May 15, 2025**

Pre-Requisites

- Elementary Microsoft Excel skills
- Influence to lead change in the unit/division where conducting a quality improvement project
- Senior leader/sponsorship support to lead an improvement project
- Access to manual or electronic daily or weekly data of key measures

Expectations of Participants

- Report on an improvement project and completed assigned readings of textbooks and posted articles related to systems improvement. Project status presentations are due the week prior to each session.
- Collaborative learning and active participation in the program in the spirit of “All Teach, All Learn.”
- **Full attendance in all events over the course of the program.** Applicants who have known schedule conflicts should apply to a subsequent class.
- In alignment with CMS and The Joint Commission's National Patient Safety Goal 16, to investigate and address health care disparities in relation to the QI project.

Participants will be selected on the basis of their individual leadership skills and organizational needs. The candidate must propose a strategically aligned project within their division or area. Participants are generally director-level or above or functioning within another QI leadership role.

Contact Information

Laurie Stevens-Young, Project Specialist
Email: I2S2_Communications@cchmc.org

I²S² Class 42 Dates

August 2025 - February 2026

Webinar 1 Orientation	August 18, 2025	12:30 to 4pm (EST)
Session 1	September 9, 10, 11, 2025	
Webinar 2	October 22, 2025	1:30 to 4pm (EST)
Session 2	November 18, 19, 20, 2025	
Webinar 3	December 10, 2025	1:30 to 4pm (EST)
Session 3	January 13, 14, 15, 2026	
Webinar 4	February 4, 2026	1:30 to 4pm (EST)
Session 4	February 18, 19, 2026	

Sessions will take place in Cincinnati, Ohio at Cincinnati Children's Hospital Medical Center. Webinars will be held virtually.

Course Fees:

- **Tuition is \$9,000**
- Invoices will be processed once accepted

This fee includes:

- Four on-site sessions and four webinars
- Support from a quality improvement coach throughout the course
- All program materials, tools, & textbooks (including *The Improvement Guide*, *Team Handbook*, *Understanding Variation* and *Memory Jogger*)
- Excel-based chart templates

The goal is the successful completion of the course within the scheduled time frame. Circumstances may arise requiring students to defer mid-course. This should be discussed with the course director. Students who choose to withdraw will be refunded in accordance with the following class tuition refund schedule:

- **Class tuition is expected to be paid in full by Webinar 1**
- **Withdrawal prior to Webinar 1 - 50% refund**
- **Withdrawal after Webinar 1 - No refund**

As an attendee, I authorize the Leadership Academy to use the following personal information: (1) my picture; including photographic, motion picture, and electronic (video) images. (2) my voice; including sound and video recordings.

Note: If you are not comfortable authorizing use of the above, please do not pose for group photos & contact I2S2_Communications@cchmc.org as soon as possible.

Please complete the I²S² Application and return to I2S2_Communications@cchmc.org by April 15, 2025.

Name:

Preferred Name & Credentials:

Phonetic Spelling of Name (ex: rah-OOL for Raul):

Organization:

Title:

E-mail:

Sponsor Name:

Organization Business Contact Name and Email:

Billing Address for Invoicing:

Shipping Address for Textbooks:

How did you hear about I²S²?

Documents to be submitted to I2S2_Communications@cchmc.org:

- Letter of recommendation from sponsor
- Acknowledgement from organization's business contact with confirmation of appropriate invoicing address

