



2019 Application Guidance

Advancement toward High Reliability in Healthcare Awards



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Overview

The Advancement toward High Reliability in Healthcare Awards Program aims to recognize those who have shown initiative and commitment to the development of systems and processes that will help advance the MHS towards its goal of becoming a safer, higher quality system that promotes a culture that encourages learning, sharing and continuous improvement. Awards will be presented in the following disciplines: Healthcare Quality, Patient Safety, Improved Access, and Patient Engagement. These awards are also an opportunity to submit a project that aligns with a Clinical Community and may be used to drive improvement across the organization.

Application Process/Requirements:

Application Process:

All application packages (write-ups and attachments) must be submitted online via an online CAC enabled submission portal. The online submission portal is available [here](#) or by contacting the Award POC for the direct link. Only **complete** award packages will be accepted for evaluation.

The **deadline** to submit is **August 1, 2019 by 1600 EDT.**

Questions about the process can be e-mailed to the Award Program POCs: dha.ncr.j-3.mbx.mhshighreliabilityawards@mail.mil.

Award selections are made through an internal board process using numerous reviewers with expertise in quality improvement, patient safety, education, data analysis, information management, case/care management, patient experience, patient-centered medical homes, information technology, change management, innovation, and health care.

Award recipients/winners will be notified through their respective Service Headquarters and then individually by e-mail.

Eligibility Requirements:

All military treatment facilities (MTFs) within the MHS including in-patient, ambulatory health clinics, dental clinics, and aeromedical evacuation units are eligible and are strongly encouraged to submit an application focusing on any of the award disciplines. Managed care support contractors*, overseas contractors, and designated providers are also encouraged to submit. Submissions that do not specifically align with one of the below award disciplines will not be considered for review.

If you have any questions, please feel free to reach out to the Award Program POCs for further guidance: dha.ncr.j-3.mbx.mhshighreliabilityawards@mail.mil.

*If you are a managed care support contractor, and would like to apply, please e-mail the Awards Program Mailbox for alternative instructions: dha.ncr.j-3.mbx.mhshighreliabilityawards@mail.mil.



Award Disciplines:

Healthcare Quality Award

Healthcare Quality initiatives for award consideration must fall into or address one of the below areas; initiatives may be in either primary or specialty care:

Clinical Improvements through the use of Leading Practices

- E.g. Chronic condition management (i.e., diabetes, cardiovascular, asthma, etc.); Acute condition management (low back pain, respiratory infections, etc.); Mental Health management; Preventive Care (i.e., cancer, well child, immunizations, etc.); OB/GYN; Perinatal Care; Using targeted solutions tool to improve care and prevent of harm - Implementation of best practices: use of external and internal benchmarking to identify areas for improvement, comparing best practices, and identifying improvements that have proven to be successful in other organizations; Use of Plan-Do-Study-Act, Failure Modes and Effects Analysis and Six Sigma models; Compliance with accreditation standards

Improvements across the Continuum of Care and Preventable Readmissions

- E.g. Coordination of care; Discharge Management and Advocacy; Air evacuation; Ambulatory Care process improvements, Improving patient flow; Medication Reconciliation; Transitioning Newborns from NICU to home; Improvement of Outpatient measures of care; Mental Health Follow Up; Clinical handoffs and safe Transitions of Care; Improvement in Healthcare Effectiveness Data and Information Set (HEDIS) measures

Surgical Quality

- E.g. Excellence in the role of Surgical Clinical Reviewer or Surgeon Champion, as evidenced by measurable improvement in one or more National Surgical Quality Improvement Program (NSQIP) measures or improvement in the Patient Safety culture as it pertains to surgical care. Other surgical quality or Patient Safety process improvements will be considered, such as reduction in retained foreign objects, reduction in Wrong Site Surgery, and efforts to optimize the patient experience associated with surgical care



Patient Safety Award

Patient Safety initiatives for award consideration must fall into or address one of the below areas; initiatives may be in either primary or specialty care:

Enhancing Culture of Safety

- E.g. Implementation of leadership structures and systems that enhance safe practice and quality improvement; Improvement in the Culture of Safety; Establishment of Risks and Hazard reduction initiatives; Transparency within the command - how to share the good news; Organizational learning-levels of learning: reporting of JPSR events, conducting CSAs and Lessons Learned; Use of environmental assessments of improvement; Use of data systems for measuring improvement; Standardization of care processes; Alignment with the MHS Quadruple Aim, the High Reliability Organization, the Partnership for Patients and the National Quality Forum's Safe Practices.

Reducing Harm

- E.g. Initiatives to improve Hand Hygiene; Falls Prevention education and processes; Measurement of Patient Safety Indicators to screen for adverse events that patients experience because of exposure to the Healthcare system; Reduction of Unintended Retained Foreign Objects; Reduction of Wrong Site Surgery; Reduction of Prescribing Errors through process improvement.

Enhancing Patient Experience and Safety through Education

- E.g. Improving limited Health Literacy among patients; Increase Patient Engagement in health care decisions; Education and engagement of patients and family members; increasing patient understanding of Health Information; Reduce complexity of Healthcare; Endorsement of Opioid Stewardship Initiatives.

Promotion of Teamwork and Awareness

- E.g. Demonstration of leadership involvement (i.e., executive engagement, executive rounds, leadership access reviews); Centralized and coordinated oversight of patient safety; Teamwork Training and Skill Building; Staff Perception of Safety; Using Huddles, Rounds, Surgical pause, Reports to mitigate risks; Alignment and Partnership with Leaders in Patient Safety; Peer to peer collaboration and sharing; Multidisciplinary team approaches and engagement of frontline staff; Organizing around becoming an HRO; creating psychological safety (i.e. Using TeamSTEPPS tools for mitigation of harm; Formation of Quality Improvement teams).

Reducing Healthcare Acquired Conditions

- E.g. Reduction of any Healthcare Associated Infections including but not limited to: Central Line-Associated Bloodstream Infection; Catheter-Associated Urinary Tract Infection; Multidrug-Resistant Organism prevention; Reduction of *Clostridium difficile* infections; Ventilator Associated Events; Pressure Ulcer; Venous Thromboembolism and Pulmonary Embolism; Surgical-Site Infection Accidental Puncture or Laceration; Iatrogenic Pneumothorax, Postoperative Hemorrhage or Hematoma; Postoperative Wound Dehiscence.



Improved Access Award

Improved Access initiatives for award consideration must fall into or address one of the below areas; initiatives may be in either primary or specialty care:

Improving entry into the system

- E.g. Guide patients through the empanelment process; increase understanding of the benefits associated with the direct care system; educate patients on their benefits and how to access care through the direct care system by multiple means including secure messaging, the patient portal; Nurse Advice Line (NAL) and other enhanced access tools; ensure patients flow seamlessly between direct care services and the private sector; work with providers and practice managers to create a smooth process; help patients make necessary appointments and understand their own responsibilities; work with other Federal health entities in the catchment area (i.e., local VA hospital, Federal public health authorities, etc.) to strengthen the local health care system and safety net.

Optimizing access to care for needed services

- E.g. Reduce wait times at all levels of the health care system; optimize templates and appointing to match appointment supply with demand in order to reduce private sector care utilization; optimize specialty care to maximize appointment availability and facilitate direct booking of consults; demand management to meet patient needs for care beyond a face to face appointment with a provider with techniques including but not limited to: standard staff protocols for walk-in care for common acute and other conditions, secure messaging, virtual/telephone visits with established patients, and use of enhanced access tools including telehealth and the NAL; facilitate access to comprehensive, coordinated care through an integrated relationship between primary and specialty care services; embed specialists in primary care based on population needs/prevalence of conditions; help patients reach the lowest appropriate level of care in a timely manner; ensure referrals are followed up and handed off in a safe and effective manner; implementation of expanded hours.

Reducing unnecessary utilization of care

- E.g. Reduce use of emergency and urgent care services unless absolutely needed through education, outreach, and additional options for care “in lieu of”; provide resiliency and self-care support and education to enable and educate patients on how to safely and conveniently manage self-limiting illness; give patients as many options, within reason, to maximize their health care outcomes.

Enabling and support patients to find providers who meet individual health care needs

- E.g. Create or increase a culture with the patient at the center of care; ensure providers are appropriately trained and providing care that fits their licensure, personality, or interests; institute feedback mechanisms that connect the patient to the provider to best understand the challenges a patient had accessing the system; highlight the skills and achievements of MHS providers to incentivize patients to seek care at the MTF or direct care clinic; engage patients through regular, formal outreach/councils to maximize MTFs ability to meet the populations needs and preferences for care.

Coordinating access

- E.g. Demonstrate an improved culture of openness and performance improvement with respect to access; embed ancillary health services with primary and specialty care including lab and immunizations; processes connecting providers to laboratory and pharmacy; use of patient advocates to navigate or teaching health care access to beneficiaries; facilitate connections between TRICARE operation centers and MTF/clinics to ensure patients’



care is coordinated between direct and purchased care, including inpatient care transitions and patient transfer from one region to another due to reassignment; coordinate care, referral, and case management for patients with acute or chronic conditions that need further health care.



Patient Engagement Award

Patient Engagement initiatives for award consideration must fall into or address one of the below areas; initiatives may be in either primary or specialty care:

Improving Relationships with Patients

- E.g. Deploying patient advocates, customer service experts, or a similar system to help beneficiaries understand their health and well-being benefits, including but not limited to: navigating the system, how to make appointments, when to make appointments, when to use standard staff protocol clinics for common acute conditions, how to access OTC medications, the use of the NAL, secure messaging and TOL, etc. at various venues including social media, installation meetings, commanders' calls, installation and/or MTF on-boarding, how to handle specialty referrals, how to notify your MTF if you are admitted or receive care in purchased care, etc.; creating a restful environment within the hospital or clinic that is inviting to patients and their families; creating patient and family advisory councils; better incorporate patient and family feedback into MTF decision-making; involving patient and family perspectives on MTF committees; working with the local community to ensure health care needs of the community are being met; implement feedback mechanisms between the hospital/clinic and the supporting community.

Expanding Care and Education beyond the Clinic

- E.g. Working with local military leadership to add public health education to training and education modules; providing better self-care health information; developing outreach programs to Service members who may need additional health education, are not utilizing health care services fully, or may belong to a more vulnerable beneficiary population; forging new or stronger relationships with the surrounding community (i.e., base leadership, local community leaders, other health providers); increasing remote monitoring or laying the foundation for future remote monitoring.

Developing New Communication Methods for Patients and Families

- E.g. Creating better understood post-visit health care information; designing discharge processes that maintain a warm handoff between inpatient and outpatient care; expanding secure messaging where it is convenient and desirable for patients; developing methods to communicate with patients at different ages and with different conditions; developing interventions to better address varying levels of health literacy among patients; promoting patient and family activation and engagement in care.

Better Utilization of Virtual Patient Communication Tools

- E.g. Increasing patient and provider connections through Relay Health or other forms of HIPAA and DoD compliant telehealth; working closely with the NAL for better integration with clinic operations; exploring new methods of communicating health information through virtual means; ensure transparency of the hospital or clinic's performance; adapting new technologies; using virtual solutions to help chronically ill patients receive optimal follow-up care; integrating virtual health care visits from multiple providers of care; utilizing virtual templates for chronic disease management.

Application Instructions:

The Advancement toward High Reliability in Healthcare Awards Program application is designed to provide the evaluation committee with sufficient, pertinent information relative to the improvement initiative's effect on improving health care within the MHS and its applicability for system-wide implementation.

Applicants must respond to each of the four components (**Abstract, Design/Methods, Results, Conclusion**). Use the items under each component to help guide your responses. Responses should be provided in concise factual statements. **Statements must be supported with quantitative information, where appropriate.**

NOTE: Please DO NOT use facility identifying information in response to the four components of the application.


- **Abstract: (300-word limit)** Must **include the following:**
 - Reasons** for the initiative, the factors that led to the initiative
 - Clear concise statement of the project initiative and **objective(s)**
 - Description** of how the objective was achieved and measured
 - Summary** of the quantitative information supporting the result
 - Conclusion**

- **Design/Methods (1000-word limit)**
 - Description of the initiative
 - Description of the methodology used to design and implement the initiative
 - Resources that were allocated for the initiative
 - Fiscal and staff resources (Project TeamMembers)
 - Involvement of the organizational leaders
 - Educational requirements
 - Performance measurement
 - Description and definition of the measure(s) used
 - How data were collected
 - Amount of data collected (e.g. number of subjects)
 - Length of time over which data were collected
 - Source(s) of data

- **Results (1000-word limit)**
 - Describe the impact of the initiative
 - Trend data over time to demonstrate improvement
 - Brief description of how data was analyzed
 - How data were organized and displayed (e.g. descriptive statistics)
 - Timeframe for dissemination/feedback of data
 - To whom data were disseminated/feedback
 - Data tables/graphs
 - Describe how changes met the initiative's objective/goals
 - Describe how obstacles, resistance, or other problems were overcome

Note: Data must be summarized in a format that can be easily understood.

- **Conclusion (500-word limit)**
 - Did you meet the objective(s) for the initiative? Explain

- 
- Considers overall practical usefulness of the intervention demonstrated locally and types of settings in which this intervention is most likely to be effective
 - Suggest implications of this report for further studies of improvement interventions

Note: Conclusions drawn from the analysis were based on and supported by the data.

- Evidence** of sustainability of the improvements (provide data and/or other evidence)
- Support with facts/data why you believe this initiative can be replicated in other health care settings that provide the same service or serve the same type of population

Note: Attach any publications or publicity that resulted from the project/initiative at the end of the application

Supporting documents in PowerPoint, Excel, Word, and PDF formats are accepted and can be uploaded to the submission portal before submitting your award package.



Example of Application Scoring Guide Used by DoD Reviewers

Evaluation criteria has been developed and assigned weights for the questions in the Advancement toward High Reliability in Healthcare Awards Program Application. These criteria and weights have been incorporated into the scoring tool. The evaluation criteria describe what should be in place to meet basic expectations and are scored on a scale from 1-5:

5 – Response demonstrates excellence and indicates that the organization significantly exceeds normal expectations for the criteria. Strong supporting evidence and analysis are provided.

4 – Response demonstrates that the organization has gone above and beyond the basic expectations outlined in the evaluation criteria. Supporting evidence and analysis are provided.

3 – Response demonstrates competence and meets the basic expectations indicated in the evaluation criteria.

2 – Response falls short of some of the basic expectations listed in the evaluation criteria. All criteria components are present but significant gaps or weaknesses are identified.

1 – The response does not meet the minimal expectations indicated by the evaluation criteria. Some criteria components were not included.

Each score will be multiplied by the appropriate weight to obtain the item score. The final score will be the sum of all the individual weighted scores.

Criteria Point Weight X Criteria Score (1-5) = Total Points

An example scoring sheet used by the evaluators is shown on the next pages:

2019 Advancement toward High Reliability in Healthcare Awards Program Scoring Sheet

Facility Name:

Project Title: Point

of Contact:

Evaluator Name:

Evaluation Criteria	Criteria Point Weight	Criteria Score (1-5)	Total Points
Abstract			
<p>The abstract clearly and briefly states:</p> <ul style="list-style-type: none"> • Background • Objective of the initiative • Methods • Results • Conclusion 	10		
Design/Methods			
<p>Description of:</p> <ul style="list-style-type: none"> • Initiative • Design • Implementation • Resources Utilized • Performance Measurement <ul style="list-style-type: none"> • Measures/Tools Used • Data Collection Method • Amount of/Source of Data Collected • Length of initiative/study 	20		

Results			
Describe: <ul style="list-style-type: none"> • Impact of initiative/study • How data was analyzed • Provide data tables/graphs • Achievement of Objective • Obstacles/Resistance 	20		
Interpretation of the performance measure data is consistent with recognized principles of data analysis. <ul style="list-style-type: none"> • Data must be summarized in a format that can be easily understood. • Conclusions drawn from the analysis were based on and supported by the data. 	20		
Conclusion			
<ul style="list-style-type: none"> ▪ Did you meet the objective(s) of the initiative? Explain. ▪ Considers overall practical usefulness of the intervention demonstrated locally and types of settings in which this intervention is most likely to be effective. ▪ Suggest implications of this report for further studies of improvement interventions. 	15		
The initiative demonstrates sustainability over time and has been integrated into the daily activities of the organization. <ul style="list-style-type: none"> • Improvement has been sustained over time. The initiative demonstrates a potential to be replicated across the MHS. <ul style="list-style-type: none"> • Initiative has the potential to be reproduced in other organization or other areas within the organization. 	15		
Total Score			