2017

Department of Defense

Advancement toward High Reliability in Healthcare Awards Program

Application Guidance

March 2017

2017 Department of Defense Advancement toward High Reliability in Healthcare Awards Program

Application Guidance

The Department of Defense (DoD) is on a journey to transform the Military Health System (MHS) into a high reliability organization (HRO) to ensure safe, reliable care for all patients and their families. Today, across the MHS, there are a number of actions already in motion to help the MHS advance toward high reliability and ensure that we partner with patients every step of the way.

The Advancement toward High Reliability in Healthcare Awards Program recognizes those who have shown initiative and commitment to the development of systems and processes that will lead the MHS toward a better, safer, nationally recognized health care system that all MHS leaders and staff strive for each and every day and one that all patients deserve. Awards will identify efforts that progress the MHS on its journey of continuous improvement, in the areas of Patient Engagement, Healthcare Quality and Safety, and Improved Access.

Application Process/Requirements:

All application packages (write-ups and attachments) must be submitted online via an online submission portal. The online submission portal is available through *the announcements section of the Clinical Support Division LaunchPad Page (https://info.health.mil/hco/clinicsup/SitePages/Home.aspx)* or by contacting the Award POC for the direct link. **The deadline to submit is August 1, 2017 by 1600 EST.**

Questions about the process can be addressed through the Award Program POCs: dha.ncr.health-opns.mbx.mhshighreliabilityawards@mail.mil.

Only **complete** award packages will be accepted for evaluation.

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

Award recipients/winners will be notified through their respective Service Headquarters.

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 one of the above categories. 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 categories 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.health-opns.mbx.mhshighreliabilityawards@mail.mil.

Award Categories

I.)   Patient Engagement Award

Patient Engagement initiatives for award consideration must fall into or address one of the below areas:

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 healthcare 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 healthcare 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 healthcare 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 healthcare visits from multiple providers of care; utilizing virtual templates for chronic disease management

II.)   Healthcare Quality and Safety Award

Healthcare Quality and Safety initiatives for award consideration must fall into or address one of the below areas:

Enhancing Culture of Safety

- E.g. Leadership Structures and Systems that enhance safe practice and quality improvement; Demonstration of leadership involvement (i.e., executive engagement, executive rounds, leadership access reviews); Culture of Safety; Teamwork Training and Skill Building; Establishment of Risks and Hazard reduction initiatives; Transparency within the command - how to share the good news; Organizational learning-levels of learning: PSR events, RCAs special cases; Using environmental assessments of improvement; Using data systems for measuring improvement

Reducing Harm and Healthcare Acquired Conditions

- E.g. Hand Hygiene; Central Line-Associated Bloodstream Infection Prevention; Catheter-Associated Urinary Tract Infection Prevention; Ventilator Associated Events; Falls Prevention; Pressure Ulcer Prevention; Venous Thromboembolism Prevention; Surgical-Site Infection Prevention; Multidrug-Resistant Organism Prevention

Clinical Improvements through the use of Evidence Based Practices

- E.g. Surgical care improvements; Children's asthma care; 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; Activities for becoming an HRO (i.e. Use of the JCR engagement model; Using TeamSTEPPS tools for mitigation of harm-surgical pause; Using targeted solutions tool for prevention of harm - WSS); Using Huddles, Rounds, Reports to mitigate risks; Education on science of safety

Improvements Across the Continuum of Care and Preventable Readmissions

- E.g. Coordination of care; Discharge Management; Air Evacuation; Handoffs and Transitions of Care

Surgical Quality

- E.g. Excellence in the role of Surgical Clinical Reviewer or Surgeon Champion, as evidenced by measureable 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

III.) 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; 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 healthcare system and safety net

Optimize access to care for needed services

- E.g. Reduce wait times at all levels of the healthcare system; optimize templates and appointing to match appointment supply with demand by day of week and time of day 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; ensure providers, nurses, and allied health professionals are working to the top of their ability; 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

Reduce 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; provide a welcoming atmosphere, either in person, virtually, or by telephone, to all patients entering the healthcare environment; give patients as many options, within reason, to maximize their healthcare outcomes

III.)   Improved Access Award, continued

Enabling and support patients to find providers who meet individual healthcare 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

Coordinated 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 navigating or teaching healthcare 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 healthcare

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 healthcare 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 <u>DO NOT</u> use facility identifying information in response to the four components of the application.**

- **Abstract: (300 word limit**) <u>**Must include the following:**</u>
  - **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 end 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 Team Members)
    - 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.

  - **<u>Evidence</u>** 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 healthcare settings that provide the same service or serve the same type of population

Note: Attach any publications or publicity as a result of 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.

<u>Example of Application Scoring Guide Used by DoD Reviewers</u>

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 seen below.

Advancement toward High Reliability in Healthcare Awards Program

Scoring Sheet - 2017

Facility:

Project:

Contact:

Evaluator:

Evaluation Criteria	Criteria Point Weight	Criteria Score (1-5)	Total Points
Abstract			
The abstract clearly and briefly states: • Background • Objective of the initiative • Methods • Results • Conclusion	10		
Design/Methods			

Description of:
 	
• Initiative
• Design
• Implementation
• Resources Utilized
• Performance Measurement
    • Measures/Tools Used
    • Data Collection Method
    • Amount of/Source of Data Collected
    • Length of initiative/study
	20		

Results			
Describe: • 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. • 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			
• 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. • Improvement has been sustained over time. **The initiative demonstrates a potential to be replicated across the MHS.** • Initiative has the potential to be reproduced in other organization or other areas within the organization.	15		
Total Score			