



Davies Enterprise Award
Application Submission Form
Revised – October 2011

--- Submission Criteria ---

An essential component of completing a submission for *Davies Enterprise Award* is answering each of the application criteria in the submission form with narrative backed by rich data metrics substantiating the described processes, improvements and outcomes. When preparing and submitting your case study, carefully review the HIMSS document “[A Framework for Evaluating Electronic Health Records: Overview—Applying to the Davies Enterprise Awards Program \(Revised August 2011\).](#)”

Guidelines for Writing the Case Study

1. Use this case study form for all case studies: core and menu items including seven sections and seven section headers in your case study.
 2. It is suggested that a team of clinical staff, performance improvement staff and information technology staff is formed to write the case studies.
 3. Submission page limit: Five pages plus one-page Appendix which includes all graphs and charts. No additional links to other sites will be reviewed. Page lengths given in each section are suggestions. Entire case study can be no longer than five pages.
 4. Font: 12-point font with one-inch margins.
 5. Include sufficient detail so that another organization can explain the project to their leadership and replicate it.
 6. Tell your story weaving metrics and key measures within the text.
 7. Appendix: May include graphs, charts and supporting evidence for the answers to the sections below.
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Core Case Studies

1. Return on investment: *A calculation used to determine whether a proposed investment is wise, and how well it will repay the investor. It is calculated as the ratio of the amount gained (taken as positive), or lost (taken as negative), relative to the basis.*

---“**Hard return on investment**”---

Two measurements: Quantifiable returns that can be demonstrated in financial terms and process improvements that would suggest cost savings that may fit an identifiable—or measurable—metric. Three major categories: patient flow, materials and staffing reductions, and billing improvements.

---“**Soft return on investment**”---

Soft ROI carries just as much—and possibly more—importance to healthcare institutions, because many soft-return factors are transformative.

- Medication error reduction via decision support systems saves lives.
- Access to a patient’s entire healthcare history helps improve care.
- Aggregated data analysis assists in focusing providers on performance enhancements.

2. Clinical Value: *How has the EHR system been effectively used to meet clinical objectives, demonstrate improved clinical quality outcomes, improved patient safety, benchmarked against state and national metrics of quality, etc.?*

Standards for Quality Improvement Reporting Excellence [SQIRE Methodology]

The **application submission form was developed from the SQIRE¹ methodology** [Standards for Quality Improvement Reporting Excellence (SQIRE)] www.squire-statement.org. The use of SQIRE can be leveraged as a tool in the design of a project.

The SQIRE Guidelines help authors write usable articles about quality improvement/performance improvement in healthcare so that their findings can be easily



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discovered and widely disseminated, thus spreading improvement work to a broader population.

The following journals support the SQUIRE guidelines: *American Journal of Nursing, Annals of Internal Medicine, British Medical Journal, Canadian Journal of Diabetes, Implementation Science, Joint Commission Journal on Quality and Patient Safety, Journal of General Internal Medicine, Journal of Nursing Care Quality, Quality & Safety in Health Care.*

- The Davies Organizational Committee modified the SQUIRE methodology with the intent to capture from applicants how health IT impacted patient safety and quality outcomes.

¹ Ogrinc G, Mooney SE, Estrada C, Foster T, Goldmann D, Hall LW, Huizinga MM, Liu SK, Mills P, Neily J, Nelson W, Pronovost PJ, Provost L, Rubenstein LV, Speroff T, Splaine M, Thomson R, Tomolo AM, Watts B. The SQUIRE guidelines for quality improvement reporting: explanation and elaboration. *Quality and Safety in Health Care*. 2008;17(Suppl 1):i13-i32; doi:10.1136/qshc.2008.029058. Accessed 9/25/09. Available at http://qshc.bmj.com/cgi/content/full/17/Suppl_1/i13.



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2012 National Patient Safety Goals (NPSG) - Select a NPSG* and/or National Priorities Partnership (NPP) Priority goal or goals** which you have addressed through health IT for which this submission is based, if applicable.

<i>*2012 Hospital National Patient Safety Goals</i>	
Improve accuracy of patient identification.	
Improve the effectiveness of communication among caregivers.	
Improve the safety of using medications.	
Reduce the risk of healthcare associated infections.	
Identify safety risks inherent in the patient population.	
Prevent wrong site, wrong patient, wrong person surgery.	

<i>**National Priorities Partnership</i>	
Engage patients and families in managing health and making decisions about care.	
Improve health of the population.	
Ensure patients receive well-coordinated care across all providers, settings and levels of care.	
Safety: improve liability and eliminate errors wherever and whenever possible.	



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Compassionate palliative and end-of-life care.	
Remove waste and achieve effective, affordable care.	

--- *Davies Enterprise: Core and Menu Topic - Application Submission Form* ---
--- Cover Page ---

All items described below in this “Cover Page” must be completed as part of your submission. However, the cover page information does not count towards your overall page count.

- Name of Applicant Organization: [Click here to enter text.](#)
- Organization’s Address: [Click here to enter text.](#)
- Submitter’s Name: [Click here to enter text.](#)
- Submitter’s Title: [Click here to enter text.](#)
- Submitter’s E-mail: [Click here to enter text.](#)
- Core or Menu Item: Choose an item.
- Specific National Patient Safety Goal (NPSG) and/or National Priorities Partnership (NPP)goals addressed if applicable

Executive Summary: Please write an overview of your case study.

Limit: 1 paragraph



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1 Background knowledge

Briefly describe your organization, population served, leadership, your organization's mission, how your organization designed the improvements to meet the needs of your patient population and review the reasons for your health IT solution. Review the literature and summarize the current knowledge of the care problem being addressed.

Suggested Limit: 1/2 page

2 Local problem being addressed and Intended Improvement

Please describe the present problem and its negative impact on process, safety, quality, efficiency – all that apply. Describe the intervention in broad details (detail in later section) and intended measurable benefits – all that apply

Suggested Limit: 1/2 page



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3 Design and Implementation

- a. Describe the step-by-step process for the intervention and its component parts in sufficient detail so that others could reproduce it. (Please include any steps that did not work and/or adjustments made in the process).
- b. Indicate the main factors that contributed to choice of the specific intervention (for example, needs analysis; matching relevant improvement experience of others with a similar local situation).
- c. Based on your plans, how did you implement the intervention?

Suggested Limit 1 page



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4 How was Health IT Utilized?

- a. How was health IT utilized to implement or document your intervention?
- b. What specific technology did you use?
- c. How did you apply the technology?
- d. If you developed a software application or hardware, please describe.

Suggested Limit: ½ page



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5 Value Derived/Outcomes

Describe the actual course of the intervention (for example, sequence of steps, events or phases; type and number of participants at key points). A timeline or graph in the Appendix might be helpful to further describe the intervention.

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Provide measurable outcomes/value in graph form if possible. Tie to intended benefits.

How has this intervention been utilized? How has it been sustained as you go forward?

Describe extent of utilization of intervention across your system.

Suggested Limit: 1 page.



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6 Lessons Learned

- Identify the major challenge(s) faced in planning and implementing the described HIT solution.
- Briefly describe the steps taken to overcome the identified challenge(s).
- Did you successfully overcome them?
- What were the major lessons learned?

Suggested Limit: 1 page.



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7 Financial Considerations

Please describe in your response:

- The funding sources, if any, for the described health IT solution.
- The role of the funding source, if any, in the design, planning/implementation, and evaluation of the health IT solution.
- Were capital (e.g., hardware, new software acquisition) and operating funds required or just operating funds? Please describe the capital and operational funds required.
- Please describe any cost savings or return on investment achieved with your intervention.

Suggested Limit: ½ page.