



A Framework for Evaluating Electronic Health Records

Overview - Applying to the Davies Enterprise Awards Program Revised – April 2012

Introduction

The Computer-Based Record Institute (CPRI) established the Davies Recognition Program in 1994 to recognize exemplary implementations of electronic health records (EHR) and foster wider adoption by sharing lessons learned from those organizations. The first awards were granted in 1995. Management of the Davies Program continues under HIMSS, which merged with CPRI-HOST in 2002.

The program is named after Dr. Nicholas E. Davies, a practicing physician and President-elect of the American College of Physicians. Dr. Davies, a member of the Institute of Medicine Committee on Improving the Patient Record, died in an airplane crash in April 1991. He was a caring and accomplished physician who believed that computer-based patient records were needed to improve patient care.

The Davies Awards of Excellence is similar to the [Baldrige Award](#) in that it requires that staff in the healthcare system applying for the award to assess and document their progress and accomplishments against a framework for thinking about the process of implementing an EHR. This document provides the framework for conducting the self-assessment.

Case studies that demonstrate innovation are encouraged; such innovation may be the novel use or extension of an existing application, a leveraged combination of applications that delivers a new or improved functionality or original solutions created by the applicant enterprise.

Who Can Apply?

Core Essential Requirements

To be considered for the Davies Enterprise Award, the organization must be either an EMR Adoption Model (EMRAM) Stage 6 or Stage 7 status as designated by [HIMSS Analytics](#). This designation cannot be self-determined.



US EMR Adoption ModelSM

Stage	Cumulative Capabilities	2011 Q1	2011 Q2
Stage 7	Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP	1.0%	1.1%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	3.5%	4.0%
Stage 5	Closed loop medication administration	5.9%	6.1%
Stage 4	CPOE, Clinical Decision Support (clinical protocols)	10.7%	12.3%
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	48.4%	46.3%
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable	14.1%	13.7%
Stage 1	Ancillaries - Lab, Rad, Pharmacy - All Installed	6.7%	6.6%
Stage 0	All Three Ancillaries Not Installed	9.6%	10.0%

Data from HIMSS Analytics™ Database © 2011 N = 5,275 N = 5,310

Canada EMR Adoption ModelSM

Stage	Cumulative Capabilities	2011 Q1	2011 Q2
Stage 7	Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP	0.0%	0.0%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	0.5%	0.5%
Stage 5	Closed loop medication administration	0.0%	0.2%
Stage 4	CPOE, Clinical Decision Support (clinical protocols)	2.2%	1.7%
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	33.0%	33.2%
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable	23.8%	23.9%
Stage 1	Ancillaries - Lab, Rad, Pharmacy - All Installed	11.9%	12.2%
Stage 0	All Three Ancillaries Not Installed	28.6%	28.3%

Data from HIMSS Analytics™ Database © 2011 N = 639 N = 639

With the designation of Stage 6 or Stage 7 EMRAM status, any hospital or health system, including academic medical centers, community hospitals, rural health hospitals and critical-access hospitals can apply as long as the institution provides acute care with inpatient beds.



A component of a hospital, such as an enterprise clinic owned by a hospital, cannot apply on its own, as the entire hospital needs to apply for the Enterprise Award. **Enterprise clinics can apply to the HIMSS Davies Ambulatory Award.** Enterprise clinics that qualify are those that are owned or located within an academic medical center, IPAs, hospital systems. Independent urgent care centers and retail clinics do not qualify to apply.

If a health system contains multiple hospitals, the health system must choose to either apply for its entire system or for designated hospitals within its system.

Behavioral health does not qualify to apply for the Davies Awards program at this time.

All organizations must substantially demonstrate value and the achievement of meaningful use of the EHR according to CMS criteria, including computerized provider order entry for medication use, etc. Being a meaningful user does not guarantee Davies Award status. Visit [HIMSS Web site](#) for up-to-date analysis and information regarding ARRA.

Application for the Davies Enterprise Award is a 4-step process:

Step 1: Intent to Apply

An intent to apply notification is expected from all potential applicants at 60-days prior to application submission. An intent to apply notification includes: 1) the name of your organization, 2) what facilities you plan to submit for the Davies Award application for consideration, 3) primary and secondary points of contact, and 4) EMRAM score. Please submit information by e-mail to Davies@HIMSS.org.

Step 2 – Case Study Submission

a: Core Case Studies

Applicants are required to complete the following two case studies [Table 1]: 1) a hard dollars Return on Investment (ROI) 5-page case study, to include status of participation in meaningful use, with one page Appendix (supportive metrics), and 2) a clinical value 5-page case study, with one page Appendix (supportive metrics) within 60-days of the intent to apply notification.

b: Menu Case Studies

Applicants are required to select three elective case study topics of their choosing among the following options listed in Table 2 below. Each case study cannot exceed 5-pages in length and can include an additional one page Appendix (supportive metrics). These three case studies are to be submitted at the same time as the two core case studies as described in Step 2 above.



Step 3: Site Visit

Based on independent review by the Davies Enterprise Award Committee volunteer members, “Finalist” candidates are selected by a peer reviewed process within 30 days after application submission.

An EMRAM Stage 6 Finalist will receive specific instructions for an in person site visit. Visits usually require a full day, but may be shorter or longer depending upon the diversity of the applicant organization’s sites. Organizations selected for a site visit should plan to arrange interviews with key people from management, information systems, clinical users and other departments, and provide access to at least one ancillary site. The site visit is conducted by several members of the Davies Award Committee and HIMSS staff, who report their findings to other Committee members. The final award determination is made by vote of the entire Committee. Providers selected for a site visit will be designated “Finalists.”

An EMRAM Stage 7 Finalists will not receive an in person site visit. These Finalists will receive a virtual site visit. A virtual site visit will consist of a webinar demonstrating the EHR system to a panel of Davies Award Committee members. Additionally, the applicant will arrange interviews with key people from management, information systems, clinical users and other departments.

Step 4: Submission of Final Case Studies to HIMSS Website and Educational Offerings

Davies Award winners may be asked to emphasize exemplary aspects of their approaches or accomplishments in the final submission of their case studies. Providers who apply and are accepted for consideration must accommodate a site visit (virtual or in person), comply with all deadlines for submittal of materials, sign a copyright agreement for inclusion of the application paper on the HIMSS website and HIMSS and educational offerings.

If you have questions, e-mail or call Jonathan French, at davies@himss.org or 703-562-8822.

Table 1: Required Case Study Topics

- 1. Return On Investment (ROI) -** Need to demonstrate both hard and soft ROI.

For examples, see [The ROI of EMR-EHR: Productivity Soars, Hospitals Save Time and, Yes, Money](#) and



[Nicholas E. Davies Award of Excellence – Organizational Award Hard and Soft Return On Investment \(ROI\)](#)

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.

Hard ROI	Hard dollars and cents. If applicable, must include CMS EHR incentive program dollars (but not exclusively).
Soft ROI	Reduced liability, improved patient safety, increased satisfaction, decreased turn-around-times, etc.
Clinical value	Clinical outcomes
	The Joint Commission core measures
	CMS EHR incentive program core measures

Table 2: Case Study Topics – Select Three

- Usability
- End-user efficiency
- Leadership/Governance
- Population Management
- Medical device connectivity
- Innovation
- Change management – workflow analysis and improvement
- Health Information Exchange (HIE)
- Privacy & Security
- Mobile
- Dashboards and analytics: Clinical Informatics/Business Informatics
- Clinical care surveillance
- Telehealth
- Infrastructure innovations



- Patient safety enhancements
- Patient engagement
- Integrated specialty areas (oncology, anesthesia)
- Ancillary: (Radiology/imaging management; physician therapy; occupational therapy; robotics)
- Disaster planning and preparation / emergency operations center (EOC) effectiveness
- Patient flow/ throughput
- Reduce hospital re-admissions within 30 days
- Reduce preventable hospital acquired conditions