



**Be Recognized**  
***HIMSS Nicholas E. Davies***  
***Award of Excellence***

**Tips & Tricks: Successfully Applying for the  
HIMSS Davies Organizational  
and Ambulatory Awards of Excellence!**

Chair, Davies Organizational – Thomas W. Smith, MBA, LFHIMSS

Member, Davies Organizational – Eric Hartz, MD

Chair, Davies Ambulatory – Daniel Griffin, MD

Member, Davies Ambulatory – Barbara Drury, FHIMSS

HIMSS, Director, HIS – David A. Collins, CPHIMS, FHIMSS

*January 27, 2010*

1



## *History of the Davies Awards Program*

David A. Collins, MHA, CPHQ, CPHIMS, FHIMSS  
HIMSS, Director, Healthcare Information Systems



- 501(C)(6), not-for-profit educational organization and the world's largest global healthcare information and management association
- Founded in 1961 with offices in Chicago, Washington D.C., Brussels, and other locations across the United States and Europe
- 23,000+ individual members, 380+ corporate members
- **HIMSS Vision:** Advancing the best use of information and management systems for the betterment of health care
- **HIMSS Mission:** To lead change in the healthcare information and management systems field through knowledge sharing, advocacy, collaboration, innovation, and community affiliations



# Davies Awards of Excellence

## Program Objectives



Named in honor of Dr. Nicholas E. Davies, an Atlanta-based practice physician committed to the ideal of improving patient care through better health information management

Encourages and recognizes excellence in the implementation of EHR systems

- Implementation
- Strategy
- Planning
- Project Management
- Governance
- Value and ROI

- Promote the vision of EHR systems through concrete examples
- Understand and share documented value of EHR systems
- Provide visibility and recognition for high-impact EHR system
- Share successful EHR implementation strategies
- 1995 – First Organizational Awards  
27 recognized to date
- 2003 – First Ambulatory Awards  
19 recognized to date
- 2004 – First Public Health Awards  
13 recognized to date
- 2008 – First Community Health Organization Awards – 6 recognized to date 4



## ***Benefits***

1. Introspective look at your organization
2. Recognition: State, National, Congressional
3. Opportunity to present at HIMSS Annual Conference
4. Opportunity to serve on Davies Committee
5. Recognized as leader in the industry
6. Prestige



# Davies – Resources & Due Dates

## Resources

- Past recipients applications  
[http://www.himss.org/davies/pastRecipients\\_org.asp](http://www.himss.org/davies/pastRecipients_org.asp)
- Davies white paper series  
<http://www.himss.org/davies/resources.asp>
- Davies book  
***“Improving Quality and Reducing Cost with Electronic Health Records: Case Studies from the Nicholas E. Davies Awards”***  
<http://www.himss.org/bookstore>
- Davies podcast episodes  
<http://www.himss.org/ASP/physicianCommunityPodcast.asp>

## 2010 Application Due Dates

- Organizational Award: Wed, March 31
- Ambulatory Award: Fri, April 30
- Public Health Award: Fri, April 16
- Community Health Organization (CHO) Award: Fri, May 14



- ***Why Apply?***
- ***Application Process***
- ***Writing to Win!***
- ***Reasons for Non-Selection***



## ***Davies Organizational Award***

**Thomas W. Smith, MBA, LFHIMSS  
CIO**

**North Shore University Health System  
2004 Davies Organizational Recipient**

**Eric Hartz, MD  
CMIO**

**Eastern Maine Medical Center  
2008 Davies Organizational Recipient**



## *Why Apply?*

*“We found the Davies Award process to be valuable both on an internal and external level. The process made us pause and take a critical look at our objectives in deploying systems and how well we were meeting our original intent.”*

*“The evaluation committee brought an experienced, broad perspective & raised questions for us to consider that led to additional improvement opportunities. The award gave us the chance to celebrate and recognize what we’ve accomplished.”*

*“On an external level, the recognition from the award has connected us with similar organizations so that we can continue to learn from each other.”*

**Susan Heichert, Sr. VP & CIO Health Information Systems  
Allina Hospitals & Clinics  
2007 Davies Organizational Award Winner**



## ***Organizational Award - Application Process***

The application is evaluated along four themes:

- **Management**
  - the organizational aspects of EHR implementation; strategy, planning, project management and governance;
- **Functionality**
  - delivered by the EHR to meet the organizational objectives and the needs of patients and end-users;
- **Technology**
  - technical design and architecture that enable the EHR to deliver the required functionality and performance; and
- **Value and Return on Investment**
  - value-concrete as well as intrinsic value derived from the implementation of the EHR.



## ***Organizational Award - Application Process***

### **Step 1: Threshold Application**

- Applicants are asked to complete a [Threshold Application](#) by Wednesday, March 31
  - **9 pages, plus a cover page and the appendices**

### **Step 2: Full Application**

- Those organizations that are assessed by the Davies Committee to be at an appropriate stage of implementation and adoption are then invited to prepare a Full Application, based on the guidelines for the [Full Application](#), which is due Friday, May 28
  - **At least 15 pages and must not exceed 30 pages in length, including graphics, and a maximum of five pages for appendices**
  - **It is suggested that at least 50 percent of the pages submitted be focused on the “Value” section**



## ***Organizational Award - Application Process***

### **Step 3: Site Visit**

- Based on review by the Davies Organizational Award Committee, “Finalist” candidates are selected in late June and contacted shortly thereafter to schedule a site visit for sometime in late July or August.

### **Step 4: Submission of Final Paper for Proceedings and Presentation Material**

- Davies Award winners may be asked to emphasize exemplary aspects of their approaches or accomplishments in the final submission of the paper and the presentation.
- Present at the Annual HIMSS Conference and Exhibition.
- Winners will also be invited to serve on the Davies Organizational Committee.



## ***Organizational Application Process: Bare Bones***

### **Substantial implementation**

- Having the system in use for at least 75 percent of the total patient population across the enterprise. (For example, “a mean of 93 percent of physician progress notes in the three hospitals are generated in the electronic documentation system.”)
- Demonstrate that there has been transformation in the provision of care.
  - The EHR should be the primary source of care information and, preferably, the only source of care information in most, if not all of the organization’s care settings.
  - The EHR should be implemented in the care settings identified in the [Self-Evaluation Form in the Threshold Application](#).

### **Maturity**

- All clinical components of the EHR represented in your application must have been implemented throughout the organization prior to Dec. 31 of the year previous to the date of the application.



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## ***Organizational Application Process: Bare Bones***

- **EHR should be the Primary source of care information** and preferably the only source of care information
- **EHR should be used by all care providers and staff** to take care of & make decisions about patients
- **Clinical decision support** should be used in the EHR to meet the quality, efficiency & safety goals of the organization
- **CPOE should be utilized organization-wide** by all prescribers
- **EHR should be pervasive** in support of the clinical workflow throughout the organization
- Application should present evidence that the **business case and quality improvement goals have been met**



Critical Qualifying Questions	Yes/No
1. Are there outcomes and value achieved by your organization directly attributable to your EHR implementation? 2. Are more than 80 percent of all patient care orders entered into the EHR in advance of the execution of that order in all organizational locations for which you are applying? 3. Are more than 80 percent of Licensed Independent Practitioners (LIP) using CPOE to enter orders in all locations for which you are applying? The Joint Commission (2005) defines LIP as: <i>“Any practitioner permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the practitioner license and consistent with individually assigned clinical responsibilities.”</i>	
4. If your application is for multiple facilities, can a patient move between care venues (inpatient, outpatient, OR, ED, hospital-to-clinic, hospital-to-hospital) seamlessly using the same patient identifier?	
5. If your application is applying for multiple facilities, does your organization have an enterprise-wide master patient index that shares a common database among all facilities, providing for a consistent and efficient view of individual patient information?	
6. Can a patient move between care venues seamlessly with the availability of consistent clinical data (i.e., common med list, allergy list, problem list)? 7. Has your organization noted improved quality outcomes as a result of clinical decision support incorporation into the EHR? 8. Can your organization address how you will meet CMS-defined meaningful use criteria? If your organization is selected for a site visit, you will be expected to have substantially addressed meaningful use criteria.	



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***Writing to Win!***



## ***Organizational Award – Tips & Tricks***

- Applications are reviewed by independent peer group (Davies Committee) with years of experience (former Davies recipients, CIOs, CMIOs, Directors of IT, Consultants)
- Avoid cutting and pasting functionality from a website
- Provide insight into how the new EHR functionality is being used to improve patient care delivery



## ***Organizational Award – Tips & Tricks***

- Assemble a dedicated team to develop the application
  - Application team Leader
  - Support for the application from leadership
  - Have all facets of organization contribute, as this may roll over to the site visit



## ***Organizational Award – Tips & Tricks***

- Application should be well organized & detailed
- Write the application in the same order and format as the application guidelines
- Include novel/innovative areas even if they are not addressed in the application (e.g. interface to billing)
- Be conscientious of style, grammar, spelling, flow



## ***Organizational Award - Tips & Tricks***

- **The Value Section**
  - Avoid being vague – clearly articulate qualitative and quantitative benefits as well as lessons learned/challenges.
  - Benefits may include but should not be limited to: Safety, Effectiveness, ROI, Efficiency, Regulatory Compliance, Access to Care, User Satisfaction.
- **Maturity**
  - More years = longer time to measure outcomes



## **Demonstrating Value**

*“We have many examples of how our EHR saves lives and affects future outcomes. Last year, for example, a pregnant woman seen in the clinic for a pre-natal check-up also received a CT scan. The scan was positive for cancer.”*

*“The patient missed her next appointment and the EHR prompted a call to her home, only to find she had left the country. The recall went on for months. She finally returned home and a care team went to her house and brought her in to the hospital for treatment of her cancer.”*

*“We saved her life.”*

**2005 Davies Organizational recipient  
Generations+/Northern Manhattan Health Network**



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## Process – Meaningful Use

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### Threshold Application

- On page nine, describe what your organization is doing in conjunction with your EHR vendor to substantially address the proposed Meaningful Use criteria.
- Please utilize the HIMSS tool that enables hospitals to track their compliance with Stage 1 Meaningful Use criteria requirements by process group.
  - The tool provides the user with progress score sheets and graphical representations by the year and project life cycle at [www.himss.org/ASP/topics\\_FocusDynamic.asp?faid=330](http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=330).
  - Please provide a summary of percentage progress to date for the hospital entities for which you are applying.



# Process – Meaningful Use

## Full Application

- Provide any updates addressed from the Threshold Section 10, Meaningful Use.

## Site Visit

- Provide any updates addressed from the Full application submission.



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## ***Tips & Tricks: Reasons for Organizational Non-Selection***

- CPOE not widely adopted throughout the organization
- Paper charts were still used extensively
- Major parts of the organization were not on the EHR — for example: ED, OR, Oncology
- Lack of clearly articulated value
- Insufficient evidence that EHR was being used to make patient care decisions
- Limited clinical decision support tools being used
- No clear support from leadership
- No evidence of meaningful use being embraced



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## ***Davies Ambulatory Award***

Daniel Griffin, MD

The Feinstein Institute for Molecular Medicine  
Chair, Davies Ambulatory Committee  
2006 Davies Ambulatory Recipient

Barbara Drury, FHIMSS, President, Pricare Inc.  
Member, Davies Ambulatory Committee



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## *Why Apply?*

***“The Davies Award gave us the discipline to look back subjectively and objectively at what we had accomplished. Additionally, the application process gave us insight into areas of our organization’s project that needed to be shored up. In this case, Dr. Lederman saw that his organization’s back-up and redundancy systems needed to be more robust.”***

**Samuel Lederman, MD  
Managing Partner**

**Palm Beach Obstetrics and Gynecology PA  
2008 Davies Ambulatory Award**



## ***Ambulatory Award - Application Process***

The application is evaluated along four themes:

– **Management**

- the organizational aspects of EHR implementation; strategy, planning, project management and governance;

– **Functionality**

- delivered by the EHR to meet the organizational objectives and the needs of patients and end-users;

– **Technology**

- technical design and architecture that enable the EHR to deliver the required functionality and performance; and

– **Value and Return on Investment**

- value-concrete as well as intrinsic value derived from the implementation of the EHR.



## ***Davies Ambulatory Award***

***– Application Process –***



## ***Ambulatory Award - Application Process***

- Independent practice
- 10-15 pages
- A personal story*
- Practices selected for a site visit
  - Subjective judgment and subject matter expertise of the Committee members
  - And, on the total points received through independent scores
  - Those selected for site visits will be recognized as “Finalists”



## ***Ambulatory Application Process: Bare Bones***

- All physicians and other staff in a qualifying practice need to have incorporated the EHR into routine care and to improve the operation of the practice
- All providers must be using the EHR
- System must be in use by all providers at all locations since July 1 of the year previous to submitting the application.
  - Required in order to describe and provide evidence of improvements in efficiency, quality, service, staff or patient satisfaction, as appropriate to the local expectations that led to the investment in the first place
- Generate prescriptions (ideal would be to see successful use of e-prescribing)



## ***Ambulatory Application Process: Bare Bones***

- Where possible place electronic orders out and/or receive electronic results, i.e., an outside laboratory
- Using an EHR in a meaningful way should result in improvement in patient care and not just monitoring.
  - A strong application will show both successful monitoring, as well as clear improvements in patient care – attributable to the EHR.



## ***Ambulatory Application Process: Bare Bones***

### Meaningful Use

- Describe how your EHR implementation aligns with CMS's definition of meaningful use as currently understood.
- Explain what you are presently doing or have done to meet CMS' proposed criteria for meaningful use.
- Meeting CMS's definition of meaningful use does not guarantee Award status.
- We believe that the meaningful use criteria are of value to pursue regardless of intent to take advantage of incentives.



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	Yes (Y)	No (N)
My practice has accomplished 100 percent usage of the system by all clinical staff, including providers, since July 1 of the previous year.		
All clinical staff at my practice use computers at the point of care.		
My practice was able to improve quality, safety, efficiency and/or reduce health disparities.		
My practice's implementation of an EHR allows us to engage patients and families.		
My practice's implementation of the EHR improved care coordination.		
My practice's implementation of the EHR ensures adequate privacy and security for personal healthcare information.		
Where possible, my practice utilizes e-prescribing and the EHR to generate all appropriate prescriptions.		
My implementation of the EHR has functional interfaces that allow receiving or transmitting lab results or orders.		
My practice has tested the EHR disaster recovery mode.		
My practice demonstrates efficient workflow.		
My practice's EHR implementation and usage is a model for other practices.		
My practice is willing to share our experience with others.		



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***Writing to Win!***



## ***Ambulatory Award – Tips & Tricks***

- Applications are reviewed by independent peer group, i.e., Davies Committee
  - Years of Experience: Former Davies recipients, Practicing physicians, Practice Administrators
- Do not cut and paste functionality from a website
- Provide insight into “How” functionality is being used to improve patient care delivery



## Demonstrate Value

**“Dr. Valdez’s expectations have been exceeded...her charting is finished — labs and referrals are ordered, prescriptions are emailed, and the encounter is coded and ready for billing — before she leaves the patient. As a result, Dr. Valdez is indeed home in the evenings — sometimes before her husband, a fact that continues to amaze and delight her family. The effect on her personal life has been more dramatic than she had anticipated. Now she finds herself in need of a hobby to replace the time she’d grown accustomed to spending on charts in the evenings.”**

**2007 Davies Ambulatory recipient  
Valdez Family Clinic**



## ***Ambulatory Award – Tips & Tricks***

- Need dedicated team
  - Team Leader
  - Support from Top-Down
  - All facets of practice contribute
    - Rolls over to site visit



## ***Ambulatory Award - Tips & Tricks***

- **Challenges**

- Hardest to score application if not written in the same order as the questions on the application
  - Well organized and detailed?
- Areas not addressed?
  - E.g., interface to billing
- Who wrote it?
  - Style
  - Vendor



## ***Ambulatory Award - Tips & Tricks***

- **Qualitative and Quantitative Value/ROI**
  - Vague?
    - Organizational objectives achieved through EHR not articulated
    - Clinical benefits not clear
    - Limited information provided of quantifiable \$ or quality metrics of benefits achieved
- **Maturity**
  - More years, longer time to measure



## ***Ambulatory Award - Tips & Tricks***

- **Strengths**
  - Innovative ways of providing patient care always receives greatest weight



## ***Tips & Tricks: Reasons for Ambulatory Non-Selection***

- EHR not fully implemented
- Not all providers using the EHR
- Antiquated workflow processes, i.e., not integrated into the EHR digital workflow
- Solid implementation with lack of ability to show value derived
- No evidence of integrating meaningful use



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***Questions?***



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