



A Framework for Evaluating Electronic Health Records

Overview - Applying to the Davies Recognition Program Davies Organizational Award Revised - January 2010

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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.

Application for the Organizational Davies Award is a four-step process:

Step 1: Threshold Application

Applicants are asked to complete a [Threshold Application](#) by Wednesday, March 31.

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.

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. Specific instructions for the site visit will be provided at that time. 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.”

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. Following acceptance, presenters are required to provide hard and electronic copies of the final paper in late October or early November (to be specified by the Committee). Providers who apply and are accepted for consideration must accommodate a site visit, comply with all deadlines for submittal of materials, prepare the application paper, sign a copyright agreement for inclusion of the application paper in the symposium proceedings, and agree to present the paper and serve on a lessons-learned panel at the Annual HIMSS Conference and Exhibition, with registration and travel expenses covered by HIMSS, within budget. Winners will also be invited to serve on the Davies Organizational Committee.

If you have questions, e-mail or call [David Collins](#), Director, Healthcare Information Systems, 804-550-1619.

Who Can Apply?

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 ambulatory clinic owned by a hospital, cannot apply on its own, as the entire hospital needs 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 organizations qualify to apply if they have an integrated system that manages information across diverse levels of care within the organization, such as acute care, 24-hour programs, partial hospitalization and outpatient clinics.



All organizations, including behavioral health, 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. Additionally, visit online to view the latest [proposed rule for meaningful use](#).

Core Essential Requirements

To be considered for the Organizational Davies Award, the organization should meet and address the following criteria in the Threshold Application:

- 1) The applicant must show substantial EHR implementation:
 - “Substantial” is defined as 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.”)
 - Evidence of substantial EHR utilization also should include demonstration that there has been transformation in the provision of care. This means that care information in most—if not all—of the organization’s care settings is supported primarily or exclusively by the EHR. 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.
 - 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.
- 2) Where the EHR is implemented, CPOE should be utilized throughout the organization by all providers in the majority of essential care settings. For behavioral healthcare organizations, care plans should summarize all care being provided to a patient and be useable guides for the providers delivering or evaluating care. Where co-signatures are required, it should be possible to route a document and/or order to another provider for revision or co-signature.
- 3) The EHR implementation should be integral to achieving the organization’s strategic objectives. The top leadership of the organization, including Board members, executives and physicians, should be committed and actively involved in initiating and sustaining the effort.
- 4) The organization should be able to demonstrate that real-time clinical decision support within the EHR systems is used to meet the quality, effectiveness, efficiency, regulatory and safety goals of the organization. This should include knowledge at the point of care, alerts, order sets, guidelines, etc., integrated into the clinician workflow.
- 5) Rather than a collection of scanned notes or text documents, EHR systems should be focused on improving care and workflow by making discrete, and when appropriate, coded information transferable and readily available to the appropriate providers.
- 6) The applicant organization should be able to present evidence that the business case and quality improvement goals it set for the EHR have been met or that significant progress has been made. The management and staff should be convinced by the documented evidence of the EHR’s value to their organization.



- 7) The applicant organization must be able to respond “Yes” to the Critical Qualifying Questions in the Table below.

Critical Qualifying Questions

The Awards Committee is respectful of the time and commitment involved in completing this Award application. If you are unable to answer “Yes” to the questions below, the Committee recommends that you wait to submit your application until next year’s award cycle.

| 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. | |



Why Apply/Benefits

The members of the Davies Committee believe the guidelines have educational and historical value for any healthcare organization starting down the path of implementing an EHR. They result from the group effort of a large number of experts and industry leaders with a rich variety of experiences in designing and implementing electronic health records.

- The Davies Award evaluation process involves: threshold application, full application and site visit.
- In the threshold and full applications, applicants are asked for assessment and documentation of their progress based on four key areas: management, functionality, technology and value.
- The Threshold Application, approximately nine pages plus appendices, is due Wednesday, March 31.
- If voted by the Davies Committee to proceed, the applicant will be invited to submit a Full Application, approximately 30 pages plus up to five pages of appendices, due Friday, May 28.
- If the Full Application is voted by the full Committee to proceed, the applicant will host a site visit team for a live demonstration of the workflow and system in use.
- The application process serves as an introspective self-assessment that is valuable for other organizations planning an EHR implementation and for the applicant organization to evaluate the results that have been achieved.
- A Committee of the applicant's peers, many former Davies recipients, independently and objectively scores the applications and evaluates site visit findings and then convenes to determine if the Davies Award will be given in any particular year. There can be multiple winners in a given year.
- Winners will be invited to present at the Annual HIMSS Conference and Exhibition, with registration and travel expenses covered by HIMSS, within budget.
- Winners will be invited to serve on the Davies Organizational Committee.

Comment from Past Winner

"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 and 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
[Allina Hospitals & Clinics](#)
2007 Davies Organizational Award