



Stories of Success!
Leveraging HIT, Improving Quality & Safety

--- Background and Purpose ---

HIMSS and co-sponsors American Society for Quality (ASQ), National Committee for Quality Assurance (NCQA) and National Patient Safety Foundation (NPSF) are actively seeking real-world success stories to be peer-reviewed for consideration as *Stories of Success!* Case Studies, for the intent of educating your peers in the industry.

The **purpose** of the *Stories of Success!* All call is to specifically highlight and demonstrate how health IT has been leveraged to fulfill national patient safety goals of [The Joint Commission](#) and national recommendations from the [National Priorities Partnership](#), National Quality Strategy and Partnership for Patients.

Case studies from previous all calls are posted at www.himss.org/storiesofsuccess. Although not an awards program, these case studies are recognized in multiple venues, beneficial to the applicant and the industry at large.

The **application submission form was developed from the SQUIRE¹ methodology** [Standards for Quality Improvement Reporting Excellence (SQUIRE)] www.squire-statement.org. The use of SQUIRE can be leveraged as a tool in the design of a project.

- The SQUIRE Guidelines help authors write excellent, usable articles about quality improvement/performance improvement in healthcare so that their findings can be easily 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 Med, Journal of Nursing Care Quality, Quality & Safety in Health Care

The Stories of Success Peer Review Body modified the SQUIRE methodology with the intent to capture from applicants how health IT impacted patient safety and quality outcomes.

The SQUIRE methodology is goal and metrics oriented. As part of the application, you will detail your intended improvement, the methodology used and the metrics that demonstrate your success. Taken together, these elements will educate the reader to



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enable them to apply this story to their own environment. This methodology was specifically selected for this application because it lends itself well to patient safety and quality improvement projects. Applicants are encouraged to answer all the questions in the SQUIRE methodology represented as items in the application. Please note that the Peer Review Body reviews your application with the SQUIRE elements in mind.

¹ G Ogrinc, S E Mooney, C Estrada, T Foster, D Goldmann, L W Hall, M M Huizinga, S K Liu, P Mills, J Neily, W Nelson, P J Pronovost, L Provost, L V Rubenstein, T Speroff, M Splaine, R Thomson, A M Tomolo, B Watts. The SQUIRE (Standards for Quality Improvement Reporting Excellence) 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.

--- How to Apply ---

FORMAT

Submissions cannot exceed 5-pages in length, using Times New Roman, 11pt font, in PDF format. Supporting metrics (graphics, screen shots, examples) are allowed to be included within an Appendix (not included as part of the 5-page limit). Additionally, a cover letter with an executive summary of your story (1-page max) is requested (again, not counted against your 5-page max).

These should be real-world examples and personal stories. Vendors can assist in preparing the submission, but these case studies should not be written by vendors.

Each submission will be peer-reviewed by subject matter experts in the field of quality and health IT, including representatives from the HIMSS Quality, Cost Safety Committee; The Joint Commission; the National Quality Forum; the National Committee for Quality Assurance; the American Society for Quality; and National Patient Safety Foundation.

REQUIRED ITEMS TO INCLUDE

The following items must be addressed in your submission, or your submission will not be reviewed or considered for selection:

1. Please include a one-page cover letter that includes an executive summary of your story. As required, on the cover page, specify and clearly articulate a clear



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- indication of the patient safety goal, the NPP priority or Partnership for Patients Goal, as well as the type of health IT being submitted and the meaningful use goal/objective. These should match the HIT and NSPG you describe when responding to the criteria. HINT: The number of NPSGs is less important than a clear alignment of success with the NPSGs you indicate are successfully met with your HIT solution.
2. Tell your story of how you achieved your goal.
 - a. How did you do it?
 - b. Why did you do it?
 - c. What prompted you to do it?
 - d. What resources did you use?
 - e. How did it affect your homegrown system?
 - f. Include timely, focused topic
 - g. Connect to HIT and NPSG NOTE: The focus of these stories is the use of health information technology to improve quality and safety. A successful submission helps the readers understand the technology used, the challenges faced when implementing, outcomes achieved to improve patient safety and the funding required.
 - h. An essential component of completing a submission for *Stories of Success!* 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. It is suggested that you form a team of clinical staff, performance improvement staff, and information technology staff to appropriately answer the criteria.
 - i. NOTE: Please remember that we are seeking “stories.” Using the application criteria questions to weave a story embedding metrics/data that demonstrate your outcomes helps others see your success and take away how they can apply this in their own institutions will help us see your *Story of Success*.
 3. A signed release form must accompany your submission for your submission to be received. Submissions that are received become property of HIMSS, ASQ, NCQA and NPSF for publication and educational purposes.

Due Date

Stories of Success case study submissions are due by Wednesday, May 9, 2012, 5pET, and are to be submitted to Pat Johnson at pjohnson@himss.org

For More Information



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Submissions and questions should be directed to Pat Johnson, pjohnson@himss.org If selected, your *Story of Success!* will be featured on the HIMSS website, ASQ website, and other educational venues.



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--- Stories of Success! Application Submission Form ---

--- Cover Page ---

All items within the “Cover Page” requirements below must be completed as part of your submission. The cover page information does not count towards your overall page count.

- Title
- Authors
- Name of organization
- Specific NPSG, NPP and Partnership for Patients goals addressed
- Type of health IT utilized
- Meaningful use goal/objective addressed
- Cover letter, summary story

1. Required: Title of Submission (this must describe the goal and health IT being described in the submission)

2. Required: Name of Organization Submitting

3. Required: Author’s names (List all names of those involved in submission)

- Name
- Title
- Primary point of contact: Phone and e-mail
- Secondary point of contact: Phone and e-mail

4. Required: You must select a NPSG*, NPP Priority goal** and/or Partnership for Patients goal*** which you have addressed through health IT for which this submission is based.

5. Required: Select the technology**** utilized in this case study:

6. Required: Select the Meaningful Use Goal(s)***** that you attempted to meet, if applicable.

7. Cover letter, case study executive summary (1-page max)



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Tell us your story: As a cover letter, provide a one-page (maximum) story summary that describes your journey to date toward applying health IT to fulfill the National Patient Safety Goal(s), the National Priorities Partnership goals and/or the Partnership for Patients Goals.

Required: You must select a NPSG*, NPP Priority goal**, and/or Partnership for Patients Goals*** which you have addressed through health IT for which this submission is based.

<i>*2012 Hospital National Patient Safety Goals</i>	<i>Yes</i>	<i>No</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>*2012 Ambulatory National Patient Safety Goals</i>	<i>Yes</i>	<i>No</i>
Improve accuracy of patient identification		
Improve the safety of using medications		
Reduce the risk of healthcare associated infections		
Prevent wrong site, wrong patient, wrong person surgery		

Required: You must select a NPSG*, NPP Priority goal** and/or Partnership for Patients Goals*** which you have addressed through health IT for which this submission is based.



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**National Priorities Partnership	<i>Yes</i>	<i>No</i>
Engage Patients and Families in Managing Health and Making Decisions about Care		
Improve health of the Population		
Ensure Patients Received Well-Coordinated Care across all Providers, Settings, and Levels of Care		
Safety: improve liability and eliminate errors wherever and whenever possible		
Compassionate Palliative and End of Life Care		
Remove waste and achieve effective, affordable care		

***Partnership for Patients Goals	“X”
Keep patients from getting injured or sicker and Help patients heal without complication.	
Reduce re-admissions	
9 areas of focus:	
Adverse Drug Events	
Catheter-Associated Urinary Tract Infections (CAUTI)	
Injuries from Falls and Immobility	
Obstetrical Adverse Events	
Pressure Ulcers	
Surgical Site Infections	
Venous thromboembolism (VTE)	
Ventilator-Associated Pheumonia (VAP)	
Other Hospital-Acquired Conditions	



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Required: Select the technology**** utilized in this case study:

**** <i>Health Information Technology</i>	“X”
Computerized Provider Order Entry (CPOE)	
Clinical Decision Support System (CDSS)	
Electronic Health Record (EHR)	
E-Prescribing	
RFID	
Other [e.g., e-signout tool, etc]. Please list.	

Required: Select the Meaningful Use Goal(s)***** that you attempted to meet, if applicable.

***** <i>Did you attempt to meet any Meaningful Use Goals?</i>	“X”
Improve quality, safety, efficiency, and reduce health disparities	
Improve Population and Public Health	
Engage Patients and Families	
Improve Care Coordination	
Ensure adequate privacy and security protections for Personal Health Information	



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--- Submission Criteria ---

An essential component of completing a submission for *Stories of Success!* 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. It is suggested that you form a team of clinical staff, performance improvement staff, and information technology staff to appropriately answer the criteria.

The Stories of Success Peer Review Body acknowledges that not all parts of the SQUIRE criteria below may be readily available, as projects are often selected to be showcased after they were implemented and not all of the data that is being requested below might have been specifically collected. If this is the case, please state in the applicable section.

1 Title

- a. Indicates the article concerns the improvement of quality (broadly defined to include the safety, effectiveness, patient-centeredness, timeliness, efficiency and equity of care)
- b. States the specific aim of the intervention

2 Background knowledge

Provide a brief overview of your organization, culture and patients demographics.

3 Local problem being addressed

Describes the nature and severity of the specific local problem or system dysfunction that was addressed. This should address the actual system, patient, or process problem, and not a description of the organization itself.

4 Intended improvement

- a. Describes the specific aim (changes/improvements in care processes and patient outcomes) of the proposed intervention. Relate to the specific NPSG or NPP goal that has been specified.
- b. Specifies who (champions, supporters) and what (events, observations) triggered the decision to make changes, and why now (timing).



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5 Planning and Implementing the Intervention

- a. Describes the step-by-step process for planning the intervention and its component parts in sufficient detail that others could reproduce it. (Please include any steps that did not work and/or adjustments made in the process).
- b. Indicates 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?

6 HIT Dimensions Utilized

- a. What specific technology did you use?
- b. How did you apply the technology?
- c. If you created one, what did you do?
- d. Is this a pilot and/or in full production? How long has it been in use?

7 Value Derived/Outcomes

State your outcomes that demonstrate the benefits, i.e., provide supporting metrics that tie back to the intervention.

8 Barriers/Challenges Faced

- a. Describes barriers encountered and specifically how they were addressed and/or overcome
- b. Describes challenges with communication between project leaders and/or clinical staff.

9 Financial Considerations

- a. Describes funding sources, if any, and role of funding organization in design, implementation, interpretation, and publication of study.
- b. Describes any cost savings and/or return on investment analysis, if undertaken

10 Summary/Conclusions

- a. What would be your “take away” message?



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- b. Summarize the most important successes and difficulties in implementing intervention components, and main changes observed in care delivery and clinical outcomes.
- c. Highlight the study's particular strengths.
- d. Highlight specific lessons that can be helpful to other similar projects
- e. Consider overall practical usefulness of the intervention
- f. Suggest implications of this report for further studies of improvement interventions.
- g. Suggest specific steps others can take from what was learned from this project.



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---CASE STUDIES PUBLICATION AUTHORIZATION ---

DEADLINE DATE: WEDNESDAY, MAY 9, 2012, 5pET

Email to: pjohnson@himss.org or Fax to Pat Johnson at 312-915-9512

Note: Form must be completed by those submitting case studies

Primary author Name:

Institution Name:

I hereby grant to the Healthcare Information and Management Systems Society (“HIMSS”) as sponsor and to the American Society for Quality (“ASQ”), National Committee for Quality Assurance (“NCQA”) and National Patient Safety Foundation (“NPSF”) as co-sponsors, a non-exclusive, perpetual license to use, distribute or sell in any medium and to create derivative works from the case study in which I submit to the HIMSS *Stories of Success! Leveraging HIT: Improving Quality & Safety Case Studies* (known as “The Work”) including written or visual material distributed or submitted. Such use, distribution, and creation may include webinars, web broadcasting, podcasts, printed materials, and electronic/digital/computer media and other media. The Work may be edited as reasonably deemed necessary by HIMSS, ASQ, NCQA and NPSF in order to render suitable for use or sale. On behalf of myself, my heirs successors, and assigns, I hereby release any and all claims against HIMSS which may arise directly or indirectly from the exercise of the license granted hereunder.

Additionally, I hereby agree that if my case study is selected, I will not submit my HIMSS selected case study for a period of three months after notification of this selection.

In consideration for the above grant, HIMSS agrees to acknowledge my contribution to the Work in whatever form HIMSS uses, distributes, or creates for the Work.

I warrant the following:

1. That I hold all rights to this Work, unless I created the Work in my role as an employee of the Federal government.
2. That I have obtained all necessary clearances, have cited all sources and /or included all necessary acknowledgements. Any claims or expenses caused by failure to do so will be paid by me.

IF THIS FORM IS NOT RECEIVED AT HIMSS HEADQUARTERS BY WEDNESDAY, MAY 9, 2012, 5pET

I UNDERSTAND THAT I MAY NOT BE ABLE TO BE CONSIDERED AS A CASE STUDY CANDIDATE FOR SELECTION.

Signature

Date



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Name (please print)

This Work was developed in my role as an employee of the Federal government and is therefore in the public domain.

Signature

Date

Name (please print)

Please e-mail completed form by **WEDNESDAY, MAY 9, 2012** to Pat Johnson, pjohnson@himss.org or call **312-915-9264** with questions. Alternatively, fax the permission authorization form to Ms. Pat Johnson at FAX: 312-915-9512.