**A Framework for Evaluating Excellence in use of Health
IT by Public and Population Health**

**Overview - Applying to the Davies Public Health Awards
Program
Revised – April 2013**

Introduction

The Davies Recognition Program in was launched in 1994 to recognize exemplary implementations of electronic health records (EHR) and foster wider adoption by sharing lessons learned from those organizations. The first Davies Public Health Awards were granted in 2006. 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 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 or health IT solution. 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? Prerequisites

To be considered for the Davies Public Health Award, the organization must:
- Must be a state, local, territorial or tribal public health agency or a professional membership association of same; or organizations handling delegated public health tasks for a state, local, territorial or tribal government.
- Must demonstrate a quantifiable improved outcome for the population served by the agency utilizing an EHR or informatics/HIT solution as part of workflow.
- Must describe how the organization is supporting the CMS EHR Incentive Program population and public health reporting requirements, if applicable.
   o Qualifying organizations do not have to provide medical care to apply
- Must include any accreditation under background information.

All organizations must substantially demonstrate value of the use of electronic health records or other informatics/health information technology solutions.

Steps to Apply

Application for the Davies Public Health Award is a 4-step process consisting of announcing your intent to apply, submitting your case study, review by the Davies Public Health Committee, and a Virtual Site Visit/Question and Answer Review. Davies Public Health applications are accepted year-around.

Step 1: Intent to Apply
An intent to apply notification is expected from all potential applicants 60-days prior to application deadline. 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) submission of the HIMSS Publication Authorization Form to Jonathan French at jfrench@himss.org .

Step 2 – Case Study Submission

Applicants are required to complete one 8-10 page case study on the outcomes derived from the incorporation of health IT into workflow. HIMSS provides a template for developing the case study based on the SQUIRE format. The **Davies Public Health Case Study Template** (Insert Hyperlink) must be used for Davies Submissions.

Standards for Quality Improvement Reporting Excellence [SQUIRE Methodology]

The application submission form was developed from the SQUIRE 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.

Comment [SF1]: Footnote?

The SQUIRE Guidelines help authors write 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 Medicine, Journal of Nursing Care Quality, Quality & Safety in Health Care.

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

Step 3: Site Visit

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

Davies Public Health Finalists will receive a virtual site visit. A virtual site visit will consist of a webinar demonstrating the Health IT solution and adjoining workflow 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 to answer questions of interest by Davies Award Committee members.

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.

Examples of Relevant Public Health Case Study Topics

> **Comment [SF2]:** Are these examples or exclusive (i.e. cannot do others). If you don't specify these are examples

- LIST FIVE MU CONDITIONS TO TOP

*Cancer Case Reporting

*Electronic Laboratory Reporting

*Immunization

*Syndromic Surveillance

* Specialized Registries

Reportable Conditions•   Leadership/Governance

- Improved Population Health Outcomes

-

- Change management – workflow analysis and improvement

- Health Information Exchange (HIE)

- Mobile Technology

- Dashboards and analytics: Clinical Informatics/Business Informatics

- Clinical care surveillance/Forecasting

- Telehealth

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- Registries.
- Reportable Condition Reporting
- Health communication with the public.
- Health communication with clinicians.
- Clinical Decision Support.
- Community Health Assessment.
- Supporting clinical care with population data.
- Healthcare Associated Infections.
- Personal health records.
- Maternal-child health.
- Health promotion and disease prevention.
- Injury prevention.
- Environmental and/or occupational health.