



The Dick Davidson Quality Milestone Award for Allied Association Leadership

America's hospitals and health systems are making a significant commitment to improving health care quality and have demonstrated notable progress in recent years. As evident in numerous local and national efforts, health care outcomes across the six Institute of Medicine aims (care that is safe, timely, effective, equitable, efficient and patient-centered) have dramatically improved. The Allied Hospital Associations (state, regional and metropolitan) have played a powerful role in facilitating, promoting and accelerating health care quality improvement and achieving impressive patient outcomes.

The Dick Davidson Quality Milestone Award for Allied Association Leadership is presented annually to a state, regional or metropolitan hospital association that demonstrates exceptional organizational leadership and innovation in quality improvement through programs and activities. These associations have made measurable improvements to health quality in their geographic areas. The 2016 award will be presented at the Health Forum and AHA Leadership Summit held July 17-19 in San Diego. The award recipient will receive an award sculpture, complimentary registration to the Summit and an invitation to the TRUST Award reception hosted by the Health Research & Educational Trust (HRET). The winner also will be highlighted in a feature article to appear in *Hospitals & Health Networks* magazine.

The award is named after AHA President Emeritus Dick Davidson, who strongly promoted the role of hospital associations in leading quality improvement initiatives during his tenure as AHA president from 1991 to 2006 and as president of the Maryland Hospital Association from 1969 to 1991.

The goals of this award are to:

- Recognize outstanding efforts among allied hospital associations to improve quality
- Encourage allied hospital associations to play key roles in raising the level of health care performance to achieve care that is safe, timely, effective, equitable, efficient and patient-centered
- Spread the learning and progress toward national health care improvements that are being promoted by allied hospital associations

The award criteria includes the following:

- Strength of the organization's quality plan (at the strategic and implementation levels)
- Improvement in specific quality measures
- Level of improvement spread
- Sustainability of the improvement
- Innovativeness of the improvement



All allied (state, regional and metropolitan) hospital associations in the United States are eligible to apply for the award. Regional and metropolitan hospital associations that are part of or managed by a state hospital association may apply separately or as part of a state hospital association application.

The 2011 recipients were the Iowa Hospital Association and the Washington State Hospital Association; 2012 recipients were the Michigan Health & Hospital Association and the South Carolina Hospital Association; 2013 recipients were the Florida Hospital Association and the Tennessee Hospital Association; 2014 recipients were the Connecticut Hospital Association and the Wisconsin Hospital Association; and the 2015 recipient was the Minnesota Hospital Association and The Hospital and Healthsystem Association of Pennsylvania was the honorable mention recipient.

An award committee will review all applications and select the award recipient(s), subject to approval by the AHA Board of Trustees. The committee is chaired by an AHA trustee and includes allied hospital association executives, hospital and health system clinical/operational leaders, executives from previous award-winning organizations and at least one representative from a national organization (outside of the AHA) involved in quality and performance improvement. The award program is administered by HRET.

Requirements

All applications become the property of the AHA and may be used in AHA's *Hospitals in Pursuit of Excellence* activities to share best practices and examples of different approaches to achieving quality aims.

Submission of Applications

Completed applications must be emailed by midnight on **Friday, January 22, 2016**, to dpierce@aha.org. Applications should be converted to one complete PDF file to minimize distortion in graphs, charts and layout.

Application Materials

This application can be downloaded directly from <http://www.aha.org/about/awards/davidson/application.shtml>. Questions can be directed to Debbie Pierce at dpierce@aha.org or (312) 422-2635.

Each submitted application should contain the following components:

- 1) signed cover letter from the association CEO;
- 2) completed application cover page;
- 3) completed demographics section; and
- 4) responses to specific questions about quality improvement in your association's geographic area and about your association's activities and initiatives to improve and sustain quality.

Please make sure your application is easy to read by using 12-point type, single spacing and one-inch margins. You are encouraged to submit data and charts, but be sure that charts and tables are legible. Applications that are missing any required components, exceed the page limit or do not meet the data-reporting timeline requirements (within the last 24 months) will not be considered for full review by the award committee. **The maximum number of pages is 14** (does not include CEO letter).



Dick Davidson
Quality Milestone Award *for*
Allied Association Leadership

2016 Application – Cover Page

Association Name: _____

Application Contact: _____

Title of Contact: _____

Street Address: _____

City, State, Zip Code: _____

Email Address: _____

Phone Number: _____

Application Contact Assistant Information: _____

Assistant's email: _____ Phone: _____



PART 1: ASSOCIATION DEMOGRAPHIC INFORMATION

1. Please indicate the geographic scope of the association:

- State
- Regional
- Metropolitan

If your association is a regional or metropolitan association, with which state association are you affiliated (if any)? _____

2. Membership data (as of October 31, 2015)

- Number of hospital/health system members: _____
- Number of other institutional members: _____ (please describe: _____)
- Number of affiliate members (e.g., corporations, vendors, consultants): _____
- Number of personal members: _____

3. How many staff does your association employ? _____
How many FTEs are assigned to quality, patient safety and performance improvement? _____

4. Please indicate the size of your annual operating revenue for the most recently completed fiscal year. Include revenue from all operating entities of the association, including for-profit affiliates such as data services, insurance companies and shared services.

- Less than \$2 million
- \$2 million–\$5 million
- \$5 million–\$10 million
- More than \$10 million

5. What is your annual expense for quality/patient safety/performance improvement activities?

6. Of the total annual quality-related expenses from question number five above, how much is from external funding sources?



PART 2: IMPROVEMENT INFORMATION

This part of the application explores the overall climate for health care quality improvement that your association has established in its geographic area. If your association includes other health care providers in its membership besides hospitals and health systems (e.g., nursing homes, medical groups), reflect their participation in your comments.

1. Describe (***in no more than two pages***) your association’s strategic quality improvement plan, including improvement priorities, engagement strategies, steps for aligning with national initiatives and overall execution strategy for ensuring success.

2. Describe (***in no more than three pages***) measures related to specific quality improvement activities and initiatives that have improved health within the last 24 months across your geographic area. Determine the importance, magnitude and statistical level of the improvements. Identify if the improved measures are process, outcome and/or evidenced based. Examine process improvements (e.g., door-to-balloon time) and/or health outcome improvements (e.g., decreases in mortality, reduction in avoidable readmissions, lower infection rates). Please include relevant tables and graphs, ***including the following table***. Explain if the improvement activities implemented became more efficient and effective as the projects evolved and if the improvements are replicable.

Measure Name and Definition	Data Source	Baseline			Follow-up Time		
		Baseline Data Date	Baseline Data	No. of Hospitals/ Hospital Units Included	Follow-up Data Date	Follow-up Data	No. of Hospitals/ Hospital Units Included

3. Describe (***in no more than one page***) the extent to which improvement has spread across your association’s geographic area and among various settings of care and populations. Explore both the relative increases within each selected quality measure, as well as the extent of improvement among health care providers in your geographic area (e.g., the number or percentage of providers who are contributing to these improvements, the size of the population benefiting from the improvements).

4. Describe (***in no more than one page***) evidence of sustainability of the improvements, including the engagement and contribution of key stakeholders. Identify the processes in place to ensure and track sustainability.

5. Comment (***in no more than one page***) about the innovativeness of the intervention(s) that contributed to the improvement(s) as compared to similar interventions in other locations.



PART 3: SPECIFIC ASSOCIATION QUALITY IMPROVEMENT ACTIVITIES

Please provide the following information and details for ***no more than two (2) specific quality improvement activities*** (e.g., educational program, collaborative, data collection and benchmarking service) that were ***conducted during the last 24-month time frame***. **This section relates to question 2 in part 2 and provides an opportunity to expand upon two of the improvement efforts that have shown measurable progress.** Multiyear and ongoing activities can be included; however, the data reported for the purposes of this application must be within the last 24 months. Responses should be on separate pages and **may not exceed a maximum of four (4) pages** for the narrative description and any corresponding attachments. Bulleted responses rather than narrative text are allowed and encouraged where appropriate.

1. Name of activity

2. Brief description

- 3. Activity planning and support**—Describe the processes used to launch this activity and gain support and participation. How was it determined to be a priority for the association? What data were used to influence this decision? How is this activity aligned with national quality improvement initiatives and priorities? What were the goals? Who was the target audience? How did the association’s leadership and governance demonstrate support for this activity? Discuss involvement from the association’s board of trustees, volunteers, committees and staff. Did the association partner with other organizations engaged in improvement (e.g., quality improvement organization, health plans, business coalitions or government agencies)? If so, describe the partners and the specific contribution each one made to the activity. How were patients, families and community members engaged in this activity? Describe how the association encouraged participation by the health care providers in your geographic area. How many hospitals and health systems in your area participated in this activity?
- 4. Specific elements**—What were the specific initiatives of this activity? What was the implementation timeline? What midcourse adjustments, if any, were made during the activity?
- 5. Measuring success**—What were the results/outcomes of this activity? Inclusion of run charts is strongly encouraged so that improvement can be seen over time. Explain what worked and did not work. How was the activity evaluated? Describe the specific measures used to monitor progress and track the activity. How does the activity utilize evidence based measures to track performance? What barriers were encountered and how were they overcome? What has been the impact of the activity on quality improvement activities among health care settings in the geographic area?
- 6. Spread and sustainability**—How has your association spread the improvements across health care settings in the geographic area? What specific plans does the association have for sustaining the improvements? How can this activity be adopted by other allied hospital associations?
- 7. Innovation**—What is truly innovative about this activity? How does this activity advance the practice of quality improvement?



CRITERIA INFORMATION

The award committee will evaluate all completed submissions based on the following criteria, with the associated weights and specific questions that will be reviewed for each criterion.

Criteria

- 1. Strength of the organization's quality plan (at the strategic and implementation levels)** *20% weight*
 - Was the quality improvement plan built into the organization's overall strategic plan?
 - How was buy in from the members demonstrated?
 - How was the business case made?
 - How were priorities and activities reviewed to ensure success?
 - How aligned were improvement activities with national improvement priorities?
 - Was there a sustainable funding model for the quality activities?

- 2. Improvement in specific quality measures** *40% weight*
 - How many quality measures improved?
 - Which measures were improved and why are they important?
 - What was the magnitude and statistical level of the improvement?
 - How many patients were impacted?
 - What was the time frame of the improvement? (Improvements must have been conducted in the past 24 months.)
 - Were run charts used to demonstrate improvement over time?
 - Identified if the improved measures were process, outcomes and/or evidenced based?
 - How did the improvement activities become more efficient and effective as the projects evolved?
 - Are the improvements replicable?

- 3. Level of improvement spread** *20% weight*
 - What percentage of providers were involved in the improvement?
 - Other than hospitals, were different health care settings involved?
 - Identify patient population and size.

- 4. Sustainability of the improvement** *10% weight*
 - How long has the improvement been sustained?
 - Identify engagement and contributions of key stakeholders.
 - What processes were in place to ensure and track sustainability?

- 5. Innovativeness of the improvement** *10% weight*
 - What innovative approaches were used for the activities?
 - Was the work novel, evidenced based and important?

REMINDER:

The award application deadline is **Friday, January 22, 2016.**

Questions can be directed to Debbie Pierce at dpierce@aha.org or (312) 422-2635.

