

The American Hospital Association Quest for Quality Prize[®]

2022 Health Care Systems Application

The American Hospital Association Quest for Quality Prize[®] is presented annually to recognize health care leadership and innovation in improving quality and advancing health in communities. Prize honors are: one winner; up to two finalists; and up to four Citation of Merit honorees; no more than five honors will be awarded. The goals of this prize are to:

- Raise awareness of the value of a hospital-wide/system-wide commitment to advancing health in America by providing access to exceptional quality, safe, and patient- and family-centered and affordable care that promotes individual and community well-being and adds value to lives
- Showcase successful efforts to develop and promote new and innovative models of care, services and collaboration to provide seamless care
- Inspire hospitals and systems to lead and partner with other community organizations to improve health status and address health care disparities
- Recognize hospital and system leadership to improve efficiency and effectiveness of care

The 2022 prize will be presented at the 2022 AHA Leadership Summit (July 17 – 19) in San Diego.

Eligibility

All **health systems** and hospitals in the United States are eligible to apply for the award. Please note that the health system application is different from the hospital application; be sure you are using the appropriate application. Please be aware that a hospital that is part of a system may apply separately using the hospital application even if the system as a whole is applying using the system application. However, if the system is selected for a site visit, the hospital would not be eligible for a separate site visit and would be considered only as part of the system.

For the purposes of this application, “system” shall be defined as two or more hospitals owned, leased, sponsored or contract managed by a central organization. “System” shall refer to the parent organization and “hospital” shall refer to the system’s individual hospitals.

Application Materials

Each application has four parts:

1. Cover page signed by the CEO
2. Completed demographics section

3. Responses to specific questions on your systems to improve and ensure overall quality
4. Up to seven pages for attachments and appendices

If you have questions about the prize, please contact the AHA Office of the Secretary, 312-422-2749 or e-mail questforquality@aha.org.

No supplemental materials in binders or special folders or video/audio materials will be accepted.

Requirements

Systems selected for site visits will be asked to provide additional follow-up information for the AHA Quest for Quality Prize Committee. They also will be expected to identify a cross-section of key leaders willing to work with AHA and the selection committee to teach others about their strategies to improve the quality of care. Honorees will be expected to participate as requested in outreach and education, including public speaking engagements at various forums and working with editors and writers of AHA and its subsidiaries and other publications as requested by the American Hospital Association.

All applications become the property of the American Hospital Association and may be used in AHA's activities to provide "best practices" and examples of different approaches to achieving the prize's goals. In these cases, AHA will contact the system to explore its interest in participating in an interview or case study. All materials submitted for site visits will be kept confidential.

Evaluation and Judging

The applications are reviewed by members of the AHA Quest for Quality Committee. The Committee selects organizations to be site visited, participates in site visits, and decides which honors are to be presented. During the site visits, the Committee members will be particularly interested in seeing evidence of trends in improvement and impact on patients and the community. The site visitors will be interested in hearing what steps have been taken to ensure that process changes have led to the desired improvements in outcomes and to sustain performance improvements. The Committee is looking for an organization-wide commitment to and participation in improved quality and safety, innovations to improve care, addressing disparities, and working with other community organizations and agencies to improve health status. The Committee also will want an understanding of the replicability of successful practices and policies.

The American Hospital Association Quest for Quality Prize® is administered by the Health Research & Educational Trust. AHA is grateful for the extensive volunteer contributions made by Committee members.

Submission of Applications

Completed applications must be **submitted by midnight Central Time, Friday, Oct. 15, 2021.**

We strongly encourage you to convert attachments/appendices into a single PDF to ensure that all materials are seen by the Committee and to minimize the chance of possible distortion in graphs, charts and layout. The file name should contain your system's name.

The American Hospital Association Quest for Quality Prize®
2022 Application for Health Care Systems

System Name: _____

Application Contact: _____

Title of Contact: _____

Street Address: _____

City, State, Zip Code: _____

E-mail Address: _____

Phone Number: _____

The following should be read and signed by the system CEO.

The AHA Quest for Quality Prize seeks to increase understanding of the value of organizational focus and commitment to achieving quality health care and advancing health in communities. Hospitals and systems are urged to consider participation in the awards process both as a recognition and an assessment of their efforts to provide exceptional quality, safe, and patient- and family-centered and affordable care that promotes individual and community well-being and adds value to lives. All applications for the AHA Quest for Quality Prize® become the property of the American Hospital Association. Descriptions of the honored programs will be published, and the Association may use information from all applications in articles aimed at increasing awareness and ability of organizations to implement a system-wide commitment to quality and patient safety improvement. Program contacts may be asked to provide additional information. I agree, if our system is being considered for recognition, to host a site visit as part of the final selection process. I also understand that the honorees will be expected to participate in outreach and sharing of organizational improvement efforts and knowledge.

I certify that the information in this application is accurate.

Signature _____ Date _____

Title _____

Guidelines/Guidance for Completing this Application:

- A team approach to completing this application is recommended and may include patients/family members. In general, applications that are written by staff with primary responsibility for the areas of interest (rather than public relations, marketing or grant writers) in close collaboration with senior leadership are more likely to include the type of information the committee is seeking.
- If a system or program that you have already described as a response to one question is also relevant to another answer, please feel free to refer to the original description and explanation rather than repeat it.
- Part II of the application seeks a better understanding of how your system is approaching and progressing on providing access to exceptional quality, safe, and patient- and family-centered and affordable care that promotes individual and community well-being and adds value to lives. To the extent possible, please emphasize integration of this commitment and systemic approaches across and throughout the system.
- Please note that the word limits in Part II are maximums, not suggestions; the prize committee appreciates concise and direct responses; bulleted responses rather than narrative text is allowed, but please be sure that a context for understanding the bullets is provided. Concrete examples with pertinent details to substantiate broad statements provide greater understandability and credibility for your application. Charts and tables should be included in attachments or appendixes. Be sure to relate data to specific care improvement efforts and processes. Data on progress should be as recent as possible and include relevant benchmarking data. Please do not exceed more than seven (7) pages of attachments/appendixes/etc.
- The committee also will be examining publicly available indicators such as hospital performance on the [Care Compare website](#) and reliable sources of comparative data.

Part I: ORGANIZATIONAL Demographic Information

1a) System profile:

_____ Total number of hospitals in system

_____ Number of hospitals owned by system

_____ Number of hospitals managed by system

_____ Number of hospitals leased by system

1b) How many of your hospitals are in the following size ranges:

_____ 0 to 99 beds

_____ 100 to 299 beds

_____ 300 to 499 beds

_____ 500 to 749 beds

_____ 750 beds and over

1c) Other types and numbers of facilities owned and operated by the system (ambulatory clinics, physician offices, surgicenters, long-term care facilities, etc.):

1d) Annual number of outpatient visits across all facilities: _____

2a) Type of system (please check one):

_____ Non-government, not-for-profit

_____ Investor-owned/for-profit

_____ Government, non-federal

_____ Government, federal

2b) Number of each type of hospital in system:

_____ Total general medical/surgical (acute)

_____ Critical access hospitals

_____ Academic medical centers

_____ Specialty (children's, rehabilitation, behavioral health, long-term acute, etc.)

_____ Other: _____

3) Financial information on your system:

Net operating margin (percent) _____%

Bond rating _____

Days cash on hand _____

4a) Number of physician residency training programs approved by the Accreditation Council for Graduate Medical Education: _____

4b) Please list other types of training programs provided by hospitals in your system (i.e., nursing, pharmacy, social work, physical therapy, etc.):

5) How many of your hospitals (actual number, not percentage) are located in the following areas:

_____ Urban

_____ Suburban

_____ Rural

6) What percentage of physicians on staff at the hospitals in your system are:

_____ % Employed by the hospital or system

_____ % In practices owned by the hospital or system

_____ % In independent, private practice

_____ % In a physician group associated with the hospital

7a) Please describe the governance structure for your system and hospitals:

7b) What is the size of your:

_____ System governing board

_____ Medical staff

_____ Executive staff

_____ Employed staff across system

_____ Volunteer organization

- 8) Please indicate percentages for each of the following categories. Racial/ethnic percentages must add up to 100%.

	Female	White	Hispanic/ Latino	Black or African/American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Other
System governing board								
System executive staff								
Medical staff								
Employees other than medical staff								
Volunteers								
Community								

- 9) What is your annual rate of staff turnover across the system? _____%

SERVICE Demographic Information

1) Scope of Service Area (check one):

- _____ Local (metropolitan area)
- _____ State
- _____ Regional (Northeast, Midwest, etc.)
- _____ National

2a) Patient language demographics across all hospitals:

- _____ % English as primary language
- _____ % Non-native English speaker
- _____ % Little or no English (requiring interpreter)

2b) Languages most frequently spoken by non-native English speakers (no more than top 5):

3) Patient insurance demographics:

- _____ % Private insurance
- _____ % Medicare
- _____ % Medicaid or other public assistance only
- _____ % Medicare/Medicaid (other public assistance) dual eligible
- _____ % No coverage

4) Describe the communities your hospitals serve:

Part II: Quest for Quality Domains

The Quest for Quality Prize honors systems and hospitals that are committed to and are making demonstrable progress toward making AHA's vision of a society of healthy communities where all individuals reach their highest potential for health a reality. As you answer the following sections, consider how some or all of the following are integrated into your work:

- A hospital-wide/system-wide commitment to providing access to exceptional quality, safe, and patient- and family-centered and affordable care that promotes individual and community well-being and adds value to lives
- Development and promotion of new and innovative models of care, services and collaboration to provide seamless care
- Leading and partnering with other community organizations to improve health status and address health care disparities
- Hospital and system leadership that improves efficiency and effectiveness of care

For the purposes of this application, "system" shall refer to the parent organization and "hospital" shall refer to individual hospitals that are owned, managed or leased.

A. LEADERSHIP (1,200 words maximum)

Please describe:

1. The role of the governing board(s) in establishing and supporting goals to ensure access to exceptional quality, safe, and patient- and family-centered and affordable care.
2. How the system leadership and sites of care demonstrate accountability for improving community health status and outcomes.
3. How the system develops, adopts and ensures dissemination of tools, metrics and protocols, and provides leadership to its hospitals and other sites of care to improve quality and safety and community health status.
4. How system leadership ensures alignment of desired culture and leadership style across the entire system, including administrator, nursing and other clinical staff, and medical staff leaders. Describe how system leadership engages the employees, patients and families in the planning processes, goal setting, progress evaluation and change implementation. How are system values and goals instilled throughout the system's hospitals and other sites of care?
5. How system-wide and hospital-specific quality goals are set and prioritized, including who participates at each level, and how progress toward safer, accessible health care is monitored. Please discuss reasons for variation in goals that may exist among hospitals.

6. Efforts and progress made toward increasing diversity among system leadership, hospital executive management, governance, medical staff, employees and volunteers to reflect the ethnic/racial makeup of the communities served.

B. QUALITY AND SAFETY TO IMPROVE VALUE (1,400 words maximum)

Please describe and attach data to show results:

1. A successful quality improvement initiative emphasizing how your organization identified the practice/process change and ensured its systematic application throughout system hospitals and other care sites.
2. How the system empowers physicians, front-line caregivers, and other staff at individual hospitals and other care sites to actively participate in and lead process change and quality improvement efforts, and discuss how this expectation is reinforced, evaluated and recognized.
3. How the system and its hospitals and other care sites address near misses and adverse events, including how they are reported and shared throughout the system, and how decisions regarding corrective actions are made and disseminated.
4. System policies and procedures on how patients and families are informed of errors, the processes in place to keep them informed as an investigation progresses, and how this is monitored.
5. How the system promotes a just culture for patients and families as well as staff.
6. How the system uses data and analytics for quality improvement, addressing variation, and addressing health status in the communities served by system hospitals and other care sites.
7. How your system uses technology, data, analytics, innovation and teams to support seamless coordination of care across all settings.
8. How clinical guidelines and care protocols are used to ensure that the right care is delivered at the right time.

C. PARTNERING WITH PATIENTS AND FAMILIES (1,000 words maximum)

Please describe:

1. How the system promotes patient and family involvement in designing the total experience of care, including efforts to meet special physical, psychological, developmental, cultural and spiritual needs.
2. How patient and family advisors are involved and supported as members of patient and family advisory councils and members of safety and quality improvement teams.
3. How your system enhances patient access to useful information, including a patient's own medical record, while protecting confidentiality. Is this standard across all system hospitals? If not, why not?
4. How your system and its hospitals involve patients and families in response to a near miss or adverse event.
5. How your system and/or its hospitals gather(s) patient feedback and how that information is used. If possible, provide a specific example of an instance when patient feedback led to a process change.
6. How your system promotes partnerships with patients, families, and community members to help them improve and maintain their health.

D. WORKFORCE (1,000 words maximum)

Please describe:

1. How employees and clinical staff are trained in and promote access to exceptional quality, safe, and patient- and family-centered and affordable care that promotes individual and community well-being and adds value to lives, and how your system evaluates the effectiveness of the training. How does the system instill the same standards across all hospitals and care settings?

2. How your organization assesses physician and employee satisfaction and engagement at hospitals and other care settings, how often that assessment occurs, and examples of how that information is used.
3. The methods and the frequency with which the system assesses employee and medical staff perceptions of the quality and safety culture within your system, and how personal accountability plays a role in the quality and safety culture.

E. COMMUNITY (1,000 words maximum)

Please describe:

1. How the system sets expectations and standards for how its hospitals and other care settings select the community stakeholders (employers, schools, police, religious organizations, agencies, etc.) with which they partner to identify and address specific community health needs.
2. How your hospitals and other sites of care partner with community stakeholders to provide access to exceptional quality, safe, and patient- and family-centered and affordable care that promotes individual and community well-being and adds value to lives. Share examples of how they are working with others to expand access to address the unmet needs of their communities, support patients after discharge, and address social determinants of health. Describe the initiatives and the results. Please include a list of the major organizations with which the system partners.
3. Efforts at the system and hospital level to identify and address racial, ethnic and gender disparities in health as well as health care.
4. How the system measures and demonstrates accountability for improving community health status and outcomes. Please provide supporting data.
5. How your system or hospitals demonstrate transparency with the community, including reporting clinical and other organizational performance measures.

F. INNOVATION (800 words maximum)

Please describe:

1. How the system and its hospitals and other sites of care create a culture and atmosphere that welcomes and values innovative ideas from all staff members, regardless of job title.
2. What your system considers its most significant, unique and creative innovation and its related outcomes. Please include measurable data showing progress and address replication by other organizations.
3. How the system has adapted and spread an innovation at one of its care sites throughout the system.
4. How the system has adapted and implemented the innovations of other organizations.

G. COVID-19 RESPONSE (1,000 words maximum)

Please describe:

1. How changes and innovations developed in response to COVID altered how your system provides care and works with the community and other organizations.
2. Any long-term adjustments your system has had to make to sustain your quality and safety programs as a result of your response to COVID.
3. How your system might be different in the future, i.e., strategic plan, budget, care delivery, workforce, etc., based on your experience during the pandemic.