

2023

Georgia Hospital Association Patient Safety and Quality Award

Submission Deadline: Sept. 23, 2022



Recognizing excellence in improving patient safety and quality.

The GHA Patient Safety and Quality Award recognizes health care organizations for achievement in implementing best practices to reduce the risk of adverse outcomes and improve patient safety and quality.

Categories:

- 1. Critical Access Hospitals
- 2. Hospitals with under 100 Beds
- 3. Hospitals with 100 to 299 Beds
- 4. Hospitals with 300 Plus Beds
- 5. Hospital/Health Systems
- 6. Specialty Hospitals/Hospital-Owned Ambulatory Center (Long-Term Acute Care, Rehabilitation, Psychiatric/Behavioral, and Other Specialty Hospitals)
- 7. Josh Nahum Special Award for Achievement in Infection Prevention and Control

Circle of Excellence Award:

Given to a hospital that has demonstrated a sustained commitment to patient safety and quality as evidenced by winning this year as well as winning three or more Patient Safety and Quality awards within the previous five years. (No member application involved. Awarded by GHA.)

Entry Deadline:

Applications must be received electronically no later than Sept. 23, 2022 by 5 p.m.

Fees:

There are no entry fees to submit.

Submission Requirements:

At least three applications in a category must be received in order to establish it as a viable category. If the minimum number of applications in a category is not met, categories may be subject to change.

- Submission of a single project (application) in multiple categories is prohibited.
- Submission of multiple projects (applications) is allowed. The application requirements and process for each category will be the same.

Questions:

Contact Lynne Hall at Lhall@gha.org.

Preparing Your Application For Submission:

The following are guidelines provided to help organize your thoughts before completing this application. The guidelines are NOT intended to require individual responses to each guidelines.

- Programs/initiatives must be data driven, practical to implement and administer, creative, innovative, and transferable across organizations and settings.
- Each applicant must demonstrate how participation in GHA/PHA programs/initiatives assisted the applicant to identify and undertake programs/initiatives. These programs/initiatives have been implemented in your hospital and shown to improve patient, family, and/or staff's safety and quality while reducing the risk of adverse outcomes.
- Applicants might consider using the FOCUS structure to effectively plan your PDSA (Plan, Do, Study, Act) and/or organize your thoughts. The FOCUS structure is NOT intended to require individual responses, but to help plan and organize your thoughts for the application.

F

Find a process to improve:

- Did you identify a care/service process that is "key" to your success?
- What was the AIM of your improvement?
 - o Safe
 - o Effective
 - o Patient-centered
 - o Timely
 - o Efficient
 - o Equitable
- How did you determine if there is a Best Practice internally or externally?
- Is there a Policy or Regulation that was prescriptive?
- If the above mentioned did not exist and you are setting the standard, what is the new practice?

O

Organize the team that knows the process:

- Include key stakeholders who were most knowledgeable about the process and were key to making successful and sustainable improvements.
- Who was on the team and what were the rationales for including the various roles?

C

Clarify is your current knowledge:

- Identify how the process was currently taking place (the real practice).
- Did you generate a Process Map to represent the sequential order of each step?
- Did you collect/gather Baseline Data about the current process?
- Did you challenge the team to ask the five "Whys" to determine the root causes of any issues?
- Did you create a future state map that depicts where you would like the process to be a year later?
- Demonstrate with your data how you established the current performance practice.

U

Understand the process and any variation:

- Did you compare the current process to the process that you would like to model?
- Was this based on Policy, Regulations, or a Best Practice Model?
- Did you compare to Understand the differences between the two practices and determine where non-value added steps exist?
- Did you analyze Baseline Data compared to Best Practice data when available?
- Provide the comparison of your current practice performance to the organization's desired practice performance and elaborate on the variance.

S

Select what to improve about the process:

- Did you use the Baseline Data to determine the improvement actions you needed to take?
- Did you calculate the cost of each improvement step, if any?
- Did you prioritize the list through Rank Order of importance?
- Did you determine who, what and when the changes will take place?
- What quality improvement best practices did you use to set baseline?
- Describe the process you used to prioritize improvement needs.

Application Components:

These questions are to be answered for your application submission. Your application can either be in the form of direct responses to individual bullet or in a narrative format where you answer the bullets and tell your story.

- Plan the change or improvement (20 points).
 - o What were the project goals?
 - o How did you involve frontline staff?
 - o Describe the target population you wish to involve with the project.
 - o Discuss involvement from the hospital board of trustees, senior hospital leadership, medical staff, nursing staff, other hospital staff, patient advocates, or community partners.
 - o Describe how the patient advocate role is incorporated into your hospital's culture.
 - o How did you overcome obstacles or challenges with buy-in?
- *Do: Share the results of your pilot test of the change* (30 points).
 - o What changes did you make to improve quality and safety? Include implementation, staff involvement and training, and data collection or education tools.
 - o How were evidence-based processes or best practices utilized in the project? Describe the Quality Improvement Resources used (HIIN, PHA, etc.)
 - o Describe the specific measures used to identify, monitor and track your improvement initiative. Include measures of change in:
 - structure (e.g., equipment)
 - process (e.g., no razors)
 - outcomes (e.g., surgery infection rate)
 - o How did you overcome obstacles or challenges with data?
- Check/Study: Gather data about the pilot change to ensure the change was successful (30 points).
 - o How was the data analyzed? Use data, tables, and charts to explain data collection, measurement, and analysis.
 - o What barriers did you encounter and how did you overcome obstacles?
 - o Were there revisions made as the data were collected? How did the revisions affect the outcomes?
- Act: Revisions and Final Performance Improvement Results (20 points).
 - o Explain what worked and what did not work. Include both positive and negative results.
 - o What were the ultimate changes in structure, process, and outcomes?
 - o Did you accomplish the desired results through the process used? What were the results? Did those results meet your overall objectives and goals?
 - o Do you have a plan for spread if project was successful?
 - o Explain how the project and goals were shared with the hospital board and key stakeholders.
 - o What processes were implemented to sustain the gains made through your performance improvement efforts?

Dissemination:

Award winning achievements in hospitals are published on the GHA website, as well as through newsletters and other publications. The award-winning hospitals may have the opportunity to present their project at various conferences and webinars throughout the year, including the Annual GHA Patient Safety and Quality Summit.

Application Instructions:

- For unbiased decisions, the judging panel is blinded and comprised of representatives from external organizations as well as professionals and stakeholders with expertise in patient safety and quality.
- Since this is a blinded process, narrative responses and appendices must have no references to the organization or facility name, or any other demographic information that would allow identification. This information should be provided on the Demographics sheet only.
 - o The narrative response should be single spaced using 12-point font and not exceed 10 pages.
 - o Each page should have a heading and a page number.
 - o Conclusion and data supplied should be supported by graphs and analyses.
 - o Five additional pages are allowed as appendices for the graphs, figures, and data tables.
 - o Applications will be returned if project exceeds the page limit: ten (10) pages for narrative plus five (5) pages for graphs, figures, data tables.
- A project abstract must accompany each submission to include:
 - o Project title, goal, process, and results
 - o Abstract must be 500 words or less, typed, single-spaced, and fit on 8.5 x 11-inch paper.
 - o 12-point font
 - o One (1) inch margins
- Each application must be accompanied by a digital photo of your team with the names of your team members and facility identified. Judges will not have access to the photos. The photos will not be returned, will not be used until the completion of the evaluation process, and will become the property of GHA to be used in future publications, announcements, and press releases.
- Completed applications must be emailed to GHA at psaward@gha.org by Friday, Sept. 23, by 5 p.m. When emailing, we strongly encourage you to convert your application to a PDF file to minimize possible distortion in graphs, charts, and lay out.
- Application must include all required components:
 - o Typed, single-spaced, and fit on 8.5 x 11-inch paper, using a 12-point font with one (1) inch margins.
 - o Demographics Sheet (1 page)
 - o Abstract (1 page, 500 words)
 - o Narrative Response (10 pages text; 5 pages charts, graphs, etc.)
 - o Digital Photo (do not place in Application PDF)

Helpful Tips For Completing This Application:

- Please note that the word limits are maximums; reviewers appreciate concise and direct responses. Bulleted responses, rather than narrative text, are acceptable and encouraged where appropriate.
- Make your application easy to read by using 12-point type, letting some white space show on the page. Please be sure to proofread.
- If a system or mechanism 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.
- When possible, cite specific examples that demonstrate progress or illustrate processes that have resulted in improved outcomes.

Demographic Sheet

Category (Select one): Critical Access Hospitals Hospitals with under 100 Beds Hospitals with 100 to 299 Beds Hospitals with over 300 Beds Hospitals/Health Systems Specialty Hospitals/Hospital-Owned Ambulatory Center (Long Term Acute Care, Rehabilitation, Psychiatric/Behavioral, Other Specialty) Josh Nahum Award for Achievement in Infection Prevention and Control Title of Patient Safety Initiative:	
Name of Hospital:	
Address:	
City, State, Zip:	
CEO:	CEO Email:
Primary Contact Name:	
Title:	
Phone Number: Ema	il:
Alternative Contact Name:	
Title:	
Phone Number: Ema	il:
CEO or Senior Executive Officer Signature:	
Print Name:	Date:
Applicant Checklist □ Demographic Sheet completed □ Category indicated □ Completed Application (1 electronic PDF)	 □ Submit application to: GHA at psaward@gha.org □ Entry Deadline:
□ Team Photo with members identified by name & ti	tle Must be received electronically no later than 5 p.m. Friday, Sept. 23 2022.