**2019 KHA Quality Award Application General Information**

**The Kentucky Hospital Association Quality Award** is presented to honor hospital leadership and innovation in quality, safety, and commitment in patient care. The goals of this award are to:

● Raise awareness of the need for an organization-wide commitment to highly reliable, ex- ceptional quality, patient-centered care

● Reward successful efforts to develop and promote improvements in quality of care

● Inspire organizations to systematically integrate and align their quality improvement efforts throughout the organization

● Communicate successful programs and strategies to the hospital field

● Facilitate Kentucky hospitals’ alignment of quality initiatives with national initiatives

**The inaugural 2006 Quality Award was presented at the 2006 KHA Annual Convention.**

**Eligibility**

All **acute hospitals, psychiatric hospitals and programs and post-acute hospitals and programs** in Kentucky are eligible to apply for the award. There are six award categories:

● Critical Access Hospital (<25 Beds)

● Acute Hospitals Under 100 Beds

● Acute Hospitals Between 101-250 Beds

● Acute Hospitals With Greater than 250 Beds

● Psychiatric Units and Freestanding Psychiatric Hospitals

● Post-Acute Units and Freestanding Hospitals (Including Physical Rehabilitation and Long-Term Acute Care)

**Application Materials**

If you have questions about the award, please contact **Elizabeth Cobb at 502-426-6220 or by e-mail at** [**ecobb@kyha.com**.](mailto:ecobb@kyha.com)

**Each application should have three parts:**

**1)** A cover page signed by the CEO

**2)** Completed demographics section

**3)** Responses to specific questions on your hospital’s systems to improve and ensure overall quality

**All applications become the property of the Kentucky Hospital Association and may be used in KHA’s efforts to promote quality improvement in the hospital field and to provide “best practices” and examples of different approaches to achieving the quality goals.**

**Submission of Applications - Applications are due by March 29, 2019**

Please do not submit attachments or any supplemental materials in binders or special folders or video/audio materials. Completed applications must be submitted in electronic format. Applications can be emailed as an attachment or may be submitted via mail on a USB drive. Completed applications may be e-mailed to [ecobb@kyha.com.](mailto:ecobb@kyha.com) When e-mailing, we strongly encourage you to convert your application to a pdf file to minimize possible distortion in graphs, charts, and lay out. Applications may be mailed to the Kentucky Hospital Association, c/o Elizabeth Cobb, P.O. Box 436629, Louisville, Kentucky 40253. The awards will be presented at the 2019 KHA Annual Convention Awards Luncheon on the May 10, 2019.

**Application Fee:**

**The application fee for the KHA Quality Award is $1 for each licensed hospital bed. In the case of a psychi- atric or physical rehabilitation unit applying, the fee should be $1 per each licensed bed for that service.**

**Fees must be received by the March 29 deadline in order to qualify for the Quality Award.** Checks should be made payable to the **Kentucky Hospital Research and Education Foundation (KHREF)**.

**If you wish to pay by credit card, contact Brent Wates at KHA at 502-992-4343.**

**Helpful Tips for Completing this Application:**

● Please note that the word limits in Part II are **maximums**; reviewers appreciate concise and direct re- sponses; bulleted responses rather than narrative text are acceptable and encouraged where appropriate.

● Given that reviewers may read many applications, make your application easy to read by using 12-point type, letting some white space show on the page, and making sure it has been 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.

**KHA Quality Award - 2019 Application Cover Page**

Hospital Name:

Application Contact:

Title of Contact:

Street Address:

City:

State:

Zip Code:

E-Mail Address:

Phone Number: Fax :

**The following should be read and signed by the hospital CEO.**

This award seeks to increase understanding of the value of organizational focus and commitment to achieving optimal outcomes. Hospitals are urged to consider participation in the awards process both as recognition of their quality improvement and patient safety efforts and to assess their progress in creating an environment focused on safety and effectiveness.

All applications for the award become the property of the Kentucky Hospital Association. Descriptions of winning programs may be published by the Kentucky Hospital Association in an aim to increase awareness of the need for an organization-wide commitment to quality improvement and patient safety. Program contacts may be asked to provide additional information.

I certify that the information in this application is accurate and consent to the use of submitted information by KHA

in publications or for the purposes of promoting exceptional quality in the delivery of care by Kentucky hospitals.

Signature

Date

Title

**Part I: ORGANIZATIONAL Demographic Information (Please provide your best estimate on demographic data)**

**1) Quality Award category:**

Critical Access Hospital > 250 Acute Beds

< 100 Acute Beds Psychiatric

100 to 250 Acute Beds Physical Rehabilitation or Long-Term Acute Care

**2) Medicare designation:**

Urban Rural

**SERVICE DEMOGRAPHIC INFORMATION: Please provide an estimation**

**1) Population Demographics of the Community Served**

% <21 years of age

% > 40 years of age, but less than age 65

% > 21 years of age but less than age 40 % > 65 years of age

**2) Population Diversity Demographics of the Community Served**

**A.** % Caucasian % Latino/Hispanic % African-American

% Asian

% Other (please list major groups)

|  |  |  |
| --- | --- | --- |
| **B.** | % | English as primary language |
|  | % | Non-native English speaker |
|  | % | % Little or no English (requiring interpreter) |

**3) Patient Insurance Demographics of the Community Served**

% With private insurance

% With Medicare

% With Medicare and supplemental insurance

% Medicaid or other public assistance

% No coverage

**Part II: Quality Issues**

The following sections list certain issues that the application **should** address; however, applicants are encouraged to address additional issues where appropriate.

**A. What role does organizational leadership (governance, clinical leadership, administration) play in defining and promoting quality health care in your organization? Be sure to address:**

**1)** The specific definition of “quality” used by your organization

**2)** How leadership works together and uses the organization’s definition of quality in conjunction with the organization’s mission and vision to set quality goals

**3)** How organizational leadership engages the organization’s employees, clinical/medical staff, and patients and fami- lies in setting goals, evaluating progress, and implementing changes to achieve the defined goals

**(max. 500 words)**

**B. How does your organization support staff and employee efforts to achieve quality goals?**

**Be sure to address:**

**1)** How employees and clinical/medical staff are trained in principles and practice of effective teamwork, communica- tion, relationship management, and how the organization continually evaluates the effectiveness of such training

**2)** How personal accountability for job performance is balanced with understanding the causes of harm and errors based on an analytical systems approach

**3)** How and with what frequency your organization assesses employee and clinical/medical staff perceptions of the quality and safety culture within your organization

**4)** How and with what frequency your organization assesses employee and medical staff satisfaction with the hospital work environment and the care provided to patients.

**(max. 500 words)**

**C. Describe one clinical or non-clinical hospital process improvement, patient care initiative, or innovative change project. Be sure to address:**

**1)** A description of the project

**2)** A description of the operation/process problems, patient care challenge or other factors that drove the improve- ment project

3) The implementation of the project/process including how long did the project take and when was it completed

4) What makes the project innovative and significant

5) What benefits were realized

\*attach any relevant photos, diagrams, or other information (not included in word count)

**(max. 1000 words)**