Application Guidance

RRC High Reliability Organization

2021 Awards

DHA
Defense Health Agency

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Overview

The Ready Reliable Care (RRC) High Reliability Organization (HRO) Awards Program recognizes initiatives that improve the Military Health System (MHS). We seek approaches and enhancements that result in safer, higher quality care. The goal of the Awards Program is to promote a culture of learning, sharing, and continuous improvement.

Awards will be presented in the following Domains of Change:

- Leadership Commitment
- Culture of Safety
- Continuous Process Improvement
- Patient-Centeredness

Award submissions are an opportunity to showcase a project that aligns with a Clinical Community and may be used to drive improvement across the organization. These awards also present an opportunity to develop systems and processes that address improvements in administrative and non-clinical areas, such as admissions, patient scheduling, patient engagement, procurement, staff onboarding, clinician credentialing, and more.

Application Process/Requirements

Application Process

All application packages (write-ups and attachments) must be submitted via the online Common Access Card (CAC) enabled submission portal. The online submission portal is available here or by contacting the Award Point of Contact (POC) e-mail for the direct link. Only **complete** award packages will be accepted for evaluation.

The **deadline** to submit is **August 9, 2021 by 0700 EDT.**

Questions about the process can be e-mailed to the Award Program POC:

dha.ncr.j-3.mbx.mhshighreliabilityawards@mail.mil.

Award selections are made through an internal board process using numerous reviewers with expertise in quality improvement, patient safety, education, data analysis, information management, case/care management, patient experience, patient-centered medical homes, information technology, change management, innovation, executive engagement, administrative improvement, and health care.

Award recipients/winners will be notified through their respective Service Headquarters and then individually by e-mail.

Eligibility Requirements

Staff members and teams assigned to any military medical treatment facilities (MTFs) within the MHS, including in-patient units, ambulatory health clinics, dental clinics, and aeromedical evacuation units, are eligible and strongly encouraged to apply for any of the award disciplines. Managed care support contractors*, overseas contractors, and designated providers are also encouraged to submit an application. Submissions that do not specifically align with one of the award domains will not be considered for review.

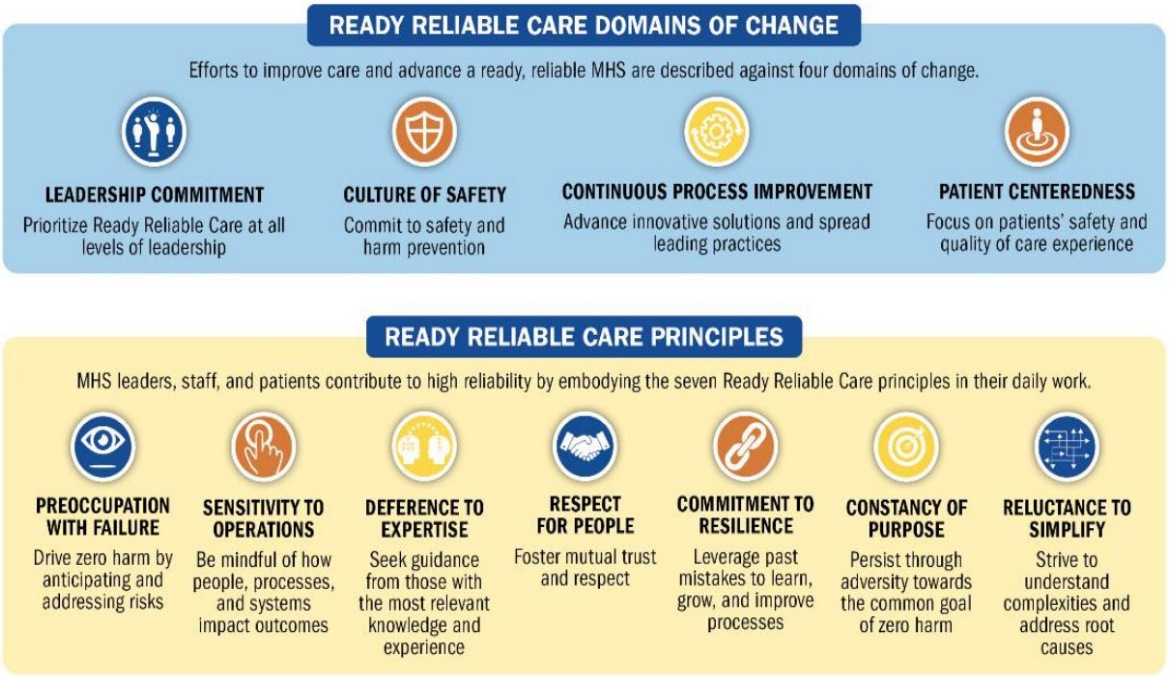
If you have any questions, please feel free to reach out to the Award Program POCs for further

guidance: dha.ncr.j-3.mbx.mhshighreliabilityawards@mail.mil.

*If you are a managed care support contractor, and would like to apply, please e-mail the Awards Program Mailbox for alternative instructions: dha.ncr.j3.mbx.mhshighreliabilityawards@mail.mil.

Award Domains

The awards categories align with the Ready Reliable Care Domains of Change, the MHS HRO model. The award submissions will be evaluated based on the use of the seven Ready Reliable Care Principles listed below.



To learn more on Ready Reliable Care Domains of Change and Ready Reliable Care Principles, please see the Ready Reliable Pocketbook here and how it aligns to the Defense Health Agency (DHA) Strategy here.

Leadership Commitment Award

Leadership commitment is demonstrated through the confluence of transformational leadership and patient safety culture. It is evident in the degree to which an organization prioritizes patient safety and achievement of intended patient care outcomes. Examples of leadership commitment include communicating a sense of urgency for high reliability principles, coaching and mentoring staff on ideal behaviors with actionable and manageable steps to get there, delivering and receiving feedback, and recognizing staff efforts and accomplishments. Other examples of leadership commitment include support of grassroots involvement, interdisciplinary and professional practice, and teamwork.

Leadership commitment involves reviews of how staff are organized, how organizations are structured, how resources are allocated, and how the science of safety education and policy, including admissions, staffing/workload, and safety, is applied. It is the establishment of a positive, accountable, and enabling organizational culture. All of these demonstrate support for

the Ready Reliable Care Domains of Change and adherence to the Ready Reliable Care Principles. Leadership Commitment initiatives for award consideration must fall into or address one of the below areas:

- **Improving Leadership Engagement Strategies and Practices**
- **Enabling Demonstration of HRO Principles in Practice and Organizational Culture**
- **Highlighting Quality as a High Priority**
- **Committing to Technology Solutions Integral to Sustain and Improve Quality**
- **Leading Clinical Quality Improvements**
- **Addressing Administrative Processes, Training, and Organizational Climate**

Leadership Commitment Examples
Demonstration of leadership commitment includes but is not limited to:

Executive and Board engagement practices	Executive and leadership walk rounds adoption	Communicating strategic decisions on quality priorities
Use of huddles, rounds, surgical pauses, and reports to mitigate risk	Centralized and coordinated oversight of patient safety metrics and outcomes	Multidisciplinary team approaches and frontline staff engagement strategies
Deployment of TeamSTEPPS tools and techniques	Formation and support of quality improvement teams	Review of staff organization, organizational structure, and resource allocation
Champion logistics tracking solutions for remote or overseas MTFs for uninterrupted function	Acquire technology that aids in leadership oversight and support of patient safety metrics and outcomes	

Culture of Safety Award

Promoting a Culture of Safety means implementing the Ready Reliable Care Principles in pursuit of zero preventable patient harm. Staff members and teams committed to a culture of safety use frameworks, tools, and practices to create, pilot, evaluate, and disseminate practices and innovations that improve patient outcomes and sustain healthy work environments.

Culture of Safety initiatives for award consideration must fall into or address one of the areas below. Initiatives are not limited to practice areas.

- **Reducing Harm**
- **Enhancing Culture of Safety**
- **Implementing Initiatives to Address Department of Defense (DoD) Patient Safety Culture Survey Findings**
- **Improving Staff Burnout**

- **Implementing Employee Recognition Programs that Enhance Reliability**
- **Promoting Teamwork**
- **Establishing Health Metrics to Improve Safety**
- **Reducing Healthcare Acquired Conditions/Infections**
- **Addressing Administrative Processes, Training, and Tools**

Culture of Safety Examples

Demonstration of a Culture of Safety includes but is not limited to:

Reduction of unintended retained foreign objects	Reduction of wrong site surgery	Initiatives to achieve a Just Culture
Transparency in communications	Improvements in reporting Joint patient Safety Reporting events	Performing Comprehensive Systematic Analyses, Corrective Actions, and Lessons Learned
Mechanisms to learn from sentinel events and unsafe staff conditions	Hand hygiene efforts for direct care and support staff	Falls prevention education and processes
Implement equipment tracking using RFID for guaranteed equipment updates and readiness	Apply sharing agreements and MOUs for specialty staff to facilitate uninterrupted patient care	

Continuous Process Improvement Award

Continuous Process Improvement (CPI) is at the core of Ready Reliable Care. CPI is focused on reducing unwarranted variation across the system, eliminating waste, and lowering costs. The MHS benefits from CPI when every member can be a problem solver capable of leveraging improvement science.

Initiatives for award consideration must fall into or address one of the below areas; initiatives may be in either primary or specialty care:

- **Implementing Leading Clinical Improvements**
- **Implementing Improvements Across a Continuum of Care**
- **Implementing Leading Administrative/Non-Clinical Improvements**
- **Preventing Readmissions**
- **Developing Strategic Clinical Partnerships**
- **Reducing Unnecessary Utilization of Care**
- **Improving and Refining Administrative and Support Processes**

Continuous Process Improvement Examples

Demonstration of Continuous Process Improvement includes but is not limited to:

Optimizing access to care for Mental Health Services	Reducing wait times at all levels within the healthcare system	Optimizing specialty care to maximize appointment availability
Employing data systems to measure improvement	Reducing duplication and waste along the healthcare organization's supply chain	Utilizing Clinical Communities and Management Teams to standardize clinical practices across the Enterprise
Simplify referral management process to networked providers and ensure clinic follow-up	Remove duplication and waste from acquisition and procurement supply chain to save time and money	

Patient-Centeredness Award

Patient-centeredness in the MHS is a person-centered care delivery partnership between patients, clinicians, and treatment facilities to provide clinical and non-clinical aspects of healthcare from the perspective of the person being treated. Patient-centered care prioritizes healthcare systems and processes such as booking patient appointments as requested or organizing the pharmacy to reduce patient wait-times. Patient-centeredness emphasizes creating systems that enhance the patient and family experience.

Patient-centeredness initiatives for award consideration must fall into or address one of the below areas; initiatives may be in either primary or specialty care:

- **Innovating Patient-Centered Access and Care Delivery**
- **Improving Patient/Family Engagement or Patient Care Experience**
- **Partnering with Patients/Families in Care Decisions**
- **Improving Utilization of Communication Methods to Patients/Families**
- **Enhancing Patient and Staff Safety through Education**
- **Enhancing Patient Experience through Facility Operations and Access**
- **Incorporating Patient-Friendly Organizational and Technological Solutions**

Patient-Centeredness Examples

Demonstration of Patient-Centeredness includes but is not limited to:

Improving secure messaging awareness and enrollment	Employing unique approaches to reach and engage patients	Creating healing inpatient and ambulatory care environments
Incorporating patient and family feedback into MTF decision-making	Revamping the patient discharge experience	Implementing design principles in wayfinding and access
Using virtual appointments and communication tools	Deploying curb-side or drive-through pharmacy pick-up	Optimizing access to care using Virtual Health
Configure EHR discharge instructions to improve readability and comply with TJC requirements	Upgrade signage in medical facilities to improve digital directories and patient wayfinding	

Application Instructions

The Ready Reliable Care HRO Awards Program application is designed to provide the evaluation committee with sufficient, pertinent information relative to the improvement initiative's effect on improving health care within the MHS and its applicability for system-wide implementation.

Applicants must respond to each of the four components: **Abstract, Design/Methods, Results,** and **Conclusion.** Use the items under each component to help guide your responses. Responses should be provided in concise, factual statements. **Statements must be supported with quantitative information, where appropriate.**

Each submission must:

1) **Select one of the four Domains of Change;**
2) **Address at least one of the bulleted areas within the selected domain of change;**
3) **Focus on one or more of the HRO guiding principles; and**
4) **Identify whether the project aligns to one or more of the DHA Clinical Communities, Clinical Support Services, or Non-Clinical Support Services.**

Alignment to Clinical Communities, Clinical Support Services, or Non-Clinical Support Services

CPI innovation is the responsibility of MHS Clinical Communities who focus on solutions to improve clinical, quality, and safety performance functions. Clinical Management Teams are the execution arm of CPI standardization throughout the MHS to coordinate adoption, monitoring, and evaluation of leading practices. Clinical Support Services collaborate with Clinical Communities on projects and initiatives that support CPI. Non-clinical support services deliver logistics, housekeeping, administrative and materiel management to support facility operations.

- **Clinical Communities.** There are 11 clinical communities that cover Behavioral Health, Neuromusculoskeletal, Primary Care, Women and Infant,

Dental, Critical Care/Trauma, Surgical Services, Oncology, Cardiovascular Care, Complex Pediatrics, Military-Specific Care specialties.

- **Clinical Support Services.** There are 12 clinical support services separated into Connected Health, Patient-Centered Care, Operational Support, Diagnostic Imaging, Population Health, Laboratory/Clinical Pathology, Medical Management, Inpatient Care, Nutritional Medicine, Pain Management, Pharmacy, and Precision Medicine.
- **Non-Clinical Support Services.** Examples of non-clinical support services include administrative and management work at all levels, information technology resourcing, and facilities maintenance and management. Examples of non-clinical activities include, but are not limited to involvement in safety protocols, personnel communication, safety reporting mechanisms, supply chain improvement, patient/staff collaboration, medical facility enhancement.

Selection of a Clinical Community, Clinical Support Service, or Non-Clinical Support Service is intended to better align the submission to reviewers. Please select N/A if none are applicable.

Leading Practice Program (LPP)

Each applicant will also be asked if they would like their project to be submitted to the LPP, which helps identify local leading practice solutions suitable for implementation, spread, scale, and sustainment to relevant MTFs, Markets, or MHS-wide. A leading practice is defined as a measurable health service, process, or solution that efficiently and consistently improves target outcomes while maximizing value. The project must address a well-defined need or problem, demonstrate measurable effect with at least 3 months data, and be replicated and implemented at multiple facilities.

A selection of “yes” will send your application to the LPP for consideration.

Application Checklist

NOTE: Please DO NOT use facility identifying information in response to the four components of the application.

- **Abstract (300-word limit): Must include the following:**

☐ **Reasons** for the initiative; the factors that led to the initiative

☐ Clear concise statement of the project initiative, **objectives,** and description of the HRO principles the submission is aligned to

☐ **Description** of how the objective was achieved and measured

☐ **Summary** of the quantitative information supporting the result

☐ **Conclusion**

- **Design/Methods (1000-word limit)**

☐ Description of the initiative

☐ Description of the methodology used to design and implement the initiative

☐ Resources that were allocated for the initiative

- Fiscal and staff resources (project team members)
- Involvement of the organizational leaders

- Educational requirements

☐ Performance measurement

- Description and definition of the measure(s) used
- How data were collected
- Amount of data collected (e.g., number of subjects)
- Length of time over which data were collected
- Source(s) of data

- **Results (1000-word limit)**

☐ Describe the impact of the initiative

- Trend data over time to demonstrate improvement

☐ Brief description of how data was analyzed

- How data were organized and displayed (e.g., descriptive statistics)
- Timeframe for dissemination/feedback of data
- To whom data were disseminated/feedback

☐ Data tables/graphs

☐ Describe how changes met the initiative's objectives/goals

☐ Describe how obstacles, resistance, or other problems were overcome

Note: Data must be summarized in a format that can be easily understood.

- **Conclusion (500-word limit)**

☐ Did you meet the objective(s) for the initiative? Explain

☐ Consider overall practical usefulness of the intervention demonstrated locally and types of settings in which this intervention is most likely to be effective

☐ Suggest implications of this report for further studies of improvement interventions

Note: Ensure conclusions drawn from the analysis were based on and supported by the data.

☐ **Evidence** of sustainability of the improvements (provide data and/or other evidence)

☐ Support with facts/data why you believe this initiative can be replicated in other health care settings that provide the same service or serve the same type of population

☐ How does your submission support the stated HRO Guiding Principles?

Note: Attach any publications or publicity that resulted from the project/initiative at the end of the application.

Supporting documents in PowerPoint, Excel, Word, and PDF formats will be accepted and can be uploaded to the submission portal before submitting your award package.

RRC HRO Award Submissions: Tips for Success

1. You should clearly address every point in the scoring sheet.
2. Your abstract is the first thing that the reviewer reads, so make it strong.
3. Limit the scope of your submission. Your submission should focus on one problem and one outcome (although a project can have more than one intervention). If the submission attempts to do too much or cover too broad a domain, then the result typically has inadequate descriptions, incomplete data, unintelligible results, and unjustified conclusions.
4. For your projects, clearly state the problem that needed to be solved, the measurable intervention you implemented to solve the problem, the data generated by your intervention, and whether the measured results of your intervention supported the conclusion that a solution was achieved. In addition, what resources were required to implement the interventions, and will your organization be able to sustain the intervention? Finally, was the problem specific to your organization? If it was not, do you believe, or have evidence to suggest, that your solution could be implemented across the MHS?
5. Your submission should target a measurable improvement outcome. Your project's goal should not be a change in, or the development of, a process or educational activity. These can be interventions, but they cannot be the goal of the project. We need to know whether your intervention was effective in improving your target outcome. Examples of measurable outcomes include Patient Safety events, quality and reliability of care, patient-centeredness, and clinical outcomes. Surveys of knowledge/opinions or attendance at didactics/meetings are not outcomes.
6. Specify in your submission the direct connection between your intervention and your outcome, e.g., how did your intervention affect the outcome? Without this information, we cannot tell if your intervention was effective.
7. When asserting a numerical improvement, report the frequencies, confidence intervals, and p-values. The claim that there was a change in the outcome due to the intervention should be tested for statistical significance. Furthermore, all relevant numerical results and statistical tests must be presented and explained in the text; it is not sufficient to simply refer to a table or figure. Finally, if you are making a before-and-after comparison, it is usually helpful to compare several years, rather than just the prior year.
8. If your project involved an improvement in patient care, then the intervention's effect on the patient must be assessed. For example, if your outcome is a reduction in the number of patients receiving an opioid medication, then the patient response to the change, e.g., pain scores and patients lost to follow-up, must be assessed before and after the change.
9. If your project involved improved screening for a disease, we need to know if there was an improvement in screening frequency, and if that improvement led to an increase in the diagnosis of the disease. In other words, was the project clinically useful?
10. Although we optimistically talk about improving outcomes, not all projects are successful. It is important to realize that failed projects can provide valuable information. We encourage you to submit well done, failed projects.
11. State how your project advances one or more aspects of a high reliability organization.
12. Your submission is limited to 2,800-words. It is not fair to those who adhere to this limit to allow projects to be judged on submissions that exceed this limit. Therefore, all submissions will be judged on the first 2,800 words. If the submitter wishes the information contained in figures and tables to be considered in the evaluation of the submission, then that information must be included in the text.

Application Scoring Guide used by DoD Reviewers

Evaluation criteria has been developed and assigned weights for the questions in the RRC HRO Awards Program Application. These criteria and weights have been incorporated into the scoring tool. The evaluation criteria describe what should be in place to meet basic expectations and are scored on a scale from 0-20:

16-20 – Response demonstrates excellence and indicates that the organization significantly exceeds normal expectations for the criteria. Strong supporting evidence and analysis are provided.

11-15 – Response demonstrates that the organization has gone above and beyond the basic expectations outlined in the evaluation criteria. Supporting evidence and analysis are provided.

6-10 – Response falls short of some of the basic expectations listed in the evaluation criteria.

All criteria components are present but significant gaps or weaknesses are identified.

0-5 – The response does not meet the minimal expectations indicated by the evaluation criteria. Some criteria components were not included.

Each score will be multiplied by the appropriate weight to obtain the item score. The final score will be the sum of all the individual weighted scores.

Criteria Point Weight X Criteria Score (0-20) = Total Points

Each submission should be aligned with one or more of the HRO Guiding Principles listed on page 4. Alignment to one of these principles should be highlighted throughout the submission.

An example scoring sheet used by the evaluators is shown on the next pages.

2021 Ready Reliable Care High Reliability Organization Awards Program Scoring Sheet

Assigned Award Number:
Award Category:
Project Title:
Evaluator Name:

Evaluation Criteria	Criteria Considerations	Criteria Point Weight	Criteria Score (0-10)	Total Points	Reviewer Comments
Abstract	• Background/Problem • Methods • Results • Conclusion	5			
Background/Problem	• Background of problem • Problem statement	10			
Methods	• Intervention description • Outcome • Project resources • Measurement methods • Statistical methods	20			
Results	• Presentation of numerical results • Results explained • Significance testing reported • Figures and tables (if provided)	20			
Conclusion	• Do the results support the conclusion that the problem was solved? Explain. • Justify resources expended in relation to outcome achieved • What are the strengths and weaknesses of the project? • Are additional projects proposed that will build on this project?	20			
Military Health System Applicability	• Is this project important to the MHS? • Is the intervention sustainable? • Can the intervention be replicated across the MHS?	15			

High Reliability	• What HRO principles did this project employ? • How did this project advance high reliability in the MHS?	10			
Total Score					

Does this align with the following?

Clinical Communities:	Clinical Communities:	Non-Clinical Support Service (Fill-in):
___ Behavioral Health ___ Neuromusculoskeletal ___ Primary Care ___ Women and Infant ___ Dental ___ Cardiovascular ___ Complex Pediatrics ___ Critical Care/Trauma ___ Military-Specific Care ___ Oncology ___ Surgical Services ___ Rehabilitation and Physical Performance	___ Behavioral Health ___ Neuromusculoskeletal ___ Primary Care ___ Women and Infant ___ Dental ___ Cardiovascular ___ Complex Pediatrics ___ Critical Care/Trauma ___ Military-Specific Care ___ Oncology ___ Surgical Services ___ Rehabilitation and Physical Performance	___ Administrative and management work at all levels, ___ Information technology resourcing ___ Facilities maintenance and management. ___ Involvement in safety protocols, personnel communication, ___ Safety reporting mechanisms ___ Supply chain improvement ___ Patient/staff collaboration ___ Medical facility enhancement ___ Other* *(Fill-in):

Do you recommend submission to the LPP?
___ Yes ___ No