

## 2010 SLHHN Annual Quality Awards Program

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Thank you for your application to the 2010 St. Luke's Hospital and Health Network Annual Quality Awards. The mission of St. Luke's Hospital is to provide excellent quality care and services. The Quality Awards Program acknowledges and celebrates projects in the Network that are elevating the degree of quality care & services provided by St. Luke's. With your submission you are taking the opportunity to communicate your team's wonderful work. For this, we thank you.

### Application

- Teams applying for the award must complete the attached application. Teams who do not utilize this format will not be accepted for consideration in the judging process.
- Applications must be submitted in 1 of 5 categories: Quality, People, Service, Finance or Growth.
- Each application will be screened for eligibility by a Quality Resources staff person. The Team Leader will then be notified of the application's status.
- All applications and supportive materials must be submitted electronically in one PDF or word file to Ruth Grady at [gradyr@slhn.org](mailto:gradyr@slhn.org) no later than 6:00 PM on Wednesday, June 30, 2010.

### Judging

- Accepted applications will be judged and scored by a multidisciplinary panel of judges from throughout the network.
- Each judge will score the application using the established criteria/guidelines found at the end of this application.
- In order to eliminate any potential bias, the names of all team members will be removed from the copy of the application sent to the judges.

### Selection of Awards

- The applications with the highest scores within each category will be selected as the First and Second place winners. The winning projects will be announced in August.
- The winner of the President's Award for Quality will be chosen from one of the First place winning teams. The announcement of this honor will be made at the 2010 Quality Awards ceremony scheduled for Friday, October 22, 2010.

### Poster Development and Display

- Each team, whose application is accepted, will need to identify one team member as the primary contact to partner with Media Production Services in the development of a poster.
- The team's contact person will be responsible for proof-reading and editing the text, graphs, and pictures used on the poster.
- The poster will showcase the team's achievements and will be displayed prominently throughout the Network during National Healthcare Quality Week from October 18 to the 22, 2010.

If you have any questions please contact Jennifer Sprankle at 610-954-3625 or Jill Knolle at 610-954-3496.

## 2010 SLHHN Quality Awards Entry Checklist

**PLEASE read carefully – applications that do not meet the submission criteria will not be accepted.**

**Please use this checklist to review your application before submitting.**

***This page will not be included as part of the final application for judging.***

Entries must be **typed** and must follow the format outlined in the attached application.

Applications should include **only** the following:

- **ONE** page Project Team List
- **ONE** page Project Abstract
- **UP TO THREE** pages of the PDCA Process
- **UP TO SIX** pages of charts, graphs, or other attachments. (Do not submit raw data.)

**The maximum allowable length for an application is 11 pages.**

Please **proofread** your submission!  
Grammatical and spelling errors detract from the quality of your entry.

Please **spell out abbreviations and acronyms**. If you will be using an abbreviation or acronym multiple times, please spell it out the first time, and then use the shortened version thereafter.

Applications **must be submitted electronically**.

The application must be a **single Word or PDF file** - you may not submit multiple files or attachments as separate files.

Please name your file with your full team name.

Submit the completed application with all supportive materials electronically to Ruth Grady at [gradyr@slhn.org](mailto:gradyr@slhn.org) no later than 6:00 PM on Wednesday, June 30, 2010.

**Entries will not be accepted after 6:00 PM on Wednesday, June 30, 2010.**



## Project Abstract

Include 1 - 2 sentences to describe each of the following topics:

Problem/Opportunity

AIM Statement (Your AIM statement should be specific, measurable, attainable, realistic and timely.)

Relevance to the Mission of St. Luke's Hospital and Health Network

Baseline Data

Interventions

Results

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# Improvement Summary: PDCA Process

## **AIM Statement:**

Remember your AIM statement needs to be specific, measurable, attainable, realistic and timely.

## **PROJECT BACKGROUND:**

What was the team trying to accomplish with this project?

(Project purpose, Did your baseline data evidence the need? Was it an organizational priority?, etc.)

Describe the situation prior to any team interventions. (Flowchart/process map, root cause analysis, etc.)

What benchmarking, research, best practices or literature reviews did the team use to plan their actions?

How did the team get customer/stakeholder input into the project?

## **PLAN:**

How did the team decide where to make changes that would most likely result in an improvement?

(Pareto or fishbone chart, data outlier, mandate, etc.)

What data did the team collect to measure the effect(s) of the change(s) chosen?

How was that data collected? (Attach a blank copy of any surveys/tools used)

## **DO and CHECK:**

Did the team experience any barriers while executing any changes? How did the team overcome those barriers?

After testing each change what did the data show?

## **ACT:**

Was the aim of the project achieved? (Provide evidence)

Was the improvement sustained over time? How is sustainability being monitored?

\*Do not submit raw data, use a data display tool; ideally 12-18 months of data post-completion of project.

## **IMPLEMENTATION and SPREADING CHANGE:**

Identify any further actions to be taken;

(i.e. Sharing successes with other units, sites, or network-wide, national conferences, publications, etc.)

## St. Luke's Hospital and Health Network 2010 Quality Awards

Please use these guidelines in determining a score for each project.  
Score from 1- 5 for each of the (5) segments below, 0.5 increments (i.e. 4.5) are allowed.

<b>Multidisciplinary team effort and commitment to improvement (10%)</b>	Multi-department, multidisciplinary team members when appropriate
	Support from organizational and department leadership
	Evidence of customer or key stakeholder input—going to the source
	Evidence of benchmarking/research/ best practices/ literature search
<b>Measurable improvements (20%)</b>	Clearly defined AIM statement (is it specific, measurable, attainable, realistic and timely)
	Current process/outcome and desired process/outcome of project clearly stated
	Data used to identify/quantify problem
	Demonstrated use of effective quality tools to analyze process and data (i.e. flowchart, fishbone diagram, survey data, etc.)
	If appropriate, was baseline data displayed for pre- and post- change action(s) implementation?
<b>Achievement and evidence of sustained improvement over the past 12-18 months (30%)</b>	Did they use inferential statistics (contact Research) to determine if the change was statistically significant? (If so, this should reflect positively in how you score this category.)
	Sufficient post-project implementation data collected to establish clear trend, positive or negative depending on AIM statement
	Data displayed with effective tools (i.e. bar graph, control chart, etc.)
	Was there a clearly defined plan to spread the effective change (i.e. to another unit or to the rest of the Network)
<b>Relevance to the priorities of the organization's Mission, Vision, Values and the 5 points of the star (20%)</b>	Is the project linked to SLHHN organizational and customer priorities?
	Is the project applicable to on of the Five Points of the Star?
<b>Effective use of the PDCA methodology (20%)</b>	Did the team have a clear idea of what they were trying to accomplish? Did they have a clear understanding of what the reason was for bringing the team together?
	Were potential barriers and resistance considered and addressed?
	Were appropriate quality tools used to develop and select actions?
	Was there a thorough implementation plan for testing of their proposed changes?
	Were actions of the team linked to outcomes?
	Was the group able to recognize if a change was an improvement?
	Were the outcomes from each change related back to the AIM statement?