Applicant Guide for the UNIVANTS of Healthcare Excellence Program

Thank you for your interest in the UNIVANTS of Healthcare Excellence Award Program. This Applicant Guide is designed to help you optimize your application. This includes, but is not limited to, best practice examples and helpful hints.

To streamline the application process, we encourage you to use the appendices provided within this Applicant Guide to collect the necessary information for your online application.

To further ensure the quality of your application, please use the recommended *Checklist* (Appendix IV).

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I. MINIMUM REQUIREMENTS

DO YOU MEET THE MINIMUM CRITERIA FOR SUBMISSION?

Please use the checklist below to help assess your application readiness.

1. ☐ Has your clinical care initiative been implemented into clinical practice (i.e., not solely research or a study not yet implemented into clinical care)?

2. ☐ Does your clinical care initiative include at least three disciplines (including Laboratory Medicine/Pathology)?

3. ☐ Do you have a Key Performance Indicator (KPI) associated with each of the following stakeholders?

☐ Patient

☐ Clinician

☐ Health Systems/Administration

☐ Payor

4. ☐ Do you have at least two quantitative metrics across your entire application of which at least one is **NOT** associated with a survey?

5. ☐ There are no more than four qualitative metrics across your entire application.

II. KEY DATES

Earliest opportunity for application submission is **August 1**.

We highly recommend submitting applications on this day and/or as early as possible.

Any application submitted before **November 1** will ensure ample vetting by the UNIVANTS of Healthcare Excellence Award Administration Team for any potential eligibility revisions.

AUGUST 1	**NOV 1**	**NOV 15**
Applications Open	Deadline for Guaranteed Eligibility Review enabling potential resubmission, if necessary.	Deadline for all submissions

III. THINGS TO CONSIDER WHEN COMPLETING YOUR APPLICATION

1. PROJECT TEAM SECTION

i. INTERDISCIPLINARY TEAM

- The highest rated clinical care initiatives involve at least five disciplines, which includes Laboratory Medicine/Pathology.

ii. CARE TEAM MEMBERS

- You will be asked to identify three to five care team members (including yourself, if relevant) who have had the most significant impact on your clinical care initiative. *To collect the necessary information, please use the **Care Team Member** template (Appendix I).*
- These care team members would constitute your award-winning team. For the purposes of this award, laboratory medicine must be one of the care team members. The total number of care team members being provided should not exceed five, including yourself.

Not sure who to include? Ask yourself:
- Who are the core leaders of your clinical care initiative?
- Who among the team was essential for the achieved outcomes?
- Who served as an undeniable leader to overcome barriers?

2. CLINICAL CARE INITIATIVE SECTION

You will be asked to provide a high-level overview of the clinical care initiative that achieved measurably better healthcare performance. This should include, but is not limited to, the unmet needs and/or clinical problem(s) being addressed, as well as the influence and contributions of the various partners and disciplines involved. Please also include an executive summary of the impact associated with the clinical care initiative.

For maximum understanding of your clinical care initiative across the judging panel from different disciplines and geographies, please ensure all acronyms are defined and ensure the simplest language possible. In addition, please avoid any product names and/or manufacturer names in your submission.

For examples of clinical care initiatives, please view our previous winners' abstracts on our website at www.UNIVANTShce.com.

NOTE:
This section is limited to 2,500 characters or less (including spaces) to ensure an executive abstract of your clinical care initiative. Additional content not already provided throughout other sections of the application can be attached as supplemental content upon application submission.

Questions to ask yourself when writing the high-level overview of your Clinical Care Initiative:
- What clinical problem were you trying to solve?
- How did you improve (or partially solve) the clinical problem? What, if any challenges existed and how did you solve for them?
- What role did Laboratory Medicine/Pathology have in overcoming those challenges?
- What KPIs were achieved and how?
- What insights can you share that helped catalyze change.

3. MEASURABLE IMPACT SECTION

To streamline the application process and collect the necessary information for your online application, we encourage you to use the *Measurable Impact* template (Appendix II).

A recommended thought process for this section is to answer the following questions in accordance with every measurable outcome.

- Who is the primary beneficiary from this measurable change? [**Stakeholder**]
- How does the new outcome relate to previous baseline or standard of care? [**Qualifier – increased, decreased, mitigated, etc.**]
- What is the overarching KPI? [**Key Performance Indicator**]
- What is the outcome associated with that KPI? [**Metric – Quantitative** (preferred) or **Qualitative**]

i. STAKEHOLDERS

	PATIENT	This category can encompass parts of, or the entire population being served by, or at your care facility. This can include hospitalized patients, outpatient care and/or the pre-patient consumer, client(s), member(s), who may not be yet associated with your care system but can benefit from preventative care measures and/or overall population health initiatives. *EXAMPLES: Screening of normal healthy patients, Patients presenting in the ED, Oncology Patients, Deceased patients, Family Members of patients, Pre-patient Consumers, Diabetic Patients, Surgical, Pediatric, Geriatric, etc.*
	CLINICIAN	This category can encompass specialized medical disciplines and/or all clinical staff involved with the direct care and treatment of the patients. *EXAMPLES: Emergency Department Clinician, Pathologist, Oncologist, Pharmacist, Primary Care Provider, Internists, Nurse, etc.*
	HEALTH SYSTEMS/ ADMINISTRATION	This category can encompass any or all components of a healthcare administration or health-centered organization, including leadership, management, public health systems, healthcare systems, hospitals, and hospital networks. *EXAMPLES: Hospital, Reference Lab, Clinic, Foundation, Organization, Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), Vice-President, Managers/ Front Line, Supervisors, etc.*
	PAYOR	This category reflects beneficiaries outside of health system/administration. This includes but is not limited to, trusts, insurance, and/or governmental healthcare entities. *EXAMPLES: Insurance companies, Trusts, Financial beneficiaries outside of Administration, Financial offices, Funding sources, Investors, etc.*

ii. REPRESENTATIVE EXAMPLES OF QUALIFIERS AND KPIs

Beginning with the stakeholder most impacted by your clinical care initiative, think through your KPIs and determine what qualifier best describes the effect it had on the KPI.

EXAMPLES:
- **Reduced** Length of Stay
- **Increased** Clinician Confidence
- **Enhanced** Patient Satisfaction
- **Decreased** Wait Time
- **Enhanced** Patient Experience
- **Mitigated** Risk
- **Earlier** Patient Diagnosis

iii. WHAT CONSTITUTES AS A KEY PERFORMANCE INDICATOR (KPI)?

- A KPI is a measure of impact or measure of performance. KPIs are used to evaluate the actual and/or realized changes of your clinical care initiative.

- KPIs can be measured quantitatively or qualitatively.
  - Preferred measures of outcomes are quantitative. If for whatever reason a quantitative metric cannot be defined, qualitative metrics should be considered.

iv. REPRESENTATIVE EXAMPLES OF KPIs THAT BENEFITED A KEY STAKEHOLDER
  EXAMPLES:

PATIENT	CLINICIAN	HEALTH SYSTEMS/ ADMINISTRATION	PAYOR
• Mortality • Safety • Wellness • Length of Stay • Equity • Wait Time • Experience • Engagement • Satisfaction • Anxiety • Other*	• Clinician Confidence • Clinical Uncertainty • Clinical Satisfaction • Litigation Risk • Other**	• Resource Utilization • Unnecessary Hospital Admissions • Readmission Rates • Reimbursement • Staff Satisfaction • Employee Engagement • Reputation • Other*	• Healthcare costs • Risks • Other*

__NOTE:__ If a KPI is not listed in the drop-down menu, new KPIs can be entered using the field labeled "Other."

v. WHAT IS THE DIFFERENCE BETWEEN A QUANTITATIVE AND A QUALITATIVE METRIC?

- **Quantitative:** A direct measurement of change before vs. after implementation of your clinical care initiative in the form of one or more measurements or metrics.
- **Qualitative:** An indirect measure that supports a meaningful change through the use of a direct quote from a relevant and specific stakeholder. This should only be used when a quantitative metric is not possible.
  - All qualitative metrics (aka, quotes from relevant stakeholders supporting the causal relationship of impact) must be attributed to a named source and discipline/position. If there is no source or discipline/position identified, the KPI will be disqualified.
  - The source and the discipline/position should relate to the KPI and be able to speak to the impact.
    - For example, a clinician can speak on behalf of their patients, whereas laboratorians may not. Similarly, administration can speak to 'Clinical Confidence or Satisfaction' of their staff, whereas laboratories may not.
  - A best practice for any submission is to avoid qualitative quotes from any member of the care team intended to be recognized. Any source directly linked to a care team member being directly nominated for recognition has the potential for judge disqualification of the KPI.

vi. REPRESENTATIVE QUANTITATIVE KPI EXAMPLES

With *quantitative KPIs*, you will be asked to describe the metric(s) associated with measurable change for this KPI.

EXAMPLES:

PATIENT	CLINICIAN	HEALTH SYSTEMS/ ADMINISTRATION	PAYOR
Qualifier: Increased	**Qualifier:** Enhanced	**Qualifier:** Enhanced	**Qualifier:** Reduced
KPI: Wellness	**KPI:** Confidence	**KPI:** Reputation	**KPI:** Cost
Metric: A 22.2% relative increase (from 34.7% to 42.4%, p<0.001) in the proportion of patients who improved their LDL-C below 190mg/dL, post SureNet program implementation.	**Metric:** In our internal survey of primary care physicians (182 respondents out of 203), 74% considered FIB-4 to be additive in clinical rule-out of advanced fibrosis.	**Metric:** A 6.3% increase in actionable referrals following implementation of our modified preventative health assessment initiative.	**Metric:** The new pathway reduces disease burden by €3,216 per patient whose liver disease does not progress to advanced stages.

Tips for creating impactful surveys:
- Questions should not be biased.
- Avoid questions with binary responses (e.g., yes/no, good/bad)
- Ensure the survey recipients have the expertise, knowledge, and relevance for the questions being asked.

Survey Considerations:
- Surveys are an important measure of impact when quantitatively measuring perceived change.
- Surveys should also be avoided for KPIs that are easily quantifiable (e.g., length of stay).
- Survey results should include the number of participants asked, as well as the number of respondents, and their profession.
- Additionally, the questions asked must be included in the application.

vii. REPRESENTATIVE QUALITATIVE KPI EXAMPLES

With *qualitative KPIs*, you will be asked to provide a direct quote while providing the attributed source (first and last name) and their discipline/position.

EXAMPLES:

PATIENT	CLINICIAN	HEALTH SYSTEMS/ADMINISTRATION	PAYOR
Qualifier: Reduced	**Qualifier:** Increased	**Qualifier:** Enhanced	**Qualifier:** Mitigated
KPI: Anxiety	**KPI:** Satisfaction	**KPI:** Resource Utilization	**KPI:** Risk
Quote: "People who come to the emergency department with chest pain are anxious as many fear that they are having a heart attack. It is extremely meaningful to be able to say to them much quicker that we do not think they are experiencing a heart attack. This consistently provides relief to my patients and their families."	**Quote:** "The benefit of predictive algorithms with real-time management enables rapid treatment for the patients we serve. As chair of the department, I comfortably speak on behalf of myself and my staff that knowingly providing the best possible care for our patients is uplifting. This is exactly why I went into medicine... to serve and to heal."	**Quote:** "An unanticipated but valued consequence of better linking our patient population to follow-up care has led to a subsequent reduction in 'frequent fliers' or superusers within the Accident and Emergency (A&E). Thus, patients are establishing on-going relationships with their primary care provider to manage their illness instead of leveraging A&E resources for the same purpose."	**Quote:** "Medical errors can have catastrophic effects on patients, including physical injury and possibly death. With medical errors being 20 times more likely in Africa compared to developed countries, a five-fold reduction in medical errors following implementation of our care initiative has undoubtedly had a profound and immeasurable impact on mitigating preventable adverse outcomes over the past 36 months."
Source: John Doe, MD	**Source:** Jane Doe, MD	**Source:** Jessica Doe, MD, PhD, MBA	**Source:** Jerry Doe, MD
Title: Senior Medical Officer, Emergency Department, University Hospital	**Title:** Department Chair, Professor of Medicine, University Hospital	**Title:** Medical Director, Accident & Emergency, University Hospital	**Title:** Chief Executive Officer, University Hospital

viii. SIGNIFICANCE OF IMPACT

This is an opportunity for you to highlight how the metric provided has meaning to the stakeholder it affects. The more persuasive your argument the more likely the judges will agree with your position and rate your KPI high.

You will be asked to rate the significance of impact to the stakeholder:

- **NOT/SOMEWHAT SIGNIFICANT:** Positive impact to one or several entities, people, or groups.
- **SIGNIFICANT:** Meaningful or substantial impact to entities, people, or groups.
- **VERY/EXTREMELY SIGNIFICANT:** Wide-reaching impact to entities, people, or groups.

Questions to ask yourself:
- How meaningful is this change to the population it serves and/or represents?
- Are the benefits limited to a specific person, entity, or group?
- Does it have wide-reaching value?

4. PROCESS ATTRIBUTES SECTION

*Please refer to the **Process Attributes** template (Appendix III).*

i. HOW WOULD YOU DESCRIBE THE UNIQUENESS OF YOUR CLINICAL CARE INITIATIVE?

Uniqueness – The degree of novelty employed in your approach.
- **NOT UNIQUE:** The scope or process used to achieve outcomes is a proven best practice that has been done before.
- **UNIQUE:** The scope or process used to achieve outcomes is unique for your region or setting.
- **HIGHLY UNIQUE:** The scope or process used to achieve outcomes is novel and has never been done before.

Questions to ask yourself:
- Has the approach been published or used to support other best practices?
- Are there reasons to suggest that the approach is unique for your region or for application in your setting?
- Are you the originator of the work being done, setting a new best practice that has never been done before?

ii. HOW WOULD YOU DESCRIBE THE EASE OF IMPLEMENTATION OF YOUR CLINICAL CARE INITIATIVE?

Ease of Implementation – The level of difficulty when executing your approach.
- **SIMPLE:** Minimal to no new infrastructure was required to implement the initiative.
- **MODERATE:** Some infrastructure changes were needed to drive initiative implementation.
- **DIFFICULT:** Substantial infrastructure changes were needed to drive initiative implementation.

Questions to ask yourself:
- How hard (or easy) would the clinical care initiative be for others to implement?
- What changes (funding, new equipment, resources, etc.) were needed to ensure success? Were those changes minimal or substantial?

iii. HOW WOULD YOU DESCRIBE THE SCALABILITY OF YOUR CLINICAL CARE INITIATIVE?

Scalability – Ability and/or capacity to expand your best practice in other settings.
- **NOT SCALABLE:** The approach cannot be adapted to similar or different processes.
- **SCALABLE:** The approach could likely be adapted to similar or different processes.
- **HIGHLY SCALABLE:** The approach is widely adaptable to similar and different processes.

Questions to ask yourself:
- Can the clinical care initiative be used to advance care in other disease states?
- Can the approach be adapted in other clinical or geographical settings?
- Would substantial limitations exist if others tried to replicate your clinical care initiative in a different setting?

iv. **HOW WOULD YOU DESCRIBE THE LEVEL OF GOVERNANCE ASSOCIATED WITH YOUR CLINICAL CARE INITIATIVE?**

Level of Governance – Adherence to a standardized process. Governance can be manual, automated or a combination of both.

- **NOT GOVERNED:** Manual methods are used to ensure adherence to the new process.
- **GOVERNED:** At least one aspect of the new process(es) is automated.
- **HIGHLY GOVERNED:** Most, if not all aspects of the new process(es) are automated, enabling a strict cadence of compliance.

Questions to ask yourself:
- What initiates the new process and is it triggered automatically or through manual decision(s)?
- Are the new processes dictated by specific algorithms, circumstances, and/or conditions?
- Is compliance to the new process elective (i.e., choices exist that still enable the previous standard of care?)

v. **HOW WOULD YOU DESCRIBE THE SIGNIFICANCE OF LABORATORY INTELLIGENCE IN YOUR CLINICAL CARE INITIATIVE?**

Laboratory Intelligence – The use of laboratory data in an integrative manner to generate actionable insights and/or decisions.

- **NOT/SOMEWHAT SIGNIFICANT:** Laboratory intelligence had minor relevance to the overall outcomes of the initiative.
- **SIGNIFICANT:** Laboratory intelligence was one of the key enablers that drove the success of the initiative.
- **VERY/EXTREMELY SIGNIFICANT:** Success of the initiative could not have been achieved without the utilization of laboratory intelligence.

Questions to ask yourself:
- Is laboratory data being used in a new way?
- Are laboratory insights dictating change in care or clinical pathways?
- How is laboratory data impacting your clinical care initiative to ensure measurable success?
- What laboratory tests were used and how did they change care?

NOTE:

*Your self-ratings associated with the **Measurable Impact** section and **Process Attributes** section will not be counted in the final assessment.*

These ratings, however, will be seen by the judges as justification and supporting evidence for how you will be ranked. Therefore, please be as descriptive as possible in your rationale.

III. NAMING YOUR INITIATIVE

This will be the title used by the judges for your potentially award-winning initiative. So, the title should be compelling and inclusive of your strongest KPI, but also concise.

EXAMPLES	IMPACT RATING	RATIONALE
Improving Emergency Patient Flow Across the Health System Network	High	☑ Compelling ☑ Concise ☑ Includes KPI
Improved Clinical Pathway for Recognizing Undiagnosed Diabetes in Hospitalized Patients	High	
Personalized Antibiotic Therapy for Reduced Inappropriate Exposure to Antibiotics	High	
A Team Project at City Hospital	Low	Too generic, not memorable, lacks the why care/KPI
PCT in the Emergency Department	Low	Inclusion of a strong KPI would make this more compelling
Laboratory Stewardship	Low	Too generic, not memorable, other submission may involve lab stewardship, title lacks a measurable outcome for impact, does not explain the why care

IV. CONFIRMATION SECTION

1. REVIEW YOUR APPLICATION FOR COMPLETENESS, ACCURACY, AND CLARITY.

For more tips and/or to ensure the best success for your application, please reference the *Checklist* (Appendix IV) prior to submission.

2. SUPPORTING DOCUMENTATION

Supporting documents can be used to reinforce the value and score of your clinical care initiative.
Multiple documents can be provided. Maximum file size is 10 MB.

NOTE:

- Supporting documentation should not contain detailed patient information.
- Ensure attachments are included prior to submitting the final application.
- For more support, please contact the UNIVANTS of Healthcare Excellence Award Administration Team at UNIVANTSofHealthcareExcellence@abbott.com.