# WHA Quality Awards Application Form

Thank you for your interest in submitting your quality improvement story! The application deadline is December 20, 2024, at 5:00 p.m.

This PDF is for reference only. Please submit your responses using the application form at https://forms.office.com/r/8QyKBhzchD. We recommend completing the form in one session, as partially completed applications cannot be saved. Be sure to have all your answers ready before you start. The application should take approximately 20 minutes to complete.

For additional information on award eligibility, criteria, and more, please visit https://www.wha.org/Quality-Patient-Safety-Awards.

If you have any questions or need assistance, please don't hesitate to reach out. We're excited to see your application!

**Contact Information**

1. Name of Hospital or Health System:

2. Please select the Award Classification that best describes your hospital (Select 1):
   - General Medical and Surgical Critical Access Hospital (1 to 25 beds)
   - General Medical and Surgical Hospital (26 to 99 beds)
   - General Medical and Surgical Hospital (100 beds and greater)
   - Specialty Care Hospital (Psychiatric/Behavioral Health, Long-term Acute Care, or Rehabilitation Hospital; If other, please describe)
   - Other

3. Enter the Name/Title of the Primary Contact Person:

4. Enter the Email Address of the Primary Contact Person:

**Project Details:**

5. Project Title:

6. Project Goal Statement *(Example: Reduce adverse drug events (ADEs) per ICU day by 75% (or absolute numbers per ICU day) by December 2026)*:

7. Project Leader(s):

8. Project Team Member(s) (*List the names and titles of team members who worked on this project):*

9. Name of Units/Departments Involved in the Project:

**Project Categories:**

*Describe your project by addressing each of the following categories. Ensure that you answer each sub-question listed below to the best of your ability.*

**Category 1:** Process of Identifying Need and Project Scope

10. Describe how the challenge/problem was identified. Include methods used to identify the need.

11. How was this project prioritized against the other potential competing needs?

12. Provide applicable state/national benchmarks or standards to support the need.

13. Define your outcome goal(s)

14. Define the time frame of the project: date the problem was identified, time frame of baseline data, dates of data collection, etc.

**Category 2:** Leadership and Planning

15. Describe how this project aligns with your hospital/health system strategic plan.

16. How was leadership buy-in achieved?

17. To whom were challenges and successes reported (e.g., board, committee, or direct care staff)?

18. How did leadership guide and sustain performance expectations

**Category 3:** Process Improvement Methods

19. Identify the quality improvement methodology and tools used during project planning and implementation (e.g., Lean, Six Sigma, PDSA).

20. What evidence-based best practices did you consider during project planning and implementation?

21. Describe the actions steps taken and processes implemented to reach outcome goals.

22. Which steps worked? Which did not? Were adjustments made?

23. Explain your communication plan with the following groups, if applicable:
- *Staff*
- *Clinicians*
- *Patients*
- *Families*
- *Community*
- *Partners*

**Category 4:** Results

24. Describe the monitoring process used to track improvement/attainment of goals

25. Describe the results (process and outcome results, qualitative feedback, etc.)*.*

26. Did you meet your goals? If no, what are your next steps?

**Category 5:** Lessons Learned and Sustainability

27. Describe lessons learned and how you applied what was learned from this project to other areas in your facility.

28. Describe how other facilities could replicate what you did.

29. Describe your plans to sustain the success achieved.

**Additional Information (Recommended)**

30. Team Photo: *I will email a high-quality photo of the team members (jpg, png), with each person's name/title (indicate front row, back row, or left to right, etc.) to [quality@wha.org](mailto:quality@wha.org). Yes/No*

31. Project Data: *I will email a visual representation of data reflecting improvement (e.g., graph, table, run chart) to [quality@wha.org](mailto:quality@wha.org). Yes/No*

32. Would you be interested in showcasing your story as a poster in conjunction with WHA Advocacy Day and the Health Care Quality Showcase in April at the Capitol Rotunda? Yes/No

> 33. If yes, would you like assistance with creating a poster to present at the Health Care Quality Showcase?