



Stories of Success!
Leveraging HIT, Improving Quality & Safety

Submission Form

Call for Case Studies

HIMSS and co-sponsor American Society for Quality (ASQ) are actively seeking real-world success stories to be peer-reviewed for consideration as *Stories of Success!* Case Studies. This program showcases outstanding accomplishments in the adoption and use of health IT to fulfill national priorities recommended by the National Priorities Partnership (“NPP”) and Joint Commission’s National Patient Safety Goals (“NPSG”).

How to Apply

To apply, please complete the case study application submission form. Submissions are due by November 16, 2009. Submissions cannot exceed four pages in length, using Times New Roman, 12-point font. The following questions serve as a guideline; not all questions have to be answered in their entirety, e.g., if the explanation has already been addressed, reference as such. These should be real-world examples and personal stories; vendors can assist in preparing the submission, but these case studies should not be written by vendors. Each submission will be peer-reviewed by subject matter experts in the field of quality and health IT. Submissions that are received become property of HIMSS and ASQ for publication and educational purposes, via a signed release form. Submit your case study to healthcaresubmit@asq.org. Questions should be directed to David Collins, dcollins@himss.org. If selected, your *Story of Success!* will be featured on the HIMSS Web site, ASQ Web site, and other educational venues.

Submission Criteria

The *Stories of Success!* submission form is adapted and modeled after the SQUIRE Guidelines¹. The SQUIRE (Standards for QUality Improvement Reporting Excellence) Guidelines help authors write excellent, usable articles about quality improvement/performance improvement in healthcare so that their findings can be easily discovered and widely disseminated, with the intent of spreading improvement work to a broader population.



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1 Title

- a. Indicates the article concerns the improvement of quality (broadly defined to include the safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity of care).
- b. States the specific aim of the intervention.

2 Background knowledge

Provides a brief, non-selective summary of current knowledge of the care problem being addressed, and characteristics of organizations in which it occurs.

3 Local problem

Describes the nature and severity of the specific local problem or system dysfunction that was addressed.

4 Intended improvement

- a. Describes the specific aim (changes/improvements in care processes and patient outcomes) of the proposed intervention.
- b. Specifies who (champions, supporters) and what (events, observations) triggered the decision to make changes, and why now (timing).

5 Planning the intervention

- a. Describes the intervention and its component parts in sufficient detail so that others could reproduce it.
- b. Indicates main factors that contributed to choice of the specific intervention (e.g., analysis of causes of dysfunction; matching relevant improvement experience of others with the local situation).
- c. Outlines initial plans for how the intervention was to be implemented—e.g., *what* was to be done (initial steps; functions to be accomplished by those steps; how tests of change would be used to modify intervention), and *by whom* (intended roles, qualifications, and training of staff).
- d. Specify the study method used (e.g., “A qualitative study,” or “A randomized cluster trial”).



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6 HIT Dimensions Utilized [*Delineate use of health IT by describing the value derived in the new process(es) by leveraging of health IT*]

- a. Describes the ways in which HIT was used in delivering the intervention. In particular,
 - 1) describes the overall type of electronic record or other technology used,
 - 2) describes the use of features such as e-prescribing, clinical decision support, documentation tools, flowsheets, and data presentations.
- b. Describes the use of standards in managing and reporting data, decision support, messaging, and information exchange.
- c. Identifies data elements used in documenting, improving, and measuring performance.

7 Outcomes

(a) Nature of setting an improvement intervention

- a. Characterizes relevant elements of setting or settings (e.g., geography, physical resources, organizational culture, history of change efforts), and structures and patterns of care (e.g., staffing, leadership) that provided context for the intervention.
- b. Explains the actual course of the intervention (e.g., sequence of steps, event or phases; type and number of participants at key points), preferably using a timeline diagram or flow chart.
- c. Documents degree of success in implementing intervention components.
- d. Describes how and why the initial plan evolved, and the most important lessons learned from that evolution (particularly the effects of internal feedback from tests of change). Describe any relevant story regarding these lessons learned.



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7 Outcomes (continued)

(b) Changes in processes of care and patient outcomes associated with the intervention.

- a. Presents data on changes observed in the care delivery process.
- b. Presents data on changes observed in measures of patient outcome (e.g., morbidity, mortality, function, patient/staff satisfaction, service utilization, cost, care disparities).
- c. Presents evidence regarding the strength of association between observed changes/improvements and intervention components/context factors.
- d. Includes summary of missing data for intervention and outcomes.

8 Barriers encountered

How were barriers overcome to effectively use the intervention?

9 Challenges faced

- a. Who communicated with internally?
- b. Selection process
- c. Communication with vendor
- d. How/where implemented

10 Summary

- a. Summarizes the most important successes and difficulties in implementing intervention components, and main changes observed in care delivery and clinical outcomes.
- b. Highlights the study's particular strengths.



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11 Interpretation

- a. Explores possible reasons for differences between observed and expected outcomes.
- b. Draws inferences consistent with the strength of the data about causal mechanisms and size of observed changes, paying particular attention to components of the intervention and context factors that helped determine the intervention's effectiveness (or lack thereof) and types of settings in which this intervention is most likely to be effective.
- c. Suggests steps that might be modified to improve future performance.
- d. Reviews issues of opportunity cost and actual financial cost of the intervention.

12 Conclusions

- a. Considers overall practical usefulness of the intervention.
- b. Suggests implications of this report for further studies of improvement interventions.

13 Funding

Describes funding sources, if any, and role of funding organization in design, implementation, interpretation, and publication of study.

¹ G Ogrinc, S E Mooney, C Estrada, T Foster, D Goldmann, L W Hall, M M Huizinga, S K Liu, P Mills, J Neily, W Nelson, P J Pronovost, L Provost, L V Rubenstein, T Speroff, M Splaine, R Thomson, A M Tomolo, B Watts. The SQUIRE (Standards for Quality Improvement Reporting Excellence) guidelines for quality improvement reporting: explanation and elaboration. *Quality and Safety in Health Care* 2008;17(Suppl 1):i13-i32; doi:10.1136/qshc.2008.029058. Accessed 9/25/09. Available at http://qshc.bmj.com/cgi/content/full/17/Suppl_1/i13.