

Eligibility Requirements & Application Process

Eligibility Requirements

- Results must be associated with use of one of the following McKesson EHR solutions: Paragon® or Horizon Clinicals®
- A healthcare facility may only submit one project for this award per entry period. Multiple applications from the same organization will not be accepted.
- **Entries should be based on a new or original project area of focus.** Submissions of previous applications will not be accepted.
- All entries require the submission of the name of at least one "C-suite" executive sponsor from the submitting organization. This executive sponsor must validate and support the results and metrics supplied in the application.
- **There are two phases of the written application process.** Entries that deviate from the format will not be accepted.
- To avoid a conflict of interest, if a member of an organization serves as a judge for this contest, the organization is not eligible to submit an entry.
- Applicants must be in good financial standing with McKesson.

Application Process

- **The Phase 1 application deadline is April 1, 2014.** Phase 1 requires contact information, organization profile and a high-level project description. Submitting a Phase 1 application indicates your intention to compete. The Phase 1 application will not be used in scoring.
- The Phase 2 application deadline is June 30, 2014. Phase 2 must address project scope of impact, leadership strategies, monitoring and measurement as well as at least one of the Six Aims of Healthcare Improvement from the Institute of Medicine (IOM).
- The Phase 2 application is submitted to the panel of industry judges for scoring. The scoring results are used to determine the finalists who are eligible to participate in the live event. Applications are scored against the criteria outlined for the award and will be derived solely from the answers contained within the applications. Scoring is completed by the panel of industry judges only and McKesson does not participate in scoring.
- Finalists will be selected and invited to participate in the live competition event based on Phase 2 application scores. The number of finalists will be based on the quantity and quality of applications submitted.
- **Finalists will present the project to a live audience and the panel of industry judges.** The Distinguished Achievement Award for Clinical Excellence live event will be held October 22, 2014 in Charlotte, NC. Reasonable travel expense reimbursement will be provided by McKesson.
- **Finalist presentations are scored onsite at the live event.** Onsite final presentation scores are evaluated against the measurement criteria outlined for the award and are derived solely from the presentations delivered. Scoring is completed by the panel of industry judges only and McKesson does not participate in scoring.
- The recipient of the Distinguished Achievement Award for Clinical Excellence will be announced at the live event.
- All applications and presentations become the property of McKesson. Applications and presentations may be used in McKesson's efforts to promote quality improvement and provide "best practice" examples of using IT to achieve improved clinical outcomes, patient safety and widespread technology adoption.
- By submitting an application, the participating organization grants permission to McKesson Corporation to use the organization's name, accomplishment and results as stated in the entry for public relations and marketing purposes. This may include, but is not limited to: press releases, media outreach or coverage, education outreach, speaking engagement opportunities, and inclusion in McKesson publications, testimonials, brochures and direct marketing campaigns.

Scoring Criteria:

There are four main areas of focus in the scoring criteria for the Distinguished Achievement Award for Clinical Excellence:

I. Project Scope and Definition

- Demonstrates how the quality improvement project improved key clinical care processes
- Selects and applies specific quality improvement techniques to achieve safer and more consistent and predictable (reliable) processes. Such techniques may include but are not limited to lean process, Six Sigma, proactive risk assessment, root cause analysis, and continuous quality improvement
- Considers the clinical workflow involved in deploying the quality initiative and using clinical information technology (CIT) in process design and improvement
- Identifies the breadth of patients or services impacted by the quality initiative and quantifies the scale of improvement achieved
- Demonstrates how the quality initiative is sustainable and replicable

II. Leadership Strategies

- Demonstrates the organizational leadership, governance and culture employed to identify and support the goals and implementation of the quality initiative
- Incorporates key clinical leaders and stakeholders into the quality initiative's design and implementation

III. Monitoring and Measurement

- Sets goals that may include demonstrable improvements in clinical outcomes, patient safety, care processes, patient satisfaction and clinician adoption of technology
- Monitors progress against project goals and demonstrates sustainability of outcomes and applied analysis to continuous improvement

IV. Six Aims of Healthcare Improvement

- Demonstrates how your organization is using the project to drive toward the <u>Six Aims of Healthcare</u>
 <u>Improvement</u> from the Institute of Medicine (IOM). One or more of the following Six Aims must be addressed by your project:
 - Safety
 - Effectiveness
 - o Patient-centeredness
 - Timeliness
 - Efficiency
 - o Equity