APPLICATION FORM

\* READ THIS FIRST\*

* **The applicant organization must be a WPSC member in good standing.**
* **Check “Key Dates” on award website for submission deadlines.**
* Applications are open to individuals & healthcare organizations/business in WA state. Washington healthcare organizations include hospitals, pharmacies, long term care (e.g. skilled nursing facilities & assisted living facilities), clinics and physician offices, insurers, laboratories, and other care related businesses are eligible.
* Please omit any Protected Health Information.
* There is a limit of one application per organization, per award cycle.
* Application and supplementary materials provided during the nomination process will not be returned.
* The award winner will receive complimentary attendance at WPSC’s NW Patient Safety Conference for up to 5 team members to officially receive the Award.

How to complete the application

1. Please complete the organization contact information on page 5.
2. Respond to the seven questions beginning on page 5. The seven questions relate to the seven “Health Equity Commitment Pillars” described at the last page of the application. These questions will help guide your responses.
3. You may respond beneath each question on this form or use your own document for the responses (make sure you include the question with the response).
4. **Please limit all responses to 500 words.**
5. Applicants are encouraged to submit additional materials such as dashboards and scorecards.
6. Additional supporting documents must not exceed a total of 14 pages. (In addition to application questions).
* **Email the completed application to:** WPSC@QUALITYHEALTH.ORG. **Subject**: HE Award Application

include:

* Organization contact information.
* Responses to the seven questions.
* Any supporting documents.

AWARD APPLICATION BACKGROUND

The Award

The Washington Patient Safety (WPSC) Health Equity: Innovation In Patient Safety Award (HE:IPSA) is a statewide recognition program that honors Coalition members for their commitment to health equity through innovative approaches that move the needle on patient safety.

Created to elevate health equity as a safety priority in Washington State - through addressing disparities, the Coalition’s Health Equity Award is proudly presented to the healthcare community by WPSC’s Health Equity, Stigma & Bias Workgroup. This initiative is administered with the support of WPSC staff.

Purpose

To recognize:

Health organizations that demonstrate an *outstanding* commitment to *innovative* ways of *reducing health disparities and advancing health equity* through policies and procedures that identify as well as close gaps in unequal treatment in the populations they serve, with a view to *improving patient safety and health outcomes*, particularly for people within *target communities*.

Innovation in Patient Safety Standards

The award is based on seven Health Equity Commitment Pillars. These Pillars are the activities and actions applicants engage to address health equity issues toward improving patient safety and health care outcomes. These are defined on the last page of the application. Award judges will evaluate applications based on how an applicant approached each Pillar. All submissions will be evaluated through a patient safety lens. We will be looking for exemplary performance in innovation.

1. Patient Safety
2. Equitable and Inclusive Organizational Policy
3. Culturally Competent Care
4. Shared Decision-Making
5. Collection and Use of Data
6. Community Collaboration For Solutions
7. Innovation.

Patient safety & Innovation are the award’s overarching pillars.

All submissions will be evaluated through a patient safety lens. We will be looking for exemplary performance in innovation.

Submission Deadline

Check “Key Dates” on award website for submission deadline.

Equitable Opportunities For All

The WPSC is committed to ensuring a climate of inclusion for all member entities. We recognize that organizations have varying resources and may be in different parts of the journey towards health equity. In light of this, we recognize that information supplied may vary in detail from one member to another.

Applicants are encouraged to share exciting, creative approaches to goals that they are progressing towards and/or have achieved, as well as learnings from the process.

Prior Award Winners

If your health system has won a Health Equity: Innovation in Patient Safety Award in the past, we kindly request that you wait two (2) years before applying again.

Factors to Consider

1. Tell us about the measurable impact that your health equity work has made on your healthcare system and in the communities you serve. The Review Committee values applications that include metrics, methodologies and evidence of the resulting improved outcomes for patients.
2. Describe how health equity is an integral part of the organization’s operations strategy and plans.
3. Give us a clear picture of your approach to addressing health disparities. How is what you are doing different?

Below are examples of potential individual team members:

| **Health Equity Commitment** | **STAFF YOU MAY INCLUDE** |
| --- | --- |
| 1. Patient Safety
 | Patient Safety Officer, Chief Quality Officer. |
| 1. Equitable & Inclusive Organizational Policy
 | Human Resources Director |
| 1. Culturally Competent Care
 | Chief Nursing Officer, Chief Medical Officer, Patient Advocate and Community Engagement Lead, Interpreter Services Director. |
| 1. Shared Decision-Making
 | Chief Nursing Officer, Chief Medical Officer, Patient Advocate and Chief Quality Officer, Patient and Family Advisory Council Members. |
| 1. Collection and Use of Data
 | Quality Improvement Officer, Chief Medical Officer, Chief Information Officer. |
| 1. Community Collaboration for Solutions
 | Chief Population Health Officer, Community Relations & Equity Director. |
| 1. Innovation
 | All of the above. |

Questions?

Email: WPSC@qualityhealth.org.

Application Form

***Organization contact information.***

 Organization Name:

City and State:

Contact Name:

Contact Title:

Contact Email: \_

Contact Telephone: \_

***Please respond to the following seven questions describing your approach to each of the Health Equity Commitment Pillars. Refer to the Health Equity Commitment Pillars chart below the questions for definitions. You may respond below each question or create your own document. Please limit all responses to 500 words.***

Supplemental materials

* Applicants are encouraged to submit additional materials such as dashboards and scorecards.
* Supporting documents *must not exceed a total of 14 pages*.
* All supplemental materials must be uploaded, together with your electronic application form, by the submission deadline.

**Commitment 1: Patient Safety**

Demonstrate and or describe how patient safety is a priority for the organization. Provide an overview, with examples of programs that have been put in place to monitor quality of care and iatrogenic events.

Applicants are encouraged to include details if tools like Patient Safety Indicators (PSIs) & electronic Clinical Quality Measures (eCQMs) are used to hold the organization accountable for patient safety, including psychological safety. Detail their connection with health outcomes.

**Commitment 2: Equitable & Inclusive Organizational Policy**

Share an overview of the application of a Diversity, Equity & Inclusion lens to organizational policies to create an equitable & inclusive climate. Describe practices that support this climate e.g. hiring & other policies that ensure your workforce meets the needs of the populations served.

Applicants are encouraged to provide examples of effective practices that produce measurable results. If implementation has not begun, applicants should detail future plans to address this Health Equity Commitment Pillar.

**Commitment 3: Culturally Competent Care**

Outline efforts to provide meaningful access to quality care for all through linguistically & culturally appropriate services. When describing programs and progress, ensure that issues and outcomes are clearly explained.

Wherever applicable, include challenges to successful implementation as well as any mitigations. Articulate obstacles the organization has had to overcome.

**Commitment 4: Shared Decision-Making**

Shared decision-making has become a recommended communication model for improving the diagnostic process and making treatment decisions. Provide an overview of efforts to improve clinical care through empowerment of patients & their families to make informed decisions, taking their values & preferences into account.

Elaborate on how this approach has helped advance health equity.

**Commitment 5: Collection and Use of Data**

Outline the use of qualitative & quantitative data to inform, design & evaluate improvement efforts.

Applicants are encouraged to describe what is collected as well as how actionable information is obtained and put to use for not only identifying gaps that lead to unequal treatment, but also addressing those disparities to move the needle on health outcomes.

**Commitment 6: Community Collaboration for Solutions**

Provide an overview of how health equity is advanced by fostering healthy communities through strong community partnerships.

Are patients’ social needs assessed in efforts to improve outcomes? Are community partners utilized as a resource?

Applicants are encouraged to describe promising solutions made possible by engaging with local communities on health initiatives.

**Commitment 7: Innovation**

Provide clear examples of creative ways one or more health disparities is addressed to elevate patient safety. How is your approach different?

Applicants are encouraged to also share lessons learned from the process.

This criterion is an opportunity to showcase examples of going above and beyond to implement innovative initiatives designed to identify gaps in treatment and address disparities, ultimately improving patient safety as well as health outcomes, particularly for target communities.

|  |
| --- |
| **Health Equity Commitments:** **Addressing Disparities - A Safety Priority** |
| **Patient** **Safety** | **Equitable & Inclusive Organizational Policy** | **Culturally Competent Care** | **Shared Decision-Making** | **Collection & Use of Data** | **Community Collaboration For Solutions** | **Innovation** |
| Monitor *quality of care* & *iatrogenic1 events* through the use of tools like Patient Safety Indicators (PSIs) & electronic quality measures (eCQMs) to hold organization accountable for patient safety.Includes *psychological safety – for all*. | Apply a Diversity, Equity & Inclusion lens to organizational policies to create an *equitable & inclusive climate*. |  Provide *meaningful access2* to quality care *for all* through linguistically & culturally appropriate care. |  Advance health equity & improve clinical care by *empowering patients & their families* to make *informed decisions*, taking their *values & preferences* into account. | Use qualitative & quantitative *data3* to inform, design & evaluate *improvement effort4*.Through *identification of health disparities* in their patient population.  |  Advance health equity by fostering healthy communities through investing in strong *community partnerships*. Patients’ *social needs5* are assessed & information about community resources & support services are provided. |  Demonstrate *creative ways* of increasing patient safety by *addressing* one or more of the health *disparities* identified in their patient population. |
| **Notes** |
| *1 .Iatrogenic: unintentional disease or adverse effects caused by healthcare provider medical activity including diagnosis & intervention.**2. All: meaning. workforce & patients.*  | Includes hiring & staffing policies (per cultural competency audits). |  Ref: Civil rights provision in Section 1557 of the Affordable Care Act of 2010, Title VI & Joint Commission Standards. |  | *3.Includes SOGI (Sexual Orientation, Gender Identity): make sure this is collected.**4.*Apply information to *move the needle on health outcomes.* | 5.Take social determinants of health into consideration to *improve outcomes*. |  |