

Please note: This information will be collected online when you submit your study for consideration. No hard copy is required. This form is for review only.

Key Dates

Entry Deadline:	March 31, 2024 11:59 PM CT	Organization Eligibility:	Only submissions from organizations accredited by AAAHC, from January 3, 2024 up to and including March 31, 2024 are eligible for consideration
Finalists Webinar Date:	September 2024	Finalists Notification:	June 17-19, 2024

Instructions

As part of the online Application Survey, you will need to electronically sign this document before you are able to submit the Application Survey. No hard copy applications or QI Study Submission Agreements will be accepted. All entries are due by the Entry Deadline specified above; you will not be able to access the online Application Survey after that time.

In order to be in compliance with HIPAA, no patient identifiers are allowed on the application.

The AAAHC Institute Quality Advisory Committee (IQAC) has appointed an Expert Panel to review all submissions and to recommend the six finalists (3 Primary Care; 3 Surgical/Procedural). The criteria against which the Expert Panel will judge submissions are listed in A and B below.

A. The Expert Panel will review all submissions for overall clarity and conciseness of the description of and/or rationale for:

1. The quality issue addressed
2. Appropriateness of the performance goal
3. Data collected (performance measure[s])
4. Data collection methodology
5. Data analyses and conclusions
6. Comparison of initial performance versus performance goal
7. The development and implementation of corrective action, and, if necessary, additional corrective action
8. Re-measurement, and, if necessary, additional re-measurement
9. New current performance versus performance goal
10. Methods of communication of the study findings throughout the organization

B. The Expert Panel will review all submissions for evidence of innovative thinking, working as a team, and setting an example that can be used in other ambulatory health care settings and for other ambulatory health care issues.

The Expert Panel will submit the six finalist recommendations to the IQAC for review and approval, and selection of the Award winners. The decisions of the Committee will be final.

The representatives of the six selected studies that most closely reflect the criteria used by the Expert Panel will make poster presentations for virtual, live and/or recorded use. Typically, we schedule a live webinar featuring the finalists which provides an opportunity to share their work and recognize their accomplishments. AAAHC will announce the winners at the *Achieving Accreditation* education program in December of 2024.

In addition, the AAAHC Institute will award:

1. An honorarium of \$500 (limit 1 per organization, 6 finalists) for each poster presentation.
2. Complimentary registration (limit 1 per organization, 6 finalists) for one AAAHC *Achieving Accreditation* program where the winners will be announced.
3. Physical awards for the organization(s) authoring the best study as selected by the Expert Panel and by the program attendees.
4. Poster publications in AAAHC newsletters, websites, and educational offerings such as *Achieving Accreditation*.

No other awards and/or compensation will be offered in lieu of those stated above. Other expenses will be the sole responsibility of the winning organization(s). The AAAHC reserves the right to refuse to award any or all of the items described above, if the Expert Panel finds that any or all submissions do not sufficiently comply with the criteria established to evaluate entries.

QI Study Submission Agreement and Questions Preview

2024 Bernard A. Kershner Award Program

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AAAHC will only consider submissions from organizations accredited by AAAHC as specified under Organization Eligibility in the Key Dates section. Organizations that employ an AAAHC Institute Quality Advisory Committee member are not eligible for this award program.

****NOTE: Organizations may submit only one QI study for consideration.****

Due to the anticipated volume of submissions, the AAAHC Institute will notify only those entrants who are among the six finalists. Finalists will be notified on the date specified to allow sufficient time for poster development, webinar participation and *Achieving Accreditation* program travel coordination and preparation.

Organizations submitting QI studies to the AAAHC Institute for this program agree to release from liability, indemnify, and hold harmless AAAHC and its employees, directors, officers, members, and any other agents against all actual and direct losses suffered, and all liability to third parties arising from or in connection with participating in the award program.

Please contact us at quality@aaahc.org if you have any questions.

Program void where prohibited.

Quality Improvement Study Submission Agreement Bernard A. Kershner Innovations in Quality Improvement Award Program

Name of Study: _____

Contact Person: _____

Organization: _____

Please note: This form is for review only.

On behalf of the organization listed above, I agree to the terms of Bernard A. Kershner Innovations in Quality Improvement Award Program (Award Program), as described in this QI Study Submission Agreement document.

I attest that the information included in the submission for the Award Program is accurate and truthful to the best of my knowledge.

I will not include any HIPAA prohibited patient identifiers in my submission. I agree to make available, to the AAAHC Institute, de-identified patient documentation of the QI study being submitted, upon request.

By making a submission to the Award Program, I agree to allow the AAAHC to use all or any portion of the submission for educational and/or promotional purposes indefinitely.

I also agree that if chosen as one of the 6 finalist organizations, my organization will produce a poster, in coordination with AAAHC Institute staff, and make a presentation of the poster at a 2024 AAAHC *Achieving Accreditation* program.

I agree to release from liability, indemnify, and hold harmless AAAHC and its employees, directors, officers, members, and any other agents against all actual and direct losses suffered, and all liability to third parties arising from or in connection with participating in the Award Program.

Authorized Organizational Representative

Please note: This form is for review only.

Authorized Organizational Representative Print Name

Release of Likeness

Completion of this agreement is a prerequisite for study submission and participation in the Bernard A. Kershner Award program.

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I, _____, hereby grant to the Accreditation Association for Ambulatory Health Care, Inc., its subsidiaries, affiliates, related companies and any of its legal representatives, agents, or employees (“AAAHC”), the royalty-free right and permission to use in any form or fashion my name, picture, image, likeness, voice, appearance, video or any other indicia of my identity created, depicted, captured or recorded by or at the direction of AAAHC (“Materials”).

I agree that AAAHC has complete and absolute ownership of such Materials, including the entire copyright, and may use the same for any lawful purpose, including, but not limited to, publicity, illustration, advertising, Web and website content and other commercial purposes. I agree that AAAHC has the right to use, copyright, reproduce, edit, or otherwise alter such Materials at its sole discretion and for as long as AAAHC deems necessary. The rights granted by me hereunder are perpetual, universal, irrevocable, unconditional and transferable.

I am over eighteen (18) years of age and I have full legal capacity to grant this consent and release on my own behalf. I have read and understood the above consent and release prior to its execution. By attending and/or participating in AAAHC events and activities, I consent and attest to the above.

Presenter _____	Please note: This form is for review only.	Date _____
Presenter Print Name _____		

Submission Questions Preview

This information is for your reference only. To officially apply and submit your study, you must complete the online application.

Contact information

- Study Name
- Contact Name
- Title
- Organization Name
- AAAHC Organization ID Number
- Street Address
- City
- State
- ZIP
- Phone
- Email

1. What is your organization type?
 - a. Surgical/Procedural
 - b. Primary Care
2. What was the quality issue you addressed? Please be as specific as possible.
3. Why is the issue you addressed in your quality improvement (QI) activity important to your organization and others? (You are welcome, but not limited, to cite/provide significant information on important issues such as threats to safety, high prevalence, high incidence, high cost, wide variations in practice, as well as literature such as national clinical practice guidelines, national/local health statistics, plus peer-reviewed research).

4. What was the performance goal against which you were comparing your current performance?
 5. What was your rationale for this goal?
 6. To determine whether you had a problem, the severity of the problem, and the possible source(s) of the problem, what data did you identify that you needed to collect?
 7. What was the source of your data?
 8. What was the time frame for your data collection?
 9. What information did you collect?
 10. How did you record this data?
 11. Please describe how you analyzed your data.
 12. What were your initial findings?
 13. How did your initial performance compare with your identified goal?
 14. Describe the corrective action(s) you implemented and your rationale for these.
 15. Describe when you scheduled re-measurement and your rationale for this time period.
 16. If any aspect (method, source, etc.) of your re-measurement varied from the initial measurement, please describe this and provide rationale for the change(s). Please put NA if not applicable.
 17. What was the result of your re-measurement versus the performance goal you identified?
 18. Was additional corrective action needed to achieve your performance goal?
 - a. Yes
 - b. No
 19. Please describe the corrective action implemented/rationale.
 20. Did you make any changes in measurement? If so, please describe the rationale. If not applicable, please put NA.
 21. What were the results of your new re-measurement versus your goal?
- How did you communicate your findings throughout your organization?
22. Please upload a copy of your QI Study in PDF format here. (required)
 23. Please upload any additional supporting documents (e.g., graphs, tables, or forms) to support your study here. (optional)

Thank you for submitting your study!

The AAAHC Quality Team