

## **Governor's Award of Excellence Medals of Achievement Checklist**

The Person (Patient) and Family Engagement (PFE) and Health Equity Medals of Achievement each have two category options. First, select your category option, then review the checklist items for that category. To qualify for a Medal of Achievement, a nominee must explain how they incorporated PFE and/or Health Equity into their Governor's Award of Excellence measure. The checklist item for the selected category must be completed. If you have another innovative idea that does not fit into the categories/checklist items below, please send it to our team at <u>GAE@improve.health</u> for approval by April 30, 2023. All the checklist items must be completed during the current Governor's Award of Excellence timeframe, June 2022 – May 2024, to be eligible for the Medal of Achievement.

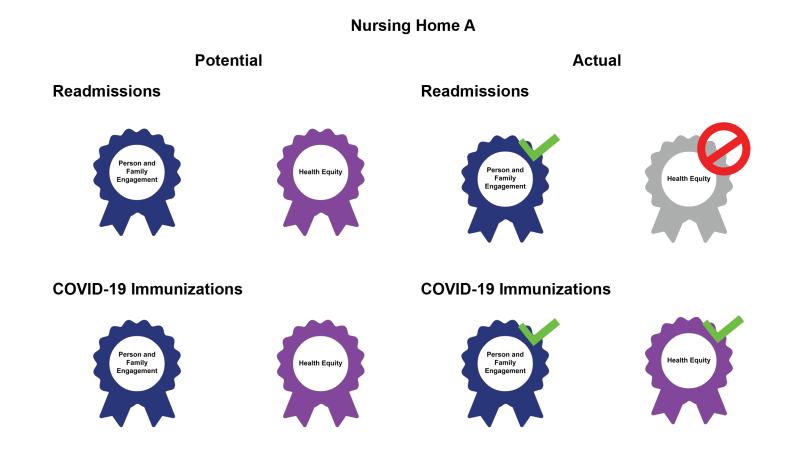
A Medal of Achievement can be achieved in both PFE and Health Equity for EACH selected measure. For example:

**Nursing Home A** is working on two measures for improvement (Readmissions and COVID-19 Immunizations) and may choose to work on a PFE Medal of Achievement and Health Equity Medal of Achievement for the Readmission measure and a PFE Medal of Achievement and Health Equity Medal of Achievement for the COVID-19 Immunization measure. However, they have selected to work on only the PFE Medal of Achievement for the Readmissions measure and the PFE and Health Equity Medals of Achievement for COVID-19 Immunizations.

In this scenario, **Nursing Home A** can potentially receive three Medals of Achievement. Should they choose to work towards them, their maximum opportunity for these two measures would be four total medals of achievement – two for PFE and two for Health Equity. A graphic representation of this example can be found on the following page.



## Example: Potential and Actual Medals of Achievement for Nursing Home A





## Person (Patient) and Family Engagement Medal of Achievement

<b>Category Options:</b> You will be evaluated on <u>one</u> of the following categories of your choosing.	Checklist:	Examples:	
Established a Person (patient) and Family Advisory Council (PFAC), focus group or included person (patient) and family involvement in organizational committees to provide input and guidance targeted at chosen measure.	<ul> <li>Establish a PFAC and convene PFAC meeting</li> <li>Ensure that you can describe how your PFAC impacted the selected measure and describe the outcome.</li> </ul>	<b>Example:</b> Physician Office B has selected COVID Immunizations for improvement and is selecting to work on a PFE Medal of Achievement. Physician Office B developed a PFAC that matched the community they were serving to identify the barriers to obtaining COVID Immunization and engage the patients and family members in ways to increase the immunization rates.	
Incorporated patients, families, and caregiver experiences to guide the design of improvements and patient and family resource development.	<ul> <li>PFAC or Patient/family members participate in at least one of the following:</li> <li>Resource development</li> <li>Process improvement</li> <li>Training/Education</li> </ul>	<b>Example A:</b> A home health agency had 50 patients review their "Call Before You Go" brochure targeted at reducing emergency room overutilization for patient-friendly language and readability.	
	Ensure that you can describe how your intervention impacted the selected measure and describe the outcome.	<b>Example B:</b> A skilled nursing facility requested that their residents' council and a few family members review and provide input on developing an admission planning checklist. Feedback was obtained and the tool was implemented throughout all facilities and assisted in increasing resident satisfaction scores and reducing hospital readmissions.	
Specialized PFE project that will improve a selected measure. This category is for nominees that address patient and family engagement in a manner not listed above. Please consult with a GAE committee member before pursuing this category.			



<b>Category Options:</b> You will be evaluated on <u>one</u> of the following categories of your choosing.	Checklist:	Examples:
Addressed Culturally and Linguistically Appropriate Services ( <u>CLAS</u> ) (or similar framework).	<ul> <li>Must do one of the following:</li> <li>Improve primary language services</li> <li>Address health literacy, and/or</li> <li>Adopt culturally tailored services</li> <li>Ensure that you can describe how your intervention impacted the selected</li> </ul>	<b>Example:</b> A hospital identified that the majority of its non-English speaking patients did not access a self-paced diabetes education program. Once this issue was identified the hospital worked to convert the materials into the language of this patient population.
	measure and describe the outcome.	
Used data to improve design and delivery of care services to address health inequity.	<ul> <li>Must do one of the following:</li> <li>Systematically collect and analyze demographic (e.g., social determinants of health; sexual orientation, gender identity, and gender expression; race, ethnicity, and language; age) data to identify disparities in care.</li> <li>Develop an intervention that targets the chosen GAE measure from the outcomes of this data analysis.</li> </ul>	<b>Example A:</b> A physician office found that most of their patients with cardiac disease did not access cardiac rehabilitation services due to hours of the program. Most of the patients worked at low-income jobs to assist with the cost of living after retirement. The physician's office reached out to the local rehabilitation center and advocated for night and weekend hour options for these patients. The rehab center agreed, and the physician's office saw an increase in attendance and compliance of the rehab program in this patient population.
	Ensure that you can describe how your intervention impacted the selected measure and describe the outcome.	<b>Example B:</b> A community coalition, after reviewing their members' data, realized that a certain portion of the patients living in their community were readmitting to the hospital because they did not have safe reliable transportation to their doctor's appointment post- discharge. The coalition developed a flyer containing low or no cost transportation services and distributed it to all member organizations.
Specialized Health Equity project that v address health equity in a manner not I pursuing this category.		organizations. his category is for nominees that