



**ADVANCING EXCELLENCE:
BEST PRACTICES IN PATIENT AND FAMILY ENGAGEMENT**

**NOMINATION FORM:
HOSPITAL SYSTEMS AND STAFF**

The Caregiver Action Network (CAN) would like to recognize and celebrate efforts to work with patients and families to improve healthcare quality, safety and cost savings. We are currently accepting nominations that highlight best practices in patient and family engagement (PFE) in three nomination categories:

- Hospital staff
- Hospital/healthcare leadership (e.g., Hospital Engagement Networks, Quality Improvement Organizations), including hospital programs
- Patients and caregivers -- see separate nomination form

Nominations will be evaluated by a committee of leaders in PFE. We're looking for significant contributions that have led to improvements in healthcare through engaging patients and families as important partners. Nominations will be evaluated on several factors, including the results achieved, whether changes were adapted to other settings, the impact on vulnerable populations (e.g. the elderly, pediatric, minority or underserved) and focus in key areas related to patient safety.

Please email completed nomination form to: nominations@caregiveraction.org by June 6, 2014. Additionally, feel free to share your questions with CAN by emailing the address above or calling 202-772-5050.

BACKGROUND INFORMATION

Nomination Type:

- I would like to nominate myself or my organization
- I would like to nominate another individual
- I would like to nominate another organization

Nomination Category:

- Hospital/Healthcare Leadership
- Hospital Staff

Nominee Information:

Please list the contact information of the individual or organization who is nominated for recognition.

Name	
Organization, Job Title & Workplace (if an individual)	
Address	
Phone	
Email	
Website (if applicable)	

Nominator Information (if applicable):

If nominating an individual or organization other than yourself, please list your contact information.

Name	
Job Title & Workplace	
Address	
Phone	
Email	

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 Questions? Contact CAN at 202 772 5050

QUESTIONS

Please limit each essay question answer below to no more than 300 words.

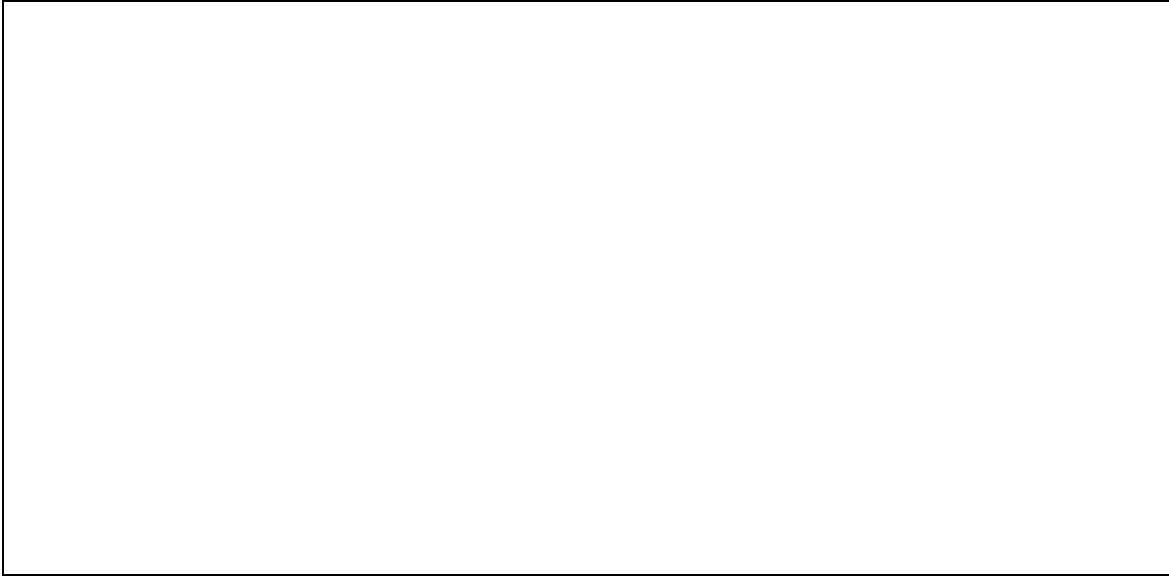
1. Why does the nominee merit recognition as a champion for patient, family engagement and health safety? Broadly summarize the significant contribution the nominee has made to drive patient and family engagement to improve healthcare quality and delivery.

2. What efforts and solutions has the nominee worked on to improve the patient experience and care, including specific results and statistics showing improvement? If possible, please include how the nominee has contributed within the key metrics and priority areas of focus (see page 5 for complete list).

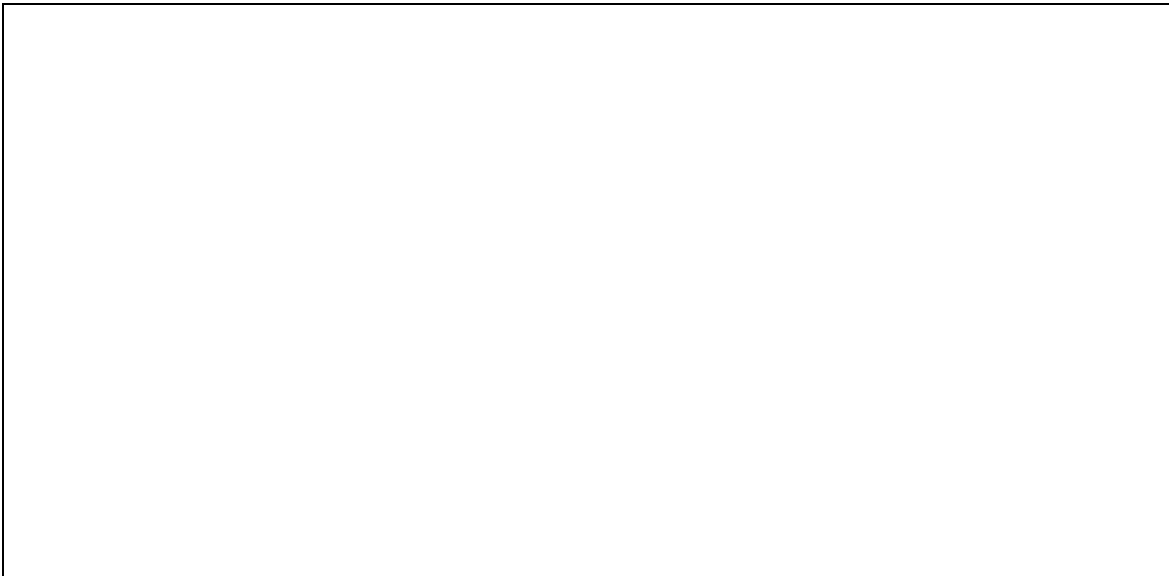
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3. Has the nominee replicated successful programs and best practices to other areas, or how might the program or best practice be replicated to other areas or inspire wider adoption?



4. Does the nominee's effort specifically impact vulnerable populations? If so, please describe in more detail. Vulnerable populations are defined broadly, including but not limited to: ethnic and cultural diversity, people with mental, intellectual and physical disabilities, lower socio-economic status, people in rural areas, the uninsured, children cared for in adult settings, pregnant women, infants, individuals who are socially isolated, the elderly, and sexual identity and LGBT.



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Please indicate if the nomination touches upon the PFE metrics and/or key areas of focus below.
Please check all that apply.

PFE Metrics:

- Planning checklist:** before every scheduled admission, hospital staff provides and discusses with the patient and family a planning checklist (similar to CMS's Discharge Planning Checklist). Staff elicits questions or comments from the patient or family as part of this process.
- Shift-change huddles/bedside reporting:** when feasible, hospital conducts shift-change huddles and bedside reporting in the presence of patients and family members.
- Leader assigned:** the hospital has a person or functional area, which may also operate within other roles in the hospital, dedicated to and proactively responsible for PFE, and that systematically evaluates PFE activities (e.g., open-chart policy, PFE trainings, and establishing and disseminating PFE goals).
- Committee/representative on Quality Improvement team:** the hospital has an active PFE committee, or at least one former patient who serves on a patient-safety or quality-improvement committee or team.
- PFE representative on board:** the hospital has at least one patient who, acting as a patient representative, serves on a governing and/or leadership board.

Key Areas of Focus:

- | | |
|---|---|
| <input type="checkbox"/> Adverse drug events | <input type="checkbox"/> Surgical site infections |
| <input type="checkbox"/> Early elective deliveries | <input type="checkbox"/> Venous thromboembolism |
| <input type="checkbox"/> Injuries from falls | <input type="checkbox"/> Ventilator-associated pneumonia |
| <input type="checkbox"/> Obstetrical adverse events | <input type="checkbox"/> 30-Day all-cause readmissions |
| <input type="checkbox"/> Pressure ulcers | <input type="checkbox"/> Central line-associated bloodstream infections |
| <input type="checkbox"/> Catheter-associated urinary tract infections | |

Disclaimer: By submitting this form, you agree to provide CAN with the right to publish your name and the content you've submitted on www.caregiveraction.org and other related distribution channels, in efforts to highlight best practices in PFE. Additionally, you agree that the information included is accurate to the best of your knowledge.

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REFERENCES (Optional)

Please provide one to three optional references to complement this nomination form.

Reference from a Patient or Caregiver:

Please provide the contact information of a patient or caregiver who might speak to the nominee's contribution to patient and family engagement.

Name	<input style="width: 80%;" type="text"/>
Title	<input style="width: 80%;" type="text"/>
Institution	<input style="width: 80%;" type="text"/>
Relation to You	<input style="width: 80%;" type="text"/>
Amount of Time Known	<input style="width: 80%;" type="text"/>

Reference from an Organization:

Please provide the contact information of a third party group (e.g. professional association, advocacy group) who might speak to the nominee's contribution to patient and family engagement.

Name	<input style="width: 80%;" type="text"/>
Title	<input style="width: 80%;" type="text"/>
Institution	<input style="width: 80%;" type="text"/>
Relation to You	<input style="width: 80%;" type="text"/>
Amount of Time Known	<input style="width: 80%;" type="text"/>

Additional Reference:

Please provide the contact information of any other individual who might speak to the nominee's contribution to patient and family engagement.

Name	<input style="width: 80%;" type="text"/>
Title	<input style="width: 80%;" type="text"/>
Institution	<input style="width: 80%;" type="text"/>
Relation to You	<input style="width: 80%;" type="text"/>
Amount of Time Known	<input style="width: 80%;" type="text"/>

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