



ADVANCING EXCELLENCE: BEST PRACTICES IN PATIENT AND FAMILY ENGAGEMENT

NOMINATION FORM: PATIENTS AND CAREGIVERS

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:

- Patients and caregivers
- Hospital staff -- see separate nomination form
- Hospital/healthcare leadership (e.g., Hospital Engagement Networks, Quality Improvement Organizations), including hospital programs -- 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
- I would like to nominate another individual

Nomination Category:

- Former patient or caregiver
- Current patient or caregiver

Nominee Information:

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

Name	<input type="text"/>
Organization, Job Title & Workplace	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Website (if applicable)	<input type="text"/>

Nominator Information (if applicable):

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

Name	<input type="text"/>
Job Title & Workplace	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

QUESTIONS

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

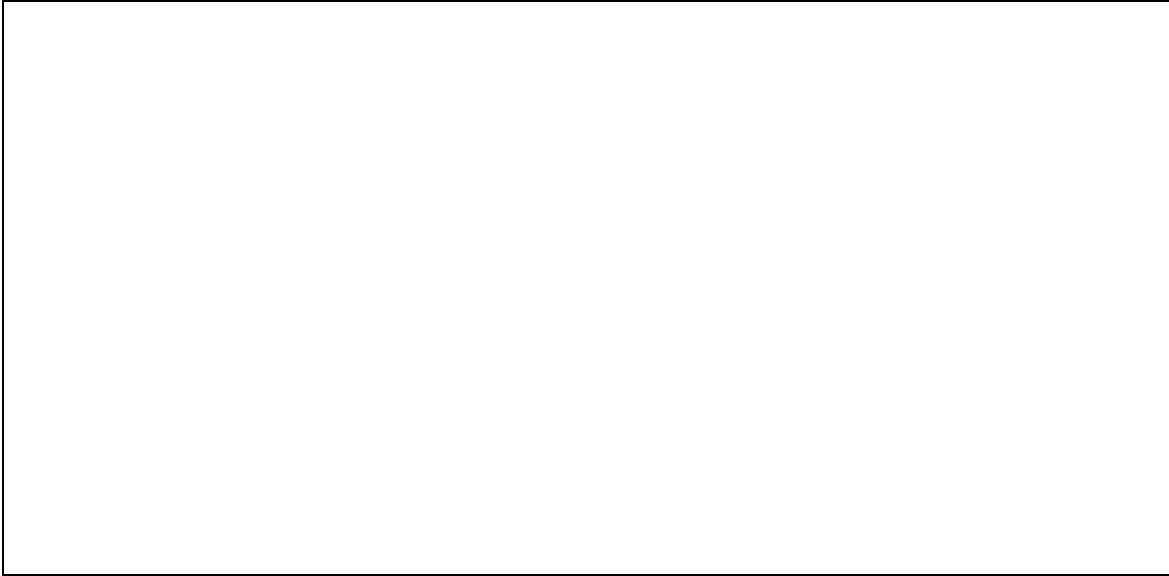
1. Why does the nominee merit recognition as a champion for patient, family engagement and health safety? Broadly summarize the significant contribution the nominee has made to drive patient and family engagement to improve healthcare quality and delivery.

2. How has the patient or caregiver engaged directly with the healthcare system (e.g., hospital, hospital staff, other healthcare or support entity) to provide change or improve a process? What were the results?

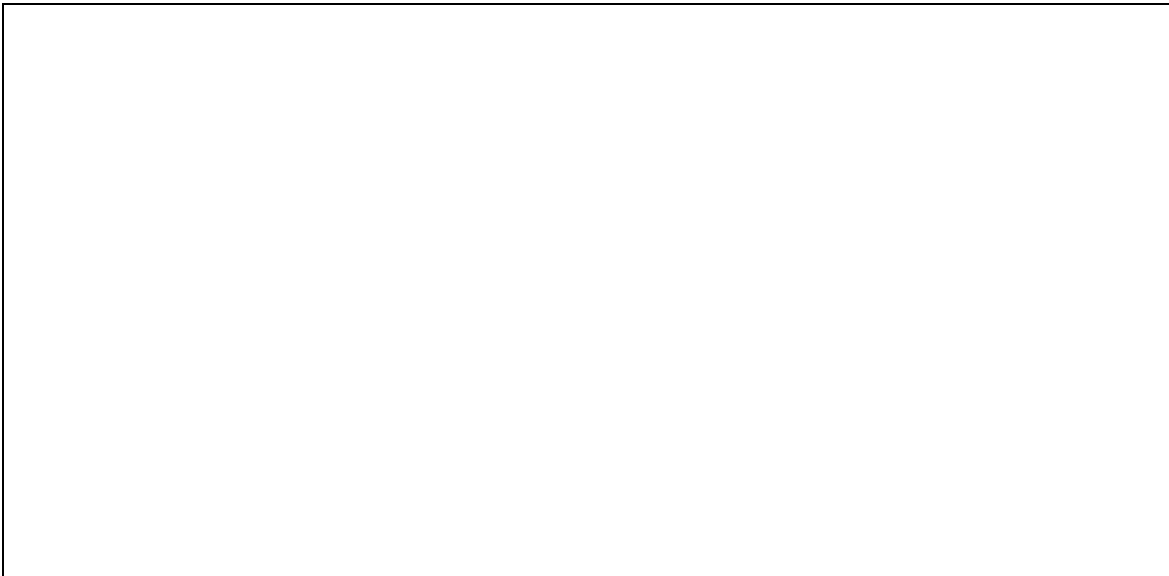
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Questions? Contact CAN at 202 772 5050

3. Has the nominee replicated successful programs and best practices to other areas, or how might these efforts 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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Key Areas:

Please indicate if the nomination has experience in any of the key areas below. Please check all that apply. *To note, nominations will still be accepted and considered for recognition even if they do not focus on the areas below.*

- | | |
|--|---|
| <input type="checkbox"/> Development of planning checklists for use before hospital admissions | <input type="checkbox"/> Prevention of catheter-associated urinary tract infections |
| <input type="checkbox"/> Development and implementation of shift-change huddles/bedside reporting in the presence of patients and family members | <input type="checkbox"/> Prevention of central line-associated bloodstream infections |
| <input type="checkbox"/> Support of a leader (or acting as a leader) who is responsible for PFE within the hospital, and systematically evaluating PFE activities (e.g., open-chart policy, PFE trainings, and establishing and disseminating PFE goals) | <input type="checkbox"/> Minimization of early elective deliveries |
| <input type="checkbox"/> Support or participation on a PFE committee or representative on the hospital's Quality Improvement team | <input type="checkbox"/> Minimization of injuries from falls |
| <input type="checkbox"/> Support or participation as the PFE representative on a hospital's governing and/or leadership board | <input type="checkbox"/> Prevention of obstetrical adverse events |
| <input type="checkbox"/> Prevention of adverse drug events | <input type="checkbox"/> Prevention of pressure ulcers |
| | <input type="checkbox"/> Prevention of surgical site infections |
| | <input type="checkbox"/> Prevention of venous thromboembolism |
| | <input type="checkbox"/> Prevention of ventilator-associated pneumonia |
| | <input type="checkbox"/> Prevention of 30-Day all-cause readmissions |

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: 100%;" type="text"/>
Title	<input style="width: 100%;" type="text"/>
Institution	<input style="width: 100%;" type="text"/>
Relation to You	<input style="width: 100%;" type="text"/>
Amount of Time Known	<input style="width: 100%;" 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: 100%;" type="text"/>
Title	<input style="width: 100%;" type="text"/>
Institution	<input style="width: 100%;" type="text"/>
Relation to You	<input style="width: 100%;" type="text"/>
Amount of Time Known	<input style="width: 100%;" 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: 100%;" type="text"/>
Title	<input style="width: 100%;" type="text"/>
Institution	<input style="width: 100%;" type="text"/>
Relation to You	<input style="width: 100%;" type="text"/>
Amount of Time Known	<input style="width: 100%;" type="text"/>

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