Iowa Healthcare Collaborative
Patient Safety Award
Nomination Guidelines

The Iowa Healthcare Collaborative (IHC) Patient Safety Award recognizes outstanding leadership and achievement in patient safety demonstrated by healthcare providers and healthcare organizations.

This award honors patient safety champions who support initiatives that improve patient safety, reduce the risk of harm and keep patients at the center of care.

NOMINATION DEADLINE: December 1, 2016
AWARD PRESENTATION: March 14, 2017 at the IHC Patient Safety Conference Courtyard by Marriott, Ankeny

ELIGIBILITY
All practicing healthcare providers (individuals, organizations, healthcare teams, physician practices, etc.) who care for Iowa patients may submit a nomination for the IHC Patient Safety Award.

CATEGORIES
Nominations will be accepted for individuals and/or organizations that demonstrate achievement in patient safety in the following categories:
★ Achievement in reducing healthcare-associated infections
★ Achievement in improving care transitions (i.e. readmissions, community care coordination)
★ Achievement in reducing preventable conditions (e.g. hospital-acquired, provider preventable, etc.)
★ Achievement in improving culture of safety/safety across the board (i.e. becoming a high reliability organization)
★ Achievement in improving person and family engagement

NOMINATION REQUIREMENTS
Nominations must adhere to the format and length limitations to be considered for the award. They must be submitted to IHC by either fax or email. Submissions may include up to two pages of written narrative, as well as pertinent supplementary materials to support the nomination. No more than six pages of material, in addition to the nomination form and narrative, will be considered. Application and supplementary materials will not be returned.

SELECTION PROCESS
All nominations for the IHC Patient Safety Award will be reviewed by an independent committee of experienced healthcare improvement advisors. This group will use a five-point (five being the best) rating system to evaluate each listed criteria.

IHC reserves the right to make more than one award per category or to make no awards in a category.

SELECTION CRITERIA
Nominations will be judged on the following criteria, with a five-point rating system (five being the best) for each listed criteria. Please submit narrative responses for each item. Nominees:
★ Demonstrate process for measuring
★ Demonstrate harm reduction utilizing evidenced-based practices and standards successful in driving down harm
★ Demonstrate sustainability and ability to produce results over time
★ Demonstrate culture change
★ Demonstrate person and family engagement as integral to measurable success

AWARD PRESENTATION
The IHC Patient Safety Award winners will be notified confidentially. The award will be publicly presented at the IHC Patient Safety Conference on March 14, 2017. Additional finalists in each category may also be recognized.
Nomination Process
All nominations must be submitted by either fax (515-698-5130) or email (haskinsn@ihconline.org) no later than December 1, 2016. Please include:

- Nomination form
- Up to two pages of narrative
- No more than six pages of supplementary materials in support of your nomination

I hereby nominate (individual, team, or organization) for the 2017 Iowa Healthcare Collaborative Patient Safety Award.

Patient Safety Award in the following category (check one):

- Achievement in reducing healthcare-associated infections
- Achievement in improving care transitions (i.e. readmissions, community care coordination)
- Achievement in reducing preventable conditions (e.g. hospital-acquired, provider preventable, etc.)
- Achievement in improving culture of safety/safety across the board (i.e. becoming a high reliability organization)
- Achievement in improving person and family engagement

Nominee ______________________________________________________

Address ______________________________________________________

City/State/Zip __________________________________________________

Nominator _____________________________________________________ Date ________________

Nominator Email ______________________________________________

Phone __________________________ Fax __________________________

Patient Safety Award nomination form available at www.ihconline.org

Or you may mail the nomination form and supplementary materials to:

Iowa Healthcare Collaborative
Patient Safety Award
100 E Grand Avenue, Suite 360
Des Moines, IA 50309-1800