



Submit Your Nominations for the 2016 Patient Safety Awards

The Indiana Patient Safety Center (IPSC) has established the annual Patient Safety Awards to recognize individuals, groups and organizations who have helped bring Indiana closer to the goal of zero patient harms. These awards will honor commitment and enthusiasm for improving patient safety in hospitals and communities across the state.

PATIENT SAFETY INNOVATION AWARD

The Patient Safety Innovation Award recognizes an individual, group or program that has developed innovative ways to improve, encourage or enhance patient safety within their hospital, health system, regional patient safety coalition or professional organization. This could mean developing a new program, process or campaign or leveraging an existing process or tool in a new way. Winners will demonstrate creativity and forward thinking.

PATIENT SAFETY SERVICE & LEADERSHIP AWARD

The Patient Safety Service & Leadership Award recognizes an individual who has shown exemplary service and has gone above and beyond to improve patient safety within his or her hospital, health system, regional patient safety coalition or professional organization. Winners will demonstrate exceptional dedication to patient safety through strong involvement in their organization's initiatives, the ability to rally others in their organization to participate in patient safety initiatives or other significant contributions to decreasing patient harms and readmissions.

Submit your nomination by filling out the following form and submitting a brief narrative. Supporting documents may be attached to enhance your nomination.

The nomination period is open from March 1 through May 1. Nominations will be carefully considered by a committee of health care professionals and patient safety advocates, with winners announced at the Patient Safety Summit on June 7, 2016 at the Forum Conference and Events Center in Fishers.



NOMINATOR INFORMATION

Name _____ Job Title _____

Hospital/Organization _____

Address _____

Email _____ Phone Number _____

NOMINEE INFORMATION

Name _____ Job Title _____

Hospital/Organization _____

Address _____

Email _____ Phone Number _____

AWARD CATEGORY (ONE AWARD PER NOMINATION FORM)

- Patient Safety Innovation Award
- Patient Safety Service & Leadership Award

NOMINATION REASONING

Please attach a brief narrative that describes why this nominee deserves to be recognized. Please incorporate the answers to the following questions in your narrative based on the award you indicated above.

Patient Safety Innovation Award:

1. What patient safety initiative has this individual/group/organization created or led?
2. What need did this initiative fill, or what problem did it solve?
3. What made this initiative innovative or unique from existing efforts?
4. What results did this initiative produce?
5. Has this innovative initiative been recognized by other individuals or groups, or has it been replicated by others since its implementation?

Patient Safety Service & Leadership Award:

1. How has this individual shown exemplary service and/or leadership in patient safety?
2. What initiatives has this individual led, or what contributions has he/she made to the patient safety culture in his/her organization?
3. What improvements have been made or changes have come about as a result of this individual's efforts?
4. How does this individual empower others to make patient safety a priority?
5. Does this individual lead by example, adhering to patient safety practices on a daily basis?