



Excellence in Innovation Award

presented by



Nomination Form

Section I. Nominee and Nominator Information

Name of nominee; nominee organization or network of organizations

Name of program being nominated for the award

Address

Phone

Fax

E-mail address

Web site address

Name and title of contact person

Name and Title of nominator

Contact information for nominator

Relationship of nominator to nominated organization/program/network

Section II. Nominated Program Information (Please limit your answers to these questions to a combined three pages and attach to this cover sheet). Provide a complete description of the service(s) provided by the program to include:

1. How many clients have been served in the most recent year?
2. What are the program objectives?
3. Provide a description of the population served by the program (age, characteristics, challenges for which they are receiving services, the community in which they live)
4. What services are provided by the program?
5. Provide a brief history of the program and why it was developed
6. How has the program made a positive difference in the lives of clients/employees?
7. How has this program helped to expand the role of hospice and/or home care as part of the continuum of care?
8. What challenges have been or are being encountered for this program?

Section III. Innovations/Best Practices (please limit your answers to these questions to a combined five pages.)

1. *Why is this program an example of best practice(s)? How is it innovative/different/novel in its approach?
2. *In what ways has the program bridged gaps in policies and/or services that existed before?
3. *Does the program have measurable and specific outcomes? Has it been evaluated? If so, what are the outcomes of the evaluations?
4. What is the program's potential for expansion? Is the program relevant to other populations?
5. *Do key learnings and best practices of the program have the potential to be adapted in other settings, by other organizations?
6. If you are nominating or applying as a networked organization or partnership arrangement, describe how your two organizations sustain collaboration and share accountability.

Section IV. Financial Information

1. What is the source of funding for the program being nominated?
2. Has there been a measurable cost benefit since implementing the program? If so, describe.
3. Describe how sustainability will be ensured.

**Note that the items with an asterisk * represent key criteria used in selecting the award winners. While all information in the nomination is important and will be considered as supporting documentation for the criteria, the nominator should pay particular attention to the noted items when completing the nomination.*

Section V. Letters of Support

In addition to completing the above nomination information, nominators must submit three (3) letters from individuals from outside of the organization who have worked closely with the nominated program or have received the benefits of the program (i.e. family members and/or patients).

Please note that each letter must endorse the nomination, as well as provide detailed examples that demonstrate how the nominated program/organization has made a positive difference in the lives of clients/families in home and community. The reference letters should be addressed to: Home Care & Hospice Excellence in Innovation Award, presented by Cerner BeyondNow; National Association for Home Care & Hospice, 228 Seventh Street SE, Washington, DC 20003, Attention: Selection Committee

Date of Nomination

Name/Title of Nominator

Organization

Nominator Signature

NOTE: Nomination package must be received no later than August 25, 2008.

Submit the nomination package to: National Association for Home Care & Hospice; 228 Seventh Street SE; Washington, DC 20003
Attention: Home Care & Hospice Excellence in Innovation Award, presented by Cerner BeyondNow.