

# SHERMAN AWARD FOR EXCELLENCE IN PATIENT ENGAGEMENT / SHERMAN CITATION FOR EXCELLENCE IN PEDIATRIC PATIENT ENGAGEMENT

## OFFICIAL NOMINATION FORM



Engaging  
Patients.org

Deadline for entries: Thursday, March 8, 2019

All nominations must use this official nomination form.  
Please see Award Criteria for full details and instructions.

### ABOUT THE NOMINEE (Who is to be honored)

Institution Name

Address

City

State

Zip Code

Individual or Team Name

Title of Individual or Team Lead

Phone

Email

Website

PR/Marketing Communications Contact

Phone

Email

### ABOUT THE NOMINATOR (Your Contact Information)

Name

Title

Institution

Address

City

State

ZIP Code

Phone

Email

### ARE YOU NOMINATING FOR:

- ☐ Sherman Award for Excellence in Patient Engagement
- ☐ Sherman Citation for Excellence in Patient Engagement

**A Note about Brand Names:** Please do not include commercial and/or brand names, including products and services in connection with nominations. The intent of this award is to focus on the people, processes and programs that are creating better care and improved outcomes by engaging patients and families.



## SECTION 1: OVERVIEW OF NOMINATION

1.1 Please include a short description of the project or program (Up to 150 words)

1.2 What prompted this project or program? (Up to 150 words)

## SECTION 2: PATIENT AND FAMILY INVOLVEMENT

2.1 How did you involve patients/families in the development, implementation or evaluation of this project or program? If you used a PFAC, please describe their role in the project or program. (Up to 200 words)

2.2 Have you had the opportunity to incorporate patient/family feedback into the project or program? If yes, what have you done to incorporate their feedback? (Up to 150 words)

## RESULTS

3.1 What did your program achieve? How long have you sustained your improvements? (Include quantitative/qualitative results) Please feel free to include testimonials from patients, families or staff or charts and/or graphs about the project/program. (Up to 400 words)

3.2 What else would you like to share about your project or program? (Up to 150 words)

## SECTION 4: REFERENCES

4.1 Please provide the names and contact information for one to three people who can serve as a reference for this nomination.

### References:

Name

Title

Institution

Phone

Email

Name

Title

Institution

Phone

Email

Name

Title

Institution

Phone

Email

**BE SURE TO SAVE THIS DOCUMENT TO YOUR COMPUTER SO YOU CAN UPLOAD YOUR NOMINATION.**

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# 2019 SHERMAN AWARD FOR EXCELLENCE IN PATIENT ENGAGEMENT

## AWARD CRITERIA

All Sherman Award nominations must be submitted using the official nomination form on [engagingpatients.org](http://engagingpatients.org).

**Eligible participants** | The Sherman Award and Sherman Citation are intended for healthcare provider institutions, systems, organizations and individuals (including providers, patients and families) who are directly involved in care. They are not open to businesses/vendors that provide products, services or solutions to healthcare providers. Self-nominations are permitted.

**Judging criteria** | Nominations will be evaluated on the basis of:

- Innovation: Fresh, creative approach to advancing patient/family engagement
- Patient-centered: Degree to which patients and families were involved in care design
- Measurable results: Directly attributable to the project or program
- Sustainability: Ability to sustain achievements over time

**Submitting nominations** | All nominations for the 2019 Sherman Award for Excellence in Patient Engagement and 2019 Sherman Citation for Excellence in Pediatric Patient Engagement must be submitted through [engagingpatients.org](http://engagingpatients.org).

**Eligibility time frame** | Projects and programs must have been initiated during the past three years.

**Deadline** | Thursday, March 8, 2019

**Supporting materials** | Accepted nominations may be asked to supply references or additional supporting materials if requested by the independent judging committee.

**Notification of winner** | The winner(s) will be notified by the end of April 2019.

**Award presentation** | The award recipient (one representative of the institution, team or the individual) must arrange to be present at the Annual IHI Patient Safety Congress in Houston, Texas on May 15-17, 2019. Travel expenses and conference registration for one representative will be covered by the award organizers. More information about the Congress can be found at [ihi.org](http://ihi.org).

**Promotion of nominees** | In addition to the award(s) presented, all qualified and verified nominees will be eligible to be featured on [engagingpatients.org](http://engagingpatients.org), an online community that promotes best practices in patient and family engagement.

