

The National Consensus Project Quality in Palliative Care Leadership Award

Application Form

Organization Name: _____

Program Name: _____

Contact Name: _____

Contact Title: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Phone: _____

Fax: _____

The following should be read and signed (electronic signature acceptable) by the CEO or Director of your organization.

I understand that all applications for National Consensus Project Quality in Palliative Care Leadership Award become the property of the National Consensus Project. Because the goal of the award is to increase understanding and awareness of the importance and value of providing high quality palliative and end-of-life care, descriptions of winning programs will be published, and the NCP may use information from all applications in articles aimed at increasing awareness of the need for high quality palliative and end-of-life care. Program contacts may be asked to provide additional information.

I certify that the information in this application is accurate.

Signature: _____ Date _____

Title: _____

1) Name and type of program being nominated:

Is this application for a whole facility, a unit of a larger organization, a free-standing program, a consortium or group? Please specify which. If the program being nominated is part of a larger organization, please identify the parent organization.

2) My organization is a (mark all that apply):

Hospital _____

Health Care System _____

Hospice _____

Community or Residential Program for the Elderly _____

Nursing Home _____

Academic Medical Center _____

VA Facility _____

Home Health Agency _____

Other (please describe, use back if necessary)

3) Brief overall description of your program and whom it serves (maximum length: 200 words)

- 4) In what specific ways has your program implemented the philosophy and practices demonstrated in the NCP *Guidelines* and the NQF *Preferred Practices*? If applicable, please describe the ways care has been applied across diverse practices and settings. Attach additional pages and/or supporting documentation as needed.

- 5) In what specific ways have the changes you made affected the quality of care that you provide? Attach additional pages and/or supporting documentation as needed.