

The MORE^{OB} Patient Safety Award Application

Hospital Name:

Application Contact:

Title of Contact:

Street Address:

City, Province, Postal Code:

E-Mail Address:

Twitter # (hashtag):

Phone Number:

Title of Submission:

The following paragraph is to be read and signed by the MORE^{OB} Program senior level sponsor/manager at your site.

The MORE^{OB} Patient Safety Award is awarded to teams who have demonstrated exceptional commitment to improving patient safety within their obstetrical unit. Hospitals are urged to consider participation in the awards process both as recognition of their quality improvement and patient safety efforts and to assess their progress relative to the achievement of the vision and mission of the MORE^{OB} Program. All applications for the MORE^{OB} Patient Safety Award become the property of Salus Global Corporation. Descriptions of winning submissions will be published. Salus Global may use information from all applications in articles aimed at increasing awareness of the need for team based quality improvement and patient safety programs.

I understand that the honorees may be expected to participate in outreach, sharing of improvement efforts, learning and education on patient safety initiatives.

I certify that the information in this application is accurate.

Signature: _____

Date: _____

Title _____

I give permission to Salus Global to use the contents of my submission for Program marketing, education and promotion for the expressed purpose to improve patient safety and quality improvement.

Signature: _____

Date: _____

Title _____

For your submission, please describe your initiative utilizing the MORE^{OB} Program to improve patient safety within your department. Please use the following format.

Initiative Title (maximum of 15 words):

Background and Overview:

Examples:

What did you set out to achieve? What were your objectives? What existing issue did it address? Who did it involve? How did you measure success? Provide a short description of the key strategies and associated timelines.

Main body of submission:

Examples:

- How were front-line Participants involved in this initiative?
- How did senior leaders support this initiative?
- How was information and analysis of the MORE^{OB} Program reports utilized?
- How was progress and success shared?
- Provide examples of interprofessional collaboration as you worked on this initiative.
- Describe the results and impact of this initiative. (Example: Describe any unit or practice changes. Provide quantitative or qualitative information, where available. Did the initiative result in any cost savings/efficiencies? Improved patient outcomes? If so, please describe).

Summary:

Signature

Date