

2016 "Bright Lights" Nomination Guide

Application deadline is **Tuesday, July 12, 2016.**

Contents

2016 "Bright Lights" Nomination Guide	1
How to submit a nomination	1
Submitting nominee photos	2
Tips for writing your nomination	2
Completing the online nomination form	3
Nomination Evaluation Criteria	3
Bright Lights Award Categories	3
1. Planning programs and fostering partnerships for healthier communities	3
2. Optimizing access to interprofessional teams	4
3. Strengthening collaboration within the interprofessional team	4
4. Measuring performance to foster improvement in comprehensive care	4
5. Coordinating care to create better transitions	4
6. Leadership and governance in a changing environment	4
7. Clinical innovations to address equity	5

How to submit a nomination:

- 1. Review the nomination [categories](#) in advance.**
- 2. Review the nomination [evaluation criteria](#).**
- 3. Complete the [online nomination form](#) and send all supporting materials before July 12, 2016.**
See below for tips on filling it out.
- 4. Submit supporting documents to info@afhto.ca:**
 - a. **1-4 high-quality photos of nominees** in png. or jpg. format to be featured at the Awards Dinner on October 17 ([see below](#) for more information).
 - b. Signed [statement of attestation](#) to release photos for AFHTO use.
 - c. Any supporting evidence and materials as appropriate.
 - d. **Deadline to submit photos is July 29, 2016.**

Submitting nominee photos

Bright Lights Award nominees are asked to submit **1-4 high-quality** photos of nominees to be included in a video highlighting each award theme and your outstanding work before announcing award winners on Oct. 17. **All photos must be submitted by July 29, 2016:**

- Please include photos in jpg. or png. format of:
 1. Nominee and/or team members
 2. The Family Health Team or Nurse Practitioner Led Clinic
 3. The nominee interacting with patients
 4. Choice of any of above
- Signed [statement](#) to release photos for AFHTO use.
- Make sure the building, FHT/NPLC logo or other defining element is prominently displayed.
- Make sure photos are well lit and taken without obstruction.

Tips for writing your nomination

Understand the everyday counts. Has your team developed a workaround for a particular challenge? Utilised a range of tricks to address a sticky situation? Other teams may be wrestling with these same issues. It may seem like business as usual to you but spreading knowledge of these achievements could be a real help to teams in similar circumstances.

You're not too small or too remote for your voice to be heard. Evaluations from past award review committee members tell us they would like to hear from a variety of sources and especially from small, rural and Northern teams.

Include a variety of voices. AFHTO's focus is on **interprofessional** primary care so bring a range of experiences and people together when presenting and developing the nomination. ***Include a patient/caregiver testimonial or experience where appropriate.***

Review past award winners. Their innovations run the gamut of topics and types of initiatives. You may see that your team has done something similar or has seen better results. You'll also see how your achievement will be recognized.

When writing your nomination:

- **Pick the right category.** Category descriptions are very detailed and specific. Make sure reviewers know why your nominations fits the theme.
- **Identify WHY your achievement stands out over the rest.** Show your evidence and results clearly. Some innovations might not have quantitative evidence but you need to tell us what has improved as a result AND how other teams can learn from the results.
- **Look beyond the stats when demonstrating evidence.** Consider your results from the human perspective, not just statistics and measures. What did your initiative DO for your patients, team and/or community?
- **Use plain language.** Omit flowery speech and state your points clearly.

Do Check In. Not sure if your program or initiative will be a good fit for the conference? [Feel free to ask us.](#) We're happy to discuss it with you.

Completing the online nomination form: <https://www.surveymonkey.com/r/AFHTOBrightLights2016>

- Review the [submission form template](#) before filling out the SurveyMonkey form.
- To avoid the risk of losing information, it is best to enter the nomination all in one session.
- The nomination form must be filled in online and IN FULL.
- Any supporting data may be e-mailed separately to info@afhto.ca.

Nomination Evaluation Criteria:

The review committee will score each nomination on a scale of 1 (Very low) - 5 (Very high) for the extent to which the achievement:

1. Reflects significant achievement within the award category. The innovation may be large or small, but the impact is significant for the patients, community and/or primary care team
2. Exemplifies innovative thinking and leadership
3. **NEW** Reflects patient and/or caregiver involvement
4. **NEW** Recognizes and addresses the needs of their local population (access or barriers to care, rurality, etc.)
5. Is sustainable with potential for continued improvement
6. Offers significant, useful and relevant learning opportunities/resources to primary care teams
7. Is being spread and adopted more broadly
8. Is backed up by evidence of impact

For nominations to be considered by the review committee, the online form must be completed in full and all supporting materials for evidence of impact sent to info@afhto.ca by July 12, 2016.

Bright Lights Award Categories

Eight award recipients in seven categories will receive an education grant valued at \$3,000.

1. [Planning programs and fostering partnerships for healthier communities](#)
2. [Optimizing access to interprofessional teams](#)
3. [Strengthening collaboration within the interprofessional team](#)
4. [Measuring performance to foster improvement in comprehensive care](#)
5. [Coordinating care to create better transitions](#)
6. [Leadership and governance in a changing environment](#)
7. [Clinical innovations to address equity](#)

1. Planning programs and fostering partnerships for healthier communities

Primary care teams are expanding their focus of care beyond rostered patient populations to the entire community. This requires new ways of planning programs and developing partnerships with the aim to care for their communities from a variety of perspectives – *public health, health & social equity, LHIN & sub-LHIN regions, etc.* – and identifying gaps/overlap in services with each.

This category will feature nominees that are planning for populations, improving health equity and reducing disparities, creating stronger partnerships with local health and community services, collaboration between LHIN and sub-LHIN regions and Health Links.

2. Optimizing access to interprofessional teams

Patients First calls to improve access to interprofessional teams for those who need it the most, focusing on equitable access across the province. Presently, only 25-30% of Ontarians can access interprofessional team-based primary care and only some other groups of physicians have access to certain IHPs for their patients. Primary care teams are trying to understand the needs in their community and their team's capacity to adapt by asking tough questions:

- Can the people who need care the most get it in their community?
- How do primary care providers who don't have access to interprofessional team resources get access for their patients?
- How do we open the team to new patients and providers while still providing a team-based approach to care and without overwhelming existing resources?
- What partnerships and agreements can be set up to open the door to these patients?

This category will feature nominees that have taken steps to explore these questions and initiatives that have started to address this need.

3. Strengthening collaboration within the interprofessional team

Interprofessional primary care teams are designed to combine the expertise of a range of health professionals to provide comprehensive primary care. Creating a strong and high-functioning team dynamic is a challenge when teams are experiencing high turnover, new community partnerships/programs are introduced, and new team members are transitioning from solo to team practice.

This category will feature nominees that have overcome barriers to engage all team members in providing care, create a healthy team culture, manage conflict within the team, strengthen care coordination internally and in the community, and achieve optimal scope of practice for all team members.

4. Measuring performance to foster improvement in comprehensive care

Primary care teams have made significant progress to advance manageable and meaningful measurement for improved patient care. Early results from Data to Decisions (D2D) are showing that higher quality comprehensive, patient-centered care is related to lower healthcare costs.

This category will feature nominees that are developing and using tools and processes to measure the quality of care, as well as using the resulting information to improve quality.

5. Coordinating care to create better transitions

Primary care is an anchor for patients and families, providing comprehensive care throughout their lives and guiding them through the health system. Primary care providers offer patients and families a single point of contact to help them manage their own care and access programs and services.

This category will feature nominees that are managing care coordination for their patients whether through Health Links, supporting better integration through shared care models, implementing strategies for specific populations such as seniors or individuals who need access to mental health and addiction programs, or better management of chronic diseases.

6. Leadership and governance in a changing environment

Patients First describes the need for clinical leadership to deliver the system transformation expected in primary care in the coming months and years. The role of a "clinical leader" from a system standpoint denotes a clinician who looks up and out from their individual clinical setting to their wider community

and the health system to effect change. Leaders, clinicians and governors in primary care teams will be challenged to fulfill this role.

This category will feature nominees that exemplify leadership competencies, taken on the role of clinical and administrative leaders in primary care teams, and/or established governance structures needed to foster change.

7. Clinical innovations to address equity

Primary care teams are resourced to care for patients with chronic and complex conditions by offering diverse professional expertise and access to the resources and skills required to manage the “whole patient”.

This category will feature nominees that are leveraging their resources and organizing care to address gaps, reach special populations and provide better access to care where and when its needed. Specific topics of interest include improving access and outcomes in mental health, palliative care, and diabetes.