**AFHTO 2019 “Bright Lights” Nomination Form Template**

## Select the award category:

**Select the category that best fits with the content of your poster or concurrent session proposal. See the** [**nomination submission guide**](http://www.afhto.ca/wp-content/uploads/2018-Bright-Lights-Nomination-Submission-Guide.pdf)**to find conference theme descriptions.**

## Access to care: improving access to team-based care

## Continuous care: ensuring seamless transitions for patients across the continuum of care

## Comprehensive team-based care

## Patient and family-centred care

## Community and social accountability

## Enabling high -performing primary health care

## Nomination Details:

Please provide the following information to help reviewers to assess your submission.

**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. Recognizes and addresses the needs of their local population (access or barriers to care, rurality, etc.)
4. Is sustainable with potential for continued improvement
5. Offers significant, useful and relevant learning opportunities/resources to primary care teams
6. Reflects patient and/or caregiver involvement
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 June 28, 2019.

***Tip: Save a copy of your submission in this template on your computer as the online submission form will not save your data until you hit submit.***

### Achievement to be recognized (i.e. brief title):

|  |
| --- |
|  |

### **Brief description of the achievement and why it merits recognition (100 words or less):**

|  |
| --- |
|  |

### Describe the actions taken and evidence available to demonstrate how the nominee recognized and **addressed the needs of their local population (100 words or less)**

|  |
| --- |
|  |

### Describe the evidence available to demonstrate the impact of this achievement.

Quantitative or qualitative data will be accepted as appropriate for the achievement being recognized.
(100 words or less)

|  |
| --- |
|  |

### What is the nominee doing to sustain this achievement and continue to improve in this area? (100 words or less)

|  |
| --- |
|  |

### To what extent does this achievement offer other teams new learning, processes and/or resources that can lead to improvement? (100 words or less)

|  |
| --- |
|  |

### Describe action taken by this nominee to include patients and/or caregivers in the development, implementation and/or evaluation of the initiative. (100 words or less)

|  |
| --- |
|  |

### Describe action taken by this nominee to spread this achievement more broadly (i.e. mentoring others, presentations to others, publications, etc.). (100 words or less)

|  |
| --- |
|  |

## Contact Information

**Nomination submitted by**

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Phone Number |  |
| E-mail |  |

**Nominee Information:**

|  |  |
| --- | --- |
| Name of organization and/or individual |  |
| Contact person for nominee |  |
| Phone Number |  |
| E-mail |  |

When you’re ready, go to: <https://www.surveymonkey.com/r/afhto2019brightlights>