

## 2017 "Bright Lights" Nomination Guide

Application deadline is **Wednesday, July 26, 2017.**

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### Nomination Eligibility:

For a program, initiative or individual to be eligible for a Bright Lights award, they must fulfil the following criteria:

1. For programs or initiatives- these must be undertaken by an AFHTO member. If the nomination involves a team's partners, the work must either be led by an AFHTO member or they otherwise play an integral role.
2. For individuals- they must be staff or affiliated with an AFHTO member and the nomination must be for work they've performed in their capacity as such. *Please note- education grants will be paid to the team rather than an individual.*

### 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 26, 2017](#).**  
See below for tips on filling it out.

#### 4. Submit supporting documents to [info@afhto.ca](mailto:info@afhto.ca):

- a. **1-4 high-quality photos of nominees** in png. or jpg. format to be featured at the Awards Conference Opening and Reception on October 25<sup>th</sup> ([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 August 11, 2017.**

#### 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. 25. **All photos must be submitted by August 11, 2017:**

- 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 (if available – patients will need to also sign photo release)
  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/AFHTOBrightLights2017>

- 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](mailto: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. Reflects patient and/or caregiver involvement
4. 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](mailto:info@afhto.ca) by July 26, 2017.

### Bright Lights Award Categories

Four award recipients in four categories (indicated with an \*) will receive an education grant valued at \$3,000. *Funding is being finalised for other categories, so stay tuned for further developments.*

1. [Effective leadership and governance for system transformation\\*](#)
2. [Planning programs for equitable access to care](#)
3. [Employing and empowering the patient and caregiver perspective](#)
4. [Strengthening partnerships\\*](#)
5. [Optimizing use of resources\\*](#)
6. [Using data to demonstrate value and improve quality of care\\*](#)
7. [Clinical innovations for specific populations](#)

### 1. Effective leadership and governance for system transformation

During this time of health system transition, and eventual transformation, effective leadership is more critical than ever. Boards and team leaders need to be both responsive and proactive in order to deal with changes at both the local and systemic levels, some of which are more beneficial than others. This

stream will focus on the best ways to guide your team through these changes, including creating a culture of collaboration, supporting leadership development, board to board collaboration and tools for good governance.

## **2. Planning programs for equitable access to care**

Only 25-30% of Ontarians can currently access interprofessional team-based primary care and there is a need to achieve greater equity in access to care for diverse populations across the province. To meet this need primary care teams are planning for populations facing myriad barriers to care. This stream will focus on proven ways to identify and respond to these needs, providing care for patients without access to team-based care, all the while ensuring that it does not overwhelm current resources and relationships are leveraged from existing partnerships.

## **3. Employing and empowering the patient & caregiver perspective**

Interprofessional primary care teams were created to provide patient-centred care and many have done so, but with varying levels of success. Patient and caregiver voices are needed to ensure they receive the care and services they need and expect. This stream focuses on the ways teams can effectively include patients and caregivers in their care, whether it be strategic planning or influencing care and service delivery to achieve better outcomes.

## **4. Strengthening partnerships**

Primary care teams are an intrinsic part of a high-quality health care system. With so many organizations at local, regional and provincial levels, finding the right partners can be a daunting experience. And yet, in order to provide population-based patient care in a complex environment, forging new partnerships and strengthening current ties are necessary. This stream highlights how primary care teams can do so, whether it be with social and community organizations or through LHIN sub-region collaboration, to provide services such as care coordination.

## **5. Optimizing use of resources**

Primary care teams are challenged every day to provide optimal patient care and they face these challenges, often under less than optimal circumstances, such as limited staffing and isolated patient populations. This stream focuses on making the most of resources, providing lessons which can be applied in diverse team-based primary care settings. Topics of interest include reducing unnecessary treatments and ways small, rural and Northern teams provide patient care.

## **6. Using data to demonstrate value and improve quality of care**

In times of restraint it's not enough to know you do great work, you have to show it too. It's equally important to know where improvement is needed. Through Data to Decisions and other initiatives primary care teams are doing exactly that, demonstrating higher quality comprehensive, patient-centered care is related to lower healthcare costs. This stream will share experiences of teams using data to inform program planning and evaluation, optimizing use of EMRs and improving overall quality of care.

## **7. Clinical innovations for specific populations**

Interprofessional primary care teams are well positioned to care for patients with chronic and complex conditions through comprehensive programs using the skills and expertise of diverse healthcare providers working together for the good of the patient. This stream focuses on initiatives teams employ to reach specific populations such as newcomers, LGBTQ and Aboriginal youths and address gaps in care. Topics of interest include palliative care, mental health, and medical assistance in dying (MAID).