In Recognition of the
Work of Nursing Teams in the
Advancement of Excellence in Health Care

Award Criteria:

1. The team must be led by a Registered Nurse, but can be interdisciplinary
2. The team must consist of members from more than one campus
3. The nomination must document how the team’s project has contributed to the advancement of the Legacy Meridian Health strategic initiatives and reflect the People, Service, Quality, Growth, Finance Pillars
4. The team may nominate themselves or may be nominated by a colleague, patient, manager or physician. A completed application form must be submitted
5. The Award will be presented annually during Nurses Week

**DEADLINE FOR NOMINATION: MARCH 20th, 2017**
# 2017 Team Nomination Form

Team Project Name:____________________________________________________________________

Date Project started: __________________________   Date Project completed:____________________

Team Leader:   ____________________ Credentials:_______________MH Campus:_________________

Team Leader Contact Information:  Unit/Division____________________________________________

Telephone:__________________Email_______________________________ Cell___________________

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<tr>
<th>Team Member Names</th>
<th>Credentials</th>
<th>MH Campus</th>
<th>Discipline</th>
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<td>1. Team Leader</td>
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(Add additional members on the narrative as needed)

Nominated by__________________________ Position____________________Campus: _____________

Telephone:_________________ Email:________________________________Cell:__________________

Attach the following:

1. Narrative Statement not to exceed 2 pages addressing:
   - Provide an outline/overview of the project with dates, number of campuses participating, purpose, scope etc.
   - Document how the team exhibited an improvement and commitment to excellence in patient care, work processes, work environment.
   - Indicate the Pillar(s) and strategic initiative addressed/impacted.
   - Document specific contribution(s) and measurable outcomes from the project both internal and external to MH. This can include abstracts, presentations, publications, documentation of financial impact etc.

2. Any additional documentation to support the nomination (Optional and may include presentations, abstracts, publications)

Submit your completed application to: Ann May Center by email AnnMayCenter@meridianhealth.com or by Fax to 732-481-8597 or mail to Ann May Center, 1355 Campus Parkway, Suite 103, Neptune, NJ 07753