



OVAR/GEC 2005 Best Care Practices Awards Application Form

Please type/print the following information and FAX/postmark by February 15, 2005

OVAR/GEC at UK, 658 South Limestone Street, Lexington, KY 40506-0442
859/257-2658 Fax: 859/323-4940 Email: hmstev2@uky.edu

Nominator's Name: _____

Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Nominator Phone: _____ FAX: _____ Email: _____

Title of Best Care Practice : _____

Signature of Nominator : _____ Date : _____

What was the problem?

What did you do about the problem?

Was there an improvement or resolution of the problem? How did you quantitatively know that change took place? How could you tell what you did caused the change?



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To place a nomination, answer all parts of the following questions by first typing out the questions and then answering each part of the question.

- I. Description of facility/organization
 - a. What is the facilities mission?
 - b. Who is the population served by the facility?
 - c. Is the facility for-profit or nonprofit?
 - d. Any other useful information that would better describe the facility?

- II. Provide a brief description of the problem that your best practice addressed. **(20 points max.)**
 - a. What was the problem?
 - b. How did you know it was a problem?
 - c. How long had it been a problem?
 - d. How did the problem present itself?
 - e. Who was experiencing the problem? (For example, patients, families, staff, etc.)
 - f. What had been done in the past to resolve the problem?
 - g. What measures did you use to establish the baseline scope or magnitude of the problem?

- III. Describe the steps/procedures taken to address the problem. **(20 points max.)**
 - a. What did you/your institution do?
 - b. How long did it take?
 - c. What costs were involved?
 - d. Who else was involved? (For example, co-workers, patients, clients, families, community partners, granting agencies, etc.)
 - e. What alternatives did you consider? How did you come up with ideas for possible interventions? What criteria did you choose the intervention you decided to use?

- IV. What measures did you use to determine the outcomes, benefits, and /or changes resulting from the best practice? **(20 points max.)**

- V. Describe the outcomes, benefits, and/or changes resulting from the best practice. **(20 points max.)**
 - a. How did you know that the best practice made a difference? Include baseline data and/or a description of the situation/problem before the intervention and compare that to the outcome. How did you rule out other factors/conditions that could have caused the change?
 - b. Did the best practice result in lasting and consisted improvements over time?
 - c. Describe the reactions of the co-workers, clients, patients, etc. others who participated in the project.
 - d. Did the best practice create additional problems that needed attention?
 - e. What are the plans for continuing this program?

- VI. What did you learn from the development of this best practice? **(20 points max.)**
 - a. What would you do the same? Why?
 - b. What would you do differently? Why?
 - c. What would you recommend to others who want to implement this best practice?
 - d. How was this program publicized or recognized in the community?
 - e. How do you feel this program is unique?



OVAR/GEC 2005 Best Care Practices Awards Nomination Form

On behalf of the Ohio Valley Appalachia Regional Geriatric Education Center (OVAR/GEC), thank you for participating in the Best Care Practices Awards nomination process. Your participation will benefit your program and facility through regional recognition and it will serve as a model for others to follow if they encounter a similar problem. The real benefactors are the older adults that we all seek to serve with the highest possible care and quality. Thank you again for taking your time to share with others through this nomination process. If you have any questions during any part of this process, please feel free to contact the OVAR/GEC offices at the numbers listed at the bottom of the page.

If you are in the following Area Agencies on Aging, send your nomination form to

University of Kentucky

Big Sandy
Bluegrass
Buffalo Trace
Cumberland Valley
FIVCO
Gateway
Kentucky River
Northern Kentucky

University of Louisville

Barren River
Green River
Kentuckiana
Lake Cumberland
Lincoln Trail
Pennyrile
Purchase

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Hardin Stevens
OVAR/GEC
University of Kentucky
859 South Limestone Street
Lexington, KY 40506-0442
Phone: 859/257-2658
FAX: 859/323-4940
Email: hmstev2@uky.edu

In Ohio

Elizabeth Joyner Gothelf
OVAR/GEC
University of Cincinnati
College of Medicine
Phone: 513/584 - 3335
FAX: 513/584 - 2809
Email: gothel1@fammed.uc.edu

Shelly Geraghty
OVAR/GEC – University of Louisville
Urban Studies Institute
Louisville, KY 40292
Phone: 502/852-2310
FAX: 502/852-2209
Email: shelly.geraghty@louisville.edu

In Tennessee or Virginia

Peggy McConnell
OVAR/GEC- East Tennessee State University
Dept. of Geriatrics and Gerontology
PO Box 70423
Johnson City, TN 37614
Phone: 423/439-8043
FAX: 423/439-8080
Email: livingsc@etsu.edu