

**CMSA Foundation Awards Program**

**Application Deadline: April 1, 2024**

**PURPOSE of CMPI and CMR Awards:**

CMSA Foundation’s **Case Management Practice Improvement Award** and **Case Management Research Award** recognize an individual, group, or organization that uses findings from a research or quality/performance improvement (QI/PI) initiative for innovation in the advancement of case management practice and/or improved client outcomes.

**These awards have been established to:**

1. Honor successful efforts to promote  
evidence-based case management practice;

2. Acknowledge exceptional efforts to research best practice innovation that help quantify  
and define outcomes in case management;

3. Encourage activities which aim to advance case management; and

4. Recognize innovation to foster evidence-based practice components defined by the CMSA *Standards of Practice for Case Management*.

**Case management individuals, groups, or organizations may submit more than one entry. However, only one award will be selected.**

**PLEASE BE ADVISED: Any submission that conflicts with CMSA’s Mission and Vision or competes with any CMSA program or product *WILL BE EXCLUDED* from consideration.**

*For questions, please contact:*

**Michele Lee**

E: [mlee@parthenonmgmt.com](mailto:mlee@parthenonmgmt.com)

**Case Management  
Practice Improvement Award (CMPI)**

*This award pays tribute to the case management individual, group or organization offering the most outstanding evidence-based practice program.*

***Submit Today!***

1. **Download and save** this form to your computer.
2. **Type directly into the entry form**. Be sure to *save your work*. This is what the judges will use to judge your entry, so provide complete and concise descriptions.
3. **Be thorough, specific and precise.** This explanation of activities will be the only information the reviewers have to determine the effectiveness of your research/evidence-based practice work.
4. **Judges will be reviewing:**
   1. Originality of the evidence-based practice initiative;
   2. A minimum 6 months of post intervention data is required;
   3. Ability to demonstrate tracking & monitoring;
   4. Success in meeting objectives;
   5. Effectiveness in advancing case management practice and knowledge;
5. **Eligible entries will be accepted:**   
   **Through April 1, 2024**
6. **Once complete, attach your entry in its original format to an email and send to** [**foundation@cmsa.org**](mailto:foundation@cmsa.org)

***Do not convert document to other formats.***

1. **Subject line of your entry email should read:**

CM Practice Improvement Award: <<Your Name>>

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***Complete Entry Form and Email to*** [***foundation@cmsa.org***](mailto:Mlee@parthenonmgmt.com) ***by April 1, 2024***

**Applicant Type:**  Individual  Group / Department  Organization

**Application / Initiative Title:**

**Primary Contact Name:**

**Organization Name** *(if applicable)*:

**Address:**

**Phone:**        **Email:**

**The following performance/quality improvement format uses a PDCA methodology.   
Other standard and appropriate PI/QM methodologies used by your organization are acceptable.**

# PLAN

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| 1. ***In 500 words or less****, provide a brief background of the Case Management Practice Improvement (CMPI) Initiative for which you are submitting the award application.* |
| 1. *What was identified as the problem area or opportunity to be improved? How was the opportunity or problem identified? Why is this opportunity for improvement important to address?*   **Summarize in 350 words or less.** |
| 1. *What is the data source?*   Medical Records  Administrative Data  Claims Metrics  Survey Data  Predictive Modeling  Quality Measures  **Other**: |
| 1. *Sample Information*   No Sample - **Explain:**  If sample size used, describe the sample from an entire eligible population or database.  **Describe Data Used:**  *(ex. Data source is Medical Records, data used is hospital discharge)*  **Describe Sample Used from Data:**  *(ex. Sample is hospital discharges with COPD over the age of 65)*  **Sample Size:** |
| 1. *What PI methodology did you use?* ***Choose one from menu below:***   [**PDCA**](https://www.mindtools.com/as2l5i1/pdca-plan-do-check-act)[**Six Sigma**](https://www.simplilearn.com/what-is-six-sigma-a-complete-overview-article#:~:text=Six%20Sigma%20is%20a%20set,3.4%20defects%20per%20million%20opportunities)  **Other** *(please describe)*: |
| 1. *What is the time period for monitoring the above performance outcome measurements?*   **Baseline Dates:**  **First Measurement Dates:**  **Second Measurement Dates** (if applicable):  **Other:** |
| 1. *What is the benchmark (best practice) for this initiative?* **Provide the benchmark and source or how it was identified, (if appropriate):**     ***OR*** *What are the performance goal(s) or outcome metrics?**:*   1. *How will this process improve the practice of Case Management as outlined in CMSA’s Standards of Practice*? **Please Explain:** |

# DO

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| 1. ***List the intervention used to improve the process and the dates of implementation:***   **Begin Date of Intervention:**        **End Date of Intervention:**  **Describe intervention, and the steps or process of implementation:**  **Describe the engagement of the team overseeing this initiative. Consider these questions in your description.** *How many participated? Staff, volunteers, etc… Were patients/ consumers reimbursed/ incentivized? How was the team persuaded to make a change*?*How was the team supervised? Were any quality controls used?*  **Other Comments on intervention process or implementation**, *if needed:* |

# CHECK

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| 1. *After the first measurement period, what were the results of the performance outcome compared to the benchmark and/or goal?* ***Please list here for*** *EACH* ***benchmark/goal:***   **Benchmark/goal/metric name:**   * Baseline measurement results: * First measurement results: * Second measurement results (if appropriate):   Other:  **Benchmark/goal/metric name:**   * Baseline measurement results: * First measurement results: * Second measurement results (if appropriate):   Other:  **Benchmark/goal/metric name:**   * Baseline measurement results: * First measurement results: * Second measurement results (if appropriate):   Other: |
| 1. ***Quantify any financial cost savings****, if applicable include your Return on Investment.* |
| 1. Analysis and conclusions: ***Identify and describe any barriers to improvement and conclusions drawn****.* **Limit 350 words or less**. |

# ACT

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| 1. *What are the recommendations/actions suggested for the next improvement period based on the analysis and barriers identified above? Please include any lessons learned or suggestions for others embarking on a similar project.* |
| 1. *What is the next timeframe for re-evaluation?* |
| 1. *Evaluate results and communicate as appropriate to relevant parties: Please specify to whom and when you are reporting the results (other departments, committees, etc.).* |
| 1. *As a result of the PI process, what formal changes were implemented, if any?*  Corporate Administrative Policy  Departmental Operational Process Guideline  Staffing / Organization  Other: |
| 1. *What are your plans for sustaining the change created in this initiative?* |

**Please include attachments for any other supporting materials, if necessary.**

**Examples include:**

* An entire article, if published
* Bibliography
* Graphs, tables, or figures

**[Submit](mailto:AWARDS@cmsa.org) ALL documentation and completed application to**

**foundation@cmsa.org no later than April 1.**

**Please leave application in WORD format and DO NOT convert to other document styles.**

***Do not try to scan application and attachments into one document.***

***Send each document as an attachment.***

**We will combine application with your attachments into one report for review committee.**

**SPECIAL RECOGNITION:**

Winning project and recipient will be recognized at the CMSA Annual Conference in June.

* Recipient will receive **a $1,500 cash award**
* Recipient will submit an **article** about their project for *CMSA Today* magazine **by Sept 1**.
* Recipient will present details on their project in an all-member **webinar** **within 6 months** following the annual conference.
* Recipient will have an opportunity to submit a **blog** for cmsa.org regarding their project.
* Recipient will be asked to share a **project summary and outcomes overview** for the Foundation’s newly formed repository of best practices for research and process improvement accessible by CMSA members.

I agree to participate in the above recognition activities and share more information about this project with CMSA members.

No, I do not agree to participate in the above recognition activities to share more information about this project.

If answering no, please share more about your concerns or restrictions:

My digital signature indicates that the above application is complete and accurate and I have the authority to share this information with the CMSA Foundation Board of Directors for review.

Signature      Date