

**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

**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**

***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*** ***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:**
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# 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.*

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| 1. Analysis and conclusions: ***Identify and describe any barriers to improvement and conclusions drawn****.* **Limit 350 words or less**.

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# 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.*

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| 1. *What is the next timeframe for re-evaluation?*
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| 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.).*

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

**Examples include:**

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

**Submit 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