



# For Physician Offices & Healthcare Clinics

2021 Award Nomination Form

*Maintain a copy of all completed documents for your records.*

E-mail completed nomination and supplementing documents to: [carolinestegeman@lhattrustfunds.com](mailto:carolinestegeman@lhattrustfunds.com)

If you e-mail, do not send a separate copy via mail or fax.

or mail completed nomination and supplementing documents to:

HSLI  
ATTENTION: Lori Ray, Executive Assistant  
4646 Sherwood Common Blvd.  
Baton Rouge, LA 70816

Fax: (225) 368-3879

## A. General Information:

1) Organization (must be an LHATF member):

Address:

City:

State:

Zip:

2) Physician or Practice Manager:

Title:

Phone:

Fax:

Email:

3) Project Coordinator:

Title:

Phone:

Fax:

Email:

## B. Steps to Submit a Complete Award Nomination:

- Complete the nomination form and save a copy.
- Ensure that each component of the nomination has been addressed.
- Return the nomination **by Oct. 29, 2021.**

Submitted By:

Date Submitted:

## **Project:**



Date project was conducted and completed (*must be between January 1, 2020 - March 31, 2021*):

## **Problem Identification:**

*State the opportunity that was identified as a professional liability risk, including the population that was identified as a concern related to the problem. Please include information supporting that an opportunity for improvement existed.*

## **Goals and Objectives:**

*Indicate the specific goal(s) which were set forth for this project.*



## **Project Strategy:**

*Discuss the project plan. This section should include a discussion of the plan to achieve the goals, including budgetary plans, human and material resources anticipated, and overall expected outcome of the project.*

## **Project Design and Implementation:**

*Discuss how the project was rolled out and who was involved (specifically which departments or other stakeholders). Discuss the project timeline of events. Discuss applicability of the projects to other organizations. List barriers that were encountered and how they were overcome.*

**Results:**

*Summarize the results achieved. Please provide documentation to support positive results from this project.*



**What timeframe is represented for the outcomes data submitted?**

**Goal Achievement:**

*Summarize how the project has impacted and reduced your professional liability exposure. Were any other positive impacts identified as a result of the project that were not foreseen?*

