



## MSHP PHARMACY HEALTH-SYSTEM AWARD: 2017 APPLICATION FORM

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### Award Description:

**PHARMACY HEALTH-SYSTEM AWARD:** Recognizes a pharmacy health-system for a specific new program focused on improving pharmaceutical care. The award consists of a plaque to which is added the pharmacy health-system's name. The plaque is housed in the winning health-system for one year, then passed on to the next recipient. To be considered for this award, the program must be ongoing and must have been implemented within the past 24 months. It must involve the collaborative efforts of a majority of the pharmacy personnel, and interdisciplinary interaction is encouraged. The program must have been shown to have a positive effect on one or more of the following: a) patient care, b) level of clinical competence of the pharmacy staff, c) selection or monitoring of drug therapy, d) quality assurance or improvement, e) cost containment, f) local or institutional community. Nominations for this award must include a description of the program, the date the program was implemented, the level of involvement of the health-system (e.g., all staff members, six of ten staff members, etc.), the scope of the involvement, and any relevant outcomes achieved thus far. The department needs to be an institutional member of MSHP. A letter of support from the nominator should highlight the contributions to pharmacy practice and the success the health system has experienced, specifically detailing the criteria below.

**Nominator Name:**

**Nominator Email:**

**MSHP Member?** ☐ Yes ☐ No

**Nominee Department Name:**

**Nominee Department contact Email:**

**Nominee Institution:**

### **Outstanding New Program focused on improving pharmaceutical care:**

*Please comment on the work and accomplishments of the health systems pharmacy specific new program focused on improving pharmaceutical care **implemented in past 24 months**. [Max: 200 words]*

### **Collaboration:**

*Please comment on the collaborative efforts of new program as it involves a majority of the pharmacy personnel, and interdisciplinary interaction (which is encouraged). Provide any additional specific information on project in progress or completed.*

### **Involvement:**

*Please comment on the nominated pharmacy's level and scope of involvement (e.g., all staff members, six of ten staff members, etc.)*

### **Positive effect of program:**

*Please comment on the positive effect of new program on one or more of the following: a) patient care, b) level of clinical competence of the pharmacy staff, c) selection or monitoring of drug therapy, d) quality assurance or improvement, e) cost containment, f) local or institutional*

### **Additional Support:**

*Please feel free to comment on any other area of the health system pharmacy that would lend support to the health system pharmacy award.*

**In addition to the above information, the nominator must submit a written letter of support for the health system pharmacy nominated. Incomplete submissions will not be eligible for consideration. Completed submissions are to be submitted to [awards@mashp.org](mailto:awards@mashp.org) by March 1, 2017 @ 5 pm.**