



National Association of Long Term Hospitals  
**Goldberg Innovation Award**  
**CALL FOR SUBMISSIONS**

**Submissions must be received no later than March 5, 2010 at [GoldbergAward@nalth.org](mailto:GoldbergAward@nalth.org)**  
***A conference call will be held on February 17, 2010 at 2:00 pm Eastern/1pm Central. This call will provide a Questions & Answers opportunity for any hospitals that may be considering making a submission.***

### **The Award**

The Goldberg Innovation Award shall be given in recognition of an innovative process or technology that supports long term acute care hospitals.

### **Eligibility**

All employees and professional staff associated with NALTH member facilities in good standing are eligible to submit entries.

### **Criteria**

The overarching principle in the review process is innovation. The following criteria will be used to assess the completeness of each award submission and how fully each award submission meets the expected qualities of an innovation. You may find it helpful to refer to these criteria when preparing your submission.

1. Identify an innovative process or technology that was undertaken by your facility with exceptional results.
2. The process or technology is considered innovative if it is not commonly found in LTAC hospital operations. It could be a system or process or technology commonly used in a different level of care or different industry but is not common in LTACs.
3. The submission could benefit quality of patient care and/or operational efficiencies.
4. The submission clearly describes the innovation implemented.
5. The measurement indicators are clearly defined and are appropriate for this type of program or process – and the measurement indicators demonstrate that the innovation was successful and yielded the desired result.
6. The financial indicators are clearly defined and are appropriate for this type of program or process – and the financial indicators demonstrate that the innovation was successful and yielded the desired financial result. If the innovation generated a net cost (rather than savings), then the net cost was acceptable to the facility given other favorable results of the innovation.
7. Resources required to implement the innovation were such that other hospitals would be able to duplicate the innovation.
8. The submission clearly describes how this innovation provides value under Prospective Payment System (PPS).

### **Submission Format & Guidelines**

All submissions must adhere to the following guidelines or they will not be accepted. Submissions must be single-spaced, left justified, using 12 point font size with 1” margins in the following format:

#### **Description of the Program or Process**

Include a clear and concise description of the innovative process or technology that you implemented. Describe the setting specifically and include the rationale for pursuing the innovation. The process or technology is considered innovative if it is not commonly found in LTAC hospital operations. It could be a system or process or technology commonly used in a different level of care or different industry but is not common in LTACs.

### **Uniqueness**

Describe why the program or technology is so unique and why it should be considered to be an innovation.

### **Measurement Indicators**

What criteria did you use to measure the effectiveness of your innovation? Clearly define what is included in the measurement. Clearly state **pre** and **post** innovation measurements.

### **Financial Impact**

Include financial impacts of the innovation. What was the cost of implementation as well as the cost/benefits following the implementation? This would include the cost of any new equipment or technology, the training of staff, etc.

### **Lessons Learned**

Include in this section what your facility learned from the process. Highlight any suggestions or future initiatives you may make following this experience.

### **Guidelines:**

1. Submission may not be more than three 8 ½ x 11” text pages excluding the Submission Form. Graphs and Charts depicting data are highly encouraged and will not be counted.
2. No information may be included in the text submission or charts/graphs that identify the facility or members of the team. **Avoid facility names, location or specific names in the body of the submission.** These can only be identified on the Submission Form.
3. All complete submissions will be reviewed by a panel that has no facility affiliation with the submissions.
4. Award recipients **MUST** present during the Goldberg Award Session held in conjunction with the NALTH Annual Meeting. Two presenters will receive complimentary meeting registration.
5. Please consider putting copyright on your submission for your protection. If you have questions about copyright, please contact NALTH.
6. Submissions must be received no later than **March 5, 2010** at GoldbergAward@nalth.org

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**Questions?** Please contact NALTH at GoldbergAward@nalth.org or 860-586-7579

NALTH - **National Association of Long Term Hospitals** - is the premier association representing long term acute care hospitals and associated professional staff committed to advancing the health, well-being and quality of care for medically complex patients who require prolonged hospital stay and specialized care programs to achieve medical stability and maximum function.



342 North Main Street  
West Hartford, CT 06117-2507  
**860.586.7579**  
info@nalth.org

# 2010 Goldberg Innovation Award

## Submission Form

Name of Facility: \_\_\_\_\_

Submission Title: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Individual(s) Contributing to the Submission:

(1) \_\_\_\_\_

(4) \_\_\_\_\_

(2) \_\_\_\_\_

(5) \_\_\_\_\_

(3) \_\_\_\_\_

(6) \_\_\_\_\_

Award recipients must have up to 2 contributors present the submission at the Award Session.

(1) \_\_\_\_\_

Presenter

(2) \_\_\_\_\_

Presenter

By electronic submission, I understand that I am agreeing to share information contained in the submission with the NALTH membership.

\_\_\_\_\_  
Electronic Signature

\_\_\_\_\_  
Date