

# THE HACKENSACK MERIDIAN HEALTH MOSAIC AWARD



**FOR INTER- PROFESSIONAL TEAM BASED CARE**

## **The 2021 Mosaic Award in Recognition of the Work of Inter-Professional Teams/Groups and their Contributions in Influencing the Clinical Care of Patients**

### Award Criteria:

1. The Inter-professional team must be led or Co-Led by a Registered Nurse and must include interdisciplinary team members.
2. The nomination must document how the team's project has had a positive impact on the clinical care of patients.
3. The team may nominate themselves or may be nominated by a colleague, patient, leader or physician.
4. A completed application form must be submitted
5. The Award will be presented annually during Nurses Week

**DEADLINE FOR NOMINATION: March 26, 2021**

## 2021 Mosaic Award Inter-Professional Team Nomination Form

Interdisciplinary Team Project Name: \_\_\_\_\_

Date Project started: \_\_\_\_\_ Date Project completed: \_\_\_\_\_

Team Leader: \_\_\_\_\_ Credentials: \_\_\_\_\_ HMH Campus: \_\_\_\_\_

Team Co-Leader \_\_\_\_\_ Credentials: \_\_\_\_\_ HMH Campus: \_\_\_\_\_

Team Leader Contact Information: Unit/Division \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

	Team Member Names	Credentials	HMH Campus	Discipline
1.	Team Leader:			
2.				
3.				
4.				
5.				

(Add additional members on the narrative as needed)

Nominated by \_\_\_\_\_ Position \_\_\_\_\_ Campus: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Attach the following:

1. Narrative Statement not to exceed 2 pages addressing:
  - Provide an outline/overview of the project with dates, number of campuses participating, purpose, scope etc. (May be only one campus)
  - Document how the team exhibited an improvement and commitment to excellence in patient care. What did the inter-professional group/team do to influence the clinical care of patients?
  - Document specific contribution(s) and measurable outcomes from the project  
This can include quality indicators, abstracts, presentations, publications.
2. Any additional documentation to support the nomination

Submit your completed application to: Ann May Center by SCAN then EMAIL: [AnnMayCenter@HMHN.org](mailto:AnnMayCenter@HMHN.org)  
Or FAX: 732.481.8597 or mail to Ann May Center, 1350 Campus Parkway, Suite 101, Wall, NJ 07753