

Submission Worksheet

This worksheet includes a listing of all of the questions included on the 2020 Proposal Submission Form. We encourage individuals and organizations interested in submitting a proposal to utilize this worksheet to gather your ideas and refine your submission prior to entering information into the portal.

Please contact your Press Ganey Account Team for tips and support during the proposal development process.

Fields marked with an asterisk (*) are required.

Presenter Information	
<i>Add up to 2 authors per a presentation.</i>	
Personal Details	
Prefix:	
First Name: *	
Middle Initial:	
Last Name: *	
Suffix:	
Contact Details	
Office Phone: *	
Cell Phone	
Fax	
Email Address: *	
Mailing Address	
Address Line 1*	
Address Line 2	
Address Line 3	
City*	
State*	
Zip*	
Country*	
Personal Information	
Position/Title: * (max character 100)	
Organization: *	
Credentials: *	
Role: *	<input type="checkbox"/> Primary Presenter <input type="checkbox"/> Co-Presenter
Please list presenter's education degrees & the year(s) that they were received: *	
[INSERT Credentials]	

<p>Biography: *</p> <p>Please provide a brief biography of the presenter's professional experience; this will be included in conference marketing and promotional materials. The bio should be approximately 300 words and should include the following:</p> <ul style="list-style-type: none"> • The presenter's current title, department, and organization • A summary of their current responsibilities • A brief description of relevant professional experience prior to their current role, if applicable • A few relevant professional affiliations, if applicable (e.g., ACHE member, Pathway to Excellence Appraiser, board member, etc.) 	
[INSERT Bio]	
<p>Qualifications: *</p> <p>Please provide a 100- 200 word description of the presenter's expertise on the topic they will be presenting.</p>	
[INSERT Qualifications]	
<p>Session Details</p> <p>Select the track, description and other additional details related to session and presenting organization.</p>	
<p>Session Title: *</p> <p>Please include a brief, specific presentation title (containing no abbreviations) that represents the focus of the presentation.</p>	[INSERT Title]
<p>Track: *</p> <p>Please check the box next to the focus area that best represents your submission. Your entry will be considered for this track, though it may be considered for alternatives based on the submission details.</p>	<input type="checkbox"/> Patient Experience <input type="checkbox"/> Caregiver Engagement and Workforce Culture <input type="checkbox"/> Safety & High Reliability <input type="checkbox"/> Clinical Excellence: Nursing Leadership <input type="checkbox"/> Clinical Excellence: Physician Leadership <input type="checkbox"/> Breaking Down Barriers with Cross-Department Approaches
<p>Facility Type: *</p> <p>(Select all that apply)</p>	<input type="checkbox"/> Academic Medical Center/ Major Teaching Hospital <input type="checkbox"/> Children's Hospital/ Pediatrics <input type="checkbox"/> Rural/Small Community <input type="checkbox"/> Critical Access <input type="checkbox"/> Safety Net <input type="checkbox"/> Physician Practice/Ambulatory Sites <input type="checkbox"/> Not Applicable

Role Responsibility: * (Select all that apply)	<input type="checkbox"/> Executive/Administration <input type="checkbox"/> Front Line Ancillary/ Non-RN Staff <input type="checkbox"/> Human Resources <input type="checkbox"/> Marketing <input type="checkbox"/> Nursing <input type="checkbox"/> Patient Experience <input type="checkbox"/> Physician/ Chief Medical Officer <input type="checkbox"/> Quality <input type="checkbox"/> Operations <input type="checkbox"/> Safety <input type="checkbox"/> Risk Management <input type="checkbox"/> Not Applicable
Session Focus: * Please indicate if your presentation includes content specific for any of the following audiences (select all that apply)	<input type="checkbox"/> Ambulatory Surgery <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Dental <input type="checkbox"/> Emergency Department <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Health Care System Leadership <input type="checkbox"/> Inpatient <input type="checkbox"/> Long Term Acute Care <input type="checkbox"/> Medical Practice <input type="checkbox"/> Outpatient <input type="checkbox"/> Pediatrics <input type="checkbox"/> Other, please specify:
Session Description: * Please provide a concise and compelling overview of your session, including details as to why conference attendees would be attracted to your session. (Character Limit 1400)	
[INSERT Description]	
Situation / Challenge: * Please describe the situation or challenge your organization faced or a brief outline of what prompted you to implement this project or initiative. (Character Limit 2000)	
[INSERT Situation/Challenge]	
Strategy and Approach: * Please describe the details of your primary strategy. Include specific examples of the people, processes and data that were used to drive change and improvement. A summary of the key steps and unique aspects of the approach is recommended. (Character Limit 2000)	

[INSERT Strategy and Approach]
Barriers Overcome: * Please highlight any barriers and/or specific issues you encountered and the steps taken to address and overcome them. (Character Limit 2000)
[INSERT Barriers]
Measurable Outcomes: * What measurable outcomes or ROI can be attributed to your improvement program or initiative? (Character Limit 2000)
[INSERT Outcomes]
Innovative or Creative Aspects: * What were the creative, innovative or unique aspects of your improvement program or initiative? (Character Limit 2000)
[INSERT Innovations]
Session Approach: * What presentation techniques will you include to foster audience engagement in your session? (Character Limit 2000)
[INSERT Approach]
Presentation Historical Information: * Has this presentation or its content been presented at any previous conferences in the past 3 years? If yes, please list the conference names. (Character Limit 800)
[INSERT Historical Details]

Additional Details

Please provide any additional session details.

Presentation Content: *

Which of the following best describes your presentation content?

[INSERT Content Overview]

Press Ganey Solutions Used: *

Please identify the primary Press Ganey solution used that relates to the content of your presentation

- ACO CAHPS;
- Ambulatory Surgery & OAS CAHPS;
- Behavioral Health;
- Consumer Analytics;
- Consulting: Experience of Care;
- Consulting: Workforce Solutions;
- Consulting: HPI Safety & High Reliability;
- Consulting: Clinical and Operational Improvement;
- Emergency Department & EDCAHPS;
- Home Health & HHCAHPS;
- Hospice & Hospice CAHPS;
- HPI Press Ganey Patient Safety Organization (PSO) Membership;
- ICH CAHPS;
- Inpatient & HCAHPS;
- iRound;
- Medical Practice & CGCAHPS;
- MIPS CAHPS;
- NDNQI®;
- Nursing Excellence Solution;
- Oncology;
- Other;
- Outpatient;
- Patient Centered Medical Home (PCMH) CAHPS;
- Pediatrics & Child HCAHPS;
- Point of Care Survey;
- Quality Performer;
- Reliability Management System (NextPlane Provider Edition);
- Transparency Solution;
- Urgent Care;
- Workforce & Engagement Solution: Employee Engagement Survey;
- Workforce & Engagement Solution: Nurse Engagement;
- Workforce & Engagement Solution: Physician Engagement;
- Workforce & Engagement Solution: Safety Culture

Additional Press Ganey Solutions Used:

Please select any additional Press Ganey solution used that relates to the content of your presentation

- ACO CAHPS;
- Ambulatory Surgery & OAS CAHPS;
- Behavioral Health;
- Consumer Analytics;
- Consulting: Experience of Care;
- Consulting: Workforce Solutions;
- Consulting: HPI Safety & High Reliability;
- Consulting: Clinical and Operational Improvement;
- Emergency Department & EDCAHPS;
- Home Health & HHCAHPS;
- Hospice & Hospice CAHPS;
- HPI Press Ganey Patient Safety Organization (PSO) Membership;
- ICH CAHPS;
- Inpatient & HCAHPS;
- iRound;
- Medical Practice & CGCAHPS;
- MIPS CAHPS;
- NDNQI®;
- Nursing Excellence Solution;
- Oncology;
- Other;
- Outpatient;
- Patient Centered Medical Home (PCMH) CAHPS;
- Pediatrics & Child HCAHPS;
- Point of Care Survey;
- Quality Performer;
- Reliability Management System (NextPlane Provider Edition);
- Transparency Solution;
- Urgent Care;
- Workforce & Engagement Solution: Employee Engagement Survey;
- Workforce & Engagement Solution: Nurse Engagement;
- Workforce & Engagement Solution: Physician Engagement;
- Workforce & Engagement Solution: Safety Culture

What, if any, other organizations have you partnered with or tools have you utilized to achieve success?

[INSERT answer]

Actionable Takeaways

Provide 2-3 takeaways that are clear, measurable and achievable. Use action words to begin each takeaway (e.g., describe, define, demonstrate, conduct, list, etc.).

Complete this sentence with each takeaway: *'Upon completion, participants will be able to...'*

Takeaway 1:***Takeaway 2:*****Takeaway 3:***