# NHG_V_RGB_CHR

***NHG Healthcare Innovation Award***

**Award Description**

To recognise health technology innovations that have enhanced the quality, effectiveness and efficiency of patient care delivery or management of health conditions/risks.

**Award Value**

$1,000 & Plaque

**Eligibility Criteria**

The nomination may be submitted as an individual or team.

1. The individual or team leader should be a healthcare professional[[1]](#footnote-1) currently in-service and has primary employment in NHG (at least 5 years of service), and be based in Singapore.
2. The innovation should be implemented within the past 3 years.
3. For team submissions, the total number of members including team leader should be maximum at 4.

**Application Guidelines**

1. Use **Calibri font size 12** for all text, single line spacing.
2. All fields in the forms must be completed. Indicate “**NA**” where a particular field is not applicable. Incomplete forms will be returned for further clarification, which may delay processing.
3. A CV for each person is to be submitted together with this form, to further elaborate on the achievements/contributions.
4. The information provided in this form will be used for award/publicity purposes.

**DETAILS OF INNOVATION**

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| --- |
| **Title of Healthcare Innovation:** Click here to enter text. |

**DETAILS OF INDIVIDUAL / TEAM LEADER**

|  |  |
| --- | --- |
| **Salutation** (Please select)**:** Click here to select.**Full Name:** Click here to enter text. | **Designation:** Click here to enter text. |
| **Institution** (Please select)**:**Click here to select. | **Department / Unit / Polyclinic:** Click here to enter text. |
| **Contact No.:** Click here to enter text. | **Email:** Click here to enter text. |
| **Office Mailing Address:**Click here to enter text. |
| **NHG Employment Joined Date***(Primary employment with min. 5 years of service):*Click here to enter a date. |

**DETAILS OF TEAM MEMBERS (If Applicable)**

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| --- |
| **Team Member 1** |
| **Salutation** (Please select)**:** Click here to select.**Full Name:** Click here to enter text. | **Designation:** Click here to enter text. |
| **Institution:**Click here to enter text. | **Department / Unit / Polyclinic:** Click here to enter text. |
| **Contact No.:** Click here to enter text. | **Email:** Click here to enter text. |
| **Office Mailing Address:**Click here to enter text. |
| **Team Member 2** |
| **Salutation** (Please select)**:** Click here to select.**Full Name:** Click here to enter text. | **Designation:** Click here to enter text. |
| **Institution:**Click here to enter text. | **Department / Unit / Polyclinic:** Click here to enter text. |
| **Contact No.:** Click here to enter text. | **Email:** Click here to enter text. |
| **Office Mailing Address:**Click here to enter text. |
| **Team Member 3** |
| **Salutation** (Please select)**:** Click here to select.**Full Name:** Click here to enter text. | **Designation:** Click here to enter text. |
| **Institution:**Click here to enter text. | **Department / Unit / Polyclinic:** Click here to enter text. |
| **Contact No.:** Click here to enter text. | **Email:** Click here to enter text. |
| **Office Mailing Address:**Click here to enter text. |

**NOMINATION WRITE-UP & GUIDELINES**

*Please append the write-up with this form. The write-up should be concise and not exceed 5 pages.*

|  |  |
| --- | --- |
| **S/N** | **Items** |
| 1 | Clinical Problem Statement and Unmet Need Describe the unmet need and/or areas for improvement in the provision of clinical care to patients. State the opportunities that were available to leverage on health technology to address the areas of concern. |
| 2 | Health Technology Innovation Describe the innovation and the underlying health technology that was employed, including what it does and how it has addressed the unmet need / areas for improvement above. Illustrate the novelty behind the health technology innovation, stating what was new or different from other alternatives in the market. State if there was any follow-on IP and/or commercialisation activities. |
| 3 | Impact to Healthcare Delivery/Outcomes  Describe how the health technology innovation has helped to improve healthcare delivery and/or outcomes, and the quantitative metrics that were used. Examples include improvement to delivery, management of patient care or reduced healthcare cost. |
| 4 | Implementation & ScalabilityState whether the health technology innovation has been adopted at the institution, cluster, national or international level. Describe the scalability of the innovation. |

**DETAILS OF PROPOSER**

|  |  |
| --- | --- |
| **Salutation** (Please select)**:** Click here to select.**Full Name:** Click here to enter text. | **Relationship to Nominee:**Click here to enter text. |
| **Designation:**Click here to enter text. | **Contact Number:**Click here to enter text. |
| **Institution:**Click here to select. | **Email:**Click here to enter text. |
| **Remarks:**Click here to enter text. | **E-Signature:** |

**ENDORSEMENTS**

|  |
| --- |
| **Endorser 1 (Min. Head of Department or Equivalent)** |
| **Salutation** (Please select)**:** Click here to select.**Full Name:** Click here to enter text. |
| **Designation:**Click here to enter text. | **Contact Number:**Click here to enter text. |
| **Institution:**Click here to select. | **Email:**Click here to enter text. |
| **Remarks:**Click here to enter text. | **E-Signature:** |
| **Endorser 2 (Min. Director of Research or Equivalent)** |
| **Salutation** (Please select)**:** Click here to select.**Full Name:** Click here to enter text. |
| **Designation:**Click here to enter text. | **Contact Number:**Click here to enter text. |
| **Institution:**Click here to select. | **Email:**Click here to enter text. |
| **Remarks:**Click here to enter text. | **E-Signature:** |

1. Refers to registered healthcare professional in Singapore, including doctors, nurses, pharmacists and allied health professionals. [↑](#footnote-ref-1)