



Telehealth Innovator Award

Criteria and Nomination Form

The North Country Telehealth Partnership is seeking nominations for the annual Telehealth Innovator Award. The awardee will be announced at the 2021 North Country Leadership Summit (9/13-9/17), a one-week virtual learning symposium focusing on population health and virtual care in a post-pandemic world.

This award will be given to an individual (or individuals if more than one person contributed to successful deployment) that have advanced virtual care in the face of adversity amidst a global pandemic, which has led to improved health outcomes in the community, and/or improved quality of life.

This can include telehealth deployed via videoconferencing, store-and-forward data or images, remote patient monitoring, or mHealth (mobile health) applications. Contributions toward telehealth excellence and growth, including program expansion, patient impact, and innovation in new or emerging telehealth programs and models will be considered.

Criteria:

- Project or program created/deployed by individual(s) should reach new or hard to find populations via telehealth.
- Technology used should be innovative in how it improves care delivery, efficiency, effectiveness, and/or health outcomes.
- Project or program can be applied to other areas and is scalable.
- Strategies deployed by individual(s) should be innovative in increasing organizational and regional adoption of telehealth.

You are encouraged to nominate individuals based upon your knowledge of their work across the North Country Telehealth Partnership catchment area. Thank you for recognizing someone who has made a significant contribution to telehealth. The individual(s) cannot be a prior recipient.

**Awardee will be recognized at a virtual awards ceremony on
Wednesday September 15th!**

Please fill out the following information about the Nominee: (Please type into this document)

Nominee Name & Title: _____

E-mail: _____

Practice/Organization Name: _____

Years of service in region: _____

Address: _____

Name of organization nominating: _____

Name of individual nominating: _____

Phone: _____ E-mail: _____

Narrative: Please provide a brief summary of why you feel this person should be nominated. Excerpts from this narrative will be read during the Awards Ceremony: (If necessary, additional details may be placed on a separate sheet)

Nominations should be returned to the contact below before **Friday, August 6, 2021.**

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