

**OKLAHOMA HOSPITAL ASSOCIATION
EXCELLENCE IN QUALITY AWARD
2019 APPLICATION**

Hospital Name: _____

Application Contact: _____
Name *Title*

_____ _____
Telephone # *E-Mail Address*

Fax #

Clinical Topic Area Submitted: _____

The following must be read and signed by the Hospital CEO:

This award seeks to increase understanding of the value of organizational focus and commitment to achieving optimal outcomes. Hospitals are urged to consider participation in the awards process both as recognition of their quality improvement and patient safety efforts and to assess their progress in creating an environment focused on safety and effectiveness.

Descriptions of programs receiving awards may be published by the Oklahoma Hospital Association in an aim to increase awareness of the need for an organization-wide commitment to quality improvement and patient safety. Program contacts may be asked to provide additional information.

I certify the information in this application is accurate and consent to the use of submitted information by the Oklahoma Hospital Association in publications or for the purposes of promoting exceptional quality in the delivery of care by Oklahoma Hospitals.

Signature

Date

Title