



**Dr. Jim Gall Hospice Award for
Compassionate Palliative Care:
*Supporting the Whole Person
and Their Caregivers***

2022 Nomination Package

Preamble:

Dr. Jim Gall joined The Hospice Team as a Palliative Physician in 2008 and retired in 2016.

He was truly admired and well- respected for his compassion and empathy by patients, families, coworkers, colleagues and community health care professionals; and as a mentor, leader, and strong advocate for patients in achieving high quality standards and holistic palliative care.

As a legacy and tribute to his life's work, devotion, and commitment, The Hospice of Windsor and Essex County, Inc., created *The Dr. Jim Gall Hospice Award for Compassionate Palliative Care, Supporting the Whole Person and Their Caregivers*.

This award celebrates and honours healthcare professionals in recognition of outstanding achievement, contributions to, and, impact in the field of hospice palliative care in Windsor and Essex County.

Nomination Form

The Hospice of Windsor & Essex County recognizing extraordinary and compassionate patient care by healthcare professionals and providers in the Palliative Care Community

Overview

The Hospice of Windsor & Essex County Inc. recognizes and celebrates the compassion and dedication of healthcare professionals and providers in the Windsor & Essex County Palliative Care Community.

This is the fourth year for the Dr. Jim Gall Hospice Award for Compassionate Palliative Care: Supporting the Whole Person and Their Caregivers, we will present the award at The Hospice of Windsor & Essex County's Volunteer Awards on **Thursday, September 22, 2022.**

The recipient will be presented with the Dr. Jim Gall Hospice Award/ plaque to honour their extraordinary and compassionate patient care.

There are two parts to the Nomination Package:

- Nomination Letter
- Nomination Form

Please review the following instructions carefully to assemble your nomination package. The submission deadline is **Friday, August 5, 2022.**

Nomination Information & FAQs

1. Who can be nominated for a Dr. Jim Gall Hospice Award?

There are many different types of skilled part-time or full-time healthcare professionals and providers whose work has substantial impact on patients and their care. Nominees for the Dr. Jim Gall Hospice Award are for those involved with palliative care from: Care providers in home, public health, community hospitals, and primary care.

2. Who can submit a nomination?

Nominations can be submitted by anyone including patients, patient's families, and peers. The nomination should include real-life examples that demonstrate the nominee's effective impact. It is strongly encouraged to include statements, testimonials, or stories from patients.

3. How long should the nomination be?

The nomination letter should be no longer than two pages in length. It should clearly articulate why the nominee merits a Dr. Jim Gall Hospice Award, and should be supported with real-life examples, or patient stories, quotes and/or testimonials. The nomination package should be between two to five pages in length.

4. Who will review the nominations and decide on the Awardees?

The committee of Hospice staff with interdisciplinary members will review the nominations and recommend the recipient for the award. The evaluation is based on the criteria outlined in the nomination instructions and will be determined by the strength of the submission.

5. Can you provide me with an example of a nomination submission that contains all the required elements?

Please find below an example of a nomination letter that you can use to help you with your nomination submission. Your letter does not need to be identical to this example and may include different supporting information; however, it can help guide you in the process of developing your nomination.

6. When is the submission deadline?

Please complete the nomination form and submit it with your nomination package by **4:00 p.m. August 5, 2022.**

7. Who should I contact if I have questions about the nomination process?

If you have questions about the nomination process, please contact Lauren Rogers by phone at 519-974-7100 x2204 or by email at lrogers@thehospice.ca

Please complete the following page and submit along with your nomination letter.



Nomination Letter

In a **maximum of two typed or handwritten pages**, clearly articulate why the nominee qualifies for the Dr. Jim Gall Hospice Award for Compassionate Palliative care: Supporting the Whole Person and Their Caregivers. For **nominations, please cite and describe at least TWO specific examples of how the nominee exemplifies the criteria listed below.**

You can include patient stories, quotations and supporting documents such as notes/testimonials from patients and families. Please do not send originals as they will not be returned.

Please Note: Nominations will be evaluated based on the criteria below.

Nominations that do not meet the requirements outlined in this package may not be considered for the award.

Palliative Care Professionals & Providers

Criteria:

- Provides exemplary compassionate, person- centered patient care with demonstrable real-life examples.

Note: including patient and family testimonial in the nominating materials is strongly encouraged; however, please keep in mind the length of your nomination package when including them.

- Demonstrates Leadership and actively participates in programs and initiatives to improve patients and families experience, quality of life, quality of care and/or knowledge in palliative care.
- Demonstrates exceptional leadership in his/her area of work by acting as a role model for others.
- Helps to improve access to services, including, responding to the diverse needs of patients and families.
- Goes above and beyond the expectations and responsibilities of their health professional role and should demonstrate sustained contribution.



An Example of a Previous Nomination Letter

Throughout 20__, **(Nominee)** as a front line provider of **(area of expertise)** has led the way for others in our Hospice, through his/her **(characteristic)**. **(Nominee)** is known for his/her commitment to compassion, through his/her modeling of compassionate Palliative Care and support for the whole person and their caregivers.

(Nominee) has taken a lead role in his/her **(area of expertise)** many patient and caregiver care projects. She/he has invested significant time to the care of patients and their caregivers. **(Nominee)** takes time to listen to the needs of patients and their caregivers, as well as staff involved in their care, allowing all to talk openly and honestly about needs and concerns they have.

Most notably, **(Nominee)** has championed **(characteristics of area of expertise)** for patients, caregivers, Hospice staff, and the wide range of learners who come to Hospice hoping to learn something about the care of the dying. He/she has been active, as a leader modeling strategies of care appropriate to patient and caregiver needs.

(Nominee) not only expanded Hospice's efforts to care for the whole person and their caregivers and has also played an active role on a wide range of projects that reach all aspects of the **(Sample)** Hospice program.

What is most notable about **(Nominee)** is how he/she models the principles of compassion and openness to spiritual needs of patients and their caregivers as a leader. In an age when these principles are seen perhaps as passé, unscientific, or personally troubling, he/she is able through sensitivity and ingenuity to bridge the gap between himself/herself and those he/she is serving. The exponential impact the thousands of people we serve is significant. **(Nominee)**'s style of inserting person centered compassion and spiritual needs into the patient care agenda, bestows the patients and their caregivers, restored empowerment at a time in their lives when many feel powerless.

Dr. Jim Gall Hospice Award Nomination Form

1. Name of nominee:

2. Nominee's correct title and place of work/volunteer organization:

3. Nominee's contact (phone and email):

4. Estimated Length of time nominee has been in his/her current role (if known):

5. Nominator(s) name(s), title(s) and place(s) of work:

6. Contact for nominator(s) (phone and email):

7. As part of the nomination process, please confirm your consent to be contacted for this purpose here:

Yes, I consent to being contacted for more information regarding the nominee if needed.

Send to:

The Hospice of Windsor & Essex County Inc.
Attn: Lauren Rogers
6038 Empress Street
Windsor, ON N8T 1B5

via email:

Lauren Rogers lrogers@thehospice.ca
Please copy the nominee and the nominee's supervisor



Deadline: 4:00 p.m. Friday, August 5, 2022

If you have questions about the nomination process, please contact Lauren Rogers, 519-974-7100 x2204 or lrogers@thehospice.ca