



LEADING PRACTICE APPLICATION FORM

This application form is designed to help organizations collect information for the Leading Practice submission. If you wish to submit a Leading Practice application, please [apply here](#).

CONTACT INFORMATION

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Title/Position: Click or tap here to enter text.

Email: Click or tap here to enter text.

Organization: Click or tap here to enter text.

What are the criteria within the standards that aligns with this leading practice (optional)?

Click or tap here to add a (optional) text.

MAILING ADDRESS

This information is used to mail the certificate if the submission is accepted as a Leading Practice. Organizations will receive an electronic certificate recognizing their achievement. Organizations can also receive printed Leading Practices certificates (up to 3 printed copies) upon request.

Room/unit number (optional): Click or tap here to enter text.

Address: Click or tap here to enter text.

Province/State: Click or tap here to enter text.

Country: Click or tap here to enter text.

Postal/Zip Code: Click or tap here to enter text.



LEADING PRACTICE INFORMATION

Title of the Leading Practice: Click or tap here to enter text.

Sector: (Aboriginal Health Services, Acquired Brain Injury Services, Acute Care, Assisted Reproductive Technology, Canadian Forces Health System, Cancer Care, Child and Youth Populations, Community Health Services, EQual™ – Professional Health Education, Health Systems, Home Care, Hospice and Palliative Care, Independent Medical Surgical Facilities, Long-Term Care, Maternal Child Populations, Mental Health, Populations with Chronic Conditions, Primary Care, Providing for People with Developmental Disabilities, Public Health, Rehabilitation, Substance Abuse and Problem Gambling, Substance Abuse and Problem Gambling Services, Telehealth)

Please make sure each section is completed and has no more than 250 words.

Leading Practice Description:

A Leading Practice is an innovative, people-centred, evidence-informed practice that has been implemented by teams in an organization. The leading practice has demonstrated a positive change related to safe and reliable care/service, accessible and appropriate care/service, and/or integrated care/service.

Click or tap to enter text.

People-Centred:

The submission describes how:

- Team/team members are engaged in the planning, design, development, implementation and/or evaluation of the practice.
- Team/team members' engagement is clearly identified as an enabling factor for the practice.
- Team/team members' experiences and perspectives are captured.
- The strategies that are used to involve team/team members in the process.
- The practice empowers team/team members as active partners in health services or education planning and delivery.

Definition of Team/team members: All individuals working, volunteering, or learning together within the organization to meet the needs of clients, families, and the community, including leaders, management, workforce, clients, social and health care professionals who hold privileges, contracted providers, volunteers, and students. As partners in care, clients and family members who clients identify as essential partners in care, are recognized and treated as members of the team, and share in decision making and accountability. The specific composition of a team depends on the type(s) of service(s) provided and/or activity performed.

Click or tap here to enter text.



Evaluation Methodology:

The submission describes how the practice was evaluated. Information provided clearly states:

- The measurable objectives targeted in the evaluation.
- The quantitative indicators or qualitative information collected, with a clear connection between the measurable objectives and the indicator.
- The method or tool used to gather the information.
- The time when the evaluation was started and completed.

Click or tap here to enter text.

Demonstrated Intended Results:

The submission describes the tangible results that the practice produced and results that demonstrate a positive change related to safe and reliable care/service, accessible and appropriate care/service, and/or integrated care/service.

Click or tap here to enter text.

Spread and Sustainability:

The submission describes how the practice will be sustained (there is a sustainability plan) and how it is or can be replicated and/or spread to other areas of the organization and externally.

The submission indicates that there has been or will be a spread of success and lessons learned internally and externally in the system.

Click or tap here to enter text.

Adaptability to Other organizations:

The submission describes how the practice may be implemented in other organizations.

And describes, based on your experience, the potential barriers and facilitating elements that other organizations wanting to adopt this practice may need to consider. Strategies to overcome these barriers and to achieve buy-in are included.

Click or tap here to enter text.



Innovative/Transformative:

The submission states if the practice is innovative or transformative.

Innovative: The practice clearly improves upon existing processes/outcomes in a meaningful way or is new and novel. The practice employed exemplifies creativity.

Transformative: An existing practice, already implemented elsewhere, is adapted and applied in a significantly different manner by the organization.

[Click or tap here to enter text.](#)

Supporting documentation (files or videos):

Supporting document is included only as additional information, which the reviewers may or may not review. Hence, please ensure that the content in description and criteria sections are clear, articulate, and present the information accurately as much as possible.

By submitting this form, you agree to our Terms and Conditions.

1. By signature and submission of this Application, I hereby attest that the information contained in this Application is true and complete, that Health Standards Organization (HSO) may rely on this information in assessing this Application for certification as a Leading Practice, and that I am hereby authorized to commit our Organization to the obligations as set forth in the applicable Terms and Conditions.
2. I hereby authorize Health Standards Organization to collect, use and disclose any personal information contained in the Application for the purpose of assessing this Application, including any Confidential Information submitted as evidence in support thereof. This authorization shall continue for the period of certification, if awarded.
3. I agree that if certification is awarded, our Organization will abide by the Terms and Conditions as stipulated by HSO in the certification award letter.
4. HSO will endeavor to communicate the results of your application within three months of the date of your submission, including the associated evidence.