



# CENTERS OF EXCELLENCE

## Awards Application

### Submission Instructions

- Complete all required sections within this application.
- Submit supporting documentation (SCOPE data, reports, case studies) as appendices.
- Multiple award categories may be selected.
- Applications should reflect performance from the previous calendar year.
- Submit final application by designated deadline to SpecialtyCare program administrator.

### Eligibility Criteria

- Active SpecialtyCare cardiac hospital partner.
- Minimum of 12 months of data within SCOPE database.
- Demonstrated participation in relevant service lines (Perfusion, etc.).
- Compliance with SpecialtyCare quality and documentation standards.
- No significant unresolved safety or compliance violations

### Section 1: Organization Information

Hospital/Health System Name: \_\_\_\_\_

Primary Contact Name & Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Service Line(s) Included (Perfusion, IONM, OR Efficiency, etc.): \_\_\_\_\_

Submission Date: \_\_\_\_\_

### Section 2: Award Category Selection

*Select all categories you are applying for:*

**Clinical Excellence Award**

**Innovation Leadership Award**

**Partnership Impact Award**

### Section 3: Clinical Excellence Award

*Provide detailed quantitative performance data. Attach SCOPE reports if available.*

**Describe your organization's clinical outcomes performance compared to national benchmarks (e.g., mortality index, complication rates).**

*Response:*

**Provide year-over-year KPI improvements (include % improvements and timeframe).**

*Response:*



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**Detail operational performance metrics (first case on-time starts, turnover time, pump time accuracy).**

*Response:*

**Describe quality of care indicators (e.g., sentinel events, harm reduction).**

*Response:*

**Summarize your composite SCOPE scorecard performance.**

*Response:*

### Section 4: Innovation Leadership Award

**Describe innovative clinical or operational solutions implemented.**

*Response:*

**Provide examples of pilot program participation and results.**

*Response:*



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**Describe your continuous improvement approach (PDSA cycles, initiatives).**

*Response:*

**Detail educational leadership and knowledge sharing contributions.**

*Response:*

**Explain the measurable impact of innovation on patient care, safety, or efficiency.**

*Response:*

### Section 5: Partnership Impact Award

**Describe collaboration with SpecialtyCare teams and shared goals.**

*Response:*

**Provide examples of caregiver experience and culture support.**

*Response:*



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**Describe participation in quality and safety initiatives.**

Response:

**Highlight growth and strategic alignment efforts.**

Response:

**Provide testimonials, survey results, or qualitative feedback.**

Response:

### Section 6: Attestation

**I certify that the information submitted is accurate and complete to the best of my knowledge.**

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Signature

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Date

**Please email applications and supporting documents to [centersofexcellence@specialtycare.net](mailto:centersofexcellence@specialtycare.net) by October 30th, 2026.**

**Marketing Consent.** By submitting this application, Applicant acknowledges that, if selected as a SpecialtyCare Centers of Excellence recipient, SpecialtyCare may identify Applicant as a program recipient and may reference Applicant's participation in the program in SpecialtyCare's marketing, promotional, educational, and public relations materials, including website content, program announcements, and social media communications. Any use of Applicant's trademarks, logos, photographs, video content, employee names, testimonials, quotations, or other proprietary content will be subject to Applicant's prior written approval.