

June 5, 2017

Dear Sir/Madam:

Each year at the Shock Trauma Center Gala, the R Adams Cowley Shock Trauma Center Hero Award is presented to a group of individuals whose effort in saving a life exemplifies the very best of the elite Maryland EMS & Trauma System. Individuals including, but not limited to, the 911 operator, field providers, Shock Trauma staff and rehabilitation team are honored.

We would like to ask for your assistance in nominating a case for us to showcase at the 2018 Shock Trauma Center Gala to be held on Saturday, April 28, 2018. We are looking for a story of survival that can be attributed to response time, care received in the field, and treatment by the Shock Trauma Center. Cases involving inter-hospital transfers will also be considered. Please do not hesitate to nominate patients whose outcomes remain uncertain at this time.

Attached please find the Hero Award Criteria and Nomination Forms for your use.

Kindly complete and return the nomination form and any supporting documentation by **Monday, August 1, 2017** to:

Cyndi Rivers
Resource Coordinator
R Adams Cowley Shock Trauma Center
110 S. Paca Street, 3rd Floor, Room 44
Baltimore, MD 21201

Fax and E-mail submissions are also accepted:

Fax: 410-328-3805

E-mail: crivers@umm.edu

Should you have any questions or require additional information, please do not hesitate to call or email me, at 410-328-8778 or crivers@umm.edu.

Thank you for your partnership. We look forward to hearing from you.

Sincerely,

Cyndi Rivers
Resource Coordinator

2018 SHOCK TRAUMA CENTER GALA

HERO AWARD CRITERIA

- I. Involved Maryland EMS ground providers
- II. Transported by MSP Aviation (optional)
- III. Transported to and treated by Shock Trauma
- IV. Treatment by a regional trauma center (optional)
- V. Patient survived and had a positive outcome
- VI. Good response time
- VII. Quality care received in field
- VIII. Rehabilitation (optional)

Timeframe: **January 1, 2016 – June 30, 2017**

2018 SHOCK TRAUMA CENTER GALA

HERO AWARD NOMINATION FORM

Nomination Submitted By	Hospital/ Agency	Address	Phone Number	Email Address

Transported By _____ Length of Stay _____

Injuries/Diagnosis _____

Disposition (ie. Home, rehab...) _____ Where? _____

Description of why this case is being nominated.

(Attach additional information as needed)

****PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE****

Please complete by Monday, August 1, 2017 and return to:

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