September 27, 2022

Dear Sir/Madam:

Each year at the Shock Trauma Center Celebration, 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, EMS Clinicians, Shock Trauma facility and staff and rehabilitation team are honored.

We would like to ask for your assistance in nominating a case for us to showcase at the 2023 Shock Trauma Center Celebration to be held in the Fall of 2023. 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.

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 December 1, 2022 to:

    Cyndi Rivers  
    Resource Coordinator/EMS Liaison  
    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/EMS Liaison
2023 SHOCK TRAUMA CENTER CELEBRATION

HERO AWARD CRITERIA

I. Involved Maryland EMS Clinicians

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: June 1, 2021 – December 1, 2022
**2023 SHOCK TRAUMA CENTER CELEBRATION**

**HERO AWARD NOMINATION FORM**

**PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE**

<table>
<thead>
<tr>
<th>Nomination Submitted By</th>
<th>Hospital/Agency</th>
<th>Address</th>
<th>Phone Number</th>
<th>Email Address</th>
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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 by December 1, 2022 and return to:**

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Resource Coordinator/EMS Liaison  
R Adams Cowley Shock Trauma Center  
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