There are currently 18 GoldSTAMP Collaboratives throughout NYS

- Albany
- Binghamton
- Buffalo
- Brooklyn (2)
- Coney Island
- Elmira
- Kingston
- Long Island (2)
- Niagara Falls
- Oswego
- Plattsburgh
- Rochester
- Syracuse
- Queens
- Utica
- Westchester

A Collaborative: Consists of at least one hospital, one nursing home and one home health agency within one community.

Coaches: Provide training and facilitation to Collaborative members who meet once a month for six months.

Training: is focused on improving communication across settings, providing education regarding pressure ulcer care and providing strategic tools and resources to accomplish collaborative goals.

Cost: These resources are provided at no cost to participants who are organized and committed to improving pressure ulcer care.

If you are interested in forming a Collaborative in your community, please complete the application form and submit to goldstamp@albany.edu.
Request to be considered for a GoldSTAMP Collaborative

Medicaid Redesign Team Gold STAMP Health Care Organization Application

1. Name of Organization _____________________________________________________________

   Street Address: __________________________________________________________________

   City: __________________________ County: __________ Zip: ______________

2. Classification (Hospital, Nursing Home, Home Care, Residence/Adult Care Facility/Assisted Living, Hospice): ______________________________________________________________

3. CEO/Administrator
   
   Name: __________________________ Title: __________________________

   E-mail: __________________________

   Phone: __________________________

4. GoldSTAMP contact for this facility
   
   Name: __________________________ Title: __________________________

   Email: __________________________

   Phone: __________________________

Email: goldstamp@albany.edu

Fax: 518-402-1137
Tel: 518-402-0330
If you have identified partners for a potential collaborative please submit this form

Gold STAMP Collaborative Group Application

1. Gold STAMP Champion (identified by the Collaborative as the “lead” contact and coordinator)
   a. Name
   b. Title
   c. Organization
   d. Address
   e. E-mail
   f. Phone/Cell Phone

2. Names of all health care organizations in Collaborative (Note: Collaborative must consist of a minimum of one hospital, one nursing home and one home care agency to be eligible for the project):

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<thead>
<tr>
<th>Name of Organization</th>
<th>Address</th>
<th>Provider Type</th>
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3. Our Collaborative partners (check all that apply):

   ____ Have formed for the purpose of this project
   ____ Have been working together since (Date: ______) on the following:

   ____ Pressure Ulcer Initiatives
       explain __________________________________________
   ____ Other Initiatives
       explain __________________________________________

4. Readiness to work together: (Check all that apply)
   ____ Each facility has administrative support for this initiative
   ____ Each facility will identify multidisciplinary team members to attend meetings
   ____ A convenient meeting space is available

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