****Information Security Executive® Awards**

*Project Category Nomination Form*

EVENT SELECTION  **Please indicate the region for your submission by clicking the appropriate box:**

[ ]  ISE® Southeast

[ ]  ISE® Central

[ ]  ISE® West

[x]  ISE® Northeast

PROJECT EXECUTIVE SPONSOR CONTACT INFORMATION

**Please list name, title and company/organization name as you would it to be used in all print materials.**

***(Include phonetic pronunciation.)***

|  |
| --- |
| **Project Executive Sponsor Contact Information*(Areas with asterisks [\*] are required)*** |
| First Name\* | Karen |
| Last Name\* | Steele |
| Title\* | Chief Information Security Officer |
| Company/Organization Name\***(*62 character limit*)** | US Healthcare Corporation |
| Mailing Address\****(No PO Boxes)*** | 000 Healthco Plaza |
| City\* | Example |
| State\* | MA |
| Zip\* | 02108 |
| Office Phone\****(Include area code and extension)*** | 617-123-4567 |
| Mobile Phone***(Include area code)*** | 617-456-7890 |
| Email\* | ksteele@example.com |
| Assistant's Name | Linda Cooper |
| Assistant's Phone***(Include area code)*** | 617-789-1234 |
| Assistant's Email | lcooper@example.com |
| LinkedIn Profile URL | http://www.linkedin.com/in/example |
| Twitter Handle | @examplehandle |

PROJECT TEAM MEMBERS INFORMATION

|  |
| --- |
| **Project Team Members Information*(Please include phonetic pronunciations for names commonly mispronounced.)*** |
| Names of Key Team Members***(Include each member’s title)*** | * Kevin Bektollshine, Project Mgr [ BECK-tol-shine ]
* Kerry Brown, Infrastructure Manager
* Nancy Carrerre, Deployment Mgr [ CARRY- air ]
* Vijay Shacravarrtee, Lead Engineer {Vee-jay} [ CHAK-ra-VAR-ti ]
* Travis Folsom, Systems Engineer
* Mary Ford, Integration Manager
* Christopher Giarram, Security aAchitect [ JAR-ram ]
* Herb Jones, Security Consultant
 |

NOMINATOR CONTACT INFORMATION

|  |
| --- |
| **Nominator Contact Information*(Areas with asterisks [\*] are required)*** |
| Name of Official Nominator\****(If different than Nominee Information above)*** | Joe Turner |
| Title\* | Vice President of Sales, North America |
| Company Name\* | IAM Technologies, Inc. |
| Address\* | 0000 Perimeter Center Plaza |
| City\* | Example |
| State\* | CA |
| Zip\* | 94306 |
| Office Phone\****(Include area code)*** | 650-123-4567 |
| Mobile Phone***(Include area code)*** | 650-456-7890 |
| Email\* | jturner@example.com |

PRIMARY CONTACT FOR NOMINATION FORM

|  |
| --- |
| **Primary Contact Information*****(Areas with asterisks [\*] are required)*** |
| Primary Contact Name\* | Amy Jones |
| Title\* | Product Marketing and Field Services Director |
| **(*Complete remaining if different from Nominee or Nominator contact information)*** |
| Company Name\* | IAM Technologies Inc. |
| Email\* | ajones@example.com |
| Office Phone\****(Include area code)*** | 650-123-4567 |
| Mobile Phone***(Include area code)*** | 650-456-7890 |

PUBLIC RELATIONS CONTACT FOR NOMINATION FORM

|  |
| --- |
| **Public Relations Contact Information*****(Areas with asterisks [\*] are required)*** |
| Name of PR Contact***(If applicable)*** | Carla Miles |
| Company Name | Green Seed Communications |
| Title | Account Executive |
| Address | 0000 Signal Hill Court |
| City | Example |
| State | MA |
| Zip | 01760 |
| Office Phone\* | 617-123-4567 |
| Mobile Phone***(Include area code)*** | 617-456-7890 |
| Email\* | cmiles@example.com |

ISE® NORTH AMERICA RESUBMISSION OPPORTUNITY

All regional level participants have the option to **resubmit for our ISE® North America program**, which recognizes executives and project from across the U.S. and Canada. Unique to this program, nominations are further evaluated within industry classifications, such as Commercial, Government, Health Care, and Academic/Public Sector. If you wish to participate in this program, you do not have to complete an additional nomination form. Simply make your selection below and you will be resubmitted for the ISE® North America program.

**Please indicate if you intend to resubmit for ISE® North America by clicking the appropriate box:**

[x]  I would like to resubmit this nomination for the ISE® North America Awards.

[ ]  I would like to submit at the regional level only.

[ ]  I am undecided.

PROJECT NOMINATION QUESTIONS (SHORT ANSWER)

**IMPORTANT:** Only the company logo, executive sponsor, team members, and project description will be included on the ISE® Programs website and in promotional materials. **All other information provided in the nomination form will be treated as confidential.**

***Please do not change the font style or color. Please do not apply bold, italics, underline, highlights, or other formatting options to your answers. This may break formatting when used to prepare judge materials.***

COMPANY/ORGANIZATION GENERAL INFORMATION

* What is the company’s/organization’s URL?

www.ushealth.com

* Provide a **brief** description of the company’s/organization’s products or services.

US Healthcare Corporation is the nation's leading provider of healthcare services, composed of locally managed facilities that include 157 hospitals and 101 freestanding surgery centers in 25 states and the United Kingdom. At its founding in 1971, US Healthcare Corporation was one of the nation's first hospital companies.

* What is the total revenue of the company/organization? ***(Click the appropriate box.)***

[ ]  Less than $500M [ ]  $500M-$1B

[ ]  $1-50B [x]  $50-100B

[ ]  Greater than $100B

* What is the total number of employees in the company/organization? ***(Click the appropriate box.)***

[ ]  Less than 10K [ ]  10K-50K

[ ]  50K-100K [x]  Greater than 100K

* Please indicate the company’s/organization’s industry. ***(Click the appropriate box.)***

[ ]  Agriculture and Mining [ ]  Manufacturing

[ ]  Business Services [ ]  Media and Entertainment

[ ]  Computers and Electronics [ ]  Non-profit

[ ]  Consumer Services [ ]  Pharmaceuticals and Biotech

[ ]  Education [ ]  Real Estate and Construction

[ ]  Energy [ ]  Retail

[ ]  Energy (Oil and Gas) [ ]  Software/Internet/Social Media

[ ]  Financial Institutions/Insurance/Brokerage [ ]  Telecommunications/Mobility

[ ]  Government (Federal) [ ]  Transportation and Storage

[ ]  Government (State and Local) [ ]  Wholesale and Distribution

[x]  Healthcare (Payee/Payer) [ ]  Other (Please specify below)

[ ]  Hospitality/Travel

If “Other,” please specify: Click or tap here to enter text.

* Does company/organization have a national or a global presence? ***(Click the appropriate box.)***

[ ]  National [x]  Global

**COMPANY/ORGANIZATION INFORMATION SECURITY DEPARTMENT INFORMATION**

* What is the total annual budget for Information Security? ***(Click the appropriate box.)***

[ ]  Less than $1M [ ]  $1-25M

[ ]  $25-50M [x]  More than $50M

* What percentage of the **IT budget** does this amount represent?

Three Percent (3%)

* How many employees are in the Information Security Department, **in the U.S. *and* worldwide**?
***(Click the appropriate box.)***

[ ]  0-10 [ ]  30-75 [ ]  150+

[ ]  10-30 [x]  75-150

* Is the company’s/organization’s Information Security Department a part of the IT organization? If not, please share which department it is under. ***(Click the appropriate box.)***

[x]  Yes, it is a part of the IT organization.
[ ]  No, if it a part of: Click or tap here to enter text.

EXECUTIVE NOMINATION QUESTIONS (EXTENDED ANSWER, 300 WORD LIMIT EACH\*)
\*With exception of first question.

**IMPORTANT:** ALL questions *(including their respective parts)* in this section **MUST BE ANSWERED** for the nomination to be considered complete.

***Please do not change the font style or color. Please do not apply bold, italics, underline, highlights, or other formatting options to your answers. This may break formatting when used to prepare judge materials.***

QUESTION ONE: PROJECT OVERVIEW - DESCRIPTION

* What is the Project name?
* Provide a **brief** high-level description of the project.
	+ *Limit this description to a* ***100-word maximum****.*
	+ *(This will be published in the online ISE Project Nominee Gallery and printed program materials.)*

**ANSWER *(begin on next line):***

The project’s name is Endpoint Encryption. With regulatory requirement mandates, such as the HITECH Act, driving additional consequences and penalties, US Healthcare Corporation had to implement a strong and flexible data protection solution for thousands of endpoints, including mobile devices and removable media, to be compliant. Due to the vast amount of confidential medical information and patient records that pass through US Healthcare Corporation centers and satellite offices, a top Endpoint Encryption initiative undertaken was to secure all healthcare and patient information.

QUESTION TWO: PROJECT OVERVIEW - DETAILS

* When did the Project begin?
* When did the Project end?
	+ (*Entire project or major phase of nominated project must have an end date within the past 18 months*)
* Describe the number of users the Project supports/protects in the U.S.
* Describe the number of users the Project supports/protects worldwide.
* What is the approximate budget for the Project?
* Describe the technology that was implemented for this Project and why it was selected.

ANSWER *(begin on next line)*:

The project began in April of 20XX and ended November 20XX, and it supports 65,000 users across 5 hospitals and 2 satellite offices, including physicians, nurses, clinical staff, executive management, and administrative/support staff. The budget for the project was $2.5 Million.

US Healthcare Corporation implemented SBS Encryption for Healthcare because it provided extensive data and device encryption capabilities; centralized policy administration and self-contained key management; device management; and advanced reporting capabilities. The system was chosen because it provided a unique policy based approach to encryption that tailored the solution to our specific needs, while minimizing impact to end users and business workflows. The solution encrypts data on laptops, desktops, tablets, CDs, DVDs, USB drives, and any other removable media. The solution offers enterprise-wide full disk, file/folder, and removable media encryption, combined with granular port and device control to prevent unauthorized access and use of private information, as well as a complete audit trail to demonstrate compliance.

QUESTION THREE: PROJECT GOALS

* What were the problem(s) or challenges(s) that needed to be solved?
* What were the goals of the Project?
* Describe how the Project was implemented to solve the problem(s) or challenge(s).

ANSWER *(begin on next line)*:

Unencrypted systems pose a high risk to US Healthcare Corporation due to the potential to expose protected health information (PHI), confidential information, and personal identifiable information (PII) in the event of theft or loss. HIPAA/HITECH and state regulations require health providers to protect PHI and PII, and impose costly penalties if the lost or stolen device was not encrypted. US Healthcare Corporation identified six business issues/challenges:

-Protect PHI and PII

-Demonstrate compliance with HIPAA/HITECH and state regulations

-Prevent costly data breaches

-Secure devices without hindering employee productivity, impacting patient care or impacting the installed base of healthcare applications and modalities

-Accommodate various device types, OS builds, and hardware platforms

-Scale to meet future needs

The overall goal of the Endpoint Encryption project was to reduce the risk of a breach caused by the loss or theft of a device. Specific goals included:

-Design, test and deploy a centrally managed endpoint encryption system within 9 months

-Achieve full disk encryption to more than 60,000 endpoints

-Encryption all USB and external media

-Promote the normal flow of business and support patient care

The project was initiated to encrypt all desktops, laptops and any USB attached portable media across the entire organization. The project team had to deal with a very complex environment to deploy this solution. Over 1500 applications needed to be tested for compatibility with the encryption software. These applications were managed by five different IT organizations and dozens of business units. Impacting an application can be a serious risk to providing patient care, so testing had to be carefully coordinated. The deployment strategy also had to take into account the sensitivity of the devices, rolling out larger numbers of office devices and smaller numbers of clinical devices at a time to ensure appropriate resources were available should any issue arise.

US Healthcare began the endpoint encryption deployment by first identifying all laptops and other transportable medical devices in its IT environment. Then the company validated that endpoint encryption integrated well with its standard workstation and laptop images, and overall IT environment.

Effective communication is essential to any project and it was especially true in this case. Regarded as a major factor in the project’s success, communication planning and execution was handled in a systematic and collaborative fashion. Once we identified the order of deployment groups for encrypting our inventory of transportable laptops and devices, we began a detailed communications campaign with employees and staff. The campaign involved presenting during CFO and facility-level administration meetings to ensure everyone was aware of the deployment and how it might affect their work. The campaign also involved sending letters to each employee the week before deployment, two days prior to deployment, and the day of deployment with detailed procedure documentation, to minimize impact on employees’ day-to-day work.

QUESTION FOUR: RESULTS/IMPACT OF THE PROJECT

* Provide impactful and measureable results of the Project. Did it solve the problems(s)/challenge(s)?
	+ Describe how the Project has been effective in achieving top- and/or bottom-line results for the business or organization.
	+ *TIP: Include details such as new business ventures, cost savings (ROI), productivity increases, improved operations, revenue growth, etc.*

ANSWER *(begin on next line)*:

The Endpoint Encryption project has been highly successful on several fronts. First, it caused minimum impact on our primary business of providing care. In most cases, the end users did not even know that the encryption had occurred. For the USB encryption, we needed to train the users in a new process. An additional benefit came as we understood the uses of USB encryption, and through educating the users on appropriate use, we were able to find more secure alternatives to using USBs including network storage and backup.

A primary benefit of the project is that we have been able to verify that all devices that have been lost or stolen since the deployment have been encrypted. And since the solution is FIPS 140-2 certified, we have been able to avoid any reportable incidents as this provides us safe harbor from data breach penalties under HIPAA and state data privacy laws. The total cost of the project was significantly less than the cost of remediating a potential breach

QUESTION FIVE: WHY SHOULD THIS PROJECT WIN?

* Why do you think this Project should win?
	+ *TIP: What can other executive teams or companies/organizations learn from the Project? What sort of impact does this have on your company’s/organization’s future? On the information security industry? What else can you tell us that you believe qualifies the Project?*

ANSWER *(begin on next line)*:

US Healthcare Corporation identified a security risk of the potential to lose data from lost or stolen devices. We then identified a product to mitigate this risk, designed a solution, and implemented the solution across a heterogeneous environment, with decentralized IT organizations, on systems running both IT and business managed applications, within various management hierarchies. We successfully implemented the solution to over 90 percent of our devices in 4 months. We completed the Phase I deployment in just 9 months, and rolled right into Phase II, deploying USB encryption to the same endpoint devices. This left the organization with all end-point devices encrypted for both local data, and any data copied off the devices. This has significantly lowered our risk posture, and addressed the top three types of HIPAA incidents. (Stolen laptop, stolen portable hard drive, and lost/stolen USB thumb drive) This provides US Healthcare Corporation with Safe Harbor from reportable incidents per the HIPAA Privacy Rule.

QUESTION FIVE: PERSONAL INTERESTS/FACTS

* During the ISE® Awards Gala, the audience enjoys hearing about the personal side of our Project Team nominees as they are called to the stage so they may relate to the nominees on a more amiable level.
Please tell us about ***one or two*** of the following.
*Please* ***do not*** *include anything you would not want the audience to hear at the Awards Ceremony.*
* Something funny or interesting that happened to project team member(s) during the course of the project
* Comments or feedback from senior management on the success of the project
* What you’d do if you won the lottery with a BIG payout for the team
* Something fascinating about the project (its technology, processes, or people)
* Anything else you’d like to share

ANSWER *(begin on next line)*:

A funny story to share: during the course of the project, teams waged friendly bets against which would be the first to complete their respective tasks. The team on the losing side of the bet would have to perform actions placed forward by the winner. The red team inevitably was on the losing side, and was forced to be at the beck and call of the blue team for a week. Needless to say, the blue team was forced to make multiple trips to the local diner, shoe repair shop, and other labor-related tasks. The blue team really regretted taking this particular bet.

EXECUTIVE SPONSOR DECLARATION AND DETAILS: PLEASE READ AND SIGN

By submitting this form, I believe that the information I have provided is correct to the best of my knowledge. I authorize the release and use of any and all materials furnished in the nomination form for the purposes of evaluation and judging.

I understand that the company logo and project description submitted on this nomination form may be used in publicity related to the ISE® Awards; and that all other information will be treated as confidential.

*(Electronic submission of the form is taken to mean that the terms and conditions of this nomination form are accepted.)*

**Executive Sponsor Authorization**: Sample Signature

**Executive Sponsor’s Title**: Sample Signature

**Date**: June XX, 20XX

SUBMISSION QUICK CHECK LIST

* Did you complete **all required contact information** where applicable in this document?
* Are the Project name, executive sponsor name(s), team member name(s), title(s), and company/organization name(s) as you would like to see them printed in materials and on the website?
* Did you complete the nomination questions **in full**?
	+ Did you complete **each** of the Extended Answer questions **in 300 words or less**?
* Did you answer the project team’s Personal Interests section?
* Did you **sign** the Executive Sponsor Declaration?
* Did you **attach** a high-resolution photo (.EPS or .JPG) of the company/organization logo to send with this submission to ISE@ten-inc.com?
* Did you complete the personal questions section?

NEXT STEPS

* Upon submission, a T.E.N. team member will confirm receipt of the completed nomination form and photo.
* An email will follow with details of the agenda of the ISE® Executive Forum and Awards. It will also explain how to register for the program.
	+ *Please do not forget to register!*
* Nominees, their teams, and qualified IT executives they would like to invite are eligible to attend the entire ISE® Executive Forum and Awards.
	+ *(A “qualified IT executive”* ***cannot*** *work for a vendor that provides information security products or services.)*
* Details will also be provided on hotel registration, rates, and how to book your room.

**For all questions, please contact:**

**Kimberly Martin**

Manager of Corporate Communications and ISE® Nominations

**T.E.N. |** [www.ten-inc.com](http://www.ten-inc.com/)

4062 Peachtree Road, Suite A-303 | Atlanta, GA 30319

P: 678-603-3500

kmartin@ten-inc.com

        

**Thank you for participating in the ISE® Awards Program. Good luck to you!**