Nomination Form

Advocacy Award for Safe Patient Handling & Mobility

Sponsored by: Association of Safe Patient Handling Professionals and the Tampa VA Research and Education Foundation

Description: This award recognizes individuals who have stepped forward to promote the use of safe patient handling, sometimes facing resistance and seemingly unsurmountable obstacles. Past recipients of this award were recognized for their accomplishments in advocating for worker and patient safety through safe patient handling and mobility programs.

Instructions: Complete the nomination form below, and attach a narrative of no more than two pages.

1. How specifically has the nominee advocated for SPHM?
2. Give examples of the methods used and specific outcomes achieved.
3. How has the nominee supported others in healthcare to support SPHM?
4. Include anything else you would like us to know about this candidate.

Evaluation: A committee will be evaluated submissions using the rubric below.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Activities</td>
<td>Limited to one facility</td>
<td>One healthcare system</td>
<td>National in scope</td>
<td></td>
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<tr>
<td>Interprofessional Scope of Activities</td>
<td>Limited to one profession</td>
<td>Includes limited professions</td>
<td>Multidisciplinary with significant inclusion</td>
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<tr>
<td>Impact of advocacy activities on Quality of Care/Patient Safety</td>
<td>Anecdotal evidence</td>
<td>Limited outcomes measured</td>
<td>Strong measurement of outcomes</td>
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<tr>
<td>Impact of advocacy activities on Cost of Care</td>
<td>Anecdotal evidence</td>
<td>Limited outcomes measured</td>
<td>Strong measurement of outcomes</td>
<td></td>
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<tr>
<td>Short Term impacts (new methods, etc.)</td>
<td>Limited to one facility</td>
<td>One healthcare system</td>
<td>National in scope</td>
<td></td>
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</tbody>
</table>
Use the following form to nominate an individual for consideration as the 2019 recipient of the Advocacy Award for Safe Patient Handling and Mobility

**Nominations must be received by September 1, 2018:**

Advocacy Award for Safe Patient Handling & Mobility  
8900 Grand Oak Circle  
Tampa, FL 33637  
Phone: 813-558-3948  
Email: vkelleher@tampavaref.org

**Nominee Information:**

Name: Title: ........................................................................................................................................

Organization: .....................................................................................................................................

Address: ..........................................................................................................................................  

City, State Zip: ....................................................................................................................................

(Area Code) Phone number: ................................................................................................................

Email ................................................................................................................................................

**Nomination Submitted By:**

Name: ..............................................................................................................................................

Title: ..................................................................................................................................................

Organization: .....................................................................................................................................

Address: ..........................................................................................................................................  

City, State Zip ....................................................................................................................................

(Area Code) Phone number: ...............................................................................................................  

Email ................................................................................................................................................

Describe the nominee’s SPHM achievements based on the evaluation criteria *(Limit narrative to two pages)*