



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.

Criteria	1	2	3	Rating
Scope of Activities	Limited to one facility	One healthcare system	National in scope	
Interprofessional Scope of Activities	Limited to one profession	Includes limited professions	Multidisciplinary with significant inclusion	
Impact of advocacy activities on Quality of Care/Patient Safety	Anecdotal evidence	Limited outcomes measured	Strong measurement of outcomes	
Impact of advocacy activities on Cost of Care	Anecdotal evidence	Limited outcomes measured	Strong measurement of outcomes	
Short Term impacts (new methods, etc.)	Limited to one facility	One healthcare system	National in scope	

Long Term adoption (repeatable, sustainable change)	Limited to one facility	One healthcare system	National in scope	
			Total Points	

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: ykelleher@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*)