Audrey Nelson Best Practices Award in Safe Patient Handling and Mobility

**Description:** This award recognizes excellence in implementing evidence-based safe patient handling and mobility programs. This award targets accomplishments of healthcare organizations and systems in systematically identifying, implementing and sustaining evidence-based SPHM practices to achieve worker and patient safety.

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

1. How *specifically* has the nominee achieved excellence in safe patient handling?
2. Give examples of the methods used and specific outcomes achieved.
3. How has the nominee shared their success with the healthcare community?
4. Include anything else you would like us to know about this candidate.

**Evaluation:** Nominations will be evaluated 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>Program is based on evidence (research, clinical knowledge, patient preferences)</td>
<td>Limited evidence cited</td>
<td>1-2 types of evidence are integrated into program</td>
<td>3 types of evidence are integrated into program</td>
<td></td>
</tr>
<tr>
<td>Interprofessional Collaboration</td>
<td>Limited to one profession</td>
<td>Includes 1-2 professions</td>
<td>Multidisciplinary with significant inclusion</td>
<td></td>
</tr>
<tr>
<td>Dissemination</td>
<td>Limited to internal dissemination</td>
<td>System-wide or regional</td>
<td>National audiences</td>
<td></td>
</tr>
<tr>
<td>Impact of practices and program on quality and safety outcomes</td>
<td>Anecdotal evidence</td>
<td>Limited outcomes measured</td>
<td>Strong outcomes measurement</td>
<td></td>
</tr>
<tr>
<td>Impact of practices and program on Cost of Care</td>
<td>Anecdotal evidence</td>
<td>Limited outcomes measured</td>
<td>Strong outcomes measurement</td>
<td></td>
</tr>
<tr>
<td>Sustainability of practices and program</td>
<td>Limited to one-year outcomes</td>
<td>Outcomes demonstrated up to 5 years</td>
<td>Outcomes demonstrated past 5 years</td>
<td></td>
</tr>
</tbody>
</table>

**Total Points**
Nomination Form

Audrey Nelson Best Practices Award in Safe Patient Handling and Mobility

Nominations must be received by September 1, 2018

Audrey Nelson Best Practices Award in Safe Patient Handling and Mobility
attn.: Valerie Kelleher
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)