Visionary Executive Leadership Award for Safe Patient Handling and Mobility

Description: This award recognizes excellence in executive leadership for safe patient handling and mobility. This award recognizes accomplishments of leaders in establishing a supportive culture of safety that includes both staff and patients, setting expectations for all leaders and staff in an organization, providing resources for effective program implementation, and encouraging interprofessional collaboration. All members of executive leadership are encouraged to apply.

Instructions:
1. Complete the nomination form (page 3)
2. Attach a narrative of no more than two pages addressing:
   a. What specifically has the nominee done to successfully lead an organization or healthcare system in safe patient handling and mobility excellence?
   b. Give examples of the methods used and specific outcomes achieved to achieve SPHM excellence.
   c. How has the nominee used principles of leadership to drive sustained change in SPHM?
   d. What makes the nominee stand apart from other healthcare executives?
   e. Include anything else you would like us to know about this candidate.
Evaluation Rubric

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>Setting Expectations for Safety Culture that includes staff and patients</td>
<td>Culture mainly focuses on patient safety</td>
<td>Beginning to integrate staff and patient safety</td>
<td>Safety culture embraces both staff and patients</td>
<td></td>
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<tr>
<td>Staff reporting of SPHM injuries</td>
<td>Most staff do not report</td>
<td>Most staff report</td>
<td>All staff regularly report all SPHM injuries</td>
<td></td>
</tr>
<tr>
<td>Communicating Expectations related to safety culture</td>
<td>Expectations limited to administrative leadership</td>
<td>Expectations clear to administrative and management</td>
<td>All people in the organization understand leadership expectations</td>
<td></td>
</tr>
<tr>
<td>Rewards successes of Staff for embracing safety culture</td>
<td>Limited track record of providing recognition</td>
<td>Some track record of providing recognition</td>
<td>Strong track record of providing recognition</td>
<td></td>
</tr>
<tr>
<td>Provision of Resources for SPHM programming</td>
<td>Limited commitment to resourcing SPHM</td>
<td>Significant resources with limited track record</td>
<td>History of significant resources provided</td>
<td></td>
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<tr>
<td>Measurement System for tracking SPHM outcomes</td>
<td>Measurement is not systematized at organizational level, may include unit‐specific measurement</td>
<td>Outcomes may be measured but are not routinely tracked by leadership and only include staff outcomes</td>
<td>SPHM outcomes, that include staff and patient outcomes, are fully incorporated into facility measurement system</td>
<td></td>
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</table>

**BONUS POINTS**

<table>
<thead>
<tr>
<th>BONUS POINTS</th>
<th>0</th>
<th>2</th>
<th>4</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linking Leadership Style to promotion of SPHM</td>
<td>Did not articulate</td>
<td>Somewhat articulated</td>
<td>Convincingly articulated</td>
<td></td>
</tr>
<tr>
<td>Discussion of other considerations</td>
<td>Did not articulate</td>
<td>Minimal discussion</td>
<td>Convincingly discussed</td>
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<tr>
<td>Total Points</td>
<td></td>
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</tbody>
</table>
Nomination Form

Nominations must be received by September 1, 2018

Visionary Leadership 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 ..............................................................................................................................................