



## ***D.O.N. of the Year***

The Nurse Council of the Texas Health Care Association established the annual "*DON of the Year Award*" to recognize outstanding Directors of Nursing working in long term care facilities. The winner, along with all nominees, will be honored at the THCA convention.

### **CRITERIA**

Since the goal is to honor outstanding DONs, emphasis will be placed on recognizing those who:

- are innovative in dealing with resident and staff issues, and in the delivery of nursing care in the long term care setting; and
- have furthered their professional growth in the long term care nursing field.

### **NOMINEE REQUIREMENTS**

- The nominee must be a Registered Nurse; with a minimum of two years experience as a DON in a long term care facility (not limited to a geriatric facility) with one year in nominating facility as DON at the time of application.
- The nominee must be currently employed in a THCA member facility at time of application and at time the award is presented.
- The recent DADS inspection/surveys during the past twelve (12) months from the facility where the applicant works shows no tag at G scope/severity level or higher resulting from major problems/quality of care issues in nursing. If you receive a G-Tag and you feel it is not related to nursing, send a copy of the G-Tag for consideration. NOTE: If the facility is appealing an IJ that has not been finalized the DON is not eligible for nomination. A DON would be eligible if the deficiencies were received prior to her/his hire date and because of her/his direction they were cleared.
- The nominee will attend Nurses' Day activities at the 2018 THCA Annual Convention at the expense of the employing facility.

### **HOW TO SUBMIT A NOMINATION**

The following materials must be submitted electronically via e-mail to THCA ([THCAawards@txhca.org](mailto:THCAawards@txhca.org)) no later than **September 7, 2018**. Please be as specific as possible and show uniqueness of nominee. Submit attached Nomination Form with letters of recommendation.

A Letter from each discipline must be received. Note: Applications not meeting all of the criteria will be disqualified.

- letter of nomination from the employing Administrator (see Letters for Nomination);
- letter from the facility medical director or an attending physician who has worked with the nominee (see Letters for Nomination);
- letter from another nurse (see Letters for Nomination info);
- letters of support from consultants, staff, family members, residents, family councils, etc. (see Letters for Nomination);
- statement on facility letterhead stating that no tag at G scope/severity or higher has resulted from nursing care during the past year;

**All information received will be kept strictly confidential.**

## LETTERS FOR NOMINATION PACKET

### ***Letter from the Administrator...***

The letter of nomination from the administrator of the employing facility should not be longer than two double-spaced typed pages and should contain the following:

- A statement of how long the nominee has served as a DON in a long term care facility (a minimum of two years, which may be in more than one facility) with one year in nominating facility as DON at the time of application.
- The reasons you feel this DON has excelled and should be recognized as a leader in long term care nursing. Areas to be commented upon include:
  - Nursing skills and knowledge, and how these have affected residents under her/his care. (Examples are helpful)
  - Fiscal responsibility in managing the nursing department.
  - The nominee's interaction with supervisors, peers and subordinates.
  - The nominee's impact on resident health, safety and quality of life.
  - Programs developed and/or supported by DON that enhanced the quality of care for resident or impacted nursing service in the facility.
  - Over the past year, what actions has the nominee taken to impact the overall quality measures and star rating in the facility?
  - How the nominee has participated/enhanced the facility's QAPI?
  - Professional organization involvement.

### ***Letters from the Medical Director/Attending Physician, Another Nurse, and Letters of Support....***

The letters of recommendation should include the reasons the doctor and another nurse feel this DON should be recognized for his/her performance as a long term care DON. Areas to be commented upon include:

- The nominee's nursing skills and knowledge, and how these have affected the residents under her/his care (include examples).
- The nominee's leadership & mentoring skills to support professional development.
- The nominee's systems & progress put in place to impact the resident health, safety, quality of life and patient centered care.

If you have questions about the award or requirements, please contact Dorothy Crawford at [dcrawford@txhca.org](mailto:dcrawford@txhca.org). All qualified nominees will receive a certificate. The judging panel consists of THCA Nurse Council members. The Council reserves the right to not present this award.

**NOTE: Applications *not* meeting all of the above criteria will be disqualified.**

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY ON OR BEFORE SEPTEMBER 7, 2018 TO: [THCAawards@txhca.org](mailto:THCAawards@txhca.org)**

**NOTE: This is a Writable PDF**

**2018 DON of the Year  
Award Sponsored by  
THCA Nurse Council**

**NOMINEE QUESTIONNAIRE – MUST ACCOMPANY PACKET**

This questionnaire, accompanied by the letter of nomination from the administrator and other supporting documents should be received by THCA no later than **September 8, 2017**.

Name of Nominee \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Facility Ownership \_\_\_\_\_

Facility Bed Capacity \_\_\_\_\_ Check appropriate: SNF \_NF

Past 12 Months Survey History with G-Tag or higher: YES\_ \_\_\_ NO\_

Total Number of Years of Experience as a D.O.N. (combine all experience): \_\_\_\_\_

Current Facility Start Date of Employment: \_\_\_\_\_ Date began as D.O.N.: \_\_\_\_\_

Number of persons under direct supervision of DON \_\_\_\_\_

Educational background (beyond high school):

Nurse employment history with dates (up to 10 years):

Membership in professional organizations:

Special accomplishments or achievements in nursing:

**IMPORTANT**

Name of Person Submitting Nomination: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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