



## ***NURSE OF THE YEAR***

The Nurse Council of the Texas Health Care Association has established an annual "*THCA Region Facility Nurse of the Year Award*" to recognize outstanding Nurses working in long term care facilities. A Facility Nurse of the Year will be selected from each THCA Region, and the ten regional winners will attend and be honored at the THCA convention. Each member facility may submit one nomination each year.

### **CRITERIA**

Since the goal is to honor outstanding **Facility Based Licensed Nurses**, emphasis will be placed on recognizing those who:

- are innovative in dealing with resident and staff needs, and in the delivery of patient centered 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 **Full-time Licensed Nurse** (*may also include any nurse management position excluding the D.O.N.*) at the time of the nomination; with a minimum of two years experience as a licensed nurse in a long-term care facility (not limited to a geriatric facility) at the time of application.
- The nominee must be currently employed in the current THCA member facility for a minimum of one year 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 or higher and you feel it is not related to nursing, send a copy of the Tag for consideration. If the Tag relates to nursing, provide an explanation.
- All regional winners will attend Nurses Day activities at the 2018 THCA convention at the expense of the employing facility. All regional winners will receive a guest ticket for the award luncheon and will be recognized during the Nurses Day activities and luncheon.

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

The following materials must be electronically submitted no later than **September 7, 2018**. **Please be as specific as possible and show uniqueness of nominee.**

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

- letter of nomination from the employing Administrator (see Letter from Administrator for content). Include how the nurse interacts with peers, families and residents;
- letter from the facility DON who has worked with the nominee (see Letter from DON for content). What attributes they possess to improve the quality of life and person centered care for the residents;
- letter from another nurse or coworker;
- include other letters of support from consultants, staff families, residents, family councils etc.

All information received will be kept strictly confidential.

## **LETTER FROM THE ADMINISTRATOR**

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

- The reasons you feel this Nurse 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)
  - The nominee's interaction with supervisors, peers and subordinates.
  - The nominee's impact on resident health, safety, quality of life and patient centered care.
  - How the nominee has participated/enhanced the facility's QAPI.
  - Professional organization involvement.

Submit attached nominee questionnaire and the letters of nomination.

## **LETTER FROM THE DIRECTOR OF NURSING**

The letter of recommendation should include the reasons the DON feels this Nurse is outstanding and should be recognized for his/her performance as a long term care Nurse. 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 interprofessional relationships with supervisors, peers and subordinates.
- The nominee's impact on resident health, safety, quality of life and patient centered care.

**NOTE:** Winner must be employed as a **Full-time Facility Based Licensed Nurse** (LVN/RN) by a THCA member facility at the time of nomination and at the time the award is presented.

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 will consist of the 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 Nurse of the Year Award**  
Sponsored by  
THCA Nurse Council

**NOMINEE QUESTIONNAIRE – MUST ACCOMPANY PACKET**

This questionnaire, along with the letter of nomination from the administrator and the other letters of support, should be e-mailed to [THCAawards@txhca.org](mailto:THCAawards@txhca.org) on or before September 7, 2018.

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

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

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

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

Telephone # (\_\_\_\_) \_\_\_\_\_ Date of employment: \_\_\_\_\_

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

Facility Bed Capacity \_\_\_\_\_

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

Experience as Full-time Licensed Nurse (total number of years): \_\_\_\_\_

Employed as Licensed Nurse at current facility at least 1 Year? YES  NO

List Responsibilities of Nurse Nominee: \_\_\_\_\_

Primary Shift Currently Working: \_\_\_\_\_

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: \_\_\_\_\_

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