



## 2010 THCA AWARDS

### **Category: *D.O.N. of the Year, Sponsored by THCA Nurse Council***

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. In addition, the winner will receive free registration for THCA's 2011 Annual 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 shown a dedication to continued 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.
- 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. 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 2010 THCA Annual Convention at the expense of the employing facility.

#### HOW TO SUBMIT A NOMINATION

The following materials must be received by THCA no later than **August 27, 2010**. Please be as specific as possible and show uniqueness of nominee. Submit attached Nomination Form with letters of recommendation.

- letter of nomination from the employing Administrator (see back for content);
- letter from the facility medical director or an attending physician who has worked with the nominee (see back for content);
- letter from another nurse (see back for content);
- 5X7 color or black-and-white photo of the nominee** (*photo will be displayed at convention*);
- statement on facility letterhead stating that no tag at G scope/severity or higher has resulted from nursing care during the past year;
- Include other letters of support from consultants, staff, families, residents, family councils etc.;
- Creativity in submitting materials is encouraged as nomination packets are displayed at Nurses Day during Convention (i.e., pictures, banners, scrapbook).
- 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 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.
- 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:
  - (1) Nursing skills and knowledge, and how these have affected residents under her/his care. (Examples are helpful)
  - (2) Fiscal responsibility.
  - (3) The nominee's interaction with supervisors, peers and subordinates.
  - (4) The nominee's impact on resident health, safety and quality of life.
  - (5) Programs developed and/or supported by DON that enhanced the quality of care for resident or impacted nursing service in the facility.
  - (6) How the nominee uses quality measures and quality indicators to enhance resident care/programs;
  - (7) How the nominee has participated/enhanced the facility's Quality Improvement/Assurance process;
  - (8) Professional organization involvement.

## LETTER FROM THE MEDICAL DIRECTOR OR AN ATTENDING PHYSICIAN AND LETTER FROM ANOTHER NURSE

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:

- (1) The nominee's nursing skills and knowledge, and how these have affected the residents under her/his care (include examples).
- (2) The nominee's relationships with supervisors, peers and subordinates.
- (3) The nominee's impact on resident health, safety and quality of life.

If you have questions about the award or requirements, please contact Dorothy Crawford at THCA, 512.458.1257. 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 NOMINATION TO:

*(Mailing Address)*  
**Texas Health Care Association  
P. O. Box 4554  
Austin, TX 78765**

*(Street Address)*  
**Texas Health Care Association  
4214 Medical Parkway, Ste. 300  
Austin, TX 78756**

**ON OR BEFORE AUGUST 27, 2010**

2010 *DON of the Year Award*  
Sponsored by  
THCA Nurse Council

**NOMINEE QUESTIONNAIRE**

This questionnaire, accompanied by the letter of nomination from the administrator and other supporting documents should be received by THCA no later than **August 27, 2010**.

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

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

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

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

Telephone # (\_\_\_\_) \_\_\_\_\_ Date of Employment \_\_\_\_\_

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

Facility Bed Capacity \_\_\_\_\_ Check appropriate: \_\_\_\_\_ JCAHO \_\_\_\_\_ Subacute Care  
\_\_\_\_\_ SNF \_\_\_\_\_ NF

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. (Please print):**

Name of Person Submitting Nominantion: \_\_\_\_\_

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