



2010 THCA AWARDS

Category: THCA Region Facility Nurse of the Year, Sponsored by THCA Nurse Council

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 **Licensed Nurses**, 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 **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).
- 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 annual survey from the facility where the applicant works shows no level G scope/severity or higher resulting from major problems/quality of care issues in nursing.
- All regional winners will attend Nurses Day activities at the 2010 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 received in the THCA offices no later than **August 27, 2010**. **Please be as specific as possible and show uniqueness of nominee.**

- letter of nomination from the employing Administrator (see back for content);
- letter from the facility DON who has worked with the nominee (see back for content);
- letter from another nurse or coworker;
- 5X7 color or black-and-white photo of the nominee for display at convention;**
- Include other letters of support from consultants, staff families, residents, family councils etc.;
- Creativity in submitting materials is encouraged; and
- 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:

- A statement of how long the nominee has served as a **Licensed Nurse** in a long-term care facility (a minimum of two years in long term care and one year in nominating facility as a licensed nurse).
- 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:
 - (1) Nursing skills and knowledge, and how these have affected residents under her/his care. (Examples are helpful)
 - (2) The nominee's interaction with supervisors, peers and subordinates.
 - (3) The nominee's impact on resident health, safety and quality of life.
 - (4) How the nominee has participated/enhanced the facility's Quality Improvement/Assurance process.
 - (5) Professional organization involvement.
- Submit attached nominee questionnaire and the letters of nomination.

LETTER FROM THE DON

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:

- (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 will consist of the Nurse Council members. *The Council reserves the right to not present this award.*
 - Winner must be employed as a **Full-time Licensed Nurse** (LVN/RN) by a THCA member facility at the time of nomination and at the time the award is presented.

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

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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**.

Nurse Name _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Telephone # (____) _____ Date of Employment _____

Facility Ownership _____

Facility Bed Capacity _____

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: