The Audrey Nelson Award for Excellence in Fall or Pressure Injury Prevention

Description

This award recognizes excellence in fall or pressure injury prevention. It will recognize the accomplishment of individuals and/or organizations in any of the following areas (researchers, front line clinical staff from a wide variety of disciplines, organizations, and falls injury/pressure injury prevention advocates are welcome to apply).

1. Research Excellence: A falls or pressure injury researcher who has made significant and enduring contributions to the science and knowledge of fall-related or pressure injury prevention research.
2. Organizational Excellence: A healthcare organization that demonstrates sustained commitment to evidence-based practice, outcome evaluation, and innovation in falls injury prevention or pressure injury prevention program deployment.
3. Clinical Practice Excellence: An individual who has made a significant contribution to advancing clinical practice, policy, and standards of care in falls injury prevention or pressure injury prevention.

Instructions

1. Complete the nomination form below.
2. Attach a narrative of no more than two pages addressing:
   a. What specifically has the nominee done to achieve excellence in falls injury or pressure injury prevention?
   b. Give examples of the methods used and outcomes achieved.
   c. How has the nominee disseminated their findings related to fall injury or pressure injury prevention?
   d. How has the work of the nominee influenced policy, clinical practice, or programming, or how has the nominee shared their success with the healthcare community?
   e. Include anything else you would like us to know about this nominee.
3. Attach the nominee’s curriculum vitae, if the nominee is an individual.
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>
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<tbody>
<tr>
<td>Scope of activities</td>
<td>Limited to needs of one or limited number of organizations or one unit in a hospital.</td>
<td>Nominee’s work addresses healthcare systems priorities or activities broader in scope than one unit.</td>
<td>Nominee’s work addresses national priorities or unit activities that are linked to organizational activities.</td>
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<td>Interprofessional Collaboration</td>
<td>Limited to one profession</td>
<td>Includes 1-2 professions</td>
<td>Multidisciplinary with significant inclusion</td>
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<td>Dissemination - Publications</td>
<td>Limited to internal dissemination</td>
<td>System-wide or regional peer reviewed publications</td>
<td>National or international peer-reviewed publications</td>
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<td>Dissemination - Presentations</td>
<td>Internal or small audiences</td>
<td>Multiple national conferences</td>
<td>Keynote/plenary presentations at national conferences</td>
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<td>Impact of activities</td>
<td>Anecdotal evidence</td>
<td>Limited outcomes measured</td>
<td>Strong outcomes measurement</td>
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<td>Impact on clinical practice, program implementation or policy</td>
<td>Implementation of findings at local level</td>
<td>Implementation of findings in a healthcare system</td>
<td>Widespread implementation</td>
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<td>Sustainability of practices and program or long and short term impacts of activities</td>
<td>Limited to one-year outcomes</td>
<td>Outcomes demonstrated up to 5 years</td>
<td>Outcomes demonstrated past 5 years</td>
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<td>Qualities</td>
<td>Feedback limited to one hospital or direct co-workers</td>
<td>Recognized by other organizations or individuals for leadership qualities</td>
<td>Peers or other organizations articulate qualities that make these qualities stand out</td>
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<td>BONUS POINT</td>
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<td>Discussion of other considerations</td>
<td>Not articulated</td>
<td>Minimal discussion</td>
<td>Convincingly discussed</td>
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<td>Total Points</td>
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**Nominations must be received by November 1, 2019**

Audrey Nelson Award for Excellence in Fall or Pressure Injury Prevention Submission

*attn.: Valerie Kelleher*
8900 Grand Oak Circle
Tampa, FL 33637
Phone: 813-558-3948
or 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