

Quality and Safety Award Nomination Form Enterprise Award

NOMINEE: _____ TITLE: _____
HOSPITAL/AMBULATORY LOCATION: _____ DEPARTMENT: _____
YOUR NAME: _____ TITLE: _____
HOSPITAL/AMBULATORY LOCATION: _____ DEPARTMENT: _____
EXTENSION/PAGER: _____ RELATIONSHIP TO NOMINEE: _____
EMAIL: _____

Purpose: The Cleveland Clinic Health System Quality and Patient Safety Award is presented in recognition of nurses providing safe care where patients and caregivers achieve high-quality outcomes.

Eligibility: **Any Clinical Nurse employed in the Cleveland Clinic health system** (or newly acquired hospital) **for at least three years.**

Process: Any employee, physician, patient or volunteer may nominate. Recipients will be selected on the basis of evidence provided by completion of the nomination eligibility criteria.

Award: The award winners will be announced during Nurses' Week.

Instructions: Please **DO NOT** use the nominee's name when writing details: Address as the **NOMINEE**. Please cite specific examples including patient and physician comments. Answer each question completely, providing specific examples or descriptions as requested. When possible, provide quantitative data to support examples. If you require more space, attach a sheet to the nomination form.

1. Describe how the nominee demonstrates leadership in projects associated with nurse sensitive indicators: CLABSI, restraints, falls, pressure ulcers, CAUTI, ambulatory quality projects, etc.
2. Describe how the nominee demonstrates role modeling and mentoring of others in promoting quality and safety.
3. Describe how the nominee serves as a leader on the unit (formal or informal) to effect positive change in clinical outcomes.
4. Describe how the nominee contributes to safety and quality improvement initiatives and processes.
5. Provide an example of an innovative solution developed/implemented by the nominee to address a quality/patient safety issue.