

Criteria Evaluation Examples – Circle of Excellence Award

Please read the following examples before filling out the application.

The application will be evaluated on the following criteria:

a. Provides measurable pre-outcome data and contrasts with post-outcome data that reflects transformative thinking, structure and processes to address challenges and remove barriers.

Example: Staff Development Educator

Julie co-facilitates monthly CUSP meetings in four critical care units leading the change in culture and practice. Comparing FY 2010 with FY 2011, all critical care units have reduced VAP 56 percent and CLABSI 43 percent. MICU has completed 10 consecutive months with zero VAP and 11 consecutive months with zero CLABSI.

Example: Clinical Nurse Educator

As the facilitator for her units' shared governance council, Sandia translates data so that nurses at all levels understand their performance and fully participate in the creation of action plans to make improvements. In the Neurosurgical Intensive Care Unit this work resulted in zero fall injuries, zero central line-associated bloodstream infections and zero ventilator-associated pneumonias for more than two consecutive years. Significant reductions in surgical site infections, catheter-associated bloodstream infections and length of stay have also been noted in the critical care areas under Sandia's sphere of influence.

Example: Senior Clinical Quality Specialist

Anna's early work focused on improving the postoperative handover or handoff report from the operating room. Using an evidence-based approach, Anna facilitated an interdisciplinary team of caregivers to identify gaps in clinical practice that resulted in improved communication, collaboration and meaningful recognition among the team. Subsequently, these improvements led to decreased lengths of stay, fewer failure to rescue events and lower mortality.

b. Models the key components of a healthy work environment: skilled communication, true collaboration, effective decision making and meaningful recognition. Applicant at a management level must also demonstrate support of appropriate staffing and authentic leadership.

Example: Administrative Director

Michele co-leads our Sepsis Committee with our medical director of infection control. We have decreased our mortality rate of severe sepsis from 50 percent to under 20 percent in a few years. Michele was instrumental in the development of our early ambulation program for ventilated patients and piloted the program on her unit. Not only did she gain the support of her staff, she also gained the support of the respiratory therapy and physical therapy department to facilitate this best practice for our patients. This pilot has now spread to all of our ICUs in the system.

Example: Tele-ICU Operations Director

For the last three years, Steve has worked countless hours to make an impact on patient care and on nurses who practice in the tele-ICU and at the bedside. Steve developed strategies to improve strained relationships between bedside ICU nurses and tele-ICU nurses. He accomplished this by focusing on team training and education. He made frequent visits to all five hospitals to educate and assess patient care issues. Observations were made and addressed on the spot. Again, Steve laid out the role, responsibilities, expectations and purpose of what effective communication would look like between all members of the tele-ICU team.

Example: Quality and Safety Coordinator

Janice is a role model for skilled communication using crucial conversation tools to keep people in dialogue. Janice role-models authentic leadership; while rounding on the units she practices open communication, routinely encouraging us to identify unit issues and encouraging the staff to be part of solutions. During a recent committee meeting she respectfully challenged a statement regarding the costliness and overuse of a common sedation agent. Through collaborative dialogue she facilitated the multidisciplinary team discussion, outlining a strategy to evaluate past usage compared to number of ventilator days in order to identify whether a problem did exist, or if the statement was an anecdotal report. She recognized the contributions of those in the meeting and led the team through thoughtful dialogue to generate measurable outcomes that would promote patient safety.

Example: Nurse Manager

Would include all of the HWE standards noted in the above example and include an example of support of appropriate staffing. For example, competency matched to skill levels, preceptors are provided during orientation, orientation is tailored to meet each nurse's needs, contingent plans are implemented when staffing issues arise, etc.

c. Achieves measurable results that validate the impact of individual leadership contributions to organizational excellence, including influencing and mentoring colleagues.

Example: Clinical Nurse III

Anna has encouraged new nurses to lead unit projects. She hand selected a new nurse to co-lead the unit's BSI Prevention Team, for which she had achieved unprecedented success. Her contributions to prevention of BSI brought her unit to its first "one year BSI free"; the second year, sustainable changes were seen with only one BSI.

Example: Tele-ICU Operations Director

Steve's team-centered problem-solving ability has moved the five critical care units forward in standardizing practice in sedation and ventilator management protocol. As chairperson of data-management work group and a member of the corporate critical care committee, Steve reviews system critical care data. The data indicates that the system's critical care mortality rates and length of stay are improving, but still a work in progress. Steve constantly analyzes current workflows, processes and outcomes. This provides valuable data to make system changes.

Example: Quality and Safety Coordinator

Janice is seen by her colleagues as a mentor. She has become the "go to" person to practice a crucial conversation, and her ability to provide feedback and listen attentively is outstanding. She mentors staff on how to influentially address patient safety issues with leadership. She mentored staff nurses in the NCCU to take on the daily five-minute fundamental education in-services. Janice mentored a nurse to pursue her bachelor's degree and to serve as a chapter officer. Janice was instrumental in guiding and mentoring the AANN through the change process to restructure their nominations process.

Janice's influence has restructured the leadership patient safety rounds to achieve patient-centered excellence. Janice has published three articles on ischemic and hemorrhagic stroke. Her contribution to the nursing literature was recognized in a front-page article in the local newspaper about the necessity of stroke awareness, treatment and prevention. Janice's contributions to excellence through education, rounding and committee participation are evident in the organization's achievement of certification renewal in stroke without any deficits. Janice is well respected by staff, physicians and organizational leaders for her contributions to excellence for patient safety and neuroscience care.