

GUIDELINES FOR NOMINATIONS

An employee or volunteer who is:

- **An individual** (any healthcare provider, support staff, volunteer associated with improving health in either a publicly funded, community based organization or private health related organization).
- **A team** (any small group of 25 employees or less within a larger organization, or a small organization of less than 25 employees).
- **A youth** (up to the age of 21) involved with improving the wellbeing, health or health experience of others. Note one youth award will be given to a successful nomination from any areas of excellence below.
- Someone working or volunteering with individuals infected or affected by **HIV/AIDS Hepatitis C** or helping prevent the spread of HIV and Hepatitis C.

How: Nominations are evaluated on the information provided in the nomination submission. Nominations must clearly outline the nominee's accomplishments related to the area of excellence and will be evaluated by the selection committee using the criteria below. For assistance in completing a nomination, please contact APSS at 306-924-8420 or lauriesampson@sasktel.net.

Major area of excellence (50 Points)

- Outstanding achievement in area of excellence and has consistently demonstrated excellence in numerous ways or several years.
- Exceeded what is expected in the normal course of duty as per the job description or scope of the team.
- Dedication to ongoing personal/team growth, learning and continuous improvement.
- Sharing knowledge and expertise with other individuals or teams to foster excellence.

- Dedicated to those they serve (individual, family, community) and focused on supporting the needs of the client without self interest. Works collaboratively with others to meet the needs of the client.

Impact (30 Points)

- Overall impact to healthcare given scope of position, population served and resources available.

Leadership (10 points)

- Leader, mentor, role model and source of inspiration for others.

Life Balance (5 points)

- Involvement in activities that demonstrate life balance between work and home.

Community Spirit (5 points)

- Involvement in activities that demonstrate giving back to the community.

AREAS OF EXCELLENCE

All areas of excellence apply to individuals, teams, youth or HIV/AIDS

Health of the Individual

This category recognizes individuals or teams who have contributed significantly to enhancing the patient's or client's health care experience and health outcomes. The individual or team has gone above and beyond the call of duty in addressing the needs of their client(s) by involving the client and their family in their care and by practicing client centred care.

Health of the Population

This category recognizes individuals or team who have contributed to improving the overall health outcomes of a community and/or reducing health disparities within the community. The individual or team has

engaged the commitment, support and efforts of others within their community (outside their own organization) towards a common goal in order to create a program or service to better meet the needs of the community.

Providers

This category recognizes individuals or teams who have contributed significantly to enhancing the work force or the work place environment for all employees (healthcare providers, physicians, volunteers, support staff) within the health care setting. This may include actions resulting in enhancing the skills and capabilities of staff; improving the work environment; contributing to recruitment or retention efforts; enhanced workplace diversity; and leadership activities which support and inspire the health care providers.

Stewardship/Sustainability

This category recognizes individuals or teams who have fostered the overall sustainability of the health system through exceptional stewardship of financial or physical resources. This may be demonstrated through activities such as: achieved the best value for money while improving the client's experience; improved public accountability and transparency through public reporting on health outcomes; and the planning/investment of long-term healthcare infrastructure which will ensure great healthcare for generations to come.

Supportive Quality Processes

This category recognizes individuals or teams who have contributed to the innovation of a new service or process, or the re-design of an existing service or process leading to excellence and improved client outcomes. This may include new or improved treatments, health services, technology or processes that have a positive impact on the client. The idea

may have been adapted from an example demonstrating excellence elsewhere.

NOMINATION CHECKLIST

- Nomination Submission Form**
The submission form includes the nominator's and nominee's contact information and the nominee's signature.
- Describe why the nominee(s) should be considered for a SHEA (1000 words)** Write a narrative on why the nominee(s) is worthy of receiving an award outlining the list of accomplishments and addressing how the nominee(s) have demonstrated excellence in a way that *surpasses* what is expected in the normal course of duty as outlined by the criteria above.
- Digital 7 X 5 horizontal photograph of the nominee(s) to fit in a frame Please send e-version if available.**
- Support Materials** Please provide the most relevant reference and support letters or testimonials from peers, patients, clients or superiors and other documents, letters or news clippings that support the submission. Maximum 5 pieces.

SUBMISSIONS ARE TO BE NO MORE THAN 10 PAGES. Pages beyond this will not be considered.

Nominations should be submitted to:

**AIDS Programs South Saskatchewan
2911 5th Avenue, Regina SK S4T 0L4**

For more information call 924-8420 or email at lauriesampson@sasktel.net

NOMINATION AND CONSENT FORM

SUBMISSION DEADLINE IS November 30th, 2011.

Complete all of the following information.

SHEA Nomination Submission

Nominator's name:

Address

City _____

Postal Code _____

Telephone (H) _____

(W) _____

E-mail _____

To my knowledge the nominee(s) is in good ethical standing with their professional association (if applicable) and that the information enclosed in this package is factual.

Nominator's Signature

Date

(Check one) Individual _____ Team _____

Youth _____ HIV _____

Area of Excellence for Nomination (Check one only):

- Health of the Individual
- Health of the Population
- Providers
- Stewardship/Sustainability
- Supportive Quality Processes

Nominee's Name

Nominee's Title _____

Place of Employment (where applicable) _____

Address _____

City _____

PC _____

Telephone (H) _____

(W) _____

e-mail _____

I have reviewed the nomination package for the Saskatchewan Healthcare Excellence Awards, as submitted by my nominator, and verify that the information is true and accurate.

I understand that, should I be a finalist for a SHEA, I will commit to my presence at the awards ceremony hosted by founding sponsor Dr. Roberta McKay, in REGINA on Saturday, March 10th, 2012 at the Conexus Arts Centre. All finalists will be provided 2 tickets to the banquet.

Nominee's Signature

Date

For more information or to print off the brochure, visit our website at: aidsprogramssouthsask.com

To purchase tickets to the banquet:

Appetizers at 6pm Dinner at 7pm

Cash Bar

Individual Tickets: \$75 each OR

Table of 8: \$550

A \$40 receipt will be issued for each ticket

Name: _____

Address: _____

City _____ PC _____

Email: _____

Phone: _____ Fax _____

Payment method: VISA Mastercard
 Cheque (Payable to APSS) Invoice

Amount _____

Card # _____

Expiry Date _____

Name on card _____

In what name should the receipt be issued?

Do you wish to be seated with a specific nominee or group? _____

Menu options:

Chicken Fish Vegetarian

Allergy to _____



2012 Saskatchewan Healthcare Excellence Awards

**With founding and presenting sponsor
Dr. Roberta McKay**

Saturday, March 10, 2012

**Conexus Arts Centre
200A Lakeshore Drive
Regina**

**Celebrating Excellence in
Healthcare!!**

**All proceeds support the programs
and services of AIDS Programs
South Saskatchewan**

