

AARC / The FACES Foundation National Patient Advocacy Award

FOCUS ON:

Patient Family Centered Care

Evidence provided as testimonials or other documentation that nominee is actively engaged or champion of patient/family centered respiratory care within their hospital, department, clinic, post-acute setting and or community.

Quality & Safety

Evidence that nominee is actively engaged in efforts to improve quality and safety of the respiratory care provided by their department and they champion these efforts with their department, institution or at the state or national level.

Advocacy for respiratory care as a profession

Evidence that nominee sets exemplary level of professionalism and clearly demonstrates advocacy for the profession.

Does this nominee meet the definition of an advocate?

Evidence that nominee is a *Champion, Supporter, Promoter, Fighter, Crusader and Proponent*. Do they contribute to the science, technology, ethics and the art of respiratory therapy?

In providing evidence of the above does this person also suggest and or develop support that leads to public policy change?

Evidence that an nominee works across continuum of care and/or disciplines

Evidence that work results in increased integration of programs and services, resulting in improved outcomes for the patients and clients.

Evidence that nominee's work exemplified best practices

Evidence that work results in improved outcomes for patients and clients.

Development of an innovative idea or suggestion

Resulting in a change of service delivery model, cost savings, time savings, workflow improvement or general safety improvement.

Nominator's Information

Nominator's Name *

Nominator's Position (Title) *

Nominator's Employer *

AARC Member Number *

Nominator's Email Address *

Phone Number *

Nominee's Information

Nominee's Name *

Nominee's Position (Title) *

Nominee's Employer *

AARC Member Number *

Address *

City *

State *

Zip Code *

Nominee's Email Address *

Phone Number *

Nominee's Criteria

1. Does the nominee hold the Registered Respiratory Therapist (RRT) credential? *

Yes No

2. Has the nominee been an AARC member longer than 3 years? *

Yes No

3. Does the nominee work greater than 50% of their work week in direct patient care? *

Yes No

4. Does the nominee provide direct patient care in one of the following settings? *

- Hospital / Emergency Department
- Post Acute Care Setting (Pulm Rehab, LTAC, etc...)
- Physician Office / Clinic
- Diagnostic Lab
- Home Care Setting

Other

Nominee's Letter of Support

AARC Admin Only

SUBMIT