

2009 Health Care Leadership Awards

1. Health Care Leadership Awards - Background

Each year, the Ohio Hospital Association recognizes individuals or organizations whose achievements have enhanced and brought honor to Ohio hospitals. Recognition is made in the form of awards presented at the OHA Recognition Dinner, this year planned for Monday, June 15, 2009, OR as part of the association's Annual Meeting held June 15, 16 and 17.

Hospitals are invited to submit nominations for those who have made a noteworthy contribution to health care in Ohio. Nominations must be received using the secure online nomination form by 11:59 p.m. MONDAY, JANUARY 12, 2009.

PHOTOGRAPH

E-mail ONE (1) headshot of the nominee to awards@ohanet.org by 11:59 p.m. Jan. 12, 2009.

E-mail PHOTOGRAPH to:

awards@ohanet.org

c/o Katie Taybus, Editorial Assistant, Public Affairs, Ohio Hospital Association

E-mail photographs are REQUIRED.

Color photographs preferred.

AWARD SELECTION

Selection of the award recipients is by action of the Ohio Hospital Association Executive Committee, which reserves the right to shift nominations to a different award category if appropriate.

RECOGNITION

Recipients of each award will be honored by their peers at the OHA Annual Meeting:

OHA Recognition Dinner Monday, June 15, 2009

- Donald R. Newkirk Award
- Leadership Through Advocacy Award
- Meritorious Service Award
- William C. Kelley Safety Award
- Healthcare Consumer Advocacy Award

OHA Annual Meeting Welcome and Keynote Address, June 15, 2009

- John Chapman Award

OHA Annual Meeting Leadership Lunch, June 11, 2009.

- David Hendershot Rural Health Promotion Award

All nominees for the Albert E. Dyckes Health Care Worker of the Year Award will be honored at the OHA Recognition Dinner, June 15, 2009. A separate nomination form for that award and more information are available online at www.ohanet.org/annualmeeting/Awards/.

CONFIRMATION

You will receive an e-mail confirmation that OHA has received your nomination. Confirmation will not be immediate so please be patient. If you do not receive a confirmation by Feb. 9, please contact either Tiffany Himmelreich (tiffanyh@ohanet.org) or Katie Taybus (katiet@ohanet.org) at OHA at 614.221.7614.

QUESTIONS OR MORE INFORMATION

Contact either Tiffany Himmelreich (tiffanyh@ohanet.org) or Katie Taybus (katiet@ohanet.org) at OHA at 614.221.7614 or visit www.ohanet.org/annualmeeting/awards/.

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2. Health Care Leadership Awards - Descriptions

THE DAVID HENDERSHOT RURAL HEALTH PROMOTION AWARD recognizes a small and rural Ohio hospital for providing an exemplary program or service consistent with the vision of OHA's Foundation for Healthy Communities to advance good health; initiate health improvement and education by engaging partners, promote proven strategies, and advocate for wellness. The award is named for Field Service Director David Hendershot, whose 26-year OHA career was marked by personal devotion to Ohio's small and rural hospitals, and who died October 5, 2006. The recipient hospital will receive a cash award to use in furtherance of community health improvement efforts.

ELIGIBILITY: Nominees should be a small and rural OHA member hospital. The award is accepted by the chief executive officer of the recipient hospital.

THE DONALD R. NEWKIRK AWARD recognizes and honors an individual who has made a significant lifetime contribution to the health care field in Ohio. This is the association's highest award and bears the name of the individual who headed OHA for 27 years, from 1962-1989. The award is given to an individual with multiple years of health care service who has made a significant impact in his or her hospital, the local community AND across the state of Ohio.

ELIGIBILITY: Nominees may include persons living or deceased.† Nominees should be the chief executive officers of OHA member organizations, either past or present.

THE DISTINGUISHED SERVICE AWARD honors an individual whose professional attainments embody such qualities as an outstanding manager or leader, a mentor or teacher, service to the community, or some other special achievement. This award is given to an individual who has made a significant impact in his or her hospital or local community.

ELIGIBILITY: Nominees should be the chief executive officers or other senior managers of OHA member organizations, either past or present.

THE LEADERSHIP THROUGH ADVOCACY AWARD recognizes an individual, a hospital or a health system that demonstrates throughout the year the ability to effectively advocate in the legislative and regulatory arenas for the betterment of Ohio hospitals and the patients and communities they serve. This award was presented for the first time in 2007.

ELIGIBILITY: Nominees should be OHA-member organizations or individuals employed by OHA member organizations.

THE MERITORIOUS SERVICE AWARD recognizes an individual or a group who are friends of hospitals or health systems and whose support of the health care industry reflects the public interest.

ELIGIBILITY: Nominees should be individuals or groups who are not OHA member organizations, including hospital or health system governing board members or other volunteers, medical staff members, community members and others in the public or private sector.

THE JOHN CHAPMAN AWARD recognizes a hospital or health system that has shown excellence in initiating or supporting hospital pollution prevention programs such as reduction of waste-stream volume or elimination of mercury from the hospital.

ELIGIBILITY: Nominees must be OHA member organizations. The award is accepted by the chief executive officer of the recipient hospital.

WILLIAM C. KELLEY SAFETY LEADERSHIP AWARD recognizes demonstrated leadership in the field of community, occupational, patient or visitor safety.

ELIGIBILITY: Nominees should be the chief executive officers, other senior managers or quality and patient safety managers of OHA member organizations.

THE HEALTHCARE CONSUMER ADVOCACY AWARD recognizes an outstanding individual or organization for a significant impact on the quality of care for Ohio health care consumers. The award was established in 1999 by the Ohio Society for Healthcare Consumer Advocacy (OSHCA), an affiliate society of OHA.

†Note: Provide the name, address and phone number of a relative or colleague who could accept the award on

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behalf of the nominee.

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3. Health Care Leadership Awards - Select Award

*** 1. Please select the award for which you are making a nomination.**

An individual may be nominated for only one of the following awards. Hospitals are permitted to make nominations for multiple awards. Please use a separate online form for each nomination.

- David Hendershot Rural Health Promotion Award
- Donald R. Newkirk Award
- Distinguished Service Award
- Meritorious Service Award
- Healthcare Consumer Advocacy Award
- John Chapman Award
- Leadership Through Advocacy Award
- William C. Kelley Safety Leadership Award

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4. Nominee Information

* 1. Provide basic contact information for the nominee.

| | |
|---|----------------------|
| Nominee Name (specify RN, M.D., etc.) | <input type="text"/> |
| Nominee Title | <input type="text"/> |
| Department/Unit (write out abbreviations) | <input type="text"/> |
| Hospital/Organization | <input type="text"/> |
| Health System | <input type="text"/> |
| Hospital Mailing Address | <input type="text"/> |
| Hospital Mailing Address 2 | <input type="text"/> |
| Hospital/Organization city | <input type="text"/> |
| Hospital/Organization state | <input type="text"/> |
| Hospital/Organization zip code | <input type="text"/> |
| Nominee Phone Number | <input type="text"/> |
| Nominee E-mail | <input type="text"/> |

* 2. Please indicate the nominee's length of service in health care and at your facility.

| | |
|---|----------------------|
| Years of service at the HOSPITAL/ORGANIZATION | <input type="text"/> |
| Total years of service in HEALTH CARE | <input type="text"/> |

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5. Nominator Information

*** 1. Please enter contact information for the nominator.**

The nominator will receive communications related to the nominee.

| | |
|---|----------------------|
| Nominator Name (specify RN, LPN, etc.) | <input type="text"/> |
| Nominator Title | <input type="text"/> |
| Hospital | <input type="text"/> |
| Health System | <input type="text"/> |
| Hospital Mailing Address | <input type="text"/> |
| Hospital Mailing Address 2 | <input type="text"/> |
| Hospital City | <input type="text"/> |
| Hospital State | <input type="text"/> |
| Hospital Zip Code | <input type="text"/> |
| Nominator Phone Number | <input type="text"/> |
| Nominator E-mail | <input type="text"/> |

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6. Additional Contact Information

1. If an individual *in addition* to the nominator should receive communications related to the nominee, include that person's contact information below.

| | |
|---|----------------------|
| Contact Name (specify RN, LPN, etc.) | <input type="text"/> |
| Contact Title | <input type="text"/> |
| Hospital/Organization | <input type="text"/> |
| Health System/Organization | <input type="text"/> |
| Hospital/Organization Mailing Address | <input type="text"/> |
| Hospital/Organization Mailing Address 2 | <input type="text"/> |
| Hospital/Organization City | <input type="text"/> |
| Hospital/Organization State | <input type="text"/> |
| Hospital/Organization Zip Code | <input type="text"/> |
| Contact Phone Number | <input type="text"/> |
| Contact E-mail | <input type="text"/> |

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7. References

1. Include one or more references who could be contacted for further information about the nominee.

Written letters of recommendation are NOT required.

| | |
|------------------------|----------------------|
| Reference name | <input type="text"/> |
| Title | <input type="text"/> |
| Organization | <input type="text"/> |
| Mailing address | <input type="text"/> |
| Mailing address2 | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip Code | <input type="text"/> |
| Reference Phone number | <input type="text"/> |
| Reference E-mail | <input type="text"/> |

2. Additional reference

| | |
|------------------------|----------------------|
| Reference name | <input type="text"/> |
| Title | <input type="text"/> |
| Organization | <input type="text"/> |
| Mailing address | <input type="text"/> |
| Mailing address2 | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| Zip Code | <input type="text"/> |
| Reference Phone Number | <input type="text"/> |
| Reference E-mail | <input type="text"/> |

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8. Summary (125 word maximum)

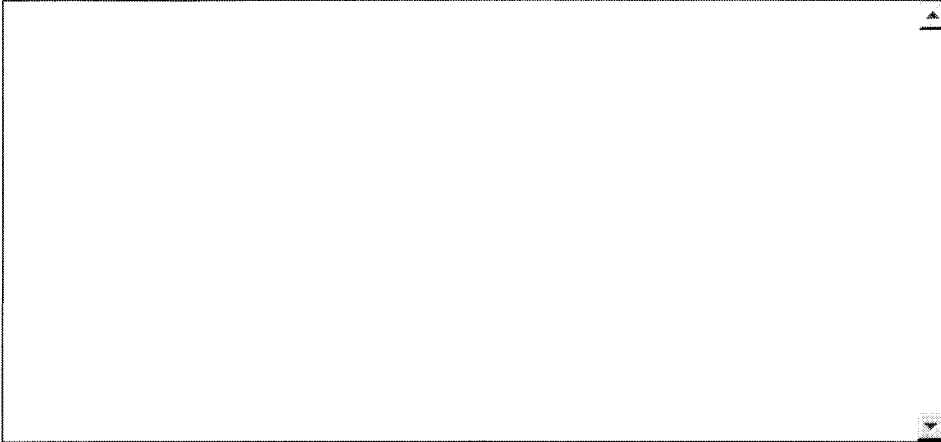
*** 1. Include a paragraph of NO MORE THAN 125 words (800 characters with spaces) summarizing the nomination.**

The summary will be used in a keepsake publication, on OHA's Web site and in OHA publications.

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9. Nomination

*** 1. Submit a nomination of no more than 1,000 words (5,750 characters with spaces) describing how your hospital's nominee embodies the qualities of the award as described on in section 2: Health Care Leadership - Descriptions .**



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10. Photographs

E-mail ONE (1) digital photograph of the nominee to awards@ohanet.org by 11:59 p.m. Jan. 12, 2009.

The headshot will be included in a keepsake publication.

E-mailed digital photographs are REQUIRED.

Photos should be sent in either a JPEG or GIF format.

Color photos preferred.

*** 1. My hospital agrees to send one (1) headshot of the nominee to awards@ohanet.org.**

The headshot is a front-on photograph of the nominee with minimal or no surroundings.

Please check