

2009 Albert E. Dyckes Health Care Worker of the Year

1. Health Care Worker of the Year Award - Background

Your hospital is invited to participate in an event to honor the excellence of health care workers statewide – the 2009 Albert E. Dyckes Health Care Worker of the Year Award. Each hospital is asked to nominate one individual who provides dynamic care at the bedside daily, and routinely goes above and beyond the call of duty.

Health systems may make nominations on behalf of each of their hospitals or select one nominee to represent the entire health system, but are encouraged to designate the hospital in which the nominee works primarily. Be sure to designate a nominator for your hospital or system.

BONUS POINTS

Nominations received by 11:59 p.m. MONDAY, JANUARY 12, 2009, will receive TWO (2) BONUS POINTS toward becoming the 2009 Health Care Worker of the Year. Nominations will be accepted until 11:59 p.m. Feb. 2, 2009. Bonus points will NOT be awarded for nominations received after 11:59 p.m. January 12, 2009.

ELIGIBILITY

A nominee for this award must be a current employee of an Ohio Hospital Association member hospital. The nominee should be a direct caregiver but that is not a requirement. Support personnel are also eligible if they exemplify the qualities represented by this award. Physicians are not eligible to be nominated or to receive the award.

RECOGNITION

All nominees will be honored and celebrated during the 2009 OHA Recognition Dinner, Monday, June 15, 2009, as part of the OHA Annual Meeting. One ultimate recipient will be selected as the 2009 Albert E. Dyckes Health Care Worker of the Year in addition to four finalists.

All hospital nominees, CEOs, staff, and friends and family are invited to attend the June 15, 2009, OHA Recognition Dinner, for which more details will be sent to each hospital nominator and nominee in April. Each individual attending the OHA Recognition Dinner must register for the event using the registration form in the OHA Annual Meeting program. The program will be included in the April mailing. It will also be available online at www.ohanet.org/annualmeeting/ in the spring.

DEADLINE

Nominations must be submitted using this secure online nomination form by 11:59 p.m. MONDAY, JANUARY 12, 2009 to receive TWO (2) BONUS POINTS.

Nominations will be accepted until 11:59 p.m. Feb. 2, 2009. Bonus points will NOT be awarded for nominations received after 11:59 p.m. January 12, 2009.

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 (katiety@ohanet.org) at OHA at 614.221.7614.

OHA will inform each nominee that he or she has been nominated by the end of April. Hospitals are encouraged to notify their nominee of his or her nomination in advance of any OHA communication.

PHOTOGRAPHS

E-mail TWO (2) digital photographs of the nominee to awards@ohanet.org.

Include ONE (1) headshot to be included in a keepsake publication recognizing all nominees statewide.

Include ONE (1) environmental photo of the nominee actively doing his or her job for a special presentation at the OHA Recognition Dinner June 15, 2009.

E-mailed digital photographs are REQUIRED.

Photos should be sent in either JPEG or GIF format.

Color photos preferred.

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E-mail PHOTOGRAPHS to:

awards@ohanet.org

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

QUESTIONS

Access more information about the OHA Recognition Dinner and Annual Meeting online at www.ohanet.org/annualmeeting/.

Contact either Tiffany Himmelreich (tiffanyh@ohanet.org) or Katie Taybus (katieta@ohanet.org) at OHA at 614.221.7614 with questions.

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2. Nominee Information

- * 1. Provide basic contact information for the nominee. Please nominate only one individual.

A nominee for this award must be a current employee of an Ohio Hospital Association member hospital. The nominee should be a direct caregiver but that is not a requirement.

Support personnel are also eligible if they exemplify the qualities represented by this award. Physicians are not eligible to be nominated or to receive the award.

Nominee Name (specify
RN, LPN, etc.)

Nominee Title

Department/Unit (write
out abbreviations)

Hospital

Health System

Hospital mailing address

Hospital mailing address
2

Hospital city

Hospital state

Hospital zip code

Nominee phone number

Nominee e-mail

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

Years of service at the
HOSPITAL

Total years of service in
HEALTH CARE

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3. Nominator Information

* 1. Please enter contact information for the nominator.

The nominator will receive communications related to the nominee and the 2009 OHA Recognition Dinner June 15, 2009.

| | |
|---|----------------------|
| Nominator Name (specify RN, LPN, etc.) | <input type="text"/> |
| Nominator Title | <input type="text"/> |
| Department/Unit (write out abbreviations) | <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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4. Additional Contact Information

1. If an individual *in addition* to the nominator should receive communications related to the nominee and the OHA Recognition Dinner June 15, 2009, include that person's contact information below.

| | |
|---|----------------------|
| Contact Name (specify RN, LPN, etc.) | <input type="text"/> |
| Contact Title | <input type="text"/> |
| Department/Unit (write out abbreviations) | <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"/> |
| Contact phone number | <input type="text"/> |
| Contact e-mail | <input type="text"/> |

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5. References

1. I include two 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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6. Patient Testimonial

New in 2009, OHA would like to hear directly from patients, their friends and family or other hospital visitors about their interactions with nominees for the Albert E. Dyckes Health Care Worker of the Year Award who exemplify the values of the award:

- Great Leader
- Goes beyond the call of duty
- Reflects the values and ideals of Ohio's health care facilities
- Gives back to the community
- Has overcome odds to succeed

Please submit NO MORE THAN 100 words (600 characters including spaces) from letters or other communications received directly from patients, their families or visitors about the nominee. The testimonials will be used for a special presentation at the OHA Recognition Dinner June 15, 2009, on OHA's Web site and in OHA publications.

Please obtain consent from the individual(s) providing the testimonial in accordance with hospital policy to reprint the testimonial in OHA publications.

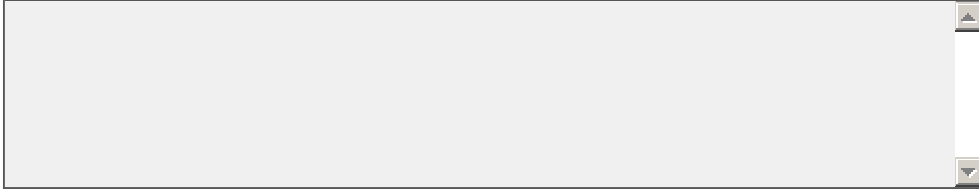
1. Patient Testimonial (100 word or 600 character maximum)

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7. Summary (125 word maximum)

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

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



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8. Nomination

Use the following criteria to describe how your hospital's nominee embodies the qualities of a Health Care Worker of the Year.

A total of 62 points is possible, including seven possible bonus points.

Please note each characteristic is worth up to 5, 10 or 15 points each, as indicated below. Limit each section to 200 words (1,200 characters with spaces).

- Great Leader (15)
- Goes beyond the call of duty (15)
- Reflects the values and ideals of Ohio's health care facilities (10)
- Gives back to the community (10)
- Has overcome odds to succeed (5)
- Other information (up to 5 bonus points)
- Early submission BONUS – January 12, 2009 (2 bonus points)

* 1. Great Leader (15 points)

* 2. Goes beyond the call of duty (15 points)

* 3. Reflects the values and ideals of Ohio's health care facilities (10 points)

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* 4. Gives back to the community

* 5. Has overcome odds to succeed

* 6. Other information (5 points)

7. Early submission bonus (2 points)

Please check if the nomination is submitted by 11:59 p.m. January 12, 2009. Submission times will be verified by OHA.

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9. Photographs

E-mail TWO (2) digital photographs of the nominee to awards@ohanet.org. Include the name of the hospital and nominee in the body of the e-mail.

Include ONE (1) headshot to be included in a keepsake publication recognizing all nominees statewide.
Include ONE (1) environmental photo of the nominee actively doing his or her job for a special presentation at the OHA Recognition Dinner June 15, 2009.

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.

jm Please check

- * 2. My hospital agrees to send one (1) environmental photo of the nominee to awards@ohanet.org.

The environmental photo is an action shot to show the nominee doing his or her job in the work setting.

Photos that include patient interaction are encouraged.

jm Please check