

OHIO HEALTH CARE ASSOCIATION
OHIO CENTERS FOR ASSISTED LIVING
OHIO CENTERS FOR DEVELOPMENTAL DISABILITIES

Long-Term Care Professional Achievement Awards & Volunteer of the Year Awards

Sponsored by:

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Ohio Health Care Association • Ohio Centers for Assisted Living • Ohio Centers for Developmental Disabilities



2011 LTC Awards
Ohio Health Care Association
55 Green Meadows Drive South
Lewis Center, OH 43085

OHCA/OCAL/OCDD

2011 Long-Term Care Professional Achievement Awards

OVERVIEW

Ohio's long-term care facilities employ over 80,000 professionals who care for more than 90,000 residents. These employees are the backbone of the LTC community, with facilities relying on dedicated teamwork and skills to provide quality care and compassion to patients and families. The Association's Professional Achievement Awards are designed to honor those individuals who have excelled in providing outstanding care in a cooperative spirit of teamwork.

Statewide winners will be awarded in each of the following categories if qualifying nominees are submitted (only one entry each per facility). Two winners will be awarded in the LTC Non-Licensed Direct Care category. Association members may nominate individuals based on their own knowledge of the candidates and facility-based selection criteria. Nominees must be approved by the administrator/manager or, in the case of an administrator/manager, the assistant administrator/manager or DON.

JUDGING CATEGORIES:

- **Long-Term Care Administrator / Facility Manager of the Year**
- **Long-Term Care Department / Discipline Manager of the Year**
- **Long-Term Care Independent Practitioner of the Year**
- **Long-Term Care Nurse of the Year**
- **Long-Term Care Non-Licensed Direct Care Professional of the Year (2 Awards)**
- **Long-Term Care Social Service / Activities Professional of the Year**
- **Long-Term Care Environmental Services Professional of the Year**
- **Long-Term Care Dietary / Nutritional Services Professional of the Year**
- **Long-Term Care Rehabilitation / Habilitation Services Professional of the Year**
- **Long-Term Care Support Service Professional of the Year**
- **Adult Volunteer of the Year**
- **Teen Volunteer of the Year**
- **Group Volunteer of the Year**

1. The nominee must have held a full-time position in the facility (based on the facility's definition of full-time) **or** worked a minimum of one year in the category for which they are being nominated in the past year.
2. Each entry should include a completed, typed nomination form, including completed answers to the attached questions typed separately on plain white paper with no reference to the individual's name, facility, or geographic location.
3. Each entry should be neatly assembled in a folder, and submitted with the facility name and category competition displayed on the cover. Nominations that do not follow the required format may be returned to the facility.
4. Statewide award winners recognized in each category are not eligible to re-enter the competition for three years following their win.
5. Incomplete entries or those not typed will be excluded from judging.
6. Applications must be received in the OHCA/OCAL/OCDD offices by February 1, 2011.

Long-Term Care Professional Achievement Awards

APPLICATION PART 1

Please type the following information (handwritten entries will not be judged). Information may be typed in the following format on another sheet. A copy of the application in MS Word format is available for download at www.ohca.org/uploads/news/2011Awards.doc. Applications must be received in the OHCA/OCAL/OCDD offices by February 1, 2011.

Name of Nominee _____
Job Title _____
Facility _____
Address _____
City _____ State OH Zip _____

Category:

- _____ **Administrator, Facility Manager**
- _____ **Department / Discipline Manager (includes DON, administrative nurses)**
- _____ **Independent Practitioner (medical director, nurse practitioner, staff physician, etc.)**
- _____ **Nurses (RN, LPN)**
- _____ **Non-Licensed Direct Care – (STNAs, personal care attendants, etc.)**
- _____ **Social Service/Activities (other than department head, supervisor, manager)**
- _____ **Environmental Services (other than department head, supervisor, manager)**
- _____ **Dietary/Nutritional Services (other than department head, supervisor, manager)**
- _____ **Rehabilitation/Habilitation Services (therapies, DD habilitation staff, other than department head, supervisor, manager)**
- _____ **Support Services (human resources, medical records, business office, other than department head, supervisor, manager)**

Contact Person Submitting Nomination _____

Job Title _____

Phone _____ E-mail _____

Administrator's/Manager's Signature (assistant administrator or DON if Application is for Administrator/Manager)

Date _____

Application # _____

FOR OHCA/OCAL/OCDD USE ONLY

2011 Long-Term Care Professional Achievement Awards

APPLICATION PART 2

Please retype the following questions on plain white paper (no letterhead) with answers to each question. A copy of the application in MS Word format is available for download at www.ohca.org/uploads/news/2011Awards.doc. DO NOT reveal the identity of your nominee, facility, city, county, or any reference that would identify the nominee in the narrative. Handwritten entries or those with identifiable characteristics will not be judged. Applications must be received in the OHCA/OCAL/OCDD offices by February 1, 2011.

In which category is the nominee being entered? (i.e. Administrator, Nurse, Dietary, etc.)

1. How long has the nominee worked in long-term care? _____
2. How long has the nominee worked at this facility? _____
3. How long have they worked in their current position? _____
4. List up to 5 contributions this nominee has made to improving quality of care and patient quality of life in your facility.
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
5. List up to 3 ways this nominee interacts with and provides support to other departments.
 1. _____
 2. _____
 3. _____
6. List any additional training this employee has received to enhance the care they deliver to and/or quality of life for your residents.
7. What is unique about this nominee that makes them deserving of recognition? (Limit 250 words)

Application # _____

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Please type all information

**OHCA/OCAL/OCDD
2011 VOLUNTEER OF THE YEAR
NOMINATION FORM**

SECTION 1

Nominee's Name or Group Name: _____

Category: _____ Adult _____ Teen _____ Group

Age _____

Nominating Facility's Name: _____

Address _____

City _____ State _____ Zip _____

Telephone Number: _____

Facility Contact (Print) _____

Title: _____

Facility Contact Signature _____

Phone (if different from above) or Cell: _____

Email Address _____

If different than the Facility Contact:

Administrator/Manager Name _____

Administrator/Manager Signature _____

Application # _____

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SECTION 2

I. Please provide the following information about your nominee and the facility for the Long-Term Care Volunteer of the Year award selection process. Do not identify name of nominee or facility.

A. Length of volunteer service at nominating facility _____years

B. Frequency of service

i. How many hours per week_____ or hours per month _____

ii. How many months per year _____

C. Total number of residents in the facility_____

II. What type of projects does this nominee volunteer for or specialize in?

III. Describe the program(s) developed by the nominee (*type* 50 words or less):

IV. How has your nominee made a unique contribution to the residents and staff?

V. Describe how the nominee’s activities support the goals of the staff.

Application # _____

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VI. Has the nominee involved other volunteers in facility activities? If YES, explain in 50 words or less).

VII. In no more than 200 *typed* words, explain what makes your Volunteer of the Year nominee special. Use the following questions as a guide. (Please type your comments on a separate sheet.)

- A.** How does your nominee help residents reach their potential?
- B.** How has the nominee improved the quality of life at the facility?
- C.** What makes this nominee special?

Please send the completed application to:

**2011 LTC Volunteer of the Year
Ohio Health Care Association
55 Green Meadows Drive South
Lewis Center, OH 43085**

Application # _____

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