



Accepting Nominations For:

*The Best of the Best
Administrative Award
2021*

The annual “Best of the Best Administrative Award” honors one top, on-site administrator of a Wisconsin hospital who demonstrates a cooperative, supportive, enthusiastic, and well-defined relationship with his or her volunteer organization.

It is up to you, as volunteers, to nominate your administrator for this special award.

Eligibility

Those eligible for nomination include the top on-site administrator who meets all the following criteria:

- » Participates in an exemplary and supportive relationship with the volunteer organization;
- » Is employed by a hospital/medical center having a Partners of WHA, Inc. member organization in good standing;
- » Has been in present position for not less than 24 months, as of the June 4, 2021 due date; and,
- » Is employed by a hospital or medical center that has not had a recipient of the Best of the Best Award within the last five (5) years.

Rules and Procedures *(nominee will be disqualified if these rules are not followed)*

- » Read the nomination rules carefully!
- » Previous award recipients are not eligible for nomination.
- » Discuss the nomination with your membership.
- » Receive permission to submit the nominee's name.
- » The chosen nominee must attend the Partners of WHA, Inc. convention on Wednesday, October 6, 2021 at the Madison Marriott Hotel, Madison, WI.
- » **DO NOT IDENTIFY your nominee in any of the following ways when answering questions 1-6:**
 - » **Name – first, last or both**
 - » **Hospital/System/Organization name or City**
- » Complete the Nomination Form and Application Questions (no other supplementary/additional material will be accepted).
- » Nominations must be typed in 12 point font.
- » Responses to each application question must be limited to 400 words maximum.
- » Have your organization president sign the Nomination Form.
- » Make a photocopy of the original for your records.
- » **Contact Bev Lazar at 715-492-6572 or via email at lazar_beverly@yahoo.com with any questions.**
- » Mail one (1) copy of the Nomination Form and five (5) copies of your complete Application Questions to:

**Wisconsin Hospital Association
Attn: Partners Best of Best Award
P.O. Box 259038
Madison, WI 53725-9038**

ENTRIES MUST BE POSTMARKED ON OR BEFORE JUNE 4, 2021.

Selection Process

- » All nominations will be forwarded to a selection committee composed of one in-state retired hospital administrator or prior honoree of the award, the committee chairperson, and at least three members-at-large.
- » The nominees will be judged on the answers provided for the six application questions.
- » All nominees' names and organizations will remain anonymous to the selection committee.
- » The selection of the judges will be final.

Notification of Winner

The award-winning administrator and volunteer organization will be notified by telephone and letter in late August 2021.

Award Presentation

A plaque will be presented to the winner on Wednesday, October 6 during the 2021 Partners of WHA, Inc. Annual Convention. All information on submitted nomination forms will remain confidential, with the exception of the winning nomination.

2021 Best of the Best Nomination Rationale: Application Questions

Describe how your administrator meets the criteria for each question below. **DO NOT identify your administrator by name, organization or city when answering questions 1-6.**

1. **How is the volunteer organization's position defined within the organizational structure of the hospital?** *(400 words maximum; typed in 12-point font)*

RATIONALE: The committee feels that this is an important question. It will show how important the organization is to the whole of the hospital, particularly if bylaws are present to include the organization. It is to be hoped that this will also show the committee whether the volunteer organization has some autonomy or is controlled by the hospital.

2. **Give examples of how your administrator promotes the volunteer organization with the hospital and the community.** *(400 words maximum; typed in 12-point font)*

RATIONALE: This will provide the committee with information regarding the public relations avenues that are used. Are there newsletters, radio and/or television announcements or public speaking engagements?

3. **Give examples of how your administrator communicates and shares information regarding potential new services and activities in which you could become involved.** *(400 words maximum; typed in 12-point font)*

RATIONALE: This will provide the committee with the needed information on how well the administrator communicates with the volunteer organization. What communication mechanisms are in place? Does the administrator communicate personally, is there a liaison, does he/she attend meetings or meet with the organization president on a regular basis?

4. **How has your administrator been a resource in facilitating new avenues of opportunity for the volunteer organization in this changing health environment?** *(400 words maximum; typed in 12-point font)*

RATIONALE: The operative words here are "changing health care environment." Is the administrator looking to the volunteer organization in these changing times?

5. **Cite examples of how your administrator personally participates in meetings and special events of the volunteer organization.** *(400 words maximum; typed in 12-point font)*

RATIONALE: This will show the committee how supportive the administrator is of the volunteer organization.

6. **How does your administrator promote and encourage volunteers to participate in and assume leadership roles in the Partners of WHA, Inc. sponsored events, hospital and community events?** *(400 words maximum; typed in 12-point font)*

RATIONALE: This will show support, but also show his/her acceptance of volunteers in leadership roles.

**An electronic copy of this Nomination Form and the Application Questions
are available at www.partnersofwha.org**

Nomination Form

Please print or type carefully.

Nominee's Name and Title

Number of years in
present position

Hospital/Medical Center Name

Mailing Address

Nominee's Email Address

Telephone Number

Name of Nominating Volunteer Organization

Name of Volunteer Organization President

Telephone Number

Mailing Address

Email Address

Signature of Volunteer Organization President

**Mail one (1) copy of this Nomination Form and five (5) copies of your completed Application
Questions to:**

**Wisconsin Hospital Association
Attn: Partners Best of Best Award
P.O. Box 259038
Madison, WI 53725-9038**

****IMPORTANT REMINDER**
ALL ENTRIES MUST BE POSTMARKED ON OR BEFORE JUNE 4, 2021**

For Office Use Only

Date Nomination Received ____/____/2021
