

# SHIRLEY M. TOEPFERT DISTINGUISHED MEMBER AWARD

## PURPOSE

The Shirley M. Toepfert distinguished member Award was developed to recognize an OAHQ member for his/her outstanding contributions to the Ohio Association for Healthcare Quality.

## ELIGIBILITY

Eligible candidates include any OAHQ member in good standing.

## SELECTION CRITERIA

Each category will be scored on a 0-5 scale (0=not met; 5= strongly met). A total score of 25 is possible, but a minimum score of 15 is required for the award to be granted each year.

## LEADERSHIP

- Candidate has been an officer, team leader and/or member at a national, state or local level.
- Candidate has been a presenter, co-presenter, or instructor at a national, state or local workshop, seminar or conference.
- Candidate has demonstrated ability to facilitate growth and increase membership

## RECRUITMENT SUPPORT

- Candidate actively promoted membership and participation by fellow healthcare management
- Candidate maintains annual membership in OAHQ and NAHQ.
- Candidate participates in OAHQ Speaker's Bureau.
- Candidate is consistently available and willing to volunteer time in non-traditional leadership roles in support of OAHQ functions (i.e. mailings, registration, phone calls, etc.)

## PUBLICATIONS/PRESENTATIONS

- ~~€€€~~ Candidate has had publication in professional journal(s) related to healthcare management field.
- Candidate has consistently contributed articles to the OAHQ newsletter.
- Candidate has had poster presentation at either state or national meeting.

## EDUCATION

- Candidate has sought and/or completed further degree educational opportunities related to healthcare management.
- ~~€€~~ Candidate has successfully completed the CPHQ certification.
- ~~€€~~ Candidate has provided consultative services, either voluntary or paid, in healthcare management to other Ohio facility. Candidate is recognized as a resource person in area of consultation.

## PERFORMANCE IMPROVEMENT INITIATIVES

- Candidate is recognized for developing and implementing Performance Improvement initiatives facility or organization that have demonstrated

improvement in health care deliver, maintenance, physician organizations, customer satisfaction, critical pathways/practice.

### **NOMINATION**

Nomination forms will be available from area representatives or any member of the OAHQ Board of Directors. All nomination forms must be submitted by April 15 of each year. The OAHQ Board will select the recipient of the Shirley M. Toepfert Distinguished Member Award based on the criteria outlined in this policy. The recipient will be announced at the OAHQ Annual Education Conference held each year.

### **AWARD**

The recipient will receive a personalized plaque, one year's free OAHQ membership, one paid attendance to the Annual OAHQ Education Conference, a feature article in the OAHQ newsletter and a local newspaper identified by the recipient and a letter to the recipient's employer.

Formulated: 8/1995; Revised: 11/1999

## **SHIRLEY M. TOEPFERT DISTINGUISHED MEMBER AWARD**

### **NOMINATION FORM**

Nominee's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Member of OAHQ? Yes \_\_\_\_\_ No \_\_\_\_\_

Current Member of NAHQ? Yes \_\_\_\_\_ No \_\_\_\_\_

CPHQ Certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Person Nominating Candidate: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Your Address & Phone: \_\_\_\_\_

Why do you believe this candidate should be selected as the recipient of the Shirley M. Toepfert Distinguished Member Award? *(Use additional paper if more room is needed)*

---

---

---

---

Can you provide the name(s) of one other person(s) who would support this nomination?

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

---

**Mail Nomination to: OAHQ, P.O. Box 461045, Cleveland, Ohio 44146-1045**

---

Formulated: 8/1995; Revised: 11/1999, 2/2001