

2024

NYSHFA
NYS HEALTH FACILITIES ASSOCIATION

**GIVING
AWAY
UP TO
\$2500!**



AWARD NOMINATIONS

SUBMISSIONS
DUE

January 26, 2024

NYSHFA EMPLOYEE
& VOLUNTEER RECOGNITION

Celebrate and recognize fellow skilled nursing professionals for their outstanding achievements and contributions to the residents they care for and the community they serve.

[NYSHFA-NYSICAL.ORG](https://www.nyshfa-nyscal.org)

STAY CONNECTED!





INTRODUCTION

The Annual Conference & Expo is right around the corner! NYSHFA will soon begin to review entries from members all around New York State who want to highlight, celebrate, and recognize their fellow skilled nursing professionals for their outstanding achievements and contributions to the residents they care for and the community they serve.

Ultimately, supporting and nominating outstanding colleagues who have demonstrated innovation and achievement benefits not only the individuals themselves but also the entire facility and its residents. It creates a culture of excellence, inspires others to do their best, and ultimately leads to better outcomes for everyone involved. NYSHFA is offering awards in two categories and ALL winners from each of the categories presented will be honored at the 2024 Annual Conference & Expo at the Turning Stone Resort & Casino in Verona, New York.

- » **EMPLOYEE RECOGNITION AWARDS**
- » **VOLUNTEER OF THE YEAR AWARDS**

To nominate outstanding people in the skilled nursing field, please follow the guidelines within.

EMPLOYEE RECOGNITION AWARDS

**GIVING
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By supporting and nominating these outstanding colleagues, we not only honor their achievements and contributions to our community but also serve as a testament to your commitment to providing the highest level of care and service to your residents.

Winners will be honored during NYSHFA's Annual Conference & Expo with an award and a check for \$500! All nominees will receive a certificate recognizing their nomination.

NURSING AWARDS

- » REGISTERED NURSE OF THE YEAR
- » LICENSED PRACTICAL NURSE OF THE YEAR
- » CERTIFIED NURSING ASSISTANT OF THE YEAR

NON-NURSING AWARDS

- » MANAGER OF THE YEAR
- » HEART AND HANDS
(Non-Managerial Staff)

WHO TO NOMINATE

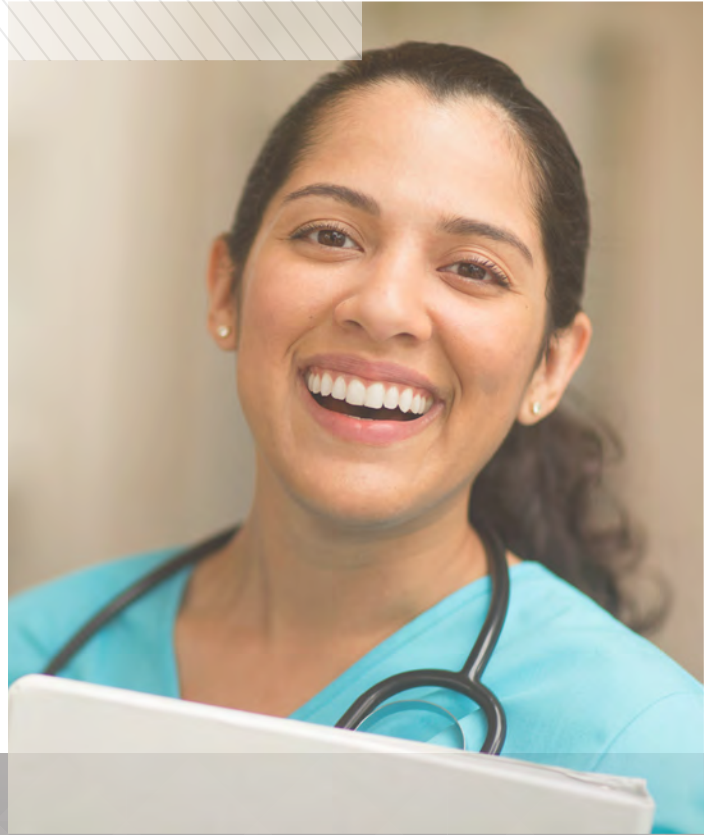
The intention is to spotlight & honor outstanding staff members who work in skilled nursing paying special attention to those who:

- Are innovative in dealing with residents and staff and/or peers in the provision of care and/or services in a nursing facility setting
- Use their skills and knowledge to positively affect residents' quality of life or care
- Positively impact residents' health, safety or general welfare
- Serve as role models for other staff members
- Positively interact with supervisors, peers and/or subordinates
- Positively represent their nursing facility in the community
- Display dedication in meeting the needs of the residents and/or facility
- Exhibit behaviors or actions that would be considered "going above and beyond" their position requirements

HOW TO NOMINATE

The Clinical & Quality Services Committee members would like to recommend that members take the following factors into account when selecting a nominee:

- Consider ALL your staff
- Employees nominated in previous years may be nominated again
- Involve facility staff, residents and families in the nomination process
- Nurse nominees can be direct caregivers or management persons
- "Heart and Hands" nominees should be a non-nursing, non-management staff member



NOMINATE YOUR TOP PICK TODAY.

WHAT IS REQUIRED



NOMINATION FORM FROM THE NOMINEE'S SUPERVISOR

- Please make a copy of the blank form to use for each nominee.



LETTER(S) OF RECOMMENDATION

- Up to two letters may be submitted from staff, residents, or family members of the residents
- Letters of recommendation should demonstrate how the employee meets the criteria outlined in these pages



ADDITIONAL NOTES

- Nominees who are RNs, LPNs, or CNAs must be currently licensed or certified
- The individual may have been nominated in a previous year
- The nominee must be employed by Member facility for at least one year and by the same facility at the time of the award presentation



THE DONT'S

- Do NOT identify your employee by name, refer to the nominee as "employee"
- Do NOT identify your facility
- Do NOT use nursing facility stationery/letterhead
- Do NOT identify yourself or any facility personnel in the letter of recommendation
- Use titles ONLY, not names
- Be sure to specify the category (RN, LPN, CNA, Manager, Heart & Hands) of the nominee



**SCAN CODE & COMPLETE
NOMINATION FORMS ONLINE!**
 NYSHFA-NYSCAL.ORG/NYSHFAEmployee2024/

EMPLOYEE RECOGNITION AWARDS NOMINATION FORM

1. This is a nomination for the following category:

(Limit one nomination per category per facility; not ALL Categories need to be submitted for consideration)

NURSING AWARDS

- » REGISTERED NURSE OF THE YEAR
- » LICENSED PRACTICAL NURSE OF THE YEAR
- » CERTIFIED NURSING ASSISTANT OF THE YEAR



NON-NURSING AWARDS

- » MANAGER OF THE YEAR
- » HEART AND HANDS
(Non-Managerial Staff)

2. Please complete the following information about the nominee and send to NYSHFA along with the other requested materials. Use a separate sheet of paper if additional space is necessary.

Name: _____

Present Position: _____

Facility Name: _____ Street: _____

City: _____ State: _____ Zip: _____

3. Employee Background

(Some examples may include: Length of service at facility, educational background or achievements)

4. Up to Two Letters of Recommendation

(Please Note: One MUST be from the Administrator)

PLEASE SEND ALL MATERIAL BY JANUARY 26, 2024

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VOLUNTEER OF THE YEAR AWARDS

NYSHFA | NYSCAL values the many contributions from the community surrounding our Member facilities. As we navigate through the demands of daily life in our long-term care communities, it is important to pause and acknowledge the hard work and dedication of our volunteers.



Let's celebrate the work of our volunteers and recognize the critical role they play.

They are the heart of our healthcare community, and without their selfless service, many of our facilities would struggle to provide the exceptional level of care we aim to deliver.

These exceptional volunteers offer companionship, emotional support, and an overall sense of comfort to those we care for, and by recognizing their contributions, we validate their efforts and the important role they play in the overall care of our residents.

VOLUNTEER OF THE YEAR NOMINATION CATEGORIES

YOUNG ADULT AGES 13 - 29

If the nominee is a teenager, parental or guardianship information must be included on the nomination form

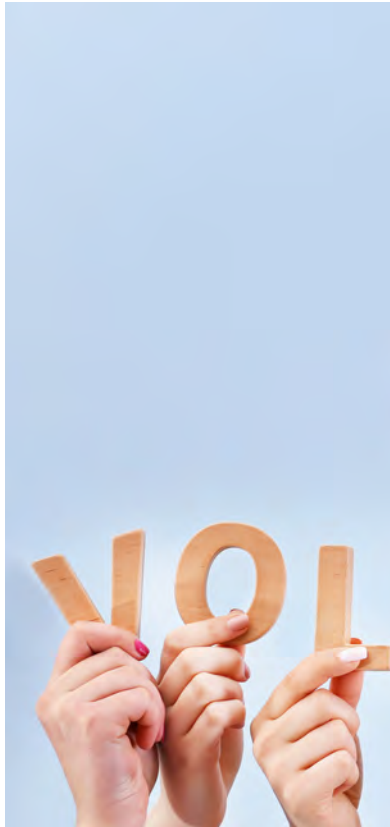
If a couple is nominated, both must be nominated in the same category and both must meet the nomination criteria for that category; the nominees will be recognized as a single entity

ADULT AGES 30 - 64

If a couple is nominated, both must be nominated in the same category and both must meet the nomination criteria for that category; the nominees will be recognized as a single entity

SENIOR ADULT AGES 65+

If a couple is nominated, both must be nominated in the same category and both must meet the nomination criteria for that category. The nominees will be recognized as a single entity



GROUP, CLUB OR ORGANIZATION

The group, club or organization should be providing not-for-profit services or activities for residents that involve direct involvement with the residents

The group should have acted as volunteers in contributing to the mental, social and emotional well-being of residents. *(However, the activity should not be primarily spiritual in nature. For this activity see the category of "Spiritual Guidance".)*

A group, club or organization should be involved in some form of activity that requires regular visits to the facility

A "family" group, couple or non-organized group cannot be nominated in this category

Though not limited to the following examples, typical groups that would qualify include: social and fraternal clubs, Boy and Girl Scout Troops, garden clubs, schools, or employee groups

SPIRITUAL GUIDANCE

While the same rules apply as stated in the "Nomination Criteria" section, a nominee in this category can be an individual or a group.

Activities (he / she / they perform must be devoted primarily, preferably exclusively, to the religious spiritual aspects of skilled nursing facility residents. This activity must represent willing spiritual comfort for the residents

The individuals or group need not be "ordained," though it would be preferable that the activities relate to a recognized religion and be under the direct or indirect supervision of an official of a recognized religion

Nominees must be at least 21 years of age

NOMINATE YOUR
VOLUNTEER TODAY!

NOMINATION CRITERIA

- Facilities entering nominations must be members in good standing with NYSHFA
- Nominees must have volunteered at least one full year at the nominating facility
- Individuals or groups nominated in one category may not also be nominated in a separate category in the same year
- Each NYSHFA member facility may enter a nomination in one or more of the 5 categories listed, however, each facility may only enter one submission per category
- Winners in any category may not win in any two consecutive years



GET THE NOMINATION PROCESS STARTED!

WHAT IS REQUIRED



COMPLETE NOMINATION FORM »



"I MAKE A DIFFERENCE"

- Please write a few paragraphs about your volunteer under the theme "I Make A Difference."
- Describe ways he/she/they help residents reach their own potential while being guided by the theme of "I Make A Difference". Include what makes this volunteer or group special and inspirational.



THE DONT'S

- Do NOT identify your facility in the essay
- Do NOT use nursing facility stationery / letterhead
- Do NOT identify yourself or any facility personnel in the essay

**The Clinical and Quality Services Committee will select Volunteers of the Year in each category*



**SCAN CODE & COMPLETE
NOMINATION FORMS ONLINE!**
 NYSHFA-NYSCAL.ORG/NYSHFAVolunteer2024/

VOLUNTEER OF THE YEAR NOMINATION FORM

1. This is a Nomination for the Following Category:
 (Check **ONLY** one category per form)

- » **YOUNG ADULT (AGES 13 - 29)**
- » **ADULT (AGES 30 a- 64)**
- » **SENIOR ADULT (AGES 65+)**
- » **GROUP, CLUB, OR ORGANIZATION**
- » **SPIRITUAL GUIDANCE (AGES 21+)**

Facility Name: _____
 Phone: _____ Street: _____
 City: _____ State: _____ Zip: _____

Name of Nominee/Group: _____
 Primary Contact for Group: _____
 Phone: _____ Street: _____
 City: _____ State: _____ Zip: _____

If Nominee is a Teenager, Please include the name(s) of the Parents or Guardian(s):
 Name(s): _____
 Phone: _____ Street: _____
 City: _____ State: _____ Zip: _____
 Relationship: _____

Nomination Submitted By:
 Name: _____ Title: _____
 Signature: _____ Date: _____

Facility Administrator:
 Name: _____ Title: _____
 Signature: _____ Date: _____

(Please verify the EXACT name of nominee or group, as it will be used to make the awards)

PLEASE COMPLETE THE REVERSE SIDE



DO NOT REFER TO NAME, AGE, SEX,
RELIGIOUS AFFILIATION, MARITAL STATUS
OF VOLUNTEER, OR NAME OF FACILITY
OR CITY IN WHICH S/HE LIVES OR WORKS

(OFFICE USE ONLY)
ALPHA/NUMERIC CODE

2. Fill in the Following Volunteer Service Information:

Length of Service of Volunteer(s): _____ (years)
 How Frequently does the Volunteer(s) Visit the Facility? _____ (days per week / month)
 How Many Hours has the Volunteer(s) Served in the Past 12 Months? _____
 Has the Volunteer(s) Recruited Additional Volunteers for Your Facility? YES NO _____
 (about how many)

3. Select the Volunteer(s) Five (5) Primary Tasks:

(There does NOT need to be Five Tasks, but there CANNOT be More than five.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Friendly Visitor (1 to 1) | <input type="checkbox"/> Leads Group Discussions | <input type="checkbox"/> Entertainer/Performs for Residents |
| <input type="checkbox"/> Leads Craft Sessions | <input type="checkbox"/> Transports Residents | <input type="checkbox"/> Makes or Repairs Items for Residents |
| <input type="checkbox"/> Leads Exercise Groups | <input type="checkbox"/> Provides Personal Services i.e. shopping | <input type="checkbox"/> Serves as a Resource to the Activity Director |
| <input type="checkbox"/> Provides/Serves Refreshments | <input type="checkbox"/> Arranges/Provides Spiritual Guidance or Religious Services | <input type="checkbox"/> Other (be specific) |

4. Write 1-2 paragraphs under the theme, "I Make a Difference." (See **WHAT IS REQUIRED) This text MUST accompany this nomination form and should explain why you believe this individual/group should be nominated.**

PLEASE SEND ALL MATERIAL BY JANUARY 26, 2024

JOANNE O'CONNOR

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*Thank you for nominating an outstanding individual in our community.
 Your thoughtful recognition shines a light on the dedication and passion of those
 who make a significant impact in the long-term care community.*



**THANK
YOU!**

NYSHFA-NYSCAL.ORG

STAY CONNECTED!

