



KRISTI HUND NURSE EXCELLENCE AWARD

Purpose: *The Rural Wisconsin Health Cooperative (RWHC) Nursing Excellence Award is designed to recognize excellence in nursing practice by a nurse employed by a Rural Wisconsin Health Cooperative (RWHC) hospital organization. Each organization with membership in the RWHC is encouraged to nominate one nurse to compete for this annual award. The establishment of this award is a public recognition of excellence in nursing practice at both the organizational level as well as throughout the state.*

CRITERIA

1. Nominee must be a Registered Nurse currently employed by a hospital organization with membership in RWHC.
2. Nominee must be involved in clinical nursing activities (e.g., non-managerial) the majority of the time within the nominee's position.
3. Nominee must have demonstrated excellence in clinical nursing practice during the 12 months prior to nomination.
4. Nominee must demonstrate positive attitude, treatment of all others with dignity and respect, and honesty and integrity in word and deed.
5. Nominee promotes the professional role of Registered Nurses through teaching, serving as a preceptor, participation in community health activities, or active membership in a professional organization.

PROCESS

1. Each year the RWHC Nurse Executive Roundtable identifies an individual member who volunteers to chair the nurse award process for the year. Three volunteers from the Roundtable agree to serve as reviewers/scorers. Nominations are due to the Chairperson by mid-February with award presentation occurring during Nurse's Week.
2. A letter announcing the award and requesting nominations are sent by the RWHC to RWHC organizations by the end of January each year.
3. The Senior Nurse Executive (SNE) in each organization coordinates the nomination process. The SNE may choose to involve organizational nurses in the nomination and write-up process. The SNE also has the option to choose nominees and prepare and submit written nominations. Organizations may submit nominations for any qualified candidates. The nominations should follow the established format. When completed

forward the nomination packet electronically to ahermes@stohosp.com or fax the information to 608-873-2315.

4. Nominations are forwarded to the designated chair of the RWHC Nurse Executive Roundtable by the established suspense date.
5. The designated chair collects nominations and sends each panel member a complete set of nominations along with a scoring sheet for each nominee. Each panel member is advised of the deadline for scoring the nominations and returning the score sheets. It is preferable that these are sent to the chairperson electronically.
6. The designated chair collates the nominations and sends to RWHC for scoring. The designated chair advises the panel members of the results. The nominee with the highest score will be named the recipient of the RWHC Nurse Excellence Award. In the event of a tie or close score, the chairperson and panel members will telephonically communicate to discuss the top contenders and select a winner.
7. The designated chair notifies the individual and the administrator or chief nurse executive of the facility involved. The designated chair also prepares a draft press release and forwards it to RWHC. The organization will be responsible for submitting a picture of the winner to RWHC
8. The RWHC nurse liaison orders the plaque to be presented to the recipient.
9. The RWHC nurse liaison collaborates with an RWHC representative to determine how/when the award will be presented.
10. The RWHC nurse liaison coordinates with a member of the RWHC Nurse Executive Roundtable to accompany an RWHC representative to the organization of the recipient.

NOMINATION FORMAT

1. Prepare the nomination in the following written format:
 - a. Cover sheet indicating name, address, email, and telephone number of nominee; name and address of organization; clinical area assigned; length of time as a Registered Nurse; length of time employed by the organization; formal education; membership in professional nursing organizations; community service activities; and names of spouse and children, if applicable.
 - b. The Nomination form (single-spaced in 12 point type) describing the contributions of the nurse and examples of clinical excellence, including impact on patient or health care outcomes.

- c. Final page: Name of nominee; name and telephone number of individual submitting the nomination. Name and address of organization.
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- 2. Forward the nomination package via e-mail or fax to the designated nurse executive ahermes@stohosp.com

**RURAL WISCONSIN HEALTH COOPERATIVE
NURSE EXCELLENCE AWARD
COVER SHEET**

Name of nominee: _____

Email of nominee: _____

Address of nominee: _____

Telephone number of nominee: _____

Name and address of organization: _____

Clinical nursing area in which nominee works:

Length of time nominee has been a Registered Nurse:

_____ years _____ months

Length of time nominee has been employed in current organization:

_____ years _____ months

Formal education:

Membership in professional nursing organizations (include offices held, if applicable):

Community service activities (health-care related and others):

Name of spouse (if applicable): _____

Names of children (if applicable): _____

<p>Rural Wisconsin Health Cooperative Nurse Excellence Award Nomination Form</p>
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Name _____

Hospital _____

Please answer each of the following four questions. Scoring criteria are attached for your review and consideration in answering.

1. Describe how the candidate has demonstrated excellence in clinical nursing practice within the past 12 months. (40 points)
2. Give examples of how the candidate has demonstrated a positive attitude and demeanor. (12 points)
3. Describe how the candidate promotes the professional role of nursing. (20 points)
4. Describe other significant professional accomplishments the selection committee should consider. (12 points)

**RURAL WISCONSIN HEALTH COOPERATIVE
NURSE EXCELLENCE AWARD SCORING TOOL**

Name: _____

Please use the following criteria to score each category:

- 4 = Distinguished, extraordinary, exceptional, outstanding, role model
- 3 = Superior, commendable, above average, very good excellent
- 2 = Fully successful, OK, competent, proficient, good solid performance
- 1 = Criteria not discussed

Category	Maximum Score	Score Awarded
<i>Demonstrated excellence in clinical nursing practice within the past 12 months. Consider the following:</i>	40	
1. Clinical nursing practice sets the standard for organization.		
2. Clinical nursing practice surpasses that of most peers.		
3. Attained professional nursing certification.		
4. Involved with defining nursing practice for the organization.		
5. Integrated nursing practice and standards into organization's performance improvement plan.		
6. Demonstrates accountability for all aspects of practice.		
7. Demonstrates interdisciplinary collaboration in practice.		
8. Integrates National Patient Safety Goals in practice.		
9. Uses critical thinking skills in problem solving.		
10. Role models customer service.		
<i>Positive attitude and demeanor - Consider the following:</i>	12	
1. Positive attitude is role model for others.		
2. Treats others with dignity and respect.		
3. Promotes honesty and maintains integrity in word and deed.		
<i>Promotes the professional role of nursing - Consider the following:</i>	20	
1. Member of a professional nursing organization (or more than one organization).		
2. Serves as a preceptor/clinical coach for nursing students or new staff.		
3. Promotes health and wellness in community activities.		

4. Developed and/or presented in-service or other training programs.		
5. Involvement in activities that encourage individuals to enter the nursing profession		
Other significant contributions - Consider the following:	12	
1. Involvement in organizational committees.		
2. Role in performance improvement activities.		
3. Achieved significant milestones in formal education.		
Total:	84	

Scored by: _____

FINAL PAGE

**RURAL WISCONSIN HEALTH COOPERATIVE
NURSE EXCELLENCE AWARD**

Name of Nominee: _____

Name, email, and telephone number of individual submitting the nomination:

Name and address of organization:

**RURAL WISCONSIN HEALTH COOPERATIVE
NURSE EXCELLENCE AWARD**

CHECKLIST FOR SUBMISSION OF NOMINATION:

_____ **Cover Sheet**

_____ **Nomination Narrative**

_____ **Final Page**

Forward package via email or fax to:

**Amy Hermes, Associate Vice President of Inpatient Services
Stoughton Hospital
900 Ridge Street
Stoughton, WI 53589**

Fax: 608-873-2315

E-mail: ahermes@stohosp.com