# **Excellence in Governance Award**

The Excellence in Governance Award was established as a memorial to Ernie Hayes, a 40-year trustee for Henry County Health Center in Mount Pleasant. Mr. Hayes' selfless dedication to service continues to benefit people, hospitals and communities throughout lowa.

### **Nomination Criteria**

Must be a member of an lowa hospital board of directors. Someone who focuses management's attention on the past, present and future health care needs of the communities served, the resources of the organization and the action steps needed to successfully merge this in-formation into an action plan for success.

A diplomat works in concert with management and medical staff to interface with external, key publics (community, business groups, medical groups, legislators, etc.) to influence their perceptions and actions taken on behalf of the organization.

A leader is someone who understands the strategic vision of the organization, understands the ambassadorial role, and combines the two in organizing and utilizing resources to achieve goals. A leader gains the respect and trust of the board, medical staff and employees.

An explanation why you believe the individual is deserving of recognition for his/her work as a hospital/health system trustee in lowa. The nominee's involvement in IHA activities, programs and education, including participation in the IHA Hospital Board Certification Program, will be considerered.

## **Required Submission Materials:**

- 1. Nomination Form (see pg. 2)
- 2. Letter of Nomination (limit 2 pages)
- 3. Up to 5 letters of support (limit 2 pages each)

Please indicate how the nominee has displayed these characteristics in his/her service as a board trustee. Give specific examples. The Selection Committee will base its decision on this narrative.

Deadline for nomination(s) is June 15, 2019. Please submit nominations and questions via email to ihaannualawards@ihaonline.org or mail to:

Excellence in Governance Award lowa Hospital Association 100 East Grand, Suite 100 Des Moines, IA 50309-1835



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Date:	Nomination Form
Person being nominated:	
Name	
Title:	
Hospital:	
Years of Service:	
Email:	
Phone:	
Hospital Contact Person: Please list the information of the person who shoul This person should be the individual who is coordir receive information concerning award results.	
Name	
Title:	
Hospital:	
Email:	
Phone:	

### **Award Instructions:**

#### Person Making the Initial Nomination:

Please submit one letter of nomination from one individual making the initial nomination. Include in the first sentence, "I write to nominate..."

#### Person(s) Supporting the Nomination.

It is optional to submit up to five, two-page (max) letters of support. Include in the first sentence, "I write to support the nomination of..."

Please do not submit materials in binders or sheets in plastic covers. The materials will be digitized upon receipt and this slows down the process for the selection committee and IHA staff.

Submit this form with the initial letter of nomination.