



Society for Healthcare Volunteer Leaders

What's your story?

Do you have a unique program/service that others may emulate?

Do you have an innovative idea that has propelled your department forward in your organization/community?

Would you like to have a chance to gain recognition for your efforts?

SHVL is looking for programs and/or services in volunteer services departments that have a positive impact on the hospital/health system.

Consider submitting your volunteer/retail management program for the SHVL IMPACT AWARD! The SHVL Impact Award recognizes a Volunteer Services Program or Retail Management Program for outstanding contributions and professionalism in the field of Healthcare Volunteer Administration.

The **Impact Award** recognizes one program/organization of SHVL for efforts which have:

- made a positive significant impact to the healthcare organization and/or the state or local communities which are served by the organization,
- upheld high standards for volunteer/retail management engagement and effectiveness through a professionally managed volunteer/retail management program; contributed to the increase of patient satisfaction scores and/or employee satisfaction, and/or
- multiplied community resources available through the healthcare organization.

The Impact Award will be presented at the 2020 SHVL conference in New Orleans, LA on March 22-24, 2020. During the Impact Award presentation, the winning hospital/health system will be asked to do a short (approximately 10 minute) presentation about their submission to the entire conference during the Impact Award Presentation during the Tuesday luncheon.

Please keep in mind, if your program was not selected previously you are welcome to resubmit your application for consideration.



Society for Healthcare
Volunteer Leaders

SHARE YOUR INNOVATION LEAD BY EXAMPLE

SHVL Impact Award Nomination Submission Form

Name of Program:

Name of person submitting nomination:

Hospital/Health System:

Address of Hospital/Health System:

Contact information of person submitting nomination:

Phone: _____

Email: _____

Explain your Impact Program/Service:

How does your program/service help your hospital meet, or strive toward meeting, the mission of your organization? (Please include your hospital's mission statement):

How does your program contribute to the effort to increase your hospital's HCAHPS/CAHPS or /employee satisfaction scores? Which question(s) does it impact?

How long has your program/service been in existence?

Do you have data to verify your "excellent" program/service is impacting your mission or scores?

Anything else you'd like to add?

SUBMISSION INFORMATION:

Submission deadline date: **February 3, 2020**

Submission email: rebecca.rowe@emhealth.org

Please include the SUBJECT LINE:
SHVL IMPACT AWARD NOMINATION+ your hospital name

Submission mailing address:
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