

## **HEMOCARE ASSOCIATION OF LOUISIANA EXCELLENCE IN HOME CARE AWARDS**

The HomeCare Association of Louisiana is pleased to issue this Call for Award Nominations for the **Excellence In Home Care Awards**.

Presentation of The Excellence in Home Care Awards will occur at the **HCLA's 2019 Annual Conference & Trade Show in Baton Rouge, LA, Monday, November 11, 2019 from 12:00pm – 1:30pm**.

HCLA is soliciting nominations for the following awards, honoring member individuals who have consistently demonstrated excellence in their day-to-day performance and have made outstanding contributions to home care and those they serve. Below are the award descriptions. Nomination profile forms for each award category are attached.

**Outstanding Paraprofessional Caregiver Service Award** - honoring a Paraprofessional caregiver directly involved in day-to-day home care, who has consistently provided outstanding service to patients in their homes. Nominees include:

- Homemaker/Companions
- Personal Care Attendants
- Home health aides
- Nurse Aides

Paraprofessional Service Award Candidates have exemplified a dedication to the provision of quality care through:

- Longevity
- Dependability
- Commitment
- Strong "Team Spirit"
- Sensitivity to the needs of a client
- Professionalism in dealing with difficult situations
- Other high performance standards

**Outstanding Professional Caregiver** - honoring a professional clinician directly involved in day-to-day home care, who has consistently provided outstanding service to patients in their homes. Nominees include:

- Nurses
- Therapists
- Social Workers
- Dietitians
- Chaplains

Outstanding Professional Caregiver Candidates will have exemplified a dedication to the provision of quality care through:

- Longevity
- Dependability
- Commitment
- Strong "Team Spirit"
- Sensitivity to the needs of a client
- Professionalism in dealing with difficult situations

- Other high performance standards

**The Outstanding Home Care Leader Award** - The recipient of this award will exemplify the qualities displayed as a true leader in the home health industry and will honor a home care clinical or office supervisor who has made outstanding contributions in motivating staff to achieve excellence in home care service. Candidates possess:

- Outstanding personal and professional leadership qualities
- Exemplary “team spirit”
- Excellent problem solving skills
- Creativity
- Innovative spirit
- Dedication to patient and staff satisfaction

**The Outstanding Home Care Physician Award** – This award honors a physician who excels in providing and utilizing home care, optimizing the role of home care in the health care system. Candidates for this award:

- Exemplary “team spirit” in working with home care agencies
- Proactively involved in promoting the effectiveness and image of home health care

**The Outstanding Home Care Ambassador Award** - The recipient of this award is an individual who has represented and promoted the interest, activities, and programs of the Home Care industry. Candidates have:

- Made special contributions to the advancement of Home Care
- Served as a Home Care industry champion or supporter
- Has made outstanding contributions while serving on home care related committees or work groups

### **The HCLA Home Care Hall of Honor Criteria for 2019**

The HCLA Home Care Hall of Honor seeks to celebrate individuals who have excelled in our field, brought recognition and honor to our industry, had a positive impact on home health care, and inspired others to do the same.

- **Eligibility-** Nominees for the Hall of Honor will have served for a minimum of 20 years at the time of nomination.
- **Nominations will remain active** for three years after the initial submission.
- **Selections will be received by** the HCLA’s Hall of Honor selection committee for each year, and determined by criteria in the opening sentence above.
- **A maximum of three individuals** will be inducted in 2019.
- **No current Staff** shall be eligible for the Hall of Honor.

### **Nominating Instructions**

Be sure to complete the corresponding award nomination profile attached. **The deadline to submit nominations is Friday, October 11, 2019 at 5:00pm CDT.**

If you have questions about this process, please contact HCLA office at 800-231-4252.



**HCLA PARAPROFESSIONAL OF THE YEAR  
Award Nomination Form**

**The HCLA Excellence in Home Care Awards will be presented at HCLA's 2019 Annual Conference & Trade Show in Baton Rouge during a special Awards Luncheon Event on Monday, November 11, 2019 from 12:00pm-1:30pm at the Embassy Suites.**

HCLA is pleased to issue this call for this award nomination to honor a paraprofessional home care individual that has consistently provided outstanding service to patients in their homes. The nominee must be an employee, independent contractor, or volunteer of a member and can include Homemaker/Companions; Personal Care Attendants; Home health aides; or Nurse Aides

**Candidates for this award have exemplified a dedication to the provision of quality care through:**

- Longevity
- Dependability
- Commitment
- Strong "Team Spirit"
- Sensitivity to the needs of a client
- Professionalism in dealing with difficult situations
- Other high performance standards

**Nomination Instructions: Please complete the information below. \*Indicates required field. The deadline to submit nominations is Friday, October 11, 2019 CDT. Email completed nomination form to [liz@hclanet.org](mailto:liz@hclanet.org). Please direct any questions about the nomination process to HCLA at 800-283-4252.**

**Nominator Name\*:** \_\_\_\_\_ **Nominator Company\*:** \_\_\_\_\_

**Nominator Email Address\*:** \_\_\_\_\_ **Nominator Phone Number\*:** \_\_\_\_\_

**Nominee Name\*:** \_\_\_\_\_ **Nominee Company\*:** \_\_\_\_\_

**Nominee's Company Phone\*:** \_\_\_\_\_ **Nominee Employment Role\*:** \_\_\_\_\_

**Nominee's Email Address\*:** \_\_\_\_\_

**Please provide examples of how this nominee has demonstrated exemplary professionalism, commitment, dependability, and strong team spirit\*:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide additional information to support the nomination of this individual for the HCLA Paraprofessional of the Year Award\*:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ok to attached additional information regarding the candidate to this form.**



**HCLA PROFESSIONAL CAREGIVER OF THE YEAR  
Award Nomination Form**

**The HCLA Excellence in Home Care Awards will be presented at HCLA's 2019 Annual Conference & Trade Show in Baton Rouge during a special Awards Luncheon Event on Monday, November 11, 2019 from 12:00pm-1:30pm at the Embassy Suites.**

**HCLA is pleased to issue this call for this award nomination to honor a professional home care individual that has consistently provided outstanding service to patients in their homes. The nominee must be an employee, independent contractor, or volunteer of a member and can include RN, NP, PT, MSW, ST or OT**

**Candidates for this award have exemplified a dedication to the provision of quality care through:**

- Longevity
- Dependability
- Commitment
- Strong "Team Spirit"
- Sensitivity to the needs of a client
- Professionalism in dealing with difficult situations
- Other high performance standards

**Nomination Instructions:** Please complete the information below. \*Indicates required field. The deadline to submit nominations is Friday, October 11, 2019 CDT. Email completed form to [liz@hclanet.org](mailto:liz@hclanet.org)  
Please direct any questions about the nomination process to HCLA at 800-283-4252.

**Nominator Name\*:** \_\_\_\_\_ **Nominator Company\*:** \_\_\_\_\_  
**Nominator Email Address\*:** \_\_\_\_\_ **Nominator Phone Number\*:** \_\_\_\_\_  
**Nominee Name\*:** \_\_\_\_\_ **Nominee Company\*:** \_\_\_\_\_  
**Nominee's Company Phone\*:** \_\_\_\_\_ **Nominee Employment Role\*:** \_\_\_\_\_  
**Nominee's Email Address\*:** \_\_\_\_\_

**Describe how this individual has served as a role model for other home health personnel\*:** \_\_\_\_\_  
\_\_\_\_\_

**How has this person demonstrated a consistent and long-standing commitment to home care patients?** \_\_\_\_\_  
\_\_\_\_\_

**Please provide examples of how this nominee has provided exemplary service\*:** \_\_\_\_\_  
\_\_\_\_\_

**Please provide any additional information or a story to support your nomination:** \_\_\_\_\_  
\_\_\_\_\_

**Ok to attached additional information regarding the candidate to this form.**



**HCLA OUTSTANDING HOME HEALTH LEADER OF THE YEAR - Award Nomination Form**

The HCLA Excellence in Home Care Awards will be presented at HCLA's 2019 Annual Conference & Trade Show in Baton Rouge during a special Awards Luncheon Event on Monday, November 11, 2019 from 12:00pm-1:30pm at the Embassy Suites.

HCLA is pleased to issue this call for this award nomination to honor the home care Administrator, Director, or supervisory individual that exemplifies the qualities of a true leader, consistently demonstrated excellence in their day-to-day performance, motivated staff to achieve excellence in home care service, and have made outstanding contributions to the homecare industry.

**Candidates for this award have demonstrated:**

- Exemplary "team spirit"
- Excellent problem solving skills
- Creativity
- Innovative spirit and can-do attitude
- Dedication to patient and staff satisfaction

**Nomination Instructions:** Please complete the information below. \*Indicates required field. The deadline to submit nominations is Friday, October 11, 2019 CDT. Email completed form to [liz@hclanet.org](mailto:liz@hclanet.org) or fax to 337-231-0089. Please direct any questions about nomination process to HCLA at 800-283-4252.

Nominator Name\*: \_\_\_\_\_ Nominator Company\*: \_\_\_\_\_  
Nominator Email Address\*: \_\_\_\_\_ Nominator Phone Number\*: \_\_\_\_\_  
Nominee Name\*: \_\_\_\_\_ Nominee Company\*: \_\_\_\_\_  
Nominee's Company Phone\*: \_\_\_\_\_ Nominee Employment Role\*: \_\_\_\_\_  
Nominee's Email Address\*: \_\_\_\_\_

**Please provide examples how this nominee has demonstrated exemplary team spirit and can-do attitude:**  
\_\_\_\_\_

**How has this person demonstrated outstanding leadership qualities\*:** \_\_\_\_\_

**How has this individual demonstrated dedication to patient and staff satisfaction\*:** \_\_\_\_\_

**Please provide any additional information or a story to support your nomination:** \_\_\_\_\_

Ok to attached additional information regarding the candidate to this form.



**HCLA HOME CARE PHYSICIAN OF THE YEAR  
Award Nomination Form**

**The HCLA Excellence in Home Care Awards will be presented at HCLA's 2019 Annual Conference & Trade Show in Baton Rouge during a special Awards Luncheon Event on Monday, November 11, 2019 from 12:00pm-1:30pm at the Embassy Suites.**

**HCLA is pleased to issue this call for this award nomination to honor a physician who excels in providing and utilizing home care, optimizing the role of home care in the health care system. Candidates for this award need not be HCLA members.**

**Candidates for this award have:**

- Exhibited exemplary “team spirit” in working with home care agencies
- Has promoted home care and its programs among other physician colleagues and payors.
- Has participated in home care industry in form of governance, education, and research

**Nomination Instructions: Please complete the information below. \*Indicates required field. The deadline to submit nominations is Friday, October 11, 2019 CDT. Email completed nomination form to [liz@hclanet.org](mailto:liz@hclanet.org). Please direct any questions about the nomination process to HCLA at 800-283-4252.**

**Nominator Name\*:** \_\_\_\_\_ **Nominator Company\*:** \_\_\_\_\_

**Nominator Email Address\*:** \_\_\_\_\_ **Nominator Phone Number\*:** \_\_\_\_\_

**Nominee Name\*:** \_\_\_\_\_ **Nominee Company\*:** \_\_\_\_\_

**Nominee's Company Phone\*:** \_\_\_\_\_ **Nominee Employment Role\*:** \_\_\_\_\_

**Nominee's Email Address\*:** \_\_\_\_\_

**What has been the effect of the nominee's participation with and team spirit in the home care interdisciplinary team\*:** \_\_\_\_\_  
\_\_\_\_\_

**Provide specific examples of how this physician has promoted home care among his/her colleagues and payors\*:** \_\_\_\_\_  
\_\_\_\_\_

**In what home care organizational activities has this physician participated, such as governance, education, research, etc.\*:** \_\_\_\_\_  
\_\_\_\_\_

**Please provide additional information to support the nomination of this individual for the HCLA Physician of the Year Award\*:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ok to attached additional information regarding the candidate to this form.**



**HCLA AMBASSADOR OF THE YEAR  
Award Nomination Form**

**The HCLA Excellence in Home Care Awards will be presented at HCLA's 2019 Annual Conference & Trade Show in Baton Rouge during a special Awards Luncheon Event on Monday, November 11, 2019 from 12:00pm-1:30pm at the Embassy Suites.**

**HCLA is pleased to issue this call for this award nomination to honor an individual who has contributed to the advancement of home health care and has served as an Ambassador for the home care industry and its programs.**

**Candidates for this award have:**

- Made special contributions to the advancement of Home Care
- Served as a Home Care industry champion or supporter
- Has made outstanding contributions while serving on home care related committees or work groups

**Nomination Instructions: Please complete the information below. \*Indicates required field. The deadline to submit nominations is Friday, October 11, 2019 CDT. Email completed nomination form to [liz@hclanet.org](mailto:liz@hclanet.org). Please direct any questions about the nomination process to HCLA at 800-283-4252.**

Nominator Name\*: \_\_\_\_\_ Nominator Company\*: \_\_\_\_\_

Nominator Email Address\*: \_\_\_\_\_ Nominator Phone Number\*: \_\_\_\_\_

Nominee Name\*: \_\_\_\_\_ Nominee Company\*: \_\_\_\_\_

Nominee's Company Phone\*: \_\_\_\_\_ Nominee Employment Role\*: \_\_\_\_\_

Nominee's Email Address\*: \_\_\_\_\_

**Please provide examples of how this nominee has demonstrated exemplary team spirit\*: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**Please provide additional information to support the nomination of this individual for the HCLA Ambassador of the Year Award\*: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**Ok to attach additional information regarding the candidate to this form.**

## HCLA Hall of Honor Criteria

The HomeCare Association of Louisiana (HCLA) Hall of Honor will officially announce its inductees during its Annual Conference in November 2019. Its purpose is to honor those individuals who have excelled in the home care and hospice profession; those who bring honor and recognition to HCLA; and those who inspire and mentor individuals to consider or continue their careers in the home care and hospice profession. The winners of this award is a select group of individuals who, through their career achievements, exemplify the very best by continually bringing credit to their profession and the home care and hospice community.

**ELIGIBILITY:** Nominees for this award have been or currently are employed as a staff member or owner of a Home Health Agency, Hospice Agency, Private Duty (medical or personal care) Agency, Home Medical Equipment Supplier, or Home Infusion organization for a minimum of 10 years at the time of nomination. Nominees must be affiliated with a HCLA Member organization, unless retired. Retired and deceased persons are eligible for induction.

- Submitted applications for Nominees remain active for three selection years/cycles.
- Selections of Hall of Honor Inductees shall be made by criteria determined by HCLA. HCLA's selection committee shall give final approval to new inductees.
- No currently sitting member of the Board shall be a nominee to the Hall of Honor.
- A maximum of three persons may be inducted into the Hall of Honor annually.
- Selection Committee will review all applications
- Selection committee may select three inductees in 2018 inaugural year.

### **Requirements for Nominations:**

Deadline for nominations is October 11, 2019. HCLA members are invited to recommend nominations to the HCLA Hall of Honor. It is the responsibility of the Nominator to compile a complete and comprehensive nominations package to demonstrate the qualifications and credentials of the candidate. Nominations submitted will be kept on file for three years to be considered for possible selection. After three years, a candidate must be re-nominated to receive further consideration.

### **The minimum requirements include the following:**

1. Complete and submit the attached nomination form and a copy of the nominee's experience with a cover letter explaining the reasons why the candidate should receive this recognition. This cover letter should detail the nominee's home care professional experience. You may include videos, photos, CDs, etc. describing the following accomplishments:
  - a. Service in a leadership role with HCLA
  - b. Outstanding achievements in Home Care with current and/or past organization(s)
  - c. Contributions to other voluntary organizations
  - d. Participation in civic and community affairs
2. Submit a photo taken in the past five years. (optional)
3. Submit one or more letters of recommendation.
4. Submit any and all other materials that tend to show the accomplishments of the nominee, i.e. magazine or newspaper articles, awards received and other contributions to the home care industry or society in general.



## HCLA HALL OF HONOR NOMINATION FORM

**Please complete the following:**

**Contact Information Person Making Nomination:**

First and Last Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

Best Method of Contact (provide specific information if different): \_\_\_\_\_

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**Contact Information - Hall of Honor Nominee**

First and Last Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

Best Method of Contact (provide specific information if different): \_\_\_\_\_

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**REMINDERS:**

- Complete and submit the contact form
- Attach copy of nominee's experience
- Submit cover letter explaining reasons candidate should receive this recognition.
- Submit photo (optional)
- Submit letter(s) of recommendation
- Submit supporting materials (news or magazine articles, awards received, etc.)

Submit the above information via email to [liz@hclanet.org](mailto:liz@hclanet.org) or fax to HCLA office at 337-231-0089. Direct any questions about the nomination process to HCLA at 800-283-4252.