

Nomination Form: Service Excellence All Star

Thank you for taking time to recognize our employees and physicians for providing excellent care and service.

Name of Staff Member or Physician: (Please print first and last name): _____

Department: _____ Floor: _____

Demonstrated dignity and respect for all individuals.

- ✓ Was welcoming
- ✓ Treated you with courtesy, politeness, and kindness

Delivered compassionate and patient-centric care that addresses diverse cultural needs.

- ✓ Expressed empathy and provided explanations
- ✓ Responded to patient call lights in a timely manner
- ✓ When listening, used eyes, ears and heart

Showed pride in providing care.

- ✓ Was honest, reliable and prompt
- ✓ Was committed to excellence

Promoted trust and transparency.

- ✓ Was honest and treated you as you want to be treated
- ✓ Was patient and compassionate

Commitment to excellence.

- ✓ Created an excellent experience for you and your family
- ✓ Was kind, caring and professional
- ✓ Consistently surpasses expectations

Comments: _____

Recognized by: Patient/Family Member Visitor Employee Other

(Please print your full name): _____ Date: _____

Please submit this to a member of our staff.