



Heart and Hands Award Nomination Form

I would like to nominate _____ from unit/department _____
(one nominee per page)

Know me, Care for me, Ease my way.

All employees of Providence contribute to care for patients/visitors/coworkers in many ways. The monthly Heart and Hands award, for all employees (except RNs—please use the DAISY Award) at Providence St. Peter Hospital, will celebrate the nominee who goes above and beyond **Know me, Care for me, Ease my way.**

Please describe the attributes of the staff member you are nominating which clearly demonstrates how he/she meets the criteria of the Heart and Hands Award of compassionate care of patients or peers:

Name of nominator/your name: _____ Contact #: _____

I am (please check one): Patient Family/Visitor MD/Provider RN Staff Visitor

Please submit this nomination form to the nurses station.

Manager acknowledgement – I acknowledge that this employee is in good standing.

Signed: _____ Date: _____

Managers, please submit this nomination form to Nursing Administration, Administration, MS: 02W06

*Nominations received by the 20th of the month will be considered for the
following month's Heart and Hands Award.*

Questions? Please contact 360/493-4044 or 360/493-7754