



Heart and Hands Award Nomination Form

I would like to nominate _____ from (department) _____

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:

Please give this form to any nurses station and they will forward it on.

Name of nominator/your name _____ Contact # _____

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

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

Signed: _____ Title _____ Date: _____

Managers please submit this nomination to Janice Ewing (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 Janice Ewing @ 360/493-4044 or Annette Stier @ 360/493-7754