



# Compassionate Care Award

## *Nomination Form*

Your Name \_\_\_\_\_ Your Department \_\_\_\_\_

I nominate \_\_\_\_\_ for the Compassionate Care Award because:  
(please list **specific examples** that you have witnessed from the characteristics below).

*\*Please note Directors are not eligible for nomination*

Please relate specific situations which demonstrate why your nominee is qualified to receive the award (*Using story form is helpful*). Use additional paper if needed.

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All Hannibal Regional Hospital team members, patients, visitors, and/or physicians may nominate any team members who provides direct patient care to receive a Compassionate Care Award. In addition to being a highly competent professional, we look for nominees to embody characteristics such as:

- Listening skills (voice of patient/family)
- Empathy
- Exemplifies RISE values
- Shares self with patient/family
- Forms caring bond with patient/family
- Professional
- Shares tears
- Attends to patients/families spiritual/emotional needs
- Attentive and reassuring to patient/family
- Offers individualized care
- Displays an encouraging manner
- Non-judgmental
- Moves the team to a different view of the patient
- Nurturing

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please forward your signed and completed Compassionate Care Award nomination form to Hannibal Regional Hospital Human Resources or place it in the box at the Hospital Information Desk.  
**Nomination Deadline is Friday, August 13, 2010**