



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

All Hannibal Regional Healthcare System team members, patients, visitors, and/or physicians may nominate any team member who provides care to our patients can 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
- Attentive 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 the Foundation or place it in the box at the Reception Desk of the Medical Group entrance.
Nomination deadline is Friday, September 10, 2021