



SAN ANTONIO REGIONAL HOSPITAL

SAN ANTONIO CARE TEAM LEAF AWARD



NOMINATION FORM

The **LEAF Award** recognizes care team members – both clinical and non-clinical, located on the main campus and at our off-site facilities – who contribute to an exceptional patient, family, and fellow care team member experience through their dedication to *Excellence with Compassion*.

ELIGIBILITY: Nominees are active members of the care team (employee/volunteer).

CRITERIA: Nominees consistently exhibit the following characteristics:

- » Goes above expectations to ensure the comfort and happiness of patients, families, and fellow care team members.
- » Performs acts of kindness and compassion.
- » Contributes to a positive work environment that enhances the patient, family, and team experience.
- » Contributes to a healing environment of care that is consistent with the hospital's values

Nominee Name:

Department/Unit:

Your Name:

Email:

Phone Number:

Date:

I am a (please check one): Patient Family/Visitor Physician Fellow Care Team Member

I grant permission to use the information in my nomination, and I understand that minor editing may be necessary to comply with the hospital's policies, such as the HIPAA Privacy Policy.

The following situation clearly illustrates my nominee meets the **LEAF** criteria, while demonstrating one or more of the following hospital values:

- Patient-centered • Compassion • Integrity • Safety • Respect • Excellence •

Manager Acknowledgement:

I acknowledge this nominee is in good standing.

Name:

Title:

Human Resources Review:

Name:

Title: