



Compassionate Care Award

Nomination Form

I nominate _____, in the _____ Department 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 interacts with patients and guests for the 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 Name _____ Your Department _____

Your Signature _____ Date: _____

Please forward your signed and completed Compassionate Care Award
Nomination Form to the Foundation via campus mail or email.
Nomination deadline is Monday, September 2, 2024