



## Hospital Provider of Choice

Organization:

Nominated by:

Approved by Service Excellence Council?  YES

### What makes your facility the Hospital Provider of Choice?

Criteria to keep in mind as you craft your answer (provide examples):

- Accomplishments and achievements with respect to relevant survey scores, awards and recognition from your community, and employment/advancement opportunities
- Changes that have had a positive impact on your community
- Ways your culture is different and healthier than before you began the Service Excellence Initiative
- Increased patient satisfaction
- Enhanced employee engagement, morale, empowerment, and retention
- Improved productivity, lowered expenses, or reduced turnover
- Facility-wide cultural behaviors that distinguish your hospital from others

Submission must be at least 250 words in length.  
Content should stand on its own to support the nomination.

Once approved by your Service Excellence Council, this nomination (along with a photo the nominee would be proud to have displayed) must be submitted through our awards website at [www.HCSECawards.com](http://www.HCSECawards.com).