



## DO IT Improvement Project

Team Name:

Team Members:

*(full names separated by comma)*

Organization:

Nominated by:

Approved by Service Excellence Council?  YES

### What makes this an exceptional DO IT Improvement Project?

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

- Effectiveness of project with respect to the patient or customer dissatisfied it was in response to
- Attributes that distinguish this project from other DO IT Improvement Projects
- Positive impact this project has had on employee, provider, or patient satisfaction, and the organization as a whole
- Improved communication, teamwork, and morale
- Contribution the project has made to the cultural well-being of the organization
- What made this project especially effective

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).