



## OASIS Team

Team Name:

Team Members:

*(full names separated by comma)*

Organization:

Nominated by:

Approved by Service Excellence Council?  YES

### What makes this team an exceptional OASIS Team?

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

- Their unique qualities as an OASIS Team
- Behaviors that distinguish this team from other OASIS Teams
- Positive impact their best practice has had on employee, physician or patient satisfaction, and the organization as a whole
- Contribution they've made to the cultural well-being of the organization
- How they made a difference
- The team's work has improved community perception of organization
- The way in which the team's work been handed off to ensure that improvements will stay in place after the Team disbands

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). No handwritten entries will be accepted.