0-24

Medical Clinic of Choice

Organization:				
Nominated by:				
Approved by Service Excellence Coul	ncil?	YES		

What makes your facility the Medical Clinic 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 and 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, reduced turnover
- Facility-wide cultural behaviors that distinguish your clinic from others
- Note any growth in business that indicates growing support from your community

Increasea patient satisti	aciion	
Submission must be at le Content should stand on	east 250 words in length. n 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. No handwritten entries will be accepted.