DO IT Improvement Project

Team Name:

Team Members:
(full names separated by comma)

Organization:

Nominated by:

Approved by Service Excellence Council? ☐ **YES**

DO IT Improvement Project: Awarded to a team that successfully implements a Departmentally Organized Improvement Tactic (DO IT) project, achieving significant, sustainable results in Service Excellence.

What makes this an exceptional DO IT Improvement Project?

As you craft this nomination, please keep the following criteria in mind and provide specific examples whenever possible:

- *Effectiveness of project with respect to the patient or customer dissatisfier it was in response to*
- *Attributes that distinguish this project from other DO IT Improvement Projects*
- *Positive impact this project has had on employee, physician 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*
- *Attributes that made this project especially effective*
- *Steps that were required to implement the project*
- *Hurdles this team encountered and conquered to make this project successful*

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. No handwritten entries will be accepted.