



Service Excellence Council

Team Name:

Team Members:
(full names separated by comma)

Organization:

Nominated by:

Approved by Service Excellence Council? ☐ YES

Service Excellence Council: Celebrates a Service Excellence Council that provides outstanding leadership, vision, and support, fostering a culture of Service Excellence across the organization.

What makes this an exceptional Service Excellence Council?

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

- | | |
|---|---|
| <ul style="list-style-type: none">■ Creative ways they demonstrated leadership and improved morale■ Unique qualities as a Service Excellence Council■ Effective ways they brought the Service Excellence Initiative alive for the whole organization■ Articulate goals and vision for a service-inspired model of care | <ul style="list-style-type: none">■ How they spearheaded the change process and revitalized culture■ Positive impact on employee, physician or patient satisfaction, and the organization as a whole■ Improve community perception of organization■ How they effectively reviewed patient satisfaction scores/comments & addressed areas of concern■ How they go “above and beyond” |
|---|---|

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.