### Thank you for taking the time to say, **"THANK YOU"**!

Your Name

Phone

Email

**Date of Nomination** 

Please contact me if the employee is chosen so I may attend the celebration if available.

Yes No

# **Questions?**

If you have any questions please contact our Patient Experience Coordinator at 515-332-4200.

Nominations can be made using this form and turning it into the front desk or white boxes on the walls, or online at humboldthospital.org

## **Healthcare Hero**

The Healthcare Heroes Program offers you (the patient, family member or a fellow employee) the opportunity to say "thank you" to an HCMH employee for going above and beyond your expectations. Nominated employees will be recognized for the exceptional care they provide.

### **DAISY Award**

The DAISY Award is an international recognition program that honors and celebrates the skillful, compassionate care nurses provide every day. Did you have an exceptional experience with one of our nurses? Nominate them today!

#### Healthcare Hero $\bigstar \bigstar \bigstar \bigstar \bigstar$

I would like to nominate "X" for the Healthcare Hero Award. This person went above and beyond for our family in a time of need.

## ★★★★ DAISY Award

I'd like to nominate "X" for the DAISY Award. She is an incredible nurse who took great care of my grandma and is an asset to our community





### HAS HUMBOLDT COUNTY MH MEMORIAL HOSPITAL

Did you have an exceptional experience with one of our staff members?

Fill out this form to say, "Thanks!"

www.humboldthospital.org

## Nominate an Extraordinary Employee

Employee's Name

Anyone may thank a deserving employee by filling out this form and returning to the provided collection box on the walls, at the front registration desk, or by mailing this form to our Patient Experience Coordinator at 1000 15<sup>th</sup> St. N. Humboldt, IA 50548.



Employee's Department

Please share your story of why this person is so special by providing as much detail as possible.