

THE CEO AWARDS OF EXCELLENCE NOMINATION FORM

CRITERIA

CLIENT AND FAMILY-CENTRED CARE (STAFF)

An individual or a team who demonstrates the core CFCC values:

- **Dignity and Respect:** Communicates respectfully using terms that clients (patients, residents) and families can understand.
- **Information Sharing:** Provides information to support clients and families in participating in care and decision making to a level they choose to be involved in.
- **Partnership and Participation:** Engages clients and families as partners in care planning with the healthcare team.
- **Collaboration:** Collaborate with clients and families in the design of program or improvement of services that promote positive client and family experience of care.

STEP ONE: NOMINEE

Please ensure correct **spelling and proper titles** of individual or team name/department/work site/position.

NAME OF INDIVIDUAL OR TEAM: _____

DEPARTMENT: _____

WORK SITE: _____

ONLY fill in team representative and team members below if nominating a team.

- A. Make sure the team is **no larger than 15 people**.
- B. Identify a team representative.
- C. Write the name of each team member.

NAME OF TEAM REPRESENTATIVE: _____

TELEPHONE OF TEAM REPRESENTATIVE: _____

LIST THE NAME OF ALL TEAM MEMBERS:

STEP TWO: CONSENT OF NOMINEE/ TEAM REPRESENTATIVE

You must get the consent of the individual or team representative **before** forwarding the nomination.

I (or on behalf of the team) consent to stand for nomination and to participate in the CEO Awards of Excellence. Names and photos may be used in any internal and external communication that will showcase the recipients and/or nominees of the award.

SIGNATURE: _____

STEP THREE: NOMINATORS' CONTACT INFORMATION

- A. **Two individuals** must nominate the individual or team and sign the nomination form.
- B. **The supervisor** of the individual or team being nominated **must also** sign the nomination form.

NOMINATOR

NAME: _____ TELEPHONE: _____

TITLE: _____ WORK SITE: _____

NOMINATOR'S SIGNATURE: _____

SECONDER

NAME: _____ TELEPHONE: _____

TITLE: _____ WORK SITE: _____

SECONDER'S SIGNATURE: _____

NOMINEE'S SUPERVISOR - Please ensure department name/work site/position of **nominee in step one** is correct.

NAME: _____ TELEPHONE: _____

TITLE: _____ WORK SITE: _____

SUPERVISOR'S SIGNATURE: _____

STEP FOUR: REASONS FOR NOMINATION

Describe how the individual or team has met the criteria above by answering the following **Three** questions. Please use only the space provided.

How does this individual or the team show respect towards their clients?

Provide an example of how this individual or team engages with clients and families to create true partnership in care?

How does this individual or team's engagement with clients help to improve programs or services and promote positive client and family experience of care?

STEP FIVE: SUMMARY

Describe as best you can, the individual or team and their accomplishments in one or two sentences. This may be **used for the presentation** at the event ceremony.

STEP SIX: SUBMIT FORM FOR REVIEW

- A. Check that you have completed all steps of this nomination form.
- B. Submit your nomination by email to the following address.

Email: recognition@easternhealth.ca

Subject: CEO awards

Inquiry: 777-3776 or 466-6353