

ABOUT THE BEE AWARD

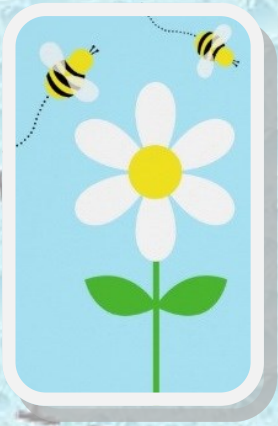


Being Extraordinary Everyday.

The BEE Award honors (non-nurse) colleagues who support the role of the Register Nurse (RN) or Licensed Practical Nurse (LPN) to deliver extraordinary patient care.

Colleagues include: Patient Care Technicians, Medical Assistants, Respiratory Therapists, Food and Nutrition, Transport, Environmental Services, Supply and Distribution, etc. Any colleague outside of nursing.

(RN's and LPN's should be nominated for the DAISY Award.)



SHS St. Elizabeth's Hospital
HIGH QUALITY FRANCISCAN HEALTH CARE
DRIVEN BY OUR CORE VALUES: RESPECT,
CARE, COMPETENCE, JOY

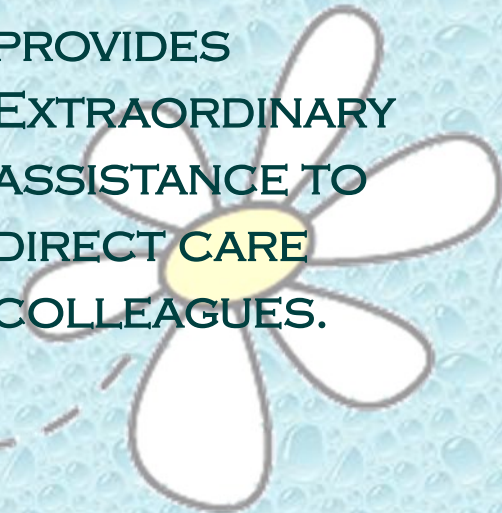
SHS St. Elizabeth's Hospital
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Place
Stamp
Here

BEE Award
Here's the Buzz...
...There are no Daisies
without BEEs!

**NOMINATE
A COLLEAGUE
(NON-NURSE) WHO
PROVIDES
EXTRAORDINARY
ASSISTANCE TO
DIRECT CARE
COLLEAGUES.**



BEING EXTRAORDINARY EVERYDAY



Just as the Daisy cannot survive without the Bee, the nurses cannot survive without the outstanding teamwork provided by other colleagues.

I'm available!

HSHS
St. Elizabeth's

Hospital is pleased to recognize our colleagues whom are extraordinary everyday. Please tell us your story of one of our remarkable colleagues.

How to Nominate a Colleague

Patients, visitors, nurses, physicians, employees may nominate a deserving colleague by filling out this form and submit it by placing it in one of the "DAISY" boxes, or mailing to the address on the front of the brochure.

Name of the colleague you are nominating

Department/Unit where the colleague works

Please describe a specific situation or story that clearly demonstrates how this colleague made a meaningful difference.

Feel free to use additional pages if needed.

Thank you for taking the time to nominate an extraordinary colleague for the BEE award. Please tell us about yourself so that we may include you in the celebration of this award if the colleague you nominated is chosen.

Your Name: _____

I am (please check one): RN MD

- Patient Family/Visitor Colleague
 Volunteer

Date of Nomination: _____

How do we reach you?

Phone: _____

Email: _____

Pager: _____

The BEE Award will be distributed quarterly. Please submit this nomination form to:

HSHS St. Elizabeth's Hospital. If you have any questions, please contact Staff Development at 618.234.2120, Ext. 41480.

(Please use the DAISY form to nominate RN's and LPN's.)

