**T – 9 DO IT Improvement of the Year**

The Nominated Team’s Name:

Team Member Names: *(List them separated by a comma)*

Name of Organization:

Nominated By:

Approved by Service Excellence Council? □ Yes

A. Provide a brief snapshot of "why” this DO IT Team project is being nominated.

*What made this unit-based project especially effective? What patient or customer dissatisfier was it in response to? What about this DO IT project distinguishes it from any others done at your facility? Why is it worthy of an award?*

B. How has this "DO IT improvement project" made a difference?

*How did the project improve communication, teamwork, etc. on behalf of your department’s service goals? How did this project prove to be a difference-maker? What changed?*

C. How has the improvement made an impact on patient/customer satisfaction?

*How did your patients benefit because of this project? (If the nominated team is from a non-clinical unit, how did this project ultimately contribute to better patient care and patient satisfaction?)*

D. Did the improvement improve employee morale and the culture of the environment?

*Please tell us any of the ways in which the improvement project’s success could also be seen in an increased level of high morale in the unit and the organizations culture at large.*

E. What impact has this improvement had on the community?

*Please provide specific details.*

1. If the improvement had a positive impact on productivity, or in reducing expenses, improving income or reducing turnover, we’d like to hear how any of these areas of the organization benefited.

*Also, if you can supply any ‘before and after’ stats, they would be helpful.*

G. What behaviors differentiate this DO IT Team and their project from other DO IT Teams?

*Stories and other anecdotal information are helpful here.*

**This nomination, with supporting documentation (if applicable), should be sent via email to** info@hcsecawards.com **once approved by the Service Excellence Council.**