



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

Exceptional Healer Award

Patient- and Family-Centred Care Excellence Award

Nomination Form for Health Care Professionals

The *Exceptional Healer: Patient- and Family-Centred Care Excellence Award* is offered to health care professionals at Kingston Health Sciences Centre who demonstrate the core concepts of patient and family-centred care in exceptional ways while providing direct care. Those concepts include dignity and respect, information sharing, participation and collaboration (<https://www.ipfcc.org/>).

Patients, family members, and staff are invited to nominate a KHSC health care professional(s) for the award by **March 17, 2023**.

Please complete all **four (4)** parts of this nomination form and submit it as indicated below:

PART ONE: The Nominee(s): Who do you wish to nominate?

Last Name(s): First Name(s):

Department and/or Role:

PART TWO: The Nominator: Please provide your contact information.

Last Name(s): First Name(s):

Address:

Telephone: Cell Phone:

Email:

PART THREE: The Nominee's Qualities. Please answer the following questions.

The nominee(s)

- is approachable and compassionate. Yes No
- is respectful and patient. Yes No
- listens well; informs clearly. Yes No
- delivers care with skill and creativity. Yes No
- collaborates with others. Yes No
- recognizes the uniqueness of the patient/family. Yes No
- partners with the patient/family in making decisions about care. Yes No
- is trustworthy. Yes No

PART FOUR: Supporting Information. Provide examples of how the nominee is truly exceptional.

A. **If you are a patient or family making the nomination**, briefly tell your story about why you have nominated the candidate(s) keeping in mind the qualities stated above. Please indicate how care was delivered/offered: 1) in-person; 2) virtually (phone/computer/tablet); 3) both in-person and virtually. **NOTE:** Please limit comments (typed or handwritten) to one page. Nominations that run longer than one page will be ineligible and returned unread. You may write your nomination yourself or have someone else do so on your behalf.

OR

B. **If you are a staff member/colleague making the nomination**, briefly describe the nominee's (nominees') special characteristics, with examples, for this award based on the qualities stated above. **NOTE:** 1) Please limit comments (typed or handwritten) to one page. Nominations that run longer than one page will be ineligible and returned unread. 2) Staff who nominate must have at least one patient/family member co-sign the nomination.

Options for submitting this nomination:

- Complete the nomination form online, save and e-mail to ExceptionalHealer@KingstonHSC.ca
- Complete, print and mail the form to:

Attn: Heather Miller
Kingston Health Sciences Centre - Kingston General Hospital Site
Watkins 4 People Services
76 Stuart Street Kingston, ON K7L 2V7

If you have questions about the nomination form, please contact us by:

- Email: ExceptionalHealer@KingstonHSC.ca
- Phone: 613-549-6666 ext. 8108