**O – 15 The Medical Clinic of Choice**

Nominate Your Facility:

Nominated By:

Approved by Service Excellence Council? □ Yes

A. Provide a brief snapshot of “why” you are nominating your facility.

*Here’s an opportunity to brag about your medical clinic and what you’ve accomplished. Evidence to support your achievements might include any relevant survey scores, awards and recognition received by your clinic from the community you serve, increased employment and advancement opportunities now being offered, quotes from community leaders, patients and their families, and whatever else you care to provide.*

B. How has the clinic made a difference to your community?

*What’s changed from a year or more ago? How are things better? How has the change affected the community you serve? Why do you feel your clinic is now the Provider of Choice in your market area? How have you marked the change? Who feels the difference most directly? Who is benefiting from this difference?*

C. What’s changed regarding patient satisfaction at your clinic?

*Define your accomplishments. Give examples of what you’ve achieved. Don’t be afraid to toot your own horn. Quotes from your community and from healthcare professionals of all kinds are helpful.*

D. How and what impact did the Clinic’s leaders have on improving employee morale and the facility’s culture?

*How has morale changed? In what ways is your culture different, healthier now, than before we began this Service Excellence Initiative™? Are your employee retention rates up? Are qualified frontline workers being prepared to advance into supervisory roles? More than ever before, do all employees see themselves as empowered Service ‘problem-solvers’? Be as specific as you can.*

E. What impact has Service Excellence had on improving the community’s perception of your clinic?

*Tell us the ripple effect of your good work in the local community. What’s the local buzz about your facility now?*

F. If the clinic is experiencing improved productivity, and/or income, or in reducing expenses and/or in reduced staff turnover, please give evidence of these benefits. Numbers? Percentiles?

*Show the before and after components, with time comparisons (i.e. June to June this year.)*

1. What facility-wide cultural behaviors distinguish your Clinic from others?

*Tell us why your place is like no other! Why it’s the Clinic Provider and Employer of Choice in your market!*

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