



San Antonio Care Team  
Leaf Award



Nomination Form

The **Leaf Award** recognizes care team members – both clinical and non-clinical, located on the main campus and at our off-site facilities – who contribute to an exceptional patient, family, and fellow care team member experience through their dedication to *Excellence with Compassion*.

**Eligibility:** Nominees are active members of the care team (employee/volunteer).

**Criteria:** Nominees consistently exhibit the following characteristics:

- Goes above expectations to ensure the comfort and happiness of patients, families, and fellow care team members.
- Performs acts of kindness and compassion.
- Contributes to a positive work environment that enhances the patient, family, and team experience.
- Contributes to a healing environment of care that is consistent with the hospital’s values.

**Nominee Name:**  **Unit/Department:**

**Your Name:**  **Email:**

**Phone Number:**  **Date:**

I am a (please check one):  Patient  Family/Visitor  Physician  Fellow Care Team Member

I grant permission to use the information in my nomination, and I understand that minor editing may be necessary to comply with the hospital’s policies, such as the HIPAA Privacy Policy.

The following situation clearly illustrates my nominee meets the **LEAF** criteria, while demonstrating one or more of the following hospital values:

- Patient-centered
- Safety
- Compassion
- Respect
- Integrity
- Excellence

**Manager Acknowledgement:**

Submit by email or take to Human Resources

I acknowledge this nominee is in good standing.

**Name:**  **Title:**

**Human Resources Review:**

**Name:**  **Title:**