

Helping Hands Recognition Form

**Decatur County Hospital award for
support staff involved in direct patient care**



I would like to nominate _____

who works on _____ (unit/area) for the Helping Hands Award.

My nominee is a true team member, a positive role model and an individual who exhibits excellent communication skills, is a professional who is consistently caring and compassionate. He/she makes a difference in the lives of patients and/or patients' families as indicated in the following detailed description:

My name (print) _____

Phone _____

Email _____

I am a (please check one):

RN _____ MD _____ Family Member _____ Visitor _____ Patient _____

Volunteer _____ Other (please specify): _____

Please send this completed nomination form to:
Brandi Oesch, Director of Nursing
1405 NW Church Street
Leon, IA



DCH
DECATUR COUNTY HOSPITAL