## PATIENT SAFETY CORE VALUE AWARD NOMINATION FORM

NOMINEE INFORMATION

NAME
PROGRAM
SUPERVISOR
NOMINATOR INFORMATION
N A M E
CONTACT INFO
RELATIONSHIP TO NOMINEE

The information provided on this form will be used by the Core Value Award Committee for review and evaluation, and by the voting bodies for evaluation. A summary will also be shared in various communications about the awards and at the Celebration of Excellence.

Please note you may be contacted to provide additional information to support your nomination.

## PATIENT SAFETY

PATIENT SAFETY aims to reduce and mitigate unsafe acts within the healthcare system, as well as through the use of best practices shown to lead to optimal patient outcomes. This may include patient-centred care, infection prevention and control, information transfer, medication safety, preventative maintenance, workplace violence prevention, falls prevention, risk assessment, or suicide prevention.

Describe how the nominee demonstrates PATIENT SAFETY beyond regular duties and expectations. Please include relevant examples of how the nominee brings PATIENT SAFETY to life in their everyday work and showcases the impact of their actions. Nominations are considered on the strength of content and information provided.

the strength of content and information provided.  DESCRIBE THE ACTIONS OF THE NOMINEE.
HOW DID THE NOMINEE'S ACTIONS/ACHIEVEMENTS DEMONSTRATE PATIENT SAFETY?
WHAT WERE THE RESULTS OR OUTCOMES OF THE NOMINEE'S ACTIONS? WHAT BENEFITS OR CHANGES OCCURRED? HOW WERE THINGS DIFFERENT BEFORE OR AFTER THESE ACTIONS?