

PETAL Award Criteria

The PETAL Award recognizes, rewards and celebrates the special skills and compassionate care provided by our patient care support staff. They are an important member of our patient care team and we are proud to recognize them with this special award. The PETAL Award recipient demonstrates patient advocacy, leadership, teamwork, and makes a difference in a patient's and/or family's life. Recipients are recognized as role models.

Who can nominate? ANYONE—

Patients, families, visitors, volunteers and Maine Medical Center staff may nominate a deserving support staff member by completing this form and returning it to any Maine Medical Center Staff or to one of the addresses listed.

Nominations will be reviewed each month and one recipient will be chosen. Each PETAL honoree will be recognized at a public ceremony on their unit/department and will receive: a certificate, PETAL award and celebration cake to share. A banner will also be hung on the unit/department letting everyone know that they have a PETAL Award honoree.



Maine Medical Center

22 Bramhall Street

Portland, ME 04102

www.mmc.org



PETAL Award for Extraordinary Patient Care Support Staff



SHARE YOUR STORY!

Nomination Form

Date: _____

PETAL Award

The Maine Medical Center Nursing Professional Excellence Council partnered with patient care support staff to develop the PETAL Award. One member of the patient care team is chosen and honored each month. There is a separate award for RNs called the DAISY Award.

The Petal Award recognizes the extraordinary contribution of an individual who makes a difference in the lives of our patients and their families.

The PETAL Award is for members of the patient care support team at MMC, including CNAs, PCTs, NUSs, NUHs, any Techs; Pharmacy; Rehabilitation therapists (Physical, Occupational, Speech); Respiratory therapists; Social work; and Spiritual Care.



I nominate: _____
(first & last name of patient care support staff)

From _____
(unit/floor/department in hospital)

Please tell us **your story** about why this staff member is special and the difference he/she made to you and/or your family *(if more space is needed, please attach to this form)*

THANK YOU for taking the time to recognize this special patient care staff member.
Please tell us about yourself.

Name: _____ Phone: _____

Email: _____

Would you like to be part of the celebration if this staff member is selected? Yes No

Return nomination to any MMC staff, or mail to: ATT: PETAL Award, Patient Care Services, MGB2, Rm 2632, Maine Medical Center, 22 Bramhall Street, Portland, ME 04012.

You can also send an email addressed to: PETAL@mmc.org.