

The Sunflower Award

The Sunflower Award is presented to an outstanding ancillary services employee in recognition for consistently going above and beyond performance expectations at Valley Health. Ancillary services include non-nursing clinical and non-clinical support services employees. The staff person must consistently demonstrate excellence through extraordinary service while being a role model to peers.

A person should be nominated based on the Sunflower Characteristics:

Strength of character

Sincerity

Generosity

Natural grace

Remembrance

Honor

Faithfulness

Conviction

Ancillary Services employees include non-nursing clinical and non-clinical staff in our hospital who work closely with patients, family and other staff to maintain a safe environment of care during the hospital stay. They build positive relationships with the patients, families and/or others on the healthcare team which can be key to patient satisfaction and positive outcomes.



 **ValleyHealth**

Healthier, together.



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How to Nominate an Extraordinary Ancillary Services Professional at Valley Health

Patients, families, visitors, staff, volunteers and physicians/providers may nominate a deserving non-nursing clinical or non-clinical employee by completing this form and emailing it to **sunfloweraward@valleyhealthlink.com** or mailing it to the appropriate address below, ATTN: Nursing Administration, EA:

Hampshire Memorial Hospital, 363 Sunrise Blvd., Romney, WV 26757

Page Memorial Hospital, 200 Memorial Dr., Luray, VA 22835

Shenandoah Memorial Hospital, 759 S. Main St., Woodstock, VA 22664

War Memorial Hospital, 1 Healthy Way, Berkeley Springs, WV 25411

Warren Memorial Hospital, 351 Valley Health Way, Front Royal, VA 22630

Winchester Medical Center, 1840 Amherst St., Winchester, VA 22601

I would like to nominate (first and last name) _____

from the _____ unit/department

Date of stay _____ Room # _____

Name of location (hospital) of stay _____

Nominator's Name _____

Phone _____ Email _____

I am (please check one): Patient Family/Visitor Physician Staff Volunteer

Date of nomination _____

Please use the back of this page to describe a specific situation involving the Ancillary Services Professional who you are nominating that clearly demonstrates how he/she meets the criteria for the Sunflower Award.

QUESTIONS? Email sunfloweraward@valleyhealthlink.com

FOR STAFF USE: I acknowledge that this Ancillary Services Profession is in good standing.

Director/Manager Signature: _____

Title: _____



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