Daviess Community Hospital

Pillar Award Nomination Form

At DCH, a "Pillar" is someone who upholds and strengthens our work and our workforce—a dependable teammate whose actions support excellent care, access, education, and community health. The Pillar Award recognizes those teammates who are the steady supports of our mission:

> "Daviess Community Hospital is committed to improving the health of the people who live in our communities by providing excellent medical care, ensuring access to that care, teaching healthy lifestyles, and working with local agencies to meet community health needs."

Who's eligible?
The Pillar Award is open to all DCH staff except licensed nurses (nurses are eligible for the DAISY Award). This includes clinical and nonclinical roles across the hospital and clinics (e.g., imaging, lab, rehab, cardiopulmonary, EVS/housekeeping, dietary, patient access/registration, pharmacy, radiology, materials, security, IT, finance, HR, facilities, and more).

A great Pillar consistently advances DCH's mission in practical, measurable ways. As you write your nomination, focus on how the nominee:

- Provides excellent medical care
- Ensures access to care
- Teaches healthy lifestyles
- Works with local agencies to meet community health needs

Award cadence:

- **April** (recognizes Jan–March)
- **July** (recognizes April–June)
- **October** (recognizes July–Sept)
- **January** (recognizes Oct–Dec)

Recognition: Winners receive a Pillar pin for their badge/lanyard, a bouquet of flowers, and department signage for the quarter following the win.

How to nominate:

- **Online:** https://www.surveymonkey.com/r/dchpillar
- **Paper:** Please return this completed form to our hospital's front desk, email it to hrstaff@dchosp.org, or mail it to Daviess Community Hospital - Pillar Award, PO Box 760, Washington, IN 47501.

Nominations are welcome year-round. Submissions received after a quarter closes will be considered in the next cycle.

Daviess Community Hospital

Pillar Award Nomination Form

Your name: _____ **Date:** _____

Phone: _____ **Email:** _____

Relationship to nominee (coworker, patient, visitor, etc.): _____

☐ Notify me if my nominee is selected so I can attend the celebration.

Name of the employee: _____

Employee's unit/clinic: _____

I believe the DCH employee is deserving of the Pillar Award because:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____