



# FOCUSED RECOGNITION

I want to recognize

NAME

from

DEPARTMENT

for demonstrating

**Be One**

**Own It!**

**Innovate**

**Personalize Care**

**Improve Daily**

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By doing this, you have  
positively impacted our  
**Key Result(s)** of:

Consumer Experience

Financial Performance

Team Engagement

Ambulatory Growth

Quality

Given by:

Date: