

MERCYONE FOCUSED RECOGNITION

I want to recognize

NAME

from

DEPARTMENT

for demonstrating

☐ Be One ☐ Own It! ☐ Innovate ☐ Personalize Care ☐ Improve Daily

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

☐ Consumer Experience ☐ Team Engagement ☐ Quality ☐ Financial Performance ☐ Ambulatory Growth

Given by:

Date: