



## The Washington State Healthcare Safety Council

---

A Volunteer Organization of Professionals Serving Washington's Healthcare Since 1964  
% Marianne Klaas, Regional Director of Accreditation & Safety  
Swedish Medical Center  
747 Broadway, NT 1450  
Seattle, Washington 98122

### **LEW BROWN MEMORIAL AWARD**

Each year, the Washington State Healthcare Safety Council recognizes a single individual who has made an outstanding contribution to the field of health care safety.

The Lew Brown Memorial Award is presented each year in memory of Mr. Lew Brown, who was a loss control manager for a major insurance carrier and a member of the WSHSC for many years. Lew dedicated much of his career to the specialty of health care safety. He was always ready to go the extra mile to support health care safety issues.

Do you have an individual in your facility that has gone that "extra mile" in promoting safety? Do you partner with a key person in healthcare safety who promotes safety? Please consider nominating that person for the Lew Brown Memorial Award.

The enclosed nomination form is designed to make the nomination easy. You may include other supporting documentation.

You must be a member of the Washington State Healthcare Safety Council to nominate a candidate.

The recipient will be announced in the first program following the April 1st deadline. The recipient will receive a \$100 monetary award and a plaque. The recipient is invited to join the Board as an external guest for a year.



# The Washington State Healthcare Safety Council

---

A Volunteer Organization of Professionals Serving Washington's Healthcare Since 1964  
% Marianne Klaas, Director of Accreditation & Safety  
Swedish Medical Center  
747 Broadway  
Seattle, Washington 98122

## LEW BROWN MEMORIAL AWARD

### NOMINATION FORM

NAME OF NOMINEE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL/PHONE \_\_\_\_\_

Using the following safety criteria, please provide information in support of the person being nominated. Be as specific as possible in describing the qualities which your nominee demonstrates.

DIRECT INVOLVEMENT IN SAFETY PROGRAM: (Responsibilities, duties, role)

\_\_\_\_\_

SAFETY QUALIFICATIONS AND SKILLS: (Training, experience, education, personal growth development, continuing education)

\_\_\_\_\_

SAFETY ORGANIZATIONS - PARTICIPATION:

\_\_\_\_\_

\_\_\_\_\_

SPECIAL ACHIEVEMENTS/ACTIVITIES:

\_\_\_\_\_



COMMITMENT TO SAFETY (Personal): (support of Safety Program, priority for safety, good safety habits, etc.)

---

HUMAN RELATIONS: (receptive, objective, demonstrates empathy, self-motivator, creative, thinks/works independently, reliable, good communication skills.)

---

---

ADDITIONAL COMMENTS:

---

---

DEPARTMENT/INDIVIDUAL SUBMITTING NOMINATION:

---

(NAME, TITLE, AND DATE)

---

(DEPARTMENT AND FACILITY)

---

(PHONE CONTACT)

SEND COMPLETED NOMINATION AND ANY ADDITIONAL SUPPORTING INFORMATION YOU WISH TO INCLUDE TO:

Marianne Klaas  
Swedish Medical Center  
Accreditation and Safety Department  
747 Broadway, NT 1450  
Seattle, WA 98122  
206-386-2549

Or via email: [Marianne.Klaas@swedish.org](mailto:Marianne.Klaas@swedish.org)  
(Save a copy of the PDF to your computer,  
then send via email and attach documents)

DEADLINE : APRIL 1st