



## NOMINATION FORM

### About The DAISY Foundation

The DAISY Foundation was established in 2000 by the Barnes family in memory of J. Patrick Barnes, who died from complications of Idiopathic Thrombocytopenic Purpura (ITP) at the age of 33. (DAISY is an acronym for Diseases Attacking the Immune System.) Having been touched by the remarkable care, clinical skills and compassion demonstrated by nurses during Patrick's illness, the Barnes family made it their mission to recognize exceptional nurses around the country.

### What is The DAISY Award?

The DAISY Award is a nation-wide program that rewards excellence in nursing. Created by The DAISY Foundation, this award recognizes the extraordinary compassion and care exhibited by nurses every day. Winners are recognized at a public ceremony and receive a framed certificate, a DAISY Award lapel pin, and a hand-carved stone sculpture entitled A Healers' Touch representing care between a nurse and patient.

### How to nominate an extraordinary nurse?

Patients, visitors, employees or physicians may nominate a deserving nurse by filling out this nomination form.

*Criteria for the nomination include:*

- Continued commitment to quality care, excellence, professionalism
- Outstanding customer service
- Clinical expertise
- Patient advocacy and education
- Acting as a nursing role model, mentor, and team member

I am nominating \_\_\_\_\_ (name) from the \_\_\_\_\_ unit / dept. for the DAISY award.  
I am including several examples of excellence and commitment to patient centered care exemplified by this nurse.  
(E.g. quality of care, professionalism, customer service, clinical expertise, advocate, educator, role model, team member)  
*Add extra pages if needed.*

Thank you for taking the time to nominate an extraordinary nurse.

Your name \_\_\_\_\_ unit \_\_\_\_\_ phone \_\_\_\_\_ date \_\_\_\_\_  
I am (please circle):    patient    family / visitor    MD    RN    Staff    Volunteer    other \_\_\_\_\_

Please submit to [DSYAWD@ghs.org](mailto:DSYAWD@ghs.org) or fax to 864 455-5003 attention Cynthia Trout at GMH or **CNO other campuses**.

Manager / Supervisor approval of nomination \_\_\_\_\_