



DAISY TEAM NOMINATION FORM

About The DAISY Foundation & Award

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. 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.

TEAM Award – The DAISY Team Award was designed to honor collaboration between 3 or more people (a team) led by a nurse. The team identifies and meets patient needs / and or family needs by going above and beyond the traditional role of nursing in day to day care.

How to nominate a team- Patients, visitors, employees or physicians may nominate a deserving team by filling out this nomination form.

Criteria for the nomination include:

- Team of 3 or more led by a nurse / or group of nurses
- Team members exemplify GHS mission and values and Nursing Vision: To transform health care by our commitment to Nursing Excellence through Leadership, Knowledge, Caring and Innovation.
- Team members are role models of collaboration and teamwork making a difference in the lives of patients, families, employees, or the community.

I am nominating _____ (name of nurse team leader) and team for the DAISY Team award.
I am including **examples** of excellence and extraordinary care exemplified by this team. *Add extra pages if needed*

Describe in detail – **What this team did:**

Outcome / results of what team did:

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

Your name _____ unit _____ phone _____ date _____
I am (please circle): patient family / visitor MD RN Staff Volunteer other _____
Please submit for **GMH Campus**: email SFields@ghs.org. Or fax to 864 455-5003 attention Cynthia Trout, DON

Campuses (other than GMH): submit to: **CNO or Professional Practice Council Chairperson for facility.**

Manager / Supervisor approval of nomination for team _____

New update June 2019 CT / JS