



Nomination Form

What is The DAISY Award?

The DAISY Foundation was established in 1999 by the family of J. Patrick Barnes. Patrick died at the age of 33, from complications of the auto-immune disease Idiopathic Thrombocytopenic Purpura (ITP). During his eight-week hospital stay, his family was impressed by the care and compassion his nurses provided, not only to him but to everyone in the family. They created the DAISY Award in Pat's memory to recognize those nurses who make a big difference in the lives of so many people.

Our DAISY Award honorees demonstrate the VA's I CARE principles. They also demonstrate excellence through their clinical expertise and compassionate care. They are recognized as role models in our nursing community. (Insert name of hospital here) is proud to be a DAISY Award partner and will recognize one of our nurses with this special honor every month. Each DAISY Award Honoree will be recognized at a public ceremony in her/his unit, and will receive:

- a beautiful certificate
- a DAISY Award pin
- a hand-carved stone sculpture entitled A Healer's Touch

How to Nominate an Extraordinary Nurse

Patients, families, visitors, nurses, physicians, and other employees may fill out this nomination form and submit it to any clinic/unit secretary.

Nomination form is on the back of this page.

To find out more about the DAISY program, including the growing list of Partners, please go to www.DAISYfoundation.org.



DAISY Award Nomination Form

I would like to nominate _____ from
the _____ unit/department for **The DAISY Award for Extraordinary
Nurses.**

Please describe a situation in which the nurse demonstrated at least one of these I CARE principles:

Integrity: Maintains the trust and confidence of all with whom she/he engages.

Commitment: Serves Veterans and their families by honoring the VA's mission.

Advocacy: Truly focuses on serving the Veteran.

Respect: Provides dignity and respect to everyone she/he serves and encounters.

Excellence: Strives for the highest quality and continuous improvement.

Thank you for taking the time to nominate this extraordinary nurse. Please provide your contact information so we can include you in the award celebration if your nominee is chosen.

Date of Nomination _____

Your Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

I am (please circle one): Patient Family/Visitor Volunteer Staff

(If Staff, please provide: Title _____ Work Location _____)

Please give completed form to a clinic/unit secretary or send to address listed below.

Traci Collins, MSN RN
Chief Nursing Officer

Athens-Limestone Hospital
PO Box 999
Athens, AL 35612

