



*Want to thank your favorite nurse for extraordinary care?*

## INFORMATION & NOMINATION FORM

**DAISY Award Honorees personify Valley View’s remarkable patient experience.** These nurses consistently demonstrate excellence through their clinical expertise and extraordinary compassionate care, and they are recognized as outstanding role models in our nursing community.

### **ABOUT THE DAISY FOUNDATION**

The DAISY Foundation was established in 1999 by the family of J. Patrick Barnes who died of complications of the auto-immune disease Idiopathic Thrombocytopenia Purpura (ITP) at the age of 33. (DAISY is an acronym for diseases attacking the immune system.) During Pat’s eight week hospitalization, his family was awestruck by the care and compassion his nurses provided not only to Pat but to everyone in his family. So one of the goals they set in creating a Foundation in Pat’s memory was to recognize extraordinary nurses everywhere who make an enormous difference in the lives of so many people by the super-human work they do everyday.

### **WHAT IS THE DAISY AWARD?**

The DAISY Award is an international program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses everyday. Valley View is proud to be a DAISY Award Partner, recognizing one of our nurses with this special honor every quarter.

### **HOW TO NOMINATE AN EXTRAORDINARY NURSE**

Patients, visitors, nurses, physicians, employees may nominate a deserving nurse by filling out this form and submitting it to the ballot box or send to Jackie Kaminiski, 1906 Blake Ave; Attention Education Department. An electronic version for hospital employees is available on the internal intranet.

## NOMINATION FORM

Name of the nurse you are nominating:

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Unit where this nurse works:

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Please describe a specific situation or story that clearly demonstrates how this nurse made a meaningful difference in your care. Feel free to use the back of this form and additional pages.

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Thank you for taking the time to nominate an extraordinary nurse for this award. Please tell us about yourself, so that we may include you in the celebration of this award should the nurse you nominated be chosen.

Your Name: \_\_\_\_\_

Unit: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Pager: \_\_\_\_\_

I am (please check one):

RN  Patient  Family/Visitor

MD  Staff  Volunteer

**Date of nomination:**

Nominations received by the end of the quarter will be considered for the following quarter's DAISY Award.

Please submit this nomination to the ballot box at the entrance of the hospital.

**If you have any questions, please contact Jackie Kaminski 970.384.6687 or Nancy Smith 970.384.6686.**

*The Daisy Award*  
FOR EXTRAORDINARY CARE!

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