The DAISY Award is presented each month to recognize a nurse on our Campus whose clinical skill and compassionate care exemplify the kind of caregiver who serves as a role model for others. It was created by the Barnes family in honor of their son, J. Patrick Barnes — who died at 33 of an auto-immune disease — as a way to say thank you for the commitment and dedication nurses bring to their patients every day.

We encourage physicians, nurses, employees, patients and guests to nominate a nurse who goes above and beyond in his or her role and consistently demonstrates the roles of nurses as pillars of patient care in our Nursing Professional Practice Model:

- **Clinician:** demonstrating the necessary knowledge and skill to understand the patient’s total situation when providing nursing care
- **Collaborator:** working with others to promote and encourage each person’s contributions to achieve optimal and realistic goals
- **Advocate:** working on another’s behalf and representing the concerns, fears and goals of patients and families
- **Innovator:** questioning and evaluating nursing practice to optimize existing or potential healthcare outcomes
- **Teacher:** having the ability to facilitate self, staff, patient and family learning
- **Leader:** providing a safe, caring environment through the basic standards of nursing practice

*(See other side for nomination form.)*
Please tell us who you would like to nominate for the DAISY Award and why.

Name: ____________________________________________________________________________

Unit/Department: ___________________________________________________________________

Please explain: ______________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

If you would like, please tell us about yourself so that we may include you in the celebration of this award if the nurse you nominated is chosen.

Your name: _________________________________________________________________________

Date: ____________________  Phone: _________________________________

E-mail: __________________________________________________________________________

I am (check one):  R.N. ______ Patient ______ Family/Visitor _______

M.D. ______ Staff _______ Volunteer ________