



THE DAISY AWARD

FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES



In Collaboration With

The American Organization of Nurse Executives

NOMINATION FORM CAPE CANAVERAL HOSPITAL

I would like to nominate _____ from the _____ unit/department as a deserving recipient of **The DAISY Award**. This nurse's clinical skill and her/his compassionate care exemplify the kind of nurse that our patients, their families, and our staff recognize as an outstanding role model. She/he consistently meets all of the following criteria:

Nomination Criteria:

- Dedicated to Excellence
- Provides Extraordinary Care
- Demonstrates a healing presence
- Patient Advocate
- Skillful Communicator
- Team Player

Please describe a situation involving the nurse you are nominating that clearly demonstrates he/she meets the criteria for

The DAISY Award:

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 _____

DAISY Award. Awards are given quarterly in October, January, April, and July.

Please return completed nomination forms to one of the following locations: suggestion box located in the Associate Hallway on the 1st floor, the 2nd floor Administration reception desk or Human Resources c/o Nancy Johnson. If you have any questions, please call Laura Cornett at 868-7208.

