PLEASE TELL US MORE ABOUT YOUR NURSE

I am nominating ________________________
because ___________________________________

_____________________________________

_____________________________________

_____________________________________

_____________________________________

THANK YOU.
ABOUT THE DAISY FOUNDATION

The DAISY Foundation was established in 2000 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. They created a Foundation in Pat's memory 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 a nationwide program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses everyday. White Plains Hospital is proud to be a DAISY Award Hospital Partner, recognizing one of our nurses with this special honor every month or quarter. To find out more about the program, including the growing list of Hospital Partners, please go to www.DAISYfoundation.org.

How To Nominate An Extraordinary Nurse
Patients, visitors, nurses, physicians, employees or volunteers may nominate a deserving nurse by filling out this form and putting in the ballot box or emailing it to daisy@wphospital.org. If you have any questions please contact Margaret Brock at 914-681-2079.

NOMINATION FORM

I would like to nominate ___________________________ from the unit/department ___________________________ as a deserving recipient of The DAISY Award. This nurse's clinical skill and especially her/his compassionate care exemplify the kind of nurse that patients, families, and staff recognize as an outstanding role model.

Thank you for taking the time to nominate an exceptional 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 is chosen.

Your Name____________________________
Phone __________________
Email __________________
I am (please circle one):
RN Patient Family/Visitor
MD Staff Volunteer
Date of nomination ____________