



THE DAISY AWARD

FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES

NOMINATION FORM

DAISY Award honorees personify Appalachian Regional Healthcare System remarkable patient experience. These nurses consistently demonstrate excellence through their clinical expertise and extraordinary compassionate care. They are recognized as outstanding role models in our nursing community.

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 our patients, their families, and our staff recognize as an outstanding role model. She/he consistently meets all of the following criteria:

**CLINICAL SKILLS
EXTRAORDINARY SERVICE**

**COMPASSIONATE CARE
COMMITMENT TO EXCELLENCE**

Please describe a situation or story involving the nurse you are nominating that clearly demonstrates he/she meets the criteria for The DAISY Award. Feel free to use additional pages.

Thank you for taking the time to nominate an extraordinary, compassionate 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 (if applicable) _____

Phone _____ Email _____ Pager (if applicable) _____

I am (please check one): RN__ Patient __ Family/Visitor __ MD __ Staff __ Volunteer __

Date of nomination _____

Please submit this nomination to a collection box located at most ARHS nurses stations, waiting areas, and dining rooms.

If you have any questions, Please contact daisyaward@apprhs.org