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**Want to say**

**“Thank You”**

**to a Nurse?**

…Nominate them for a DAISY Award!

Grand Lake Health System

Mailbox: **DAISY Nominations**

200 St. Clair Street

St. Marys, Ohio 45885-2400

Indianapolis, IN 46202

The **DAISY** (Diseases Attacking the Immune System) Award is an international recognition program that honors and celebrates the skillful, compassionate care nurses provide every day. The **DAISY** Foundation was established by the family of J. Patrick Barnes after he died from complications of the auto-immune disease ITP in 1999. During his hospitalization, they deeply appreciated the care and compassion shown to Patrick and his entire family. When he died, they felt compelled to say “thank you” to nurses in a very public way. To learn more, visit [**DAISYFoundation.org**](http://www.DAISYFoundation.org)

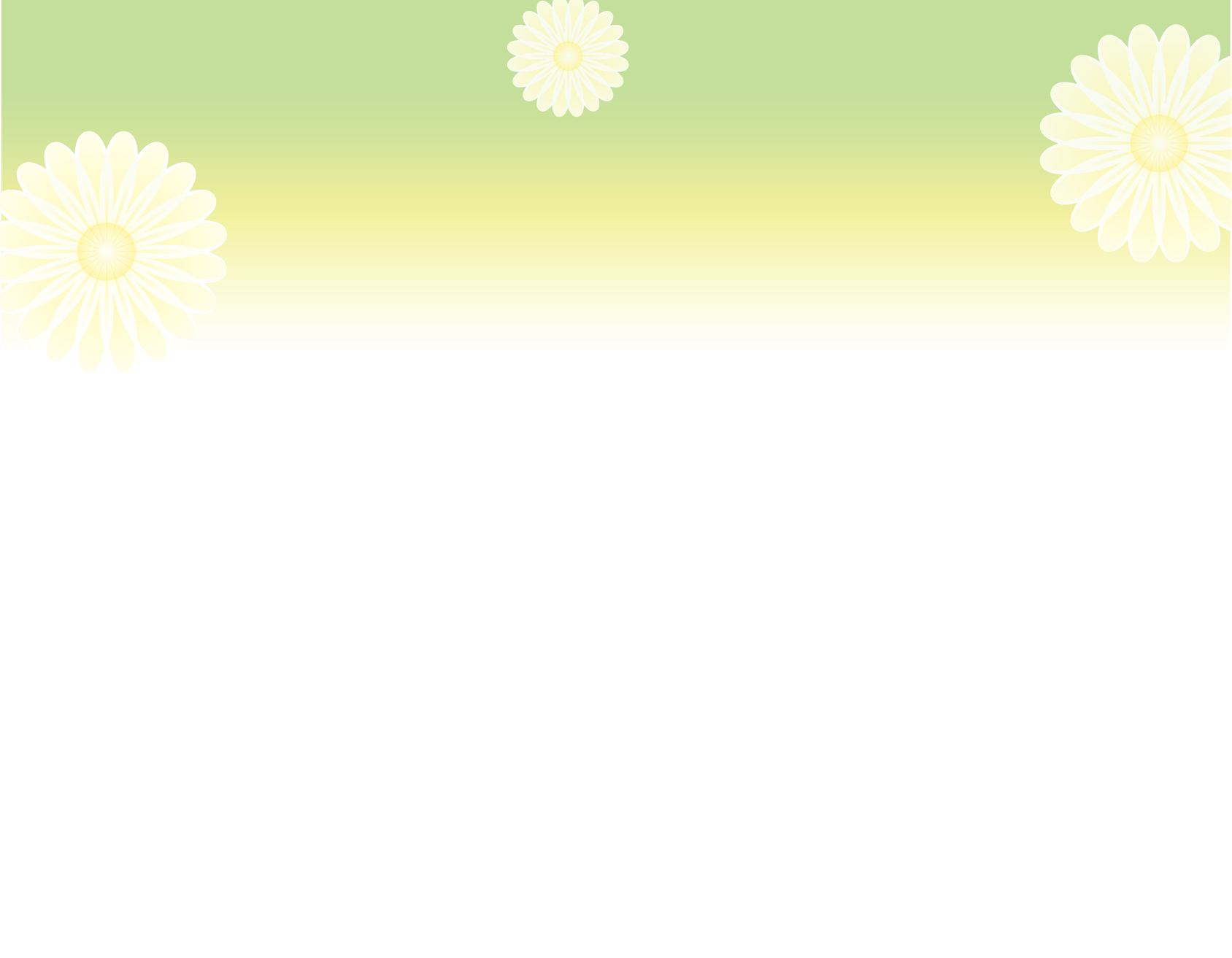
If your life has also been touched by an extraordinary Nurse, please take this opportunity to tell us about your experience. The DAISY Nursing Recognition Program’s goal is to recognize and encourage compassionate and dedicated care among GLHS Nurses. To say “Thank You” in a special way, you may nominate a GLHS Nurse for a DAISY Award, by completing this DAISY Nomination Form. Please share your story of how a GLHS Nurse made a difference in your healthcare!

*\*If mailing, fold this side in, so only blank sides are visible.*

Place

Stamp

Here, if mailing



**To nominate a nurse:** Patients, family and visitors may recognize/thank a deserving Nurse by: completing this **DAISY Nomination Form** and depositing it into the   
“**DAISY** **Drop Box**” in the Outpatient Entrance at the hospital; **mailing** this form in by USPS; submitting an *e-*nomination **online** at <http://www.daisynomination.org/4570> or via the “Thank Your Nurse” link on the **GLHS Website**; or scanning/attaching file in an **email** to: [*DAISY@jtdmh.org*](mailto:DAISY@jtdmh.org). This email address may also be used to contact the DAISY Program Coordinator, if you have questions. ***Thank you for taking the time to recognize an extraordinary GLHS Nurse!***

**CRITERIA**: **DAISY** **Nominations** are for nurses only [ie. Nurse Practitioners **(NP)**, Registered Nurses **(RN)**, or Licensed Practical Nurses **(LPN),** APN, CNS, CRNA, etc.]

* Only nominate ONE nurse per **DAISY** **Nomination Form** (submissions that list multiple nurses on same formwill not be eligible for consideration for an award)
* Nominations should include a specific examples of how the nurse you are nominating demonstrated extraordinary empathy and caring, professionalism, and passion while caring for you. Please consider the following statements when writing your nomination:
* How did this nurse make a special connection with you?
* Describe a situation where this nurse went above and beyond providing service excellence.
* Explain how this nurse is living the Grand Lake Health System key values of quality, safety, honesty, communication, courtesy, and personalization.

**\*Nurse’s First & Last Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Unit/Clinic they work in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:** \_\_\_\_\_\_\_\_

***\*Please provide a detailed description of how this nurse demonstrates extraordinary care and compassion and why you are nominating them for a DAISY Award:***

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**DAISY Award Nomination for an Extraordinary Nurse**

*Revised: 12/8/2022*

**Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** *(optional)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** *(optional)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(check one) ❒ Patient ❒ Family ❒ Visitor **\***Would you like to be notified if the nurse you nominated is selected to receive the DAISY Award? **❒ Yes / ❒ No**