WHAT IS THE DAISY AWARD?

The DAISY Award is a nationwide program that rewards excellence in nursing. It was created by The DAISY Foundation to recognize the clinical skills, extraordinary compassion and care exhibited by nurses everyday. The award is given to outstanding nurses in hospitals across the United States.

The DAISY Award recipient will be recognized at a ceremony and will receive: a framed certificate, a DAISY Award signature lapel pin and a hand-carved stone sculpture entitled A Healer's Touch. Additionally, the recipient will be recognized on the OMH website.

HOW TO NOMINATE AN EXTRAORDINARY NURSE

Patients and visitors may nominate a deserving nurse by filling out this nomination form and dropping it in the nomination box or by giving it to the unit manager. An electronic version is available at:

myomh.org/daisy-award

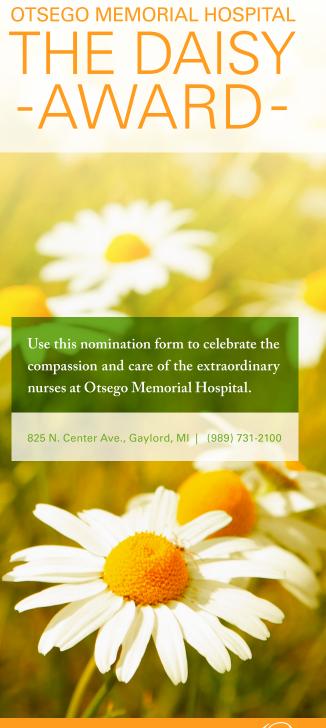
The DAISY Award recipients personify
Otsego Memorial Hospital's remarkable
patient experience. These individuals
consistently demonstrate excellence
through clinical expertise, extraordinary
service and compassionate care and
are recognized as outstanding role
models in the nursing community



Sponsored by:

The DAISY Foundation

Foundation for the Elimination of
Diseases Attacking the Immune SYstem
In Memory of J. Patrick Barnes









ABOUT THE DAISY FOUNDATION

The DAISY Foundation was established in 2000 by the Barnes family in memory of J. Patrick Barnes, who died from complications of Idiopathic Thrombocytopenic Purpura (ITP) at the age of 33. The DAISY Foundation is dedicated to funding research to help fight diseases of the immune system, like the one that struck Patrick, and supporting ITP patients and their families. Having been touched by the remarkable care, clinical skills and compassion demonstrated by nurses during Patrick's illness, the Barnes family made it their mission to recognize exceptional nurses around the country.



THE DAISY AWARD NOMINATION FORM

I WOULD LIKE TO NOMINATE:	Let us know why this nurse is a deserving recipient of The DAISY Award. Give details explaining how the nominee has demonstrated a commitment to	
First Name Last Name / Initial	excellence, clinical expertise, extraordinary service and/or compassionate care with a specific patient	
DEPARTMENT:	and/or family.	
I AM A:		
☐ Patient ☐ Visitor		
PLEASE CHECK ONE:		
☐ I authorize my name to be used in hospital recognition materials for this nurse.		
☐ I do not authorize my name to be used in hospital recognition materials for this nurse.		
Print Name:		
Phone Number:		
FOR MANAGER USE ONLY:		
I acknowledge that this employee is in	Please drop your completed form in the	

I acknowledge that this employee is in good standing and I approve this nomination for the DAISY Award.

Signed:	
Title.	

nomination box **OR** give it to the department manager **OR** mail it to:

Otsego Memorial Hospital, Administration - DAISY Award 825 N. Center Avenue, Gaylord, MI 49735