Ralph H. Johnson VA Medical Center Nominate a nurse for the DAISY Award



IN MEMORY OF J. PATRICK BARNES

The DAISY Award is an international program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses everyday. The Ralph H. Johnson VA Medical Center is proud to be a DAISY Award Partner, recognizing our selected nurses with this special honor each quarter. These nurses consistently demonstrate excellence through their clinical expertise and extraordinary compassionate care. They are recognized as outstanding role models in our nursing community.

Patients, visitors, nurses, physicians and other employees may nominate a deserving nurse by filling out this form.

I would like to nominate:

NURSE NAME

RN LPN from the

UNIT OR 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, their families, and staff recognize as an outstanding role model. She/he consistently demonstrates the Department of Veterans Affairs core values of **integrity**, **commitment**, **advocacy**, **respect** and **excellence**.

Please describe a situation where this nurse clearly demonstrated that she/he met the criteria for the DAISY Award:

If you need additional room to write your response, please use the blank field on the back/next page of this form.

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 nominate be chosen.

Name:		Unit:				_
Phone:		Email:				
I am a (please check one):	RN	Patient	Family/Visitor	MD	Staff	Volunteer
Today's Date:						
Please submit this nominatio	n form in c	one of the follo	owing ways:			
 Save the completed form 	electronica	ally and email	to:			
Edwin.Trip	ett@va.go	v	_		Mata	
• or, complete the form and	•					Health Administration hnson VA Medical Center
located in the Nursing Ser	vice Office	waiting room	I, B552.			inison maneureureureureur

Nomination	of	

Optional Additional Writing Space

VA USE ONLY

Nomination Received by DAISY Coordinators: _____

___ DAISY Initials: _____

Manager Acknowledgment | I acknowledge that this nurse is in good standing.

MANAGER SIGNATURE

TITLE