WHAT IS THE DAISY AWARD®?

The DAISY (Diseases Attacking the Immune SYstem) Award® for Extraordinary Nurses was created in memory of J. Patrick Barnes who died at 33 of ITP, an auto-immune disease. The Barnes Family was awestruck by the clinical skills, caring, and compassion of the nurses who cared for Patrick. They created this international award to say thank you to nurses everywhere.

WHO CAN NOMINATE A NURSE?

Patients, family members, co-workers, physicians, or staff can nominate a nurse who provided extraordinary compassionate care.

WHAT DOES A NURSE RECEIVE AFTER WINNING THE DAISY AWARD®?

- A certificate of recognition
- A DAISY Award® pin
- Honoree benefits and opportunities, i.e. discounts, grants, and scholarships offered through the DAISY Foundation™
- A unique, hand-carved serpentine stone sculpture from Zimbabwe, entitled
 "A Healer's Touch"
- A spotlight feature that may include a photo and the story of why this nurse was honored

HOW DO I NOMINATE A NURSE?

There are three ways you can nominate a nurse:

- 1. Go online to TriStateHospital.org/DAISYAward
- 2. Drop a nomination form (reverse side) into a ballot box located in various locations around the main hospital building
- 3. Mail in a nomination form to:

Tri-State Memorial Hospital & Medical Campus ATTN: DAISY Award 1221 Highland Avenue Clarkston,WA 99403 Place Stamp Here

Tri-State Memorial Hospital & Medical Campus

1221 Highland Avenue Clarkston,WA 99403





FOR EXTRAORDINARY NURSES

HONORING NURSES INTERNATIONALLY IN MEMORY OF J. PATRICK BARNES

THREE WAYS TO NOMINATE A NURSE

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For any questions, please contact Kerry Lopez, The Daisy Award® Facilitator, at 509.758.5511 ext. 2740 or at DAISY@tsmh.org

Thank you FOR NOMINATING A NURSE!

| Your Name | Date | / | / |
|---|---------------|-------------|-------------|
| PhoneEmail | | | |
| ☐ Please contact me if my nurse is chosen so that, if available, I may attend the celeb | | | |
| I am □ Patient □ Family/Visitor □ Registered Nurse □ Physician □ Tri-State | Memorial Hos | pital Staff | ■ Volunteer |
| Name of Nurse Department | | | |
| ☐ Tri-State Marketing & Communications may contact me regarding my DAISY A | Award® testim | nonial | |
| Share the story of why your nurse should be honored for the compassion and care they provide their patients every | | | |
| day, please provide as much detail as possible. | | | |
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