

The DAISY 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.

Each DAISY Award Honoree will be recognized at a public ceremony in her/his unit and will receive: a beautiful certificate, a DAISY Award pin, and a hand-carved stone sculpture entitled A Healer’s Touch.

Additionally, everyone in the unit will celebrate with cinnamon rolls – a favorite of Patrick’s during his illness. The Barnes Family asks that whenever and wherever nurses smell that wonderful cinnamon aroma, they stop for a moment and think about how special they are.



Want to Say Thank You to Your Nurse? *Share your story!*

Would you like to recognize a STAR nurse for giving exceptional care during your stay? Tell us your story.

Suggestions to include in your story...

Superior service – How did the care given exceed your expectations?

Teamwork and trust – What did the nurse do to earn your trust and make you feel safe? How did this nurse make you feel a part of your health care team?

Above and beyond - Describe how your nurse went above and beyond during your care.

Respect – How did this nurse respect and honor your individual concerns and needs?

To Nominate an Extraordinary Nurse:

Anyone may thank a deserving nurse by filling out this form and submitting it to **Nursing Excellence, 160 Allen Street, Rutland VT 05701** RRMCnursing@rrmc.org .

or by completing the on-line nomination form

<https://www.rrmc.org/patient-visitors/daisy-award/nomination-form/>

Name of the nurse you are nominating:

Unit where this nurse works:

I would like to thank my nurse and share my story of why this nurse is so special:

Thank you for taking the time to thank your nurse!

Your Name _____

Phone _____ Email _____

Please contact me if my nurse is chosen as a DAISY Honoree so that I may attend the celebration if available.

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

Date of nomination _____

If you have any questions, please contact: **Nursing Excellence, 160 Allen Street, Rutland VT 05701** RRMCNursing@rrmc.org