



THE DAISY AWARD

FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES



The Voice of Nursing Leadership™

I would like to nominate _____ from the _____ unit/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 our patients, their families, and our staff recognize as an outstanding role model. She/he consistently meets all of the following criteria:

- Demonstrates compassion
- Contributes to the delivery of quality patient care
- Current license
- Nurse Practitioner/Registered nurse/LPN
- 1 year as ARNP/RN/LPN at SMCH or McCrary Rost Clinic

Please describe a situation involving the nurse you are nominating that clearly demonstrates he/she meets the criteria for The DAISY Award:

Thank you for taking the time to nominate an extraordinary nurse for this award. Please tell us about yourself.

Your Name _____ Phone _____

Email _____

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

Date of nomination _____

Please submit this nomination to Kari Jones, Chief Nursing Officer or Jodi Henkenius, Administrative Assistant OR mail to:

Stewart Memorial Community Hospital

Attn: Kari Jones

1301 West Main St.

Lake City, IA 51449

kjones@stewartmemorial.org

1-800-262-2614

www.stewartmemorial.org



**Stewart Memorial
Community Hospital**



**THE DAISY
FOUNDATION**

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