

# ABOUT THE DAISY FOUNDATION



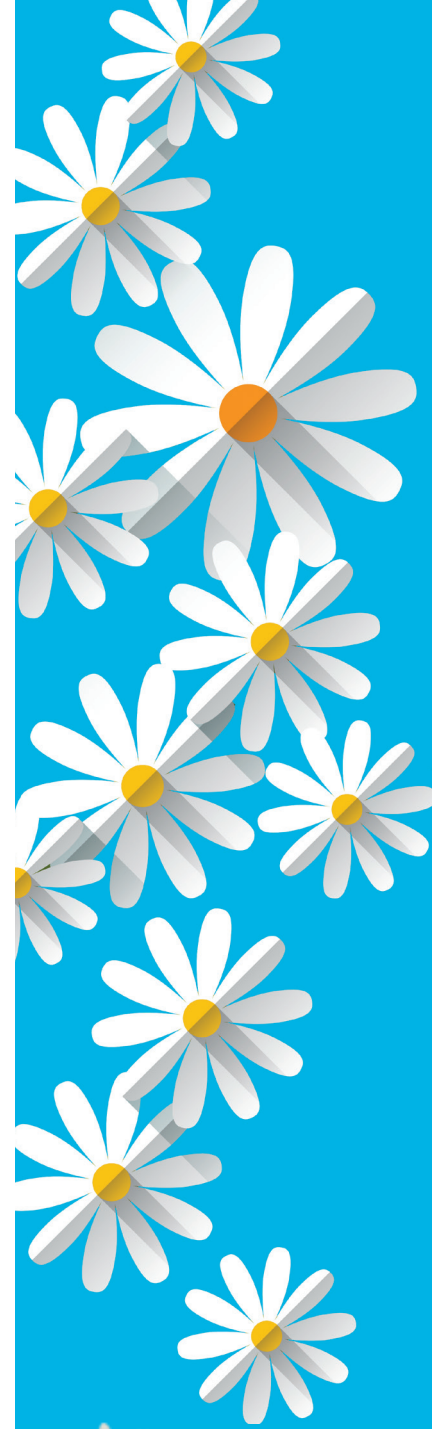
The DAISY Foundation was established in 2000 by the family of J. Patrick Barnes who died of complications of the auto-immune disease Idiopathic Thrombocytopenia Purpura (ITP) at the age of 33. (DAISY is an acronym for **D**iseases **A**ttacking the **I**mmune **S**ystem.) During Pat's eight week hospitalization, his family was awestruck by the care and compassion his nurses provided not only to Pat but to everyone in his family. They created a Foundation in Pat's memory to **recognize extraordinary nurses everywhere who make an enormous difference in the lives of so many people** by the super-human work they do everyday.

## What Is The DAISY Award?

The DAISY Award is a nationwide program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses everyday. **White Plains Hospital** is proud to be a DAISY Award Hospital Partner, recognizing one of our nurses with this special honor every month or quarter. To find out more about the program, including the growing list of Hospital Partners, please go to [www.DAISYfoundation.org](http://www.DAISYfoundation.org).

## How To Nominate An Extraordinary Nurse

Patients, visitors, nurses, physicians, employees or volunteers may nominate a deserving nurse by filling out this form and putting in the ballot box or emailing it to [daisy@wphospital.org](mailto:daisy@wphospital.org). You can mail forms to: 41 East Post Road, White Plains NY 10601 to Attn: Nursing Administration. If you have any questions please contact Margaret Brock at 914-681-2079.



# Pick a **DAISY**

# Award a **NURSE**



IN MEMORY OF J. PATRICK BARNES



# NOMINATION FORM

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 patients, families, and staff recognize as an  
outstanding role model.

Thank you for taking the time to nominate an  
exceptional 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  
nominated is chosen.

Your Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I am (please check one):

RN          Patient          Family/Visitor

MD          Staff          Volunteer

Date of nomination \_\_\_\_\_

## PLEASE TELL US MORE ABOUT YOUR NURSE

I am nominating \_\_\_\_\_  
because \_\_\_\_\_

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THANK YOU.