



NOMINATION

(by patient/family member)

I would like to nominate _____ from the _____ unit/department as a deserving recipient of **The DAISY Award**. This nurse is a role model for GBMC’s mission, *“To every patient, every time, we will provide the care that we would want for our own loved ones.”*

Listed below are examples of how nurses may qualify for this award:

- Made a special connection with me and my family
- Went above and beyond to meet my expectations
- Included me and my family in education and discharge preparation, answering all my questions in a way I/we could understand
- Included other healthcare team members if he/she could not answer my questions or resolve any issues
- Significantly affected your clinical outcome
- Included me and my family in my ongoing plan of care

Please share below the specific story (or stories) that clearly describe how this nurse exemplifies our mission:

Please use the back or extra paper if more room is needed

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 nominated be chosen.

Your Name _____ Phone _____

Email _____ Unit or Room Number while in hospital _____

I am (please check one): Patient Family/Visitor Date of nomination _____

Please submit this nomination by placing in any of the nomination boxes found in the main lobby of the hospital OR mail to:

GBMC DAISY Award, Executive Office, 6701 North Charles St, Baltimore MD 21204

