

FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES

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: Twanna Shepard, Nursing Administration at 816 691 2590

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.

Attn: Nursing Administration 2800 Clay Edwards Dr. North Kansas City, MO 6411 North Kansas City Hospital

City, MO 64116-3220



Want to Say **Thank You To Your Nurse?**

Share Your Story!

The DAISY (Diseases Attacking the Immune System) 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. Please say thank you by sharing your story of how a nurse made a difference you will never forget!

2800 Clay Edwards Dr. North Kansas City, MO 64116 816.691.2000



Where your care is personal.

The DAISY Award for Extraordinary Nurses

To Naminata an Entransidinam Newson	
To Nominate an Extraordinary Nurse:	
Anyone may thank a deserving nurse by filling	
out this form and submitting it to:	
Nursing Administration	
Twanna.Shepard@nkch.org	
816.691.2590	
Name of the nurse you are nominating:	
This nurse's clinical skill and especially her/his	
compassionate care exemplify the kind of nurse	
that our patients, their families, and our staff	
A:V:	
recognize as an outstanding role model. She/he	
consistently meets all of the criteria.	
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Unit where this nurse works:	
Please describe a situation or story involving	
the nurse you are nominating that clearly	
demonstrates he/she meets the criteria for	
The DAISY Award.	
THE DAIST Award.	
	 Manager Approval Signature:
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