



San Antonio Care Team Daisy Award



Nomination Form

The **Daisy Award** recognizes registered nurses who contribute to an exceptional patient, family, and fellow care team member experience through their dedication to **Excellence with Compassion**.

Eligibility: Nominees are San Antonio employees with an active RN license who spend at least 80% of their time in direct patient contact.

Criteria: Nominees consistently exhibit the following characteristics:

- Goes above expectations to ensure the comfort and happiness of patients, families, and fellow care team members.
- Performs acts of kindness and compassion.
- Creates a positive impact on each patient's experience with their clinical expertise.
- Delivers quality nursing care that is consistent with the hospital's values.

Nominee Name:

Unit/Department:

Your Name:

Email:

Phone Number:

Date:

I am a (please check one): Patient Family/Visitor Physician Fellow Care Team Member

I grant permission to use the information in my nomination, and I understand that minor editing may be necessary to comply with the hospital's policies, such as the HIPAA Privacy Policy.

The following situation clearly illustrates my nominee meets the **DAISY** criteria, while demonstrating one or more of the following hospital values:

- Patient-centered
- Safety
- Compassion
- Respect
- Integrity
- Excellence

Manager Acknowledgement:

I acknowledge this registered nurse is in good standing.

Name:

Title:

Human Resources Review:

Name:

Title: