

WHAT SETS A DAISY AWARD-WINNING NURSE APART?

The DAISY Award recognizes and celebrates the extraordinary compassionate and skillful care given by nurses every day.

DAISY nominees should demonstrate the I CARE principles as recognized by the DAISY Foundation:

INTEGRITY Maintains trust and confidence of patients

COMMITMENT Serves patients and families by honoring Capital Health mission

ADVOCACY Focuses on serving the best interest of patients

RESPECT Provides dignity and respect to everyone

EXCELLENCE Strives for highest quality care

Two honorees will be selected twice a year, representing both hospitals and off-site locations. Nominations can be submitted at any time via mail or online at: **capitalhealth.org/daisy**.

QUESTIONS? Contact Capital Health Nursing Administration (Hopewell: 609.303.4150, RMC: 609.394.6033).

If you'd like to help honor these wonderful caregivers, consider making a donation to the Healthcare Heroes Program. To learn more, visit **capitalhealth.org/donate/healthcareheroes** or call the Development Office at **609.303.4121**. **Capital Health Medical Center – Hopewell** ATTN: Nursing Administration DAISY Award Nomination Committee One Capital Way Pennington, NJ 08534



DAISY AWARD FOR EXTRAORDINARY NURSES





capitalhealth.org/daisy

Capital Health is proud to partner with the DAISY Foundation to present the **DAISY** Award for Extraordinary Nurses. The DAISY compassion and dedication demonstrated on

DAISY is an acronym for **Diseases Attacking** the Immune System. The Foundation was



Submit a nomination online at capitalhealth.org/daisy OR fill in the form below and return this portion via mail.



Nominee Name:			
first	:	last	
Campus: 🗌 Hopewell	Regional Medical Center	Off Site Location	
Department/Unit			

Nomination Information:

In the space below, please detail your reason for nomination. Describe a specific situation when the nominee demonstrated exemplary clinical skill and compassionate care in accordance with I CARE principles.

Thank you for taking the time to recognize a Capital Health nurse for their dedication. Please provide your contact information so we may notify you in the event of your nominee being selected for award.

YOUR Name:

E-mail:

first last Contact Phone: