



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.

A DAISY Award winning Holland Bloorview nurse clearly understands our vision of the most meaningful and healthy future for all children, youth and families. They are role models and leaders because of their ability to deliver exceptional client and family-centred care. They also demonstrate the Holland Bloorview values of compassion, equity, courage and resilience, excellence and innovation.

I would like to nominate my nurse (name): _____ from the _____ Unit/Clinic.

Please describe a specific example or story that demonstrates how this nurse:

- Exemplifies the vision, mission and values of Holland Bloorview Kids Rehabilitation Hospital
- Demonstrates extraordinary clinical skills and competencies in the delivery of **evidence-based and holistic** client care
- Demonstrates professionalism contributing to a work environment that promotes **health and healing**
- Establishes a **collaborative partnership** with clients and families, recognizing their **unique** experiences and needs
- **Effectively engages** clients and families in their rehabilitation journey, while being attuned to their **unique narratives**
- **Advocates** for patients and families in ways that enable them to make their voices heard
- Contributes to an **environment** that draws on and amplifies the strengths that clients and families bring in order to provide high-quality and safe care
- Is committed to advancing health equity and practices in a manner that **celebrates diversity of community**
- Is committed to **life-long learning** and growth

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 if we choose your nurse for the award.

Name: _____ Date of nomination: _____

Phone: _____ E-mail: _____



I am a (please check one):

Client Family member Visitor Nurse Staff Volunteer Student

By signing this nomination sheet I consent to the use of this information for selecting the recipient of the award and then to share within the context of the awards ceremony. I also understand that I can change my mind about providing consent, in which case I should send an email to daisyaward@hollandbloorview.ca.