Quality and Safety Attestation

By virtue of my signature on this Attestation, I hereby commit to my best personal effort at compliance with all Susquehanna Health (SH) Medical Executive Committee endorsed Quality and Safety initiatives as they pertain to my practice at SH including specifically those listed below:

- Hand Hygiene (cleansing before and after patient contact)
- Clear written communication/documentation (including legibility)
- Compliance with Isolation procedures
- Proper patient identification (name and date of birth)
- Limited use of verbal orders to only those as necessary
- Participation in “Read-back” of telephonic orders
- Assuring the “5 Rights” of medication orders(right patient, right drug, right dose, right route, right frequency)
- Assuring adequate transfer of essential information at time of patient “handoff”
- Actively participating in formal “TIME-OUT” prior to procedures
- Consistent compliance with evidence-based, approved guidelines
- Utilization of check lists when available
- Consistent, mutually supportive, 2-way communication with other healthcare team members (i.e. nursing staff)
- Timely reporting of serious incidents and medical events
- Consistent use of CARE behaviors (courtesy and compassion, attentiveness and approachability, responsiveness and respect, empathy and enthusiasm)

Print Name ________________________________

Signature ________________________________ Date ____________

Approved: Sept. 2010
Revised: June 2015, August 2016