

Interdisciplinary Team Commitment of Support

Facility Provider #: (Six digits)

Date:

Facility's Name:

The members of the interdisciplinary team at:

_____ commit to participation in NW4 Patient Representative assisted initiative to increase Patient and Family Engagement at the Facility Level.

As part of my commitment I will support:

- ✓ The development of partnership and integration of selected patient and/or family member Patient representatives in QAPI meetings
- ✓ Patient and staff education and empowerment
- ✓ Promoting a patient/family-centered culture at the facility
- ✓ The development of a culture of professionalism and open communication in the facility
- ✓ The provision of appropriate opportunities for patients and family members to provide feedback

Please sign:

Medical Director/Nephrologist

Facility Administrator

Social Worker

Head Nurse

Dietitian

This is a non-legally binding document.

It is meant for the sole purpose of facility participation in NW4 Patient Representative Program's initiative to increase Patient and Family Engagement at the Facility Level.

Please email or fax to Deborah Knight: dknight@nw4.esrd.net or (610) 265-2418 ext 2831