PATIENT SAFETY RESPONSIBILITY & VALIDATION

St. Mary Medical Center's Safety Program demonstrates the organization's commitment to maintaining and improving patient safety to the community it serves. The effectiveness of the plan and the organization's ability to identify and reduce medical events/errors begins with you, the employee/medical staff member. Each and every employee/medical staff member has an obligation to fulfill the duties and responsibilities set out in the Safety and Management Plan Program.

ACKNOWLEDGEMENT

Please complete the following:

1. I assume responsibility for identifying processes or systems that may potentially lead to error and adverse events. .................................................................AGREE / DISAGREE

2. I know and follow organizational and departmental policies and procedures applicable to assigned duties..........................................................AGREE / DISAGREE

3. I avoid taking shortcuts or encouraging others in the organization to shortcut established policies and procedures as a means of facilitating patient care. ..........................................................AGREE / DISAGREE

4. I inform patients, families, or other members of the healthcare team about care, medications, treatments and procedures. I encourage them to ask questions, and participate with caregivers in the development of their treatment plans. ..........................................................AGREE / DISAGREE

5. I use sound judgement and am aware of potential hazards before taking action. ..........................................................AGREE / DISAGREE

6. I participate in organizational and departmental patient safety education programs and other activities designed to improve departmental and organizational patient safety. ..........................................................AGREE / DISAGREE

7. I promptly report events and incidents in accordance with established hospital policies and procedures..........................................................AGREE / DISAGREE

8. I assume responsibility for my own professional development and education to improve my performance and promote safety. ..........................................................AGREE / DISAGREE

9. I am aware of my ability to report serious/sentinel events anonymously to the (CMS) Center for Medicaid & Medicare Services..........................................................AGREE / DISAGREE

10. I am aware of my ability to report concerns about safety or quality to The Joint Commission..........AGREE / DISAGREE

Please explain below any statements to which you “disagree” or any other patient safety concerns. (use reverse side if necessary)

As a reminder, if you are aware of situations that put patients at risk, talk with your department director or the Risk Manager at 304-526-1870.

CERTIFICATION

Please sign after reading the following statement:

I certify that I understand and will abide by the principles outlined in the Safety Program. I further certify that I am not aware of any patient safety issues that have not already been reported and acknowledge that by not reporting patient safety issues, errors, or events may lead to disciplinary action.

The information supplied above is true, correct, and complete to the best of my knowledge.

Signature  Date

Print Name

Effective: 11/09