



## COMMITMENT TO MY PATIENTS AND RESIDENTS

***With our organizational promise of exceptional care...always, I commit to the following:***

1. I understand and accept that Quality Patient/Resident Centered care is the end result of effective Teamwork.
2. I understand and accept that care of our patients and residents is this organization's purpose and reason for existence. Our continued existence is dependent upon our ability to provide safe, compassionate care that meets and exceeds their expectations.
3. I understand and accept that our patients/residents illness is a significant inconvenience for them and their loved ones. Meeting their needs is not an interruption in my day. I will listen, be courteous, respectful and sensitive to patient/resident needs at every encounter.
4. I understand and accept that Patient/Resident Centered Care requires staff's immediate response to needs and concerns including following through with promises made to ensure Patient/Resident satisfaction.
5. I understand and accept that Patient/Resident Centered Care requires that all decisions for change be in the best interest of our patients/residents while maintaining the financial viability of our organization.
6. I understand and accept that I am to perform my clinical and/or non-clinical duties to the best of my ability in order to provide solid and consistent services where the first and primary focus is our patients and residents.
7. I understand and accept that Patient/Resident Centered care requires a continuous review of department and organizational processes such as staffing, scheduling, policy and procedures through the eyes of our patients/residents, ensuring that we are meeting and exceeding their needs and expectations.

My signature below represents my support and agreement with the principles above.

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Employee Signature

Date