

Interdisciplinary Team Acknowledgment & Commitment of Support

Date: _____

The members of the interdisciplinary team at _____ commit to support our facility's initiatives towards the improvement of care and outcomes, engagement and satisfaction of the patients, families and staff.

As part of our commitment we will support:

- ✓ The development of partnership and integration of selected patients and/or family members as representatives in the facility's 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
- ✓ Appropriate opportunities for patients and family members to provide feedback

Please sign:

Medical Director/Nephrologist

Facility Administrator

Social Worker

Dietitian

Head Nurse

Patient / Family Member
Representative *(only if you
currently have one active
at the facility. If not, then
you do not need their
signature)*

This is a non-legally binding document.

It is meant for the sole purpose of facility participation in the EPIC program. You do not need to send this to the Network.

Please save it with your project records.
