



A COMMITMENT TO OUR PATIENTS

You're SAFE!

A Patient Safety Pledge

On this Day, _____,

I, _____, solemnly affirm that I will rededicate myself to insuring patient safety and will observe rules, regulations and procedures that promote a safe environment for my patients and co-workers. I also will continue to develop attitudes and habits that are conducive for achieving these objectives.

I will practice with a questioning attitude and clearly communicate accurate and complete information to my co-workers. In turn, I will perform a TIME-OUT before each procedure by pausing and focusing on the task that I am about to perform. This action ensures that I have accurate and complete information to safely care for my patient. I also will support my co-workers with cross-checks and assistance.

I fully realize that mistakes/accidents may happen that could lead to patient injury or even death, and will do everything possible to prevent mistakes/accidents and protect my patients and co-workers.

Signed:
