

# 5 Diamond Patient Safety Program Application



The ESRD Network of New England (Network 1), in collaboration with Mid-Atlantic Renal Coalition (Network 5) announces a *5-Diamond Patient Safety Program* to assist dialysis facilities with the improvement of both staff and patient awareness of specific patient safety areas.

The 5 Diamond Patient Safety program consists of 11 components. For each component completed, each facility will be tiered as a 1-Diamond, 2-Diamond, 3-Diamond, 4-Diamond, or 5-Diamond facility. Participating facilities will receive recognition as follows:

### 1-4 Diamond Facilities -

Facility accomplishment written in Network Notes newsletter  
Facility will be listed on our website

### 5 Diamond Facilities-

Facility accomplishment written in Network Notes newsletter  
Facility listed on Network of New England website  
Special Recognition at the Annual Network Educational Meeting  
2 Free Passes to attend the Annual Network Educational Meeting  
Receive a letter of special recognition from the Board Chair  
Plaque to display in the facility

Please complete the application below and submit it to the Network Office as soon as possible to begin the 5 Diamond program. Upon receipt, we will register your application and planned activities. To start your first module, go to our website at [www.networkofnewengland.org/5Diamond.htm](http://www.networkofnewengland.org/5Diamond.htm) for materials explaining how each activity should be conducted and measured. If you are unable to access the web, please contact us. **Participants must complete the Patient Safety Principles module first**, then may continue on to other modules in any order. You must submit the Project Reporting Form upon completion of each individual module in order to receive Diamond acknowledgement. If you have any questions please contact us at 203-387-9332.

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FACILITY: \_\_\_\_\_ PROVIDER #: \_\_\_\_\_

NAME OF PROJECT CONTACT PERSON AT THE FACILITY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SIGNATURE OF PROJECT CONTACT : \_\_\_\_\_  
*(must be same contact listed above)*

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

# OF FACILITY STAFF INVOLVED IN THIS PROJECT: \_\_\_\_\_

### PLEASE INDICATE WHICH MODULES YOUR FACILITY WILL BE STRIVING TO COMPLETE:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Patient Safety Principles *<br><i>(*Mandatory Component)</i> | <input type="checkbox"/> Flu Vaccination       | <input type="checkbox"/> Emergency Preparedness                 |
| <input type="checkbox"/> Hand Hygiene / Infection Control                             | <input type="checkbox"/> Sharps Safety         | <input type="checkbox"/> Decreasing Patient & Provider Conflict |
| <input type="checkbox"/> Slips, Trips, & Falls  | <input type="checkbox"/> Stenosis Surveillance | <input type="checkbox"/> Medication Reconciliation              |
| <input type="checkbox"/> Patient Self-Managed Care                                    | <input type="checkbox"/> Health Literacy       |   |

**OTHER CLINICAL PATIENT SAFETY TOPIC FOR PROGRAM APPROVAL:** If you are interested in another clinical patient safety topic not listed above, please identify below with a brief description of how you would monitor and evaluate its effectiveness. We will contact you and let you know if your plan is approved.

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Fax your application form to the Network of New England at 203-389-9902,  
or mail to 30 Hazel Terrace, Woodbridge, Connecticut 06525