

## *5-Diamond Patient Safety Program*

### **Project Reporting Form**

Please complete this reporting form and submit it to the Network office upon completion of each module. Upon verification and review of your outcomes, the Network will designate the appropriate Diamond status. We will contact you to let you know of your achievement. Meanwhile, you may begin your next module, choosing any of the remaining modules, in any order. We encourage you to submit your outcomes upon completion of each individual activity. If you have any questions, have changes regarding your information or modules of interest, or need additional resources, please contact Danielle Daley, MBA, Community Development Coordinator, at (203) 387-9332 x. 119 or [ddaley@nw1.esrd.net](mailto:ddaley@nw1.esrd.net).

#### **PARTICIPANT INFORMATION**

FACILITY NAME:

PROVIDER #:

PROJECT CONTACT:

JOB TITLE:

EMAIL:

PHONE:

# OF FACILITY STAFF INVOLVED IN  
THIS PROJECT:

#### **MODULE COMPLETED**

PATIENT SAFETY PRINCIPLES

DECREASING DIALYSIS PATIENT-PROVIDER CONFLICT

EMERGENCY PREPAREDNESS

INFLUENZA VACCINATION

HAND WASHING (INFECTION CONTROL)

HEALTH LITERACY

MEDICATION RECONCILIATION

SELF-MANAGED CARE

SHARPS SAFETY

SLIPS, TRIPS, & FALLS

STENOSIS SURVEILLANCE

OTHER

*Continue on Page 2*

**1. Briefly describe how this project was implemented in your facility.**

**2. Measure(s):**

**3. Describe outcomes and/or changes in policies, practices, and/or procedures resulting from this project.**

**4. Provide recommendations for improving this project.**

**5. Did this module lead to a quality improvement activity in your facility? Explain.**

**SIGNATURE OF PROJECT CONTACT:**

**DATE:**