



5-Diamond Patient Safety Program Application

The 5-Diamond Patient Safety program consists of nine modules, of which you may choose a maximum of five to complete in order to receive diamond status recognition. For each module 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 recognized on the Network 11 Website
Certificate of Commendation from the Medical Review Committee Chair

5-Diamond Facilities

Facility recognized on the Network 11 Website
Special Recognition at Network 11's next Annual Council Meeting
Registration fee waived to attend Network 11's next Annual Meeting
Certificate of Commendation from the Medical Review Committee Chair

Please complete the application below and submit it to the Network 11 Office. Network 11 will confirm receipt of your application. Participants must complete the Patient Safety Principles module first, however once completed, you may complete other modules in any order. We encourage you to submit your outcomes upon completion of each individual activity. If you have any questions, please contact us by email at 5diamondsafety@nw11.esrd.net or by phone at 651-644-9877.

Applicant Information

Facility: _____ Provider #: _____ NPI #: _____
Name of Project Contact Person at the Facility: _____
Job Title: _____ Signature of Project Contact: _____
Email: _____ Phone: _____
Of Facility Staff Involved in this Project: _____

Please indicate which program(s) your facility will be striving to complete:

- | | |
|---|--|
| <input type="checkbox"/> Patient Safety Principles *
(* Mandatory Component) | <input type="checkbox"/> Sharps Safety |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Slips, Trips, & Falls |
| <input type="checkbox"/> Constant Site Cannulation | <input type="checkbox"/> Influenza Vaccination |
| <input type="checkbox"/> Decreasing Patient & Provider Conflict | <input type="checkbox"/> Medication Reconciliation |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Stenosis Monitoring |
| <input type="checkbox"/> Hand Hygiene (Infection Control) | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Health Literacy | |
| <input type="checkbox"/> Missed Treatments | |
| <input type="checkbox"/> Patient Self-Managed Care | |

Please fax your completed form
to (651)644-9853.