



INTELLISTAFF
MEDICAL

Attestation Form

I have read/reviewed and understand my expectations with these quality initiatives.

By signing below I agree to uphold these behaviors and “speak up” if any obstacles are identified.

- BSSR IP observation form
- ED observation BSSR form

Redline rules listed below:

Bedside shift report is mandatory (every patient, every shift)

Hourly Purposeful rounding for Day shift

Every 2 hours purposeful rounding for night shift

Medication scanning BCMA

Proper Hand hygiene every patient IN/OUT

Courteous, AIDET, SMILE

Embrace our process improvements in quality, safety and patient experience

Name _____

Date of attestation _____

Signature