

Care Partner Program Attestation



Implementing the Eastern US Quality Improvement Collaborative's Care Partner Program showcases your organization's significant and ongoing commitment to reducing readmissions by engaging the patient and care partner in treatment to enhance patient care. By adopting a care partner model and implementing or enhancing a care partner program, you are reinforcing your organization's dedication to achieving and maintaining these goals. EQIC has provided support to participating hospitals with educational programs, information on best practices and technical assistance with the implementation of a Care Partner Program.

Signing the Care Partner Program Attestation indicates that your organization has:

- implemented interventions within each step of the EQIC Care Partner framework facilitywide.

In recognition of your implementation of the Care Partner Program, your organization will receive:

- designation as an EQIC Care Partner Hospital, including materials to advertise to your patients and the community that you have achieved this designation.

I attest that

ORGANIZATION NAME

has, to the best of my knowledge, implemented interventions within each step of the EQIC Care Partner framework facilitywide.

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DESIGNATED EXECUTIVE NAME	DESIGNATED EXECUTIVE SIGNATURE	DATE

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EMAIL	TELEPHONE

PLEASE SUBMIT YOUR COMPLETED attestation form, along with your completed [Care Partner Program Implementation Checklist](#), to your [EQIC project manager](#).

Contact your project manager or Brenda Chapman (bchapman@hanys.org) with any program questions.