



THE HEALTH CARE IMPROVEMENT FOUNDATION
Building Partnerships For Better Health Care

PREVENTING AVOIDABLE EPISODES



Smoothing the Path for Better Transitions

Senior Executive Commitment Form

On behalf of (name of organization) _____

I commit my organization to be an active participant in the PAVE Project and to meet the following project expectations:

1. Establish objective organizational goals aimed at reducing the rate of unplanned readmissions at my organization.
2. Designate a senior leader that will own and direct improvement efforts.
3. Utilize a multi-disciplinary team to lead the effort.
4. Identify appropriate hospital personnel to participate in one or more of the project workgroups.
5. Participate in the measurement component, to include chart reviews, surveys, and other data collection methods, in order to measure effectiveness of improvement efforts, and to share results confidentially.
6. Participate in collaborative meetings, audio-conferences, and networking sessions.
7. Engage the patient/family/caregivers in the improvement effort, as deemed appropriate.

Our **primary** organizational contact for this collaborative will be:

Name: _____ Title/Position _____

Phone Number: _____ Email: _____

Senior Executive Champion Signature

Title

Date

Fax or email this completed form to:
Patty Yurchick at 215-563-2442 or pyurchick@hcifonline.org.
Form is available electronically at www.hcifonline.org.