

Name: _____

Performance Evaluation Date _____



At Strong Memorial Hospital, every member of our team is required to make a personal commitment to service excellence. We expect that you will embrace the Strong Commitment and make it central in your work life at Strong, each and every day.

The Strong Commitment ... *means I CARE*

Integrity — I will conduct myself in a fair, responsible and trustworthy manner.

Compassion — I will act with empathy and understanding towards others.

Accountability — I have an obligation to take responsibility for my actions and to join with my colleagues in realizing the hospital's vision.

Respect — I will treat patients, families and colleagues with dignity and sensitivity, valuing their differences.

Excellence — I will rise above the ordinary through my personal efforts and those of my team.

Expected Behaviors for Service Excellence

Appearance and Language

- Wear neat, proper dress, including a visible ID badge
- Use words and tones appropriate to a health care setting

Greeting and Assistance

- Greet others warmly
- Introduce yourself and explain your role
- Offer assistance and escort guests to their destination if needed

Ownership and Hospitality

- Keep our hospital clean (report spills, pick up trash and reduce clutter)
- Always give patients and families priority (in elevators, lines, parking lots)

Respect and "Recovery"

- Respect every person's privacy (knock before entering a room, pull privacy curtains where possible)
- Acknowledge patients' or families' dissatisfaction; apologize for any inconveniences; correct when possible

Teamwork and Innovation

- Be creative in solving problems; don't blame others or offer excuses
- Value and support your co-workers and actively participate in team success
- Be flexible and willing to listen to ideas that are different from your own

Through my signature on this form I make the Strong Commitment. By doing so, I agree to uphold the Strong Commitment values and consistently demonstrate expected behaviors in my interactions with patients, families and colleagues.

Signature: _____

Date: _____