

Nursing Home Care Initiative Participation Agreement

Telligen Nursing Home Quality Care Collaborative



Participation Agreement

Our facility would like to participate in the Telligen National Nursing Home Quality Care Collaborative (NNHQCC). We understand the following expectations for this cooperative project and agree to participate. We understand that this commitment requires support of facility leadership in the following areas:

- Agree to remain an active participant in the Collaborative through July 31, 2019, and grant permission to Telligen to publicly disclose my facility's participation in the National Nursing Home Quality Care Collaborative
- Support development of strategies for overall quality within my organization by working to:
 - Utilize a data-driven and proactive approach to quality improvement
 - Identify opportunities for improvement
 - Address gaps in systems through planned interventions in order to improve overall quality of care
- Form an interdisciplinary team to work with Telligen on systems impacting quality of care and to improve systems of care in areas identified for improvement
- Submit requested data or reports and surveys to support collaborative efforts
- Participate in educational sessions, collaborative sessions and conference calls or webinars
- Share results, best practices and lessons learned
- Update Quality Assurance & Performance Improvement (QAPI) Self-Assessment annually

Nursing Home Name: _____

CMS Certification Number (CCN): _____

Nursing Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Nursing home contact person name and title: _____

Nursing home contact phone number: _____

Nursing home contact email: _____

***Required Signature - nursing home leadership or executive must sign (i.e., Chief Executive Officer (CEO), Chief Operations Officer (COO), Administrator or Owner)**

Executive's name (print): _____

Executive's title (print): _____

Email: _____ Phone: _____

Executive's signature: _____ Date: _____

Please return completed form to:

Colorado | Linda Savage | Linda.Savage@area-d.hcqis.org | fax: 720-554-1401

Illinois | Lisa Bridwell | Lisa.Bridwell@area-d.hcqis.org or IL.NH.Telligen@area-d.hcqis.org | fax: 630-928-5865

Iowa | Kari Caughron | Kari.Caughron@area-d.hcqis.org | fax: 515-440-8200