



## Quality Reporting and Improvement Program for Facilities Learning and Action Network (LAN) Participation Form

IPPS       CAH       ASC       IPF

Our Facility would like to join in the Telligen Quality Improvement LAN and in doing so, Telligen agrees to the following:

- Provide educational programming opportunities and access to LAN activities
- Maintain regular contact to monitor progress and assist with performance improvement interventions
- Provide assistance to align reporting for quality and financial incentive programs such as Hospital Value-Based Purchasing (HVBP) and Hospital Acquired Conditions (HAC's) to avoid penalties and take advantage of financial incentives while at the same time improving the quality of patient care
- Provide access to knowledgeable IQR, OQR, HVBP, ASC, IPF, NHSN and Quality Improvement content experts

Through active participation in the Telligen Quality Improvement LAN the facility agrees to the following:

- Actively participate in educational programs, teleconferences and webinars offered through the Learning and Action Network (LAN)
- Participate in the IQR, OQR, HVBP, ASC, IPF and NHSN programs including reviewing your data reports with Telligen
- Focus on improving performance in one or more quality measures
- Share successful strategies related to your quality improvement efforts

### Participation Form Signature

By affixing my signature, I agree to adhere to the responsibilities of the facility and abide by the above terms.

Facility Name: \_\_\_\_\_

CMS Certification Number (CCN): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Print Name of Authorized Facility Representative: \_\_\_\_\_

Title of Authorized Facility Representative: \_\_\_\_\_

Signature of Authorized Facility Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please sign and send the completed form to:  
Betty Wendford at [Betty.Wendford@area-d.hcqis.org](mailto:Betty.Wendford@area-d.hcqis.org) or fax to 630-928-5865.**