Participation Agreement

Our facility would like to participate in Southern Partners Action Collaborative for Excellence (SPACE). We understand the following expectations for this cooperative project, and agree to participate with Alliant Health Solutions, the CMS QIN- QIO for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee and their partners.

Benefits of Participating is always at no cost to you:

- Collaborative learning events with access to subject matter experts, tools and resources for achieving your goals
- Technical assistance based on the Plan Do Study Act (PDSA) strategy
- Sharing of best practices and strategies in an all teach, all learn environment
- Assistance with QAPI, quality improvement planning and the use of quality improvement tools
- Opportunity to engage in your regional community coalitions

Alliant Health understands that this commitment requires support of facility leadership in the following areas:

- Reduce Adverse Drug Events (ADE) in nursing homes
- Reduce healthcare-related infections including Pneumonia, UTI, Sepsis and *C. difficile*
- Reduce ED visits and readmissions in long term care nursing home residents
- Engage in improvement initiatives and affinity groups to improve your quality goals

By signing this, our organization:

- Agrees to remain active in the collaborative through November 2024 and to publicly disclose participation in the Collaborative.
- Agrees to support development of strategies for overall quality within our organization, by working to:
  - Design and implement improvement plans based on identified opportunities
  - Utilize a data-driven and pro-active approach to quality improvement
  - Actively participate in collaborative learning events
  - Share results, best practices and lessons learned
  - Address emerging priorities using quality approaches

Required Organizational Signatures:

Facility Name:	CCN#:
Facility Address:	
Corporate: Yes / No	Corporation Name:
**** Required Nursing Home Leadership Signature* (Please Print)***	
Name:	Title:
Email Address:	
Phone Number:	Phone Number:
Signature:	Date:

Primary Contact Name:
Title:
Email:
Phone Number:

Secondary Contact Name:
Title:
Email:
Phone Number:

Email to nursinghome@allianthealth.org

This material was prepared by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHSQIN-QIO TO1 - NH--2171-06/16/22