

# 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 Quality, the Medicare QIO for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee and their partners.

## Benefits of Participating:

- Collaborative learning events offered throughout the year as well as technical assistance based on specific goals
- Sharing of best practices and strategies
- Assistance with QAPI, quality improvement planning and the use of quality improvement tools

## We understand that this commitment requires support of facility leadership in the following areas:

- Improve the mean total quality score for all nursing homes & increase percentage of NHs from 1 and 2 stars to 3 stars and above in the coming years
- Reduce Adverse Drug Events (ADE) in nursing homes
- Reduce healthcare-related infections in nursing homes and hospitalizations for *C.difficile* infections
- Reduce ED visits and readmissions in short stay nursing home residents

## By signing this, our organization:

- Agrees to remain active in the collaborative through 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
  - Submit requested data
  - Actively participate in collaborative learning events
  - Share results, best practices and lessons learned

## Required Organizational Signatures:

Facility Name:		CCN#:
Facility Address:		
Corporate: Yes / No	Corporation Name:	
<b>* Required Nursing Home Leadership Signature* (Please Print)</b>		
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@alliantquality.org](mailto:nursinghome@alliantquality.org)

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. 12SOW-AHSQIN-QIO-TO1-19-10