Hospital Participation Agreement

ALLIANT QUALITY

Our hospital would like to participate in the Hospital Quality Improvement work. We understand the following expectations for this cooperative project, and agree to participate with Alliant Quality, the Centers for Medicare & Medicaid Services (CMS) Hospital Quality Improvement Contractor (HQIC).

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

We understand that this commitment requires support of hospital leadership in the following areas over the next 4 years:

- Achieve a 12% reduction in opioid prescribing (for prescriptions ≥ 90MME)
- Achieve a 7% reduction from baseline in opioid related adverse events including deaths
- Achieve a 9% reduction from baseline in all-cause patient harm
- Achieve a 5% reduction from baseline in readmission rates
- Achieve a 13% reduction from baseline in ADEs (not including opioids)
- Achieve a reduction from baseline in C. difficile rates

By signing this, our organization:

- Agrees to remain an active participant through 2024 and to publicly disclose participation
- Attest that we are not participating with any other HQIC contractor performing this work
- Agrees to support development of strategies for overall quality within our hospital by working to:
  - Complete a baseline self-assessment that will capture current state and inform a gap analysis
  - Utilize a data-driven and proactive approach to quality improvement
  - Submit requested data
  - Actively participate in learning events
  - Share results, best practices and lessons learned

Required Organizational Information *(please print)*:

Hospital Name:		**CCN #:**	
Hospital Address:			
Corporate : Yes No	**Corporation Name:**	**CCN #:**	

Required Hospital Leadership Signatures *(please print)*:

CEO/COO:		**Board Member:**	
Email:		**Email:**	
Phone #:		**Phone #:**	
Signature:	**Date:**	**Signature:**	**Date:**

Primary Contact Name:	**Secondary Contact Name:**
Title:	**Title:**
Email:	**Email:**
Phone #:	**Phone #:**

Please complete and sign then email to: hospitalquality@alliantquality.org **Thank you!**

This material was prepared by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Hospital Quality Improvement Contractor (HQIC) 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. AHSHQIC-TO3H-20-316