



Participant Signature Page

Our facility would like to participate in the Health Care Excel Nursing Home Quality Care Collaborative. 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 active in the collaborative through July 2014 and to publicly disclose participation in the Nursing Home Quality Care Collaborative.
- Support development of strategies for overall quality within my organization, by working to:
 - Utilize a data-driven and pro-active approach to quality improvement
 - Identify opportunities for improvement
 - Address gaps in systems through planned interventions in order to improve the overall quality of care
- Form an interdisciplinary team to work with Health Care Excel on systems impacting quality of care and to improve systems of care in areas identified for improvement.
- Submit requested data or reports to support collaborative efforts.
- Participate in educational sessions, collaborative sessions, and conference calls or webinars.
- Share best practices and lessons learned.

Required Signatures

Facility Name: _____

Administrator's name: (print) _____

Administrator's signature: _____

Date: _____

Director of Nursing Services' name: (print) _____

Director of Nursing Services' signature: _____

Date: _____

Return this form to Janet Pollock at Health Care Excel by January 24, 2013. You may fax to 502-454-5113, e-mail to jpollock@kyqio.sdps.org, or mail to Janet Pollock, Health Care Excel, 1941 Bishop Lane, Ste. 400, Louisville, KY. 42018

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Nursing Home Quality Care Collaborative Participant Nursing Home

Nursing Home Name: _____

Address: _____

City: _____ KY Zip Code: _____

Telephone: _____

Administrator's Telephone Extension: _____ *DON's Telephone Extension:* _____

Administrator's E-Mail: _____

DON's E-Mail: _____

Facility Fax: _____