



2017

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South Denver Care Continuum Agreement

The organization represented by the signature below agrees that it has read the attached statement and will adhere to conditions outlined.

Expectation: Each SDCC member will have thorough and timely communication within every care transition at the time of the transition.

Please indicate by check mark the tools you will be using.

- INTERACT (**I**nterventions to **R**educe **A**cute **C**are **T**ransfers) A quality improvement program that focuses on the management of acute change in condition.
- Re-hospitalization Tracking Tool (PointRight, Point Click Care, Advancing Excellence Tracker, SHP, etc.)
- PAM (Patient Activation Measures developed by Insignia, and licensed by Telligen for SDCC use) or another risk stratifying tool
- Stay Healthy at Home Binder

Current rate of 30 day re-hospitalizations for our organization for the calendar year is:

2016 Annualized Year-to-Date Return to Hospital Rate: _____

My 3% minimum relative improvement goal for calendar year 2017 will be: _____

Note: Calculate your goal as follows:

Current rate – (.03 x current rate) = Goal Example: 12 – (.03 x 12) = 11.64

By signing below I/we agree to commit to using the above tools, maintaining a minimum 75% attendance rate and participating in the monthly accountability meetings and presenting a case at least once a year. In addition, attend the bi-monthly large group meeting where reports of the work of SDCC and educational presentations will occur.

Organization Name: _____

Administrator Name: _____

Signature: _____ **Date:** _____

SDCC Representative Name/Email: _____

Accountability Representative Name/Email: _____