

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.
- Advancing Excellence Re-hospitalization Tool (a component of the Nursing Home Quality Campaign)
- LACE (**L**ength of stay, **A**cute Admission through ED, **C**o-morbidities and **E**mergency Department visits)
- Other Tracking tool _____
- PAM (Patient Activation Measures developed by Insignia, and licensed by Telligen for SDCC use)
- Stay Healthy at Home Binder
- Quality Management Program/QAPI for Quality Improvement

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

2015 Q1 _____ 2015 Q2 _____ 2015 Q3 _____ 2015 Q4 _____ Annualized _____

NEW MEMBERS:

My 3% minimum relative improvement goal for calendar year 2018 will be: _____

Note: Calculate your goal as follows:

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

OR I will maintain at or below 9% _____

RETURNING MEMBERS:

My 2% minimum relative improvement goal for calendar year 2018 will be: _____

OR I will maintain at or below 9% _____

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: _____

Signature: _____ **Date:** _____