

COMMITMENT FORM

Our facility would like to participate in the Maryland-Virginia Nursing Home Improvement Network. We understand the expectations for this project and realize that this commitment requires the support of facility leadership in the following areas:

1. Support the development of strategies for overall quality within my organization by working to:
 - a. Utilize a data-driven and proactive approach to quality improvement
 - b. Identify opportunities for improvement
 - c. Address gaps in systems through planned interventions in order to improve the overall quality of care
2. Form an interdisciplinary team to work with VHQC on systems impacting quality of care and to improve systems of care in areas identified for improvement.
3. Submit requested data or reports to support collaborative efforts as needed.
4. Participate in educational sessions and conference calls or webinars.
5. Share results, best practices and lessons learned.
6. Complete and update annually the QAPI self-assessment and then develop and apply strategies for QAPI implementation.
7. Join Advancing Excellence and grant VHQC permission to view my facility's data.

I have verified the above information, read the project specifications outlined by VHQC, and by signing below, declare our facility's commitment to participate in the Maryland-Virginia Nursing Home Improvement Network through July 2019.

Facility Name: _____

Address: _____

CMS Certification Number: _____ Phone Number: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Mail or fax to: VHQC, Attn: Sheila McLean, 9830 Mayland Drive, Suite J, Richmond, VA 23233, Fax: 804.289.5324

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