

Hospital Quality Improvement Initiative

Letter of Participation

Our hospital intends to participate in the Centers for Medicare & Medicaid Services (CMS) Hospital Quality Improvement (HQI) initiative with TMF Health Quality Institute, which is being offered free to hospitals.

We understand the expectations and goals of this initiative and realize that achieving these goals will require the support and commitment of a hospital team, including hospital leadership. We agree to work in support of the following goals and activities:

1. Reduce avoidable opioid prescribing and misuse to improve behavioral health outcomes.
2. Improve patient access to behavioral health resources.
3. Reduce all-cause harm, including adverse drug events, opioids, infections, sepsis, pressure ulcers and readmissions.
4. Collaborate with health care and community organizations as well as patients and families to improve patient care throughout the health care continuum.
5. Participate in Learning and Action Networks that bring together health care professionals, patients and other stakeholders around evidence-based, action-oriented agendas to achieve rapid, wide-scale health improvements.
6. Work with the TMF team to respond to public health emergencies.
7. Support quality improvement efforts by continuing to regularly report data related to quality measures.
8. Join the TMF Quality Innovation Network-Quality Improvement Organization National Healthcare Safety Network group and confer rights to share data with TMF.

By signing below, I agree to my hospital participating in the TMF HQI initiative.

CMS certification number (optional): _____ TIN (optional): _____

Hospital name: _____

Street address: _____

City: _____ State: _____

ZIP+4 code: _____ - _____ Telephone: _____

Hospital type: Urban Rural IPPS CAH Tribal (non-IHS)

Number of licensed beds: _____ Number of staff: _____

Does your hospital have an emergency department? Yes No

Number of dedicated IP staff: _____ Is your IP staff shared with a facility outside the hospital? Yes No

Project contact: _____

Project contact email: _____

Project contact telephone: _____

Project point-of-contact signature

Date

Complete and email this letter of participation to hqic@tmf.org by March 15, 2021, to secure your spot.