

_____ (Organization) and Alliant Quality, the QIN-QIO (Quality Innovation Network-Quality Improvement Organization) for Georgia and North Carolina, agree to collaborate between the present date and July 31, 2019, on **the Antimicrobial Stewardship** task, sponsored by the Centers for Medicare & Medicaid Services (CMS). You are agreeing to participate with Alliant Quality on the following initiative.

Goal: Minimize the development of antibiotic resistance by ensuring that each patient receives the right antibiotic at the right time at the right dose for the right duration according to current evidence based guidelines

Benefits of participation:

1. Care team will enhance their knowledge of appropriate antibiotic prescribing practices for common infections,
2. Care teams can participate in a learning collaborative, including topics, such as: appropriate antibiotic prescribing, patient engagement, antimicrobial resistance, etc.
3. Care teams will have access to resources to educate patients about appropriate antibiotic usage.
4. Care teams will receive virtual technical assistance on workflow redesign and implementation of best practices to support appropriate antibiotic prescribing.
5. Overall cost of care will decrease, improving your value to insurers

Alliant Quality will:

- Host the learning collaborative for best practice sharing
- Provide evidence based materials for appropriate antibiotic prescribing
- Create a patient education materials for appropriate antibiotic use
- Provide technical assistance for workflow process improvement

Consent to Share Information

This consent to share information does not cover patient-identifiable information or information that implicitly or explicitly identifies a patient. Patient information should not be transmitted to Alliant Quality for any reason.

The Organization hereby acknowledges and consents to

- Release of the Organization’s name to other affiliated participants in the quality improvement project
- Alliant Quality’s sharing of aggregate performance data with all participants in the quality initiatives stated above to facilitate sharing, learning, and improvement of patient care
- Work to establish a facility antibiotic stewardship program based on CDC guidelines

Acceptance

We understand this is a non-binding agreement that may be amended by mutual written consent and may be terminated at any time by either party. The executive leadership of our organizations has reviewed this agreement and expectations to ensure that we are able to make an ongoing commitment throughout the course of the project. Please sign and return the Participation Agreement by **fax to: Elisabeth Klemis at (678) 527-3030.**

For Organization:

Signature of Authorized Representative	Date
Printed Name	
Title	
Organization Name	
Email Address	Telephone
TIN	

Name of secondary leader
Title and contact for secondary leader

Organization Type:

- Primary Care FQHC ED/Urgent Care Other

Contact:

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