

IPRO COMMUNITY BASED SEPSIS INITIATIVE

Our organization has volunteered for participation in the CMS Special Innovation Project: Community Based Sepsis Initiative with IPRO from January 2016 – September 2017. We agree to ongoing communication with the IPRO Special Innovation Project Team regarding the development of our community wide approach to increasing Sepsis awareness.

ADMINISTRATOR'S NAME: (PRINT) _____

ADMINISTRATOR'S SIGNATURE: _____ **DATE:** _____

ORGANIZATIONS' KEY CONTACT FOR SPECIAL INNOVATION PROJECT ACTIVITIES:

FULL NAME: _____

TITLE: _____

PHONE # AND EXTENSION: _____ **FAX #:** _____

IPRO will.....

- Assist in facilitating cross-setting teams and partnerships within your local community.
- Provide sepsis educational materials for clinical and non-clinical staff and facilitate train-the trainer programs within your organization.
- Provide recognition of participating providers and successes at the state and/or national level (e.g. Web site, press releases, certificate of participation).
- Maintain and safeguard the confidentiality of privileged data or information in accordance with all applicable standards.

Our Organization will.....

- Provide ongoing senior leadership support and resources as appropriate and according to the strengths of the organization in an effort to develop a community wide approach to increasing Sepsis awareness.
- Establish an interdisciplinary team and designate a team leader and an alternate leader/contact person.
- Actively participate in cross-setting teams, in-house education of clinical and non-clinical staff and partnerships within the local community to implement a community-based approach to increasing Sepsis awareness.

PLEASE RETURN COMPLETED FORM

NO LATER THAN MARCH 1, 2016 TO:

EVE BANKERT

IPRO

20 CORPORATE WOODS BOULEVARD, FIRST FLOOR

ALBANY, NEW YORK 12211

Fax: (518) 426-3418

Email: eve.bankert@area-1.hcqis.org

Thank you!