



# Missouri Alliance for HOME CARE

## Home Care Infection Surveillance Project Participation Agreement

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address  
*(if different from company address)* \_\_\_\_\_

Contact Person's Email \_\_\_\_\_

### Demographic Information for the Most Recent Calendar Year

To ensure accuracy of data comparisons, please complete this demographic information.

#### 1. Home Health Agency Base

Freestanding       Institutional

#### 2. Designation

Urban       Rural

#### 3. The total number of visits per year \_\_\_\_\_

**Project Participation Fee:**      \$400 Annual fee  
   \$200 Enrollment fee (due first year only)

\*\* The Project Participation fee is waived for  
Missouri Alliance for Home Care provider members.

Total Enclosed \$ \_\_\_\_\_

I have read the Guidelines and Policies document and the Procedures for Data Collection and agree to comply with the terms and requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this completed, signed agreement with the first annual payment and any other required documents to:



# **Missouri Alliance for HOME CARE**

## **Home Care Infection Surveillance Project Guidelines and Policies**

**Project Goal:** To benchmark the frequency of bladder and central venous catheter infections.

### **Who can participate in the MAHC Infection Surveillance Project?**

Any organization that provides Home Care can participate in the project. A one-time enrollment fee of \$200 and the annual fee of \$400 cover the expense of participation.

### **How is the Infection Surveillance Project conducted?**

Data on bladder and central venous catheter infections is collected by participating agencies and submitted to MAHC quarterly. Data is due within 30 days of the end of the quarter. MAHC compiles the data from participating agencies and the reports are returned approximately 4 weeks later.

MAHC provides training for the project supervisor via teleconference as well as on-going support when questions arise. Additionally, the ISP project supervisor is invited to attend regular ISP community meetings at the MAHC office or join by phone. MAHC will monitor data submitted by new companies to ensure the company is compliant with the project guidelines.

A company that wishes to participate in the MAHC Infection Surveillance Project must:

- Submit a completed participation agreement and annual participation fee.
- Submit a copy of the infection surveillance policies and procedures that will be used in your agency to collect data.
- Designate a project supervisor who will:
  - Serve as the liaison between the MAHC Infection Surveillance Project Team and their company.
  - Be responsible for the infection control data collection in their company.
  - Take responsibility to assure that data is collected and reported accurately and in a timely manner.
  - Be responsible for notifying MAHC if the project supervisor changes.

### **How do I get started?**

- Complete the participation agreement and pay the annual fee. *Annual fees waived for MAHC provider members.*
- Designate an ISP Project Supervisor within your agency.
- Submit a copy of the infection surveillance policies and procedures that will be used to collect data.

**Have a Question?** Contact Mary Schantz at (573) 634-7772 or visit [www.homecaremissouri.org](http://www.homecaremissouri.org) for additional information and to learn more about MAHC's other benchmarking initiatives.



## **Missouri Alliance for HOME CARE**

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[www.homecaremissouri.org](http://www.homecaremissouri.org)