Hospital Communication Distribution List

Stratis Health routinely communicates key information to Minnesota hospitals regarding CMS and Minnesota hospital quality improvement topics. Please list your name and information below and check the topics you would like to receive information about. Please fax this completed form to Stratis Health, 952-853-8503.

<table>
<thead>
<tr>
<th>Distribution List</th>
<th>Description</th>
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<tbody>
<tr>
<td>Ambulatory Surgery Center (ASC) Quality Improvement</td>
<td>ASC quality measure improvement strategies and education.</td>
</tr>
<tr>
<td>Critical Access Hospital (CAH) Quality Improvement</td>
<td>MBQIP program updates and improvement strategies, Great 8+ webinars, SQRMS updates for CAH hospitals.</td>
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<tr>
<td>Healthcare-Associated Infections (HAI) - all hospitals</td>
<td>NHSN user group notices, strategies and education to reduce HAIs (including Great 8+ and HAI-15 webinars).</td>
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<tr>
<td>Hospital Update Newsletter</td>
<td>Bi-monthly newsletter from Lake Superior Quality Innovation Network.</td>
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<tr>
<td>Inpatient Psychiatric Facility (IPF) Quality Improvement</td>
<td>IPF quality measure improvement strategies and education.</td>
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<tr>
<td>Prospective Payment System (PPS) Hospital Quality Improvement</td>
<td>VBP, RRP, HAC program updates, inpatient and outpatient measure improvement strategies, Great 8+ webinars, SQRMS updates for PPS hospitals.</td>
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</tbody>
</table>

Your hospital name:______________________________________________________________

Subscriber Info:

Name ________________________________
Title ________________________________
Phone ______________________________
Email ________________________________

Subscribe me to:

- Ambulatory Surgery Center Quality Improvement
- Critical Access Hospital Quality Improvement
- Healthcare-Associated Infections – all hospitals
- Hospital Update Newsletter
- Inpatient Psychiatric Facility Quality Improvement
- PPS Hospital Quality Improvement-VBP/RRP/HAC

Name ________________________________
Title ________________________________
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Email ________________________________

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