Flex Monitoring Team

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Critical Access Hospital Quality Infrastructure Measure Data Specifications Manual

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www.flexmonitoring.org

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CRITICAL ACCESS HOSPITAL QUALITY INFRASTRUCTURE MEASURE

The Critical Access Hospital (CAH) Quality Infrastructure measure is a structural measure to assess CAH capacity, processes, and infrastructure for quality activities based on the eight core elements of CAH quality infrastructure. The measure is submitted annually through the National CAH Quality Inventory and Assessment ("Assessment") via a Flex Monitoring Team (FMT)-administered Qualtrics platform. The Assessment contains the CAH Quality Infrastructure measure questions, as well as several other questions that are not part of the CAH Quality Infrastructure measure (such as questions about service lines, quality measures, and other CAH characteristics). CAHs must submit the Assessment on their own behalf through the Qualtrics platform for the measure to be accepted (emailed submissions are not accepted). By submitting the Assessment, CAHs are submitting the CAH Quality Infrastructure measure. Submissions of the Assessment (and within it the CAH Quality Infrastructure measure) are due in November of each year, and late submissions of the Assessment and the measure within it will not be accepted.

BACKGROUND OF THE MEASURE

This measure was developed based on findings from the 2023 [Critical Access Hospital Quality Infrastructure Summit](#), which brought together national experts to create a set of core elements of quality infrastructure for CAHs. The measure was first collected in 2023, and provides state and national comparison information to assess CAH infrastructure, QI processes, and areas of improvement for each facility. Using this measure, State Flex Programs can plan quality activities to improve CAH quality infrastructure. Data will provide timely, accurate, and useful CAH quality-related information to help inform state-level technical assistance for CAH improvement activities.

The measure captures data from a point in time in order to assess a CAH's current performance in infrastructure. The questions asked capture specific activities to determine whether a CAH has successfully implemented the core elements and criteria of CAH quality infrastructure. The intention is to identify areas of need in quality infrastructure and capacity in order to implement continuous processes.

POPULATION AND DEFINITIONS

The unit of measurement is an individual CAH. This structural measure captures assessment data from individual CAHs as they reflect on the infrastructure capacity specific to their facility. Answers for the measure should reflect the current point in time unless otherwise specified (e.g., if a question asks about a quarterly or an annual process, is that process in place at the current point in time). CAHs should attest to the information only where they completely meet the description in the question response(s) for the correlating criteria and elements. For example, for questions that mention an activity on a monthly basis (e.g., "Our facility dedicates staff time for quality committee meetings at least once per month"), if a facility has time set aside for quality committee meetings every other month or every quarter, they should answer "no" because it does not meet the "once per month" description.

Questions should be answered for the capacity of the hospital and entities *owned* by the hospital (e.g., an independent CAH that owns a Rural Health Clinic), but *should not* include the capacity of a greater health system (e.g., a health system that provides specialty care at other system-owned hospitals or clinics). For example, regarding external communication of quality initiatives and data (e.g., "Our facility disseminates patient feedback and data through our hospital website"), CAHs responding should only consider the communication specific to their facility, *not* communication by their system that is not specific to the quality initiatives or data for the given facility.

Throughout the criteria and questions, the terms "managers" and "leadership" are used. Managers are defined as decision-makers and managers of departments or units throughout the facility that would typically have job titles that include "manager", "director", "supervisor", or "chief". When the term "leaders" is used without a qualifier (such as executive leadership or quality leaders), this can refer to any individual(s) that take on a leadership role throughout the facility, regardless of their job title.

CALCULATION OF CAH QUALITY INFRASTRUCTURE MEASURE

CAHs receive a score of 0-8 for this measure, corresponding to the number of elements they meet based on their responses to the corresponding Assessment questions linked to the criteria. Each element is comprised of three or four specific criteria, and a CAH meets the element if they meet all the criteria for that element. For most criteria, there are multiple actions that can achieve completion of the criteria. The mapping between criteria and questions/responses to complete criteria is further outlined in Appendix A.

CORE ELEMENTS OF CAH QUALITY INFRASTRUCTURE

The eight core elements of CAH Quality Infrastructure were developed at the CAH Infrastructure Summit by CAH quality experts, and are as follows:

- Leadership Responsibility and Accountability
- Quality Embedded Within the Organization's Strategic Plan
- Workforce Engagement and Ownership
- Culture of Continuous Improvement Through Systems
- Culture of Continuous Improvement Through Behavior
- Engagement of Patients, Partners, and Community
- Collecting Meaningful and Accurate Data
- Using Data to Improve Quality

Each element has three or four criteria associated with it, and multiple activities that can contribute to meeting the criteria. These activities are defined through the questions for each criteria. Questions used to determine completion of each of the criteria and mapping between questions, criteria, and elements are included in Appendix A. Instructions for answering the questions are found in Appendix B.

Descriptions of each of the eight core elements and their corresponding criteria are listed below.

Leadership Responsibility and Accountability

Description: Actively demonstrate governance and administrative leadership support for improving quality.

Criteria:

- The organization's board engages in and supports quality improvement.
- Organizational resources are adequately allocated to support quality improvement.
- Executive leadership oversees design and functionality of the quality improvement program.

Quality Embedded Within the Organization's Strategic Plan

Description: Ensure quality is an intentional component of the strategic plan process and strategic plan.

Criteria:

- Quality leaders participate in organizational strategic planning.
- Quality is a core component of the organization's strategic plan.
- Quality is reflected in all core components of the organization's strategic plan.

Workforce Engagement and Ownership

Description: Develop and support a workforce that embeds quality in everyday work.

Criteria:

- The organization has formal onboarding and orientation that embed quality as a priority.
- The organization has regular and ongoing professional development opportunities for staff related to quality.
- Quality improvement is incorporated into standard work.

Culture of Continuous Improvement Through Systems

Description: Design and manage systems and processes in a manner that supports continuous quality improvement.

Criteria:

- The organization uses standardized methods for improving processes.
- Leadership incorporates expectations for quality improvement into job descriptions and department and committee charters.
- The organization has processes in place for continuous reporting and monitoring of quality improvement data.

Culture of Continuous Improvement Through Behavior

Description: Support quality improvement behaviors in an adaptable organization that embraces innovation, motivation, and accountability.

Criteria:

- The organization monitors adherence to best practices such as evidence-based protocols/order sets in all clinical areas.
- The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels.
- Employees demonstrate initiative to achieve goals and strive for excellence.
- Managers and leaders regularly evaluate behaviors to ensure they align with organizational values.

Engagement of Patients, Partners, and Community

Description: The CAH intentionally builds external relationships with patients, partners, and the community to enhance access and improve the care experience.

Criteria:

- The organization collects feedback from patients and families beyond patient experience surveys.
- The organization collaborates with other care providers using closed-loop referral processes to help ensure quality of care.
- The organization uses a variety of mechanisms to share quality data with patients, families, and the community.
- Leaders synthesize and develop action plans in response to patient, family, and community feedback.

Collecting Meaningful and Accurate Data

Description: Apply a multidisciplinary approach to identify key quality metrics, prioritizing complete and accurate data collection.

Criteria:

- The organization has a multidisciplinary process for identifying key quality metrics.
- Leaders identify risks and opportunities based on analyses of key quality metrics.
- The organization leverages health information technology (HIT) to support complete and accurate data collection.
- The organization collects and documents health related social needs (HRSN) data.

Using Data to Improve Quality

Description: Use internal and external data comprehensively, meaningfully, and transparently to inform quality improvement.

Criteria:

- The organization shares quality data transparently both internally and externally.
- The organization incorporates external data sources to inform quality improvement efforts.
- Leaders act on and clearly communicate the data results from quality initiatives.
- The organization uses benchmarking to identify where quality can be improved.

APPENDIX A: CAH Quality Infrastructure Crosswalk for Measure Questions, Criteria, and Core Elements

This table shows how Assessment question and responses, criteria, and core elements are related to one another. Many responses map on to just one criterion while some map onto multiple criteria. This table also shows how several response options can contribute to meeting the criteria. For example, for the first question (board engagement), if a CAH selects at least one of these options, they meet the first criteria for the element Leadership Responsibility and Accountability, which is that the hospital board engages in and supports quality improvement.

Questions and Response Options from CAH Quality Inventory and Assessment	Criteria Description(s)	Core Element(s)
[Check all that apply] Which of the following statements about board engagement are true at your facility?		
☐ Quality performance and strategies are a standing agenda item and are discussed at every board meeting	The hospital board engages in and supports quality improvement	Leadership Responsibility and Accountability
☐ Quality directors/leaders/managers/staff participate in board meetings	The hospital board engages in and supports quality improvement	Leadership Responsibility and Accountability
☐ The board has a quality subcommittee	The hospital board engages in and supports quality improvement	Leadership Responsibility and Accountability
☐ A board member serves on the hospital's quality committee	The hospital board engages in and supports quality improvement	Leadership Responsibility and Accountability
[Check all that apply] Which of the following statements about resources are true at your facility?		
☐ There is funding available annually for at least one staff member to attend external quality-related trainings or conferences	Organizational resources are adequately allocated to support QI; The organization has regular and ongoing professional development opportunities for staff related to quality	Leadership Responsibility and Accountability Workforce Engagement and Ownership
☐ There is funding available annually for at least one staff member to pursue a quality-relevant certification (e.g., CPHQ; Lean belt)	Organizational resources are adequately allocated to support QI; The organization has regular and ongoing professional development opportunities for staff related to quality	Leadership Responsibility and Accountability Workforce Engagement and Ownership

☐ There is funding available annually for at least one staff member to have membership in a quality-focused professional organization (e.g., NAHQ)	Organizational resources are adequately allocated to support QI; The organization has regular and ongoing professional development opportunities for staff related to quality	Leadership Responsibility and Accountability Workforce Engagement and Ownership
☐ Our facility hosts an onsite quality-relevant speaker or training at least once per year	Organizational resources are adequately allocated to support QI; The organization has regular and ongoing professional development opportunities for staff related to quality	Leadership Responsibility and Accountability Workforce Engagement and Ownership
☐ Our facility has a dedicated quality improvement leader (at least 0.5 FTE)	Organizational resources are adequately allocated to support QI	Leadership Responsibility and Accountability
☐ Our facility dedicates staff time for quality committee meetings at least once per month	Organizational resources are adequately allocated to support QI	Leadership Responsibility and Accountability
☐ Our facility has invested in tools, training, and/or software to support quality data analysis, visualization, and utilization	Organizational resources are adequately allocated to support QI	Leadership Responsibility and Accountability
[Check all that apply] Which of the following statements about leadership involvement are true at your facility?		
☐ Executive leadership reviews the facility's quality plan and progress, and provides feedback at least once per year	Executive leadership oversees design and functionality of the QI program	Leadership Responsibility and Accountability
☐ Executive leadership shares quality improvement and measurement priorities from system-level planning and/or other external partnerships at least once per year	Executive leadership oversees design and functionality of the QI program	Leadership Responsibility and Accountability
☐ Executive leadership's oversight of the QI program is reflected in writing (e.g., in hospital policy or in the quality plan)	Executive leadership oversees design and functionality of the QI program	Leadership Responsibility and Accountability

☐ Executive leadership sits on quality committee	Executive leadership oversees design and functionality of the QI program	Leadership Responsibility and Accountability
☐ Executive leadership sits on other performance improvement teams for identified organizational priority discussions	Executive leadership oversees design and functionality of the QI program	Leadership Responsibility and Accountability
[Check all that apply] Which of the following statements about strategic planning are true at your facility?		
☐ CAH quality leaders participate in strategic planning	Quality leaders participate in organizational strategic planning	Quality Embedded Within the Organization's Strategic Plan
☐ Quality is a core component/pillar of our strategic plan	Quality is a core component of the organization's strategic plan	Quality Embedded Within the Organization's Strategic Plan
☐ QI is reflected in all core components/pillars of our strategic plan (e.g., quality improvement is clearly tied to finance, workforce, community engagement, etc.)	Quality is reflected in all core components of the organization's strategic plan	Quality Embedded Within the Organization's Strategic Plan
[Check all that apply] For which of the following roles does your facility have a formal onboarding and orientation that embeds quality, including an overview of the hospital's quality plan, quality methodology, and relevant quality metrics?		
☐ For clinical staff	The organization has formal onboarding and orientation that embed quality as a priority	Workforce Engagement and Ownership
☐ For non-clinical staff	The organization has formal onboarding and orientation that embed quality as a priority	Workforce Engagement and Ownership
☐ For board members	The organization has formal onboarding and orientation that embed quality as a priority	Workforce Engagement and Ownership
☐ For volunteers	The organization has formal onboarding and orientation that embed quality as a priority	Workforce Engagement and Ownership

[Check all that apply] How does your facility incorporate quality into standard work?		
☐ Integration of quality into daily staff rounding practices	Quality improvement is incorporated into standard work	Workforce Engagement and Ownership
☐ Leadership seeks staff feedback related to quality daily	Quality improvement is incorporated into standard work	Workforce Engagement and Ownership
☐ Recognition of high quality performers and celebration of wins on at least a quarterly basis	Quality improvement is incorporated into standard work	Workforce Engagement and Ownership
[Check all that apply] Which of the following standardized methods does your facility utilize?		
☐ Plan-Do-Study-Act (PDSA) (Model for Improvement)	The organization uses standardized methods for improving processes	Culture of Continuous Improvement Through Systems
☐ Lean	The organization uses standardized methods for improving processes	Culture of Continuous Improvement Through Systems
☐ Six Sigma/DMAIC (Define, Measure, Analyze, Improve, and Control)	The organization uses standardized methods for improving processes	Culture of Continuous Improvement Through Systems
☐ Root Cause Analysis	The organization uses standardized methods for improving processes	Culture of Continuous Improvement Through Systems
☐ Failure Mode and Effects Analysis (FMEA)	The organization uses standardized methods for improving processes	Culture of Continuous Improvement Through Systems
☐ Just Culture	The organization uses standardized methods for improving processes	Culture of Continuous Improvement Through Systems

[Check all that apply] Where does hospital leadership incorporate expectations for quality improvement?		
☐ In all clinical staff job descriptions	Leadership incorporates expectations for QI into job descriptions and department and committee charters	Culture of Continuous Improvement Through Systems
☐ In all non-clinical staff job descriptions	Leadership incorporates expectations for QI into job descriptions and department and committee charters	Culture of Continuous Improvement Through Systems
☐ In project and/or committee charters	Leadership incorporates expectations for QI into job descriptions and department and committee charters	Culture of Continuous Improvement Through Systems
☐ In roles and responsibilities for Board members	Leadership incorporates expectations for QI into job descriptions and department and committee charters	Culture of Continuous Improvement Through Systems
[Check all that apply] Which of the following statements about data are true at your facility?		
☐ Our facility has a process for continuously monitoring quality data	The organization has processes in place for continuous reporting and monitoring of QI data; Leaders identify risks and opportunities based on analyses of key performance metrics	Culture of Continuous Improvement Through Systems Collecting Meaningful and Accurate Data
☐ Quality data drives identification of quality improvement opportunities	The organization has processes in place for continuous reporting and monitoring of QI data; Leaders identify risks and opportunities based on analyses of key performance metrics	Culture of Continuous Improvement Through Systems Collecting Meaningful and Accurate Data
☐ Trends in risk management data drive quality improvement efforts	The organization has processes in place for continuous reporting and monitoring of QI data; Leaders identify risks and opportunities based on analyses of key performance metrics	Culture of Continuous Improvement Through Systems Collecting Meaningful and Accurate Data
☐ Our facility uses a structured prioritization process to identify frequent and/or high-risk improvement opportunities	Leaders identify risks and opportunities based on analyses of key performance metrics	Collecting Meaningful and Accurate Data

Which of the following statements about best practice adherence are true at your facility?		
☐ Our facility adopts evidence-based protocols and best practices for clinical care	The organization monitors adherence to best practices such as evidence-based protocols/order sets in all clinical areas	Culture of Continuous Improvement Through Behavior
☐ Our facility monitors adherence to adopted protocols and workflows	The organization monitors adherence to best practices such as evidence-based protocols/order sets in all clinical areas	Culture of Continuous Improvement Through Behavior
☐ Our facility reviews and adapts protocols and workflows based on staff input	The organization monitors adherence to best practices such as evidence-based protocols/order sets in all clinical areas	Culture of Continuous Improvement Through Behavior
[Check all that apply] With which of the following partners has your facility developed and maintained intentional relationships?		
☐ Nearby hospitals	The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels	Culture of Continuous Improvement Through Behavior
☐ Nearby clinics	The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels	Culture of Continuous Improvement Through Behavior
☐ Local long-term care facilities	The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels	Culture of Continuous Improvement Through Behavior
☐ Local public health agencies	The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels	Culture of Continuous Improvement Through Behavior
☐ Local community-based organizations	The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels	Culture of Continuous Improvement Through Behavior

[Check all that apply] Which of the following statements about employee achievement are true at your facility?		
☐ All staff across the organization can identify that they are responsible for and committed to quality improvement	Employees demonstrate initiative to achieve goals and strive for excellence	Culture of Continuous Improvement Through Behavior
☐ All staff can verbally describe at least one active improvement project or priority	Employees demonstrate initiative to achieve goals and strive for excellence	Culture of Continuous Improvement Through Behavior
☐ All staff can explain one quality measure and/or communicate where to find quality measure data	Employees demonstrate initiative to achieve goals and strive for excellence	Culture of Continuous Improvement Through Behavior
[Check all that apply] Which of the following statements about evaluation of employee behaviors related to quality are true at your facility?		
☐ Our facility's employee annual review process includes assessment of expectations for QI in job descriptions	Managers and leaders regularly evaluate behaviors to ensure they align with organizational values	Culture of Continuous Improvement Through Behavior
☐ Our facility conducts an annual staff assessment that includes questions about aligning individual behaviors with organizational values related to quality and utilizes gathered information to inform improvement efforts	Managers and leaders regularly evaluate behaviors to ensure they align with organizational values	Culture of Continuous Improvement Through Behavior
☐ Our facility routinely conducts a survey of staff to assess organizational culture as it relates to quality (e.g., the AHRQ Hospital Survey of Patient Safety Culture) and utilizes gathered information to inform improvement efforts	Managers and leaders regularly evaluate behaviors to ensure they align with organizational values	Culture of Continuous Improvement Through Behavior
☐ Staff at our facility are encouraged to utilize internal reporting processes to recognize errors or near misses and identify improvement opportunities	Managers and leaders regularly evaluate behaviors to ensure they align with organizational values	Culture of Continuous Improvement Through Behavior

[Check all that apply] Which of the following statements about patient, family, and community feedback are true at your facility?		
☐ Staff at our facility engage patients and families in all bedside shift reports	The organization collects feedback from patients/families beyond patient experience surveys	Engagement of Patients, Partners, and Community
☐ Our facility's leadership (clinical or non-clinical) rounds on patients daily	The organization collects feedback from patients/families beyond patient experience surveys	Engagement of Patients, Partners, and Community
☐ Our facility conducts focus groups with patients/families/community members on at least an annual basis	The organization collects feedback from patients/families beyond patient experience surveys	Engagement of Patients, Partners, and Community
☐ Our facility has an engaged Patient and Family Advisory Council (PFAC) that meets at least quarterly	The organization collects feedback from patients/families beyond patient experience surveys	Engagement of Patients, Partners, and Community
☐ Our facility continuously integrates feedback and lessons learned from engaging with patients, families, and communities into quality improvement initiatives	Leaders synthesize and develop action plans in response to patient, family, and community feedback	Engagement of Patients, Partners, and Community
[Check all that apply] Which of the following statements about referrals are true at your facility?		
☐ Our facility employs someone responsible for care coordination (e.g., discharge planner, patient navigator, care coordinator)	The organization collaborates with other care providers using closed-loop referrals processes to ensure quality of care	Engagement of Patients, Partners, and Community
☐ Our facility partners with/employs community health workers	The organization collaborates with other care providers using closed-loop referrals processes to ensure quality of care	Engagement of Patients, Partners, and Community
☐ Our facility partners with/employs community paramedics	The organization collaborates with other care providers using closed-loop referrals processes to ensure quality of care	Engagement of Patients, Partners, and Community

[Check all that apply] In what ways does your facility disseminate patient feedback and data?		
☐ Social media (e.g., Facebook, Instagram, Twitter, LinkedIn)	The organization uses a variety of mechanisms to share quality data with patients, families, and the community	Engagement of Patients, Partners, and Community
☐ Newspaper articles	The organization uses a variety of mechanisms to share quality data with patients, families, and the community	Engagement of Patients, Partners, and Community
☐ Hospital website	The organization uses a variety of mechanisms to share quality data with patients, families, and the community	Engagement of Patients, Partners, and Community
☐ Hospital newsletter	The organization uses a variety of mechanisms to share quality data with patients, families, and the community	Engagement of Patients, Partners, and Community
☐ Public facing quality board in our facility	The organization uses a variety of mechanisms to share quality data with patients, families, and the community	Engagement of Patients, Partners, and Community
Does your facility have a multidisciplinary process in place for the identification of key quality metrics?		
☐ Yes ☐ No	The organization has a multidisciplinary process for identifying key quality metrics	Collecting Meaningful and Accurate Data
[Check all that apply] Which of the following statements about leveraging health information technology (HIT) are true at your facility?		
☐ Our facility's quality department actively works with our IT department on ways to access and utilize EHR data	The organization leverages health information technology (HIT) to support complete and accurate data collection	Collecting Meaningful and Accurate Data
☐ Our facility consistently leverages EHR data and other electronic data for quality purposes	The organization leverages health information technology (HIT) to support complete and accurate data collection	Collecting Meaningful and Accurate Data
[Check all that apply] Which of the following data does your facility have a standardized process to collect?		
☐ Health related social needs (HRSN) data	The organization collects and documents health related social needs (HRSN) data	Collecting Meaningful and Accurate Data

[Check all that apply] Which of the following statements about data are true at your facility?		
☐ Quality initiative results are communicated to hospital staff	The organization shares quality data transparently both internally and externally	Using Data to Improve Quality
☐ Quality initiative results are integrated into future planning on at least an annual basis	Leaders act on and clearly communicate the data results from *quality* initiatives	Using Data to Improve Quality
☐ Quality metrics are included on the board dashboard	The organization shares quality data transparently both internally and externally	Using Data to Improve Quality
☐ Quality metrics are displayed publicly within our facility	The organization shares quality data transparently both internally and externally	Using Data to Improve Quality
☐ Quality metrics are shared on the hospital's website and/or social media	The organization shares quality data transparently both internally and externally	Using Data to Improve Quality
Do your hospital's QI efforts incorporate data from sources other than clinical quality measures?		
☐ Yes ☐ No	The organization incorporates external data sources to inform QI efforts	Using Data to Improve Quality
[Check all that apply] Which of the following statements about benchmarking are true at your facility?		
☐ Our facility has goals/benchmarks based on our facility's prior performance	The organization uses benchmarking to identify where quality can be improved	Using Data to Improve Quality
☐ Our facility has goals based on external benchmarks (e.g., MBQIP data reports, CMS Care Compare benchmarks)	The organization uses benchmarking to identify where quality can be improved	Using Data to Improve Quality

APPENDIX B: Instructions for Measure Submission

To submit data for the CAH Quality Infrastructure measure, CAHs must complete the National CAH Quality Inventory and Assessment ("Assessment"). The Assessment contains the CAH Quality Infrastructure measure questions, as well as several other questions that are not part of the CAH Quality Infrastructure measure (such as questions about service lines, quality measures, and other CAH characteristics). CAHs must submit the Assessment on their own behalf through the Qualtrics platform for the measure to be accepted (emailed submissions are not accepted). By submitting the Assessment, CAHs are submitting the CAH Quality Infrastructure measure. Submissions of the Assessment (and within it the CAH Quality Infrastructure measure) are due in November of each year, and late submissions of the Assessment and the measure within it will not be accepted. For more information about the Assessment, visit this webpage.

Before using the submission portal to submit their Assessment answers, CAHs are encouraged to review the full list of questions in the instructions document and collect their answers. Hospitals are encouraged to complete the questions below with input from a variety of team members who are most familiar with quality improvement processes and quality measure reporting.

Answers may not be saved within the submission portal, so it is encouraged that CAHs complete entry of their answers in one sitting. When the Assessment is submitted in Qualtrics, the individual submitting it will receive an email confirmation. The confirmation will include a copy of responses to the Assessment (users can also download a copy of the Assessment from the final screen in Qualtrics).

CAH Quality Infrastructure	
The questions in this section assess your CAH by using eight elements that have been identified as essential components of CAH Quality Infrastructure: - Leadership Responsibility and Accountability - Quality Embedded Within the Organization's Strategic Plan - Workforce Engagement and Ownership - Culture of Continuous Improvement Through Systems	- Culture of Continuous Improvement Through Behavior - Engagement of Patients, Partners, and Community - Collecting Meaningful and Accurate Data - Using Data to Improve Quality
Q: Which of the following statements about board engagement are true at your facility? - Quality performance and strategies are a standing agenda item and are discussed at every board meeting - Quality directors/leaders/managers/staff participate in board meetings - The board has a quality subcommittee - A board member serves on the hospital's quality committee - None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.

Q: Which of the following statements about resources are true at your facility? • There is funding available annually for at least one staff member to attend external quality-related trainings or conferences • There is funding available annually for at least one staff member to pursue a quality-relevant certification (e.g., CPHQ; Lean belt) • There is funding available annually for at least one staff member to have membership in a quality-focused professional organization (e.g., NAHQ) • Our facility hosts an onsite quality-relevant speaker or training at least once per year • Our facility has a dedicated quality improvement leader (at least 0.5 FTE) • Our facility dedicates staff time for quality committee meetings at least once per month • Our facility is invested in tools, training, and/or software to support data analysis, visualization, and utilization • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: Which of the following statements about leadership involvement are true at your facility? • Executive leadership reviews the facility's quality plan and progress, and provides feedback at least once per year • Executive leadership shares quality improvement and measurement priorities from system-level planning and/or other external partnerships at least once per year • Executive leadership's oversight of the QI program is reflected in writing (e.g., in hospital policy or in the quality plan) • Executive leadership sits on quality committee • Executive leadership sits on other performance improvement teams for identified organizational priority discussions • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.

Q: Which of the following statements about strategic planning are true at your facility? • CAH quality leaders participate in strategic planning • Quality is a core component/pillar of our strategic plan • QI is reflected in all core components/pillars of our strategic plan (e.g., quality improvement is clearly tied to finance, workforce, community engagement, etc.) • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: For which of the following roles does your facility have a formal onboarding and orientation that embeds quality, including an overview of the hospital's quality plan, quality methodology, and relevant quality metrics? • For clinical staff • For non-clinical staff • For board members • For volunteers • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: How does your facility incorporate quality into standard work? • Integration of quality into daily rounding practices • Leadership seeks staff feedback related to quality daily • Recognition of high quality performers and celebration of wins on at least a quarterly basis • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: Which of the following standardized methods does your facility utilize? • Plan-Do-Study-Act (PDSA) (Model for Improvement) • Lean • Six Sigma/DMAIC (Define, Measure, Analyze, Improve, and Control) • Root Cause Analysis • Failure Mode and Effects Analysis (FMEA) • Just Culture • None of the above	Please select all methods utilized by your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided or the "None of the above" response.

Q: Where does hospital leadership incorporate expectations for quality improvement? • In all clinical staff job descriptions • In all non-clinical staff job descriptions • In project and/or committee charters • In roles and responsibilities for Board members • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: Which of the following statements about data are true at your facility? • Our facility has a process for continuously monitoring quality data • Quality data drives identification of quality improvement opportunities • Trends in risk management data drive quality improvement efforts • Our facility uses a structured prioritization process to identify frequent and/or high-risk improvement opportunities • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: Which of the following statements about best practice adherence are true at your facility? • Our facility adopts evidence-based protocols and best practices for clinical care • Our facility monitors adherence to adopted protocols and workflows • Our facility reviews and adapts protocols and workflows based on staff input • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: With which of the following partners has your facility developed and maintained intentional relationships? • Nearby hospitals • Nearby clinics • Local long-term care facilities • Local public health agencies • Local community-based organizations • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.

Q: Which of the following statements about employee achievement are true at your facility? • All staff across the organization can identify that they are responsible for and committed to quality improvement • All staff can verbally describe at least one active improvement project or priority • All staff can explain one quality measure and/or communicate where to find quality measure data • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: Which of the following statements about evaluation of employee behaviors related to quality are true at your facility? • Our facility's employee annual review process includes assessment of expectations for QI in job descriptions • Our facility conducts an annual staff assessment that includes questions about aligning individual behaviors with organizational values related to quality and utilizes gathered information to inform improvement efforts • Our facility routinely conducts a survey of staff to assess organizational culture as it relates to quality (e.g., the AHRQ Hospital Survey of Patient Safety Culture) and utilizes gathered information to inform improvement efforts • Staff at our facility are encouraged to utilize internal reporting processes to recognize errors or near misses and identify improvement opportunities • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.

Q: Which of the following statements about patient, family, and community feedback are true at your facility? • Staff at our facility engage patients and families in all bedside shift reports • Our facility's leadership (clinical or non-clinical) rounds on patients daily • Our facility conducts focus groups with patients/families/community members on at least an annual basis • Our facility has an engaged Patient and Family Advisory Council (PFAC) that meets at least quarterly • Our facility continuously integrates feedback and lessons learned from engaging with patients, families, and communities into quality improvement initiatives • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: Which of the following statements about referrals are true at your facility? • Our facility employs someone responsible for care coordination (e.g., discharge planner, patient navigator, care coordinator) • Our facility partners with/employs community health workers • Our facility partners with/employs community paramedics • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: In what ways does your facility disseminate patient feedback and data? • Social media (e.g., Facebook, Instagram, Twitter, LinkedIn) • Newspaper articles • Hospital website • Hospital newsletter • Public facing quality board in our facility • None of the above	Please select all the ways your facility disseminates patient feedback and data. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: Does your facility have a multidisciplinary process in place for the identification of key quality metrics? (Yes/No)	Please select yes or no to indicate whether your facility has a multidisciplinary process in place for the identification of key quality metrics and/or KPIs.

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Q	Guidance
Q: Which of the following statements about leveraging health information technology (HIT) are true at your facility? • Our facility's quality department actively works with our IT department on ways to access and utilize EHR data • Our facility consistently leverages EHR data and other electronic data for quality purposes • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: Which of the following data does your facility have a standardized process to collect? • Health related social needs (HRSN) data • None of the above	Please select all types of data your facility has a standardized process to collect. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: Which of the following statements about data are true at your facility? • Quality initiative results are communicated to hospital staff • Quality initiative results are integrated into future planning on at least an annual basis • Quality metrics included on the board dashboard • Quality metrics are displayed publicly within our facility • Quality metrics are shared on the hospital's website and/or social media • None of the above	Please select all responses that apply at your facility. Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.
Q: Do your hospital's QI efforts incorporate data from sources other than clinical quality measures? (Yes/No)	Please select yes or no to indicate whether your hospital incorporates data from sources other than clinical quality measures into its quality improvement efforts. Such sources might include: • County Health Rankings • Community Health Needs Assessment/Community Health Improvement Plan data • U.S. and/or state census data

Q: Which of the following statements about benchmarking are true at your facility?	Please select all responses that apply at your facility.
- Our facility has goals/benchmarks based on our facility's prior performance - Our facility has goals based on external benchmarks (e.g., MBQIP data reports, CMS Care Compare benchmarks) - None of the above	Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "None of the above" response.