CAH Quality Assessment Results and Resources

Quality Corner Call

April 8, 2025

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Upcoming Webinars and Educational Offerings

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2025 Scholarships

- NRHA CAH Conference
  - September 23-26, Kansas City
- Certified Professional in Health Care Quality

Interested? Contact Jennifer Findley

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2025 Upcoming Webinars

- SHIP Quarterly Webinars @ noon
  - June 11, September 11, and December 11
- Quality Corner Calls @ noon
  - May 6 – New FMT Report Review
  - August 13 – TBD
  - October 9 – TBD
  - November 6 – Best Practices and NRHA Awards

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Upcoming Offerings

- Employee Health, Wellness, & Safety Info webinar – April 17
- New Quality Director Orientation – July 10 & 11

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Site Visits (In-person or Zoom)

MBQIP Reporting Reviews (5/quarter)

- Current requirements to continue receiving the SHIP grant
- Flex Monitoring Team reports reviewed
- Discussion of who reports what elements at your facility
- Clearing up any questions your facility may have about reporting of this data to meet the deadlines

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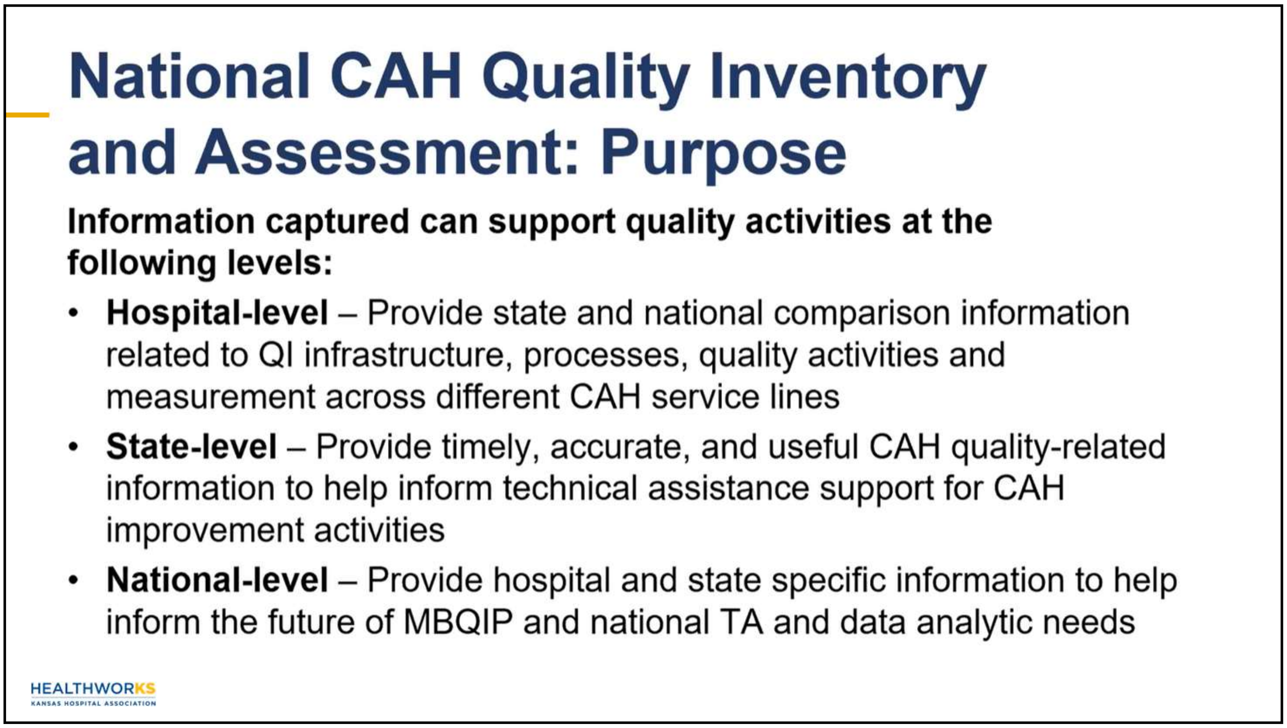
Resources

- www.krhop.net
  - SHIP 24-25
  - Quality

- www.kha-net.org
  - Education
    - Education Brochures
    - Register for Healthworks/KHA Events Online https://registration.kha-net.org/

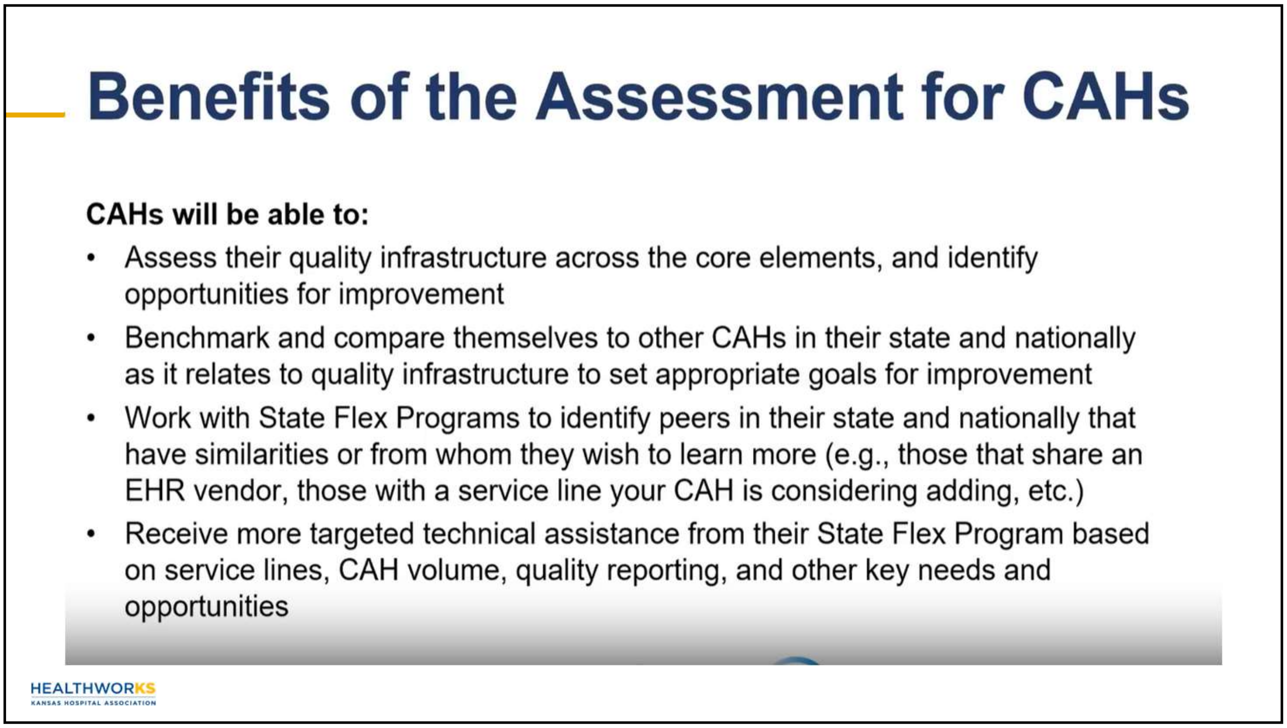
CAH Quality Inventory and Assessment



National CAH Quality Inventory and Assessment: Purpose

Information captured can support quality activities at the following levels:

- **Hospital-level** – Provide state and national comparison information related to QI infrastructure, processes, quality activities and measurement across different CAH service lines
- **State-level** – Provide timely, accurate, and useful CAH quality-related information to help inform technical assistance support for CAH improvement activities
- **National-level** – Provide hospital and state specific information to help inform the future of MBQIP and national TA and data analytic needs

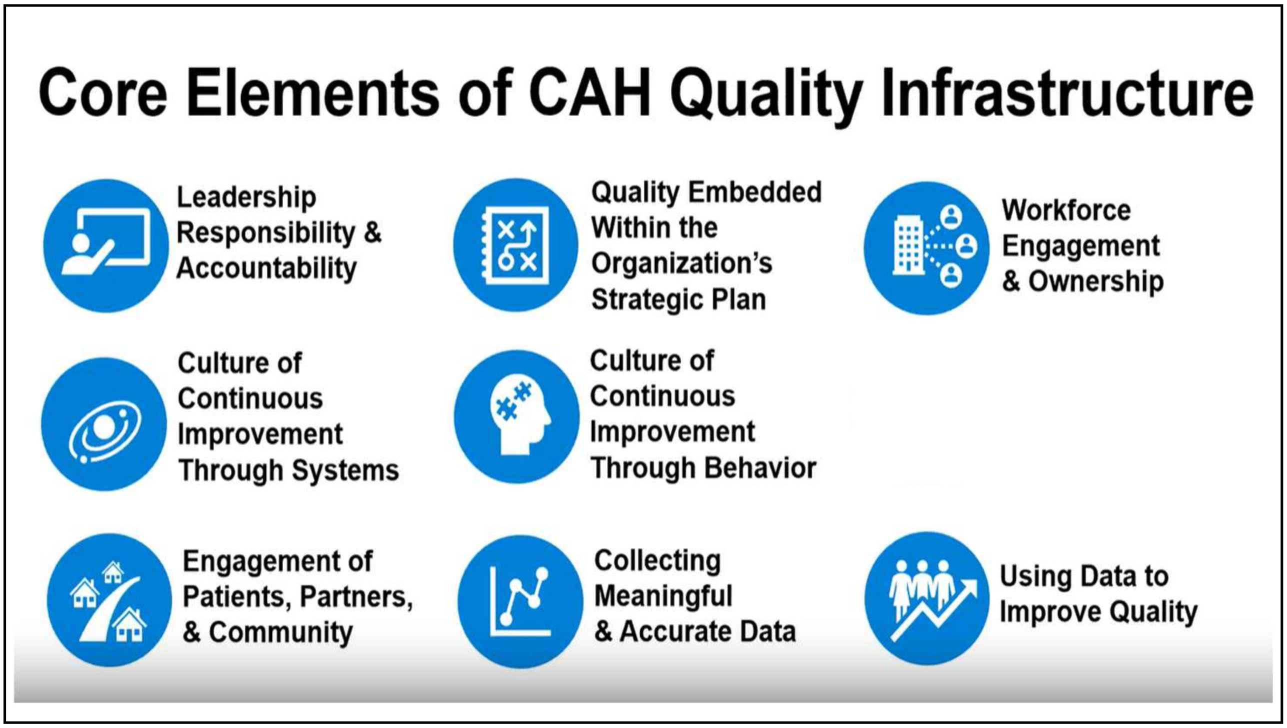


Benefits of the Assessment for CAHs

CAHs will be able to:

- Assess their quality infrastructure across the core elements, and identify opportunities for improvement
- Benchmark and compare themselves to other CAHs in their state and nationally as it relates to quality infrastructure to set appropriate goals for improvement
- Work with State Flex Programs to identify peers in their state and nationally that have similarities or from whom they wish to learn more (e.g., those that share an EHR vendor, those with a service line your CAH is considering adding, etc.)
- Receive more targeted technical assistance from their State Flex Program based on service lines, CAH volume, quality reporting, and other key needs and opportunities

Assessment of CAH Quality Infrastructure



Core Elements of CAH Quality Infrastructure

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

Leadership Responsibility & Accountability

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
Leadership Responsibility and Accountability	95%	94%	96%	85%
The hospital board engages in and supports quality improvement	95%	94%	97%	86%
Organizational resources are adequately allocated to support QI	100%	98%	99%	88%
Executive leadership oversees design and functionality of the QI program	100%	98%	100%	89%

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Quality Embedded Within the Organization’s Strategic Plan

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
Quality Embedded Within the Organization’s Strategic Plan	47%	47%	60%	52%
Quality leaders participate in organizational strategic planning	79%	73%	80%	67%
Quality is a core component of the organization’s strategic plan	69%	66%	84%	74%
Quality is reflected in all core components of the organization’s strategic plan	57%	61%	72%	63%

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Workforce Engagement and Ownership

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
Workforce Engagement and Ownership	73%	60%	70%	55%
The organization has formal onboarding and orientation that embed quality as a priority	86%	79%	87%	73%
The organization has regular and ongoing professional development opportunities for staff related to quality	96%	93%	90%	78%
Quality improvement is incorporated into standard work	93%	82%	93%	79%
The organization embeds diversity, equity, and inclusion in workforce development	85%	78%	90%	76%

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Culture of Continuous Improvement Through Systems

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
Culture of Continuous Improvement Through Systems	93%	88%	94%	82%
The organization uses standardized methods of improving processes	99%	96%	98%	87%
Leadership incorporates expectations for QI into job descriptions and department and committee charters	94%	89%	96%	84%
The organization has processes in place for continuous reporting and monitoring of QI data	100%	98%	99%	88%

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Culture of Continuous Improvement Through Behavior

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
Culture of Continuous Improvement Through Behavior	91%	84%	88%	75%
The organization monitors adherence to best practices such as evidence-based protocols/order sets in all areas	99%	96%	99%	89%
The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels	100%	98%	99%	89%
Employees demonstrate initiative to achieve goals and strive for excellence	91%	86%	89%	76%
Managers and leaders regularly evaluate behaviors to ensure they align with the organizational values	100%	95%	99%	88%

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~~Integrating Equity Into Quality Practices~~

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
~~Integrating Equity Into Quality Practices~~	19%	14%	31%	20%
~~Managers use collected data and other available resources to identify inequities~~	47%	41%	71%	54%
~~Leaders routinely assess quality interventions and processes to address identified inequities~~	36%	33%	48%	32%
~~Units and departments implement specific health equity projects to improve care and lessen inequities~~	44%	46%	51%	41%

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Engagement of Patients, Partners, and Community

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
Engagement of Patients, Partners, and Community	65%	60%	59%	46%
The organization collects feedback from patients/families beyond patient experience surveys	98%	93%	88%	76%
The organization collaborates with other care providers using closed-loop referral processes to ensure quality of care	95%	93%	97%	86%
The organization uses a variety of mechanisms to share quality data with patients, families, and the community	80%	74%	84%	69%
Leaders synthesize and develop action plans in response to patient, family, and community feedback	81%	72%	76%	64%

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Collecting Meaningful and Accurate Data

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
Collecting Meaningful and Accurate Data	80%	69%	86%	70%
The organization has a multidisciplinary process for identifying key quality metrics	83%	80%	89%	78%
Leaders identify risks and opportunities based on analyses of key performance metrics	100%	98%	100%	89%
The organization leverages health information technology (HIT) to support complete and accurate data collection	99%	89%	97%	84%
The organization collects and documents race, ethnicity, and language (REL), sexual orientation and gender identify (SOGI), and health related social needs (HRSN) data	98%	92%	97%	83%

Using Data to Improve Quality

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
Using Data to Improve Quality	51%	54%	69%	56%
The organization shares data transparently both internally and externally	96%	93%	96%	86%
The organization incorporates external data sources to inform QI efforts	67%	68%	78%	66%
Leaders act on and clearly communicate data results from quality initiatives	68%	67%	85%	74%
The organization uses benchmarking to identify where quality can be improved	98%	93%	99%	87%

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Crosswalk for Measure Questions, Criteria, and Core Elements

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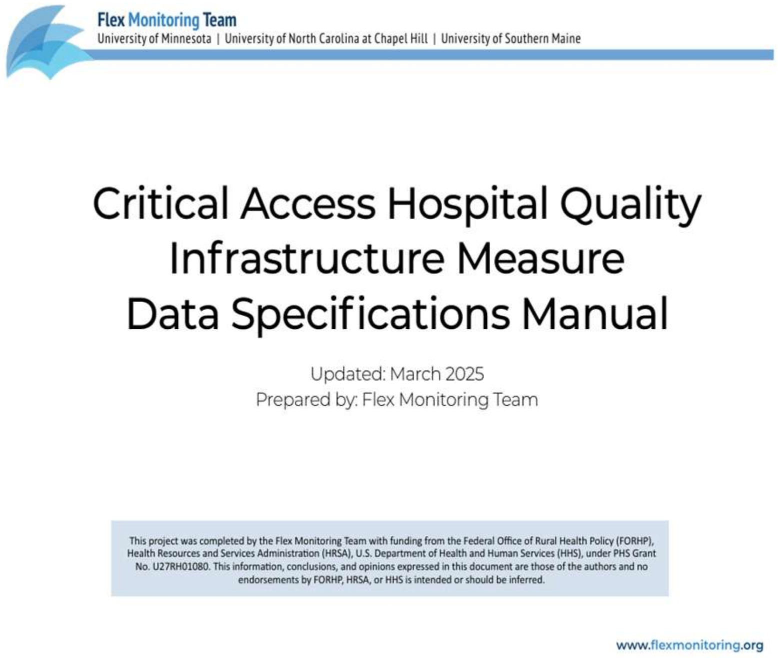

Flex Monitoring Team
University of Minnesota | University of North Carolina at Chapel Hill | University of Southern Maine

Critical Access Hospital Quality Infrastructure Measure Data Specifications Manual

Updated: March 2025
Prepared by: Flex Monitoring Team

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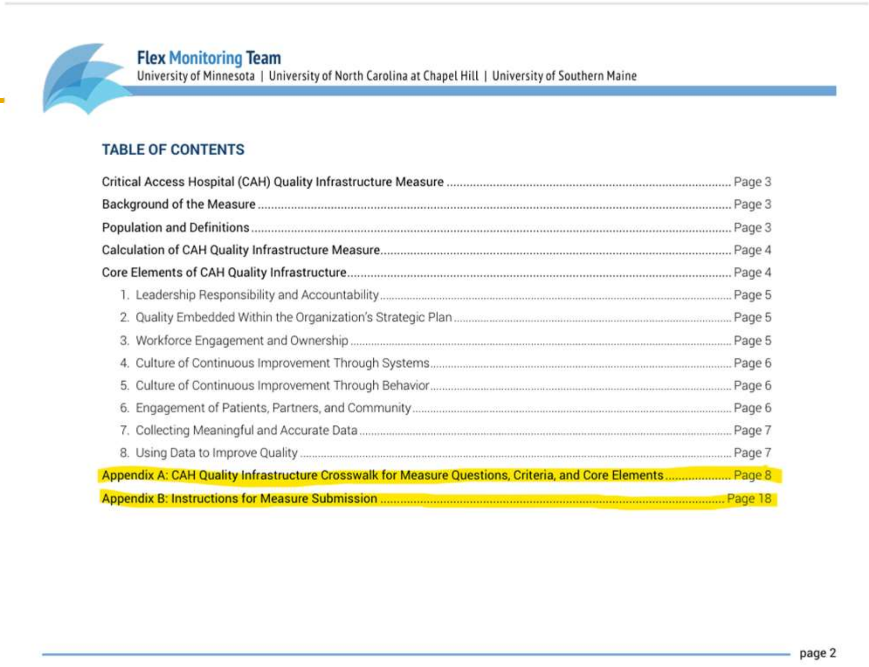

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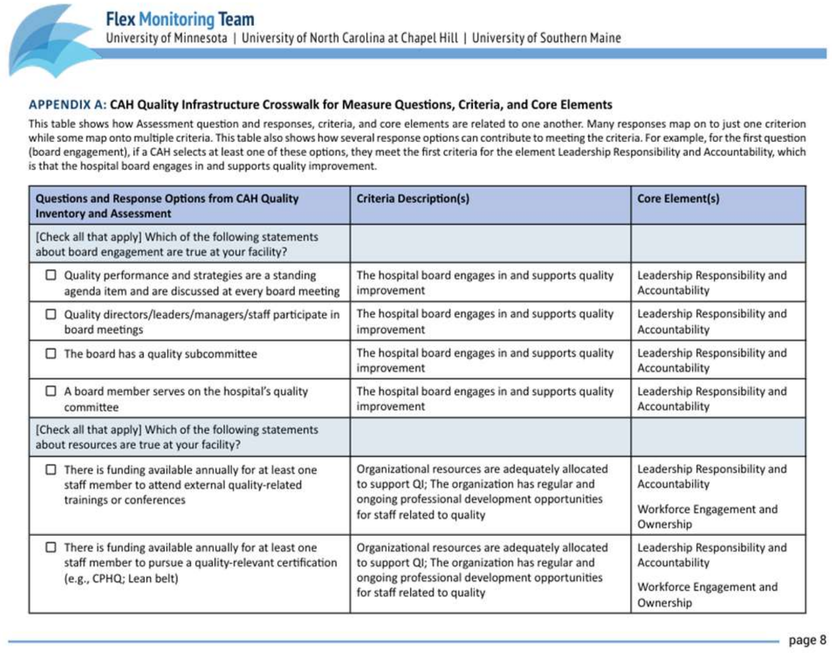
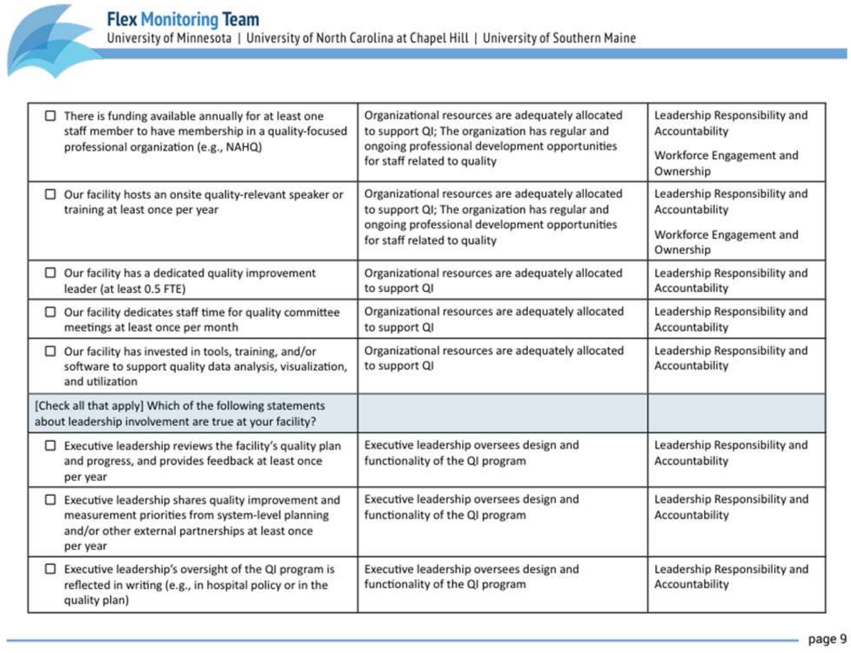


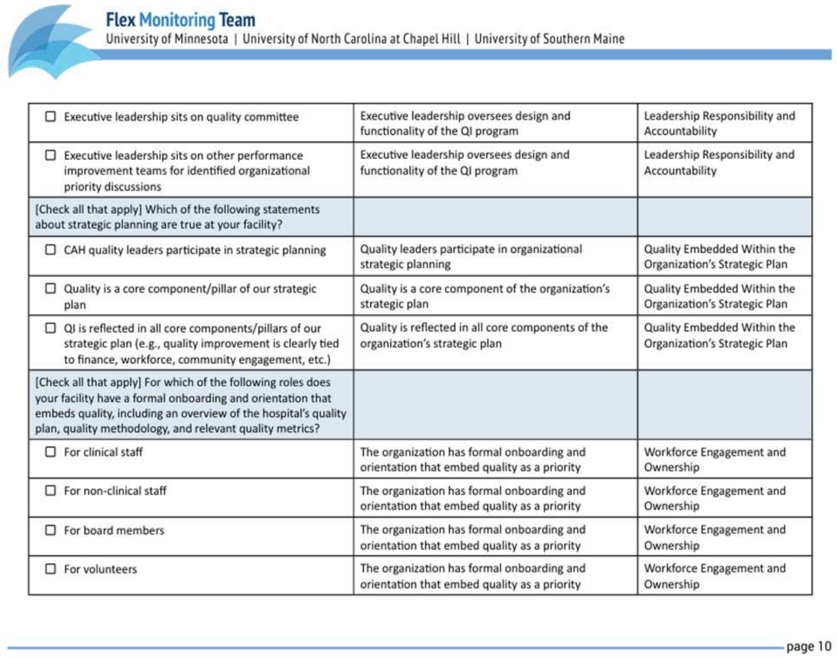
APPENDIX A: CAH Quality Infrastructure Crosswalk for Measure Questions, Criteria, and Core Elements

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



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☐ 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

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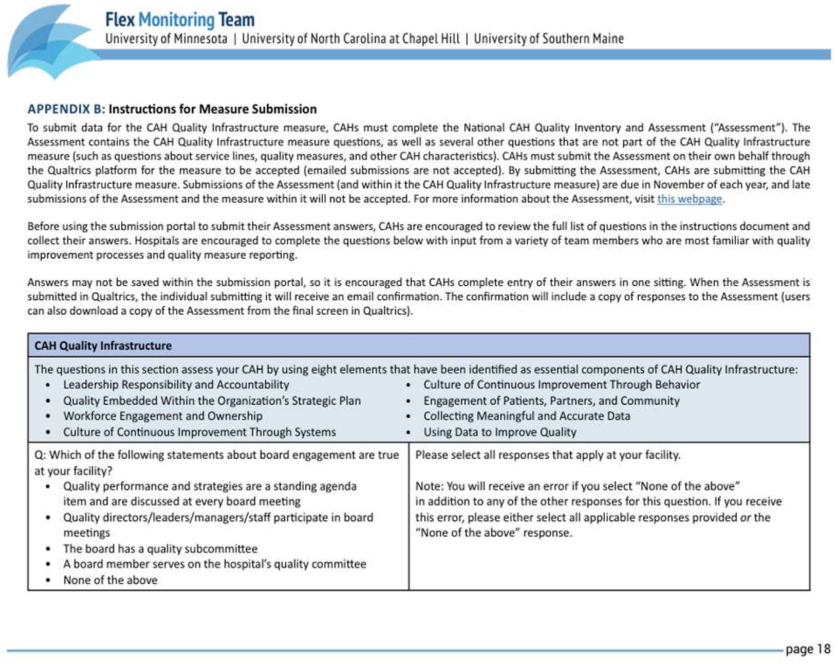

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APPENDIX B: Instructions for Measure Submission

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.

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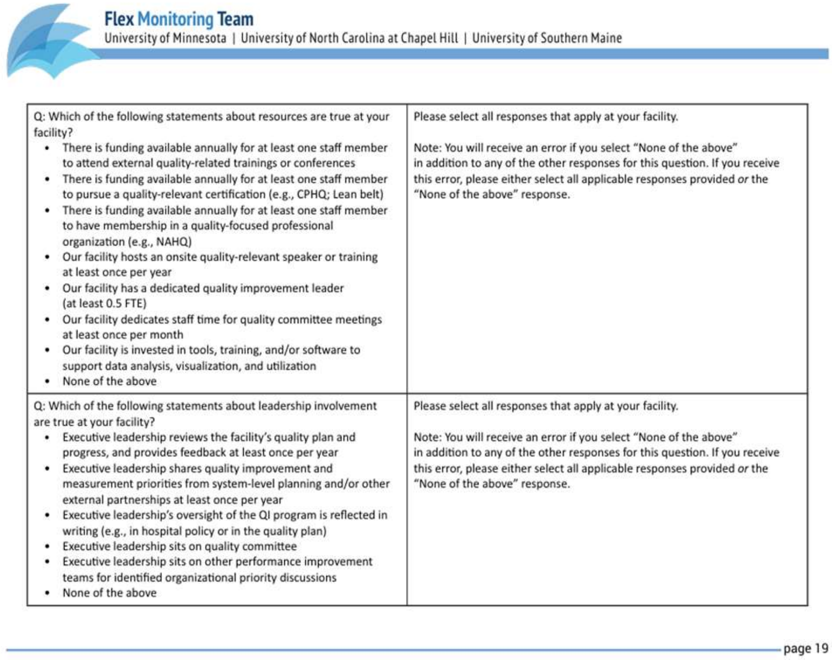

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Q: Which of the following statements about resources are true at your facility? • There is funding available annually for at least one staff member to attend external quality-related trainings or conferences • There is funding available annually for 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.

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Inventory of CAH Service Lines and Related Quality Measures (every other year – odd years)

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Inventory

- Service Provision (in all domains of the hospital/entities they own, including swing beds, labor and delivery, behavioral health, and many more)
- Quality Measures by service line/area *outside of MBQIP measures* (Inpatient, Outpatient, Mental Health, Specialties, Other services)

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Discussion Time

- What resources could we provide that would help you make a meaningful impact to your infrastructure?
- How can we best assist you with the information we went over today?
- What would you like to see for future Healthworks offerings?
- What is your biggest challenge?

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