

National CAH Quality Inventory and Assessment

The purpose of the National Critical Access Hospital (CAH) Quality Inventory and Assessment (Assessment) is to learn more about CAH quality improvement (QI) infrastructure and activities, service lines offered, and related quality measures. The Assessment, which is the first of its kind at a national level, will be an opportunity to gather a wealth of information on QI processes from CAHs in a standardized manner, in order to enhance support to CAHs in quality improvement activities. Once collection is complete, hospitals will receive state and national comparison information related to the data collected through this Assessment.

This Assessment is a product of a partnership between the Federal Office of Rural Health Policy (FORHP) at the Health Resources and Services Administration (HRSA), and two HRSA awardees assisting with the [Medicare Rural Hospital Flexibility \(Flex\) Program](#), and the [Medicare Beneficiary Quality Improvement Project \(MBQIP\)](#): the [Flex Monitoring Team \(FMT\)](#) and [Stratis Health](#). We are distributing the Assessment in collaboration with State Flex Programs/State Offices of Rural Health and anticipate that it will take approximately 60 minutes to collect information and submit the Assessment.

If you have any questions, please reach out to Megan Lahr with the FMT (lahrx074@umn.edu) or your [State Flex Coordinator](#).

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. If you do not know the answer to a question, please seek input from additional team members to be able to confidently answer each question. Examples of staff members who might be well-suited to contribute to this Assessment include quality staff, CAH CEOs/administrators, CNOs, and information technology staff.

When you submit the Assessment in Qualtrics, you will receive an email confirmation. The confirmation will include a copy of your responses to the Assessment (you can also download a copy of the Assessment from the final screen in Qualtrics).

System-Affiliated CAHs:

If your hospital is a part of a system, please answer all questions about *your hospital*. Each hospital is expected to complete one Assessment.

Background Data

Q1 Hospital Name:

Q2 Hospital CCN ([CMS Certification Number](#) - see Facility ID):

Q3 Hospital State (select from drop down)

Q4 Hospitals are encouraged to complete this assessment with input from a variety of team members. Please indicate all staff types that contributed to the completion of this assessment:

- Quality Staff (e.g., Director of Quality, Quality Analyst, etc.)
- CEO/Administrator
- Chief Nursing Officer (CNO)
- Information Technology (IT) Staff
- Infection Prevention
- Other: _____

Q5 Who is the person at your facility best suited to answer questions specifically related to **hospital quality activities**?

- Name: _____
- Email Address: _____
- Role/Title: _____

Q6 Please describe your hospital's system membership:

- Our hospital is not owned or managed by any other hospital/system
- Our hospital is owned by another hospital/system
- Our hospital is not owned, but managed by another hospital/system/other entity (e.g., management company)

Q7 (only if selected owned or managed in question 6) Does your system support your hospital's quality improvement and reporting work? Please select "yes" or "no" for each of the following activities.

	Yes	No
Our system provides support with abstraction	<input type="radio"/>	<input type="radio"/>
Our system provides support with data submission	<input type="radio"/>	<input type="radio"/>
Our system provides support with data analyses	<input type="radio"/>	<input type="radio"/>
Our system informs but does not limit the measures that we actively monitor/submit	<input type="radio"/>	<input type="radio"/>
Our system dictates the measures that we actively monitor/submit	<input type="radio"/>	<input type="radio"/>
Our system decides what quality improvement activities we engage in	<input type="radio"/>	<input type="radio"/>
Other quality support provided by hospital system (please list):	<input type="radio"/>	<input type="radio"/>

Q8 What was your hospital's average daily census for **inpatient acute care** in CY 2022? Please round to the nearest whole number. Note that this number may not exceed the number of acute care beds in your CAH (limited to 25 or fewer).

Q9 What was the **total number** of Emergency Department (ED) visits for anyone who spent time in the ED in **CY 2022**? This number should include patients who were served in the ED,

those who left without being seen, and those who received other services in the ED, such as infusions or other non-ED services provided in the ED.

Q10 Does your hospital participate in any of the following quality initiatives? Please select "yes" or "no" for each of the following activities.

	Yes	No
HQIC – Hospital Quality Improvement Contractor	<input type="radio"/>	<input type="radio"/>
QIN-QIO – Quality Innovation Network-Quality Improvement Organization	<input type="radio"/>	<input type="radio"/>
Get With the Guidelines (American Heart Association)	<input type="radio"/>	<input type="radio"/>
Other quality initiatives/collaborative models (please list):	<input type="radio"/>	<input type="radio"/>

Q11 Does your hospital participate in any payment or other demonstration models which emphasize quality measurement and improvement? Please select "yes" or "no" for each of the following activities.

	Yes	No
Medicare Accountable Care Organization(s) (ACOs)	<input type="radio"/>	<input type="radio"/>
Medicaid ACO(s)	<input type="radio"/>	<input type="radio"/>
Commercial insurance ACO(s)	<input type="radio"/>	<input type="radio"/>
Patient-Centered Medical Home (PCMH)	<input type="radio"/>	<input type="radio"/>
Other value-based care models or demonstrations (please list):	<input type="radio"/>	<input type="radio"/>

Q12 Which vendor provides your primary inpatient (hospital) Electronic Health Records (EHR) system?

- Epic
- Cerner
- CPSI/Evident
- Meditech
- Allscripts
- Athenahealth
- MEDHOST
- Other (specify): _____

Q13 Do you use your EHR for collecting and/or reporting quality data? Please select "yes" or "no" for each of the following activities.

	Yes	No
Manual data abstraction	<input type="radio"/>	<input type="radio"/>
EHR pre-defined reports	<input type="radio"/>	<input type="radio"/>
Manually developed reports	<input type="radio"/>	<input type="radio"/>
Auto-upload from EHR to quality platform (CMS/CART)	<input type="radio"/>	<input type="radio"/>
Other EHR activities for collecting or reporting quality data (please list):	<input type="radio"/>	<input type="radio"/>

CAH Quality Infrastructure

The questions in this section assess your CAH by using nine elements that have been identified as essential components of [CAH Quality Infrastructure](#):

- Leadership Responsibility and Accountability
 - Quality Embedded Within the Organization's Strategic Plan
 - Integrating Equity into Quality Practices
 - 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
-

Q14 Which of the following statements about board engagement are true at your facility? Select all that apply:

- 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
-

Q15 Which of the following statements about resources are true at your facility? Select all that apply:

- 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 organizations (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 has invested in tools, training, and/or software to support quality data analysis, visualization, and utilization
 - None of the above
-

Q16 Which of the following statements about leadership involvement are true at your facility? Select all that apply:

- 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
-

Q17 Which of the following statements about strategic planning are true at your facility? Select all that apply:

- 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
-

Q18 Which of the following statements about health equity are true at your facility? Select all that apply:

- Our facility stratifies quality metrics for different populations and uses the information to identify opportunities for improvement
 - Our facility has an established process for accessing and analyzing externally sourced population health and/or inequity-related data
 - Our facility has an accessible dashboard to share population health and/or inequity-related data from internal and external sources
 - Our facility applies an equity lens to all other quality and safety improvement activities by breaking down data to identify any potential inequities
 - Our facility uses a systematic approach to analyze and prioritize health equity improvement opportunities
 - Our facility regularly seeks and receives patient and community feedback regarding perceptions of equity as it relates to provision of health care
 - Any identified inequities are addressed through a quality improvement initiative
 - None of the above
-

Q19 Your facility has a formal onboarding and orientation that embeds quality, including an overview of the hospital's quality plan, quality methodology, and relevant quality metrics (select all that apply):

- For clinical staff
 - For non-clinical staff
 - For board members
 - For volunteers
 - None of the above
-

Q20 How does your facility incorporate quality into standard work? Select all that apply:

- Integration of quality into daily staff 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
-

Q21 Which of the following statements about diversity, equity, and inclusion and related training are true at your facility? Select all that apply:

- Comprehensive health equity training is incorporated into staff onboarding training and/or ongoing annual staff training
 - The organization has implemented a diversity, equity, and inclusion plan
 - Staff diversity is reflective and representative of the community, including leadership
 - The organization collects feedback from staff regarding inclusivity and belonging and utilizes that feedback for improvement
 - None of the above
-

Q22 Which of the following standardized methods does your facility utilize? Select all that apply:

- 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
-

Q23 Where does hospital leadership incorporate expectations for quality improvement? Select all that apply:

- 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
-

Q24 Which of the following statements about data are true at your facility? Select all that apply:

- 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
-

Q25 Which of the following statements about best practice adherence are true at your facility?
Select all that apply:

- Our facility adopts evidenced-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
-

Q26 With which of the following partners has your facility developed and maintained intentional relationships? Select all that apply:

- Nearby hospitals
 - Nearby clinics
 - Local long-term care facilities
 - Local public health
 - Local community-based organizations
 - None of the above
-

Q27 Which of the following statements about employee achievement are true at your facility?
Select all that apply:

- 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
-

Q28 Which of the following statements about evaluation of employee behaviors related to quality are true at your facility? Select all that apply:

- 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
-

Q29 Which of the following statements about patient, family, and community feedback are true at your facility? Select all that apply:

- 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
-

Q30 Which of the following statements about referrals are true at your facility? Select all that apply:

- 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
-

Q31 In what ways does your facility disseminate patient feedback and data? Select all that apply:

- 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
-

Q32 Does your facility have a multidisciplinary process in place for the identification of key quality metrics?

- Yes
 - No
-

Q33 Which of the following statements about leveraging health information technology (HIT) are true at your facility? Select all that apply:

- 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
-

Q34 Which of the following data does your facility have a standardized process to collect? Select all that apply:

- Race, ethnicity, and language (REL) data
 - Sexual orientation and gender identity (SOGI) data
 - Health related social needs (HRSN) data
 - None of the above
-

Q35 Which of the following statements about data are true at your facility? Select all that apply:

- Quality initiative results are communicated to hospital staff
 - Quality initiative results are integrated into future planning on at least an annual basis
 - Quality metrics are 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
-

Q36 Do your hospital's QI efforts incorporate data from sources other than clinical quality measures? (Such sources might include: County Health Rankings, Community Health Needs Assessment/Community Health Improvement Plan data, U.S. and/or state census data)

Yes

No

Q37 Which of the following statements about benchmarking are true at your facility? Select all that apply:

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

Service Provision

This section asks about the services your hospital provides. Please answer yes or no to the following question: **Does your hospital or an entity owned by your hospital provide:**

Q38 Hospital Outpatient Services

	Yes	No
Emergency medicine	<input type="radio"/>	<input type="radio"/>
Infusion services	<input type="radio"/>	<input type="radio"/>
Outpatient surgery	<input type="radio"/>	<input type="radio"/>
Radiology	<input type="radio"/>	<input type="radio"/>
Occupational therapy	<input type="radio"/>	<input type="radio"/>
Physical therapy	<input type="radio"/>	<input type="radio"/>
Speech therapy	<input type="radio"/>	<input type="radio"/>
Cardiac rehabilitation	<input type="radio"/>	<input type="radio"/>
Pulmonary rehabilitation	<input type="radio"/>	<input type="radio"/>
Wound care	<input type="radio"/>	<input type="radio"/>

Q39 Hospital Inpatient Services

	Yes	No
Inpatient surgery	<input type="radio"/>	<input type="radio"/>
Intensive care unit	<input type="radio"/>	<input type="radio"/>
Labor and delivery services	<input type="radio"/>	<input type="radio"/>
Inpatient hospice	<input type="radio"/>	<input type="radio"/>
Swing beds	<input type="radio"/>	<input type="radio"/>

Q40 Behavioral Health Services

	Yes	No
Substance use disorder services - inpatient/residential	<input type="radio"/>	<input type="radio"/>
Substance use disorder services - outpatient	<input type="radio"/>	<input type="radio"/>
Pediatric psychiatric inpatient services	<input type="radio"/>	<input type="radio"/>
Adult psychiatric inpatient services	<input type="radio"/>	<input type="radio"/>
Psychiatric outpatient services - psychiatrist	<input type="radio"/>	<input type="radio"/>
Psychiatric outpatient services - psychiatric nurse practitioner	<input type="radio"/>	<input type="radio"/>
Psychiatric outpatient services - counseling	<input type="radio"/>	<input type="radio"/>

Q41 Specialty Care (inpatient and/or outpatient, unless otherwise specified)

	Yes	No
Cardiology	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>
ENT	<input type="radio"/>	<input type="radio"/>
Gastroenterology	<input type="radio"/>	<input type="radio"/>
Infectious disease	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>
Obstetrics/Gynecology	<input type="radio"/>	<input type="radio"/>
Oncology/Cancer care	<input type="radio"/>	<input type="radio"/>
Orthopedics	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>
Pulmonology	<input type="radio"/>	<input type="radio"/>
Pain management	<input type="radio"/>	<input type="radio"/>
Sleep medicine	<input type="radio"/>	<input type="radio"/>

Q42 Other services

	Yes	No
Ambulance services	<input type="radio"/>	<input type="radio"/>
Home health	<input type="radio"/>	<input type="radio"/>
In-home hospice care	<input type="radio"/>	<input type="radio"/>
Palliative care	<input type="radio"/>	<input type="radio"/>
Primary care clinic (not RHC)	<input type="radio"/>	<input type="radio"/>
Respite care	<input type="radio"/>	<input type="radio"/>
Rural health clinic	<input type="radio"/>	<input type="radio"/>
Nursing home/skilled nursing facility	<input type="radio"/>	<input type="radio"/>

Q43 Additional services provided by your hospital or an entity owned by your hospital (please list):

Quality Measures

This section asks you to indicate the quality measures for which your facility internally actively monitors and/or submits data. For the purposes of this assessment, we will use two concepts to assess reporting and use of quality measures.

1) “Submitting data to an external organization” (submit) means to report data to an organization outside of your hospital, such as the Centers for Medicare and Medicaid Services (CMS), the National Healthcare Safety Network (NHSN) survey, a state agency, or the Flex Program (MBQIP), for quality-related reporting.

2) “Actively monitoring a measure internally” (actively monitor) means to complete any of the following related to a given measure: actively using data in a QI project, monitoring progress on a measure each reporting period, sharing data internally through a dashboard, or sharing data with the hospital board.

Each category of services from above (Hospital outpatient services, Hospital inpatient services, Mental health services, Specialty care, Other services) is included below. Some categories have suggested measures that are part of federally standardized measure sets reported by PPS hospitals (but may or may not be actively monitored/submitted by your hospital).

For each category, please select the option that best describes your activities related to the quality measures listed. Additionally, please add other quality measures that you actively monitor related to a specific service line that are not listed here using the “Other measure” section. Note: Measures included in the MBQIP program are NOT included in the below list, as FORHP has access to reporting information for these measures.

Hospital Outpatient Services

Q44 For the measure [OP-23](#) (Head CT or MRI scan results for acute ischemic stroke or hemorrhagic stroke), which best describes your hospital's activity?

- Our hospital submits and actively monitors this measure
 - Our hospital submits this measure but does not actively monitor it
 - Our hospital only actively monitors this measure or one similar
 - Our hospital does not submit or actively monitor this measure
-

Q45 For the measure [OP-35](#) (Admissions and ED Visits for patients receiving Chemotherapy), which best describes your hospital's activity?

- Our hospital submits and actively monitors this measure
 - Our hospital submits this measure but does not actively monitor it
 - Our hospital only actively monitors this measure or one similar
 - Our hospital does not submit or actively monitor this measure
-

Q46 For the measure [OP-36](#) (Hospital visits after hospital outpatient surgery), which best describes your hospital's activity?

- Our hospital submits and actively monitors this measure
 - Our hospital submits this measure but does not actively monitor it
 - Our hospital only actively monitors this measure or one similar
 - Our hospital does not submit or actively monitor this measure
-

Q47 Please list any other measures (excluding [MBQIP measures](#)) that your hospital submits or actively monitors related to **outpatient services** (emergency medicine, infusion services, outpatient surgery, radiology, occupational therapy, physical therapy, speech therapy, cardiac rehabilitation, pulmonary rehabilitation, wound care).

Inpatient Hospital Inpatient Services

Q48 For the measure [SEP-1](#) (Severe sepsis and septic shock management bundle), which best describes your hospital's activity?

- Our hospital submits and actively monitors this measure
 - Our hospital submits this measure but does not actively monitor it
 - Our hospital only actively monitors this measure or one similar
 - Our hospital does not submit or actively monitor this measure
-

Q49 For the measure [OP-39](#) (Breast Cancer Screening), which best describes your hospital's activity?

- Our hospital submits and actively monitors this measure
 - Our hospital submits this measure but does not actively monitor it
 - Our hospital only actively monitors this measure or one similar
 - Our hospital does not submit or actively monitor this measure
-

Q50 For the measure [HCP/COVID-19](#) (COVID-19 vaccination among health care personnel), which best describes your hospital's activity?

- Our hospital submits and actively monitors this measure
 - Our hospital submits this measure but does not actively monitor it
 - Our hospital only actively monitors this measure or one similar
 - Our hospital does not submit or actively monitor this measure
-

Q51 (*Only if providing labor and delivery services*) For the measure [PC-01](#) (elective delivery prior to 39 completed weeks gestation), which best describes your hospital's activity?

- Our hospital submits and actively monitors this measure
 - Our hospital submits this measure but does not actively monitor it
 - Our hospital only actively monitors this measure or one similar
 - Our hospital does not submit or actively monitor this measure
-

Q52 (*Only if providing labor and delivery services*) For the measure [maternal morbidity](#) (structural measure), which best describes your hospital's activity?

- Our hospital submits and actively monitors this measure
 - Our hospital submits this measure but does not actively monitor it
 - Our hospital only actively monitors this measure or one similar
 - Our hospital does not submit or actively monitor this measure
-

Q53 Please list any other measures (excluding [MBQIP measures](#)) that your hospital submits or actively monitors related to **inpatient services** (inpatient surgery, intensive care unit, labor and delivery services, inpatient hospice, swing beds).

Behavioral Health Services

Q54 (*Only if providing inpatient psychiatric services*). You indicated above that your hospital provides inpatient psychiatric services. Are you meeting the measure reporting requirements for the [CMS Inpatient Psychiatric Facility Quality Reporting Program](#)?

- Yes
 - No
 - Don't know
-

Q55 (*Only if providing any behavioral services*). Please list any other measures your hospital submits or actively monitors related to **behavioral health services** (substance use disorder services, psychiatric inpatient services, psychiatric outpatient services).

Specialty Care and Other Services

Q56 (*Only if providing gastroenterology services*). You indicated above that your hospital provides gastroenterology services. For the measure [OP-32](#) (Hospital visit after colonoscopy), which best describes your hospital's activity?

- Our hospital submits and actively monitors this measure
 - Our hospital submits this measure but does not actively monitor it
 - Our hospital only actively monitors this measure or one similar
 - Our hospital does not submit or actively monitor this measure
-

Q57 (*Only if providing gastroenterology services*). You indicated above that your hospital provides gastroenterology services. For the measure [OP-29](#) (Colonoscopy follow-up), which best describes your hospital's activity?

- Our hospital submits and actively monitors this measure
 - Our hospital submits this measure but does not actively monitor it
 - Our hospital only actively monitors this measure or one similar
 - Our hospital does not submit or actively monitor this measure
-

Q58 (*Only if providing any specialty care services*) Please list any other measures your hospital submits or actively monitors related to **specialty care** (cardiology, dermatology, ENT,

gastroenterology, infectious disease, neurology, obstetrics/gynecology, oncology/cancer care, orthopedics, pediatrics, pulmonology, pain management, sleep medicine).

Q59 (*Only if providing any other services*) Please list any measures your hospital submits or actively monitors related to **other services** (excluding [MBQIP measures](#)) (ambulance services, home health, in-home hospice care, palliative/respite care, primary care clinic, nursing home).

Q60 There are several claims-based measures calculated by CMS that do not require hospitals to submit data. For each measure, please indicate if your hospital actively monitors the measure for QI purposes.

	Yes	No
Excess days in acute care after hospitalization measures (i.e., heart failure, AMI, pneumonia)	<input type="radio"/>	<input type="radio"/>
30-day mortality measures (i.e., heart failure, AMI, pneumonia, COPD, CABG, stroke)	<input type="radio"/>	<input type="radio"/>
READM-30-HWR (all-cause unplanned readmission measure)	<input type="radio"/>	<input type="radio"/>
Diagnosis-specific 30-day readmission measures (i.e., heart failure, AMI, pneumonia, COPD, CABG, psychiatric hospitalization)	<input type="radio"/>	<input type="radio"/>
OP-8 (MRI for low back pain)	<input type="radio"/>	<input type="radio"/>
OP-13 (Cardiac Imaging for Preoperative Risk Assessment)	<input type="radio"/>	<input type="radio"/>
CMS disparity methods (differences in readmission rates for patients with different social risk and demographic factors)	<input type="radio"/>	<input type="radio"/>
PSI-90 (Patient Safety and adverse events composite)	<input type="radio"/>	<input type="radio"/>
CMS PSI 04 (Death rate among surgical inpatients w/treatable complications)	<input type="radio"/>	<input type="radio"/>

Q61 The nine measures listed below are collected electronically by CMS as a part of the Medicare Promoting Interoperability Program. This program encourages hospitals, including CAHs, to participate by reporting [Electronic Clinical Quality Measures](#) (eCQMs) that are determined by CMS and require the use of certified electronic health record technology (CEHRT). Through participation in this program, hospitals avoid a downward payment adjustment from CMS.

For each measure listed, please indicate if your hospital actively monitors each measure for QI purposes.

	Yes	No
ED-2 (Admit decision time to ED departure time)	<input type="radio"/>	<input type="radio"/>
PC-05 (Exclusive breast milk feeding)	<input type="radio"/>	<input type="radio"/>
Safe use of opioids	<input type="radio"/>	<input type="radio"/>
STK-2 (Discharged on antithrombotic therapy)	<input type="radio"/>	<input type="radio"/>
STK-3 (Anticoagulation therapy for atrial fibrillation/flutter)	<input type="radio"/>	<input type="radio"/>
STK-5 (Antithrombotic therapy by the end of hospital day 2)	<input type="radio"/>	<input type="radio"/>
STK-6 (Discharged on statin)	<input type="radio"/>	<input type="radio"/>
VTE-1 (Venous thromboembolism prophylaxis)	<input type="radio"/>	<input type="radio"/>
VTE-2 (ICU VTE prophylaxis)	<input type="radio"/>	<input type="radio"/>

Additional Measure/Reporting Related Questions

Q62 Approximately how much time does your hospital staff spend submitting data to an external organization each quarter? (*Reminder: "Submitting data to an external organization" means to report data to an organization outside of your hospital, such as the Centers for Medicare and Medicaid Services (CMS), the National Healthcare Safety Network (NHSN) survey, a state agency, or the Flex Program, for quality-related reporting.*)

- Less than one hour
 - 1-2 hours
 - 2-3 hours
 - More than 3 hours
-

Q63 What additional support would you like from your State Flex Program/State Office of Rural Health to engage in QI, including any of the areas covered in this assessment?

Q64 Please share anything unique about your hospital as it relates to quality reporting and/or quality improvement.

Q65 Please share your feedback here, including any comments on the format, ease of use, assessment instructions, or specific questions.
