

National Critical Access Hospital Quality Inventory and Assessment

Critical Access Hospital Fact Sheet

What is the National Critical Access Hospital Quality Inventory and Assessment?

Over the last year, the Federal Office of Rural Health Policy (FORHP) has been working in partnership with the Flex Monitoring Team (FMT) at the University of Minnesota and Stratis Health to develop the National Critical Access Hospital (CAH) Quality Inventory and Assessment (“Assessment”) pilot.

This Assessment will allow FORHP 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.

What are the goals of this Assessment?

The goals of the Assessment are to:

- 1) Gather an inventory of hospital service lines and related quality measures to identify trends and help inform Flex initiatives at the state and national levels.
- 2) Assess CAH quality infrastructure to identify gaps and opportunities for enhancement.

What type of information can be expected to come out of this Assessment?

Information captured through the Assessment can support quality initiatives at the

following levels:

- Hospital-level: Provide state and national comparison information related to quality infrastructure, QI processes, and 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 for CAH improvement activities.
- National-level: Provide hospital and state-specific information to help inform the future of MBQIP and national technical assistance and data analytic needs.

How were the questions in this Assessment developed?

Key stakeholders were engaged in creating the Assessment through two

convenings:

- 1) An Advisory Group made up of State Flex staff, MBQIP subcontractors, and CAH quality experts provided input on the inventory questions in the Assessment.
- 2) A National CAH Quality Summit brought together additional State Flex staff, MBQIP subcontractors, CAH quality experts, and a FORHP representative to identify key elements of CAH quality infrastructure and criteria to describe those elements. The Summit resulted in a [report](#) that describes the nine core elements of CAH quality infrastructure and related criteria for each element.

What are the benefits to Critical Access Hospitals?

By early 2024, each State Flex Program (SFP) will receive data from all of their CAHs, and this wealth of knowledge can in turn be used to help CAHs receive more tailored services from their SFP. Examples of benefits to CAHs participating in the Assessment include:

- Gain access to an assessment of your CAH's quality infrastructure, and information on areas for improvement for your facility.
- Be able to compare your facility with others in your state and nationally on areas of infrastructure, service lines, general facility characteristics (e.g., patient volume, EHR vendor, participation in quality-related initiatives), and other important quality-related data.
- Work with your State Flex Program to network and connect with other CAHs in your state or nationally that have similarities. This might include other CAHs with the same EHR vendors and those that provide less common services that either match the services your CAH currently provides or ones it may like to provide in the future (such as labor and delivery, Rural Health Clinics, or Swing Beds).
- Receive more targeted technical assistance and activities through your State Flex Program based on your service lines, quality reporting, quality infrastructure, and other key needs (e.g., based on EHR vendor).

Additionally, the Assessment of the Elements of CAH Quality Infrastructure will be a future measure of the MBQIP program (similar to the Antibiotic Stewardship measure that is a part of the National Healthcare Safety Network (NHSN) annual survey). As a core MBQIP measure, CAHs will be expected to fill out the Assessment annually and will receive data from the Assessment of their CAH's Quality Infrastructure through MBQIP reports.

How will my hospital complete the Assessment?

An email will be sent to CAHs from their State Flex Program during the week of September 11, 2023. The email will include the link to the Assessment as well as resources for CAHs:

- A pdf version of the Assessment, so CAHs can review the questions before filling it out online.
- A detailed instruction document for the Assessment, with links to specific resources that may be helpful in answering questions in the Assessment.

The Assessment will be administered online via Qualtrics, and we expect CAHs will spend approximately 60-90 minutes collecting information and completing the online Assessment. CAHs are encouraged to complete the Assessment with input from a variety of team members, but each CAH should submit only one assessment. For CAH staff that may work in multiple hospitals, each hospital should submit a separate Assessment. CAHs will receive an email confirmation of their completion of the Assessment (sent to the quality contact listed) which will also include a copy of their responses to the Assessment. These and other details are included in the instructions for the Assessment (to be sent to CAHs with the Assessment link by their State Flex Program on September 11). The Assessment will close on October 31, 2023.

Additional information about the Assessment can be found in a recording [here](#). Additional information about the National CAH Quality Summit and Elements of CAH Quality Infrastructure can be found [here](#).

Any questions about the Assessment can be directed to Megan Lahr at the Flex Monitoring Team (lahrx074@umn.edu) or to your State Flex Program. Thank you for your help in this process!