

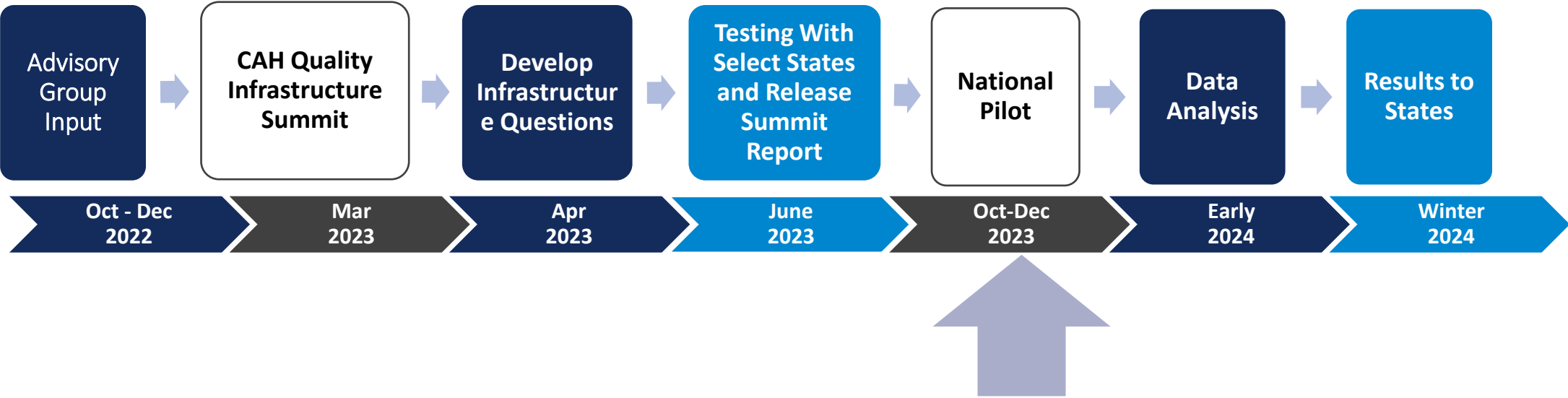
National Critical Access Hospital Quality Inventory and Assessment: Kickoff Event

October 25, 2023

Objectives

- Learn about the rollout of the National Critical Access Hospital (CAH) Quality Inventory and Assessment (“Assessment”)
- Discuss questions about the Assessment rollout and data

National CAH Quality Inventory and Assessment: Timeline





National CAH Quality Inventory and Assessment: Background

With funding and support from FORHP, Flex partners collaborated on development of a standardized mechanism for gathering information to:

- Assess **CAH quality improvement infrastructure**
- Better understand **CAH measurement and quality activities** across **different service lines**

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

National CAH Quality Inventory and Assessment: Development

Two Primary Objectives:

1. Gather an inventory of service lines and related quality measures that hospitals are tracking to identify trends and help inform Flex initiatives at the state and national levels
 - Advisory Group made up of State Flex staff, MBQIP subcontractors, and CAH quality experts providing input
2. Assess implementation of core elements of CAH quality infrastructure to identify gaps and opportunities for enhancement
 - Hosted a National CAH Quality Infrastructure Summit to identify key elements and criteria

Benefits of the Assessment for SFPs

SFPs will be able to:

- Use service line data to identify CAHs to work with on new projects (e.g., CAHs with swing beds, RHCs, labor and delivery)
- Use CAH quality infrastructure data to identify CAHs in greatest need for developing their quality infrastructure and/or greatest needs across all CAHS in state to develop activities and education in these areas
- Reference Assessment data before orienting new quality managers
- Use data to create learning collaboratives among CAHs with similarities (e.g., same EHR vendor or service line)
- Use data to pair hospitals that have opportunities with those more advanced in implementation of quality activities or use different tools
- Identify other states with CAHs that may have similar goals or opportunities for improvement to create inter-state cohorts
- Prompt conversations with quality contractors for how to best address improvement opportunities identified in the Assessment

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

National CAH Quality Inventory and Assessment: Components

- Identification of Key CAH Characteristics
- Assessment of CAH Quality Infrastructure
- Inventory of CAH Service Lines and Related Quality Measures

CAH Characteristics

- Basic CAH Characteristics - e.g., Hospital System Membership, info on who contributed to Assessment
- Volume Metrics - e.g., Average Daily Census and Total ED Visits
- EHR Vendor and how they use EHR for quality reporting

Example Question

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)

Example Question

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).

Example Question

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

Epic

Cerner

CPSI/Evident

Meditech

Allscripts

Athenahealth

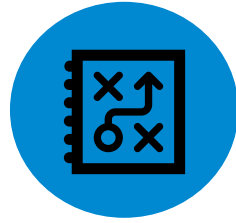
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Other (specify):

Core Elements of CAH Quality Infrastructure



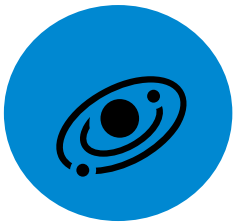
**Leadership
Responsibility &
Accountability**



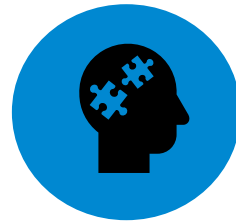
**Quality Embedded
Within the
Organization's
Strategic Plan**



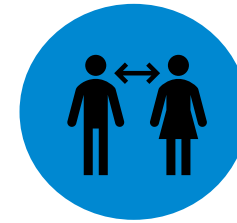
**Workforce
Engagement
& Ownership**



**Culture of
Continuous
Improvement
Through Systems**



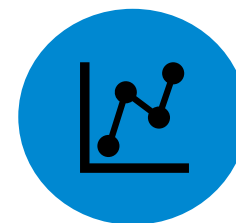
**Culture of
Continuous
Improvement
Through Behavior**



**Integrating
Equity into
Quality Practices**



**Engagement of
Patients, Partners,
& Community**



**Collecting
Meaningful
& Accurate Data**



**Using Data to
Improve Quality**

[Link to CAH Quality Infrastructure Summit Report](#)

Example Element: Collecting Meaningful & Accurate Data

Element: 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 race, ethnicity, and language (REL), sexual orientation and gender identity (SOGI), and health-related social needs (HRSN) data

Example Question

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

Example Question

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

Example Question

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

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)

Example Question

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"/>

Example Question

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

Data Provided to SFPs

After analyses of the Assessment, in early 2024 SFPs will receive:

- A state-level report summarizing key data from the Assessment along with national comparisons
- A spreadsheet with the full CAH-level data from the Assessment
- A tool to use with the spreadsheet for summarizing the data in different ways

Logistics – Receiving Information

- Assessment Opens: October 25, 2023 (today!)
- Email to State Flex Program staff was sent by FORHP on October 25 and included:
 - Template email for reaching out to your CAHs
 - Items to attach to template email for your CAHs:
 - PDF of the Assessment – to review/collect data with their team prior to going online to fill in assessment
 - Instructions Document – detailed directions for how to complete each question of the Assessment
- If your CAHs want more information, resources sent previously [available on TASC website:](#)
 - CAH Fact Sheet – overview of information about the Assessment
 - Recording of National CAH Quality Inventory and Assessment

Logistics – Sending and Tracking

Sending Assessment to CAHs

- SFPs have already received a template email that should be used to reach out to CAHs
- Should attach the Assessment PDF and Assessment Instructions to the CAH email
- Send first email to CAHs by the beginning of November

Tracking your CAHs

- In early November, SFPs will receive a link to a Google sheet for tracking which of your CAHs have completed the Assessment
- On your state's tab of the google sheet, there will be a row for each CAH that has completed the Assessment with their hospital name, CCN, and date completed (populated from the Assessment)
- The Google sheet will automatically update as CAHs complete the Assessment
- SFPs will not be able to edit this Google sheet
- FMT will send periodic reminders during the Assessment period, encouraging you to follow up with any CAHs that have not yet completed the Assessment

Example Tracking Sheet

	A	B	C	D
1	CAH name	CCN	State	Date Completed
2	Hospital A	111317	Florida	8/2/23
3	Hospital B	121345	Florida	7/31/23
4				
5				
6				
7				

Logistics – Process for CAHs

After receiving email from State Flex Program CAHs should:

1. Review the PDF of Assessment Questions and reference provided detailed instructions with any questions
2. Work with their team to gather the answers
3. Log on to the online portal to submit answers

Note: Recommended that CAHs submit their answers in one sitting

- Estimated time to complete – 60 minutes to **gather and submit data**
 - May vary depending on experience, knowledge of facility and quality initiatives, etc.
- Confirmation – after submitting Assessment online, CAH quality contact will receive email that includes responses submitted
- **Request for all CAHs to complete Assessment by December 15, 2023**

Messaging to CAHs

What are you going to learn? And how are you going to use this information?

- Orienting new QI staff at the hospital—reference for where they currently are
- Collaboration with other CAHs or other states (swing beds, RHCs, maternity care, same EHR vendor, goals for improving same QI measures, etc)
- Ability for more targeted TA from you as the State Flex Program, and your contractor, to help them based on their identified needs and opportunities
- All parts of Flex can be impacted by quality—you can learn what your Flex Program can do in finance, EMS, population health, etc

Questions & Discussion

- Questions?
- Anything else that would be helpful to support this process?
- Share ideas for how to encourage CAHs to complete Assessment
- Share ideas for how your SFP will use the data from the Assessment

Wrap Up

The Assessment is important, and its success depends on CAH participation and your engagement with your CAHs

- Send out an email to your CAHs within the next week
- Questions? Contact:
 - Megan Lahr at Flex Monitoring Team (FMT), lahrx074@umn.edu
 - Your FORHP Project Officer