National Critical Access Hospital Quality Inventory and Assessment Completion Instructions

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 Program (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.

Data Field	Instructions
Hospital Information (Questions 1 – 13)	
Q1: Hospital Name	Enter your hospital's name.
Q2: Hospital CCN	Enter your hospital's 6-digit CMS Certification number (CCN). For Critical Access Hospitals, all CCNs take the format of ##13##. If you do not know your hospital's CCN, CMS maintains a list of CCNs at https://data.cms.gov/provider-data/dataset/xubh-q36u. To locate your hospital's CCN, refer to the Facility ID column.
Q3: Hospital State (drop down)	Select the state in which your hospital is located.
Q4: 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	Hospitals are encouraged to complete this assessment with input from a variety of team members. Select all types of staff that apply. If "Other" is selected, please specify the other role title(s) in the text box provided.
Q5: Who is the person at your facility best suited to answer questions specifically related to **hospital quality activities?** • Name • Email Address • Role/Title	Please enter the name, email address, and role/title of the best contact at your hospital regarding quality activities. This information may be used by State Flex Programs to contact hospital quality staff in the future.

Data Field	Instructions
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)	Please select the **one** response that best describes your hospital. Select "our hospital is not owned or managed by any other hospital/system" if your hospital is independent and/or not owned by a central organization such as another hospital or health system. Select "our hospital is owned by another hospital/system" if your hospital is owned by a central organization, such as another hospital or health system. Select "our hospital is not owned, but managed by another hospital/system/other entity (e.g., management company)" if your facility is contract managed by another organization, but not owned by that organization.
Q7: Does your system support your hospital's quality improvement and reporting work? • Our system provides support with abstraction • Our system provides support with data submission • Our system provides support with data analyses • Our system informs but does not limit the measures that we actively monitor/submit • Our system dictates the measures that we actively monitor/submit • Our system decides what quality improvement activities we engage in • Other	This question is only asked for those who indicated in the previous question that their hospital was owned or managed. For each of the potential levels of support listed, indicate yes or no to whether your system provides each type of support. If you select "Other," please specify the other type(s) of support in the text box provided.
Q8: What was your hospital's average daily census for **inpatient acute care** in CY 2022?	Enter the average daily census for inpatient acute care in calendar year 2022. Average daily census is calculated by adding the daily census for each day of the year and then dividing the total number by 365. Please round your entry 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).

Data Field	Instructions
Q9: What was the **total number** of Emergency Department (ED) visits for anyone who spent time in the ED in **CY 2022**?	Enter the total number of Emergency Department (ED) visits for calendar year 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: • HQIC – Hospital Quality Improvement Contractor • QIN-QIO – Quality Innovation Network-Quality Improvement Organization • Get With the Guidelines (American Heart Association) • Other quality initiatives/collaborative models	For each of the initiatives or models listed, indicate whether your hospital participates (yes) or does not participate (no). If "Other quality initiatives/collaborative models" is selected, please specify any other initiatives or models in which your hospital participates in the text box provided.
Q11: Does your hospital participate in any payment or other demonstration models which emphasize quality measurement and improvement? • Medicare Accountable Care Organization(s) (ACOs) • Medicaid ACO(s) • Commercial insurance ACO(s) • Patient-Centered Medical Home (PCMH) • Other value-based care models or demonstrations	For each of the models listed, indicate whether your hospital participates (yes) or does not participate (no). If "Other value-based care models or demonstrations" is selected, please specify any other models in which your hospital participates in the text box provided.
Q12: Which vendor provides your hospital's primary inpatient (hospital) Electronic Health Records (EHR) system? • Epic • Cerner • CPSI/Evident • Meditech • Allscripts • Athenahealth • MEDHOST • Other	Select only one EHR that is the primary EHR for your hospital. If "Other" is selected, please specify in the text box provided.

Data Field	Instructions
Q13: Do you use your EHR for collecting and/or reporting quality data? • Manual data abstraction • EHR pre-defined reports • Manually developed reports • Auto-upload from EHR to quality platform (CMS/CART) • Other	For each of the potential EHR use examples, indicate whether your hospital uses your EHR for the given purpose (yes) or whether your hospital does not use your EHR for the given purpose (no). If "Other" is selected, please specify in the text box provided.

Hospital Quality Infrastructure (Questions 14 – 37)

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? • 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.

Data Field	Instructions
Q15: 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 hospital 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.

Data Field	Instructions
Q16: 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.
Q17: 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.

Data Field	Instructions
Q18: Which of the following statements about health equity are true at your facility? • 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	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.
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: • 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.

Data Field	Instructions
Q20: 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.
Q21: Which of the following statements about diversity, equity, and inclusion and related training are true at your facility? • 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	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.
Q22: 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.

Data Field	Instructions
Q23: 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.
Q24: 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.
Q25: Which of the following statements about best practice adherence are true at your facility? • 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	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.

Data Field	Instructions
Q26: 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 • 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.
Q27: 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.

Data Field	Instructions
Q28: 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.
Q29: 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.

Data Field	Instructions
Q30: 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.
Q31: 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.
Q32: 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.
Q33: 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.
Q34: Which of the following data does your facility have a standardized process to collect? • Race, ethnicity, and language (REL) data • Sexual orientation and gender identity (SOGI) data • 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.

Data Field	Instructions
Q35: 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.
Q36: 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
Q37: Which of the following statements about benchmarking are true 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	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.

Data Field	Instructions
Service Provision (Questions 38 – 43)	
The questions in this section ask about the services your hospital provides in the areas of Outpatient Services, Inpatient Services, Behavioral Health Services, Specialty Care, and Other Care.	
Q38: Hospital Outpatient Services • Emergency medicine • Infusion services • Outpatient surgery • Radiology • Occupational therapy • Physical therapy • Speech therapy • Cardiac rehabilitation • Pulmonary rehabilitation • Wound care	For each of the service lines listed, please indicate whether **your hospital or an entity owned by your hospital** provides the given service (yes) or does not provide this service (no).
Q39: Hospital Inpatient Services • Inpatient surgery • Intensive care unit • Labor and delivery services • Inpatient hospice • Swing beds	For each of the service lines listed, please indicate whether **your hospital or an entity owned by your hospital** provides the given service (yes) or does not provide this service (no).
Q40: Behavioral Health Services • Substance use disorder services – inpatient/residential • Substance use disorder services – outpatient • Pediatric psychiatric inpatient services • Adult psychiatric inpatient services • Psychiatric outpatient services – psychiatrist • Psychiatric outpatient services – psychiatric nurse practitioner • Psychiatric outpatient services – counseling	For each of the service lines listed, please indicate whether **your hospital or an entity owned by your hospital** provides the given service (yes) or does not provide this service (no).

Data Field	Instructions
Q41: Specialty Care (inpatient and/or outpatient, unless otherwise specified) • Cardiology • Dermatology • ENT • Gastroenterology • Infectious disease • Neurology • Obstetrics/Gynecology • Oncology/Cancer care • Orthopedics • Pediatrics • Pulmonology • Pain management • Sleep medicine	For each of the service lines listed, please indicate whether **your hospital or an entity owned by your hospital** provides the given service (yes) or does not provide this service (no).
Q42: Other services • Ambulance services • Home health • In-home hospice care • Palliative care • Primary care clinic (not RHC) • Respite care • Rural health clinic • Nursing home/skilled nursing facility	For each of the service lines listed, please indicate whether **your hospital or an entity owned by your hospital** provides the given service (yes) or does not provide this service (no).
Q43: Additional services provided by your hospital or an entity owned by your hospital	Enter additional service lines provided by your hospital or an entity owned by your hospital in the text box provided.

Data Field	Instructions
Quality Measures (Questions 44 – 61)	
The questions in this section ask you to indicate the quality measures for which your facility internally actively monitors and/or submits data in the areas of Hospital Outpatient Services, Hospital Inpatient Services, Behavioral Health Services, Specialty Care and Other Services, and Claims-Based 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? Q45: For the measure OP-35 (Admissions and ED Visits for patients receiving Chemotherapy), which best describes your hospital's activity? Q46: For the measure OP-36 (Hospital visits after hospital outpatient surgery), which best describes your hospital's activity?	For each of the hospital outpatient services measures listed to the left, please select the response below that best describes your hospital's activity pertaining to that measure. • 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 "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. "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 • sharing data with the hospital board

Data Field	Instructions
Q47: Please list any other measures (excluding MBQIP measures) that your hospital submits or actively monitors related to **outpatient services**.	Please add other quality measures that you actively monitor related to a specific hospital outpatient service line that were not mentioned in the previous three questions. For this purpose, "outpatient service lines" include: • Emergency medicine • Infusion services • Outpatient surgery • Radiology • Occupational therapy • Physical therapy • Speech therapy • Cardiac rehabilitation • Pulmonary rehabilitation • Wound care
Hospital Inpatient Services	
Q48: For the measure SEP-1 (Severe sepsis and septic shock management bundle), which best describes your hospital's activity? Q49: For the measure OP-39 (Breast Cancer Screening), which best describes your hospital's activity? Q50: For the measure HCP/COVID-19 (COVID-19 vaccination among health care personnel), which best describes your hospital's activity?	For each of the hospital inpatient services measures listed to the left, please select the response below that best describes your hospital's activity pertaining to that measure. • 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 "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. "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 • sharing data with the hospital board

Data Field	Instructions
Q51: For the measure PC-01 (elective delivery prior to 39 completed weeks gestation), which best describes your hospital's activity? Q52: For the measure maternal morbidity (structural measure), which best describes your hospital's activity?	Q51 and Q52 are only asked for those who indicated in Q39 their hospital provides labor and delivery services. For each of the hospital inpatient services measures listed to the left, please select the response below that best describes your hospital's activity pertaining to that measure. • 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 "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. "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 • sharing data with the hospital board

Data Field	Instructions
Q53:.Please list any other measures (excluding MBQIP measures) that your hospital submits or actively monitors related to **inpatient services**.	Please add other quality measures that you actively monitor related to a specific hospital inpatient service line that were not mentioned in the previous three questions. For this purpose, "inpatient service lines" include: • Inpatient surgery • Intensive care unit • Labor and delivery services • Inpatient hospice • Swing beds "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. "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 • sharing data with the hospital board
Behavioral Health Services	
Q54: Are you meeting the measure reporting requirements for the CMS Inpatient Psychiatric Facility Quality Reporting Program? (Yes/No/Don't know)	This question is only asked for those who indicated in Q40 their hospital provides inpatient psychiatric services. Please select yes or no to indicate whether your hospital meets the measure reporting requirements for the CMS Inpatient Psychiatric Facility Quality Reporting Program. If you do not know, you may indicate so as well.

Data Field	Instructions
Q55: Please list any other measures your hospital submits or actively monitors related to **behavioral health services**.	Please add other quality measures that you actively monitor related to a specific behavioral health service line that were not mentioned in the previous question. For this purpose, "behavioral health service lines" include: • Substance use disorder services – inpatient/residential • Substance use disorder services – outpatient • Pediatric psychiatric inpatient services • Adult psychiatric inpatient services • Psychiatric outpatient services – psychiatrist • Psychiatric outpatient services – psychiatric nurse practitioner • Psychiatric outpatient services – counseling "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. "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 • sharing data with the hospital board

Data Field	Instructions
Specialty Care and Other Services	
Q56: For the measure OP-32 (Hospital visit after colonoscopy), which best describes your hospital's activity? Q57: For the measure OP-29 (Colonoscopy follow-up), which best describes your hospital's activity?	Q56 and Q57 are only asked for those who indicated in Q41 their hospital provides gastroenterology services. For each of the measures listed to the left, please select the response below that best describes your hospital's activity pertaining to that measure. • 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 "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. "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 • sharing data with the hospital board

Data Field	Instructions
Q58: Please list any other measures your hospital submits or actively monitors related to **specialty care**.	This question is only asked for those who indicated in Q41 their hospital provides at least one specialty service line. Please list all other measures related to specialty care that your hospital submits or actively monitors. For this purpose, "specialty care" includes: • Cardiology • Dermatology • ENT • Gastroenterology • Infectious disease • Neurology • Obstetrics/Gynecology • Oncology/Cancer care • Orthopedics • Pediatrics • Pulmonology • Pain management • Sleep medicine
Q59: Please list any measures your hospital submits or actively monitors related to **other services** (excluding MBQIP measures).	This question is only asked for those who indicated that their hospital provides at least one of the service lines listed as "other services" in Q42. Please list all other measures related to other services that your hospital submits or actively monitors. For this purpose, "other services" includes: • Ambulance services • Home health • In-home hospice care • Palliative care • Primary care clinic (not RHC) • Respite care • Rural health clinic • Nursing home/skilled nursing facility

Data Field	Instructions
Claims-based measures	
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. - Excess days in acute care after hospitalization measures (i.e., heart failure, AMI, pneumonia) - 30-day mortality measures (i.e., heart failure, AMI, pneumonia, COPD, CABG, stroke) - READM-30-HWR (all-cause unplanned readmission measure) - Diagnosis-specific 30-day readmission measures - OP-8 (MRI for low back pain) - OP-13 (Cardiac Imaging for Preoperative Risk Assessment) - CMS disparity methods (differences in readmission rates for patients with different social risk and demographic factors) - PSI-90 (Patient Safety and adverse events composite) - CMS PSI 04 (Death rate among surgical inpatients w/treatable complications)	For each measure listed, please indicate if your hospital **actively monitors the measure** for quality improvement purposes. "Diagnosis-specific 30-day readmission measures" includes: - Acute myocardial infarction (AMI) - Chronic obstructive pulmonary disease (COPD) - Heart failure (HF) - Pneumonia - Coronary artery bypass (CABG) surgery - Elective primary total hip arthroplasty and/or total knee arthroplasty (THA/TKA)

Data Field	Instructions
Q61: Electronic Clinical Quality Measures (eCQMs) • ED-2 (Admit decision time to ED departure time) • PC-05 (Exclusive breast milk feeding) • Safe use of opioids • STK-2 (Discharged on antithrombotic therapy) • STK-3 (Anticoagulation therapy for atrial fibrillation/flutter) • STK-5 (Antithrombotic therapy by the end of hospital day 2) • STK-6 (Discharged on statin) • VTE-1 (Venous thromboembolism prophylaxis) • VTE-2 (ICU VTE prophylaxis)	The nine measures listed to the left 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 quality improvement purposes.
Additional Measure/Reporting Related Questions (Questions 62 – 66)	
Q62: Approximately how much time does your hospital staff spend submitting data to an external organization each quarter? • Less than 1 hour • 1 hour – 2 hours • 2 hours – 3 hours • More than 3 hours	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.
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? (open-ended)	Please describe any support that your hospital would find helpful related to CAH quality infrastructure, quality reporting, quality improvement initiatives, and/or any other topic covered in this assessment.
Q64: Please share anything unique about your hospital as it relates to quality reporting and/or quality improvement. (open-ended)	This is the end of the assessment, please include any additional context or information that may be helpful for understanding your hospital and their quality improvement work.
Q65: Please share your feedback here, including any comments on the format, ease of use, assessment instructions, or specific questions. (open-ended)	Please include any feedback that arose throughout your completion of the assessment.