2026 National Critical Access Hospital Quality Inventory and Assessment Submission Instructions

These instructions have been formatted to include extra spaces for CAHs to document their answers as they work through the questions with their team. Open-ended questions have blank space added for writing in responses, and other questions have additional space for circling, highlighting, underlining, or checking boxes.

The purpose of the National Critical Access Hospital (CAH) Quality Inventory and Assessment (Assessment) is to learn more about CAH quality improvement infrastructure and activities, service lines offered, and related quality measures. The Assessment gathers a wealth of information on quality improvement 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. State Flex Programs will receive data for all of their CAHs to be able to better support Flex Program activities to benefit and support CAHs in their state.

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 the Flex Monitoring Team (FMT), a HRSA awardee assisting with the Medicare Rural Hospital Flexibility (Flex) Program, and the Medicare Beneficiary Quality Improvement Project (MBQIP). 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 Susan Runyan (srunyan@kha-net.org).

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.

Before using the submission portal to submit your Assessment answers, CAHs should review (and/or print out) the full list of questions in this instructions document and collect your answers. Please note that this document is only to assist you in gathering and organizing your answers. Questions **must** be submitted through the Qualtrics platform, and pdf or Word document submissions of the responses are not accepted. Additionally, we encourage you to refer to the responses to your Assessment from last year when collecting your responses for this year, though do **not** copy your answers completely as many questions have changed. Your completed Assessment responses from last year were emailed to the Quality Contact listed in your facility's response, and the email subject was "Thank you for your response - 2025 CAH Assessment" from "fmtdata@umn.edu". If you cannot locate your response from last year, please reach out to your Susan Holmes (sholmes@kha-net.org).

Answers may not be saved within the submission portal, so it is encouraged that you complete entry of your answers in one sitting. 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). Be sure to save your responses after your submission, so others at your facility can access them next year.

All answers should be completed for the current point-in-time or current year unless otherwise indicated.

This Assessment is only for current CAHs, or PPS hospitals in the process of converting to CAHs.

System-Affiliated CAHs:
If your hospital is a part of a system, please answer all questions about **your hospital** *(not your system)*. Each hospital is expected to complete one Assessment.

Data Field	Instructions
Hospital Information (Questions 1 – 23)	
The questions in this section ask for information about your hospital characteristics such as name, location, system affiliation, volume metrics, and vendors.	
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: Who is the person submitting this Assessment? • Name • Email Address • Role/Title	Please enter the name, email address, and role/title of the person that is submitting this Assessment on behalf of your hospital. This information may be used by the Flex Monitoring Team or State Flex Programs to follow up on any data entered into the Assessment.

Q5: Is the person submitting the Assessment also the person best suited to answer questions	Indicate yes or no to whether the individual submitting this Assessment on behalf of your

Data Field	Instructions
specifically related to **hospital quality activities**? (Yes/No)	hospital is also the person at your hospital best suited to answer questions about quality activities. If you select yes, this person's contact information may be used by State Flex Programs to contact hospital quality staff in the future.
Q6: Please provide the name, email address, and role for the best quality contact at your hospital.	This question is only asked for those who indicated in the previous question that the individual submitting the Assessment was *not* the best person to contact about quality activities at their hospital. 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.
Q7: 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 • Nursing Leader (e.g., CNO, DON) • Financial Team Members (CFO or other staff) • Information Technology (IT) Staff • Infection Prevention • Other (please list – do not include special characters, including bullets, or responses such as "N/A", "None" or "Unknown" in the text box)	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.

Q8: Please describe your hospital's system membership:	Please select the **one** response that best describes your hospital.

Data Field	Instructions
• 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)	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.
Q9: Does your system support your hospital's quality improvement and reporting work? • Our system provides support with abstraction and/or data collection • Our system provides support with data submission • Our system provides support with data analyses and/or report creation • Our system dictates the measures that we actively monitor/submit • Our system decides what quality improvement activities we engage in • Other quality support provided by hospital system (please list – do not include special characters, including bullets, or responses such as "N/A", "None" or "Unknown" in the text box)	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 quality support provided by hospital system," please specify the other type(s) of support in the text box provided.
Q10: What was your hospital's average daily census for **inpatient acute care** in CY 2025?	Enter the average daily census for **inpatient acute care in calendar year 2025**. Average daily census is

Data Field	Instructions
Note that this number may not exceed the number of acute care beds in your CAH (limited to 25 or fewer). Average daily census is only for **inpatient acute care** and should **not** include swing bed patients, observation patients, or infants (unless they are admitted as a pediatric patient). Please include two decimal places in your response (e.g., 2.59 or 6.21) including if your average daily census is below 1 (e.g., 0.33 or 0.78).	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 two decimal places, e.g., 2.59 or 6.21. If your hospital's average daily census is below one, please also include two decimal places (e.g., 0.33 or 0.78).
Q11: Does your hospital have Swing Beds? (Yes/No)	Indicate whether your hospital has Swing Beds (yes) or does not (no).
Q12: What was your hospital's annual total number of swing bed admissions in CY 2025?	This question is only asked for those who indicated that their hospital has swing beds. Enter the total number of swing bed admissions in your hospital in calendar year 2025. Answers to this question are restricted to a whole number. For numeric entries larger than three figures, please do not include any commas.
Q13: What was your hospital's average length of stay (LOS) for swing beds in CY 2025? Please round to the nearest **whole number** of days (which may be zero if average LOS < 0.5).	This question is only asked for those who indicated that their hospital has swing beds. Enter the average length of stay for swing beds in calendar year 2025. Average length of stay is calculated by adding the number of days in the hospital for all swing bed patients and then dividing by the total number of swing bed patients. Note that since this value is for the **average** length of stay for swing beds, this number is expected to be relatively low and answers are restricted to 40 days or less.

Q14: What was the **total number** of Emergency Department (ED) visits for anyone who spent time in the ED in **CY 2025**? This	Enter the total number of Emergency Department (ED) visits for calendar year 2025.

Data Field	Instructions
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-emergency services provided in the ED. For numeric entries larger than three figures, please do not include any commas.	Note that since this value is for the total number of ED visits **for all of 2025**, this number is expected to be relatively high and answers are restricted to 25 or greater.
Q15: Does your hospital participate in any of the following quality initiatives: • QIN-QIO – Quality Innovation Network-Quality Improvement Organization • Medicare Promoting Interoperability Program • Get With the Guidelines (American Heart Association) • Other quality initiatives/collaborative models (please list - do **not** include: Flex, MBQIP, IQR, OQR, NHSN, EDTC, HCAHPS, HQIC, ACO, MIPS, CART, eCQM. Additionally, do not include special characters (including bullets) or responses such as "N/A", "None" or "Unknown" in the text box.)	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.

Q16: You indicated that your hospital does not participate in the Medicare Promoting Interoperability Program. What are the primary reasons your hospital does not submit	This question is only asked for those who indicated that their hospital does not participate in the Medicare Promoting Interoperability Program.

Data Field	Instructions
Promoting Interoperability data to CMS? (open-ended)	In the text box provided, please describe the primary reason(s) your hospital does not submit Promoting Interoperability data to CMS.
Q17: 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. • Medicare Accountable Care Organization(s) (ACOs) (including Shared Savings Program) • Medicare Advantage ACO(s) • Medicaid ACO(s) • Commercial insurance ACO(s) (ACOs run by commercial payors, e.g., Cigna Banner Health Network ACO or BCBS Illinois) • Patient-Centered Medical Home (PCMH) • Other value-based care models or demonstrations (please list – do not include special characters, including bullets, or responses such as "N/A", "None" or "Unknown" in the text box.):	For each of the models listed, indicate whether your hospital participates (yes) or does not participate (no). If you are unsure if your hospital participates, please check with your CEO/CFO. Commercial insurance ACOs are ACOs run by commercial payors, e.g., Cigna Banner Health Network ACO or BCBS Illinois. 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.

Q18: Which vendor provides your hospital's primary inpatient Electronic Health Record (EHR) system? • Athenahealth • Epic	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
• MEDHOST • Meditech • Oracle Health (formerly Cerner) • Trubridge (formerly CPSI) • Veradigm (formerly Allscripts) • Other (please list – do not include special characters, including bullets, or responses such as "N/A", "None" or "Unknown" in the text box.)	
Q19: Which of the following best describes your hospital's primary patient safety event tracking process? Which of the following best describes your hospital's primary incident reporting process? • Commercial patient safety event tracking software • Module within our EHR • Internally developed electronic tracking system • Paper-based tracking process • We do not have a formal tracking system • Other (specify – do not include special characters, including bullets, or responses such as "N/A", "None" or "Unknown" in the text box.)	Please select the one response that best describes your hospital's primary process for tracking patient safety incidents, adverse events, errors, and near misses. If your hospital uses more than one process for tracking patient safety events, select the response that reflects the process most commonly used at your hospital. If "Other" is selected, please specify the other process in the text box provided.

Q20: You indicated your hospital uses commercial incident reporting software. Which vendor provides this software for your hospital? • Epic • Origami Risk	This question is only asked for those who indicated that their hospital uses commercial incident reporting software as its primary incident reporting process. Please select the vendor that provides your hospital's primary incident reporting software. If "Other

Data Field	Instructions
• Press Ganey • RIDatix • Riskonnect • Quantros • The Patient Safety Company • Other software (specify - do not include special characters, including bullets, or responses such as "N/A", "None" or "Unknown" in the text box.)	software" is selected, please specify the vendor in the text box provided.
Q21: Which vendor do you engage to field and submit data for HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) surveys? • Arbor Associates, Inc. • Custom Survey Solutions, Inc. • Data Recognition Corporation • DG Insights • Informed Decisions, Inc. • Ipsos • JL Morgan & Associates, Inc. • LSUS Institute for Nonprofit Administration & Research • M&B Sciences • Medallia, Inc. • Minnesota Rural Health Cooperative • Nexus Health Resources • NRC Health • Press Ganey Associates • PRC – Professional Research Consultants • Qualtrics • RMS – Research & Marketing Strategies, Inc. • Rural Comprehensive Care Network • SullivanLuallin Group • Survey Solutions by ICAHN • Other (please list – do not include special characters, including bullets, or responses such as "N/A", "None" or "Unknown" in the text box) • Our facility does not participate in HCAHPS	Select the vendor you work with to field and submit data for Hospital Consumer Assessment of Health Providers and Systems surveys. If "Other" is selected, please specify in the text box provided.

Data Field	Instructions
Q22: Is your facility surveyed by your state or accredited by another, non-state accreditation organization with deemed status by CMS? • State • Other accreditation organization • Our facility does not participate in accreditation of any kind	Please select all responses that apply to your facility. Select "State" if your facility is surveyed by your state and "Other accreditation organization" if your facility is accredited by a non-state accreditation organization with deemed status by CMS. If both apply, select both responses. If neither apply (i.e., your facility is not accredited by a non-state accreditation organization and is not surveyed by your state), select "Our facility does not participate in accreditation of any kind."
Q23: Please select which organization your facility is accredited by: • ACHC – Accreditation Commission for Healthcare • CIHQ – Center for Improvement in Healthcare Quality • DNV • Joint Commission • Other (please specify – do not include special characters, including bullets, or responses such as "N/A", "None" or "Unknown" in the text box)	This question is only asked for those who indicated in the previous question that they are accredited by a non-state accrediting organization. Select the accrediting organization for your hospital. If "Other" is selected, please specify in the text box provided.

Hospital Quality Infrastructure (Questions 24 – 45)
The questions in this section assess your CAH by using eight elements that have been identified as essential components of CAH Quality Infrastructure to collect data for this MBQIP measure. This structural measure captures Assessment data from individual CAHs as they reflect on the infrastructure capacity specific to their facility. More information about the measure can be found in the CAH Quality Infrastructure Data Specifications Manual.

Data Field	Instructions
Answers for the measure should reflect the current point in time unless otherwise specified (e.g., if a question asks about a quarterly or an annual process, is that process in place at the current point in time). CAHs should attest to the information only where they **completely** meet the description in the question response(s) for the correlating criteria and elements. For example, for questions that mention an activity on a monthly basis (e.g., "Our facility dedicates staff time for quality committee meetings at least once per month"), if a facility has time set aside for quality committee meetings every other month or every quarter, they should answer "no" because it does not meet the "once per month" description. Questions should be answered for the capacity of the hospital and entities owned by the hospital (e.g., an independent CAH that owns a Rural Health Clinic), but should not include the capacity of a greater health system (e.g., a health system that provides specialty care at other system-owned hospitals or clinics). For example, regarding external communication of quality initiatives and data, CAHs responding should only consider the communication specific to their facility, ***not*** communication by their system that is not specific to the quality initiatives or data for the given facility. Throughout the questions, the terms "managers" and "leadership" are used. Managers are defined as decision-makers and managers of departments or units throughout the facility that would typically have job titles that include "manager", "director", "supervisor", or "chief". When the term "leaders" is used without a qualifier (such as executive leadership or quality leaders), this can refer to any individual(s) that take on a leadership role throughout the facility, regardless of their job title. The eight core elements of CAH Quality Infrastructure that will be assessed are: • Leadership Responsibility and Accountability • Quality Embedded Within the Organization's Strategic Plan • Workforce Engagement and Ownership • Culture of Continuous Improvement Through Systems • Culture of Continuous Improvement Through Behavior • Engagement of Patients, Partners, and Community • Collecting Meaningful and Accurate Data • Using Data to Improve Quality	

Q24: 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	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
• The board has a quality subcommittee • A board member serves on the hospital's quality committee • None of the above	
Q25: Which of the following statements about resources are true at your facility? • There is funding available annually for at least one staff member to attend external quality-related trainings or conferences • There is funding available annually for at least one staff member to pursue a quality-relevant certification (e.g., CPHQ; Lean belt) • There is funding available annually for at least one staff member to have membership in a quality-focused professional organization (e.g., NAHQ) • Our facility hosts an onsite quality-relevant speaker or training at least once per year • Our facility has a dedicated quality improvement leader (at least 0.5 FTE) • Our facility dedicates staff time for quality committee meetings at least once per month • Our facility has invested in tools, training, and/or software to support quality 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.
Q26: 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	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
• 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 quality improvement 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	
Q27: 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 • Quality improvement 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.

Q28: For which of the following roles does your facility have a formal onboarding and orientation that embeds quality, including an overview of the hospital's quality plan, quality methodology, and relevant quality metrics? • For clinical staff	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
• For non-clinical staff • For board members • For volunteers • None of the above	
Q29: How does your facility incorporate quality into standard work? • 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	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.
Q30: 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.
Q31: 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	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
• None of the above	
Q32: 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.
Q33: Which of the following statements about best practice adherence are true at your facility? • Our facility adopts evidence-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.

Q34: 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 agencies • 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.

Data Field	Instructions
Q35: 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.
Q36: 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 quality improvement in job descriptions • Our facility conducts an annual staff assessment that includes questions about aligning individual behaviors with	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
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	
Q37: 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.
Q38: 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	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
• None of the above	
Q39: In what ways does your facility disseminate patient feedback and data? • Social media (e.g., Facebook, Instagram, X, 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.
Q40: 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.
Q41: 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.
Q42: Which of the following data does your facility have a standardized process to collect? • Health related social needs (HRSN) data • None of the above	Please select all types of data your facility has a standardized process to collect.

Q43: 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 are included on the board dashboard • Quality metrics are displayed publicly within our facility	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
• Quality metrics are shared on the hospital's website and/or social media • None of the above	
Q44: Do your hospital's quality improvement 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
Q45: 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.

Service Provision (Questions 46 – 51)	
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 Services.	
Q46: Hospital Outpatient Services For the below services/service lines, please select whether your facility provides each service **in-person, via telehealth (remotely using telecommunications technology including phone calls, video calls, and remote patient monitoring), or does not**	For each of the service lines listed, please select the appropriate box(es) to indicate whether **your hospital or an entity owned by your hospital** provides the given service in-person or at your facility; provides the given service at your facility via telehealth; or does not provide the given service. For the purposes of this Assessment, "telehealth" includes phone calls, video calls, and remote patient monitoring. It does not include electronic messages

Data Field	Instructions
provide the service. You may select both in-person and via telehealth if both apply. As a reminder, this is only services/service lines provided by your facility or an entity owned by your facility, **not by your system.** • Cardiac rehabilitation □ In-person □ Telehealth □ Not provided • Emergency medicine □ In-person □ Telehealth □ Not provided • Infusion services □ In-person □ Telehealth □ Not provided • Occupational therapy □ In-person □ Telehealth □ Not provided • Outpatient surgery □ In-person □ Telehealth □ Not provided • Physical therapy □ In-person □ Telehealth □ Not provided • Pulmonary rehabilitation □ In-person □ Telehealth □ Not provided • Radiology □ In-person □ Telehealth □ Not provided • Speech therapy □ In-person □ Telehealth □ Not provided • Wound care □ In-person □ Telehealth □ Not provided	through a patient portal, or electronic consults between providers. Note: You will receive an error if you select "Not provided at our facility" in addition to either of the other responses for this question. If you receive this error, please either select all applicable responses provided *or* the "Not provided at our facility" response.

Q47: Hospital Inpatient Services For the below services/service lines, please select whether your facility provides each service. As a reminder, this is only services/service lines provided by your facility or an entity owned by your facility, **not by your system.** • Inpatient hospice	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
• Inpatient surgery • Intensive care unit • Labor and delivery services	

Q48: Behavioral Health Services For the below services/service lines, please select whether your facility provides each service **in-person, via telehealth (remotely using telecommunications technology including phone calls, video calls, and remote patient monitoring), or does not provide the service**. You may select both in-person and via telehealth if both apply.	For each of the service lines listed, please select the appropriate box(es) to indicate whether **your hospital or an entity owned by your hospital** provides the given service in-person or at your facility; provides the given service at your facility via telehealth; or does not provide the given service. Note: You will receive an error if you select "Not provided at our facility" in addition to either of the other responses for this question. If you receive this error, please either select all applicable responses

Data Field	Instructions
As a reminder, this is only services/service lines provided by your facility or an entity owned by your facility, **not by your system.** • Adult psychiatric inpatient services □ In-person □ Telehealth □ Not provided • Medication Assisted Treatment (MAT) □ In-person □ Telehealth □ Not provided • Pediatric psychiatric inpatient services □ In-person □ Telehealth □ Not provided • Psychiatric outpatient services – counseling □ In-person □ Telehealth □ Not provided • Psychiatric outpatient services – psychiatric nurse practitioner or physician assistant □ In-person □ Telehealth □ Not provided • Psychiatric outpatient services – psychiatrist □ In-person □ Telehealth □ Not provided • Substance use disorder services – inpatient/residential □ In-person □ Telehealth □ Not provided • Substance use disorder services – outpatient □ In-person □ Telehealth □ Not provided	provided *or* the "Not provided at our facility" response.

Q49: Specialty Care (inpatient and/or outpatient, unless otherwise specified) For the below services/service lines, please select whether your facility provides each service **in-person, via telehealth (remotely using telecommunications technology including phone calls, video calls, and remote patient monitoring), or does not provide the service**. You may select both in-person and via telehealth if both apply.	For each of the service lines listed, please select the appropriate box(es) to indicate whether **your hospital or an entity owned by your hospital** provides the given service in-person or at your facility; provides the given service at your facility via telehealth; or does not provide the given service. Note: You will receive an error if you select "Not provided at our facility" in addition to either of the other responses for this question. If you receive this error, please either select all applicable responses

Data Field	Instructions
As a reminder, this is only services/service lines provided by your facility or an entity owned by your facility, **not by your system.** • Cardiology □ In-person □ Telehealth □ Not provided • Dermatology □ In-person □ Telehealth □ Not provided • ENT □ In-person □ Telehealth □ Not provided • Gastroenterology □ In-person □ Telehealth □ Not provided • Infectious disease □ In-person □ Telehealth □ Not provided • Neurology □ In-person □ Telehealth □ Not provided • Obstetrics/Gynecology □ In-person □ Telehealth □ Not provided • Oncology/Cancer care □ In-person □ Telehealth □ Not provided • Orthopedics □ In-person □ Telehealth □ Not provided • Pain management □ In-person □ Telehealth □ Not provided • Pediatrics □ In-person □ Telehealth □ Not provided • Pulmonology □ In-person □ Telehealth □ Not provided • Sleep medicine □ In-person □ Telehealth □ Not provided	provided *or* the "Not provided at our facility" response.
Q50: Other services For the below services/service lines, please select whether your facility provides each service. As a reminder, this is only services/service lines provided by your facility or an entity owned by your facility, **not by your system.** • Ambulance services	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
• Assisted living • Dialysis services • Home health • In-home hospice care • Laboratory services • Nursing home/skilled nursing facility • Outpatient pharmacy • Palliative care • Primary care clinic (not RHC) • Respite care • Rural health clinic • Urgent care	
Q51: Additional services provided by your hospital or an entity owned by your hospital (please list). Please do not include any specific procedures or activities that are not a stand-alone service or service line (e.g., MRI, CT Scan, Ultrasound, X-ray). Do not include special characters, including bullets, or responses such as "N/A", "None" or "Unknown" in the text box:	Enter additional service lines provided by your hospital or an entity owned by your hospital in the text box provided.
Measures (Questions 52 – 54)	
The questions in this section ask about your hospital's use of specific quality measures and data to support improvement efforts.	
Q52: What type of patient experience or satisfaction survey(s) does your hospital conduct **other than HCAHPS?** (select all that apply): • CG CAHPS • ED CAHPS • Facility-developed Patient Experience	For each of the surveys listed, select any that your hospital conducts. Please select all responses that apply at your facility. If your hospital does not conduct any other surveys **other than HCAHPS**, please select "We do not conduct any surveys other than HCAHPS".

Data Field	Instructions
• Swing Bed Patient Satisfaction • Swing Bed Performance/Quality Improvement • Other • We do not conduct any surveys other than HCAHPS	Note: You will receive an error if you select "We do not conduct any surveys other than HCAHPS" 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 "We do not conduct any surveys other than HCAHPS" response.
Q53: What data components do you currently track and analyze related to swing bed patients? (select all that apply): • Discharge Disposition • Discharge Function • Falls • Healthcare-Acquired Infection (HAI) • Mobility Performance • Patient Satisfaction • Readmissions/Return to Acute Care • Return to Previous Residence • Self-care Performance • Other (please specify – do not include special characters, including bullets, or responses such as "N/A", "None" or "Unknown" in the text box) • We do not currently track and analyze any of the above swing bed data	This question is only asked for those who indicated that their hospital has swing beds. Indicate whether your hospital tracks and analyzes each data component related to swing bed patients. If you do not track and analyze any of these data, please select "we do not currently track and analyze any of the above swing bed data". Note: You will receive an error if you select "We do not currently track and analyze any of the above swing bed data" 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 "We do not currently track and analyze any of the above swing bed data" response.
Q54: Approximately how much time does your hospital staff spend submitting quality data to external organizations (e.g., CMS, State Flex Program, NHSN, DNV, Joint Commission, state agencies, etc.) each quarter? • Less than 4 hours • Between 4 hours and 8 hours • Between 8 hours and 12 hours • More than 12 hours	Please select the approximate amount of time that your hospital staff spend submitting quality data to an external organization each quarter. Such external organizations may include CMS, your State Flex Program, NHSN, DNV, Joint Commission, state agencies, and the like.
Additional Questions (Questions 55 – 58)	

Data Field	Instructions
Q55: What are the greatest barriers to advancing quality improvement at your hospital? (open-ended)	Please describe the greatest barriers your hospital faces in advancing quality improvement efforts. This question is optional. If you do not wish to respond, please leave this question blank (do not enter "N/A", "None", etc.).
Q56: What additional support would you like from your State Flex Program/State Office of Rural Health to engage in quality improvement, 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. This question is optional. If you do not wish to respond, please leave this question blank (do not enter "N/A", "None", etc.).
Q57: Please share anything unique about your hospital as it relates to quality reporting and/or quality improvement. (open-ended)	Please include any additional context or information that may be helpful for understanding your hospital and their quality improvement work. This question is optional. If you do not wish to respond, please leave this question blank (do not enter "N/A", "None", etc.).
Q58: Please share your feedback here regarding this Assessment including any comments on the format, ease of use, instructions, or specific questions. (open-ended)	Please include any feedback that arose throughout your completion of the assessment. This question is optional. If you do not wish to respond, please leave this question blank (do not enter "N/A", "None", etc.).

Data Field	Instructions
End of Survey: If you wish to review or change your responses, use the "Previous" button to navigate other sections of the Assessment. **By clicking "Submit" below, you will submit your responses and be unable to edit them.**	**By clicking the "Submit" button after the final question, you will submit your responses and be unable to edit them.** If you wish to review or change your responses prior to submission, use the "Previous" button to navigate to other sections of the Assessment. After you hit click the "Submit" button, you will be taken to a page summarizing your responses. At this time, you may download a PDF of your responses by clicking "Download PDF". Once your Assessment is submitted, a copy of your responses will also be emailed to both the person who submitted them and (if applicable) the additional quality contact you listed in Q6. Be sure to save your responses after your submission, so others at your facility can access them next year.