




# CAH Quality Assessment Results and Resources

Quality Corner Call  
April 18, 2024





1



## Upcoming Webinars and Educational Offerings



2

## Upcoming Offerings

---

### April

- 16 Antibiotic Stewardship Boot Informational Webinar
- 24 Employee Health, Safety, and Wellness Cohort Informational Webinar
- 30 Health Equity: Addressing SDoH in Rural Health Communities (Virtual – registration not provided by KRHOP)

### May

- 8 Swing Bed Work Group Huddle (Virtual)
- 14 Antibiotic Stewardship Boot Camp Kick Off (Virtual)
- 21 Quality Corner Call (Virtual) TBD

### June

- 6 Employee Health, Safety, and Wellness Cohort Kick Off
- 12 SHIP Quarterly Webinar (Virtual)
- 12 Swing Bed Work Group Huddle (Virtual)
- 20-21 Quality 101 (Topeka)



3

## Upcoming Webinars

---

To access online registration,  
use this QR code



### Quality Corner Call

- May 21

### SHIP Quarterly Webinar

- June 12



4

## Site Visits (In-person or Zoom)

---

### MBQIP Reporting Reviews (5/quarter)

- Current requirements to continue receiving the SHIP grant
- Flex Monitoring Team reports reviewed
- Discussion of who reports what elements at your facility
- Clearing up any questions your facility may have about reporting of this data to meet the deadlines

## Resources

---

- [www.krhop.net](http://www.krhop.net)
  - SHIP
    - SHIP 23-24
    - SHIP 24-25
      - Submission Deadline Grid (**UNDER CONSTRUCTION**)
  - MBQIP
    - Quality/MBQIP
    - Abstraction
- [www.kha-net.org](http://www.kha-net.org)
  - Education
    - Education Brochures
    - Register for Healthworks/KHA Events Online <https://registration.kha-net.org/>



## CAH Quality Inventory and Assessment

HEALTHWORKS  
KANSAS HOSPITAL ASSOCIATION

7

## National CAH Quality Inventory and Assessment: Purpose

Information captured can support quality activities at the following levels:

- **Hospital-level** – Provide state and national comparison information related to QI infrastructure, processes, quality activities and measurement across different CAH service lines
- **State-level** – Provide timely, accurate, and useful CAH quality-related information to help inform technical assistance support for CAH improvement activities
- **National-level** – Provide hospital and state specific information to help inform the future of MBQIP and national TA and data analytic needs

HEALTHWORKS  
KANSAS HOSPITAL ASSOCIATION

8

## Benefits of the Assessment for CAHs

### CAHs will be able to:

- Assess their quality infrastructure across the core elements, and identify opportunities for improvement
- Benchmark and compare themselves to other CAHs in their state and nationally as it relates to quality infrastructure to set appropriate goals for improvement
- Work with State Flex Programs to identify peers in their state and nationally that have similarities or from whom they wish to learn more (e.g., those that share an EHR vendor, those with a service line your CAH is considering adding, etc.)
- Receive more targeted technical assistance from their State Flex Program based on service lines, CAH volume, quality reporting, and other key needs and opportunities

## Assessment of CAH Quality Infrastructure

# Core Elements of CAH Quality Infrastructure

- Leadership Responsibility & Accountability**: Icon of a person pointing at a screen.
- Quality Embedded Within the Organization's Strategic Plan**: Icon of a document with an upward arrow and 'X' marks.
- Workforce Engagement & Ownership**: Icon of a building with people icons and arrows.
- Culture of Continuous Improvement Through Systems**: Icon of a globe with an orbiting ring.
- Culture of Continuous Improvement Through Behavior**: Icon of a head with gears inside.
- Integrating Equity into Quality Practices**: Icon of two people with a double-headed arrow between them.
- Engagement of Patients, Partners, & Community**: Icon of houses and people.
- Collecting Meaningful & Accurate Data**: Icon of a line graph with an upward arrow.
- Using Data to Improve Quality**: Icon of three people with an upward arrow.

11

## Leadership Responsibility & Accountability

Element	State CAHs (% Meeting the Element or Criteria)	National CAHs (% Meeting the Element or Criteria)
<b>Leadership Responsibility and Accountability</b>	94%	85%
The hospital board engages in and supports quality improvement	94%	86%
Organizational resources are adequately allocated to support QI	98%	88%
Executive leadership oversees design and functionality of the QI program	98%	89%

12

## Quality Embedded Within the Organization’s Strategic Plan

Element	State CAHs (% Meeting the Element or Criteria)	National CAHs (% Meeting the Element or Criteria)
<b>Quality Embedded Within the Organization’s Strategic Plan</b>	47%	52%
Quality leaders participate in organizational strategic planning	73%	67%
Quality is a core component of the organization’s strategic plan	66%	74%
Quality is reflected in all core components of the organization’s strategic plan	61%	63%

13

## Workforce Engagement and Ownership

Element	State CAHs (% Meeting the Element or Criteria)	National CAHs (% Meeting the Element or Criteria)
<b>Workforce Engagement and Ownership</b>	60%	55%
The organization has formal onboarding and orientation that embed quality as a priority	79%	73%
The organization has regular and ongoing professional development opportunities for staff related to quality	93%	78%
Quality improvement is incorporated into standard work	82%	79%
The organization embeds diversity, equity, and inclusion in workforce development	78%	76%

14

## Culture of Continuous Improvement Through Systems

Element	State CAHs (% Meeting the Element or Criteria)	National CAHs (% Meeting the Element or Criteria)
<b>Culture of Continuous Improvement Through Systems</b>	88%	82%
The organization uses standardized methods of improving processes	96%	87%
Leadership incorporates expectations for QI into job descriptions and department and committee charters	89%	84%
The organization has processes in place for continuous reporting and monitoring of QI data	98%	88%

15

## Culture of Continuous Improvement Through Behavior

Element	State CAHs (% Meeting the Element or Criteria)	National CAHs (% Meeting the Element or Criteria)
<b>Culture of Continuous Improvement Through Behavior</b>	84%	75%
The organization monitors adherence to best practices such as evidence-based protocols/order sets in all areas	96%	89%
The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels	98%	89%
Employees demonstrate initiative to achieve goals and strive for excellence	86%	76%
Managers and leaders regularly evaluate behaviors to ensure they align with the organizational values	95%	88%

16



## Integrating Equity Into Quality Practices

Element	State CAHs (% Meeting the Element or Criteria)	National CAHs (% Meeting the Element or Criteria)
<b>Integrating Equity Into Quality Practices</b>	14%	20%
Managers use collected data and other available resources to identify inequities	41%	54%
Leaders routinely assess quality interventions and processes to address identified inequities	33%	32%
Units and departments implement specific health equity projects to improve care and lessen inequities	46%	41%

17

## Engagement of Patients, Partners, and Community

Element	State CAHs (% Meeting the Element or Criteria)	National CAHs (% Meeting the Element or Criteria)
<b>Engagement of Patients, Partners, and Community</b>	60%	46%
The organization collects feedback from patients/families beyond patient experience surveys	93%	76%
The organization collaborates with other care providers using closed-loop referral processes to ensure quality of care	93%	86%
The organization uses a variety of mechanisms to share quality data with patients, families, and the community	74%	69%
Leaders synthesize and develop action plans in response to patient, family, and community feedback	72%	64%

18

## Collecting Meaningful and Accurate Data

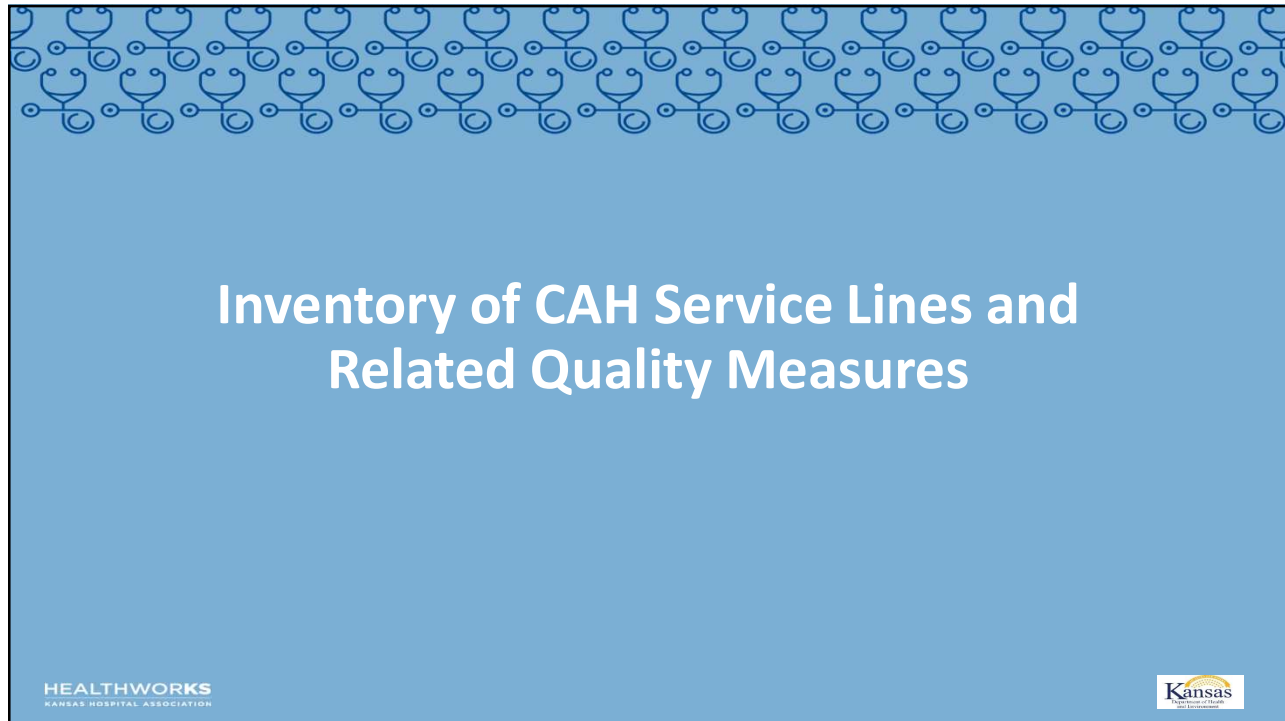
Element	State CAHs (% Meeting the Element or Criteria)	National CAHs (% Meeting the Element or Criteria)
<b>Collecting Meaningful and Accurate Data</b>	69%	70%
The organization has a multidisciplinary process for identifying key quality metrics	80%	78%
Leaders identify risks and opportunities based on analyses of key performance metrics	98%	89%
The organization leverages health information technology (HIT) to support complete and accurate data collection	89%	84%
The organization collects and documents race, ethnicity, and language (REL), sexual orientation and gender identify (SOGI), and health related social needs (HRSN) data	92%	83%

19

## Using Data to Improve Quality

Element	State CAHs (% Meeting the Element or Criteria)	National CAHs (% Meeting the Element or Criteria)
<b>Using Data to Improve Quality</b>	54%	56%
The organization shares data transparently both internally and externally	93%	86%
The organization incorporates external data sources to inform QI efforts	68%	66%
Leaders act on and clearly communicate data results from quality initiatives	67%	74%
The organization uses benchmarking to identify where quality can be improved	93%	87%

20



21

## **Inventory**

- Service Provision (in all domains of the hospital/entities they own, including swing beds, labor and delivery, behavioral health, and many more)
- Quality Measures by service line/area *outside of MBQIP measures* (Inpatient, Outpatient, Mental Health, Specialties, Other services)

The logo for Healthworks Kansas Hospital Association is located in the bottom left corner of the slide.

22



## Discussion Time

- What resources could we provide that would help you make a meaningful impact to your infrastructure?
- How can we best assist you with the information we went over today?
- What would you like to see for future Healthworks offerings?
- What is your biggest challenge?

**HEALTHWORKS**  
KANSAS HOSPITAL ASSOCIATION

23



**HEALTHWORKS**  
KANSAS HOSPITAL ASSOCIATION



24



## Contact Us

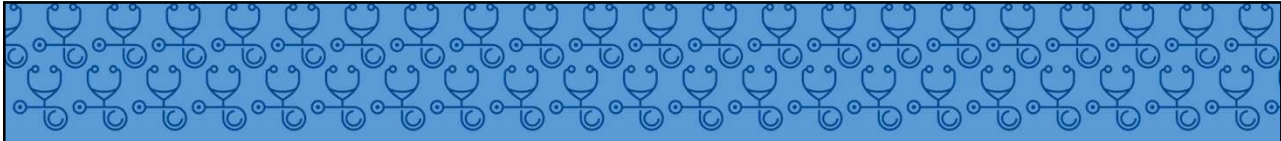
**Jennifer Findley**  
 jfindley@kha-net.org (785) 233-7436

**Susan Runyan**  
 srunyan@kha-net.org (620) 222-8366

**Susan Pattie**  
 spattie@kha-net.org (785) 276-3119





25



## Funding Acknowledgement

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$968,815 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).



26