

National Critical Access Hospital Quality Inventory and Assessment Submission 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 gathers 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. 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 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.

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, we encourage you to review 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. Your completed Assessment responses from last year were emailed to the Quality Contact listed in your facility's

response, and the email subject was “Your response has been received” from “monitoring@flexmonitoring.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).

All answers should be completed for the current point-in-time or current year unless otherwise indicated. Some questions or response options contain additional reminders via hover text and are indicated in red text. You can hover your cursor over the red text to view the reminder. All hover text reminders are included in this instruction document as well.

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 – 21)	
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? <ul style="list-style-type: none"> • 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.

Data Field	Instructions
<p>Q5: Is the person submitting the Assessment also the person best suited to answer questions specifically related to hospital quality activities?</p>	<p>Indicate yes or no to whether the individual submitting this Assessment on behalf of your hospital is also the person at your hospital best suited to answer questions about quality activities.</p> <p>If you select yes, this person’s contact information may be used by State Flex Programs to contact hospital quality staff in the future.</p>
<p>Q6: Please provide the name, email address, and role for the best quality contact at your hospital.</p>	<p>This question is only asked for those who indicated in the previous question that the individual submitting the Assessment was <i>not</i> the best person to contact about quality activities at their hospital.</p> <p>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.</p>
<p>Q7: Please indicate all staff types that contributed to the completion of this assessment:</p> <ul style="list-style-type: none"> • Quality Staff (e.g., Director of Quality, Quality Analyst, etc.) • CEO/Administrator • Chief Nursing Officer (CNO) • Financial Team Members (CFO or other staff) • Information Technology (IT) Staff • Infection Prevention • Other 	<p>Hospitals are encouraged to complete this assessment with input from a variety of team members.</p> <p>Select all types of staff that apply. If “Other” is selected, please specify the other role title(s) in the text box provided. Do not include special characters (including bullets) or responses such as “N/A”, “None” or “Unknown” in the “Other” text box.</p>

Data Field	Instructions
<p>Q8: Please describe your hospital’s system membership:</p> <ul style="list-style-type: none"> • 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) 	<p>Please select the one response that best describes your hospital.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Q9: Does your system support your hospital’s quality improvement and reporting work?</p> <ul style="list-style-type: none"> • 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 quality support provided by hospital system 	<p>This question is only asked for those who indicated in the previous question that their hospital was owned or managed.</p> <p>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. Do not include special characters (including bullets) or responses such as “N/A”, “None” or “Unknown” in the “Other” text box.</p>

Data Field	Instructions
<p>Q10: What was your hospital’s average daily census for inpatient acute care in CY 2023?</p>	<p>Enter the average daily census for inpatient acute care in calendar year 2023. Average daily census is calculated by adding the daily census for each day of the year and then dividing the total number by 365. Average daily census is only for inpatient acute care and does not include swing beds or infants (unless they are admitted as a pediatric patient).</p> <p>Please round your entry to the nearest whole number (which may be zero if your ADC is less than 0.5). Note that this number may not exceed the number of acute care beds in your CAH (limited to 25 or fewer).</p>
<p>Q11: You entered “0” as your average daily census above – please insert your actual average daily census value with two decimal points. (e.g., 0.33 or 0.41).</p>	<p>This question is only asked for those who indicated in the previous question that their hospital average daily census was zero.</p> <p>Enter your actual average daily census for inpatient acute care in calendar year 2023, rounded to two decimal points. This value is restricted to less than 0.5 (otherwise it would round up to 1, and your answer to the previous question is incorrect).</p>
<p>Q12: Does your hospital have Swing Beds?</p>	<p>Indicate whether your hospital has Swing Beds (yes) or does not (no).</p>
<p>Q13: What was your hospital’s total number of swing bed admissions in CY 2023?</p>	<p>Enter the total number of swing bed admissions in your hospital in calendar year 2023. Answers to this question are restricted to a whole number.</p>
<p>Q14: What was your hospital’s average length of stay for swing beds in CY 2023?</p>	<p>Enter the average length of stay for swing beds in calendar year 2023. Average length of stay is calculated by adding the number of days in the hospital for all swing bed patients and then dividing the by the total number of swing bed patients.</p> <p>Please round to the nearest whole number of days. 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.</p>

Data Field	Instructions
<p>Q15: What was the total number of Emergency Department (ED) visits for anyone who spent time in the ED in CY 2023?</p>	<p>Enter the total number of Emergency Department (ED) visits for calendar year 2023. 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.</p> <p>Note that since this value is for the total number of ED visits for all of 2023, this number is expected to be relatively high and answers are restricted to 25 or greater.</p>
<p>Q16: Does your hospital participate in any of the following quality initiatives:</p> <ul style="list-style-type: none"> • QIN-QIO – Quality Innovation Network-Quality Improvement Organization • Medicare Promoting Interoperability Program • Get With the Guidelines (American Heart Association) • Other quality initiatives/collaborative models 	<p>For each of the initiatives or models listed, indicate whether your hospital participates (yes) or does not participate (no).</p> <p>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 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 “Other” text box.</p>
<p>Q17: Does your hospital participate in any payment or other demonstration models which emphasize quality measurement and improvement?</p> <ul style="list-style-type: none"> • Medicare Accountable Care Organization(s) (ACOs) (including Shared Savings Program) • Medicare Advantage ACO(s) • Medicaid ACO(s) • Commercial insurance ACO(s) • Patient-Centered Medical Home (PCMH) • Other value-based care models or demonstrations 	<p>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.</p> <p>Commercial insurance ACOs are ACOs run by commercial payors, e.g., Cigna Banner Health Network ACO or BCBS Illinois.</p> <p>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. Do not include special characters (including bullets) or responses such as “N/A”, “None” or “Unknown” in the “Other” text box.</p>

Data Field	Instructions
<p>Q18: Which vendor provides your hospital’s primary inpatient (hospital) Electronic Health Records (EHR) system?</p> <ul style="list-style-type: none"> • Allscripts • Athenahealth • Epic • Cerner • CPSI/Evident • MEDHOST • Meditech • Other 	<p>Select only one EHR that is the primary EHR for your hospital. If “Other” is selected, please specify in the text box provided. Do not include special characters (including bullets) or responses such as “N/A”, “None” or “Unknown” in the “Other” text box.</p>
<p>Q19: Do you use your EHR for collecting and/or reporting quality data?</p> <ul style="list-style-type: none"> • Manual data abstraction • EHR pre-defined reports • Manually developed reports • Auto-upload from EHR to quality platform (CMS/CART) • Other EHR activities for collecting or reporting quality data 	<p>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. Do not include special characters (including bullets) or responses such as “N/A”, “None” or “Unknown” in the “Other” text box.</p>

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<p>Q20: Which vendor do you engage to field and submit data for HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) surveys?</p> <ul style="list-style-type: none"> • Arbor Associates, Inc. • CAMC Institute • Custom Survey Solutions, Inc. • Informed Decisions, Inc. • JL Morgan & Associates, Inc. • Minnesota Rural Health Cooperative • Nexus Health Resources • NRC Health • Press Ganey Associates • PRC – Professional Research Consultants • RMS – Research & Marketing Strategies, Inc. • Rural Comprehensive Care Network • Survey Solutions by ICAHN • SurveyVitals, A Qualtrics Company LLC • Other • Our facility does not participate in HCAHPS 	<p>Select the vendor you work with to field and submit data for Hospital Consumer Assessment of Health Providers and Systems surveys.</p> <p>If “Other” is selected, please specify in the text box provided. Do not include special characters (including bullets) or responses such as “N/A”, “None” or “Unknown” in the “Other” text box.</p>
<p>Q21: What is your Accrediting Agency?</p> <ul style="list-style-type: none"> • ACHC – Accreditation Commission for Healthcare • CIHQ – Center for Improvement in Healthcare Quality • DNV • Joint Commission • Our state • Other • None – our facility does not participate in accreditation of any kind 	<p>Select the Accrediting Agency for your hospital.</p> <p>If “Other” is selected, please specify in the text box provided. Do not include special characters (including bullets) or responses such as “N/A”, “None” or “Unknown” in the “Other” text box.</p>

Data Field	Instructions
Hospital Quality Infrastructure (Questions 23 – 46)	
<p>The questions in this section assess your CAH by using nine elements that have been identified as essential components of <u>CAH Quality Infrastructure</u> 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. Measure specifications can be found <u>here</u>, and more information about the development of the measure can be found in <u>this summit report</u>.</p> <p>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.</p> <p>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 (e.g., “Our facility has an available dashboard to share population health and/or disparity-related data from internal and external sources”), 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.</p> <p>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.</p> <p>The nine core elements of CAH Quality Infrastructure that will be assessed are:</p> <ul style="list-style-type: none"> • 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 	

Data Field	Instructions
<p>Q23: Which of the following statements about board engagement are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q24: Which of the following statements about resources are true at your facility?</p> <ul style="list-style-type: none"> • 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 is invested in tools, training, and/or software to support data analysis, visualization, and utilization • None of the above 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>

Data Field	Instructions
<p>Q25: Which of the following statements about leadership involvement are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q26: Which of the following statements about strategic planning are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>

Data Field	Instructions
<p>Q27: Which of the following statements about health equity are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>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?</p> <ul style="list-style-type: none"> • For clinical staff • For non-clinical staff • For board members • For volunteers • None of the above 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>

Data Field	Instructions
<p>Q29: How does your facility incorporate quality into standard work?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q30: Which of the following statements about diversity, equity, and inclusion and related training are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q31: Which of the following standardized methods does your facility utilize?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all methods utilized by your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>

Data Field	Instructions
<p>Q32: Where does hospital leadership incorporate expectations for quality improvement?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q33: Which of the following statements about data are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q34: Which of the following statements about best practice adherence are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>

Data Field	Instructions
<p>Q35: With which of the following partners has your facility developed and maintained intentional relationships?</p> <ul style="list-style-type: none"> • Nearby hospitals • Nearby clinics • Local long-term care facilities • Local public health • Local community-based organizations • None of the above 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q36: Which of the following statements about employee achievement are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>

Data Field	Instructions
<p>Q37: Which of the following statements about evaluation of employee behaviors related to quality are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q38: Which of the following statements about patient, family, and community feedback are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>

Data Field	Instructions
<p>Q39: Which of the following statements about referrals are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q40: In what ways does your facility disseminate patient feedback and data?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all the ways your facility disseminates patient feedback and data.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q41: Does your facility have a multidisciplinary process in place for the identification of key quality metrics? (Yes/No)</p>	<p>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.</p>
<p>Q42: Which of the following statements about leveraging health information technology (HIT) are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q43: Which of the following data does your facility have a standardized process to collect?</p> <ul style="list-style-type: none"> • Race, ethnicity, and language (REL) data • Sexual orientation and gender identity (SOGI) data • Health related social needs (HRSN) data • None of the above 	<p>Please select all types of data your facility has a standardized process to collect.</p> <p>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 <i>or</i> the “None of the above” response.</p>

Data Field	Instructions
<p>Q44: Which of the following statements about data are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q45: Do your hospital's QI efforts incorporate data from sources other than clinical quality measures? (Yes/No)</p>	<p>Please select yes or no to indicate whether your hospital incorporates data from sources other than clinical quality measures into its quality improvement efforts.</p> <p>Such sources might include:</p> <ul style="list-style-type: none"> • County Health Rankings • Community Health Needs Assessment/Community Health Improvement Plan data • U.S. and/or state census data
<p>Q46: Which of the following statements about benchmarking are true at your facility?</p> <ul style="list-style-type: none"> • 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 	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>

Data Field	Instructions
Service Provision (Questions 48 – 53)	
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.	
<p>Q48: Hospital Outpatient Services</p> <ul style="list-style-type: none"> • Cardiac rehabilitation • Emergency medicine • Infusion services • Occupational therapy • Outpatient surgery • Physical therapy • Pulmonary rehabilitation • Radiology • Speech therapy • Wound care 	<p>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).</p>
<p>Q49: Hospital Inpatient Services</p> <ul style="list-style-type: none"> • Inpatient hospice • Inpatient surgery • Intensive care unit • Labor and delivery services 	<p>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).</p>
<p>Q50: Behavioral Health Services</p> <ul style="list-style-type: none"> • Adult psychiatric inpatient services • Medication assisted treatment (MAT) • Pediatric psychiatric inpatient services • Psychiatric outpatient services – counseling • Psychiatric outpatient services – psychiatric nurse practitioner • Psychiatric outpatient services – psychiatrist • Substance use disorder services – inpatient/residential • Substance use disorder services – outpatient 	<p>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).</p>

Data Field	Instructions
<p>Q51: Specialty Care (inpatient and/or outpatient, unless otherwise specified)</p> <ul style="list-style-type: none"> • Cardiology • Dermatology • ENT • Gastroenterology • Infectious disease • Neurology • Obstetrics/Gynecology • Oncology/Cancer care • Orthopedics • Pain management • Pediatrics • Pulmonology • Sleep medicine 	<p>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).</p>
<p>Q52: Other services</p> <ul style="list-style-type: none"> • Ambulance services • 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 	<p>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).</p>
<p>Q53: Additional services provided by your hospital or an entity owned by your hospital</p>	<p>Enter additional service lines provided by your hospital or an entity owned by your hospital in the text box provided.</p>
Additional Questions (Questions 54 – 56)	
<p>Q54: 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)</p>	<p>This question is optional.</p> <p>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.</p>

Data Field	Instructions
Q55: Please share anything unique about your hospital as it relates to quality reporting and/or quality improvement. (open-ended)	<p>This question is optional.</p> <p>Please include any additional context or information that may be helpful for understanding your hospital and their quality improvement work.</p>
Q56: Please share your feedback here regarding this Assessment including any comments on the format, ease of use, instructions, or specific questions. (open-ended)	<p>This question is optional.</p> <p>Please include any feedback that arose throughout your completion of the assessment.</p>