



CAH Quality Assessment Results and Resources

Quality Corner Call
May 19, 2026





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Flex Monitoring Team

2025 National CAH Quality Inventory & Assessment National Report



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CAH Characteristics

FIGURE 1: CAH System Affiliation

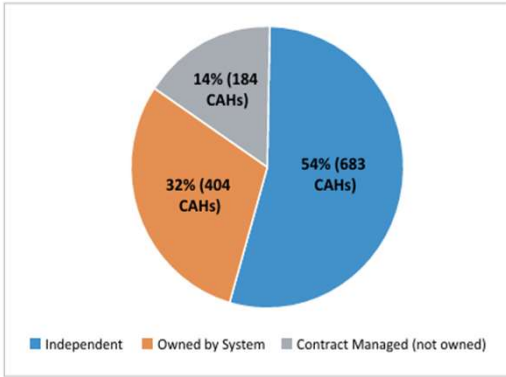


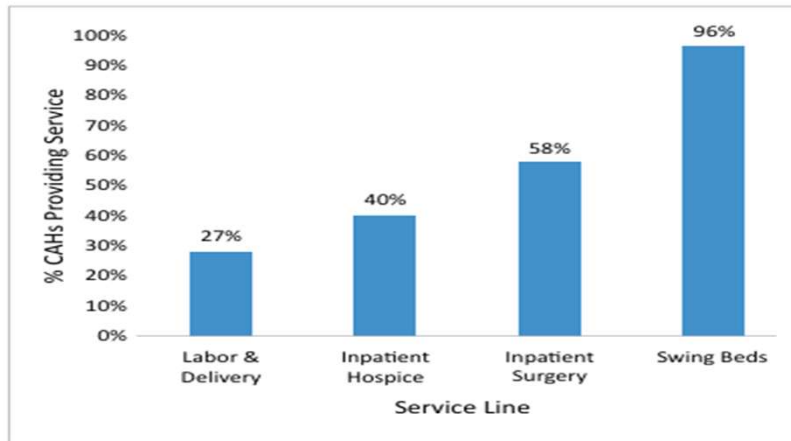
TABLE 1: CAH Volume Measures

Description	Respondents (n=1,271)
Median Average Daily Census (2024)	2.9
Median Emergency Department Volume (2024)	5,467
Description	CAH Respondents (n=1,224)
Median Swing Bed Admissions (2024)	60
Median Swing Bed Average Length of Stay (2024)	11

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CAH Service Line Data

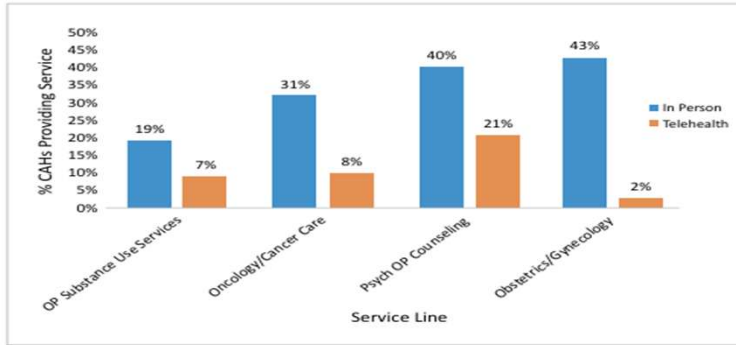
FIGURE 2: Hospital Inpatient Services (n=1,271)



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CAH Service Line Data

FIGURE 3: Behavioral Health & Specialty Care Services (n=1,271)

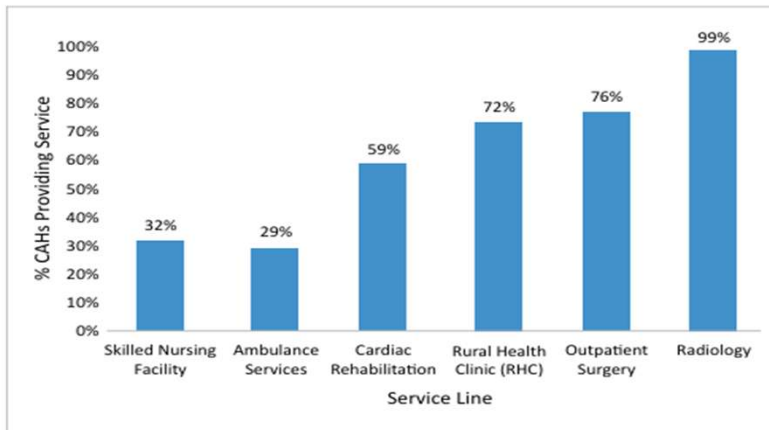


Note: CAHs could select all modes that apply, thus some CAHs may provide services both in person and via telehealth

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CAH Service Line Data

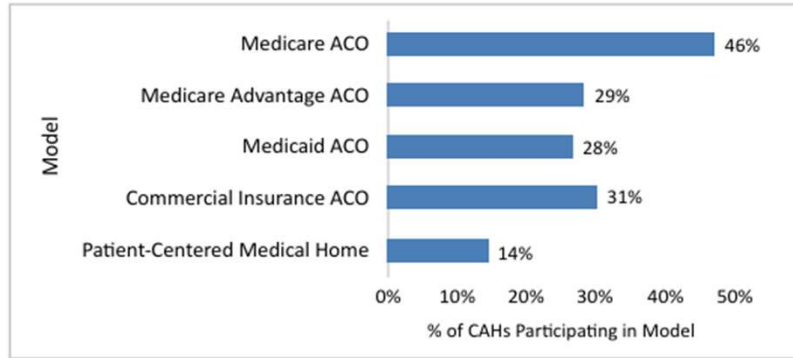
FIGURE 4: Outpatient and Other Services (n=1,271)



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Quality Payment Model Participation

FIGURE 5: Quality Payment Model Participation in CAHs (n=1,271)

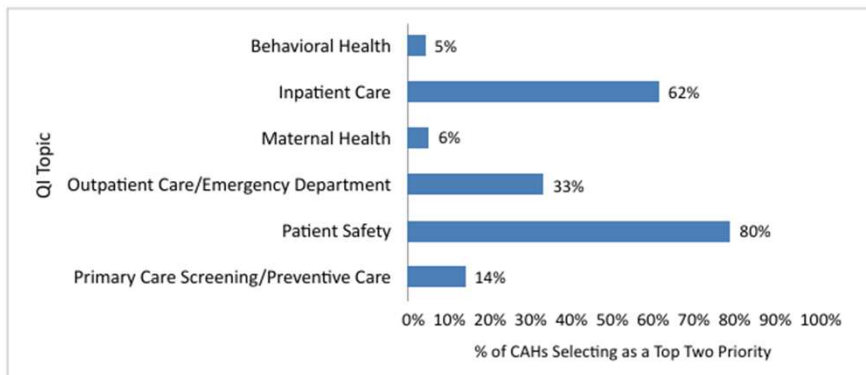


Note: CAHs were instructed to select all that applied

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Quality Payment Model Participation

FIGURE 6: Quality Improvement Topic Priorities in CAHs (n=1,271)



Note: CAHs were restricted to selecting two QI topics as their top priorities

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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

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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



Quality Embedded Within the Organization's Strategic Plan



Workforce Engagement & Ownership



Culture of Continuous Improvement Through Systems



Culture of Continuous Improvement Through Behavior



Engagement of Patients, Partners, & Community



Collecting Meaningful & Accurate Data



Using Data to Improve Quality

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Leadership Responsibility & Accountability

Element	2024 State CAHs (% Meeting the Element or Criteria)	2025 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2025 National CAHs (% Meeting the Element or Criteria)
Leadership Responsibility and Accountability	95%	96%	96%	98%
The hospital board engages in and supports quality improvement	95%	96%	97%	98%
Organizational resources are adequately allocated to support QI	100%	100%	99%	100%
Executive leadership oversees design and functionality of the QI program	100%	100%	100%	100%

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Quality Embedded Within the Organization’s Strategic Plan

Element	2024 State CAHs (% Meeting the Element or Criteria)	2025 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2025 National CAHs (% Meeting the Element or Criteria)
Quality Embedded Within the Organization’s Strategic Plan	47%	51%	60%	66%
Quality leaders participate in organizational strategic planning	79%	79%	80%	83%
Quality is a core component of the organization’s strategic plan	69%	72%	84%	86%
Quality is reflected in all core components of the organization’s strategic plan	57%	63%	72%	77%

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Workforce Engagement and Ownership

Element	2024 State CAHs (% Meeting the Element or Criteria)	2025 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2025 National CAHs (% Meeting the Element or Criteria)
Workforce Engagement and Ownership	73%	73%	70%	77%
The organization has formal onboarding and orientation that embed quality as a priority	86%	86%	87%	88%
The organization has regular and ongoing professional development opportunities for staff related to quality	96%	96%	90%	91%
Quality improvement is incorporated into standard work	93%	84%	93%	93%

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Culture of Continuous Improvement Through Systems

Element	2024 State CAHs (% Meeting the Element or Criteria)	2025 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2025 National CAHs (% Meeting the Element or Criteria)
Culture of Continuous Improvement Through Systems	93%	90%	94%	94%
The organization uses standardized methods of improving processes	99%	96%	98%	98%
Leadership incorporates expectations for QI into job descriptions and department and committee charters	94%	94%	96%	96%
The organization has processes in place for continuous reporting and monitoring of QI data	100%	100%	99%	100%

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Culture of Continuous Improvement Through Behavior

Element	2024 State CAHs (% Meeting the Element or Criteria)	2025 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2025 National CAHs (% Meeting the Element or Criteria)
Culture of Continuous Improvement Through Behavior	91%	89%	88%	91%
The organization monitors adherence to best practices such as evidence-based protocols/order sets in all areas	99%	96%	99%	100%
The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels	100%	100%	99%	99%
Employees demonstrate initiative to achieve goals and strive for excellence	91%	91%	89%	92%
Managers and leaders regularly evaluate behaviors to ensure they align with the organizational values	100%	100%	99%	100%

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Engagement of Patients, Partners, and Community

Element	2024 State CAHs (% Meeting the Element or Criteria)	2025 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2025 National CAHs (% Meeting the Element or Criteria)
Engagement of Patients, Partners, and Community	65%	63%	59%	61%
The organization collects feedback from patients/families beyond patient experience surveys	98%	91%	88%	84%
The organization collaborates with other care providers using closed-loop referral processes to ensure quality of care	95%	96%	97%	97%
The organization uses a variety of mechanisms to share quality data with patients, families, and the community	80%	84%	84%	85%
Leaders synthesize and develop action plans in response to patient, family, and community feedback	81%	81%	76%	81%

Collecting Meaningful and Accurate Data

Element	2024 State CAHs (% Meeting the Element or Criteria)	2025 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2025 National CAHs (% Meeting the Element or Criteria)
Collecting Meaningful and Accurate Data	80%	69%	86%	81%
The organization has a multidisciplinary process for identifying key quality metrics	83%	81%	89%	92%
Leaders identify risks and opportunities based on analyses of key performance metrics	100%	100%	100%	100%
The organization leverages health information technology (HIT) to support complete and accurate data collection	99%	98%	97%	98%
The organization collects and documents race, ethnicity, and language (REL), sexual orientation and gender identify (SOGI), and health related social needs (HRSN) data	98%	84%	97%	88%

Using Data to Improve Quality

Element	2024 State CAHs (% Meeting the Element or Criteria)	2025 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2025 National CAHs (% Meeting the Element or Criteria)
Using Data to Improve Quality	51%	56%	69%	75%
The organization shares data transparently both internally and externally	96%	96%	96%	98%
The organization incorporates external data sources to inform QI efforts	67%	70%	78%	83%
Leaders act on and clearly communicate data results from quality initiatives	68%	74%	85%	88%
The organization uses benchmarking to identify where quality can be improved	98%	100%	99%	99%

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Improvement Resources

HEALTHWORKS
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Flex Monitoring Team
University of Minnesota | University of North Carolina at Chapel Hill | University of Southern Maine

Critical Access Hospital Quality Infrastructure Measure Data Specifications Manual

Updated: August 2025
Prepared by: Flex Monitoring Team

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www.flexmonitoring.org



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APPENDIX A: CAH Quality Infrastructure Crosswalk for Measure Questions, Criteria, and Core Elements

This table shows how Assessment question and responses, criteria, and core elements are related to one another. Many responses map on to just one criterion while some map onto multiple criteria. This table also shows how several response options can contribute to meeting the criteria. For example, for the first question (board engagement), if a CAH selects at least one of these options, they meet the first criteria for the element Leadership Responsibility and Accountability, which is that the hospital board engages in and supports quality improvement.

Questions and Response Options from CAH Quality Inventory and Assessment	Criteria Description(s)	Core Element(s)
[Check all that apply] Which of the following statements about board engagement are true at your facility?		
<input type="checkbox"/> Quality performance and strategies are a standing agenda item and are discussed at every board meeting	The hospital board engages in and supports quality improvement	Leadership Responsibility and Accountability
<input type="checkbox"/> Quality directors/leaders/managers/staff participate in board meetings	The hospital board engages in and supports quality improvement	Leadership Responsibility and Accountability
<input type="checkbox"/> The board has a quality subcommittee	The hospital board engages in and supports quality improvement	Leadership Responsibility and Accountability
<input type="checkbox"/> A board member serves on the hospital's quality committee	The hospital board engages in and supports quality improvement	Leadership Responsibility and Accountability
[Check all that apply] Which of the following statements about resources are true at your facility?		
<input type="checkbox"/> There is funding available annually for at least one staff member to attend external quality-related trainings or conferences	Organizational resources are adequately allocated to support QI; The organization has regular and ongoing professional development opportunities for staff related to quality	Leadership Responsibility and Accountability Workforce Engagement and Ownership
<input type="checkbox"/> There is funding available annually for at least one staff member to pursue a quality-relevant certification (e.g., CPHQ; Lean belt)	Organizational resources are adequately allocated to support QI; The organization has regular and ongoing professional development opportunities for staff related to quality	Leadership Responsibility and Accountability Workforce Engagement and Ownership



APPENDIX B: Instructions for Measure Submission

To submit data for the CAH Quality Infrastructure measure, CAHs must complete the National CAH Quality Inventory and Assessment ("Assessment"). The Assessment contains the CAH Quality Infrastructure measure questions, as well as several other questions that are not part of the CAH Quality Infrastructure measure (such as questions about service lines, quality measures, and other CAH characteristics). CAHs must submit the Assessment on their own behalf through the Qualtrics platform for the measure to be accepted (emailed submissions are not accepted). By submitting the Assessment, CAHs are submitting the CAH Quality Infrastructure measure. Submissions of the Assessment (and within it the CAH Quality Infrastructure measure) are due in November of each year, and late submissions of the Assessment and the measure within it will not be accepted. For more information about the Assessment, visit [this webpage](#).

Before using the submission portal to submit their Assessment answers, CAHs are encouraged to review the full list of questions in the instructions document and collect their answers. 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.

Answers may not be saved within the submission portal, so it is encouraged that CAHs complete entry of their answers in one sitting. When the Assessment is submitted in Qualtrics, the individual submitting it will receive an email confirmation. The confirmation will include a copy of responses to the Assessment (users can also download a copy of the Assessment from the final screen in Qualtrics).

CAH Quality Infrastructure	
The questions in this section assess your CAH by using eight elements that have been identified as essential components of CAH Quality Infrastructure:	
<ul style="list-style-type: none"> Leadership Responsibility and Accountability Quality Embedded Within the Organization's Strategic Plan Workforce Engagement and Ownership Culture of Continuous Improvement Through Systems 	<ul style="list-style-type: none"> Culture of Continuous Improvement Through Behavior Engagement of Patients, Partners, and Community Collecting Meaningful and Accurate Data Using Data to Improve Quality
Q: Which of the following statements about board engagement are true at your facility?	Please select all responses that apply at your facility.
<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 	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.



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Q: 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 is invested in tools, training, and/or software to support data analysis, visualization, and utilization
- None of the above

Please select all responses that apply at your facility.

Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided or the "None of the above" response.

Q: Which of the following statements about leadership involvement are true at your facility?

- Executive leadership reviews the facility's quality plan and progress, and provides feedback at least once per year
- Executive leadership shares quality improvement and measurement priorities from system-level planning and/or other external partnerships at least once per year
- Executive leadership's oversight of the QI program is reflected in writing (e.g., in hospital policy or in the quality plan)
- Executive leadership sits on quality committee
- Executive leadership sits on other performance improvement teams for identified organizational priority discussions
- None of the above

Please select all responses that apply at your facility.

Note: You will receive an error if you select "None of the above" in addition to any of the other responses for this question. If you receive this error, please either select all applicable responses provided or the "None of the above" response.



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RESOURCE CENTER

CAH Quality Infrastructure Measure Submission Guide

Released April 2025, version 1.0







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Leadership Responsibility & Accountability

Core Element 1—Leadership Responsibility and Accountability
 Actively demonstrate governance and administrative leadership support for improving quality.

Element Criteria

- The organization’s board engages in and supports quality improvement.
- Organizational resources are adequately allocated to support quality improvement.
- Executive leadership oversees design and functionality of the quality improvement program.

Strategies to Meet Core Element 1 Criteria

Include QI metrics in regular board meeting agendas. This could include MBQIP reports and other quality data sources.

Create direct communication channels between the board and quality teams.

Provide physical spaces for quality improvement teams to meet and work.

Allocate protected time for staff to participate in QI projects.

QI leader and hospital leadership update board of directors (BOD) roles and responsibility to include QI responsibilities. If BOD quality activities are not improving, revise these roles and responsibilities.

Implement executive rounding focused on quality initiatives.

Include quality improvement project standards and documentation for all QI initiatives. This can include communication for board members on quality projects for each patient service and executive rounding standards.




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Quality Embedded Within the Organization’s Strategic Plan

Core Element 2—Quality Embedded Within the Organization’s Strategic Plan

Ensure quality is an intentional component of the strategic plan process and strategic plan.

Element Criteria

- Quality leaders participate in organizational strategic planning.
- Quality is a core component of the organization’s strategic plan.
- Quality is reflected in all core components of the organization’s strategic plan.

Strategies to Meet Core Element 2 Criteria

- Establish quality leadership representation in board meetings.
- Develop quality-focused mission and vision statements.
- Include patient safety and quality improvement as strategic priorities.
- Have a written strategic plan with clear quality components.
- Link the hospital’s Community Health Needs Assessment and improvement plan into a hospital wide quality plan.
- Integrate quality goals into department-specific strategic plans
- Include organizational and/or QI mission and vision statements on QI documentation. Encourage leadership to incorporate these statements regularly at team meetings or daily huddles.

Workforce Engagement and Ownership

Core Element 3—Workforce Engagement and Ownership

Develop and support a workforce that embeds quality in everyday work.

Element Criteria

- The organization has formal onboarding and orientation that embed quality as a priority.
- The organization has regular and ongoing professional development opportunities for staff related to quality.
- Quality improvement is incorporated into standard work.

Strategies to Meet Core Element 3 Criteria

- RESOURCE**
- Work with your human resources department to incorporate “quality improvement 101” into onboarding and orientation.
 - Promote and participate in quality improvement continuing education (CE) opportunities as an organization.
 - Work with your [State Flex Program](#), your state [Quality Improvement Organization](#) (QIO), or state hospital association for support and ongoing training opportunities.
 - Develop a staff rounding worksheet that includes information to identify staff that should be recognized along with patient and/or staff stories that exhibit improvement and celebration.
 - Maintain transparent communication about quality initiatives with all levels of staff.
 - Ensure departmental leadership discusses QI projects and QI goals in departmental meetings or daily huddles.
 - Incorporate QI project activities into staff member annual reviews.

Culture of Continuous Improvement Through Systems

Core Element 4—Culture of Continuous Improvement Through Systems

Design and manage systems and processes in a manner that supports continuous quality improvement.

Element Criteria

- The organization uses standardized methods for improving processes.
- Leadership incorporates expectations for quality improvement into job descriptions and department and committee charters.
- The organization has processes in place for continuous reporting and monitoring of quality improvement data.

Strategies to Meet Core Element 4 Criteria

Form a hospital team that identifies quality improvement opportunities. Execute steps of the [Telligen Quality Improvement Workbook](#) including PDSA cycles to continue momentum of QI activities. Watch the [Embedding Quality Improvement Into Organizational Culture](#) webinar as a team and participate in group discussion and QI activities on a regular basis. Incorporate quality improvement in department charters, committee bylaws, and strategic plans. Designate quality champions at various organizational levels including non-clinical positions. Have a succession plan in place for QI, quality abstracting, submission, and reporting staff. Establish formal training / onboarding for new QI staff. Document detailed hospital specific instructions for all abstraction, submission, analysis, calculation of QI data. Implement scheduled review of quality data from MBQIP and other sources. Identify opportunities for improvement. Human resources consult QI leader or hospital leadership to update clinical and non-clinical staff job descriptions with roles and responsibilities associated with QI. Provide a list of expectations, suggested action steps, or best practices for quality champions to perform. Ask them to report out on a regular basis at board meetings.



Culture of Continuous Improvement Through Behaviors

Core Element 5—Culture of Continuous Improvement Through Behaviors

Support quality improvement behaviors in an adaptable organization that embraces innovation, motivation, and accountability.

Element Criteria

- The organization monitors adherence to best practices such as evidence-based protocols/order sets in all clinical areas.
- The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels.
- Employees demonstrate initiative to achieve goals and strive for excellence.
- Managers and leaders regularly evaluate behaviors to ensure they align with organizational values.

Strategies to Meet Core Element 5 Criteria

Implement clinical decision support tools. Conduct regular chart reviews and adherence to evidence-based guidelines. Establish a peer review process for clinical outcomes analysis. Establish cross-departmental committees and interdisciplinary teams with leadership engagement to achieve goals. Keep an updated list of evidence-based protocols and best practices used throughout the organization. Identify departmental quality metrics that monitor adherence to the protocols and workflows. Seek input from staff to improve adherence. Participate in healthcare coalitions with groups such as your [State Flex Program](#), state hospital association, and CAHs in your state for QI work. Create value-based recognition and rewards programs.



Engagement of Patients, Partners, and Community

Core Element 6—Engagement of Patients, Partners, and Community

The CAH intentionally builds external relationships with patients, partners, and the community to enhance access and improve the care experience.

Element Criteria

- The organization collects feedback from patients and families beyond patient experience surveys.
- The organization collaborates with other care providers using closed-loop referral processes to help ensure quality of care.
- The organization uses a variety of mechanisms to share quality data with patients, families, and the community.
- Leaders synthesize and develop action plans in response to patient, family, and community feedback.

Strategies to Meet Core Element 6 Criteria

Identify how your [Community Health Needs Assessment](#) strategic plan can align and compliment this criteria.

Start a [Patient & Family Advisory Council](#) and share quality data with participants.

Conduct post-discharge follow-up calls.

Establish formal referral protocols with community providers.

Choose departmental quality improvement metrics and interventions that include input from patients, family and caregivers.

Create an accessible public-facing dashboard on the hospital website.

Develop a structured feedback analysis process on patient, family, and community feedback.

Collecting Meaningful and Accurate Data

Core Element 7—Collecting Meaningful and Accurate Data

Apply a multidisciplinary approach to identify key quality metrics, prioritizing complete and accurate data collection.

Element Criteria

- The organization has a multidisciplinary process for identifying key quality metrics.
- Leaders identify risks and opportunities based on analyses of key quality metrics.
- The organization leverages health information technology (HIT) to support complete and accurate data collection.
- The organization collects and documents health related social needs (HRSN) data.

Strategies to Meet Core Element 7 Criteria

Establish a quality committee with representatives from: Clinical departments (physicians, nurses, pharmacists), Administration, IT/Health Information Management, Patient Safety, Risk Management, Patient Experience team.

Track trends in key quality metrics and establish data benchmarks.

Optimize Electronic Health Record (EHR) systems to create structured data fields, implement automated data capture, develop custom reports.

Train staff in sensitive data collection.

Ensure cultural competency via staff training, utilization of translation services, cultural sensitivity guidelines.

Using Data to Improve Quality

Core Element 8—Using Data to Improve Quality

Use internal and external data comprehensively, meaningfully, and transparently to inform quality improvement.

Element Criteria

- The organization shares quality data transparently both internally and externally.
- The organization incorporates external data sources to inform quality improvement efforts.
- Leaders act on and clearly communicate the data results from quality initiatives.
- The organization uses benchmarking to identify where quality can be improved.

Strategies to Meet Core Element 8 Criteria

Create an accessible public-facing dashboard on the hospital website that contains key quality metrics

Implement digital dashboards accessible to all staff. Include quality improvement projects, outputs, and key performance indicators.

Include state and regional health statistics into quality improvement initiatives.

Include transparent reports of quality initiative successes, challenges-achievements, and abandoned initiatives

Participate in national quality programs and use benchmarking to identify improvement areas.



Discussion Time

- What’s the smallest meaningful action you could take in the next 30 days?
- Which part of this would your CEO care about most — and why?
- How would you turn this into a one-slide update for leadership?
- What’s one place where Kansas CAHs could collectively move the needle?

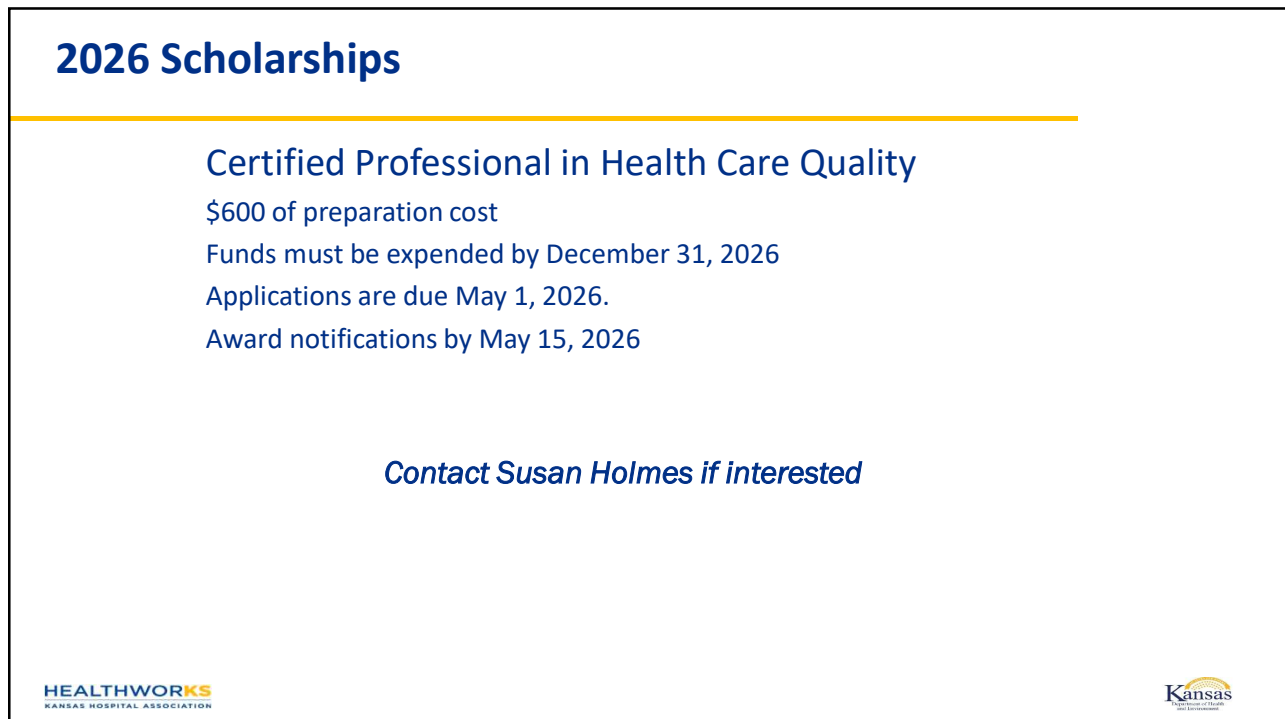
A slide with a blue background. The top portion features a pattern of light blue rectangular blocks arranged in a brick-like pattern. Below this pattern, the text "Upcoming Offerings" is centered in a large, bold, yellow font. In the bottom left corner, the "HEALTHWORKS KANSAS HOSPITAL ASSOCIATION" logo is displayed. In the bottom right corner, the "Kansas" logo is shown, featuring a stylized sun and the text "Kansas" above "KANSAS HOSPITAL ASSOCIATION".

Upcoming Offerings

HEALTHWORKS
KANSAS HOSPITAL ASSOCIATION

Kansas
KANSAS HOSPITAL ASSOCIATION

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A slide with a white background and a thin black border. The title "2026 Scholarships" is at the top left in a bold blue font, followed by a horizontal yellow line. Below the line, the text "Certified Professional in Health Care Quality" is centered in blue. Underneath, three lines of text provide details: "\$600 of preparation cost", "Funds must be expended by December 31, 2026", and "Applications are due May 1, 2026." The final line reads "Award notifications by May 15, 2026". At the bottom center, the text "Contact Susan Holmes if interested" is written in a blue, italicized font. The "HEALTHWORKS KANSAS HOSPITAL ASSOCIATION" logo is in the bottom left, and the "Kansas" logo is in the bottom right.

2026 Scholarships

Certified Professional in Health Care Quality

\$600 of preparation cost

Funds must be expended by December 31, 2026

Applications are due May 1, 2026.

Award notifications by May 15, 2026

Contact Susan Holmes if interested

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2026 careLearning Courses

HCAHPS Survey Education Series

- Introduction to the HCAHPS Survey Series
- Your Care From Nurses
- Your Care From Doctors
- The Hospital Environment
- Your Care in this Hospital
- Responsiveness of Staff
- Communication about Medication
- Leaving the Hospital
- Overall Rating of the Hospital

AI Fluency Series

- Intro to Prompts
- Legal and Ethical Concerns
- AI Business Essentials Part 1: ChatGPT
- AI Business Essentials Part 2: Microsoft Copilot
- Data Privacy
- Intro to Generative AI

Contact Jennifer Findley if interested



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2026 Upcoming Webinars

• QAPI Networking Group

- May 28 & June 25 @ 0900

- To register:

https://us02web.zoom.us/meeting/register/ecVnOkRqQGSj2qYae7N_8A

• ASP Boot Camp Info Webinar

- June 10 @ 1000



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2026 Upcoming Webinars

- SHIP Quarterly Webinars @ noon
 - June 3, September 3, and December 3
- Quality Corner Calls @ noon
 - August 11 – Making Sense of CMS Star Ratings: What You Can Actually Influence
 - October 1 – TBD
 - November 17 – NRHA Awards and Full Ship Grant Recognition

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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

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Resources

- www.krhop.net
 - SHIP 25-26
 - SHIP 26-27
 - Quality

- www.kha-net.org
 - Education
 - Education Brochures
 - Register for Healthworks/KHA Events Online <https://registration.kha-net.org/>

KHA Culture of Safety Toolkit

<https://www.kha-net.org/CriticalIssues/QualityandPatientSafety/PatientSafety/>

INTRODUCTION
A strong culture of safety is the foundation of high-quality health care. It means that patients, families and staff are protected through shared values, behaviors and systems that prioritize safety above all else. A true culture of safety begins at the top. The CEO and Board of Directors must set the vision, expectations and practices that guide the entire organization. Their visible commitment is essential to ensuring that safety is embraced at every level, from the boardroom to the bedside.

This resource was developed to help health care organizations apply the principles of the Institute for Healthcare Improvement/National Patient Safety Foundation Leading Culture of Safety Blueprint to their unique environments. Using the IHI/NPSF Blueprint as a guide, and integrating additional evidence-based strategies, this condensed tool provides resources to help hospitals advance a sustainable, organization-wide culture of safety. Safety culture is not a department-level project; it must be led by the CEO and Board and infused throughout clinical and non-clinical operations.

The Leading a Culture of Safety Blueprint identifies six essential domains that serve as the pillars of a safe and reliable organization:

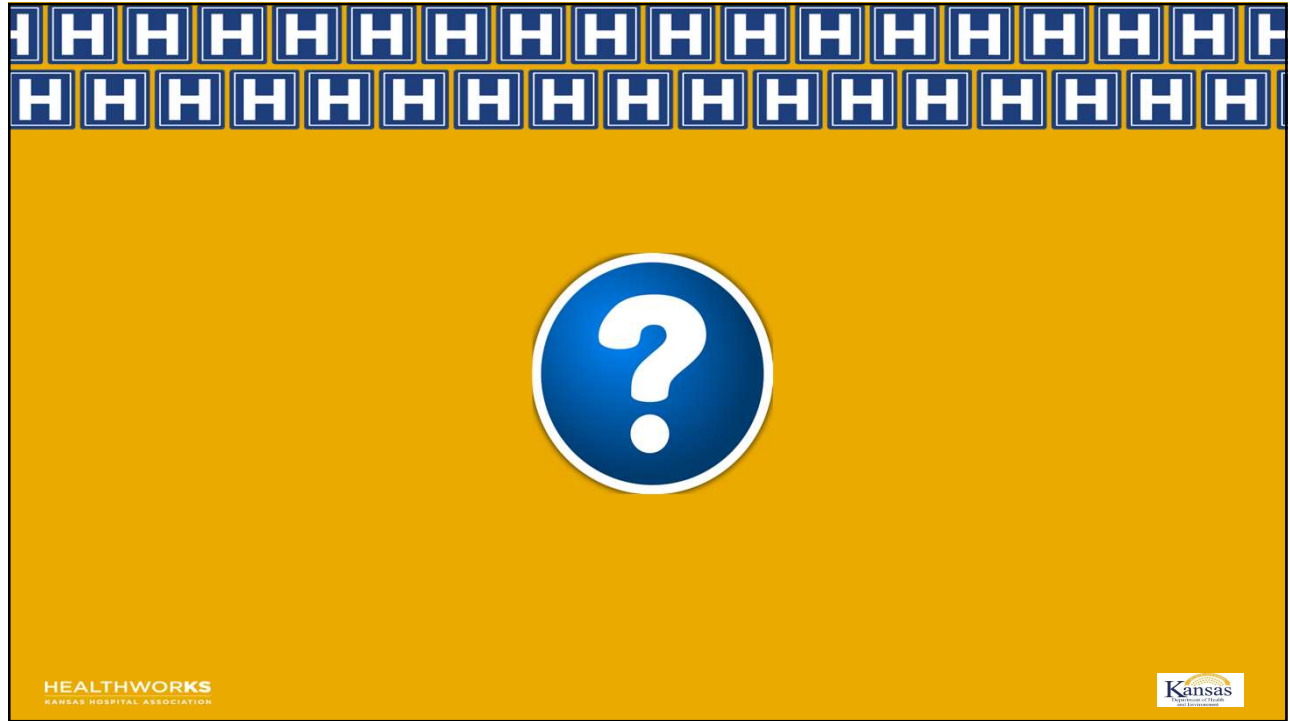
1. **Leadership Commitment** - Establish and model a shared vision for safety.
2. **Psychological Safety and Trust** - Foster an environment where all staff can speak up without fear.
3. **Accountability and Fairness** - Balance learning and accountability to encourage reporting and improvement.
4. **Effective Communication** - Promote open, respectful and transparent communication at all levels.
5. **Teamwork and Collaboration** - Strengthen interprofessional teamwork to ensure coordinated, safe care.
6. **Continuous Learning and Improvement** - Use data, reflection and feedback to drive ongoing system enhancement.

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KHA Kansas Hospital Association

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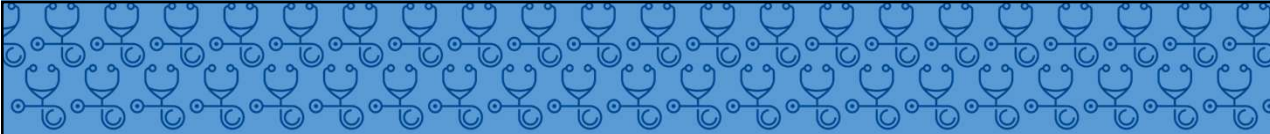


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