

# KHERF SHIP and MBQIP Quality Information

It's important to keep track of who in your organization has roles in the quality data reporting process. If you have staff changes, this list can be a helpful record of which personnel have access to reporting sites, tools, and vendors.

<b>Hospital Name:</b>	<b>Hospital City:</b>	<b>CCN:</b>
<p><b>Does your facility have at least two QualityNet Administrators (not users)?</b>    YES        NO</p> <p>If YES, list the name and email address: _____</p> <p>If YES, list the name and email address: _____</p>		
<p><b>Does your facility have at least two CART Administrators with access to IP AND OP?</b>    YES        NO</p> <p>If YES, list the name and email address: _____</p> <p>If YES, list the name and email address: _____</p>		
<p><b>Does your facility have at least two Quality Health Indicators (QHi) users?</b>    YES        NO</p> <p>If YES, list the name and email address: _____</p> <p>If YES, list the name and email address: _____</p>		
<p><b>Does your facility have an NHSN Facility Administrator?</b>    YES        NO</p> <p>If YES, list the name and email address: _____</p>		
<p><b>Does your facility have NHSN users?</b>    YES        NO</p> <p>If YES, list the name and email address: _____</p> <p>If YES, list the name and email address: _____</p>		
<p><b>Who is your Infection Preventionist (IP)?</b></p> <p>If YES, list the name and email address: _____</p>		
<p><b>Does your facility use an HCAHPS (Pt. Satisfaction) vendor?</b>    YES        NO</p> <p>If YES, list the name of the vendor and contact information: _____</p> <p>List the name of who is responsible to send patient lists to vendor for surveying: _____</p>		

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<b>MBQIP Measures:</b>	List the person who is responsible for abstracting in CART for each	List the person who is responsible for uploading cases to QualityNet for each	Backup Plan?
Population and Sampling (as needed)	N/A		
OP AMI: OP-2; OP-3			
OP ED Throughput: OP-18			
Pt Left Without Eval: OP-22	N/A		
IP ED Throughput: ED-2			
Emergency Department Transfer Comm	(Stratis)	(QHi)	
Healthcare Worker Flu: HCP/IMM-3	N/A	(NHSN)	
Annual Facility Survey	N/A	(NHSN)	

**Additional Educational Offerings: Which topics would your hospital be interested in during this grant period?**

<input type="checkbox"/> LEAN	<input type="checkbox"/> Patient and Family Engagement	<input type="checkbox"/> Quality Program Basics
<input type="checkbox"/> Improving Patient Satisfaction	<input type="checkbox"/> Abstraction Training	<input type="checkbox"/> Other:

**What quality data reporting action plan does your hospital have? (who abstracts, who uploads, how do you stay current on measures and information, what back up plan do you have to ensure work complete, where does data get shared, etc)**

  
  
  
  
  
  
  
  
  
  

**What additional assistance does your hospital need to successfully submit quality data and utilize results to make positive changes for your patients/community/organization?**

  
  
  
  
  
  
  
  
  
  

Keep original and return copy to KHERF via Email: [scunningham@kha-net.org](mailto:scunningham@kha-net.org) or Fax: 785-233-6955