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.

<table>
<thead>
<tr>
<th>Hospital Name:</th>
<th>Hospital City:</th>
<th>CCN:</th>
</tr>
</thead>
</table>

**Does your facility have at least two QualityNet Administrators (not users)?**  
YES NO

If YES, list the name and email address: ______________________________  ______________________________

If YES, list the name and email address: ______________________________  ______________________________

**Does your facility have at least two CART Administrators with access to IP AND OP?**  
YES NO

If YES, list the name and email address: ______________________________  ______________________________

If YES, list the name and email address: ______________________________  ______________________________

**Does your facility have at least two Quality Health Indicators (QHi) users?**  
YES NO

If YES, list the name and email address: ______________________________  ______________________________

If YES, list the name and email address: ______________________________  ______________________________

**Does your facility have an NHSN Facility Administrator?**  
YES NO

If YES, list the name and email address: ______________________________  ______________________________

**Does your facility have NHSN users?**  
YES NO

If YES, list the name and email address: ______________________________  ______________________________

If YES, list the name and email address: ______________________________  ______________________________

**Who is your Infection Preventionist (IP)?**

If YES, list the name and email address: ______________________________  ______________________________

**Does your facility use an HCAHPS (Pt. Satisfaction) vendor?**  
YES NO

If YES, list the name of the vendor and contact information: ______________________________  ______________________________

List the name of who is responsible to send patient lists to vendor for surveying: ______________________________
## KHERF SHIP and MBQIP Quality Information

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

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

- LEAN
- Patient and Family Engagement
- Quality Program Basics
- Improving Patient Satisfaction
- Abstraction Training
- 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)

- Population and Sampling (as needed)
- OP AMI: OP-2; OP-3
- OP ED Throughput: OP-18
- Pt Left Without Eval: OP-22
- IP ED Throughput: ED-2
- Emergency Department Transfer Comm
- Healthcare Worker Flu: HCP/IMM-3
- Annual Facility Survey

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

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

12/19