

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.

Hospital Name:	Hospital City:	CCN:
<p>Does your facility have at least two QualityNet Administrators (not users)? YES NO</p> <p>If YES, list the name and email address: _____</p> <p>If YES, list the name and email address: _____</p>		
<p>Does your facility have at least two OP CART Administrators? YES NO N/A (we use Cerner)</p> <p>If YES, list the name and email address: _____</p> <p>If YES, list the name and email address: _____</p>		
<p>Does your facility have at least two Quality Health Indicators (QHi) users? YES NO</p> <p>If YES, list the name and email address: _____</p> <p>If YES, list the name and email address: _____</p>		
<p>Does your facility have an NHSN Facility Administrator? YES NO</p> <p>If YES, list the name and email address: _____</p>		
<p>Does your facility have NHSN users? YES NO</p> <p>If YES, list the name and email address: _____</p> <p>If YES, list the name and email address: _____</p>		
<p>Who is your Infection Preventionist (IP)?</p> <p>If YES, list the name and email address: _____</p>		
<p>Does your facility use an HCAHPS (Pt. Satisfaction) vendor? 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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MBQIP Measures:	List the person who is responsible for abstracting in CART or Stratis 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		
Emergency Department Transfer Comm		(QHi)	
Healthcare Worker Flu: HCP/IMM-3	N/A	(NHSN)	
NHSN Annual Facility Survey	N/A	(NHSN)	

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)

Form completed by:

(print)

(signature)

(date)