KRHOP 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:

Does your facility have at least two QualityNet/HQR 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 OP CART Administrators?   YES   NO   N/A (we use a vendor)

  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: _____   _____

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

Who is your Employee Health contact?

  List the name, title and email address: _____   _____

Who is your Infection Preventionist (IP)?

  List the name, title 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: _____

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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 (HQR, QHi, NHSN) for each	Backup Plan?
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)

What assistance do you need from Healthworks staff to keep your quality program functioning well?

As Healthworks plans for the upcoming grant year, what types of projects (topics, virtual/in-person, group, innovative idea that you aren't even sure we could cover) are you hoping to see? Think "on my wish list is......"

Form completed by:

_____   _____
(print)   (title)

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