

# The Highs and The Lows:

2024 CAH Quality Infrastructure  
Measure Results

# CAH Quality Inventory and Assessment

# 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

# 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**

# Leadership Responsibility & Accountability

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
<b>Leadership Responsibility and Accountability</b>	100%	100%	96%	85%
The hospital board engages in and supports quality improvement	100%	100%	97%	86%
Organizational resources are adequately allocated to support QI	100%	100%	99%	88%
Executive leadership oversees design and functionality of the QI program	100%	100%	100%	89%

# Quality Embedded Within the Organization's Strategic Plan

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
<b>Quality Embedded Within the Organization's Strategic Plan</b>	67%	60%	60%	52%
Quality leaders participate in organizational strategic planning	88%	76%	80%	67%
Quality is a core component of the organization's strategic plan	92%	88%	84%	74%
Quality is reflected in all core components of the organization's strategic plan	79%	84%	72%	63%



# Workforce Engagement and Ownership

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
<b>Workforce Engagement and Ownership</b>	<b>79%</b>	<b>76%</b>	<b>70%</b>	<b>55%</b>
The organization has formal onboarding and orientation that embed quality as a priority	88%	88%	87%	73%
The organization has regular and ongoing professional development opportunities for staff related to quality	100%	96%	90%	78%
Quality improvement is incorporated into standard work	96%	92%	93%	79%
The organization embeds diversity, equity, and inclusion in workforce development	96%	88%	90%	76%

# Culture of Continuous Improvement Through Systems

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
<b>Culture of Continuous Improvement Through Systems</b>	96%	100%	94%	82%
The organization uses standardized methods of improving processes	100%	100%	98%	87%
Leadership incorporates expectations for QI into job descriptions and department and committee charters	96%	100%	96%	84%
The organization has processes in place for continuous reporting and monitoring of QI data	100%	100%	99%	88%

# Culture of Continuous Improvement Through Behavior

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
<b>Culture of Continuous Improvement Through Behavior</b>	<b>79%</b>	92%	<b>88%</b>	75%
The organization monitors adherence to best practices such as evidence-based protocols/order sets in all areas	<b>96%</b>	100%	<b>99%</b>	89%
The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels	100%	100%	99%	89%
Employees demonstrate initiative to achieve goals and strive for excellence	<b>79%</b>	92%	<b>89%</b>	76%
Managers and leaders regularly evaluate behaviors to ensure they align with the organizational values	100%	100%	99%	88%

# Integrating Equity Into Quality Practices

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
<del>Integrating Equity Into Quality Practices</del>	42%	20%	31%	20%
<del>Managers use collected data and other available resources to identify inequities</del>	83%	80%	71%	54%
<del>Leaders routinely assess quality interventions and processes to address identified inequities</del>	54%	36%	48%	32%
<del>Units and departments implement specific health equity projects to improve care and lessen inequities</del>	50%	40%	51%	41%

# Engagement of Patients, Partners, & Community

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
<b>Engagement of Patients, Partners, and Community</b>	88%	76%	59%	46%
The organization collects feedback from patients/families beyond patient experience surveys	96%	100%	88%	76%
The organization collaborates with other care providers using closed-loop referral processes to ensure quality of care	96%	100%	97%	86%
The organization uses a variety of mechanisms to share quality data with patients, families, and the community	96%	88%	84%	69%
Leaders synthesize and develop action plans in response to patient, family, and community feedback	92%	84%	76%	64%

# Collecting Meaningful and Accurate Data

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
<b>Collecting Meaningful and Accurate Data</b>	96%	80%	86%	70%
The organization has a multidisciplinary process for identifying key quality metrics	96%	92%	89%	78%
Leaders identify risks and opportunities based on analyses of key performance metrics	100%	100%	100%	89%
The organization leverages health information technology (HIT) to support complete and accurate data collection	100%	96%	97%	84%
The organization collects and documents race, ethnicity, and language (REL), sexual orientation and gender identify (SOGI), and health related social needs (HRSN) data	100%	92%	97%	83%



# Using Data to Improve Quality

Element	2024 State CAHs (% Meeting the Element or Criteria)	2023 State CAHs (% Meeting the Element or Criteria)	2024 National CAHs (% Meeting the Element or Criteria)	2023 National CAHs (% Meeting the Element or Criteria)
Using Data to Improve Quality	71%	76%	69%	56%
The organization shares data transparently both internally and externally	96%	96%	96%	86%
The organization incorporates external data sources to inform QI efforts	83%	88%	78%	66%
Leaders act on and clearly communicate data results from quality initiatives	83%	88%	85%	74%
The organization uses benchmarking to identify where quality can be improved	100%	100%	99%	87%

# Crosswalk for Measure Questions, Criteria, and Core Elements



**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: March 2025

Prepared by: Flex Monitoring Team

This project was completed by the Flex Monitoring Team with funding from the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS), under PHS Grant No. U27RH01080. This information, conclusions, and opinions expressed in this document are those of the authors and no endorsements by FORHP, HRSA, or HHS is intended or should be inferred.



## TABLE OF CONTENTS

Critical Access Hospital (CAH) Quality Infrastructure Measure .....	Page 3
Background of the Measure .....	Page 3
Population and Definitions .....	Page 3
Calculation of CAH Quality Infrastructure Measure.....	Page 4
Core Elements of CAH Quality Infrastructure.....	Page 4
1. Leadership Responsibility and Accountability.....	Page 5
2. Quality Embedded Within the Organization's Strategic Plan .....	Page 5
3. Workforce Engagement and Ownership .....	Page 5
4. Culture of Continuous Improvement Through Systems.....	Page 6
5. Culture of Continuous Improvement Through Behavior.....	Page 6
6. Engagement of Patients, Partners, and Community.....	Page 6
7. Collecting Meaningful and Accurate Data .....	Page 7
8. Using Data to Improve Quality .....	Page 7
Appendix A: CAH Quality Infrastructure Crosswalk for Measure Questions, Criteria, and Core Elements .....	Page 8
Appendix B: Instructions for Measure Submission .....	Page 18



**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



## Flex Monitoring Team

University of Minnesota | University of North Carolina at Chapel Hill | University of Southern Maine

<input type="checkbox"/> There is funding available annually for at least one staff member to have membership in a quality-focused professional organization (e.g., NAHQ)	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"/> Our facility hosts an onsite quality-relevant speaker or training at least once per year	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"/> Our facility has a dedicated quality improvement leader (at least 0.5 FTE)	Organizational resources are adequately allocated to support QI	Leadership Responsibility and Accountability
<input type="checkbox"/> Our facility dedicates staff time for quality committee meetings at least once per month	Organizational resources are adequately allocated to support QI	Leadership Responsibility and Accountability
<input type="checkbox"/> Our facility has invested in tools, training, and/or software to support quality data analysis, visualization, and utilization	Organizational resources are adequately allocated to support QI	Leadership Responsibility and Accountability
[Check all that apply] Which of the following statements about leadership involvement are true at your facility?		
<input type="checkbox"/> Executive leadership reviews the facility's quality plan and progress, and provides feedback at least once per year	Executive leadership oversees design and functionality of the QI program	Leadership Responsibility and Accountability
<input type="checkbox"/> Executive leadership shares quality improvement and measurement priorities from system-level planning and/or other external partnerships at least once per year	Executive leadership oversees design and functionality of the QI program	Leadership Responsibility and Accountability
<input type="checkbox"/> Executive leadership's oversight of the QI program is reflected in writing (e.g., in hospital policy or in the quality plan)	Executive leadership oversees design and functionality of the QI program	Leadership Responsibility and Accountability





## Flex Monitoring Team

University of Minnesota | University of North Carolina at Chapel Hill | University of Southern Maine

<input type="checkbox"/> Executive leadership sits on quality committee	Executive leadership oversees design and functionality of the QI program	Leadership Responsibility and Accountability
<input type="checkbox"/> Executive leadership sits on other performance improvement teams for identified organizational priority discussions	Executive leadership oversees design and functionality of the QI program	Leadership Responsibility and Accountability
[Check all that apply] Which of the following statements about strategic planning are true at your facility?		
<input type="checkbox"/> CAH quality leaders participate in strategic planning	Quality leaders participate in organizational strategic planning	Quality Embedded Within the Organization's Strategic Plan
<input type="checkbox"/> Quality is a core component/pillar of our strategic plan	Quality is a core component of the organization's strategic plan	Quality Embedded Within the Organization's Strategic Plan
<input type="checkbox"/> QI is reflected in all core components/pillars of our strategic plan (e.g., quality improvement is clearly tied to finance, workforce, community engagement, etc.)	Quality is reflected in all core components of the organization's strategic plan	Quality Embedded Within the Organization's Strategic Plan
[Check all that apply] For which of the following roles does your facility have a formal onboarding and orientation that embeds quality, including an overview of the hospital's quality plan, quality methodology, and relevant quality metrics?		
<input type="checkbox"/> For clinical staff	The organization has formal onboarding and orientation that embed quality as a priority	Workforce Engagement and Ownership
<input type="checkbox"/> For non-clinical staff	The organization has formal onboarding and orientation that embed quality as a priority	Workforce Engagement and Ownership
<input type="checkbox"/> For board members	The organization has formal onboarding and orientation that embed quality as a priority	Workforce Engagement and Ownership
<input type="checkbox"/> For volunteers	The organization has formal onboarding and orientation that embed quality as a priority	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"><li>Leadership Responsibility and Accountability</li><li>Quality Embedded Within the Organization's Strategic Plan</li><li>Workforce Engagement and Ownership</li><li>Culture of Continuous Improvement Through Systems</li><li>Culture of Continuous Improvement Through Behavior</li><li>Engagement of Patients, Partners, and Community</li><li>Collecting Meaningful and Accurate Data</li><li>Using Data to Improve Quality</li></ul>	
Q: Which of the following statements about board engagement are true at your facility? <ul style="list-style-type: none"><li>Quality performance and strategies are a standing agenda item and are discussed at every board meeting</li><li>Quality directors/leaders/managers/staff participate in board meetings</li><li>The board has a quality subcommittee</li><li>A board member serves on the hospital's quality committee</li><li>None of the above</li></ul>	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 <i>or</i> the "None of the above" response.



<p>Q: Which of the following statements about resources are true at your facility?</p> <ul style="list-style-type: none"><li>• There is funding available annually for at least one staff member to attend external quality-related trainings or conferences</li><li>• There is funding available annually for at least one staff member to pursue a quality-relevant certification (e.g., CPHQ; Lean belt)</li><li>• There is funding available annually for at least one staff member to have membership in a quality-focused professional organization (e.g., NAHQ)</li><li>• Our facility hosts an onsite quality-relevant speaker or training at least once per year</li><li>• Our facility has a dedicated quality improvement leader (at least 0.5 FTE)</li><li>• Our facility dedicates staff time for quality committee meetings at least once per month</li><li>• Our facility is invested in tools, training, and/or software to support data analysis, visualization, and utilization</li><li>• None of the above</li></ul>	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>
<p>Q: Which of the following statements about leadership involvement are true at your facility?</p> <ul style="list-style-type: none"><li>• Executive leadership reviews the facility’s quality plan and progress, and provides feedback at least once per year</li><li>• Executive leadership shares quality improvement and measurement priorities from system-level planning and/or other external partnerships at least once per year</li><li>• Executive leadership’s oversight of the QI program is reflected in writing (e.g., in hospital policy or in the quality plan)</li><li>• Executive leadership sits on quality committee</li><li>• Executive leadership sits on other performance improvement teams for identified organizational priority discussions</li><li>• None of the above</li></ul>	<p>Please select all responses that apply at your facility.</p> <p>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 <i>or</i> the “None of the above” response.</p>

**Inventory of CAH Service Lines and  
Related Quality Measures  
(every other year – odd years)**

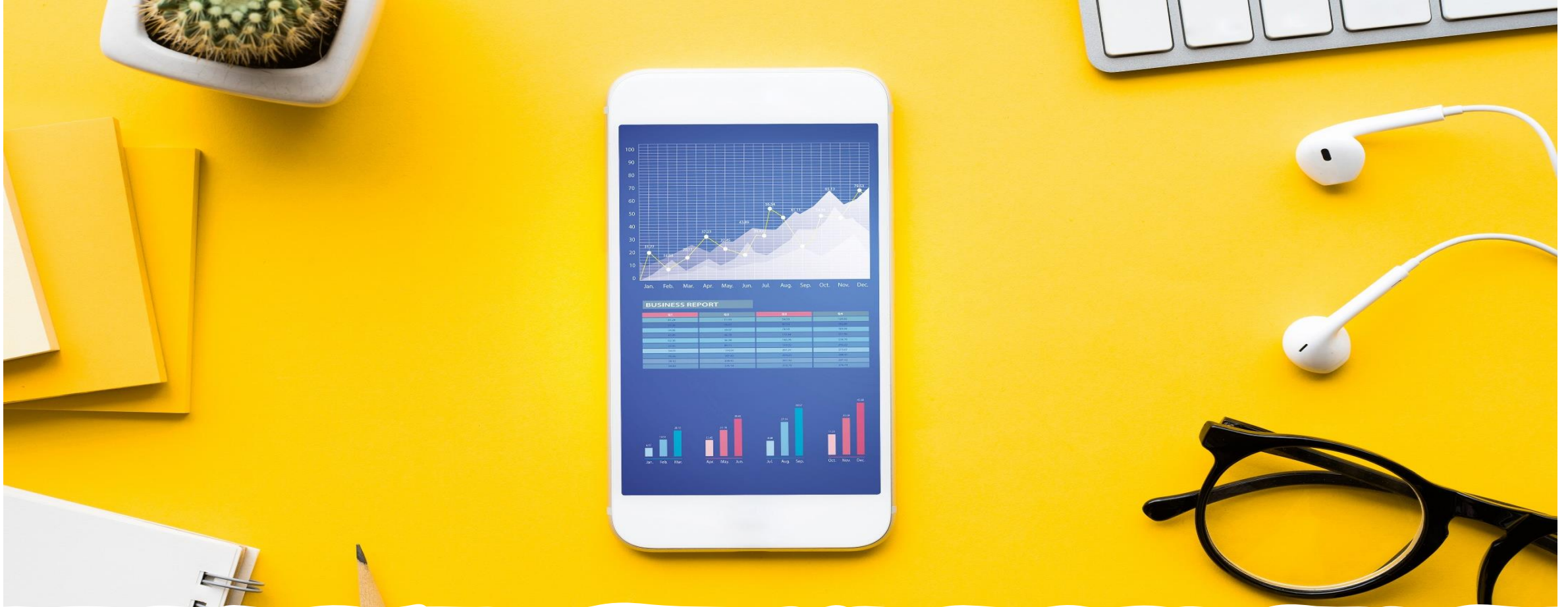
# Inventory

- Service Provision (in all domains of the hospital/entities they own, including swing beds, labor and delivery, behavioral health, and many more)
- Quality Measures by service line/area *outside of MBQIP measures* (Inpatient, Outpatient, Mental Health, Specialties, Other services)

# Discussion Time

- What resources could we provide that would help you make a meaningful impact to your infrastructure?
- How can we best assist you with the information we went over today?
- What would you like to see for future ORH offerings?
- What is your biggest challenge?





CONTACT ME

- Susan Runyan
- [runyanhcquality@gmail.com](mailto:runyanhcquality@gmail.com)
- 620.222.8366

# Funding Acknowledgement

---

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 5-U2WRH33327-03-00, Rural Hospital Flexibility Program, 0% Non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

