

2023 Assessment Data Tool Recording Transcript

Intro

This tutorial introduces the National CAH Quality Inventory and Assessment results spreadsheet for State Flex Programs. The spreadsheet contains several components, including 3 tools to make using the data more accessible, as well as full access to the rest of the data from the Assessment provided by your state's CAHs. The data in this spreadsheet is listed for each CAH that responded to the Assessment in 2023. Please note that the data in this spreadsheet has not been verified by the FMT and in most cases is presented exactly as entered by CAH staff. If you have any questions, please reach out to Megan Lahr with the Flex Monitoring Team at [the email listed in the spreadsheet](#).

There are two tabs in the spreadsheet that include instructions, Tabs 1 and 5, while tabs 2-4 are the three tools for your use, and tabs 6-13 include the Assessment data.

To begin, I will walk you through the Start Here tab that introduces the three tools included in the spreadsheet.

Tab 1 – Start Here

The “Start Here” tab contains background information on the purpose of the assessment, a link to more detailed information and resources, and provides a description of the components within the assessment data spreadsheet. The guide to the tool tab explains the elements within each of the 3 tool tabs and provides links to the full data sources that populate the corresponding tools and tables. Throughout any of the tools, any cells shaded in purple is an indication that there is a drop-down selection arrow available, and yellow indicates that the cell is populated based on a previous purple cell.

The 3 tool tabs are Tab #2- the Infrastructure Summary Table, Tab #3- The Infrastructure Tool, and Tab #4- The Measures and Services Tool.

You can get to each of the tools and tables by clicking on the link in the tool guide, or you can click on the tab at the bottom of the spreadsheet.

Tab 2 – Infrastructure Summary Table

The infrastructure summary table lists the counts and statuses in meeting each of the Infrastructure “Element” categories. The 9 infrastructure elements are listed across the top of this smaller table up above which lists the counts and percentages of all the CAHs in your state as well as the CAH percentages nationwide, and they are also listed down below along with all of the CAHs in your state and their status for each of the elements.

For this example state, there are 26 total CAHs. The element that had the highest compliance is shown in green and was “Leadership Responsibility and Accountability” with 22 hospitals, or 85% of those in the state, meeting that infrastructure element.

The element with the lowest compliance amongst CAHs in this state is “Engagement of Patients, Partners, and Community.” There were only 6, or 23% of CAHs in this state that met that infrastructure element.

“Leadership Responsibility and Accountability” was also the highest-performing element for CAHs nationwide with 84% of CAHs meeting that infrastructure element. However, the lowest-performing

element for national CAHs was “Integrating Equity into Quality Practices”, which only had 20% of CAHs across the country meeting that infrastructure element.

In order for each of the hospitals to have met each of these elements, they would have had to meet 100% of the criteria for each element, which is listed in detail on the next tab #3- Infrastructure Tool.

For example, Hospital 1 met 4 of the 9 elements, and you can see here that the 4 elements they met which are shown in green cells, were “leadership responsibility and accountability, Quality embedded within the organization’s strategic plan, culture of continuous improvement through systems, & culture of continuous improvement through behavior. The 5 elements they did not meet are shown in red “Not Met” cells.

You can also see that Hospitals 12, 15, and 25 did not respond to the assessment and are shown in white cells.

Each of the columns in the lower table is both sortable and filterable, so you can sort by the number of elements met and see the hospitals in order of their compliance with the elements, and you are also welcome to filter out any variables by unchecking boxes, so un-selecting “Did Not Respond” will show you only those hospitals which responded to the assessment. You can tell a column has been sorted if there is an arrow in the gray arrow drop down select and you can tell a column has been filtered if there is an icon of a funnel. You can undo any of your filtering by selecting “clear filter” from the applicable column.

Tab 3 – Infrastructure Tool

The infrastructure tool tab contains data related to the Core Elements of CAH Quality Infrastructure met, breaking down which individual elements and criteria are met by an individual CAH in your state. The tool is an interactive table with a drop-down option to select a specific CAH and review the elements and criteria met or not met by that facility.

The infrastructure summary table contains a high-level overview of all CAHs in your state and their compliance with the infrastructure elements. It displays the number of elements met by each CAH, and whether each CAH met, did not meet, or did not respond to the Assessment for each core element

The infrastructure tool is meant to show you a more detailed view of any particular hospital listed on the previous summary table tab. We saw on this summary table that Hospital 24 has met all of the elements except for “Engagement of Patients, Partners, and Community”, so I can select Hospital 24 from the purple drop down and see that they have met 8/9 of the elements, and they do not meet this one particular element because they missed just one of the criteria, which happens to be “The organization uses a variety of mechanisms to share quality data with patients, families, and the community”. Again, all of the criteria listed below each of the elements within blue cells needs to be met in order for the overall element to be met.

This patient and family engagement element also happens to be the lowest compliant element for this state, which we also saw on the last table, but now we can see how each of the criteria were met by facilities in the state. The criteria that this hospital did not meet, was met by 91% of CAHs in this state that responded to this assessment and 76% of CAHs nationwide that responded to this assessment. The denominator for this 91% is 23 since there were 23 hospitals in the state that completed the assessment,

and the denominator for this 76% if 1221 however we can also look at the denominator of total facilities by changing the selection in the purple denominator drop-down. If we change the denominator selection to “All CAHs”, we can see that only 81% of CAHs are currently meeting that criteria statewide and 68% are meeting it nationwide. And that is because changing the denominator drop-down changed the total facilities in the state to 26, and the total facilities in the nation to 1370.

Just like with the summary table, the highest and lowest performing elements are highlighted in green and red for both state and national compliance.

For both this tab and the previous tab, the detail is all listed in tab #9- Infrastructure, which we will look at shortly.

Tab 4 – Measures and Services Tool

The measures and services tool contains data related to the quality measures CAHs in your state submit and/or actively monitor, as well as which service lines each CAH in your state provides. It breaks down which individual elements are met by each CAH in your state. The tool is an interactive table with drop-down options to select settings and services lines and/or quality measures and review CAH responses to each field.

This tool is populated by tab #10- Services and Tab#11- Measures.

This table lists all the facilities in the state regardless of whether they responded to the assessment, and shows information regarding their system affiliation and ownership, their EHR vendor, their average daily census, annual ED visits, two identical columns for settings and service lines, a column for measure activity, and a space for any notes or additional information you’d like to add here. The measures and services columns are color-coded so you can easily see the different categories of responses. All of these columns are both sortable and filterable, just like on the previous table, and also like in the previous table, a purple cell represents a drop-down selection.

If we look at “Labor and Delivery” and “OB/GYN” for settings and services, and “Maternal Morbidity”, we can see the different response selections for all the state CAHs.

For services, the response options will always be “Yes”, “No”, or “Did Not Respond”, whereas the response options for “Measure Activity” will change depending on the measure. Maternal Morbidity has these options whereas “Colonoscopy follow-up” has these options.

Tab 5

Guide for Data Tabs – This tab provides instructions for how to use the remaining data tabs in the spreadsheet. A list of the remaining data tabs is provided with brief descriptions of each of them. If you click on the tab name (highlighted in blue), you will be brought to that tab. Only CAHs that responded to the 2023 Assessment are listed in tabs 7 through 12. Tab 13 lists all CAHs in your state and indicates whether they responded.

Tab 6 – Codebook – The Codebook tab lists all of the variables contained in the spreadsheet, with each row providing information about where to find the variable in this spreadsheet, a description of the variable, and the source question or questions from the Assessment. By clicking on the link in the

“Location in Spreadsheet” column for a given variable, you will be brought to the tab where that variable is displayed.

Tab 7 – Respondent Info – This tab contains several variables that describe the types of staff contributing to the Assessment for each of the CAHs in your state, as well as contact information for the quality contacts at each facility. In this tab, as well as the following tabs, there is a brief description of the tab at the top of the page, as well as some other data notes. You can also see that totals for CAHs in your state are listed in row 6. Totals provided indicate the total number of CAHs that responded “yes” to the corresponding question for that column, and are provided only when the options for that question were “yes” or “no”. ~~For example, in this tab, X CAHs selected that their CEO/administrator contributed to the assessment responses.~~ Some questions allowed respondents to select “other”, and they were then prompted to describe. These open-ended responses are included in your data as well. An example of one such response can be seen on this tab in column G. CAHs with blank entries in these columns did not answer the corresponding open-ended questions.

Tab 8 – CAH Background – The background tab includes variables for each CAH related to volume metrics, system affiliation, and quality-related support received from systems. Here, you may see some cells that say, “Not applicable”, meaning these CAHs responded that they are not owned by a hospital or system, so they were not asked the questions about system support for quality activities.

Tab 9 – Infrastructure – This tab contains data related to the CAH Quality Infrastructure Measure, and summarizes the number of Core Elements of CAH Quality Infrastructure met by each CAH. It also breaks down which individual elements and criteria are met by each CAH in your state. These are the detailed data that are used in tabs 2 and 3, the infrastructure summary table and infrastructure tool.

Tab 10 – Services – The services tab lists each of the service lines asked about in the Assessment and indicates if each hospital provides these services. Again, you will see the totals for each service in the state and there are open-ended responses for other services listed by some respondents that were not available for selection in the Assessment.

Tab 11 – Measures – This tab contains information about which quality measures CAHs in your state are submitting and/or actively monitoring. Note that there are not totals for many of these measures because there were multiple response options.

Tab 12 – Other – The Other tab has an assortment of data from the Assessment and includes data on which quality models/initiatives and value-based care models CAHs in your state participate in. Additionally, it lists which EHR vendors your CAHs use and what quality activities they use their EHR software for. Finally, it includes two important columns with open-ended responses from your CAHs, in columns S and T – indicating additional QI-related support the CAH would like for their State Flex Program, as well as anything else unique the CAH wanted to mention. We encourage all SFPs to thoroughly review these sections, as they may provide additional insight into their CAHs, as well as provide areas where SFPs can easily assist CAHs with resources that already exist.

Tab 13 – CAH List – This last tab includes a list of all of the CAHs in your state, and notes whether or not each CAH responded to the Assessment and whether each CAH has a signed MBQIP MOU as of December 31, 2023.

This ends our tutorial on the CAH Quality Assessment Spreadsheet. Again, if you have any questions, please feel free to reach out to Megan at the FMT, at lahrx074@umn.edu. And thank you for taking the time to learn more about this tool!