



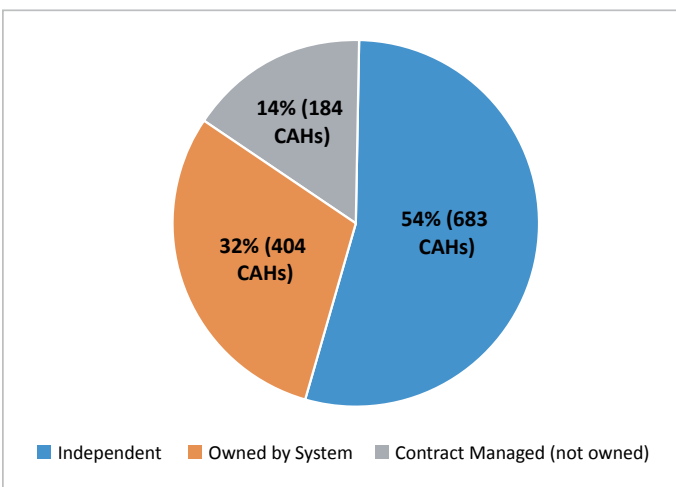
2025 National CAH Quality Inventory & Assessment National Report

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Assessment Background

This report includes a high-level summary of several key data points from the National Critical Access Hospital (CAH) Quality Inventory and Assessment (“Assessment”), completed in Fall 2025. This assessment was designed to inform the Federal Office of Rural Health Policy about CAH quality improvement (QI) infrastructure and activities, service lines offered, and related quality measures. The Assessment provides a wealth of information on QI processes from CAHs in a standardized manner, to enhance support to CAHs under the Medicare Rural Hospital Flexibility (Flex) Program. State Flex Programs receive information about the CAHs in their state to better support quality initiatives and reporting for their CAHs. [Find more information about the Assessment here.](#) Data in this report are intended to provide a broad, national overview of CAH characteristics and service lines. This report may be useful for State Flex Programs to understand how characteristics and services provided in the CAHs in their state compare to CAHs nationally.

FIGURE 1: CAH System Affiliation



Assessment Response and CAH Characteristics

For the Assessment fielded in September – November 2025, there were a total of 1,271 responses received, with over 92% of all CAHs nationally responding. Figure 1 shows CAH system affiliation, with over half of CAHs operating independently, almost one-third owned by a system, and the remaining CAHs contract managed. Table 1 includes four volume metrics for calendar year 2024: average daily census and emergency department volume among all respondents, plus swing bed admissions and average length of stay for swing beds among CAHs with swing beds.

TABLE 1: CAH Volume Measures

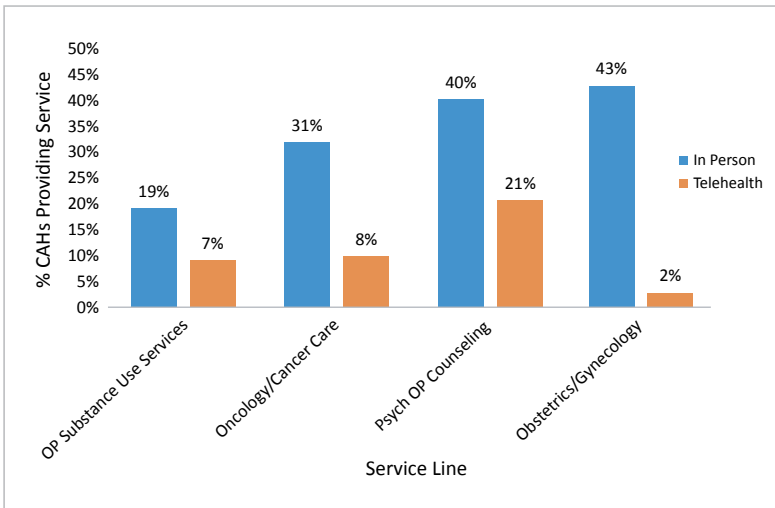
| Description | Respondents (n=1,271) |
|--|---------------------------|
| Median Average Daily Census (2024) | 2.9 |
| Median Emergency Department Volume (2024) | 5,467 |
| Description | CAH Respondents (n=1,224) |
| Median Swing Bed Admissions (2024) | 60 |
| Median Swing Bed Average Length of Stay (2024) | 11 |



CAH Service Line Data

The Assessment captured information on a variety of service lines and services provided by CAHs. Figures 2-4 show a selection of these service lines categorized by topic: Hospital Inpatient Services, Behavioral Health & Specialty Care Services, and Outpatient and Other Services.

FIGURE 3: Behavioral Health & Specialty Care Services (n=1,271)



Note: CAHs could select all modes that apply, thus some CAHs may provide services both in person and via telehealth

FIGURE 2: Hospital Inpatient Services (n=1,271)

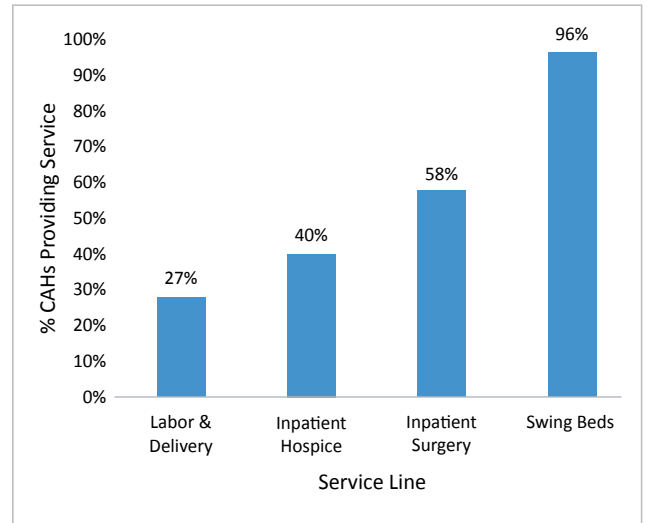
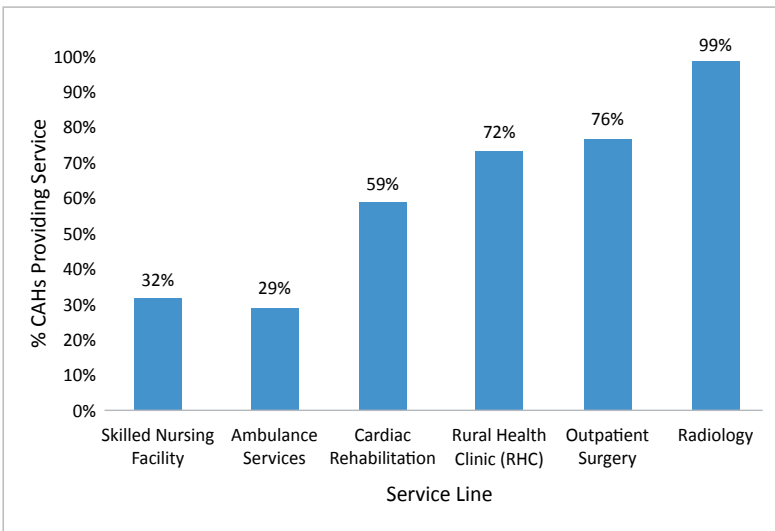


FIGURE 4: Outpatient and Other Services (n=1,271)



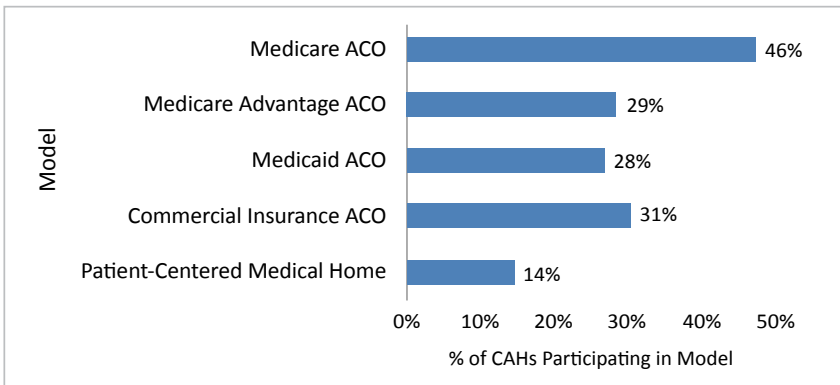


Quality Payment Model Participation

Another question in the Assessment asked CAHs, “Does your hospital participate in any payment or other demonstration models which emphasize quality measurement and improvement?” and respondents were asked to select “yes” or “no” for each: Medicare ACOs, Medicare Advantage ACOs, Medicaid ACOs, commercial insurance ACOs, and Patient-Centered Medical Homes. Figure 5 shows the distribution of CAHs, indicating their participation in these models.

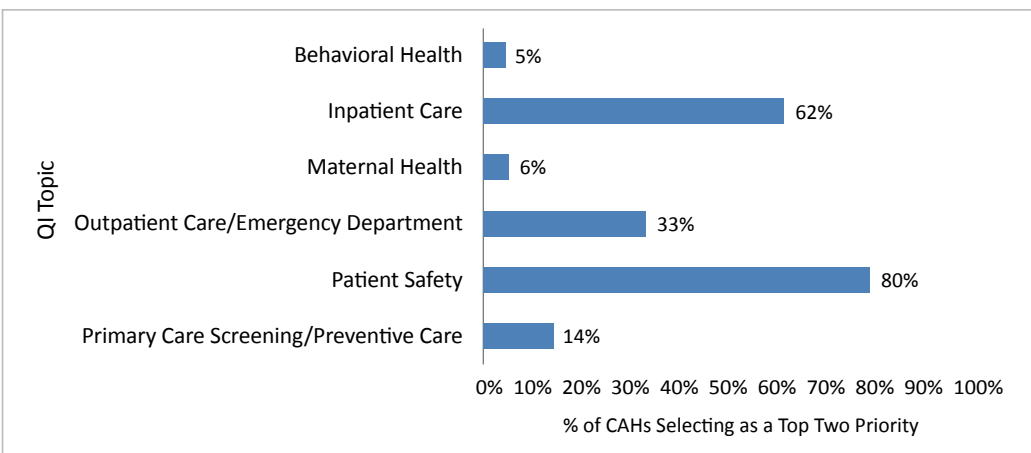
In the Assessment, CAHs were asked to select their top two QI priorities from a list of six topics: inpatient care, outpatient care/emergency department care, patient safety, primary care/preventive care, maternal health, and behavioral health. Figure 6 shows the distribution of CAHs that selected each topic as one of their top two priorities, with patient safety and inpatient care as the most commonly selected topics nationally.

FIGURE 5: Quality Payment Model Participation in CAHs (n=1,271)



Note: CAHs were instructed to select all that applied

FIGURE 6: Quality Improvement Topic Priorities in CAHs (n=1,271)



Note: CAHs were restricted to selecting two QI topics as their top priorities

For more information on this report, please contact Madeleine Pick (pickx016@umn.edu)

This report 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. The information, conclusions and opinions expressed in this document are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.