

Intro

This tutorial reviews 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 2024. 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.

The 3 tool tabs are Tab #2- the Infrastructure Summary Table, Tab #3- The Infrastructure Tool, and Tab #4- Data 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 percentage met for the overall state and across all CAHs in the nation, 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 29 total CAHs. The element that had the highest compliance is shown in green and was “Leadership Responsibility and Accountability” with 28 hospitals, or 97% of CAHs in the state, meeting that infrastructure element. This would mean that when we scroll down below, we see all but one green “met” cells in the Leadership Responsibility & Accountability column, with one “Did Not Respond” cell in white. We also see all but one green “met” cells in the Culture of Continuous Improvement Through Systems” column, which means that when we look at the table up above, we can see that this element also had all 28, or 97% of hospitals that met the element.

The element with the lowest compliance amongst CAHs in this state is highlighted here in orange. There were only 10, or 34% of CAHs in this state that met that infrastructure element. That's compared to 29% of CAHs meeting this element nationwide.

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, Amberfield Medical Center here at the top met 5 elements, and you can see here that the 5 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, Collecting Meaningful and Accurate Data, and Using data to Improve Quality". The 4 elements they did not meet are shown in orange "Not Met" cells.

You can also see that almost all of the hospitals have either a green or an orange cell, meaning that all but one hospital in this state responded to the assessment, in which case their cells say "Did Not Respond" and are white in color.

All of the columns in the lower table are 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 in the filter, to view only those facilities that meet a certain criteria such as only those who either did not meet the element or did not respond to the survey. 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 previous summary table that Wildflower Health Center has met all but two of the elements, so I can select that CAH from the purple drop down and see that they have met 7/9 of the elements. In this case, they did not meet the "Using Data to Improve Quality" element because they did not meet one of the four criterion that are required to be met in order to meet this particular element. The specific activity that this CAH does not do is incorporating external data sources to inform their QI efforts.

Same as on the last table, the lowest compliance is highlighted in orange and the highest is in green for both the state and the national averages. For this hospital, there is 100% of CAHs meeting the "Leadership Responsibility and Accountability" element and 91% of CAHs in the country. If we want to see the national percentages for just those that responded to the assessment, we can use this purple

drop-down to change the denominator of the “National CAHs” column. Now we can see that nationally 96% of the hospitals responding met this element. The denominators for the state and nation are listed in these gray boxes at the top under the purple drop downs.

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 – Data and Services Tool

The data and services tool contains data related to the settings and service lines each CAH in your state provides.

This tool is populated by tab #8 – CAH Background, #10- Services and Tab#11- Vendors.

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, HCAHPS vendor, their average daily census, annual ED visits, swing bed admissions, the average length of stay for swing bed admissions, two identical columns for settings and service lines, and a space for any notes or additional information you’d like to add here. The settings 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 “OBGYN” for settings and services, we can see the different response selections for all the state CAHs.

We can look at Amberfield Medical and see that they use Cerner as their EHR vendor, have an average daily census of 2, and do not have labor and delivery or OBGYN services. We can also look at any of the columns and sort by criteria of interest.

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 2024 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 and percentages

for CAHs in your state are listed in rows 8 and 9, indicating the total number and percent of CAHs that responded “yes” to the corresponding question for that column. Open-ended responses are included in your data as well, these do not have counts or percentage data in rows 8 and 9 so those cells are grayed out. 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. This is the detailed-level data that’s used to populate 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 at the end there are open-ended responses for other services listed by some respondents that were not available for selection in the Assessment.

Tab 11 – Vendors – This tab contains information about which EHR and HCAHPS vendors each CAH is using, in addition to information about how many CAHs may use each medical record software, as well as how each CAH makes use of their EHR.

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, and their accreditation. Finally, it includes two important columns with open-ended responses from your CAHs, in columns N and O – 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, 2024.

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!