



CAH Quality Infrastructure Measure Submission Guide

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Introduction

This measure is a quality measure the Federal Office of Rural Health Policy (FORHP) at the Health Resources and Services Administration (HRSA) is adopting for use in the [Medicare Beneficiary Quality Improvement Project \(MBQIP\)](#) within the [Medicare Rural Hospital Flexibility Program](#).

This resource is intended to be used by critical access hospital personnel involved in MBQIP and State Flex personnel. This guide is based on currently available information. The information provided and submissions dates are subject to change. For guidance on the Flex Program or [MBQIP measures](#) connect with you [State Flex Program](#) or the [Rural Quality Improvement Technical Assistance \(RQITA\) Resource Center](#) at RQITA@telligen.com.

Measure Overview

Measure Name: CAH Quality Infrastructure

MBQIP Domain: Global Measures

Quality Programs: MBQIP

Measure Description

The Critical Access Hospital (CAH) Quality Infrastructure measure is a structural measure to assess CAH capacity, processes, and infrastructure for quality activities based on the eight core elements of CAH quality infrastructure. The measure is submitted annually through the National CAH Quality Inventory and Assessment (“Assessment”) via a Flex Monitoring Team (FMT)-administered Qualtrics platform. 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 are not accepted.

The **eight core elements** of CAH Quality Infrastructure that are assessed include:

1. Leadership Responsibility and Accountability
2. Quality Embedded Within the Organization's Strategic Plan
3. Workforce Engagement and Ownership
4. Culture of Continuous Improvement Through Systems
5. Culture of Continuous Improvement Through Behavior
6. Engagement of Patients, Partners, and Community
7. Collecting Meaningful and Accurate Data
8. Using Data to Improve Quality

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Measure Background

This measure was developed based on findings from the 2023 Critical Access Hospital Quality Infrastructure Summit, which brought together national experts to create a set of core elements of quality infrastructure for CAHs.

The measure was first collected in 2023 and provides state and national comparison information to assess CAH infrastructure, QI processes, and areas of improvement for each facility. The measure provides state and national comparison information to assess CAH infrastructure, quality improvement (QI) processes, and areas of improvement for each facility. Using this measure, State Flex Programs can plan quality activities to improve CAH quality infrastructure. Data provides timely, accurate, and useful CAH quality-related information to help inform state-level technical assistance for CAH improvement activities. The measure captures data from a point in time to assess a CAH's current performance in infrastructure. The questions asked capture specific activities to determine whether a CAH has successfully implemented the core elements and criteria of CAH quality infrastructure. The intention is to identify areas of need in quality infrastructure and capacity to implement continuous processes.

Measure Rationale

This measure provides state and national comparison information to assess your CAH infrastructure, QI processes, and areas of improvement for each facility. Using this measure, SFPs can plan quality activities to improve CAH quality infrastructure. Data provides timely, accurate, and useful CAH quality-related information to help inform state-level technical assistance for CAH improvement activities.

Rural Relevance

Each year, State Flex Programs (SFPs) receive data from the Assessment for all their CAHs, and this wealth of knowledge can be used to help CAHs receive more tailored services from their SFP. CAHs that participate in the Assessment for reporting the CAH Quality Infrastructure measure can gain access to an assessment of your CAH's quality infrastructure, and information on areas for improvement for your facility.

Getting Started

Assessing the criteria for all eight core elements in relation to your hospital's quality infrastructure for the first time can be a daunting task for hospital staff. Become familiar with the eight core elements and [measure specifications](#) so you have the necessary teams involved in the Assessment completion. Below are actionable first steps hospital quality teams can take for reviewing and attesting to this measure.

Data Collection Details

For collecting data on the CAH Quality Infrastructure measure, as a part of the Assessment, it is recommended that CAHs collect responses and input from hospital teams and save responses, including notes in a shared location.

Questions should be answered regarding the capacity of the hospital and entities owned by the hospital (e.g., an independent CAH that owns a Rural Health Clinic), but should **not** include the capacity of a greater health system (e.g., a health system that provides specialty care at other system-owned hospitals or clinics). CAHs responding should only consider the communication specific to their facility, not communication by their system that is not specific to the quality initiatives or data for the given facility.

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The measure specifications contain the questions included in the Assessment that determine if a hospital meets element of the measure.

Measure Reporting Details

The following are data elements for the measure necessary for collecting data and reporting the measure. For more detailed data refer to the [measure specifications](#).

Measure Submission Deadline: This measure is reported annually. Assessments are due in November of each calendar year. Connect with your State Flex Coordinator for specific dates.

Measure Encounter Period: Answers for the measure should reflect the current point in time unless otherwise specified (e.g., if a question asks about a quarterly or an annual process, is that process in place at the current point in time).

Measure Reporting Platform: Annual submission through National CAH Quality Inventory and Assessment via FMT-administered Qualtrics platform.

Calculations: Hospital score can be a total of zero (0) to eight (8) points (one point for each element, must meet each of element's criteria to receive credit for a given element).

Data Source: Hospital tracking

Reporting the Data

An email will be sent to CAHs from their State Flex Program in mid-September of each year. The email will include the link to the Assessment as well as resources for CAHs ([resources available here](#)) and will be updated each fall ahead of Assessment opening). Included is:

- A pdf version of detailed instructions for the Assessment, with links to specific resources that may be helpful in answering questions in the Assessment.
- A word document version of the Assessment instructions for CAHs to use while collecting their responses (to facilitate collaboration among team members).

The Assessment is administered online via Qualtrics. CAHs are expected to spend approximately 60 minutes collecting information and completing the online Assessment. CAHs must submit their data through the Qualtrics platform – PDFs or word documents are not accepted for submission. CAHs are encouraged to complete the Assessment with input from a variety of team members, but each CAH should submit only one assessment. For CAH staff that may work in multiple hospitals, each hospital should submit a separate Assessment reflecting the responses for each hospital (not their system) individually.

Verify Data Submission

When the Assessment is submitted in Qualtrics, the individual submitting it, as well as the quality contact (if different than person submitting assessment) will receive an email confirmation. The confirmation includes a copy of responses to the Assessment (users can also download a copy of the Assessment from the final screen in Qualtrics).

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Measure Quality Improvement

The CAH Quality Infrastructure measure provides opportunities for hospitals to identify areas for improvement in quality processes. The following steps hospitals may use to help achieve improvement in core element areas.

Ongoing Quality Improvement Recommendations for Improvement

- Make a list of identified gaps identified from completing the assessment, organize them by the eight core elements.
- Pick 2-3 priority questions that you were not able to attest to and assemble a QI team to develop a performance improvement plan.
- Develop a [S.M.A.R.T. goal](#)
 - Conduct Root Cause Analysis if applicable.
 - Deploy the Plan, Do, Study, Act methodology to implement new processes and procedures according to priority measure improvement goals.
 - Following completion of PDSA cycle, educate and spread across all departments and units as necessary to confidently embed achievements into hospital quality infrastructure.
- Ongoing efforts include repeating the above steps until you can confidently attest to all questions within the eight core elements of the CAH Quality Infrastructure measure.

Utilize the Telligen [RQITA Website](#), for QI tools and resources. [Here](#) you can find resources for the CAH Quality Infrastructure measure.

Element Specific Improvement Strategies

Once you have identified priority areas for improvement, goals, and performed a root cause analysis (see the [Telligen Quality Improvement Workbook](#) for guidance on this) it is now time to test interventions. The following are potential activities hospitals can implement to help achieve components of each of the CAH Quality Infrastructure core elements. ***While implementing a single strategy is a step in the right direction, the successful implementation of quality improvement relies not on a single strategy, but rather on the integration of multiple complementary approaches working together. Therefore, implementing a single strategy does not ensure achieving a core element of the measure.***

Core Element 1—Leadership Responsibility and Accountability

Actively demonstrate governance and administrative leadership support for improving quality.

Element Criteria

- The organization’s board engages in and supports quality improvement.
- Organizational resources are adequately allocated to support quality improvement.
- Executive leadership oversees design and functionality of the quality improvement program.

Strategies to Meet Core Element 1 Criteria

- Include QI metrics in regular board meeting agendas. This could include MBQIP reports and other quality data sources.
- Create direct communication channels between the board and quality teams.
- Provide physical spaces for quality improvement teams to meet and work.
- Allocate protected time for staff to participate in QI projects.
- QI leader and hospital leadership update board of directors (BOD) roles and responsibility to include QI responsibilities. If BOD quality activities are not improving, revise these roles and responsibilities.
- Implement executive rounding focused on quality initiatives.
- Include quality improvement project standards and documentation for all QI initiatives. This can include communication for board members on quality projects for each patient service and executive rounding standards.

Core Element 2—Quality Embedded Within the Organization’s Strategic Plan

Ensure quality is an intentional component of the strategic plan process and strategic plan.

Element Criteria

- Quality leaders participate in organizational strategic planning.
- Quality is a core component of the organization’s strategic plan.
- Quality is reflected in all core components of the organization’s strategic plan.

Strategies to Meet Core Element 2 Criteria

- Establish quality leadership representation in board meetings.
- Develop quality-focused mission and vision statements.
- Include patient safety and quality improvement as strategic priorities.
- Have a written strategic plan with clear quality components.
- Link the hospital’s Community Health Needs Assessment and improvement plan into a hospital wide quality plan.
- Integrate quality goals into department-specific strategic plans
- Include organizational and/or QI mission and vision statements on QI documentation. Encourage leadership to incorporate these statements regularly at team meetings or daily huddles.

Core Element 3—Workforce Engagement and Ownership

Develop and support a workforce that embeds quality in everyday work.

Element Criteria

- The organization has formal onboarding and orientation that embed quality as a priority.
- The organization has regular and ongoing professional development opportunities for staff related to quality.
- Quality improvement is incorporated into standard work.

Strategies to Meet Core Element 3 Criteria

- Work with your human resources department to incorporate “quality improvement 101” into onboarding and orientation.
- Promote and participate in quality improvement continuing education (CE) opportunities as an organization.
- Work with your [State Flex Program](#), your state [Quality Improvement Organization](#) (QIO), or state hospital association for support and ongoing training opportunities.
- Develop a staff rounding worksheet that includes information to identify staff that should be recognized along with patient and/or staff stories that exhibit improvement and celebration.
- Maintain transparent communication about quality initiatives with all levels of staff.
- Ensure departmental leadership discusses QI projects and QI goals in departmental meetings or daily huddles.
- Incorporate QI project activities into staff member annual reviews.

Core Element 4—Culture of Continuous Improvement Through Systems

Design and manage systems and processes in a manner that supports continuous quality improvement.

Element Criteria

- The organization uses standardized methods for improving processes.
- Leadership incorporates expectations for quality improvement into job descriptions and department and committee charters.
- The organization has processes in place for continuous reporting and monitoring of quality improvement data.

Strategies to Meet Core Element 4 Criteria

- Form a hospital team that identifies quality improvement opportunities. Execute steps of the [Telligen Quality Improvement Workbook](#) including PDSA cycles to continue momentum of QI activities.
- Watch the [Embedding Quality Improvement Into Organizational Culture](#) webinar as a team and participate in group discussion and QI activities on a regular basis.
- Incorporate quality improvement in department charters, committee bylaws, and strategic plans.
- Designate quality champions at various organizational levels including non-clinical positions.
- Have a succession plan in place for QI, quality abstracting, submission, and reporting staff.
- Establish formal training / onboarding for new QI staff. Document detailed hospital specific instructions for all abstraction, submission, analysis, calculation of QI data.
- Implement scheduled review of quality data from MBQIP and other sources.
- Identify opportunities for improvement.
- Human resources consult QI leader or hospital leadership to update clinical and non-clinical staff job descriptions with roles and responsibilities associated with QI.
- Provide a list of expectations, suggested action steps, or best practices for quality champions to perform. Ask them to report out on a regular basis at board meetings.

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Core Element 5—Culture of Continuous Improvement Through Behaviors

Support quality improvement behaviors in an adaptable organization that embraces innovation, motivation, and accountability.

Element Criteria

- The organization monitors adherence to best practices such as evidence-based protocols/order sets in all clinical areas.
- The organization intentionally develops strong peer relationships with internal and external partners including those at the local, state, and federal levels.
- Employees demonstrate initiative to achieve goals and strive for excellence.
- Managers and leaders regularly evaluate behaviors to ensure they align with organizational values.

Strategies to Meet Core Element 5 Criteria

Implement clinical decision support tools.

Conduct regular chart reviews and adherence to evidence-based guidelines.

Establish a peer review process for clinical outcomes analysis.

Establish cross-departmental committees and interdisciplinary teams with leadership engagement to achieve goals.

Keep an updated list of evidence-based protocols and best practices used throughout the organization. Identify departmental quality metrics that monitor adherence to the protocols and workflows. Seek input from staff to improve adherence.

Participate in healthcare coalitions with groups such as your [State Flex Program](#), state hospital association, and CAHs in your state for QI work.

Create value-based recognition and rewards programs.

Core Element 6—Engagement of Patients, Partners, and Community

The CAH intentionally builds external relationships with patients, partners, and the community to enhance access and improve the care experience.

Element Criteria

- The organization collects feedback from patients and families beyond patient experience surveys.
- The organization collaborates with other care providers using closed-loop referral processes to help ensure quality of care.
- The organization uses a variety of mechanisms to share quality data with patients, families, and the community.
- Leaders synthesize and develop action plans in response to patient, family, and community feedback.

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Strategies to Meet Core Element 6 Criteria

- Identify how your [Community Health Needs Assessment](#) strategic plan can align and compliment this criteria.
- Start a [Patient & Family Advisory Council](#) and share quality data with participants.
- Conduct post-discharge follow-up calls.
- Establish formal referral protocols with community providers.
- Choose departmental quality improvement metrics and interventions that include input from patients, family and caregivers.
- Create an accessible public-facing dashboard on the hospital website.
- Develop a structured feedback analysis process on patient, family, and community feedback.

Core Element 7—Collecting Meaningful and Accurate Data

Apply a multidisciplinary approach to identify key quality metrics, prioritizing complete and accurate data collection.

Element Criteria

- The organization has a multidisciplinary process for identifying key quality metrics.
- Leaders identify risks and opportunities based on analyses of key quality metrics.
- The organization leverages health information technology (HIT) to support complete and accurate data collection.
- The organization collects and documents health related social needs (HRSN) data.

Strategies to Meet Core Element 7 Criteria

- Establish a quality committee with representatives from: Clinical departments (physicians, nurses, pharmacists), Administration, IT/Health Information Management, Patient Safety, Risk Management, Patient Experience team.
- Track trends in key quality metrics and establish data benchmarks.
- Optimize Electronic Health Record (EHR) systems to create structured data fields, implement automated data capture, develop custom reports.
- Train staff in sensitive data collection.
- Ensure cultural competency via staff training, utilization of translation services, cultural sensitivity guidelines.

Core Element 8—Using Data to Improve Quality

Use internal and external data comprehensively, meaningfully, and transparently to inform quality improvement.

Element Criteria

- The organization shares quality data transparently both internally and externally.
- The organization incorporates external data sources to inform quality improvement efforts.
- Leaders act on and clearly communicate the data results from quality initiatives.
- The organization uses benchmarking to identify where quality can be improved.

Strategies to Meet Core Element 8 Criteria

Create an accessible public-facing dashboard on the hospital website that contains key quality metrics

Implement digital dashboards accessible to all staff. Include quality improvement projects, outputs, and key performance indicators.

Include state and regional health statistics into quality improvement initiatives.

Include transparent reports of quality initiative successes, challenges-achievements, and abandoned initiatives

Participate in national quality programs and use benchmarking to identify improvement areas.

Implementing various strategies along with quality improvement initiatives will help strengthen your hospital's ability to improve patient care and health outcomes. For assistance in improving your hospital's quality improvement infrastructure connect with your [State Flex Program](#) or the RQITA Resource Center team at rqita@telligen.com.