Section	Subsection
Objective 1: Medicare Beneficiary Quality Improvement Project (MBQIP)	Critical Access Hospitals
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Objective 1: Medicare Beneficiary Quality Improvement Project (MBQIP)	Critical Access Hospitals
Objective 1: Medicare Beneficiary Quality Improvement Project (MBQIP)	Critical Access Hospitals
Objective 1: Medicare Beneficiary Quality Improvement Project (MBQIP)	ED Transfer
Objective 1: Medicare Beneficiary Quality Improvement Project (MBQIP)	ED Transfer
Objective 1: Medicare Beneficiary Quality Improvement Project (MBQIP)	ED Transfer

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Objective 1: Medicare Beneficiary Quality Improvement Project (MBQIP)	ED Transfer
Objective 2: Multi-Hospital Quality Improvement and CAH Quality Reporting	
Objective 2: Multi-Hospital Quality Improvement and CAH Quality Reporting	
Objective 2: Multi-Hospital Quality Improvement and CAH Quality Reporting	

Objective 2: Multi-Hospital Quality Improvement and CAH Quality Reporting	
Objective 3: Multi-organizational PI/QI leadership Project and Optional education and training	
Objective 3: Multi-organizational PI/QI leadership Project and Optional education and training	
Objective 3: Multi-organizational PI/QI leadership Project and Optional education and training	
Objective 3: Multi-organizational PI/QI leadership Project and Optional education and training	QI Training/Workshops
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QI Intervention 1. Encourage CAHs in state to publicly report Hospital Compare on relevant inpatient and outpatient measures and HCAHPS patient assessment of care survey measures.	
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QI Intervention 2. Encourage CAHs in state to participate in MBQIP	Phase 1
QI Intervention 2. Encourage CAHs in state to participate in MBQIP	Phase 1
QI Intervention 2. Encourage CAHs in state to participate in MBQIP	Phase 2
QI Intervention 2. Encourage CAHs in state to participate in MBQIP	Phase 2
QI Intervention 2. Encourage CAHs in state to participate in MBQIP	Phase 2
QI Intervention 2. Encourage CAHs in state to participate in MBQIP	Phase 3
QI Intervention 2. Encourage CAHs in state to participate in MBQIP	Phase 3
QI Intervention 2. Encourage CAHs in state to participate in MBQIP	Phase 3
QI Intervention 2. Encourage CAHs in state to participate in MBQIP	Phase 3
QI Intervention 2. Encourage CAHs in state to participate in MBQIP	Phase 3
QI Intervention 3. Support for Quality Network/ Work Group Quality Benchmarking and Quality Improvement Activities	
QI Intervention 4. Support for Evidence-Based Protocol Implementation	
QI Intervention 4. Support for Evidence-Based Protocol Implementation	
QI Intervention 4. Support for Evidence-Based Protocol Implementation	
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 1

QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 1
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 1
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 2
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 2
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 2
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 3
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 3
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 3
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 4
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 4
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 4
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 5
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 5
QI Intervention 4. Support for Evidence-Based Protocol Implementation	Medical Condition 5
QI Intervention 5. Support Care Transitions and/or reduction of Hospital Readmissions	
QI Intervention 5. Support Care Transitions and/or reduction of Hospital Readmissions	
QI Intervention 5. Support Care Transitions and/or reduction of Hospital Readmissions	
QI Intervention 5. Support Care Transitions and/or reduction of Hospital Readmissions	
QI Intervention 5. Support Care Transitions and/or reduction of Hospital Readmissions	
QI Intervention 5. Support Care Transitions and/or reduction of Hospital Readmissions	
QI Intervention 6. AHRQ Patient Safety Survey/Team STEPPS	
QI Intervention 6. AHRQ Patient Safety Survey/Team STEPPS	
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QI Intervention 6. AHRQ Patient Safety Survey/Team STEPPS	
Objective 1: Assist CAHs in identifying potential areas of financial and operational performance improvement.	
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Support CAHs in planning and implementing interventions for improving financial or operational performance. Support may include technical assistance, educational programs/seminars, user group meetings, and consultation, facilitated or funded by the State Flex Program. These interventions relate to technical assistance applied through direct consultation.

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Objective 3: State Flex Programs providing Educational Programs and Seminars should describe the type and topic of the programs and seminars and demonstrate the impact of the trainings.

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Intervention 1. Financial Assessments

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Intervention 2. Revenue Cycle Management
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Intervention 2. Revenue Cycle Management
Intervention 3. Charge Master Review
Intervention 3. Charge Master Review
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Intervention 4. Emergency Department Operational Improvement

Intervention 4. Emergency Department Operational Improvement
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Intervention 4. Emergency Department Operational Improvement
Intervention 5. Lean Training and Implementation
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Intervention 6. Billing and Coding Education
Intervention 6. Billing and Coding Education
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Intervention 6. Billing and Coding Education
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Intervention 6. Billing and Coding Education
Intervention 7. Board Education and Leadership Development
Intervention 7. Board Education and Leadership Development

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Intervention 8. Financial Improvement Collaborative

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Core Measure

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Support CAHs, communities, rural and urban hospitals, EMS, and other community providers in developing local and/or regional health systems of care and the inclusion of EMS services.

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Support CAHs, communities, rural and urban hospitals, EMS, and other community providers in developing local and/or regional health systems of care and the support for the sustainability and viability of EMS within the community.

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Support CAHs and communities in conducting/collaborating on assessments to identify unmet community health and health service needs and support CAHs and communities in developing projects/initiatives.

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Objective 1 - Flex programs must assist hospitals in evaluating the effects of conversion to critical access status

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Item (Measure)

1. Number of Critical Access Hospitals (CAHs) participating in the MBQIP

a. Numerator: Total Number of CAHs in State with a signed MOU and actively reporting to Qnet

b. Denominator: Total Number of CAHs in State as of August 31 of each budget year

Measures

2. Total Number of CAHs in State as of August 31 of each year

3. Number of new CAHs participating in MBQIP

Measures

4. Number of CAHs continuing participation in MBQIP from the prior year

5. Number of CAHs no longer participating in MBQIP this year

6. Number of CAHs that reported improvement in one or more MBQIP clinical measure

Measures

7. Number of total CAHs participating in Hospital Compare - Baseline

8. Number of CAHs participating in Hospital Compare this grant budget year

Measures

9. Change in number of CAHs participating in Hospital Compare based on total number of CAHs within the State

Measures

10. Number of medication orders directly entered by a pharmacist or verified by a pharmacist for a patient admitted to a CAH as an inpatient (acute or swingbed) within 24 hours.

11. Total number of medication orders entered (using electronic order entry) for a patient admitted to a CAH as an inpatient (acute or swingbed) during the reporting period

12. Medical Record documentation indicates that there was nurse to nurse communication prior to the transfer of the patient from the ER to another facility.

Aggregate total number of CAHs

13. Medical Record documentation indicates that there was physician to physician communication prior to the transfer of the patient from the ER to another facility.

Aggregate total number of CAHs

14. Medical Record documentation indicates that patient information including name, address, age, gender was sent with the patient.

Aggregate total number of CAHs

15. Medical Record documentation indicates that contact information for significant other and/or family member was sent with the patient.

Aggregate total number of CAHs

16. Medical Record documentation indicates that insurance information was sent with the patient.

Aggregate total number of CAHs

17. Medical Record documentation indicates that vital signs taken and were sent with the patient.

Aggregate total number of CAHs

18. Medical Record documentation indicate that neuro assessments were done, as appropriate, and sent with the patient.

Aggregate total number of CAHs

19. Medical Record documentation indicate that the following nursing communications were sent with the patient.

Aggregate total number of CAHs

20. Medical Record documentation indicates that information was sent on the treatment provided in the originating hospital, Y/N/NA.

Aggregate total number of CAHs

21. Medical Record documentation indicates that information was sent on the tests and procedures that were done in the ER, Y/N/ NA.

Aggregate total number of CAHs

22. Medical Record documentation indicates that the results from completed tests and procedures were sent with the patient, Y/N/NA.

Aggregate total number of CAHs

1. Number of CAHS actively participating in a Flex-funded multi-hospital QI initiative.

2. Number of CAHs with an improvement in one or more measure based on active participation in a QI project

Percentage of CAHs Reporting an Improvement in One or More Measure Based on Active Participation in a QI Project.

3: Number of other rural providers actively participating in a Flex-funded multi-hospital QI initiative.

1. Number of CAHs actively participating in the QI/PI project.

2.Total hours dedicated to the project.

3. Number of Total Participants in the project

4. QI education/training programs for managers, staff and/or board members of CAHs.

Did you have any trainings/workshops in excess of 3 hours for this reporting period?

Sub-measure 1. Total number of CAHs participating in the workshop/training

Sub-measure 2. Total number of CAH staff participating

Sub-measure 3. Number of staff answering 9 or more out of 10 correctly post-training

Sub-measure 4. Number of staff answering 9 or more out of 10 correctly post-training four months later

Sub-measure 5. Total Number of staff contacted to complete post-test four months later

Sub-measure 6. Total Number of staff that completed the post-test four months later

Sub-measure 7. Number of other rural providers participating in the training

Sub-measure 8: Number of other rural providers answering 9 or more post-test questions correctly post-training

Sub-measure 9. Number of other rural providers answering 9 or more post-test questions correctly four months post-training

Sub-measure 10. Total Number of Other Rural Providers contacted to fill out the post-test

Sub-measure 11. Total Number of Other Rural Providers contacted to fill out the post-test four months later

Measure 1. Total number of CAHs reporting data on at least one inpatient measure.

Measure 2. Total number of CAHs in state reporting data on at least one outpatient measure.

(2A.)Current Year - Total number of CAHs in state reporting data on at least one outpatient measure.

(2B.)Baseline - Total number of CAHs in state reporting data on at least one outpatient measure.

Measure 3. Change in CAHs reporting on at least one outpatient measure.

Measure 4. Number of CAHs reporting HCAHPS data.

(4A.)Current Year - Total number of CAHs in state reporting HCAHPS data.

(4B.)Baseline - Total number of CAHs in state reporting HCAHPS data." Valid values shall be whole numbers from zero (0) to 999 and N/A.

Measure 5. Number of new CAHs reporting HCAHPS data.

Measure 6. Number of CAHs reporting a quality improvement initiative based on HCAHPS data.

Measure 1. Number of CAHs in state implementing a quality improvement initiative based on MBQIP pneumonia data

Measure 2. Number of CAHs in state implementing a quality improvement initiative based on MBQIP heart failure data

Measure 3. Number of CAHs reporting all MBQIP outpatient quality measures

Measure 4. Number of CAHs implementing a QI project based on HCAHPS data

Measure 5. Number of CAHs implementing a QI project based on outpatient data

Measure 6. Number of CAHs in the process of implemetning the Emergency Department (ED) transfer measure

Measure 7. Number of CAHS that implemented and are reporting on ED transfer measures

Measure 8. Number of CAHs that have provided education for ED staff and and on the use of ED transfer measures

Measure 9. Number of CAHs with electronic medication order entry

Measure 10. Number of CAHs conducting medication order review within 24 hours

Measure 1. Number of CAHs in the state actively participating in quality benchmarking activities (non-MBQIP)

Measure 1. Total number of hospitals implementing evidence-based practices for quality improvement this budget year

Measure 2. Total number of EMS units implementing evidence-based practices to improve rural response times this budget year

Measure 3. Number of of CAHs in state implementing evidence-based protocols for a serious medical condition (e.g., stroke)

Condition

CAHs
Change in Performance
Condition
CAHs
Change in Performance
Condition
CAHs
Change in Performance
Condition
CAHs
Change in Performance
Condition
CAHs
Change in Performance
Measure 1. Number of hospitals participating in a care transitions project

Measure 2. Number of hospitals participating in a readmission reduction project

Measure 3. Change in readmissions for each CAH associated with the project

(3A.)Current Year Readmission Rate

(3B.)Baseline [Prior Year] Readmission Rate

Measure

Measure 1. Number of CAHs in state implementing pre and post patient safety culture surveys

Measure 2. Number of survey responses
Measure 3. Number CAHs continuing to use patient safety surveys at six(6) months
Measure 4. Number of CAHs actively participating in TeamSTEPPS training
Measure 1. The number of CAHs undergoing financial and operational performance assessments.

Measure 2. The number of CAHs who implemented changes to process based on the recommendations.

Measure 3. Number of financial and/or operational improvement Networks.

Measure 4. Number of critical access hospitals participating in the network.

Measure 5. Total number of other rural providers in the networks.

Measure 6. The number of CAH staff (including part-time, contractors, and governing board) attending network or user group meetings related to financial and operational performance assessment.

Measure 7. Number of improvement activities based on meetings.

Measure 8. The number of CAHs with identified outcomes derived from the meetings.

Measure 9. The number of CAHs demonstrating behavioral change based on the assessment.

Measure 10. The number of other rural providers demonstrating behavioral change based on the assessment.

Measure 11. Total number of CAHs still using the new processes 90 days after implementation.

Measure 12. Number of other rural providers still using the new processes 90 days after implementation.

Measure 13. Number of recommendations implemented after the assessments.

Measure 14. Number of new, needed services developed after the assessment

You must select and report on at least one objective in addition to objective 1 (either objective 2, objective 3 or both). Please select the objective(s) that apply to this reporting period, and enter all measure data associated with the selected objective(s).

Measure 1. Number of CAHs receiving Flex-funded financial consultations.

Measure 2. Number of CAHs receiving Flex-funded operational consultations.

Measure 3. Number of CAHs who reported improvement in Days in AR based on Flex-Funded activity.

Sub-Measure 1. Number of CAHs that performed a Business Office Assessment.

Sub-Measure 2. Number of CAHS that implemented a revenue cycle management program.

Sub-Measure 3. Number of CAHs providing education for staff and department heads on documenting charity care.

Sub-Measure 4. Number of staff and department heads showing 90% information retention four months after education on documenting charity care.

Measure 4. Number of CAHs that used Flex funding for updating their chargemaster this year.

Sub-Measure 1. Revenue prior to chargemaster update?

Sub-Measure 2. Revenue after chargemaster update?

Sub-Measure 3. Number of claims denied prior to chargemaster update?

Sub-Measure 4. Number of claims denied after chargemaster update?

You must select and report on at least one objective in addition to objective 1 (either objective 2, objective 3 or both). Please select the objective(s) that apply to this reporting period, and enter all measure data associated with the selected objective(s).

Measure 1. Number of seminars & workshops sponsored.

Measure 2. The number of CAHs attending each seminar &/or workshop.

Duplicated Count of CAHs attending at least one seminar or workshop.

Unduplicated Count of CAHs attending at least one seminar or workshop.

Measure 3. The number of total participants in each seminar &/or workshop.

Measure 4. Total cost of seminars & workshops.

Measure 5. Average cost per seminar.

Measure 6. Average cost per workshop

Measure 1. Average Days in Net Account Receivable.
Measure 2. Average Days in Gross Accounts Receivable.
Measure 3. Average Days Cash on Hand.
Measure 4. Average Total Margin.
Measure 5. Average Operating Margin.
Measure 6. Average Debt Service Coverage Ratio.

Measure 7. Average Salaries to Net Patient Revenue.
Average Salary
Net Patient Revenue
Measure 8. Average Payor Mix Percentage.
Medicare
Medicaid
Private Insurance
Charity
Slide Fee/Self-Pay
Other
Measure 9. Average Age of Plant.
Measure 10. Average Long Term Debt to Capitalization.
Measure 1. Change in Bad Debt.
Bad debt before intervention
Bad debt after intervention
Measure
Measure 2. Amount of Gross Charges.
Measure 3. Net patient revenue.
Measure 4. Number of CAHs completing analysis.
Measure 5. Point of service collection baseline.
Measure 6. Point of service collection current.
Measure 7. Total revenue.
Measure 10. Number of Baseline claim denials.
Measure 11. Number of Current claim denials.
Measure 12. Baseline days in AR.
Measure 13. Current days in AR.
Measure 14. Baseline Gross Revenue.
Measure 15. Current Gross Revenue.
Measure 16. Baseline Clean Claims.
Measure 17. Current Clean Claims
Measure 1. Number of line items with CPT/HCPCS code changes added, deleted or revised.
Measure 2. Number of CDM deleted.
Measure 3. Number of CDM items added.
Measure 4. Number of CDM items revised.
Measure 5. Number of CDM CPT codes deleted.
Measure 6. Number of CDM CPT codes added.
Measure 7. Number of CDM CPT codes revised.
Measure 8. Number of line items with revenue code changes recommended.
Measure 9. Number of line items with revenue code changes implemented.
Measure 10. Number of CDM codes revised.
Measure 11. Number of CDM errors baseline.
Measure 12. Number of CDM errors current.
Measure 13. Number of cost-report errors baseline.
Measure 14. Number of Cost-report errors current.
Measure 1. Number of participating CAHs.

Measure 2. Total ED wait time baseline
Measure 3. Total ED wait time current (after intervention).
Measure 4. Time it takes to get from ED to medical screening exam baseline.
Measure 5. Time it takes to get from ED to medical screening exam current.
Measure 6. ED education satisfaction scores.
Measure 1. Number of hospitals completing the Lean readiness assessments.
Measure 2. Number of hospitals participating in a Lean collaborative.
Measure 3. Total revenue at start of Lean Project in targeted area.
Measure 4. Total number of dollars normally spent on activity targeted for Lean implentation.

Measure 5. Total number of dollars spent after Lean implementation.
Measure 6. Total amount of staff required for operations prior to Lean.
Measure 7. Total amount of staff required for operations after Lean implemented.
Measure 8. Average patient wait time prior to Lean implementation.
Measure 9. Average patient wait time after Lean Implementation.
Measure 10. Number of Lean initiatives and events that took place in each hospital.
Number of Lean initiatives.
Number of CAHs at which Lean initiatives were implemented.
Measure 13. CMA score.
Measure 1. Number of coding errors prior to training.
Measure 2. Number of coding errors after training
Measure 3. Number of Baseline claim denials.
Measure 4. Number of Current claim denials.
Measure 5. Baseline Gross AR.
Measure 6. Current Gross AR.
Measure 7. Number of CAHs in the state
Measure 8. Number of CAHs participating in the coding training.
Measure 9. Total Number of CAH staff participating in training.
Measure 13. Average number of coding denials per month.
Measure 14. Average number of billing denials per month.
Measure 1. Number of CAHs actively participating in CAH governance events.
Measure 2. Number of CAHs developing financial components in their board education programs.

Measure 3. CAH Board members Pre-test scores.
3A. Number Taking Pre-Test.
3B. Aggregate Total of All Pre-Test Scores.
Measure 4. CAH Leaders' Pre-test scores.
4A. Number Taking Pre-Test.
4B. Aggregate Total of All Pre-Test Scores.
Measure 5. CAH Board members Post-test scores.
5A. Taking Post-Test.
5B. Aggregate Total of All Post-Test Scores.
Measure 6. CAH Leaders' Post-test scores.
6A. Taking Post-Test.
6B. Aggregate Total of All Post-Test Scores.

Measure 7. Number of CAH leaders and managers participating in financial education workshops and collaboratives.

Measure 1. Number of CAHs participating in the financial collaborative

Measure 2. Number of contact hours (meeting hours times number of people attending)

Measure 3. Education Pre-test Outcome survey scores.

3A. Number Taking Pre-Test.

3B. Aggregate Total of All Pre-Test Outcome Survey Scores

3C. Pre-Test Average Score:

Measure 4. Education Post-test Outcome survey scores.

4A. Taking Post-test Outcome Survey.

4B. Aggregate Total of All Post-Test Outcome Survey Scores.

4C. Post-Test Average Score:

Measure 5. Average Survey Score.

Measure 6. Education Satifaction Pre-test Average score.

6A. Number Taking Education Satisfaction Pre-Test.

6B. Aggregate Total of All Education Satisfaction Pre-Test Scores.

6C. Post-Test Average Score:

Measure 7. Education Satifaction Post-test Average score.

7A. Number Taking Education Satisfaction Post-Test.

7B. Aggregate Total of All Education Satisfaction Post-Test Scores.

7C. Post-Test Average Score:

Sub-Measure 1. Total number of CAHs participating in the workshop/training.

Sub-Measure 2. Total number of CAH staff participating.

Sub-Measure 3. Number of staff answering 9 or more out of 10 correctly post-training.

Sub-Measure 4. Number of staff answering 9 or more out of 10 correctly post-training four months later.

Sub-Measure 5. Total Number of staff contacted to complete post-test four months later.

Sub-Measure 6. Total Number of staff that completed the post-test four months later.

Sub-Measure 7. Number of other rural providers participating in the training.

Sub-Measure 8. Number of other rural providers answering 9 or more post-test questions correctly post-training.

Sub-Measure 9. Number of other rural providers answering 9 or more post-test questions correctly four months post-training.

Sub-Measure 10. Total number of other rural providers contacted to fill out the post-test.

Sub-Measure 11. Total number of other rural providers contacted to fill out the post-test four months later.

Core Measure 1. Number of Trained or recruited EMS medical directors.

Core Measure 2. Number of EMS recruitment/retention projects initiated.

Core Measure 3. Number of EMS (Ambulance) budget model courses conducted.

Core Measure 4. Number of Managers trained in EMS (Ambulance) budget model courses.

Core Measure 5. Number of EMS (Ambulance) services supported to join a network.

Core Measure 6. Number of Services supported for group billing.

Core Measure 7. Number of EMS assessments and strategic planning sessions conducted.

Core Measure 8. Number of EMS leadership courses conducted.

Core Measure 9. Number of Managers trained in EMS leadership courses.

Core Measure 10. Number and variety of EMS-based Community Healthcare Models projects initiated.

Core Measure 11. Number of Rural Trauma Team Development or Comprehensive Advanced Life Support (CALS) courses taught.

Core Measure 12. Number of personnel trained.

Core Measure 13. Number of communities affected.

Core Measure 14. Number of facilitated BIS assessments conducted.

Core Measure 15. Number of quality improvement activities implemented. A reassessment of BIS scores compared to the baseline score for that system.

Core Measure 16. Number of Trauma System Consultations performed.

Core Measure 17. Number of quality improvement activities directly linked to Trauma System Consultation report recommendation.

Measure 1. Number of CAHs engaged in STEMI.

Measure 2. Number of STEMI patients in total.

Measure 3. Number of STEMI patients receiving aspirin within 24-hours in total.

Measure 4. Number of STEMI patients not receiving aspirin within 24 hours in total.

Measure 5. Number of STEMI patients with a STEMI Referral Hospital door-to-balloon (first device used) time within 90 minutes upon transfer.

Measure 6. Number of CAHs engaged in regional and/or national stroke programs.

Measure 7. Number of CAHs obtaining trauma designation this budget year.

Measure 8. Number of CAHs rated Trauma Level III? Level IV? Level V?

Trauma Level III.

Trauma Level IV.

Trauma Level V.

Measure 9. Number of CAHs that enhanced their trauma designation.

Measure 10. Number of CAHs that reduced their Trauma designation.

Measure 1. Number of EMS units or providers participating in Flex-funded activities to improve EMS financial/operational performance.

Measure 2. Number of EMS units engaged in group purchasing arrangements.

Measure 3. Number of EMS personnel participating in billing/coding programs.

Measure 4. Number of EMS personnel reporting that participation in the activities was valuable.

Measure 5. Number of EMS units that changed procedures based on activities.

Measure 6. Number of EMS units reporting a positive change in revenue.

Measure 7. Number of EMS personnel participating leadership training.

Measure 8. Number of EMS units participating in recruitment and retention programs.

Measure 1. Number of CAHs receiving support and/or TA to support them in conducting community health needs assessments.

Measure 2. Number of CAHs that have completed a community needs assessment.

Measure 3. Number of interventions implemented as a result of needs identified by CAHs conducting community needs assessment.

Measure 4. Number of interventions implemented to address new and ongoing community needs.

Measure 5. Number of CAHs that report improvements in conditions addressed by their community health needs interventions at subsequent needs assessments.

Measure 6. Number of community paramedicine programs identified as a potential intervention based on the community needs assessment.

Measure 7. Number of communities that have begun piloting community paramedicine programs.

Measure 1. Number of new CAHs.

Measure 2. Number of hospitals eligible for CAH conversion.

Measure 3. Number of hospitals requested assistance in conversion to CAH status.

Measure 4. Number of hospitals helped in conversion to CAH status.

Measure 5. Number of hospitals unsuccessful in their attempt to convert to CAH status.

Measure 6. Number of CAHs de-designating.

Measure 7. Number of CAHs closed.

Title
Remove QI Objective 1 Measure 10
Remove QI Objective 1 Measure 11
Remove QI Objective 1 Measure 12
Remove QI Objective 1 Measure 13
Remove QI Objective 1 Measure 14
Remove QI Objective 1 Measure 15
Remove QI Objective 1 Measure 16
Remove QI Objective 1 Measure 17
Remove QI Objective 1 Measure 18
Remove QI Objective 1 Measure 19
Remove QI Objective 1 Measure 20

Remove QI Objective 1 Measure 21
Remove QI Objective 1 Measure 22

Remove QI Objective 3 Sub-Measure 3
Remove QI Objective 3 Sub-Measure 4
Remove QI Objective 3 Sub-Measure 5
Remove QI Objective 3 Sub-Measure 6
Remove QI Objective 3 Sub-Measure 7
Remove QI Objective 3 Sub-Measure 8
Remove QI Objective 3 Sub-Measure 9
Remove QI Objective 3 Sub-Measure 10
Remove QI Objective 3 Sub-Measure 11

Remove QI Intervention 4 Subsection 1
Remove QI Intervention 4 Subsection 2
Remove QI Intervention 4 Subsection 3
Remove QI Intervention 4 Subsection 4
Remove QI Intervention 4 Subsection 5

Remove QI Intervention 5 Measure 3

Remove QI Intervention 5 Measure 3A
Remove QI Intervention 5 Measure 3B
Remove QI Intervention 6 Measure 2
Remove QI Intervention 6 Measure 3
Remove FOI Objective 1 Measure 7
Remove FOI Objective 1 Measure 8
Remove FOI Objective 1 Measure 11
Remove FOI Objective 1 Measure 12
Remove FOI Objective 2 Measure 3 Sub-Measure 4
Remove FOI Intervention 1
Remove FOI Intervention 2
Remove FOI Intervention 3
Remove FOI Intervention 4 Measure 2
Remove FOI Intervention 4 Measure 3
Remove FOI Intervention 4 Measure 4
Remove FOI Intervention 4 Measure 5
Remove FOI Intervention 4 Measure 6

Remove FOI Intervention 5 Measure 3
Remove FOI Intervention 5 Measure 4
Remove FOI Intervention 5 Measure 5
Remove FOI Intervention 5 Measure 6
Remove FOI Intervention 5 Measure 7
Remove FOI Intervention 5 Measure 8
Remove FOI Intervention 5 Measure 9
Remove FOI Intervention 5 Measure 13
Remove FOI Intervention 6 Measure 1
Remove FOI Intervention 6 Measure 2
Remove FOI Intervention 6 Measure 3
Remove FOI Intervention 6 Measure 4
Remove FOI Intervention 6 Measure 5
Remove FOI Intervention 6 Measure 6
Remove FOI Intervention 6 Measure 7
Remove FOI Intervention 6 Measure 9
Remove FOI Intervention 6 Measure 13
Remove FOI Intervention 6 Measure 14
Remove FOI Intervention 7 Measure 3
Remove FOI Intervention 7 Measure 3A
Remove FOI Intervention 7 Measure 3B

Remove FOI Intervention 7 Measure 4
Remove FOI Intervention 7 Measure 4A
Remove FOI Intervention 7 Measure 4B
Remove FOI Intervention 7 Measure 5
Remove FOI Intervention 7 Measure 5A
Remove FOI Intervention 7 Measure 5B
Remove FOI Intervention 7 Measure 6
Remove FOI Intervention 7 Measure 6A
Remove FOI Intervention 7 Measure 6B
Remove FOI Intervention 8 Measure 2
Remove FOI Intervention 8 Measure 3
Remove FOI Intervention 8 Measure 3A
Remove FOI Intervention 8 Measure 3B
Remove FOI Intervention 8 Measure 3C
Remove FOI Intervention 8 Measure 4
Remove FOI Intervention 8 Measure 4A
Remove FOI Intervention 8 Measure 4B
Remove FOI Intervention 8 Measure 4C
Remove FOI Intervention 8 Measure 5
Remove FOI Intervention 8 Measure 6
Remove FOI Intervention 8 Measure 6A
Remove FOI Intervention 8 Measure 6B
Remove FOI Intervention 8 Measure 6C

Remove FOI Intervention 8 Measure 7
Remove FOI Intervention 8 Measure 7A
Remove FOI Intervention 8 Measure 7B
Remove FOI Intervention 8 Measure 7C
Remove FOI Intervention 8 Sub-Measure 2
Remove FOI Intervention 8 Sub-Measure 3
Remove FOI Intervention 8 Sub-Measure 4
Remove FOI Intervention 8 Sub-Measure 5
Remove FOI Intervention 8 Sub-Measure 6
Remove FOI Intervention 8 Sub-Measure 8
Remove FOI Intervention 8 Sub-Measure 9
Remove FOI Intervention 8 Sub-Measure 10
Remove FOI Intervention 8 Sub-Measure 11

Remove HSD Objective 1 Measure 2
Remove HSD Objective 1 Measure 3
Remove HSD Objective 1 Measure 4

Remove HSD Objective 1 Measure 5

Description
Remove the following measure "10. Number of medication orders directly entered by a pharmacist or verified by a pharmacist for a patient admitted to a CAH as an inpatient (acute or swingbed) within 24 hours."
Remove the following measure "11. Total number of medication orders entered (using electronic order entry) for a patient admitted to a CAH as an inpatient (acute or swingbed) during the reporting period."
Remove the following measure "12. Medical Record documentation indicates that there was nurse to nurse communication prior to the transfer of the patient from the ER to another facility."
Remove the following measure "13. Medical Record documentation indicates that there was physician to physician communication prior to the transfer of the patient from the ER to another facility."
Remove the following measure "14. Medical Record documentation indicates that patient information including name, address, age, gender was sent with the patient."
Remove the following measure "15. Medical Record documentation indicates that contact information for significant other and/or family member was sent with the patient."
Remove the following measure "16. Medical Record documentation indicates that insurance information was sent with the patient."
Remove the following measure "17. Medical Record documentation indicates that vital signs taken and were sent with the patient."
Remove the following measure "18. Medical Record documentation indicate that neuro assessments were done, as appropriate, and sent with the patient."
Remove the following measure "19. Medical Record documentation indicate that the following nursing communications were sent with the patient."
Remove the following measure "20. Medical Record documentation indicates that information was sent on the treatment provided in the originating hospital, Y/N/NA."

Remove the following measure "21. Medical Record documentation indicates that information was sent on the tests and procedures that were done in the ER, Y/N/ NA."
Remove the following measure "22. Medical Record documentation indicates that the results from completed tests and procedures were sent with the patient, Y/N/NA."
Remove the following sub-measure "Sub-measure 3. Number of staff answering 9 or more out of 10 correctly post-training."
Remove the following sub-measure "Sub-measure 4. Number of staff answering 9 or more out of 10 correctly post-training four months later."
Remove the following sub-measure "Sub-measure 5. Total Number of staff contacted to complete post-test four months later."
Remove the following sub-measure "Sub-measure 6. Total Number of staff that completed the post-test four months later."
Remove the following sub-measure "Sub-measure 7. Number of other rural providers participating in the training."
Remove the following sub-measure "Sub-measure 8: Number of other rural providers answering 9 or more post-test questions correctly post-training."
Remove the following sub-measure "Sub-measure 9. Number of other rural providers answering 9 or more post-test questions correctly four months post-training."
Remove the following sub-measure "Sub-measure 10. Total Number of Other Rural Providers contacted to fill out the post-test."
Remove the following sub-measure "Sub-measure 11. Total Number of Other Rural Providers contacted to fill out the post-test four months later."
Remove the following subsection "Medical Condition 1"
Remove the following subsection "Medical Condition 2"
Remove the following subsection "Medical Condition 3"
Remove the following subsection "Medical Condition 4"
Remove the following subsection "Medical Condition 5"
Remove the following measure "Measure 3. Change in readmissions for each CAH associated with the project."

Remove the following measure "(3A.)Current Year Readmission Rate."
Remove the following measure "(3B.)Baseline [Prior Year] Readmission Rate."
Remove the following measure "Measure 2. Number of survey responses."
Remove the following measure "Measure 3. Number CAHs continuing to use patient safety surveys at six(6) months."
Remove the following measure "Measure 7. Number of improvement activities based on meetings."
Remove the following measure "Measure 8. The number of CAHs with identified outcomes derived from the meetings."
Remove the following measure "Measure 11. Total number of CAHs still using the new processes 90 days after implementation."
Remove the following measure "Measure 12. Number of other rural providers still using the new processes 90 days after implementation."
Remove the following sub-measure "Sub-Measure 4. Number of staff and department heads showing 90% information retention four months after education on documenting charity care."
Remove all measures for Intervention 1.
Remove all measures for Intervention 2.
Remove all measures for Intervention 3.
Remove the following measure "Measure 2. Total ED wait time baseline."
Remove the following measure "Measure 3. Total ED wait time current (after intervention)."
Remove the following measure "Measure 4. Time it takes to get from ED to medical screening exam baseline."
Remove the following measure "Measure 5. Time it takes to get from ED to medical screening exam current."
Remove the following measure "Measure 6. ED education satisfaction scores."

Remove the following measure "Measure 3. Total revenue at start of Lean Project in targeted area."
Remove the following measure "Measure 4. Total number of dollars normally spent on activity targeted for Lean implementation."
Remove the following measure "Measure 5. Total number of dollars spent after Lean implementation."
Remove the following measure "Measure 6. Total amount of staff required for operations prior to Lean."
Remove the following measure "Measure 7. Total amount of staff required for operations after Lean implemented."
Remove the following measure "Measure 8. Average patient wait time prior to Lean implementation."
Remove the following measure "Measure 9. Average patient wait time after Lean Implementation."
Remove the following measure "Measure 13. CMA score."
Remove the following measure "Measure 1. Number of coding errors prior to training."
Remove the following measure "Measure 2. Number of coding errors after training."
Remove the following measure "Measure 3. Number of Baseline claim denials."
Remove the following measure "Measure 4. Number of Current claim denials."
Remove the following measure "Measure 5. Baseline Gross AR."
Remove the following measure "Measure 6. Current Gross AR."
Remove the following measure "Measure 7. Number of CAHs in the state."
Remove the following measure "Measure 9. Total Number of CAH staff participating in training."
Remove the following measure "Measure 13. Average number of coding denials per month."
Remove the following measure "Measure 14. Average number of billing denials per month."
Remove the following measure "Measure 3. CAH Board members Pre-test scores."
Remove the following measure "3A. Number Taking Pre-Test."
Remove the following measure "3B. Aggregate Total of All Pre-Test Scores."

Remove the following measure "Measure 4. CAH Leaders' Pre-test scores."
Remove the following measure "4A. Number Taking Pre-Test."
Remove the following measure "4B. Aggregate Total of All Pre-Test Scores."
Remove the following measure "Measure 5. CAH Board members Post-test scores."
Remove the following measure "5A. Taking Post-Test."
Remove the following measure "5B. Aggregate Total of All Post-Test Scores."
Remove the following measure "Measure 6. CAH Leaders' Post-test scores."
Remove the following measure "6A. Taking Post-Test."
Remove the following measure "6B. Aggregate Total of All Post-Test Scores."
Remove the following measure "Measure 2. Number of contact hours (meeting hours times number of people attending)."
Remove the following measure "Measure 3. Education Pre-test Outcome survey scores."
Remove the following measure "3A. Number Taking Pre-Test."
Remove the following measure "3B. Aggregate Total of All Pre-Test Outcome Survey Scores."
Remove the following measure "3C. Pre-Test Average Score:"
Remove the following measure "Measure 4. Education Post-test Outcome survey scores."
Remove the following measure "4A. Taking Post-test Outcome Survey."
Remove the following measure "4B. Aggregate Total of All Post-Test Outcome Survey Scores."
Remove the following measure "4C. Post-Test Average Score:"
Remove the following measure "Measure 5. Average Survey Score."
Remove the following measure "Measure 6. Education Satisfaction Pre-test Average score."
Remove the following measure "6A. Number Taking Education Satisfaction Pre-Test."
Remove the following measure "6B. Aggregate Total of All Education Satisfaction Pre-Test Scores."
Remove the following measure "6C. Post-Test Average Score:"

Remove the following measure "Measure 7. Education Satisfaction Post-test Average score."
Remove the following measure "7A. Number Taking Education Satisfaction Post-Test."
Remove the following measure "7B. Aggregate Total of All Education Satisfaction Post-Test Scores."
Remove the following measure "7C. Post-Test Average Score:"
Remove the following sub-measure "Sub-Measure 2. Total number of CAH staff participating."
Remove the following sub-measure "Sub-Measure 3. Number of staff answering 9 or more out of 10 correctly post-training."
Remove the following sub-measure "Sub-Measure 4. Number of staff answering 9 or more out of 10 correctly post-training four months later."
Remove the following sub-measure "Sub-Measure 5. Total Number of staff contacted to complete post-test four months later."
Remove the following sub-measure "Sub-Measure 6. Total Number of staff that completed the post-test four months later."
Remove the following sub-measure "Sub-Measure 8. Number of other rural providers answering 9 or more post-test questions correctly post-training."
Remove the following sub-measure "Sub-Measure 9. Number of other rural providers answering 9 or more post-test questions correctly four months post-training."
Remove the following sub-measure "Sub-Measure 10. Total number of other rural providers contacted to fill out the post-test."
Remove the following sub-measure "Sub-Measure 11. Total number of other rural providers contacted to fill out the post-test four months later."
Remove the following measure "Measure 2. Number of STEMI patients in total."
Remove the following measure "Measure 3. Number of STEMI patients receiving aspirin within 24-hours in total."
Remove the following measure "Measure 4. Number of STEMI patients not receiving aspirin within 24 hours in total."

Remove the following measure "Measure 5. Number of STEMI patients with a STEMI Referral Hospital door-to-balloon (first device used) time within 90 minutes upon transfer."

Comment
Measures 12-22 are under subsection ED Transfer. All the ED transfer measures are being removed.