Flex Program Areas and Outcome Measures

Below are the lists of dropdowns that we would like included. Anything that is not included in this list but there is a section for in the excel template should be included but can be left as manual entry for the recipients to complete.

Program Area 1: CAH Quality Improvement (MBQIP) (required)

Project Type	Outcomes
CAH Quality Infrastructure	• Increase in number of core elements/criteria for elements of CAH quality infrastructure met
Healthcare Personnel Influenza Immunization	• Increase in rate of healthcare personnel influenza immunization (HCP/IMM-3)
Antibiotic Stewardship	• Increase in number of core elements/criteria for elements of antibiotic stewardship met
Safe Use of Opioids	• Reduction in rate of inpatient adults prescribed two or more opioids or an opioid and benzodiazepine concurrently on discharge
HCAHPS	• Improvement in rate of performance for Communication with Nurses • Improvement in rate of performance for Communication with Doctors • Improvement in rate of performance for Responsiveness of Hospital Staff • Improvement in rate of performance for Communication about Medicines • Improvement in rate of performance for Discharge Information • Improvement in rate of performance for Care Transition • Improvement in rate of performance for Cleanliness of Hospital Environment • Improvement in rate of performance for Quietness of Hospital Environment • Improvement in rate of performance for Overall Rating of Hospital • Improvement in rate of performance for Willingness to Recommend This Hospital
Readmissions	• Reduction in rate of all-cause readmissions • Reduction in rate of swing bed readmissions • Reduction in rate of AMI readmissions • Reduction in rate of pneumonia readmissions
Social Drivers of Health Screening	• Increase in screening rate of patients for housing instability • Increase in screening rate of patients for food insecurity • Increase in screening rate of patients for transportation needs • Increase in screening rate of patients for utility difficulties • Increase in screening rate of patients for interpersonal safety
EDTC	• Improvement in rate of performance for all EDTC components (EDTC-ALL) • Improvement in rate of performance for Home Medications • Improvement in rate of performance for Allergies and/or Reactions • Improvement in rate of performance for Medications Administered in ED • Improvement in rate of performance for ED Provider Note • Improvement in rate of performance for Mental Status/Orientation Assessment

	• Improvement in rate of performance for Reason for Transfer and/or Plan of Care • Improvement in rate of performance for Tests and/or Procedures Performed • Improvement in rate of performance for Tests and/or Procedures Results
ED Throughput	• Reduction in median of Admit Decision Time to ED Departure Time for Discharged Patients (OP-18) • Reduction in rate of Patients Left Without Being Seen (OP-22) • Reduction in median of Admit Decision Time to ED Departure Time for Admitted Patients (ED-2) • Reduction in median of ED Arrival Time to Diagnostic Evaluation by Qualified Medical Professional
Healthcare-Associated Infections	• Reduction in CAUTI rates • Reduction in MRSA rates • Reduction in CLABSI rates • Reduction in CDI rates • Reduction in SSI rates
Perinatal Care	• Improvement in rate of exclusive breast milk feeding (PC-05) • Reduction in rate of elective delivery (PC-01)
Other Patient Safety (Falls, Adverse Drug Events)	• Reduction in patient falls rate • Reduction in rate of falls with injury • Increase in screening for future fall risk • Reduction in opioid-related adverse drug events • Reduction in glycemic control adverse drug events
ED CAHPS	• Improvement in rate of performance for timeliness of care • Improvement in rate of performance for nurse and doctor communication • Improvement in rate of performance for medication communication • Improvement in rate of performance for follow-up care communication • Improvement in rate of performance for overall rating of ED • Improvement in rate of performance for willingness to recommend ED
Swing Beds	• Improvement in rate of swing bed patient satisfaction • Improvement in rate of discharge disposition • Improvement in rate of 30-day follow-up status • Improvement in swing bed patient self-care • Improvement in swing bed patient mobility
Rural Health Clinics	• NQF 0038: Increase in children receiving recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday. • NQF 0018: Patients 18 - 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period, or any time prior. Increase in patients whose blood pressure at the most recent visit is adequately controlled during the measurement period. • NQF 0059: Decrease in percent of patients ages 18-75 with a diagnosis of diabetes who had a Hemoglobin A1c>9percent within 12 months. • NQF 0419: Increase in percent of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications on the date of the encounter.

Program Area 2: CAH Financial & Operational Improvement (required)

Project Type	Short-term Outcome Measures (within 1 year)	Intermediate Outcome Measures (2-3 years)	Long-term Outcome Measures (over 3 years)
Service Line Assessment	• Improved average daily census by service line • Improved outpatient utilization by service line	• Improved inpatient payer mix • Higher acute care average daily census • Higher swing bed average daily census • Improved outpatient revenue to total revenue	• Higher contribution margin (contribution to profitability) by service line • Improved operating margin (CAHMPAS)
Chargemaster Review	• Changes to coding and billing systems identified through chargemaster reviews are implemented • Reduced percentage of claims denied • Improved clean claims rate	• Improved net revenue per adjusted admission	• Improved cash on hand (CAHMPAS) • Improved operating margin
Revenue Cycle Management	• Reduced registration errors as a percent of total registrations • Increased percent of point-of sale collections	• Reduced percentage of claims denied • Increase percentage of denied claims re-billed • Improved clean claims rate	• Improved days' net revenue in accounts receivable (CAHMPAS) • Greater days cash on hand (CAHMPAS) • Improved current ratio (CAHMPAS)
Market Share/ Outmigration	• Improvement in patient satisfaction (HCAHPS) • Improvement in perception of quality (community survey) • Improvement in community knowledge of available services (community survey)	• Improved inpatient market share (by service line) • Increase in utilization by individuals living in the community compared to local population growth (by zip code)	• Improved total and/or operating margin (CAHMPAS) • Greater days cash on hand (CAHMPAS) • Improved return on financial margins • Improved current ratio (CAHMPAS)
Billing and Coding	• Changes to coding and	• Reduced percentage of	• Improved days' net revenue

Education	billing systems identified	claims denied • Increased percentage of denied claims re-billed • Improved clean claims rate	in accounts receivable (CAHMPAS)
Workforce and/or Operations	• Number of CAHs implementing policy change • Percentage improvement in scheduling efficiencies • Percentage reduction in patient registration errors	• Percentage reduction in provider response time • Percentage increase in provider availability • Improvement in recruitment policies • Reduction in the number of temporary personnel being used for staffing	• Maintaining/retaining appropriate staffing levels • Improvement in patient flow throughout the hospital

Program Area 3: CAH Population Health Improvement (optional)

Project Type	Short-term Outcome Measures (within 1 year)	Intermediate Outcome Measures (2-3 years)	Long-term Outcome Measures (over 3 years)
Primary Care	• Number and percent of diabetic patients registered in CCM program • Number and percent of pre-diabetic patients registered in prevention programs • Number and percent of patients receiving diabetic education • Number and percent of patients participating in diabetes interventions (e.g., blood glucose logs, exercise and weight loss goals) • Number and percent of patient interactions including coordination of care	• Number and percent of patients receiving regular HbA1c testing, eye exams, and medical attention for complications • Reduction in number and percent of prediabetic patients developing Type 2 diabetes • Reduction in number and percent of patients with poor control of daily blood glucose level • Reduction in number and percent of patients with a BMI>25 kg/m2 • Reduction in number and percent of patients with poor control of hemoglobin A1C levels	• Reduction in rate of unnecessary hospital admissions due to complications of diabetes (for participating patients) • Reduction in emergency department use due to complications from diabetes (for participating patients) • Reduction in rate of participating patients with diabetic complications (e.g., cataracts, glaucoma, or blindness; nerve damage, amputations, etc.)
Behavioral	• Increase in number and	• Increase in number and	• Increase in number and

| Health Integration | percent of CAH-based RHCs developing an action plan to implement integrated behavioral health services
• Increase in number and percent of CAH-based RHCs participating in learning collaboratives on the development of integrated behavioral health services | percent of RHCs operating integrated behavioral health services
• Increase in number and percent of patients served by CAH-based RHC integrated units
• Increase in number and percent of RHC patients reporting satisfaction with integrated behavioral health services
• Increase in number and percent of participating patients reporting greater quality of life
• Increase in number and percent of providers reporting satisfaction with integrated behavioral health services
• Increase in number and percent of participating patients reporting improved mental health wellness in the last 14 days
• Increase in number and percent of participating patients with improvement in depression or anxiety based on a validated screening tool | percent of CAH-based RHCs that have sustained and/or expanded integrated behavioral health services
• Reduction in rate of unnecessary ED use by participating patients
• Reduction in rate of unnecessary hospital admissions by participating patients
• Improvement in number and percent of patients reporting fewer days of poor mental health in the last 30 days |
| Chronic Care Management | • Number and percent of patients with 2 or more chronic conditions registered in CCM program
• Number and percent of patients receiving self-management education and support specific to their condition
• Number and percent of patients participating in | • Increase in number and percent of patients receiving monthly check-ins, regular lab testing, and early medical attention for complications
• Reduction in Number and percent of low patient satisfaction survey scores
• Reduction in number and percent of patients non-compliant with treatment | • Reduction in the rate of readmission after discharge from the hospital for all cause readmissions for participating patients |

	CCM interventions (e.g., keeping blood pressure logs, setting exercise and/or weight loss goals, adhering to dietary/salt restrictions for hypertension) • Number and percent of patient interactions including coordination of care	regimen • Reduction in number and percent of patients with poor control of key biometrics (specific to diseases)	
Substance Use Disorder	Prevention: • Increase in number and percent of CAHs participating in community prevention partnerships, programming, and education • Increase in number and percent of CAHs implementing prescribing guidelines • Increase in number of provider referrals to alternative pain management methodologies Treatment: • Increase in number and percent of CAHs screening for SUDs in primary care and ED settings • Increase in number and percent of CAH providers qualified and offering MAT • Increase in number and percent of CAHs developing SUD treatment programs • Increase in number and percent of CAHs participating in community efforts to address SUDs	Prevention: • Reduction in percent of underage alcohol, marijuana, and prescription use/ misuse in the community • Increase in number and percent of patients in primary care and ED screened for SUDs • Increase in number and percent of patients receiving brief interventions after screening for SUDs • Increase in number and percent of providers complying with prescribing guidelines • Reduction in number and percent of patients receiving prescriptions for commonly abused prescription drugs Treatment: • Increase in number and percent of patients receiving MAT and wrap-around treatment such as counseling • Increase in number and percent of patients referred for specialty SUD treatment	• Reduction in rates of SUDs in the patient population or the community • Reduction in rates of substance misuse-related ED visits • Reduction in rates of hospitalization for SUD or overdose • Reduction in opioid or other substance-related overdoses • Reduction in substance misuse related mortality
Community Engagement	• Increase in number of participating organizations	• Increase in number and percent of collaborative	

	partnering with CAHs to create action plans	partnerships implementing action plans to address one or more community needs	

Program Area 4: Rural EMS Improvement (optional)

Project Type	Short-term Outcome Measures (within 1 year)	Intermediate Outcome Measures (2-3 years)	Long-term Outcome Measures (over 3 years)
Quality Improvement (Clinical)	• Increase in number and percent of EMS agencies equipped to acquire 12-lead EKGs and identify or recognize STEMIs • Increase in number and percent of staff with training on recognition of STEMI and stroke • Increase in number and percent of staff with training on trauma/field triage protocols for all ages • Increase in number and percent of EMS agencies using the American Heart Association's Mission (AHA): Lifeline Guidelines (STEMI)	• Increase in number and percent adaptation of regional protocols to improve early notification times	• Increase in number and percent of EMS agencies functioning as part of an integrated system of emergency care • Reduction in number and percent of inpatient mortality rate of patients treated for TCD by agency
Quality Improvement (Data Reporting)	• Increase in number and percent of EMS agency providers, medical directors, and administrators trained on state-level run reporting system. • Reduction in number of errors in submitted run data • Increase in number of data sharing arrangements between EMS providers and CAHs, rural hospitals, and their Emergency Departments • Increase in number of data bridges established between EMS data systems and state or national initiatives (e.g., health information exchanges	• Increase in number and percent of rural EMS agencies submitting accurate run reports and data for 100percent of required transports and encounters • Increase in number and percent of state EMS authorities submitting run report data consistently to NEMSIS • Increase in number and percent of EMS agencies utilizing EMS data for quality and performance improvement	• Increase in number and percent of rural EMS agencies exhibiting improved quality performance based on agreed upon quality metrics

	or the National EMS Information System)		
Financial Improvement	• Increase in number and percent of agencies with appropriate billing and collection capacity • Increase in number and percent of agencies able to bill third party payers and patients for services rendered • Increase in percent of runs for which all appropriate billing, demographic, and insurance information was collected • Reduced percent of errors in financial and billing data collected for each run	• Percent reduction in time of processing claims • Reduction in number and percent of denied claims • Reduction in number and percent in days to collection • Increased percent of clean claims rate •Reduction in number and percent of registration errors	• Increase in number and percent of EMS agencies with improved financial stability based on key financial indicators • Improvement in the percent of expenses covered by patient/transport revenues • Reduction in the percent of expenses covered by other revenue sources (e.g., local tax revenues, grants, revenues)
Recruitment/Retention	• Increase the number of paid EMS providers (not including advanced level providers) • Increase the number of volunteer EMS providers (not including advanced level providers) • Increase the number of advanced level EMS providers (such as paramedic or AEMT)		• Turnover rate – Reduction in percentage of new employees that resign within a certain time frame
Collaborative Activities	• Increase in number and percent of EMS agencies meeting regularly with partners to create action plans • Increase in number and percent of EMS agencies implementing a community paramedicine practice	•Increase in number and percent of partnerships implementing action plans to address one or more community needs •Decrease in number and percent of hospital readmissions	• Number of community paramedicine programs that can continue to run sustainably.

Program Area 5: CAH Designation (required if requested)

This program area will look different than the others, as there are no "outcomes" for the recipients to report. The only drop-down menu will be what is listed below. Everything else in the excel template will be manual entry.

Work Plan Category

CAH Conversions or CAH Transitions