

Critical Access Hospital Quality Improvement Activities and Reporting on Quality Measures: Results of the 2007 National CAH Survey

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Introduction

Improving the quality of care provided by Critical Access Hospitals (CAHs) is an important goal of the Medicare Rural Hospital Flexibility Program. This report describes the 2007 National CAH Survey results regarding current CAH quality improvement initiatives and quality measure reporting.

Approach

Data for this report were collected through a national telephone survey of 381 CAH administrators conducted between January and May 2007. Survey respondents were asked about their most important quality improvement activities and their participation in quality reporting and benchmarking initiatives.

CAH Participation in Quality Improvement Initiatives

Survey respondents described participating in a wide range of quality improvement initiatives. The most frequently mentioned activities related to patient safety and overall Quality Improvement/Performance Improvement initiatives. In the area of patient safety, respondents cited medication safety, fall prevention and infection control activities, the National Patient Safety Goals, and the "100,000 Lives" and "5 Million Lives" programs. Other important initiatives related to CMS/Joint Commission on Accreditation of Healthcare Organizations (JCAHO) core measures; care of patients with specific conditions; protocols and guidelines; and emergency care and patient transfers. CAHs also reported facility replacement/renovation or purchase of new equipment; implementation of electronic medical/health records; patient satisfaction; and staffing and training activities related to quality improvement.

Key Findings

- Critical access hospitals are participating in a wide range of quality improvement activities; the most common are medication safety initiatives.
- Two-thirds of CAHs participate in a quality reporting initiative other than Hospital Compare, including other national, state, and local efforts.
- The most frequently reported reasons cited by CAHs for not participating in Hospital Compare are an insufficient volume of patients and the lack of a Centers for Medicare and Medicaid Services (CMS) requirement.

Reasons for Not Participating in Hospital Compare

Over half of the 66 surveyed CAHs that reported not participating in Hospital Compare cited an insufficient volume of patients (59%) and the fact that the hospital is not required by CMS to report (55%) as reasons for not submitting data. Insufficient staff time for chart review/data extraction was cited by 35% of the non-reporting CAHs as a reason for not submitting data. Among non-reporting CAHs, 30% plan to submit data in the next year.

Participation in Other Quality Reporting and Benchmarking Initiatives

Two-thirds of all the surveyed CAHs participate in a quality reporting or benchmarking initiative other than Hospital Compare, including those sponsored by state hospital associations; quality improvement organizations (QIOs); hospital consortia; hospital and health care systems; states; statewide CAH networks, and other organizations. The most frequently mentioned other initiatives were those sponsored by state hospital associations or state rural health associations and those involving QIOs.

In terms of specific conditions, over half of the CAHs submit data on pneumonia, heart failure and acute myocardial infarction measures to other quality reporting/benchmarking initiatives. Almost half of the CAHs submit data on medication errors and patient falls, while 39% submit data on surgical infection prevention measures. One-fourth of the CAHs report quality measure data for a range of other conditions, including nosocomial infections, decubitus ulcers, obstetrics, and diabetes.

Conclusions

The survey results indicate that CAHs continue to be actively involved in a wide range of quality improvement initiatives, with patient safety and medication safety in particular as major areas of focus.

Over half of non-participating CAHs cite an insufficient volume of patients as a reason for not participating in Hospital Compare. This finding indicates the importance of continuing to explore alternative ways of presenting and analyzing quality data for low volume hospitals, e.g., using composite measures and/or summarizing data over longer time periods.

The high rate of CAH participation in other national, state and local reporting initiatives, both among Hospital Compare participants and non-participants, suggests that these efforts can help support expanded national reporting of quality measures among CAHs.

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