



**Quality Improvement  
Organizations**

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CENTERS FOR MEDICARE & MEDICAID SERVICES

**SUPERIOR HEALTH**  
Quality Alliance

Great Lakes Region

# Hospital Provider Assessment

**Overview and Guide**

Last updated 4/16/2026

If you have questions at any point while reviewing this document, please email [info@superiorhealthqa.org](mailto:info@superiorhealthqa.org)



# Hospital Provider Assessment

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## Background Information

The hospital provider assessment is set up to capture information to better understand a facility's strengths, challenges, and priorities. Information gathered from the assessment will be used to develop an organization's quality focus for the current year. Over the course of the 13 Scope of Work (SOW) contract, Superior Health Quality Alliance (Superior Health) staff will work with facilities to identify focus changes.

## Navigating the Assessment

The assessment will open to the Welcome Page. The top third of the screen serves as the navigation menu within the form. The navigation menu will vary depending on the facility setting type.

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# Hospital Provider Assessment Form

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## Welcome

Provides an overview of the assessment, why the information is being gathered, and information on completing the assessment

Profile: General information about the facility; this is also where you can add additional CCN/TIN information to duplicate the assessment for more than one setting

- Key Reminders for this Section:
  - Please note – this duplication step is only for like facility type settings
  - The Profile section **MUST** be completed before you can move to other sections of the assessment, all the way through the engagement section. Once sections two through nine have been completed, you can freely move through the remaining sections.

**For Each “Section/Page” Don’t Forget:** Be sure to Click the Save Button (in the lower right corner) before moving to the next screen

Each time you click the save button – a pop-up box will appear and allow you to either copy the assessment form link or ask you to provide your email to send to yourself.

**\* Required fields**

## Profile

The initial part of this page will include the following pre-filled information fields:

- Facility Name
- Facility Type

As a facility, you will be asked to complete the following questions:

**\*Facility Assessment Point of Contact (POC) or delegate** (Free text field)

**\*Contact Email or POC or delegate** (Free text field)

**\*Clinic/Hospital Ownership**

- Independent                       System-Affiliated                       Other

If “System-Affiliated” is selected, an additional follow-up question will appear:

**Do you have a system-level POC (e.g., Administrator, Director of Nursing (DON), Clinical Director, etc.)?**

- Yes                       No

If “Other” is selected, an additional follow-up question will appear:

**\*If Other, please specify** (Free text field)

**How would you like us to engage with you?**

- As part of a health system                       As individual organization

**Does your participation as a health system need to be approved by leadership?**

- Yes                       No                       Unsure

**Total Number of Staff** (Free text field)

**Provide contact information for key leadership roles (e.g., Administrator, Director of Nursing (DON), Clinical Director, etc.)** (Free text field) Include name, email, and associated role.

**Hospital/Nursing Home: Number of beds** (Free text field)

**What electronic health record (EHR) does your facility use?** (Free text field)

**What professional organizations, memberships, or local, state or national collaboratives do you or your organization participate in?** (Free text field)

Please provide the name and contact information for the individual in your organization who is most knowledgeable about your technical, operational, and administrative systems and can accurately complete the CMS Advancing Healthcare Quality Through Technology (AHQT) Readiness Assessment.

**\*Point of Contact Name**

**\*Point of Contact Email**

## CCN/TIN Duplication

Please use the section below to add your CMS Certification Number (CCN) or Tax Identification Number (TIN) for each applicable practice or location to **duplicate** the assessment for each location. These should be specific to the same setting type (i.e. hospital, nursing home, or outpatient clinic practice). If you do not want the assessment responses duplicated for each location, please complete the assessment individually.

Instructions:

- Select “Add CCN/TIN” to enter new information.
- Enter one CCN or associated TIN per physical practice location, if applicable.
- The CCN or TIN should match the number assigned by CMS for Medicare participation.
- If your organization has multiple CCNs or TINs, repeat this step for each.
- If you are unsure of the CCN or TIN, you may leave the field blank and continue to the form.

**Additional CCN/TIN Information** (Free text field)

## Readiness (Readiness and Ability to Perform Quality Improvement (QI) Work/Capabilities)

**\*Has your organization previously participated in external quality improvement (QI) initiatives?**  
 Yes       No       Unsure

If “Yes” is selected, an additional follow-up question will appear:

**What program? E.g., CMS programs, accreditation efforts, collaboratives, Baldrige quality awards-SNF-AHCA.** (Free text field)

**\*Is there staff dedicated to QI or a formal committee?**  
 Yes       No       Unsure

If “Yes” is selected, an additional follow-up question will appear:

**What type/what is this committee called? What type of QI tools are/have been used? Frequency of QI meetings? Dedicated budget? What are the roles/team composition for those that can dedicate their time?** (Free text field)

**\*Is there protected staff time allocated for QI work?**  
 Yes       No       Unsure

**\*Have Joint Commission survey results been positive?**

- Strongly Disagree       Disagree       Neutral  
 Agree       Strongly Agree       Not Applicable

**\*Which of the following statements describe the organization’s population health strategy? Select all that apply:**

- Integrates population health management strategies into quality work  
 Applies a holistic approach to improvement  
 Collaborates with community partners, patients, and families to improve care processes and transitions  
 None of the above apply

**\*In the past 90 days, has your organization experienced a cybersecurity incident or identified a significant security gap that could affect patient data or operations?**

- Yes       No       Unsure

If “Yes” or “Unsure” is selected, an additional follow-up question will appear:

**Please indicate your current status. (Active incident impacting operations; Suspected incident under investigation; Past incident resolved within the last 90 days; or No incident but a major gap exists). If any of these apply, please describe what resources you have utilized so far. (Free text field)**

## Leadership Support

**\*How often does your organization leadership participate in QI meetings?**

- Never       Rarely       Sometimes       Often       Always

All responses except “Never” will prompt an additional follow-up question

**Who attends and frequency of their attendance? (Free text field)**

**\*Does organizational leadership communicate QI priorities and progress organization-wide?**

- Never       Rarely       Sometimes       Often       Always

All responses except “Never” will prompt an additional follow-up question

**What does this look like (meeting, annual goals, email? How is it communicated?) (Free text field)**

**Does the organization collaborate with internal and external partners to analyze quality and safety risks?**

- Yes       No

**\*How often does leadership communicate QI progress to patients and external partners?**

- Never       Rarely       Sometimes       Often       Always

All responses result in an additional follow-up question appearing:

**How do you share your QAPI work with staff, residents and families? (Free text field)**

**\*Does leadership celebrate and share QI successes organization-wide?**

- Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

All responses result in an additional follow-up question appearing:

**What does celebration look like? (Free text field)**

**\*Does your organization leadership support workforce well-being?**

- Never       Rarely       Sometimes       Often       Always

All responses result in an additional follow-up question appearing:

**Does your facility/corporation provide training and outside education to keep leadership abreast of best practices for creating culture and staff wellbeing? How do leaders get self-care and deal with burnout/stress and day to day pressures of their roles? Do you feel you have enough education and training or are there areas you would like more experience/training in?** (Free text field)

**How would you describe the culture of your facility in terms of staff trust, empowerment, and engagement?** (Free text field)

**How comfortable do staff feel bringing up concerns or ideas to leadership? How are staff empowered to make decisions, i.e., part of QAPI teams, improvement projects. Are leaders visible on the floor, communicate openly and follow through on commitments. Staff growth such as mentor programs and are they engaged in QI efforts and a team-based approach.** (Free text field)

**\*How often does the leadership assess the organization's quality and safety culture?**

- Never       Less than annually       Annually       More than annually

All responses result in an additional follow-up question appearing:

**How are the results shared across the organization? What typically happens after results are shared? Can you share an example of a successful change that came from these results?** (Free text field)

**\*Which of these statements describes your leadership support for compliance with setting specific requirements? Select all that apply:**

- Leads and supports the organization's processes to prepare for, participate in, and follow up on regulatory, accreditation and certification surveys and activities
- Directs organization-wide processes for evaluating, monitoring, and improving compliance with internal and external requirements
- Facilitates continuous survey readiness activities
- None of the above apply

**\*Which of the following statements describe your organization's approach to leadership engagement? Select all that apply:**

- Implements processes to promote internal and external engagement and interprofessional teamwork
- Creates learning opportunities to advance healthcare quality throughout the organization
- Communicates effectively with different audiences to achieve quality goals
- None of the above apply

## Workforce

**Has your facility had significant turnover in leadership?**

- Yes       No       Unsure

If "Yes" is selected, an additional follow-up question will appear:

**What position(s)? How long was the position open? Did you use a staffing agency, or another strategy to fill the position?** (Free text field)

**\*How often are you concerned about staff burnout, turnover in your facility and staffing levels?**  
 Never     Rarely     Sometimes     Often     Always

All responses result in an additional follow-up question appearing:

**What indicators are monitored to assess staff well-being (e.g., absenteeism, turnover rates, injury reports, satisfaction surveys)? What support systems are in place to promote staff wellness and resilience? What strategies are used to reduce turnover and improve retention? How are staff recognized and supported in their roles? How satisfied are you with your organization's current staffing levels to meet patient care and operational needs?** (Free text field)

**\*How often are you concerned about workplace safety and violence in your facility?**  
 Never     Rarely     Sometimes     Often     Always

All responses result in an additional follow-up question appearing:

**How is staff feedback collected and used to improve workplace culture and safety? Have any recent changes been made based on staff input or well-being data?** (Free text field)

**\*How satisfied are you in the policies and procedures you have in place related to workplace violence?**  
 Very Dissatisfied     Dissatisfied     Neutral     Satisfied     Very Satisfied

**\*How satisfied are you in the effectiveness of the training you have in place related to workplace violence?**  
 Very Dissatisfied     Dissatisfied     Neutral     Satisfied     Very Satisfied

## Access (Access to QI Resources)

**\*Does the organization have access to resources and tools needed to support QI?**  
 Yes     No     Unsure

All responses result in an additional follow-up question appearing:

**What kinds of resources does your organization frequently use for quality improvement? How well do those meet your needs?** (Free text field)

**Describe the provider's ability to access and implement various quality improvement tools and resources.** (Free text field)

**\*How satisfied are you with your organization's training for staff on QI methods?**  
 Very Dissatisfied     Dissatisfied     Neutral     Satisfied     Very Satisfied

**How does your organization approach training staff in quality improvement methods? Who's had this training, how frequent and how is it used in practice?** (Free text field)

**\*How often does the organization leverage external technical assistance or partnerships to support QI initiatives?**  
 Never     Rarely     Sometimes     Often     Always

All responses result in an additional follow-up question appearing:

**What external partners have you worked with? How do outside partners or technical assistance groups fit into your work? Do they feel like an extra set of hands, a true partner, a burden or something in between? Consultants? Corporate Expert Leadership, State Associations, State teams-such as HAI or other supports? Area Agency in Aging?** (Free text field)

**\*Does your facility use organizational procedures to identify and report quality and safety risks?**

Yes  No

**\*Does this facility or practice have a patient and family advisory council (PFAC) or equivalent?**

Yes  No  Unsure

All responses result in an additional follow-up question appearing:

**Are patients and families actively involved in shaping decisions or just providing feedback? How does your organization let PFAC members know their feedback made a difference? Are there any barriers that make it hard for some patients or families to participate?** (Free text field)

## Analysis (Root Cause Analysis of QI Issues)

**\*How satisfied are you with the effectiveness of your current workflows and processes in supporting timely, high-quality care delivery?**

Very Dissatisfied  Dissatisfied  Neutral  Satisfied  Very Satisfied

All responses result in an additional follow-up question appearing:

**Which areas of workflow are most challenging?** (Free text field)

**\*How satisfied are you with your organization's ability to achieve its goals and QI initiatives despite financial or budgetary limitations?**

Very Dissatisfied  Dissatisfied  Neutral  Satisfied  Very Satisfied

All responses result in an additional follow-up question appearing:

**Identify specific areas affected by budget constraints.** (Free text field)

**\*Do you agree that your organization is open to adopting new practices, tools, or improvement initiatives?**

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

All responses result in an additional follow-up question appearing:

**What factors most influence your organization's willingness to adopt new practices?** (Free text field)

## Data Use (Data Use and Support Needs)

**\*How frequently does your organization collect and report quality improvement data?**

- Never     Rarely     Sometimes     Often     Always

All responses result in an additional follow-up question appearing:

**How does your organization currently collect and report QI data? How routine is that process, and what makes it easier or harder to keep it consistent?** (Free text field)

**\*Do you agree with how often your organization routinely uses performance data to identify gaps and drive QI efforts?**

- Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree

All responses result in an additional follow-up question appearing:

**How does your organization use performance data to spot gaps in care and shape your quality improvement work?** (Free text field)

**\*How satisfied are you with staff training on using data for decisions and improvement activities?**

- Very Dissatisfied     Dissatisfied     Neutral     Satisfied     Very Satisfied

All responses result in an additional follow-up question appearing:

**To what degree do you feel your staff have the skills and training they need to understand data and use it for decision-making and improvement? Where do you see the strengths, and where are there gaps?** (Free text field)

**\*How satisfied are you with how your organization utilizes data analytics (internal or external) to inform decision-making and QI?**

- Very Dissatisfied     Dissatisfied     Neutral     Satisfied     Very Satisfied

All responses result in an additional follow-up question appearing:

**Does your facility routinely look at data trends and use the data to direct QI work? Are there areas where it really drives decisions, or places where you wish it could do more?** (Free text field)

## Engagement

**\*What is your preferred communication method?**

- Email     Phone Call     Virtual Meeting     Other

If Other is selected, an additional follow-up question appears:

**Other communication method.** (Free text field)

All responses result in an additional follow-up question appearing:

**Are there any times/days we should avoid or plan for meetings? (Morning meeting for example should be avoided in SNF)** (Free text field)

**\*What frequency of check-ins or support currently works best for your team?**

- Bi-weekly     Monthly     Every other month     Quarterly     As needed

**How do you prefer to engage in learning?**

- Affinity groups     Conferences     Self-Guided Learning     Webinars     Other

**What additional QI needs or support would increase engagement?** (Free text field)

**Are you interested in being registered in our learning management system?** (Auto default is Yes)

- Yes     No

The provider assessment questions now shift to CMS Measure Specific Questions.

## Vaccinations

**IMPORTANT: At least 1 of the CMS measures must be identified as a top priority for us to focus on together this year.**

Measures for this sub-aim include:

- Influenza Vaccination among Healthcare Personnel

### Priority Assessment

**Is this one of your top priorities for us to focus on together this year?** (Auto default is No)

- Yes     No

**If No, Please Tell Us Why**

- Staffing     Wrong patient population     Other (please specify)  
 Competing priorities     Recent quality measurement indicates no concerns

**Please explain:** (Free text field)

If Yes is selected, additional follow-up questions will appear:

### Measures and Monitoring

For details on related sub-aim measures, please refer to the [Encyclopedia of Measures](#) (no link in live form)

**Is there a system in place to monitor at least one measure related to this sub-aim?** (Auto default is No)

- Yes     No

**If no, please explain (Measurement Capability)** (Free text field)

**Can your organization measure and aggregate all priority measures for this sub-aim?** (Auto default is No)

- Yes     No

**If no, please explain (Measurement Capability)** (Free text field)

## Current State and Challenges

Please respond to the following in the text box below.

**Explain how vaccination status is collected, reviewed, and acted on today. Why would an individual not receive a vaccine they are eligible for?** (Free text field)

**What barriers makes it hardest for your staff/patients/residents to stay up-to-date on vaccines?**  
(Free text field)

**What things could your organization do to motivate your staff/patients/residents to get vaccinated?**  
(Free text field)

**Why is this a priority for you? (Vaccinations)** (Free text field)

**In relation to this topic area, do you feel that any of these risk factors impact your ability to have successful outcomes in this area? (Select all that apply.)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Food Insecurity         | <input type="checkbox"/> Housing Instability | <input type="checkbox"/> Interpersonal Safety              |
| <input type="checkbox"/> Transportation Problems | <input type="checkbox"/> None                | <input type="checkbox"/> Dual Medicare/Medicaid enrollment |

**Is patient risk factor data available for at least 50% of the population, and have QI opportunities been identified?** (Free text field)

## Substance Use Disorders

**IMPORTANT: At least 1 of the CMS measures must be identified as a top priority for us to focus on together this year.**

Measures for this sub-aim include:

- Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence

### Priority Assessment

**Is this one of your top priorities for us to focus on together this year?** (Auto default is No)

- Yes       No

#### If No, Please Tell Us Why

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Staffing             | <input type="checkbox"/> Wrong patient population                         | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Competing priorities | <input type="checkbox"/> Recent quality measurement indicates no concerns |   |

**Please explain:** (Free text field)

If Yes is selected, additional follow-up questions will appear:

### Measures and Monitoring

For details on related sub-aim measures, please refer to the [Encyclopedia of Measures](#) (no link in live form)

**Is there a system in place to monitor at least one measure related to this sub-aim?** (Auto default is No)

- Yes       No

If no, please explain (Measurement Capability) (Free text field)

Can your organization measure and aggregate all priority measures for this sub-aim? (Auto default is No)

Yes  No

If no, please explain (Measurement Capability) (Free text field)

### Current State and Challenges

Please respond to the following in the text box below.

How do you currently identify and follow up on patients with possible substance use (alcohol and other drugs) concerns? (Free text field)

What are the main barriers to screening, brief intervention, or follow-up for alcohol or other substance misuse? (Free text field)

What additional support would improve screening or follow-up for alcohol and other substance use concerns? (Free text field)

Why is this a priority for you? (Substance Use Disorders) (Free text field)

In relation to this topic area, do you feel that any of these risk factors impact your ability to have successful outcomes in this area? (Select all that apply.)

Food Insecurity  Housing Instability  Interpersonal Safety  
 Transportation Problems  None  Dual Medicare/Medicaid enrollment

Is patient risk factor data available for at least 50% of the population, and have QI opportunities been identified? (Free text field)

## Safety Events

**IMPORTANT: At least 1 of the CMS measures must be identified as a top priority for us to focus on together this year.**

Measures for this sub-aim include:

- Median Time from ED Arrival to ED Departure for Discharged ED Patients
- Hospital Harm Pressure Injury
- Patient Safety Index-90

### Priority Assessment

Is this one of your top priorities for us to focus on together this year? (Auto default is No)

Yes  No

If No, Please Tell Us Why

Staffing  Wrong patient population  Other (please specify)  
 Competing priorities  Recent quality measurement indicates no concerns

**Please explain:** (Free text field)

If Yes is selected, additional follow-up questions will appear:

### Measures and Monitoring

For details on related sub-aim measures, please refer to the [Encyclopedia of Measures](#) (no link in live form)

**Is there a system in place to monitor at least one measure related to this sub-aim?** (Auto default is No)

Yes  No

**If no, please explain (Measurement Capability)** (Free text field)

**Can your organization measure and aggregate all priority measures for this sub-aim?** (Auto default is No)

Yes  No

**If no, please explain (Measurement Capability)** (Free text field)

### Current State and Challenges

Please respond to the following in the text box below.

**What factors most often contribute to safety events in your setting?** (Free text field)

**What challenges make it difficult to prevent or respond effectively to safety events?** (Free text field)

**What changes or support would most motivate your team to improve safety event prevention?**  
(Free text field)

**Why is this a priority for you? (Safety Events)** (Free text field)

**In relation to this topic area, do you feel that any of these risk factors impact your ability to have successful outcomes in this area? (Select all that apply.)**

Food Insecurity  Housing Instability  Interpersonal Safety  
 Transportation Problems  None  Dual Medicare/Medicaid enrollment

**Is patient risk factor data available for at least 50% of the population, and have QI opportunities been identified?** (Free text field)

## Quality Management Systems

**IMPORTANT: At least 1 of the CMS measures must be identified as a top priority for us to focus on together this year.**

Measures in this sub-aim help your organization understand where major survey issues related to quality improvement are happening, so you can target improvements and strengthen overall quality oversight.

### Priority Assessment

Is this one of your top priorities for us to focus on together this year? (Auto default is No)

- Yes       No

**If No, Please Tell Us Why**

- Staffing                       Wrong patient population                       Other (please specify)  
 Competing priorities                       Recent quality measurement indicates no concerns

**Please explain:** (Free text field)

If Yes is selected, additional follow-up questions will appear:

### Measures and Monitoring

For details on related sub-aim measures, please refer to the [Encyclopedia of Measures](#) (no link in live form)

Is there a system in place to monitor at least one measure related to this sub-aim? (Auto default is No)

- Yes       No

**If no, please explain (Measurement Capability)** (Free text field)

Can your organization measure and aggregate all priority measures for this sub-aim? (Auto default is No)

- Yes       No

**If no, please explain (Measurement Capability)** (Free text field)

### Current State and Challenges

Please respond to the following in the text box below.

**How do you currently identify problems, track them, and follow up for improvement?** (Free text field)

**What makes it hardest to consistently carry out your quality processes?** (Free text field)

**What would strengthen your quality oversight or processes?** (Free text field)

**Why is this a priority for you? (Quality Management Systems)** (Free text field)

**In relation to this topic area, do you feel that any of these risk factors impact your ability to have successful outcomes in this area? (Select all that apply.)**

- Food Insecurity                       Housing Instability                       Interpersonal Safety  
 Transportation Problems                       None                       Dual Medicare/Medicaid enrollment

**Is patient risk factor data available for at least 50% of the population, and have QI opportunities been identified?** (Free text field)

## Infection Prevention and Control

**IMPORTANT: At least 1 of the CMS measures must be identified as a top priority for us to focus on together this year.**

Measures for this sub-aim include:

- Catheter-Associated Urinary Tract Infection (CAUTI)
- Central Line Associated Bloodstream Infection (CLABSI)
- Facility-Wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia
- Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI)
- Harmonized Procedure Specific Surgical Site Infection (SSI)

### Priority Assessment

**Is this one of your top priorities for us to focus on together this year?** (Auto default is No)

Yes  No

#### If No, Please Tell Us Why

Staffing  Wrong patient population  Other (please specify)  
 Competing priorities  Recent quality measurement indicates no concerns

**Please explain:** (Free text field)

If Yes is selected, additional follow-up questions will appear:

### Measures and Monitoring

For details on related sub-aim measures, please refer to the [Encyclopedia of Measures](#) (no link in live form)

**Is there a system in place to monitor at least one measure related to this sub-aim?** (Auto default is No)

Yes  No

**If no, please explain (Measurement Capability)** (Free text field)

**Can your organization measure and aggregate all priority measures for this sub-aim?** (Auto default is No)

Yes  No

**If no, please explain (Measurement Capability)** (Free text field)

### Current State and Challenges

Please respond to the following in the text box below.

**How does your team identify and prevent infections, and what usually causes breakdowns?** (Free text field)

**What makes it hardest to prevent infections in your setting?** (Free text field)

What would help your team prevent more infections? (Free text field)

Why is this a priority for you? (Infection Prevention and Control) (Free text field)

In relation to this topic area, do you feel that any of these risk factors impact your ability to have successful outcomes in this area? (Select all that apply.)

- Food Insecurity       Housing Instability       Interpersonal Safety  
 Transportation Problems       None       Dual Medicare/Medicaid enrollment

Is patient risk factor data available for at least 50% of the population, and have QI opportunities been identified? (Free text field)

## Hospital 30-day Readmission

**IMPORTANT: At least 1 of the CMS measures must be identified as a top priority for us to focus on together this year.**

Measures for this sub-aim include:

- Hospital 30-day Readmissions (HWR) All Cause Unplanned

### Priority Assessment

Is this one of your top priorities for us to focus on together this year? (Auto default is No)

- Yes       No

**If No, Please Tell Us Why**

- Staffing       Wrong patient population       Other (please specify)  
 Competing priorities       Recent quality measurement indicates no concerns

**Please explain:** (Free text field)

If Yes is selected, additional follow-up questions will appear:

### Measures and Monitoring

For details on related sub-aim measures, please refer to the [Encyclopedia of Measures](#) (no link in live form)

Is there a system in place to monitor at least one measure related to this sub-aim? (Auto default is No)

- Yes       No

**If no, please explain (Measurement Capability)** (Free text field)

Can your organization measure and aggregate all priority measures for this sub-aim? (Auto default is No)

- Yes       No

**If no, please explain (Measurement Capability)** (Free text field)

## Current State and Challenges

Please respond to the following in the text box below.

**Explain your process for transitioning patients after hospital discharge and where it usually breaks down.** (Free text field)

**What makes preventing hospital readmissions hardest for your team?** (Free text field)

**What would most improve your ability to keep patients from returning to the hospital?** (Free text field)

**Why is this a priority for you? (Hospital 30-day Readmission)** (Free text field)

**In relation to this topic area, do you feel that any of these risk factors impact your ability to have successful outcomes in this area? (Select all that apply.)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Food Insecurity         | <input type="checkbox"/> Housing Instability | <input type="checkbox"/> Interpersonal Safety              |
| <input type="checkbox"/> Transportation Problems | <input type="checkbox"/> None                | <input type="checkbox"/> Dual Medicare/Medicaid enrollment |

**Is patient risk factor data available for at least 50% of the population, and have QI opportunities been identified?** (Free text field)

## Emergency Preparedness

**IMPORTANT: At least 1 of the CMS measures must be identified as a top priority for us to focus on together this year.**

Measures in this sub-aim help your organization understand where major survey issues related to emergency preparedness are happening, so you can target improvements and strengthen overall emergency readiness.

### Priority Assessment

**Is this one of your top priorities for us to focus on together this year?** (Auto default is No)

- Yes       No

#### If No, Please Tell Us Why

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Staffing             | <input type="checkbox"/> Wrong patient population                         | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Competing priorities | <input type="checkbox"/> Recent quality measurement indicates no concerns |   |

**Please explain:** (Free text field)

If Yes is selected, additional follow-up questions will appear:

### Measures and Monitoring

For details on related sub-aim measures, please refer to the [Encyclopedia of Measures](#) (no link in live form)

**Is there a system in place to monitor at least one measure related to this sub-aim?** (Auto default is No)

- Yes       No

If no, please explain (Measurement Capability) (Free text field)

Can your organization measure and aggregate all priority measures for this sub-aim? (Auto default is No)

Yes  No

If no, please explain (Measurement Capability) (Free text field)

### Current State and Challenges

Please respond to the following in the text box below.

What factors have contributed to challenges in consistently meeting emergency preparedness and regulatory requirements, and how were they recognized? (Free text field)

Where are the biggest challenges in staying prepared? (Free text field)

What would make compliance or readiness easier? (Free text field)

Why is this a priority for you? (Emergency Preparedness) (Free text field)

In relation to this topic area, do you feel that any of these risk factors impact your ability to have successful outcomes in this area? (Select all that apply.)

Food Insecurity  Housing Instability  Interpersonal Safety  
 Transportation Problems  None  Dual Medicare/Medicaid enrollment

Is patient risk factor data available for at least 50% of the population, and have QI opportunities been identified? (Free text field)

## Adverse Drug Events

**IMPORTANT: At least 1 of the CMS measures must be identified as a top priority for us to focus on together this year.**

Measures for this sub-aim include:

- Safe Use of Opioids – Concurrent Prescribing

### Priority Assessment

Is this one of your top priorities for us to focus on together this year? (Auto default is No)

Yes  No

If No, Please Tell Us Why

Staffing  Wrong patient population  Other (please specify)  
 Competing priorities  Recent quality measurement indicates no concerns

Please explain: (Free text field)

If Yes is selected, additional follow-up questions will appear:

### Measures and Monitoring

For details on related sub-aim measures, please refer to the [Encyclopedia of Measures](#) (no link in live form)

**Is there a system in place to monitor at least one measure related to this sub-aim?** (Auto default is No)

- Yes       No

**If no, please explain (Measurement Capability)** (Free text field)

**Can your organization measure and aggregate all priority measures for this sub-aim?** (Auto default is No)

- Yes       No

**If no, please explain (Measurement Capability)** (Free text field)

### Current State and Challenges

Please respond to the following in the text box below.

**What factors most often lead to medication safety problems in your setting?** (Free text field)

**What makes it hardest for your team to keep medications safe?** (Free text field)

**What would help your team improve medication safety and prevent errors?** (Free text field)

**Why is this a priority for you? (Adverse Drug Events)** (Free text field)

**In relation to this topic area, do you feel that any of these risk factors impact your ability to have successful outcomes in this area? (Select all that apply.)**

- Food Insecurity       Housing Instability       Interpersonal Safety  
 Transportation Problems       None       Dual Medicare/Medicaid enrollment

**In relation to this topic area, do you feel that any of these risk factors impact your ability to have successful outcomes in this area? (Select all that apply.)**

- Food Insecurity       Housing Instability       Interpersonal Safety  
 Transportation Problems       None       Dual Medicare/Medicaid enrollment

**Is patient risk factor data available for at least 50% of the population, and have QI opportunities been identified?** (Free text field)

## Confirmation (Confirmation Page)

Please review all information entered in this Provider Assessment Form before submitting.

By selecting **Finalize and Submit**, you confirm that the information provided is **complete, accurate, and current** to the best of your knowledge. Once submitted, the form will be saved and processed accordingly. Some fields may become **read-only** after submission.

If you need to make changes, please use the **Back** option to update the form before submitting.



<a href="#">&lt; Back</a>	<b>Finalize and Submit</b>	<a href="#">Save</a>
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### Important:

If you are unsure of your final answers or need assistance in completing, please contact support at [info@superiorhealthqa.org](mailto:info@superiorhealthqa.org)

## Finalize and Submit

Once the Finalize and Submit button is clicked, the following message will appear:

 <p><b>Quality Improvement Organizations</b> Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</p>	 <p><b>SUPERIOR HEALTH</b> Quality Alliance Great Lakes Region</p>
<h2>Provider Assessment Form</h2>	
<p>Thank you for filling out the form. Your response has been recorded.</p> <p>This material was prepared by the Superior Health Quality Alliance, a Quality Innovation Network–Quality Improvement Organization under contract with the Centers for Medicare &amp; Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.</p>	