



חטיבת הבריאות  
האגף להבטחת איכות | חקר שירותי רפואה  
Health Services Research

משרד  
הבריאות  
לחיים בריאים יותר

# The Israeli National Program for Quality Indicators for General and Geriatric Hospitals, Psychiatric Hospitals, Mother & Baby Health Centers and Emergency Medical Services (Ambulances)

## Annual Report 2013-2022

Quality and Safety Division  
Health Services Research Department  
Israel Ministry of Health  
Jerusalem

July 2023

Quality & Safety Division  
Health Services Research Department  
39 Yirmeyahu St., Jerusalem, 9446724  
quality@moh.health.gov.il  
Tel: 02-5082119 Fax: 02-6474878



אגף בכיר איכות ובטיחות  
המחלקה לחקר שירותי רפואה  
רח' ירמיהו 39, מגדלי הברירה, ירושלים  
quality@moh.health.gov.il  
טל: 02-5082119 פקס: 02-6474878



## Results Summary and Discussion

The primary goal of the Israeli National Program for Quality Indicators (NPQI) is to promote continuous improvement in Israeli healthcare quality, through both measuring the quality of care in major care and treatment areas and publicizing the results to the public.

The Program covers a broad range of areas, which lie at the core of the Israeli Health System, including Quality Indicators (QI) for Family Health Centers, pre-hospital care (EMT services and ambulances), general hospitals, and geriatric and psychiatric hospitals. Currently, we are working on integrating safety issues into the Program, such that it is evolving into the **National Program for Quality and Safety Indicators**.

After a full decade of dedicated efforts, it is now evident that the objective of enhancing healthcare through meticulous measurement has not only been attainable, but has also been successfully realized across the entire spectrum of care and treatment services. This progress has been seen along the patient lifespan, and spans various facets within the Israeli healthcare system. The Program is dynamic and constantly updates the list of Indicators. Indicators with excellent compliance rates in all healthcare institutions are "frozen," and only national-level results are published. At the same time, new Indicators are composed with the cooperation of relevant professional organizations and national authorities.

This report presents a summary of findings on the various core topics since the Program was established.

The new Advisory Board, which was established in 2022 in accordance with regulations, is continuing its work and has approved the addition of several new Indicators beginning next year. Updates on the subjects will be published in the relevant booklets, covering all areas measured. Specific areas of emphasis will be shared in the near future in Quality and Safety newsletters and letters.

Supplementing this report is a dedicated BI system for the Program. This system enables access to Program data and categorize the results according to various features beyond that which is presented in this report. This year, the Health Ministry website presented the dashboard format for data, which is accessible to cellular telephones as well, for the convenience of all Israeli residents.



## Acute Myocardial Infarction

Appropriate **treatment of an acute myocardial infarction** is one of the core goals of the NPQI. As such, several Quality Indicators examine the sequence of care; beginning with the ambulance team's identification of the event, followed by EMT treatment and pre-informing the hospital, triage and urgent care in the emergency department, and coronary stenting, through the recommendations for medications and cardiac rehabilitation upon discharge. The relevant Quality Indicators (QIs) for this core topic are detailed below:

**Pre-hospital administration of aspirin for suspected acute coronary events patients** monitors vital pharmaceutical treatment provided in the early stages of the cardiac event. In 2022, the national compliance rate remained stable at 96%.

**Pre-informing the hospital of ECG results in suspected STEMI cases** examines the interface between the ambulance team and the hospital's emergency department and catheterization unit, promoting more efficient processes and quicker treatment of cardiac events, thereby improving patient survival rates. This QI was introduced in 2017, with an initial adherence rate of 90%. In 2022, the QI adherence rate rose to 96%.

**PCI within 90 minutes for patients presenting with STEMI**, is the main QI in this section, and has been measured since 2013. Over the years of measurement, there has been significant improvement in the adherence rate, from 68% in 2013 to 92% in 2019 and 2020. In 2021 and 2022, there was further improvement, with 93% compliance. With that, there are still unintentional disparities in QI adherence according to patient characteristics. For example, the adherence rate with elder patients (from the age of 65) is lower, at 91%, and higher, at 94% for younger patients (aged 18-64). These figures, which demonstrate a negative correlation between age and likelihood of timely stenting for STEMI patients, match findings of similar studies in England and the United States. Additionally, we have found that women are treated later than men in almost all age groups. This finding is well-known and explained in the literature as resulting from delayed diagnosis of AMI in women, leading to delayed treatment. Efforts must be made to reduce the gender gap. As the adherence rate has remained stable and high over the past several years, it has



been decided that, as of next year, only the national adherence rate will be published.

**Intensive statin treatment recommendation in discharge letters of patients with acute coronary syndrome (ACS)** has been measured since 2017. This treatment has proven effective at reducing both the prevalence of vascular events among at-risk patients as well as the mortality rate. The national adherence rate for 2022 is 96%, as it was in 2021, despite the publication of only the national adherence rate for 2021. The QI **Intensive statin treatment recommendation in discharge letter for bypass surgery (CABG) patients** will be published with full adherence rate details beginning next year.

An additional QI that examines the pre-hospital processes in cases of cardiac emergency is **Dispatcher-assisted CPR in suspected cardiac arrest**. This year, due to the continued COVID-19 pandemic and technical difficulties, the QI results were not validated in time to enable publication of results.

## Stroke

**The National Stroke Program**, led by the Ministry of Health, was initiated in 2014, as an important pillar in quality care improvement for treating this medical condition in Israel. The Program includes raising public awareness to identify stroke symptoms and rush to the ED, training of medical staff, adding stroke units in hospitals, creating a national registry, and developing relevant Quality Indicators. The NPQI examines stroke treatment through a variety of Quality Indicators in the different settings – pre-hospital, general hospitals and geriatric rehabilitation hospitals.

In the pre-hospital setting, we measure adherence to **Pre-hospital standard stroke assessment for patients presenting CVA symptoms**. Adherence rates have improved significantly for this QI, from 82% in 2016 to 96% in 2017. In the years 2019 through 2021, adherence rates were steady at 97%. As such, only the national compliance rate, of 97%, is published this year.

Another pre-hospital QI is **Pre-informing the hospital of incoming suspected CVA patients** by the ambulance crew, which monitors the interfaces between the different service providers and promotes shorter wait times until hospital treatment. The national compliance rate for this QI in 2022 is 95%,



improving on the 2020 result of 94% and the 93% rate in the years 2017 through 2019.

One of the critical junctures in stroke patient treatment is the early diagnosis of the type of stroke through diagnostic imaging. This step is tracked by the NPQI using the **Median time from hospital arrival to head CT/MRI for patients with acute ischemic stroke** Indicator. Over the years in which this QI has been measured there has been radical improvement, as the median time has gone down from 55 minutes in 2015 to 25 minutes in 2022. Despite the improvement over the years, there are population groups for whom the imaging is relatively delayed. These include women aged 18 through 54, for whom the median waiting time in 2022 was 6 minutes longer than for men in the same age group. Immediate actions must be taken to improve this situation.

Another significant Quality Indicator in this area is **Intravenous thrombolytic treatment (i.e., IV rtPA) and/or mechanical embolectomy for acute ischemic stroke** for patients for whom these treatments are indicated. This Indicator has undergone significant changes in 2022, and is now reported as a rate, with numerator and denominator populations. Due to the newly-introduced changes, results for 2022 will not be published.

The goal of performing a **Carotid duplex within 72 hours of ED admission for TIA patients** is to prevent development of cerebral events in patients at risk. Over the years, there has been significant, consistent improvement in the national adherence level - from 58% in 2015 to 88% in 2021. This trend continued in 2022, and national adherence reached 90%.

**Stroke risk assessment for patients with atrial fibrillation**, performed in general hospitals, measures the remaining stroke treatment action item in general hospitals, area for this topic. The adherence rate for this QI remains stable at 91% in 2022.

In **geriatric rehabilitation settings**, performing a **Depression screening within 7 days of admission to rehabilitation ward for stroke patients** completes the circuit of pre-hospital and inpatient stroke treatment. The improvement in adherence to this Indicator is impressive: from 55% in 2016 to 91% in 2021. In 2022, the national adherence rate was 90%. The adherence rate for **Functional assessment at both admission to and discharge from rehabilitation ward after acute stroke** is being published this year only on

the national level, as the rates have been high and stable over the past few years (96% in 2020 and 2021). This year, there was a slight drop to 93% nationally. We will continue to follow the individual service providers' adherence rates and we will consider returning to publishing full results if there is continued decrease in adherence.

## Femoral Neck Fractures

Femoral neck fractures are common among the elderly, posing high risks for complications and mortality. Surgical repair with 48 hours has been found to reduce the risk of surgical site infection and lowers the mortality rate for the year following surgery. In 2013, the NPQI introduced the **Femoral neck fracture surgery within 48 hours** Quality Indicator. The results presented in this report demonstrate tremendous improvement in the performance of surgery within the recommended time frame, from 71% adherence in 2013 to 86% in 2019. Since then, adherence has been stable. This year only the 87% national adherence rate is being published.

In **geriatric rehabilitation** settings, the **Functional assessment at both admission to and discharge from rehabilitation ward following femoral neck fracture** Indicator maintains the sequence of care, monitoring the patient's functional abilities throughout his/her hospital stay. When the QI was introduced in 2015, adherence rates nationally averaged 75%, rising to 95% in 2021. There was a slight drop in 2022 to a national adherence rate of 93%.

## Pre-Hospital Care

This year, we have seen increased cooperation from Magen David Adom and ambulance companies; we are able to publish additional Quality Indicators from the pre-hospital settings for the first time.

The **Pre-hospital pain assessment** QI checks that patients transported by advanced life support (ALS) ambulances undergo a pain assessment. This enables the ambulance staff to provide pain relief according to the crew members' qualifications and protocols. Measuring adherence rates was initiated in 2021; this year we are publishing individual service providers' data for 2022



as well as the national rate for 2021. In both 2021 and 2022, adherence was 89%.

**Pre-hospital end-tidal CO<sub>2</sub> (EtCO<sub>2</sub>) measurement for mechanically ventilated patients** enables the ALS crew to verify correct endotracheal tube placement for mechanically-ventilated patients. This is vital in the pre-hospital setting in which the patient is moved several times during transport and the endotracheal tube can potentially be displaced even when it is well fixated. Measuring this QI was initiated in 2021. This year, we are publishing individual service providers' data for 2022 as well as the national rate for 2021. In both 2021 and 2022, adherence was 77%.

## Emergency Departments

The efficacy of emergency departments is measured through, among others, the QI **Time from ED arrival to clinical triage**. The triage process enables prioritization of treatment of patients in the ED in accordance with the severity of their condition. A Ministry of Health circular in 2015 demanded the implementation of the triage procedure in all Israeli emergency departments, with an optimal timespan of 15 minutes from until triage. Program findings show that the national median time to triage for 2022 remained stable at 8 minutes.

## Dialysis Clinics

This year introduces publication of full statistics about the **Dialysis Adequacy: Kt/V  $\geq$  1.2 or URR  $\geq$  65% in a single dialysis dose** QI, including the national compliance rate, as most service providers have completed development of the QI and reported results to the NPQI. The results in this report are stratified for community vs hospital dialysis facilities due to the differences in the patient populations serviced by community or hospital dialysis clinics. The following factors appear to be related to higher compliance rates: female gender, more years in treatment, and ages under 49 or above 70. The national compliance rate rose from 71% in 2021 to 74% in 2022.



## Hospital Gastroenterology Clinics

The **Colonoscopy polyp detection rate** QI is a new addition to the Israeli quality program, which is well known in the professional literature. Detecting and removing polyps is a significant contributing factor to dropping colon cancer rates. We are pleased to publish the Indicator data for the first time. In 2022, the national detection rate was 37%, which is lower than the rates described in the literature (approximately 43%), but, given that it is a newly-introduced Indicator, we expect improvement in the future.

## Early Life Healthcare

Healthcare provided early in the life cycle at Family Health Centers receives special attention from the INPQ, reflected by the spectrum of Quality Indicators which examine the quality of care provided to mother and baby. The first few months of a baby's life are a significant timeframe in which a family can learn skills for a healthy lifestyle as well as preventative medical procedures. This timeframe also provides an opportunity to identify issues that need attention. The QI **First neonatal visit at a Family Health Center within two weeks of birth** emphasizes the importance of an early meeting with healthcare staff. The national compliance rate for this Indicator is 43% for the fourth consecutive year (since 2019). However, no service provider reached the target rate of 75%, set by the Ministry of Health.

This year, we are publishing for the first time the service providers' adherence to the QI **Rate of infants documented as exclusively breastfed at 4 months of age**. This Indicator replaces the **Exclusive breastfeeding maintained until 4 months of age** Indicator, which was discontinued in 2021. The new format of the breastfeeding QI was added to the NPQI in 2021, with 24% national adherence for the pilot year. In 2022, there was a slight drop in adherence and the national rate was 22%. The Health Ministry has not yet set a target for this Indicator.

An additional measure of infant nutrition is **Documented iron supplementation until 14 months of age**. It is known that babies are born with sufficient iron stores for 4 to 6 months, making it vital to ensure that infants



receive enough iron to prevent deficiency. The national adherence rate for this QI is 74%, slightly less than in 2021.

**Regular developmental assessments and vaccinations** are two areas whose importance has been confirmed once again. The compliance rate for **Administration of one dose of the MMR/MMRV vaccine by 13 months of age** has been dropping, and in 2022 was only 64%. At this point, we can assume that the rise in MMRV vaccinations in 2019-2021 was related to the vaccination campaign following the rubella outbreak in 2018-19. Two additional measures of vaccinations are **Administration of 4 doses of the 5-in-1 vaccine by 18 months of age** and **Administration of 3 doses of the pertussis vaccine by 7 months of age**. The national adherence rates for these Indicators have been stable for the past few years; in 2022 the rates were 80% and 66%, respectively. Assessing a child's development is crucial to proper healthcare, for which the program measures **Developmental assessment, emphasizing language and communication skills, between 2 and 3 years of age** and **Developmental assessment between 4 and 6 years of age**. The adherence rate for the former rose in 2022 to 82% from 78% in 2021. In contrast, the latter assessment was done at a rate of 23%. An additional measure of infant development is **Documentation of 3 separate head circumference measurements by 8 months of age**. The operational definitions of this QI have undergone significant changes; therefore, the adherence rates for this will not be published this year.

**Infant safe sleep practices instruction** was added to the NPQI in 2020. This Indicator measures the percentage of infants registered at a given Mother & Baby Healthcare Center whose parents received proper guidance regarding safe sleep practices from a nurse at the Center. The national adherence rate in 2022 was 83%, a step up from the 82% rate achieved in 2021.

Additional aspects of neonatal care include **measuring the preterm infant's body temperature** and **cranial ultrasound for preterm infants**. Ensuring that **Preterm neonates have a peripheral body temperature of at least 36°C upon arrival in the neonatal intensive care unit** and preventing hypothermia prevents morbidity, cerebral hemorrhage and death. There has been improvement in adherence over the years, from 55% in 2017 to 92% in 2022. **Cranial ultrasound by Day 7 for infants born between weeks 24+0 and**



**28+6** is vital for preterm babies in order to detect pathologies including intraventricular hemorrhage. The adherence rate for this QI in 2022 is 97%.

Two Indicators are implemented at this juncture to provide proper healthcare for new mothers alongside their babies. **Violence screening for postpartum women** is to be performed within 4 months of giving birth. Over the years of measuring, the adherence rate has risen from 53% in 2013 to 87% in 2022. **Postpartum depression screening** measures the percentage of mothers who are asked by the nurse about PDD symptoms within 3 months of giving birth. In the first year of measuring (2015), the rate was 66%, and in 2022, the rate reached 84%.

## Continuity of Care and Family Involvement

Continuity of care and family involvement in a patient's care are two basic tenets of the healthcare system. Special emphasis is placed on these issues in the field of mental health. This is the rationale behind requiring a **Meeting between attending physician and family within 5 days of a child's admission to the psychiatric ward**, which measures the percentage of children hospitalized in a psychiatric institution whose psychiatrist met with the parents or other significant adult to explain the hospitalization. The adherence rate for this QI has risen significantly, reaching 86% in 2019 from 27% in the first measurement year (2016). The adherence rate dropped in the years 2020 and 2021, presumably due to the COVID-19 pandemic which limited travel, thereby preventing such meetings from taking place in time. This year, there has been improvement, with the national adherence rate reaching 83%, nearing the pre-pandemic rates. The QI was modified in 2022 to include holding such meetings virtually. To measure continuity of care, the QI **Complete psychiatric hospitalization summary provided within a week of discharge (adults and children)** enables the community psychiatrist to relate to all aspects of care received in hospital. In 2022, the adherence rate was 83%; with 46% providing the summary within one day. **Follow-up appointment scheduled before psychiatric ward discharge** ensures care will continue in the community before the patient is discharged from hospital. There has been dramatic improvement in adherence to this QI, from 21% in 2014 to 91% in 2022.



## Patient Safety

Patient safety is an important topic which is currently tracked by the NPQI in the fields of mental health and geriatric care. The QI **Violence risk assessment in the psychiatric ED (adults and children)** appears to have been well implemented over the years it has been measured; therefore, from 2022, only the national adherence level is published. Adherence to this Indicator has been 95% for the past four years.

## Health Screenings for Long-Term Inpatients

It is extremely important to carry out **screening tests** for long-term psychiatric inpatients in the same manner as such screenings are done regularly in the community. Among mental health patients there are higher mortality rates in the same age groups. One reason is the high rates of comorbidities, such as diabetes, metabolic syndrome, and cardiovascular diseases. The Indicators published for long-term (180+ or 365+ hospitalization days) mental health patients' health screenings include: **Semi-annual diabetes screening, Semi-annual BMI measurement, semi-annual lipids profile measurement, Semi-annual blood pressure measurement, Annual fecal occult blood testing (FOBT), and Bi-annual mammography**. The results of these Indicators show great variance between the types of screening tests, as well as gradual improvement compared to the initial measures published in 2015. Carrying out FOBT screenings has gone up from 16% to rates of 54% to 61% over the past three years. Lipids profile testing rose from 52% to 94% in 2022. The adherence rate for DM screening reached 91% in 2022, from 61% in 2015. Contrasted with this is the national rate of adherence to the mammography Indicator, which dropped to 27% from 55% in 2019. The blood pressure and BMI Indicators have been "frozen," with national rates of 100% and 98%, respectively.

## Geriatric Healthcare

The NPQI tracks a variety of Indicators in geriatric healthcare such as **Treatment plan discussion within 30 days of admission with patient and/or family** regarding treatment options and advanced healthcare directives. In 2022 there



was a decrease in adherence from last year's 82% to 76% in 2022, however, this is still a great improvement on the 2017 rate of 40%.

Diagnosing clinical depression among hospitalized geriatric patients is critical to effective care and improved quality of life. The QI **Depression screening within 7 days of admission to sub-acute wards** assists in providing care for the patient's needs. This QI was originally published in 2016 with 75% adherence, and has undergone changes, including a drop from 91% in 2018 to 84% in 2021. In 2022 there was improvement and the rate returned to 91%.

**Diabetic foot lesions** are a common complication of diabetes, resulting from inadequate blood flow to the lower extremities and damage to peripheral nerves. These factors severely minimize pain sensation, which, in turn, delays noticing and seeking help for wounds, scratches and blisters on the feet, causing many sores to evolve into hard-to-heal lesions which may lead to amputation. **Diabetic foot screening for diabetic patients within 24 hours of admission** in geriatric care can help prevent these complications. The adherence rate to this QI in 2022 is 93%, which is still below the target.

**Nutrition monitoring** is central to the NPQI throughout the lifecycle, from infancy (at Mother & Baby Healthcare Centers) to older-adulthood by way of the Indicators which will be presented here. Performance of a **Nutritional assessment within 36 hours of admission to rehabilitation or sub-acute ward** identifies patients at risk of malnutrition, enabling appropriate intervention. This QI was introduced in 2014 and has become an integral part of standard care. The adherence rate, which began at 59%, has risen to 98% since 2017. Due to this stability in compliance, only national compliance rates are being published this year, with the 2022 rate at 97%. The QI **Complete nutritional assessment within 5 days of admission to complex nursing care ward** is an additional tool for tracking proper intervention. Here, as well, the adherence rate has significantly risen from 31% in the first year (2015) to 92% in 2022. **Complete nutritional assessment within 5 days of admission for patients in long-term mechanical ventilation ward** was introduced in 2015 with an 83% compliance rate. The adherence rate fell due to COVID-19 and this year has returned to pre-pandemic levels. In 2022, the national adherence rate remained stable at 97%.



**משרד  
הבריאות**  
לחיים בריאים יותר

חטיבת הבריאות  
האגף להבטחת איכות | **חקר שירותי רפואה**  
Health Services Research

## Summary

The Israeli National Program for Quality Indicators is comprehensive in its measuring of quality of care throughout the lifespan of Israel's citizens, from infancy through old age. An overview of QI adherence rates over the years of the program shows the development of improved processes for collaboration between service providers as well the promotion of a culture of measurement and constant improvement, with proper attention to the various aspects of medical care and the patients' own viewpoints.

The NPQI continued most activity throughout the Covid-19 pandemic, and has already returned to regular activity, including the addition of new Indicators in parallel to "freezing" Indicators that have become standard procedure, i.e. have maintained target adherence rates for at least 2 years. Only the national adherence rates will be published for those Indicators. We continue to work together with healthcare providers and facilities, and we are expanding the Program to other domains in order to ensure the provision of quality and safe healthcare to all citizens.

## Summary of results according to areas in the Program (national adherence rates for 2013-2022):

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<b>Acute Myocardial Infarction (AMI)</b>										
PCI within 90 minutes for patients presenting with STEMI	68%	79%	86%	90%	91%	91%	92%	92%	93%	93%
Discharge aspirin recommendation for patients with Acute Coronary Syndrome	95%	96%	97%	98%	Discont.	Discont.	Discont.	Discont.	Discont.	Discont.
Pre-informing the hospital of ECG results in suspected STEMI cases					90%	92%	94%	95%	95%	96%
Pre-hospital administration of aspirin for suspected acute coronary events patients				95%	96%	90%	94%	96%	96%	96%
Intensive statin treatment recommendation in discharge letter for acute coronary syndrome (ACS) patients					90%	93%	95%	95%	96%	96%
<b>Cerebral Vascular Accident (CVA)</b>										
Median time from hospital arrival to head CT/MRI for patients with acute ischemic stroke			55 min.	38 min.	33 min.	29 min.	28 min.	27 min.	26 min.	25 min.
Intravenous thrombolytic treatment (IV rtPA) and/or mechanical embolectomy for acute ischemic stroke			857	1179	1393	1639	1735	1893	2089	Not published due to changes to QI definitions
Carotid duplex within 72 hours of ED admission for TIA patients			58%	73%	79%	83%	84%	86%	88%	90%
Functional assessment at both admission to and discharge from rehabilitation ward after acute stroke			75%	91%	95%	96%	95%	96%	96%	93%
Pre-hospital standard stroke assessment for patients presenting CVA symptoms				82%	96%	96%	97%	97%	97%	97%

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Pre-informing the hospital of incoming suspected CVA patients					93%	93%	93%	94%	95%	95%
Stroke risk assessment for patients with atrial fibrillation								91%	90%	91%
<b>Dialysis</b>										
Dialysis Adequacy: Kt/V $\geq 1.2$ or URR $\geq 65\%$ in a single dialysis dose							Published without national rate	Published without national rate	71%	74%
<b>Femoral Neck Fracture</b>										
Femoral neck fracture surgery within 48 hours	71%	78%	83%	86%	86%	87%	86%	90%	87%	87%
Functional assessment at both admission to and discharge from rehabilitation ward following femoral neck fracture surgery		68%	75%	92%	96%	96%	95%	94%	95%	93%
Vitamin D recommendation at discharge from rehabilitation ward following femoral neck fracture		74%	88%	91%	94%	96%	97%	97%	97%	97%
<b>Colonoscopy</b>										
Colonoscopy polyp detection rate (PDR)										37%
<b>Prevention of Surgical Site Infection (SSI)</b>										
Appropriate antibiotic prophylaxis for colorectal surgery				78%	83%	85%	86%	95%	94%	97%
Appropriate antibiotic prophylaxis for femoral neck fracture surgery		66%	76%	86%	87%	88%	91%	94%	94%	95%
Appropriate antibiotic prophylaxis for Cesarean section								93%	93%	93%
<b>Prevention of Venous Thromboembolism</b>										
VTE risk assessment for patients in general medicine wards		62%	82%	92%	95%	95%	96%	96%	96%	95%



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Appropriate antithrombotic prophylaxis for hysterectomy								93%	93%	95%
<b>Depression</b>										
Depression screening within 7 days of admission to sub-acute wards				75%	89%	91%	88%	86%	84%	91%
Depression screening within 7 days of admission to rehabilitation ward for stroke patients				55%	71%	82%	89%	89%	91%	90%
Postpartum depression screening			66%	77%	81%	85%	82%	81%	86%	84%
<b>Violence</b>										
Violence risk assessment in the psychiatric ED (adults and children)		39%	78%	87%	91%	90%	95%	95%	95%	95%
Violence screening for postpartum women				53%	70%	85%	86%	83%	88%	87%
<b>Continuity of Care</b>										
Psychiatric readmissions within 30 days					20.6%	20.4%	19.3%	16.8%	17.5%	18.3%
Follow-up appointment scheduled before psychiatric ward discharge		21%	57%	76%	84%	85%	89%	91%	90%	91%
Complete psychiatric hospitalization summary provided within a week of discharge (adults and children)								85%	84%	83%
First neonatal visit at a Family Health Center within two weeks of birth				35%	38%	41%	43%	43%	43%	43%
Medication reconciliation with documented recommendations in clinical summary for geriatric patients								91%	90%	90%



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Documented treatment plan in patient's file within 5 days of admission to psychiatric ward (adults and children)								89%	82%	83%
Documented quarterly treatment plan for long-term psychiatric inpatients (adults and children)								96%	91%	91%
<b>Growth and Development</b>										
Documentation of 3 separate head circumference measurements by 8 months of age			89%	91%	91%	91%	92%	88%	91%	Not published due to changes to QI definitions
Developmental assessment, emphasizing language and communication skills, between 2 and 3 years of age			77%	83%	82%	83%	84%	82%	78%	82%
Developmental assessment between 4 and 6 years of age						21%	24%	22%	19%	23%
<b>Resuscitation</b>										
Dispatcher-assisted CPR in suspected cardiac arrest				91%	90%	96%	Not published this year due to covid-19 constraints	Not published this year due to covid-19 constraints	Not published this year due to covid-19 constraints	Not published this year due to covid-19 constraints
<b>Pain</b>										
Pain assessment within 12 hours of admission to acute, rehabilitation, or sub-acute ward		79%	89%	94%	97%	97%	97%	96%	97%	98%
Surgical patients who reported a pain level of 3 or lower at discharge from PACU				86%	95%	97%	97%	98%	98%	98%
Pre-hospital pain assessment									89%	89%



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<b>Anesthesia and Ventilation</b>										
Surgical patients with a peripheral body temperature of at least 35.5°C upon arrival in PACU					78%	91%	94%	96%	95%	96%
Pre-hospital end-tidal CO <sub>2</sub> (EtCO <sub>2</sub> ) measurement for mechanically ventilated patients									77%	77%
<b>Vaccinations</b>										
Administration of one dose of the MMR/MMRV vaccine by 13 months of age			60%	60%	61%	66%	73%	72%	67%	64%
Administration of 4 doses of the 5-in-1 vaccine by 18 months of age			79%	75%	78%	79%	80%	81%	80%	80%
Administration of 3 doses of the pertussis vaccine by 7 months of age					61%	62%	64%	67%	66%	66%
<b>Patient Safety</b>										
Fall risk assessment within 24 hours of admission			89%	96%	97%	98%	98%	98%	98%	98%
<b>Hospital Admissions</b>										
Meeting between attending physician and family within 5 days of a child's admission to the psychiatric ward				27%	63%	80%	86%	71%	75%	83%
Treatment plan discussion within 30 days of admission with patient and/or family [geriatric hospitals]					40%	73%	77%	75%	82%	76%
<b>Diabetes</b>										
Diabetic foot screening for diabetic patients within 24 hours of admission [geriatric hospitals]			74%	90%	94%	95%	95%	91%	92%	93%



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<b>Nutrition</b>										
Nutritional assessment within 36 hours of admission to rehabilitation or sub-acute ward [geriatric hospitals]		59%	83%	94%	98%	98%	98%	98%	98%	97%
Complete nutritional assessment within 5 days of admission to complex nursing care ward [geriatric hospitals]		31%	63%	74%	84%	90%	88%	84%	91%	92%
Complete nutritional assessment within 5 days of admission for patients in long-term mechanical ventilation ward [geriatric hospitals]			83%	95%	94%	96%	97%	90%	97%	97%
Documented iron supplementation until 14 months of age								72%	75%	74%
Exclusive breastfeeding maintained until 4 months of age				71%	69%	68%	69%	69%	Discont.	Discont.
Rate of infants documented as exclusively breastfed at 4 months of age									24%	22%
<b>Screening Surveys</b>										
Delirium assessment at admission to rehabilitation ward following femoral neck fracture [geriatric hospitals]				55%	83%	91%	94%	92%	94%	92%
Semi-annual blood pressure measurement for long-term psychiatric inpatients (180+ consecutive days)			99%	99%	99%	99%	100%	100%	100%	100%
Semi-annual lipids profile measurement for long-term psychiatric inpatients (180+ consecutive days)			52%	60%	72%	81%	86%	91%	91%	94%



**משרד  
הבריאות**  
לחיים בריאים יותר

חטיבת הבריאות  
האגף להבטחת איכות | **חקר שירותי רפואה**  
Health Services Research

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Semi-annual diabetes screening for long-term psychiatric inpatients (180+ consecutive days)			61%	73%	71%	87%	86%	87%	89%	91%
Semi-annual BMI measurement for long-term psychiatric inpatients (180+ consecutive days)			80%	90%	94%	98%	98%	98%	99%	98%
Annual fecal occult blood testing (FOBT) for long-term psychiatric inpatients (365+ consecutive days)			16%	14%	19%	34%	51%	61%	59%	54%
Bi-annual mammography for long-term female psychiatric inpatients (365+ consecutive days)			22%	26%	48%	50%	55%	46%	32%	27%
Cognitive screening performance and documentation in discharge letter [geriatric hospitals]					72%	77%	87%	89%	91%	93%
<b>Patient Restraints</b>										
Median number of minutes of patient restraint/isolation								Published without national rate	Published without national rate	Published without national rate
<b>Emergency Department</b>										
Time from ED arrival to clinical triage					10 min.	10 min.	9 min.	9 min.	8 min.	8 min.
Emergency department readmissions within 48 hours						5.4%	5.5%	5.5%	5.5%	5.5%
<b>Neonatology</b>										
Course of antenatal steroids administered to women at risk of preterm birth (between week 23+0 and 34+0)				95%	97%	98%	99%	99%	98%	99%



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Preterm neonates with a peripheral body temperature of at least 36°C upon arrival in NICU					55%	71%	86%	90%	90%	92%
Cranial ultrasound by Day 7 for infants born between weeks 24+0 and 28+6									95%	97%
<b>Parental Guidance</b>										
Infant safe sleep practices instruction									82%	83%

**Legend:**

**Red** – Did not achieve that year's adherence target.

**Green** – Achieved that year's adherence target.

**No Background** – No adherence target was set for that year.

Discont. – Discontinued.

Some Indicator targets were updated, according to the adherence rates and after consulting with the Advisory Board. These updates are explained in detail in the Quality Indicators operational definitions booklets.