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 2013-2023

Quality and Safety Division
Health Services Research Department
Israel Ministry of Health
Jerusalem
quality@moh.gov.il

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Results Summary and Discussion

The National Program for Quality Indicators (NPQI) works to promote high quality health care across core areas of the Israeli health care system. The Program measures care quality and safety, plans processes of care improvement together with the medical institutions, and publishes the Quality Indicator compliance rates.

The Program covers a broad range of areas, which lie at the core of the Israeli Health System, including Quality Indicators (QIs) for Family Health Centers, pre-hospital care (EMT services and ambulances), and general, 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.** The measurement of Safety Indicators has been initiated, and the results will be published in future annual reports.

After more than a decade of dedicated efforts, it is evident that the objective of enhancing health care 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 holds true for patient lifespan health care and spans various facets within the Israeli healthcare system. With that, the Program is dynamic, constantly undergoing review and updates. Indicators with excellent compliance rates in most healthcare institutions are "frozen", and only national-level results are published. At the same time, new Indicators are composed in cooperation with relevant professional organizations and national authorities. To date, one-third of the original Indicators have been updated or replaced.

The National Program is constantly in motion – always investigating new directions for improvement in all areas of health care, in close cooperation with clinical experts, administrators, public representatives and academic experts. Our drive to advance safety and quality enables health care improvement for all Israelis, even during this challenging time of war.

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

The Ministry of Health website has added a data dashboard to complement the information provided in this report. The dashboard, currently in Hebrew only, is

accessible to the public on the internet. It replaces the older BI platform, providing quick and convenient access to all data, which can be downloaded for personal research.

To access the dashboard: Ministry of Health World of Data

Below is a summary of the Indicators from the various areas of health care. The full report, in Hebrew, provides details of the compliance rates, stratified by service providers and other parameters.

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 2023, the national compliance rate remained stable at 96%.

Pre-informing the hospital of EKG 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 compliance rate of 90%. In 2023, the compliance rate reached 97%.

PCI within 90 minutes for patients presenting with STEMI is the most important 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 2019-2020. In 2021-2022, there was further improvement, with 93% compliance. This year, only the national compliance rate is being published, as it continues to meet and exceed the target of 92%. A careful look at the Indicator shows constant improvement, both in compliance rates and in equality for patients of both sexes. The initial 14% gap between men and women has dropped to 5-6% over the years. Compliance with the QI has improved mortality rates significantly, with 4.2% mortality among patients for whom stenting was done within the 90-minute limit, as opposed to 11.3% among patients with delayed stenting.

Compliance rates for **Intensive statin treatment recommendation in discharge letter for bypass surgery (CABG) patients** are published this year for the first time, with an impressive 96% compliance rate on the national level.

Quality and Safety Executive Division
P.O.B. 1176 Jerusalem 9101002
Tel: 02-5080313 **Fax:** 02-5655962
Email: quality@moh.gov.il

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Here, too, we see a discrepancy between men and women (4% higher for male patients) as well as between elderly and younger patients (3% higher for seniors).

An additional QI that examines the pre-hospital processes in cases of cardiac emergency is **Telephone CPR instruction by dispatcher in suspected cardiac arrest cases**. This year, after great efforts by the Program team in cooperation with the ambulance companies, especially Magen David Adom, we are pleased to return to publishing the Indicator compliance rates. The national rate for 2023 was 85%, below the target. This year, we are also publishing rates for resuscitation. The data indicate that dispatcher-assisted CPR is attempted in only 38% of cases. It is vitally necessary to improve the rate of bystander resuscitation attempts under the dispatchers' telephone guidance.

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 though a variety of Quality Indicators in the different settings – pre-hospital, general hospitals and geriatric rehabilitation hospitals.

In the pre-hospital setting, we measure compliance with **Pre-hospital standard stroke assessment for patients presenting CVA symptoms**. Compliance rates have improved significantly for this QI, from 82% in 2016 to 96% in 2017. In the years 2019 through 2022, adherence rates were steady at 97%. As such, this year only the national compliance rate of 98% is being published. 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 2023 national compliance rate for this QI remained stable at 95%, improving on the 2020 result of 94% and 93% 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 suspected acute stroke patients** 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 24 minutes in 2023. 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 9 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 (IV rtPA) and/or mechanical embolectomy for acute ischemic stroke** for patients for whom these treatments are indicated. This Indicator underwent significant changes in 2022, and is now reported as a rate, with numerator and denominator populations. This is the first year of publication in this format, with 22% of patients who arrived with 24 hours of symptom onset receiving IV thrombolysis and/or catheterization. These rates are low due to the high rates of patients with contraindication for thrombolysis in Israel, similar to findings worldwide (rates in the UK are 14% and 21% in Norway).

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 2023, and national adherence remained at the 2022 value of 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 rose from 91% in 2022 to 92% in 2023.

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 2023, as in 2022, the national compliance rate was 90%.

The adherence rate for **Functional assessment at both admission to and discharge from rehabilitation ward following 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). While there was a slight drop in 2022 (to 93%), compliance rose to 95% in 2023.

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% compliance in 2013 to 86% in 2019. Since then, compliance has been stable. This year only the 88% national rate is being published.

Vitamin D screening following surgical femoral neck fracture repair is a new Indicator which is published this year for the first time. Approximately two-thirds of patients with a femoral neck fracture were screened while in hospital and the results were recorded in their discharge letters. This should simplify the process of receiving proper treatment to prevent osteoporosis and future fractures. Results of the screening tests show that most patients tested with low (65%) or very low (12%) vitamin D levels, while some patients have normal (20%) or even high (2%) levels.

In **geriatric rehabilitation** settings, the **Functional assessment at both admission to and discharge from rehabilitation ward following femoral neck fracture surgery** Indicator maintains continuity of care, monitoring the patient's functional abilities throughout his/her hospital stay. When the QI was introduced in 2015, compliance rates nationally averaged at 75%, rising to 95% in 2021. There was a slight drop in 2022 to 93%, with a partial rebound to 94% in 2023.

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P.O.B. 1176 Jerusalem 9101002
Tel: 02-5080313 **Fax:** 02-5655962
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Pre-Hospital Care

In addition to renewing publication of **Dispatcher-assisted CPR in suspected cardiac arrest** rates, described earlier in the Acute MI section, we continue to investigate quality of pre-hospital care using the following Indicators:

The **Pre-hospital pain assessment** QI checks that patients transported by advanced life support (ALS) ambulances undergo a pain assessment, encouraging the use of pain relief therapy according to the crew members' qualifications and protocols. National compliance with this measure was 89% in 2023.

Pre-hospital end-tidal CO_2 ($EtCO_2$) 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. Monitoring End-Tidal Co_2 is vital to ensuring proper ventilation. The national compliance rate for 2023 remained stable at 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 2023 remained stable at 8 minutes.

Dialysis Clinics

Dialysis Adequacy: Kt/V ≥1.2 or URR ≥65% in a single dialysis dose compliance rates are published this year, stratified by type of dialysis center (community or hospital), due to differences in characteristics. The following

patient factors appear to be related higher compliance rates: low weight, female gender, more experience with dialysis treatment, and age under 49 or above 65 years. The national compliance rate dropped from 72% in 2022 to 71% in 2023.

Hospital Gastroenterology Clinics

The **Colonoscopy polyp detection rate (PDR)** QI is a relatively new addition to the Israeli quality program, added in recent years. Detecting and removing polyps is a significant contributing factor to dropping colon cancer rates. In 2023, the national detection rate was 38%, a slight improvement over the 37% rate in 2022. While this is lower than the rates described in the literature (approximately 43%), given that it is a recently-introduced Indicator, we expect continued improvement in the future.

Hospital Oncology Clinics

After significant work together with the National Council for the Prevention, Diagnosis and Treatment of Malignant Diseases, and implementation efforts by the general hospitals, we are pleased to initiate publication of the first oncology QI. **Adjuvant chemotherapy for stage III colon cancer patients** has a 55% compliance rate, with a 4% difference in favor of female patients. Due to the small patient sample size, individual hospital rates are not published this year.

Vascular specialist consult before diabetic foot amputation

Israel is among the countries with the highest rate of diabetic limb amputations in the OECD. The new QI, published this year for the first time, is intended to help determine the necessity of amputation for each patient. A pre-op consultation with a vascular surgeon may provide alternative treatment suggestions. While only two-thirds of patients had such consultations in 2023, we expect improvement in the coming years, with a subsequent drop in amputation rates.

Early Life Health Care

Health care 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 health care staff. The national compliance rate for this Indicator in 2023 is 45%, a slight rise from 43% in 2022. However, no service provider reached the target rate of 75% set by the Ministry of Health.

A central QI to infant nutrition is the **Rate of infants documented as exclusively breastfed at 4 months of age**. This newly-redefined Indicator was introduced in 2021, the pilot year, with a national compliance rate of 24%. In 2022, there was a slight drop in compliance to 22%. In 2023, the rate returned to 24%. A target compliance rate has not yet been set by the ministry.

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 only 4 to 6 months, making it vital to ensure that infants receive enough iron to prevent deficiency. The national compliance rate for this QI is 75%, an improvement on the 2022 rate.

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** was 64% in 2023. At this point, we can assume that the rise in MMRV vaccinations in 2019-2021 was related to the vaccination campaign following the measles 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 2023 the rates were 80% and 65%, respectively.

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Assessing a child's development is crucial to proper health care, 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 national compliance rate for the former dropped from 82% in 2022 to 81% in 2023. The compliance rate for the latter is not being published this year due to changes in the QI definitions. An additional measure of infant development is **Documentation of 3 separate head circumference measurements by 8 months of age**. The national compliance rate for 2023 is 71%, down from 73% in 2022.

Infant safe sleep practices instruction is expected for all babies registered at Family Care Centers who have reached two months of age. 88% of these infants' parents received instruction in 2023, up from 85% in 2022. The compliance rates for the years 2021 and 2022 were adjusted in this report due to changes in the operational definitions of the Indicator.

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 lowers risk of morbidity, cerebral hemorrhage, or death. There has been improvement in compliance rates over the years, rising from 55% in 2017 to 94% 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 compliance rate for this QI has gone up from 95% at initiation (2021) to 99% in 2023.

Intimate partner violence screening for postpartum women and **Postpartum depression screening** are important Indicators for following the health of mothers in the period after childbirth. The violence screening is to be carried out within the first 4 months after birth. Over the years, there has been significant improvement in compliance – from 53% in 2016 to 88% in 2023. There has also been improved compliance with the requirement to screen mothers for post-partum depression within 3 months of giving birth, from 66% in 2015 to 85% in 2023.

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 compliance rate for this QI has risen significantly, reaching 86% in 2019 from 27% in the first measurement year (2016). Compliance dropped in the years 2020 and 2021, presumably due to the COVID-19 pandemic which limited travel, thereby preventing such meetings from taking place within the required timeframe or in institutions in which the virus was spreading. Compliance rates have since gone back up, reaching 88% in 2023, which is higher than pre-pandemic rates. It is possible that this relative improvement is due to the additional option of virtual meetings, which was approved in a modification to the QI definitions as of 2022. To measure continuity of mental health 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 2023, the national compliance rate was 85%; with 49% of letters prepared within one day. **Community follow-up appointment scheduled before psychiatric ward discharge** enables preparation for continued care in the community before the patient is discharged from hospital. There has been dramatic improvement in compliance with this QI, from 21% in 2014 to 90% in 2023.

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, the Indicator is "frozen". The national compliance rate for 2023 is 96%, a slight rise from 95% in 2022.

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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. Mental health patients show higher mortality rates across 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 inpatients' 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 wide compliance rate variance between the types of screening tests, as well as continued improvement since the initial measurements published in 2015. Carrying out FOBT screenings has gone up from 16% to rates of 55-59% over the past three years. Lipids profile testing rose from 52% to 93% in 2023. The compliance rate for diabetes screening reached 93% in 2023, up from 61% in 2015. Contrasted with this is the national compliance rate for the mammography Indicator, which dropped to 42% in 2023, after reaching a high of 55% in 2019. The blood pressure and BMI Indicators have been "frozen," with 2023 national rates of 100% and 97%, respectively.

Geriatric Health Care

The NPQI tracks a variety of Indicators in geriatric health care such as **Treatment plan discussion with patient and/or family within 30 days of admission** regarding treatment options and advanced health care directives. In 2022 there was a rise in compliance from last year's 76% to 80% in 2023. While this is still below the national target, it is significantly better than the initial rate of 40% in 2017.

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 matching care to each patient's needs. This QI was originally published in 2016 with 75%

compliance. This year, the national compliance rate reached 94%, the highest rate since the QI was introduced.

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 identifying 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 national compliance rate for this QI in 2023 is 94%, compared to 93% last year.

Nutrition monitoring is central to the NPQI throughout the lifecycle, from infancy (at Family Care Centers, described above) to older age 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 compliance rate, which began at 59%, has risen to a consistent 98% since 2017. Due to this stability in compliance, only national compliance rates are being published this year, with the 2023 rate at 98%. 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 93% in 2023. **Complete nutritional assessment within 5 days of admission to 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 2023, the national compliance rate reached 98%.

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 compliance 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 National Program for Quality Indicators is continuing activity during the current war, within the health care system's constraints. We are pleased to note that there was no noticeable chance in national compliance rates in the fourth quarter of 2023. This reflects the resilience of the health care system as well as the high quality that is ingrained in the system, which has been able to function as normal through two extreme situations; COVID-19 in previous years and the current war. We express our support and appreciation to the teams providing top quality services in these complex times. The Program will continue to monitor the effects of the security situation on the Quality Indicators, and results will be published in next year's report.

We will continue to cooperate fully with health care providers and medical institutions, broadening the scope of the Program to additional treatment fields, to ensure high quality and safe health care for all Israelis.

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Summary of results, by health care area (national compliances rates for 2013-2023):

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Acute Myocardial Infarction (AMI)											
PCI within 90 minutes for patients presenting with STEMI	68%	79%	86%	90%	91%	91%	92%	92%	93%	93%	92%
Discharge aspirin recommendation for patients with acute coronary syndrome	95%	96%	97%	98%	Discon-tinued	Discon-tinued	Discon-tinued	Discon-tinued	Discon-tinued	Discon-tinued	Discon-tinued
Pre-informing the hospital of EKG results in suspected STEMI cases					90%	92%	94%	95%	95%	96%	97%
Pre-hospital administration of aspirin for suspected acute coronary events patients				95%	96%	90%	94%	96%	96%	96%	96%
Intensive statin treatment recommendation in discharge letter for acute coronary syndrome (ACS) patients					90%	93%	95%	95%	96%	96%	96%
Intensive statin treatment recommendation in discharge letter for bypass surgery (CABG) patients										93%	96%
Cardiac rehabilitation recommendation for cardiac intervention patients											78%
Cerebral Vascular Accident (CVA)											
Median time from hospital arrival to head CT/MRI for suspected acute stroke patients			55 min.	38 min.	33 min.	29 min.	28 min.	27 min.	26 min.	25 min.	24 min.
Intravenous thrombolytic treatment (IV rtPA) and/or mechanical embolectomy for acute ischemic stroke										Not published due to changes to QI definitions	22%
Carotid duplex within 72 hours of ED admission for TIA patients			58%	73%	79%	83%	84%	86%	88%	90%	90%

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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Functional assessment at both admission to and discharge from rehabilitation ward following acute stroke			75%	91%	95%	96%	95%	96%	96%	93%	95%
Pre-hospital standard stroke assessment for patients presenting CVA symptoms				82%	96%	96%	97%	97%	97%	97%	98%
Pre-informing the hospital of incoming suspected CVA patients					93%	93%	93%	94%	95%	95%	95%
Stroke risk assessment for patients with atrial fibrillation								91%	90%	91%	92%
Dialysis											
Dialysis Adequacy: Kt/V ≥1.2 or URR ≥65% in a single dialysis dose							Published without national rate	Published without national rate	69%	72%	71%
Femoral Neck Fracture											
Femoral neck fracture surgery within 48 hours	71%	78%	83%	86%	86%	87%	86%	90%	87%	87%	88%
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%	94%
Vitamin D recommendation at discharge from rehabilitation ward following femoral neck fracture		74%	88%	91%	94%	96%	97%	97%	97%	97%	97%
Vitamin D screening following surgical femoral neck fracture repair										59%	67%
Colonoscopy											
Colonoscopy polyp detection rate (PDR)										37%	38%
Oncology											
Adjuvant chemotherapy for stage III colon cancer patients											55%

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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Prevention of Surgical Site Infection (SSI)											
Appropriate antibiotic prophylaxis for colorectal surgery				78%	83%	85%	86%	95%	94%	97%	96%
Appropriate antibiotic prophylaxis for femoral neck fracture surgery		66%	76%	86%	87%	88%	91%	94%	94%	95%	96%
Appropriate antibiotic prophylaxis for cesarean section								93%	93%	93%	95%
Prevention of Venous Thromboembolism											
VTE risk assessment for patients in internal medicine wards		62%	82%	92%	95%	95%	96%	96%	96%	95%	95%
Appropriate antithrombotic prophylaxis for hysterectomy								93%	93%	95%	95%
Depression											
Depression screening within 7 days of admission to sub-acute wards				75%	89%	91%	88%	86%	84%	91%	94%
Depression screening within 7 days of admission to rehabilitation ward for stroke patients				55%	71%	82%	89%	89%	91%	90%	90%
Postpartum depression screening			66%	77%	81%	85%	82%	81%	86%	84%	85%
Violence											
Violence risk assessment in the psychiatric ED (adults and children)		39%	78%	87%	91%	90%	95%	95%	95%	95%	96%
Intimate partner violence screening for postpartum women				53%	70%	85%	86%	83%	88%	87%	88%
Continuity of Care											
Psychiatric readmissions within 30 days					20.6%	20.4%	19.3%	16.9%	17.6%	18.8%	17.8%
Community follow-up appointment scheduled before psychiatric ward discharge		21%	57%	76%	84%	85%	89%	91%	90%	91%	90%

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Email: quality@moh.gov.il

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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Complete psychiatric hospitalization summary provided within a week of discharge (adults and children)								85%	84%	83%	85%
First neonatal visit at a Family Health Center within two weeks of birth				35%	38%	41%	43%	43%	43%	43%	45%
Medication reconciliation with documented recommendations in clinical summary for geriatric patients								91%	90%	90%	93%
Documented treatment plan in patient's file within 5 days of admission to psychiatric ward (adults and children)								89%	82%	83%	87%
Documented quarterly treatment plan for long-term psychiatric inpatients (adults and children)								96%	91%	91%	96%
Growth and Development											
Documentation of 3 separate head circumference measurements by 8 months of age										73%	71%
Developmental assessment emphasizing language and communication skills between 2 and 3 years of age			77%	83%	82%	83%	84%	82%	78%	82%	81%
Developmental assessment between 4 and 6 years of age						21%	24%	22%	19%	23%	Not published due to changes to QI definitions
Resuscitation											
Telephone CPR instruction by dispatcher in suspected cardiac arrest cases				91%	90%	96%	Not published due to covid-19 constraints	Not published due to covid-19 constraints	Not published due to covid-19 constraints	Not published due to covid-19 constraints	85%
Pain											
Pain assessment within 12 hours of admission to acute, rehabilitation, or sub-acute ward		79%	89%	94%	97%	97%	97%	96%	97%	98%	98%

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Surgical patients who reported a pain level of 3 or lower at discharge from PACU				86%	95%	97%	97%	98%	98%	98%	97%
Pre-hospital pain assessment									89%	89%	89%
Anesthesia and Ventilation											
Surgical patients with a peripheral body temperature of at least 35.5°C upon arrival in PACU					78%	91%	94%	96%	95%	96%	97%
Pre-hospital end-tidal CO_2 ($EtCO_2$) measurement for mechanically ventilated patients									77%	77%	77%
Vaccinations											
Administration of one dose of the MMR/MMRV vaccine by 13 months of age			60%	60%	61%	66%	73%	72%	67%	64%	64%
Administration of 4 doses of the 5-in-1 vaccine by 18 months of age			79%	75%	78%	79%	80%	81%	80%	80%	80%
Administration of 3 doses of the pertussis vaccine by 7 months of age					61%	62%	64%	67%	66%	66%	65%
Patient Safety											
Fall risk assessment within 24 hours of admission			89%	96%	97%	98%	98%	98%	98%	98%	99%
Hospital Admissions											
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%	88%
Treatment plan discussion with patient and/or family within 30 days of admission [geriatric hospitals]					40%	73%	77%	75%	82%	76%	80%

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Diabetes											
Diabetic foot screening for diabetic patients within 24 hours of admission [geriatric hospitals]			74%	90%	94%	95%	95%	91%	92%	93%	94%
Vascular specialist consult before diabetic foot amputation											64%
Nutrition											
Nutritional assessment within 36 hours of admission to rehabilitation or sub-acute ward [geriatric hospitals]		59%	83%	94%	98%	98%	98%	98%	98%	97%	98%
Complete nutritional assessment within 5 days of admission to complex nursing care ward [geriatric hospitals]		31%	63%	74%	84%	90%	88%	84%	91%	92%	93%
Complete nutritional assessment within 5 days of to long-term mechanical ventilation ward [geriatric hospitals]			83%	95%	94%	96%	97%	90%	97%	97%	98%
Documented iron supplementation until 14 months of age								72%	75%	74%	75%
Exclusive breastfeeding maintained until 4 months of age				71%	69%	68%	69%	69%	Discon-tinued	Discon-tinued	Discon-tinued
Rate of infants documented as exclusively breastfed at 4 months of age									24%	22%	24%
Screening Surveys											
Delirium assessment on admission to rehabilitation ward following femoral neck fracture [geriatric hospitals]				55%	83%	91%	94%	92%	94%	92%	94%
Semi-annual blood pressure measurement for long-term psychiatric inpatients (180+ consecutive days)			99%	99%	99%	99%	100%	100%	100%	100%	100%

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Semi-annual lipids profile measurement for long-term psychiatric inpatients (180+ consecutive days)			52%	60%	72%	81%	86%	91%	91%	94%	93%
Semi-annual diabetes screening for long-term psychiatric inpatients (180+ consecutive days)			61%	73%	71%	87%	86%	87%	89%	91%	93%
Semi-annual BMI measurement for long-term psychiatric inpatients (180+ consecutive days)			80%	90%	94%	98%	98%	98%	99%	98%	97%
Annual fecal occult blood testing (FOBT) for long-term psychiatric inpatients (365+ consecutive days)			16%	14%	19%	34%	51%	61%	59%	54%	55%
Bi-annual mammography for long-term female psychiatric inpatients (365+ consecutive days)			22%	26%	48%	50%	55%	46%	32%	27%	42%
Cognitive screening documentated in discharge letter [geriatric hospitals]					72%	77%	87%	89%	91%	93%	96%
Emergency Department											
Time from ED arrival to clinical triage					10 min.	10 min.	9 min.	9 min.	8 min.	8 min.	8 min.
Emergency department readmissions within 48 hours						5.4%	5.5%	5.5%	5.5%	5.5%	5.7%
Neonatology											
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%	98%
Preterm neonates with a peripheral body temperature of at least 36°C upon arrival in NICU					55%	71%	86%	90%	90%	92%	94%
Cranial ultrasound by Day 7 for infants born between weeks 24+0 and 28+6									95%	97%	99%
Parental Guidance											
Infant safe sleep practices instruction									85%	85%	88%

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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.

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.