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 Executive Summary 2013-2024

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Key Findings and Discussion

The National Program for Quality Indicators (NPQI) of the Ministry of Health constitutes a central infrastructure for improving the quality and safety of medical care in Israel. For more than a decade, the program has carried out systematic measurement of processes and outcomes across the entire continuum of care, in close collaboration with health care institutions, professionals, and public representatives.

The program encompasses a wide range of care domains – from mother and baby health centers, through emergency medical services and outpatient care, general, geriatric, and rehabilitation hospitals, to mental health – enabling a consistent, system-wide view of the quality of care across the care continuum and all life stages and age groups.

One of the program's key advantages is its ability to examine care quality while accounting for heterogeneity between populations – gender, age, socioeconomic background, and clinical characteristics – and to identify gaps that require targeted responses. In this way, measurement contributes to the development of equitable, tailored, data-driven policy.

In addition to measurement, the program works to advance the implementation and embedding of quality-improvement processes over time, through the establishment of a clinical-managerial culture of learning, monitoring, and continuous improvement. In 2024 as well, despite system-wide challenges stemming from the security situation, the program's routine activities continued, driven by a commitment to consistency, continuity, and transparency.

This report summarizes the findings of the past year, presents national trends, identifies strengths and challenges, and constitutes another building block in leading a health system that is high-quality, safe, and equitable.

Acute Myocardial Infarction

Care for an acute cardiac event is a core domain of the program, which is examined using several indicators that enable continuous assessment of the process. From identification, treatment, and pre-arrival notification to the hospital by the ambulance crew, through rapid diagnosis and treatment in the emergency department, performance of cardiac catheterization, and up to a recommendation for pharmacotherapy and rehabilitation at discharge. The indicators relevant to this core domain are detailed below:

Indicator measuring **aspirin administration by the ambulance crew** – its purpose is to monitor the provision of essential pharmacotherapy at the onset of the cardiac event. In measurement year 2024, the compliance rate remained stable at 96% at the national level.

Indicator measuring **pre-arrival transmission of ECG results to the receiving hospital in cases of suspected ST-elevation Myocardial Infarction** – monitors the interface between the ambulance crew, the emergency department team, and the cardiac catheterization unit, and contributes to streamlining processes and to earlier performance of cardiac catheterization following the cardiac event. In this way, the measurement may improve patient survival. This indicator was first published in 2017 with a national compliance rate of 90%. In 2024, the national compliance rate reached 96%.

Another indicator examining management in prehospital cardiac emergencies is the **provision of dispatcher-assisted telephone CPR instructions in suspected cardiac arrest**. At the national level in 2024, although the target (95%) was not met, the compliance rate increased markedly from 85% last year to 91%. In addition, this year, beyond measuring the provision of instruction, the program is publishing data on resuscitations actually performed. The data show that bystander CPR prior to the ambulance's arrival at the scene occurs in only about 45% of cases, an improvement over 38% last year.

This year, we are publishing for the first time an additional prehospital indicator – presenting **the rate of cardiac arrest cases that arrived at the hospital with return of spontaneous circulation (ROSC)**. Publication of this indicator was made possible through coordination and notable collaboration with ambulance organizations, led by Magen David Adom, and through the sustained efforts of

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the program team on the development, implementation, and validation of the indicator. It should be noted that return of spontaneous circulation following resuscitation is uncommon. In 2024, this was 18% at the national level.

The indicator of **cardiac catheterization within 90 minutes of hospital arrival in patients with acute ST-elevation myocardial infarction** is the main indicator in this set, and it has been measured since 2013. Over the measurement period, there was a substantial improvement in the compliance rate; from 68% in 2013 to 92% in 2019-2023. This year, the indicator is published at the national level only. The compliance rate remained stable at 92%.

Stroke

The NPQI examines care for acute stroke across a range of quality indicators in the different domains of activity: prehospital, general hospitals, and geriatric–rehabilitation hospitals.

In the prehospital domain, an indicator of **standardized stroke assessment is examined in cases of suspected acute stroke**. A marked improvement was observed in the compliance rate for this indicator, from 82% in 2016 to 96% in 2017. In 2019-2022, the national compliance rate stood at 97%. In light of the stability in these years, the indicator is published at the national level only. This year, national compliance with the indicator remained stable at 97%.

Another indicator in this domain is **pre-arrival notification to the hospital in cases of acute stroke by the ambulance crew**. This indicator monitors the interfaces between the various service providers and enables shorter response times for subsequent care in patients with suspected acute stroke. The national compliance rate for this indicator remains stable relative to last year and stands at 95%, compared with 94% in 2020 and 93% in 2017-2019.

One of the critical junctures in the care of these patients is diagnosing, as early as possible, the type of stroke using an appropriate imaging modality. This topic is examined in the program by means of the indicator of **median time to performing CT or MRI**. It was found that over the measurement years there was a substantial improvement in the time to CT/MRI among these patients at the national level; from a median of 55 minutes in 2015 to 24 minutes in 2023

and 2024. Despite the improvement over the years, there are subpopulations in which the time to imaging is longer. In the subgroup of women of reproductive age (18 to 54 years), the median time was 4 minutes longer than among men of the same age in 2024. This is an improvement relative to the 2023 data, when the gap was 9 minutes.

Another indicator in this domain is the **administration of intravenous thrombolysis (IV rtPA) and/or performance of cerebral catheterization** in patients for whom there is an indication. The indicator underwent a significant change in 2022 and is now reported with a numerator and denominator. In Israel, in 2024, the compliance rate remained stable – 22% of patients arriving within 24 hours from the onset of symptoms suggestive of stroke receive intravenous thrombolysis and/or cerebral catheterization. This is similar to international data (United Kingdom: approximately 14%; Norway: approximately 22%). Due to gaps identified between institutions in the reporting of contraindications to treatment, the indicator is published this year at the national level only.

The purpose of the indicator of **carotid duplex performing within 72 hours of admission to the emergency department in patients with a diagnosis of TIA** is to prevent the development of stroke among at-risk patients. Over the years, there has been consistent and substantial improvement in national compliance with this indicator; from 58% in 2015 to 90% in 2023. In 2024, a slight increase was observed in the national compliance rate, to 91%.

Performing an assessment of risk for acute ischemic stroke in patients with atrial fibrillation (CHADS) is an additional indicator in this domain, measured in general hospitals. The national compliance rate for this indicator in 2024 improved slightly, from 92% to 94%.

In the geriatric-rehabilitation domain, the indicator measuring **performance of a depression assessment after stroke at hospital admission** continues the continuum of care from the prehospital and general hospital domains. The increase in compliance with this indicator is notable: from 55% in 2016 to 91% in 2021. In 2024, national performance on the indicator improved to 95%.

Another indicator, examining **the performance of a functional assessment at the hospital admission and at discharge from the rehabilitation**

department following an acute stroke, is published this year at the national level only in light of stability and high compliance in recent years (96% in 2020-2021). Although in 2022 a decline at the national level to 93% was observed, there was improvement in subsequent years, and this year the national compliance rate returned to 96%.

Femoral Neck Fractures

Femoral neck fractures are common among older adults and are associated with health complications and mortality. Performing surgical repair within 48 hours has been shown to reduce the risk of surgical-site infection and to lower one-year mortality rates. In 2013, a quality indicator was introduced that measures the rate of **surgical repair of femoral neck fracture within 48 hours of inpatient admission**. Introduction of the indicator led to a change in practice and improvement in performing surgery within the desired timeframe, from 71% in 2013 to 86% in 2016. Since then, the indicator has remained stable at the national level. This year, the indicator is published at the national level only, and we report a slight improvement in compliance: 89% nationally in 2024.

Measuring vitamin D levels in patients who have undergone surgical repair of a femoral neck fracture is important for preventive treatment to avert additional fractures. The indicator is in the process of implementation in hospitals. Over the past two years, a marked improvement has been observed, from 67% in 2023 to 79% in 2024.

In the geriatric-rehabilitation domain, the indicator measuring **performance of a functional assessment after femoral neck fracture at admission to rehabilitation and at discharge** continues the continuum of care and examines the performance of functional capacity assessments throughout hospitalization. At the start of measurement in 2015, national compliance was 75%, and in 2021 it was 95%. In 2022, a slight decline at the national level to 93% was observed, and this year we report achievement of the national target for the indicator – 96%.

Dialysis Clinics

The **dialysis adequacy** indicator is reported stratified by outpatient-based and hospital-based dialysis centers, due to differences in the characteristics of the patients treated in these settings. The following factors appear to be associated with higher compliance with the indicator: low body weight, female sex, longer dialysis vintage, and age over 75 years. At the national level, the compliance rate reached the target defined for the indicator (75%) for the first time.

Hospital Gastroenterology Clinics

Assessment of the polyp detection rate, defined **as the rate of colonoscopies in which at least one polyp is detected**, has only been measured in recent years. Detection and removal of a polyp are significant contributors to reducing the incidence of colorectal cancer. In 2024, the national compliance rate rose to 39%, an increase compared with 2022 (37%) and 2023 (38%). Although this rate is lower than what is commonly reported in the literature (approximately 43%), this is a relatively new indicator that is still being implemented, and improvement in compliance is expected over time.

Vascular specialist consult before diabetic foot amputation

Israel has been among OECD countries with the highest rates of diabetic foot amputation for several years. This indicator is intended to support an in-depth assessment of the need for amputation. Evaluation by a vascular surgeon prior to surgery may offer alternative treatment options. The indicator is in the process of implementation across many institutions, some began reporting for the first time in 2024. Therefore, the 2024 national figure differs from, and is not comparable with, the 2023 figure, and it is published at the national level only. The national compliance rate in 2024 is 55%.

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Early Life Health Care

Care at the beginning of life receives special attention in the NPQI, which is reflected in a continuum of indicators examining the quality of care provided to the mother and the baby. Indicators in the infant-care domain that are measured in general hospitals include the indicator of **temperature measurement in preterm infants** and the indicator of **performing a head ultrasound for preterm infants**. Monitoring the preterm infant's temperature upon admission to the neonatal unit and preventing hypothermia prevent morbidity, intracranial hemorrhage, and death. Performance on the indicator improved over the measurement years, from 55% in 2017 to 95% in 2024. Head ultrasound for preterm infants is essential for identifying pathologies such as intracranial hemorrhage. The national compliance rate in 2024 was 97%.

The first months after birth constitute a significant period in which the family can be guided toward a healthy lifestyle and preventive care, and which also presents an opportunity to identify conditions requiring intervention. The indicator of a **first visit to a mother and baby health center within the first two weeks after birth** underscores the importance of meeting with the staff within two weeks postpartum. The national compliance rate for this indicator stands at 48% and is trending upward compared with previous years (43% in 2019-2022) and a small increase to 45% in 2023. However, the performance level for this indicator remains low. No service provider reached the target set by the Ministry of Health for 2024 (75%). It should be noted that some providers reported rates very close to the target, whereas others did not succeed in improving their performance.

Exclusive breastfeeding is important for the health of the mother and the infant. This year, an additional indicator in this domain is being published for the first time: **the rate of exclusive breastfeeding during the birth hospitalization among newborns** in general hospitals. The national compliance rate is 23%, and multiple birth, cesarean delivery, low birth weight, lower socioeconomic status, and maternal age younger than 25 years and over 40 years are associated with lower rates of breastfeeding. This indicator complements the picture presented by the indicator **measuring the rate of infants reported as exclusively breastfed around age four months**. After the national compliance rate for that indicator showed a small increase in 2023 (24%)

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compared with 2022 (22%), 2024 likewise saw an increase, reaching 26%. All service providers, except one, reached the target set by the Ministry of Health for 2024 (26%). However, these performance levels remain low and require improvement both nationally and at the provider level.

An additional indicator in the infant nutrition domain is **documentation of iron supplement administration to infants up to 14 months of age**. The iron stores present at birth are sufficient for the infant only until 4–6 months of age, and it is important that the infant receive an adequate amount of iron to prevent deficiency and anemia. The national compliance rate for this indicator is 75% - no change compared with 2023. Although the national compliance rate exactly meets the target set by the Ministry of Health for 2024 (75%), only half of service providers succeeded in reaching this target.

Periodic developmental assessments and monitoring of routine immunization uptake are additional significant domains that examine the quality of care at the beginning of life. The compliance rate for the indicator of **administering an MMR or MMRV dose to infants up to 13 months of age** reached 66% in 2024, a small increase compared with 2023 (64%). Two additional indicators examining immunizations are the indicator of **administering four doses of the pentavalent vaccine to toddlers who have reached 18 months of age**, and the indicator of **administering three doses of the pertussis vaccine by 7 months of age**. The compliance rates for these indicators in 2024 were 79% (a slight decrease compared with 80% in 2023) and 66% (a slight increase compared with 65% in 2023), respectively. The indicators of **developmental assessment with an emphasis on language and communication at ages 2-3, and of performing developmental assessments at ages 5 to 6**, highlight early-childhood developmental assessments. The national compliance rate for the indicator of developmental assessment with an emphasis on language and communication at ages 2-3 remained stable in 2024 compared with 2023 (81%). After the definitions of the indicator of performing developmental assessments at ages 5 to 6 were aligned with the updated 2022 "Guideline for Performing Developmental Assessments for Infants and Toddlers up to Six Years of Age", this indicator is in a pilot year and is not published this year. Another indicator in the developmental domain is **completion of three head circumference measurements for infants who**

have reached 8 months of age. This year, the national compliance rate for this indicator remained stable compared with the national figure in 2023 (71%).

The indicator of providing safe sleep counseling measures the rate of two-month-old infants registered at a mother and baby health center whose parents received safe sleep counseling from a nurse at the center. The national compliance rate for this indicator has been trending upward since measurement began in 2021 and is now 90% (a slight increase compared with 88% in 2023 and 85% in previous years).

The indicator of postpartum screening for violence against women and **the indicator of identifying women with postpartum depression** are important measures in maternal health in the postpartum period. The postpartum violence-screening indicator measures the proportion of women who underwent this screening during the four months after birth. Over the measurement period, a substantial improvement was observed – from 53% in 2016 to 88% in 2024. Similarly, for the indicator of identifying women with postpartum depression, which measures the proportion of women who underwent an assessment for depression up to 3 months postpartum, performance improved from 66% in the first measurement year (2015) to 87% in 2024.

Mental Health Care

Continuity of care and the involvement of family members in the care of individuals living with mental illness are of great importance to treatment success. The indicator of a **meeting between the treating psychiatrist and the family within 5 days of the child's admission** measures the rate of children admitted to a psychiatric department for whom the treating psychiatrist met with the parents or another significant figure to explain the hospitalization. The national compliance rate for this indicator recorded a slight increase, standing at 89% in 2024 (88% in 2023). The indicators that examine the rate of intervention planning during psychiatric hospitalization are: a **documented treatment plan in the inpatient record within 5 days of admission, and a documented treatment plan in the inpatient record once per quarter for long-stay inpatients**. The national performance rates for these

indicators in 2024 were 89% (a slight increase compared with 87% in 2023) and 95% (a slight decrease compared with 96% in 2023), respectively. The indicator that examines continuity of care in mental health is provision of a **detailed discharge summary within one week of discharge**, in a manner that enables the outpatient physician to continue comprehensive, complementary care, addressing all components of treatment during hospitalization. In 2024, the national performance rate remained stable compared with 2023 (85%). It should be noted that 50% of the summaries were completed within one day. Another indicator **is ensuring continuity of care – scheduling an appointment for patients discharged from hospitalization for continued outpatient care**, which monitors coordination of an outpatient mental health appointment for the patient prior to discharge. In this indicator, a substantial improvement in compliance was observed, from 21% in 2014 to 90% in 2024.

Strict adherence to **screening tests** among patients hospitalized for long periods in mental health institutions is of great importance, just as these are performed for the general population in outpatient care. People living with mental illness have higher rates of premature mortality compared with the general population in the same age group. One reason is higher rates of comorbidities such as diabetes, metabolic syndrome, and cardiovascular disease. In this domain, indicators are published regarding the performance of screening tests in mental health institutions, including: **diabetes screening every six months, body mass index (BMI) measurement every six months, lipid profile testing every six months, fecal occult blood testing annually, and mammography every two years.** The measurement results show considerable variation across the types of screening tests and improving trends in performance compared with the first measurement year, 2015. For the fecal occult blood test indicator, performance improved from 16% in the first measurement year to 50%-60% in the past five years, and in 2024, the rate was 58%. For the lipid profile indicator, there was an increase from 52% in the first measurement year to 96% in 2024. The national compliance rate for the diabetes screening indicator reached 95% in 2024, compared with 61% in 2015. In contrast, the national compliance rate for mammography remained low, at 46% in 2024 (42% in 2023). The BMI indicator is “frozen”; in 2024, the national compliance rate remained stable at 98%.

Geriatric Health Care

The program examines diverse areas of activity in geriatrics and rehabilitation. This year, following intensive implementation work by the NPQI team and by geriatrics and rehabilitation institutions, three outcome indicators are being published for the first time, examining the **rate of development of pressure injuries in ventilator-dependent wards, complex nursing care wards, rehabilitation wards, and subacute wards**. At the national level, the rate of acquired pressure injuries was higher in complex nursing care wards (2.3 per 1,000 patient-days), followed by ventilator-dependent wards (1.9 per 1,000 patient-days), and lower in rehabilitation and subacute wards (1.2 per 1,000 patient-days).

Diabetic foot injury is one of the common complications of diabetes, developing due to impaired blood flow to the lower limbs and peripheral nerve damage, which significantly reduces pain perception. As a result, foot injuries, such as scratches or blisters, that are not treated in a timely manner may readily progress to hard-to-heal wounds, which can lead to limb amputation. **Performing a diabetic foot assessment** in older adults with diabetes helps prevent the development of these complications. The national compliance rate for this indicator rose this year to 95%, reaching the target defined for the indicator for the first time in five years.

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Quality Indicators in Wartime

With the onset of the "Swords of Iron" war, numerous measures were taken in Israel's medical institutions to ensure optimal, high-quality care for patients under the prevailing security conditions. The main actions taken in hospitals included: preparedness for receiving casualties, mass-casualty incidents, and cyberattacks; consolidation and closure of wards according to protection status; relocating activities to protected areas; proactive and early discharges; reducing/halting admissions to decompress patient load; reducing and deferring non-urgent activity (ambulatory and elective); and receiving patients from other hospitals close to the front line. In addition, dialysis centers and mother and baby health centers closed unprotected sites and transferred activity to protected sites; at mother and baby health centers, operating hours were reduced and immunization activities were prioritized; telephone visits were conducted instead of home visits; and services were opened at evacuee accommodation centers for evacuees from areas adjacent to combat zones.

These actions were undertaken under the guidance and supervision of the Home Front Command and the Ministry of Health, with intensification during periods of heightened fighting (the opening of the "Swords of Iron" war, escalation in the north, Operation "Gideon's Chariots," and Operation "Am Kelavi"). In addition, further measures were taken at the discretion of management in some institutions. These included: prioritizing certain essential activities at the expense of others; reducing or suspending activity at various sites due to mobilization of staff for reserve duty; refreshing emergency procedures and adapting work processes; opening in-house frameworks for employees' children; and opening telephone and virtual call centers.

By decision of the Ministry of Health leadership, the NPQI continued to operate as usual, while adapting its activities to the security situation and taking into account the workload borne by staff in the field. This decision stemmed from an understanding of the importance of measuring quality not only in routine times but also during national crises.

Our experience shows that the actions taken in medical institutions during the war can affect both the work processes and outcomes measured within the program, and the processes of measurement and data derivation for reporting

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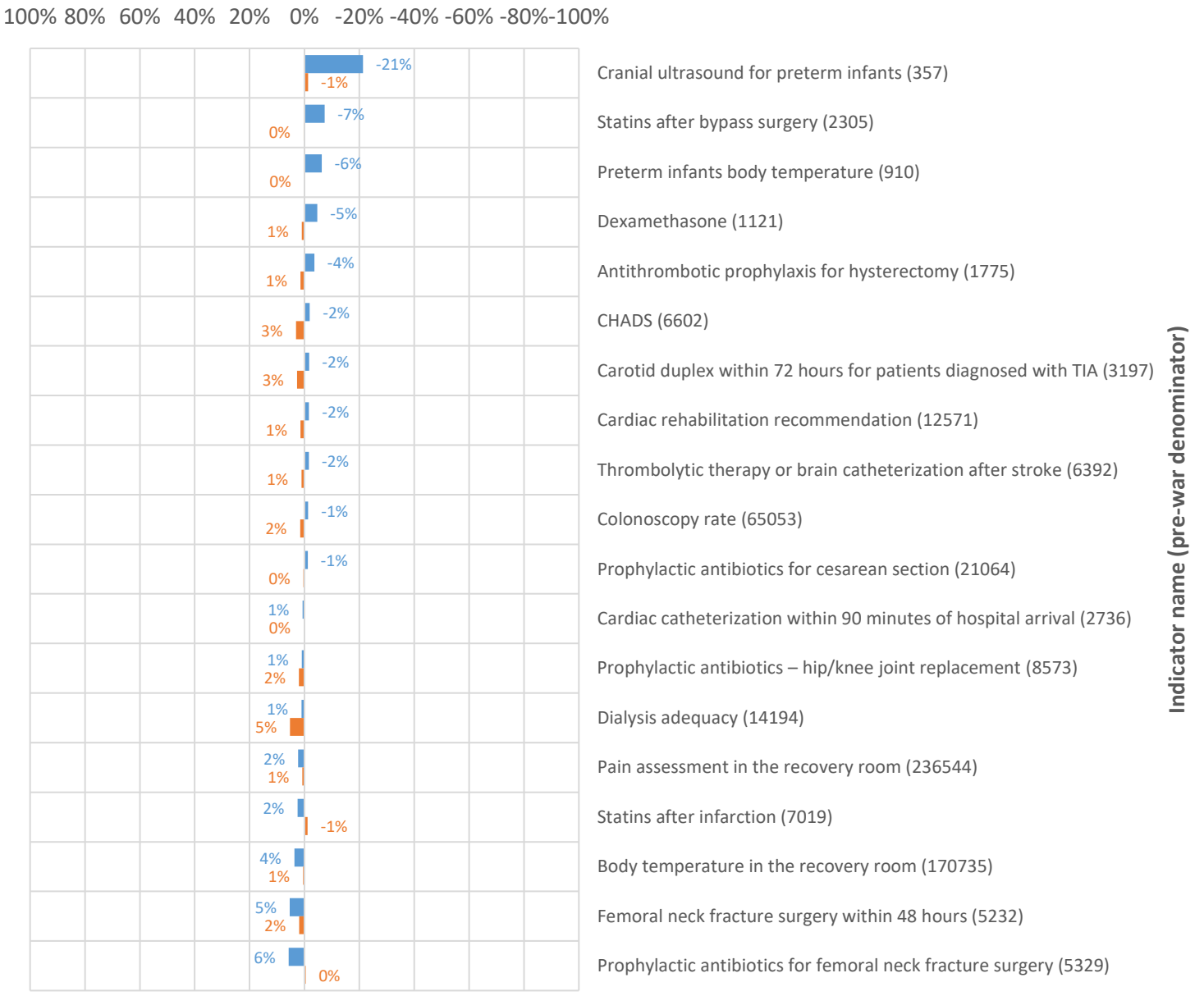
to the program. Similar to the COVID-19 pandemic period, the main expected effects were on the size of the measured populations (for example, indicators based on elective activity, admissions, or discharges, or indicators that measure activity relocated to another site/hospital) and on compliance rates in some domains and indicators. Now that intake of data for the 2024 reporting year, which took place entirely under this new reality, has been completed, it is possible to assess the impact of the security situation in Israel on the quality-measurement data by comparing them with those reported before the war. The program team conducted an initial assessment of the war's impact on the quality indicators by comparing data from the first three quarters of 2024 (wartime) with the first three quarters of 2023 (pre-war). For indicators reported every six months, that is, all indicators in the mother and baby health centers domain and a few indicators in other domains, we compared the first half of 2024 with the corresponding period in 2023. The data were compared both at the national level and at the service-provider level, in order to examine whether the impact was system-wide or differential according to distance from combat zones. Below we present the key findings and conclusions of this comparison by measurement domain.

In general hospitals, a mixed trend was observed. There was a decrease in the size of the measured population for certain indicators, most notably: **head ultrasound in preterm infants** (down 21%); **body temperature measurement in preterm infants** (down 6%); and **statin therapy after bypass surgery** (down 7%). Conversely, an increase was observed in the size of the measured population for other indicators, for example the **femoral neck fracture indicators: surgery within 48 hours** (up 5%); **perioperative antibiotics for repair of a femoral neck fracture** (up 6%). Despite fluctuations in the size of the measured population, performance on the indicators remained stable. Notable indicators that improved were: **performing a CHADS assessment of risk for acute ischemic stroke in patients with atrial fibrillation** (up 3%); and the **dialysis adequacy** indicator, which increased by 5% in performance, despite the many challenges posed by the "Swords of Iron" war.



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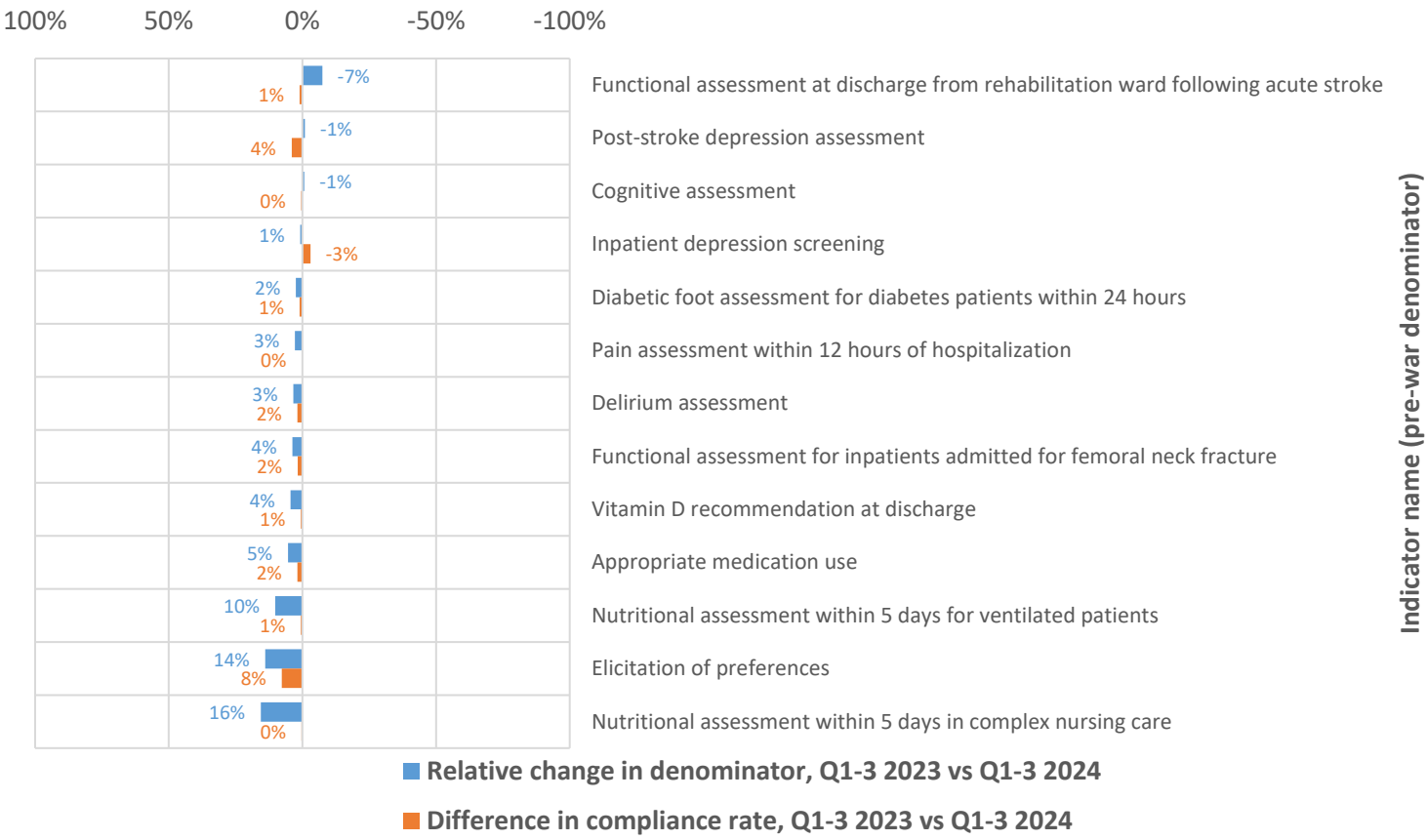
In geriatric and rehabilitation institutions, the war period was characterized by the admission of many patients from acute-care settings; transfers between institutions because some facilities were not protected; and, in parallel, the discharge of many patients for continued outpatient care. This was reflected in an increase in the size of the measured population for certain admission and discharge indicators: **elicitation of preferences** at admission to complex nursing care wards (a 14% increase in the measured population); **nutritional assessment at admission to complex nursing care wards** (an increase of approximately 16%) and to **ventilator-dependent wards** (an increase of approximately 10%). At the same time, there was a decrease in the size of the measured population for the indicator of **functional assessment after an acute stroke** (a 7% decrease), likely reflecting a preference among some patients for rehabilitation outside institutional settings. Despite fluctuations in population size, performance on the indicators remained stable, with a tendency toward increases in several indicators. Thus, for the **preferences-elicitation** indicator, alongside the increase in the measured population, an increase in performance (8%) was also observed. An increase (4%) was also observed in performance on the **post-stroke depression assessment** indicator.



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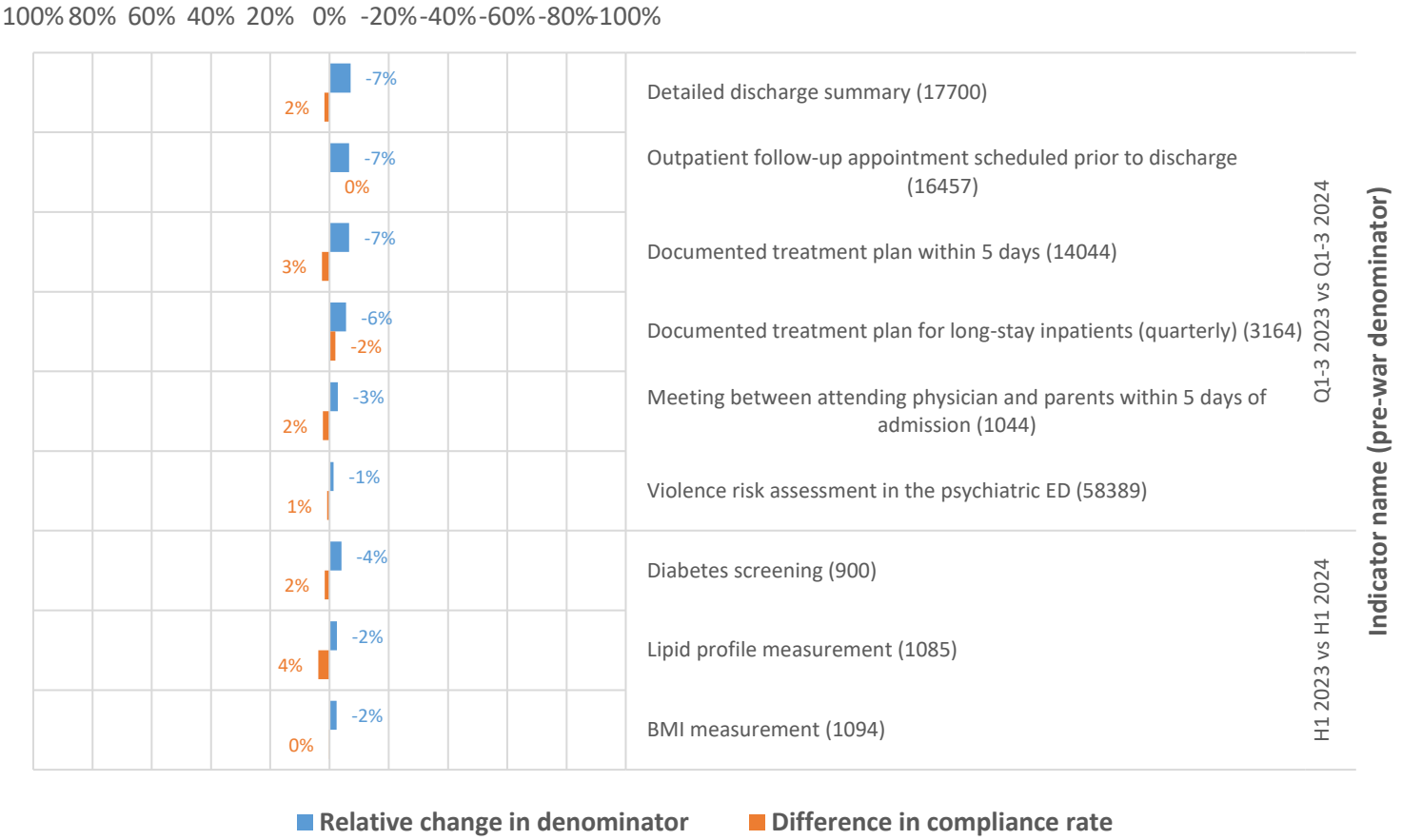
During the war period, across all indicators measured in **mental health hospitals**, a decrease was observed in the national denominator population – from only a 1.4% decrease in the denominator of the indicator of **violence risk assessment in the psychiatric emergency department** to a 7.1% decrease in the denominator of the indicator of a **detailed discharge summary within one week**. This decrease can reasonably be explained by deliberate inpatient census reduction, as noted above. However, the national compliance rate decreased in only one indicator – a **documented treatment plan for long-stay inpatients** (a 2% decrease). The national compliance rate remained unchanged for the indicator of **scheduling an outpatient appointment for patients discharged from hospitalization** and for the **body mass index (BMI) measurement** indicator. In the remaining mental health indicators, improvements were observed in the national performance rates, with the largest improvement in the **lipid profile testing** indicator (an increase of 3.8%). At the provider level, a more pronounced decrease in the measured populations was observed in hospitals near combat zones (north and south) compared with hospitals in the center of the country. In some central hospitals, a small increase in the measured populations was observed, likely due to receiving patients from other hospitals. Similarly, in terms of compliance rates, the negative impact or lack of improvement was felt more in peripheral hospitals.



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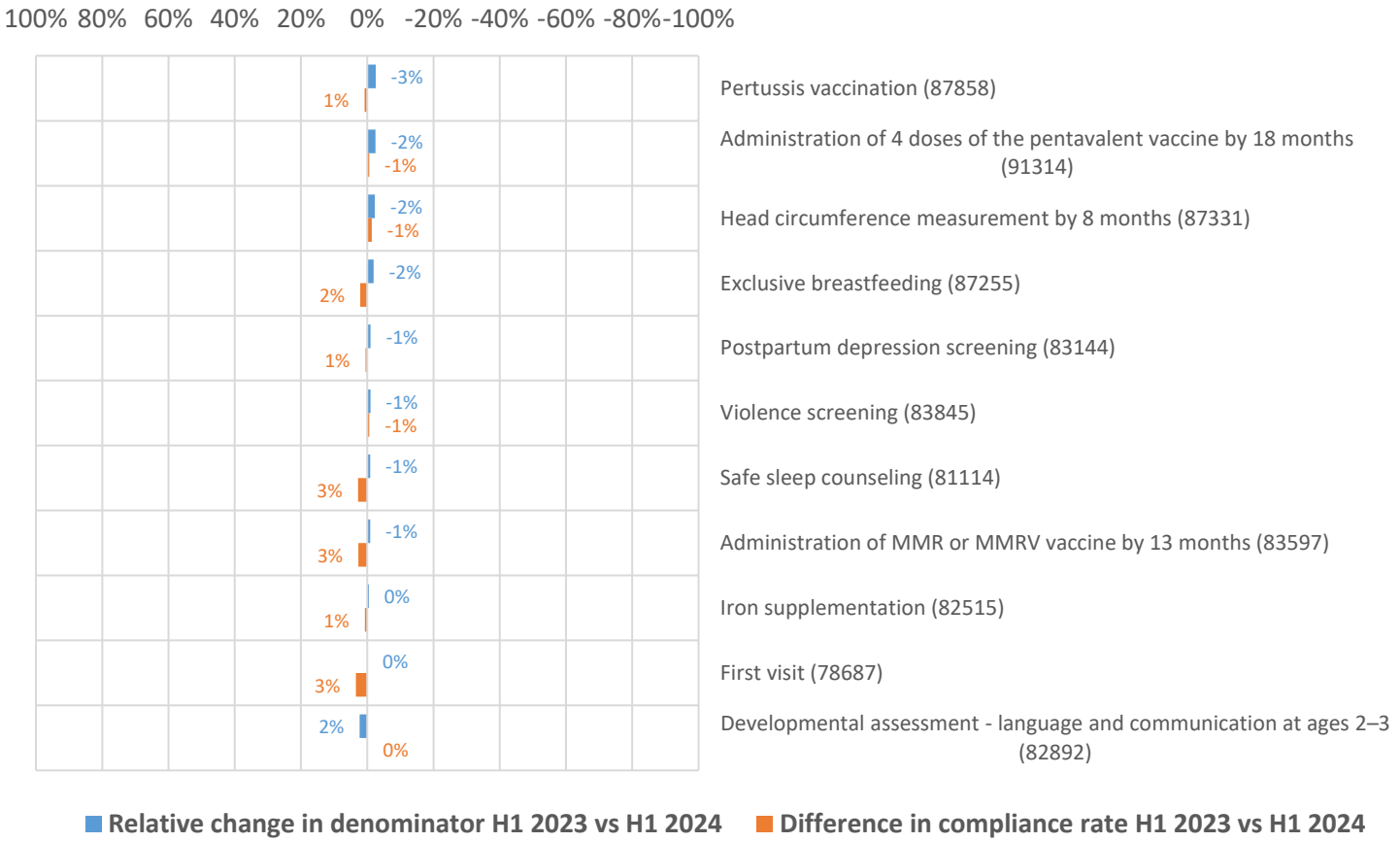
When examining indicators measured in the **mother and baby health centers** domain, it should be remembered that the measured population for these indicators is driven by fertility and births in the period preceding the war. Therefore, changes in this population do not necessarily reflect the effects of the security situation. In this domain, a small decrease (1%-2%) was observed in the measured populations for most indicators at the national level during the war period. The only indicator that showed an increase in the measured population was the indicator of **performing a developmental assessment with an emphasis on language and communication at ages 2-3** (a 2.3% increase nationally). By contrast, national compliance rates increased in most indicators by 1%-2%. The first-visit indicator showed a more pronounced improvement – an increase of 3.5% in the national compliance rate.



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התוכנית הלאומית למדדי איכות

אגף בכיר איכות ובטיחות
ת.ד. 1176 ירושלים 9101002
טל: 02-5080313 **פקס:** 02-5655962
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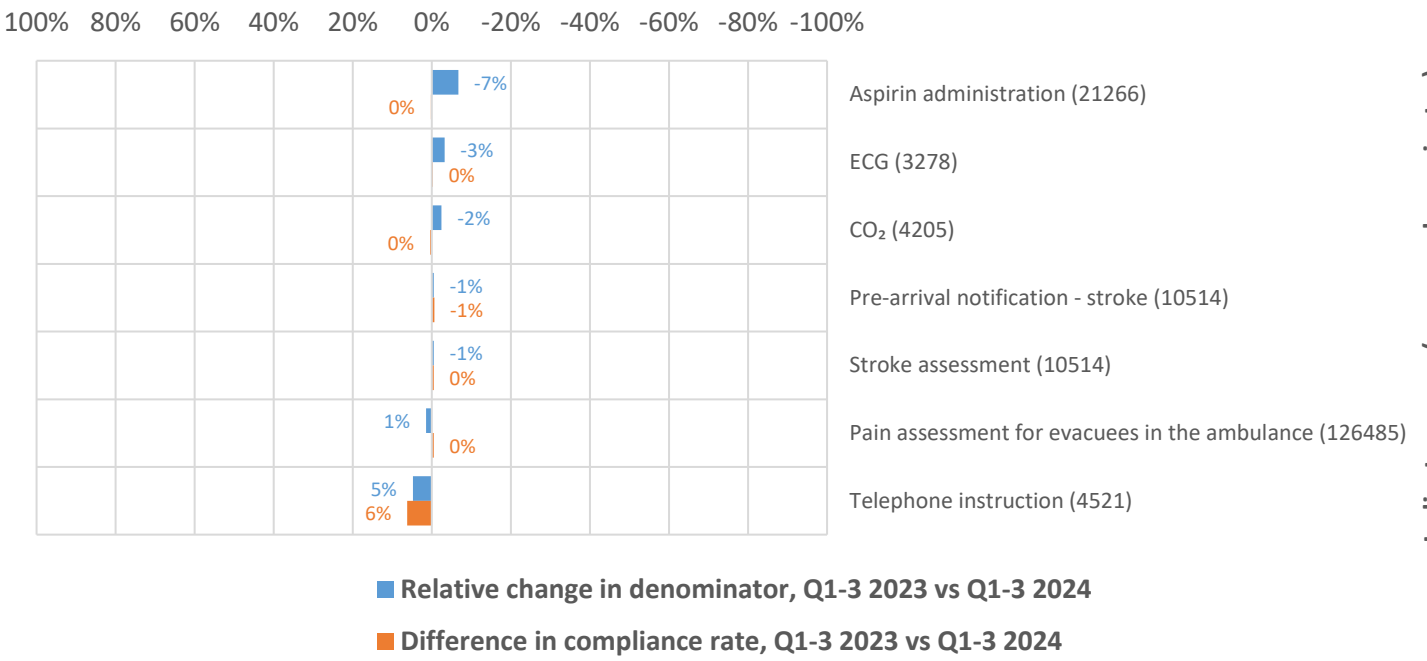
Prehospital services maintained stable activity volumes across the various indicators, with a slight downward trend. The largest decrease was observed in the indicator of **aspirin administration in suspected cardiac event** (approximately 7% decrease). The only indicator that showed an increase in the size of the measured population was the **CPR instruction** indicator (approximately 5%). In terms of performance, the indicators remained stable. The only indicator with a marked improvement in performance was the CPR instruction indicator (an increase of 6%).



In summary, the war period was characterized by varied changes in the health system, with fluctuations both in the sizes of the measured populations and in indicator performance. In the vast majority of cases, changes in indicator compliance were positive and point to improved performance even during a highly challenging period of wartime conditions. This indicates effective implementation of quality processes within care delivery and the resilience of the system, as reflected in the fact that clinical teams continued to provide high-quality care even during the war.

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Summary of Findings by the Program's Focus Areas (national compliances rates for 2013-2024):

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Acute Myocardial Infarction (AMI)												
PCI within 90 minutes for patients presenting with STEMI	68%	79%	86%	90%	91%	91%	92%	92%	93%	93%	92%	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	Discon-tinued
Pre-informing the hospital of EKG results in suspected STEMI cases					90%	92%	94%	95%	95%	96%	97%	96%
Pre-hospital administration of aspirin for suspected acute coronary events patients				95%	96%	90%	94%	96%	96%	96%	96%	96%
Intensive statin treatment recommendation in discharge letter for acute coronary syndrome (ACS) patients					90%	93%	95%	95%	96%	96%	96%	95%
Intensive statin treatment recommendation in discharge letter for bypass surgery (CABG) patients										93%	96%	96%
Cardiac rehabilitation recommendation for cardiac intervention patients											78%	80%
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.	24 min.
Intravenous thrombolytic treatment (IV rtPA) and/or mechanical embolectomy for acute ischemic stroke										Not published due to changes to QI definitions	22%	22%
Carotid duplex within 72 hours of ED admission for TIA patients			58%	73%	79%	83%	84%	86%	88%	90%	90%	91%
Functional assessment at both admission to and discharge from rehabilitation ward following acute stroke			75%	91%	95%	96%	95%	96%	96%	93%	95%	96%

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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Pre-hospital standard stroke assessment for patients presenting CVA symptoms				82%	96%	96%	97%	97%	97%	97%	98%	97%
Pre-informing the hospital of incoming suspected CVA patients					93%	93%	93%	94%	95%	95%	95%	95%
Stroke risk assessment for patients with atrial fibrillation								91%	90%	91%	92%	94%
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%	75%
Femoral Neck Fracture												
Femoral neck fracture surgery within 48 hours	71%	78%	83%	86%	86%	87%	86%	90%	87%	87%	88%	89%
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%	96%
Vitamin D recommendation at discharge from rehabilitation ward following femoral neck fracture		74%	88%	91%	94%	96%	97%	97%	97%	97%	97%	98%
Vitamin D screening following surgical femoral neck fracture repair										59%	67%	79%
Colonoscopy												
Colonoscopy polyp detection rate (PDR)										37%	38%	39%
Oncology												
Adjuvant chemotherapy for stage III colon cancer patients											55%	56%
Prevention of Surgical Site Infection (SSI)												
Appropriate antibiotic prophylaxis for colorectal surgery				78%	83%	85%	86%	95%	94%	97%	96%	96%
Appropriate antibiotic prophylaxis for femoral neck fracture surgery		66%	76%	86%	87%	88%	91%	94%	94%	95%	96%	95%

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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Appropriate antibiotic prophylaxis for cesarean section								93%	93%	93%	95%	95%
Appropriate antibiotic prophylaxis for hip/knee replacement											93%	94%
Prevention of Venous Thromboembolism												
VTE risk assessment for patients in internal medicine wards		62%	82%	92%	95%	95%	96%	96%	96%	95%	95%	Discon-tinued
Appropriate antithrombotic prophylaxis for hysterectomy								93%	93%	95%	95%	95%
Depression												
Depression screening within 7 days of admission to sub-acute wards				75%	89%	91%	88%	86%	84%	91%	94%	93%
Depression screening within 7 days of admission to rehabilitation ward for stroke patients				55%	71%	82%	89%	89%	91%	90%	90%	95%
Postpartum depression screening			66%	77%	81%	85%	82%	81%	86%	84%	85%	87%
Violence												
Violence risk assessment in the psychiatric ED (adults and children)		39%	78%	87%	91%	90%	95%	95%	95%	95%	96%	96%
Intimate partner violence screening for postpartum women				53%	70%	85%	86%	83%	88%	87%	88%	88%
Continuity of Care												
Psychiatric readmissions within 30 days					20.6%	20.4%	19.3%	16.9%	17.6%	18.8%	17.8%	15.6%
Outpatient follow-up appointment scheduled before psychiatric ward discharge		21%	57%	76%	84%	85%	89%	91%	90%	91%	90%	90%
Complete psychiatric hospitalization summary provided within a week of discharge (adults and children)								85%	84%	83%	85%	85%
First neonatal visit at a Family Health Center within two weeks of birth				35%	38%	41%	43%	43%	43%	43%	45%	48%

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Medication reconciliation with documented recommendations in clinical summary for geriatric patients								91%	90%	90%	93%	94%
Documented treatment plan in patient's file within 5 days of admission to psychiatric ward (adults and children)								89%	82%	83%	87%	89%
Documented quarterly treatment plan for long-term psychiatric inpatients (adults and children)								96%	91%	91%	96%	95%
Growth and Development												
Documentation of 3 separate head circumference measurements by 8 months of age										73%	71%	71%
Developmental assessment emphasizing language and communication skills between 2 and 3 years of age			77%	83%	82%	83%	84%	82%	78%	82%	81%	81%
Developmental assessment between 4 and 6 years of age						21%	24%	22%	19%	23%	Not published due to changes to QI definitions	Discon-tinued
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%	91%
Return of spontaneous circulation in cardiac arrest patients (ROSC)												18%
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%	98%
Surgical patients who reported a pain level of 3 or lower at discharge from PACU				86%	95%	97%	97%	98%	98%	98%	97%	98%
Pre-hospital pain assessment									89%	89%	89%	89%

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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%	97%
Pre-hospital end-tidal CO_2 ($EtCO_2$) measurement for mechanically ventilated patients									77%	77%	77%	78%
Vaccinations												
Administration of one dose of the MMR/MMRV vaccine by 13 months of age			60%	60%	61%	66%	73%	72%	67%	64%	64%	66%
Administration of 4 doses of the 5-in-1 vaccine by 18 months of age			79%	75%	78%	79%	80%	81%	80%	80%	80%	79%
Administration of 3 doses of the pertussis vaccine by 7 months of age					61%	62%	64%	67%	66%	66%	65%	66%
Patient Safety												
Fall risk assessment within 24 hours of admission			89%	96%	97%	98%	98%	98%	98%	98%	99%	Discon-tinued
Hospital-acquired pressure ulcers per 1,000 hospitalization days in rehabilitation and sub-acute wards												1.2
Hospital-acquired pressure ulcers per 1,000 hospitalization days in complex nursing care wards												2.3
Hospital-acquired pressure ulcers per 1,000 hospitalization days in long-term mechanical ventilation wards												1.9
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%	89%
Treatment plan discussion with patient and/or family within 30 days of admission [geriatric hospitals]					40%	73%	77%	75%	82%	76%	80%	87%

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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%	95%
Vascular specialist consult before diabetic foot amputation												55%
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%	Discon-tinued
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%	94%
Complete nutritional assessment within 5 days of to long-term mechanical ventilation ward [geriatric hospitals]			83%	95%	94%	96%	97%	90%	97%	97%	98%	98%
Documented iron supplementation until 14 months of age								72%	75%	74%	75%	75%
Exclusive breastfeeding maintained until 4 months of age				71%	69%	68%	69%	69%	Discon-tinued	Discon-tinued	Discon-tinued	Discon-tinued
Rate of infants documented as exclusively breastfed at 4 months of age									24%	22%	24%	26%
Neonates exclusively breastfed until discharge from hospital												23%
Screening Surveys												
Delirium assessment on admission to rehabilitation ward following femoral neck fracture [geriatric hospitals]				55%	83%	91%	94%	92%	94%	92%	94%	95%
Semi-annual blood pressure measurement for long-term psychiatric inpatients (180+ consecutive days)			99%	99%	99%	99%	100%	100%	100%	100%	100%	Discon-tinued
Semi-annual lipids profile measurement for long-term psychiatric inpatients (180+ consecutive days)			52%	60%	72%	81%	86%	92%	93%	96%	93%	96%

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Semi-annual diabetes screening for long-term psychiatric inpatients (180+ consecutive days)			61%	73%	71%	87%	86%	87%	89%	91%	93%	95%
Semi-annual BMI measurement for long-term psychiatric inpatients (180+ consecutive days)			80%	90%	94%	98%	98%	98%	99%	98%	97%	98%
Annual fecal occult blood testing (FOBT) for long-term psychiatric inpatients (365+ consecutive days)			16%	14%	19%	34%	51%	61%	59%	54%	55%	58%
Bi-annual mammography for long-term female psychiatric inpatients (365+ consecutive days)			22%	26%	48%	50%	55%	46%	32%	27%	42%	46%
Cognitive screening documentated in discharge letter [geriatric hospitals]					72%	77%	87%	89%	91%	93%	96%	97%
Restraints												
Median number of minutes of patient restraint/isolation								Published without national rate	Published without national rate	Published without national rate	Discon-tinued	Discon-tinued
Emergency Department												
Time from ED arrival to clinical triage					10 min.	10 min.	9 min.	9 min.	8 min.	8 min.	8 min.	7 min.
Emergency department readmissions within 48 hours								4.4%	4.4%	4.4%	4.4%	4.4%
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%	99%
Preterm neonates with a peripheral body temperature of at least 36°C upon arrival in NICU					55%	71%	86%	90%	90%	92%	94%	95%
Cranial ultrasound by Day 7 for infants born between weeks 24+0 and 28+6									95%	97%	99%	97%
Parental Guidance												
Infant safe sleep practices instruction									85%	85%	88%	90%

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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.