



APPLICATION QUESTIONS for Cycle 16 (2026-2029)

DO NOT INCLUDE IDENTIFYING INFORMATION IN YOUR APPLICATION.

See “De-Identifying Your Responses” in the Lantern Coaching Guide for details.

Responses in the Facility Demographic section are not scored and are not seen by the reviewers.

Facility Demographic Information

Questions in this section focus on the demographic characteristics of your facility and emergency department.

1. Which of the following best describes your facility?

- | | |
|-------------------------------------|---|
| Non-government, not-for-profit..... | 1 |
| Investor-owned, for-profit..... | 2 |
| State or local government..... | 3 |
| Federal government/military/VA..... | 4 |

2. Please indicate which of the following characteristics apply to your hospital/emergency department:

	Yes	No
Academic medical center (hospital aligned with a university)	1	0
Community hospital in/near a metropolitan area	1	0
Critical Access hospital	1	0
Free-standing emergency department.....	1	0
Non-U.S. hospital.....	1	0
Rural hospital.....	1	0
Teaching hospital, non-academic affiliated (hospital where	1	0
students of various disciplines come for their clinical experience)		

3. Which of the following best describes your emergency department’s patient population?

- | | |
|--|---|
| *General (both adult and pediatric patients) | 1 |
| *Adult only | 2 |
| **Pediatric only..... | 3 |

PLEASE NOTE:

*** If you choose “General” or “Adult only,” SECTION P WILL AUTOMATICALLY BE SKIPPED IN THE ONLINE APPLICATION**

**** If you choose “Pediatric only,” SECTIONS N & O WILL AUTOMATICALLY BE SKIPPED IN THE ONLINE APPLICATION**



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4. What types of accreditation and recognition does your hospital currently have?

	Yes	No
Accreditation Commission for Health Care (ACHC)	1	0
Acute Stroke Ready Hospital (ASRH)	1	0
Baldrige (Malcolm Baldrige National Quality) Award (NIST).....	1	0
Beacon Award for Excellence (AACN)	1	0
Chest Pain Center Certification (ACC, AHA)	1	0
Critical Access Hospital (CAH) Certification (CMS)	1	0
Designated Stroke Center	1	0
Designated Trauma Center	1	0
Healthcare Facilities Accreditation Program (HFAP) (CMS)	1	0
Joint Commission Accreditation (TJC)	1	0
Magnet status (ANCC)	1	0
National Integrated Accreditation for Healthcare Organizations (NIAHO) Hospital Accreditation (DNV).....	1	0
Pathway to Excellence (ANCC).....	1	0
Other: Please specify:		

5. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the total number of patient visits to your ED?

_____ patient visits

6. Which of the following best describes how your facility defines the age of a pediatric patient?

Birth through 12 years of age (< 13 years of age)	1
Birth through 15 years of age (< 16 years of age)	2
Birth through 17 years of age (< 18 years of age)	3
Birth through 21 years of age (< 22 years of age)	4
Our facility does not have a definition for pediatric patients	5
Other: Please specify:	

7. Of the total ED patient visits for the most recent four (4) quarters for which you have data, what was the total number of **pediatric patient visits**?

_____ pediatric patient visits



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8. Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many patient visits did your ED have for the following facility levels?

Note: Facility level refers to the hospital billing code (not physician/professional fees) assigned to each patient visit.

The combined total number of visits for the following categories should not exceed the total number of ED visits to your facility during the same period (*question #5. above*).

Total Facility Level 1 (CPT 99281 / APC 609) patient visits

Total Facility Level 2 (CPT 99282 / APC 613) patient visits

Total Facility Level 3 (CPT 99283 / APC 614) patient visits

Total Facility Level 4 (CPT 99284 / APC 615) patient visits

Total Facility Level 5 (CPT 99285 / APC 616) patient visits

Total Facility Level 6 (CPT 99291 / APC 617) patient visits

9. Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many **designated treatment spaces** did your ED have? (Do not include overflow treatment spaces such as hall stretchers, chairs, etc.)

_____ designated treatment spaces

10. Using a rolling calendar, for the most recent four (4) quarters for which you have data, on average, how many **overflow treatment spaces** did your ED need daily?
(Include hall stretchers, chairs, other treatment areas such as infusion centers, post-anesthesia care unit spaces, etc. utilized during high census)

_____ overflow treatment spaces

11. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what percentage of patients admitted to your hospital **came through the ED**?

_____ %

12. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what percentage of your ED patients were admitted to the hospital?

Note: Include observation patients in the calculation.

_____ %



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13. Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many **total LICENSED inpatient beds** did your hospital have, not including newborn bassinets?

Definition of Licensed Inpatient Beds: The maximum number of beds for which a hospital holds a license to operate. Many hospitals do not operate all of the beds for which they are licensed.

_____ total licensed inpatient beds

14. Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many **total STAFFED inpatient beds** did your hospital have, not including newborn bassinets?

Definition of Staffed Inpatient Beds: Beds that are licensed and physically available for which staff is on hand to tend to patients who may occupy the beds. Staffed beds include those that are occupied and those that are not occupied but available for patients.

_____ total staffed beds

Responses to Questions #13 and #14 should not be the same number. However, if your facility's numbers are the same, please provide a brief, specific explanation. [100-word limit].

15. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the average occupancy rate for your hospital, not including newborns?

_____ %

16. Using a rolling calendar, for the most recent four (4) quarters for which you have data, did your ED track the number of hours that admitted patients boarded in your ED?

Note: Boarding is the practice of holding patients in the emergency department or another temporary location after the decision to admit or transfer has been made. (The Joint Commission)

Yes 1
No 0

[If “No,” skip to question #18.]

17. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the total number of hours that admitted patients boarded in your ED?

Total number of hours: The difference in time from the decision to admit or transfer - to the time of actual admission or transfer.

_____ hours



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18. Which of the following describes who provides nursing care to admitted patients who board in your ED?

- Our ED does not have boarders..... 1
ED nurses only 2
Non-ED nurses only..... 3
Combination of ED nurses and non-ED nurses 4
Other: Please specify: _____

19. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the total number of **budgeted FTEs** for the ED?

Include RNs as well as other staff in this number. _____ budgeted FTEs

20. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the total number of **budgeted direct care RN FTEs** for the ED?

Include **bedside RNs only** in this number. _____ budgeted direct care RN FTEs

21. As of the date that you are responding to this question, what is the number of **actual FTEs employed** in your ED for the following personnel?

Note: If any of the following types of personnel are not utilized in your ED, please enter zero (0).

- | | | |
|--|-------|------|
| RNs (Direct Care/Bedside Only) | _____ | FTEs |
| Clinical Nurse Specialists (CNS) | _____ | FTEs |
| Nurse Practitioners (NP) | _____ | FTEs |
| Agency RNs..... | _____ | FTEs |
| Aides/Techs | _____ | FTEs |
| Care Coordinators..... | _____ | FTEs |
| Case Manager | _____ | FTEs |
| ED-Based Educator | _____ | FTEs |
| ED Social Workers..... | _____ | FTEs |
| EMT/Paramedics | _____ | FTEs |
| LPNs/LVNs..... | _____ | FTEs |
| Traveler RNs..... | _____ | FTEs |

22. Regarding your **annual staffing plan** for the emergency department:

- Provide a bullet-point list of the titles/roles of individuals involved in developing the annual staffing plan (e.g., manager/director, charge nurse, staff nurse, etc.).
- Provide a bullet-point list of the factors used to determine annual staffing levels (e.g., volume, acuity, length of stay, staff skill mix, patient care quality indicators).
- Provide a bullet-point list of the metrics and/or outcomes analyzed to evaluate the effectiveness of the staffing plan throughout the year (e.g., retention rate, time to fill, turnover rate, etc.).



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23. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the annual **average** RN vacancy rate in the ED?

Enter an exact percentage; do not enter a range. _____ %

24. Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many **days** did it take **on average**, to fill vacant RN positions?

Include all ED positions held by an RN _____ days

25. Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many of your hires were **new graduate RNs**?

If you had no hires during this period, enter “N/A”. _____

26. Were emergency department nurses represented by a union or bargaining unit in the last year?

Yes

No

ASSIGNED QUESTION:

Assign this question to a **staff nurse in your ED**:

Provide an exemplar describing the collaborative working relationship between nurses and physicians in your ED within the last two years.

Highlight an innovative event, initiative or program that required collaboration to achieve a goal and **include information on outcomes**. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information to support **outcomes**. Data and trending information must be in narrative form; graphs are only allowed in responses to questions M.3 through M.6. **[1,000-word limit]**

Please do not use any names of individuals, committees, hospitals, cities, or states in your response. To ensure a blinded, unbiased review process, it is essential to omit information from your response that could be used to potentially identify your emergency department.



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Leadership – Practice: (Sections A-D)

Questions in this section focus on qualities that foster professional pride, confidence, and a community of support for emergency nurses.

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes. If metrics are not optimal, describe your action plan(s)/process improvement protocol(s).

Section A. Professional Practice

A.1 Provide an exemplar (*which may include more than one example*) that describes how shared governance, collaborative decision-making (may include committee work) and staff nurse autonomy affect change in nursing practice in your ED **and** your organization from the last two years. Highlight specific changes in practice or innovative ideas and report measurable outcomes and how the change is monitored. **[1,000-word limit]**

Section B. Emergency Department Staffing

B.1 Describe the factors that are considered on a **daily** basis to distribute and adjust the number of staff working in the emergency department. Include the titles/roles of individuals involved in making decisions/requests. **[500-word limit]**

B.2 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was your turnover rate (percent) for RNs in your ED?

Note: Turnover rate is calculated as the number of all voluntary and involuntary RN terminations-divided by the number of RNs employed during the same period. Only include full and part-time employees. Do not include per diem (those that float to numerous units), agency, supplemental, and travelers.

_____ %

Section C. Nurse Satisfaction

C.1 Based on the most recent nurse satisfaction survey in your emergency department:

- Provide details regarding the specific satisfaction indicator(s) that needed improvement.
- Describe the action/improvement plan developed.
- Include the titles/roles of individuals involved in creating the action/improvement plan.
- Describe measurable outcomes and sustainability of improvement.

An explanation for a high turnover rate in B.2 may be included in this response.

[500-word limit]



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Section D. Healthy Work Environment

D.1 Provide your ED's "Aggregate Score" from the [American Association of Critical-Care Nurses \(AACN\) Healthy Work Environment Assessment Tool \(HWEAT\)](#) survey results (TEAM version).

HWEAT-Team version should include all direct care ED nurses and other ED staff up to and including ED manager/director/executive/administrator. The goal is to encourage participation of all reporting staff in the survey.

However, do not include physicians.

D.2 Provide the number of "Total Respondents" in your HWEAT Survey (TEAM version), as indicated in your survey results.

HWEAT-Team version should include all direct care ED nurses and other ED staff up to and including ED manager/director/executive/administrator. The goal is to encourage participation of all reporting staff in the survey.

However, do not include physicians.

D.3 Select one area of opportunity for improvement identified in your HWEAT survey from the last year and describe the action plan(s) that were implemented. Include outcomes/results. **[300-word limit]**

D.4 Describe how your emergency department promotes a workplace that keeps staff safe from patient and visitor violence, and how a safe environment translates to excellent patient care. Include outcome metrics your ED/organization uses to track improvement. **[300-word limit]**

D.5 Describe how your emergency department prevents horizontal/lateral violence (e.g.: workplace bullying), and how a safe environment translates to excellent patient care? Include outcome metrics your ED/organization uses to track improvement. **[300-word limit]**

Leadership – Operations: (Sections E-H)

Questions in this section focus on operational improvement activities and development of systems and processes.

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes. If metrics are not optimal, describe your action plan(s)/process improvement protocol(s).



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Section E. Throughput – Patient Flow

E.1 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the annual percentage of patients who left your ED before they were supposed to leave?

Note: The percentage should include all patients in the following four categories:

- 1) Patients who left without being seen (leaving the ED before initiation of the Medical Screening Exam) (CMS Measure OP-22).
- 2) Patients who eloped / left before treatment was complete. Include:
 - Patients who were cognitively, physically, mentally, emotionally and/or chemically impaired who wandered, walked away from, or escaped from the care of the facility unsupervised prior to discharge.
- AND/OR**
 - Patients who had a Medical Screening Exam, potentially completed diagnostic tests, and left prior to completing treatment and/or discharge.
- 3) Patients who eloped who were in police custody or under arrest (individuals who are in police custody, under arrest or incarcerated who are brought to the ED for medical evaluation and escape from the facility).
- 4) Patients who left against medical advice (leaving after interaction with the ED staff but before the ED encounter officially ended, including completion or refusal to complete document confirming the intent to leave against the recommendation of medical care staff).

_____ %

E.2 Explain the strategies used for improving the rate at which patients leave your ED before they are supposed to leave. Address all four patient categories listed in Question E.1. **[500-word limit]**

E.3 Describe the strategies used to address emergency department length of stay for admitted patients? **[500-word limit]**

E.4 Describe the strategies used to provide quality care for emergency department patients while they are waiting for inpatient beds. **[500-word limit]**

E.5 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the **median time in minutes** for ED length of stay (from ED arrival time to ED departure time) for **discharged** patients. Exclude psychiatric/behavioral health and transferred patients. **(CMS Measure OP-18b)**

_____ median time in minutes



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Section F. Patient Satisfaction

Using a rolling calendar, for the most recent four (4) quarters for which you have data from patient satisfaction surveys, select **TWO** issues identified by ED patients as needing improvement, and:

F.1 Describe the improvement plan, including evidence-based practices implemented, and provide outcomes for the **first** patient satisfaction issue. **[300-word limit]**

F.2 Describe the improvement plan, including evidence-based practices implemented, and provide outcomes for the **second** patient satisfaction issue. **[300-word limit]**

Section G. Patient Safety

G.1 Within the last two years, did your emergency department experience any one of the 29 NQF-endorsed Serious Reportable Events/Never Events listed at:

<https://www.ncbi.nlm.nih.gov/books/NBK20598/table/A7707/?report=objectonly>

(Note: this list is currently being updated by NQF – with completion estimated in late 2025. This link will be updated upon completion.)

Yes/No

- **If Yes**, name which SRE/Never Event occurred and describe one outcomes-based quality improvement initiative for the selected SRE/Never Event.
Only use an event on the NQF list. Using an event not on the list will dramatically reduce the score for this question.
[300-word limit]
- **If No**, describe the ED’s proactive risk assessment strategy, prevention program and best practices in place that promote patient safety.
[300-word limit]

G.2 Describe how your ED supports a culture of safety for patient care. Include gaps identified, action plans, any process improvement protocols, and outcomes. **[300-word limit]**

G.3 Select one of the following areas and describe the process by which you achieved improved outcomes within the most recent four (4) quarters for which you have data:

- Handoff processes,
- pain management,
- fall prevention, or
- restraint reduction.

Include metrics/outcomes tracked for improvement.

[500-word limit]



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Section H. Emergency Management and Preparedness Planning

H.1 Effective emergency management and preparedness planning to prepare staff requires the combined strategies of 1) preparation (including joint training with the community), 2) planning, 3) mitigation, and 4) recovery. Include titles/roles of individuals involved.

- Describe your **preparation** strategies, including innovative processes. Include the titles/roles of the individuals involved. **[300-word limit]**
- Describe your **planning** strategies, including innovative processes. Include the titles/roles of the individuals involved. **[300-word limit]**
- Describe your **mitigation** strategies, including innovative processes. Include the titles/roles of the individuals involved. **[300-word limit]**
- Describe your **recovery** strategies, including innovative processes. Include the titles/roles of the individuals involved. **[300-word limit]**

Education: (Sections I-K)

Questions in this section focus on demonstration of instilling knowledge and competency through quality and accessible education.

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes. If metrics are not optimal, describe your action plan(s)/process improvement protocol(s).

Section I. Education

I.1 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what were the **average number of paid educational hours** for a single RN in your ED (e.g., meetings, classes, mandatory training and other courses)? **Do not include orientation hours.**

_____ hours

Example: In one year, an average RN might attend 12 one-hour staff meetings, 4 hours of annual safety training, 8 hours of annual competency testing, and 8 hours of re-certification (ACLS, TNCC, etc.), so $12+4+8+8 = 32$ hours.

I.2 What percentage of direct care RNs in your ED hold the following as their **highest** educational preparation/degree in **nursing**?

If none, please enter zero (0).

The total of all responses must equal 100%.

Diploma	_____	% of RNs
Associate degree.....	_____	% of RNs
Baccalaureate degree	_____	% of RNs
Master’s degree	_____	% of RNs
Doctoral degree	_____	% of RNs



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I.3 Explain your methods/strategies for orienting new emergency nursing staff, including new graduates, nurses without ED experience, and nurses with prior ED experience. **[300-word limit]**

I.4 Explain your methods/strategies for supporting ongoing emergency nursing staff development. Include internal and external staff development opportunities, including external professional conference attendance. **[300-word limit]**

I.5 Explain your methods/strategies for mentoring staff in your emergency department. Include the roles/titles of those involved. **[300-word limit]**

I.6 Describe how your organization promotes nursing staff contributions to advance the practice of emergency nursing, the profession, and advance the body of knowledge in this specialty. **[300-word limit]**

I.7 Describe how your ED leadership remains current, shares expertise, and/or contributes to the body of knowledge as it relates to emergency nursing practice. **[300-word limit]**

Section J. Verifications, Certifications and Memberships

J.1 Provide a bullet point list of all the verifications and certifications required in the emergency department RN job description.

J.2 What percentage of direct care RNs in your ED currently hold the following certifications?

If none, please enter zero (0)

- | | |
|---|---------|
| • Certified Burn Registered Nurse (CBRN) | _____ % |
| • Certified Critical Care Nurse (CCRN) | _____ % |
| • Certified Emergency Nurse (CEN) | _____ % |
| • Certified Flight Registered Nurse (CFRN) | _____ % |
| • Certified Nurse Educator (CNE) | _____ % |
| • Certified Pediatric Emergency Nurse (CPEN) | _____ % |
| • Certified Pediatric Nurse (CPN) | _____ % |
| • Certified Transport Registered Nurse (CTRN) | _____ % |
| • Emergency Nurse Practitioner - Board Certified (ENP-BC) | _____ % |
| • Emergency Nurse Practitioner - Certified (ENP-C) | _____ % |
| • Emergency Nursing Triage Education Program (ENTEP) | _____ % |
| • Registered Nurse - Board Certified (RN-BC) | _____ % |
| • Sexual Assault Nurse Examiner - Adult/Adolescent (SANE-A) | _____ % |
| • Sexual Assault Nurse Examiner - Pediatric (SANE-P) | _____ % |
| • Sexual Assault Nurse Examiner (SANE) | _____ % |
| • Stroke Certified Registered Nurse (SCRN) | _____ % |
| • Trauma Certified Registered Nurse (TCRN) | _____ % |
| • Trauma Nursing Advanced Course (TNAC) | _____ % |
| • Other: Please specify _____ | _____ % |



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J.3 What percentage of your ED nurses are current members of a professional nursing association?
(Exclude unions from this percentage) _____ %

Section K. Triage

K.1 Describe what qualifications are required, and what training your organization provides, for nursing staff to perform triage in your emergency department. **[300-word limit]**

K.2 Describe how your emergency department validates and reassesses ongoing competency for nursing staff to perform triage. **[300-word limit]**

Advocacy: (Section L)

Questions in this section focus on how the future of the emergency nursing profession and quality patient care are influenced through advocacy and innovation in your emergency department.

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes. If metrics are not optimal, describe your action plan(s)/process improvement protocol(s).

Section L. Advocacy

L.1 Describe how emergency department nurses collaborate with external community agencies or organizations to identify a patient care need or a service need of a population. Include how your program/initiative addresses social determinants of health. **[500-word limit]**

L.2 Describe your emergency department protocols for ensuring high quality care and safety of behavioral health patients in your ED. Include evidence-based practices and any innovative initiatives. **[500-word limit]**

NEW L.3 only for GENERAL AND PEDS-ONLY APPLICANTS

L.3. Describe your emergency department’s initiatives to improve pediatric readiness, based on the joint policy statement, *Pediatric Readiness in the Emergency Department*. Include gaps identified, your action plans, any process improvement protocols, and outcomes. **[500-word limit]**

NEW L.3 only for ADULT-ONLY APPLICANTS

L.3. Describe your emergency department’s initiatives to address the needs of a particular population (e.g., older adults, socially or economically marginalized, patients with substance use disorder, etc.). Include gaps identified, action plans, any process improvement protocols, and outcomes. **[500-word limit]**



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Research/Practice: (Sections M-P)

Questions in this section focus on advancing the emergency nursing profession and practice through research, quality improvement, and evaluation of clinical outcomes.

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes. If metrics are not optimal, describe your action plan(s)/process improvement protocol(s).

SECTION M. Research/Practice

M.1 How does your ED **integrate** principles from *ENA’s Emergency Nursing Scope and Standards of Practice* to appraise, orient, develop, and evaluate the practice and professional development of ED nursing staff? **[300-word limit]**

(ENA’s Emergency Nursing Scope and Standards of Practice is a landmark book that describes the competent level of behavior expected for nurses practicing in the specialty of emergency nursing. The dynamic nature of the practice environment is explored in the scope of emergency nursing.

The book provides a guide for the practitioner to understand the knowledge, skills, attitudes, and judgment that are required for practicing safely in the emergency department setting. This foundational book provides the details of what is expected in this specialty of care and helps other members of the professional team understand the role of the emergency nurse.)

M.2 Describe how your department utilizes, promotes, and translates research to ensure evidence-based safe practice and achieves optimal patient outcomes. **[300-word limit]**

M.3 – M.6 NARRATIVES [300-word limit for each narrative]

Questions **M.3 through M.6** require narrative responses to support four (4) different graphs (*to be uploaded separately*) that:

- Describe 1) the action plans, 2) any process improvement protocols, 3) accomplishments, 4) challenges, and 5) outcomes of each indicator. The indicators should demonstrate exceptional patient care/outcomes (from the **most recent eight (8) quarters** for which you have data).
- Include the title of each graph in the appropriate corresponding narrative.

Responses to M.3 and M.4 ONLY:

- Choose two different nursing-sensitive quality indicators from the Press Ganey National Database of Nursing Quality Indicators® (**NDNQI**) list below (structure, process or outcome), **OR** from the Oculi Data Quality Indicators list that have shown improvement within the last two years.



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You **must** choose an indicator from the NDNQ structure, process or outcome list **OR** the Oculi Data Quality Indicators list.

Note: Using an indicator not on either list will dramatically reduce the score for these two questions

Press Ganey National Database of Nursing Quality Indicators® (NDNQI) list

Structure

- Admissions, Discharges and Transfers (ADT)
- Emergency Department Throughput
- Nurse Turnover
- Patient Contacts
- Patient Volume and Flow
- RN Education/Specialty Certification
- Staffing and Skill Mix*
- Workforce Characteristics

Process

- Care Coordination
- Device Utilization
- Pain Impairing Function
- Patient Falls*
- Pediatric Pain Assessment/ Intervention/Reassessment (AIR) Cycle
- Pressure Injuries
- Restraints

Outcome

- Assaults by Psychiatric Patients
- Assaults on Nursing Personnel
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Central Line Catheter Associated Blood Stream Infections (CLABSI)
- C. difficile Infections
- Hospital Readmissions
- MRSA Infections
- Multidrug-Resistant Organisms (MDRO)
- Pain Impairing Function
- Patient Burns
- Patient Falls*
- Pediatric Peripheral Intravenous Infiltrations
- Perioperative Clinical Measure Set
- Pressure Injuries
- Surgical Errors
- Unplanned Postoperative Transfers/Admissions
- Ventilator-Associated Events (VAE)
- Ventilator-Associated Pneumonia (VAP)

*Includes National Quality Forum-endorsed measures.

Responses to **M.5** and **M.6 ONLY:**

- Highlight two different core measures related to:
 - patient safety,
 - patient-centered care,
 - effectiveness of care,
 - efficiency of care,
 - timeliness of care,
 - equity of care, or
 - coordination of care.



APPLICATION QUESTIONS for Cycle 16 (2026-2029)

DO NOT INCLUDE IDENTIFYING INFORMATION IN YOUR APPLICATION.

See “De-Identifying Your Responses” in the Lantern Coaching Guide for details.

DO NOT USE the following indicators for **M.5** and **M.6**:

- Sepsis Care (CMS-SEP 1 Measure),
- Acute Stroke Symptoms (CMS Measure OP-23),
- Documented Pediatric Vital Signs, OR
- Admitted Pediatric Asthma Patients

as they are covered in Sections N, O and P.

M.3 – M.6 GRAPHS

Four different graphs supporting **M.3 through M.6** narrative details must be uploaded separately. Please ensure the title of the graph is included in the appropriate corresponding narrative.

- Each graph of quality metrics must reflect the **most recent eight (8) quarters** for which you have data that demonstrate exceptional patient care/outcomes.
- Each graph must be a single page only.
- Each graph must be limited to one indicator/outcome.
- Each graph must highlight a different indicator/outcome.

Be sure that your hospital's name and/or logo are NOT included in the graph.

Clearly label the following six required details in the graphs (a sample graph is available on the Lantern webpage under “Application Assistance”):

1. Title of the indicator measured
2. Timeframe of measurement period
3. Label for Y-axis
4. Label for X-axis
5. Target / goal
6. Sample size

Which of the following best describes your emergency department’s patient population?

- *General (both adult and pediatric patients) 1
- *Adult only 2
- **Pediatric only 3

PLEASE NOTE:

**** If you choose “Pediatric only,” SECTIONS N & O WILL AUTOMATICALLY BE SKIPPED IN THE ONLINE APPLICATION**

Section N. Sepsis Care Measure - Early Management Bundle, Severe Sepsis/Septic Shock (CMS SEP-1)

N.1 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what **percentage** of patients received appropriate care for severe sepsis and septic shock?

****Enter “N/A” if metrics are not tracked****

_____ %

If N/A, please provide a brief, specific explanation of why this measure is not tracked.

APPLICATION QUESTIONS for Cycle 16 (2026-2029)

DO NOT INCLUDE IDENTIFYING INFORMATION IN YOUR APPLICATION.

See “De-Identifying Your Responses” in the Lantern Coaching Guide for details.

Section O. Acute Stroke Symptoms Measure (CMS Measure OP-23)

O.1 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what **percentage** of patients who came to the emergency department with acute stroke symptoms received interpretation of brain scan (CT or MRI) results within 45 minutes of arrival?

****Enter “N/A” if metrics are not tracked****

_____ %

If N/A, please provide a brief, specific explanation of why this measure is not tracked.

Which of the following best describes your emergency department’s patient population?

***General** (both adult and pediatric patients) 1

***Adult only** 2

****Pediatric only** 3

PLEASE NOTE:

*** If you choose “General” or “Adult only,” SECTION P WILL AUTOMATICALLY BE SKIPPED IN THE ONLINE APPLICATION**

Section P. Pediatric-only Measures

P.1 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what percentage of pediatric emergency department patients had a full set of vital signs including blood pressure documented at the point of triage (during the initial evaluation/assessment)?

_____ %

P.2 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the percentage of admitted pediatric asthma patients who had the first dose of a reliever/inhaler or systemic corticosteroid dose administered in the emergency department?

_____ %