

Clark Fork Valley Hospital Dashboard Report

INDICATOR	2021						YTD 2021	Bench Mark 2021	2022						YTD 2022	Bench Mark 2022	Legend		
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21			Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22					
Satisfaction Indicators																			
CG-CAHPS: Overall Provider	78.3						83.1	81.2	>80.6	81.3						81.3	>82	LEM	
HCAHPS: Percentile Overall	72.7						66.7	75	>56	94						94	>65	LEM	
ER: Overall Score	3rd Qtr 68/68			4th Qtr 63/67			71/67	NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average	1st Qtr 87/66						78/66	NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average			
Outpatient Surgery: Overall Score	3rd Qtr 94/88			4th Qtr 95/89			87/89		1st Qtr 92/89						91/89				
Outpatient Rehab: Overall Score	3rd Qtr 70/86			4th Qtr 67/86			73/86		Insufficient data										
Lab: Overall Score	3rd Qtr 83/85			4th Qtr 75/84			81/84		Insufficient data										
Radiology: Overall Score	3rd Qtr 92/85			4th Qtr 77/84			85/84		1st Qtr 82/83						84/83				
Safety Indicators																			
Total Number Med Error Events	1.02	0.00	1.37	3.37	6.31	4.33	2.34	<4.87	1.08	2.57	1.16	0.00	0.00			0.97	<4.87	AJHSP	
# NH Falls/1000 Patient Days	6.6	2.6	1.4	9.3	1.4	2.8	3.9	<3.4	2.8	0.0	2.9	0.0	2.9			1.8	<3.4	PIN	
# SWB Falls/1000 Patient Days	0.0	47.6	0.0	0.0	47.6	0.0	9.4	<3.4	0.0	0.0	0.0	0.0	0.0			0.0	<3.4	PIN	
# Hospital Falls/1000 Patient Days	4.5	7.2	7.9	18.5	3.8	0.0	8.2	<3.4	0.0	6.8	0.0	0.0	0.0			1.3	<3.4	PIN	
Total # falls w/Moderate/Severe Injury	0	0	0	0	0	0	0.0	0.0	0	0	0	0	0			0.0	0.0	CFVA	
Total # falls with Minimal Injury	2	0	1	1	0	0	0.8	<0.7	0	1	0	0	0		0.2	0.2	<0.7	CFV3A	
# Work Comp OSHA Recordable	1	0	2	0	1	1	7	monitor	1	1	1	0	1			1	monitor	LEM	
OSHA TRIR (YTD)	YTD adjusted Qtrly						3.83	<4.61	YTD adjusted Qtrly						6.75	<3.29	LEM		
# Work Related Violence	0	0	0	0	0	0	0	monitor	0	0	0	0	0			0	monitor	CFVA	
# Harm Due to Patient Handling	1	1	1	0	0	0	5	monitor	2	0	0	0	0			0	monitor	CFVA	
Volume Indicators																			
Acute Care ALOS/Hrs	79	92	100	99	99	88	88	< 96	84	80	87	82	62			79	81	< 96	CAH
Acute care ADC	6.6	3.9	7.8	6.2	7.9	5.7	#REF!	4.1	6.2	4.1	4.8	3.7	2.5			3.12	4.3	4.4	CFVB
# Observation hours	429	383	403	576	554	400	487	659	567	505	643	616	443			530	555	473	CFVB
# ER visits	415	372	362	335	401	301	362	333	311	315	321	359	322			341	326	340	CFVB
ED Transfer Rates %	4.58	2.15	2.49	4.78	4.24	5.98	4.75	<5.82	4.82	6.98	4.36	5.57	3.73			5.1	<5.87	CFV3A	
LTC ADC	24.3	25.0	24.4	24.4	23.3	23.0	23.9	27.0	23.0	23.0	22.0	21.5	22.2			21.8	22.3	27.0	CFVB
Swing Bed ADC	1.3	0.7	2.0	0.6	0.7	1.6	1.1	3.1	0.9	0.8	0.9	1.8	1.3			1.6	1.1	2.2	CFVB
Home Health Episodes	36	36	5	7	10	8	14	11	7	10	17	6	10			8	10	15	CFVB
Hospice Days	287	302	206	199	194	161	204	180	96	38	38	75	149			112	79	219	CFVB
# Total OP Visits	3092	3538	4125	3649	3703	2942	3397	2588	3813	2758	3621	3192	3165			3179	3310	2588	CFVB
Surgery Minutes	3509	3521	2262	735	693	1251	2521	4053	1241	2655	1080	570	2118			1344	1533	3088	CFVB
Family Medicine Network - Visits	1621	1626	1562	1513	1519	1382	1582	1926	1369	1543	1757	1363	1497			1430	1506	2115	CFVB
Financial Indicators																			
Days Cash On Hand	268	277	272	294	309	312		>122.4	332	295	284	279	305					>169	CFVS
EBITDA								212647										191469	CFVB
% S & B /NR	53	62	61	64	62	129	60	<61	65	64	68	81	80			72	<61	CFVS	
Days in AP	31	27	26	24	23	56		<30.7	35	50	37	40	35					<48.7	CFVS
Days in AR	44	39	43	44	43	40		<40	40	42	38	38	40					<40	CFVS
n/a = no or low data Legend ■ Alert (> 19% off target) ■ Caution (10 - 19% off target) ■ (1 - 9% off Target) ■ At Goal or Above																			
LEGEND: CFVA = Prior Year Average/CFV3A = Prior 3 Year Average/CFVB= Budget/CFVS = Strategic Plan/VHA = Volunteer Hospitals of America/CAH = Critical Access Hospital																			
Nat = National/NCQA = National Committee for Quality Assurance/CMS = Centers for Medicare and Medicaid Services/MBQIP = Medicare Beneficiary Quality Improvement Project																			
HQIO = Hospital Quality Improvement Organization/LEM = Leadership Evaluation Management/NHSN = National Healthcare Safety Network/SSI = Surgical Site Infection Event																			
AJHSP = American Journal Health System Pharmacy/PIN = Performance Improvement Network/FMN - Family Medicine Network																			



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QUALITY INDICATORS	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD 2021	Bench Mark 2021	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	2nd Qtr 2022	YTD 2022	Bench Mark 2022	Legend	
	Serious Reportable Events	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0	0.0	0	0.0
Hospital Quality Measures																			
HAI Acute Care/1000 Patient Days	0.0	0.0	0.0	0.0	0.0	5.6	0.96	<3.00	0.0	0.0	0.0	0.0	0.0			0.00	<3.00	NHSN	
HAI Swing Bed/1000 Patient Days	0.0	0.0	0.0	0.0	0.0	0.0	1.57	<3.00	0.0	0.0	41.7	0.0	0.0			5.71	<3.00	NHSN	
IP Surviving Sepsis measures - 3hr %	100	100	0	n/a	n/a	100			100	n/a	n/a	100	n/a						
Unplanned readmission w/in 30 days %	4.8	0.0	1.8	4.1	4.5	10.2	4.2	<10.0	4.8	2.5	2.2	4.7	0.0		Y-AVG	3.3	<10.0	HQIO	
Inpatient AMA (%)	0.0	0.0	0.0	0.0	1.6	0.0	0.5	<2.2	0.0	0.0	2.2	2.7	0.0		Y-AVG	0.9	<2.2	Nat	
ER Quality Measures																			
ER Surviving Sepsis measures - 3hr %	100	100	0	100	100	100			100	n/a	n/a	100	100						
Acute MI Core Measures (ER)- % Met	100	100	n/a	n/a	n/a	100	100	>97%	100	N/A	100	100	100			100	>97%	CFVS	
Unplanned Return to ER w/in 72 Hrs	0.7	0.5	1.4	0.0	1.0	0.7	0.8	<2.04	1.0	1.0	0.9	1.1	0.3		Y-AVG	0.9	<1.2	CFV3A	
ED Transfer Communication Composite	93	100	93	100	95	89	95	100	100	92	93	90	100			95	100	MBQIP	
Surgery Quality Measures																			
Surgical Core Measures - % Met	100	100	100	100	100	100	100	>97%	100	100	100	100	100			100	>97%	CFVS	
Unplanned return to surgery	1	0	0	0	1	1	0.3	<2.57	0	0	0	0	0			0.0	0.0	VHA	
Unplanned adm after OP Surg	0	0	0	0	1	0	0.1	0.0	1	1	0	0	0			0.0	0.4	Medrxiv	
HAI Surgical	0.0	0.0	0.0	0.0	0.0	0.0	0.57	<2.00	0.0	0.0	0.0	0.0	0.0			0.00	<2.00	SSI	
Long Term Care Quality Measures																			
HAI LTC/1000 Patient Days	0.0	0.0	0.0	0.0	4.3	0.0	0.3	<3.00	0.0	0.0	0.0	0.0	1.5			0.3	<3.00	NHSN	
Promoting Interoperability																			
	2021 Q2			2021 Q3			2021 Q4			2022 Q1			2022 Q2						
Stroke:Antithrombotic A Fib/Aflutter	n/a			n/a			100.00%			n/a									
Stroke:Antithrombotic if by hosp day 2	100.00%			50.00%			50.00%			100.00%									
Stroke:Antithrombotic at discharge	100.00%			100.00%			100.00%			100.00%									
Stroke: Discharged on statin	100.00%			100.00%			100.00%			100.00%									
VTE Prophylaxis	89.40%			93.80%			90.00%			84.20%									
ED time from admit decision to ED departure Not mental health	24m			23m			26m			20m									
ED time from admit decision to ED departure mental health	0m			7m			24m			9m									
ACO All Clinics																			
Depression Screening & FU CMS 2	76.38%			80.21%			86.18%			79.44%						≥90% FMN			
Hemoglobin A1C>9 CMS 122	28.98%			18.32%			18.82%			34.18%						≤25% FMN			
Breast Cancer Screening CMS 125	54.13%			55.43%			57.06%			48.19%						≥65% FMN			
Colorectal Cancer Screening CMS 130	53.85%			58.22%			56.55%			61.54%						≥58% FMN			
Tobacco Use and cessation CMS 138	84.97%			89.56%			98.30%			94.10%						≥94% FMN			
Falls:Screening for further fall risk CMS 139	49.52%			64.23%			70.37%			36.86%						≥50% FMN			
Controlling High BP CMS 165	69.09%			75.50%			69.71%			33.88%						≥65% FMN			
Influenza Vaccination CMS 147	48.37%			43.11%			47.61%			70.84%						≥45% FMN			
Pneumonia Vaccination CMS 127	55.55%			71.97%			71.79%			70.16%						≥65% FMN			
Current medications documented in record CMS 68	95.93%			96.22%			88.59%			87.57%						≥88% FMN			
Diabetes Recognition Program (DRP) All Clinics																			
% Pt with HBA1C > 9.0%	10.19%			8.89%			8.00%			8.97%						≤ 15% NCQA			
% Pt with HBA1C < 8.0%	80.19%			83.39%			82.72%			80.04%						≥65% NCQA			
% Pt with HBA1C < 7.0%	51.13%			55.20%			55.36%			52.93%						≥40% NCQA			
BP Control ≥140/90 mm Hg	35.42%			32.84%			35.45%			35.25%						≤ 35% NCQA			
Eye Examination	35.84%			34.32%			33.54%			36.71%						≥60% NCQA			
Smoking & Tobacco Use	99.08%			98.74%			98.36%			98.28%						≥85% NCQA			
Nephropathy Evidence	76.05%			63.84%			64.41%			63.08%						≥85% NCQA			
Foot Examination	58.81%			61.35%			58.98%			50.08%						≥80% NCQA			
n/a = no or low data	Legend			Alert (> 19% off target)			Caution (10 - 19% off target)			(1 - 9% off Target)			At Goal or Above						
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