

Clark Fork Valley Hospital Dashboard Report

INDICATOR	YTD 2019			Bench Mark 2019	3rd Qtr 2020									YTD 2020	Bench Mark 2020	Legend				
	Oct-19	Nov-19	Dec-19		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20							
Satisfaction Indicators																				
Clinic: Overall Score	4th Qtr 77/82			77/82	NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average	1st Qtr 82/82			2nd Qtr 78/83						78/83	NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average				
ER: Overall Score	4th Qtr 73/66			77/66		1st Qtr 76/66			2nd Qtr 74/68						77/66					
Inpatient: Overall Score	4th Qtr 82/74			75/74		1st Qtr 77/74			2nd Qtr 75/74						73/74					
Outpatient Surgery: Overall Score	4th Qtr 83/87			86/87		1st Qtr 87/87			2nd Qtr 75/88						85/88					
Outpatient Rehab: Overall Score	4th Qtr 100/86			60/86		1st Qtr 81/86			2nd Qtr 88/86						85/86					
Lab: Overall Score	4th Qtr 74/83			77/83		1st Qtr 79/83			2nd Qtr 76/84						80/84					
Radiology: Overall Score	4th Qtr 96/83			83/75		1st Qtr 84/83			2nd Qtr 84/84						88/84					
Risk Management Indicators																				
Total Number Med Errors	2	150	2	51.3	5.3	2	1	7	0	0	0	4	3	3.5	2.1	13.0	CFV3A			
Adverse drug Reactions	0	0	0	0.0	monitor	0	0	0	0	0	0	0	0	0.0	0.0	monitor	CFVA			
# NH Falls/1000 Patient Days	8.2	2.4	3.6	4.7	<8.2	2.4	2.4	0.0	0.0	3.6	0.0	2.4	2.4	2.4	1.6	<8.2	Nat			
# Acute Falls/1000 Patient Days	5.3	12.9	7.8	8.7	<8.2	3.6	4.4	5.6	0.0	8.6	6.2	5.2	0.0	2.6	4.2	<8.2	Nat			
# falls w/ Moderate or Severe Injury	0	0	0		0.0	0	0	0	0	0	0	0	1		0.1	0.0	CFVA			
# falls with Minimal Injury	0	1	1	0.7	0.7	0	0	1	0	0	0	1	0	0.5	0.3	0.8	CFV3A			
# Work Comp OSHA Recordable	0	0	1	0.3	1.8	0	0	1	0	0	0	0	0	0.0	0.1	1.4	CFV3A			
# Work Related Violence						0	0	0	0	0	0	0	0	0.0	0.0	monitor	CFVA			
Volume Indicators																				
Covid 19 March 2020																				
Acute Care ALOS/Hrs	59	68	77	68	< 96	70	66	62	87	68	60	74	86	80	72	< 96	CAH			
Acute care ADC	2.7	3.6	4.1	3.47	4.0	5.1	3.2	2.9	3.0	2.1	2.4	4.1	4.8	4.45	3.4	4.1	CFVB			
# Observation hours	746	457	364	522	540	283	631	555	279	431	422	706	518	612	478	659	CFVB			
# ER visits	347	274	308	310	325	281	295	248	204	273	322	352	320	336	287	333	CFVB			
ED Transfer Rates %	6.34	5.47	3.90	5.24	<4.56	2.49	6.10	6.05	4.90	3.30	7.14	4.83	3.42	4.12	4.79	<4.65	CFV3A			
LTC ADC						25.6	25.2	26.40	26.2	27.0	27.0	27.0	27.0	27.0	26.4	27.0	CFVB			
Swing Bed ADC	2.3	3.5	3.7	3.17	1.7	3.6	3.3	2.2	1.5	1.1	2.3	1.1	1.0	1.04	2.0	3.1	CFVB			
# Total OP Visits	2981	3145	2681	2936	2546	2566	2496	2456	2229	2805	2974	2905	2715	2810	2643	2713	CFVB			
Surgery Minutes	3612	3478	4158	3749	4053	4004	4791	2846	1601	3700	2142	3616	4177	3897	3360	4053	CFVB			
Family Medicine Network - Visits	2086	1860	1937	1961	1889	2033	1787	1659	1481	1585	1792	1850	1694	1772	1735	1946	CFVB			
Financial Indicators																				
Days Cash On Hand	55	62	130		>93	129	127	125	182	246	249	240	244			>93	CFVS			
EBITDA					216795											205714	CFVB			
% S & B /NR	66	60	64		<61	62	68	80	100	65	63	58	54		69	<61	CFVS			
Days in AP	29	35	34		<35.0	34	34	35	24	26	38	41	46			<35.0	CFVS			
Days in AR	39	44	43		<40	42	39	37	36	44	41	39	38			<40	CFVS			
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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 / HIIN = Hospital Improvement Innovation Network																				



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	Oct-19	Nov-19	Dec-19		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20								
Serious Reportable Events	0	0	0	0.0	0.0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	CFVS				
Inpatient Quality Measures																					
HAI Acute Care/1000 Patient Days	0.0	0.0	0.0	0.00	<4.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	<4.00	HIIN					
HAI Swing Bed/1000 Patient Days	0.0	0.0	0.0	0.96	<4.00	0.0	0.0	0.0	0.0	0.0	0.0	29.4	0.0	2.03	<4.00	HIIN					
IP Surviving Sepsis measures - 3hr %						n/a	100	n/a	n/a	n/a	n/a	n/a	n/a								
IP Surviving Sepsis measures - 6hr %						n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a								
Pneumonia Core Measures - % met	100	100	100	100	>97%	75	n/a	n/a	100	n/a	n/a	100	100	88	>97%	CFVS					
Unplanned readmission w/in 30 days %	7.7	3.0	8.5	5.1	<10.0	5.2	5.1	0.0	0.0	4.2	2.9	2.4	2.1	Y-AVG 2.9	<10.0	HIIN					
Inpatient AMA (%)	2.6	0.0	0.0	1.2	<2.2	0.0	0.0	0.0	3.8	0.0	0.0	0.0	0.0	Y-AVG 0.3	<2.2	Nat					
ER Quality Measures																					
ER Surviving Sepsis measures - 3hr %						100	100	n/a	0	n/a	100	50	100								
Acute MI Core Measures (ER)- % Met	100	100	0	97	>97%	100	67	100	100	100	100	100	100	94	>97%	CFVS					
Unplanned Return to ER w/in 72 Hrs	1.4	1.1	1.3	1.8	3.51	0.7	0.0	2.0	1.5	1.5	0.9	0.9	1.2	Y-AVG 1.0	3.51	CFV3A					
ED Transfer Communication Composite						100	100	100	91	75	94	95	82	87	100	MBQIP					
Surgery Quality Measures																					
Surgical Core Measures - % Met	96	100	100	99	>97%	100	100	100	100	100	100	100	100	100	>97%	CFVS					
Unplanned return to surgery	0	0	0	0.4	<2.57	0	0	0	0	0	0	0	0	0.0	0.0	VHA					
Unplanned adm after OP Surg	0	0	0	0.0	0.0	0	0	0	0	0	0	0	1	0.5	0.2	CFVA					
HAI Surgical						0.0	0.0	0.0	0.0	0.0	3.4	0.0	2.4	0.71	<2.00	SSI					
Promoting Interoperability																					
	2019 Q3			2019 Q			2020 Q1			2020 Q2			2020 Q3								
Stroke:Antithrombotic A Fib/Aflutter				n/a			n/a			100.00%											
Stroke:Antithrombotic if by hosp day 2				100.00%			100.00%			100.00%											
Stroke:Antithrombotic at discharge				100.00%			n/a			100.00%											
Stroke: Discharged on statin				0.00%			n/a			100.00%											
VTE Prophylaxis				95.10%			79.40%			85.30%											
ED time from admit decision to ED departure Not mental health				16min			21min			13m											
ED time from admit decision to ED departure mental health				35min			17min			0m											
ACO All Clinics																					
Influenza Vaccination ACO14	1.81%			31.81%			34.79%			98.54%							CMS				
Pneumonia Vaccination ACO15	41.73%			43.14%			44.20%			47.16%						≥40%	CMS				
Tobacco Use Screening/cessation ACO17	98.17%			98.91%			98.62%			98.72%						≥80%	CMS				
Colorectal Cancer Screening ACO19	50.33%			51.00%			51.58%			50.87%						≥65%	CMS				
Breast Cancer Screening ACO20	54.05%			49.37%			49.45%			47.01%						≥72%	CMS				
Statin Therapy for Cardiovascular Disease ACO42	59.14%			58.93%			61.13%			58.97%						≥59%	CMS				
Depression Screening ACO18	61.89%			69.51%			74.13%			72.22%						≥54%	CMS				
High BP Control ACO28	70.29%			70.24%			70.79%			69.61%						≥62%	CMS				
Diabetes Recognition Program (DRP) All Clinics																					
% Pt with HBA1C > 9.0%	8.94%			9.50%			9.63%			9.69%						≤ 15%	NCQA				
% Pt with HBA1C < 8.0%	86.42%			79.34%			80.12%			81.09%						≥65%	NCQA				
% Pt with HBA1C < 7.0%	57.28%			52.04%			53.26%			55.00%						≥40%	NCQA				
BP Control ≥140/90 mm Hg	31.17%			32.46%			32.70%			31.29%						≤ 35%	NCQA				
Eye Examination	31.37%			40.69%			41.63%			39.35%						≥60%	NCQA				
Smoking & Tobacco Use	98.17%			98.41%			98.62%			98.72%						≥85%	NCQA				
Nephropathy Evidence	62.54%			68.99%			70.92%			70.07%						≥85%	NCQA				
Foot Examination	54.38%			61.80%			64.92%			66.20%						≥80%	NCQA				
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CAH = Critical Access Hospital

NAT = National

HIIN = Hospital Improvement Innovation Network

NCQA = National Committee for Quality Assurance

CMS = Centers for Medicare and Medicaid Services

MBQIP = Medicare Beneficiary Quality Improvement Project

Meaningful Use - Promoting Interoperability



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