Clark Fork Valley Hospital Dashboard Report

Satisfaction Indicators

INDICATOR	YTD 2021	Bench Mark 2021	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	4th Qtr 2022	YTD 2022	Bench Mark 2022	Legend
CG-CAHPS: Overall Provider	81.2	>80.6	81.3			78.9			85							86	>82	LEM
HCAHPS: Percentile Overall	75	>56	94			89			67							76	>65	LEM
ER: Overall Score	71/67	NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average	1st Qtr 87/66			2nd Qtr 66/64			3rd Qtr 71/64							72/64		NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average
Outpatient Surgery: Overall Score	87/89		1st Qtr 92/89			2nd Qtr 95/89			3rd Qtr 88/89							86/89		
Outpatient Rehab: Overall Score	73/86		Insufficient data			Insufficient data			3rd Qtr 100/87							75/87		
Lab: Overall Score	81/84		1st Qtr 78/82			2nd Qtr 69/82			3rd Qtr 76/82							75/82		
Radiology: Overall Score	85/84		1st Qtr 82/83			2nd Qtr 85/82			3rd Qtr 90/82							81/82		

Safety Indicators

INDICATOR	YTD 2021	Bench Mark 2021	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	4th Qtr 2022	YTD 2022	Bench Mark 2022	Legend
Total Number Med Error Events	2.34	<4.87	1.08	2.57	1.16	0.00	0.00	0.00	2.33	2.27	1.12	0.00	0.00	4.29		1.23	<4.87	AJHSP
# NH Falls/1000 Patient Days	3.9	<3.4	8.5	1.6	4.4	3.1	2.9	3.0	4.3	2.7	4.1	4.4	3.2	3.4		3.8	<3.4	PIN
# SWB Falls/1000 Patient Days	9.4	<3.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	32.3	0.0	0.0	25.0	0.0		3.8	<3.4	PIN
# Hospital Falls/1000 Patient Days	8.2	<3.4	0.0	6.8	0.0	0.0	0.0	5.9	0.0	7.3	0.0	10.7	0.0	0.0		2.4	<3.4	PIN
Total # falls w/Moderate/Severe Injury	0.0	0.0	1	0	0	0	0	0	1	0	1	0	0	1		0.3	monitor	CFVA
Total # falls with Minimal Injury	0.8	<0.7	3	1	0	0	1	0	1	1	1	0	0		0.3	0.7	<0.7	CFV3A
# Work Comp OSHA Recordable	7	monitor	1	1	1	0	1	0	0	1	2	0	0	2		9	monitor	LEM
OSHA TIR (YTD)	3.83	<4.61	YTD adjusted Qtrly													5.54	<3.29	LEM
# Work Related Violence	0	monitor	0	0	0	0	0	0	0	0	0	0	0			0	monitor	CFVA
# Harm Due to Patient Handling	5	monitor	2	0	0	0	0	0	1	2	0	0	0			5	monitor	CFVA

Volume Indicators

INDICATOR	YTD 2021	Bench Mark 2021	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	4th Qtr 2022	YTD 2022	Bench Mark 2022	Legend
Acute Care ALOS/Hrs	88	< 96	84	80	87	82	62	70	70	66	77	64	65	80	70	75	< 96	CAH
Acute care ADC	#REF!	4.1	6.2	4.1	4.8	3.7	2.5	4.6	4.3	3.0	4.0	2.2	1.9	2.7	2.27	3.7	4.4	CFVB
# Observation hours	487	659	567	505	643	616	443	784	464	1046	798	644	574	734	651	652	473	CFVB
# ER visits	362	333	311	315	321	359	322	351	436	414	360	326	309	296	310	343	340	CFVB
ED Transfer Rates %	4.75	<5.82	4.82	6.98	4.36	5.57	3.73	3.70	3.67	4.83	3.06	6.75	3.56	4.39		4.6	<5.87	CFV3A
LTC ADC	23.9	27.0	23.0	23.0	22.0	21.5	22.2	22.0	22.7	24.0	24.6	22.0	20.8	18.8	20.5	22.2	27.0	CFVB
Swing Bed ADC	1.1	3.1	0.9	0.8	0.9	1.8	1.3	2.4	2.7	1.0	0.8	1.4	1.3	2.1	1.6	1.4	2.2	CFVB
Home Health Episodes	14	11	7	10	17	6	10	9	8	10	6	10	4	13	9	9	15	CFVB
Hospice Days	204	180	96	38	38	75	149	113	102	155	190	241	222	171	211	133	219	CFVB
# Total OP Visits	3397	2588	3813	2758	3621	3192	3165	3364	3109	3529	3304	2797	2685	2764	2749	3175	2588	CFVB
Surgery Minutes	2521	4053	1241	2655	1080	570	2118	2631	2094	2249	3644	2214	1700	2440	2118	2053	3088	CFVB
Family Medicine Network - Visits	1582	1926	1369	1543	1757	1363	1497	1510	1310	1776	1518	1449	1582	1549	1527	1519	2115	CFVB

Financial Indicators

INDICATOR	YTD 2021	Bench Mark 2021	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	4th Qtr 2022	YTD 2022	Bench Mark 2022	Legend
Days Cash On Hand		>122.4	332	295	284	279	305	299	290	287	280	278	270	261			>169	CFVS
EBITDA		212647														191469		CFVB
% S & B /NR	60	<61	65	64	68	81	80	68	78	69	72	86	83	85		75	<61	CFVS
Days in AP		<30.7	35	50	37	40	35	43	43	39	28	37	32	30			<48.7	CFVS
Days in AR		<40	40	42	38	38	40	45	45	43	46	43	44	47			<40	CFVS

Legend (color key): n/a = no or low data | **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 Qulity Improvement Organization / LEM = Leadership Evaluation Management / NHSN = National Healthcare Safety Network / SSI = Surigcal Site Infection Event

AJHSP = American Journal Health System Pharmacy / PIN = Performance Improvement Network / FMN - Family Medicine Network

Clark Fork Valley Hospital & Family Medicine Network

Clark Fork Valley Hospital Dashboard Report

QUALITY INDICATORS	YTD 2021	Bench Mark 2021	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	4th 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	CFVS
Hospital Quality Measures																		
HAI Acute Care/1000 Patient Days	0.96	<3.00	0.0	0.0	0.0	0.0	0.0	7.3	0.0	0.0	8.3	0.0	0.0	0.0		1.48	<3.00	NHSN
HAI Swing Bed/1000 Patient Days	1.57	<3.00	0.0	41.7	0.0	0.0	0.0	14.1	0.0	0.0	0.0	0.0	0.0	0.0		3.77	<3.00	NHSN
IP Surviving Sepsis measures - 3hr %			100	n/a	n/a	100	n/a	100	100	67	n/a	n/a	n/a	n/a				
Unplanned readmission w/in 30 days %	4.2	<10.0	4.8	2.5	2.2	4.7	4.5	10.0	2.3	4.5	5.3	0.0	4.0	7.1	Y-AVG	4.5	<10.0	HQIO
Inpatient AMA (%)	0.5	<2.2	0.0	0.0	2.2	2.7	0.0	2.2	2.1	0.0	0.0	0.0	0.0	3.3	Y-AVG	1.1	<2.2	Nat
ER Quality Measures																		
ER Surviving Sepsis measures - 3hr %			100	n/a	n/a	100	100	100	100	100	n/a	100	0	0				
Acute MI Core Measures (ER)- % Met	100	>97%	100	N/A	100	100	100	0	100	80	100	100	100	n/c		91	>97%	CFVS
Unplanned Return to ER w/in 72 Hrs	0.8	<2.04	1.0	1.0	0.9	1.1	0.3	1.1	1.1	1.2	0.3	0.3	0.0	0.7	Y-AVG	0.8	<1.2	CFV3A
ED Transfer Communication Composite	95	100	100	92	93	90	100	71	81	96	100	76	90	100		91	100	MBQIP
Surgery Quality Measures																		
Surgical Core Measures - % Met	100	>97%	100	100	100	100	100	100	100	100	100	100	100	100		100	>97%	CFVS
Unplanned return to surgery	0.3	<2.57	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	<2.57	VHA
Unplanned adm after OP Surg	0.1	0.0	1	1	0	0	0	1	0	1	0	0	0	1	0.3	0.4	<2.00	Medrxiv
HAI Surgical	0.57	<2.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.9	0.0	0.0	0.0		0.31	<2.00	SSI
Long Term Care Quality Measures																		
HAI LTC/1000 Patient Days	0.3	<3.00	0.0	0.0	0.0	0.0	1.5	0.0	0.0	0.0	0.0	0.0	1.6	0.0		0.2	<3.00	NHSN

Promoting Interoperability	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4
Stroke:Antithrombotic A Fib/Aflutter	100.00%	n/a	100%	0%	100%
Stroke:Antithrombotic if by hosp day 2	50.00%	100.00%	100%	100%	100%
Stroke:Antithrombotic at discharge	100.00%	100.00%	100%	100%	100%
Stroke: Discharged on statin	100.00%	100.00%	100%	100%	100%
VTE Prophylaxis	90.00%	84.20%	86%	80%	78%
ED time from admit decision to ED departure Not mental health	26m	20m	20m	12m	27m
ED time from admit decision to ED departure mental health	24m	9m	3m	n/a	n/a

ACO All Clinics	2021	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2022 Goal	
Depression Screening & FU CMS 2	86.18%	79.44%	83.71%	82.65%	87.52%	≥90%	FMN
Hemoglobin A1C>9 CMS 122	18.82%	34.18%	24.15%	15.95%	15.68%	≤25%	FMN
Breast Cancer Screening CMS 125	57.06%	48.19%	57.34%	59.76%	61.61%	≥65%	FMN
Colorectal Cancer Screening CMS 130	56.55%	61.54%	56.15%	55.95%	57.96%	≥58%	FMN
Tobacco Use and cessation CMS 138	98.30%	94.10%	97.81%	98.4	98.53	≥94%	FMN
Falls:Screening for further fall risk CMS 139	70.37%	36.86%	56.12%	69.65%	75.70%	≥50%	FMN
Controlling High BP CMS 165	69.71%	33.88%	76.36%	73.22%	68.85%	≥65%	FMN
Influenza Vaccination CMS 147	47.61%	70.84%	41.22%	39.97%	50.95%	≥45%	FMN
Pneumonia Vaccination CMS 127	71.79%	70.16%	57.70%	60.14%	61.32%	≥65%	FMN
Current medications documented in record CMS 68	88.59%	87.57%	84.57%	82.85%	81.35%	≥88%	FMN

Diabetes Recognition Program (DRP) All Clinics							
% Pt with HBA1C > 9.0%	8.00%	8.97%	9.20%	8.90	9.24	≤ 15%	NCQA
% Pt with HBA1C < 8.0%	82.72%	80.04%	80.60%	81.72	76.43	≥65%	NCQA
% Pt with HBA1C < 7.0%	55.36%	52.93%	57.36%	59.87	55.57	≥40%	NCQA
BP Control ≥140/90 mm Hg	35.45%	35.25%	33.86%	28.60	37.64	≤ 35%	NCQA
Eye Examination	33.54%	36.71%	36.94%	38.34	37.67	≥60%	NCQA
Smoking & Tobacco Use	98.36%	98.28%	98.02%	97.67	96.97	≥85%	NCQA
Nephropathy Evidence	64.41%	63.08%	60.37%	53.60	32.15	≥85%	NCQA
Foot Examination	58.98%	50.08%	48.42%	54.22	40.00	≥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

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 Qulity Improvement Organization/**LEM** = Leadership Evaluation Management/**NHSN** = National Healthcare Safety Network/**SSI** = Surigcal Site Infection Event

AJHSP = American Journal Health System Pharmacy/**PIN =** Performance Improvement Network/**FMN** - Family Medicine Network

Clark Fork Valley Hospital & Family Medicine Network