

Clark Fork Valley Hospital Dashboard Report

INDICATOR	YTD 2021			Bench Mark 2021	3rd Qtr 2022								YTD 2022	Bench Mark 2022	Legend			
	Oct-21	Nov-21	Dec-21		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22				Sep-22		
Satisfaction Indicators																		
CG-CAHPS: Overall Provider	83.1			81.2	>80.6	81.3			78.9					78.9	>82	LEM		
HCAHPS: Percentile Overall	66.7			75	>56	94			89					89	>65	LEM		
ER: Overall Score	4th Qtr 63/67			71/67	NRC Picker Quarterly Positive Response	1st Qtr 87/66	2nd Qtr 66/64							72/64				
Outpatient Surgery: Overall Score	4th Qtr 95/89			87/89	Average CFVH / NRC	1st Qtr 92/89	2nd Qtr 95/89							89/89		NRC Picker Quarterly Positive Response		
Outpatient Rehab: Overall Score	4th Qtr 67/86			73/86	***Rolling 12 mth average	Insufficient data		Insufficient data								Average CFVH / NRC		
Lab: Overall Score	4th Qtr 75/84			81/84		1st Qtr 78/82	2nd Qtr 69/82							77/82				
Radiology: Overall Score	4th Qtr 77/84			85/84		1st Qtr 82/83	Insufficient data											
Safety Indicators																		
Total Number Med Error Events	3.37	6.31	4.33	2.34	<4.87	1.08	2.57	1.16	0.00	0.00	0.00	2.33			1.03	<4.87	AJHSP	
# NH Falls/1000 Patient Days	9.3	1.4	2.8	3.9	<3.4	2.8	0.0	2.9	0.0	2.9	0.0	0.0			1.3	<3.4	PIN	
# SWB Falls/1000 Patient Days	0.0	47.6	0.0	9.4	<3.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0			0.0	<3.4	PIN	
# Hospital Falls/1000 Patient Days	18.5	3.8	0.0	8.2	<3.4	0.0	1.0	0.0	0.0	0.0	1.0	0.0			1.8	<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	CFVA	
Total # falls with Minimal Injury	1	0	0	0.8	<0.7	0	1	0	0	0	0	0			0.1	<0.7	CFV3A	
# Work Comp OSHA Recordable	0	1	1	7	monitor	1	1	1	0	1	0	0			4	monitor	LEM	
OSHA TRIR (YTD)	YTD adjusted Qtrly			3.83	<4.61	YTD adjusted Qtrly								3.88	<3.29	LEM		
# Work Related Violence	0	0	0	0	monitor	0	0	0	0	0	0	0			0	monitor	CFVA	
# Harm Due to Patient Handling	0	0	0	5	monitor	2	0	0	0	0	0	0			2	monitor	CFVA	
Volume Indicators																		
Acute Care ALOS/Hrs	99	99	88	88	< 96	84	80	87	82	62	70	70			70	78	< 96	CAH
Acute care ADC	6.2	7.9	5.7	#REF!	4.1	6.2	4.1	4.8	3.7	2.5	4.6	4.3			4.30	4.3	4.4	CFVB
# Observation hours	576	554	400	487	659	567	505	643	616	443	784	464			464	575	473	CFVB
# ER visits	335	401	301	362	333	311	315	321	359	322	351	436			436	345	340	CFVB
ED Transfer Rates %	4.78	4.24	5.98	4.75	<5.82	4.82	6.98	4.36	5.57	3.73	3.70	3.67			4.6	<5.87	CFV3A	
LTC ADC	24.4	23.3	23.0	23.9	27.0	23.0	23.0	22.0	21.5	22.2	22.0	22.7			22.7	22.3	27.0	CFVB
Swing Bed ADC	0.6	0.7	1.6	1.1	3.1	0.9	0.8	0.9	1.8	1.3	2.4	2.7			2.7	1.5	2.2	CFVB
Home Health Episodes	7	10	8	14	11	7	10	17	6	10	9	8			8	10	15	CFVB
Hospice Days	199	194	161	204	180	96	38	38	75	149	113	102			102	87	219	CFVB
# Total OP Visits	3649	3703	2942	3397	2588	3813	2758	3621	3192	3165	3364	3109			3109	3289	2588	CFVB
Surgery Minutes	735	693	1251	2521	4053	1241	2655	1080	570	2118	2631	2094			2094	1770	3088	CFVB
Family Medicine Network - Visits	1513	1519	1382	1582	1926	1369	1543	1757	1363	1497	1510	1310			1310	1478	2115	CFVB
Financial Indicators																		
Days Cash On Hand	294	309	312		>122.4	332	295	284	279	305	299	290					>169	CFVS
EBITDA					212647												191469	CFVB
% S & B /NR	64	62	129	#REF!	<61	65	64	68	81	80	68	78				77	<61	CFVS
Days in AP	24	23	56		<30.7	35	50	37	40	35	43	43					<48.7	CFVS
Days in AR	44	43	40		<40	40	42	38	38	40	45	45					<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	Oct-21	Nov-21	Dec-21	YTD 2021	Bench Mark 2021	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	3rd 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
Hospital Quality Measures																			
HAI Acute Care/1000 Patient Days	0.0	0.0	5.6	0.96	<3.00	0.0	0.0	0.0	0.0	0.0	7.3	0.0				1.08	<3.00	NHSN	
HAI Swing Bed/1000 Patient Days	0.0	0.0	0.0	1.57	<3.00	0.0	41.7	0.0	0.0	0.0	14.1	0.0				6.08	<3.00	NHSN	
IP Surviving Sepsis measures - 3hr %	n/a	n/a	100			100	n/a	n/a	100	n/a	100	100							
Unplanned readmission w/in 30 days %	4.1	4.5	10.2	4.2	<10.0	4.8	4.8	2.2	4.7	4.5	10.0	2.3			Y-AVG	4.6	<10.0	HQIO	
Inpatient AMA (%)	0.0	1.6	0.0	0.5	<2.2	0.0	0.0	2.2	2.7	0.0	2.2	2.1			Y-AVG	1.3	<2.2	Nat	
ER Quality Measures																			
ER Surviving Sepsis measures - 3hr %	100	100	100			100	n/a	n/a	100	100	100	100							
Acute MI Core Measures (ER)- % Met	n/a	n/a	100	100	>97%	100	N/A	100	100	100	0	100				90	>97%	CFVS	
Unplanned Return to ER w/in 72 Hrs	0.0	1.0	0.7	0.8	<2.04	1.0	1.0	0.9	1.1	0.3	1.1	1.1			Y-AVG	1.0	<1.2	CFV3A	
ED Transfer Communication Composite	100	95	89	95	100	100	92	93	90	100	71	81				90	100	MBQIP	
Surgery Quality Measures																			
Surgical Core Measures - % Met	100	100	100	100	>97%	100	100	100	100	100	100	100				100	>97%	CFVS	
Unplanned return to surgery	0	1	1	0.3	<2.57	0	0	0	0	0	0	0				0.0	<2.57	VHA	
Unplanned adm after OP Surg	0	1	0	0.1	0.0	1	1	0	0	0	1	0				0.0	<2.00	Medrxiv	
HAI Surgical	0.0	0.0	0.0	0.57	<2.00	0.0	0.0	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	4.3	0.0	0.3	<3.00	0.0	0.0	0.0	0.0	1.5	0.0	0.0				0.2	<3.00	NHSN	
Promoting Interoperability																			
	2021 Q3		2021 Q4			2022 Q1		2022 Q2		2022 Q3									
Stroke:Antithrombotic A Fib/Aflutter	n/a		100.00%			n/a		100%											
Stroke:Antithrombotic if by hosp day 2	50.00%		50.00%			100.00%		100%											
Stroke:Antithrombotic at discharge	100.00%		100.00%			100.00%		100%											
Stroke: Discharged on statin	100.00%		100.00%			100.00%		100%											
VTE Prophylaxis	93.80%		90.00%			84.20%		86%											
ED time from admit decision to ED departure Not mental health	23m		26m			20m		20m											
ED time from admit decision to ED departure mental health	7m		24m			9m		3m											
ACO All Clinics																			
Depression Screening & FU CMS 2	80.21%		86.18%			79.44%		83.71%								≥90%		FMN	
Hemoglobin A1C>9 CMS 122	18.32%		18.82%			34.18%		24.15%								≤25%		FMN	
Breast Cancer Screening CMS 125	55.43%		57.06%			48.19%		57.34%								≥65%		FMN	
Colorectal Cancer Screening CMS 130	58.22%		56.55%			61.54%		56.15%								≥58%		FMN	
Tobacco Use and cessation CMS 138	89.56%		98.30%			94.10%		97.81%								≥94%		FMN	
Falls:Screening for further fall risk CMS 139	64.23%		70.37%			36.86%		56.12%								≥50%		FMN	
Controlling High BP CMS 165	75.50%		69.71%			33.88%		76.36%								≥65%		FMN	
Influenza Vaccination CMS 147	43.11%		47.61%			70.84%		41.22%								≥45%		FMN	
Pneumonia Vaccination CMS 127	71.97%		71.79%			70.16%		57.70%								≥65%		FMN	
Current medications documented in record CMS 68	96.22%		88.59%			87.57%		84.57%								≥88%		FMN	
Diabetes Recognition Program (DRP) All Clinics																			
% Pt with HBA1C > 9.0%	8.89%		8.00%			8.97%		9.20%								≤ 15%		NCQA	
% Pt with HBA1C < 8.0%	83.39%		82.72%			80.04%		80.60%								≥65%		NCQA	
% Pt with HBA1C < 7.0%	55.20%		55.36%			52.93%		57.36%								≥40%		NCQA	
BP Control ≥140/90 mm Hg	32.84%		35.45%			35.25%		33.86%								≤ 35%		NCQA	
Eye Examination	34.32%		33.54%			36.71%		36.94%								≥60%		NCQA	
Smoking & Tobacco Use	98.74%		98.36%			98.28%		98.02%								≥85%		NCQA	
Nephropathy Evidence	63.84%		64.41%			63.08%		60.37%								≥85%		NCQA	
Foot Examination	61.35%		58.98%			50.08%		48.42%								≥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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