

Clark Fork Valley Hospital Dashboard Report

INDICATOR	YTD 2020			Bench Mark 2020	3rd Qtr 2021									YTD 2021	Bench Mark 2021	Legend	
	Oct-20	Nov-20	Dec-20		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21				
Satisfaction Indicators																	
CG-CAHPS: Overall Provider	4th Qtr 79/88			80/89		84.7	79.8						80.2	>80.6	LEM		
HCAHPS: Percentile Overall	4th Qtr 78/74			75/73	NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average	93	91						82	>56	LEM		
ER: Overall Score	4th Qtr 78/68			77/68		1st Qtr 79/69	2nd Qtr 74/69					76/69					
Outpatient Surgery: Overall Score	4th Qtr 75/87			78/87		1st Qtr 82/87	2nd Qtr 100/87					82/87		NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average			
Outpatient Rehab: Overall Score	4th Qtr 100/87			90/87		1st Qtr 83/87	Insufficient data					84/87					
Lab: Overall Score	4th Qtr 85/85			77/85		1st Qtr 79/85	2nd Qtr 78/85					78/85					
Radiology: Overall Score	4th Qtr 71/85			86/85		1st Qtr 80/85	2nd Qtr 83/85					80/85					
Safety Indicators																	
Total Number Med Error Events	1	30	31	6.6	13.0	1.03	2.35	0.00	5.77	0.00	2.20	1.02		1.72	<4.87	AJHSP	
# NH Falls/1000 Patient Days	5.1	1.2	0.0	1.6	<8.2	3.8	4.3	3.9	4.3	2.7	2.8	6.6		4.1	<3.4	PIN	
# SWB Falls/1000 Patient Days						0.0	14.5	0.0	25.0	9.7	0.0	0.0		7.9	<3.4	PIN	
# Hospital Falls/1000 Patient Days	4.5	0.0	3.5	3.5	<8.2	22.5	6.3	5.0	5.9	7.3	10.6	4.5		8.8	<3.4	PIN	
Total # falls w/Moderate/Severe Injury	2	0	0	0.3	0.0	0	0	1	0	0	0	0		0.1	0.0	CFVA	
Total # falls with Minimal Injury	0	0	1	0.3	<0.8	2	1	0	3	0	0	2	1.3	1.1	<0.7	CFV3A	
# Work Comp OSHA Recordable	0	1	2	0.3	1.4	0	0	0	1	0	1	1		3	monitor	LEM	
OSHA TRIR (YTD)	0	0	0	0.0		YTD adjusted Qtrly						2.78	<4.61	LEM			
# Work Related Violence						0	0	0	0	0	0	0		0	monitor	CFVA	
# Harm Due to Patient Handling						0	1	1	0	1	1	1		5	monitor	CFVA	
Volume Indicators																	
Acute Care ALOS/Hrs	80	76	90	75	< 96	90	81	96	74	79	85	79		79	84	< 96	CAH
Acute care ADC	4.6	4.4	6.3	3.9	4.1	5.2	5.1	6.0	5.0	3.6	5.4	6.6		5.14	5.3	4.1	CFVB
# Observation hours	699	256	323	468	659	402	521	408	429	626	583	429		517	485	659	CFVB
# ER visits	269	288	313	290	333	306	247	307	325	371	380	415		373	336	333	CFVB
ED Transfer Rates %	5.58	4.86	5.43	4.95	<4.65	7.52	5.67	5.54	4.00	5.12	6.05	4.58		5.44	<5.82	CFV3A	
LTC ADC	25.1	27.0	26.5	26.4	27.0	25.5	24.7	24.8	23.3	23.5	24.0	24.3		23.8	24.3	27.0	CFVB
Swing Bed ADC	1.6	2.9	2.4	2.1	3.1	2.3	2.5	2.1	2.7	3.3	2.6	1.3		2.5	2.5	3.1	CFVB
Home Health Episodes						6	12	8	6	9	10	36		15	12	11	CFVB
Hospice Days						242	163	138	152	159	174	287		193	188	180	CFVB
# Total OP Visits	2977	2638	3032	2720	2713	2600	2927	3361	3071	3034	3421	3092		3155	3072	2588	CFVB
Surgery Minutes	2744	3193	3733	3359	4053	3512	3903	3161	4655	3202	2857	3509		3556	3543	4053	CFVB
Family Medicine Network - Visits	1688	1403	1720	1692	1946	1384	1603	1780	1781	1572	1665	1621		1660	1629	1926	CFVB
Financial Indicators																	
Days Cash On Hand	248	245	243		>93	238	230	234	242	254	265	268				>122.4	CFVS
EBITDA					205714											212647	CFVB
% S & B /NR	57	61	59	65	<61	59	54	59	58	63	58	53		58	<61	CFVS	
Days in AP	41	51	45		<35.0	42	41	53	33	28	26	31				<30.7	CFVS
Days in AR	38	39	40		<40	46	45	42	40	42	41	44				<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																	
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QUALITY INDICATORS	Oct-20	Nov-20	Dec-20	YTD 2020	Bench Mark 2020	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	3rd Qtr 2021	YTD 2021	Bench Mark 2021	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	0.00	<4.00	0.0	0.0	0.0	0.0	0.0	6.1	0.0				0.90	<3.00	NHSN
HAI Swing Bed/1000 Patient Days	0.0	0.0	13.7	2.57	<4.00	0.0	0.0	0.0	0.0	0.0	12.7	0.0				1.97	<3.00	NHSN
IP Surviving Sepsis measures - 3hr %	n/a	n/a	n/a			100	100	n/a	n/a	n/a	100	100						
Unplanned readmission w/in 30 days %	2.0	3.0	3.0	3.4	<10.0	4.4	2.5	11.5	2.0	2.5	0.0	0.0			Y-AVG	3.2	<10.0	HQIO
Inpatient AMA (%)	0.0	4.5	0.0	0.6	<2.2	0.0	0.0	0.0	1.8	2.7	0.0	0.0			Y-AVG	0.6	<2.2	Nat
ER Quality Measures																		
ER Surviving Sepsis measures - 3hr %	100	n/a	100			100	100	100	100	n/a	100	100						
Acute MI Core Measures (ER)- % Met	100	100	100	96	>97%	100	100	100	0	0	0	100				100	>97%	CFVS
Unplanned Return to ER w/in 72 Hrs	1.1	1.4	0.6	1.1	<3.51	1.6	0.0	1.0	0.0	0.0	0.0	0.7			Y-AVG	0.8	<2.04	CFV3A
ED Transfer Communication Composite	80	100	100	93	100	91	100	93	100	96	89	93				95	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	0	0	0.0	<2.57	0	0	0	0	0	0	1			0.3	0.1	<2.57	VHA
Unplanned adm after OP Surg	0	0	0	0.1	0.0	0	0	0	0	0	0	0			0.0	0.0	0.0	CFVA
HAI Surgical	0.0	0.0	1.0	0.73	<2.00	0.0	0.0	0.0	2.9	0.0	2.3	0.0				0.76	<2.00	SSI
Long Term Care Quality Measures																		
HAI LTC/1000 Patient Days						0.0	0.0	0.0	0.0	0.0	0.0	0.0				0.0	<3.00	NHSN
Promoting Interoperability																		
Stroke:Antithrombotic A Fib/Aflutter	2020 Q4			2021 Q1			2021 Q2			2021 Q3								
Stroke:Antithrombotic if by hosp day 2	n/a			n/a			n/a											
Stroke:Antithrombotic at discharge	100.00%			n/a			100.00%											
Stroke: Discharged on statin	100.00%			n/a			100.00%											
VTE Prophylaxis	92.00%			92.60%			89.40%											
ED time from admit decision to ED departure Not mental health	13m			16m			24m											
ED time from admit decision to ED departure mental health	21m			33m			0m											
ACO All Clinics																		
Depression Screening & FU CMS 2	64.49%			55.48%			76.38%						2021 Goal					
Hemoglobin A1C>9 CMS 122	19.61%			35.36%			28.98%						≥70% FMN					
Breast Cancer Screening CMS 125	61.23%			52.02%			54.13%						≤25% FMN					
Colorectal Cancer Screening CMS 130	57.58%			53.82%			53.85%						≥65% FMN					
Tobacco Use and cessation CMS 138	83.50%			82.68%			84.97%						≥65% FMN					
Falls:Screening for further fall risk CMS 139	65.57%			41.36%			49.52%						≥94% FMN					
Controlling High BP CMS 165	61.32%			68.40%			69.09%						≥50% FMN					
Influenza Vaccination CMS 147	46.31%			33.48%			48.37%						≥75% FMN					
Pneumonia Vaccination CMS 127	71.95%			70.36%			55.55%						≥45% FMN					
Childhood Immunization CMS 117													≥65% FMN					
Current medications documented in record CMS 68	75.46%			81.58%			95.93%						≥88% FMN					
Diabetes Recognition Program (DRP) All Clinics																		
% Pt with HBA1C > 9.0%	10.57%			8.58%			10.19%						≤ 15% NCQA					
% Pt with HBA1C < 8.0%	80.18%			81.07%			80.19%						≥65% NCQA					
% Pt with HBA1C < 7.0%	53.30%			54.53%			51.13%						≥40% NCQA					
BP Control ≥140/90 mm Hg	40.37%			33.21%			35.42%						≤ 35% NCQA					
Eye Examination	35.65%			37.04%			35.84%						≥60% NCQA					
Smoking & Tobacco Use	99.03%			99.29%			99.08%						≥85% NCQA					
Nephropathy Evidence	62.62%			82.73%			76.05%						≥85% NCQA					
Foot Examination	63.48%			55.78%			58.81%						≥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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