CFVH Dashboard Report
Description of Items

Benchmark values refer to current year only

Measure is new or has changed in 2021

Satisfaction Indicators

CG-CAHPS: Overall Provider - % Positive Response - NRC Health customer survey data for Overall Rating of Provider. Benchmark is defined to meet or exceed LEM goal.

HCAHPS: Percentile Overall - % Rank - NRC Health customer survey data for Overall Percentile. Benchmark is defined to meet or exceed LEM goal.

ER: Overall Score - % Rank - NRC Health customer satisfaction survey data for the question asking the patient to rate their overall experience with our Emergency Room. The percentile rank is reported which indicates our position as measured against the Nationwide NRC Health database. Benchmark is defined as the NRC Health quarterly average for that quarter.

Outpatient Surgery: Overall Score - % Rank - As the ER question above but applies to the Outpatient Surgery.

Outpatient Rehab: Overall Score - % Rank - As the ER question above but applies to the Outpatient Rehab.

Lab: Overall Score - % Rank - As the ER question above but applies to the Lab.

Radiology: Overall Score - % Rank - As the ER question above but applies to the Radiology.

Risk Management Indicators

Total Number of Medication error events – Number of medication error events per 1000 patient days on Acute Care and Long Term Care. AJHSP data are used to define the benchmark.

 # NH Falls/1000 patient days – Total number of falls per 1000 patient days that occurred on Long Term Care. PIN data are used to define the benchmark.

 # Swing Bed Falls/1000 patient days - Total number of falls per 1000 patient days that occurred on Acute Care. PIN data are used to define the benchmark.

 # Hospital Falls/1000 patient days - Total number of falls per 1000 patient days that occurred on Acute Care. PIN data are used to define the benchmark.

 # Falls with Moderate or Severe Injury - Total number of falls resulting in Moderate or severe injury during the month on Acute Care and Long Term Care. Benchmark is defined as zero.

 # Falls with Minimal Injury - Total number of falls resulting in minimal injury (i.e. skin tear, bruise) during the month on Acute Care and Long Term Care. Benchmark is defined as the CFVH 3 year average.

 # Workers Compensation OSHA Recordable – Total number of OSHA recordable employee workers compensation reports for the month, including infectious exposure. Benchmark is defined to meet or exceed LEM goal.

 # Work Related Violence – Total number of workplace related violence events. Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors. No benchmark.

Volume Indicators

Acute Care ALOS/Hrs – Average Length of stay (time) patients spend admitted to Acute Care, measured in hours. Requirement for Critical Access Hospital is less than 96 hours. Benchmark is defined by CAH measures.

Acute Care ADC – Average daily census (number of patients) admitted as acute care patients. Benchmark is our budget.

 # Observation hours – Number of hours patients were admitted for observation. Generally patients are admitted to observation to determine if they require an acute care hospital stay. Benchmark is our budget.

 # ER visits – Number of patients seen in the emergency room. Benchmark is our budget.

ED Transfer Rates (%) - Percentage of patients that their discharge from the Emergency Department was "Transfer to Another Facility". Benchmark is defined as the CFVH 3 year average.

LTC ADC - Average daily census (number of patients) admitted as Long Term Care residents. Benchmark is our budget.

Swing Bed ADC – Average daily census (number of patients) admitted to swing bed. These are patients whose critical needs have been resolved but require skilled care (generally nursing or physical therapy) to recover until they are well enough to return home or another care setting. Benchmark is our budget.

Home Health Episodes - Number of Home Health episodes. Benchmark is our budget.

Hospice Days – Number of Hospice Days. Benchmark is our budget.

 # Total OP visits – Total number of "outpatient visits". Includes lab, X-ray, cardiopulmonary services, etc. Benchmark is our budget.

Surgery Minutes – Number of minutes of surgery performed. Benchmark is our budget.

Family Medicine Network Visits – Number of patient visits to all the clinics we operate. Benchmark is our budget.

Financial Indicators

Days Cash On Hand – Number of days of cash available (1 day on cash equals operating expenses for day). Benchmark is defined by our strategic plan.

EBITDA – Earnings Before Interest Taxes Deductions and Allowances. Benchmark is our budget.

% S&B/NR – Percent of net revenue used to cover cost of salaries, benefits and professional fees. Benchmark is defined by our strategic plan.

Days in AP – Number of days of expenses that are unpaid (1 day equals average expenses per day). Benchmark is defined by our strategic plan.

Days in AR – Number of days of uncollected charges (1 day equals average collections per day). Benchmark is defined by our strategic plan.

Serious Reportable Events – Events that the National Quality Forum has identified should never happen in a hospital. The list may be referenced at: http://www.qualityforum.org/News_And_Resources/Press_Releases/2011/NQF_Releases_Updated_Serious_Reportable_Events.aspx. A history of the list development and its relation to CMS "never events" may be found at: http://psnet.ahrq.gov/primer.aspx?primerID=3. Benchmark is defined by our strategic plan.

Inpatient Quality Measures

HAI Acute Care (%) – (Hospital Acquired Infection) Percentage of patients that obtain an infection during their Acute Care stay per 1000 patient days. Benchmark is defined as the goal defined from the NHSN.

HAI Swing Bed (%) – (Hospital Acquired Infection) Percentage of patients that obtain an infection during their Swing Bed stay per 1000 patient days. Benchmark is defined as the goal as defined from the NHSN.

IP Surviving Sepsis measure – 3hr % - Percentage of patients with suspected sepsis who have time sensitive metrics met to improve outcomes and decrease mortality. No benchmark.

Unplanned Readmission w/in 30 days – **Rate % -** Percentage of patients admitted who had a previous admission within 30 days or less. Benchmark is defined as the goal defined from the HQIO.

Inpatient AMA (%) – Percentage of patients admitted to Acute Care who left the hospital against medical advice. National data are used to define the benchmark.

ER Quality Measures

ER Surviving Sepsis measure – 3hr % - Percentage of patients with suspected sepsis who have time sensitive metrics met to improve outcomes and decrease mortality. No benchmark.

Acute MI core Measures (ER) % met – Percentage of patients with a primary diagnosis of Acute Myocardial Infarction (heart attack) who have ALL care criteria (that are established by Center for Medicare Services) met during their hospital stay. Benchmark is defined by our strategic plan.

Unplanned Return to ER w/in 72 Hrs – Rate %. Percentage of patients that returned to the ER within 72 hours. Benchmark is defined as the CFVH 3 year average.

ED Transfer Communication Composite – Percentage of patients who are transferred from the ED to another healthcare facility who have all the necessary communication made available to the receiving facility in a timely manner. MBQIP data are used to define the benchmark.

Surgery Quality Measures

Surgical Core Measures % met - Percentage of surgical patients who have ALL care criteria (that are established by Center for Medicare Services) met during their hospital stay. Benchmark is defined by our strategic plan.

Unplanned return to surgery –Number of surgical patients, inpatient or outpatient, with an unscheduled return to surgery. VHA data are used to define the benchmark.

Unplanned adm after OP Surg – Number of surgical outpatients where an unplanned admission occurred. Benchmark is defined as the prior year average.

HAI Surgical - (Hospital Acquired Infection) Percentage of surgical patients that obtain an infection. SSI data are used to define our benchmark.

Long Term Care Quality Measures

HAI Long Term Care (%) – (Hospital Acquired Infection) Percentage of residents that obtain an infection during their Long Term Care stay per 1000 patient days. Benchmark is defined as the goal defined from the NHSN.

Promoting Interoperability

Stroke: Antithromobotic A Fib/Aflutter – Patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge. No benchmark.

Stroke: Antithromobotic if by hosp day 2 – Patients who has antithrombotic therapy administered by end of hospital day 2. No benchmark.

Stroke: Antithromobotic at discharge – Patients prescribed antithrombotic therapy at hospital discharge. No benchmark.

Stroke: Discharged on statin –Patients prescribed statin medication at hospital discharge. No benchmark.

VTE Prophylaxis – Patients who received VTE prophylaxis or documentation why no VTE prophylaxis was given the day or day after hospital admission. No benchmark.

ED time from admit decision to ED departure Not mental health – Median time in minutes from admit decision time to time of departure from emergency department for patients being admitted to inpatient status that are not a mental health patient. No benchmark.

ED time from admit decision to ED departure mental health - Median time in minutes from admit decision time to time of departure from emergency department for patients being admitted to inpatient status that are a mental health patient. No benchmark.

ACO All Clinics

Depression Screening & FU CMS 2 – Patients 12 years of greater who have documented depression screening in the last year. Benchmark is ≥ 70%.

Hemoglobin A1C>9 CMS 122 – Patients 18 – 75 years of age with diabetes who had hemoglobin A1C >9. Benchmark is ≤ 25%.

Breast Cancer Screening CMS 125 – Females within the age range of 45 – 79 years or women with a specific HMM who have had breast cancer screening. Benchmark is ≥ 65%.

Colorectal Cancer Screening CMS 130 – Male and female patients within date range of 50 – 75 or have a specific HMM modifier who have had colon cancer screening. Benchmark is ≥ 65%.

Tobacco Use and cessation CMS 138 – Patients age 18 years and older who were screened for tobacco use and identified as a user who received tobacco cessation intervention. Benchmark is ≥ 94%.

Falls: Screening for further fall risk CMS 139 – Patients 65 years of age and older who were screened for future fall risk. Benchmark is ≥ 50%.

Controlling High BP CMS 165 – Identify patients 18 – 85 years who have a BP that has been assessed in last 365 days. Benchmark is ≥ 75%.

Influenza Vaccination CMS 147 – Identifies patients who have had an influenza vaccination. Seasonal, runs September thru March. Benchmark is ≥ 45%.

Pneumonia Vaccination CMS 127 – Patients 19 years or greater who have had the applicable adult pneumococcal vaccination Status. Benchmark is ≥ 65%.

Childhood Immunizations CMS 117 – Children 2 years of age who have had 4 DTaP, 3 IPV, 1 MMR 3 HiB, 3 Hep B, 1 VZV 4 PCV, 1 Hep A, 2 or 3 RV and 2 flu by their 2nd birthday. Benchmark is 40%. **Not being reported by Epic at this time.**

Current medications documented in record CMS 68 – Patients 18 years and older with percentage of visits with documented list of current medications, including over-the-counter medications. Benchmark is ≥ 88%.

Diabetic Recognition Program (DRP) All Clinics

% PT with HBA1C > 9.0% - Patients with diabetes 18 years or greater with a HBAA1C > 9%. Benchmark is ≤ 15%.

% Pt with HBA1C < 8.0% - Patients with diabetes 18 years or greater with a HBAA1C < 8%. Benchmark is ≥ 65%.

% Pt with HBA1C < 7.0% - Patients with diabetes 18 years or greater with a HBAA1C < 7%. Benchmark is ≥ 40%.

BP Control ≥140/90 mm Hg - Patients with diabetes 18 years or greater with a BP greater than or equal to 140/90. Benchmark is ≤ 35%.

Eye Examination - Patients with diabetes 18 years or greater that have had an eye exam in the last 2 years. Benchmark is ≥ 60%.

Smoking & Tobacco Use – Patients 12 years or greater that have had a tobacco or smokeless tobacco screening. Benchmark is ≥ 85%.

Nephropathy Evidence – Identifies patients that have had a nephropathy screening. Benchmark is ≥ 85%.

Foot Examination - Patients with diabetes 18 years or greater with a documented foot examination in the last 365 days. Benchmark is ≥ 80%.