

Clark Fork Valley Hospital Dashboard Report

INDICATOR	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD 2020	Bench Mark 2020	Jan-21	Feb-21	Mar-21	YTD 2021	Bench Mark 2021	Legend								
											1st Qtr 2021														
Satisfaction Indicators																									
Clinic: Overall Score	2nd Qtr 78/83		3rd Qtr 79/88			4th Qtr 79/88			80/89		NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average							NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average							
ER: Overall Score	2nd Qtr 74/68		3rd Qtr 78/68			4th Qtr 78/68			77/68																
Inpatient: Overall Score	2nd Qtr 75/74		3rd Qtr 86/74			4th Qtr 78/74			75/73																
Outpatient Surgery: Overall Score	2nd Qtr 75/88		3rd Qtr 67/88			4th Qtr 75/87			78/87																
Outpatient Rehab: Overall Score	2nd Qtr 88/86		3rd Qtr 100/86			4th Qtr 100/87			90/87																
Lab: Overall Score	2nd Qtr 76/84		3rd Qtr 76/84			4th Qtr 85/85			77/85																
Radiology: Overall Score	2nd Qtr 84/84		3rd Qtr 90/84			No information			86/85																
Risk Management Indicators																									
Total Number Med Errors	0	0	0	4	3	0	1	30	31	6.6	13.0		31			31.0	31.0	12.9	CFV3A						
Adverse drug Reactions	0	0	0	0	0	0	0	0	0	0.0	monitor		0			0.0	0.0	monitor	CFVA						
# NH Falls/1000 Patient Days	0.0	3.6	0.0	2.4	2.4	0.0	5.1	1.2	0.0	1.6	<8.2		3.8			3.8	3.8	<8.2	Nat						
# Acute Falls/1000 Patient Days	0.0	8.6	6.2	5.2	0.0	0.0	4.5	0.0	3.5	3.5	<8.2		16.1			16.1	16.1	<8.2	Nat						
# falls w/ Moderate or Severe Injury	0	0	0	0	1	0	2	0	0	0.3	0.0		0			0.0	0.0	0.0	CFVA						
# falls with Minimal Injury	0	0	0	1	0	1	0	0	1	0.3	<0.8		2			2.0	2.0	<0.7	CFV3A						
# Work Comp OSHA Recordable	0	0	0	0	0	0	0	1	2	0.3	1.4		0			0.0	0.0	<.9	CFV3A						
# Work Related Violence	0	0	0	0	0	0	0	0	0	0.0	monitor		0			0.0	0.0	monitor	CFVA						
Volume Indicators																									
Covid 19 March 2020																									
Acute Care ALOS/Hrs	87	68	60	74	86	69	80	76	90	75	< 96		90			90	90	< 96	CAH						
Acute care ADC	3.0	2.1	2.4	4.1	4.8	4.0	4.6	4.4	6.3	3.9	4.1		5.2			5.19	5.2	4.1	CFVB						
# Observation hours	279	431	422	706	518	508	699	256	323	468	659		402			402	402	659	CFVB						
# ER visits	204	273	322	352	320	311	269	288	313	290	333		306			306	306	333	CFVB						
ED Transfer Rates %	4.90	3.30	7.14	4.83	3.42	5.14	5.58	4.86	5.43	4.95	<4.65		7.52			7.52	7.52	<5.82	CFV3A						
LTC ADC	26.2	27.0	27.0	27.0	27.0	26.5	25.1	27.0	26.5	26.4	27.0		25.5			25.5	25.5	27.0	CFVB						
Swing Bed ADC	1.5	1.1	2.3	1.1	1.0	2.5	1.6	2.9	2.4	2.1	3.1		2.3			2.26	2.3	3.1	CFVB						
# Total OP Visits	2229	2805	2974	2905	2715	2846	2977	2638	3032	2720	2713		2600			2600	2600	2588	CFVB						
Surgery Minutes	1601	3700	2142	3616	4177	3756	2744	3193	3733	3359	4053		3512			3512	3512	4053	CFVB						
Family Medicine Network - Visits	1481	1585	1792	1850	1694	1610	1688	1403	1720	1692	1946		1384			1384	1384	1926	CFVB						
Financial Indicators																									
Days Cash On Hand	182	246	249	240	244	246	248	245	243		>93							>122.4	CFVS						
EBITDA											205714							212647	CFVB						
% S & B /NR	100	65	63	58	54	57	57	61	59	65	<61		59			59	59	<61	CFVS						
Days in AP	24	26	38	41	46	39	41	51	45		<35.0							<30.7	CFVS						
Days in AR	36	44	41	39	38	36	38	39	40		<40							<40	CFVS						
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Legend</td> <td style="width: 15%; background-color: red; color: white;">Alert</td> <td style="width: 25%;">(> 19% off target)</td> <td style="width: 15%; background-color: orange;">Caution</td> <td style="width: 20%;">(10 - 19% off target)</td> <td style="width: 15%; background-color: yellow;">(1 - 9% off Target)</td> <td style="width: 10%; background-color: green;">At Goal or Above</td> </tr> </table>																			Legend	Alert	(> 19% off target)	Caution	(10 - 19% off target)	(1 - 9% off Target)	At Goal or Above
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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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	Serious Reportable Events	0	0	0	0	0	0	0	0	0	0.0	0.0	0			0.0	0	0.0
Inpatient Quality Measures																		
HAI Acute Care/1000 Patient Days	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	<4.00	0.0			0.00	<4.00	HIIN	
HAI Swing Bed/1000 Patient Days	0.0	0.0	0.0	29.4	0.0	0.0	0.0	0.0	13.7	2.57	<4.00	0.0			0.00	<4.00	HIIN	
IP Surviving Sepsis measures - 3hr %	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			100						
IP Surviving Sepsis measures - 6hr %	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			100						
Pneumonia Core Measures - % met	100	n/a	n/a	100	100	100	n/a	n/a	n/a	89	>97%	n/a			#DIV/0!	>97%	CFVS	
Unplanned readmission w/in 30 days %	0.0	4.2	2.9	2.4	2.1	0.0	2.0	3.0	3.0	3.4	<10.0	2.2			Y-AVG	2.2	<10.0	HIIN
Inpatient AMA (%)	3.8	0.0	0.0	0.0	0.0	0.0	0.0	4.5	0.0	0.6	<2.2	0.0			Y-AVG	0.0	<2.2	Nat
ER Quality Measures																		
ER Surviving Sepsis measures - 3hr %	0	n/a	100	50	100	n/a	100	n/a	100			100						
Acute MI Core Measures (ER)- % Met	100	100	100	100	100	100	100	100	100	96	>97%	100			100	>97%	CFVS	
Unplanned Return to ER w/in 72 Hrs	1.5	1.5	0.9	0.9	1.2	1.3	1.1	1.4	0.6	1.1	<3.51	1.6			Y-AVG	1.6	<2.04	CFV3A
ED Transfer Communication Composite	91	78	94	95	82	100	80	100	100	93	100	90				90	100	MBQIP
Surgery Quality Measures																		
Surgical Core Measures - % Met	100	100	100	100	100	100	100	100	100	100	>97%	100			100	>97%	CFVS	
Unplanned return to surgery	0	0	0	0	0	0	0	0	0	0.0	<2.57	0			0.0	0.0	<2.57	VHA
Unplanned adm after OP Surg	0	0	0	0	1	0	0	0	0	0.1	0.0	0			0.0	0.0	0.0	CFVA
HAI Surgical	0.0	0.0	3.4	0.0	2.4	0.0	0.0	0.0	1.0	0.73	<2.00	0.0			0.00	<2.00	SSI	
Promoting Interoperability																		
	2020 Q2			2020 Q3			2020 Q4			2021 Q1								
Stroke:Antithrombotic A Fib/Aflutter	100.00%			n/a			n/a											
Stroke:Antithrombotic if by hosp day 2	100.00%			100.00%			100.00%											
Stroke:Antithrombotic at discharge	100.00%			100.00%			100.00%											
Stroke: Discharged on statin	100.00%			100.00%			100.00%											
VTE Prophylaxis	85.30%			82.90%			92.00%											
ED time from admit decision to ED departure Not mental health	13m			10m			13m											
ED time from admit decision to ED departure mental health	0m			10m			21m											
ACO All Clinics																		
Influenza Vaccination ACO14	98.54%			3.44%			26.97%											
Pneumonia Vaccination ACO15	47.16%			46.88%			47.44%						≥40% CMS					
Tobacco Use Screening/cessation ACO17	98.72%			98.79%			97.65%						≥80% CMS					
Colorectal Cancer Screening ACO19	50.87%			50.83%			49.08%						≥65% CMS					
Breast Cancer Screening ACO20	47.01%			48.19%			46.63%						≥72% CMS					
Statin Therapy for Cardiovascular Disease ACO42	58.97%			58.17%			58.96%						≥59% CMS					
Depression Screening ACO18	72.22%			70.49%			64.30%						≥54% CMS					
High BP Control ACO28	69.61%			62.23%			57.04%						≥62% CMS					
Diabetes Recognition Program (DRP) All Clinics																		
% Pt with HBA1C > 9.0%	9.69%			9.24%			10.57%						≤ 15% NCQA					
% Pt with HBA1C < 8.0%	81.09%			79.78%			80.18%						≥65% NCQA					
% Pt with HBA1C < 7.0%	55.00%			53.34%			53.30%						≥40% NCQA					
BP Control ≥140/90 mm Hg	31.29%			31.69%			40.37%						≤ 35% NCQA					
Eye Examination	39.35%			40.03%			35.65%						≥60% NCQA					
Smoking & Tobacco Use	98.72%			98.79%			99.03%						≥85% NCQA					
Nephropathy Evidence	70.07%			65.44%			62.62%						≥85% NCQA					
Foot Examination	66.20%			63.85%			63.48%						≥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



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