

Clark Fork Valley Hospital Dashboard Report

INDICATOR	2020							YTD 2020	Bench Mark 2020	2021							YTD 2021	Bench Mark 2021	Legend
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20				Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	2nd Qtr 2021			
Satisfaction Indicators																			
CG-CAHPS: Overall Provider	3rd Qtr 79/88		4th Qtr 79/88		80/89		NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average		84.7		79.8			80.2		>80.6	LEM		
HCAHPS: Percentile Overall	3rd Qtr 86/74		4th Qtr 78/74		75/73				93		91			82		>56	LEM		
ER: Overall Score	3rd Qtr 78/68		4th Qtr 78/68		77/68				1st Qtr 79/69		2nd Qtr 74/69			76/69		NRC Picker Quarterly Positive Response Average CFVH / NRC ***Rolling 12 mth average			
Outpatient Surgery: Overall Score	3rd Qtr 67/88		4th Qtr 75/87		78/87				1st Qtr 82/87		2nd Qtr 100/87			82/87					
Outpatient Rehab: Overall Score	3rd Qtr 100/86		4th Qtr 100/87		90/87				1st Qtr 83/87		Insufficient data			84/87					
Lab: Overall Score	3rd Qtr 76/84		4th Qtr 85/85		77/85				1st Qtr 79/85		2nd Qtr 78/85			78/85					
Radiology: Overall Score	3rd Qtr 90/84		4th Qtr 71/85		86/85				1st Qtr 80/85		2nd Qtr 83/85			80/85					
Safety Indicators																			
Total Number Med Error Events	4	3	0	1	30	31	6.6	13.0	1.03		2.35	0.00	5.77	0.00	2.20		1.84	<4.87	AJHSP
# NH Falls/1000 Patient Days	2.4	2.4	0.0	5.1	1.2	0.0	1.6	<8.2	3.8		4.3	3.9	4.3	2.7	2.8		3.6	<3.4	PIN
# SWB Falls/1000 Patient Days									0.0		14.5	0.0	25.0	9.7	0.0		8.6	<3.4	PIN
# Hospital Falls/1000 Patient Days	5.2	0.0	0.0	4.5	0.0	3.5	3.5	<8.2	22.5		6.3	5.0	5.9	7.3	10.6		9.7	<3.4	PIN
Total # falls w/Moderate/Severe Injury	0	1	0	2	0	0	0.3	0.0	0		0	1	0	0	0		0.2	0.0	CFVA
Total # falls with Minimal Injury	1	0	1	0	0	1	0.3	<0.8	2		1	0	3	0	0	1.0	1.0	<0.7	CFV3A
# Work Comp OSHA Recordable	0	0	0	0	1	2	0.3	1.4	0		0	0	1	0	1		2	monitor	LEM
OSHA TRIR (YTD)	0	0	0	0	0	0	0.0		YTD adjusted Qtrly							2.14	<4.61	LEM	
# Work Related Violence									0		0	0	0	0	0	0.0	0.0	monitor	CFVA
Volume Indicators																			
Acute Care ALOS/Hrs	74	86	69	80	76	90	75	< 96	90		81	96	74	79	85	84	85	< 96	CAH
Acute care ADC	4.1	4.8	4.0	4.6	4.4	6.3	3.9	4.1	5.2		5.1	6.0	5.0	3.6	5.4	5.03	5.0	4.1	CFVB
# Observation hours	706	518	508	699	256	323	468	659	402		521	408	429	626	583	495	495	659	CFVB
# ER visits	352	320	311	269	288	313	290	333	306		247	307	325	371	380	323	323	333	CFVB
ED Transfer Rates %	4.83	3.42	5.14	5.58	4.86	5.43	4.95	<4.65	7.52		5.67	5.54	4.00	5.12	6.05		5.63	<5.82	CFV3A
LTC ADC	27.0	27.0	26.5	25.1	27.0	26.5	26.4	27.0	25.5		24.7	24.8	23.3	23.5	24.0	24.3	24.3	27.0	CFVB
Swing Bed ADC	1.1	1.0	2.5	1.6	2.9	2.4	2.1	3.1	2.3		2.5	2.1	2.7	3.3	2.6	2.6	2.6	3.1	CFVB
Home Health Episodes									6		12	8	6	9	10	9	9	11	CFVB
Hospice Days									242		163	138	152	159	174	171	171	180	CFVB
# Total OP Visits	2905	2715	2846	2977	2638	3032	2720	2713	2600		2927	3361	3071	3034	3421	3069	3069	2588	CFVB
Surgery Minutes	3616	4177	3756	2744	3193	3733	3359	4053	3512		3903	3161	4655	3202	2857	3548	3548	4053	CFVB
Family Medicine Network - Visits	1850	1694	1610	1688	1403	1720	1692	1946	1384		1603	1780	1781	1572	1665	1631	1631	1926	CFVB
Financial Indicators																			
Days Cash On Hand	240	244	246	248	245	243		>93	238		230	234	242	254	265			>122.4	CFVS
EBITDA									205714									212647	CFVB
% S & B /NR	58	54	57	57	61	59	65	<61	59		54	59	58	63	58		59	<61	CFVS
Days in AP	41	46	39	41	51	45		<35.0	42		41	53	33	28	26			<30.7	CFVS
Days in AR	36	44	41	38	39	40		<40	46		45	42	40	42	41			<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 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	2020						YTD 2020	Bench Mark 2020	2021						1st Qtr 2021	YTD 2021	Bench Mark 2021	Legend		
	Apr-20	May-20	Jun-20	Oct-20	Nov-20	Dec-20			Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21						
Serious Reportable Events	0	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	0.0	0.0	0.0	0.0	0.0	0.0	0.00	<4.00		0.0	0.0	0.0	0.0	0.0	6.1		1.10	<3.00	NHSN	
HAI Swing Bed/1000 Patient Days	0.0	0.0	0.0	0.0	0.0	13.7	2.57	<4.00		0.0	0.0	0.0	0.0	0.0	12.7		2.14	<3.00	NHSN	
IP Surviving Sepsis measures - 3hr %	n/a	n/a	n/a	n/a	n/a	n/a				100	100	n/a	n/a	n/a	100					
Unplanned readmission w/in 30 days %	0.0	4.2	2.9	2.0	3.0	3.0	3.4	<10.0		4.4	2.5	11.5	2.0	0.0	0.0	Y-AVG	3.6	<10.0	HQIO	
Inpatient AMA (%)	3.8	0.0	0.0	0.0	4.5	0.0	0.6	<2.2		0.0	0.0	0.0	1.8	2.7	0.0	Y-AVG	0.7	<2.2	Nat	
ER Quality Measures																				
ER Surviving Sepsis measures - 3hr %	0	n/a	100	100	n/a	100				100	100	100	100	n/a	100					
Acute MI Core Measures (ER)- % Met	100	100	100	100	100	100	96	>97%		100	100	100	100	100	100		100	>97%	CFVS	
Unplanned Return to ER w/in 72 Hrs	1.5	1.5	0.9	1.1	1.4	0.6	1.1	<3.51		1.6	0.0	1.0	0.6	0.5	1.1	Y-AVG	0.8	<2.04	CFV3A	
ED Transfer Communication Composite	91	78	94	80	100	100	93	100		91	100	93	100	96	89		95	100	MBQIP	
Surgery Quality Measures																				
Surgical Core Measures - % Met	100	100	100	100	100	100	100	>97%		100	100	100	100	100	100		100	>97%	CFVS	
Unplanned return to surgery	0	0	0	0	0	0	0.0	<2.57		0	0	0	0	0	0	0.0	0.0	<2.57	VHA	
Unplanned adm after OP Surg	0	0	0	0	0	0	0.1	0.0		0	0	0	0	0	0	0.0	0.0	0.0	CFVA	
HAI Surgical	0.0	0.0	3.4	0.0	0.0	1.0	0.73	<2.00		0.0	0.0	0.0	2.9	0.0	0.0		0.45	<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	<3.00	NHSN	
Promoting Interoperability	2020 Q2		2020 Q4						2021 Q1		2021 Q2									
Stroke:Antithrombotic A Fib/Aflutter	100.00%		n/a						n/a		n/a									
Stroke:Antithrombotic if by hosp day 2	100.00%		100.00%						n/a		100.00%									
Stroke:Antithrombotic at discharge	100.00%		100.00%						n/a		100.00%									
Stroke: Discharged on statin	100.00%		100.00%						n/a		100.00%									
VTE Prophylaxis	85.30%		92.00%						92.60%		89.40%									
ED time from admit decision to ED departure Not mental health	13m		13m						16m		24m									
ED time from admit decision to ED departure mental health	0m		21m						33m		0m									
ACO All Clinics																			2021 Goal	
Depression Screening & FU CMS 2	72.31%		64.49%						55.48%		76.38%				≥70%		FMN			
Hemoglobin A1C>9 CMS 122	15.99%		19.61%						35.36%		28.98%				≤25%		FMN			
Breast Cancer Screening CMS 125	60.60%		61.23%						52.02%		54.13%				≥65%		FMN			
Colorectal Cancer Screening CMS 130	57.54%		57.58%						53.82%		53.85%				≥65%		FMN			
Tobacco Use and cessation CMS 138	84.06%		83.50%						82.68%		84.97%				≥94%		FMN			
Falls:Screening for further fall risk CMS 139	65.81%		65.57%						41.36%		49.52%				≥50%		FMN			
Controlling High BP CMS 165	63.49%		61.32%						68.40%		69.09%				≥75%		FMN			
Influenza Vaccination CMS 147	45.65%		46.31%						33.48%		48.37%				≥45%		FMN			
Pneumonia Vaccination CMS 127	73.45%		71.95%						70.36%		55.55%				≥65%		FMN			
Childhood Immunization CMS 117																				
Current medications documented in record CMS 68	82.58%		75.46%						81.58%		95.93%				≥88%		FMN			
Diabetes Recognition Program (DRP) All Clinics																				
% Pt with HBA1C > 9.0%	9.69%		10.57%						8.58%		10.19%				≤ 15%		NCQA			
% Pt with HBA1C < 8.0%	81.09%		80.18%						81.07%		80.19%				≥65%		NCQA			
% Pt with HBA1C < 7.0%	55.00%		53.30%						54.53%		51.13%				≥40%		NCQA			
BP Control ≥140/90 mm Hg	31.29%		40.37%						33.21%		35.42%				≤ 35%		NCQA			
Eye Examination	39.35%		35.65%						37.04%		35.84%				≥60%		NCQA			
Smoking & Tobacco Use	98.72%		99.03%						99.29%		99.08%				≥85%		NCQA			
Nephropathy Evidence	70.07%		62.62%						82.73%		76.05%				≥85%		NCQA			
Foot Examination	66.20%		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							
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