

CFVH Dashboard Report

Description of Items

Benchmark values refer to current year only

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.

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

ER visits – Number of patients seen in the emergency room. 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.

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.

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 average operating expenses per day, that are available in cash. Benchmark is defined in strategic plan.

EBITDA – Earnings Before Interest Taxes Deductions and Allowances. Benchmark is defined in strategic plan.

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

Days in AP – Number of days, of average expenses per day that have not been paid. Benchmark is defined in strategic plan.

Days in AR – Number of days, of average collections per day, which are uncollected. Benchmark is defined in strategic plan.

Risk Management Indicators

Total Number of Medication errors – Number of medication errors on Acute Care and Long Term Care. Benchmark is defined as the prior year average.

Adverse Drug reactions – Total number of adverse drug reactions that occurred during the month on Acute Care, Long Term Care, and Ancillary Services. Benchmark is defined as the prior year average.

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

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

Falls with Injury - Total number of falls that occurred during the month on Acute Care and Long Term Care. Benchmark is defined as the prior year average.

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

Employee Injuries – Total number of reported employee injuries for the month, including infectious exposure. Benchmark is defined as the prior year average.

Unplanned Return to ER w/in 72 Hrs – Rate %. Percentage of patients that returned to the ER within 72 hours with the same or similar diagnosis. Benchmark is defined as the prior year PIN Peer Group average.

Readmission w/in 30 days – Rate %. Percentage of patients admitted who had a previous admission within 30 days or less with the same or similar diagnosis. Benchmark is defined as the prior year PIN Peer Group average.

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.

Never Events – Events that the Center For Medicare and Medicaid Services has identified as something that should never happen and that it will not pay additional funds for if the event occurs while hospitalized. Benchmark is defined in strategic plan.

Quality/Satisfaction Indicators

Acute Care Mortality Rate (%) – Percentage of patients admitted to Acute Care that die. This excludes Hospice and Palliative Care patients. Benchmark is defined as the prior year PIN Peer Group average.

Nosocomial Infection Acute Care (%) – Percentage of patients that obtain an infection during their Acute Care stay. Benchmark is defined as the prior year PIN Peer Group average.

Nosocomial Infection Swing Bed (%) – Percentage of patients that obtain an infection during their Swing Bed stay. Benchmark is defined as the prior year PIN Peer Group average.

ER: Overall Score - % Rank - Press Ganey customer satisfaction survey data for the question asking the patient to rate their overall experience with our Emergency Room services. The percentile rank is reported which indicates our position as measured against Rocky Mountain and West Coast hospitals in the Press Ganey Database. Benchmark is defined in strategic plan.

Likelihood of Recommending - % Rank - Press Ganey customer satisfaction survey data for the question asking the patient to rate their likelihood of recommending our Emergency Room services. The percentile rank is reported which indicates our position as measured against Rocky Mountain and West Coast hospitals in the Press Ganey Database. Benchmark is defined in strategic plan.

Inpatient Overall Score - % Rank - As the ER question above but applies to the Hospital Stay.

Likelihood of Recommending - % Rank - As the ER question above but applies to the Hospital stay.

CHF core measures % met – Percentage of patients with a primary diagnosis of Congestive Heart Failure who have ALL care criteria (that are established by CMS) met during their hospital stay. Benchmark is defined in strategic plan.

Pneumonia core Measures % met – Same as CHF core measures only related to Pneumonia.

Acute MI core Measures % met – Same as CHF core measures only related to Acute Myocardial Infarction.

Surgical Site Infection Prev % met - Same as CHF core measures only related to surgical site infection prevention.

Clinical Reliability Index – Composite percentage of patients meeting ALL care criteria and have a primary diagnosis related to any of the above core measures.