

Hospital Report Card Reporting Manual



2017 HOSPITAL REPORT CARD REPORTING MANUAL

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INTRODUCTION

Act 53 of 2003, codified as 18 V.S.A. § 9405b, requires hospitals in Vermont to produce annual hospital community reports, also known as Hospital Report Cards. The purpose of the Act is to:

Develop tools and resources to assist consumers and payers with making health care decisions by providing accessible, useful information comparing hospital costs and performance.

In response to that legislation, a regulation (Rule H-2009-05) was promulgated by the Department of Financial Regulation to ensure that each hospital licensed in Vermont publishes for its communities, and files with the commissioner, an annual report reflecting the hospital’s performance in relation to quality, patient safety, hospital-acquired infections, nurse staffing, and pricing and measures of financial health. This responsibility was later transferred to the Vermont Department of Health (the department) in 2014.

In 2016 a legislation was passed, which requires hospitals to provide information to the public about their community health needs and to allow public participation in the community health needs assessment process and includes other changes. This Manual reflects the changes made.

The following 14 community hospitals and two psychiatric hospitals are required to participate.

Community Hospitals
Brattleboro Memorial Hospital
The University of Vermont Health Network: Central Vermont Medical Center
Copley Hospital
Gifford Medical Center
Grace Cottage Hospital
Mt. Ascutney Hospital
North Country Hospital
Northeastern Vermont Regional Hospital
Northwestern Medical Center
Porter Medical Center
Rutland Regional Medical Center
Southwestern Vermont Medical Center
Springfield Hospital
The University of Vermont Medical Center
Psychiatric Hospitals
Brattleboro Retreat
Vermont Psychiatric Care Hospital

In addition, White River Junction VA Medical Center and Dartmouth-Hitchcock Medical Center have been invited to voluntarily participate in the hospital community report initiative.

This manual contains the mandatory reporting specifications for the 2017 Hospital Report Card for all hospitals, and other important information to help hospitals adhere to the requirement. Contact information concerning the Act 53/Hospital Report Card is provided below.

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REPORTING SPECIFICATIONS

General:

1. All hospitals must report required information, make them publicly available and easily accessible, on either the Health Department's Hospital Report Card website or on their hospital website, as specified in Appendix B for community hospitals and Appendix C for psychiatric hospitals.
2. All information must be published annually by June 1. Please follow the timeline (Appendix A) for deadlines for timely publication of the Report Card.
3. Each hospital will establish a link to the Vermont Department of Health Hospital Report Card on their home page, entitled "**Hospital Report Card**".

On Statewide Comparative Hospital Report Card (Department of Health Hospital Report Card):

1. The Health Department will post the following measures on the statewide Hospital Report Card:
 - a. Measures of quality (community hospitals only),
 - b. Measures of hospital-acquired infections (community hospitals only),
 - c. Measures of patient safety (all hospitals),
 - d. Nurse staffing (all hospitals),
 - e. Comparison of charges for higher volume services (community hospitals only), and
 - f. Hospitals' budget including revenue by source and quantification of cost shifting to private payers, the one and four-year capital expenditure plans, and the depreciation schedule for existing facilities (link to GMCB, community hospitals only).

On Hospital's Website:

1. Refer to Appendix D: Specifications for Required Community Hospital-Specific Information, and E: specifications for Required Psychiatric Hospital-Specific Information.

Other:

1. The department's website will present some of the measures using My Own Network, powered by AHRQ (MONAHRQ®) which compares the hospitals with national and state benchmarks when available. The remaining measures will be presented in a PDF.
2. The older Report Cards are available upon request. Contact information can be found on page 3.
3. The CMS data may be updated.

APPENDIX A: Hospital Report Card Timelines

Community Hospitals

Before Wednesday, March 15	The Health Department releases the 2017 Hospital Report Card Reporting Manual. <u>*Green Mountain Care Board (GMCB) sends financial tables to community hospitals for review and comment.</u> The department sends the following to the community hospitals: <ul style="list-style-type: none"> • CPT pricing template (FY2017 price) for <u>completion.</u> • Inpatient and outpatient pricing tables for review and comment.
Thursday, March 30,	Community hospitals send the department: <ul style="list-style-type: none"> • Completed hospital CPT pricing template.
Friday, April 14	Community hospitals send: <ul style="list-style-type: none"> • *Comments to GMCB on the financial tables. • Comments to the department on inpatient and outpatient pricing. The department sends AHRQ's volume and mortality data to the community hospitals.
Friday, April 28	Community hospitals send comments to the department on AHRQ's volume and mortality data. *GMCB sends final financial data to the community hospitals. The department sends inpatient and outpatient pricing to community hospitals for final review and comment. The department sends formatted nurse staffing data to all hospitals for review.
Friday, May 5	All hospitals send the nurse staffing data back to the department with final comment. *Community hospitals send the financial data back to GMCB with final comment.
Friday, May 12	VPQHC sends final reports to the department on Adverse Patient Safety Events, and surgical site infection ratios. Community hospitals send the final inpatient and outpatient pricing to the department.
Monday, May 22	GMCB sends the department links to the community hospital financial data. The department publishes the 2017 Hospital Report Card on its website. The website is then available to allow hospitals to link to it. The Health Department website will continue to update hospital data as necessary until May 31st.
Thursday, June 1	Reports published on all hospital websites. Comparative report published on the department's website.

*deadline date is contingent upon GMCB schedule. Please check with GMCB.

Psychiatric Hospitals

Before Wednesday March 15	The Health Department releases the 2017 Hospital Report Card Reporting Manual. The department sends the financial table & CPT pricing templates to psychiatric hospitals.
Friday, April 28	The department sends formatted nurse staffing data to psychiatric hospitals for review.
Friday, May 5	Psychiatric hospitals send the nurse staffing data back to the department with final comment.
Monday, May 22	The department publishes the 2017 Hospital Report Card on its website. The VDH website is then available to allow hospitals to link to it. The department website will continue to update hospital data as necessary until May 31st.
Thursday, June 1	Reports published on all hospital websites. Comparative report published on the Health Department's website.

APPENDIX B: Required Measures by Data Source for Community Hospitals

Measure	Source	Spec.	Published Location	Reporting Period
Quality of Care Information				
MORT-30-AMI Acute myocardial infarction 30-day mortality rate	AHRQ/ CMS	1	VDH Hospital Report Card	7/2012-6/2015, updated quarterly
READM-30-AMI Acute myocardial infarction 30-day readmission rate				
MORT-30-HF Heart failure 30-day mortality rate				
READM-30-HF Heart failure 30-day readmission rate				
MORT-30-PN Pneumonia 30-day mortality rate				
READM-30-PN Pneumonia 30-day readmission rate				
READM-30-HOSP-WIDE (HWR) 30-day overall hospital-wide readmission rate	CMS			
Volume & mortality rate of esophageal resections (IQI-1 & 8)	AHRQ IQIs/ VUHDDS	2		CY 2015
Volume & mortality rate of pancreatic resections (IQI-2 & 9)				
Volume & mortality rate of abdominal aortic aneurysm repairs (IQI-4 & 11)				
Hospital-Acquired Infection Information				
Central Line Associated Bloodstream Infection (CLABSI) Ratios (HAI-1)	CDC/ NHSN via CMS	3	VDH Hospital Report Card	7/2015-6/2016, updated quarterly
Clostridium difficile (C. diff) Infection Ratios (HAI-6)*		4		
Surgical Site Infection Ratios - Abdominal Hysterectomy (HAI-4)		5		
Surgical Site Infection Ratios - Hip Replacement				
Surgical Site Infection Ratios - Knee Replacement	NHSN/ VPQHC			FY2016
Nurse Staffing Information				
Nursing care hours per patient day	Hosp	6	VDH HRC	4/2016-3/2017
Patient Perception of Care				
HCAHPS Inpatient experience of care data (for all survey questions, refer to the specification link)	HCAHPS Survey	7	VDH HRC	7/2015-6/2016, Updated quarterly
Financial and Pricing Information				
Pricing & count of top inpatient diagnoses	VUHDDS			FY 2015
Pricing & count of top outpatient procedures				
Physician & hospital pricing of common outpatient procedures and visits	Hospital			FY 2017
Budget & financial information, actual 2015, 2016, Budget 2017	GMCB	8	VDH Hospital Report Card	FY
Cost shift, actual 2016				
Financial health benchmarks & indicators, actual 2015, 2016, Budget 2017				
Hospital capital indicators, actual 2015, 2016, Budget 2017				
Hospital capital investments				
Other Information				
Adverse patient safety events	Hosp/ VPQHC	9	VDH HRC	Based on number of events (to protect privacy)
Community Health Needs Assessment report, implementation plan	Hospital	11, 12	Hospital	Current or one of the two prior taxable years
Annual Progress Report		11, 12		Current
Filing a Complaint		10		Current
Discount and Free Care Policy		11		Current
Hospital Governance		10		Current

CY = Calendar Year (January 1 – December 31)

FY = Fiscal Year (October 1 – September 30)

* For CAHs, reporting period starts on 1/2016. For some CAHs, C.diff data will not be available in the Report Card until December, 2017.

SPECIFICATIONS:

- <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473>
- http://www.qualityindicators.ahrq.gov/Modules/IQI_TechSpec.aspx

3. http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf
4. http://www.cdc.gov/nhsn/pdfs/pscmanual/12pscmdro_cdadcurrent.pdf
5. <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf?agree=yes&next=Accept>
6. <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Federal/Agencies/ANA-Leading-Patient-Safety/Nurse-Staffing-Measures>
7. <http://www.hcahpsonline.org/surveyinstrument.aspx>
8. Manual (page 11)
9. <http://healthvermont.gov/hc/patientsafety.aspx>
10. Manual (page 9)
11. https://www.irs.gov/irb/2015-5_IRB/ar08.html
12. Manual (page 9)

SUSPENDED OR REMOVED MEASURES:

AMI-2, aspirin at discharge
AMI-7a, Fibrinolytic therapy received within 30 minutes of hospital arrival
AMI-8a, Timing of receipt of primary PCI
AMI-10, statin prescribed at discharge
HF-1, discharge instructions
HF-2, Evaluation of (LVS) function
HF-3, ACEI or ARB for LVSD
SCIP-Inf-1, Prophylactic antibiotic received within one hour prior to surgical incision
SCIP-Inf-2, Prophylactic antibiotic selection for surgical patients
SCIP-Inf-3, Prophylactic antibiotics discontinued within 24 hours after surgery end time
SCIP-Inf-9, Urinary catheter removed on postoperative day 1 or day 2 with day of surgery being zero
SCIP-Inf-10, surgery patients with perioperative temperature management
SCIP-Inf-4, cardiac surgery patients with controlled 6 A.M. postoperative blood glucose
SCIP-VTE-2, Surgery patients with recommended venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery
SCIP-Card-2, Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period
PN-3b, blood cultures in the ED prior to initial antibiotic received in hospital

APPENDIX C: Required Measures for Psychiatric Hospitals

ONGOING MEASURES	SOURCE	SPEC.	PUBLISHED LOCATION	REPORTING PERIOD
Quality of care information				
Patient safety -- adult patient falls -- physical restraint -- seclusion -- multiple antipsychotic meds at discharge -- multiple antipsychotic meds w/o appropriate justification	Adult chart audits HBIPS 2a* HBIPS 3a* HBIPS 4a* HBIPS 5a*	n/a 1 1 1 1	Hospital	CY 2016
Screening and Assessment -- admission screening -- pain assessment	HBIPS 1a* Adult chart audits	1 n/a		
Care Planning -- treatment planning within 24 hours -- discharge planning -- post-discharge continuing care plans to next provider	Adult chart audits HBIPS 6a* HBIPS 7a*	n/a 1 1		
Methodone Treatment -- Physical exam completed prior to methadone admin. -- lab results in medical record for methadone treatment	Adult chart audits	n/a		
Hospital acquired infections (HAIs)				
Nurse Staffing Information				
Nursing Care Hours Per patient Day**	hospital	2	VDH Hospital Report Card	April 2016-March 2017
Patient perception of care				
Hospital survey	McLean Hosp. Patient Perception of Care Survey	3	Hospital	CY 2016
Pricing and financial information				
Count & charges for high volume inpatient admissions	Hospital	4	Hospital	FY 2015
Count & charges for high volume outpatient visits				FY 2015
Budget summary				FY 2015
Financial information and benchmarks				FY
Cost shift information				FY 2015
Capital expenditure plans (four-year)				FY
Discount and Free Care Policy	Hospital	n/a	Hospital	Current
Quality Improvement and Patient Safety Initiatives***				
Quality Improvement Projects and progress report	Hospital	5	Hospital	past 3 years
Strategic initiatives				
Strategic initiatives	Hospital	5	Hospital	Current
Hospital Governance				
Hospital governance	Hospital	5	Hospital	Current
Filing a Complaint				
Hospital complaint process	Hospital	5	Hospital	Current

* Hospital Based Inpatient Psychiatric Services

**hospitals will have an opportunity to review and comment on data before finalized

***Please refer to Appendix E for more details

CY = Calendar Year (January 1 – December 31)

FY = Fiscal Year (October 1 – September 30)

SPECIFICATIONS:

- <https://manual.jointcommission.org/releases/TJC2013A/HospitalBasedInpatientPsychiatricServices.html>
- <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Federal/Agencies/ANA-Leading-Patient-Safety/Nurse-Staffing-Measures>
- <http://www.ebasis.org/pdf/PoC-IPform.pdf>
- Manual (Page 11-12, Appendix F)
- Manual (Page 10, Appendix E)

APPENDIX D: Specifications for Required Community Hospital-Specific Information

Public Participation and Strategic Planning

1. Each hospital shall have a protocol for meaningful public participation in its strategic planning process for identifying and addressing health care needs that the hospital provides or could provide in its service area. Needs identified through the process shall be integrated with the hospital's long-term planning.
2. Each hospital shall post on its website a description of:
 - a. Its identified needs,
 - b. Strategic initiatives developed to address the identified needs,
 - c. Annual progress on implementation of the proposed initiatives, and
 - d. Opportunities for public participation.
3. Hospitals may meet the community health needs assessment and implementation plan requirement through compliance with the relevant Internal Revenue Service community health needs assessment requirements for nonprofit hospitals.
4. When a hospital is working on a new community health needs assessment, the hospital shall post on its website information about the process for developing the community needs assessment and opportunities for public participation in the process.

Description of Hospital Governance

Each hospital shall provide a description of the hospital's governance, including but not limited to:

1. information on membership and governing body qualifications;
2. a listing of the current governing body members, including each member's name, town of residence, occupation, employer, and job title, and the amount of compensation, if any, for serving on the governing body; and
3. means of obtaining a schedule of meetings of the hospital's governing body, including times scheduled for public participation.

Description of Hospital Complaint Process

The hospital shall describe its consumer complaint resolution process including but not limited to:

1. A description of the complaint process, including how to register a complaint;
2. Contact information, including but not limited to: telephone numbers, email addresses, fax numbers, and postal addresses for the hospital officer or employee responsible for implementation of the process; and
3. Contact information, including but not limited to: telephone numbers, email addresses, fax numbers, and postal addresses for the Vermont Department of Health to register complaints against hospitals.

Appendix E: Specifications for Required Psychiatric Hospital-Specific Information

Public Participation and Strategic Planning

1. Each hospital shall have a protocol for meaningful public participation in its strategic planning process for identifying and addressing health care needs that the hospital provides or could provide in its service area. Needs identified through the process shall be integrated with the hospital's long-term planning.
2. Each hospital shall post on its website a description of:
 - a. Its identified needs,
 - b. Strategic initiatives developed to address the identified needs,
 - c. Annual progress on implementation of the proposed initiatives, and
 - d. Opportunities for public participation.

Quality Improvement and Patient Safety Initiatives

Each hospital shall provide descriptions of new quality improvement and patient safety projects, or projects that have had significant activity with reportable milestones and/or results within the past three years, including but not limited to:

1. A summary of at least three significant projects, including at least one clinical quality improvement and one patient safety project. The summary shall include:
 - a. Project name, time frame and description;
 - b. A description of the problem the project sought to solve or address, including how the problem was identified, and supporting data;
 - c. Project goals, with appropriate measures;
 - d. A description of the intervention(s); and
 - e. A discussion of the evaluation process, and results if available;
Contact information, including but not limited to: telephone numbers, email addresses, fax numbers, and postal addresses for the hospital quality improvement department through which consumers may obtain more information.

Hospitals who meet the community health needs assessment and implementation plan requirement are exempt from the above section "Quality Improvement and Patient Safety Initiatives".

Description of Hospital Governance

Each hospital shall provide a description of the hospital's governance, including but not limited to:

1. information on membership and governing body qualifications;
2. a listing of the current governing body members, including each member's name, town of residence, occupation, employer, and job title, and the amount of compensation, if any, for serving on the governing body; and
3. means of obtaining a schedule of meetings of the hospital's governing body, including times scheduled for public participation.

Description of Hospital Complaint Process

The hospital shall describe its consumer complaint resolution process including but not limited to:

1. A description of the complaint process, including how to register a complaint;
2. Contact information, including but not limited to: telephone numbers, email addresses, fax numbers, and postal addresses for the hospital officer or employee responsible for implementation of the process; and
3. Contact information, including but not limited to: telephone numbers, email addresses, fax numbers, and postal addresses for the Vermont Department of Health to register complaints against hospitals.

APPENDIX F: Specifications for Financial Reports and Pricing Information

Per 18 VSA § 9405b, a statewide comparative report shall include measures indicative of the hospital's financial health and a summary of the hospital's budget, as more fully described below. Measures relating to the hospital's financial health shall include comparisons to appropriate national and/or other benchmarks for efficient operation and fiscal health and shall be derived from the hospital budget and budget-to-actual information submitted annually to the Green Mountain Care Board (GMCB) pursuant to Rule 7.000 (Unified Health Care Budget). Psychiatric hospitals must also post similar information on their website.

- 1) **Hospital Finances.** A description of the hospital's finances, including but not limited to: ratios, statistics and indicators relating to liquidity, cash flow, productivity, surplus, charges and payer mix. Such ratios, statistics and indicators shall represent both actual results and projections for subsequent budget years and shall be presented against at least one national peer, regional peer or Vermont peer group data, or against one bond rating agency's comparable rating.
- 2) **Hospital Budget.** A summary of the hospital's budget, including revenue by source and quantification of cost shifting to private payers, and shall use formats, graphic data displays, data sources and common explanatory language approved by GMCB. The GMCB reserves the right to review and approve the data from each hospital to ensure accuracy and consistency with financial methodology outlined herein prior to the publication of the community report. Minimum content and presentation requirements for summary hospital budget information is as follows:
 - a) The hospital's financial performance, as reported in the annual hospital budget submission to the GMCB for the next fiscal year, which shall be presented as follows:
 - i) The income statement shall provide actual results and subsequent budget projections;
 - ii) Revenues and deductions shall be reported separately for Medicaid, Medicare, bad debt, free care and commercial/self-pay;
 - iii) Statistical indicators shall be reported in a manner to describe utilization and employment; and
 - iv) Cost shift information shall be reported to describe the amount of shift by Medicaid, Medicare, and uncompensated care.
 - b) One-year and four-year capital spending plans, to be presented as follows:
 - i) Capital spending plans shall be completed for the next fiscal year budget and the three subsequent fiscal years;
 - ii) Capital spending plans shall distinguish facility expenditures and equipment expenditures for each of the four years;
 - iii) Projected Certificate of Need (CON) projects shall be reported separately from the capital expenditures referred to in (b)(i) and (ii) above;
 - iv) Capital indicators shall be provided to evaluate debt structure, cost, age of plant and capital investment; and
 - v) Capital indicators shall include available national and Vermont peer group data.
- 3) **Depreciation Expenses** shall be reported in the income statement provided pursuant to section (2)(a)(i) of this regulation. Each hospital shall make a paper copy of its depreciation schedule available upon request, which shall provide information for existing facilities and existing equipment.
- 4) **Information on Hospital Pricing.** A statewide comparative report shall include a comparison of charges for higher volume health care services, such services to be determined by the Commissioner and to include an array of hospital and/or physician services. Presentation of the comparison of charges data shall be subject to the following requirements and guidelines:
 - a) Charge data shall be extracted from the Vermont Uniform Hospital Discharge Data Set, each hospital's chargemaster, or another designated source as appropriate;
 - b) Average actual charges shall be reported for:

- i) A minimum specified number of inpatient Diagnostic Related Groups (“DRG”) or specified inpatient services; and
- ii) A minimum number of specified outpatient surgical services;
- c) The charge listed in each hospital’s chargemaster shall be reported for a minimum number of specified outpatient Current Procedural Terminology (“CPT”) codes and/or a minimum number of outpatient surgeries and/or a minimum number of outpatient procedures;
- d) In all instances, data shall be reported from the most recent, reliable data source available;
- e) Average actual charges shall be reported for the latest completed federal fiscal year or the most recent year of available Vermont Uniform Hospital Discharge Data Set (or other appropriate source) data for those inpatient and/or outpatient services or procedures that require multiple pricing events and/or services; and
- f) Specific charges for distinct inpatient or outpatient services, CPT codes, or otherwise shall be based upon the latest chargemaster.

APPENDIX G: Changes made in 2017 from Previous Years

General:

- The Report Card due date is June 1, 2017.
- Outpatient pricing (Tables 3A-I) is no longer comparable to past data due to changes in the coding of procedures.
- The most current version of CPT pricing information is published starting this year (2017).

CMS Measure:

- Addition of HAI: CDI measure. All community hospitals are required to collect data and report to NHSN.
- Removal/suspension of seven measures:
 - AMI-2, aspirin at discharge
 - AMI-7a, Fibrinolytic therapy received within 30 minutes of hospital arrival, removed from Hospital Compare in 2016
 - AMI-8a, Timing of receipt of primary PCI, removed from Hospital Compare in 2016
 - AMI-10, statin prescribed at discharge, removed from Hospital Compare in 2016
 - HF-1, discharge instructions
 - HF-2, Evaluation of (LVS) function, removed from Hospital Compare in 2016
 - HF-3, ACEI or ARB for LVSD
 - SCIP-Inf-1, Prophylactic antibiotic received within one hour prior to surgical incision
 - SCIP-Inf-2, Prophylactic antibiotic selection for surgical patients
 - SCIP-Inf-3, Prophylactic antibiotics discontinued within 24 hours after surgery end time
 - SCIP-Inf-9, Urinary catheter removed on postoperative day 1 or day 2 with day of surgery being zero
 - SCIP-Inf-10, surgery patients with perioperative temperature management
 - SCIP-Inf-4, cardiac surgery patients with controlled 6 A.M. postoperative blood glucose
 - SCIP-VTE-2, Surgery patients with recommended venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery
 - SCIP-Card-2, Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period
 - PN-3b, blood cultures in the ED prior to initial antibiotic received in hospital