

**HOSPITAL REPORT CARD REPORTING MANUAL
FOR THE COMMUNITY HOSPITALS**



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Introduction

Act 53 of 2003 requires all Vermont hospitals to report certain measures and information and make them publicly available. [Vermont Statute, 18 V.S.A. § 9405a](#) applies to the public participation and strategic planning, and [Vermont Statute, 18 V.S.A. § 9405b](#) addresses hospital community reports.

The purpose of the Hospital Report Card is to:

1. Develop tools and resources to assist consumers and payers with making health care decisions by providing accessible, useful information comparing hospital costs and performance;
2. Require consistent and open dialogue between hospitals and their communities regarding health service needs, strategic planning, and health policy; and
3. Increase opportunities for public involvement in health policy planning.

This Manual has been developed to provide the necessary information for hospitals to be in compliance with the Vermont Statute and regulation which specify three types of reporting included in the hospital community reports: 1. Hospital Quality Measures, 2. Financial Data, and 3. Public Participation and Strategic Planning.

In choosing measures, the Department of Health (“Department”) will, whenever possible, use measures that are required by other measure stewards. Measures adopted by the Department from external sources will follow the same specifications as those of the original measure stewards unless specified otherwise. Examples of measure stewards are: Centers for Medicare and Medicaid Services (CMS), Vermont Program for Quality in Health Care (VPQHC), National Healthcare Safety Network (NHSN), Green Mountain Care Board (GMCB), Internal Revenue Service (IRS), and Vermont Association of Hospitals and Health Systems (VAHHS).

The Department will notify all hospitals if there are any changes made to the required measures or processes of reporting during the year. It is the hospital’s responsibility to inform the Department of Health of any staffing change in order to receive up-to-date information related to Act 53/Hospital Report Card. Contact information is provided in [Appendix D](#).

The District Office staff are available to partner with you in conducting a successful community health needs assessment (CHNA) in the following ways:

- Compilation of data to develop a Community Health Profile for the needs assessment,
- Technical assistance in developing community survey and/or other engagement methods, and

- Evidence-based strategies that have proven impact in improving health outcomes to consider in developing the Implementation Strategy.

Contact information for each District Office is listed here below or on the website:

<http://www.healthvermont.gov/local>

District Office	Toll Free Number	Local Phone Number	Email
Barre	(888) 253-8786	(802) 479-4200	AHS.VDHOLHBarre@vermont.gov
Bennington	(800) 637-7347	(802) 447-3531	AHS.VDHOLHBennington@vermont.gov
Brattleboro	(888) 253-8805	(802) 257-2880	AHS.VDHOLHBrattleboro@vermont.gov
Burlington	(888) 253-8803	(802) 863-7323	AHS.VDHOLHBurlington@vermont.gov
Middlebury	(888) 253-8804	(802) 388-4644	AHS.VDHOLHMiddlebury@vermont.gov
Morrisville	(888) 253-8798	(802) 888-7447	AHS.VDHOLHMorrisville@vermont.gov
Newport	(800) 952-2945	(802) 334-6707	AHS.VDHOLHNewport@vermont.gov
Rutland	(888) 253-8802	(802) 786-5811	AHS.VDHOLHRutland@vermont.gov
St. Albans	(888) 253-8801	(802) 524-7970	AHS.VDHOLHStAlbans@vermont.gov
St. Johnsbury	(800) 952-2936	(802) 748-5151	AHS.VDHOLHStJohnsbury@vermont.gov
Springfield	(888) 296-8151	(802) 289-0600	AHS.VDHOLHSpringfield@vermont.gov
White River Junction	(888) 253-8799	(802) 295-8820	AHS.VDHOLHWhiteRiverJunction@vermont.gov

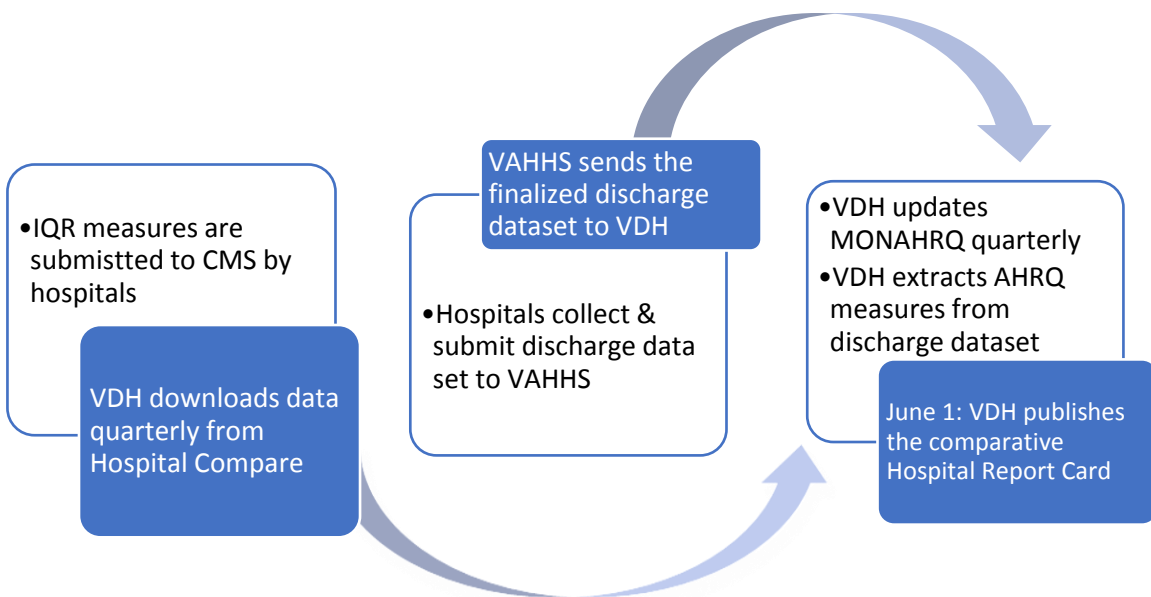
SECTION ONE: HOSPITAL QUALITY MEASURES

1. Quality of Care Measures

1.1. What: Required Measures.

- a) CMS Inpatient Quality Reporting (IQR) Measures ([CMS Inpatient Quality Reporting Program Overview](#)).
 1. MORT-30-AMI: Acute myocardial infarction 30-day mortality rate
 2. READM-30-AMI: Acute myocardial infarction 30-day readmission rate
 3. MORT-30-HF: Heart failure 30-day mortality rate
 4. READM-30-HF: Heart failure 30-day readmission rate
 5. MORT-30-PN: Pneumonia 30-day mortality rate
 6. READM-3-PN: Pneumonia 30-day readmission rate
 7. READM-30-HOSP-WIDE (HWR): 30-day overall hospital-wide readmission rate
 - i. **When/How:** Hospitals will adhere to CMS IQR data submission guidelines, specifications, and deadlines.
- b) Agency for Healthcare Research and Quality (AHRQ) Measures ([Individual Measure Technical Specifications](#)).
 1. Volume and mortality rate of esophageal resections (IQI 1 & 8)
 2. Volume and mortality rate of pancreatic resections (IQI 2 & 9)
 3. Volume and mortality rate of abdominal aortic aneurysm repairs (IQI 4 & 11)
 - i. **When/How:** Hospitals will adhere to VAHHS data submission guidelines, specifications, and deadlines.
- c) The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey ([HCAHPS Overview](#))

1.2. Data Flow (see [Appendix A](#)).



2. Patient Safety

2.1. What:

- a) Each Vermont hospital must report to the *Vermont Patient Safety Surveillance and Improvement System (VPSSIS)* any incidence of any of the National Quality Forum's serious reportable events. The complete list can be found on the National Quality Forum's website ([National Quality Forum Serious Reportable Events](#)).
 1. **How:** Reports should be submitted to VPSSIS by downloading and filling out the form found here: [VT Dept. of Health adverse event report form](#). Hospitals may submit the form by mail, email, or fax to the Patient Safety Program.

Email to: sre@vpqhc.org

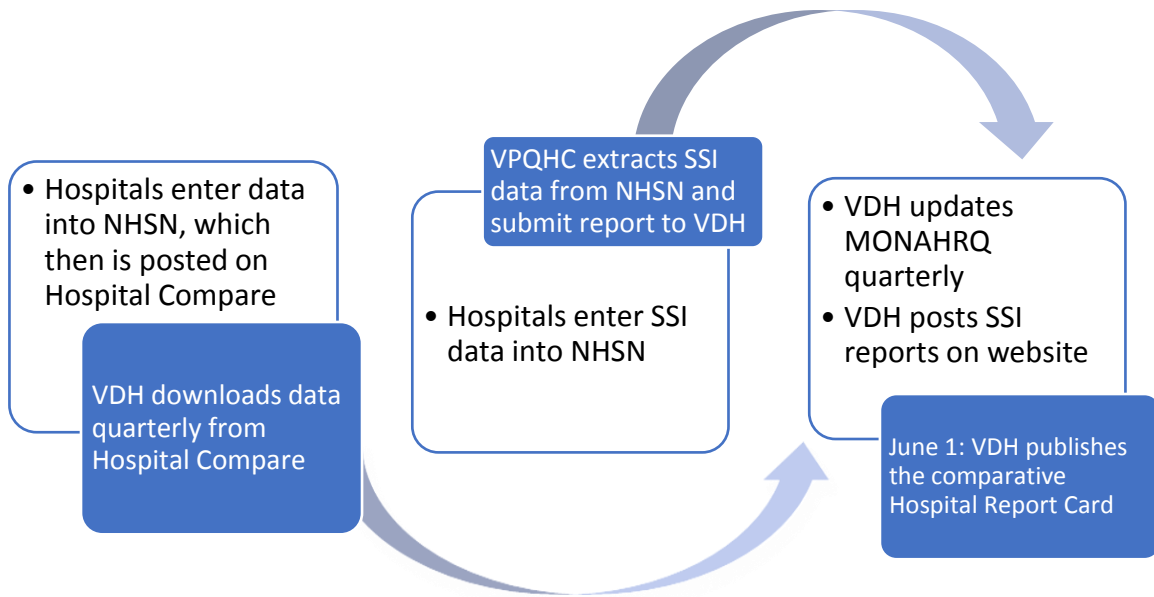
Fax form to: Vermont Program for Quality in Health Care, Inc.
802-262-1307
Attention: Patient Safety Program

Mail form to: Vermont Program for Quality in Health Care, Inc.
Attention: Patient Safety Program
132 Main Street Montpelier, VT 05602
 2. **When:** Hospitals must report the event to the VPSSIS within seven days of incidence.
- b) In addition, all Designated Hospitals are also required to report critical incidents to the Vermont Department of Mental Health. Please note that the reporting requirements for the Department of Mental Health are different from VPSSIS. *The Manual for Critical Incident Reporting Requirements for Designated Hospitals* can be found here: [The Manual for Critical Incident Reporting Requirements for Designated Hospitals](#).

3. Healthcare-Acquired Infection Measures

3.1. What: Required National Healthcare Safety Network (NHSN) Measures.

- a) **How/When:** Hospitals will adhere to NHSN measure specifications, data submission guidance and deadlines.
 1. Central Line Associated Bloodstream Infection (CLABSI) Ratios (HAI-1)
 2. Clostridium difficile (C. diff) Infection Ratios (HAI-6)
 3. Surgical Site Infection Ratios – Abdominal Hysterectomy (HAI-4)
 4. Surgical Site Infection Ratios – Hip Replacement
 5. Surgical Site Infection Ratios – Knee Replacement
- b) Data flow.



4. Nurse Staffing ([Appendix B](#))

4.1. **What/How:** Templates for data entry and submission.

a) Hospitals will use the template provided by the Department for the submission of data. Templates are found on the Report Card webpage, under “Resources for Vermont Hospitals”. <http://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/hospital-report-cards>. There are two templates available: Full-Time Equivalent (FTE) based, or hour-based. Hospitals will use the appropriate template that aligns with hospital’s data collection method.

b) Data entry is limited to the highlighted area of the spreadsheet.

1. By shift, RN, LPN, UAP hours or FTEs; and patient census.

4.2. **When:** Hospitals will submit data at least every three months. Templates will be emailed to: teri.hata@vermont.gov.

SECTION TWO: FINANCIAL REPORTING

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, and it will be posted on the Green Mountain Care Board's (GMCB) website. Hospitals will have an option to review the report before it is published on GMCB's website. Measures relating to the hospital's financial health shall include comparisons to appropriate nation 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 GMCB pursuant to [Rule 7.000 \(Unified Health Care Budget\)](#).

5. Hospital's Financial Health

- 5.1. **What:** GMCB will post a statewide comparative report on its website a description of the hospitals' finances, including but not limited to:
 - a) 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.
- 5.2. **What:** Hospital will post on its website Financial Assistance Policies (FAP) consistent with IRS requirement.
- 5.3. Data flow of 4.1 (see below).

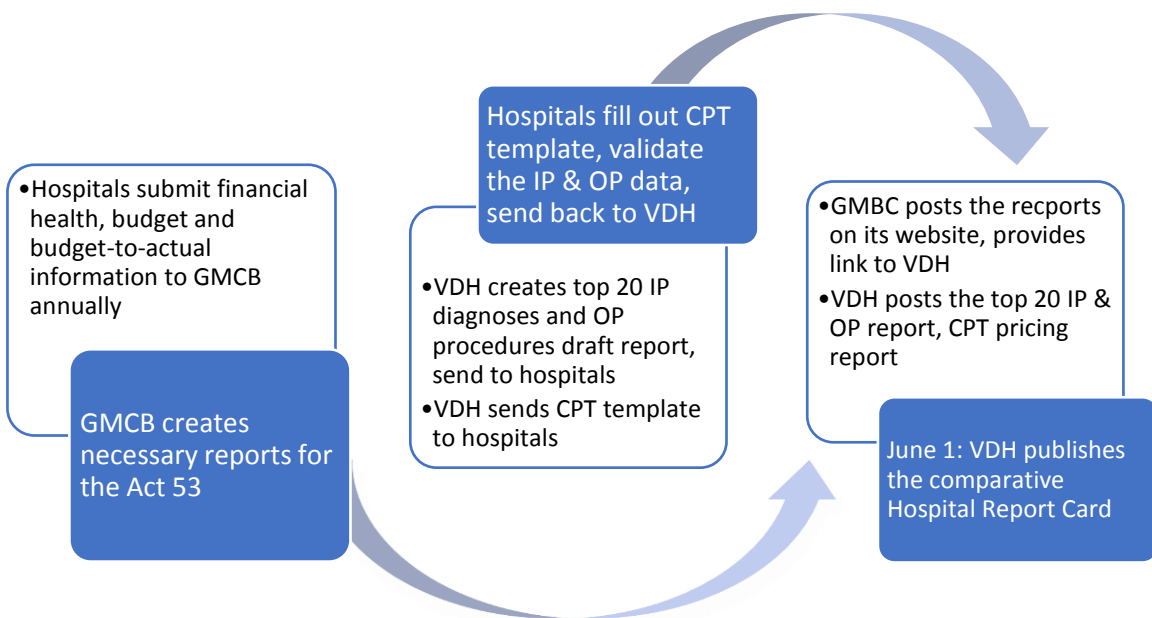
6. Hospital's Budget Information

- 6.1. **What:** GMCB will post a statewide comparative report on its website a summary of the hospitals' 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. Minimum content and presentation requirements for summary hospital budget information is as follows:
 - a) The hospitals' financial performance, as reported in the annual hospital budget submission to the GMCB for the next fiscal year which shall be presented as follows:
 1. The income statement shall provide actual results and subsequent budget projections;
 2. Revenues and deductions shall be reported separately for Medicaid, Medicare, bad debt, free care and commercial/self-pay;
 3. Statistical indicators shall be reported in a manner to describe utilization and employment; and
 4. 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:
 1. Capital spending plans shall be completed for the next fiscal year budget and the three subsequent fiscal years;

2. Capital spending plans shall distinguish facility expenditures and equipment expenditures for each of the four years;
 3. Projected Certificate of Need (CON) projects shall be reported separately from the capital expenditures;
 4. Capital indicators shall be provided to evaluate debt structure, cost, age of plant and capital investment; and
 5. Capital indicators shall include available national and Vermont peer group data.
- c) Data flow (see below).

7. Charges for Higher Volume Health Care Services and Common Procedures

- 7.1. **What:** For Higher Volume Health Care Services, hospitals will identify the top 20 inpatient diagnoses, outpatient procedures, and their counts and charges.
- 7.2. **What:** For Common Procedure Pricing, hospitals will fill out the CPT pricing template provided by the Department with the most recent charge listed in the hospital's chargemaster.



7.3. **How/When:** Hospitals will follow the timelines specified in the [Appendix A](#).

7.4. Data flow.

SECTION THREE: PUBLIC PARTICIPATION AND STRATEGIC PLANNING

8. Process for Public Participation

8.1. **Who:** All community hospitals. In accordance with IRS¹ and alignment with the GMCB guidance for budget submission reporting requirements:

- a) **What:** Each hospital will post on its website a community health needs assessment (CHNA), which includes at minimum the following:
1. Definition of the community it serves;
 2. Assessment of the health needs of the community that can include access to care and other needs to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community²;
 3. Description of how input from individuals representing the broad interests of the community -- including but not limited to governmental public health department and members of medically underserved, low-income, and minority populations³ -- was solicited/considered in every CHNA even if it builds on the previous report. This should include:
 - i. A summary description of the hospital's process for achieving openness, inclusiveness and meaningful public participation in its strategic planning, decision-making and identification of health needs,
 - ii. The manner in which the hospital has incorporated meaningful public participation into its strategic planning, decision-making and identification of health needs,
 - iii. A listing of the activities that are available for public participation, and
 - iv. Contact information at the hospital for consumers to call if interested in learning about public participation events⁴.
 4. Identification of the significant health needs;
 5. Prioritization of the health needs, including the description of the process and criteria used in prioritization and description of how public input was solicited/considered in prioritizing the health needs;
 6. Description of resources available to address the significant health needs; and
 7. Describes *the evaluation* of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA to

¹ See Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return; Final Rule, 79 Fed. Reg. 78954, 78956 (Dec. 31, 2014) (to be codified at 26 C.F.R. pts. 1, 53, and 602), *available at* <http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf> [hereinafter Final Rule].

² Final Rule at 78963; 26 C.F.R. § 1.501(r)-3(b)(4).

³ Final Rule at 78963; *see also* 26 C.F.R. § 1.501(r)-3(b)(5)(i)(A)-(C).

⁴ [Hospital Community Reports Regulation H-2009-5](#).

address the significant health needs identified in the hospital facility's prior CHNA(s)⁴.

8.2. **When:** Hospitals will post the above information by June 1.

9. Description of Healthcare Needs/Strategic Initiatives

9.1. **Who:** All community hospitals.

a) **What:** Each hospital will post on this website the Implementation Strategy, the written plan that:

1. Describes how the hospital plans to address the identified health needs, including:
 - i. Actions the hospital intends to take to address the health needs, which may include interventions designed to prevent illness or address social, behavioral, and environmental factors within an implementation strategy⁵,
 - ii. Anticipated impact of these actions,
 - iii. Resources the hospital plans to commit to address the health needs,
 - iv. Any planned collaboration between the hospital and other facilities or organizations;
2. Identifies the health needs as one the hospital does not intend to address and explain why the hospital does not intend to address it;
 - i. Provide a brief explanation of its reason, including resource constraints, other facilities or organizations addressing the need, lack of experience or competency, relatively low priority for community, or lack of identified effective interventions.
3. Is adopted by the governing body of the hospital on or before the 15th day of fifth month after the end of the taxable year in which the hospital conducts the CHNA⁶.

b) **What:** Each hospital will post on its website an Annual Progress Report, which is a description of the actions taken that were stated in the implementation plan during the past year to address the health needs identified through its CHNA, or if no actions were taken with respect to one or more of these health needs, the reasons no action were taken.

c) **When:** No later than June 1.

10. Description of Hospital Complaint Process

10.1. **What:** The hospital will describe its consumer complaint resolution process including but not limited to:

⁴ See *id.*, at 78969.

⁵ See *id.*, at 78970.

⁶ See Final Rule at 78970; see also 26 C.F.R. § 1.501(r)-3(c)(5)(i).

- a) A description of the complaint process including how to register a complaint;
- b) 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
- c) Contact information or website URL for all of the organizations listed in [the Office of the health Care Advocate](#) website who provide assistance with filing complaints, or the Office of the health Care Advocate website URL itself (<https://vtlawhelp.org/health>) to direct consumers to a resource website which provides information on how to file complaints outside of hospital.

10.2. **When:** No later than June 1.

11. Hospital Governance

11.1. **What:** Hospitals will provide a description of the hospital's governance, including but not limited to:

- a) Information on membership and governing body qualifications;
- b) 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
- c) Means of obtaining a schedule of meetings of the hospital's governing body, including times scheduled for public participation.

11.2. **When:** No later than June 1.

12. Link to the Department's Hospital Report Card

12.1. **What:** Hospitals will display this link on hospital's website: [VT Department of Health Hospital Report Card Webpage](#).

a) **When:** No later than June 1.

12.2. **What:** Hospitals will promptly notify the Department (contact information in [Appendix D](#)) of all the links of information/measures/documents per requirement of Act53 that are posted on the hospital's website.

a) **When:** By May 29.

Appendix A: Hospital Report Card Timelines

Community Hospitals

Timeline/ Deadline	Hospitals	Department
ONGOING	<ul style="list-style-type: none"> Submit nurse staffing data to the department at least every three months using the nurse staffing template available from the VDH website. 	
Before Thursday, March 15		<ul style="list-style-type: none"> Releases the 2018 Hospital Report Card Reporting Manual. Sends the CPT pricing template to hospitals. Makes nurse staffing templates available on VDH website. Produces a draft inpatient & outpatient pricing report and send to hospitals.
Friday, March 30	<ul style="list-style-type: none"> Send the department completed CPT template. 	
Friday, April 13	<ul style="list-style-type: none"> Send comments to the department on inpatient and outpatient pricing. 	
Friday, April 27		<ul style="list-style-type: none"> Sends formatted nurse staffing data to hospitals for review. Sends inpatient & outpatient pricing report to hospitals for final review.
Friday, May 4	<ul style="list-style-type: none"> Send the nurse staffing data back to the department with final comment. Send inpatient & outpatient pricing with final comments back to VDH. 	
Monday, May 21		<ul style="list-style-type: none"> Publishes the 2018 Hospital Report Card on its website. During this time, it will be used to make sure all contents and links are correct. Hospitals are strongly encouraged to visit the site for quality checking.
Tuesday, May 29	<ul style="list-style-type: none"> Send links of all the reports and information posted on hospital website to the department. 	
Friday, June 1	<ul style="list-style-type: none"> All reports and information published on all hospital websites. 	<ul style="list-style-type: none"> Comparative report published on the Health Department's website.

Appendix B: Nurse Staffing Information

1. Required Units for Reporting:

- Neonatal In-Patient
 - Level III/IV Critical Care
- Level II Intermediate Care
 - Level I Continuing Care
 - Well Baby Nursery
- Pediatric In-Patient
 - Critical Care-Pediatric
 - Bone Marrow Transplant
 - Step Down
 - Medical
 - Surgical
 - Med-Surg Combined
 - Burn
 - High Acuity
 - Moderate Acuity
 - Blended Acuity
- Adult In-Patient
 - Critical Care-Adult
 - Step Down
 - Medical
 - Surgical
 - Med-Surg Combined
 - Bone Marrow Transplant
 - Burn
 - Critical Access Unit
 - Long-term Acute Care
 - High Acuity
 - Moderate Acuity
 - Blended Acuity
 - Universal Bed
- Psychiatric
 - Adult
 - Adolescent
 - Child/adolescent
 - Child
 - Geripsych
 - Behavioral health
 - Specialty
 - Multiple unit types
- Rehab In-Patient
 - Adult

Pediatric

For other unit not listed, reporting is optional.

2. Category of Nursing Staff

- Registered Nurse (RN) includes Advanced Practice Registered Nurse (APRN)
- Licensed Practical Nurses (LPN) includes Licensed Vocational Nurses (LVN)
- Unlicensed Assistive Personnel (UAP) includes the following:
 - Nurse assistants
 - Orderlies
 - Paramedics
 - Patient care technicians
 - Mental health technicians
 - Licensed Nurse Assistants (LNA)
 - Emergency medical technicians (EMS)

3. Direct patient care means patient centered nursing activities in the presence of the patient and activities that occur away from the patient that are patient related such as:

- Medication administration
- Nursing treatments
- Nursing rounds
- Admission, transfer, discharge activities
- Patient teaching
- Patient communication
- Coordination of patient care
- Documentation time
- Treatment planning
- Patient screening

Appendix C: Publication Locations

Topic	Location
1. Quality of Care Measures <ul style="list-style-type: none"> • Comparative Report 	Department of Health Website
2. Patient Safety Summary Report	Department of Health Website
3. Healthcare -Acquired Infections <ul style="list-style-type: none"> • Comparative Report 	Department of Health Website
4. Nurse Staffing Report	Department of Health Website
5. Financial Health/Information <ul style="list-style-type: none"> • Financial health report • FAP 	Department of Health Website Hospital Website
6. Budget Information	Department of Health Website
7. Charge information (CPT, IP & OP Pricing)	Department of Health Website
8. Process for Public Participation in CHNA <ul style="list-style-type: none"> • CHNA report 	Hospital Website
9. Description of Health Needs/Strategic Initiatives <ul style="list-style-type: none"> • Implementation Plan, Annual Progress Report 	Hospital Website
10. Hospital Complaint Process	Hospital Website
11. Hospital Governance	Hospital Website
12. Link to VDH’s Website	Hospital Website

Appendix D: Contact Information and Resources

Any questions regarding the Hospital Report Card, please contact

Teri Hata
Department of Health
108 Cherry St. Burlington VT 05401
Teri.hata@vermont.gov
802-657-4209 (direct)
802-863-7300 (general)

Or

Vermont Program for Quality in Health Care (VPQHC)
132 Main St #1, Montpelier, VT 05602
802-229-2152

Local Resources:

- Vermont Department of Health: <http://www.healthvermont.gov/>
- VT Hospital Report Card: <http://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/hospital-report-cards>
- VDH Patient Safety Surveillance and Improvement: <http://www.healthvermont.gov/health-professionals-systems/hospitals-health-systems/patient-safety>
- VPQHC: <https://www.vpqhc.org/>
- Vermont Association of Hospitals and Health Systems: <http://vahhs.org/>
- Vermont Department of Mental Health (DMH): <http://mentalhealth.vermont.gov>
- DMH Designated Hospital: Manual and Standards. http://mentalhealth.vermont.gov/sites/dmh/files/documents/Manuals/DH_Manual_Standards_2017-05.pdf
- DMH Critical Incident Reporting Requirements of Designated Hospitals. http://mentalhealth.vermont.gov/sites/dmh/files/documents/Manuals/Critical_Incidents_Req%27s_DH_2016-02.pdf

National Resources:

- Hospital Compare: <https://www.medicare.gov/hospitalcompare/search.html>
- CDC/NHSN: <https://www.cdc.gov/nhsn/acute-care-hospital/index.html>
- IRS Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return: <https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable#h-17>

- National Quality Forum Serious Reportable Events:
http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx
- Specifications Manual for Joint Commission National Quality Core Measures:
<https://manual.jointcommission.org/releases/TJC2013A/index.html>