HOSPITAL REPORT CARD REPORTING MANUAL

FOR THE PSYCHIATRIC HOSPITALS

Published March 15, 2018

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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 regulations 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 Department 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 below or on the website: http://www.healthvermont.gov/local

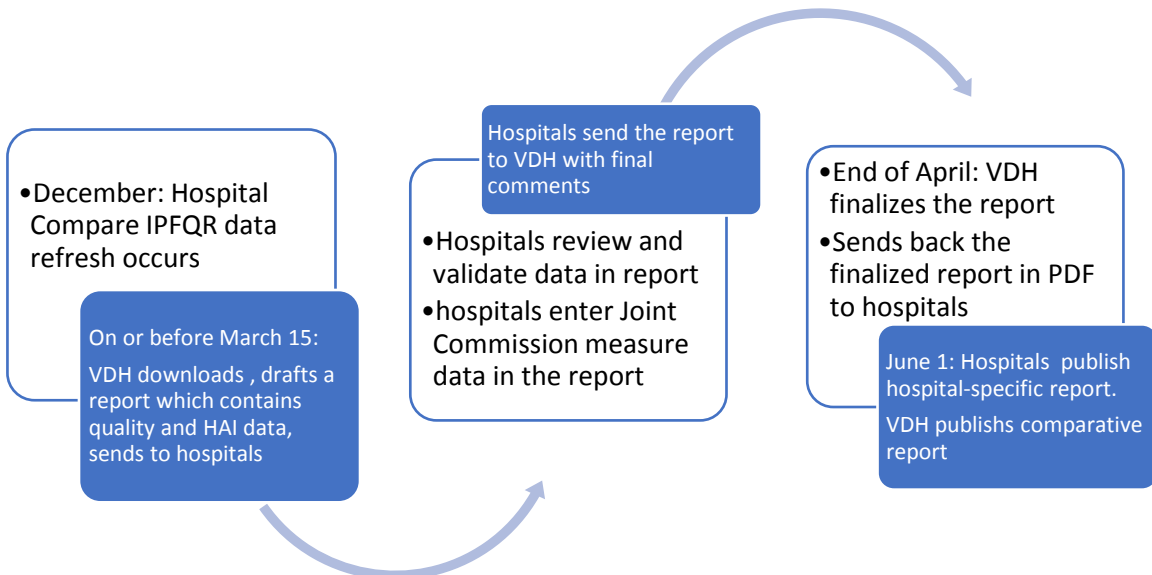| District Office	Toll Free Number	Local Phone Number	Email
Barre	(888) 253-8786	(802) 479-4200	AHS.VDHOLHBarre@vermont.gov
Bennington	(800) 637-7347	(802) 447-3531	AHS.VDHOLHBennington@vermont.gov
Brattleboro	(888) 253-8805	(802) 257-2880	AHS.VDHOLHBrattleboro@vermont.gov
Burlington	(888) 253-8803	(802) 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 Psychiatric Facility Quality Reporting (IPFQR) Measures (CMS Inpatient Psychiatric Facility Quality Reporting Program Manual).

1. HBIPS-2: Hours of Physical Restraint Use
2. HBIPS-3: Hours of Seclusion Use
3. HBIPS-5: Patient Discharged on Multiple Antipsychotic Medications with Appropriate Justification
4. SUBS-1: Alcohol Use Screening
5. SUBS-2: Alcohol Use Brief Intervention Provided or Offered
6. TOB-1: Tobacco Use Screening
7. TOB-2: Tobacco Use Treatment Provided or Offered
8. FUH: Follow-up After Hospitalization for Mental Illness

b) Joint Commission Measures (Specifications Manual for Joint Commission National Quality Core Measures):

1. HBIPS-6: Post Discharge Continuing Care Plan Created
2. HBIPS-7: Post Discharge Continuing Care Plan Transmitted to Next Level of Care Upon Discharge

1.2. **When/How:** Hospitals will adhere to CMS IPFQR or the Joint Commission data submission guidelines, specifications, and deadlines.

1.3. Data Flow. (see Appendix A).

- December: Hospital Compare IPFQR data refresh occurs

- On or before March 15: VDH downloads , drafts a report which contains quality and HAI data, sends to hospitals

- Hospitals send the report to VDH with final comments

- Hospitals review and validate data in report
- hospitals enter Joint Commission measure data in the report

- End of April: VDH finalizes the report
- Sends back the finalized report in PDF to hospitals

- June 1: Hospitals publish hospital-specific report.
- VDH publishs comparative report

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
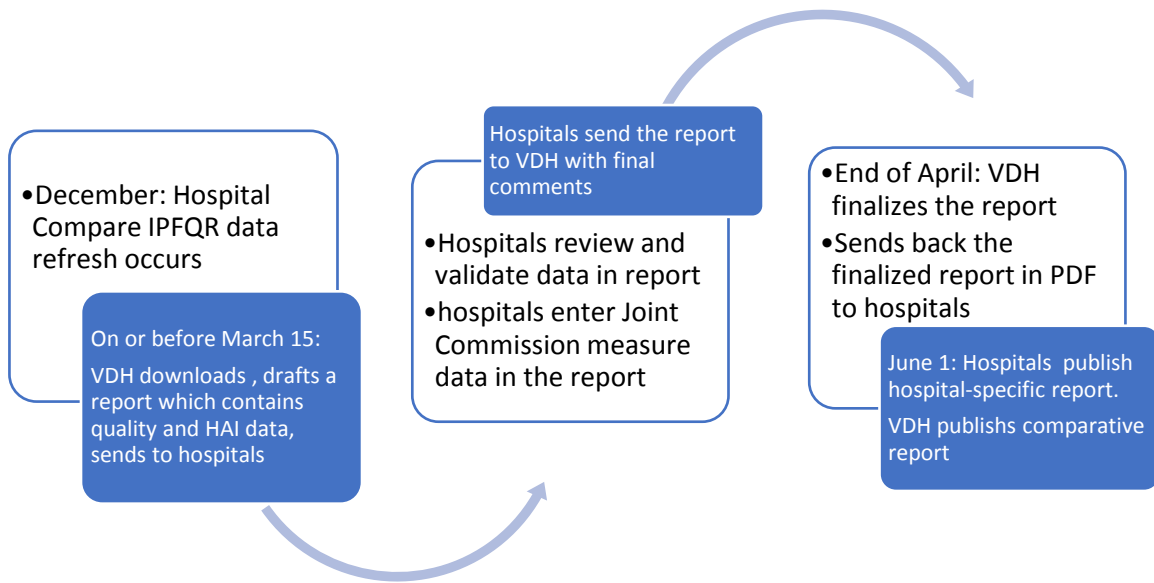   132 Main Street Montpelier, VT 05602

      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 Measures.
    a) **How/When:** Hospitals will adhere to NHSN or the Joint Commission measure specifications, data submission guidance and deadlines.
      1. Influenza Vaccination Coverage Among Healthcare Personnel. For further information about data entry including deadlines, refer to http://www.cdc.gov/nhsn.
      2. IMM-2: Influenza Immunization. The measure specification is found here: https://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures.aspx

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 │ •December: Hospital  │        │ Hospitals send the      │        │ •End of April: VDH      │
 │  Compare IPFQR data  │        │ report to VDH with      │        │  finalizes the report   │
 │  refresh occurs      │        │ final comments          │        │ •Sends back the         │
 │      ┌───────────────┴──┐     │ •Hospitals review and   │        │  finalized report in    │
 │      │ On or before     │     │  validate data in report│        │  PDF to hospitals       │
 │      │ March 15:        │     │ •hospitals enter Joint  │        │      ┌──────────────────┤
 │      │ VDH downloads,   │     │  Commission measure     │        │      │ June 1: Hospitals│
 │      │ drafts a report  │     │  data in the report     │        │      │ publish hospital-│
 │      │ which contains   │     └─────────────────────────┘        │      │ specific report. │
 │      │ quality and HAI  │                                        │      │ VDH publishs     │
 │      │ data, sends to   │                                        │      │ comparative      │
 │      │ hospitals        │                                        │      │ report           │
 └──────┴──────────────────┘                                        └──────┴──────────────────┘
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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 Hositals". 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. Template will be emailed to: teri.hata@vermont.gov.

SECTION TWO: FINANCIAL REPORTING

5. Hospital's Financial Health

5.1. **What:** Hospital will report on their website a description of the hospital's 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.

5.2. **What:** Financial Assistance Policies (FAP).

    a) **Who:** For Hospitals Whose Status Is a Charitable Hospital Organization (e.g., Brattleboro Retreat).

        1. Hospital will post on its website information consistent with IRS requirement.

    b) **Who:** For Hospitals Whose Status Is Not a Charitable Organization (e.g., Vermont Psychiatric Care Hospital).

        1. Hospital will post on its website detailed financial assistance policies, including but not limited to:

            i. Eligibility criteria for financial assistance and whether such assistance includes free or discounted care;

            ii. Basis for calculating amounts charged to patients;

            iii. Description of how an individual applies for financial assistance, and what information and documentation are required to apply for the FAP.

5.3. **How:** Template is available to download on the department's website (http://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/hospital-report-cards) under "RESOURCES", For Vermont Hospitals. Hospitals will post the PDF of the template.

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

6. Hospital's Budget Information

6.1. **What:** 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. Minimum content and presentation requirements for summary hospital budget information is as follows:

    a) The hospital's financial performance, 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; and
4. Capital indicators shall be provided to evaluate debt structure, cost, age of plant and capital investment.

7. Charges for Higher Volume Health Care Services

7.1. **What:** For higher volume health care services, hospitals will identify the top 10 inpatient diagnoses and their counts and charges.

7.2. **How:** Reporting period will be the Federal Fiscal Year. The Department will provide a template the hospitals will use.

7.3. **When:** Hospitals will post the PDF of the template on its website by June 1.

SECTION THREE: PUBLIC PARTICIPATION AND STRATEGIC PLANNING

8. Process for Public Participation

8.1. **Who:** For Hospitals Whose Status is a Charitable Hospital Organization. In accordance with IRS[1] 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 community[2];
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 populations[3] -- 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 events[4],
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

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[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.

7. Description of *the evaluation* of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA to address the significant health needs identified in the hospital facility's prior CHNA(s)[4].

8.2. **Who:** For Hospitals Whose Status is Not a Charitable Hospital Organization.

    a) **What:** Each hospital will post on its website a description of the hospital's processes for strategic planning and decision-making and the hospital's initiatives, including the following:

        1. 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,

        2. The manner in which the hospital has incorporated meaningful public participation into its strategic planning, decision-making and identification of health needs,

        3. A listing of the activities that are available for public participation, and

        4. Contact information at the hospital for consumers to call if interested in learning about public participation events.

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

9. Description of Healthcare Needs/Strategic Initiatives

9.1. **Who:** For Hospitals Whose Status is a Charitable Hospital Organization.

    a) **What:** Each hospital will post on this website the Implementation Strategy based on the needs identified in the above assessment. The written plan will:

        1. Describe 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 strategy[5],

           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. Identify 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

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[4] *See id.,* at 78969.
[5] *See id.,* at 78970.

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of experience or competency, relatively low priority for community, or lack of identified effective interventions.

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3. be 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 CHNA[6].

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.

9.2. **Who:** For Hospitals Whose Status Is NOT a Charitable Hospital Organizations.

a) **What:** Each hospital will post on its website a description of:

1. Its identified healthcare needs,
2. Strategic initiatives developed to address the identified healthcare needs identified through public participation in strategic planning process, and
3. ~~Annual Progress Report on the implementation of the proposed initiatives~~

b) **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:

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 provide 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

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

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 the link below 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:** No later than May 29.

Appendix A: Hospital Report Card Timelines

Psychiatric Hospitals

Timeline/ Deadline	Hospitals	Department
ONGOING	• Submit nurse staffing data to the department at least every three months using the nurse staffing template available from the VDH website.	
Before Wednesday March 15		• Releases the 2018 Hospital Report Card Reporting Manual. • Sends the financial spreadsheet, CPT, and pricing templates to hospitals. • Downloads IPQFR data from Hospital Compare, draft a Quality of Care and HAI report, and sends the draft report to the hospitals for review and validation.
Friday, April 28	• Add the Joint Commission measures data to Quality of Care and HAI report, send back to the department with final comment.	• Sends formatted nurse staffing data to hospitals for review.
Friday, May 5	• Send the nurse staffing data back to the department with final comment.	• Sends hospitals finalized PDF report for them to post on website.
Monday, May 22		• 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	• Send links of all the reports and information posted on hospital's website to the department.	
Thursday, June 1	• All reports and information published on all hospital websites.	• Comparative report published on the Health Department's website.

Appendix B: Nurse Staffing Information

1. Required Psychiatric Units for Reporting:
   - Adult
   - Adolescent
   - Child/adolescent
   - Child
   - Geripsych
   - Behavioral health
   - Specialty
   - Multiple unit types

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
    • Hospital-specific Report
    • Comparative Report
	
	Hospital Website
	Department of Health Website

2. Patient Safety Summary Report	Department of Health Website

3. Healthcare -Acquired Infections
    • Hospital-specific Report
    • Comparative Report
	
	Hospital Website
	Department of Health Website

4. Nurse Staffing Report	Department of Health Website

5. Financial Health/Information
    • Financial health report
    • FAP
	
	Hospital Website
	Hospital Website

6. Budget Information	Hospital Website
7. Charge information (inpatient top 10)	Hospital Website

8. Process for Public Participation in CHNA
    • Charitable organization – CHNA report
    • Not charitable org. - report
	
	Hospital Website
	Hospital Website

9. Description of Health Needs/Strategic Initiatives
    • Charitable org. – Implementation Plan, Annual Progress Report
    • Not charitable org. – strategic Plan, annual report
	
	Hospital Website
	
	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.cermont.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