

HOSPITAL REPORT CARD REPORTING MANUAL
FOR THE PSYCHIATRIC HOSPITALS



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INTRODUCTION

This Manual was developed to provide the necessary information for Vermont hospitals to follow the Vermont Statute¹ and regulation² for reporting related to:

- State Comparative Hospital Report Card published on Vermont Department of Health's website – including the quality of care measures, healthcare-associated infection measures, patient safety, and nurse staffing data.
- Community specific information to be published at individual hospital's website – including public participation and strategic planning; community health needs assessment; implementation plan, annual progress report; complaint process information; hospital's financial health and budget; and financial assistance policy.

The Manual sets the expected measures, timelines and processes for the annual reporting by hospitals for: 1. Hospital Quality Measures, 2. Financial Data, and 3. Public Participation and Strategic Planning.

The Department will notify all hospitals if there are any changes made to the required measures or reporting processes during the year. New measures may be added as follows:

- For measures requiring new data collection by the hospitals, the Department will notify hospitals 180 days prior to the inception date for data collection of new measures.
- For measures included in existing federal or state reporting, the Department will notify hospitals by December 1 of the year prior to the scheduled June 1 publication date.

It is the hospital's responsibility to inform the Department of any staffing change in order to receive up-to-date information related to Act 53/Hospital Report Card. This includes, but not limited to, the following: CEO, CFO, Infection Preventionist, Quality Director, Communications Officer, Chief Nursing Officer, and IT/Web staff.

Please note: Due to the pandemic, ACT 53/Hospital Report Card reporting requirement has been waived again this year. If hospitals do have data and are able to submit/report them, please do so. We will publish what is available for the 2021 Report Card.

¹ . [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.

² [2018 Hospital Reporting Rule, Section 9](#)

SECTION ONE: HOSPITAL QUALITY MEASURES

These measures below will be published in the 2021 Hospital Report Card (the comparative statewide report card posted on the health department website). Please note that the Hospital Report Card is updated quarterly as CMS updates Hospital Compare data. Measures that appear on the Report Card will reflect any changes made in Hospital Compare.

1. Quality of Care Measures

CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Measures ([CMS Inpatient Psychiatric Facility Quality Reporting Program Manual](#)).

- SMD: Screening for Metabolic Disorders
- HBIPS-2: Hours of Physical Restraint Use
- HBIPS-3: Hours of Seclusion Use
- HBIPS-5: Patient Discharged on Multiple Antipsychotic Medications with Appropriate Justification
- TR-1: Transition Record with Specified Elements Received by Discharged Patients
- TR-2: Timely Transmission of Transition Record
- SUB-2: Alcohol Use Brief Intervention Provided or Offered
- SUB-2a: Alcohol Use Brief Intervention
- SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge
- SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge
- TOB-2: Tobacco Use Treatment Provided or Offered
- TOB-2a: Tobacco Use Treatment During Hospital Stay
- TOB-3: Tobacco Use Treatment Provided or Offered at Discharge
- TOB-3a: Tobacco Use Treatment at Discharge
- FUH: Follow-up After Hospitalization for Mental Illness

Hospitals will adhere to CMS data submission guidelines, specifications, and deadlines.

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey ([HCAHPS Overview](#)) or similar consumer type “patient perceptions of care” survey.

2. Patient Safety

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 ([NQF Serious Reportable Events](#)).

Reports are submitted to VPSSIS by downloading and filling out the appropriate form(s) found here: [Patient Safety Surveillance and Improvement](#). Scroll down to “HOSPITAL REPORTING”, then go to “Reporting a NQF event or Intentional Unsafe Act”. Following forms are available: [Causal Analysis and Corrective Action Plan](#)”, [Intentional Unsafe Act](#)”, and [Reportable Adverse Event](#)”. Hospitals may submit the form(s) by mail, e-mail, or fax to the Patient Safety Program.

E-mail 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

Hospitals must report the event to the VPSSIS within **seven days** of incidence.

In addition, **all Designated Hospitals³ 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-Associated Infection Measures

[CMS IPFQRS](#) required healthcare-associated infection measures.

- Influenza Vaccination Coverage Among Healthcare Personnel.

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

Hospitals will use the template provided by the Department to submit the data. Templates are found on the Report Card webpage, under “[Resources for Vermont Hospitals](#)”.

There are two templates available: Full-Time Equivalent (FTE) based, and hour based. Hospitals will use the appropriate template that aligns with hospital’s data collection method.

- Data entry is limited to the highlighted area of the spreadsheet: by shift, RN, LPN, UAP hours or FTEs; and patient census.
- Completed templates will be emailed to: teri.hata@vermont.gov. at least every three months.

SECTION TWO: FINANCIAL REPORTING

Per [18 VSA §9405b](#), Vermont’s psychiatric hospitals will use the financial template provided by VDH, created and validated by GMCB, to report hospital’s financial health and budgets on their websites.

5. Hospital’s Financial Assistance Policies

Hospital will post on its website **Financial Assistance Policies (FAP)** and its related contents consistent with IRS requirement (if applicable), including but not limited to the following:

³ Brattleboro Retreat, Central Vermont Medical Center, The University of Vermont Medical Center, Vermont Psychiatric Care Hospital, Rutland Regional Medical Center, and Springfield Hospital (Windham Center) and refers to the inpatient psychiatry unit of each hospital respectively.

- The list of providers, other than hospital facility itself, delivering emergency or other care in the hospital and to specify which providers are covered by the hospital's FAP and which are not.
- The eligibility criteria for financial assistance, whether such assistance includes free or discounted care, and the basis for calculating amounts charged to patients.
- Description of how an individual applies for financial assistance under the FAP and either the hospital's FAP or FAP application form must describe the information or documentation the hospital may require an individual to submit as part of FAP application.
- A plain language summary of the FAP.
- Action that may be taken in the event of nonpayment.

6. Hospital's Financial Health and Budget Information

GMCB will post a statewide comparative report summarizing the hospitals' financial health and budget. Minimum content and presentation requirements for summary hospital budget information will be based on the hospitals' financial performance, as reported in the annual hospital budget submissions to the GMCB for the current and past fiscal year, and will be presented as follows:

- Finances: Summaries of the hospitals' 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 will represent both actual results and projections for subsequent budget years and will be presented against at least one national peer, regional peer or Vermont peer group data, or against one bond rating agency's comparable rating.
- Budgets: Summaries of the hospitals' budgets which represent two years of actual results and current budget year. Data will be presented against at least one national peer, regional peer or Vermont peer group data, or against one bond rating agency's comparable rating.
- Cost Shift: Quantification of cost shifting from public payers to private payers for one year of actual results and current budget year.
- Key Performance Indicators: Summaries of the hospitals' capital key performance indicators for two years of actual results and current budget year.
- Capital Investments: Summaries of capital expenditures and plans for one to four years.

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

For Higher Volume Health Care Services, the hospitals will identify the top 20 inpatient diagnoses, their counts and charges. Using a template provided by the Department, hospitals will create a report that will be published on hospital's website.

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.

Hospitals will follow the timelines specified in [Appendix A](#).

SECTION THREE: PUBLIC PARTICIPATION AND STRATEGIC PLANNING

Each hospital will 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 will be integrated with the hospital's long-term planning.

Staff at the District Offices of the Department of Health ([Appendix D](#)) are available to partner with hospitals in conducting the community health needs assessment (CHNA) and in developing the required Implementation Plan in the following ways:

- Compilation of health outcome data to develop a Community Health Profile,
- Developing community survey and/or other engagement methods,
- Providing evidence-based strategies that have proven impact in improving health outcomes to consider when developing the Implementation Plan, and
- Collaborating in monitoring of the Implementation Plan to evaluate its success in improving health outcomes.

8. Community Health Needs Assessment for Non-Profit Hospitals

Brattleboro Retreat will post on its website a community health needs assessment (CHNA) in accordance with IRS⁴, which includes at minimum the following:

- Definition of the community it serves;
- 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 community⁵;
- Identification of the significant health needs;
- 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;
- Description of resources available to address the significant health needs;
- Report on *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)⁶;
- Contact information including but not limited to: the telephone numbers, e-mail addresses, fax numbers and postal addresses of the person in charge of the CHNA at the hospital;
- Contact information including but not limited to: the department(s), telephone numbers, e-mail addresses, fax numbers and postal addresses at the hospital for

⁴ 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].

⁵ Final Rule at 78963; 26 C.F.R. § 1.501(r)-3(b)(4).

⁶ See *id.*, at 78969.

consumers to use if interested in learning about public participation events⁴; website references may also be included, and;

- Description of where and how consumers may obtain detailed information about, or a copy, of the hospital's CHNA and strategic plan.

Hospital will post the above information on their website by **June 1**. IRS requires the hospitals make the CHNA report available until two subsequent assessments are made available. Therefore, hospitals must have links to at least the two most recent reports.

9. Implementation Plan, Strategic Initiatives, Annual Progress Report

The implementation Plan, Strategic Initiatives will describe how the hospital plans to address the identified health needs, including:

- 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 strategy⁷;
- Anticipated impact of these actions;
- Resources the hospital plans to commit to address the health needs;
- Any planned collaboration between the hospital and other facilities or organizations, and;
- Identifies the health needs the hospital does not intend to address and explain why the hospital does not intend to address them; and will **provide** a brief explanation of its reasons, 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.

Each hospital will post on its website an **Annual Progress Report**⁸. Annual Progress Report will include at minimum the following:

- Health needs identified, and actions hospitals plan to take to address each health needs;
- Health needs identified for which no action is planned with an explanation of why;
- Current initiatives, activities, action items for each health need being worked on. Include items such as list of partners, resources, funding sources, supports received; program description (or link to the program webpage), and;
- Any of the following: progress made, outcome for each initiative, activity, action item, lessons learned, or any barriers encountered.

Hospitals will post the above information on their website **by June 1**.

10. Description of Hospital Complaint Process

⁷ See *id.*, at 78970.

⁸ Annual Progress Reports can be submitted as part of CHNA to comply with the IRS Rule "CHNA report include an 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)."

Each hospital will describe its **consumer complaint resolution** process including but not limited to:

- A description of the complaint process including how to register a complaint;
- Contact information, including but not limited to: telephone numbers, e-mail addresses, fax numbers, and postal addresses
 - for the hospital employee(s) responsible for implementation of the complaint resolution process;
 - for [Department of Disability, Aging, and Independent Living, Division of Licensing and Protection](#) in order to register a complaint against the hospital; and
- 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/complaints#>) to direct consumers to a resource website which provides information on how to file complaints outside of hospital.

Hospitals will post the above information on their website by **June 1**.

11. Hospital Governance

Each hospital will provide the **hospital's governance**, including but not limited to:

- Information on membership and governing body qualifications;
- 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;
- Means of obtaining a schedule of meeting of the hospital's governing body, including times scheduled for public participation;
- Contact information including, but not limited to, the telephone numbers, e-mail addresses, fax numbers and postal addresses of the person responsible for public participation at the hospital; and
- The hospital's affiliation and membership with other hospitals, Accountable Care Organizations (ACOs), and/or other managing entities.

Hospitals will post the above information on their website by **June 1**.

12. Link to the Health Department's Statewide Comparative Hospital Report Card

Hospitals will display this link: [VT Department of Health Hospital Report Card Webpage \(http://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/hospital-report-cards\)](http://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/hospital-report-cards) on hospital's website.

Hospitals will post the above information on their website by **June 1**.

Hospitals will promptly notify the Department (contact information in [Appendix D](#)) of all the links of information/measures/documents per requirement of Act 53 that are posted on the hospital's website by **May 28, 2021**.

Appendix A: Hospital Report Card Timelines

Psychiatric Hospitals

Timeline/ Deadline	Hospitals	Department (VDH)
ONGOING	<ul style="list-style-type: none"> Submit nurse staffing data to VDH at least every three months using the nurse staffing template available from the VDH website. 	<ul style="list-style-type: none"> Makes nurse staffing templates available on VDH website.
January		<ul style="list-style-type: none"> Updates the Report Card with refreshed CMS Hospital Compare data.
Before or on Monday, March 15		<ul style="list-style-type: none"> Releases the 2021 Hospital Report Card Reporting Manual. Sends the financial spreadsheet, CPT, and pricing templates to hospitals.
April		<ul style="list-style-type: none"> Updates the Report Card with refreshed CMS Hospital Compare data.
Friday, April 23		<ul style="list-style-type: none"> Sends formatted nurse staffing data to hospitals for review.
Friday, April 30	<ul style="list-style-type: none"> Send the nurse staffing data back to the department with final comment. 	<ul style="list-style-type: none"> Sends hospitals finalized PDF report for them to post on website.
Tuesday, May 25		<ul style="list-style-type: none"> Publishes the 2021 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.
Friday, May 28	<ul style="list-style-type: none"> Send links of all the reports and information posted on hospital website to VDH. 	
Monday, June 1	<ul style="list-style-type: none"> Publish all reports and information on all hospital websites. 	<ul style="list-style-type: none"> Publishes comparative report on VDH's website.
July		<ul style="list-style-type: none"> Updates the Report Card with refreshed CMS Hospital Compare data.
October		<ul style="list-style-type: none"> Updates the Report Card with refreshed CMS Hospital Compare data.

Appendix B: Nurse Staffing Information

1. Required Units for Reporting:

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

VDH	Psychiatric Hospitals
Quality of care measures (Comparative Report)	Quality of Care measures, including patient perception of care survey results (Hospital-specific report)
Healthcare-Associated Infection measures (Comparative Report)	Healthcare-Associated Infection measures (Hospital-specific report)
Patient safety	Financial Assistance Policy
Nurse staffing report	CHNA for non-profit hospital
	Implementation Plan/Strategic Plan/Annual Progress Report
	Financial Health/Budget Information
	Charge/pricing information
	Hospital complaint process
	Hospital governance
	Link to VDH's website

Appendix D: Contact Information and Resources

Any questions regarding the Hospital Report Card, please contact

Teri Hata

Vermont Department of Health

108 Cherry St. Burlington VT 05401

Teri.hata@vermont.gov

802-657-4209 (direct); 802-863-7300 (general)

Or

Hillary Wolfley

Vermont Program for Quality in Health Care (VPQHC)

132 Main St #1 Montpelier VT 05602

HillaryW@vpqhc.org

802-262-1304

Community Health Needs Assessment (CHNA) and Implementation Plan

Staff at the District Offices of the State Health Department are available to partner with hospitals. 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

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
Vermont Statute, 18 V.S.A. § 9405a (public participation and strategic planning)	https://legislature.vermont.gov/statutes/section/18/221/09405a
Vermont Statute, 18 V.S.A. § 9405b (Hospital Community Reports)	https://legislature.vermont.gov/statutes/section/18/221/09405b
Vermont Department of Health Hospital Reporting Rule	http://www.healthvermont.gov/sites/default/files/documents/pdf/7.%202018%20Hospital%20Report%20Rule%20Clean%20Copy.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