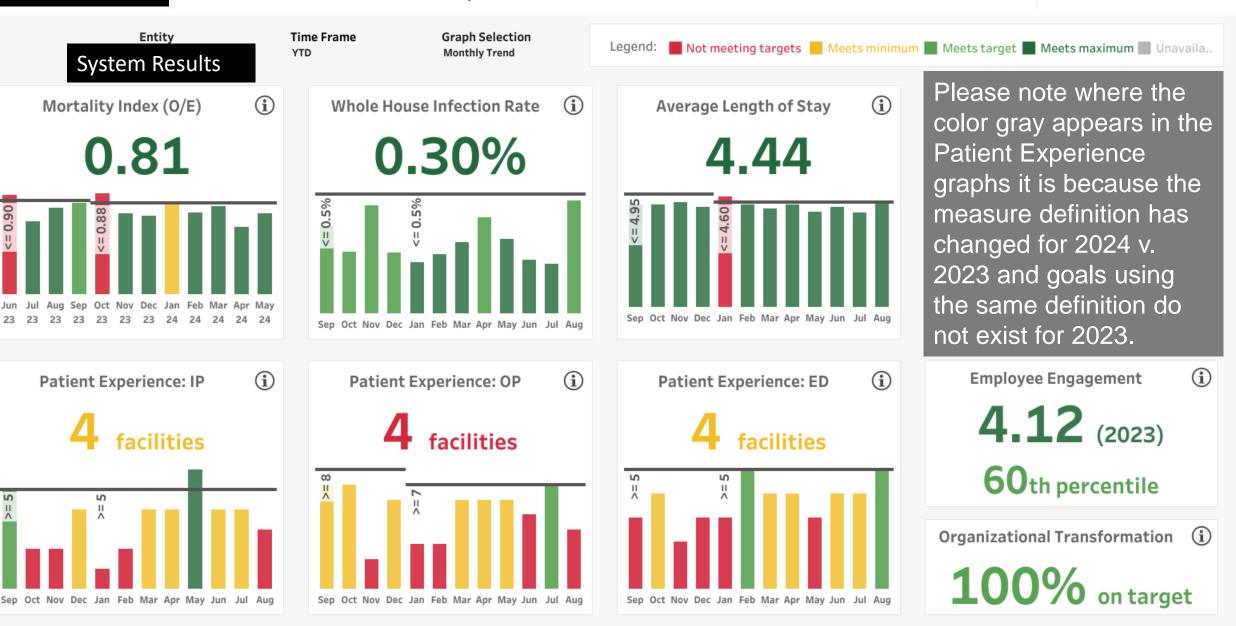
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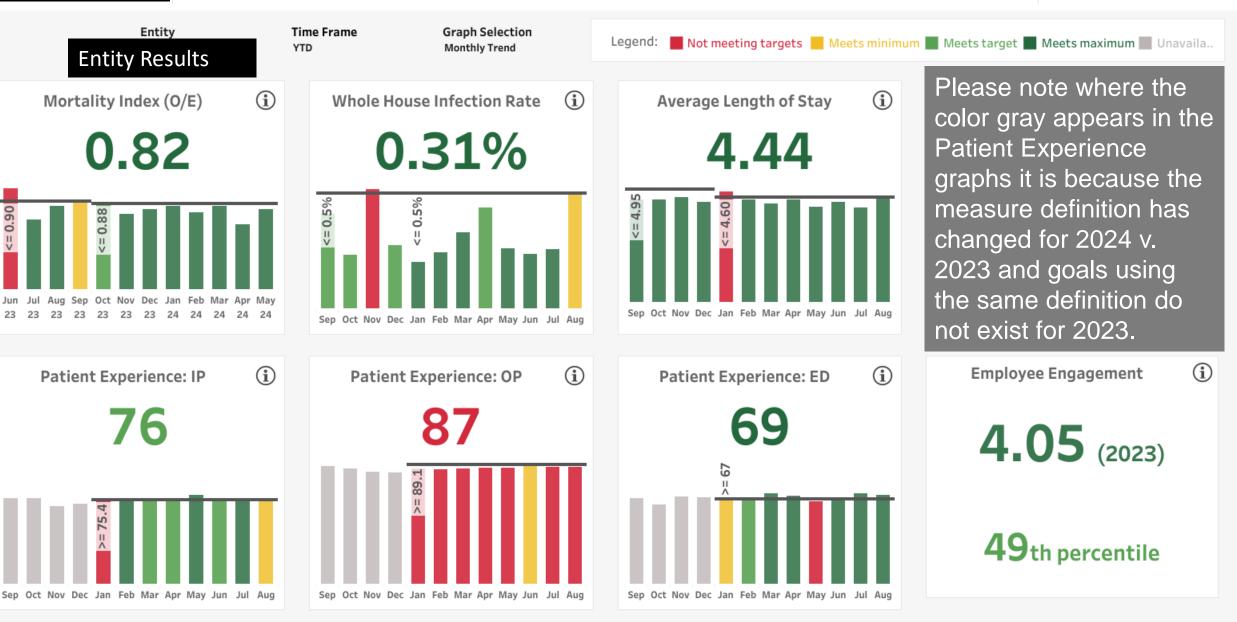
Definitive Dashboard | 2024 YTD



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Definitive Dashboard

In these dashboards you'll find

operating plan measures focused on entity and system performance against targets.

Data Source: Operating Plan Scorecard (VH Intranet, Excel document) | Refreshes: monthly after manual inputs received | Contact: Brittany Helton, Business Analytics

Dashboard

Metric Scorecard with performance against targets and trending

Definitions:

Mortality Index (Observed: Expected): Observed-to-Expected Mortality is a measure of the number of inpatient deaths compared to an expected value based on patient type and acuity. Ratios less than 1.0 indicate mortality performance that is better than expected.

Hospital Acquired Infection Rate: Total healthcare associated infections (based on NHSN criteria) divided by the total inpatient encounters and outpatient encounters with procedures

Average Length of Stay: Number of adult patient days divided by number of discharges in that time period. VH LOS is measured based on WMC only.

Operating Margin: Dvisional operating margin divided by operating revenue. Operating margin percentage is a profitability ratio that shows how much profit a company makes from its core operations in relation to the total revenues it brings in. (Note: Divisonal reporting started in 2023; historic performance not displayed)

Patient Experience- VH definition: Number of entities meeting their target
Patient Experience- entity definitions:
Patient Experience- Inpatient: Press Ganey Top Box Score for inpatient survey responses
Patient Experience- Outpatient: Press Ganey Top Box Score for outpatient survey responses
Patient Experience- Emergency Department: Press Ganey Top Box Score for ED survey responses
(Note: Patient Experience Entity measure definition changed for 2024; historic targets not displayed)

Employee Engagement: Overall score and percentile ranking from annual Press Ganey employee engagement survey

Organizational Transformation: Percent of total initiatives which are "on track" towards completion (Note: New metric as of 2023)

Sources and Time Frames:

Mortality Index: Quality Analytics, monthly, reporting lags by 3 months due to third party comparitive program

Hospital Acquired Infection Rate: Infection Control department, monthly

Average Length of Stay: Business Analytics department, monthly after 7th business day

Operating Margin: Business Analytics department, monthly after 7th business day

Patient Experience: Service Excellence department, monthly

Employee Engagement: Organizational Development department, annual after survey completion, percentile rankings available mid-January

Organizational Transformation: monthly

	Quality Indicators	Source	Ave-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24
	umber of Patient Deaths	VH Data Analyst/ Tableau	44	49	38	48	51	46	48	33	42	37	41	38	36
	umber of Patient Deaths	VH Data Analyst/	1	1	0	0	1	1	3	2	1	1	5	1	2
	e:Sepsis (Not POA) umber of Patients with	Tableau VH Data Analyst/													
	VT/PE (Not POA)	Tableau	1	2	3	0	1	0	2	3	3	2	3	0	1
	···	VH Data Analyst/	1	0	0	1	0	0	1	0	0	1	0	0	1
	leer (HA) Ils with Major Injury	Tableau													
<i>&</i> /	or Death Injury	Risk Reports	1	1	1	0	0	0	1	2	0	1	0	1	1
Мі	ills with Moderate & inor Injury	Risk reports		7	5	2	6	7	8	0	0	3	1	3	3
Harm	lls with No Injury	Risk reports		19	21	30	15	34	15	22	15	25	39	35	29
Gr	rievances	Patient Relations					0	1	3	1	2	1	1	0	13
Co	omplaints	Patient Relations					47	32	45	51	56	40	57	68	57
W	orkplace Violence	Risk Reports					11	11	8	9	7	6	11	15	14
		Risk Reports	58	46	56	38	60	35	53	114	81	95	110	65	57
	erious Safety Event umber	Risk Reports	2	1	1	0	0	2	1	4	0	1	0	0	1
Se	rious Safety Event Rate	Risk Reports		0.8	0.8	0.8	0.8	0.7	0.7	0.8	0.7	0.6	0.5	0.5	0.4
Se	entinel Event	Risk Reports		1	1	0	1	2	1	4	0	1	0	0	0
	Process Indicators	Source													
Co	ode Blue Events	Code Committee					18	16	15	12	10	11	22	15	17
Ra	apid Response Calls	Code Committee					639	581	570	573	541	524	527	613	565
		Code Committee					0	0	0	0	0	0	0	0	0
Po	ntity Specific Indicators ostpartum Blood ransfusions	Source VH Data Analyst	0	2	6	3	1	4	4	3	3	0	3	2	5
	reentage of Post Code	Code Committee	71	80	92	92	71	69	70	44	70	27	95	80	53
	irgical Count iscrepancies	Risk Reports					3	0	3	1	4	5	3	7	2
	D D 1 1 1 1 1	Risk Reports					0	0	1	3	1	0	1	2	0
	boratory Specimen Issue	Risk reports	0	0	0	0	23	25	27	7	10	6	15	15	7
	gnificant Medication vent	Risk reports	20	20	18	25	2	2	3	6	1	3	0	0	3

Quality Indicators	Definition							
Number of patient deaths	Total number of acute care inpatient deaths							
Number of patient deaths re: septicemia, sepsis, severe sepsis, septic shock (Not POA)	ICD-10 Diagnosis Codes Primary and Secondary 1-3							
Number of patients with DVT/PE (Not POA)	ICD-10 Diagnosis Codes Primary and Secondary 1-3							
3rd/4th Degree Pressure Ulcer (HA)	ICD-10 Diagnosis Codes any sequence coded (Also included unstageable)							
Falls with Major/Death Injury	Total number of inpatient (acute care and transitional care"swing bed") falls, excluding extended care facility (ECF) falls coded with injury F-I (Risk Severity)							
Falls with Moderate & Minor Injury	Total number of inpatient (acute care and transitional care" swing bed") falls, excluding ECF falls, with Moderate (i.e. suturing) and Minor (i.e. pain, bruising, abrasion) injury							
Falls with No Injury	Total number of inpatient falls without injury.							
# of Grievances	Total number of Grievances (using the date of the complaint)							
# of Complaints	Total number of Complaints							
# of WPV (work place violence)	Total number of disease, intentional, threatening, inappropriate visitors and Weapon removal events							
Near Miss Events	Total number of near misses (potential for causing harm but did not cause harm) as determined by Risk Management/risk reporting including inpatient falls without injury. (Excluding ECF patient falls.)							
Serious Safety Event (SSE) Numbers	The total number of risk reports with an outcome severity of F,G,H,I (Major temporary or severe harm or death), which includes events ruled to be Sentinel by the VH SE Committee.							
Serious Safety Event (SSER) Rate	#SSE during 12-mo period / # of adjusted patient days in rolling 12 mo-period x 10,000							
Sentinel Event (Unexpected occurrence-death, serious injury)	Total number of serious safety events ruled by VH SE Committee to meet criteria as Sentinel Events as per TJC and VH Policy							
Process Indicators	Definition							
Code Blue Events	Total number of code blue events per "Get with the Guidelines" criteria (this # includes ED patients that arrive by personal vehicle or patients that code while in the ED)							
Rapid Response Calls	Total number of rapid response calls							
Mock Code Events	Total number of Mock Code training events							
Entity Specific Indicators	Definition							
Postpartum Blood Transfusions (low, moderate risk score)	Total number of patient's requiring postpartum blood transfusions with an admission OB Hemorrhage Risk Score of low and moderate							
Post Code Debrief	Percentage of codes in which a debrief occurred							
Surgical Count Discrepancies	Total number of surgery with incorrect counts causing harm or potential harm, including circumstances that have the capacity to case harm							
ED Behavior Related	Total number of ED behavioral, suicidal, homicidal related events with lack of compliance to policy. This includes safety companion, lack of removal of personal belongings, metal detecting, safe environment							
Laboratory Specimen Issue	Laboratory specimen issues that resulted in a delay of care or treatment							
Significant Medication Event	Total number of medication events with the outcome severity of D-I							