

Vermont Department of Health

Hospital Report Card Reporting Manual



2015 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. In response to that legislation, a regulation (Rule H-2009-05) was initially promulgated by the Department of Financial Regulation (DFR) 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 transferred to the Vermont Department of Health (the Health Department) in 2014.

The hospitals that are required to produce the report on June 1, 2015 include:

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

In addition, the following facilities have been invited to voluntarily participate in the hospital community report initiative:

- White River Junction VA Medical Center
- Dartmouth-Hitchcock Medical Center

This manual contains the mandatory reporting specifications for the 2015 Hospital Report Card, and a description of the approved uniform format for the reports.

REPORTING SPECIFICATIONS

Changes to Act 53 during the 2005 legislative session now require that hospital community reports be published on each hospital's website. By June 1, 2015, each hospital is required to provide a menu page on its website with links to required comparative information on the Health Department's Hospital Report Card website, including quantitative measures of quality, patient safety, hospital-acquired infections, nurse staffing, patient satisfaction, and financial health and pricing for selected services, as applicable to each hospital. The Health Department's website will present some of these measures using My Own Network, powered by AHRQ (MONAHRQ®) which compares the hospitals with national benchmarks when available. The remaining measures will be presented in a PDF form. The Health Department's website will include links to previous year's reports housed on DFR's website.

Appendix A provides a table of all the measures that are reported on the Hospital Report Card, methods of obtaining data and reporting, and data collection period for the community hospitals. For psychiatric hospitals, similar information is provided in **Appendix B**.

Appendix C provides Hospital Report Card timelines for 2015.

For each required quantitative quality measure for community hospitals in the 2015 reports, the table in **Appendix D** shows the measure, the source of each measure, and links to specifications. These measures will be posted on the department's website, rather than on each hospital's individual website. For psychiatric hospitals, **Appendix E** provides the similar information.

Hospital-specific information, including summaries of quality improvement and patient safety initiatives, a description of hospital governance, a description of strategic initiatives and the hospital's process for openness and public participation, and a description of the hospital's complaint process must be included on each hospital's website. The specifications for this information are found in **Appendix J**. It should be noted that most of the quantitative mental health quality measures for the psychiatric hospitals are hospital-specific measures and will be posted on each psychiatric hospital's website only rather than on the department's website. The exception is Nurse Staffing, which will be posted on the department's website.

Appendix F contains a link to the HCAHPS® experience of care survey.

Appendix K includes the specifications for hospital financial health and pricing reports.

Appendix L lists changes that were made from previous year.

Hospitals are required to distribute printed copies of the report to members of the public upon request.

COMMON HOSPITAL MENU PAGE FORMAT

Common link on hospital website's home page:

Each hospital will establish a link, which is prominently displayed on its website's home page, entitled "**Hospital Report Card**," which will connect consumers to a separate Hospital Report Card menu page within its website.

Common website menu page and template:

The Hospital Report Card menu page will consist of a common menu page template, text and layout, section headings, ordering of information, links to the Health Department's MONAHRQ®, and links to financial health data and other hospital-specific information included on each hospital's website. The common menu and the content layout are specified in the template for the community hospitals (**Appendix H**) and for the psychiatric hospitals (**Appendix I**). The ready-to-use electronic versions of the templates are found on the Report Card Toolkit Page on the department's website at:

http://healthvermont.gov/hc/hospitalreportcard/hospital_resources.aspx.

While hospitals must use the applicable template, each hospital may use its existing website style scheme and may also direct consumers to additional hospital-specific quality and financial information on the hospital's website, if any, that is not required by Act 53.

Common report title:

Hospitals must identify the report on their websites as "**Hospital Report Card**" and use the common logo.

ONLINE REPORT CARD TOOLKIT PAGE FOR HOSPITALS

The Department of Health has established an online Report Card Toolkit Page to provide hospitals with the 2015 reporting Manual, electronic webpage template and contact information.

To view this information, go to: http://healthvermont.gov/hc/hospitalreportcard/hospital_resources.aspx

APPENDIX A

REPORTING RESPONSIBILITIES FOR COMMUNITY HOSPITAL MEASURES

MEASURES	REPORTING RESPONSIBILITY	DATA COLLECTION PERIOD
*AHRQ Volume and Mortality Data: Esophageal Resection Pancreatic Resection Abdominal Aortic Aneurysm Repair	VDH pulls data from VUHDDS, enters in MONAHRQ	CY 2013
CMS Mortality and Readmission Rates for: Heart Attack Heart Failure Pneumonia	VDH pulls data from Hospital Compare, enters in MONAHRQ	July, 1, 2011 – June 30, 2014
CMS Measure for overall hospital-wide readmission		
CMS Measures for: Heart Attack Heart Failure Pneumonia Preventing Complications from Surgery	VDH pulls data from Hospital Compare, enters in MONAHRQ	FY 2014
HCAHPS Patient Satisfaction Survey	VDH pulls data from Hospital Compare, enters in MONAHRQ	July 2012 – June 2013
Central Line Associated Bloodstream Infection Ratios	VPQHC pulls data from NHSN, validate data, sends data to VDH	FY 2014
*Surgical Site Infection Ratios for: Abdominal Hysterectomy Hip Replacement Knee Replacement	VPQHC pulls data from NHSN, validates data, sends data to VDH	FY 2014 FY 2014 FY 2014
*Nurse Staffing Data	VPQHC pulls data from NDNQI, sends report to VDH	April 1, 2014 – March 31, 2015
*Financial and Pricing Reports: Hospital pricing and count of top inpatient diagnoses Hospital pricing and count of top outpatient procedures	VDH pulls data from VUHDDS, produces summary report	FY 2013 FY 2013
Physician and hospital pricing of common outpatient procedures and Visits	VDH sends template to hospitals for completion	FY 2014
Budget and financial information, actual 2013, 2014, budget 2015 Cost shift, actual 2014 Financial health benchmarks & indicators, actual 2013, 2014, budget 2015 Hospital capital indicators, actual 2013, 2014, budget 2015 Hospital capital investments, capital plans through 2018	GMCB sends templates to hospitals for completion, sends each hospital and VDH final report	FY 2013 FY 2014 FY FY FY
Quality Improvement and Patient Safety Initiatives	Hospital produces report	Within past two years
Strategic Initiatives and Process for Public Participation	Hospital produces report	Current data
Hospital Governance	Hospital produces report	Current data
Filing a Complaint	Hospital produces report	Current data
Adverse Patient Safety Events	VPQHC tracks events reported by hospitals, produces a summary report	2010-2014

VUHDDS=Vermont Uniform Hospital Discharge Data Set.

CY = Calendar Year (January 1 – December 31)

FY = Fiscal Year (October 1 – September 30)

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

APPENDIX B

REPORTING RESPONSIBILITIES FOR PSYCHIATRIC HOSPITAL MEASURES

ONGOING MEASURES	SOURCE	REPORTING RESPONSIBILITY	DATA COLLECTION PERIOD
Quality of care information			
Patient safety – falls, physical restraint, seclusion, and multiple antipsychotic medications	Hospital-specific adult chart audits, JCAHO/HBIPS*	Hospital produces report, posts on website	CY 2014
Screening and Assessment – admission screening and pain assessment			
Care Planning – treatment planning, discharge planning, and post-discharge continuing care plans			
Methadone Treatment – physical exams and lab results for methadone treatment	Hospital-specific adult chart audits		
Infection Rates – hospital acquired infections			
Nurse Staffing Information			
**Nursing care hours	NDNQI Spec	VPQHC pulls data from NDNQI and sends report to VDH, posted on VDH website	CY 2014
Patient perception of care			
Hospital survey	McLean Hospital Patient Perception of Care Survey	Hospital produces report, posts on website	CY 2014
Pricing and financial information			
Hospital count and charges for high volume inpatient admissions	Hospital	Hospital produces report, posts on website	FY 2013
Hospital count and charges for high volume outpatient visits			FY 2013
Budget summary			FY 2013
Financial information and benchmarks			FY
Cost shift information			FY 2013
Capital expenditure information			FY
Quality Improvement and Patient Safety Initiatives			
Quality Improvement Projects	Hospital	Hospital produces report, posts on website	Within past 2 years
Strategic initiatives			
Strategic initiatives	Hospital	Hospital produces report, posts on website	Current data
Hospital Governance			
Hospital Governance	Hospital	Hospital produces report, posts on website	Current data
Filing a Complaint			
Hospital complaint process	Hospital	Hospital produces report, posts on website	Current data

* Hospital Based Inpatient Psychiatric Services

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

CY = Calendar Year (January 1 – December 31)

FY = Fiscal Year (October 1 – September 30)

APPENDIX C

HOSPITAL REPORT CARD TIMELINES

Before Friday, March 13	<p>VDH releases the 2015 Hospital Report Card Reporting Manual and electronic website template. Green Mountain Care Board (GMCB) sends financial tables to community hospitals for review and comment (deadline date is contingent upon GMCB schedule).</p> <p>VDH sends the following to the community hospitals:</p> <ul style="list-style-type: none"> • CPT pricing template for completion • Hospital inpatient and outpatient pricing tables for review and comment • Hospital information form for completion (optional) <p>VDH sends the financial table templates to psychiatric hospitals.</p>
March 31, Tuesday	Community hospitals send VDH the completed hospital information form (optional).
Friday, April 17	<p>Community hospitals send</p> <ul style="list-style-type: none"> • Comments to GMCB on the financial tables. • Comments to VDH on Hospital inpatient and outpatient pricing. • Completed hospital CPT pricing template to VDH. <p>VDH sends AHRQ's volume and mortality data to the community hospitals.</p>
Friday, May 1	<p>Community hospitals send comments to VDH on AHRQ's volume and mortality data.</p> <p>GMCB sends final financial data to the community hospitals.</p> <p>VDH sends Hospital inpatient and outpatient pricing to community hospitals for final review and comment.</p> <p>VPQHC sends formatted nurse staffing data to all hospitals for review.</p>
Friday, May 8	<p>All hospitals send the nurse staffing data back to VPQHC with final comment.</p> <p>Community hospitals send the financial data back to GMCB with final comment.</p>
Friday, May 15	<p>VPQHC sends final reports to VDH on nurse staffing, Adverse Patient Safety Events, and surgical site infection ratios.</p> <p>GMCB sends the final financial report to VDH.</p> <p>Community hospitals send the final Hospital inpatient and outpatient pricing to VDH.</p>
Friday, May 22	VDH publishes the 2015 Hospital Report Card on its website. The VDH website is then available to allow hospitals to link to it. The VDH website will continue to update hospital data as necessary until May 29th.
Monday, June 1	<p>Reports published on all hospital websites.</p> <p>Comparative report published on VDH's website.</p>

APPENDIX D

QUALITY OF CARE MEASURES FOR COMMUNITY HOSPITALS

MEASURE	SOURCE	SPECIFICATION		
AMI-2 Aspirin at discharge	CMS	http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag e%2FQnetTier3&cid=1138900298473		
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				
MORT-30-AMI Acute myocardial infarction 30-day mortality rate				
READM-30-AMI Acute myocardial infarction 30-day readmission rate	AHRQ/CMS			
HF-1 Discharge instructions	CMS	http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag e%2FQnetTier3&cid=1138900298473		
HF-2 Evaluation of (LVS) function				
HF-3 ACEI or ARB for LVSD				
MORT-30-HF Heart failure 30-day mortality rate	AHRQ/CMS			
READM-30-HF Heart failure 30-day readmission rate				
PN-3b Blood cultures in the ED prior to initial antibiotic received in hospital	CMS	http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag e%2FQnetTier3&cid=1138900298473		
MORT-30-PN Pneumonia 30-day mortality rate	AHRQ/CMS			
READM-30-PN Pneumonia 30-day readmission rate				
READM-30-HOSP-WIDE (HWR) 30-day overall hospital-wide readmission rate	CMS	http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag e%2FQnetTier3&cid=1138900298473		
SCIP-Inf-1 Prophylactic antibiotic received within one hour prior to surgical incision	CMS	http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag e%2FQnetTier3&cid=1138900298473		
SCIP-Inf-2 Prophylactic antibiotic selection for surgical patients				
SCIP-Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time				
SCIP-Inf-4 Cardiac surgery patients with controlled 6 A.M. postoperative blood glucose				
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-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				
Central Line Associated Bloodstream Infection (CLABSI) Ratios			CDC/NHSN	http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf
Surgical Site Infection Ratios - Abdominal Hysterectomy			CDC/NHSN	http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf?agree=yes&next=Accept
Surgical Site Infection Ratios - Hip Replacement				
Surgical Site Infection Ratios - Knee Replacement				
Nursing care hours per patient day	NDNQI/NQF	http://healthvermont.gov/hc/hospitalreportcard/documents/nurse_staffing_faq.pdf		
HCAHPS Inpatient experience of care data	HCAHPS Survey	http://www.hcahponline.org/surveyinstrument.aspx		
Volume of esophageal resections	AHRQ Inpatient Quality Indicators/ VUHDDS	http://www.qualityindicators.ahrq.gov/Modules/IQI_TechSpec.aspx		
Mortality for esophageal resections				
Volume of pancreatic resections				
Mortality for pancreatic resections				
Volume of abdominal aortic aneurysm repairs				
Mortality for abdominal aortic aneurysm repairs				

APPENDIX E

QUALITY OF CARE MEASURES FOR PSYCHIATRIC HOSPITALS

MEASURE	SOURCE	SPECIFICATION	DATA COLLECTION PERIOD
Patient Perceptions of Care Measures			
Would you recommend the hospital?	McLean Hospital Patient Perceptions of Care Survey	http://www.ebasis.org/pdf/PoC-IPform.pdf	CY 2014
Overall hospital rating of care			
How much were you helped by the care?			
Risks/benefits of medications			
Information about rights			
Involved in decisions about your care			
Know treatment plan for after you leave			
Chart Audit Measures			
Pain assessment	Hospital-specific adult chart audits		CY 2014
Physical exam complete prior to methadone administration			
Initial treatment plan within 24 hours			
Adult inpatient falls			
Hospital-acquired infection rates			
Lab results in medical record for methadone			
Joint Commission Measures (JCAHO/HBIPS*)			
Admission screening	HBIPS - 1a	http://manual.jointcommission.org/releases/TJC2013A/HospitalBasedInpatientPsychiatricServices.html	CY 2014
Physical restraint	HBIPS - 2a		
Seclusion	HBIPS - 3a		
Multiple antipsychotic medications at discharge	HBIPS - 4a		
Multiple antipsychotic medications without appropriate justification	HBIPS - 5a		
Post discharge continuing care plan completed	HBIPS - 6a		
Post discharge continuing care plan transmitted within 7 days to next provider	HBIPS - 7a		
Other			
NDNQI/NQF Nursing Care Hours Per Patient Day	NDNQI Specifications	http://healthvermont.gov/hc/hospitalreportcard/documents/nurse_staffing_faq.pdf	April 1, 2014 - March 31, 2015

* Hospital Based Inpatient Psychiatric Services
CY = Calendar Year (January 1 – December 31)

APPENDIX F

HCAHPS HOSPITAL EXPERIENCE OF CARE SURVEY

Hospitals should use the latest version of the HCAHPS hospital survey being fielded by CMS.

For more information about the HCAHPS survey or a copy of the survey, go to:

<http://www.hcahpsonline.org/surveyinstrument.aspx>

APPENDIX G

INFORMATION ABOUT WEBSITE TEMPLATE

Community Hospitals:

There have been some changes in formatting of the main menu page for the 2015 Hospital Report Card. Community hospitals may download the new template available on the Report Card Toolkit Page on the department's website here: http://healthvermont.gov/hc/hospitalreportcard/hospital_resources.aspx. Hospitals should create their own links to connect to internal hospital website pages when they see "dummy" links in the style sheet.

Hospitals may change the elements of the website menu page that are necessary for consistency with their own website systems, including font, font size, graphics, color, pixel size, navigation elements, and "skins", but may not change the menu text, format or report logo.

Please note: the website main menu page contains three (3) optional links for use by hospitals to provide additional information other than what's required by Act 53. ***Please make sure to remove the optional links from your website menu page if your hospital will not be providing additional information in any of these report categories.***

A representation of the main menu page is shown on the following pages, including links showing connections to either the Health Department's Report Card website or to web pages within each hospital's website. Where noted, hospitals should connect the link to an internal report card web page in their hospital's website.

Psychiatric Hospitals:

There have been some changes made to the website main menu page for the psychiatric hospitals for 2015 as well. Psychiatric hospitals may download the template available here: http://healthvermont.gov/hc/hospitalreportcard/hospital_resources.aspx. Hospitals should create their own links to connect to internal hospital website pages when they see "dummy" links in the template.

APPENDIX H

COMMUNITY HOSPITAL WEBSITE TEMPLATE



This report provides comparative data about Vermont hospital quality, patient satisfaction, pricing and financial information. In addition, it provides information about **[HOSPITAL NAME]** quality improvement initiatives, strategic initiatives, governance, and process for filing a complaint. To view, click on any of the topics below.

HOSPITAL QUALITY – RATINGS FOR THE PUBLIC

[Explore Hospital Quality Ratings and Data](#). You can get a “snapshot” of quality of Vermont hospitals by looking at the following aspects of healthcare:

Deaths and Readmissions:

- How each hospital’s performance on the readmission and death (mortality) measures compares to the national rate.

Patients’ experiences:

- How recently-discharged patients responded to a national survey about their hospital experience. For example, how well did a hospital’s doctors and nurses communicate with patients and manage their pain?

Timely and effective care:

- How often and quickly each hospital gives recommended treatments for certain conditions like heart attack, heart failure, and pneumonia, and follow best practices to prevent surgical complications.

HEALTHCARE-ACQUIRED INFECTION (HAI)

This section provides information on infections that occur while the patient is in the hospital. Many healthcare-associated infections can be prevented when the hospitals use [CDC-recommended infection control steps](#).

- [Central Line-Associated Bloodstream Infection](#)
- Surgical Site Infection:
 - [Infection following Abdominal hysterectomy surgery](#)
 - [Infection following Hip replacement surgery](#)
 - [Infection following Knee replacement surgery](#)

NURSE STAFFING INFORMATION

[Nursing Care Hours per Patient Day](#) refers to the number of hours of nursing care provided on a hospital unit, compared to the number of patients on that unit during a 24-hour period. A higher number may indicate that a hospital provides a higher level of patient care.

FINANCIAL AND PRICING INFORMATION

[This section](#) provides information on **[hospital name]**'s:

- Budget summary
- Financial information and benchmarks
- Cost shift
- Hospital spending
- Top 25 inpatient admissions and outpatient procedures and their hospital charges
- Physician and hospital charges for common outpatient diagnostic procedures and visits
- [More information](#) **THIS IS AN OPTIONAL LINK TO INTERNAL HOSPITAL WEBPAGES. REMOVE THIS BULLET IF THE HOSPITAL IS NOT PROVIDING ADDITIONAL INFORMATION ON ITS WEBSITE.**

See [\[Hospital name\]'s discount and free care policy](#).

ALL Vermont Community Hospitals

Find [Financial and Pricing Information](#) for all Vermont community hospitals.

Find [Discount and Free Care Policies](#) for all Vermont community hospitals.

OTHER INFORMATION ABOUT [\[HOSPITAL NAME\]](#)

- You can read about the [quality improvement projects](#) we have undertaken to make patient care safer and more effective.
- Read about [strategic initiatives](#) to meet health care needs in our community and opportunities for public participation in strategic planning.
- Public participation: [hospital governance](#) section includes [\[hospital name\]](#)'s public meeting schedule, contact information, and volunteer opportunities.
- We encourage the consumers to voice their complaints, concerns, or suggestions. Here is information about [hospital complaint process](#).
- See more information about [Patient Satisfaction at \[hospital name\]](#). **THIS IS AN OPTIONAL LINK TO INTERNAL HOSPITAL WEB PAGES. PLEASE REMOVE THIS SECTION IF THE HOSPITAL IS NOT PROVIDING ADDITIONAL INFORMATION ON ITS WEBSITE.**
- See additional information about [Quality of Care at \[hospital name\]](#). **THIS IS AN OPTIONAL LINK TO INTERNAL HOSPITAL WEB PAGES. PLEASE REMOVE THIS SECTION IF THE HOSPITAL IS NOT PROVIDING ADDITIONAL INFORMATION ON ITS WEBSITE.**

ADDITIONAL RESOURCES ON HOSPITAL QUALITY INFORMATION

[Prior Years' Report Cards for \[hospital name\]](#)

[Current Report Cards for Other Vermont Hospitals](#)

[Prior Years' Report Cards for other Vermont Hospitals](#)

[Vermont Department of Health Hospital Report Card Website](#)

APPENDIX I

PSYCHIATRIC HOSPITAL WEBSITE TEMPLATE



This report provides data about [hospital name]'s quality of care, nurse staffing, patient perceptions of care, pricing and financial health. In addition, it provides information about the hospital's quality improvement initiatives, strategic initiatives, governance and process for filing a complaint. To view this information, click on any of the topics below.

QUALITY OF CARE INFORMATION

Patient Safety

- **Patient Falls:** falls lead to physical injury, as well as to increased length of stay, and increased hospitalization costs. A lower rate may indicate that a hospital is successful with their efforts to minimize patient falls.
- **Physical Restraint and Seclusion:** A lower rate suggests that the hospital use these methods only in limited and necessary situations.
- **Multiple Antipsychotic Medications at Discharge:** Studies show multiple antipsychotic medications can lead to greater side effects, often without improving clinical outcomes. Decrease in this rate indicates the hospital uses evidence-based practice.
- **Multiple Antipsychotic Medications at Discharge with Appropriate Justification:** A clinical circumstance may require hospitals to discharge a patient with multiple antipsychotics with an aftercare plan to transition to single medication.

Screening and Assessment

- **Admission Screening** is an important tool to develop appropriate treatment for patients. Careful **screening for violence risk** is critical to safety of patients and their treatment. A higher rate indicates that the hospital adheres to standard practice of care.
- **Assessment of the patient experiencing pain** is the cornerstone to optimal pain management. A higher rate indicates the hospital understands the importance of pain reduction, which can result in well-being of patients.

Care Planning:

- **Treatment Planning** - The patient's treatment plan serves as a guide for the hospitalization. In order for treatment to be well-coordinated and effective, the initial treatment plan should be developed within 24 hours of admission.
- **Discharge Planning/ Post-Discharge Continuing Care Plans** - In order to provide optimum care, next level of care providers need to know details of precipitating events immediately preceding hospital admission, the patient's treatment course during hospitalization, discharge medications and next level of care recommendations.

Methadone Treatment

- **Physical Exams and Lab Results prior to receiving Methadone Treatment** must be completed to ensure the patient safety. Because Methadone and Buprenorphine are potent, it is necessary to ensure that only patients who are medically stable receive these medicines.

Infection Rates

- Rates of **Hospital-acquired Infections (HAI)**.

NURSE STAFFING INFORMATION

[Nursing Care Hours per Patient Day](#) refers to the number of hours of nursing care provided on a hospital unit, compared to the number of patients on that unit during a 24-hour period. A higher number may indicate that a hospital provides a higher level of patient care.

PATIENT PERCEPTIONS OF CARE

See results from a [Hospital Survey](#) of how patients rated their experiences during recent inpatient stays.

FINANCIAL AND PRICING INFORMATION

[This section](#) provides information on **[hospital name]**'s:

- Budget summary
- Financials and benchmarks
- Cost shift
- Hospital spending
- Top 25 inpatient admissions and outpatient procedures and their hospital charges
- [\[Hospital name\]'s Discount and Free Care Policy](#)

All Vermont Community Hospitals

Find [Financial and Pricing information](#) for all Vermont community hospitals.

Find [Discount and Free Care Policies](#) for all Vermont community hospitals.

OTHER INFORMATION ABOUT **[INSERT HOSPITAL'S NAME]**

- You can read about [quality improvement projects](#) we have undertaken to make patient care safer and more effective.
- Read about [strategic initiatives](#) to meet health care needs in our community and opportunities for public participation in strategic planning.
- Public participation: [hospital governance](#) section includes our public meeting schedule and contact information.
- We encourage the consumers to voice their complaints, concerns, or suggestions. Here's information about the [hospital complaint process](#).

ADDITIONAL RESOURCES ON HOSPITAL QUALITY INFORMATION

[Prior Years' Report Cards for \[hospital's name\]](#)

[Current Report Cards for other Vermont Hospitals](#)

[Prior Years' Report Cards for other Vermont Hospitals](#)

[Vermont Department of Health Hospital Report Card Website](#)

APPENDIX J

SPECIFICATIONS FOR REQUIRED HOSPITAL-SPECIFIC INFORMATION

Note:

Please present this information using plain English and without jargon so that it is easily understood by consumers.

QUALITY IMPROVEMENT AND PATIENT SAFETY INITIATIVES

The hospital community report 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 two 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;
2. 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; and
3. Contact information for the Vermont Program for Quality in Health Care, if relevant.

STRATEGIC INITIATIVES AND PROCESS FOR PUBLIC PARTICIPATION

Each community report shall describe the hospital's processes for strategic planning and decision-making and the hospital's strategic initiatives, including but not limited to:

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 care needs. Such description shall include:
 - a. the manner in which the hospital has incorporated meaningful public participation into its strategic planning, decision-making and identification of health care needs in its service area;
 - b. a listing of the activities that are available for public participation (e.g., volunteer opportunities, regional or community partnerships, public meetings, community events, interviews with key community leaders, surveys, and/or focus groups); and
 - c. contact information, including but not limited to: the department(s), telephone numbers, email addresses, fax numbers and postal addresses at the hospital for consumers to call if interested in learning about public participation events; website references may also be included;

2. A description of at least three initiatives that the hospital is undertaking or plans to undertake to meet hospital service area needs identified through the hospital's strategic planning process, including key quantitative or qualitative indicators if available;
3. The summary and description of the items covered in (1) and (2) above in previous community reports should be updated annually, as changes occur and as the hospital service area's identified needs change; and
4. A description of where and how consumers may obtain detailed information about, or a copy of, the hospital's strategic plan, its one- and four-year capital expenditure plan and a depreciation schedule for existing facilities.

DESCRIPTION OF HOSPITAL GOVERNANCE

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

1. Membership and governing body qualifications;
2. List of current governing body members;
3. Schedule of governing body meetings including times that the meetings are open for public access and public comment, if available at the time of report publication; and
4. Contact information, including but not limited to: the hospital department, telephone numbers, email addresses, fax numbers, and postal addresses for more information, including schedules and agendas of meetings, and how to obtain a copy of the hospital's annual report.

DESCRIPTION OF HOSPITAL COMPLAINT PROCESS

The hospital community report shall describe the hospital's 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 K

SPECIFICATIONS FOR FINANCIAL REPORTS AND PRICING INFORMATION

According to 18 VSA § 9405b, each community 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).

- A. **Hospital Finances.** Each community report shall provide 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.
- B. **Hospital Budget.** Each community report shall provide 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.
- C. **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.

- D. **Information on Hospital Pricing.** Each community 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 chargemaster, or other 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 L

CHANGES MADE IN 2015 FROM PREVIOUS YEAR

General:

- MONAHRQ, software which displays many of the quality measures, was upgraded to the version 5.0.
- The Report Card due date is June 1, 2015.
- Fletcher Allen Health Care is now changed to the University of Vermont Medical Center.
- The Green Mountain Psychiatric Care Center is now changed to the Vermont Psychiatric Care Hospital.
- Both community hospital and psychiatric hospital website templates have been modified.

CMS Measure:

- Addition of READM-30-HOSP-WIDE (HWR): 30-day overall hospital-wide readmission.
- Removal of two summary reports: "Preventing Central Line-Associated Bloodstream Infections" and "Prevention and Control of Antibiotic-Resistant Infections".
- HCAHPS Inpatient experience of care data includes a new transition of care measure (How well did patients understand the type of care they would need after leaving the hospital?).