

Vermont Department of Health

Hospital Report Card Reporting Manual



2016 HOSPITAL REPORT CARD REPORTING MANUAL

TABLE OF CONTENTS

INTRODUCTION	3
REPORTING SPECIFICATIONS AND OTHER IMPORTANT INFORMATION	4
APPENDICES	5
A. Hospital Report Card Timelines	5
B. Required Measures for Community Hospitals	7
C. Required Measures for Psychiatric Hospitals	8
D. Community Hospital Website Template	9
E. Psychiatric Hospital Website Template	11
F. Specifications for Required Hospital-Specific Information	13
Quality Improvement and Patient Safety Initiatives	13
Strategic Initiatives and Process for Public Participation	13
Description of Hospital Governance	13
Description of Hospital Complaint Process	14
G. Specifications for Financial Reports and Pricing Information	15
Hospital Finances	15
Hospital Budget	15
Depreciation Expenses	15
Information on Hospital Pricing	15
H. Changes Made in 2016 From Previous Year	17

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. The purpose of the Act is to:

Develop tools and resources to assist consumers and payers with making health care decisions by providing accessible, useful information comparing hospital costs and performance.

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

The following 14 community hospitals and two psychiatric hospitals are required to participate:

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

In addition, White River Junction VA Medical Center and Dartmouth-Hitchcock Medical Center have been invited to voluntarily participate in the hospital community report initiative.

This manual contains the mandatory reporting specifications for the 2016 Hospital Report Card for community and psychiatric hospitals, and other important information to help hospitals adhere to the requirement. Contact information for anything concerning the Act 53/Hospital Report Card is provided below.

Teri Hata, Health Care Quality Data Analyst
 Vermont Department of Health
 108 Cherry St. Burlington, VT 05401
 Tel: 802-657-4209
 Fax: 802-865-7701
 Email: teri.hata@vermont.gov

REPORTING SPECIFICATIONS and OTHER IMPORTANT INFORMATION

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, 2016, 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 and state benchmarks when available. The remaining measures will be presented in a PDF form.

Appendix A provides Hospital Report Card timelines for 2016.

Appendix B provides a table of all the measures that are reported on the Hospital Report Card, data source, specifications, published location, and data collection period for the community hospitals. For psychiatric hospitals, similar information is provided in **Appendix C**.

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 F**. 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 G includes the specifications for hospital financial reports and pricing information.

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

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 web page within its website.

Common web page style sheet (template): The Hospital Report Card web page style sheet will consist of a common 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 web page. The common content layout is specified in the template for the community hospitals (**Appendix D**) and for the psychiatric hospitals (**Appendix E**). The ready-to-use electronic versions of the templates are found here: 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 that is available on the hospital's website and 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.

MONAHRQ: Data downloaded from Centers for Medicare & Medicaid Services (CMS) will be updated and published quarterly on the Hospital Report Card.

Appendix H lists changes that were made from previous year.

A [bill \(S.255\)](#) was introduced during the 2015-2016 legislative session that is related to the Hospital Report Card. If the bill is passed before June 1, 2016, hospitals may be asked to modify the ways information is reported on their hospital website. There will be, however, no change with the Department's Statewide Comparative Hospital Report Card webpage.

APPENDIX A: Hospital Report Card Timelines

Community Hospitals

Before Friday, March 11	VDH releases the 2016 Hospital Report Card Reporting Manual. Green Mountain Care Board (GMCB) sends financial tables to community hospitals for review and comment (deadline date is contingent upon GMCB schedule). VDH sends the following to the community hospitals: <ul style="list-style-type: none"> • CPT pricing template for <u>completion</u> • Inpatient and outpatient pricing tables for review and comment • Hospital information form for completion (optional)
Thursday, March 31,	Community hospitals send VDH: <ul style="list-style-type: none"> • Completed hospital information form (optional – to be displayed in MONAHRQ) and • Completed hospital CPT pricing template.
Friday, April 15	Community hospitals send: <ul style="list-style-type: none"> • Comments to GMCB on the financial tables. • Comments to VDH on inpatient and outpatient pricing. VDH sends AHRQ's volume and mortality data to the community hospitals.
Friday, April 29	Community hospitals send comments to VDH on AHRQ's volume and mortality data. GMCB sends final financial data to the community hospitals. VDH sends Inpatient and outpatient pricing to community hospitals for final review and comment. VPQHC sends formatted nurse staffing data to all hospitals for review.
Friday, May 6	All hospitals send the nurse staffing data back to VPQHC with final comment. Community hospitals send the financial data back to GMCB with final comment.
Friday, May 13	VPQHC sends final reports to VDH on nurse staffing, Adverse Patient Safety Events, and surgical site infection ratios. GMCB sends the final financial report to VDH. Community hospitals send the final inpatient and outpatient pricing to VDH.
Monday, May 23	VDH publishes the 2016 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 31st.
Wednesday, June 1	Reports published on all hospital websites. Comparative report published on VDH's website.

Psychiatric Hospitals

Before Friday, March 11	VDH releases the 2016 Hospital Report Card Reporting Manual. VDH sends the financial table & CPT pricing templates to psychiatric hospitals.
Friday, May 6	All hospitals send the nurse staffing data back to VPQHC with final comment.
Friday, May 13	VPQHC sends final reports to VDH on nurse staffing.
Monday, May 23	VDH publishes the 2016 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 31st.
Wednesday, June 1	Reports published on all hospital websites. Comparative report published on VDH's website.

APPENDIX B: Required Measures for Community Hospitals

Measure	Source	Spec.	Published Location	Reporting Period
Quality of Care Information				
AMI-7a Fibrinolytic therapy received within 30 minutes of hospital arrival	CMS	1	VDH Hospital Report Card	7/2014-6/2015, updated quarterly
AMI-8a Timing of receipt of primary PCI				
MORT-30-AMI Acute myocardial infarction 30-day mortality rate	AHRQ/CMS			7/2011-6/2014, updated quarterly
READM-30-AMI Acute myocardial infarction 30-day readmission rate				
HF-2 Evaluation of (LVS) function	AHRQ/CMS			7/2011-6/2014, updated quarterly
MORT-30-HF Heart failure 30-day mortality rate				
READM-30-HF Heart failure 30-day readmission rate				
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			
SCIP-Inf-1 Prophylactic antibiotic received within one hour prior to surgical incision	CMS			7/2014-6/2015, updated quarterly
SCIP-Inf-2 Prophylactic antibiotic selection for surgical patients				
SCIP-Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time				
SCIP-Inf-9 Urinary catheter removed on postoperative day 1 or day 2 with day of surgery being zero				
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				
Volume & mortality rate of esophageal resections (IQI-1 & 8)	AHRQ IQIs/VUHDDS	2	CY 2014	
Volume & mortality rate of pancreatic resections (IQI-2 & 9)				
Volume & mortality rate of abdominal aortic aneurysm repairs (IQI-4 & 11)				
Hospital-Acquired Infection Information				
Central Line Associated Bloodstream Infection (CLABSI) Ratios (HAI-1)	CDC/NHSN via CMS	3	VDH Hospital Report Card	7/2014-6/2015, updated quarterly
Clostridium difficile (C. diff) Infection Ratios (HAI-6)		4		
Surgical Site Infection Ratios - Abdominal Hysterectomy (HAI-4)	NHSN	5		
Surgical Site Infection Ratios - Hip Replacement				
Surgical Site Infection Ratios - Knee Replacement				
Nurse Staffing Information				
Nursing care hours per patient day	Hosp/VPQHC	6	VDH HRC	4/2015-3/2016
Patient perception of care				
HCAHPS Inpatient experience of care data (for all survey questions, refer to the specification link)	HCAHPS Survey	7	VDH HRC	7/2014-6/2015, Updated quarterly
Financial and Pricing Information				
Pricing & count of top inpatient diagnoses	VUHDDS	8	VDH Hospital Report Card	FY 2014
Pricing & count of top outpatient procedures				
Physician & hospital pricing of common outpatient procedures and visits	Hospital			FY 2015
Budget & financial information, actual 2014, 2015, Budget 2016	GMCB			FY
Cost shift, actual 2015				
Financial health benchmarks & indicators, actual 2014, 2015, Budget 2016				
Hospital capital indicators, actual 2014, 2015, Budget 2016				
Hospital capital investments				
Other Information				
Adverse patient safety events	Hosp/VPQHC	9	VDH HRC	Based on number of events (to protect privacy)

Measure	Source	Spec.	Published Location	Reporting Period
Filing a Complaint	Hospital	10	Hosp	Current
Discount and Free Care Policy		11	Hosp	Current
Hospital Governance		12	Hosp	Current

SPECIFICATIONS:

- <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473>
- http://www.qualityindicators.ahrq.gov/Modules/IQI_TechSpec.aspx
- http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf
- http://www.cdc.gov/nhsn/pdfs/pscmanual/12pscmdro_cdadcurrent.pdf
- <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf?agree=yes&next=Accept>
- <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Federal/Agencies/ANA-Leading-Patient-Safety/Nurse-Staffing-Measures>
- <http://www.hcahpsonline.org/surveyinstrument.aspx>
- Manual (page 15)
- <http://healthvermont.gov/hc/patientsafety.aspx>
- Manual (page 14)
- https://www.irs.gov/irb/2015-5_IRB/ar08.html
- Manual (page 13)

SUSPENDED OR REMOVED MEASURES:

- AMI-2:** Aspirin at discharge
- AMI-10:** Statin Prescribed at Discharge
- HF-1:** Discharge instructions
- HF-3:** ACEI or ARB for LVSD
- SCIP-Inf-10:** Surgery patients with perioperative temperature management
- SCIP-Inf-4:** Cardiac surgery patients with controlled 6 A.M. postoperative blood glucose
- PN-3b:** Blood cultures in the ED prior to initial antibiotic received in hospital

APPENDIX C: Required Measures for Psychiatric Hospitals

ONGOING MEASURES	SOURCE	SPEC.	PUBLISHED LOCATION	REPORTING PERIOD
Quality of care information				
Patient safety -- adult patient falls -- physical restraint -- seclusion -- multiple antipsychotic meds at discharge -- multiple antipsychotic meds w/o appropriate justification	Adult chart audits HBIPS 2a* HBIPS 3a* HBIPS 4a* HBIPS 5a*	n/a 2 2 2 2	Hospital	CY 2015
Screening and Assessment -- admission screening -- pain assessment	HBIPS 1a* Adult chart audits	2 n/a		
Care Planning -- treatment planning within 24 hours -- discharge planning -- post-discharge continuing care plans to next provider	Adult chart audits HBIPS 6a* HBIPS 7a*	n/a 2 2		
Methadone Treatment -- Physical exam completed prior to methadone admin. -- lab results in medical record for methadone treatment	Adult chart audits	n/a		
Hospital acquired infections (HAIs)				
Nurse Staffing Information				
**Nursing Care Hours Per patient Day	NDNQI/NQF/ VPQHC	3	VDH website	CY 2015
Patient perception of care				
Hospital survey	McLean Hosp. Patient Perception of Care Survey	4	Hospital	CY 2015
Pricing and financial information				
Count & charges for high volume inpatient admissions	Hospital	5	Hospital	FY 2014
Count & charges for high volume outpatient visits				FY 2014
Budget summary				FY 2014
Financial information and benchmarks				FY
Cost shift information				FY 2014
Capital expenditure plans (four-year)				FY
Quality Improvement and Patient Safety Initiatives				
Quality Improvement Projects and progress report	Hospital	5	Hospital	past 2 years
Strategic initiatives				
How to meet health care needs in community and opportunities for public participation	Hospital	5	Hospital	Current
Hospital Governance				
Public meeting schedule, contact information	Hospital	5	Hospital	Current
Filing a Complaint				
Hospital complaint process	Hospital	5	Hospital	Current

* 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)

SPECIFICATIONS:

- <http://manual.jointcommission.org/releases/TJC2013A/HospitalBasedInpatientPsychiatricServices.html>
- <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Federal/Agencies/ANA-Leading-Patient-Safety/Nurse-Staffing-Measures>
- <http://www.ebasis.org/pdf/PoC-IPform.pdf>
- Manual (Page 15)

APPENDIX D: Community Hospital Website Template



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

HOSPITAL QUALITY RATINGS IN MONAHRQ

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

Deaths and Readmissions:

- How each hospital’s performance on the death (mortality) and readmission 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 follows best practices to prevent surgical complications for common procedures.

Hospital-Acquired Infections (HAIs):

- Provides information on infections that may occur while the patient is in the hospital, such as Central Line-Associated Bloodstream Infection (CLABSI), *Clostridium difficile* (C. diff) infection, and infection after abdominal hysterectomy surgery. Many hospital-acquired infections can be prevented when the hospitals use [CDC-recommended infection control steps](#).

OTHER HOSPITAL-ACQUIRED INFECTIONS

This section provides information on other infections that may occur while the patient is in the hospital:

- [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 the [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' \(2013-2015\) Report Cards for other Vermont Hospitals](#)

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

APPENDIX E: Psychiatric Hospital Website Template



This report provides data about [hospital name]'s quality of care, patient safety, hospital-acquired infections, nurse staffing, patient perceptions of care, and 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 the 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 is potent, it is necessary to ensure that only patients who are medically stable receive these medicines.

Hospital-Acquired Infection Rates

- Provides information on infections that might occur while the patient is in the hospital.

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
- Financial information and benchmarks
- Cost shift information
- 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' \(2014-2015\) Report Cards for other Vermont Hospitals](#)

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

APPENDIX F: Specifications for Required Hospital-Specific Information

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 schedule 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 G: 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).

- 1) **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.
- 2) **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.
- 3) **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.
- 4) **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 H: Changes made in 2016 from Previous Year

General:

- MONAHRQ, software which displays many of the quality of care measures, was upgraded to the version 6.2.
- The Report Card due date is June 1, 2016, Wednesday.
- 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.
- Outpatient pricing (Tables 3A-1) is no longer comparable to past data due to changes in the coding of procedures.

CMS Measure:

- Addition of HAI: CDI measure.
- Removal/suspension of seven measures:
 - AMI-2, aspirin at discharge
 - AMI-10, statin prescribed at discharge
 - HF-1, discharge instructions
 - HF-3, ACEI or ARB for LVSD
 - SCIP-Inf-10, surgery patients with perioperative temperature management
 - SCIP-Inf-4, cardiac surgery patients with controlled 6 A.M. postoperative blood glucose
 - PN-3b, blood cultures in the ED prior to initial antibiotic received in hospital
- Starting with 2016 HRC, data downloaded from Hospital Compare (CMS) will be updated quarterly.