Catheter Associated Urinary Tract Infection (CAUTI)

CMS CAUTI	Infections	Urinary Catheter Days	Rate/1,000 Urinary Datheter Days	SIR
FY 2021	40	16340	2.45	1.77
FY 2022	42	18952	2.22	1.60
FY 2023	30	19883	1.51	1.10
FY 2024 YTD	23	16273	1.41	1.03

FY24 through July 2024

Adult and pediatric inpatients, who have been an inpatient for more than 3 calendar days, who have an indwelling urinary catheter in place for more than 2 consecutive calendar days, who meet NHSN (CDC) infection surveillance criteria for a urinary tract infection.

For period around Oct & Nov 2020, some data maybe missing due to Cyberattack

SOURCE: UVMMC INFECTION PREVENTION DEPARTMENT

Central Line Associated Blood Stream Infection (CLABSI)

CMS CLABSI	Infections	Central Line Days	Rate/1,000 Central Line Days	SIR
FY 2021	14	18409	0.76	0.74
FY 2022	19	20420	0.93	0.87
FY 2023	16	19945	0.80	0.78
FY 2024 YTD	12	15736	0.76	0.73

FY24 through July 2024

Adult and pediatric inpatients, who have been an inpatient for more than 3 calendar days, who have a central line in place for more than 2 consecutive calendar days, who meet NHSN (CDC) infection surveillance criteria for a primary blood stream infection that is not secondary to an infection in another body site.

For period around Oct & Nov 2020, some data maybe missing due to Cyberattack

Clostridium Difficile (C. Diff)

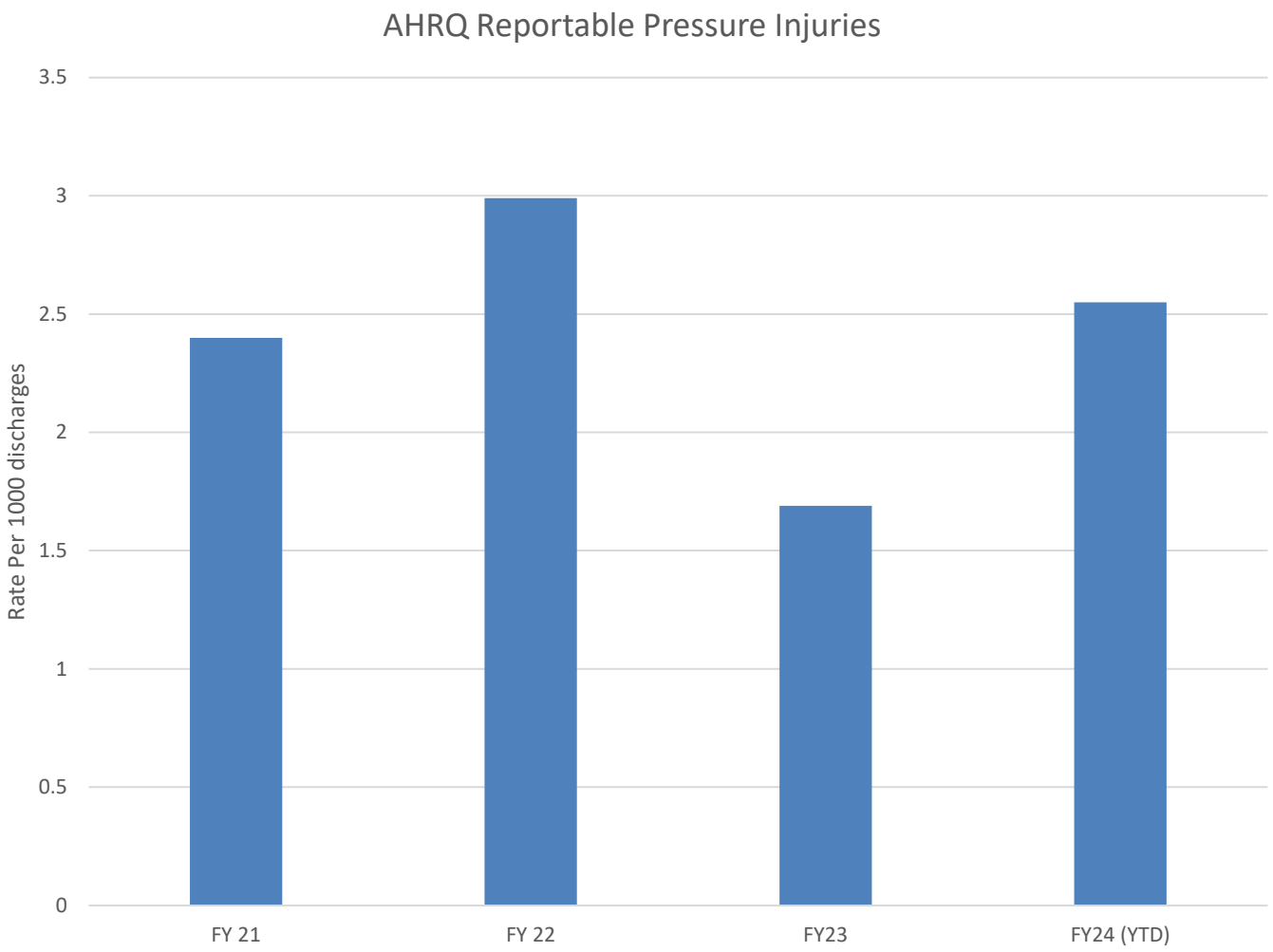
CMS Lab ID C diff	Infections	Patient Days	Rate/1,000 patient days	SIR
FY 2021	56	124360	0.45	0.67
FY 2022	62	134272	0.46	0.67
FY 2023	58	131414	0.44	0.64
FY 2024 YTD	46	97596	0.47	0.68

FY24 through June 2024

Adult inpatients, who have been an inpatient for more than 4 calendar days, who test positive for *Clostridium Difficile*.

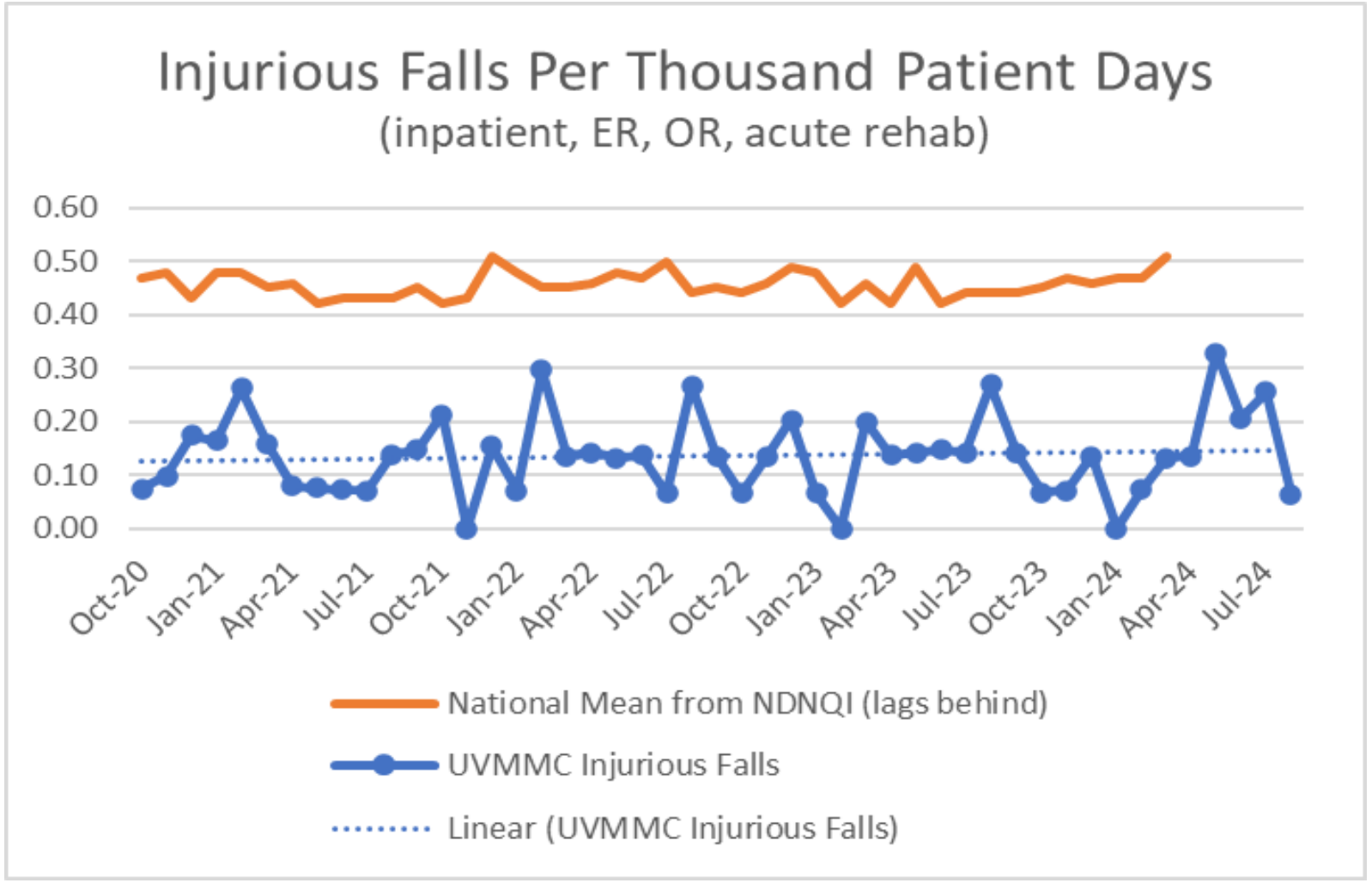
For period around Oct & Nov 2020, some data maybe missing due to Cyberattack

Pressure Injuries

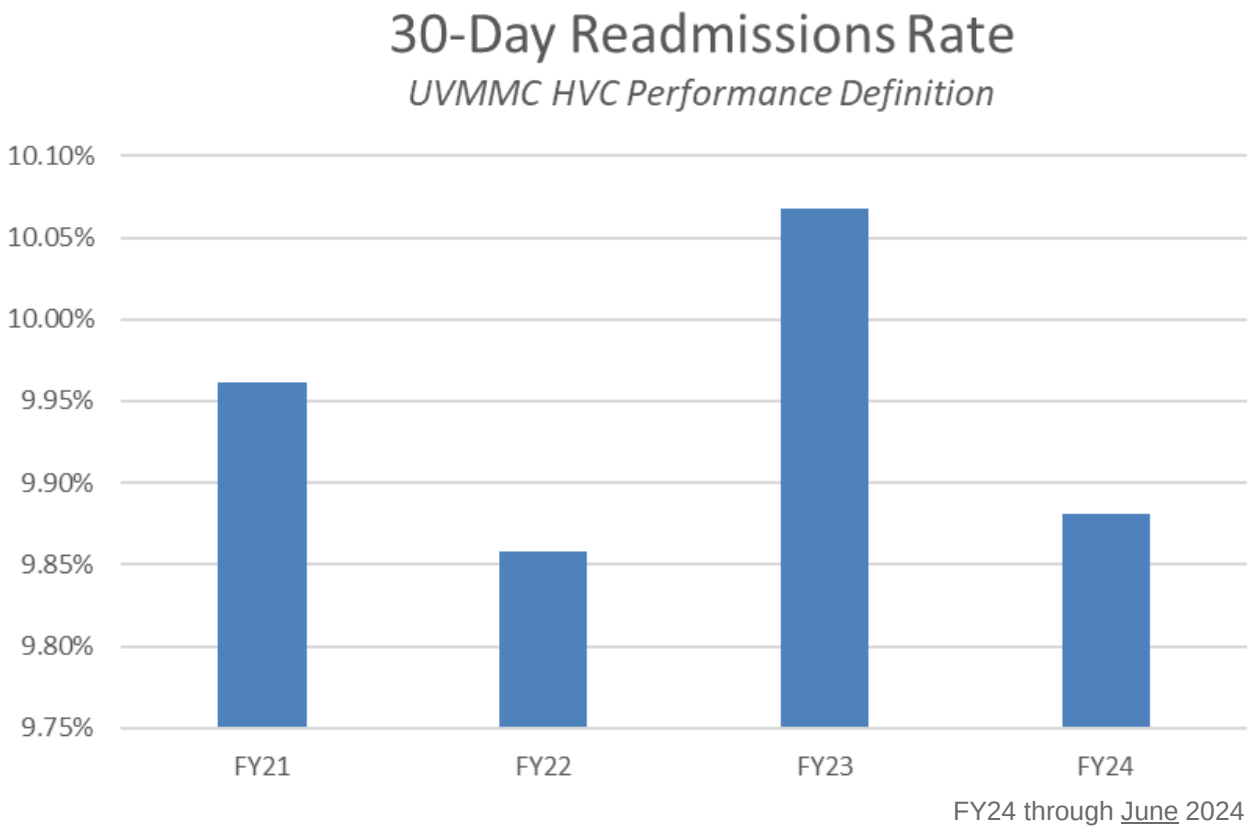


Stage 3 or 4 (or unstageable) pressure ulcers (secondary diagnosis not present on admission) per 1,000 hospital discharges of surgical or medical patients ages 18 years and older. Exclusions include patients with length of stay less than 3 days or those who had Stage 3, 4 or unstageable pressure injury on admission.

Falls with Injury – Inpatient, ER, OR, Acute Rehab



Readmissions



Vizient utilizes the CMS Planned Readmission Algorithm to determine if the encounter is planned or unplanned. All Cause means that the readmit is either related or unrelated. The UVMMC High Value Care Performance Dashboard uses the Vizient Standard Restrictions, but adds exclusions for normal newborns and rehabilitation; the Readmission Flag is also set to Vizient's standard exclusion criteria. There are no exclusions for age (except for newborns) or payor.

For period around Oct & Nov 2020, some data maybe missing due to Cyberattack

Readmissions Definition
UVMMC HVC Performance Template

Standard Restrictions

Include All	Include Only	Exclude All	LOS Outliers
Include All	Include Only	Exclude All	Early Death
Include All	Include Only	Exclude All	Bad Data
Include All	Include Only	Exclude All	Normal Newborns
Include All	Include Only	Exclude All	Nonviable Neonate
Include All	Include Only	Exclude All	Pediatric Age
Include All	Include Only	Exclude All	Medical Tourism
Include All	Include Only	Exclude All	Prison Population
Include All	Include Only	Exclude All	Rehabilitation
Include All	Include Only	Exclude All	Hospice
Include All	Include Only	Exclude All	Manually Excluded
Include All	Include Only	Exclude All	Direct Cost Outlier

Readmissions

Planned Only	Unplanned Only	All	Readmission Algorithm (CMS)
Related Only	Unrelated Only	All	Readmission Type

Readmission Flag

Exclude readmit/revisit (numerator) encounters only:

- [x] Chemotherapy
- [x] Radiation Therapy
- [x] Rehabilitation
- [x] Dialysis
- [x] Delivery / Birth
- [x] Mental Diseases/Alcohol & Drug Use

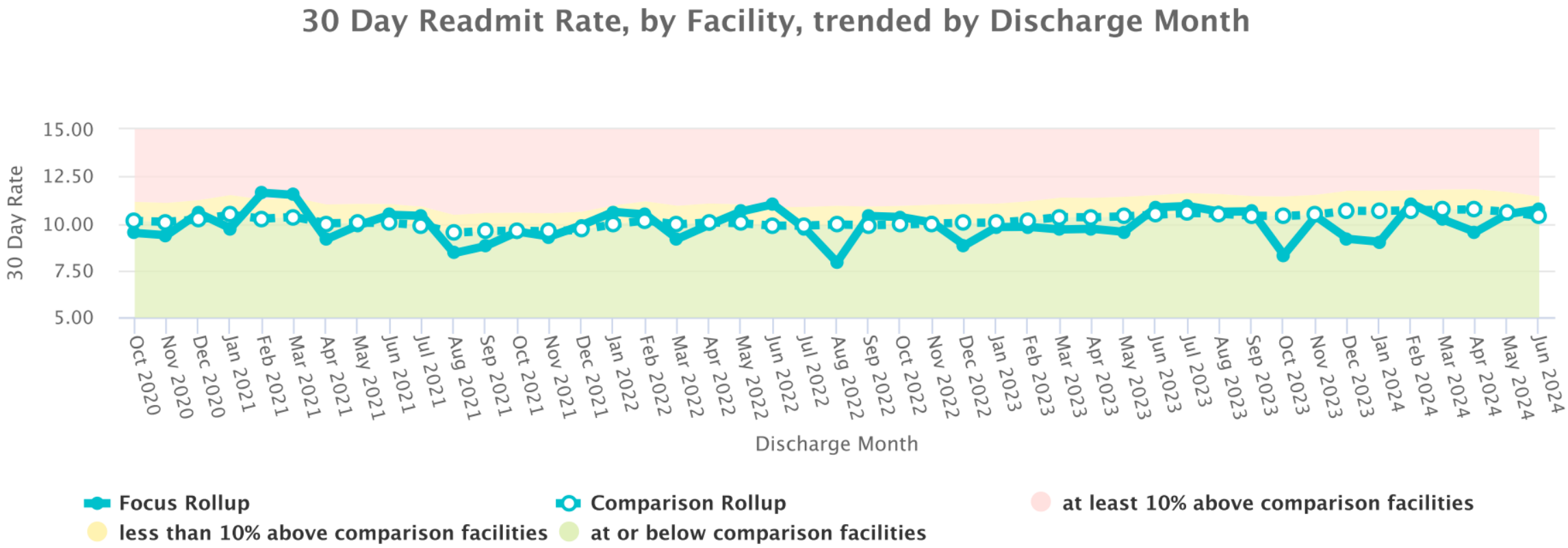
Exclude index (denominator) encounters:

- [x] Chemotherapy
- [x] Radiation Therapy
- [x] Rehabilitation
- [x] Dialysis
- [x] Delivery / Birth
- [x] Death 1st Admit

SOURCE: VIZIENT CLINICAL DATABASE – DASHBOARD BUILDER, UVMMC HVC PERFORMANCE TEMPLATE

Readmissions – comparison with Vizient 2024 Q&A Cohort

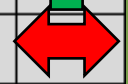
Large, Specialized Complex Care Medical Centers (176 facilities)

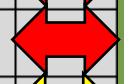
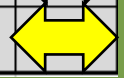
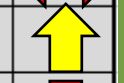


SOURCE: VIZIENT CLINICAL DATABASE – DASHBOARD BUILDER, UVMMC HVC PERFORMANCE TEMPLATE

Dashboards Used to Track Performance

UVMMC HIGH VALUE CARE DASHBOARD

Strategic Priority	Measure	Current	Trend
Patient Experience May – July 2024 (n=1055)	Overall Likelihood to Recommend the Hospital - Top Box (%ile)	77.44% (67)	
	Nursing Communication - Top Box (%ile)	83.06% (76)	
	Doctor Communication - Top Box (%ile)	81.24% (54)	
	Staff Worked Together - Top Box (%ile)	79.00% (85)	
Effectiveness and Efficiency May – July 2024 (readmissions April - June 2024)	Length of Stay (Observed:Expected)	1.18	
	30-Day Readmissions (%)	10.26%	
	Mortality (Observed:Expected)	0.92	

Strategic Priority	Measure	Current	Trend
Financial FYTD (July)	Operating Margin	2.43%	
	Total Cost of Care per Adjusted Discharge	$11,845	
	Case Mix Index	1.87	
Safety HAI, CAUTI, CLABSI May – July 2024 Falls w/ inj, PI June – August 2024	Composite Hospital Acquired Infections (PTPD)	0.78	
	Catheter Associated UTI (PTCD)	2.25	
	Central Line Blood Stream Infection (PTLD)	0.68	
	Falls with Injury (PTPD)	0.18	
	Pressure Injuries - Includes 2,3,4,unstagebale, DTI, mucosal and device related (Rate per 1000 Discharges)	11.12	

Dashboard generated 9/4/2024

FY24 CL Teams Objectives and Key Results (OKRs)

Measures	Key Results	Status (9/4/24)
Throughput Improvement LOS	• By end of FY24Q4, LOS Non-Outlier Average will be ≤ 1.00 O:E • **By the end of FY24Q4, LOS All Patients Average will be ≤ 1.15 O:E** • **By the end of FY24Q4, the Average LOS will be ≤ 6.35 days** • By the end of FY24Q4, 30 Day Readmissions will be ≤ 11% *(*assumes some cost r/t CMS Pay for Performance)*	**1.05 (Oct-Jul)** **1.19 (Oct-Jul)** **6.16 (Oct-Jul)** **9.88% (Oct-Jun)**
Hospital Acquired Infections	• **By the end of FY24Q4, CAUTI rate will be ≤ 1.4 per 1,000 catheter days** • By the end of FY24Q4, CLABSI rate will be ≤ 0.7 per 1,000 central line days • By the end of FY24Q4, Cdiff rate will be ≤ 0.4 per 1,000 patient days	**1.41 (Oct-Jul)** **0.85 (Oct-Jul)** **0.53 (Oct-Jul)**
Pressure Injuries	• By the end of FY24Q4, Pressure Injury rate will be ≤ 9.0 per thousand discharges	**9.84 (Oct-Aug)**
Falls	• **By the end of FY24Q4, Falls with injury rate will be ≤ 0.2 per thousand patient days (including the ED)**	**0.13 (Oct-Aug)**
Patient Experience	• **By the end of FY24Q4, the "Likelihood to Recommend our Facilities" Top Box Score will be ≥ 77.80% for Inpatient** • **By the end of FY24Q4, the "Likelihood to Recommend our Facilities" Top Box Score will be ≥ to 68.68% for the Emergency Department**	**78.08% (FYTD)** **61.86% (FYTD)**
Employee Experience	• **By the end of FY24Q4, the Retention Loss (Voluntary + Involuntary) for UVMMC will be ≤ 15.58%** • **Question 3 ("Know Me") Score will be at least 3.95 in the FY24 Employee Experience Survey**	**12.6% (Oct-May)** **3.99%**

Items in blue are part of the FY24 Network Plan - UVMMC Focus

FY24 CL Teams OKRs Metric Definitions

Throughput Improvement LOS

LOS Index (O/E) – Non-Outliers

This is the Vizient risk model calculated LOS Index that excludes those encounters identified as LOS Outliers. Encounters that are flagged as outliers have an observed LOS greater than the 99th percentile within the assigned MSDRG.

The assignment of expected values, utilizes our HIM coded discharge information

LOS Index = Mean Observed days / Mean Expected Days. This is commonly referred to as an Observed to Expected Ratio (O/E). An O/E ratio above 1.0 indicates an observed LOS higher than the Vizient expected LOS value.

LOS Index (O/E) – All Patients

This is the Vizient risk model calculated LOS Index which utilizes our HIM coded discharge information for processing and assignment of a risk-adjusted expected LOS for every discharge.

LOS Index = Mean Observed days for all patients / Mean Expected days for all patients. This is commonly referred to as an Observed to Expected Ratio (O/E). An O/E ratio above 1.0 indicates an observed LOS higher than the Vizient expected LOS value.

FY24 CL Teams OKRs Metric Definitions (continued)

Throughput Improvement LOS (continued)

Average LOS (ALOS)

LOS is calculated as the # of whole days between the discharge and admission date for a single inpatient encounter. For patients admitted and discharged on the same day, the observed LOS is considered one day.

The average or mean LOS is defined as the sum of the difference between the discharge date and admission date divided by the number of inpatient encounters.

30-Day Readmission Rate – Unplanned, All Cause

Vizient utilizes the CMS Planned Readmission Algorithm to determine if the encounter is planned or unplanned. All Cause means that the readmit is either related or unrelated. The UVMMC High Value Care Performance Dashboard uses the Vizient Standard Restrictions, but adds exclusions for normal newborns and rehabilitation; the Readmission Flag is also set to Vizient's standard exclusion criteria. There are no exclusions for age (except for newborns) or payor.

FY24 CL Teams OKRs Metric Definitions (continued)

Patient Experience

Likelihood to Recommend: Press Ganey global measure that takes into consideration many different experience points where patients responded “Definitely Yes” (i.e., top box score). Surveys sent to patients by discharge date; inpatient measure is reported to CMS.

FY24 CL Teams OKRs Metric Definitions (continued)

Hospital Acquired Infections

CAUTI: Numerator includes inpatients who have an indwelling urinary catheter who have met NHSN infection surveillance criteria for a catheter associated urinary tract infection. These infections are identified on or after hospital day 3 of admission. Denominator is the total number of urinary catheter days/1000 for inpatients from STATIT. Excludes neonates and newborn nursery patients.

CLABSI: Numerator includes inpatients who have a central line with a blood stream infection which cannot be attributed to another site of infection based on NHSN infection surveillance criteria. These infections are identified on or after hospital day 3 of admission. Denominator is the total number of central line days/1000 for inpatients from STATIT. Excludes newborn nursery patients.

C Diff: Numerator includes patients whose onset of symptoms and/or positive test is on or after hospital day 3 or within 48 hours of discharge. Denominator is the total inpatient days/1000 from STATIT. Excludes newborn nursery, NICU and neonatal transition suite patients.

Pressure Injuries: Numerator includes all patients with a pressure injury (excludes stage 1, but includes mucosal injuries, deep tissue injuries, plus stage 2, stage 3, stage 4 and unstageable pressure injuries); denominator is per thousand eligible discharges based on AHRQ PSI-03 methodology. Note that numerator could include a small number of pediatric cases that are excluded from the denominator.

Falls with Injury: All falls on any inpatient unit or in the ED, the OR and Fanny Allen Rehab that are reported in the SAFE system with a harm score of 5 and above; Denominator is provided by the DMO from Method 5 Data (same as reported to NDNQI)