

Munson Healthcare Scorecards

MICAH

May 2023

The information contained herein is confidential and privileged to the greatest extent permitted by law, and is intended solely for patient safety/quality improvement and/or professional review-related purposes

System Scorecard

Ambulatory & Hospital

For the FYTD period ending
3/31/2023



Legend for
Organizational Goals

At or Better than Target

Worse than Target

True North Scorecard FY2023: Munson Healthcare System

Category	Measure Name	Measure Definition	+/-	Baseline	Month Actual	Month Target	FYTD Actual	FYTD Target	FYE Target	Notes
Health Care Team	Reduce Turnover of Full Time and Part Time Employees	Turnover of Active FT or PT Employees / Avg Total Active FT or PT Employees		↓	Data for this scorecard is currently unavailable.					Month Actual = Rolling 12 Month thru reported month, FYTD Actual = Projected FYE
	Safety	Serious Employee Injury RIR	# OSHA Recordable Emp Injuries/Emp Prod Hours per 100 FTEs							↓
Serious Emp Injuries		# OSHA Recordable Emp Injuries by Fiscal Month								
Patient Experience	Patient Experience Survey	"How would you rate your experience" Composite % of Top Box Score Responses	▶	↑						Baseline/Target incl Urg Care Jul-Oct 2021 "Overall rating of care"
	"Rate Experience / Care" across Service Lines	MHC: Inpt, Outpt, ER, Urg Care, Onc, Rehab, NICU, Phys Network (Amb)								
Quality	# VOICE Files Reported	Total Voice Reports for Employees, Patients and Visitors	▶	↑						#VOICE Reports includes CAD, CHA, GRY, MAN, MMC, OMH, POMH and Munson Medical Group (MMG).
Operational Performance	Medicare Advantage Medical Loss Ratio	(Cost of Med Svcs + Qual Init)/(Premium Rev - Taxes and Fees)		↓						CY lagged data, Calendar 2023 data not yet available. Updated Target 90.4% Per K Speese
	Operating Margin %	Excl Special Items	▶	↑						
	Operating Margin \$	Excl Special Items								

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System Scorecard

Ambulatory

For the FYTD period ending
3/31/2023

Legend for Organizational Goals

At or Better than Target
Worse than Target

True North Scorecard FY2023: **MHC Physician Network (Amb Practices)**

Category	Measure Name	Measure Definition	3 mo flag	Baseline	Month Actual	Month Target	FYTD Actual	FYTD Target	FYE Target	Notes
Health Care Team	Reduce Turnover of Full Time and Part Time Employees	Turnover of Active FT or PT Employees / Avg Total Active FT or PT Employees		↓	Data for this scorecard is currently unavailable.					Month Actual = Rolling 12 Month thru reported month, FYTD Actual = Projected FYE
	Safety	Hand Hygiene Compliance	Total Wash or Scrub Observations / Total Observations	▶						↑
Numerator of Hand Hygiene Compliance		Sum of Wash/Scrub Observ by HCW by Dept								
Patient	Denominator of Hand Hygiene Compliance	Sum of Wash/Scrub Observ by HCW by Dept								
	Patient Experience Percentile Rank	Ambulatory uses CGCAHPS "Access"	▶	↑						
Quality	Patient Experience									
	CIN Composite Quality Measure	Calculation / definition in progress		D						Metric TBD. AMB: CYTD, Baseline in August, 4-5 month lag
	Colorectal Cancer Screening	AMB: Colorectal Cancer screening (CMS metric)	▶	↑						AMB: CMS Metrics Baselines/Actuals are Calendar Year based. Baseline is calendar 2021.
	Improve Hypertension Control	AMB: Hypertension Control (CMS metric)	▶	↑						
Operational Performance	Improve Diabetes Control	AMB: HbA1c <= 9.0% (CMS metric)	▶	↑						
	Provider Productivity	AMB: Encounters per Provider FTE = Total Encounters / Provider FTEs	▶	↑	AMB: Rolling 12 Month Average, 1 month lag, January reported					
	CMS HCC Risk Adj Factor (RAF)	AMB: BCBSM Blueprint MC Pts, Priority Hlth GRS, MC Shared Savings Prog	▶	↓	Normalized CMS-HHC risk score =1.0. Lower score = relatively healthier, less costly beneficiary population					

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System Scorecard

Hospital

For the MONTH ending
3/31/2023

Legend for Organizational Goals

At or Better than Target

Worse than Target

Munson Healthcare True North Scorecard FY2023

	Measure Name	Measure / Metric	+/-	MHC Ambulatory	MHC Cadillac	MHC Charlevoix	MHC Grayling	MHC Home Health	MHC Manistee	MHC MMC	MHC OMH	MHC POMH	Actual MHC	Month Target MHC	FYE Target MHC	Notes	
Health Care Team	Reduce Turnover of Full Time and Part Time Employees	Turnover of Active FT or PT Employees / Avg Total Active FT or PT Employees	↓													Month Actual = Rolling 12 Month thru reported month, FYTD Actual = Projected FYE	
	Safety	Serious Employee Injury RIR	# OSHA Recordable Emp Injuries/Emp Prod Hours per 100 FTEs	↓													Event Type "COVID-19 Positive" events are excluded from True North reporting
Serious Emp Injuries		# OSHA Recordable Emp Injuries by Fiscal Month	↓														
Serious Safety Events; AMB: Hand Hygiene Compliance		# of Serious Safety Events; Sum of Wash/Scrub Observ by HCN by Dept	↑														
Patient	Pt survey: "staff worked together care for you" rank (Entity), "Rate experience" composite top box score % (MHC)	MHC: Inpt, Outpt, ER, Urg Care, Onc, Rehab, NICU, Phys Network [Amb]	↑														
Quality	Sepsis and Septic Shock Appropriate Care Rate; AMB: Colorectal Cancer Screening	# Pts who received SEP-1 Bundles/# of SEP-1 Pts who met CMS inclusion specs; AMB: Colorectal Cancer screening (CMS metric)	↑													Two month lag: January reported. Baseline/Actual FY date is May through April due to two month lag.	
	# Patients who received the SEP-1 Bundle	Numerator of CMS SEP-1 Appropriate Care Rate	↑														
	Patient Falls with Injury Rate; AMB: Improve Hypertension Control; MH: Timely Initiation of Care	[True Falls Loc Inc] Tagged falls in DI/Total Avg Daily Census) x 1000; AMB: Hypertension Control (CMS metric); MH: < 48 hrs from Referral to Home Care Services	↓														Targets based on Baseline period 5/1/2022 - 4/30/2022 as of 5/17/2022
	Patient Falls with Injury - True North locations	Pt Falls with Injury included in the rate	↑														POMH: September low census, 1 fall
	Patient Falls with Injury - All Locations	Total Pt Falls with Injury (P, OP, ED, Amb, Grounds, ANC Depts)	↑														#VOICE Reports includes CAD, CHA, GRV, MAN, MMC, OMH, POMH and Munson Medical Group (MMG).
	AMB: Improve Diabetes Control (<=9%); # VOICE Files Reported	AMB: HbA1c <= 9.0% (CMS metric); MHC: #VOICE Files Reported	↑														
	AMB: Provider Productivity; MHC: Operating Margin	AMB: Encounters per Provider FTE = Total Encounters / Provider FTEs	↑														
Operational Performance	CMS HCC Risk Adj Factor (RAF)	AMB: BCBSM Blueprint MC Pts, Priority Hlth GRV, MC Shared Savings Pctg	↓														
	Medicare Advantage Medical Loss Ratio	(Cost of Med Svcs + Qual Init)/(Premium Rev - Taxes and Fees)	↓														

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True North

Hospital by site/region

For the FYTD period ending
3/31/2023



Legend for
Organizational Goals

At or Better than Target

Worse than Target

True North Scorecard FY2023: MHC East Region

Category	Measure Name	Measure Definition	Entity	Baseline	Month Actual	Month Target	FYTD Actual	FYTD Target	FYE Target	Notes
Health Care Team	Reduce Turnover of Full Time and Part Time Employees	Turnover of Active FT or PT Employees / Avg Total Active FT or PT Employees	CHA	↓						Month Actual = Rolling 12 Month thru reported month, FYTD Actual = Projected FYE
			GRY OMH East							
Safety	Serious Employee Injury RIR	# OSHA Recordable Emp Injuries/Emp Prod Hours per 100 FTEs # OSHA Recordable Emp Injuries by Fiscal Month NAICS 622000, 250-999 Employees	CHA	↓						
			GRY OMH East							
	Serious Emp Injuries	2020 Top Quartile	CHA	↓						Event Type "COVID-19 Positive" events are excluded from True North reporting
			GRY OMH East							
Serious Safety Events	# of Serious Safety Events	CHA GRY OMH East	↓							
Patient	Patient Experience Percentile Rank % Top Score Responses Survey question: "Staff worked together care for you"	CHA surveys Inpatients GRY surveys Inpatients OMH surveys Inpatients East Region Total for Inpatient Surveys	CHA	↑						
			GRY							
			OMH							
			East							
Quality	Sepsis and Septic Shock Appropriate Care Rate	# Pts who received SEP-1 Bundles/# of SEP-1 Pts who met CMS inclusion specification	CHA	↑						Two month lag; January reported.
			GRY							
	# Patients who received the SEP-1 Bundle	Numerator of CMS SEP-1 Appropriate Care Rate	OMH	↑						Baseline/Actual FY data is May through April due to two month lag.
			East							
Patient Falls with Injury Rate	("TruNo Falls Loc Inc" flagged falls in DI/Total Avg Daily Census) x 1000	CHA GRY OMH East	↓							
Operational Performance	Operating Margin %	Excl Special Items	East	↑						
	Operating Margin \$	Excl Special Items	East	↑						

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Medication Safety Scorecard



MEDICATION SAFETY SCORECARD Paul Oliver Memorial Hospital



True North Category: **Safety**

Medication Safety

Measure / Metric Name	Desired Direction of Metric	Current Target	Baseline	Jul FY23	Aug FY23	Sep FY23	Oct FY23	Nov FY23	Dec FY23	Jan FY23	Feb FY23	Mar FY23	Apr FY23	May FY23	Jun FY23	Fiscal Year to Date
Barcode Scanning*	↑	95%														
Controlled Substance Discrepancy Rate Unresolved within 24 Hours	↓	10%														
Profile Overrides**	↓	15%														
Med Events Near Miss Ratio	↑	25%														
Near Misses																
Total Medication/ Fluid Events																
Serious Safety Events - Medication Event	↓															
Surface Sampling Rate	↑	N/A														
Negative Surface Samples																
Surface Cultures Submitted																

* Areas that scan and comprise the composite score for POMH: ED, Acute Care

** Overnight pharmacy coverage provided by remote pharmacists.

Opioid Stewardship

Measure / Metric Name	Desired Direction of Metric	Current Target	Baseline	Jul FY23	Aug FY23	Sep FY23	Oct FY23	Nov FY23	Dec FY23	Jan FY23	Feb FY23	Mar FY23	Apr FY23	May FY23	Jun FY23	Fiscal Year to Date
Naloxone Rate	↓	N/A														
Naloxone Numerator																
Naloxone Denominator																
ER Opioid Discharge Rx Rate* = ER Opioid Discharge Prescriptions/ ER Discharges	↓															
Narcan Nasal Spray Dispensed**	↑															

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Major Service Line Dashboards

Emergency Department

Calendar Year 2023 Department Quarterly							
True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric	Ultimate Goal	Current Target	Baseline Prior CY
Safety	Hand Hygiene Compliance	% compliant (30 observations/month)	Ben Elliott/Jason Baerlocher	↑	100.0%		
	Serious Safety Events	# of Serious Safety Events	Quality / Risk	↓	0		
	Restraints	Initial restraint order matches type of restraint applied as documented by nurse	Quality / Risk	↑	100%		
	Suicidal patients	Safety Companion documented	Quality / Risk	↑	100%		
	Time-out	Time-out documented prior to procedure	Quality / Risk	↑	100%		
	Falls	Falls with Injury	VOICE	↓	0		
Patient	Overall Patient Experience	PG Top Box Score, TN Scorecard target	Press Ganey	↑	≥90%		
	Patient Satisfaction	Top Box: Doctors explain in a way you understand- EPMG set current target	Press Ganey	↑	≥90%		
	Patient Satisfaction	Top Box: Doctors/Nurse inform patient of test results- EPMG set current target	Press Ganey	↑	≥90%		
	Door to Doctor	Door to ED Physician Evaluation (average minutes)- EPMG set current target	Cerner	↓	30		
	Left Without Being Seen	% patients registered without provider contact- EPMG set current target	STAR	↓	1.5%		

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Major Service Line Dashboards

Emergency Department Cont.

Calendar Year 2023 Department Quality							
True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric	Ultimate Goal	Current Target	Baseline Prior CY
Quality	Sepsis Compliance	Compliance with Sepsis bundle/TN target	Quality / Risk	↑	100.0%		
	Critical Value Reporting	Lab critical values reported to provider within 1 hr (ED only)	Quality / Risk	↑	100.0%		
	Blood Utilization Documentation	Consent signed (ED only)	Quality / Risk	↑	100.0%		
	Blood Utilization Documentation	Transfusion document complete with VS/ Reaction/ Signatures (ED Only)	Quality / Risk	↑	100.0%		
	Moderate Sedation	Immediate assessment prior to procedure	Quality / Risk	↑	100%		
	Fibrinolytic therapy	Fibrinolytic therapy within 30 minutes of arrival	Quality / Risk	↑	100%		
	Imaging completed for acute hemorrhage stroke	Head CT or MRI results for acute hemorrhagic stroke within 45 minutes from ED arrival	Quality / Risk	↑	100%		
Throughput	Median time total time from ED arrival to Admission (CMS measure 1b metric)	ED arrival to Admission (minutes) (1b)	Cerner	↓	120		
	Overall Rate- ED Arrival to Decision to Admit (CMS measure 2a metric)	ED arrival to decision to admit (2a)	Cerner	↓	90		

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Major Service Line Dashboards

Inpatient Services

Calendar Year 2022 Quality Dashboard

True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric	Ultimate Goal	Current Target	Baseline
Healthcare Team	Hand Hygiene Compliance	% compliant Employee Events with EcoLab Hand Hygiene Program	Quality / Risk	↑	[Redacted]	[Redacted]	[Redacted]
	Turnover Rate	% of department staff transferred or terminated during calendar month	Quality / Risk	↓			
Safety	Serious Safety Events	# of Serious Safety Events	Quality / Risk	↓			
	Scanning: Medication	% medications scanned prior to administration	Quality / Risk	↑			
	Scanning: Patient	% ID Armbands scanned to appropriately identify patient prior to care	Quality / Risk	↑			
	Medication Error	# of Medication Errors	Quality / Risk	↓			
	Medication Near Miss	# of Medication Near Misses	Quality / Risk	↓			
Patient	Overall Patient Experience	PG Top Box Score, equal to TN Scorecard benchmark	Quality / Risk	↑			
	Patient Experience - Percentile Rank	PG Top Box Percentile Score, equal to TN Scorecard benchmark	Quality / Risk	↑			

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Major Service Line Dashboards

Inpatient Services Cont.

True North	Measure Name	Measure Definition	Data Report Owner	Desired Direction of Metric	Ultimate Goal	Current Target	Baseline Prior CY
Quality	Sepsis Compliance	Compliance with Sepsis bundle/TN target	Quality / Risk	↑	100.0%	[Redacted]	[Redacted]
	Critical Value Reporting	Lab critical values reported to provider within 1 hr (ED only)	Quality / Risk	↑	100.0%		
	Blood Utilization Documentation	Consent signed (Inpatient only)	Quality / Risk	↑	100.0%		
	Blood Utilization Documentation	Transfusion document complete with VS/ Reaction/ Signatures (Inpatient Only)	Quality / Risk	↑	100.0%		
Throughput	Median T2 time (minutes)- Internal metric	Decision to Admit to Hospitalist Evaluation. For Hospitalist managed patients only.	Cerner	↓	45		
	Median T3 time (minutes) Internal Metric	Hospitalist Evaluation to Bed in Bed (Inpatient Unit) For Hospitalist managed patients only	Cerner	↓	30		

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Where we Share

- **Q&S Committees**
- **Section meetings**
- **TJC readiness (as applicable)**
- **Medical Executive Committee packet**
- **Senior Leadership**

Scorecard Discussion

- How does your team determine metrics?
- How are scorecards/dashboards updated/shared?

Questions for me?

Thank you!

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