

Volume Indicators:

Acute Care: Inpatient medical care provided to patients on the basis of physicians' orders and approved nursing care plans. This includes adult medical-surgical and pediatric care. Adult includes patients age 18 and over; pediatrics refers to patients 17 and younger, but excluding newborns born in your facility.

Acute Care Admits: Number of patients admitted to acute care during the month.

Acute care ALOS/hrs: Add the length of stay, in hours, for each patient discharged (include deaths) from acute care during the month. Divide by total number of patients discharged (include deaths) from acute care to determine the average.

Acute Care Average Daily Census (ADC): The acute care average daily census is the average number of inpatients treated in acute care during a given time period. The general formula for calculating the average daily census is: total number of inpatient acute care service days for a given period divided by the total number of days in the same period. To calculate the inpatient acute care service days, count the number of patients occupying an acute care bed at midnight; add the number of patients admitted and discharged on the same day; this is your daily inpatient acute care census.

Emergency Room/Department Visits - Emergency: Occasion of service provided in the ER/ED for the diagnosis and treatment of a condition that requires immediate medical, dental, or allied services to sustain life or prevent critical consequences which could cause permanent disability to a body function.

Emergency Room/Department Visits – Non Emergency: Occasion of service provided in the ER/ED not requiring immediate medical, dental or allied services to sustain life or prevent critical consequences which could cause permanent disability to a body function.

ER visits - Emergency: Total number of patients treated in your ER for emergency purposes/month

ER visits – Non Emergency: Total number of patients treated in your ER for non emergency purposes/month

Admits from ER: Total number of patients first treated in the ER and then admitted to acute care, observation or ambulatory surgery, regardless of emergency or non emergency status.

Transferred from Acute Care: Total number of patients you transferred to another acute care facility.

Observation: *Services furnished on hospital's premises which include the use of a bed and periodic monitoring by the hospital's nursing or other staff. Such services are used to evaluate an outpatient's condition or determine the need for admission to the hospital as an inpatient. Observation services usually do not exceed 48 hours.*

Observation Admits: Number of patient admitted to observation status.

Deliveries: *The number of patients admitted for delivery, who actually delivered an infant, include liveborn and stillbirths. Multiple births count as one delivery.*

Obstetrics (OB): *Include patients admitted for delivery or false labor, regardless of the age of the mother.*

Deliveries: Number of deliveries during the month *Multiple births count as one delivery.*

Discharge Days: *Total number of days of care rendered to each person discharged within the reporting period. Count the day of admission, but not the day of discharge when calculating discharge days.*

OB Patient Discharge Days: Total number of discharge days generated by obstetrical patients.

Number of OB complications : Count any ICD-9-CM code listed below as an OB complication

633.0 – 633.91	Ectopic Pregnancy
651.00 – 651.93	Multiple gestation
652.00 – 652.93	Malposition and malpresentation of fetus
653.00 – 653.93	Disproportion
655.70 – 655.73	Decreased fetal movements
656.30 – 656.33	Fetal distress
656.40 – 656.43	Intrauterine death
666.00 – 666.34	Postpartum hemorrhage
667.00 – 667.14	Retained placenta or membranes without hemorrhage
669.00 – 669.44	Other complications of labor and delivery NEC

Number of Pre Term Infants: Count the number of pre term infants delivered in your facility, as defined by the following ICD-9-CM Codes:

765.0	Extreme immaturity – usually implies a birth weight of less than 1000 grams;
765.1	Other preterm infants – usually implies a birth weight of 1000-2499 grams

765.21 – 765.27 to specify completed weeks of gestation less than or equal to 34 weeks.

***Long Term Care:** Provides physicians' services and continuous professional nursing supervision to patients who are not in an acute phase of illness and currently require primarily convalescent, restorative or skilled nursing care. Beds must be set up and staffed in a unit specifically designated for this service.*

Long Term Care (LTC) Admits: Total number of patients admitted to long term care during the month.

Long Term Care Average Daily Census (ADC): Average daily census of patients in long term care. The general formula for calculating the long term care average daily census is: total number of long term care service days for a given period divided by the total number of days in the same period. To calculate the long term care service days, count the number of patients occupying a long term care bed at midnight; this is your daily long term care census.

Long Term Care (LTC) Discharge Days: Total number of discharge days generated by long term care patients.

***Swing Beds:** Provides skilled nursing care to patients who are not in an acute phase of illness. Skilled care is a level of care that requires daily involvement of skilled nursing staff. Examples would include, but are not limited to, intravenous injections and physical therapy.*

Swing Bed Admits: Total number of patients admitted to swing beds during the month.

Swing bed Average Daily Census (ADC): Average daily census of patients occupying a swing bed. The general formula for calculating the average daily census is: total number of swing bed service days for a given period divided by the total number of days in the same period. To calculate the swing bed service days, count the number of patients occupying a swing bed at midnight; this is your daily swing bed census.

Swing bed discharge days: Total number of discharge days generated by swing bed patients discharged during the month.

***Outpatient (OP) Services/Visits:** Treatment provided to patients who do not remain in the hospital for overnight care, who are not seen in the ER/ED, and who are not admitted*

to observation status. Includes services such as laboratory, radiology, physical therapy, respiratory therapy, and clinic visits.

Total Outpatient (OP) Visits: Total number of patients seen during the month for outpatient services/visits.

Home Health Visits: Total number of visits made to home health patients. One visit equals one trip to the patient's home, regardless of the number of services performed.

Surgery: Inpatient Surgery: *Surgical services provided to persons formally admitted to an inpatient status. Count each trip to the surgical suite as one surgery, even though multiple procedures may have been done.*

Outpatient Surgery: *Surgical services or procedures provided to patients who are not admitted to an inpatient status. Outpatient surgery may be performed in operating suites used for inpatient surgery, in specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility. If the surgery is written in the surgery log book, count it as a surgical procedure.*

Procedures: *Include procedures such as filters, biopsies, etc., that are not recorded in the surgical log book.*

Total Surgeries: Add the total number of inpatient surgeries and outpatient surgeries performed during the month.

Total Procedures: Add the total number of inpatient and outpatient procedures performed during the month.

Financial Indicators:

Total Days in Accounts Receivable (AR): Total amount of dollars in accounts receivable divided by average daily receivables.

% Medicare Dollars : Total the number of dollars in accounts receivable generated by patients whose source of payment is Medicare divided by the total number of dollars in accounts receivable. (x100 to convert to percent)

% Medicaid Dollars : Total the number of dollars in accounts receivable generated by patients whose source of payment is Medicaid divided by the total number of dollars in accounts receivable. (x 100 to convert to percent)

% Commercial Dollars : Total the number of dollars in accounts receivable generated by patients whose source of payment is commercial insurance divided by the total number of dollars in accounts receivable. (x 100 to convert to percent)

% Self Pay: Total the number of dollars in accounts receivable generated by Self Pay patients divided by the total number of dollars in accounts receivable. (x 100 to convert to percent)

Clinical Indicators:

Medication errors classified as harm categories D-I. Follow the U.S. Pharmacopeia NCC MERP Index for classifying medication errors.

Category D: An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm.

Category E: An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention.

Category F: An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization.

Category G: An error occurred that may have contributed to or resulted in permanent patient harm.

Category H: An error occurred that required intervention necessary to sustain life.

Category I: An error occurred that may have contributed to or resulted in the patient's death.

Medication errors: Total number of medication errors classified to categories D – I.

Patient Falls: Number of patients who fell (slipped and fell, tripped and fell, fell from bed), witnesses or unwitnessed, assisted or unassisted.

Falls with injuries: Number of patients who fell who sustained an injury. Injury is defined as any injury that necessitated treatment or follow up (band-aid, assessment of pain, fracture care, etc.) Report as a rate per 1000 patient days.

Equipment Failures w/Injury: Number of equipment failures that resulted in patient injury. Injury is defined as any injury that necessitated treatment or follow up (band-aid, assessment of pain, burn treatment, etc. Report as a rate per 1000 patient days.

Return to the ER/ED within 72 hours: Count number of patients with an unscheduled return to your ER/ED within 72 hours of being seen in your ER/ED or discharged from your hospital, for the same or related condition.

Readmission within 30 Days: Count number of readmissions within 30 days of inpatient discharge. Include readmissions for any reason.

Unplanned return to the OR: Count number of unplanned returns to the operating room within the hospital stay. Report as 'x' number of unplanned returns out of 'y' total surgeries.

Unplanned admits after outpatient surgery: Count number of unplanned admissions to inpatient acute care after outpatient surgery (do not include admits to observation).

Include patients whose surgery was performed at your facility. Report as a percent of surgical procedures.

Mortality Rate: Count number of inpatients, observation, skilled and emergency department patients (include emergent and non emergent ED patients) who expired at your facility. Divide by total number of inpatients, observation, skilled and emergency department patients treated that month.

Deaths within 72 hours: Count the number of inpatients or emergency department patients who expired within 72 hours of arrival at your facility.

Nosocomial Acute Care and Swing Bed Infection Rate: Add up the number of hospital acquired infections that occurred among your acute care inpatients and swing bed patients during a given time period; divide by the total number of acute care inpatient and swing bed patient days, for the same time period. Report as a rate/1000 patient days

Nosocomial Long Term Care Infection Rate: Add up the number of hospital acquired infections that occurred among your long term care patients during a given time period; divide by the total number of long term care patient days, for the same time period. Report as a rate/1000 patient days.