

## **TORCH HOSPITAL DASHBOARD**

### **Frequently Asked Questions (FAQs)**

The Texas Organization of Rural & Community Hospitals (TORCH) has partnered with the Texas A&M Rural and Community Health Institute (ARCHI) to develop an online Hospital Dashboard tool. To help you access and optimize the use of this tool, TORCH is compiling a list of frequently asked questions (FAQs) and answers. If you have other questions not found in this FAQs, please submit those to Quang Ngo at [quang@torchnet.org](mailto:quang@torchnet.org).

### **General Questions**

#### **Q1. What is the TORCH Hospital Dashboard?**

A1. The Hospital Dashboard tool is developed by TORCH in collaboration with the Texas A&M Rural and Community Health Institute (ARCHI). It is designed to help rural Texas hospitals monitor and benchmark performances to identify strategic opportunities for growth and improvement. The tool is a web-based data capture, reporting and benchmarking system, and supports all PC platforms and handheld devices for easy access and use.

#### **Q2. How can I access and use the Hospital Dashboard?**

A2. All rural Texas hospitals can access and use this tool. To access the tool, go to [www.torchnet.org](http://www.torchnet.org) and under the SERVICES tab, click on HOSPITAL DASHBOARD. Follow the prompt and enter your User ID and Password to access the tool. For TORCH members, your User ID and Password for the Dashboard is the same as the one you use to access other member benefits, such as the TORCH Policy Bank, Salary Survey and Legal Corner. If you have questions on how to access the tool, contact the TORCH office at 512-873-0045. We encourage all rural and TORCH member hospitals to utilize this tool, as the more facilities that participate, the more robust the data is for comparison and benchmarking.

A short, recorded training webinar is available to help participants navigate and utilize this tool. To access the webinar, go to [www.torchnet.org](http://www.torchnet.org) and under the SERVICES tab, click on HOSPITAL DASHBOARD, then click on the link at the bottom of the page to access the training webinar.

#### **Q3. Can multiple individuals at each facility log into the Dashboard?**

A3. Currently, the tool is designed to have one (1) unique User ID and password for each facility. The User ID and password is created for the Hospital Administrator/CEO. The CEO at each facility will need to grant access to or share his/her login information with other members at the hospital who needs to access to the Dashboard. We are looking into options in the near future to support multiple different logins for a facility.

**Q4. Is there a cost to use the TORCH Hospital Dashboard?**

A4. This tool is available for all rural Texas hospitals to use at no out-of-pocket cost. Non-Texas facilities interested in using the tool should contact TORCH at 512-873-0045 for more information.

**Q5. What measures or indicators can be benchmarked using this tool?**

A5. The Dashboard tool features twelve (12) key metrics across three domains: quality/patient experience, operation, and finance (see chart below). An information icon next to each metric provides definitions, relevant notes/tips and formulas, where applicable.

Dashboard Domains	Metrics
Quality/Experience	30-day Readmission Rate (All-Cause)
	Non-urgent ED Visits as a % of Total ED Visits
	Medication Error Rate (MER)
	Willingness to Recommend (HCAHPS Q22)
Operation	Admissions
	Average Daily Census
	Swing Bed Length of Stay
	FTE per Adjusted Occupied Bed
Finance	Operating Margin
	Net Revenue as a % of Gross Revenue
	Days Cash-on-Hand
	Medicare Acute Inpatient Cost per Day

**Q6. How often do I submit my data?**

A6. Once a quarter, participating hospitals will log into the online portal during a three-week reporting window to submit their data. After the reporting period closes, hospitals can access the results and see trending charts (longitudinally for up to eight quarters), data benchmarking distribution and aggregate reports. Hospitals can select to benchmark against all rural Texas, Texas PPS, Texas CAHs, and by geographic regions.

Once you're logged into the tool, follow the prompt to submit your data and set your targets. Users can click on the information icon next to each data item to access the definition, relevant notes/tips and formula, where applicable, for each metric. Hospitals can set their own performance targets for each indicator.

**Q7. What happens when a hospital does not submit all 12 data points (*i.e.*, submit only partial data)?**

A7. There are a total of 12 data points to submit each quarter. To maintain data integrity in the current design of the system, the hospital can only complete the data submission process after entering all 12 data points. System enhancements are planned in the near future to allow for partial data submissions that can be saved so that you can return to complete the rest of the entry at a later time.

**Q8. Do I need to submit historical data?**

A8. Entering in your historical data is optional.

**Q9. Can I extract the data results (visualizations) into a print-ready format, PDF or PowerPoint?**

A9. We are currently exploring tools that will allow users to easily extract the data results into printable and sharable formats.

**Q10. Can anyone else see/access my data through the tool?**

A10. No. Each hospital can see its own data and can benchmark against all Rural Texas, Texas PPS, Texas CAHs, and by geographic regions. Data are aggregated and de-identified for comparative benchmarking purposes, so you cannot see anyone else's data and they cannot see your individual data.

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**Questions specific to the data indicators**

**Q11. For the Operations and Finance measures, do I report the most current data or an average for the quarter? For example, for the October 2019 reporting, do I report the September month end data or an average of the quarter?**

A11. We intend for these measures to be compared submitted and compared quarterly, so please post average for the quarter.

**Q12. Does Admission include observations?**

A12. Hospital admission means admission of a patient to a hospital as an inpatient for at least one night for medically necessary and appropriate care and treatment of an illness or injury. Patients admitted under observation status are considered outpatients, even though they may stay in the hospital for several days and receive treatment in a hospital bed. Observation stays, regardless of length, do not count toward Medicare's requirement, so do not include observations in your admissions number.

**Q13. Does Net Revenue as a Percent of Gross include UC, DSH and Waiver monies? Nursing home...**

A13. For this measure, do not include supplemental revenues.

**Q14. Is there an efficient way to calculate Medicare Acute Inpatient Cost per Day quarterly or is this more appropriate as an annual measure?**

A14. One of our hospitals commented that they see Medicare Acute Inpatient cost per Day as an annual measure on the cost report and audit, so to calculate this internally on a quarterly basis can be difficult, time consuming and out of their expertise or software ability. We don't intend this to be time

consuming, so we suggest using the cost report/audit figure and update the measure annually, rather than quarterly.

**Q15. For Operating Margin, do I include “Other Operating Revenue” in the calculation?**

A15. For this measure, do not include other operating revenue in the calculation.

**Q16. Do we include clinics, nursing homes, or wellness in our calculations for the dashboard?**

A16. Our recommendation is to include clinics, as many rural hospitals have them and they are central to delivery of primary care services, but to exclude nursing homes and wellness centers.

**Q17. For average daily census (ADC), do we calculate only for acute or count swing bed too?**

A17. We recommend counting both acute and swing bed in the ADC calculation.

**Q18. How do you calculate Medicare acute inpatient cost per day?**

A18. Medicare acute inpatient cost measures the amount of Medicare revenue per Medicare day (excluding skilled nursing facility days). This revenue is influenced by facility occupancy rates, service utilization and the ability to manage costs. On the cost report, the numerator to the Medicare acute revenue per day is found on the E-3 schedule – it is total Medicare IP acute care costs. The denominator is found on the S-3 worksheet, row 1, column 6.

**Q19. On the Willingness to Recommend measure, do we report it based on discharges from the quarter or surveys performed during the quarter?**

A19. We realize that there is a lag in HCAHPS reporting because hospital query inpatient discharges, send to vendor for phone interviews, compilation, and reporting to CMs. Our recommendation is to report the most recently available quarter – that is, the quarter most recently past the CMS submission deadline to ensure that it is a finalized quarter with no additional surveys to be performed.

**Q20. On the Medication Error rate, do we report hospital only or all hospital departments?**

A20. On medication error, report for all hospital departments.

**Q21. I just completed entering my data into the dashboard. Why can’t I see my data at this point?**

A21. If you had successfully submitted your 12 data points, your data is in the system. However, currently the system is programmed such that you can’t see your submitted data until after the data submission period has closed. We are adding a screen/message so that once you’ve submitted your data, you will see a message confirming that you’ve successfully submitted your data and to check back after a certain date.

**Q22. Does it matter how I enter my data point for rate or percentages?**

A22. When entering your data point for rates or percentages, report in percentage value (for example: 20%, NOT 0.2).

