

Pillar	Sub Folder	Goal Name	Goal Description	Threshold	Target	Reach
Service	Patient Satisfaction	Patient Satisfaction Overall Quality of Care - Institutional -baseline 74.6%	Increase the % of surveyed patients who rate VUMC as "Excellent" for Overall Quality of Care	0.50%	1.0%	1.50%
Service	Patient Satisfaction	Patient Satisfaction Overall Quality of Care - FY 14 % excellent 70% or above	Increase the % of surveyed patients who rate VUMC as "Excellent" for Overall Quality of Care	0.50%	1%	1.50%
Service	Patient Satisfaction	Patient Satisfaction Overall Quality of Care - FY 14 % excellent between 60-70%	Increase the % of surveyed patients who rate VUMC as "Excellent" for Overall Quality of Care	1%	2%	3%
Service	Patient Satisfaction	Patient Satisfaction Overall Quality of Care - FY 14 % excellent less than 60%	Increase the % of surveyed patients who rate VUMC as "Excellent" for Overall Quality of Care	1.5%	3.0%	4.5%
Service	New Patients seen v	New Patients seen within 15 days (outpatient) - Institutional baseline 60%	Increase # of new patients seen within 15 days of date appointment scheduled	1.0%	2.0%	3.0%
Service	New Patients seen v	New Patients seen within 15 days (outpatient) - FY 14 New patient seen within 15 days 60% or above	Increase # of new patients seen within 15 days of date appointment scheduled	1%	2%	3%
Service	New Patients seen v	New Patients seen within 15 days (outpatient) - FY 14 New patient seen within 15 days between 50-60%	Increase # of new patients seen within 15 days of date appointment scheduled	1.5%	3%	#####
Service	New Patients seen v	New Patients seen within 15 days (outpatient) - FY 14 New patient seen within 15 days less than 50%	Increase # of new patients seen within 15 days of date appointment scheduled	2%	4%	6%
Service	HCAHPS domains at	HCAHPS domains at or above 50th percentile - Institutional baseline 4 of 8 domains	Increase the number of HCAHPS domains at or above the 50th percentile	5 of 8 domains	6 of 8 domains	7 of 8 domains
Service	HCAHPS domains at	HCAHPS domains at or above 50th percentile - 0-2 domains above the 50th percentile	Increase the number of HCAHPS domains at or above the 50th percentile	2	3	4
Service	HCAHPS domains at	HCAHPS domains at or above 50th percentile - 3-4 domains above the 50th percentile	Increase the number of HCAHPS domains at or above the 50th percentile	1	2	3
Service	HCAHPS domains at	HCAHPS domains at or above 50th percentile - 5+	Increase the number of HCAHPS domains at or above the 50th percentile	Go to Improvement goal		
Service	HCAHPS domain imj	HCAHPS domain improvement - Institutional -baseline 5 of 8	Increase the number of HCAHPS domains that show improvement over baseline (FY 14 Jul-Jun score)	5 of 8 domains	6 of 8 domains	7 of 8 domains
Service	HCAHPS domain imj	HCAHPS domain improvement - No band Patient Harm	Increase the number of HCAHPS domains that show improvement over baseline (FY 14 Jul-Jun score)	5	6	7
Quality	(Inpatient Only)	Patient Harm Index: Infections (Inpatient Only) - FY14 performance was 617 events	Overall Acquired Infections	9%(-38)	12%(-76)	20%(-123)

Quality	Patient Harm Index: Patient Harm Index: Infections (Inpatient Only) - 44		CLABSI ICU	5%	10%	15%
Quality	Patient Harm Index: Patient Harm Index: Infections (Inpatient Only) - 80		CLABSI Non-ICU	5%	10%	15%
Quality	Patient Harm Index: Patient Harm Index: Infections (Inpatient Only) - 92		CAUTI ICU	10%	20%	30%
Quality	Patient Harm Index: Patient Harm Index: Infections (Inpatient Only) - 32		CAUTI Non-ICU	10%	20%	26%
Quality	Patient Harm Index: Patient Harm Index: Infections (Inpatient Only) - 181		Overall SSI	5%	10%	15%
Quality	Patient Harm Index: Patient Harm Index: Infections (Inpatient Only) - 41		MRSA Bacteremia	10%	20%	27%
Quality	Patient Harm Index: Patient Harm Index: Infections (Inpatient Only) - 143		C. difficile	5%	10%	15%
	Patient Harm Index: Acquired Conditions					
Quality	(Inpatient Only) Patient Harm Index: Acquired Conditions (Inpatient Only) - FY14 performance was 350 events		Overall Acquired Conditions	5% (-19)	14%(-49)	23%(-79)
	Patient Harm Index: Acquired Conditions					
Quality	(Inpatient Only) Patient Harm Index: Acquired Conditions (Inpatient Only) - 134		Falls with harm (VUH)	3%	19%	33%
Quality	Patient Harm Index: Patient Harm Index: Acquired Conditions (Inpatient Only) - 17		Falls with harm (VCH)	6%	18%	41%
Quality	Patient Harm Index: Patient Harm Index: Acquired Conditions (Inpatient Only) - 13		Falls with harm (VPH)	23%	31%	38%
			Pts with pressure ulcers (Stage 2+) (VUH)	5%	7%	9%
Quality	Patient Harm Index: Patient Harm Index: Acquired Conditions (Inpatient Only) - 167		Pts with pressure ulcers (Stage 2+) (VCH)	16%	26%	42%
			% of VUMC units at or above 92% complaint	90%	93%	96%
Quality	Foundational Goal: Foundational Goal: Hand Hygiene (All Areas) - TBD		% of employees vaccinated	88%	90%	95%
Quality	Foundational Goal: Foundational Goal: Influenza Vaccination rates for VUMC employees (All Areas) - TBD		Discharges at or > budget	Budget	0.05%	1%
Finance	Volume Volume - Inpatient Units -		Visits at or > budget	Budget	1.0%	2%
Finance	Volume Volume - Outpatient clinics, ED -		Key OP Procedures at or > budget	Budget	1.0%	2%
Finance	Volume Volume - Outpatient procedural areas -		Surgical operations at or > budget	Budget	0.05%	1%
Finance	Volume Volume - Operating Room/ASC -		Maintain expenses at or below budget	Budget	2% below	3% below
Finance	Operating Margin Operating Margin - All units with expense budget -		Maintain labor expense at or below budget in accordance with volume	Budget	2% below	3% below
Finance	Operating Margin Operating Margin - All units with labor budget -		Charges are captured: gross revenue at or above budget	Budget	1%	2%
			Increase point of service collections to include: copays, prior balance, coinsurance, pre-service estimates	1%	3%	5%
Finance	Cash Flow Cash Flow, Days in A/R - All OP clinics and procedural areas, ED, admissions		Increase copay collections	70%	85%	95%
Finance	Cash Flow Cash Flow, Days in A/R - All OP clinics		Prior Balance Opportunity	3%	5%	10%
Finance	Cash Flow Cash Flow, Days in A/R - All OP clinics and procedural areas, ED, admissions		Reduce VUMC turnover	1.0%	2.0%	3.0%
People	Turnover Turnover - Institutional Baseline 15.11%		Reduce VUMC turnover	5%	8%	12%
People	Turnover Turnover - 25%+		Reduce VUMC turnover	3%	5%	10%
People	Turnover Turnover - 12%-24%		Reduce VUMC turnover	flat	1%	2%
People	Turnover Turnover - 2-11%		Reduce RNs turnover	2.0%	2.5%	3.5%
People	Turnover Turnover - Institutional Baseline 17.73%		Reduce RNs turnover	6%	9%	12%
People	Turnover Turnover - 25%+		Reduce RNs turnover	5%	8%	10%
People	Turnover Turnover - 12-24%		Reduce RNs turnover	flat	1%	2%
People	Turnover Turnover - 2-11%					

People	Retention	Retention - Institutional Baseline 70%
People	Retention	Retention - 0-25%
People	Retention	Retention - 26-55%
People	Retention	Retention - 56%+
People	Retention	Retention - Institutional Baseline 72.5%
People	Retention	Retention - 0-25%
People	Retention	Retention - 26-55%
People	Retention	Retention - 56%+
People	Engagement	Engagement - Institutional Baseline 39%
People	Engagement	Engagement - 0-10% favorable
People	Engagement	Engagement - Institutional Baseline 27.4%
People	Engagement	Engagement - 0-20% engaged
People	Time to fill	Time to fill - Institutional Baseline 52.8 days
People	Time to fill	Time to fill - 100 days+
People	Time to fill	Time to fill - Institutional Baseline 45 days
People	Time to fill	Time to fill
Innovation		VEHBP Cost
Innovation		O/E Resource Average Length of Stay

Increase new hire retention	2.0%	2.5%	3.5%
Increase new hire retention	4%	5%	7%
Increase new hire retention	2.50%	3%	3.50%
Increase new hire retention	2.20%	2.50%	3.25%
RNs new hire retention	flat	flat	1.0%
RNs new hire retention	3%	5.00%	8%
RNs new hire retention	2.50%	4.50%	7.50%
RNs new hire retention	0.50%	1.00%	1.50%
Increase clear sense of direction	6%	11%	16%
Increase clear sense of direction f	10%	12%	14%
Increase fully engaged index	0.5%	1.0%	1.5%
Increase fully engaged index	1.00%	1.50%	2%
Reduce clinical time to fill	10%	15%	20%
Reduce clinical time to fill	20%	25%	30%
Reduce RN time to fill	10%	15%	20%
Reduce RN time to fill	20%	25%	30%
Improve VEHBP Cost Per Member	\$4,339	\$4,276	\$4,192
Improve O/E Resource Average Length of Stay	1	0.98	0.95