

# San Joaquin General Hospital

- **System Name: San Joaquin General Hospital**
- **Contact info (name, email): Kur Song  
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- **Dashboard target audience: PRIME Project Teams**

# Dashboard Attributes

- Source of data (EHR, decision support system, data warehouse, etc.): PRIME data mart
- Analysis and reporting platform/application: MS Report Builder 3.0
- Drill down capability (e.g., facility, care team, provider, patient): Not at this time
- Stratification available (e.g., gender, age, race, etc.): Yes (see Metric 1.2.9)
- Self service for target audience (e.g., centrally produced and distributed): centrally produced
- Frequency of data refresh (e.g., monthly, daily, real time): Ad-hoc; will be refreshed on monthly basis



# PRIME Project 3.2 Dashboard - DY12YE

## 3.2.1 Imaging for Routine Headaches (Choosing Wisely)



DY11 Actuals	DY12 Status	DY12 Target	Population	Numerator	Rate
14.24	P	17			
14.24	P	17			

DY12 Dollars	DY12 Dollar Status
501,672.50	
501,672.50	

## 3.2.2 Inappropriate Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism



DY11 Actuals	DY12 Status	DY12 Target	Population	Numerator	Rate
11.90	R	R			3
11.90	R	R			0

DY12 Dollars	DY12 Dollar Status
501,672.50	
501,672.50	

## 3.2.3 Use of Imaging Studies for Low Back Pain

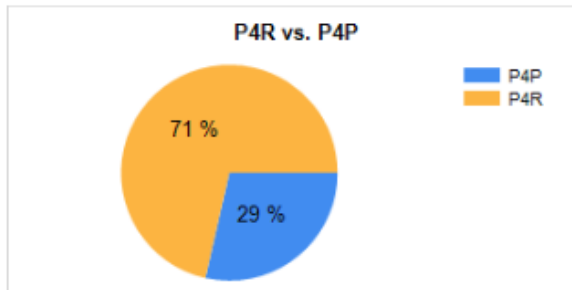


DY11 Actuals	DY12 Status	DY12 Target	Population	Numerator	Rate
88.21	P	82.76			
88.21	P	82.76			

DY12 Dollars	DY12 Dollar Status
501,672.50	
501,672.50	



## PRIME DY12 Year-End Project 1.3 Dashboard



Dollars At Risk	
PRIME ID	DY12 Mid Dollars
Total	\$0.00

Dollars Achieved	
PRIME ID	DY12 Mid Dollars
1.3.1	
1.3.2	
1.3.3	
1.3.4	
1.3.5	
1.3.6	
1.3.7	
Total	

PRIME ID	Metric Title	DY12 Target	DY12 P4x Status	DY12 Numerator	DY12 Denominator	DY12 Actual	Chart Audit
1.3.1	Closing the referral loop: receipt of specialist report (CMS504)		R			0.00	Y
1.3.2	DHCS All-Cause Readmissions – Statewide Collaborative QIP measure (Measure Specs -rationale in Appendix A & B)	13.18	P			10.30	N
1.3.3	Influenza Immunization		R			0.00	Y
1.3.4	Post procedure ED visits		R			4.17	N
1.3.5	Referral Reply Turnaround Rate		R			0.00	Y
1.3.6	Specialty Care Touches: Specialty expertise requests managed via non-face to face specialty encounters		R			7.90	N
1.3.7	Tobacco Assessment and Counseling	92.73	P			93.81	N

Note: Draft until after 9/30/2017.

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## PRIME DY12 Year-End Projects Dashboard

ID	Prime ID	Metric Title	DY11	25th Percentile	90th Percentile	DY12 P4x Status	DY12 Target (%)	DY12 Denominator	DY12 Numerator	DY12 Mid-Year	DY12 YE Actual	Is Completed	Is Validated	Chart Audit
1	1.1.1.a	Alcohol and Drug Misuse (SBIRT)	0.00	0	12	R	R			0.20	0.60	Y	Y	N
2	1.1.2	Care coordinator assignment	0.00			R	R			0.20	0.60	Y	Y	N
3	1.1.3.d	Comprehensive Diabetes Care: HbA1c Poor	0.00	49.89	29.68	P	31.91			0.20	0.60	Y	Y	N
4	1.1.4	Depression Remission at 12 Months	0.00		12	R	R			0.20	0.60	Y	Y	Y
5	1.1.5.f	Screening for Clinical Depression and follow-	0.00	10.21	78.86	R	R			0.20	0.60	Y	Y	Y
6	1.1.6.t	Tobacco Use – Screening and Cessation	0.00	72.37	95.79	P	78.63			0.20	0.60	Y	Y	N
7	1.2.1.a	Alcohol and Drug Misuse (SBIRT)	0.00	0	12	R	R			0.20	0.60	Y	Y	N
17	1.2.11	REAL data completeness	0.00		20	P	20.00			0.20	0.60	Y	Y	N
18	1.2.12.f	Screening for Clinical Depression and follow-	0.00	10.21	78.86	R	R			0.20	0.60	Y	Y	Y
19	1.2.13	SO/GI Data Completeness	0.00			R	R			0.20	0.60	Y	Y	N
20	1.2.14.t	Tobacco Assessment and Counseling	0.00	72.37	95.79	P	78.63			0.20	0.60	Y	Y	N
8	1.2.2	NQF 0005 CG-CAHPS: Provider Rating	0.00	61.75	70.29	P	70.29			0.20	0.60	Y	Y	N
9	1.2.3.c	NQF 0034: Colorectal Cancer Screening	0.00	26.69	65.71	P	44.52			0.20	0.60	Y	Y	Y
10	1.2.4.d	NQF 0059: Comprehensive Diabetes Care:	0.00	49.89	29.68	P	31.91			0.20	0.60	Y	Y	N
11	1.2.5.b	NQF 0018: Controlling Blood Pressure	0.00	49.88	70.32	P	63.42			0.20	0.60	Y	Y	Y
12	1.2.6	Documented REAL and/or SO/GI Disparity	0.00			R	R			1.00	100.00	Y	Y	N
13	1.2.7.i	NQF 0068 Ischemic Vascular Disease (IVD):	0.00	68.08	92.86	P	71.09			0.20	0.12	Y	Y	N
13b	1.2.7.i DY11	NQF 0068 Ischemic Vascular Disease (IVD):	0.00	68.08	92.86	P	71.09			0.20	0.20	Y	Y	N
14	1.2.8	AHRQ PQI #90	0.00			R	R			0.20	0.20	Y	Y	N
15	1.2.9	Primary Care Redesign metrics stratified by	0.00	0	83.2	R	R			1.00	1.00	Y	Y	N
21	1.3.1	Closing the referral loop: receipt of specialist	0.00	0	83.2	R	R			0.20	0.20	Y	Y	Y
22	1.3.2	DHCS All-Cause Readmissions – Statewide	0.00	17.7	13.18	P	13.18			0.20	0.20	Y	Y	N



### Metric ID 1.2.9 (STRATIFIED DASHBOARD)

