

Key company performance indicators and success measures



The success of our care is monitored through evaluation methods that are standard in our industry. Key performance indicators (KPI) are important measures used by Encompass Health to gauge success. We have many KPIs, but included here are important ones associated with clinical and quality, financial and labor.

Patient satisfaction scores

To better serve our patients, we measure our quality through Press Ganey survey scores on the patient experience, allowing us to compare our hospitals to leading national industry benchmarks, and PEM (Program Evaluation Model) scores, which rank our hospitals according to the UDSMR[®] national database. The data is monitored daily, weekly and monthly, and is broken by department so we can act more efficiently and effectively when responding to patient satisfaction concerns.

Why is it important?

This metric tells us how patients perceive our level of care compared to other rehabilitation hospitals.

UDSMR[®] is a trademark of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.

Acute care transfer (ACT)

ACTs take place when a patient leaves our rehabilitation hospital and returns to an acute care hospital for admission and is absent from our hospital for three or more midnights.

Why is it important?

When patients transfer to the acute care hospital instead of remaining with Encompass Health to complete their rehabilitation, this negatively impacts the hospital's goal of discharging all patients back to the community. Acute care transfers also impact revenue since the reimbursement for such patients is lower than those who remain with us, achieving their clinical goals and returning to the community.

What is discharge to community (DTC)?

This metric tracks the hospital's overall performance toward assisting patients in returning home or to their previous residence. The metric impacts the quality of care, outcome for patients and reimbursement when goals are not achieved with a particular patient.

Why is it important?

Encompass Health's goal is to return patients to the community as quickly as possible at their optimal level of independence. Our discharge to community metric is negatively affected when the patient needs to be admitted to another inpatient healthcare hospital or facility. This metric is the most commonly used to rate the quality of our care.

Functional Outcome Measures

One of the ways we measure patient quality outcomes is through the Functional Outcome Measures gain, which is an 18-point assessment based on a patient's functional independence change from admission to discharge. The greater a patient's Functional Outcome Measures gain means a higher level of independence and for a better patient outcome.

Why is it important?

Each item of the Functional Outcome Measures score is assigned a rating that represents the patient's level of independence. As the severity of a patient's ability changes during rehabilitation, the data generated by the Functional Outcome Measures instrument is used to track changes and analyze outcomes.

What is Program Evaluation Model (PEM)

PEM measures the effectiveness of the IRF's (inpatient rehabilitation facility) quality program.

Why is it important?

The goal of PEM is to recognize high-performing hospitals for their delivery of quality patient care that is effective, efficient, timely and patient-centered. PEM components measured by UDSMR® include:

- Discharge functional outcome measures score
- Functional Outcome Measures gain
- Length of stay efficiency
- Discharge to community
- Acute care transfers

Employees per occupied bed (EPOB)

EPOB ensures overall staffing is in line with plans, and the hospital is managing its labor force in conjunction with the average daily census. This ensures all patient care requirements are met and all other hospital services are performed and provided as needed.

Why is it important?

Because providing inpatient services is labor intensive, the intensity of the care we provide affects the requirement for labor to treat the number of patients in our hospitals. EPOB measures that productivity.

Case mix index (CMI)

Case mix index is a measure of acuity and is assigned for each patient to determine the allocation of resources to care for and treat patients. Typically, a higher CMI patient uses more resources during the stay and, due to more complex care being provided, may generate a higher payment per case under Medicare or result in a higher negotiated per diem for non-Medicare.

Case mix groups (CMGs) are a patient classification system that groups together inpatient medical rehabilitation patients who are expected to have similar resource utilization needs.

Why is it important?

CMI helps determine the amount of reimbursement the hospital gets paid for the care given that impacts revenue.

Average daily census (ADC)

ADC measures the average number of patients in the hospital per day and is determined by dividing the number of days patients stayed in the hospital for the year by the number of days the hospital was open during the year.

Why is it important?

The hospital's daily census dictates the number of staff required to take care of patients. Additionally, a higher ADC allows the hospital to spread fixed costs (such as rent, insurance and taxes) over a greater number of patients.

Length of stay (LOS)

LOS identifies how long a patient stays in the hospital. It is calculated by subtracting the day of admission from the day of discharge. A hospital's average LOS for the year is calculated by taking the total annual patient days divided by total inpatient discharges.

Why is it important?

Knowing how long existing patients may be in our care allows our rehabilitation liaisons to anticipate when beds will become available for future patients in need of care, and it allows the hospital to plan for future staffing needs. It is also used to calculate length of stay efficiency, which measures a patient's improvement in functional ability per day.

Payor efficiency

Payor efficiency is a metric to compare the actual payment received to the maximum Medicare payment that could have been received for a similar patient. Lower than maximum payments can occur for reasons such as a patient being discharged to an acute care hospital or discharged to a skilled nursing facility (SNF).

Why is it important?

Payor efficiency shows how well the hospital and patient performed relative to functional outcomes. In turn, the hospital is rewarded for good outcomes with a higher reimbursement that impacts revenues.

Nursing hours per patient day (NHPPD)

NHPPD is the number of hours of nursing care each patient receives during each 24-hour time frame. Care includes direct bedside care, documentation and

supportive services provided by registered nurses, licensed practical nurses, nursing assistants and unit secretaries. NHPPD for one day is calculated by dividing the total number of productive hours worked by nursing employees on that day by the total number of patients in-house on that day.

Why is it important?

Each hospital has a nurse staffing plan or matrix to assist the nursing leadership team in determining the number of staff required based on a number of factors including, but not limited to, the daily census. This metric is used to monitor staffing to ensure each patient receives the appropriate amount of care.