

A Comprehensive Collection of KPI Definitions for

HEALTHCARE MANAGEMENT



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Healthcare Management KPI Encyclopedia

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Care Management

Heathcare Management*

Healthcare Facility Management*

- Care Management
- Healthcare Facility Administration
- Patient Data Management
- Patient Relations

Pharmaceutical Distribution Services
Healthcare Technology Services
Healthcare Consulting Services*

* This section is not included in this document.

The Care Management function ensures that patients are properly cared for by coordinating with healthcare providers (physicians, nurses, etc.), insurance providers and other healthcare facility staff members to produce a cost effective care plan to increase the patient's wellness and comfort. Care management is patient-specific and involves activities that are designed to manage medical/social/mental health conditions more effectively. Such activities include: population management (identification and data management), patient engagement, planning, condition assessment, care coordination, office activity management and service implementation.

Care Management

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Cost

- **Adjusted Expenses per Inpatient Day** The total cost of providing inpatient and outpatient care over a certain number of days divided by the total number of inpatient and outpatient services provided over a certain period of time.
- **Uncompensated Care Expense as a Percentage of** Gross Patient Revenue - The dollar amount of charity and bad debt-related expense incurred by the healthcare facility divided by the total revenue generated by the facility over the same period of time, as a percentage.
- **Adjusted Inpatient Expense per Discharge** The quotient of expenses incurred through managing inpatients and the number of inpatients discharged multiplied by the number of days in which the patient is managed by the healthcare facility over the same period of time.
- **Inpatient Expense per Discharge** The dollar amount of expense incurred through managing inpatients divided by the number of inpatients discharged over the same period of time.
- **Expense per Master Data Management Employee** – The total expense incurred by the company divided by the total number of Master Data Management employees. Includes Enterprise Architecture, Information Architecture, Data Governance/Compliance and Database Management employees.

Organizational

Hospital Employees per Adjusted Occupied Bed – The number of hospital employees divided by the total number of adjusted occupied beds for all hospitals.

Productivity

- Patient Days per Registered Nurse The total number of patient days managed by a healthcare facility at a certain point in time divided by the number of registered nurses working for the facility at the same point in time.
- Patient Days per Staffed Bed The total number of patient days managed by a healthcare facility at a certain point in time divided by the total number of staffed beds operated by the facility at the same point in time.

Quality

- Average Patient Length of Stay The number of days that hospital beds are occupied by patients (from admission through discharge) divided by the total number of patients admitted to the hospital or healthcare facility over the same period of time.
- Staffed Bed Occupancy Rate The total number of days in which inpatient care is provided to patients in the healthcare facility divided by the number of days the facility is open for patient admission divided by the number of staffed beds.
- **Percentage of Patients with Documented Care Plan** – The number of patients under management with chronic or terminal illnesses or disabilities who have met with a case manager and developed and implemented a long-term care plan divided by the total number of patients with chronic or terminal illnesses or disabilities managed by the healthcare facility over the same period of time, as a percentage.
- Average Emergency Room (ER) Wait Time The average number of minutes required for a patient to see a physician, or physician's assistant (PA) within a hospital's Emergency Room, from the time the patient checks in with the hospital's Emergency Room until when the patient is able to be seen by a physician, or physician's assistant (PA).
- **Inpatient Mortality Rate** The number of patients admitted to the hospital who succumb to death before they are discharged divided by the total number of patients admitted to the hospital over the same period of time, as a percentage.
- Change in Cost of Care (post-plan vs. preplan) - The dollar amount of care-related expense incurred over a certain period of time after transitioning to a documented, long-term care plan that was developed with the assistance of a case manager subtracted from the dollar amount of care-related expense incurred before the transition.
- **Percentage of Patients Requiring Prior Authorization** – The number of patients managed by the healthcare facility that require prior authorization from their health insurance provider for certain prescription medications or procedures divided by the number of patients managed by the healthcare facility over the same period of time, as a percentage.



Care Management (Cont.)

KPI Encyclopedia

Quality (Cont.)

- Risk-Adjusted Mortality Index A measurement developed to indicate whether a hospital's inpatient mortality rate is higher or lower than expected for specific diagnoses and procedures given the risk factors of the patient population. The indexes measured is the result of measuring the risk-adjusted mortality rate (RAMR) and involves numbers greater than 1 (the inpatient mortality rate is higher than expected), equal to 1 (the inpatient mortality rate is as expected) and/or less than 1 (the inpatient mortality rate is less than expected).
- Risk-Adjusted Complications Index A measurement developed to indicate whether a hospital's inpatient postsurgical and post-obstetrical (procedures concentrated on pregnancy and childbirth) complication rate during a hospital stay is higher or lower than expected for specific diagnoses and procedures given the risk factors of the patient population. The indexes measured is the result of measuring the risk-adjusted complication rate (RACR) and involves numbers greater than 1 (the inpatient complication rate is as expected), equal to 1 (the inpatient complication rate is as expected) and/or less than 1 (the inpatient complication rate is less than expected).

Quality (Cont.)

- Risk-Adjusted Complications Rate The quotient of actual inpatients who experience postsurgical or postobstetrical (procedures concentrated on pregnancy or childbirth) complications and the postsurgical or post obstetrical complications expected to occur multiplied by the number of postsurgical or post obstetrical complications that occur nationally over the same period of time, as a percentage.
- Risk Adjusted Complications Ratio The number of actual inpatients who experience post-surgery or post-obstetrical (procedures concentrated on pregnancy or childbirth) complications divided by the number of postsurgical or post-obstetrical complications expected to occur over the same period of time.
- Frequency of Outpatient Visits The number of business days elapsed between outpatient visits (visits to a doctor's office, emergency room, etc. that does not result in the patient spending the night at a hospital) over a certain period of time.
- Frequency of Emergency Medical Services (EMS)
 Visits The number of business days elapsed between visits made to the Emergency Medical Service (EMS)
 Department for non-urgent, urgent and critical reasons

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