

IMPACT Benchmark Service List

IMPACT Staffing Benchmarks¹

Standard IMPACT Staffing Benchmarks-50 or greater ADC

IMPACT staffing benchmarks with up to 4 complete data uploads per year and as many as 50 staffed departments in each upload. Includes video/telephone department head interviews and video-conference report presentation	\$12,000.00 per year (1 Year Subscription) \$11,400.00 per year (2 Year Subscription) \$10,800.00 per year (3 Year Subscription)
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IMPACT Staffing Benchmarks single department, single upload ²	\$350.00 each
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Critical Access/Small Hospital Staffing Benchmarks (CASH Program)-under 50 ADC

IMPACT staffing benchmarks with up to 4 complete data uploads per year and as many as 50 staffed departments in each upload. Includes a video-conference kick off meeting, but no department head interviews.	\$7,000.00 per year (1 Year Subscription) \$6,650.00 per year (2 Year Subscription) \$6,300.00 per year (3 Year Subscription)
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IMPACT staffing benchmarks as above with individual 30-minute video/telephone department head interviews and video-conference report presentations included.	\$10,000.00 per year (1 Year Subscription) \$9,500.00 per year (2 Year Subscription) \$9,000.00 per year (3 Year Subscription)
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Quality Indicator³ and Financial Indicator⁴ Benchmarks (all hospitals)

Quality Indicator Benchmarks: Each subscribing hospital will be provided one set of quality indicator benchmarks per subscription year from a statistically valid set of peer hospitals specifically chosen to match your hospital's size, type, setting and case mix.	\$1,500.00 per annual subscription if purchased as a stand alone service. \$1,350.00 per annual subscription if purchased with IMPACT staffing benchmarks.
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¹ **Staffing Benchmark Data Source:** Drawn from the most current available IMPACT client staffing and workload data with peer groups specifically selected to match your hospital's characteristics. All input data is validity checked. Useful for cost management, calibrating staffing standards, budgeting, "what if" scenarios, etc.

² **Single Department Staffing Benchmarks:** Useful as a "quick check" to help evaluate and process staffing requests, etc. Not recommended for use in departments that share staff with other departments or in departments that have embedded additional functions that are commonly performed by other departments. Your input data will not be added to the IMPACT database because they are run as presented without validity checks.

³ **Quality Indicator Benchmark Data Source:** Useful as resource to support evaluation of relative quality position. Drawn from the most current available US Department of Health & Human Services Hospital COMPARE data with peer groups specifically selected to match your hospital's characteristics.

⁴ **Financial Indicator Benchmark Data Source:** Useful as resource to support evaluation of hospitals financial condition vs. peers. Drawn from the most current available cost report data (machine edited to remove errors and extreme outliers) with peer groups specifically selected to match your hospital's characteristics.

Quality Indicator Benchmarks include:

Process of Care Benchmarks

Measure: Heart Attack or Chest Pain

Outpatients received ECG within what period of time
Outpatients receiving aspirin within 24 hours or prior to transfer

Measure: Heart Failure

ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
Discharge Instructions
Evaluation of Left Ventricular Systolic (LVS) Function
Smoking Cessation Advice/Counseling

Measure: Pneumonia

Appropriate Initial Antibiotic Selection
Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
Influenza Vaccination Status
Initial Antibiotic(s) within 6 Hours After Arrival
Pneumococcal Vaccination Status
Smoking Cessation Advice/Counseling
Measure: Surgical Care Improvement

Measure: Surgical Care Improvement

Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery
Outpatient surgeries receiving antibiotic within one hour prior to surgery
Outpatient surgery antibiotic selection
Patients on beta blocker at admission who received beta blocker during perioperative period
Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision
Prophylactic Antibiotic Selection
Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
Recommended Venous Thromboembolism Prophylaxis Ordered
Safe method of hair removal from surgical site used when needed

Hospital Experience Benchmarks

Measures:

Nurses communicated well
Doctors communicated well
Help received quickly
Pain controlled well
Staff explained medicines
Room and bath kept clean
Area quiet at night
Given discharge instructions
Overall hospital rating
Would recommend hospital

Outcome Measure Benchmarks

Measure: 30-Day Risk Adjusted Mortality Rates

Heart Attack
Heart Failure
Pneumonia

Measure: 30-Day Risk Adjusted Readmission Rates

Heart Attack
Heart Failure
Pneumonia

Financial Indicator Benchmarks: Each subscribing hospital will be provided one set of financial indicator benchmarks per subscription year from a statistically valid set of peer hospitals specifically chosen to match your hospital's size, type, setting and payer mix.

\$1,200.00 per annual subscription if purchased as a stand-alone service.

\$1,080.00 per annual subscription if purchased with IMPACT staffing benchmarks.

Financial Indicator Benchmarks include:

Average Payment Period
Current Ratio
Days Cash on Hand
Days In AR (Net)
Inventory Turnover
Operating Margin
Personnel Expense/Operating Revenue
Quick Ratio
Return on Assets
Return on Equity
Others as available