

Quarterly Report for FQ 1 of CY 2018

(Covering 02/01/2018 – 03/31/2018)

Submitted pursuant to the Terms of Certification Governing the Certificate of Public Advantage Issued to Ballad Health Pursuant to the Master Affiliation Agreement and Plan of Integration by and between Wellmont Health System and Mountain State Health Alliance Approved on September 19, 2017 and Issued on January 31, 2018 (“TOC”) and the Virginia Order and Letter Authorizing a Cooperative Agreement dated October 30, 2017 (“CA”).

CERTIFICATION OF COMPLIANCE WITH THE TOC AND THE CA

Pursuant to section 6.04(a) of the TOC and Conditions 39 and 40 of the CA, the undersigned hereby certify the following report and its attachments are true and correct to the best of his/her knowledge after due inquiry and are accurate and complete.



Alan Levine
Executive Chairman
Chief Executive Officer
Ballad Health



Lynn Krutak
Executive Vice President
Chief Financial Officer
Ballad Health

QUARTERLY REPORT

1. Requirements. Section 6.04 of the TOC and Condition 40 of the CA require the quarterly submission of the items listed on Exhibit G attached to the TOC. The section of Exhibit G relevant to Quarterly Reports is attached hereto as Attachment 1a. A copy of Condition 40 is attached as Attachment 1b.

2. Description of Process. In compiling the information and materials for this Quarterly Report, the Ballad Health COPA Compliance Office (“CCO”) first identified the departments responsible for gathering and preparing these materials. Leaders of the departments were identified and given responsibility to submit the required materials and information (“Responsible Parties”). The CCO developed spreadsheets assigning sections of the TOC and the Conditions of the CA to the Responsible Parties. In order to be comprehensive, every TOC section and CA Condition was assigned to at least one Responsible Party; and in instances where a section or Condition imposed or included multiple requirements, such sections were assigned to more than one Responsible Party. The CCO met with each department and Responsible Party and reviewed the requirements of the TOC and CA relevant to each.

One of the requirements of Exhibit G is that Ballad Health identifies “Any requirements or commitments outlined in the Terms of Certification or in the Index which the New Health System is not meeting or anticipates it will not meet.” In order to identify any such concerns, the CCO developed a procedure similar to a standard audit process. Under this procedure, the Responsible Parties certify that, as to their assigned TOC sections and the CA Conditions and to their knowledge and belief after due inquiry, Ballad Health is in compliance with the requirements of the TOC and CA. In instances where Responsible Parties had a question about the interpretation of the requirements or whether there might be concerns regarding compliance, they could make notes or provide qualifications.

3. Deliverables that were due to the State and the Commonwealth prior to this first Quarterly Report were submitted by the required times. As part of the process described above, the Responsible Parties certified to the completion of those submissions.

For reference, those previous submissions are listed below:

ITEM	STATUS	PURSUANT TO TOC AND CA
Baseline Spending Calculations	Ballad submitted baseline data on 2/27/2018 but subsequently received requests for additional clarifying information, with the final piece of information requested by Ken Conner being submitted on 5/3/2018.	TOC Article 3 and Exhibit B

ITEM	STATUS	PURSUANT TO TOC AND CA
Physician Specialties that Exceeded 35% Employment as of the Approval Date of the TOC	TDOH granted approval on January 31, 2018.	TOC Section 5.05(e) CA Condition 5
Financial Assistance Policy (Charity Care, Ability to Pay, Uninsured, Underinsured)	Submitted on 1/30/2018. See Section 4a for details	TOC Section 4.03(e) CA Condition 14
List of Ancillary Services & Post-Acute Services offered by competitors (Competing Services)	Submitted on 3/1/2018. See Section 4f for details.	TOC Section 5.04(a) CA Condition 5
Severance Policy	Submitted on 3/30/2018	CA Condition 20
Plan Outlines for Population Health, Pediatric Health, Rural Health and Behavioral Health	Submitted on 4/27/18	TOC Section 3.02 CA Conditions 33, 34, 35, 36

4. Pursuant to § 6.04 of the TOC and Condition 40 of the CA, Ballad Health is pleased to report as follows (using the outline of requirements on Exhibit G):

a. Any revisions to Charity Care Policy – TOC:4.03(e) / CA:14,39:

- As noted above, Ballad Health submitted its Charity Care Policy on January 30, 2018 as part of its Financial Assistance Policy. On Monday, April 30, 2018 Ballad’s COPA Compliance Officer received a response from the Tennessee Department of Health (“TDOH”) with a list of proposed revisions to the policy. As of the date and time of the submission of this Quarterly Report, Ballad Health’s leadership has submitted responses and is awaiting further clarifications.

b. Report on Population Health and Social Responsibility Committee meetings and member attendance at meetings – TOC:4.04(e), Exhibit G / CA:38

- Summary and attendance sheet, Attachment 2

c. Key Financial Metrics and comparison of performance against the same quarter in the prior year, prior quarter and year to date – TOC:6.04(c) / CA:40

- In this Quarterly Report, financial statements are presented separately for Legacy Mountain States Health Alliance (MSHA) & Legacy Wellmont Health System (WHS) rather than combined as Ballad Health, due to the fact that the legacy systems are still on different platforms. Additionally, the requirements and the reporting time period(s) requested for the TOC are different from those outlined in the CA; for that reason, in this Quarterly Report, the TOC reporting requirements are on a separate statement from the CA reporting requirements.

(See Attachments 3 and 4) Ballad Health's Finance Department has begun work on combining reporting functionality for future reports.

- Balance Sheet, Attachment 3a (Tennessee format) and 3b (Virginia format)
 - Statements of Income and Cash Flow, Attachment 4a (Tennessee format), 4b (Virginia format) and 4c (Tennessee format)
- d. Year-to-Date Community Benefit Spending: By Category, compared to commitment spending – TOC:Exhibit G
- Progress towards distributing grants, Attachment 5 (Not applicable in this first report)
 - Internal Spending, Attachment 6 (Which shows a combined estimate based on information available at this time, with the exception that lines a. and b. include Legacy Mountain States Health Alliance only due to the fact that Legacy Wellmont Health System information is not available at this time, but should be supplemented by June 1, 2018.)
- e. Quality Metrics reported to CMS – TOC:Exhibit G / CA:12
- FY2018 FQ3. Attachment 7a
 - Year-to-date. Attachment 7b
- f. List of Ancillary and Post-Acute Services offered by competitors (with respect to each hospital) – TOC:5.04 / CA:5
- As described in the table above, Ballad Health submitted the Lists of Ancillary and Post-Acute Services on March 1, 2018. Since that date, there have been changes to two of those lists which are being submitted with this Quarterly Report.
 - Smyth County Community Hospital. Attachment 8a
 - Sycamore Shoals Hospital. Attachment 8b
 - With regard to the reference “physicians and other providers” on Exhibit G, Ballad Health has clarified with TDOH that the inclusion of that phrase was unintended and exceeded the requirements of Section 5.04, and a list of such providers is not required.
- g. Status of any outstanding Cures, Corrective Actions, or other remedial actions – TOC: Exhibit G / CA:17
- As of the date and time of the submission of this Quarterly Report, Ballad Health does not have any outstanding Cures, Corrective Actions, or other remedial actions.

h. Any requirements or commitments outlined in the TOC or in the Index which Ballad Health will not meet or anticipates it will not meet:

- As of the date and time of the submission of this Quarterly Report, Ballad Health is not aware of any requirements or commitments outlined in the TOC, Index, or CA that have not been and/or will not be met at their required time, subject to the following clarifications:
 - Per Addendum 1, Part 9.1(b), Ballad Health is currently within the four month requirement; however, based on continuing work with the state consultant, Ballad Health may need to request an extension of that due date.
 - Ballad Health is working to adjust its payment invoicing system to comply with TOC requirement 4.03(d) and CA requirement 15 and has identified certain payments that will be retroactively adjusted by June 30, 2018.
 - Ballad Health received clarification from the TDOH and the Virginia Department of Health (“VDOH”) regarding the reporting requirements (TOC 4.02 and CA 13) for results of Joint Commission and Licensure surveys. Pursuant to that clarification, Ballad Health is submitting with this report a spreadsheet summarizing information regarding the surveys. Attachment 9

i. Closures/Opening:

- As of the date and time of the submission of this Quarterly Report, Ballad Health has not submitted any plans to close or open any facilities or service lines.

5. Description of any waivers received to date and requests for waivers under consideration

- Ballad health has requested and the TDOH has granted three waivers from the restriction imposed under TOC 5.05(d). Those waivers are as follows:

WAIVERS RECEIVED	DATE RECEIVED
Neurosurgery and Physical Medicine & Rehabilitation	2/28/2018
Nephrologist	3/15/2018
Temporary Credentialing of CVT Surgeons Emergency coverage at BRMC	4/6/2018

- Ballad Health currently has requested the following additional waiver from TDOH:

WAIVER UNDER CONSIDERATION	DATE SUBMITTED
Request to allow Cross Credentialing	4/13/218

6. Status report on the development of the Academic Collaborative pursuant to Article 3 of the TOC and Conditions 24 & 36 of the CA:

- The Health Research and Graduate Medical Education Regional Consortium has been convened and their first meeting was held on March 15, 2018
- The Accountable Care Community Steering Committee has been convened and the first meeting was held on April 20, 2018

ATTACHMENT 1

QUARTERLY REPORT CONTENTS

- TOC, Exhibit G, Page 3 – 1a
- CA, Condition 40 – 1b

TOC, Exhibit G, Page 3

The Department reserves the right to change these quarterly reporting requirements upon adequate notice.

- Any revisions to Charity Care Policy; Section 4.03(e).
- Report of Population Health and Social Responsibility Committee meetings and member attendance at meeting; Section 4.04(e).
- Key Financial Metrics (comparing each to same quarter in prior year and the quarter prior to the quarter in question); Section 6.04(c).
 - o Balance sheet
 - o Statements of income and cash flow
- YTD Community Benefit Spending
 - o By Category, compared to commitment spending
 - Progress towards distributing grants
 - Internal spending
- Quality Metrics reported to CMS
- Once, within thirty (30) days of the Issue Date: a List of Ancillary and Post-Acute Services offered by competitors (with respect to each COPA Hospital); Section 5.04(a).
 - o Includes but is not limited to: SNF; home health providers; diagnostic service providers; imaging centers; ambulatory surgery centers; physicians and other providers; etc.
 - o Include at least three competitors for each category of service.
- Compliance Office Quarterly Reports
 - o Complaints by type
 - o Resolution of complaints
- Status of any outstanding Cures, Corrective Actions, or other remedial actions.
- Any requirements or commitments outlined in the Terms of Certification or in the Index which the New Health System is not meeting or anticipates it will not meet
- Closures / Openings
 - o Plans. Update on plans to close or open any Service Lines or facilities.
 - o Progress. Update on the status of any closures or openings of facilities or Service Lines.

CA, Condition 40

The New Health System shall provide information on a quarterly basis of the key financial metrics and the balance sheet comparing performance to the similar prior year period and year to date. This information shall be provided on the same timetable as what is publicly reported through Electronic Municipal Market Access.

ATTACHMENT 2

POPULATION HEALTH AND SOCIAL RESPONSIBILITY COMMITTEE

BALLAD HEALTH COMMUNITY BENEFIT & POPULATION HEALTH COMMITTEE
EXECUTIVE SUMMARY FROM UNAPPROVED MINUTES
 BALLAD HEALTH EXECUTIVE BOARDROOM
 MARCH 21, 2018

Members:									
P	Barbara Allen	P	Sue Cantrell	P	Marvin Eichorn	P*	Rachel Fowlkes	P	Joanne Gilmer
P	Tony Keck	P	Martin Kent	A	Steve Kilgore	P	Alan Levine	P	Matt Luff
P*	Gary Miller	P	Rick Moulton	P	Roger Mowen	P	Todd Norris	P	Donnie Ratliff
P*	Scott Richards	P	Allison Rogers	P	Suzanne Rollins	P	Doug Springer, Chair	P	Randy Wykoff
Staff:									
P	Andy Hall	P	Cathi Snodgrass	P	Jan Ponder	P	Melanie Stanton	P	Jerry Blackwell
P	Taylor Hamilton	A	Eric Deaton	A	Lynn Krutak				
Guests:									

P = Present, P* = Via Phone, A = Absent

TOPIC	DISCUSSION	ACTION/APPROVAL
CALL TO ORDER	The meeting was called to order at 11:37 a.m.	Dr. Doug Springer
A. DECLARATION		
1. Quorum		Dr. Doug Springer declared a quorum with 19 members present. The CEO and COO were in attendance as required.
2. Conflict(s) of Interest		Dr. Doug Springer declared no conflicts of interest.

<p>B. Introductions</p>	<p>Brief introductions were made by each committee and staff member present. Dr. Doug Springer, Chair, provided some thoughts on his vision for the committee. The committee's charge moves beyond simple oversight of community benefit, and now encompass population health because of the ACA and our COPA/CA promises.</p> <p>Because of the special role of the committee and the individual expert backgrounds and experience of the committee members in community organizations we may do business with, committee members have to be especially vigilant when it comes to declaring conflicts of interest. We should listen to, but not advise, outside organizations with respect to the business of the committee, and should refer all questions to Tony Keck.</p> <p>Dr. Springer also requested all members contact information to include name, address, current or prior work position, email, cell phone. This information will be collected and shared with the committee members.</p>	<p>Dr. Springer and Group</p>
<p>C. Reports/Education</p>		
<p>1. Org Chart & COPA/CA Intro</p>	<p>Mr. Tony Keck, Chief Population Health Officer, gave an overview of his areas related to System Innovation and Population Health and introduced the heads of those areas.</p> <p>Copies of the COPA and CA (Cooperative Agreement) were made available to the committee members via BoardEffect. Mr. Keck advised that this committee will approve the population health plans submitted to the State.</p>	<p>Mr. Tony Keck</p>

<p>2. Community Benefit Policy</p>	<p>Ms. Allison Rogers distributed and discussed the proposed Ballad Health Community Benefit/Charitable Contributions policy. The policy establishes a framework to evaluate and recommend community benefit expenditures that support the health care needs of the community we serve (including social determinants of health) identified in the Community Health Needs Assessments and are most likely to demonstrate measurable impact to the region.</p> <p>The policy should support Ballad’s Mission, Vision and Values, be consistent with the objectives of the COPA and CA, and the priorities and implementation plans of the various Community Health Needs Assessments (CHNA).</p> <p>The policy meets the IRS requirements as related to the CHNA.</p> <p>Requests will be approved according to the Ballad Allocation of Authority approved by the Ballad Board of Directors.</p> <p>Approval of this policy will be an action item at the next scheduled meeting of the committee.</p>	<p>Ms. Allison Rogers</p>
<p>3. Future Education</p>	<p>An education session will be held in late April or May for three hours at a centrally located meeting space (to be determined). The three education topics will be the COPA, Population Health and the CHNA’s.</p>	<p>Mr. Tony Keck & Dr. Doug Springer</p>
<p>D. ACTION ITEMS</p>		
<p>1. Review and Approve Charter</p>	<p>The charter was read by Mr. Tony Keck and reviewed and commented on by the committee.</p> <p>It was noted that on occasion, call-ins will be an acceptable form of participation.</p>	<p>ACTION: <i>Review and Approve Charter</i></p> <p>APPROVAL: Approved</p>

<p>2. Meeting Times</p>	<p>The committee discussed times that will work best to meet moving forward. The dates of future meetings will be:</p> <ul style="list-style-type: none"> ▪ June 21, 2018 ▪ September 20, 2018 ▪ December 13, 2018 ▪ March 21, 2019 ▪ June 20, 2019 	<p>ACTION:</p> <p><i>The Community Benefit and Population Health Committee will meet Quarterly on the third Thursday of the month.</i></p> <p>APPROVAL:</p> <p>Approved</p>
<p>ADJOURN</p>	<p>Dr. Springer adjourned the meeting at 1:07 p.m.</p>	<p>Dr. Doug Springer</p>

ATTACHMENT 3

BALANCE SHEET

- 3a – TN requirements
- 3b – VA requirements

Mountain States Health Alliance
Comparative Balance Sheet

	Q3 Mar 2018	Q2 Dec 2017	Quarter Activity	Q3 Mar 2017	Year Activity
ASSETS					
<u>CURRENT ASSETS</u>					
Cash and Cash Equivalents	81,427,514	52,767,054	28,660,460	98,943,759	(17,516,245)
Current Portion AWUIL	6,646,103	15,719,729	(9,073,626)	6,415,173	230,930
Accounts Receivable (Net)	180,132,769	175,475,524	4,657,245	156,849,800	23,282,968
Other Receivables	21,888,600	28,860,605	(6,972,004)	20,918,214	970,387
Due From Affiliates	(2)	(2)	(0)	1	(3)
Due From Third Party Payors	(1)	(2)	1	(0)	(1)
Inventories	31,415,969	32,417,430	(1,001,461)	27,904,796	3,511,173
Prepaid Expense	13,387,328	11,651,768	1,735,560	9,828,075	3,559,253
	<u>334,898,280</u>	<u>316,892,106</u>	<u>18,006,174</u>	<u>320,859,817</u>	<u>14,038,463</u>
<u>ASSETS WHOSE USE IS LIMITED</u>					
	18,801,958	17,363,779	1,438,179	17,903,012	898,946
<u>OTHER INVESTMENTS</u>					
	734,802,044	736,466,156	(1,664,112)	649,415,732	85,386,312
<u>PROPERTY, PLANT AND EQUIPMENT</u>					
Land, Buildings and Equipment	1,895,923,884	1,881,954,319	13,969,565	1,744,561,803	151,362,082
Less Allowances for Depreciation	1,027,743,232	1,009,533,392	18,209,840	923,550,694	104,192,538
	<u>868,180,652</u>	<u>872,420,927</u>	<u>(4,240,275)</u>	<u>821,011,109</u>	<u>47,169,543</u>
<u>OTHER ASSETS</u>					
Pledges Receivable	888,953	1,305,953	(417,000)	2,275,601	(1,386,648)
Long Term Compensation Investment	31,679,559	31,861,762	(182,204)	27,714,410	3,965,148
Investments in Unconsolidated Subsidiaries	9,720,062	9,619,408	100,655	7,712,251	2,007,811
Land / Equipment Held for Resale	6,539,187	6,539,187	0	6,539,188	(1)
Assets Held for Expansion	11,361,386	11,361,386	0	11,361,384	2
Investments in Subsidiaries	(0)	(0)	(0)	0	(1)
Goodwill	156,556,958	156,556,958	0	156,556,959	(1)
Deferred Charges and Other	8,837,671	8,371,954	465,717	8,979,369	(141,698)
	<u>225,583,776</u>	<u>225,616,608</u>	<u>(32,832)</u>	<u>221,139,163</u>	<u>4,444,613</u>
<u>TOTAL ASSETS</u>					
	<u>2,182,266,734</u>	<u>2,168,759,600</u>	<u>13,507,134</u>	<u>2,030,328,833</u>	<u>151,937,901</u>
<u>LIABILITIES AND NET ASSETS</u>					
<u>CURRENT LIABILITIES</u>					
Accounts Payable and Accrued Expense	99,051,554	95,217,194	3,834,360	85,177,832	13,873,722
Accrued Salaries, Benefits, and PTO	59,748,271	48,672,822	11,075,449	56,161,053	3,587,217
Claims Payable	1,896,224	1,896,224	0	2,291,700	(395,476)
Accrued Interest	7,997,388	14,694,260	(6,696,872)	7,899,379	98,009
Due to Affiliates	278,636	3	278,633	0	278,636
Due to Third Party Payors	11,248,654	7,460,737	3,787,917	7,493,233	3,755,420
Call Option Liability	0	0	0	0	0
Current Portion of Long Term Debt	24,826,473	25,137,459	(310,987)	23,457,207	1,369,265
	<u>205,047,199</u>	<u>193,078,698</u>	<u>11,968,501</u>	<u>182,480,405</u>	<u>22,566,794</u>
<u>OTHER NON CURRENT LIABILITIES</u>					
Long Term Compensation Payable	16,333,399	16,621,185	(287,786)	14,078,656	2,254,743
Long Term Debt	892,464,702	891,474,153	990,550	913,220,947	(20,756,245)
Estimated Fair Value of Interest Rate Swaps	17,416,944	7,562,186	9,854,758	18,269,084	(852,140)
Deferred Income	11,965,233	9,990,673	1,974,560	19,458,116	(7,492,883)
Professional Liability Self-Insurance and Other	23,696,669	23,593,448	103,221	29,904,294	(6,207,626)
	<u>961,876,947</u>	<u>949,241,644</u>	<u>12,635,302</u>	<u>994,931,098</u>	<u>(33,054,151)</u>
<u>TOTAL LIABILITIES</u>					
	<u>1,166,924,146</u>	<u>1,142,320,343</u>	<u>24,603,803</u>	<u>1,177,411,503</u>	<u>(10,487,357)</u>
<u>NET ASSETS</u>					
Restricted Net Assets	14,711,763	14,339,292	372,471	14,019,416	692,347
Unrestricted Net Assets	768,314,855	782,446,980	(14,132,125)	623,586,738	144,728,117
Noncontrolling Interests in Subsidiaries	232,315,966	229,652,981	2,662,985	215,311,177	17,004,789
	<u>1,015,342,583</u>	<u>1,026,439,253</u>	<u>(11,096,669)</u>	<u>852,917,330</u>	<u>162,425,253</u>
<u>TOTAL LIABILITIES AND NET ASSETS</u>					
	<u>2,182,266,734</u>	<u>2,168,759,600</u>	<u>13,507,134</u>	<u>2,030,328,833</u>	<u>151,937,901</u>

Wellmont Health System and Affiliates
Consolidated Balance Sheets

(Dollars in Thousands)(Unaudited)

	As of 3/31/18	As of 12/31/17	As of 3/31/17
Assets			
Current assets:			
Cash and cash equivalents	\$ 58,435	\$ 47,316	\$ 63,800
Assets limited to use that are required for current liabilities	3,997	3,036	582
Patient accounts receivable	110,687	108,598	105,666
Other receivables	9,991	10,179	10,111
Inventories	18,533	18,361	17,940
Prepaid expenses & other current assets	8,863	12,065	9,751
Total current assets	210,506	199,555	207,850
Assets limited as to use, net of current portion	448,812	471,528	449,798
Land, buildings and equipment, net	429,389	435,502	452,832
Other assets:			
Long-term investments	28,098	28,256	25,842
Investments in affiliates	7,709	7,760	7,826
Goodwill, net	53,156	53,266	53,498
Other	1,762	561	545
Total other assets	90,725	89,843	87,711
Total assets	\$ 1,179,432	\$ 1,196,428	\$ 1,198,191
Liabilities and net assets			
Current liabilities:			
Current portion of long-term debt	\$ 20,739	\$ 20,562	\$ 18,659
Accounts payable and accrued expenses	94,826	83,826	89,765
Estimated third-party payor settlements	10,493	10,015	9,068
Current portion of other long-term liabilities	5,525	5,525	7,359
Total current liabilities	131,583	119,928	124,851
Long-term debt, less current portion	390,845	418,883	443,490
Other long-term liabilities, less current portion	31,346	29,637	36,437
Total liabilities	553,774	568,448	604,688
Net assets:			
Unrestricted	615,667	617,232	581,544
Temporarily restricted	5,840	6,596	7,438
Permanently restricted	1,325	1,325	1,324
Noncontrolling interests	2,826	2,827	3,197
Total net assets	625,658	627,980	593,503
Commitments and contingencies			
Total liabilities and net assets	\$ 1,179,432	\$ 1,196,428	\$ 1,198,191

Mountain States Health Alliance
Comparative Balance Sheet

	Quarter 3 Mar 2018	Quarter 3 Mar 2017	Year Activity	Year to Date 2018
<u>ASSETS</u>				
<u>CURRENT ASSETS</u>				
Cash and Cash Equivalents	81,427,514	98,943,759	(17,516,245)	81,427,514
Current Portion AWJUL	6,646,103	6,415,173	230,930	6,646,103
Accounts Receivable (Net)	180,132,769	156,849,800	23,282,968	180,132,769
Other Receivables	21,888,600	20,918,214	970,387	21,888,600
Due From Affiliates	(2)	1	(3)	(2)
Due From Third Party Payors	(1)	(0)	(1)	(1)
Inventories	31,415,969	27,904,796	3,511,173	31,415,969
Prepaid Expense	13,387,328	9,828,075	3,559,253	13,387,328
	<u>334,898,280</u>	<u>320,859,817</u>	<u>14,038,463</u>	<u>334,898,280</u>
<u>ASSETS WHOSE USE IS LIMITED</u>	<u>18,801,958</u>	<u>17,903,012</u>	<u>898,946</u>	<u>18,801,958</u>
<u>OTHER INVESTMENTS</u>	<u>734,802,044</u>	<u>649,415,732</u>	<u>85,386,312</u>	<u>734,802,044</u>
<u>PROPERTY, PLANT AND EQUIPMENT</u>				
Land, Buildings and Equipment	1,895,923,884	1,744,561,803	151,362,082	1,895,923,884
Less Allowances for Depreciation	<u>1,027,743,232</u>	<u>923,550,694</u>	<u>104,192,538</u>	<u>1,027,743,232</u>
	<u>868,180,652</u>	<u>821,011,109</u>	<u>47,169,543</u>	<u>868,180,652</u>
<u>OTHER ASSETS</u>				
Pledges Receivable	888,953	2,275,601	(1,386,648)	888,953
Long Term Compensation Investment	31,679,559	27,714,410	3,965,148	31,679,559
Investments in Unconsolidated Subsidiaries	9,720,062	7,712,251	2,007,811	9,720,062
Land / Equipment Held for Resale	6,539,187	6,539,188	(1)	6,539,187
Assets Held for Expansion	11,361,386	11,361,384	2	11,361,386
Investments in Subsidiaries	(0)	0	(1)	(0)
Goodwill	156,556,958	156,556,959	(1)	156,556,958
Deferred Charges and Other	8,837,671	8,979,369	(141,698)	8,837,671
	<u>225,583,776</u>	<u>221,139,163</u>	<u>4,444,613</u>	<u>225,583,776</u>
<u>TOTAL ASSETS</u>	<u>2,182,266,734</u>	<u>2,030,328,833</u>	<u>151,937,901</u>	<u>2,182,266,734</u>
<u>LIABILITIES AND NET ASSETS</u>				
<u>CURRENT LIABILITIES</u>				
Accounts Payable and Accrued Expense	99,051,554	85,177,832	13,873,722	99,051,554
Accrued Salaries, Benefits, and PTO	59,748,271	56,161,053	3,587,217	59,748,271
Claims Payable	1,896,224	2,291,700	(395,476)	1,896,224
Accrued Interest	7,997,388	7,899,379	98,009	7,997,388
Due to Affiliates	278,636	0	278,636	278,636
Due to Third Party Payors	11,248,654	7,493,233	3,755,420	11,248,654
Call Option Liability	0	0	0	0
Current Portion of Long Term Debt	24,826,473	23,457,207	1,369,265	24,826,473
	<u>205,047,199</u>	<u>182,480,405</u>	<u>22,566,794</u>	<u>205,047,199</u>
<u>OTHER NON CURRENT LIABILITIES</u>				
Long Term Compensation Payable	16,333,399	14,078,656	2,254,743	16,333,399
Long Term Debt	892,464,702	913,220,947	(20,756,245)	892,464,702
Estimated Fair Value of Interest Rate Swaps	17,416,944	18,269,084	(852,140)	17,416,944
Deferred Income	11,965,233	19,458,116	(7,492,883)	11,965,233
Professional Liability Self-Insurance and Other	23,696,669	29,904,294	(6,207,626)	23,696,669
	<u>961,876,947</u>	<u>994,931,098</u>	<u>(33,054,151)</u>	<u>961,876,947</u>
<u>TOTAL LIABILITIES</u>	<u>1,166,924,146</u>	<u>1,177,411,503</u>	<u>(10,487,357)</u>	<u>1,166,924,146</u>
<u>NET ASSETS</u>				
Restricted Net Assets	14,711,763	14,019,416	692,347	14,711,763
Unrestricted Net Assets	768,314,855	623,586,738	144,728,117	768,314,855
Noncontrolling Interests in Subsidiaries	232,315,966	215,311,177	17,004,789	232,315,966
	<u>1,015,342,583</u>	<u>852,917,330</u>	<u>162,425,253</u>	<u>1,015,342,583</u>
<u>TOTAL LIABILITIES AND NET ASSETS</u>	<u>2,182,266,734</u>	<u>2,030,328,833</u>	<u>151,937,901</u>	<u>2,182,266,734</u>

Wellmont Health System and Affiliates
Consolidated Balance Sheets

(Dollars in Thousands)(Unaudited)

	As of 3/31/18	As of 3/31/17	As of 3/31/18
Assets			
Current assets:			
Cash and cash equivalents	\$ 58,435	\$ 63,800	\$ 58,435
Assets limited to use that are required for current liabilities	3,997	582	3,997
Patient accounts receivable	110,687	105,666	110,687
Other receivables	9,991	10,111	9,991
Inventories	18,533	17,940	18,533
Prepaid expenses & other current assets	8,863	9,751	8,863
Total current assets	210,506	207,850	210,506
Assets limited as to use, net of current portion	448,812	449,798	448,812
Land, buildings and equipment, net	429,389	452,832	429,389
Other assets:			
Long-term investments	28,098	25,842	28,098
Investments in affiliates	7,709	7,826	7,709
Goodwill, net	53,156	53,498	53,156
Other	1,762	545	1,762
Total other assets	90,725	87,711	90,725
Total assets	\$ 1,179,432	\$ 1,198,191	\$ 1,179,432
Liabilities and net assets			
Current liabilities:			
Current portion of long-term debt	\$ 20,739	\$ 18,659	\$ 20,739
Accounts payable and accrued expenses	94,826	89,765	94,826
Estimated third-party payor settlements	10,493	9,068	10,493
Current portion of other long-term liabilities	5,525	7,359	5,525
Total current liabilities	131,583	124,851	131,583
Long-term debt, less current portion	390,845	443,490	390,845
Other long-term liabilities, less current portion	31,346	36,437	31,346
Total liabilities	553,774	604,688	553,774
Net assets:			
Unrestricted	615,667	581,544	615,667
Temporarily restricted	5,840	7,438	5,840
Permanently restricted	1,325	1,324	1,325
Noncontrolling interests	2,826	3,197	2,826
Total net assets	625,658	593,503	625,658
Commitments and contingencies			
Total liabilities and net assets	\$ 1,179,432	\$ 1,198,191	\$ 1,179,432

ATTACHMENT 4

STATEMENTS OF INCOME AND CASH FLOW

- 4a – TN requirements Stmt of Income
- 4b – VA requirements Stmt of Income
- 4c – TN requirements Cash Flow

Mountain States Health Alliance
Statement of Revenue and Expense
As of March 31, 2018 and March 31, 2017

	Quarter 3 Mar 18	Quarter 2 Dec 17	Quarter 3 Mar 17
<u>Revenue, Gains and Support</u>			
Patient service revenue, net of contractual allowances and discounts	316,063,959	316,036,295	289,477,429
Provision for bad debts	(34,597,027)	(34,430,937)	(29,714,848)
Net patient service revenue	281,466,932	281,605,357	259,762,581
Other operating revenue	6,579,022	6,827,917	6,149,878
TOTAL REVENUE, GAINS AND SUPPORT	288,045,954	288,433,274	265,912,459
<u>Expenses:</u>			
Salaries and wages	98,733,833	96,402,016	85,602,840
Physician salaries and wages	21,751,703	20,389,750	20,077,926
Contract Labor	6,339,477	6,462,481	3,490,476
Employee Benefits	22,840,882	19,896,685	19,370,035
Fees	30,814,691	31,444,357	29,552,855
Supplies	51,207,302	49,363,801	44,792,439
Utilities	4,382,846	4,268,319	3,792,232
Medical Costs	0	0	0
Other Expense	24,249,304	24,600,997	22,079,810
Depreciation	19,676,957	19,302,786	16,820,304
Amortization	339,659	339,524	406,064
Interest & Taxes	9,615,785	9,398,539	9,816,559
TOTAL EXPENSES	289,952,440	281,869,254	255,801,541
OPERATING INCOME	(1,906,486)	6,564,020	10,110,918
<u>Nonoperating gains (losses):</u>			
Interest and dividend income	2,026,625	4,720,148	2,375,554
Net realized gains (losses) on the sale of securities	155,935	8,466,381	32,657
Change in net unrealized gains on securities	(824,848)	4,057,369	18,187,300
Derivative related income	743,373	643,969	1,088,467
Loss on extinguishment of LTD / derivatives	0	0	0
Change in estimated fair value of derivatives	(9,939,537)	2,979,011	(2,835,361)
Gain (loss) on discontinued operations	0	0	(16,590)
Other nonoperating gains (losses)	(1,038,677)	(867,920)	(950,218)
Noncontrolling interests in subsidiaries	(2,671,593)	(5,748,126)	(7,001,781)
NET NONOPERATING GAINS	(11,548,723)	14,250,832	10,880,028
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	(13,455,209)	20,814,852	20,990,946
EBITDA	26,941,577	42,819,321	32,681,935

Wellmont Health System and Affiliates
Consolidated Statements of Operations and Changes in Net Assets

(Dollars in Thousands)(Unaudited)

	FY18 QTR 3	FY18 QTR 2	FY17 QTR 3
Revenue:			
Net patient service revenue less provision for bad debts	\$ 234,314	\$ 228,603	\$ 234,267
Other revenue	6,868	6,958	5,103
Total revenue	<u>241,182</u>	<u>235,561</u>	<u>239,370</u>
Expenses:			
Salaries and benefits	129,474	124,041	119,978
Medical supplies and drugs	50,277	50,839	50,103
Purchased services	22,127	24,164	22,830
Interest	2,457	2,188	2,400
Depreciation and amortization	15,225	15,376	16,096
Maintenance and utilities	8,504	8,664	10,222
Lease and rental	4,909	4,858	4,930
Other	8,918	9,198	8,043
Total expenses	<u>241,891</u>	<u>239,327</u>	<u>234,602</u>
Income (loss) from operations	<u>(709)</u>	<u>(3,766)</u>	<u>4,768</u>
Nonoperating gains (losses):			
Derivative valuation adjustments	(24)	-	8
Investment income	4,434	5,485	20,819
Loss on refinancing	-	-	-
Nonoperating gains (losses), net	<u>4,410</u>	<u>5,485</u>	<u>20,827</u>
Revenues and gains in excess of expenses and losses	<u>3,701</u>	<u>1,719</u>	<u>25,595</u>
Income attributable to noncontrolling interests	<u>(213)</u>	<u>(195)</u>	<u>(759)</u>
Revenues and gains in excess of expenses and losses attributable to Wellmont Health System	3,488	1,524	24,836
Other changes in unrestricted net assets:			
Change in net unrealized gains (losses) on investments	(6,434)	5,298	(6,549)
Net assets released from restrictions for additions to land, buildings, and equipment	1,381	956	428
Change in the funded status of benefit plans	-	-	-
Increase (decrease) in unrestricted net assets	<u>(1,565)</u>	<u>7,778</u>	<u>18,715</u>
Changes in temporarily restricted net assets:			
Contributions	854	568	1,306
Net assets released from temporary restrictions	(1,610)	(1,140)	(971)
Increase (decrease) in temporarily restricted net assets	<u>(756)</u>	<u>(571)</u>	<u>335</u>
Changes in permanently restricted net assets:			
Permanently restricted contributions and investment income	-	1	-
Increase (decrease) in permanently restricted net assets	<u>-</u>	<u>1</u>	<u>-</u>
Changes in noncontrolling interests:			
Income attributable to noncontrolling interests	213	195	759
Distributions to noncontrolling interests	(214)	(134)	(225)
Increase (decrease) in noncontrolling interests	<u>(1)</u>	<u>61</u>	<u>535</u>
Change in net assets	<u>(2,322)</u>	<u>7,268</u>	<u>19,585</u>
Net assets, beginning of period	627,980	620,712	573,918
Net assets, end of period	<u>\$ 625,658</u>	<u>\$ 627,980</u>	<u>\$ 593,503</u>

Mountain States Health Alliance
Statement of Revenue and Expense
As of March 31, 2018 and March 31, 2017

	Quarter 3 Mar 2018	Quarter 3 Mar 2017	Year to Date Mar 2018
<u>Revenue, Gains and Support</u>			
Patient service revenue, net of contractual allowances and discounts	316,063,959	289,477,429	940,238,839
Provision for bad debts	(34,597,027)	(29,714,848)	(104,310,680)
Net patient service revenue	281,466,932	259,762,581	835,928,159
Other operating revenue	6,579,022	6,149,878	20,163,888
TOTAL REVENUE, GAINS AND SUPPORT	288,045,954	265,912,459	856,092,047
<u>Expenses:</u>			
Salaries and wages	98,733,833	85,602,840	291,798,447
Physician salaries and wages	21,751,703	20,077,926	64,101,495
Contract Labor	6,339,477	3,490,476	18,621,082
Employee Benefits	22,840,882	19,370,035	63,600,731
Fees	30,814,691	29,552,855	93,312,237
Supplies	51,207,302	44,792,439	149,588,444
Utilities	4,382,846	3,792,232	13,501,802
Medical Costs	0	0	0
Other Expense	24,249,304	22,079,810	72,427,911
Depreciation	19,676,957	16,820,304	57,532,007
Amortization	339,659	406,064	1,018,707
Interest & Taxes	9,615,785	9,816,559	28,299,207
TOTAL EXPENSES	289,952,440	255,801,541	853,802,070
OPERATING INCOME	(1,906,486)	10,110,918	2,289,977
<u>Nonoperating gains (losses):</u>			
Interest and dividend income	2,026,625	2,375,554	8,570,318
Net realized gains (losses) on the sale of securities	155,935	32,657	8,672,560
Change in net unrealized gains on securities	(824,848)	18,187,300	18,615,569
Derivative related income	743,373	1,088,467	2,045,878
Loss on extinguishment of LTD / derivatives	0	0	0
Change in estimated fair value of derivatives	(9,939,537)	(2,835,361)	(7,965,303)
Gain (loss) on discontinued operations	0	(16,590)	0
Other nonoperating gains (losses)	(1,038,677)	(950,218)	(5,337,443)
Noncontrolling interests in subsidiaries	(2,671,593)	(7,001,781)	(13,345,502)
NET NONOPERATING GAINS	(11,548,723)	10,880,028	11,256,077
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	(13,455,209)	20,990,946	13,546,054
EBITDA	26,941,577	32,681,935	89,745,709

Wellmont Health System and Affiliates
Consolidated Statements of Operations and Changes in Net Assets

(Dollars in Thousands)(Unaudited)

	FY18 QTR 3	FY17 QTR 3	FY18 YTD
Revenue:			
Net patient service revenue less provision for bad debts	\$ 234,314	\$ 234,267	\$ 693,667
Other revenue	6,868	5,103	19,781
Total revenue	<u>241,182</u>	<u>239,370</u>	<u>713,448</u>
Expenses:			
Salaries and benefits	129,474	119,978	376,612
Medical supplies and drugs	50,277	50,103	151,170
Purchased services	22,127	22,830	69,548
Interest	2,457	2,400	6,942
Depreciation and amortization	15,225	16,096	45,855
Maintenance and utilities	8,504	10,222	26,866
Lease and rental	4,909	4,930	14,852
Other	8,918	8,043	27,590
Total expenses	<u>241,891</u>	<u>234,602</u>	<u>719,435</u>
Income (loss) from operations	<u>(709)</u>	<u>4,768</u>	<u>(5,987)</u>
Nonoperating gains (losses):			
Derivative valuation adjustments	(24)	8	(9)
Investment income	4,434	20,819	15,471
Loss on refinancing	-	-	(430)
Nonoperating gains (losses), net	<u>4,410</u>	<u>20,827</u>	<u>15,032</u>
Revenues and gains in excess of expenses and losses	<u>3,701</u>	<u>25,595</u>	<u>9,045</u>
Income attributable to noncontrolling interests	<u>(213)</u>	<u>(759)</u>	<u>(506)</u>
Revenues and gains in excess of expenses and losses attributable to Wellmont Health System	3,488	24,836	8,539
Other changes in unrestricted net assets:			
Change in net unrealized gains (losses) on investments	(6,434)	(6,549)	8,385
Net assets released from restrictions for additions to land, buildings, and equipment	1,381	428	2,595
Change in the funded status of benefit plans	-	-	-
Increase (decrease) in unrestricted net assets	<u>(1,565)</u>	<u>18,715</u>	<u>19,519</u>
Changes in temporarily restricted net assets:			
Contributions	854	1,306	1,605
Net assets released from temporary restrictions	(1,610)	(971)	(3,273)
Increase (decrease) in temporarily restricted net assets	<u>(756)</u>	<u>335</u>	<u>(1,668)</u>
Changes in permanently restricted net assets:			
Permanently restricted contributions and investment income	-	-	1
Increase (decrease) in permanently restricted net assets	<u>-</u>	<u>-</u>	<u>1</u>
Changes in noncontrolling interests:			
Income attributable to noncontrolling interests	213	759	506
Distributions to noncontrolling interests	(214)	(225)	(466)
Increase (decrease) in noncontrolling interests	<u>(1)</u>	<u>535</u>	<u>40</u>
Change in net assets	<u>(2,322)</u>	<u>19,585</u>	<u>17,892</u>
Net assets, beginning of period	627,980	573,918	607,766
Net assets, end of period	<u>\$ 625,658</u>	<u>\$ 593,503</u>	<u>\$ 625,658</u>

Mountain States Health Alliance
Statement of Cash Flows

	FY18 Q3 Mar 2018	FY18 Q2 Dec 2017	FY17 Q3 Mar 2017
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>			
Increase / (Decrease) in Net Assets	(13,759,654)	20,052,845	21,116,556
<u>Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities</u>			
Provision for Depreciation & Amortization	19,676,957	19,302,786	16,820,304
Provision for Amortization	339,659	339,524	406,064
Net Realized (Gain) / Loss on Sales of Securities	(155,935)	(8,466,381)	(32,657)
Net Loss on Early Extinguishment of Debt / Derivatives	0	0	0
Change in Estimated Fair Value of Derivatives	9,939,537	(2,979,011)	2,835,361
Equity in Net Income of Joint Ventures	(244,607)	(392,841)	(401,505)
(Gain) / Loss on Sale of Assets Held for Resale and Disposal of Assets	61,187	(3,568)	(47,081)
Net Amounts Received on Interest Rate Swap Settlements	(1,435,715)	(1,366,933)	(1,833,838)
Minority Interest in Consolidated Subsidiaries Income	2,671,593	5,748,126	7,001,781
Change in Net Unrealized (Gains) / Losses on Investments	824,848	(4,057,369)	(18,187,300)
Restricted Contributions	0	0	0
Increase / (Decrease) in Cash due to Change in:	0	0	0
Net Patient Accounts Receivable	(4,657,245)	(1,910,297)	4,911,840
Other Receivables (Net)	6,972,004	(5,851,220)	2,422,745
Inventories and Prepaid Expenses	(734,099)	412,972	(1,145,465)
Other Assets	599,204	(780,394)	(91,950)
Accrued Interest Payable (incl Capital Appreciation Bond Accretion)	(6,696,872)	6,895,839	(7,328,682)
Accounts Payable and Accrued Expenses	3,834,360	(1,141,163)	1,279,797
Accrued Salaries, Compensated Absences, and Amounts Withheld	11,075,449	(7,833,009)	7,297,616
Estimated Amounts due from/to Third Party Payors (Net)	3,787,917	(830,605)	(861,404)
Other Long-Term Liabilities	1,686,774	924,846	4,889,149
Professional Liability Self Insurance and Other	103,221	502,042	7,266,222
Total Adjustments	47,648,237	(1,486,656)	25,200,998
Net Cash Provided by Operating Activities	33,888,582	18,566,189	46,317,554
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>			
Purchases of Property, Plant, and Equipment, Property Held for Resale, and Property Held for Expansion (Net)	(15,436,683)	(14,795,877)	(22,081,966)
Additions to Goodwill	0	0	0
Proceeds from Investment Maturities	0	0	0
Purchases of Investments (Net)	457,834	(11,175,682)	(7,614,935)
Net Decrease / (Increase) in Assets Limited as to Use	7,635,448	(14,268,946)	8,369,021
Net Sale or Distribution from Joint Ventures and Unconsolidated Affiliates	0	0	0
Proceeds from Sale of Property, Plant, and Equipment, and Property Held for Resale	0	0	0
Net Cash Used in Investing Activities	(7,343,401)	(40,240,505)	(21,327,880)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>			
Payments on Long-Term Debt and Capital Lease Obligations (incl Deposits to Escrow)	679,563	713,828	763,059
Payment of Acquisition and Financing Costs	0	0	0
Proceeds from Issuance of Long-Term Debt and Other Financing Arrangements	0	0	0
Net Amounts Received on Interest Rate Swap Settlements	1,435,715	1,366,933	1,833,838
Restricted Contributions Received / (Paid)	0	0	0
Distribution to Minority Shareholders and Other	0	0	0
Net Cash Used in Financing Activities	2,115,278	2,080,761	2,596,897
<u>NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS</u>	28,660,460	(19,593,556)	27,586,571
<u>CASH AND CASH EQUIVALENTS - BEGINNING OF PERIOD</u>	52,767,054	72,360,609	71,357,188
<u>CASH AND CASH EQUIVALENTS - END OF PERIOD</u>	81,427,514	52,767,053	98,943,759

**Wellmont Health System and Affiliates
Consolidated Statement of Cash Flows**

(Dollars in Thousands)(Unaudited)

	FY18 QTR 3	FY18 QTR 2	FY17 QTR 3
Cash flows from operating activities:			
Change in net assets	\$ (1,492)	\$ 7,268	\$ 19,529
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:			
Depreciation and amortization	15,225	15,377	16,096
Net realized and unrealized (gains) losses on investments	1,999	(10,783)	(14,269)
Derivative valuation adjustments	24	0	(7)
(Gain) loss on sale of fixed assets	(89)	(61)	190
Loss on refinancing	0	0	0
Increase (decrease) in cash due to changes in:			
Accounts Receivable	(2,089)	9,783	(11,362)
Inventories	(172)	(524)	(924)
Prepaid expenses and other current assets	2,431	(658)	19,205
Accounts payable and accrued expenses	11,000	(13,964)	9,975
Net decrease (increase) in other assets	(2,889)	354	(12,400)
Net cash provided by operating activities	<u>23,948</u>	<u>6,792</u>	<u>26,033</u>
Cash flows from investing activities:			
Purchases of property, plant and equipment, net	(9,023)	(10,891)	(8,614)
Transfer (to)/from Bond and Self-Insurance funds	(945)	1,860	1,541
Acquisitions	0	0	(13,734)
Net cash (used) in investing activities	<u>0</u>	<u>0</u>	<u>(20,807)</u>
	15,032	(9,031)	
Cash flows from financing activities:			
Proceeds from long term debt			
Repayment of long term debt	(27,861)	(4,788)	(1,894)
Net cash provided (used) in financing activities	<u>(27,861)</u>	<u>(4,788)</u>	<u>(1,894)</u>
Increase (decrease) in cash and cash equivalents	11,119	(7,027)	3,332
Cash and cash equivalents, beginning	<u>47,316</u>	<u>54,343</u>	<u>60,467</u>
Cash and cash equivalents, ending	<u>\$ 58,435</u>	<u>\$ 47,316</u>	<u>\$ 63,800</u>

ATTACHMENT 5

YEAR-TO-DATE COMMUNITY BENEFIT SPENDING – PROGRESS TOWARDS DISTRIBUTING GRANTS

- Not applicable with this first report.

ATTACHMENT 6

YEAR-TO-DATE COMMUNITY BENEFIT SPENDING – INTERNAL SPENDING

Ballad Health TOC Exhibit G as of 3/31/18
Internal Spending Report

990, line 7:

a. Financial assistance (charity)*	9,696,033
* Legacy - Mountain States Health Alliance Only	
b. Medicaid and TennCare*	25,052,587
* Legacy - Mountain States Health Alliance Only	
c. Other means-tested gov't programs (TennCare included in line 7b)	
e. Community health improvements	6,093,531
f. Health professions education:	4,810,813
Medicare-approved programs	6,112,950
College/university students	6,372,157
Total Health professions education	<u>17,295,920</u>
g. Subsidized health services	8,676,883
h. Research	141,471
i. Cash and in-kind contributions	<u>1,094,623</u>
Total	68,051,048

*For Lines a. & b. Legacy Wellmont Health System information is not available at this time but should be supplemented by June 1, 2018

ATTACHMENT 7

QUALITY METRICS

- Quality Measures YTD2018 – 7a
- Quality Measures FY18 FQ3 – 7b

Overview: Ballad Health CMS Data Submission Process

Methodology Contact: Tamera Parsons

Ballad Health Performance Improvement

- Ballad Health, with the exception of critical access hospitals, submits data to CMS via CMS approved intermediaries, or third party vendors and other CMS approved agencies
 - The CMS approved intermediaries/vendors include:
 - For “Quality Data”:
 - Quantros
 - Premier, Inc
 - Rural Wisconsin
 - Data for critical access hospitals is submitted via a CMS provided online tool called CART
 - CMS accesses Ballad Health infection data directly through NSHN
 - For “HCAHPS Data”:
 - Press Ganey (including Healthstream)
 - Ballad Health also submits some data via secure upload to a CMS provided web site called QNET
- Overview of standard submission process for quality measures:
 - End of month, comprehensive files are sent to CMS approved intermediaries/vendors; these files include PHI, cost, volumes, claims data, etc.
 - The CMS approved vendor applies various CMS methodologies and algorithms using the hospital specific data files with these deliverables:
 - To CMS: required data and results are submitted to CMS on the hospitals’ behalf
 - To TJC, regulatory agencies: required data and results are submitted on the hospitals’ behalf
 - To the hospitals: summary and drill down data in report format is provided to use in internal scorecards, improvement efforts, etc.
 - CMS audits files submitted by hospitals for completeness and accuracy using a lottery system; hospitals are provided feedback and validation scores
- Overview of standard submission process for HCAHPS measures:
 - Comprehensive files are sent to CMS approved intermediaries/vendors
 - The CMS approved vendor identifies the full patient population required to receive a survey and sends a mailed survey to all patients minus exclusions (ex. Patients that have died)
 - CMS approved vendor receives completed surveys
 - CMS approved vendor analyzes survey responses and provides these deliverables:
 - To CMS: required data and results are submitted to CMS on the hospitals’ behalf
 - To the hospitals: summary and drill down data in report format is provided to use in internal scorecards, improvement efforts, etc.



N/A: Data Not Available

		Ballad Health		Franklin Woods Community Hospital		Johnson City Medical Center		Dickenson County Hospital		Hancock County Hospital		Hawkins County Memorial Hospital	
		Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18
Target Quality Measures													
↓	Pressure Ulcer Rate	0.71	0.00	0.30	0.00	0.26	0.00	N/A	N/A	N/A	0.00	0.45	0.00
↓	Iatrogenic Pneumothorax Rate	0.38	0.22	0.38	0.00	0.26	0.36	N/A	N/A	N/A	0.00	0.40	0.00
↓	Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.03	0.15	N/A	0.10	0.00	N/A	N/A	N/A	0.00	0.17	0.00
↓	Postoperative Hip Fracture Rate	0.06	0.06	0.06	0.42	0.06	0.00	N/A	N/A	N/A	0.00	N/A	0.00
↓	PSI 09 Perioperative Hemorrhage or Hematoma Rate	4.15	2.66	4.37	2.12	3.60	0.65	N/A	N/A	N/A	N/A	N/A	0.00
↓	PSI 10 Postoperative Physiologic and Metabolic Derangement Rate	1.00	0.43	1.09	0.00	1.08	0.75	N/A	N/A	N/A	N/A	N/A	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	14.79	8.44	12.09	22.06	11.98	3.85	N/A	N/A	N/A	N/A	N/A	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.42	4.21	4.36	0.00	5.85	4.76	N/A	N/A	N/A	N/A	N/A	0.00
↓	PSI 13 Postoperative Sepsis Rate	8.81	4.38	N/A	14.65	14.88	1.53	N/A	N/A	N/A	N/A	N/A	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.22	0.00	2.15	0.00	2.35	2.71	N/A	N/A	N/A	N/A	N/A	0.00
↓	PSI 15 Accidental Puncture or Laceration Rate	1.34	0.55	1.45	1.49	1.34	0.62	N/A	N/A	N/A	N/A	1.36	0.00
↓	CLABSI	0.774	0.587	0.000	1.506	1.080	1.054	N/A	N/A	N/A	0.000	0.000	0.000
↓	CAUTI	0.613	0.718	0.428	0.823	0.997	1.597	N/A	N/A	N/A	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	1.166	2.094	1.504	5.714	1.911	0.000	N/A	N/A	N/A	N/A	0.000	0.000
↓	SSI HYST Surgical Site Infection	0.996	0.227	0.000	1.163	2.500	0.000	N/A	N/A	N/A	N/A	N/A	N/A
↓	MRSA	0.040	0.048	0.039	0.000	0.055	0.058	N/A	N/A	N/A	0.000	0.000	0.000
↓	CDIFF	0.585	0.714	0.259	0.463	0.531	0.575	N/A	N/A	N/A	N/A	0.000	0.560
General Information-Structural Measures													
Yes	SMPART NURSE Nursing Care Registry	N/A	N/A	No	No	Yes	Yes	N/A	N/A	No	No	No	No
Yes	ACS REGISTRY	N/A	N/A	Yes	Yes	Yes	Yes	N/A	Yes	N/A	N/A	Yes	Yes
Yes	SMPART GENSURG General Surgery Registry	N/A	N/A	Yes	Yes	Yes	Yes	N/A	N/A	No	No	No	No
Yes	OP12 HIT Ability electronically receive lab results	N/A	N/A	Yes	Yes	Yes	Yes	N/A	N/A	Yes	N/A	Yes	No
Yes	OP17 Tracking Clinical Results Between Visits	N/A	N/A	Yes	Yes	Yes	Yes	N/A	N/A	Yes	N/A	Yes	Yes
Yes	OP25 Outpatient Safe Surgery Checklist	N/A	N/A	Yes	Yes	Yes	Yes	N/A	N/A	Yes	N/A	Yes	Yes
Yes	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	No	No	Yes	Yes

		Russell County Medical Center		Sycamore Shoals Hospital		Johnson County Community Hospital		Unicoi County Memorial Hospital		Laughlin Memorial Hospital		Takoma Regional Hospital	
		Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18
Target Quality Measures													
↓	Pressure Ulcer Rate	0.41	0.00	0.31	0.00	N/A	N/A	0.40	N/A	0.27	0.27	0.34	0.34
↓	Iatrogenic Pneumothorax Rate	0.40	0.00	0.44	0.00	N/A	N/A	0.40	N/A	0.37	0.38	0.45	0.45
↓	Central Venous Catheter-Related Blood Stream Infection Rate	0.17	0.00	0.16	0.00	N/A	N/A	0.17	N/A	0.15	0.15	0.15	0.15
↓	Postoperative Hip Fracture Rate	N/A	0.00	0.06	0.00	N/A	N/A	0.06	N/A	0.06	0.06	0.06	0.06
↓	PSI 09 Perioperative Hemorrhage or Hematoma Rate	N/A	0.00	4.66	0.00	N/A	N/A	4.75	N/A	4.52	4.52	4.98	4.98
↓	PSI 10 Postoperative Physiologic and Metabolic Derangement Rate	N/A	0.00	1.11	0.00	N/A	N/A	N/A	N/A	1.10	1.10	1.11	1.11
↓	PSI 11 Postoperative Respiratory Failure Rate	N/A	0.00	13.37	0.00	N/A	N/A	N/A	N/A	8.98	8.98	12.51	12.51
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	N/A	0.00	5.23	3.92	N/A	N/A	4.76	N/A	6.16	6.16	7.58	7.58
↓	PSI 13 Postoperative Sepsis Rate	N/A	250.00	0.00	0.00	N/A	N/A	N/A	N/A	9.38	9.38	9.48	9.48
↓	PSI 14 Postoperative Wound Dehiscence Rate	N/A	0.00	2.26	0.00	N/A	N/A	N/A	N/A	2.22	2.22	2.24	2.24
↓	PSI 15 Accidental Puncture or Laceration Rate	1.39	0.00	1.35	0.00	N/A	N/A	1.26	N/A	2.17	2.17	1.49	1.49
↓	CLABSI	0.000	10.101	0.900	2.625	N/A	N/A	0.000	0.000	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000	1.017	N/A	N/A	0.000	0.000	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	N/A	N/A	3.226	0.000	N/A	N/A	N/A	N/A	2.326	0.000	0.000	5.000
↓	SSI HYST Surgical Site Infection	N/A	N/A	0.000	0.000	N/A	N/A	N/A	N/A	N/A	N/A	0.000	0.000
↓	MRSA	0.000	0.000	0.067	0.000	N/A	N/A	0.000	0.000	0.000	0.000	0.000	0.000
↓	CDIFF	0.498	0.838	0.604	1.073	N/A	N/A	0.000	0.000	0.441	0.149	0.124	0.000
General Information-Structural Measures													
Yes	SMPART NURSE Nursing Care Registry	No	No	Yes	Yes	No	No	No	No	Yes	Yes	No	No
Yes	ACS REGISTRY	Yes	Yes	Yes	Yes	N/A	N/A	Yes	No	Yes	Yes	N/A	Yes
Yes	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes	Yes	No	No
Yes	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes	Yes
Yes	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes	Yes
Yes	OP25 Outpatient Safe Surgery Checklist	N/A	N/A	Yes	Yes	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes
Yes	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes



N/A: Data Not Available

	Ballad Health		Franklin Woods Community Hospital		Johnson City Medical Center		Dickenson County Hospital		Hancock County Hospital		Hawkins County Memorial Hospital		
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	
<i>Target Quality Measures</i>													
<i>Survey of Patient's Experiences - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)</i>													
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.1%	81.1%	84.0%	83.1%	77.0%	78.2%	N/A	100.0%	90.0%	90.3%	87.0%	83.1%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.1%	13.8%	13.0%	13.6%	17.0%	15.9%	N/A	0.0%	8.0%	6.5%	11.0%	10.2%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.6%	5.1%	3.0%	3.3%	6.0%	5.9%	N/A	0.0%	2.0%	3.2%	2.0%	7.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	80.1%	84.0%	81.2%	77.0%	76.4%	N/A	100.0%	92.0%	71.9%	92.0%	80.1%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	13.6%	14.1%	15.0%	14.2%	18.0%	17.0%	N/A	0.0%	6.0%	21.9%	7.0%	10.3%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	6.3%	5.6%	4.0%	4.6%	5.0%	6.5%	N/A	0.0%	2.0%	6.3%	1.0%	9.0%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	67.6%	67.6%	72.0%	70.8%	66.0%	63.7%	N/A	100.0%	95.0%	100.0%	78.0%	76.6%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	25.8%	24.7%	21.0%	22.9%	25.0%	25.2%	N/A	0.0%	4.0%	0.0%	20.0%	17.2%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	9.1%	9.3%	7.0%	6.4%	9.0%	11.1%	N/A	0.0%	1.0%	0.0%	2.0%	6.2%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled	68.4%	69.7%	76.0%	73.1%	66.0%	65.0%	N/A	100.0%	89.0%	33.3%	81.0%	67.5%
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled	22.7%	22.1%	19.0%	22.2%	25.0%	25.7%	N/A	0.0%	5.0%	25.0%	13.0%	18.4%
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled	9.3%	8.3%	5.0%	4.7%	9.0%	9.3%	N/A	0.0%	1.0%	41.7%	6.0%	14.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.1%	64.7%	68.0%	68.2%	60.0%	60.7%	N/A	100.0%	77.0%	80.0%	83.0%	71.8%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	19.9%	19.0%	16.0%	17.0%	18.0%	17.6%	N/A	0.0%	18.0%	0.0%	10.0%	10.3%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	18.7%	18.8%	16.0%	14.8%	22.0%	21.6%	N/A	0.0%	5.0%	20.0%	7.0%	17.9%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.6%	73.0%	83.0%	84.2%	62.0%	65.3%	N/A	100.0%	86.0%	90.9%	86.0%	82.7%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	16.4%	16.4%	13.0%	10.5%	24.0%	20.4%	N/A	0.0%	14.0%	0.0%	9.0%	13.1%

	Holston Valley Medical Center		Indian Path Medical Center		Lonesome Pine Hospital		Norton Community Hospital		Bristol Regional Medical Center		Johnston Memorial Hospital		Smyth County Community Hospital		
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	
<i>Target Quality Measures</i>															
<i>Survey of Patient's Experiences - Hospital Consumer Assessment of Healthcare Providers and Systems</i>															
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	81.2%	82.0%	81.2%	83.0%	82.9%	82.0%	83.5%	82.0%	84.5%	77.0%	77.5%	85.0%	88.5%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	16.0%	10.2%	14.0%	15.0%	12.0%	9.9%	14.0%	13.0%	14.0%	11.2%	17.0%	16.7%	12.0%	8.6%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	7.5%	4.0%	3.8%	5.0%	7.2%	4.0%	3.5%	4.0%	5.0%	6.0%	5.8%	3.0%	2.9%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	80.5%	85.0%	82.5%	82.0%	83.3%	85.0%	83.9%	84.0%	83.0%	80.0%	77.2%	88.0%	90.3%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	15.0%	10.3%	10.0%	13.3%	13.0%	10.6%	11.0%	13.4%	14.0%	11.2%	14.0%	16.6%	9.0%	7.2%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	9.0%	5.0%	4.2%	5.0%	6.0%	4.0%	2.8%	2.0%	5.2%	6.0%	6.2%	3.0%	2.4%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	66.0%	66.2%	65.0%	69.5%	72.0%	79.6%	70.0%	66.0%	69.0%	72.2%	60.0%	55.3%	76.0%	76.5%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	26.0%	17.2%	25.0%	23.0%	20.0%	13.2%	22.0%	66.0%	23.0%	23.4%	27.0%	31.6%	18.0%	15.0%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	8.0%	6.2%	10.0%	7.5%	8.0%	7.2%	8.0%	10.4%	8.0%	8.9%	13.0%	13.0%	6.0%	8.6%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled	73.0%	71.7%	72.0%	74.6%	75.0%	78.5%	71.0%	60.3%	74.0%	74.2%	68.0%	62.5%	73.0%	79.6%
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled	21.0%	18.4%	22.0%	21.0%	18.0%	12.5%	22.0%	31.1%	21.0%	17.5%	23.0%	26.1%	22.0%	17.1%
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled	6.0%	14.0%	6.0%	4.4%	7.0%	9.0%	7.0%	8.6%	5.0%	8.5%	9.0%	11.5%	5.0%	3.3%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	71.8%	63.0%	63.7%	71.0%	77.1%	66.0%	70.3%	67.0%	66.2%	61.0%	61.7%	73.0%	65.6%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	17.0%	10.3%	18.0%	17.5%	13.0%	11.2%	14.0%	14.5%	17.0%	15.2%	16.0%	20.3%	16.0%	13.6%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	20.0%	17.9%	19.0%	18.9%	16.0%	11.6%	20.0%	15.1%	16.0%	18.6%	23.0%	18.0%	11.0%	20.8%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	66.0%	67.4%	74.0%	80.5%	72.0%	82.4%	71.0%	80.8%	62.0%	68.0%	68.0%	71.7%	75.0%	86.4%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	21.0%	13.1%	16.0%	15.2%	17.0%	10.0%	18.0%	11.5%	22.0%	18.6%	20.0%	20.5%	8.0%	8.0%

		Russell County Medical Center		Sycamore Shoals Hospital		Johnson County Community Hospital		Unicoi County Memorial Hospital		Laughlin Memorial Hospital		Takoma Regional Hospital	
		Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18
Target Quality Measures													
Survey of Patient's Experiences - Hospital Consumer Assessment of Healthcare Providers and Systems													
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	87.0%	90.0%	85.0%	78.3%	N/A	100.0%	79.0%	91.0%	81.0%	91.0%	83.0%	83.5%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	9.0%	6.0%	12.0%	17.2%	N/A	0.0%	18.0%	9.0%	16.0%	17.0%	14.0%	11.4%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.0%	4.0%	3.0%	4.6%	N/A	0.0%	3.0%	0.0%	3.0%	4.0%	3.0%	5.1%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	89.0%	89.8%	86.0%	78.3%	N/A	100.0%	80.0%	85.8%	85.0%	94.0%	78.0%	81.4%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	8.0%	7.5%	11.0%	15.6%	N/A	0.0%	12.0%	10.0%	13.0%	11.0%	11.0%	12.7%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	2.7%	3.0%	6.1%	N/A	0.0%	8.0%	4.2%	2.0%	4.0%	7.0%	6.1%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	78.0%	70.8%	82.0%	70.1%	N/A	100.0%	71.0%	80.9%	73.0%	88.0%	71.0%	76.4%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	17.0%	21.5%	13.0%	20.9%	N/A	0.0%	23.0%	19.1%	22.0%	23.0%	24.0%	15.9%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	5.0%	7.7%	5.0%	9.0%	N/A	0.0%	6.0%	0.0%	5.0%	6.0%	5.0%	8.1%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled	79.0%	70.6%	75.0%	66.9%	N/A	100.0%	71.0%	80.0%	70.0%	87.0%	73.0%	73.0%
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled	17.0%	21.6%	19.0%	25.7%	N/A	0.0%	25.0%	20.0%	22.0%	23.0%	20.0%	17.1%
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled	4.0%	7.8%	6.0%	7.4%	N/A	0.0%	4.0%	0.0%	8.0%	7.0%	7.0%	9.9%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	70.7%	73.0%	62.3%	N/A	100.0%	68.0%	80.6%	61.0%	80.0%	63.0%	66.7%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	14.0%	14.6%	14.0%	62.3%	N/A	100.0%	21.0%	11.1%	20.0%	21.0%	21.0%	11.4%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	13.0%	14.6%	13.0%	20.2%	N/A	100.0%	20.0%	8.3%	19.0%	15.0%	16.0%	22.0%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	76.0%	81.6%	82.0%	81.6%	N/A	100.0%	72.0%	82.5%	70.0%	68.0%	77.0%	76.7%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	16.0%	16.3%	13.0%	14.1%	N/A	0.0%	23.0%	12.5%	18.0%	20.0%	14.0%	12.8%

		Ballad Health		Franklin Woods Community Hospital		Johnson City Medical Center		Dickenson County Hospital		Hancock County Hospital		Hawkins County Memorial Hospital	
		Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18
Target Quality Measures													
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	10.5%	10.1%	4.0%	5.3%	14.0%	14.3%	N/A	0.0%	0.0%	9.1%	5.0%	3.7%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	64.7%	63.3%	74.0%	72.4%	52.0%	52.3%	N/A	100.0%	79.0%	63.6%	74.0%	78.4%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	24.4%	27.4%	22.0%	24.2%	37.0%	33.2%	N/A	0.0%	18.0%	36.4%	23.0%	13.7%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	10.6%	9.5%	4.0%	3.4%	11.0%	14.5%	N/A	0.0%	3.0%	0.0%	3.0%	7.8%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	85.9%	87.5%	88.0%	86.2%	84.0%	85.2%	N/A	100.0%	92.0%	75.0%	92.0%	86.3%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.2%	12.8%	12.0%	13.8%	16.0%	14.8%	N/A	0.0%	8.0%	25.0%	8.0%	13.7%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	52.1%	53.2%	61.0%	59.7%	48.0%	49.6%	N/A	66.7%	70.0%	61.3%	55.0%	55.0%
↓	HCOMP7A Patients who “Agree” they understood their care when they left the hospital	41.2%	41.8%	34.0%	34.4%	47.0%	43.8%	N/A	25.0%	22.0%	22.6%	41.0%	40.7%
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	6.1%	5.6%	5.0%	5.9%	5.0%	6.6%	N/A	8.3%	8.0%	16.1%	4.0%	4.6%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	9.2%	9.1%	4.0%	5.6%	10.0%	12.7%	N/A	25.0%	13.0%	18.2%	5.0%	12.2%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.5%	19.2%	14.0%	13.3%	24.0%	21.6%	N/A	0.0%	7.0%	0.0%	21.0%	16.3%

	Holston Valley Medical Center		Indian Path Medical Center		Lonesome Pine Hospital		Norton Community Hospital		Bristol Regional Medical Center		Johnston Memorial Hospital		Smyth County Community Hospital		
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	
Target Quality Measures															
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	13.0%	3.7%	10.0%	4.4%	11.0%	7.5%	11.0%	7.7%	16.0%	15.2%	12.0%	7.8%	17.0%	5.6%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	63.0%	64.9%	66.0%	64.9%	66.0%	77.2%	61.0%	59.3%	65.0%	65.2%	60.0%	59.7%	72.0%	69.9%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	29.0%	13.7%	28.0%	28.4%	27.0%	15.3%	28.0%	30.8%	28.0%	26.0%	32.0%	32.4%	24.0%	26.0%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	8.0%	7.8%	6.0%	6.7%	7.0%	7.5%	11.0%	9.9%	7.0%	10.4%	8.0%	7.9%	4.0%	4.1%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	89.7%	86.0%	88.4%	86.0%	86.1%	88.0%	83.8%	88.0%	91.2%	86.0%	86.2%	91.0%	91.6%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	13.0%	13.7%	14.0%	11.6%	14.0%	13.9%	12.0%	16.2%	12.0%	9.5%	14.0%	13.8%	9.0%	8.4%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	54.0%	59.6%	55.0%	55.9%	51.0%	43.2%	53.0%	48.0%	53.0%	56.2%	49.0%	46.0%	61.0%	60.0%
↓	HCOMP7A Patients who “Agree” they understood their care when they left the hospital	40.0%	40.7%	40.0%	38.4%	44.0%	49.8%	42.0%	45.9%	42.0%	39.7%	45.0%	47.4%	37.0%	36.6%
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	6.0%	4.6%	5.0%	5.7%	5.0%	6.9%	5.0%	6.1%	5.0%	3.4%	6.0%	6.6%	2.0%	3.4%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.0%	12.2%	8.0%	0.3%	7.0%	8.2%	8.0%	8.3%	7.0%	1503.8%	12.0%	11.7%	5.0%	4.8%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	16.3%	19.0%	15.5%	23.0%	40.4%	19.0%	21.1%	16.0%	16.7%	20.0%	20.3%	18.0%	9.7%

	Russell County Medical Center		Sycamore Shoals Hospital		Johnson County Community Hospital		Unicoi County Memorial Hospital		Laughlin Memorial Hospital		Takoma Regional Hospital		
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	
Target Quality Measures													
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	8.0%	2.0%	5.0%	4.3%	N/A	0.0%	5.0%	5.0%	12.0%	12.0%	9.0%	10.6%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	64.0%	66.0%	73.0%	65.4%	N/A	100.0%	68.0%	77.5%	61.0%	59.0%	66.0%	79.8%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	30.0%	24.0%	23.0%	29.2%	N/A	0.0%	23.0%	17.5%	30.0%	33.0%	28.0%	12.6%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	6.0%	10.0%	4.0%	5.4%	N/A	0.0%	9.0%	5.0%	9.0%	8.0%	6.0%	7.7%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	83.1%	86.0%	87.4%	N/A	100.0%	76.0%	87.3%	88.0%	88.0%	91.0%	92.1%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	16.9%	14.0%	12.6%	N/A	0.0%	24.0%	12.7%	12.0%	12.0%	9.0%	7.9%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	50.0%	50.7%	59.0%	49.4%	N/A	62.5%	47.0%	57.4%	50.0%	50.0%	56.0%	54.3%
↓	HCOMP7A Patients who “Agree” they understood their care when they left the hospital	47.0%	43.6%	38.0%	43.0%	N/A	37.5%	40.0%	39.8%	45.0%	45.0%	40.0%	42.9%
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	3.0%	5.7%	3.0%	7.7%	N/A	0.0%	4.0%	2.8%	5.0%	5.0%	3.0%	2.8%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	9.0%	6.1%	4.0%	9.5%	N/A	0.0%	12.0%	4.9%	6.0%	8.0%	7.0%	7.2%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	32.0%	22.4%	17.0%	19.0%	N/A	33.3%	21.0%	22.0%	17.0%	16.0%	16.0%	13.9%

	Ballad Health		Franklin Woods Community Hospital		Johnson City Medical Center		Dickenson County Hospital		Hancock County Hospital		Hawkins County Memorial Hospital	
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18
Target Quality Measures												
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	70.7%	71.5%	82.0%	81.1%	66.0%	65.7%	N/A	75.0%	80.0%	81.8%	74.0%	71.4%
↑ HRCMND DY Patients who reported YES, they would definitely recommend the hospital	71.3%	72.2%	85.0%	85.3%	65.0%	64.4%	N/A	100.0%	81.0%	60.0%	76.0%	70.5%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	22.2%	22.4%	13.0%	10.8%	29.0%	27.8%	N/A	0.0%	9.0%	10.0%	21.0%	22.1%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	6.5%	6.1%	2.0%	3.9%	6.0%	7.8%	N/A	0.0%	10.0%	10.0%	3.0%	7.4%
Timely & Effective care Cataract Surgery Outcome												
↑ OP31 Cataracts Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.59	N/A
Timely & Effective care Colonoscopy follow-up												
↑ OP29 Avg Risk Polyp Surveillance	73.0%	82.4%	78.0%	100.0%	67.0%	100.0%	N/A	N/A	N/A	N/A	97.0%	100.0%
↑ OP30 High risk Polyp Surveillance	83.0%	90.7%	100.0%	100.0%	68.0%	100.0%	N/A	N/A	N/A	N/A	95.0%	100.0%
Timely & Effective Care Heart Attack												
↓ OP3b Median Time to Transfer AMI	47.4	34.570	N/A	49.333	N/A	N/A	N/A	N/A	N/A	N/A	N/A	32.000
↓ OP5 Median Time to ECG AMI and Chest Pain	5.22	8.730	8.00	11.917	N/A	7.000	N/A	14.600	N/A	9.000	9.00	13.000
↑ OP2 Fibrinolytic Therapy 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↑ OP4 Aspirin at Arrival AMI Chest Pain	97.0%	98.1%	98.0%	95.5%	N/A	100.0%	N/A	100.0%	N/A	100.0%	100.0%	100.0%
Timely & Effective Care Stroke Care												
↑ STK4 Thrombolytic Therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Timely & Effective Care- Emergency Department (ED) Throughput												
↓ EDV Emergency Department Volume	N/A	N/A	MEDIUM	MEDIUM	VERY HIGH	VERY HIGH	LOW	LOW	N/A	N/A	LOW	LOW
↓ ED1b ED Door to Transport	227.29	268.51	234.00	253.42	245.00	249.49	N/A	96.88	N/A	N/A	175.00	213.00
↓ ED2b ED Decision to Transport	124.50	82.98	70.00	79.17	95.00	78.38	N/A	3.25	102.00	N/A	49.00	42.00
↓ OP18b Avg time ED arrival to discharge	124.53	127.26	130.00	144.83	152.00	152.33	N/A	94.95	N/A	117.00	80.00	87.00
↓ OP20 Door to Diagnostic Evaluation	15.09	16.34	16.00	12.25	19.00	4.42	N/A	3.95	N/A	24.00	14.00	13.00
↑ OP21 Time to pain medication for long bone fractures2	37.84	45.29	36.00	49.42	35.00	37.00	N/A	56.96	N/A	51.00	38.00	39.00
↑ OP22 Left without being seen	0.9%	1.0%	1.0%	0.6%	1.0%	0.8%	1.0%	0.6%	1.0%	0.5%	0.0%	2.2%
↓ OP23 Head CT stroke patients	63.2%	83.6%	66.7%	100.0%	0.0%	100.0%	25.0%	100.0%	N/A	N/A	50.0%	N/A

	Holston Valley Medical Center		Indian Path Medical Center		Lonesome Pine Hospital		Norton Community Hospital		Bristol Regional Medical Center		Johnston Memorial Hospital		Smyth County Community Hospital	
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18
Target Quality Measures														
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	74.0%	73.6%	73.0%	78.4%	70.0%	51.4%	73.0%	70.6%	77.0%	75.7%	68.0%	68.0%	77.0%	85.5%
↑ HRCMND DY Patients who reported YES, they would definitely recommend the hospital	78.0%	77.4%	78.0%	81.5%	70.0%	57.3%	73.0%	64.6%	78.0%	78.2%	65.0%	65.9%	75.0%	77.2%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	19.0%	22.1%	17.0%	14.4%	24.0%	35.7%	21.0%	29.8%	19.0%	18.7%	28.0%	26.5%	22.0%	20.3%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	7.4%	5.0%	4.1%	6.0%	7.0%	6.0%	5.6%	3.0%	4.8%	7.0%	7.6%	3.0%	2.4%
Timely & Effective care Cataract Surgery Outcome														
↑ OP31 Cataracts Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Timely & Effective care Colonoscopy follow-up														
↑ OP29 Avg Risk Polyp Surveillance	N/A	76.9%	N/A	100.0%	31.0%	30.0%	13.0%	100.0%	57.0%	88.9%	100.0%	N/A	100.0%	100.0%
↑ OP30 High risk Polyp Surveillance	62.0%	100.0%	73.0%	100.0%	70.0%	57.1%	N/A	N/A	46.0%	75.0%	100.0%	N/A	100.0%	92.3%
Timely & Effective Care Heart Attack														
↓ OP3b Median Time to Transfer AMI	N/A	N/A	N/A	N/A	N/A	66.000	N/A	115.600	N/A	N/A	N/A	23.000	48.0	93.000
↓ OP5 Median Time to ECG AMI and Chest Pain	N/A	N/A	4.00	34.500	10.00	7.000	9.00	10.792	N/A	2.000	0.00	14.983	3.00	9.817
↑ OP2 Fibrinolytic Therapy 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	N/A	N/A	N/A	N/A	N/A	N/A
↑ OP4 Aspirin at Arrival AMI Chest Pain	N/A	N/A	93.0%	100.0%	95.0%	100.0%	94.0%	95.7%	N/A	100.0%	100.0%	100.0%	99.0%	100.0%
Timely & Effective Care Stroke Care														
↑ STK4 Thrombolytic Therapy	83.00	0.833	N/A	N/A	N/A	N/A	N/A	N/A	83.0%	1.000	N/A	N/A	N/A	N/A
Timely & Effective Care- Emergency Department														
↓ EDV Emergency Department Volume	VERY HIGH	VERY HIGH	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	HIGH	HIGH	HIGH	HIGH	LOW	LOW
↓ ED1b ED Door to Transport	340.00	396.00	220.00	220.04	213.00	249.00	244.00	223.40	255.00	281.00	272.00	267.25	176.00	191.23
↓ ED2b ED Decision to Transport	186.00	128.00	78.00	73.10	53.00	52.00	74.00	67.40	96.00	80.00	112.00	97.34	40.00	41.80
↓ OP18b Avg time ED arrival to discharge	153.00	170.00	121.00	127.00	120.00	128.00	154.00	148.92	147.00	149.00	143.00	162.75	97.00	93.17
↓ OP20 Door to Diagnostic Evaluation	24.00	41.00	18.00	9.17	23.00	29.00	14.00	7.67	23.00	26.00	11.00	15.42	11.00	11.50
↑ OP21 Time to pain medication for long bone fractures2	52.00	64.00	32.00	44.42	64.00	74.00	53.00	66.42	43.00	61.00	28.00	30.42	25.00	23.00
↑ OP22 Left without being seen	1.0%	2.0%	1.0%	1.0%	0.0%	0.3%	1.0%	0.2%	1.0%	1.4%	1.0%	0.2%	1.0%	0.3%
↓ OP23 Head CT stroke patients	78.6%	92.9%	N/A	66.7%	54.5%	66.7%	66.7%	66.7%	60.0%	100.0%	57.1%	80.0%	75.0%	66.7%

	Russell County Medical Center		Sycamore Shoals Hospital		Johnson County Community Hospital		Unicoi County Memorial Hospital		Laughlin Memorial Hospital		Takoma Regional Hospital	
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18
Target Quality Measures												
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	59.0%	71.4%	79.0%	71.5%	N/A	100.0%	67.0%	73.2%	77.0%	76.0%	77.0%	79.0%
↑ HRCMND DY Patients who reported YES, they would definitely recommend the hospital	61.0%	68.0%	78.0%	73.8%	N/A	100.0%	62.0%	77.5%	76.0%	76.0%	78.0%	76.3%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	35.0%	28.0%	18.0%	19.8%	N/A	0.0%	28.0%	20.0%	22.0%	21.0%	19.0%	17.9%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.0%	4.0%	4.0%	6.5%	N/A	0.0%	10.0%	2.5%	2.0%	3.0%	3.0%	5.8%
Timely & Effective care Cataract Surgery Outcome												
↑ OP31 Cataracts Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.183	N/A	N/A
Timely & Effective care Colonoscopy follow-up												
↑ OP29 Avg Risk Polyp Surveillance	0.0%	0.0%	100.0%	100.0%	N/A	N/A	N/A	N/A	86.0%	89.6%	91.0%	68.3%
↑ OP30 High risk Polyp Surveillance	N/A	85.7%	75.0%	75.0%	N/A	N/A	N/A	N/A	89.0%	87.9%	83.0%	96.3%
Timely & Effective Care Heart Attack												
↓ OP3b Median Time to Transfer AMI	N/A	213.800	N/A	106.400	N/A	70.000	N/A	56.000	47.0	126.717	79.0	104.200
↓ OP5 Median Time to ECG AMI and Chest Pain	6.00	5.983	5.00	7.433	N/A	6.083	8.00	11.133	7.00	7.367	9.00	27.167
↑ OP2 Fibrinolytic Therapy 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↑ OP4 Aspirin at Arrival AMI Chest Pain	99.0%	100.0%	N/A	95.0%	N/A	100.0%	N/A	100.0%	N/A	100.0%	99.0%	100.0%
Timely & Effective Care Stroke Care												
↑ STK4 Thrombolytic Therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Timely & Effective Care- Emergency Department												
↓ EDV Emergency Department Volume	LOW	LOW	MEDIUM	MEDIUM	LOW	LOW	LOW	LOW	MEDIUM	MEDIUM	MEDIUM	MEDIUM
↓ ED1b ED Door to Transport	168.00	164.14	210.00	209.43	N/A	174.00	209.00	191.50	206.00	177.86	221.00	N/A
↓ ED2b ED Decision to Transport	39.00	38.95	69.00	74.21	N/A	51.42	N/A	42.94	N/A	48.89	29.00	N/A
↓ OP18b Avg time ED arrival to discharge	90.00	95.50	N/A	130.00	N/A	N/A	N/A	117.97	N/A	2.17	139.00	139.00
↓ OP20 Door to Diagnostic Evaluation	7.00	8.33	N/A	0.08	N/A	N/A	N/A	7.18	N/A	1.09	26.00	26.00
↑ OP21 Time to pain medication for long bone fractures2	20.00	23.25	63.00	21.83	N/A	N/A	56.00	45.50	65.00	0.17	70.00	70.00
↑ OP22 Left without being seen	1.0%	0.2%	0.0%	0.7%	1.0%	0.7%	1.0%	0.4%	1.0%	0.5%	2.0%	2.5%
↓ OP23 Head CT stroke patients	0.0%	66.7%	0.0%	66.7%	N/A	N/A	0.0%	N/A	100.0%	100.0%	N/A	N/A

	Ballad Health		Franklin Woods Community Hospital		Johnson City Medical Center		Dickenson County Hospital		Hancock County Hospital		Hawkins County Memorial Hospital		
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	
Target Quality Measures													
Timely & Effective Care Preventive Care													
↑	IMM2 Immunization for Influenza	97.4%	98.3%	99.0%	99.6%	6.0%	98.2%	N/A	100.0%	N/A	N/A	97.0%	100.0%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	97.0%	98.0%	99.0%	99.0%	98.0%	98.0%	N/A	N/A	100.0%	100.0%	99.0%	99.0%
Timely & Effective Care Blood Clot Prevention & Treatment													
↑	VTE5 Warfarin Therapy at Discharge	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↓	VTE6 HAC VTE	1.7%	3.6%	N/A	25.0%	0.0%	3.6%	N/A	N/A	N/A	N/A	1.0%	N/A
Timely & Effective Care Pregnancy & delivery care													
↓	PC01 Elective Delivery	0.3%	N/A	0.0%	0.000	0.0%	0.000	N/A	N/A	N/A	N/A	N/A	N/A
Complications - Surgical Complications													
↓	Hip and Knee Complications2	2.9%	1.5%	N/A	N/A	2.6%	1.4%	N/A	N/A	N/A	N/A	N/A	N/A
↓	PSI90 Complications / patient safety for selected indicators	0.83	1.050	0.82	1.138	0.89	1.163	N/A	N/A	N/A	1.000	0.88	0.997
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.6	171.7	N/A	45.5	153.5	151.3	N/A	N/A	N/A	N/A	N/A	N/A
Readmissions & deaths 30 day rates of readmission													
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	18.2%	10.1%	16.4%	20.1%	19.8%	N/A	N/A	N/A	10.0%	18.6%	14.0%
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	12.0%	N/A	0.0%	13.5%	15.6%	N/A	N/A	N/A	N/A	N/A	50.0%
↓	READM30HF Heart Failure 30Day readmissions rate	20.5%	22.7%	9.7%	38.7%	22.6%	24.5%	N/A	N/A	N/A	20.0%	21.1%	20.6%
↓	READM30PN Pneumonia 30day readmission rate	17.7%	15.8%	16.3%	16.1%	18.8%	19.0%	N/A	N/A	17.0%	13.3%	16.8%	10.3%
↓	READM30 STK Stroke 30day readmission rate	9.3%	10.5%	0.0%	0.0%	9.4%	10.7%	N/A	N/A	N/A	N/A	N/A	11.1%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate2	8.7%	11.6%	N/A	0.0%	8.7%	13.8%	N/A	N/A	N/A	N/A	N/A	N/A
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	3.7%	N/A	N/A	3.0%	2.9%	N/A	N/A	N/A	N/A	N/A	N/A
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	12.2%	4.6%	10.9%	10.6%	13.5%	N/A	N/A	15.6%	17.2%	14.6%	12.0%

		Holston Valley Medical Center		Indian Path Medical Center		Lonesome Pine Hospital		Norton Community Hospital		Bristol Regional Medical Center		Johnston Memorial Hospital		Smyth County Community Hospital	
		Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18
Target Quality Measures															
Timely & Effective Care Preventive Care															
↑	IMM2 Immunization for Influenza	95.0%	98.2%	99.0%	99.2%	96.0%	97.5%	99.0%	100.0%	96.0%	98.8%	97.0%	97.5%	100.0%	100.0%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	94.0%	96.0%	97.0%	97.0%	99.0%	99.0%	97.0%	97.0%	99.0%	99.0%	99.0%	99.0%	99.0%	98.0%
Timely & Effective Care Blood Clot Prevention & Treatment															
↑	VTE5 Warfarin Therapy at Discharge	56.0%	N/A	N/A	N/A	88.0%	N/A	N/A	N/A	55.0%	N/A	N/A	N/A	N/A	N/A
↓	VTE6 HAC VTE	3.0%	4.0%	0.0%	0.0%	N/A	N/A	N/A	N/A	3.0%	0.0%	0.0%	0.0%	N/A	N/A
Timely & Effective Care Pregnancy & delivery care															
↓	PC01 Elective Delivery	0.0%	0.000	0.0%	0.000	5.0%	0.000	0.0%	0.000	0.0%	0.000	0.0%	0.000	N/A	N/A
Complications - Surgical Complications															
↓	Hip and Knee Complications2	2.9%	1.9%	3.9%	1.9%	N/A	0.0%	N/A	N/A	2.6%	0.8%	3.2%	1.4%	3.4%	1.9%
↓	PSI90 Complications / patient safety for selected indicators	1.07	0.938	0.87	1.136	0.89	0.996	0.89	1.081	0.81	0.927	0.75	1.108	0.83	0.991
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	130.2	218.2	135.6	120.0	N/A	0.0	N/A	200.0	123.3	216.9	147.4	179.5	N/A	0.0
Readmissions & deaths 30 day rates of readmission															
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	19.7%	19.3%	18.4%	13.3%	28.4%	15.2%	14.8%	25.9%	20.1%	19.2%	16.6%	26.2%	19.3%	16.9%
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	8.5%	13.9%	10.4%	12.3%	17.2%	33.3%	2.4%	0.0%	8.9%	10.2%	12.1%	8.3%	17.9%	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate	21.6%	21.2%	18.1%	17.3%	32.5%	35.7%	20.1%	12.1%	22.6%	25.4%	22.1%	30.8%	18.8%	18.2%
↓	READM30PN Pneumonia 30day readmission rate	19.4%	15.9%	14.8%	13.4%	24.8%	22.9%	16.1%	17.2%	14.7%	20.7%	18.9%	17.7%	16.3%	16.9%
↓	READM30 STK Stroke 30day readmission rate	14.6%	12.7%	6.2%	10.5%	N/A	0.0%	10.0%	5.9%	13.4%	9.1%	9.9%	16.0%	11.8%	10.0%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate2	8.0%	7.0%	N/A	N/A	N/A	N/A	N/A	N/A	10.0%	15.6%	N/A	N/A	N/A	N/A
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	4.2%	3.9%	3.4%	1.1%	N/A	12.5%	0.0%	0.0%	1.8%	4.7%	7.3%	1.6%	3.1%	6.7%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.7%	12.4%	9.5%	11.5%	16.5%	12.4%	9.2%	15.2%	13.1%	12.6%	11.5%	16.3%	9.7%	13.8%

		Russell County Medical Center		Sycamore Shoals Hospital		Johnson County Community Hospital		Unicoi County Memorial Hospital		Laughlin Memorial Hospital		Takoma Regional Hospital	
		Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18
Target Quality Measures													
Timely & Effective Care Preventive Care													
↑	IMM2 Immunization for Influenza	100.0%	99.3%	98.0%	99.4%	N/A	100.0%	93.0%	91.0%	96.0%	96.0%	100.0%	95.2%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	98.0%	98.0%	99.0%	99.0%	N/A	N/A	99.0%	98.0%	96.0%	82.0%	87.0%	93.0%
Timely & Effective Care Blood Clot Prevention & Treatment													
↑	VTE5 Warfarin Therapy at Discharge	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↓	VTE6 HAC VTE	N/A	N/A	N/A	0.0%	N/A	N/A	N/A	N/A	N/A	0.0%	N/A	0.0%
Timely & Effective Care Pregnancy & delivery care													
↓	PC01 Elective Delivery	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.000	0.0%	0.000
Complications - Surgical Complications													
↓	Hip and Knee Complications2	N/A	N/A	4.0%	2.4%	N/A	N/A	N/A	N/A	N/A	2.8%	N/A	N/A
↓	PSI90 Complications / patient safety for selected indicators	0.89	0.998	0.87	1.090	N/A	N/A	0.82	N/A	1.09	1.090	1.05	1.050
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	N/A	N/A	N/A	71.4	N/A	N/A	N/A	N/A	135.9	135.9	N/A	N/A
Readmissions & deaths 30 day rates of readmission													
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	17.6%	25.4%	14.6%	21.0%	N/A	N/A	N/A	N/A	19.8%	19.8%	19.1%	3.2%
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	20.0%	33.3%	17.5%	0.0%	N/A	N/A	N/A	N/A	16.6%	16.6%	N/A	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate	19.0%	29.6%	16.1%	28.1%	N/A	N/A	N/A	N/A	24.2%	24.2%	21.3%	8.6%
↓	READM30PN Pneumonia 30day readmission rate	18.7%	12.2%	N/A	14.5%	N/A	N/A	N/A	N/A	18.3%	18.3%	17.1%	12.2%
↓	READM30 STK Stroke 30day readmission rate	7.1%	0.0%	7.2%	20.0%	N/A	N/A	N/A	N/A	12.1%	12.1%	12.2%	0.0%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	N/A	N/A	3.3%	5.3%	N/A	N/A	N/A	N/A	3.8%	3.8%	4.5%	7.4%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	15.0%	18.8%	10.4%	14.2%	N/A	N/A	N/A	N/A	16.3%	16.3%	15.2%	3.9%

	Ballad Health		Franklin Woods Community Hospital		Johnson City Medical Center		Dickenson County Hospital		Hancock County Hospital		Hawkins County Memorial Hospital		
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	
<i>Target Quality Measures</i>													
<i>Readmissions & deaths 30 day death (mortality) rates</i>													
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	3.0%	N/A	N/A	1.2%	3.5%	N/A	N/A	N/A	N/A	N/A	N/A
↓	MORT30 COPD 30day mortality rate COPD patients	1.8%	2.3%	2.6%	1.4%	2.3%	3.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	5.0%	N/A	N/A	4.8%	6.6%	N/A	N/A	N/A	N/A	N/A	0.0%
↓	MORT30HF Heart failure 30day mortality rate	3.9%	2.7%	2.1%	0.0%	4.2%	3.5%	N/A	N/A	N/A	0.0%	0.0%	0.0%
↓	MORT30PN Pneumonia 30day mortality rate	4.7%	5.1%	2.0%	2.1%	5.1%	7.4%	N/A	N/A	16.9%	6.3%	2.6%	2.5%
↓	MORT30STK Stroke 30day mortality rate	8.2%	6.2%	N/A	0.0%	7.7%	12.6%	N/A	N/A	N/A	N/A	N/A	0.0%
<i>Use of medical imaging Outpatient imaging efficiency</i>													
↕	OP8 MRI Lumbar Spine for Low Back Pain	0.38	0.34	0.34	0.34	0.35	0.35	N/A	N/A	N/A	N/A	N/A	N/A
↕	OP9 Mammography Followup Rates	0.08	0.07	N/A	N/A	0.06	0.06	N/A	N/A	N/A	N/A	0.04	0.04
↕	OP10 Abdomen CT Use of Contrast Material	0.06	0.07	0.13	0.13	0.05	0.05	N/A	N/A	N/A	N/A	0.06	0.06
↕	OP11 Thorax CT Use of Contrast Material	0.01	0.01	0.00	0.00	0.00	0.00	N/A	N/A	N/A	N/A	0.03	0.03
↕	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	0.03	0.04	0.02	0.02	0.03	0.03	N/A	N/A	N/A	N/A	N/A	N/A
↕	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time	0.02	0.01	N/A	N/A	0.03	0.03	N/A	N/A	N/A	N/A	N/A	N/A

	Holston Valley Medical Center		Indian Path Medical Center		Lonesome Pine Hospital		Norton Community Hospital		Bristol Regional Medical Center		Johnston Memorial Hospital		Smyth County Community Hospital		
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	
<i>Target Quality Measures</i>															
<i>Readmissions & deaths 30 day death (mortality)</i>															
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	1.4%	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	3.3%	4.0%	N/A	N/A	N/A	N/A
↓	MORT30 COPD 30day mortality rate COPD patients	1.4%	1.7%	2.0%	3.5%	1.2%	2.1%	0.7%	0.0%	0.0%	1.1%	0.7%	4.2%	1.5%	0.0%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	2.9%	4.5%	6.4%	2.8%	0.0%	8.9%	7.7%	3.8%	5.8%	3.0%	3.8%	0.0%	0.0%
↓	MORT30HF Heart failure 30day mortality rate	3.8%	3.6%	2.2%	0.0%	6.1%	0.0%	1.4%	2.1%	3.7%	1.5%	2.3%	3.9%	5.5%	2.8%
↓	MORT30PN Pneumonia 30day mortality rate	2.6%	5.2%	2.0%	8.8%	2.1%	1.5%	1.6%	3.2%	3.4%	3.4%	4.2%	4.9%	2.8%	1.9%
↓	MORT30STK Stroke 30day mortality rate	17.4%	3.8%	3.3%	0.0%	14.5%	0.0%	2.5%	0.0%	15.0%	4.2%	2.4%	3.6%	4.5%	11.1%
<i>Use of medical imaging Outpatient imaging efficiency</i>															
↕	OP8 MRI Lumbar Spine for Low Back Pain	0.43	0.43	N/A	N/A	0.48	0.48	0.43	0.43	0.43	0.43	0.35	0.35	N/A	N/A
↕	OP9 Mammography Followup Rates	0.03	0.03	0.06	0.06	0.05	0.05	0.03	0.03	0.09	0.09	0.03	0.03	0.04	0.04
↕	OP10 Abdomen CT Use of Contrast Material	0.14	0.14	0.08	0.08	0.09	0.09	0.05	0.05	0.04	0.04	0.02	0.02	0.01	0.01
↕	OP11 Thorax CT Use of Contrast Material	0.00	0.00	0.00	0.00	0.04	0.04	0.01	0.01	0.00	0.00	0.01	0.01	0.00	0.00
↕	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	0.04	0.04	0.02	0.02	0.06	0.06	0.03	0.03	0.04	0.04	0.05	0.05	0.04	0.04
↕	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time	0.01	0.01	N/A	N/A	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.00

	Russell County Medical Center		Sycamore Shoals Hospital		Johnson County Community Hospital		Unicoi County Memorial Hospital		Laughlin Memorial Hospital		Takoma Regional Hospital		
	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	Baseline	FYTD18	
Target Quality Measures													
Readmissions & deaths 30 day death (mortality)													
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8.2%	N/A	N/A
↓	MORT30 COPD 30day mortality rate COPD patients	0.9%	2.9%	0.7%	2.1%	N/A	N/A	N/A	N/A	6.9%	14.8%	8.9%	8.9%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	N/A	0.0%	10.0%	0.0%	N/A	N/A	N/A	N/A	14.7%	16.2%	N/A	N/A
↓	MORT30HF Heart failure 30day mortality rate	3.4%	6.9%	3.5%	1.7%	N/A	N/A	N/A	N/A	15.4%	18.9%	12.5%	12.5%
↓	MORT30PN Pneumonia 30day mortality rate	2.1%	4.7%	3.8%	4.6%	N/A	N/A	N/A	N/A	19.9%	28.4%	14.1%	14.1%
↓	MORT30STK Stroke 30day mortality rate	N/A	0.0%	0.0%	9.1%	N/A	N/A	N/A	N/A	14.1%	6.0%	15.1%	15.1%
Use of medical imaging Outpatient imaging efficiency													
↕	OP8 MRI Lumbar Spine for Low Back Pain	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.48	0.48	N/A	N/A
↕	OP9 Mammography Followup Rates	0.01	0.01	0.07	0.07	N/A	N/A	0.05	0.05	0.18	0.18	0.18	0.18
↕	OP10 Abdomen CT Use of Contrast Material	0.03	0.03	0.03	0.03	N/A	N/A	0.05	0.05	0.07	0.05	0.07	0.07
↕	OP11 Thorax CT Use of Contrast Material	0.01	0.01	0.01	0.01	N/A	N/A	0.00	0.00	0.03	0.01	0.01	0.01
↕	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	0.04	0.04	0.00	0.00	N/A	N/A	N/A	N/A	0.04	0.06	0.09	0.09
↕	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time	N/A	N/A	0.01	0.01	N/A	N/A	0.01	0.01	0.02	0.09	N/A	N/A



Dickenson County Hospital

Hancock County Hospital

Hawkins County Memorial Hospital

Holston Valley Medical Center

Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18

Target Quality Measures																				
↓	Pressure Ulcer Rate	N/A	N/A	N/A	N/A	N/A	0.48	0.00	0.00	0.00	0.45	0.48	0.00	0.00	0.00	1.07	0.48	0.00	0.00	0.00
↓	Iatrogenic Pneumothorax Rate	N/A	N/A	N/A	N/A	N/A	0.41	0.00	0.00	0.00	0.40	0.41	0.00	0.00	0.00	0.57	0.41	0.48	0.24	0.36
↓	Central Venous Catheter-Related Blood Stream Infection Rate	N/A	N/A	N/A	N/A	N/A	0.17	0.00	0.00	0.00	0.17	0.17	0.00	0.00	0.00	0.16	0.17	0.00	0.00	0.00
↓	Postoperative Hip Fracture Rate	N/A	N/A	N/A	N/A	N/A	0.06	0.00	0.00	0.00	N/A	0.06	0.00	0.00	0.00	0.06	0.06	0.00	0.00	0.00
↓	PSI 09 Perioperative Hemorrhage or Hematoma Rate	N/A	N/A	N/A	N/A	N/A	4.78	N/A	N/A	N/A	N/A	4.78	0.00	0.00	0.00	4.04	4.78	4.10	1.59	2.83
↓	PSI 10 Postoperative Physiologic and Metabolic Derangement Rate	N/A	N/A	N/A	N/A	N/A	1.12	N/A	N/A	N/A	N/A	1.12	0.00	0.00	0.00	0.87	1.12	1.40	1.28	1.34
↓	PSI 11 Postoperative Respiratory Failure Rate	N/A	N/A	N/A	N/A	N/A	11.89	N/A	N/A	N/A	N/A	11.89	0.00	0.00	0.00	16.84	11.89	3.85	10.19	7.21
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	N/A	N/A	N/A	N/A	N/A	5.31	N/A	N/A	N/A	N/A	5.31	0.00	0.00	0.00	6.14	5.31	4.46	6.63	5.55
↓	PSI 13 Postoperative Sepsis Rate	N/A	N/A	N/A	N/A	N/A	10.21	N/A	N/A	N/A	N/A	10.21	0.00	0.00	0.00	9.47	10.21	5.78	1.32	3.46
↓	PSI 14 Postoperative Wound Dehiscence Rate	N/A	N/A	N/A	N/A	N/A	2.32	N/A	N/A	N/A	N/A	2.32	0.00	0.00	0.00	2.42	2.32	0.00	0.00	0.00
↓	PSI 15 Accidental Puncture or Laceration Rate	N/A	N/A	N/A	N/A	N/A	1.43	N/A	N/A	N/A	1.36	1.43	0.00	0.00	0.00	1.62	1.43	4.27	0.00	2.35
↓	CLABSI	N/A	N/A	N/A	N/A	N/A	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.682	N/A	0.667	0.000	0.335
↓	CAUTI	N/A	N/A	N/A	N/A	N/A	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.938	N/A	0.307	0.530	0.427
↓	SSI COLON Surgical Site Infection	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.000	N/A	0.000	0.000	0.000	1.364	N/A	1.754	1.724	1.739
↓	SSI HYST Surgical Site Infection	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.641	N/A	0.000	0.000	0.000
↓	MRSA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.012	N/A	0.000	0.091	0.046
↓	CDIFF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.000	N/A	0.000	1.025	0.560	0.741	N/A	0.688	0.997	0.845
General Information-Structural Measures																				
Yes	SMPART NURSE Nursing Care Registry	N/A	N/A	N/A	N/A	No	N/A	No	No	No	No	N/A	No	No	No	Yes	N/A	No	No	No
Yes	ACS REGISTRY	N/A	N/A	N/A	N/A	Yes	N/A	N/A	N/A	N/A	Yes	N/A	Yes	Yes	Yes	Yes	N/A	No	No	No
Yes	SMPART GENSURG General Surgery Registry	N/A	N/A	N/A	N/A	No	N/A	No	No	No	No	N/A	No	No	No	Yes	N/A	No	No	No
Yes	OP12 HIT Ability electronically receive lab results	N/A	N/A	N/A	N/A	Yes	N/A	N/A	N/A	N/A	Yes	N/A	No	No	No	Yes	N/A	No	No	No
Yes	OP17 Tracking Clinical Results Between Visits	N/A	N/A	N/A	N/A	Yes	N/A	N/A	N/A	N/A	Yes	N/A	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
Yes	OP25 Outpatient Safe Surgery Checklist	N/A	N/A	N/A	N/A	Yes	N/A	N/A	N/A	N/A	Yes	N/A	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
Yes	SMSSCHECK Safe Surgery Checklist	N/A	N/A	N/A	N/A	No	N/A	No	No	No	Yes	N/A	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes



Indian Path Medical Center

Lonesome Pine Hospital

Norton Community Hospital

Bristol Regional Medical Center

Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18

Target Quality Measures																					
↓	Pressure Ulcer Rate	0.23	0.26	0.00	0.00	0.00	1.29	0.48	0.00	0.00	0.00	0.33	0.26	0.00	0.00	0.00	0.80	0.48	0.00	0.00	0.00
↓	Iatrogenic Pneumothorax Rate	0.45	0.40	0.00	0.00	0.42	0.38	0.41	0.00	0.00	0.00	0.38	0.40	0.00	1.66	0.71	0.32	0.41	0.29	0.00	0.15
↓	Central Venous Catheter-Related Blood Stream Infection Rate	0.14	N/A	N/A	N/A	N/A	0.16	0.17	0.00	0.00	0.00	0.15	N/A	0.00	0.00	0.00	0.09	0.17	0.00	0.00	0.00
↓	Postoperative Hip Fracture Rate	0.06	0.10	0.00	0.00	0.00	0.06	0.06	0.00	0.00	0.00	0.06	0.10	0.00	0.00	0.00	0.06	0.06	0.00	0.39	0.20
↓	PSI 09 Perioperative Hemorrhage or Hematoma Rate	4.78	4.78	0.00	0.00	0.00	4.69	4.78	0.00	0.00	0.00	4.96	4.78	0.00	0.00	0.00	4.72	4.78	3.58	6.05	4.80
↓	PSI 10 Postoperative Physiologic and Metabolic Derangement Rate	1.10	1.12	0.00	0.00	0.00	1.12	1.12	0.00	0.00	0.00	1.10	1.12	0.00	0.00	0.00	0.97	1.12	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	12.36	11.89	0.00	9.52	3.98	10.64	11.89	0.00	0.00	0.00	12.33	11.89	0.00	0.00	0.00	16.50	11.89	9.20	11.52	10.36
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.38	4.35	0.00	4.17	3.37	4.61	5.31	0.00	0.00	0.00	4.14	4.35	0.00	0.00	0.00	4.25	5.31	2.17	2.29	2.23
↓	PSI 13 Postoperative Sepsis Rate	9.09	5.94	8.85	9.35	7.84	5.82	10.21	0.00	0.00	0.00	35.72	5.94	0.00	0.00	0.00	8.88	10.21	0.00	6.44	3.09
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.20	2.26	0.00	0.00	0.00	2.26	2.32	0.00	0.00	0.00	2.79	2.26	0.00	0.00	0.00	1.95	2.32	0.00	0.00	0.00
↓	PSI 15 Accidental Puncture or Laceration Rate	1.38	0.88	0.00	0.00	0.00	1.34	1.43	0.00	0.00	0.00	1.74	0.88	0.00	0.00	0.00	1.38	1.43	0.00	0.00	0.00
↓	CLABSI	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	1.202	N/A	1.338	0.000	0.628
↓	CAUTI	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.824	N/A	1.301	1.056	1.180
↓	SSI COLON Surgical Site Infection	0.000	N/A	0.000	N/A	0.000	0.000	N/A	N/A	N/A	N/A	0.000	N/A	0.000	0.000	0.000	0.000	N/A	2.564	3.030	2.778
↓	SSI HYST Surgical Site Infection	7.143	N/A	0.000	0.000	0.000	5.556	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000
↓	MRSA	0.080	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.056	N/A	0.109	0.108	0.109
↓	CDIFF	0.813	N/A	0.640	0.918	0.790	0.315	N/A	1.529	0.000	0.755	0.265	N/A	0.432	0.406	0.418	0.719	N/A	1.191	0.505	0.846
General Information-Structural Measures																					
Yes	SMPART NURSE Nursing Care Registry	Yes	Yes	Yes	Yes	Yes	Yes	N/A	No	No	No	No	Yes	No	No	No	No	N/A	No	No	No
Yes	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
Yes	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes	N/A	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
Yes	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes	N/A	No	No	No	Yes	Yes	Yes	Yes	Yes	No	N/A	No	No	No
Yes	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
Yes	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
Yes	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes



Johnson County Community Hospital Unicoi County Memorial Hospital Laughlin Memorial Hospital Takoma Regional Hospital

Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18

Target Quality Measures		Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18
↓	Pressure Ulcer Rate	N/A	N/A	N/A	N/A	N/A	0.40	0.26	N/A	N/A	N/A	0.27	0.26	N/A	N/A	0.27	0.34	0.48	0.34	0.34	0.34
↓	Iatrogenic Pneumothorax Rate	N/A	N/A	N/A	N/A	N/A	0.40	0.40	N/A	N/A	N/A	0.37	0.40	N/A	N/A	0.38	0.45	0.41	N/A	N/A	0.45
↓	Central Venous Catheter-Related Blood Stream Infection Rate	N/A	N/A	N/A	N/A	N/A	0.17	N/A	N/A	N/A	N/A	0.15	N/A	N/A	N/A	0.15	0.15	0.17	0.15	0.15	0.15
↓	Postoperative Hip Fracture Rate	N/A	N/A	N/A	N/A	N/A	0.06	0.10	N/A	N/A	N/A	0.06	0.10	N/A	N/A	0.06	0.06	0.06	0.06	0.06	0.06
↓	PSI 09 Perioperative Hemorrhage or Hematoma Rate	N/A	N/A	N/A	N/A	N/A	4.75	4.78	N/A	N/A	N/A	4.52	4.78	N/A	N/A	4.52	4.98	4.78	4.98	4.98	4.98
↓	PSI 10 Postoperative Physiologic and Metabolic Derangement Rate	N/A	N/A	N/A	N/A	N/A	N/A	1.12	N/A	N/A	N/A	1.10	1.12	N/A	N/A	1.10	1.11	1.12	1.11	1.11	1.11
↓	PSI 11 Postoperative Respiratory Failure Rate	N/A	N/A	N/A	N/A	N/A	N/A	11.89	N/A	N/A	N/A	8.98	11.89	N/A	N/A	8.98	12.51	11.89	12.51	12.51	12.51
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	N/A	N/A	N/A	N/A	N/A	4.76	1.35	N/A	N/A	N/A	6.16	4.35	N/A	N/A	6.16	7.58	5.31	7.58	7.58	7.58
↓	PSI 13 Postoperative Sepsis Rate	N/A	N/A	N/A	N/A	N/A	N/A	5.94	N/A	N/A	N/A	9.38	5.94	N/A	N/A	9.38	9.48	10.21	9.48	9.48	9.48
↓	PSI 14 Postoperative Wound Dehiscence Rate	N/A	N/A	N/A	N/A	N/A	N/A	2.26	N/A	N/A	N/A	2.22	2.26	N/A	N/A	2.22	2.24	2.32	2.24	2.24	2.24
↓	PSI 15 Accidental Puncture or Laceration Rate	N/A	N/A	N/A	N/A	N/A	1.26	0.88	N/A	N/A	N/A	2.17	0.88	2.17	2.17	2.17	1.49	1.43	1.49	1.49	1.49
↓	CLABSI	N/A	N/A	N/A	N/A	N/A	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000
↓	CAUTI	N/A	N/A	N/A	N/A	N/A	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2.326	N/A	0.000	0.000	0.000	0.000	N/A	0.000	9.091	5.000
↓	SSI HYST Surgical Site Infection	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.000	N/A	0.000	N/A	0.000
↓	MRSA	N/A	N/A	N/A	N/A	N/A	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000	0.000	N/A	0.000	0.000	0.000
↓	CDIFF	N/A	N/A	N/A	N/A	N/A	0.000	N/A	0.000	0.000	0.000	0.441	N/A	0.320	0.000	0.149	0.124	N/A	0.000	0.000	0.000
General Information-Structural Measures																					
Yes	SMPART NURSE Nursing Care Registry	No	Yes	No	No	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	No	N/A	No	No	No
Yes	ACS REGISTRY	N/A	N/A	N/A	N/A	N/A	Yes	N/A	No	No	No	Yes	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes
Yes	SMPART GENSURG General Surgery Registry	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	N/A	No	No	No
Yes	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A	N/A	Yes	N/A	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
Yes	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
Yes	OP25 Outpatient Safe Surgery Checklist	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	N/A	Yes	Yes	Yes
Yes	SMSSCHECK Safe Surgery Checklist	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes



Ballad Health **Franklin Woods Community Hospital** **Johnson City Medical Center**

	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	
Target Quality Measures																
Survey of Patient's Experiences - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)																
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.1%	80.0%	80.8%	81.4%	81.1%	84.0%	80.0%	83.5%	82.7%	83.1%	77.0%	80.0%	78.7%	77.6%	78.2%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.1%	16.0%	14.2%	13.4%	13.8%	13.0%	16.0%	13.3%	13.9%	13.6%	17.0%	16.0%	15.7%	16.2%	15.9%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.6%	4.0%	5.1%	5.1%	5.1%	3.0%	4.0%	3.2%	3.5%	3.3%	6.0%	4.0%	5.6%	6.2%	5.9%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	82.0%	79.7%	80.5%	80.1%	84.0%	82.0%	82.5%	79.7%	81.2%	77.0%	82.0%	76.9%	75.9%	76.4%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	13.6%	14.0%	13.9%	14.3%	14.1%	15.0%	14.0%	12.8%	15.7%	14.2%	18.0%	14.0%	15.7%	18.6%	17.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	6.3%	4.0%	6.3%	4.9%	5.6%	4.0%	4.0%	4.6%	4.6%	4.6%	5.0%	4.0%	7.3%	5.5%	6.5%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	67.6%	69.0%	66.6%	68.7%	67.6%	72.0%	69.0%	71.2%	70.3%	70.8%	66.0%	69.0%	63.8%	63.5%	63.7%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	25.8%	23.0%	25.3%	24.0%	24.7%	21.0%	23.0%	22.8%	22.9%	22.9%	25.0%	23.0%	24.7%	25.9%	25.2%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	9.1%	8.0%	9.6%	9.0%	9.3%	7.0%	8.0%	6.0%	6.8%	6.4%	9.0%	8.0%	11.5%	10.6%	11.1%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled	68.4%	71.0%	68.6%	70.9%	69.7%	76.0%	71.0%	74.1%	72.0%	73.1%	66.0%	71.0%	63.5%	66.9%	65.0%
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled	22.7%	22.0%	23.1%	21.0%	22.1%	19.0%	22.0%	21.6%	22.9%	22.2%	25.0%	22.0%	26.6%	24.6%	25.7%
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled	9.3%	7.0%	8.7%	7.9%	8.3%	5.0%	7.0%	4.3%	5.0%	4.7%	9.0%	7.0%	10.0%	8.5%	9.3%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.1%	65.0%	64.2%	65.4%	64.7%	68.0%	65.0%	70.7%	65.3%	68.2%	60.0%	65.0%	60.1%	61.6%	60.7%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	19.9%	18.0%	19.2%	18.8%	19.0%	16.0%	18.0%	16.6%	17.5%	17.0%	18.0%	18.0%	17.9%	17.3%	17.6%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	18.7%	17.0%	19.0%	18.7%	18.8%	16.0%	17.0%	12.7%	17.2%	14.8%	22.0%	17.0%	22.0%	21.1%	21.6%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.6%	75.0%	72.3%	73.8%	73.0%	83.0%	75.0%	84.4%	84.1%	84.2%	62.0%	75.0%	65.4%	65.3%	65.3%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	16.4%	17.0%	16.4%	16.4%	16.4%	13.0%	17.0%	10.8%	10.1%	10.5%	24.0%	17.0%	19.1%	21.9%	20.4%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10.5%	8.0%	11.0%	9.0%	10.1%	4.0%	8.0%	4.7%	5.8%	5.3%	14.0%	8.0%	15.5%	12.8%	14.3%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	64.7%	63.0%	62.2%	64.5%	63.3%	74.0%	63.0%	72.7%	72.1%	72.4%	52.0%	63.0%	51.5%	53.2%	52.3%



		Dickenson County Hospital					Hancock County Hospital					Hawkins County Memorial Hospital					Holston Valley Medical Center				
		Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18
Target Quality Measures																					
Survey of Patient's Experiences - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)																					
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	N/A	N/A	100.0%	100.0%	100.0%	90.0%	80.0%	77.8%	95.5%	90.3%	87.0%	80.0%	81.4%	84.8%	83.1%	81.0%	80.0%	80.8%	81.6%	81.2%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	N/A	N/A	0.0%	0.0%	0.0%	8.0%	16.0%	11.1%	4.5%	6.5%	11.0%	16.0%	10.9%	9.4%	10.2%	16.0%	16.0%	10.9%	9.4%	10.2%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	N/A	N/A	0.0%	0.0%	0.0%	2.0%	4.0%	11.1%	0.0%	3.2%	2.0%	4.0%	7.7%	7.2%	7.5%	3.0%	4.0%	7.7%	7.2%	7.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	N/A	N/A	100.0%	100.0%	100.0%	92.0%	82.0%	77.8%	69.6%	71.9%	92.0%	82.0%	78.6%	81.7%	80.1%	82.0%	82.0%	80.2%	80.8%	80.5%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	N/A	N/A	0.0%	0.0%	0.0%	6.0%	14.0%	22.2%	21.7%	21.9%	7.0%	14.0%	8.9%	11.8%	10.3%	15.0%	14.0%	8.9%	11.8%	10.3%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	N/A	N/A	0.0%	0.0%	0.0%	2.0%	4.0%	0.0%	8.7%	6.3%	1.0%	4.0%	11.5%	6.5%	9.0%	3.0%	4.0%	11.5%	6.5%	9.0%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	N/A	N/A	100.0%	100.0%	100.0%	95.0%	69.0%	100.0%	100.0%	100.0%	78.0%	69.0%	73.4%	80.3%	76.6%	66.0%	69.0%	65.8%	66.7%	66.2%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	N/A	N/A	0.0%	0.0%	0.0%	4.0%	23.0%	0.0%	0.0%	0.0%	20.0%	23.0%	19.0%	15.2%	17.2%	26.0%	23.0%	19.0%	15.2%	17.2%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	N/A	8.0%	0.0%	0.0%	0.0%	1.0%	8.0%	0.0%	0.0%	0.0%	2.0%	8.0%	7.6%	4.5%	6.2%	8.0%	8.0%	7.6%	4.5%	6.2%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled	N/A	N/A	100.0%	100.0%	100.0%	89.0%	71.0%	33.3%	33.3%	33.3%	81.0%	71.0%	70.0%	63.6%	67.5%	73.0%	71.0%	71.9%	71.5%	71.7%
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled	N/A	N/A	0.0%	0.0%	0.0%	5.0%	22.0%	33.3%	16.7%	25.0%	13.0%	22.0%	15.7%	22.7%	18.4%	21.0%	22.0%	15.7%	22.7%	18.4%
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled	N/A	N/A	0.0%	0.0%	0.0%	1.0%	7.0%	33.3%	50.0%	41.7%	6.0%	7.0%	14.3%	13.6%	14.0%	6.0%	7.0%	14.3%	13.6%	14.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	N/A	N/A	100.0%	N/A	100.0%	77.0%	65.0%	50.0%	100.0%	80.0%	83.0%	65.0%	66.7%	77.8%	71.8%	63.0%	65.0%	66.7%	77.8%	71.8%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	N/A	N/A	0.0%	N/A	0.0%	18.0%	18.0%	0.0%	0.0%	0.0%	10.0%	18.0%	11.9%	8.3%	10.3%	17.0%	18.0%	11.9%	8.3%	10.3%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	N/A	N/A	0.0%	N/A	0.0%	5.0%	17.0%	50.0%	0.0%	20.0%	7.0%	17.0%	21.4%	13.9%	17.9%	20.0%	17.0%	21.4%	13.9%	17.9%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	N/A	N/A	100.0%	100.0%	100.0%	86.0%	75.0%	100.0%	87.5%	90.9%	86.0%	75.0%	81.1%	84.3%	82.7%	66.0%	75.0%	68.2%	66.5%	67.4%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	N/A	N/A	0.0%	0.0%	0.0%	14.0%	17.0%	0.0%	0.0%	0.0%	9.0%	17.0%	12.5%	13.7%	13.1%	21.0%	17.0%	12.5%	13.7%	13.1%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	N/A	N/A	0.0%	0.0%	0.0%	0.0%	8.0%	0.0%	12.5%	9.1%	5.0%	8.0%	5.4%	2.0%	3.7%	13.0%	8.0%	5.4%	2.0%	3.7%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	N/A	N/A	100.0%	100.0%	100.0%	79.0%	63.0%	66.7%	62.5%	63.6%	74.0%	63.0%	79.2%	77.6%	78.4%	63.0%	63.0%	63.4%	66.5%	64.9%



		Indian Path Medical Center					Lonesome Pine Hospital					Norton Community Hospital					Bristol Regional Medical Center				
		Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18
Target Quality Measures																					
Survey of Patient's Experiences - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)																					
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	80.0%	79.7%	82.8%	81.2%	83.0%	80.0%	83.6%	82.0%	82.9%	82.0%	80.0%	83.2%	84.0%	83.5%	82.0%	80.0%	83.4%	85.7%	84.5%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14.0%	16.0%	16.4%	13.6%	15.0%	12.0%	16.0%	9.6%	10.2%	9.9%	14.0%	16.0%	13.0%	13.0%	13.0%	14.0%	16.0%	12.4%	9.9%	11.2%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.0%	4.0%	3.9%	3.7%	3.8%	5.0%	4.0%	6.8%	7.7%	7.2%	4.0%	4.0%	3.9%	3.1%	3.5%	4.0%	4.0%	5.4%	4.6%	5.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	82.0%	82.1%	83.0%	82.5%	82.0%	82.0%	82.0%	85.0%	83.3%	85.0%	82.0%	80.2%	87.8%	83.9%	84.0%	82.0%	82.5%	83.5%	83.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	10.0%	14.0%	13.8%	12.8%	13.3%	13.0%	14.0%	11.7%	9.3%	10.6%	11.0%	14.0%	15.5%	11.1%	13.4%	14.0%	14.0%	11.5%	10.9%	11.2%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	5.0%	4.0%	4.1%	4.3%	4.2%	5.0%	4.0%	6.3%	5.7%	6.0%	4.0%	4.0%	4.2%	1.1%	2.8%	2.0%	4.0%	5.5%	4.9%	5.2%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	65.0%	69.0%	68.4%	70.7%	69.5%	72.0%	69.0%	78.6%	80.6%	79.6%	70.0%	69.0%	69.9%	61.5%	66.0%	69.0%	69.0%	65.5%	81.4%	72.2%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	25.0%	23.0%	25.3%	20.5%	23.0%	20.0%	23.0%	15.1%	11.4%	13.2%	22.0%	23.0%	69.9%	61.5%	66.0%	23.0%	23.0%	25.7%	20.7%	23.4%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10.0%	8.0%	6.3%	8.8%	7.5%	8.0%	8.0%	6.3%	8.0%	7.2%	8.0%	8.0%	10.5%	10.3%	10.4%	8.0%	8.0%	9.2%	8.5%	8.9%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled	72.0%	71.0%	70.4%	79.8%	74.6%	75.0%	71.0%	77.4%	79.3%	78.5%	71.0%	71.0%	56.7%	63.4%	60.3%	74.0%	71.0%	72.5%	76.3%	74.2%
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled	22.0%	22.0%	24.7%	16.4%	21.0%	18.0%	22.0%	9.5%	14.7%	12.5%	22.0%	22.0%	32.0%	30.4%	31.1%	21.0%	22.0%	19.8%	14.6%	17.5%
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled	6.0%	7.0%	4.9%	3.8%	4.4%	7.0%	7.0%	13.1%	6.0%	9.0%	7.0%	7.0%	11.3%	6.3%	8.6%	5.0%	7.0%	8.3%	8.6%	8.5%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	65.0%	63.0%	64.5%	63.7%	71.0%	65.0%	77.4%	76.9%	77.1%	66.0%	65.0%	70.6%	70.0%	70.3%	67.0%	65.0%	67.1%	65.1%	66.2%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	18.0%	18.0%	19.5%	15.1%	17.5%	13.0%	18.0%	9.4%	12.6%	11.2%	14.0%	18.0%	15.7%	12.9%	14.5%	17.0%	18.0%	15.1%	15.4%	15.2%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	19.0%	17.0%	17.5%	20.5%	18.9%	16.0%	17.0%	13.2%	10.5%	11.6%	20.0%	17.0%	13.7%	17.1%	15.1%	16.0%	17.0%	17.8%	19.5%	18.6%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	74.0%	75.0%	82.3%	78.4%	80.5%	72.0%	75.0%	82.6%	82.3%	82.4%	71.0%	75.0%	74.5%	87.5%	80.8%	62.0%	75.0%	65.2%	71.0%	68.0%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	16.0%	17.0%	12.2%	18.5%	15.2%	17.0%	17.0%	8.7%	11.0%	10.0%	18.0%	17.0%	13.8%	9.1%	11.5%	22.0%	17.0%	19.9%	17.3%	18.6%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10.0%	8.0%	5.5%	3.1%	4.4%	11.0%	8.0%	8.7%	6.7%	7.5%	11.0%	8.0%	11.7%	3.4%	7.7%	16.0%	8.0%	16.4%	13.9%	15.2%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.0%	63.0%	64.6%	65.2%	64.9%	66.0%	63.0%	71.8%	81.1%	77.2%	61.0%	63.0%	56.3%	62.8%	59.3%	65.0%	63.0%	64.1%	66.7%	65.2%



		Johnston Memorial Hospital					Smyth County Community Hospital					Russell County Medical Center					Sycamore Shoals Hospital				
		Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18
Target Quality Measures																					
Survey of Patient's Experiences - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)																					
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	80.0%	75.9%	79.5%	77.5%	85.0%	80.0%	90.4%	86.6%	88.5%	87.0%	80.0%	93.3%	87.8%	90.0%	85.0%	80.0%	76.2%	80.5%	78.3%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	17.0%	16.0%	18.2%	14.7%	16.7%	12.0%	16.0%	6.9%	10.2%	8.6%	9.0%	16.0%	1.7%	8.9%	6.0%	12.0%	16.0%	18.3%	16.0%	17.2%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	6.0%	4.0%	5.8%	5.7%	5.8%	3.0%	4.0%	2.7%	3.2%	2.9%	4.0%	4.0%	5.0%	3.3%	4.0%	3.0%	4.0%	5.5%	3.5%	4.6%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	82.0%	73.0%	82.7%	77.2%	88.0%	82.0%	88.4%	92.4%	90.3%	89.0%	82.0%	91.2%	88.9%	89.8%	86.0%	82.0%	79.3%	77.3%	78.3%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	14.0%	14.0%	19.0%	13.4%	16.6%	9.0%	14.0%	8.5%	6.0%	7.2%	8.0%	14.0%	8.8%	6.7%	7.5%	11.0%	14.0%	14.7%	16.5%	15.6%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	6.0%	4.0%	7.9%	3.9%	6.2%	3.0%	4.0%	3.2%	1.6%	2.4%	3.0%	4.0%	0.0%	4.4%	2.7%	3.0%	4.0%	6.0%	6.2%	6.1%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	60.0%	69.0%	54.4%	56.5%	55.3%	76.0%	69.0%	78.1%	74.7%	76.5%	78.0%	69.0%	91.3%	59.5%	70.8%	82.0%	69.0%	67.2%	73.3%	70.1%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	27.0%	23.0%	30.4%	33.2%	31.6%	18.0%	23.0%	11.5%	18.7%	15.0%	17.0%	23.0%	8.7%	28.6%	21.5%	13.0%	23.0%	23.4%	18.2%	20.9%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	13.0%	8.0%	15.2%	10.2%	13.0%	6.0%	8.0%	10.4%	6.6%	8.6%	5.0%	8.0%	0.0%	11.9%	7.7%	5.0%	8.0%	9.4%	8.5%	9.0%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled	68.0%	71.0%	60.6%	64.6%	62.5%	73.0%	71.0%	74.3%	84.6%	79.6%	79.0%	71.0%	78.9%	65.6%	70.6%	75.0%	71.0%	68.2%	65.4%	66.9%
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled	23.0%	22.0%	28.3%	23.5%	26.1%	22.0%	22.0%	23.0%	11.5%	17.1%	17.0%	22.0%	21.1%	21.9%	21.6%	19.0%	22.0%	24.7%	26.8%	25.7%
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled	9.0%	7.0%	11.1%	11.9%	11.5%	5.0%	7.0%	2.7%	3.8%	3.3%	4.0%	7.0%	0.0%	12.5%	7.8%	6.0%	7.0%	7.1%	7.8%	7.4%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	65.0%	58.1%	66.7%	61.7%	73.0%	65.0%	60.8%	70.0%	65.6%	73.0%	65.0%	76.9%	67.9%	70.7%	73.0%	65.0%	60.9%	63.5%	62.3%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	16.0%	18.0%	21.5%	18.5%	20.3%	16.0%	18.0%	18.9%	8.8%	13.6%	14.0%	18.0%	15.4%	14.3%	14.6%	14.0%	18.0%	60.9%	63.5%	62.3%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	23.0%	17.0%	20.4%	14.8%	18.0%	11.0%	17.0%	20.3%	21.3%	20.8%	13.0%	17.0%	7.7%	17.9%	14.6%	13.0%	17.0%	24.6%	16.4%	20.2%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	68.0%	75.0%	69.0%	75.3%	71.7%	75.0%	75.0%	87.3%	85.5%	86.4%	76.0%	75.0%	80.0%	82.8%	81.6%	82.0%	75.0%	81.8%	81.3%	81.6%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	20.0%	17.0%	21.6%	19.1%	20.5%	8.0%	17.0%	6.3%	9.7%	8.0%	16.0%	17.0%	15.0%	17.2%	16.3%	13.0%	17.0%	13.6%	14.6%	14.1%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	12.0%	8.0%	9.4%	5.6%	7.8%	17.0%	8.0%	6.3%	4.8%	5.6%	8.0%	8.0%	5.0%	0.0%	2.0%	5.0%	8.0%	4.5%	4.1%	4.3%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	60.0%	63.0%	58.2%	61.6%	59.7%	72.0%	63.0%	73.8%	66.1%	69.9%	64.0%	63.0%	75.0%	60.0%	66.0%	73.0%	63.0%	64.9%	65.9%	65.4%



		Johnson County Community Hospital					Unicoi County Memorial Hospital					Laughlin Memorial Hospital					Takoma Regional Hospital				
		Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18
Target Quality Measures																					
Survey of Patient's Experiences - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)																					
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	N/A	80.0%	100.0%	100.0%	100.0%	79.0%	80.0%	95.0%	87.1%	91.0%	81.0%	80.0%	N/A	N/A	91.0%	83.0%	80.0%	86.0%	80.8%	83.5%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	N/A	N/A	0.0%	0.0%	0.0%	18.0%	16.0%	5.0%	12.9%	9.0%	16.0%	16.0%	N/A	N/A	17.0%	14.0%	16.0%	10.4%	12.4%	11.4%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	N/A	4.0%	0.0%	0.0%	0.0%	3.0%	4.0%	0.0%	0.0%	0.0%	3.0%	4.0%	N/A	N/A	4.0%	3.0%	4.0%	3.6%	6.8%	5.1%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	N/A	N/A	100.0%	100.0%	100.0%	80.0%	82.0%	94.7%	77.8%	85.8%	85.0%	82.0%	N/A	N/A	94.0%	78.0%	82.0%	83.3%	79.3%	81.4%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	N/A	N/A	0.0%	0.0%	0.0%	12.0%	14.0%	1.8%	17.5%	10.0%	13.0%	14.0%	N/A	N/A	11.0%	11.0%	14.0%	11.2%	14.1%	12.7%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	N/A	N/A	0.0%	0.0%	0.0%	8.0%	4.0%	3.5%	4.8%	4.2%	2.0%	4.0%	N/A	N/A	4.0%	7.0%	4.0%	5.4%	6.7%	6.1%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	N/A	N/A	100.0%	100.0%	100.0%	71.0%	69.0%	83.3%	78.3%	80.9%	73.0%	69.0%	N/A	N/A	88.0%	71.0%	69.0%	79.1%	73.5%	76.4%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	N/A	N/A	0.0%	0.0%	0.0%	23.0%	23.0%	16.7%	21.7%	19.1%	22.0%	23.0%	N/A	N/A	23.0%	24.0%	23.0%	16.3%	15.5%	15.9%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	N/A	8.0%	0.0%	0.0%	0.0%	6.0%	8.0%	0.0%	0.0%	0.0%	5.0%	8.0%	6.0%	6.0%	6.0%	5.0%	8.0%	4.7%	11.6%	8.1%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled	N/A	N/A	100.0%	100.0%	100.0%	71.0%	71.0%	81.8%	78.6%	80.0%	70.0%	71.0%	N/A	N/A	87.0%	73.0%	71.0%	74.1%	71.6%	73.0%
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled	N/A	N/A	0.0%	0.0%	0.0%	25.0%	22.0%	18.2%	21.4%	20.0%	22.0%	22.0%	N/A	N/A	23.0%	20.0%	22.0%	14.8%	19.5%	17.1%
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled	N/A	N/A	0.0%	0.0%	0.0%	4.0%	7.0%	0.0%	0.0%	0.0%	8.0%	7.0%	N/A	N/A	7.0%	7.0%	7.0%	11.1%	8.6%	9.9%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	N/A	N/A	100.0%	100.0%	100.0%	68.0%	65.0%	88.9%	72.2%	80.6%	61.0%	65.0%	N/A	N/A	80.0%	63.0%	65.0%	70.8%	62.1%	66.7%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	N/A	N/A	100.0%	100.0%	100.0%	21.0%	18.0%	11.1%	11.1%	11.1%	20.0%	18.0%	N/A	N/A	21.0%	21.0%	18.0%	12.3%	10.3%	11.4%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	N/A	N/A	100.0%	100.0%	100.0%	20.0%	17.0%	0.0%	16.7%	8.3%	19.0%	17.0%	N/A	N/A	15.0%	16.0%	17.0%	16.9%	27.6%	22.0%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	N/A	75.0%	100.0%	100.0%	100.0%	72.0%	75.0%	90.0%	75.0%	82.5%	70.0%	75.0%	N/A	N/A	68.0%	77.0%	75.0%	76.1%	77.3%	76.7%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	N/A	N/A	0.0%	0.0%	0.0%	23.0%	17.0%	10.0%	15.0%	12.5%	18.0%	17.0%	N/A	N/A	20.0%	14.0%	17.0%	17.4%	8.0%	12.8%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	N/A	N/A	0.0%	0.0%	0.0%	5.0%	8.0%	0.0%	10.0%	5.0%	12.0%	8.0%	N/A	N/A	12.0%	9.0%	8.0%	6.5%	14.8%	10.6%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	N/A	N/A	100.0%	100.0%	100.0%	68.0%	63.0%	78.9%	76.2%	77.5%	61.0%	63.0%	N/A	N/A	59.0%	66.0%	63.0%	82.8%	76.7%	79.8%



Dickenson County Hospital

Hancock County Hospital

Hawkins County Memorial Hospital

Holston Valley Medical Center

	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18
Target Quality Measures																				
↓ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	N/A	N/A	0.0%	0.0%	0.0%	18.0%	28.0%	33.3%	37.5%	36.4%	23.0%	28.0%	15.1%	12.2%	13.7%	29.0%	28.0%	15.1%	12.2%	13.7%
↓ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	N/A	9.0%	0.0%	0.0%	0.0%	3.0%	9.0%	0.0%	0.0%	0.0%	3.0%	9.0%	5.7%	10.2%	7.8%	8.0%	9.0%	5.7%	10.2%	7.8%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	N/A	N/A	100.0%	100.0%	100.0%	92.0%	87.0%	50.0%	83.3%	75.0%	92.0%	87.0%	83.3%	89.5%	86.3%	87.0%	87.0%	88.7%	90.7%	89.7%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	N/A	N/A	0.0%	0.0%	0.0%	8.0%	13.0%	50.0%	16.7%	25.0%	8.0%	13.0%	16.7%	10.5%	13.7%	13.0%	13.0%	16.7%	10.5%	13.7%
↑ HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	N/A	52.0%	77.8%	33.3%	66.7%	70.0%	52.0%	50.0%	65.2%	61.3%	55.0%	52.0%	56.8%	53.0%	55.0%	54.0%	52.0%	54.9%	64.6%	59.6%
↓ HCOMP7A Patients who "Agree" they understood their care when they left the hospital	N/A	43.0%	22.2%	33.3%	25.0%	22.0%	43.0%	25.0%	21.7%	22.6%	41.0%	43.0%	39.0%	42.5%	40.7%	40.0%	43.0%	39.0%	42.5%	40.7%
↓ HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	N/A	5.0%	0.0%	33.3%	8.3%	8.0%	5.0%	25.0%	13.0%	16.1%	4.0%	5.0%	4.1%	5.2%	4.6%	6.0%	5.0%	4.1%	5.2%	4.6%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	N/A	7.0%	33.3%	0.0%	25.0%	13.0%	7.0%	33.3%	12.5%	18.2%	5.0%	7.0%	10.2%	14.3%	12.2%	7.0%	7.0%	10.2%	14.3%	12.2%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	N/A	20.0%	0.0%	0.0%	0.0%	7.0%	20.0%	0.0%	0.0%	0.0%	21.0%	20.0%	16.3%	16.3%	16.3%	19.0%	20.0%	16.3%	16.3%	16.3%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	N/A	73.0%	66.7%	100.0%	75.0%	80.0%	73.0%	66.7%	87.5%	81.8%	74.0%	73.0%	73.5%	69.4%	71.4%	74.0%	73.0%	71.8%	75.6%	73.6%
↑ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	N/A	N/A	100.0%	100.0%	100.0%	81.0%	72.0%	66.7%	57.1%	60.0%	76.0%	72.0%	66.0%	75.6%	70.5%	78.0%	72.0%	75.9%	79.0%	77.4%
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	N/A	N/A	0.0%	0.0%	0.0%	9.0%	23.0%	0.0%	14.3%	10.0%	21.0%	23.0%	26.0%	17.8%	22.1%	19.0%	23.0%	26.0%	17.8%	22.1%
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	N/A	5.0%	0.0%	0.0%	0.0%	10.0%	5.0%	33.3%	0.0%	10.0%	3.0%	5.0%	8.0%	6.7%	7.4%	3.0%	5.0%	8.0%	6.7%	7.4%



Indian Path Medical Center

Lonesome Pine Hospital

Norton Community Hospital

Bristol Regional Medical Center

	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	
Target Quality Measures																					
↓ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	28.0%	28.0%	29.8%	26.7%	28.4%	27.0%	28.0%	19.7%	12.2%	15.3%	28.0%	28.0%	33.3%	27.9%	30.8%	28.0%	28.0%	23.7%	28.4%	26.0%	
↓ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.0%	9.0%	5.5%	8.1%	6.7%	7.0%	9.0%	8.5%	6.7%	7.5%	11.0%	9.0%	10.4%	9.3%	9.9%	7.0%	9.0%	13.3%	7.2%	10.4%	
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	88.4%	88.4%	88.4%	86.0%	87.0%	85.8%	86.3%	86.1%	88.0%	87.0%	83.4%	84.2%	83.8%	88.0%	87.0%	91.1%	91.3%	91.2%	
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	13.0%	11.6%	11.6%	11.6%	14.0%	13.0%	14.2%	13.7%	13.9%	12.0%	13.0%	16.6%	15.8%	16.2%	12.0%	13.0%	9.8%	9.1%	9.5%	
↑ HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	55.0%	52.0%	56.9%	54.9%	55.9%	51.0%	52.0%	49.1%	35.2%	43.2%	53.0%	52.0%	46.8%	49.2%	48.0%	53.0%	52.0%	55.5%	56.9%	56.2%	
↓ HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.0%	43.0%	38.2%	38.6%	38.4%	44.0%	43.0%	45.3%	56.1%	49.8%	42.0%	43.0%	45.7%	46.0%	45.9%	42.0%	43.0%	40.5%	38.9%	39.7%	
↓ HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	5.0%	5.0%	5.0%	6.5%	5.7%	5.0%	5.0%	5.7%	8.7%	6.9%	5.0%	5.0%	7.4%	4.8%	6.1%	5.0%	5.0%	3.6%	3.2%	3.4%	
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	8.0%	7.0%	0.6%	0.0%	0.3%	7.0%	7.0%	8.7%	7.7%	8.2%	8.0%	7.0%	12.6%	3.5%	8.3%	7.0%	7.0%	8.2%	6.7%	1503.8%	
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	20.0%	16.2%	14.6%	15.5%	23.0%	20.0%	25.2%	53.8%	40.4%	19.0%	20.0%	18.9%	23.5%	21.1%	16.0%	20.0%	18.4%	14.9%	16.7%	
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.0%	73.0%	77.1%	79.9%	78.4%	70.0%	73.0%	66.1%	38.5%	51.4%	73.0%	73.0%	68.4%	72.9%	70.6%	77.0%	73.0%	73.8%	77.8%	75.7%	
↑ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	78.0%	72.0%	79.9%	83.2%	81.5%	70.0%	72.0%	71.4%	43.5%	57.3%	73.0%	72.0%	58.1%	71.8%	64.6%	78.0%	72.0%	76.6%	80.0%	78.2%	
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	17.0%	23.0%	16.2%	12.4%	14.4%	24.0%	23.0%	21.4%	49.6%	35.7%	21.0%	23.0%	34.4%	24.7%	29.8%	19.0%	23.0%	20.3%	16.8%	18.7%	
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	5.0%	5.0%	3.9%	4.3%	4.1%	6.0%	5.0%	7.1%	7.0%	7.0%	6.0%	5.0%	7.5%	3.5%	5.6%	3.0%	5.0%	5.0%	4.6%	4.8%	



Johnston Memorial Hospital

Smyth County Community Hospital

Russell County Medical Center

Sycamore Shoals Hospital

	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	
Target Quality Measures																					
↓ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	32.0%	28.0%	33.2%	31.3%	32.4%	24.0%	28.0%	23.0%	29.0%	26.0%	30.0%	28.0%	20.0%	26.7%	24.0%	23.0%	28.0%	29.1%	29.3%	29.2%	
↓ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	8.0%	9.0%	8.6%	7.1%	7.9%	4.0%	9.0%	3.3%	4.8%	4.1%	6.0%	9.0%	5.0%	13.3%	10.0%	4.0%	9.0%	6.0%	4.9%	5.4%	
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	83.3%	89.8%	86.2%	91.0%	87.0%	93.2%	89.8%	91.6%	86.0%	87.0%	80.8%	84.4%	83.1%	86.0%	87.0%	87.9%	87.0%	87.4%	
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	13.0%	16.7%	10.2%	13.8%	9.0%	13.0%	6.8%	10.2%	8.4%	14.0%	13.0%	19.2%	15.6%	16.9%	14.0%	13.0%	12.1%	13.0%	12.6%	
↑ HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	49.0%	52.0%	44.6%	47.9%	46.0%	61.0%	52.0%	57.5%	62.5%	60.0%	50.0%	52.0%	51.8%	50.0%	50.7%	59.0%	52.0%	46.3%	52.7%	49.4%	
↓ HCOMP7A Patients who "Agree" they understood their care when they left the hospital	45.0%	43.0%	46.8%	48.3%	47.4%	37.0%	43.0%	40.2%	33.0%	36.6%	47.0%	43.0%	42.9%	44.0%	43.6%	38.0%	43.0%	45.5%	40.2%	43.0%	
↓ HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	6.0%	5.0%	8.7%	3.8%	6.6%	2.0%	5.0%	2.2%	4.5%	3.4%	3.0%	5.0%	5.4%	6.0%	5.7%	3.0%	5.0%	8.2%	7.1%	7.7%	
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	12.0%	7.0%	11.6%	11.9%	11.7%	5.0%	7.0%	3.2%	6.6%	4.8%	9.0%	7.0%	0.0%	10.3%	6.1%	4.0%	7.0%	9.1%	9.9%	9.5%	
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	20.0%	20.0%	22.1%	17.9%	20.3%	18.0%	20.0%	9.5%	9.8%	9.7%	32.0%	20.0%	25.0%	20.7%	22.4%	17.0%	20.0%	21.2%	16.5%	19.0%	
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	68.0%	73.0%	66.3%	70.2%	68.0%	77.0%	73.0%	87.3%	83.6%	85.5%	59.0%	73.0%	75.0%	69.0%	71.4%	79.0%	73.0%	69.7%	73.6%	71.5%	
↑ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	65.0%	72.0%	62.0%	71.0%	65.9%	75.0%	72.0%	79.4%	75.0%	77.2%	61.0%	72.0%	75.0%	63.3%	68.0%	78.0%	72.0%	72.9%	74.8%	73.8%	
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	28.0%	23.0%	29.2%	22.9%	26.5%	22.0%	23.0%	19.0%	21.7%	20.3%	35.0%	23.0%	25.0%	30.0%	28.0%	18.0%	23.0%	20.2%	19.3%	19.8%	
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	7.0%	5.0%	8.8%	6.1%	7.6%	3.0%	5.0%	1.6%	3.3%	2.4%	4.0%	5.0%	0.0%	6.7%	4.0%	4.0%	5.0%	7.0%	5.9%	6.5%	



Johnson County Community Hospital Unicoi County Memorial Hospital Laughlin Memorial Hospital Takoma Regional Hospital

	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	
Target Quality Measures																					
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	N/A	N/A	0.0%	0.0%	0.0%	23.0%	28.0%	21.1%	14.3%	17.5%	30.0%	28.0%	N/A	N/A	33.0%	28.0%	28.0%	8.6%	16.7%	12.6%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	N/A	N/A	0.0%	0.0%	0.0%	9.0%	9.0%	0.0%	9.5%	5.0%	9.0%	9.0%	N/A	N/A	8.0%	6.0%	9.0%	8.6%	6.7%	7.7%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	N/A	N/A	100.0%	100.0%	100.0%	76.0%	87.0%	87.1%	87.5%	87.3%	88.0%	87.0%	N/A	N/A	88.0%	91.0%	87.0%	93.8%	90.3%	92.1%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	N/A	N/A	0.0%	0.0%	0.0%	24.0%	13.0%	12.9%	12.5%	12.7%	12.0%	13.0%	N/A	N/A	12.0%	9.0%	13.0%	6.3%	9.7%	7.9%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	N/A	52.0%	0.0%	100.0%	62.5%	47.0%	52.0%	64.8%	50.0%	57.4%	50.0%	52.0%	N/A	N/A	50.0%	56.0%	52.0%	56.7%	51.7%	54.3%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	N/A	43.0%	100.0%	0.0%	37.5%	40.0%	43.0%	33.3%	46.3%	39.8%	45.0%	43.0%	N/A	N/A	45.0%	40.0%	43.0%	40.9%	45.0%	42.9%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	N/A	5.0%	0.0%	0.0%	0.0%	4.0%	5.0%	1.9%	3.7%	2.8%	5.0%	5.0%	N/A	N/A	5.0%	3.0%	5.0%	2.4%	3.3%	2.8%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	N/A	7.0%	0.0%	0.0%	0.0%	12.0%	7.0%	0.0%	9.5%	4.9%	6.0%	7.0%	N/A	N/A	8.0%	7.0%	7.0%	7.5%	6.9%	7.2%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	N/A	20.0%	100.0%	0.0%	33.3%	21.0%	20.0%	25.0%	19.0%	22.0%	17.0%	20.0%	N/A	N/A	16.0%	16.0%	20.0%	10.8%	17.2%	13.9%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	N/A	73.0%	100.0%	100.0%	100.0%	67.0%	73.0%	75.0%	71.4%	73.2%	77.0%	73.0%	N/A	N/A	76.0%	77.0%	73.0%	81.7%	76.1%	79.0%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	N/A	N/A	100.0%	100.0%	100.0%	62.0%	72.0%	84.2%	71.4%	77.5%	76.0%	72.0%	N/A	N/A	76.0%	78.0%	72.0%	82.2%	69.9%	76.3%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	N/A	N/A	0.0%	0.0%	0.0%	28.0%	23.0%	15.8%	23.8%	20.0%	22.0%	23.0%	N/A	N/A	21.0%	19.0%	23.0%	12.2%	24.1%	17.9%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	N/A	5.0%	0.0%	0.0%	0.0%	10.0%	5.0%	0.0%	4.8%	2.5%	2.0%	5.0%	N/A	N/A	3.0%	3.0%	5.0%	5.6%	6.0%	5.8%



	Dickenson County Hospital					Hancock County Hospital					Hawkins County Memorial Hospital					Holston Valley Medical Center				
	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18
Target Quality Measures																				
Timely & Effective care Cataract Surgery Outcome																				
↑	OP31 Cataracts Improvement	N/A	N/A	N/A	N/A	N/A	0.96	N/A	N/A	N/A	0.59	0.96	N/A	N/A	N/A	N/A	0.96	N/A	N/A	N/A
Timely & Effective care Colonoscopy follow-up																				
↑	OP29 Avg Risk Polyp Surveillance	N/A	85.0%	N/A	N/A	N/A	85.0%	N/A	N/A	N/A	97.0%	85.0%	N/A	100.0%	100.0%	N/A	85.0%	N/A	76.9%	76.9%
↑	OP30 High risk Polyp Surveillance	N/A	89.0%	N/A	N/A	N/A	89.0%	N/A	N/A	N/A	95.0%	89.0%	N/A	100.0%	100.0%	62.0%	89.0%	N/A	100.0%	100.0%
Timely & Effective Care Heart Attack																				
↓	OP3b Median Time to Transfer AMI	N/A	N/A	N/A	N/A	N/A	58.00	N/A	N/A	N/A	N/A	58.00	26.00	171.00	32.00	N/A	58.00	N/A	N/A	N/A
↓	OP5 Median Time to ECG AMI and Chest Pain	N/A	N/A	11.70	11.60	14.60	N/A	7.00	8.50	21.00	9.00	9.00	7.00	9.50	13.00	13.00	N/A	7.00	N/A	N/A
↑	OP2 Fibrinolytic Therapy 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↑	OP4 Aspirin at Arrival AMI Chest Pain	N/A	0.95	1.00	1.00	1.00	N/A	0.95	1.00	1.00	1.00	0.95	1.00	1.00	1.00	N/A	0.95	N/A	N/A	N/A
Timely & Effective Care Stroke Care																				
↑	STK4 Thrombolytic Therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83.00	N/A	0.83	0.83	0.83
Timely & Effective Care- Emergency Department (ED) Throughput																				
↓	EDV Emergency Department Volume	LOW	N/A	LOW	LOW	LOW	N/A	N/A	N/A	N/A	LOW	N/A	LOW	LOW	LOW	VERY HIGH	N/A	VERY HIGH	VERY HIGH	VERY HIGH
↓	ED1b ED Door to Transport	N/A	N/A	96.00	88.50	96.88	N/A	277.00	N/A	N/A	N/A	175.00	214.00	222.00	207.00	213.00	340.00	336.00	352.00	431.00
↓	ED2b ED Decision to Transport	N/A	N/A	2.00	8.00	3.25	102.00	N/A	N/A	N/A	N/A	49.00	58.00	37.00	49.00	42.00	186.00	137.00	111.00	130.00
↓	OP18b Avg time ED arrival to discharge	N/A	N/A	93.50	104.50	94.95	N/A	148.00	118.00	117.00	117.00	80.00	112.00	87.00	87.00	87.00	153.00	172.00	174.00	166.00
↓	OP20 Door to Diagnostic Evaluation	N/A	N/A	3.70	5.00	3.95	N/A	23.00	28.00	22.00	24.00	14.00	18.00	13.00	14.00	13.00	24.00	27.00	42.00	41.00
↑	OP22 Left without being seen	1.0%	2.0%	0.4%	0.8%	0.6%	1.0%	2.0%	0.3%	0.7%	0.5%	0.0%	2.0%	2.7%	1.8%	2.2%	1.0%	2.0%	2.3%	1.7%
↑	OP21 Time to pain medication for long bone fractures2	N/A	49.00	71.50	49.00	56.96	N/A	49.00	37.00	57.00	51.00	38.00	49.00	47.00	31.00	39.00	52.00	49.00	87.00	51.00
↓	OP23 Head CT stroke patients	0.25	0.72	1.00	1.00	1.00	N/A	0.72	N/A	N/A	N/A	0.50	0.72	N/A	N/A	N/A	0.79	0.72	1.00	0.90
Timely & Effective Care Preventive Care																				
↑	IMM2 Immunization for Influenza	N/A	93.0%	N/A	100.0%	100.0%	N/A	93.0%	N/A	N/A	N/A	97.0%	93.0%	N/A	100.0%	100.0%	95.0%	93.0%	N/A	98.2%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	N/A	88.0%	N/A	N/A	N/A	100.0%	88.0%	100.0%	100.0%	100.0%	99.0%	88.0%	99.0%	99.0%	99.0%	94.0%	88.0%	96.0%	96.0%
Timely & Effective Care Blood Clot Prevention & Treatment																				
↑	VTE5 Warfarin Therapy at Discharge	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	56.0%	N/A	N/A	N/A	N/A
↓	VTE6 HAC VTE	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	N/A	N/A	N/A	1.0%	2.0%	N/A	N/A	N/A	3.0%	2.0%	0.0%	10.0%
Timely & Effective Care Pregnancy & delivery care																				
↓	PC01 Elective Delivery	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	N/A	N/A	N/A	0.0%	2.0%	0.0%	0.0%
Complications - Surgical Complications																				
↓	Hip and Knee Complications2	N/A	2.8%	N/A	N/A	N/A	N/A	2.8%	N/A	N/A	N/A	N/A	2.8%	N/A	N/A	N/A	2.9%	2.8%	2.2%	1.7%
↓	PSI90 Complications / patient safety for selected indicators	N/A	N/A	N/A	N/A	N/A	N/A	1.00	1.00	1.00	1.00	0.88	1.00	1.00	1.00	1.00	1.07	1.00	0.90	0.97
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	N/A	139.05	N/A	N/A	N/A	N/A	139.05	N/A	N/A	N/A	N/A	139.05	N/A	N/A	N/A	130.24	139.05	200.00	233.33

	Indian Path Medical Center					Lonesome Pine Hospital					Norton Community Hospital					Bristol Regional Medical Center					
	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	
Target Quality Measures																					
Timely & Effective care Cataract Surgery Outcome																					
↑	OP31 Cataracts Improvement	N/A	N/A	N/A	N/A	N/A	0.96	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.96	N/A	N/A	N/A	
Timely & Effective care Colonoscopy follow-up																					
↑	OP29 Avg Risk Polyp Surveillance	N/A	85.0%	100.0%	100.0%	31.0%	85.0%	N/A	30.0%	30.0%	13.0%	85.0%	100.0%	100.0%	100.0%	57.0%	85.0%	N/A	88.9%	88.9%	
↑	OP30 High risk Polyp Surveillance	73.0%	89.0%	100.0%	100.0%	70.0%	89.0%	N/A	57.1%	57.1%	N/A	89.0%	N/A	N/A	N/A	46.0%	89.0%	N/A	75.0%	75.0%	
Timely & Effective Care Heart Attack																					
↓	OP3b Median Time to Transfer AMI	N/A	58.00	N/A	N/A	N/A	58.00	58.00	66.00	66.00	N/A	58.00	130.00	N/A	115.60	N/A	58.00	N/A	N/A	N/A	
↓	OP5 Median Time to ECG AMI and Chest Pain	4.00	7.00	30.00	58.00	34.50	10.00	7.00	9.00	5.00	7.00	9.00	7.00	10.80	7.10	10.79	N/A	7.00	N/A	2.00	2.00
↑	OP2 Fibrinolytic Therapy 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A	N/A	
↑	OP4 Aspirin at Arrival AMI Chest Pain	0.93	0.95	1.00	1.00	1.00	0.95	0.95	1.00	1.00	0.94	0.95	0.92	1.00	0.96	N/A	0.95	N/A	1.00	1.00	
Timely & Effective Care Stroke Care																					
↑	STK4 Thrombolytic Therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.83	N/A	1.00	1.00	1.00	
Timely & Effective Care- Emergency Department (ED) Throughput																					
↓	EDV Emergency Department Volume	MEDIUM	N/A	MEDIUM	MEDIUM	MEDIUM	MEDIUM	N/A	MEDIUM	MEDIUM	MEDIUM	MEDIUM	N/A	MEDIUM	MEDIUM	MEDIUM	HIGH	N/A	HIGH	HIGH	HIGH
↓	ED1b ED Door to Transport	220.00	262.00	217.00	205.50	220.04	213.00	262.00	233.00	240.00	249.00	244.00	262.00	216.00	224.00	223.40	255.00	297.00	289.00	270.00	281.00
↓	ED2b ED Decision to Transport	78.00	91.00	72.20	63.00	73.10	53.00	91.00	54.00	49.00	52.00	74.00	91.00	69.00	60.00	67.40	96.00	121.00	82.00	80.00	80.00
↓	OP18b Avg time ED arrival to discharge	121.00	143.00	132.00	122.00	127.00	120.00	143.00	115.00	116.00	128.00	154.00	143.00	146.50	151.00	148.92	147.00	163.00	156.00	144.00	149.00
↓	OP20 Door to Diagnostic Evaluation	18.00	22.00	10.00	7.00	9.17	23.00	22.00	29.00	30.00	29.00	14.00	0.22	7.00	9.00	7.67	23.00	25.00	27.00	24.00	26.00
↑	OP22 Left without being seen	1.0%	2.0%	1.2%	0.8%	1.0%	0.0%	2.0%	0.3%	0.3%	0.3%	1.0%	2.0%	0.2%	0.3%	0.2%	1.0%	2.0%	1.7%	1.1%	1.4%
↑	OP21 Time to pain medication for long bone fractures2	32.00	49.00	47.00	40.00	44.42	64.00	49.00	73.00	48.00	74.00	53.00	49.00	67.50	58.00	66.42	43.00	49.00	61.00	60.00	61.00
↓	OP23 Head CT stroke patients	N/A	0.72	0.67	0.67	0.67	0.55	0.72	0.67	N/A	0.67	0.72	1.00	0.50	0.67	0.60	0.72	N/A	1.00	1.00	
Timely & Effective Care Preventive Care																					
↑	IMM2 Immunization for Influenza	99.0%	93.0%	N/A	99.2%	99.2%	96.0%	93.0%	N/A	97.5%	97.5%	99.0%	93.0%	N/A	100.0%	100.0%	96.0%	93.0%	N/A	98.8%	98.8%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	97.0%	88.0%	97.0%	97.0%	97.0%	99.0%	88.0%	99.0%	99.0%	97.0%	88.0%	97.0%	97.0%	97.0%	99.0%	88.0%	99.0%	99.0%	99.0%	
Timely & Effective Care Blood Clot Prevention & Treatment																					
↑	VTE5 Warfarin Therapy at Discharge	N/A	N/A	N/A	N/A	N/A	88.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	55.0%	N/A	N/A	N/A	N/A	
↓	VTE6 HAC VTE	0.0%	2.0%	0.0%	0.0%	0.0%	N/A	2.0%	N/A	N/A	N/A	2.0%	N/A	N/A	N/A	3.0%	2.0%	0.0%	0.0%	0.0%	
Timely & Effective Care Pregnancy & delivery care																					
↓	PC01 Elective Delivery	0.0%	2.0%	0.0%	0.0%	0.0%	5.0%	2.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	
Complications - Surgical Complications																					
↓	Hip and Knee Complications2	3.9%	2.8%	2.2%	1.8%	1.9%	N/A	2.8%	0.0%	0.0%	0.0%	N/A	2.8%	N/A	N/A	2.6%	2.8%	0.6%	1.1%	0.8%	
↓	PSI90 Complications / patient safety for selected indicators	0.87	1.00	1.13	1.03	1.14	0.89	1.00	1.00	1.00	0.89	1.00	1.05	1.10	1.08	0.81	1.00	0.89	0.94	0.93	
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	135.61	139.05	133.33	100.00	120.00	N/A	139.05	0.00	0.00	0.00	N/A	139.05	500.00	0.00	200.00	123.34	139.05	218.75	215.69	216.87



	Johnston Memorial Hospital					Smyth County Community Hospital					Russell County Medical Center					Sycamore Shoals Hospital					
	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	
Target Quality Measures																					
Timely & Effective care Cataract Surgery Outcome																					
↑	OP31 Cataracts Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Timely & Effective care Colonoscopy follow-up																					
↑	OP29 Avg Risk Polyp Surveillance	100.0%	85.0%	N/A	N/A	N/A	100.0%	85.0%	100.0%	100.0%	100.0%	0.0%	85.0%	N/A	0.0%	0.0%	100.0%	85.0%	N/A	100.0%	100.0%
↑	OP30 High risk Polyp Surveillance	100.0%	89.0%	N/A	N/A	N/A	100.0%	89.0%	100.0%	90.3%	92.3%	N/A	89.0%	100.0%	66.7%	85.7%	75.0%	89.0%	100.0%	66.7%	75.0%
Timely & Effective Care Heart Attack																					
↓	OP3b Median Time to Transfer AMI	N/A	58.00	N/A	23.00	23.00	48.00	58.00	89.00	101.00	93.00	N/A	58.00	315.00	62.00	213.80	N/A	N/A	139.00	57.00	106.40
↓	OP5 Median Time to ECG AMI and Chest Pain	0.00	7.00	13.70	3.00	14.98	3.00	7.00	12.50	3.50	9.82	6.00	7.00	6.10	8.40	5.98	5.00	N/A	6.90	5.30	7.43
↑	OP2 Fibrinolytic Therapy 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↑	OP4 Aspirin at Arrival AMI Chest Pain	1.00	0.95	1.00	1.00	1.00	0.99	0.95	1.00	1.00	1.00	0.99	0.95	1.00	1.00	1.00	N/A	0.95	0.93	0.96	0.95
Timely & Effective Care Stroke Care																					
↑	STK4 Thrombolytic Therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Timely & Effective Care- Emergency Department (ED) Throughput																					
↓	EDV Emergency Department Volume	HIGH	N/A	HIGH	HIGH	HIGH	LOW	N/A	LOW	LOW	LOW	LOW	N/A	LOW	LOW	LOW	MEDIUM	N/A	MEDIUM	MEDIUM	MEDIUM
↓	ED1b ED Door to Transport	272.00	297.00	271.00	242.50	267.25	176.00	214.00	190.00	180.00	191.23	168.00	214.00	164.67	163.50	164.14	210.00	262.00	207.70	222.00	209.43
↓	ED2b ED Decision to Transport	112.00	121.00	97.50	83.00	97.34	40.00	58.00	40.00	43.00	41.80	39.00	58.00	38.67	36.00	38.95	69.00	91.00	73.00	79.00	74.21
↓	OP18b Avg time ED arrival to discharge	143.00	163.00	164.00	147.00	162.75	97.00	112.00	91.00	95.00	93.17	90.00	112.00	95.00	93.00	95.50	N/A	N/A	129.00	125.00	130.00
↓	OP20 Door to Diagnostic Evaluation	11.00	25.00	16.00	16.00	15.42	11.00	18.00	11.00	12.00	11.50	7.00	18.00	8.00	10.00	8.33	N/A	N/A	0.50	0.00	0.08
↑	OP22 Left without being seen	1.0%	2.0%	0.4%	0.1%	0.2%	1.0%	2.0%	0.3%	0.3%	0.3%	1.0%	2.0%	0.2%	0.3%	0.2%	0.0%	2.0%	0.7%	0.6%	0.7%
↑	OP21 Time to pain medicaton for long bone fractures2	28.00	49.00	26.00	26.00	30.42	25.00	49.00	23.00	22.00	23.00	20.00	49.00	21.00	16.00	23.25	63.00	49.00	20.00	23.00	21.83
↓	OP23 Head CT stroke patients	0.57	0.72	1.00	0.67	0.80	0.75	0.72	0.50	1.00	0.67	0.00	0.72	1.00	0.50	0.67	0.00	0.72	1.00	0.50	0.67
Timely & Effective Care Preventive Care																					
↑	IMM2 Immunization for Influenza	97.0%	93.0%	N/A	97.5%	97.5%	100.0%	93.0%	N/A	100.0%	100.0%	100.0%	93.0%	N/A	99.3%	99.3%	98.0%	93.0%	N/A	99.4%	99.4%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	99.0%	88.0%	99.0%	99.0%	99.0%	99.0%	88.0%	98.0%	98.0%	98.0%	98.0%	88.0%	98.0%	98.0%	98.0%	99.0%	88.0%	99.0%	99.0%	99.0%
Timely & Effective Care Blood Clot Prevention & Treatment																					
↑	VTE5 Warfarin Therapy at Discharge	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↓	VTE6 HAC VTE	0.0%	2.0%	0.0%	0.0%	0.0%	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	0.0%	N/A	0.0%
Timely & Effective Care Pregnancy & delivery care																					
↓	PC01 Elective Delivery	0.0%	2.0%	0.0%	0.0%	0.0%	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	N/A	N/A	N/A
Complications - Surgical Complications																					
↓	Hip and Knee Complications2	3.2%	2.8%	2.3%	0.0%	1.4%	3.4%	2.8%	5.3%	0.0%	1.9%	N/A	2.8%	N/A	N/A	N/A	4.0%	2.8%	0.0%	4.3%	2.4%
↓	PSI90 Complications / patient safety for selected indicators	0.75	1.00	1.10	1.07	1.11	0.83	1.00	0.99	0.99	0.99	0.89	1.00	1.00	1.00	1.00	0.87	1.00	0.98	1.29	1.09
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	147.36	139.05	142.86	222.22	179.49	N/A	139.05	0.00	N/A	0.00	N/A	139.05	N/A	N/A	N/A	N/A	139.05	0.00	125.00	71.43



	Johnson County Community Hospital					Unicoi County Memorial Hospital					Laughlin Memorial Hospital					Takoma Regional Hospital					
	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	
Target Quality Measures																					
Timely & Effective care Cataract Surgery Outcome																					
↑	OP31 Cataracts Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.96	N/A	N/A	0.18	N/A	0.96	N/A	N/A	N/A	
Timely & Effective care Colonoscopy follow-up																					
↑	OP29 Avg Risk Polyp Surveillance	N/A	85.0%	N/A	N/A	N/A	85.0%	N/A	N/A	N/A	86.0%	85.0%	88.6%	91.3%	89.6%	91.0%	85.0%	88.4%	25.0%	68.3%	
↑	OP30 High risk Polyp Surveillance	N/A	89.0%	N/A	N/A	N/A	89.0%	N/A	N/A	N/A	89.0%	89.0%	88.5%	85.0%	87.9%	83.0%	89.0%	95.1%	100.0%	96.3%	
Timely & Effective Care Heart Attack																					
↓	OP3b Median Time to Transfer AMI	N/A	N/A	N/A	70.00	70.00	N/A	N/A	N/A	56.00	56.00	47.00	N/A	122.70	122.70	126.72	79.00	58.00	76.30	146.00	104.20
↓	OP5 Median Time to ECG AMI and Chest Pain	N/A	N/A	4.50	9.20	6.08	8.00	N/A	12.80	10.40	11.13	7.00	N/A	7.30	7.30	7.37	9.00	7.00	N/A	N/A	27.17
↑	OP2 Fibrinolytic Therapy 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↑	OP4 Aspirin at Arrival AMI Chest Pain	N/A	0.95	1.00	1.00	1.00	N/A	0.95	1.00	1.00	1.00	N/A	0.95	1.00	1.00	1.00	0.99	0.95	1.00	1.00	1.00
Timely & Effective Care Stroke Care																					
↑	STK4 Thrombolytic Therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Timely & Effective Care- Emergency Department (ED) Throughput																					
↓	EDV Emergency Department Volume	LOW	N/A	LOW	LOW	LOW	LOW	N/A	LOW	LOW	LOW	MEDIUM	N/A	MEDIUM	MEDIUM	MEDIUM	MEDIUM	N/A	MEDIUM	MEDIUM	MEDIUM
↓	ED1b ED Door to Transport	N/A	N/A	166.00	214.00	174.00	209.00	N/A	183.00	197.00	191.50	206.00	N/A	177.67	177.67	177.86	221.00	262.00	N/A	N/A	N/A
↓	ED2b ED Decision to Transport	N/A	N/A	53.00	43.50	51.42	N/A	N/A	42.00	47.00	42.94	N/A	N/A	47.00	47.00	48.89	29.00	91.00	N/A	N/A	N/A
↓	OP18b Avg time ED arrival to discharge	N/A	N/A	N/A	N/A	N/A	N/A	N/A	119.30	107.50	117.97	N/A	N/A	97.30	97.30	2.17	139.00	143.00	139.00	139.00	139.00
↓	OP20 Door to Diagnostic Evaluation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7.50	6.50	7.18	N/A	N/A	18.70	18.70	1.09	26.00	22.00	26.00	26.00	26.00
↑	OP22 Left without being seen	1.0%	2.0%	0.8%	0.6%	0.7%	1.0%	2.0%	0.5%	0.4%	0.4%	1.0%	2.0%	0.4%	0.6%	0.5%	2.0%	2.0%	2.7%	2.2%	2.5%
↑	OP21 Time to pain medicaton for long bone fractures2	N/A	49.00	N/A	N/A	N/A	56.00	49.00	53.50	25.50	45.50	65.00	49.00	64.30	64.30	0.17	70.00	49.00	70.00	70.00	70.00
↓	OP23 Head CT stroke patients	N/A	0.72	N/A	N/A	N/A	0.00	0.72	N/A	N/A	N/A	1.00	0.72	1.00	1.00	1.00	N/A	0.72	N/A	N/A	N/A
Timely & Effective Care Preventive Care																					
↑	IMM2 Immunization for Influenza	N/A	93.0%	N/A	100.0%	100.0%	93.0%	93.0%	N/A	91.0%	91.0%	96.0%	93.0%	N/A	N/A	96.0%	100.0%	93.0%	N/A	95.2%	95.2%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	N/A	88.0%	N/A	N/A	N/A	99.0%	88.0%	98.0%	98.0%	98.0%	96.0%	88.0%	97.0%	97.0%	82.0%	87.0%	88.0%	93.0%	93.0%	93.0%
Timely & Effective Care Blood Clot Prevention & Treatment																					
↑	VTE5 Warfarin Therapy at Discharge	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↓	VTE6 HAC VTE	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	0.0%	N/A	0.0%	N/A	2.0%	N/A	0.0%	0.0%
Timely & Effective Care Pregnancy & delivery care																					
↓	PC01 Elective Delivery	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	N/A	N/A	N/A	N/A	2.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%
Complications - Surgical Complications																					
↓	Hip and Knee Complications2	N/A	2.8%	N/A	N/A	N/A	N/A	2.8%	N/A	N/A	N/A	N/A	2.8%	N/A	N/A	2.8%	N/A	2.8%	N/A	N/A	N/A
↓	PSI90 Complications / patient safety for selected indicators	N/A	N/A	N/A	N/A	N/A	0.82	1.00	N/A	N/A	N/A	1.09	1.00	N/A	N/A	1.09	1.05	1.00	1.05	1.05	1.05
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	N/A	139.05	N/A	N/A	N/A	N/A	139.05	N/A	N/A	N/A	135.88	139.05	N/A	N/A	135.88	N/A	139.05	N/A	N/A	N/A



Ballad Health **Franklin Woods Community Hospital** **Johnson City Medical Center**

Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18

<i>Target Quality Measures</i>																
<i>Readmissions & deaths 30 day rates of readmission</i>																
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	N/A	19.6%	16.6%	18.2%	10.1%	N/A	19.8%	12.3%	16.4%	20.1%	N/A	22.4%	16.6%	19.8%
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	N/A	13.7%	10.0%	12.0%	N/A	N/A	N/A	0.0%	0.0%	13.5%	N/A	15.9%	15.2%	15.6%
↓	READM30HF Heart Failure 30Day readmissions rate	20.5%	N/A	24.9%	20.7%	22.7%	9.7%	N/A	58.3%	26.3%	38.7%	22.6%	N/A	25.7%	23.4%	24.5%
↓	READM30PN Pneumonia 30day readmission rate	17.7%	N/A	17.5%	14.8%	15.8%	16.3%	16.9%	15.8%	16.3%	16.1%	18.8%	N/A	18.5%	19.3%	19.0%
↓	READM30 STK Stroke 30day readmission rate	9.3%	N/A	11.1%	9.9%	10.5%	0.0%	N/A	0.0%	N/A	0.0%	9.4%	N/A	5.2%	16.7%	10.7%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	N/A	3.7%	3.6%	3.7%	N/A	N/A	N/A	N/A	N/A	3.0%	N/A	2.2%	3.4%	2.9%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	N/A	12.9%	11.5%	12.2%	4.6%	N/A	11.4%	10.4%	10.9%	10.6%	N/A	13.2%	13.8%	13.5%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate2	8.7%	N/A	12.1%	11.0%	11.6%	N/A	N/A	N/A	0.0%	0.0%	8.7%	N/A	17.2%	9.8%	13.8%
<i>Readmissions & deaths 30 day death (mortality) rates</i>																
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	N/A	2.4%	3.6%	3.0%	N/A	N/A	N/A	N/A	N/A	1.2%	N/A	3.3%	3.8%	3.5%
↓	MORT30 COPD 30day mortality rate COPD patients	1.8%	N/A	2.3%	2.3%	2.3%	2.6%	N/A	0.0%	3.0%	1.4%	2.3%	N/A	3.5%	4.2%	3.8%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	N/A	4.4%	5.6%	5.0%	N/A	N/A	N/A	N/A	N/A	4.8%	N/A	6.8%	6.4%	6.6%
↓	MORT30HF Heart failure 30day mortality rate	3.9%	N/A	2.5%	2.9%	2.7%	2.1%	N/A	0.0%	0.0%	0.0%	4.2%	N/A	2.1%	4.8%	3.5%
↓	MORT30PN Pneumonia 30day mortality rate	4.7%	N/A	4.1%	5.8%	5.1%	2.0%	N/A	1.7%	2.4%	2.1%	5.1%	N/A	6.5%	7.9%	7.4%
↓	MORT30STK Stroke 30day mortality rate	8.2%	N/A	5.4%	7.0%	6.2%	N/A	N/A	0.0%	N/A	0.0%	7.7%	N/A	9.3%	15.9%	12.6%
<i>Use of medical imaging Outpatient imaging efficiency</i>																
↕	OP8 MRI Lumbar Spine for Low Back Pain	38.0%	N/A	34.0%	34.0%	34.0%	33.9%	39.8%	33.9%	33.9%	33.9%	35.4%	39.8%	35.4%	35.4%	35.4%
↕	OP9 Mammography Followup Rates	8.0%	8.8%	N/A	N/A	7.0%	N/A	8.8%	N/A	N/A	N/A	5.8%	8.8%	5.8%	5.8%	5.8%
↕	OP10 Abdomen CT Use of Contrast Material	6.0%	N/A	7.0%	7.0%	7.0%	12.7%	7.8%	12.7%	12.7%	12.7%	4.6%	7.8%	4.6%	4.6%	4.6%
↕	OP11 Thorax CT Use of Contrast Material	1.0%	N/A	1.0%	1.0%	1.0%	0.0%	1.8%	0.0%	0.0%	0.0%	0.2%	1.8%	0.2%	0.2%	0.2%
↕	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	3.0%	4.8%	4.0%	4.0%	4.0%	1.6%	4.8%	1.6%	1.6%	1.6%	2.9%	4.8%	2.9%	2.9%	2.9%
↕	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time	2.0%	N/A	1.0%	1.0%	1.0%	N/A	1.6%	N/A	N/A	N/A	2.8%	1.6%	2.8%	2.8%	2.8%



Dickenson County Hospital

Hancock County Hospital

Hawkins County Memorial Hospital

Holston Valley Medical Center

Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18

Target Quality Measures																					
Readmissions & deaths 30 day rates of readmission																					
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	N/A	N/A	N/A	N/A	N/A	19.8%	0.0%	25.0%	10.0%	18.6%	19.8%	14.3%	13.8%	14.0%	19.7%	N/A	17.4%	21.5%	19.3%	
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	N/A	N/A	N/A	N/A	N/A	16.3%	N/A	N/A	N/A	N/A	16.3%	50.0%	50.0%	50.0%	8.5%	N/A	12.2%	15.6%	13.9%	
↓	READM30HF Heart Failure 30Day readmissions rate	N/A	N/A	N/A	N/A	N/A	21.6%	0.0%	25.0%	20.0%	21.1%	21.6%	25.0%	16.7%	20.6%	21.6%	N/A	24.3%	18.6%	21.2%	
↓	READM30PN Pneumonia 30day readmission rate	N/A	N/A	N/A	N/A	N/A	17.0%	16.9%	0.0%	16.7%	13.3%	16.8%	16.9%	6.7%	12.5%	10.3%	19.4%	N/A	16.5%	15.5%	15.9%
↓	READM30 STK Stroke 30day readmission rate	N/A	N/A	N/A	N/A	N/A	12.2%	N/A	N/A	N/A	N/A	12.2%	0.0%	16.7%	11.1%	14.6%	N/A	15.9%	9.6%	12.7%	
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	N/A	N/A	N/A	N/A	N/A	4.4%	N/A	N/A	N/A	N/A	4.4%	N/A	N/A	N/A	4.2%	N/A	3.8%	4.0%	3.9%	
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	N/A	N/A	N/A	N/A	N/A	15.6%	15.3%	18.2%	16.7%	17.2%	14.6%	15.3%	12.0%	12.0%	12.7%	N/A	12.5%	12.2%	12.4%	
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate2	N/A	N/A	N/A	N/A	N/A	13.8%	N/A	N/A	N/A	N/A	13.8%	N/A	N/A	N/A	8.0%	N/A	1.9%	12.8%	7.0%	
Readmissions & deaths 30 day death (mortality) rates																					
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.4%	N/A	0.0%	0.0%	0.0%	
↓	MORT30 COPD 30day mortality rate COPD patients	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	1.4%	N/A	1.3%	2.1%	1.7%	
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%	4.5%	N/A	1.1%	4.5%	2.9%	
↓	MORT30HF Heart failure 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	3.8%	N/A	3.0%	4.1%	3.6%	
↓	MORT30PN Pneumonia 30day mortality rate	N/A	N/A	N/A	N/A	N/A	16.9%	N/A	20.0%	0.0%	6.3%	2.6%	N/A	0.0%	3.2%	2.5%	2.6%	N/A	3.4%	6.5%	5.2%
↓	MORT30STK Stroke 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%	17.4%	N/A	3.6%	4.0%	3.8%
Use of medical imaging Outpatient imaging efficiency																					
↕	OP8 MRI Lumbar Spine for Low Back Pain	N/A	39.8%	N/A	N/A	N/A	39.8%	N/A	N/A	N/A	N/A	39.8%	N/A	N/A	N/A	43.1%	39.8%	43.1%	43.1%	43.1%	
↕	OP9 Mammography Followup Rates	N/A	8.8%	N/A	N/A	N/A	8.8%	N/A	N/A	N/A	3.7%	8.8%	3.7%	3.7%	3.7%	2.9%	8.8%	2.9%	2.9%	2.9%	
↕	OP10 Abdomen CT Use of Contrast Material	N/A	7.8%	N/A	N/A	N/A	7.8%	N/A	N/A	N/A	6.0%	7.8%	6.0%	6.0%	6.0%	14.3%	7.8%	14.3%	14.3%	14.3%	
↕	OP11 Thorax CT Use of Contrast Material	N/A	1.8%	N/A	N/A	N/A	1.8%	N/A	N/A	N/A	3.2%	1.8%	3.2%	3.2%	3.2%	0.0%	1.8%	0.0%	0.0%	0.0%	
↕	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	N/A	4.8%	N/A	N/A	N/A	4.8%	N/A	N/A	N/A	N/A	4.8%	N/A	N/A	N/A	4.4%	4.8%	4.4%	4.4%	4.4%	
↕	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time	N/A	1.6%	N/A	N/A	N/A	1.6%	N/A	N/A	N/A	N/A	1.6%	N/A	N/A	N/A	1.0%	1.6%	1.0%	1.0%	1.0%	

Indian Path Medical Center

Lonesome Pine Hospital

Norton Community Hospital

Bristol Regional Medical Center

Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18

<i>Target Quality Measures</i>																					
<i>Readmissions & deaths 30 day rates of readmission</i>																					
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.4%	N/A	17.8%	7.9%	13.3%	28.4%	N/A	9.1%	22.7%	15.2%	14.8%	N/A	26.8%	25.0%	25.9%	20.1%	N/A	20.8%	17.7%	19.2%
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	10.4%	N/A	12.1%	12.5%	12.3%	17.2%	N/A	33.3%	33.3%	33.3%	2.4%	N/A	0.0%	0.0%	0.0%	8.9%	N/A	12.6%	7.8%	10.2%
↓	READM30HF Heart Failure 30Day readmissions rate	18.1%	N/A	11.4%	21.7%	17.3%	32.5%	N/A	33.3%	38.5%	35.7%	20.1%	N/A	10.3%	13.8%	12.1%	22.6%	N/A	26.6%	24.1%	25.4%
↓	READM30PN Pneumonia 30day readmission rate	14.8%	N/A	16.7%	11.8%	13.4%	24.8%	N/A	21.4%	23.8%	22.9%	16.1%	N/A	17.4%	17.2%	17.2%	14.7%	N/A	23.2%	19.2%	20.7%
↓	READM30 STK Stroke 30day readmission rate	6.2%	N/A	10.0%	11.8%	10.5%	N/A	N/A	0.0%	0.0%	0.0%	10.0%	N/A	7.7%	0.0%	5.9%	13.4%	N/A	11.1%	6.5%	9.1%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.4%	N/A	0.0%	1.8%	1.1%	N/A	N/A	0.0%	25.0%	12.5%	0.0%	N/A	0.0%	N/A	0.0%	1.8%	N/A	4.5%	4.9%	4.7%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.5%	N/A	11.5%	11.4%	11.5%	16.5%	N/A	11.3%	13.5%	12.4%	9.2%	N/A	15.1%	15.3%	15.2%	13.1%	N/A	12.7%	12.5%	12.6%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10.0%	N/A	16.1%	14.9%	15.6%
<i>Readmissions & deaths 30 day death (mortality) rates</i>																					
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3.3%	N/A	2.6%	5.4%	4.0%
↓	MORT30 COPD 30day mortality rate COPD patients	2.0%	N/A	2.2%	5.0%	3.5%	1.2%	N/A	4.3%	0.0%	2.1%	0.7%	N/A	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	2.3%	1.1%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	N/A	8.3%	4.8%	6.4%	2.8%	N/A	0.0%	0.0%	0.0%	8.9%	N/A	14.3%	0.0%	7.7%	3.8%	N/A	2.4%	8.9%	5.8%
↓	MORT30HF Heart failure 30day mortality rate	2.2%	N/A	0.0%	0.0%	0.0%	6.1%	N/A	0.0%	0.0%	0.0%	1.4%	N/A	5.3%	0.0%	2.1%	3.7%	N/A	0.6%	2.5%	1.5%
↓	MORT30PN Pneumonia 30day mortality rate	2.0%	N/A	2.9%	12.0%	8.8%	2.1%	N/A	3.8%	0.0%	1.5%	1.6%	N/A	3.4%	3.0%	3.2%	3.4%	N/A	3.4%	3.3%	3.4%
↓	MORT30STK Stroke 30day mortality rate	3.3%	N/A	0.0%	0.0%	0.0%	14.5%	N/A	0.0%	0.0%	0.0%	2.5%	N/A	0.0%	0.0%	0.0%	15.0%	N/A	4.6%	3.7%	4.2%
<i>Use of medical imaging Outpatient imaging efficiency</i>																					
↕	OP8 MRI Lumbar Spine for Low Back Pain	N/A	39.8%	N/A	N/A	N/A	47.7%	39.8%	47.7%	47.7%	47.7%	42.9%	39.8%	42.9%	42.9%	42.9%	43.2%	39.8%	43.2%	43.2%	43.2%
↕	OP9 Mammography Followup Rates	5.6%	8.8%	5.6%	5.6%	5.6%	5.2%	8.8%	5.2%	5.2%	5.2%	3.2%	8.8%	3.2%	3.2%	3.2%	9.1%	8.8%	9.1%	9.1%	9.1%
↕	OP10 Abdomen CT Use of Contrast Material	7.9%	7.8%	7.9%	7.9%	7.9%	9.4%	7.8%	9.4%	9.4%	9.4%	4.7%	7.8%	4.7%	4.7%	4.7%	4.0%	7.8%	4.0%	4.0%	4.0%
↕	OP11 Thorax CT Use of Contrast Material	0.0%	1.8%	0.0%	0.0%	0.0%	3.9%	1.8%	3.9%	3.9%	3.9%	0.8%	1.8%	0.8%	0.8%	0.8%	0.2%	1.8%	0.2%	0.2%	0.2%
↕	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	1.5%	4.8%	1.5%	1.5%	1.5%	5.5%	4.8%	5.5%	5.5%	5.5%	2.6%	4.8%	2.6%	2.6%	2.6%	4.0%	4.8%	4.0%	4.0%	4.0%
↕	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time	N/A	1.6%	N/A	N/A	N/A	1.4%	1.6%	1.4%	1.4%	1.4%	0.5%	1.6%	0.5%	0.5%	0.5%	0.8%	1.6%	0.8%	0.8%	0.8%

Johnston Memorial Hospital

Smyth County Community Hospital

Russell County Medical Center

Sycamore Shoals Hospital

	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18	Baseline	National	FY18Q1	FY18Q2	FYTD18
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Target Quality Measures

Readmissions & deaths 30 day rates of readmission

↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	16.6%	N/A	26.1%	26.3%	26.2%	18.7%	N/A	12.9%	21.4%	16.9%	17.6%	N/A	31.6%	17.2%	25.4%	14.6%	N/A	15.7%	27.4%	21.0%
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.1%	N/A	10.9%	5.7%	8.3%	17.9%	N/A	0.0%	0.0%	0.0%	20.0%	N/A	50.0%	0.0%	33.3%	17.5%	N/A	0.0%	0.0%	0.0%
↓ READM30HF Heart Failure 30Day readmissions rate	22.1%	N/A	31.0%	30.7%	30.8%	18.8%	N/A	9.1%	22.7%	18.2%	19.0%	N/A	40.0%	16.7%	29.6%	16.1%	N/A	27.6%	28.6%	28.1%
↓ READM30PN Pneumonia 30day readmission rate	18.9%	N/A	16.3%	18.7%	17.7%	16.3%	N/A	22.2%	12.5%	16.9%	18.7%	N/A	0.0%	19.2%	12.2%	N/A	N/A	15.4%	14.1%	14.5%
↓ READM30 STK Stroke 30day readmission rate	9.9%	N/A	15.6%	16.7%	16.0%	11.8%	N/A	0.0%	20.0%	10.0%	7.1%	N/A	N/A	0.0%	0.0%	7.2%	N/A	40.0%	0.0%	20.0%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7.3%	N/A	2.9%	0.0%	1.6%	3.1%	N/A	12.5%	3.4%	6.7%	N/A	N/A	N/A	N/A	N/A	3.3%	N/A	6.1%	4.7%	5.3%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	11.5%	N/A	16.3%	16.3%	16.3%	9.7%	N/A	10.9%	16.0%	13.8%	15.0%	N/A	24.4%	12.8%	18.8%	10.4%	N/A	12.6%	15.6%	14.2%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Readmissions & deaths 30 day death (mortality) rates

↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
↓ MORT30 COPD 30day mortality rate COPD patients	0.7%	N/A	5.8%	1.3%	4.2%	1.5%	N/A	0.0%	0.0%	0.0%	0.9%	N/A	2.6%	3.3%	2.9%	0.7%	N/A	3.8%	0.0%	2.1%
↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	3.0%	N/A	5.3%	1.9%	3.8%	0.0%	N/A	0.0%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	0.0%	10.0%	N/A	0.0%	0.0%	0.0%
↓ MORT30HF Heart failure 30day mortality rate	2.3%	N/A	6.4%	1.3%	3.9%	5.5%	N/A	0.0%	4.3%	2.8%	3.4%	N/A	11.8%	0.0%	6.9%	3.5%	N/A	3.3%	0.0%	1.7%
↓ MORT30PN Pneumonia 30day mortality rate	4.2%	N/A	4.3%	5.4%	4.9%	2.8%	N/A	0.0%	3.0%	1.9%	2.1%	N/A	0.0%	7.1%	4.7%	3.8%	N/A	4.9%	4.5%	4.6%
↓ MORT30STK Stroke 30day mortality rate	2.4%	N/A	4.2%	3.2%	3.6%	4.5%	N/A	0.0%	16.7%	11.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%	N/A	16.7%	0.0%	9.1%

Use of medical imaging Outpatient imaging efficiency

↕ OP8 MRI Lumbar Spine for Low Back Pain	35.4%	39.8%	35.4%	35.4%	35.4%	N/A	39.8%	N/A	N/A	N/A	N/A	39.8%	N/A	N/A	N/A	N/A	39.8%	N/A	N/A	N/A
↕ OP9 Mammography Followup Rates	3.4%	8.8%	3.4%	3.4%	3.4%	3.8%	8.8%	3.8%	3.8%	3.8%	1.4%	8.8%	1.4%	1.4%	1.4%	7.2%	8.8%	7.2%	7.2%	7.2%
↕ OP10 Abdomen CT Use of Contrast Material	2.0%	7.8%	2.0%	2.0%	2.0%	0.5%	7.8%	0.5%	0.5%	0.5%	3.3%	7.8%	3.3%	3.3%	3.3%	3.2%	7.8%	3.2%	3.2%	3.2%
↕ OP11 Thorax CT Use of Contrast Material	0.8%	1.8%	0.8%	0.8%	0.8%	0.0%	1.8%	0.0%	0.0%	0.0%	1.1%	1.8%	1.1%	1.1%	1.1%	0.5%	1.8%	0.5%	0.5%	0.5%
↕ OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	4.7%	4.8%	4.7%	4.7%	4.7%	3.7%	4.8%	3.7%	3.7%	3.7%	3.8%	4.8%	3.8%	3.8%	3.8%	0.0%	4.8%	0.0%	0.0%	0.0%
↕ OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time	1.0%	1.6%	1.0%	1.0%	1.0%	0.0%	1.6%	0.0%	0.0%	0.0%	N/A	1.6%	N/A	N/A	N/A	1.2%	1.6%	1.2%	1.2%	1.2%



Johnson County Community Hospital

Unicoi County Memorial Hospital

Laughlin Memorial Hospital

Takoma Regional Hospital

Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18 Baseline National FY18Q1 FY18Q2 FYTD18

<i>Target Quality Measures</i>																				
<i>Readmissions & deaths 30 day rates of readmission</i>																				
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	19.8%	N/A	N/A	N/A	19.8%	19.1%	N/A	4.2%	0.0%	3.2%
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	16.6%	N/A	N/A	N/A	16.6%	N/A	N/A	0.0%	0.0%	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24.2%	N/A	N/A	N/A	24.2%	21.3%	N/A	0.0%	25.0%	8.6%
↓	READM30PN Pneumonia 30day readmission rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	18.3%	N/A	N/A	N/A	18.3%	17.1%	N/A	5.3%	18.2%	12.2%
↓	READM30 STK Stroke 30day readmission rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12.1%	N/A	N/A	N/A	12.1%	12.2%	N/A	0.0%	0.0%	0.0%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3.8%	N/A	N/A	N/A	3.8%	4.5%	N/A	9.1%	0.0%	7.4%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	16.3%	N/A	N/A	N/A	16.3%	15.2%	N/A	4.0%	3.6%	3.9%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Readmissions & deaths 30 day death (mortality) rates</i>																				
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8.2%	N/A	N/A	N/A	N/A	N/A
↓	MORT30 COPD 30day mortality rate COPD patients	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6.9%	N/A	N/A	N/A	14.8%	8.9%	N/A	N/A	N/A	8.9%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	14.7%	N/A	N/A	N/A	16.2%	N/A	N/A	N/A	N/A	N/A
↓	MORT30HF Heart failure 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15.4%	N/A	19.9%	14.1%	18.9%	12.5%	N/A	12.5%	12.5%	12.5%
↓	MORT30PN Pneumonia 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	19.9%	N/A	N/A	N/A	28.4%	14.1%	N/A	14.1%	14.1%	14.1%
↓	MORT30STK Stroke 30day mortality rate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	14.1%	N/A	N/A	N/A	6.0%	15.1%	N/A	15.1%	15.1%	15.1%
<i>Use of medical imaging Outpatient imaging efficiency</i>																				
↕	OP8 MRI Lumbar Spine for Low Back Pain	N/A	N/A	N/A	N/A	N/A	N/A	39.8%	N/A	N/A	47.8%	39.8%	47.8%	47.8%	47.8%	N/A	39.8%	N/A	N/A	N/A
↕	OP9 Mammography Followup Rates	N/A	N/A	N/A	N/A	N/A	4.7%	8.8%	4.7%	4.7%	17.7%	8.8%	17.7%	17.7%	17.7%	17.7%	8.8%	17.7%	17.7%	17.7%
↕	OP10 Abdomen CT Use of Contrast Material	N/A	7.8%	N/A	N/A	N/A	4.7%	7.8%	4.7%	4.7%	7.1%	7.8%	7.1%	7.1%	4.5%	6.9%	7.8%	6.9%	6.9%	6.9%
↕	OP11 Thorax CT Use of Contrast Material	N/A	1.8%	N/A	N/A	N/A	0.0%	1.8%	0.0%	0.0%	3.2%	1.8%	3.2%	3.2%	1.1%	1.3%	1.8%	1.3%	1.3%	1.3%
↕	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	N/A	4.8%	N/A	N/A	N/A	N/A	4.8%	N/A	N/A	4.1%	4.8%	4.1%	4.1%	6.2%	9.4%	4.8%	9.4%	9.4%	9.4%
↕	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time	N/A	1.6%	N/A	N/A	N/A	0.7%	1.6%	0.7%	0.7%	2.0%	1.6%	2.0%	2.0%	9.4%	N/A	1.6%	N/A	N/A	N/A

ATTACHMENT 8

UPDATED LISTS OF ANCILLARY AND POST-ACUTE SERVICES

- Smyth County Community Hospital – 8a
- Sycamore Shoals Hospital – 8b

Patient Choice Options for Ancillary and Post-Acute Services - SCCH

Service Type Category	Service Type	Affiliation	Facility Name	Address	City	State	Zip Code
Ancillary							
	Pharmacy	All Other	Carter's Pharmacy	222 Panther Lane	Saltville	VA	24370
			Chilhowie Drug Company	1449 E Lee Highway	Chilhowie	VA	24319
			Clark's Pharmacy	343 Palmer Avenue	Saltville	VA	24370
			Counts Drug Company	289 W Main Street	Wytheville	VA	24382
			CVS Pharmacy-Marion	945 N Main Street	Marion	VA	24354
			CVS Pharmacy-Wytheville	1370 E Main Street	Wytheville	VA	24382
			Dickenson Drug Company	580 N Main Street	Rural Retreat	VA	24368
			Food City Pharmacy-Chilhowie	145 W Lee Highway	Chilhowie	VA	24319
			Food City Pharmacy-Marion	910 N Main Street	Marion	VA	24354
			Forest Pharmacy	1787 W Lee Highway	Wytheville	VA	24382
			Fort Chiswell Pharmacy	791 Fort Chiswell Road	Max Meadows	VA	24360
			Greever's Drug Store	106 W Lee Highway	Chilhowie	VA	24319
			Horizon Healthcare Management	185 Stafford Umberger Road	Wytheville	VA	24382
			Marion Family Pharmacy	1581 N Main Street	Marion	VA	24354
			Rite Aid-Marion	795 N Main Street	Marion	VA	24354
			Rite Aid-Saltville	113 E Main Street	Saltville	VA	24370
			Rite Aid-Wytheville	150 N 11th Street	Wytheville	VA	24382
			Walgreens-Marion	1102 N Main Street	Marion	VA	24354
			Wal-Mart-Marion	1193 N Main Street	Marion	VA	24354
			Wal-Mart-Wytheville	345 Commonwealth Drive	Wytheville	VA	24382
Diagnostic							
	CT	Ballad Health	Smyth County Community Hospital	245 Medical Park Drive	Marion	VA	24354
		All Other	Wythe County Community Hospital	600 West Ridge Road	Wytheville	VA	24382
	MRI	Ballad Health	Smyth County Community Hospital	245 Medical Park Drive	Marion	VA	24354
		All Other	Wythe County Community Hospital	600 West Ridge Road	Wytheville	VA	24382
	XRAY	Ballad Health	Smyth County Community Hospital	245 Medical Park Drive	Marion	VA	24354
Home Health							
	Home Health	Ballad Health	Mountain States Smyth Regional Home Care	1152 Snider Street	Marion	VA	24354
		All Other	Advanced Health Services of Wytheville	710 W Ridge Rd	Wytheville	VA	24382
			Amedisys Home Health of Wytheville	340 Peppers Ferry Road	Wytheville	VA	24382
			Circle Home Care	245 Holston Road	Wytheville	VA	24382
			Home Nursing Company - Chilhowie	1209 E Lee Hwy	Chilhowie	VA	24319
			Interim HealthCare - Wytheville	276 W Main St	Wytheville	VA	24382
Hospice/Palliative Care							
	Hospice	All Other	Hometown Hospice - Chilhowie	822 Lee Hwy	Chilhowie	VA	24319
			Hospice of Southwest VA	600 West Ridge Road	Wytheville	VA	24382
			New Century Hospice	245 Holston Road	Wytheville	VA	24382
O/P Therapy							
	Rehabilitation & Physical Therapy	Ballad Health	Mountain States Rehabilitation-Smyth	1 Health Way	Marion	VA	24354

Patient Choice Options for Ancillary and Post-Acute Services - SCCH

Service Type Category	Service Type	Affiliation	Facility Name	Address	City	State	Zip Code
O/P Therapy	Rehabilitation & Physical Therapy	All Other	BenchMark Physical Therapy - Marion	1141 N Main St	Marion	VA	24354
			Carilion Clinic Outpatient Therapy - Wytheville	178 W Main Street	Wytheville	VA	24382
			Carrington Place at Wytheville	990 Holston Road	Wytheville	VA	24382
			Heartland Rehabilitation Services - Wytheville	800 E Main St	Wytheville	VA	24382
			Heartland Rehabilitation Services-Chilhowie	104 N Sanders Avenue	Chilhowie	VA	24319
			Mount Rogers Community Service Board	255 George James Drive	Wytheville	VA	24382
			Susan Earles	1995 W Ridge Road	Wytheville	VA	24382
			West Ridge Orthopaedic	1995 W Ridge Road	Wytheville	VA	24382
			Wythe Rehabilitation Therapy Services	342 Virginia Ave	Wytheville	VA	24382
	IP Rehab	All Other	Southwest Virginia Inpatient Rehab	245 Medical Park Drive	Marion	VA	24354
Psych Hospital	IP Psych Services	All Other	Southwest Virginia Mental Institute	340 Bagley Circle	Marion	VA	24354
SNF	Nursing Home	Ballad Health	Francis Marion Manor	100 Francis Marion Lane	Marion	VA	24354
All Other		Carrington Place at Wytheville	990 Holston Road	Wytheville	VA	24382	
		Valley Health Care Center	940 E Lee Highway	Chilhowie	VA	24319	
Therapeutic	Chemotherapy	Ballad Health	Regional Cancer Center at Smyth County Community Hospital	245 Medical Park Drive	Marion	VA	24354
		All Other	Blue Ridge Cancer Care - Marion	1020 Terrace Drive	Marion	VA	24354
			Blue Ridge Cancer Care - Wytheville	710 W Ridge Rd	Wytheville	VA	24382
	Dialysis Services	All Other	DaVita Royal Oak Dialysis	1587 N Main Street	Marion	VA	24354
			Fresenius Kidney Care Smyth County	945 N Main Street	Marion	VA	24354
			Fresenius Medical Care-Wythe	340 Peppers Ferry Road	Wytheville	VA	24382

As a patient of Ballad Health you have the right to select any facility or agency to provide care ordered by your physician. If you have insurance, they may designate a selected network of providers for you depending on the care needed. Below you will find a list of facilities and agencies to assist you in making your decision.

SYCAMORE SHOALS HOSPITAL

Service Type Category	Service Type	Affiliation	Facility Name	Address	City	State	Zip Code
Ancillary							
	Pharmacy	All Other	Burgie Drug Store	1000 W G Street	Elizabethton	TN	37643
			CVS Pharmacy-Elizabethton 1	1161 Highway 19E Bypass	Elizabethton	TN	37643
			CVS Pharmacy-Elizabethton 2	1100 W Elk Avenue	Elizabethton	TN	37643
			Food City Pharmacy-Elizabethton	920 Broad Street	Elizabethton	TN	37643
			Hampton Pharmacy	339 Highway 321	Hampton	TN	37658
			Ingle's Market Pharmacy-Elizabethton	768 W Elk Avenue	Elizabethton	TN	37643
			Lingerfelt Pharmacy	609 E Elk Avenue	Elizabethton	TN	37643
			Reed Pharmacy	851 W Elk Avenue	Elizabethton	TN	37643
			Rite Aid-Elizabethton	507 W Elk Avenue	Elizabethton	TN	37643
			Roan Mountain Pharmacy	8251 Highway 19E	Roan Mountain	TN	37687
			Walgreens-Elizabethton	214 Broad Street	Elizabethton	TN	37643
			Wal-Mart-Elizabethton	1001 Over Mountain Drive	Elizabethton	TN	37643
Diagnostic							
	CT	Ballad Health	Sycamore Shoals Hospital	1501 West Elk Avenue	Elizabethton	TN	37643
		All Other	Medical Care	1500 West Elk Avenue	Elizabethton	TN	37643
	MRI	Ballad Health	Sycamore Shoals Hospital	1501 West Elk Avenue	Elizabethton	TN	37643
		All Other	Medical Care	1500 West Elk Avenue	Elizabethton	TN	37643
	XRAY	Ballad Health	Sycamore Shoals Hospital	1501 West Elk Avenue	Elizabethton	TN	37643
		All Other	Medical Care	1500 W Elk Ave	Elizabethton	TN	37643
Home Health							
	Home Health	Ballad Health	Mountain States Home Health - Carter County	401 Hudson Dr	Elizabethton	TN	37643
		All Other	Amedisys Home Health Care - Elizabethton	1500 West Elk Avenue	Elizabethton	TN	37643
Hospice/Palliative Care							
	Hospice	All Other	Amedisys Hospice - Elizabethton	1500 W Elk Ave	Elizabethton	TN	37643
O/P Therapy							
	Rehabilitation & Physical Therapy	Ballad Health	Mountain States Outpatient Rehab - Sycamore Shoals Hospital	1501 W Elk Avenue	Elizabethton	TN	37643
		All Other	Champion Physical Therapy - Elizabethton	420 Railroad Street W	Elizabethton	TN	37643
			Rehab Care Group-Elizabethton	301 S Watauga Avenue	Elizabethton	TN	37643
			Physical Therapy Services - Elizabethton 1	1975 W Elk Avenue	Elizabethton	TN	37643
			Physical Therapy Services - Elizabethton 2	1500 W Elk Ave	Elizabethton	TN	37643
Psych Hospital							

As a patient of Ballad Health you have the right to select any facility or agency to provide care ordered by your physician. If you have insurance, they may designate a selected network of providers for you depending on the care needed. Below you will find a list of facilities and agencies to assist you in making your decision.

SYCAMORE SHOALS HOSPITAL

Service Type Category	Service Type	Affiliation	Facility Name	Address	City	State	Zip Code
Psych Hospital	IP Psych Services	Ballad Health	Sycamore Shoals Hopsital - New Leaf GeroPsych	1501 West Elk Avenue	Elizabethton	TN	37643
SNF	Nursing Home	All Other	Hermitage Health Center	1633 Hillview Drive	Elizabethton	TN	37643
			Hillview Health Center	1666 Hillview Drive	Elizabethton	TN	37643
			Ivy Hall Nursing Home	301 South Watauga Avenue	Elizabethton	TN	37643
			Life Care Center of Elizabethton	1641 Highway 19E Bypass	Elizabethton	TN	37643
			Signature HealthCare of Elizabethton	1200 Spruce Lane	Elizabethton	TN	37643
			The Waters of Roan Highlands	146 Buck Creek Road	Roan Mountain	TN	37687
Therapeutic	Dialysis Services	All Other	Fresenius Medical Care-Elizabethton	1210 Milita Court	Elizabethton	TN	37643

ATTACHMENT 9

SUMMARY INFORMATION REGARDING JOINT COMMISSION AND LICENSURE SURVEYS

Tennessee Certificate of Public Advantage
4.02 (a) Quality of Care
Accreditation, Licensure & Certification for Ballad Health
12/12/17 – 12/31/18

Facility	TJC HCO ID	Survey Dates	TJC Deficiencies Cited?	CMS (Deemed Status) Conditions of Participation Deficiencies Cited?	TJC/CMS Action Plan Due Date	CMS Validation Survey Date	Final Accreditation Decision Date
Wellmont Hospice	596616						
Hawkins County Memorial Hospital	7902						
Holston Valley Medical Center	7845						
Takoma Regional Hospital	7835						
Norton Community Hospital	604761						
Wexford House	529341						
Kingsport Day Surgery	300729						

**Virginia Certificate of Public Advantage
4.02 (a) Quality of Care
Accreditation, Licensure & Certification for Ballad Health
2/1/18 – 12/31/18**

Facility	TJC HCO ID	Survey Dates	TJC Deficiencies Cited?	CMS (Deemed Status) Conditions of Participation Deficiencies Cited?	TJC/CMS Action Plan Due Date	CMS Validation Survey Data	Final Accreditation Decision Date
Johnston Memorial Hospital	13492	3/26/18 – 3/28/18	Y	Y	5/26/18	4/10/18 – 4/20/18	Will follow after review/approval of action plan
Smyth County Community Hospital	3795						
Russell County Medical Center	6346						
Norton Community Hospital	604761						
Community Home Care, Inc. – Norton	315115						
Lonesome Pine Hospital	6325						
Wellmont Hospice – VA	596615						

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