Ballad Health Quarterly Report

Reporting Period:

October 1 – December 31, 2019

BalladHealth.

It's your story. We're listening.

Quarterly Report for FY20 2nd Quarter

Covering 10/01/2019 – 12/31/2019 (Reporting Period)

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 States 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.

_____   2/13/2020
Alan Levine   Date
Executive Chairman
Chief Executive Officer
Ballad Health

_____   2/13/2020
Lynn Krutak   Date
Executive Vice President
Chief Financial Officer
Ballad Health

Table of Contents

List of Attachments

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 and in Condition 40, respectively. 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) re-evaluated 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 revised the spreadsheets, as necessary, assigning sections of the TOC and the Conditions of the CA to the appropriate Responsible Parties. The CCO resubmitted the spreadsheets to all Responsible Parties to allow them to certify, to their knowledge and belief after due inquiry, that Ballad Health is in compliance with the requirements of the TOC and CA. In instances where Responsible Parties had questions about the interpretation of the requirements or whether there might be concerns regarding compliance, they could make notes or provide qualifications.

3. Deliverables. Deliverables due to the State and the Commonwealth during this Reporting Period were submitted by the required times and are listed below in Table A. As part of the process described above, the Responsible Parties certified applicable submissions.

Table A

ITEM	DATE SUBMITTED	PURSUANT TO TOC AND CA
Courtesy Notice – GCH-West IP Rehabilitation	10/9/19	Not required under the TOC or CA
Request for Physician Waiver – Cardiothoracic Surgeons at BRMC	10/11/19	Section 5.05(e)
Request for Physician Waiver – Neurosurgeon at JCMC (Dr. Jon Taveau)	10/15/19	Section 5.05(e)
Updates to Lists of Ancillary Services and Post-Acute Services	10/22/19	TOC 5.04(a) CA Condition 5
Semi-Annual Complaints Report	10/28/19	TOC 6.02, Exhibit F
Ballad Health's FY19 Annual Report	10/28/19	TOC 6.04(b)
COPA Compliance Office FY19 Annual Report	10/28/19	TOC Exhibit F
Annual Filing Fee	10/28/19	CA 12VAC5-221-110 (E)
Monthly Quality Priority Metrics	10/30/19	CA Condition 12
Ballad Health Quarterly Report, FY20 Q1	11/13/19	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY20 Q1	11/13/19	TOC Exhibit F
COPA Compliance Office REVISED FY19 Annual Report	11/20/19	TOC Exhibit F

		TOC Addendum 1, Section
Ballad Health Annual Report on Addendum 1, Section 9.1(d)	11/26/19	9.1(d)(i-vii) CA Condition 5
Notice of Compliance with Risk-Based Model Contracting	11/26/19	CA Condition 10
Monthly Quality Priority Metrics	11/26/19	CA Condition 12
CMS Notification – Hancock County Hospital	12/2/19	TOC 4.02(a)(ii)(A-C) CA Condition 13
Request for Physician Waiver – 3 Pulmonologists BRMC/JMH	12/4/19	Section 5.05(e)
Request for Physician Waiver – Dr. Ponder HVMC	12/4/19	Section 5.05(e)
Ballad Health's work on the Accountable Care Community and a description of the STRONG Children and Families Model for Change	12/23/19	TOC 3.04 (a-e) Condition 36
Monthly Quality Priority Metrics	12/30/19	CA Condition 12

4. Pursuant to § 6.04 of the TOC and Condition 40 of the CA, Ballad Health is pleased to report as follows:

   A. Any revisions to Charity Care Policy – TOC:4.03(e)/CA:14 and 39 – No revisions to report at this time.

   B. Report on Population Health and Social Responsibility Committee meetings and member attendance at meetings – TOC:4.04(e), Exhibit G/CA:36

   - 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

   - Balance Sheet, Attachment 3
   - Statements of Income, Attachment 4
   - Statement of Cash Flow, Attachment 5

   D. Year-to-Date Community Benefit Spending: By Category, compared to commitment spending – TOC: Exhibit G

   - Progress towards distributing grants – Nothing to report at this time.
   - Internal Spending, Attachment 6

E. Quality Metrics reported to CMS – TOC: <u>Exhibit G</u>/CA:12

- Quality Priority Metrics – System Report, <u>Attachment 7</u>
- Quality Measures – Facility Report, <u>Attachment 8</u>

F. Status of any outstanding Cures, Corrective Actions, or other remedial actions – TOC: <u>Exhibit G</u>/CA:17

- Ballad Health does not have any information to report at this time regarding outstanding Cures, Corrective Actions, or other remedial actions.

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

- Ballad Health does not have any information to report at this time regarding requirements or commitments outlined in the TOC or in the Index which Ballad Health will not meet or anticipates it will not meet.

H. Closures/Openings:

- <u>Plans</u>: Update on plans to close or open any Service Lines or facilities.

  – Wise County consolidation plans were submitted 2/4/19 pursuant to CA Condition 4, 27. On 10/1/19 Ballad Health received approval from Virginia for Wise County Phase I consolidation plans, and action was under taken to prepare for the closing of Mountain View Emergency Department (MVED) on January 5, 2020.

    – During the month of December, 2019, a series of "Day in the Life" education exercises were conducted for the following health care professionals:
      a. Ancillary team members
      b. Nursing team members
      c. Fourth floor (SNF/LTC) team members
      d. Area EMS agencies
      e. Leadership

- <u>Progress</u>: Update on the status of closures or openings of any Service Lines or facilities.

  – TRAUMA SERVICES: Effective October 1, 2019, Holston Valley Medical Center - Kingsport, TN, consolidated Level I trauma services to Johnson City Medical Center - Johnson City, TN. HVMC will remain a Level III trauma center with a Trauma Program Director and Trauma Program Medical Director. Activities in support of trauma services at HVMC include:
    • Critical care and trauma experienced surgeons remain on-call 24/7 to respond to the trauma alerts.

- • Performance improvement activities have continued as part of our Trauma Program and a multi-disciplinary team meets monthly to review any opportunities for improvement.
- • Injury prevention education continues to be available in our community and the market in which we serve.
- • Successful recruitment of an additional full-time hospital based trauma surgeon who will join us in the summer of 2020.

- GREENEVILLE WEST INPATIENT REHABILITATION SERVICES: On October 9, 2019 Ballad Health submitted a notification to the Tennessee Department of Health of its intent to temporarily suspend inpatient rehabilitation services at Greeneville West. The medical director, the only physiatrist in the area, had given 30 days' notice, and his last day at Greeneville West was October 20, 2019. During the temporary suspension, there are several other options for patients in need of rehabilitation services in the community. Ballad Health continues to evaluate the best possible plan for inpatient rehabilitation services in Greeneville.

- LEE COUNTY HOSPITAL: During the process of construction of the new Lee County Community Hospital, Ballad Health is working collaboratively with the Lee County Hospital Authority and local health providers in assuring "essential services" (as that term is defined in Condition 27 of the Collaborative Agreement) are available in the county.
- In providing for the essential services the following steps have been taken:
  - • **Outpatient diagnostics supporting emergency stabilization are being made available.** The Ballad Health Medical Associates Urgent Care Center (BHMA UCC), located in the Medical Arts Building contiguous to the hospital opened October 9, 2019. The BHMA UCC has laboratory and digital radiography capabilities, will have Sonosite Ultrasound in the near future and is staffed with Board-Certified or Board-Eligible physicians, Registered Nurses, and Radiology Technologists. Additional diagnostic capabilities will be added as providers identify needs. The BHMA UCC will remain operational until such time as the Critical Access Hospital in Lee County is open. Daily patient visits to BHMA UCC have averaged in the mid-30's since opening. The BHMA UCC has seen a variety of patient diagnoses, with less than 10% requiring a higher level of care. Of this 10%, half go to a higher level of care via private vehicle and the other half are transported via ambulance.
  - • **Rotating clinic or telemedicine access to specialty care consultants as needed in the community**. Lee County Public Schools are now outfitted with the necessary equipment and school personnel have been trained how to use telehealth services connecting the school health nurses in each school location in Lee County, VA with Niswonger Children's Hospital. Plans are to have this technology also available to the Urgent Care Center after the beginning of 2020.
  - • **Helicopter or high acuity transport to tertiary care centers**. Air Ambulance services are already available through Ballad Health via

MedFlight and through a collaborative effort between Ballad Health and the Virginia State Police. Ballad Health has renovated the helipad on the LCCH campus. In addition, Ballad Health is partnering with Mountain Empire Community College and the Lee County Public Schools Career and Technical Center to enhance EMT Basic, Intermediate and Paramedic training opportunities for the 7 EMS agencies serving Lee County.

- **Mobile health services for preventive screenings, such as mammography, cardiovascular and other screenings.** Ballad Health has hosted multiple breast cancer screening events and a sports medicine physical opportunity. Communications with The Health Wagon regarding collaborating on additional screenings have occurred.

- **Primary care services, including lab services.** Ballad Health has recruited a new Family Practitioner who began practice in the fall of 2019. The BHMA UCC opening has enhanced the availability of primary care to Lee County residents by operating Monday- Friday from 8 am - 8 pm and Saturday-Sunday from 10 am - 6 pm. Lab services are currently available in the physician offices on the LCCH Campus and in the BHMA UCC.

- **Physical therapy rehabilitation services.** Outpatient Physical Therapy and Rehabilitation services are currently available through Moving Forward Physical Therapy, which is highly regarded for its quality rehabilitation programs. Ballad Health has met with the Moving Forward management team and has agreed to be in a supportive role to that company. Lee Health and Rehabilitation Center provides a variety of therapy services to its inpatients, including physical therapy, occupational therapy, speech therapy, vestibular therapy, continuous passive motion therapy, electrical stimulation therapy, cardiac rehabilitation, ultrasound, diathermy and Omni-cycle.

- **Care coordination service**. Ballad Health has initiated care coordination services effective January 2020 via the Ballad Health Accountable Health Communities Project. An AHC Navigator is now available to the Urgent Care Center patients both on-site and remotely.

- **Access to a behavioral health network of services through a coordinated system of care.** Frontier Health operates the Lee County Behavioral Health facility in Jonesville, VA. The facility provides outpatient mental health and substance abuse services for adults, children, adolescents and families as well as case management support. Ballad Health intends to work collaboratively with Frontier Health to identify potential gaps in mental health service availability and how to fill these gaps. A working relationship has already been established between Frontier Health and the BHMA UCC to respond to patients who may present at the Urgent Care Center and who need mental health services. In addition, Stone Mountain Health Services provides behavioral health counseling and medication management services to the patients in its practice and Lee Health and Rehabilitation Center provides tele-psychiatry services to its inpatients.

- **Community-based education, prevention and disease management services for prioritized programs of emphasis based on goals established in collaboration with the Commissioner and the Authority.**
  Ballad Health has been asked by the Virginia Department of Health to address this essential service by developing a set of prioritized programs of emphasis, developing goals by which success in achievement will be measured and outlining the services by which the goals will be achieved in each of 3 categories: community-based education, prevention and disease management. Health care providers other than Ballad Health have been providing a variety of community- based education, prevention and disease management services to the residents of Lee County VA for some time. In discussions with VDH, it was agreed that in these instances, developing a collaborative model to address the top health priorities would be preferable to Ballad Health developing duplicative services. Meetings have been held with local health providers to identify existing services that could be part of the collaborative and gaps in service that would need to be addressed.

ATTACHMENT 1

QUARTERLY REPORT CONTENTS

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

QUARTERLY REPORT CONTENTS

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 per Form 990 reporting guidelines for each reporting entity.
    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; etc.
    o Include at least three competitors for each category of service.
- 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.
- The COPA Compliance Office Quarterly Reports:
    o Complaints by type
    o Resolution of complaints
    o Status update of any unresolved complaints from previous COPA Compliance Office Quarterly Reports.

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 MEETING SUMMARY

MINUTES SUMMARY
BALLAD HEALTH COMMUNITY BENEFIT & POPULATION HEALTH COMMITTEE
DECEMBER 19, 2019
EXECUTIVE BOARDROOM

Members:									
P	Barbara Allen	P*	Sue Cantrell	P	Marvin Eichorn	P*	Rachel Fowlkes	A	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	A	Donnie Ratliff
A	Scott Richards	P	Allison Rogers	A	Suzanne Rollins	P	Doug Springer, Chair	P*	Randy Wykoff
Staff:									
A	Andy Hall	A	Cathi Snodgrass	P*	Jenny Lane	P	Melanie Stanton	A	Tim Belisle
P	Taylor Hamilton	A	Eric Deaton	P*	Lynn Krutak				
A	Bo Wilkes	P	Paula Masters						
Guests:									
P	Dee Washington	P	Gina Lee						

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

TOPIC	DISCUSSION	ACTION/APPROVAL
CALL TO ORDER	The meeting was called to order at 4:35 pm.	Dr. Doug Springer called the meeting to order.
A. **DECLARATION**		
1. **Quorum**		A quorum developed later in the meeting with 12 members participating via phone.
2. **Conflict(s) of Interest**		Dr. Doug Springer declared no conflicts of interest.

B. **Consent Agenda**	Approve meeting minutes from September 19, 2019 and special meeting minutes from November 4, 2019.	**Action:** *Approve meeting minutes from September 19, 2019 and November 4, 2019.* **Approval:** Ms. Barbara Allen made motion to approve minutes. Dr. Matt Luff made a second motion. Approved by all.
C. Mission Moment	Ms. Lee shared a patient story that is a testament to the caring people that live in our region. The story showcased the work of the AHC navigators and why it is so important in the communities.	Ms. Gina Lee
D. Reports / Presentations/Updates		
Population Health Update - ▪ *Accountable Care Community Update*	Mr. Norris gave an update on the ACC. There are currently 293 stakeholder. FSG (a third party) conducted an initial evaluation of the ACC. The process was explained to the committee which included individual interviews with Leadership Council members and backbone organization staff (n=26), surveys sent out to all partner organizations, and a review of an estimated 130 documents provided by Ballad's backbone team. The findings will be presented to the Leadership Council and a "World Café" group activity for final round of input. The final report will be submitted January 2020. The report will be shared with the group and an overall summary will be provided.	Mr. Todd Norris Ms. Paula Masters
Population Health Update – ▪ *Pilot Site Update*	The pilot sites and the process were reviewed by Ms. Masters. A RFI was issued in early 2019 for organizations known to our community Engagement Specialists (roughly 200); a RFP was issued in April 2019; we evaluated 26 completed proposals; $530,000 was granted to 10 regional organizations. The grant cycle is 9/1/2019 – 8/31/2020 with a goal of testing interventions and organizational performance and capacity to scale. Clear expectations have been communicated through high direct engagement and robust evaluation is based on agreed upon measures	Mr. Todd Norris Ms. Paula Masters

	of success. The pilot sites are – 180 Health Partners, A Step Ahead, Regional Boys and Girls Club Collaborative, Bristol's Promise, Coalition of Kids, Communities in Schools of SWVA, ETSU Pediatrics, MOM Power, Of One Accord Ministry, YWCA of NETN and SWVA. A question was raised as to how measures will be evaluated. Mr. Norris responded, because these are yearlong grants, the evaluation will initially be on output and capacity. Another question was posed that if this is a good idea how does Ballad sustain? Mr. Norris explained the funding goes from 1M to 2M this year. In the 10 year period we get additional money up until the $10M annually. Ballad is testing the pilot agency capacity and will look at other agencies if the pilot agencies are not able to handle increased investment. Mr. Keck added that the committee will be updated on a regular basis. Mr. Keck also added this committee should challenge management on health equity to ensure we are reaching the most vulnerable populations.	
Population Health Update – ▪ *Rural Community Opioid Response (RCORP)*	Ms. Masters discussed the purpose of the RCORP, which started on September 9, 2019. The purpose is to reduce morbidity and mortality associated with opioid overdoses in high-risk rural communities by strengthening the organizational and infrastructural capacity of multi-sector consortiums to address prevention, treatment, and/or recovery at the community, county, state, and/or regional levels. The implementation plan was also discussed. It includes adding recovery navigation specialists, development of community relations, strengthening involvement of judicial system and law enforcement, launching a "break the stigma campaign" in the faith-based community and increasing recovery meetings in faith-based communities, and training dual State certified peer recovery specialists. The Recovery Community Navigators role will include but not limited to locating housing, food, clothing, treatment/detox programs, recovery community organizations, social services offices, and MAT doctors. The RCN's will compile all resources into a database county by county, build relationships with jails/prison or treatment facilities, educate those reentering society how to navigate various resources, receive and make referrals for services, follow up with individuals to ensure the resource	Ms. Paula Masters

	was utilized, identify barriers to service utilization, develop foundation for planned navigation referral hub, and ensure there is a strong employer support network for job referral or treatment options. Ms. Masters shared that TN adopted a reimbursement model for these type of recovery services. Ballad is meeting with Virginia officials to see how to financially sustain this grant. Ms. Masters indicated the first year was an infrastructure building year. We will then work on the numbers for year two – the first touchpoint is the incarcerated. Mr. Tony Keck emphasized employers have expressed interest. The committee will receive updates on a regular basis.	
Population Health Update – ▪ *State Metric Workgroup*	Mr. Norris spoke to the committee about the work of the ACC being shared with the State. Mr. Norris shared the focus has become not only on outcome measures but process and longer term impact measures. The measures that spread out over the ten year period will impact years 11-20.	Mr. Todd Norris
Value Based Activity	Ms. Allison Rogers reviewed the value based contracts with the committee. There are 24 active distinct contracts/programs. Ms. Rogers also reviewed the VBC trending chart and the VBC Market Dashboards with the committee. The detailed chart and dashboards are available on BoardVantage. Other VBC updates included the first VBC council was held on December 17, 2019. The all Boards Assembly was held on October 15, 2019 where an overview of population health was provided and a series of educational sessions with hospital community boards were kicked off. Four primary care retreats (one per market) have been completed, Mr. Keck was encouraged by the attendance of the retreats.	Ms. Allison Rogers
Charitable Contributions and Sponsorship Scorecard	Deferred to the next meeting on March 19, 2020.	Ms. Taylor Hamilton
ADJOURN	Dr. Doug Springer adjourned the meeting at 6:00 p.m.	Dr. Doug Springer

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Tim Belisle, Board Secretary

BALANCE SHEET

Ballad Health
Comparative Balance Sheet
TN COPA Requirements

Ballad Health
Comparative Balance Sheet
VA COPA Requirements

	December 31 2019	September 30 2019	Quarter Activity	December 31 2018	Year Activity	December 31 2019	December 31 2018	Year Activity	Year to Date 2019
ASSETS									
CURRENT ASSETS									
Cash and Cash Equivalents	68,512,074	62,033,825	6,478,249	127,205,940	(58,693,866)	68,512,074	127,205,940	(58,693,866)	68,512,074
Current Portion AWUIL	6,006,064	2,214,348	3,791,716	5,405,105	600,959	6,006,064	5,405,105	600,959	6,006,064
Accounts Receivable (Net)	304,451,440	300,723,553	3,727,888	287,264,574	17,186,866	304,451,440	287,264,574	17,186,866	304,451,440
Other Receivables	58,268,044	42,460,865	15,807,179	40,014,020	18,254,024	58,268,044	40,014,020	18,254,024	58,268,044
Due From Affiliates	381,056	586,353	(205,298)	3,374,626	(2,993,571)	381,056	3,374,626	(2,993,571)	381,056
Due From Third Party Payors	0	(0)	0	(3,765,806)	3,765,806	0	(3,765,806)	3,765,806	0
Inventories	48,939,388	48,811,591	127,796	51,126,188	(2,186,801)	48,939,388	51,126,188	(2,186,801)	48,939,388
Prepaid Expense	19,328,763	16,620,817	2,707,946	17,128,992	2,199,771	19,328,763	17,128,992	2,199,771	19,328,763
	505,886,829	473,451,353	32,435,476	527,753,640	(21,866,811)	505,886,829	527,753,640	(21,866,811)	505,886,829
ASSETS WHOSE USE IS LIMITED	56,895,482	56,726,743	168,740	57,053,184	(157,702)	56,895,482	57,053,184	(157,702)	56,895,482
OTHER INVESTMENTS	1,325,168,877	1,296,226,879	28,941,998	1,142,146,508	183,022,369	1,325,168,877	1,142,146,508	183,022,369	1,325,168,877
PROPERTY, PLANT AND EQUIPMENT									
Land, Buildings and Equipment	3,273,072,809	3,260,821,216	12,251,594	3,127,406,457	145,666,353	3,273,072,809	3,127,406,457	145,666,353	3,273,072,809
Less Allowances for Depreciation	1,991,011,857	1,958,892,297	32,119,560	1,861,904,368	129,107,490	1,991,011,857	1,861,904,368	129,107,490	1,991,011,857
	1,282,060,952	1,301,928,919	(19,867,967)	1,265,502,089	16,558,863	1,282,060,952	1,265,502,089	16,558,863	1,282,060,952
OTHER ASSETS									
Pledges Receivable	196,467	214,567	(18,100)	609,492	(413,026)	196,467	609,492	(413,026)	196,467
Long Term Compensation Investment	33,625,504	32,393,658	1,231,846	31,514,656	2,110,849	33,625,504	31,514,656	2,110,849	33,625,504
Investments in Unconsolidated Subsidiaries	19,871,532	19,934,816	(63,284)	18,982,387	889,145	19,871,532	18,982,387	889,145	19,871,532
Land / Equipment Held for Resale	3,028,830	3,951,117	(922,287)	3,028,830	0	3,028,830	3,028,830	0	3,028,830
Assets Held for Expansion	11,268,702	11,268,702	0	11,268,702	0	11,268,702	11,268,702	0	11,268,702
Investments in Subsidiaries	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Goodwill	209,381,219	209,381,219	0	209,418,052	(36,833)	209,381,219	209,418,052	(36,833)	209,381,219
Deferred Charges and Other	41,245,820	41,135,115	110,705	11,767,952	29,477,868	41,245,820	11,767,952	29,477,868	41,245,820
	318,618,074	318,279,194	338,880	286,590,071	32,028,003	318,618,074	286,590,071	32,028,003	318,618,074
TOTAL ASSETS	3,488,630,215	3,446,613,088	42,017,127	3,279,045,492	209,584,723	3,488,630,215	3,279,045,492	209,584,723	3,488,630,215
LIABILITIES AND NET ASSETS									
CURRENT LIABILITIES									
Accounts Payable and Accrued Expense	157,414,672	158,219,492	(804,819)	160,093,548	(2,678,876)	157,414,672	160,093,548	(2,678,876)	157,414,672
Accrued Salaries, Benefits, and PTO	91,878,317	110,762,623	(18,884,307)	96,456,012	(4,577,695)	91,878,317	96,456,012	(4,577,695)	91,878,317
Claims Payable	0	0	0	1,953,448	(1,953,448)	0	1,953,448	(1,953,448)	0
Accrued Interest	20,199,382	9,183,421	11,015,961	20,870,034	(670,652)	20,199,382	20,870,034	(670,652)	20,199,382
Due to Affiliates	0	0	0	0	0	0	0	0	0
Due to Third Party Payors	11,025,253	11,532,960	(507,707)	9,518,652	1,506,601	11,025,253	9,518,652	1,506,601	11,025,253
Call Option Liability	0	0	0	0	0	0	0	0	0
Current Portion of Long Term Debt	44,801,394	41,454,548	3,346,846	27,465,503	17,335,891	44,801,394	27,465,503	17,335,891	44,801,394
	325,319,017	331,153,045	(5,834,027)	316,357,197	8,961,820	325,319,017	316,357,197	8,961,820	325,319,017
OTHER NON CURRENT LIABILITIES									
Long Term Compensation Payable	17,186,055	16,395,891	790,164	15,515,651	1,670,404	17,186,055	15,515,651	1,670,404	17,186,055
Long Term Debt	1,334,537,442	1,316,993,625	17,543,817	1,320,666,069	13,871,373	1,334,537,442	1,320,666,069	13,871,373	1,334,537,442
Estimated Fair Value of Interest Rate Swaps	(378,425)	2,275,728	(2,654,153)	6,787,563	(7,165,988)	(378,425)	6,787,563	(7,165,988)	(378,425)
Deferred Income	23,364,160	6,831,139	16,533,021	23,875,722	(511,562)	23,364,160	23,875,722	(511,562)	23,364,160
Professional Liability Self-Insurance and Other	62,115,283	61,148,703	966,580	48,878,919	13,236,365	62,115,283	48,878,919	13,236,365	62,115,283
	1,436,824,515	1,403,645,086	33,179,429	1,415,723,924	21,100,592	1,436,824,515	1,415,723,924	21,100,592	1,436,824,515
TOTAL LIABILITIES	1,762,143,532	1,734,798,131	27,345,402	1,732,081,120	30,062,412	1,762,143,532	1,732,081,120	30,062,412	1,762,143,532
NET ASSETS									
Restricted Net Assets	39,781,240	38,293,488	1,487,752	23,793,199	15,988,042	39,781,240	23,793,199	15,988,042	39,781,240
Unrestricted Net Assets	1,413,739,825	1,406,272,354	7,467,471	1,283,356,313	130,383,512	1,413,739,825	1,283,356,313	130,383,512	1,413,739,825
Noncontrolling Interests in Subsidiaries	272,965,617	267,249,116	5,716,501	239,814,860	33,150,757	272,965,617	239,814,860	33,150,757	272,965,617
	1,726,486,682	1,711,814,957	14,671,725	1,546,964,371	179,522,311	1,726,486,682	1,546,964,371	179,522,311	1,726,486,682
TOTAL LIABILITIES AND NET ASSETS	3,488,630,215	3,446,613,088	42,017,127	3,279,045,492	209,584,723	3,488,630,215	3,279,045,492	209,584,723	3,488,630,215

ATTACHMENT 4

STATEMENT OF INCOME

Ballad Health
Statement of Revenue and Expense
For The Period Ended December 31, 2019 and December 31, 2018
TN COPA Requirements

Ballad Health
Statement of Revenue and Expense
For The Period Ended December 31, 2019 and December 31,
VA COPA Requirements

	Quarter 2 Dec 2019	Quarter 1 Sept 2019	Quarter 2 Dec 2018	Quarter 2 Dec 2019	Quarter 2 Dec 2018	Year to Date Dec 2019
Revenue, Gains and Support						
Patient service revenue, net of contractual allowances and discounts	568,703,893	564,338,007	541,060,141	568,703,893	541,060,141	1,133,041,899
Provision for bad debts	(53,021,836)	(45,007,258)	(31,828,119)	(53,021,836)	(31,828,119)	(98,029,094)
Net patient service revenue	515,682,056	519,330,749	509,232,022	515,682,056	509,232,022	1,035,012,805
Other operating revenue	20,475,778	19,903,122	14,474,562	20,475,778	14,474,562	40,378,900
TOTAL REVENUE, GAINS AND SUPPORT	536,157,834	539,233,872	523,706,584	536,157,834	523,706,584	1,075,391,706
Expenses:						
Salaries and wages	165,435,612	169,477,730	168,556,025	165,435,612	168,556,025	334,913,342
Physician salaries and wages	47,294,929	47,899,539	46,477,969	47,294,929	46,477,969	95,194,468
Contract Labor	13,872,126	13,341,902	7,136,855	13,872,126	7,136,855	27,214,028
Employee Benefits	32,832,067	30,986,507	33,475,987	32,832,067	33,475,987	63,818,574
Fees	61,446,633	61,680,606	55,909,787	61,446,633	55,909,787	123,127,239
Supplies	109,975,738	110,835,362	108,811,762	109,975,738	108,811,762	220,811,100
Utilities	7,897,399	9,207,863	7,661,451	7,897,399	7,661,451	17,105,262
Medical Costs	0	0	0	0	0	0
Other Expense	42,783,595	43,863,780	40,978,390	42,783,595	40,978,390	86,647,375
Depreciation	35,320,154	35,291,743	34,335,873	35,320,154	34,335,873	70,611,897
Amortization	(108,384)	(108,131)	1,022,385	(108,384)	1,022,385	(216,515)
Interest & Taxes	11,453,865	12,346,004	12,578,019	11,453,865	12,578,019	23,799,868
TOTAL EXPENSES	528,203,733	534,822,904	516,944,504	528,203,733	516,944,504	1,063,026,637
OPERATING INCOME	7,954,101	4,410,967	6,762,080	7,954,101	6,762,080	12,365,068
Nonoperating gains (losses):						
Interest and dividend income	7,799,143	4,730,748	7,958,148	7,799,143	7,958,148	12,529,890
Net realized gains (losses) on the sale of securities	5,365,687	4,664,808	3,422,498	5,365,687	3,422,498	10,030,495
Change in net unrealized gains on securities	32,686,618	(1,610,868)	(98,712,363)	32,686,618	(98,712,363)	31,075,749
Derivative related income	(27,284)	(144,248)	752,524	(27,284)	752,524	(171,532)
Loss on extinguishment of LTD / derivatives	0	0	0	0	0	0
Change in estimated fair value of derivatives	2,492,869	(5,454,855)	1,378,984	2,492,869	1,378,984	(2,961,986)
Gain (loss) on discontinued operations	0	0	(5,244)	0	(5,244)	0
Other nonoperating gains (losses)	604,602	1,945,617	(1,489,151)	604,602	(1,489,151)	2,550,219
Noncontrolling interests in subsidiaries	(7,795,978)	(4,405,389)	7,479,419	(7,795,978)	7,479,419	(12,201,367)
NET NONOPERATING GAINS	41,125,657	(274,189)	(79,215,184)	41,125,657	(79,215,184)	40,851,468
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	49,079,758	4,136,778	(72,453,104)	49,079,758	(72,453,104)	53,216,536
EBITDA	60,565,905	58,732,117	72,816,552	60,565,905	72,816,552	119,298,023

ATTACHMENT 5

STATEMENT OF CASH FLOW

Ballad Health
Statement of Cash Flows
As of December 31, 2019 and December 31, 2018

	Quarter 2 Dec 2019	Quarter 1 Sept 2019	Quarter 2 Dec 2018
CASH FLOWS FROM OPERATING ACTIVITIES			
Increase / (Decrease) in Unrestricted Net Assets	8,955,224	4,363,286	(73,739,091)
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities			
Provision for Depreciation	35,320,154	35,291,743	34,335,873
Provision for Amortization	(108,384)	(108,131)	1,022,385
Net Realized (Gain) / Loss on Sales of Securities	(5,365,687)	(4,664,808)	(3,422,498)
Net Loss on Early Extinguishment of Debt	0	0	0
Change in Estimated Fair Value of Derivatives	(2,492,869)	5,454,855	(1,378,984)
Equity in Net Income of Joint Ventures	(539,000)	(253,266)	(493,135)
(Gain) / Loss on Sale of Assets Held for Resale and Disposal of Assets	(2,018,982)	(1,509,292)	132,955
Net Amounts Received on Interest Rate Swap Settlements	(2,047,641)	(1,727,606)	(2,802,376)
Minority Interest in Consolidated Subsidiaries Income	5,716,501	4,411,924	(7,301,388)
Change in Net Unrealized Gains on Investments	(32,686,618)	1,610,868	98,712,363
Increase / (Decrease) in Cash due to Change in:			
Net Patient Accounts Receivable	(3,727,888)	(17,780,199)	3,720,276
Other Receivables (Net)	(15,807,179)	4,812,424	(10,930,328)
Inventories and Prepaid Expenses	(2,835,742)	(3,609,443)	(644,932)
Other Assets	(1,324,451)	(32,170,613)	(852,238)
Accrued Interest Payable (incl Capital Appreciation Bond Accretion)	11,015,961	(11,549,693)	11,364,778
Accounts Payable and Accrued Expenses	(599,522)	12,884,178	16,765,787
Accrued Salaries, Compensated Absences, and Amounts Withheld	(18,884,307)	(13,049,383)	(10,730,997)
Estimated Amounts due from/to Third Party Payors (Net)	507,708	432,278	(773,970)
Other Long-Term Liabilities	17,323,185	3,183,175	13,959,941
Professional Liability Self Insurance and Other	966,580	1,296,054	1,505,071
Total Adjustments	(17,588,180)	(17,044,938)	142,188,584
Net Cash Provided by Operating Activities	(8,632,957)	(12,681,652)	68,449,493
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchases of Property, Plant, and Equipment, Property Held for Resale, and Property Held for Expansion (Net)	(14,529,900)	(49,077,464)	(12,753,084)
Additions to Goodwill	0	0	110,498
Purchases of Investments (Net)	10,663,257	(21,171,258)	(22,125,975)
Net Decrease / (Increase) in Assets Limited as to Use	(3,960,456)	6,504,906	(1,665,232)
Net Cash Used in Investing Activities	(7,827,099)	(63,743,816)	(36,433,792)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments on Long-Term Debt and Capital Lease Obligations (incl Deposits to Escrow)	20,890,663	14,168,897	(1,770,785)
Net Amounts Received on Interest Rate Swap Settlements	2,047,641	1,727,606	2,802,376
Net Cash Used in Financing Activities	22,938,304	15,896,503	1,031,591
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS	6,478,248	(60,528,965)	33,047,291
CASH AND CASH EQUIVALENTS - BEG OF PERIOD	62,033,825	122,562,790	94,158,649
CASH AND CASH EQUIVALENTS - END OF PERIOD	68,512,074	62,033,825	127,205,940

ATTACHMENT 6

YEAR-TO-DATE COMMUNITY BENEFIT INTERNAL SPENDING

990, line 7:

a. Financial assistance (charity)	12,634,100
b. Medicaid and TennCare	22,450,957
c. Other means-tested gov't programs (TennCare included in line 7b)	-
e. Community health improvements	3,675,877
f. Health professions education:	13,729,710
g. Subsidized health services	3,133,939
h. Research	-
i. Cash and in-kind contributions	1,945,271
Total	**57,569,854**

ATTACHMENT 7

QUALITY PRIORITY METRICS

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Ballad Health	
			Baseline	FYTD20
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.29	0.32
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.09
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	0.81
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	0.80
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.40	7.12
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.58
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	6.16	5.35
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.98
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.63
⬇	lower is better	CLABSI	0.774	0.646
⬇	lower is better	CAUTI	0.613	0.604
⬇	lower is better	SSI COLON Surgical Site Infection	1.166	3.311
⬇	lower is better	SSI HYST Surgical Site Infection	0.996	1.739
⬇	lower is better	MRSA	0.040	0.058
⬇	lower is better	CDIFF	0.585	0.385
⬆	higher is better	SMB: Sepsis Management Bundle	--	67.5%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	35.10
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	29.27
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.94
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.20
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	79.4%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	80.3%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.1%	63.4%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	86.2%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	47.7%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	20.5%	20.1%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	17.7%	15.9%
⬇	lower is better	Sepsis In House Mortality	--	9.2%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	3.9%	3.9%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	4.7%	4.5%
⬇	lower is better	Left without being seen	0.90%	1.44%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	124.5	145.9
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.3	266.6

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Metric	Johnson City Medical Center*	
			Baseline	FYTD20
		Quality Target Measures		
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.07	0.15
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.33	0.11
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.09	0.15
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	3.60	0.88
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.08	1.09
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	11.98	3.19
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.90	3.70
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	8.30	6.70
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.01	0.00
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.79	0.00
⬇	lower is better	CLABSI	1.080	1.232
⬇	lower is better	CAUTI	0.997	1.321
⬇	lower is better	SSI COLON Surgical Site Infection	1.911	2.564
⬇	lower is better	SSI HYST Surgical Site Infection	2.500	0.000
⬇	lower is better	MRSA	0.055	0.076
⬇	lower is better	CDIFF	0.531	0.378
⬆	higher is better	SMB: Sepsis Management Bundle	--	64.3%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	14.62
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	19.36
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	2.19
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.22
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	75.7%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	77.0%	77.0%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	60.0%	60.0%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.0%	84.9%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	48.0%	45.7%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	22.6%	18.8%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	18.8%	16.0%
⬇	lower is better	Sepsis In House Mortality	--	14.8%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	4.2%	6.1%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	5.1%	7.0%
⬇	lower is better	Left without being seen	1.00%	1.23%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	152.0	181.5
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	245.0	307.3

*includes WPH and NsCH

The data presented here is Ballad Health's billed claims and chart abstractions (all payers), processed by a certified third-party quality analysis vendor. Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.

Priority Metrics

Desired Performance		Quality Target Measures	Holston Valley Medical Center	
			Baseline	**FYTD20**
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.36	1.29
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.51	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.19
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.97
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	0.80
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.84	5.43
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.78	2.28
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	5.97	3.35
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.56	0.00
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.80	0.00
⬇	lower is better	CLABSI	0.682	1.004
⬇	lower is better	CAUTI	0.938	0.384
⬇	lower is better	SSI COLON Surgical Site Infection	1.364	2.000
⬇	lower is better	SSI HYST Surgical Site Infection	0.641	2.679
⬇	lower is better	MRSA	0.012	0.090
⬇	lower is better	CDIFF	0.741	0.517
⬆	higher is better	SMB: Sepsis Management Bundle	--	77.6%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	30.58
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	54.02
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	2.32
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.18
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	76.2%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	79.0%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	61.8%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	89.1%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.0%	48.7%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	21.6%	20.6%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	19.4%	18.6%
⬇	lower is better	Sepsis In House Mortality	--	13.6%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	3.8%	1.9%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	2.6%	6.4%
⬇	lower is better	Left without being seen	1.00%	1.60%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	153.0	175.0
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	340.0	445.3

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Bristol Regional Medical Center	
			Baseline	**FYTD20**
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.35	0.24
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.32	0.17
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.09	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.72	1.44
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.97	1.24
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.50	9.13
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.59	4.17
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	3.65	2.69
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.03	0.00
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.22	2.01
⬇	lower is better	CLABSI	1.202	0.000
⬇	lower is better	CAUTI	0.824	0.963
⬇	lower is better	SSI COLON Surgical Site Infection	0.000	6.122
⬇	lower is better	SSI HYST Surgical Site Infection	0.000	0.000
⬇	lower is better	MRSA	0.056	0.064
⬇	lower is better	CDIFF	0.719	0.388
⬆	higher is better	SMB: Sepsis Management Bundle	--	59.2%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	26.18
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	25.26
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.78
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.21
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	82.0%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	81.0%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	67.0%	66.6%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	88.1%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	53.0%	49.1%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	22.6%	22.3%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	14.7%	15.1%
⬇	lower is better	Sepsis In House Mortality	--	9.1%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	3.7%	4.2%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	3.4%	4.1%
⬇	lower is better	Left without being seen	1.00%	3.16%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	147.0	163.5
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	255.0	300.8

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Johnston Memorial Hospital	
			Baseline	**FYTD20**
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.97	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.42
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.00
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	0.00
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.39	8.06
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.96	4.63
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	6.59	24.19
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.10	0.00
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00
⬇	lower is better	CLABSI	0.001	0.000
⬇	lower is better	CAUTI	0.000	0.575
⬇	lower is better	SSI COLON Surgical Site Infection	0.000	0.000
⬇	lower is better	SSI HYST Surgical Site Infection	0.000	8.333
⬇	lower is better	MRSA	0.000	0.085
⬇	lower is better	CDIFF	1.052	0.273
⬆	higher is better	SMB: Sepsis Management Bundle	--	67.6%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	24.89
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	26.72
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.69
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.22
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	78.4%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	76.4%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	59.1%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	86.7%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	49.0%	40.6%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	16.6%	29.3%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	18.9%	14.5%
⬇	lower is better	Sepsis In House Mortality	--	6.5%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	2.3%	5.9%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	4.2%	4.0%
⬇	lower is better	Left without being seen	1.00%	0.64%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	143.0	186.0
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	272.0	305.8

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Measure	Lonesome Pine Hospital**	
			Baseline	**FYTD20**
		Quality Target Measures		
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.21	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.64	41.67
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.14	0.00
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	5.82	0.00
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.23	0.00
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	0.00
⬇	lower is better	CLABSI	0.000	0.000
⬇	lower is better	CAUTI	0.000	3.030
⬇	lower is better	SSI COLON Surgical Site Infection	0.000	0.000
⬇	lower is better	SSI HYST Surgical Site Infection	5.556	0.000
⬇	lower is better	MRSA	0.000	0.000
⬇	lower is better	CDIFF	0.315	0.000
⬆	higher is better	SMB: Sepsis Management Bundle	--	67.6%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	84.59
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	30.41
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.33
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	85.6%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	88.6%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	74.6%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	85.4%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	51.0%	43.6%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	32.5%	6.7%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	24.8%	23.5%
⬇	lower is better	Sepsis In House Mortality	--	5.9%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	6.1%	10.6%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	2.1%	2.4%
⬇	lower is better	Left without being seen	0.00%	1.51%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	120.0	120.1
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	213.0	246.3

**includes MVRMC

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Norton Community Hospital	
		Baseline	**FYTD20**
	Quality Target Measures		
⬇ lower is better	PSI 3 Pressure Ulcer Rate	0.20	0.00
⬇ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00
⬇ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
⬇ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.96	0.00
⬇ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00
⬇ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.33	0.00
⬇ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.39	0.00
⬇ lower is better	PSI 13 Postoperative Sepsis Rate	5.59	0.00
⬇ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00
⬇ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	0.00
⬇ lower is better	CLABSI	0.000	2.058
⬇ lower is better	CAUTI	0.000	0.000
⬇ lower is better	SSI COLON Surgical Site Infection	0.000	0.000
⬇ lower is better	SSI HYST Surgical Site Infection	0.000	0.000
⬇ lower is better	MRSA	0.000	0.000
⬇ lower is better	CDIFF	0.265	0.525
⬆ higher is better	SMB: Sepsis Management Bundle	--	76.9%
	Quality Priority Measures		
⬇ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	21.84
⬇ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	21.44
⬇ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.28
⬇ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.14
⬆ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	82.1%
⬆ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	82.7%
⬆ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	66.0%	58.2%
⬆ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	83.8%
⬆ higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	53.0%	45.4%
⬇ lower is better	READM30HF Heart Failure 30Day readmissions rate	20.1%	20.9%
⬇ lower is better	READM30PN Pneumonia 30day readmission rate	16.1%	12.7%
⬇ lower is better	Sepsis In House Mortality	--	5.3%
⬇ lower is better	MORT30HF Heart failure 30day mortality rate	1.4%	5.1%
⬇ lower is better	MORT30PN Pneumonia 30day mortality rate	1.6%	4.8%
⬇ lower is better	Left without being seen	1.00%	0.62%
⬇ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	154.0	156.0
⬇ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	244.0	256.5

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Smyth County Community Hospital	
			Baseline	**FYTD20**
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.21	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.03	0.00
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	5.81	0.00
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00
⬇	lower is better	CLABSI	0.000	0.000
⬇	lower is better	CAUTI	0.000	0.000
⬇	lower is better	SSI COLON Surgical Site Infection	16.667	0.000
⬇	lower is better	SSI HYST Surgical Site Infection	0.000	--
⬇	lower is better	MRSA	0.000	0.000
⬇	lower is better	CDIFF	0.174	0.000
⬆	higher is better	SMB: Sepsis Management Bundle	--	84.6%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	18.16
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	12.68
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.54
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.17
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	89.0%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	90.0%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	74.1%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	90.3%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	61.0%	56.7%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	18.8%	5.6%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	16.3%	17.6%
⬇	lower is better	Sepsis In House Mortality	--	0.0%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	5.5%	0.0%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	2.8%	0.0%
⬇	lower is better	Left without being seen	1.00%	0.25%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	97.0	93.0
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	176.0	190.0

FYTD20: - November 2019 Discharges

Priority Metrics

			Russell County Hospital	
Desired Performance		**Quality Target Measures**	**Baseline**	**FYTD20**
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.24	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	0.00
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	0.00
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	0.00
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	0.00
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	--	0.00
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00
⬇	lower is better	CLABSI	0.000	0.000
⬇	lower is better	CAUTI	0.000	0.000
⬇	lower is better	SSI COLON Surgical Site Infection	--	--
⬇	lower is better	SSI HYST Surgical Site Infection	--	--
⬇	lower is better	MRSA	0.000	0.000
⬇	lower is better	CDIFF	0.498	0.801
⬆	higher is better	SMB: Sepsis Management Bundle	--	89.3%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	22.56
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	6.75
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.56
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.34
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	87.0%	78.7%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	89.0%	76.1%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	58.9%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	76.5%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	50.0%	42.2%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	19.0%	33.3%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	18.7%	25.0%
⬇	lower is better	Sepsis In House Mortality	--	1.7%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	3.4%	0.0%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	2.1%	0.0%
⬇	lower is better	Left without being seen	1.00%	0.77%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	90.0	86.0
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	168.0	171.3

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Franklin Woods Community Hospital	
			Baseline	FYTD20
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.20	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	0.00
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.09	12.20
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.72	6.33
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	6.54	13.07
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.16	4.72
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.85	0.00
⬇	lower is better	CLABSI	0.000	0.000
⬇	lower is better	CAUTI	0.428	0.000
⬇	lower is better	SSI COLON Surgical Site Infection	1.504	4.167
⬇	lower is better	SSI HYST Surgical Site Infection	0.000	0.000
⬇	lower is better	MRSA	0.039	0.000
⬇	lower is better	CDIFF	0.259	0.551
⬆	higher is better	SMB: Sepsis Management Bundle	--	47.8%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	35.00
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	21.12
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.95
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.34
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	79.2%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	81.7%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.0%	68.3%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	84.1%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	61.0%	51.8%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	9.7%	20.0%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	16.3%	17.7%
⬇	lower is better	Sepsis In House Mortality	--	2.3%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	2.1%	5.7%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	2.0%	0.6%
⬇	lower is better	Left without being seen	1.00%	1.21%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	130.0	158.0
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	234.0	298.3

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Indian Path Community Hospital Baseline	Indian Path Community Hospital FYTD20
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.16	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.36	0.00
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.75	0.00
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	5.90	0.00
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00
⬇	lower is better	CLABSI	0.000	0.000
⬇	lower is better	CAUTI	0.000	0.000
⬇	lower is better	SSI COLON Surgical Site Infection	0.000	4.762
⬇	lower is better	SSI HYST Surgical Site Infection	7.143	0.000
⬇	lower is better	MRSA	0.080	0.000
⬇	lower is better	CDIFF	0.813	0.000
⬆	higher is better	SMB: Sepsis Management Bundle	--	80.5%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	23.89
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	32.36
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.96
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.17
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	76.6%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	81.7%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	59.8%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	83.1%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	55.0%	44.2%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	18.1%	16.2%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	14.8%	15.8%
⬇	lower is better	Sepsis In House Mortality	--	5.3%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	2.2%	8.7%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	2.0%	4.9%
⬇	lower is better	Left without being seen	1.00%	1.96%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	121.0	152.0
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	220.0	265.0

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Greeneville Community Hospital+	
			Baseline	**FYTD20**
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.20	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.42	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.11	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.75	0.00
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.75	18.02
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.27	12.23
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	5.55	17.54
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	3.17
⬇	lower is better	CLABSI	0.000	0.000
⬇	lower is better	CAUTI	0.000	0.000
⬇	lower is better	SSI COLON Surgical Site Infection	1.163	5.405
⬇	lower is better	SSI HYST Surgical Site Infection	0.000	0.000
⬇	lower is better	MRSA	0.000	0.000
⬇	lower is better	CDIFF	0.283	0.273
⬆	higher is better	SMB: Sepsis Management Bundle	--	44.0%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	22.85
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	28.48
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.62
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.14
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	78.1%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	78.5%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	59.8%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	85.2%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	50.0%	45.5%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	24.2%	13.7%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	18.3%	8.0%
⬇	lower is better	Sepsis In House Mortality	--	9.9%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	15.4%	0.0%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	19.9%	3.2%
⬇	lower is better	Left without being seen	1.00%	2.09%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	124.0	139.0
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	206.0	313.0

+ Greeneville East and
Greeneville West

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Sycamore Shoals Hospital	
			Baseline	**FYTD20**
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.19	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	0.00
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	13.37	0.00
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.98	0.00
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	6.67	0.00
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	18.52
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00
⬇	lower is better	CLABSI	0.900	0.000
⬇	lower is better	CAUTI	0.000	0.000
⬇	lower is better	SSI COLON Surgical Site Infection	3.226	0.000
⬇	lower is better	SSI HYST Surgical Site Infection	0.000	0.000
⬇	lower is better	MRSA	0.067	0.000
⬇	lower is better	CDIFF	0.604	0.486
⬆	higher is better	SMB: Sepsis Management Bundle	--	70.4%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	32.42
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	43.44
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.53
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.27
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	77.2%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	86.0%	79.6%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	63.1%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	82.3%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	59.0%	46.8%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	7.2%	23.4%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	--	15.2%
⬇	lower is better	Sepsis In House Mortality	--	11.5%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	3.5%	1.9%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	3.8%	5.9%
⬇	lower is better	Left without being seen	1.00%	0.46%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	124.0	118.5
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	210.0	211.8

The data presented here is Ballad Health's billed claims and chart abstractions (all payers), processed by a certified third-party quality analysis vendor. Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Hawkins County Memorial Hospital Baseline	Hawkins County Memorial Hospital FYTD20
⬇	lower is better	PSI 3 Pressure Ulcer Rate	0.23	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	0.00
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	0.00
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	500.00
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	0.00
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	--	0.00
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00
⬇	lower is better	CLABSI	0.000	0.000
⬇	lower is better	CAUTI	0.000	0.000
⬇	lower is better	SSI COLON Surgical Site Infection	0.000	0.000
⬇	lower is better	SSI HYST Surgical Site Infection	--	--
⬇	lower is better	MRSA	0.000	0.000
⬇	lower is better	CDIFF	0.000	0.000
⬆	higher is better	SMB: Sepsis Management Bundle	--	44.0%
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	61.14
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	30.38
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.86
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.15
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	87.0%	87.6%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	89.0%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	83.0%	72.3%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	92.0%	84.4%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	55.0%	60.3%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	21.1%	11.5%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	16.8%	17.2%
⬇	lower is better	Sepsis In House Mortality	--	2.6%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	0.0%	0.0%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	2.6%	0.0%
⬇	lower is better	Left without being seen	0.00%	1.46%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	80.0	105.0
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	175.0	224.0

The data presented here is Ballad Health's billed claims and chart abstractions (all payers), processed by a certified third-party quality analysis vendor. Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.

FYTD20: - November 2019 Discharges

Priority Metrics

			Unicoi County Hospital	
Desired Performance			**Baseline**	**FYTD20**
⬇	lower is better	**Quality Target Measures**		
⬇	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	--	--
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--
⬇	lower is better	CLABSI	0.000	0.000
⬇	lower is better	CAUTI	0.000	0.000
⬇	lower is better	SSI COLON Surgical Site Infection	--	--
⬇	lower is better	SSI HYST Surgical Site Infection	--	--
⬇	lower is better	MRSA	--	0.000
⬇	lower is better	CDIFF	0.000	0.000
⬆	higher is better	SMB: Sepsis Management Bundle	--	--
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	34.44
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	31.60
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.16
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.13
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	79.0%	85.9%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	77.6%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.0%	81.0%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	76.0%	82.1%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	47.0%	60.6%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	15.4%
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	--	5.6%
⬇	lower is better	Sepsis In House Mortality	--	2.6%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	--	0.0%
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	15.2%	0.0%
⬇	lower is better	Left without being seen	1.00%	0.34%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	119.0	104.5
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	209.0	222.0

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Hancock County Hospital	
			Baseline	**FYTD20**
⬇	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	--	--
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--
⬇	lower is better	CLABSI	--	--
⬇	lower is better	CAUTI	--	--
⬇	lower is better	SSI COLON Surgical Site Infection	--	--
⬇	lower is better	SSI HYST Surgical Site Infection	--	--
⬇	lower is better	MRSA	--	--
⬇	lower is better	CDIFF	--	--
⬆	higher is better	SMB: Sepsis Management Bundle	--	--
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	126.35
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	106.10
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	2.42
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.22
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	90.0%	100.0%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	90.9%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	77.0%	75.0%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	92.0%	88.9%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	70.0%	53.8%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	17.0%	25.0%
⬇	lower is better	Sepsis In House Mortality	--	0.0%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	--	--
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	16.9%	9.1%
⬇	lower is better	Left without being seen	1.00%	1.41%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	--
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	--

FYTD20: - November 2019 Discharges

Priority Metrics

Desired Performance		Quality Target Measures	Johnson County Community Hospital	
			Baseline	**FYTD20**
⬇	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	--	--
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--
⬇	lower is better	CLABSI	--	--
⬇	lower is better	CAUTI	--	--
⬇	lower is better	SSI COLON Surgical Site Infection	--	--
⬇	lower is better	SSI HYST Surgical Site Infection	--	--
⬇	lower is better	MRSA	--	--
⬇	lower is better	CDIFF	--	--
⬆	higher is better	SMB: Sepsis Management Bundle	--	--
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.50
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.15
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	--
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	--
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	--
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	--
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	--	--
⬇	lower is better	Sepsis In House Mortality	--	0.0%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	--	--
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--
⬇	lower is better	Left without being seen	1.00%	0.77%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	89.0	81.0
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	--

FYTD20: - November 2019 Discharges

Priority Metrics

			Dickenson Community Hospital	
Desired Performance			**Baseline**	**FYTD20**
⬇	lower is better	**Quality Target Measures**		
⬇	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00
⬇	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00
⬇	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00
⬇	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--
⬇	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--
⬇	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--
⬇	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--
⬇	lower is better	PSI 13 Postoperative Sepsis Rate	--	--
⬇	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--
⬇	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--
⬇	lower is better	CLABSI	--	--
⬇	lower is better	CAUTI	--	--
⬇	lower is better	SSI COLON Surgical Site Infection	--	--
⬇	lower is better	SSI HYST Surgical Site Infection	--	--
⬇	lower is better	MRSA	--	--
⬇	lower is better	CDIFF	--	--
⬆	higher is better	SMB: Sepsis Management Bundle	--	--
		Quality Priority Measures		
⬇	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--
⬇	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--
⬇	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--
⬇	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--
⬆	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	100.0%
⬆	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%
⬆	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	100.0%
⬆	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	100.0%
⬆	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	60.0%
⬇	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--
⬇	lower is better	READM30PN Pneumonia 30day readmission rate	--	0.0%
⬇	lower is better	Sepsis In House Mortality	--	0.0%
⬇	lower is better	MORT30HF Heart failure 30day mortality rate	--	--
⬇	lower is better	MORT30PN Pneumonia 30day mortality rate	--	0.0%
⬇	lower is better	Left without being seen	1.00%	0.74%
⬇	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	119.5
⬇	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	160.0

ATTACHMENT 8

QUALITY MEASURES BY FACILITY

BalladHealth

Desired Performance

Metric Rate

	Ballad Health		TN Ballad Health		VA Ballad Health	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
⬇ PSI 3 Pressure Ulcer Rate	0.29	**0.53**	0.21	**0.69**	0.60	**0.00**
⬇ PSI 6 Iatrogenic Pneumothorax Rate	0.38	**0.10**	0.38	**0.06**	0.37	**0.33**
⬇ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate -Retired	0.15	--	0.14	--	0.15	--
⬇ PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	**0.12**	0.10	**0.15**	0.10	**0.00**
⬇ PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	**0.91**	4.14	**0.99**	4.50	**0.00**
⬇ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	**1.35**	1.00	**1.45**	1.22	**0.00**
⬇ PSI 11 Postoperative Respiratory Failure Rate	14.40	**5.74**	14.31	**5.01**	15.16	**6.79**
⬇ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	**4.29**	5.42	**4.44**	4.84	**2.44**
⬇ PSI 13 Postoperative Sepsis Rate	6.16	**4.24**	6.15	**2.43**	6.27	**5.41**
⬇ PSI 14 Postoperative Wound Dehiscence Rate	2.20	**0.00**	2.21	**0.00**	2.15	**0.00**
⬇ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	**0.00**	0.91	**0.00**	0.85	**0.00**
⬇ CLABSI	0.774	**0.739**	0.822	**0.715**	0.000	**0.928**
⬇ CAUTI	0.613	**0.696**	0.684	**0.737**	0.000	**0.482**
⬇ SSI COLON Surgical Site Infection	1.166	**2.900**	1.120	**3.784**	2.000	**0.000**
⬇ SSI HYST Surgical Site Infection	0.996	**0.830**	0.866	**1.987**	2.500	**0.268**
⬇ MRSA	0.040	**0.070**	0.043	**0.054**	0.000	**0.084**
⬇ CDIFF	0.585	**0.356**	0.594	**0.344**	0.490	**0.441**
General Information-Structural Measures						
YES ACS REGISTRY - Retired	Yes	--	Yes	--	Yes	--
YES SMPART GENSURG General Surgery Registry - Retired	Yes	--	Yes	--	Yes	--
YES SMPART NURSE Nursing Care Registry - Retired	Yes	--	Yes	--	No	--
YES **SMSSCHECK Safe Surgery Checklist**	Yes	**Yes**	Yes	**Yes**	Yes	**Yes**
YES **OP12 HIT Ability electronically receive lab results**	Yes	**Yes**	Yes	**Yes**	Yes	**Yes**
YES **OP17 Tracking Clinical Results Between Visits**	Yes	**Yes**	Yes	**Yes**	Yes	**Yes**
YES **OP25 Outpatient Safe Surgery Checklist**	Yes	**Yes**	Yes	**Yes**	Yes	**Yes**
SURVEY OF PATIENT'S EXPERIENCE						
⬆ HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	**83.4%**	82.8%	**77.6%**	82.8%	**80.8%**
⬇ HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.6%	**10.2%**	13.9%	**15.5%**	12.8%	**14.0%**
⬇ HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.6%	**6.6%**	3.3%	**6.9%**	4.4%	**5.2%**
⬆ HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	**83.3%**	83.8%	**79.4%**	84.8%	**79.9%**
⬇ HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.9%	**10.8%**	12.4%	**13.3%**	11.0%	**16.4%**
⬇ HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.9%	**6.7%**	3.8%	**7.3%**	4.2%	**3.7%**
⬆ HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.8%	**63.6%**	73.5%	**63.2%**	71.2%	**65.4%**
⬇ HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	20.6%	**24.3%**	20.6%	**24.4%**	20.8%	**23.8%**

BalladHealth

Desired Performance

Metric Rate

	Ballad Health		TN Ballad Health		VA Ballad Health	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
↓ HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.6%	**12.1%**	6.0%	**12.4%**	8.0%	**10.9%**
↑ HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	74.1%	--	74.6%	--	73.2%	--
↓ HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	19.6%	--	19.3%	--	20.4%	--
↓ HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.3%	--	6.2%	--	6.4%	--
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.1%	**67.9%**	67.8%	**62.7%**	68.8%	**63.5%**
↓ HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	15.9%	**15.8%**	16.5%	**15.6%**	14.6%	**16.6%**
↓ HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	**21.4%**	15.7%	**21.8%**	16.6%	**19.9%**
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	**86.9%**	87.1%	**85.8%**	87.4%	**86.0%**
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.8%	**13.1%**	12.9%	**14.2%**	12.6%	**14.0%**
↑ HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	**51.7%**	55.3%	**48.0%**	52.8%	**45.7%**
↓ HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.8%	**47.6%**	39.7%	**41.3%**	43.0%	**45.5%**
↓ HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	4.8%	**0.7%**	5.0%	**5.8%**	4.2%	**5.1%**
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.9%	**69.8%**	74.6%	**68.9%**	72.4%	**73.6%**
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	17.2%	**17.6%**	17.0%	**17.6%**	17.6%	**17.6%**
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	8.9%	**12.6%**	8.5%	**13.4%**	10.0%	**8.8%**
↑ HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.5%	**62.9%**	67.4%	**62.5%**	64.6%	**64.8%**
↓ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	26.9%	**26.6%**	26.3%	**26.3%**	28.2%	**28.2%**
↓ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.6%	**10.4%**	6.4%	**11.2%**	7.2%	**7.0%**
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.8%	**11.9%**	7.6%	**12.3%**	8.2%	**10.2%**
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.9%	**21.7%**	17.4%	**22.1%**	22.4%	**20.1%**
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.3%	**66.4%**	75.1%	**65.6%**	69.4%	**69.7%**
↑ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	73.7%	**66.8%**	75.9%	**67.1%**	68.8%	**65.3%**
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	**25.4%**	19.5%	**24.8%**	26.0%	**27.9%**
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	**4.7%**	4.6%	**4.8%**	5.2%	**4.2%**

Ballad Health

Desired Performance

Metric Rate

	Ballad Health		TN Ballad Health		VA Ballad Health	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
CATARACT SURGERY OUTCOME %						
OP31 Cataracts Improvement - voluntary reporting		--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
⬆ **OP29 Avg Risk Polyp Surveillance**	76.1%	**100.0%**	80.8%	**100.0%**	61.0%	**100.0%**
⬆ **OP30 High risk Polyp Surveillance**	77.7%	--	71.8%	--	92.5%	--
HEART ATTACK						
⬆ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	0.97	--	0.98	--	0.97	--
⬇ OP3b Median Time to Transfer AMI --- RETIRED	47.50	--	65.00	--	48.00	--
⬇ OP5 Median Time to ECG AMI and Chest Pain RETIRED	5.22	--	7.10	--	5.60	--
⬆ OP2 Fibrinolytic Therapy 30 minutes -too few cases to report		--	--	--	--	--
STROKE CARE %						
⬆ STK4 Thrombolytic Therapy --RETIRED	83.0%	--	83.0%	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT						
EDV Emergency Department Volume	--	--	--	--	--	--
⬇ **Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	227.29	**263.70**	231.50	**288.00**	214.60	**220.90**
⬇ **ED2b ED Decision to Transport**	69.00	**80.00**	90.00	**89.50**	63.60	**50.00**
⬇ **Median Time from ED Arrival to Departure for Outpatients (18b)**	124.50	**131.50**	124.00	**140.90**	120.00	**126.00**
⬇ OP20 Door to Diagnostic Evaluation RETIRED	15.09	--	--	--	13.20	--
⬇ OP21 Time to pain medicaton for long bone fractures RETIRED	37.84	--	--	--	38.00	--
⬇ **OP22 Left without being seen**	0.9%	**1.8%**	0.9%	**2.2%**	0.8%	**0.8%**
⬆ **OP23 Head CT stroke patients**	84.7%	**62.5%**	89.5%	**50.0%**	75.0%	**78.6%**
PREVENTIVE CARE %						
⬆ IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	97.0%	--	97.0%	--	98.4%	--
⬆ IMM2 Immunization for Influenza -- SEASONAL	97.4%	--	96.9%	--	98.4%	--
BLOOD CLOT PREVENTION / TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
⬇ **VTE6 HAC VTE**	1.5%	**0.0%**	2.0%	**0.0%**	0.0%	**0.0%**
PREGNANCY AND DELIVERY CARE %						
⬇ **PC01 Elective Delivery**	0.56%	**1.49%**	0.00%	**0.00%**	1.67%	**3.57%**
SURGICAL COMPLICATIONS RATE						
⬇ **Hip and Knee Complications**	0.029	**0.023**	0.029	**0.024**	0.029	**0.016**
⬇ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.60	**140.50**	135.72	**152.47**	147.36	**0.00**
⬇ PSI90 Complications / patient safety for selected indicators	0.83	**1.05**	0.92	**1.12**	0.85	**0.93**
READMISSIONS 30 DAYS RATE%						
⬇ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	**15.0%**	12.6%	**15.7%**	12.9%	**7.0%**
⬇ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	**10.4%**	8.9%	**10.4%**	--	--
⬇ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	**19.0%**	17.8%	**19.5%**	18.2%	**17.2%**

Metric Rate

	Ballad Health		TN Ballad Health		VA Ballad Health	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
⬇ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	**3.9%**	3.4%	**3.3%**	3.8%	**7.6%**
⬇ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	**12.2%**	12.3%	**12.1%**	12.0%	**12.8%**
⬇ READM30 STK Stroke 30day readmission rate	9.0%	**9.3%**	9.4%	**9.7%**	9.3%	**3.6%**
⬇ READM30HF Heart Failure 30Day readmissions rate	20.5%	**21.4%**	19.7%	**19.3%**	20.5%	**23.0%**
⬇ READM30PN Pneumonia 30day readmission rate	17.7%	**15.2%**	17.0%	**15.5%**	17.7%	**15.3%**
MORTALITY 30 DAYS DEATH RATE %						
⬇ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	**3.4%**	2.0%	**3.4%**	--	--
⬇ MORT30 COPD 30day mortality rate COPD patients	1.8%	**3.0%**	2.8%	**3.2%**	1.0%	**2.4%**
⬇ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	**6.2%**	7.1%	**6.7%**	3.7%	**0.0%**
⬇ MORT30HF Heart failure 30day mortality rate	3.9%	**3.6%**	5.3%	**3.4%**	3.7%	**5.0%**
⬇ MORT30PN Pneumonia 30day mortality rate	4.7%	**4.8%**	7.2%	**5.4%**	2.6%	**2.6%**
⬇ MORT30STK Stroke 30day mortality rate	8.2%	**8.3%**	10.4%	**8.1%**	6.0%	**9.7%**
USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain - Annual	0.41	--	0.41	--	0.42	--
OP9 Mammography Followup Rates - Annual	0.07	--	0.08	--	0.03	--
OP10 Abdomen CT Use of Contrast Material - Annual	0.06	--	0.07	--	0.04	--
OP11 Thorax CT Use of Contrast Material - Annual	0.01	--	0.01	--	0.01	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.04	--	0.04	--	0.04	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.02	--	0.01	--	0.01	--

Desired Performance

BalladHealth

*includes WPH and NsCH

Desired Performance

Metric Rate	Holston Valley Medical Center		Johnson City Medical Center*		Bristol Regional Medical Center	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
⬇ PSI 3 Pressure Ulcer Rate	0.36	**2.12**	0.07	**0.25**	0.35	**0.40**
⬇ PSI 6 Iatrogenic Pneumothorax Rate	0.51	**0.00**	0.33	**0.18**	0.32	**0.00**
⬇ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate -Retired	0.16	--	0.00	--	0.09	--
⬇ PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	**0.31**	0.09	**0.25**	0.09	**0.00**
⬇ PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	**0.78**	3.60	**0.75**	4.72	**2.48**
⬇ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	**1.34**	1.08	**1.81**	0.97	**2.20**
⬇ PSI 11 Postoperative Respiratory Failure Rate	16.84	**3.58**	11.98	**2.59**	16.50	**10.96**
⬇ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.78	**2.96**	5.90	**2.81**	4.59	**7.18**
⬇ PSI 13 Postoperative Sepsis Rate	5.97	**4.11**	8.30	**3.70**	3.65	**2.35**
⬇ PSI 14 Postoperative Wound Dehiscence Rate	2.56	**0.00**	2.01	**0.00**	2.03	**0.00**
⬇ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.80	**0.00**	0.79	**0.00**	1.22	**0.00**
⬇ CLABSI	0.682	**1.182**	1.080	**1.202**	1.202	**0.000**
⬇ CAUTI	0.938	**0.306**	0.997	**2.294**	0.824	**0.978**
⬇ SSI COLON Surgical Site Infection	1.364	**4.170**	1.911	**4.550**	0.000	**7.690**
⬇ SSI HYST Surgical Site Infection	0.641	**1.610**	2.500	**0.000**	0.000	**0.000**
⬇ MRSA	0.012	**0.098**	0.055	**0.063**	0.056	**0.054**
⬇ CDIFF	0.741	**0.400**	0.531	**0.389**	0.719	**0.271**
General Information-Structural Measures						
YES ACS REGISTRY - Retired	Yes	--	Yes	--	Yes	--
YES SMPART GENSURG General Surgery Registry - Retired	Yes	--	Yes	--	Yes	--
YES SMPART NURSE Nursing Care Registry - Retired	No	--	Yes	--	No	--
YES SMSSCHECK Safe Surgery Checklist	Yes	**Yes**	Yes	**Yes**	Yes	**Yes**
YES OP12 HIT Ability electronically receive lab results	No	**Yes**	Yes	**Yes**	No	**Yes**
YES OP17 Tracking Clinical Results Between Visits	No	**Yes**	Yes	**Yes**	No	**Yes**
YES OP25 Outpatient Safe Surgery Checklist	Yes	**Yes**	Yes	**Yes**	Yes	**Yes**
SURVEY OF PATIENT'S EXPERIENCE						
⬆ HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	**73.4%**	77.0%	**78.3%**	82.0%	**81.7%**
⬇ HCOMP1U P Patients who reported that their nurses "Usually" communicated well	16.0%	**16.5%**	17.0%	**18.2%**	14.0%	**11.4%**
⬇ HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	**10.1%**	6.0%	**3.6%**	4.0%	**6.9%**
⬆ HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	**76.3%**	77.0%	**79.0%**	84.0%	**81.9%**
⬇ HCOMP2U P Patients who reported that their doctors "Usually" communicated well	15.0%	**14.5%**	18.0%	**17.0%**	14.0%	**10.6%**
⬇ HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	**9.2%**	5.0%	**4.4%**	2.0%	**7.5%**
⬆ HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	66.0%	**54.6%**	66.0%	**60.6%**	69.0%	**65.7%**
⬇ HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	26.0%	**27.3%**	25.0%	**27.7%**	23.0%	**22.9%**

BalladHealth

*includes WPH and NsCH

Desired Performance

Metric Rate

	Holston Valley Medical Center		Johnson City Medical Center*		Bristol Regional Medical Center	
	Baseline	**FYTD20**	**Baseline**	**FYTD20**	**Baseline**	**FYTD20**
Quality Target Measures						
↓ HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	8.0%	**18.0%**	9.0%	**11.7%**	8.0%	**11.4%**
↑ HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	73.0%	--	66.0%	--	74.0%	--
↓ HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	21.0%	--	25.0%	--	21.0%	--
↓ HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.0%	--	9.0%	--	5.0%	--
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	**60.8%**	60.0%	**60.1%**	67.0%	**68.0%**
↓ HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	17.0%	**14.1%**	18.0%	**18.4%**	17.0%	**13.5%**
↓ HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	20.0%	**25.1%**	22.0%	**22.0%**	16.0%	**18.5%**
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	**88.4%**	84.0%	**86.0%**	88.0%	**88.0%**
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	13.0%	**11.6%**	16.0%	**14.3%**	12.0%	**12.0%**
↑ HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.0%	**47.8%**	48.0%	**47.3%**	53.0%	**48.8%**
↓ HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.0%	**43.1%**	47.0%	**45.0%**	42.0%	**42.0%**
↓ HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	6.0%	**5.1%**	5.0%	**8.6%**	5.0%	**3.4%**
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	66.0%	**63.8%**	62.0%	**65.0%**	62.0%	**64.9%**
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	21.0%	**18.6%**	24.0%	**21.9%**	22.0%	**18.3%**
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	13.0%	**17.6%**	14.0%	**13.1%**	16.0%	**16.8%**
↑ HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	63.0%	**62.3%**	52.0%	**46.4%**	65.0%	**66.0%**
↓ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	29.0%	**21.0%**	37.0%	**40.6%**	28.0%	**24.8%**
↓ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	8.0%	**16.7%**	11.0%	**13.0%**	7.0%	**9.2%**
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.0%	**14.6%**	10.0%	**16.7%**	7.0%	**10.1%**
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	**25.6%**	24.0%	**20.9%**	16.0%	**24.3%**
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	74.0%	**59.8%**	66.0%	**62.4%**	77.0%	**65.6%**
↑ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	78.0%	**64.9%**	65.0%	**57.9%**	78.0%	**70.2%**
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	19.0%	**24.6%**	29.0%	**31.6%**	19.0%	**23.2%**
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	**5.9%**	6.0%	**6.9%**	3.0%	**4.1%**

BalladHealth

*includes WPH and NsCH

Desired Performance

	Holston Valley Medical Center		Johnson City Medical Center*		Bristol Regional Medical Center	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
CATARACT SURGERY OUTCOME %						
OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
⬆ **OP29 Avg Risk Polyp Surveillance**	--	--	67.0%	--	57.0%	**100.0%**
⬆ **OP30 High risk Polyp Surveillance**	62.0%	--	68.0%	--	46.0%	--
HEART ATTACK						
⬆ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--
⬇ OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--
⬇ OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--
⬆ OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
STROKE CARE %						
⬆ STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT						
EDV Emergency Department Volume	Very High	--	Very High	--	High	--
⬇ **Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	340.00	**501.50**	245.00	**326.30**	255.00	**307.80**
⬇ **ED2b ED Decision to Transport**	186.00	**191.00**	95.00	**105.58**	96.00	**93.00**
⬇ **Median Time from ED Arrival to Departure for Outpatients (18b)**	153.00	**184.00**	152.00	**181.50**	147.00	**174.30**
⬇ OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--
⬇ OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--	--	--
⬇ **OP22 Left without being seen**	1.0%	**2.2%**	1.0%	**1.5%**	1.0%	**4.6%**
⬆ **OP23 Head CT stroke patients**	79.0%	**25.0%**	--	**0.0%**	--	--
PREVENTIVE CARE %						
⬆ IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	92.0%	--	100.0%	--	99.0%	--
⬆ IMM2 Immunization for Influenza -- SEASONAL	95.0%	--	98.0%	--	96.0%	--
BLOOD CLOT PREVENTION / TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
⬇ VTE6 HAC VTE	3.0%	--	0.0%	--	3.0%	--
PREGNANCY AND DELIVERY CARE %						
⬇ PC01 Elective Delivery	0.00%	**0.00%**	0.00%	**0.00%**	0.00%	**0.00%**
SURGICAL COMPLICATIONS RATE						
⬇ Hip and Knee Complications	0.029	**0.026**	0.026	**0.021**	0.026	**0.020**
⬇ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	130.24	**136.36**	153.53	**197.53**	123.34	**157.89**
⬇ PSI90 Complications / patient safety for selected indicators	1.07	**1.44**	0.89	**1.11**	0.81	**1.44**
READMISSIONS 30 DAYS RATE%						
⬇ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	8.5%	**16.1%**	13.5%	**14.4%**	8.9%	**15.5%**
⬇ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.0%	**10.0%**	8.7%	**10.4%**	10.0%	**10.9%**
⬇ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	19.7%	**25.2%**	20.1%	**16.9%**	20.1%	**23.9%**

*includes WPH and NsCH

Desired Performance	Metric Rate	Holston Valley Medical Center		Johnson City Medical Center*		Bristol Regional Medical Center	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
	Quality Target Measures						
⬇	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	4.2%	2.5%	3.0%	2.8%	1.8%	5.1%
⬇	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.7%	11.8%	10.6%	12.3%	13.1%	12.9%
⬇	READM30 STK Stroke 30day readmission rate	14.6%	6.0%	9.4%	11.9%	13.4%	8.4%
⬇	READM30HF Heart Failure 30Day readmissions rate	21.6%	18.1%	22.6%	17.5%	22.6%	25.3%
⬇	READM30PN Pneumonia 30day readmission rate	19.4%	14.6%	18.8%	15.6%	14.7%	14.9%
	MORTALITY 30 DAYS DEATH RATE %						
⬇	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	1.4%	5.7%	1.2%	2.0%	3.3%	2.1%
⬇	MORT30 COPD 30day mortality rate COPD patients	1.4%	3.8%	2.3%	6.3%	0.0%	2.2%
⬇	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	4.2%	4.8%	8.6%	3.8%	6.0%
⬇	MORT30HF Heart failure 30day mortality rate	3.8%	1.4%	4.2%	5.5%	3.7%	3.4%
⬇	MORT30PN Pneumonia 30day mortality rate	2.6%	7.7%	5.1%	7.7%	3.4%	5.0%
⬇	MORT30STK Stroke 30day mortality rate	17.4%	5.6%	7.7%	12.7%	15.0%	1.2%
	USE OF MEDICAL IMAGING OUTPATIENT						
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	0.43	--	0.35	--	0.43	--
	OP9 Mammography Followup Rates - Annual	0.03	--	0.06	--	0.09	--
	OP10 Abdomen CT Use of Contrast Material - Annual	0.14	--	0.05	--	0.04	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.00	--	0.00	--	0.00	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.04	--	0.03	--	0.04	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.01	--	0.03	--	0.01	--

BalladHealth

Desired Performance

Metric Rate

Quality Target Measures	Indian Path Community		Greeneville Community		Franklin Woods Community	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
⬇ PSI 3 Pressure Ulcer Rate	0.16	0.00	0.18	0.00	0.20	0.00
⬇ PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.00	0.38	0.00	0.38	0.00
⬇ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate -Retired	0.14	--	0.15	--	0.15	--
⬇ PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.10	0.00	0.10	0.00
⬇ PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	4.52	0.00	4.37	0.00
⬇ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	1.10	0.00	1.09	0.00
⬇ PSI 11 Postoperative Respiratory Failure Rate	12.36	0.00	8.98	0.00	12.09	0.00
⬇ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.75	0.00	5.06	16.67	3.72	9.52
⬇ PSI 13 Postoperative Sepsis Rate	5.90	0.00	5.43	0.00	6.54	9.26
⬇ PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	2.21	0.00	2.16	0.00
⬇ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00	0.86	0.00	0.85	0.00
⬇ CLABSI	0.000	0.000	0.000	0.000	0.000	0.000
⬇ CAUTI	0.000	0.000	0.000	0.000	0.428	0.000
⬇ SSI COLON Surgical Site Infection	0.000	0.000	1.160	0.000	1.504	4.350
⬇ SSI HYST Surgical Site Infection	7.143	0.000	--	--	0.000	0.000
⬇ MRSA	0.080	0.000	0.000	0.000	0.039	0.160
⬇ CDIFF	0.813	0.000	0.280	0.480	0.259	0.711
General Information-Structural Measures						
YES ACS REGISTRY - Retired	Yes	--	No	--	Yes	--
YES SMPART GENSURG General Surgery Registry - Retired	Yes	--	Yes	--	Yes	--
YES SMPART NURSE Nursing Care Registry - Retired	Yes	--	Yes	--	Yes	--
YES SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes
YES OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes
YES OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes
YES OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes
SURVEY OF PATIENT'S EXPERIENCE						
⬆ HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	75.7%	81.0%	77.2%	84.0%	78.1%
⬇ HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14.0%	18.8%	16.0%	15.3%	13.0%	18.1%
⬇ HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.0%	6.1%	3.0%	8.1%	3.0%	4.1%
⬆ HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	78.9%	85.0%	77.6%	84.0%	81.7%
⬇ HCOMP2U P Patients who reported that their doctors "Usually" communicated well	10.0%	12.8%	13.0%	15.5%	15.0%	10.1%
⬇ HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	5.0%	8.4%	2.0%	6.6%	4.0%	8.4%
⬆ HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	65.0%	56.4%	73.0%	68.3%	72.0%	69.3%
⬇ HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	25.0%	31.4%	22.0%	23.0%	21.0%	21.4%

BalladHealth

Desired Performance	Metric Rate	Indian Path Community		Greeneville Community		Franklin Woods Community	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
	Quality Target Measures						
⬇	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10.0%	**12.2%**	5.0%	**8.7%**	7.0%	**9.2%**
⬆	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	72.0%	--	70.0%	--	76.0%	--
⬇	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	22.0%	--	22.0%	--	19.0%	--
⬇	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.0%	--	8.0%	--	5.0%	--
⬆	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	**55.6%**	61.0%	**53.3%**	68.0%	**67.8%**
⬇	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	18.0%	**16.0%**	20.0%	**21.4%**	16.0%	**16.9%**
⬇	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	19.0%	**28.6%**	19.0%	**25.2%**	16.0%	**15.4%**
⬆	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	**81.7%**	88.0%	**84.4%**	88.0%	**84.3%**
⬇	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	**18.5%**	12.0%	**15.9%**	12.0%	**15.8%**
⬆	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	55.0%	**44.0%**	50.0%	**45.1%**	61.0%	**51.5%**
⬇	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.0%	**44.7%**	45.0%	**41.7%**	34.0%	**35.9%**
⬇	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	5.0%	**12.1%**	5.0%	**13.2%**	5.0%	**4.4%**
⬆	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	74.0%	**79.7%**	70.0%	**64.5%**	83.0%	**76.2%**
⬇	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	16.0%	**15.2%**	18.0%	**18.2%**	13.0%	**15.2%**
⬇	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10.0%	**5.1%**	12.0%	**17.4%**	4.0%	**8.5%**
⬆	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.0%	**60.0%**	63.5%	**61.2%**	74.0%	**74.1%**
⬇	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	28.0%	**30.4%**	30.0%	**26.4%**	22.0%	**22.2%**
⬇	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.0%	**9.6%**	9.0%	**12.4%**	4.0%	**3.7%**
⬇	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	8.0%	**10.2%**	6.0%	**13.6%**	4.0%	**9.8%**
⬇	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	**20.4%**	17.0%	**26.3%**	14.0%	**17.7%**
⬆	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.0%	**69.3%**	77.0%	**60.2%**	82.0%	**72.6%**
⬆	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	78.0%	**67.9%**	76.0%	**61.4%**	85.0%	**78.4%**
⬇	HRECMND PY Patients who reported YES, they would probably recommend the hospital	17.0%	**24.6%**	22.0%	**32.5%**	13.0%	**16.7%**
⬇	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	5.0%	**3.0%**	2.0%	**3.5%**	2.0%	**4.3%**

BalladHealth

Desired Performance

+ Greeneville East and Greeneville West

Metric Rate

		Indian Path Community		Greeneville Community		Franklin Woods Community	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
	Quality Target Measures						
	CATARACT SURGERY OUTCOME %						
	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--
	COLONOSCOPY FOLLOWUP %						
⬆	**OP29 Avg Risk Polyp Surveillance**	--	**100.0%**	86.0%	**100.0%**	78.0%	**100.0%**
⬆	**OP30 High risk Polyp Surveillance**	73.0%	--	89.0%	--	100.0%	--
	HEART ATTACK						
⬆	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--
⬇	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--
⬇	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--
⬆	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
	STROKE CARE %						
⬆	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
	EMERGENCY DEPARTMENT THROUGHPUT						
	EDV Emergency Department Volume	Medium	--	Medium	--	Medium	--
⬇	**Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	220.00	**280.00**	206.00	**302.30**	234.00	**272.80**
⬇	**ED2b ED Decision to Transport**	78.00	**86.00**	48.90	**104.00**	70.00	**80.00**
⬇	**Median Time from ED Arrival to Departure for Outpatients (18b)**	121.00	**148.50**	124.00	**138.40**	130.00	**155.80**
⬇	OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--
⬇	OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--	--	--
⬇	**OP22 Left without being seen**	1.0%	**2.6%**	1.0%	**2.5%**	1.0%	**1.3%**
⬆	**OP23 Head CT stroke patients**	--	**66.7%**	100.0%	**33.3%**	--	**100.0%**
	PREVENTIVE CARE %						
⬆	IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	98.0%	--	99.0%	--	98.0%	--
⬆	IMM2 Immunization for Influenza -- SEASONAL	99.0%	--	96.0%	--	99.0%	--
	BLOOD CLOT PREVENTION / TREATMENT						
	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
⬇	**VTE6 HAC VTE**	--	--	--	**0.0%**	--	--
	PREGNANCY AND DELIVERY CARE %						
⬇	**PC01 Elective Delivery**	0.00%	**0.00%**	0.00%	**0.00%**	0.00%	**0.00%**
	SURGICAL COMPLICATIONS RATE						
⬇	Hip and Knee Complications	0.039	--	0.028	**0.091**	--	--
⬇	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	135.61	**0.00**	135.88	**333.33**	154.45	**0.00**
⬇	PSI90 Complications / patient safety for selected indicators	0.87	**1.15**	1.09	**1.02**	0.82	**0.98**
	READMISSIONS 30 DAYS RATE%						
⬇	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	10.4%	**0.0%**	16.6%	**22.2%**	3.6%	**50.0%**
⬇	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
⬇	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.4%	**12.7%**	19.8%	**20.0%**	10.1%	**7.1%**

Desired Performance

+ Greeneville East and Greeneville West

	Indian Path Community		Greeneville Community		Franklin Woods Community	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.4%	--	3.8%	0.0%	--	--
READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.5%	9.6%	16.3%	13.4%	4.6%	10.5%
READM30 STK Stroke 30day readmission rate	6.2%	0.0%	12.1%	23.1%	0.0%	0.0%
READM30HF Heart Failure 30Day readmissions rate	18.1%	25.0%	24.2%	17.9%	9.7%	27.4%
READM30PN Pneumonia 30day readmission rate	14.8%	15.9%	18.3%	10.0%	16.3%	14.9%
MORTALITY 30 DAYS DEATH RATE %						
MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	2.0%	3.5%	6.9%	0.0%	2.6%	4.5%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	0.0%	14.7%	0.0%	--	0.0%
MORT30HF Heart failure 30day mortality rate	2.2%	9.4%	15.4%	0.0%	2.1%	5.9%
MORT30PN Pneumonia 30day mortality rate	2.0%	6.5%	19.9%	3.1%	2.0%	0.0%
MORT30STK Stroke 30day mortality rate	3.3%	16.7%	14.1%	7.1%	--	0.0%
USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	0.48	--	0.34	--
OP9 Mammography Followup Rates - Annual	0.06	--	0.18	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual	0.08	--	0.07	--	0.13	--
OP11 Thorax CT Use of Contrast Material - Annual	0.00	--	0.03	--	0.00	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.02	--	0.04	--	0.02	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	--	--	0.02	--	--	--

BalladHealth

Desired Performance

Metric Rate

		Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
	Quality Target Measures						
⬇	**PSI 3 Pressure Ulcer Rate**	0.19	**0.00**	0.24	**0.00**	0.23	**0.00**
⬇	**PSI 6 Iatrogenic Pneumothorax Rate**	0.38	**0.00**	0.39	**0.00**	0.39	**0.00**
⬇	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate -Retired	0.00	--	--	--	--	--
⬇	**PSI 8 In Hospital Fall with Hip Fracture Rate**	0.10	**0.00**	0.10	**0.00**	0.10	**0.00**
⬇	**PSI 9 Perioperative Hemorrhage or Hematoma Rate**	4.66	**0.00**	4.75	**--**	0.00	**0.00**
⬇	**PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis**	1.11	**0.00**	--	**--**	--	**0.00**
⬇	**PSI 11 Postoperative Respiratory Failure Rate**	13.37	**0.00**	--	**--**	--	**333.33**
⬇	**PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate**	3.98	**0.00**	4.26	**--**	--	**0.00**
⬇	**PSI 13 Postoperative Sepsis Rate**	6.67	**0.00**	--	**--**	--	**0.00**
⬇	**PSI 14 Postoperative Wound Dehiscence Rate**	--	**0.00**	--	**--**	--	**0.00**
⬇	**PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate**	--	**0.00**	--	**--**	--	**0.00**
⬇	**CLABSI**	0.900	**0.000**	0.000	**0.000**	0.000	**0.000**
⬇	**CAUTI**	0.000	**0.000**	0.000	**0.000**	0.000	**0.000**
⬇	**SSI COLON Surgical Site Infection**	3.226	**0.000**	--	**--**	0.000	**0.000**
⬇	**SSI HYST Surgical Site Infection**	0.000	**0.000**	--	**--**	--	**--**
⬇	**MRSA**	0.067	**0.000**	0.000	**0.000**	0.000	**0.000**
⬇	**CDIFF**	0.604	**0.000**	0.000	**0.000**	0.000	**0.000**
	General Information-Structural Measures						
YES	ACS REGISTRY - Retired	Yes	--	No	--	No	--
YES	SMPART GENSURG General Surgery Registry - Retired	Yes	--	Yes	--	Yes	--
YES	SMPART NURSE Nursing Care Registry - Retired	Yes	--	No	--	No	--
YES	**SMSSCHECK Safe Surgery Checklist**	Yes	**Yes**	Yes	**Yes**	Yes	**Yes**
YES	**OP12 HIT Ability electronically receive lab results**	Yes	**Yes**	Yes	**Yes**	No	**No**
YES	**OP17 Tracking Clinical Results Between Visits**	Yes	**Yes**	Yes	**Yes**	No	**Yes**
YES	**OP25 Outpatient Safe Surgery Checklist**	Yes	**Yes**	Yes	**Yes**	Yes	**Yes**
	SURVEY OF PATIENT'S EXPERIENCE						
⬆	**HCOMP1A P Patients who reported that their nurses "Always" communicated well**	85.0%	**74.9%**	79.0%	**89.3%**	87.0%	**86.7%**
⬇	**HCOMP1U P Patients who reported that their nurses "Usually" communicated well**	12.0%	**17.7%**	18.0%	**4.9%**	11.0%	**8.6%**
⬇	**HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well**	3.0%	**7.4%**	3.0%	**5.9%**	2.0%	**4.7%**
⬆	**HCOMP2A P Patients who reported that their doctors "Always" communicated well**	86.0%	**78.5%**	80.0%	**84.0%**	92.0%	**91.7%**
⬇	**HCOMP2U P Patients who reported that their doctors "Usually" communicated well**	11.0%	**14.0%**	12.0%	**12.3%**	7.0%	**3.3%**
⬇	**HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well**	3.0%	**7.7%**	8.0%	**3.9%**	1.0%	**5.0%**
⬆	**HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted**	82.0%	**72.3%**	71.0%	**76.3%**	78.0%	**84.5%**
⬇	**HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted**	13.0%	**18.3%**	23.0%	**7.9%**	20.0%	**10.3%**

BalladHealth

Desired Performance

Metric Rate

	Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
⬇ HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	5.0%	**9.4%**	6.0%	**15.8%**	2.0%	**5.2%**
⬆ HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	75.0%	--	71.0%	--	81.0%	--
⬇ HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	19.0%	--	25.0%	--	13.0%	--
⬇ HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.0%	--	4.0%	--	6.0%	--
⬆ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	**61.2%**	68.0%	**85.7%**	83.0%	**72.7%**
⬇ HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	14.0%	**17.5%**	12.0%	**8.1%**	10.0%	**6.1%**
⬇ HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	13.0%	**22.0%**	20.0%	**6.8%**	7.0%	**21.2%**
⬆ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	**81.6%**	76.0%	**82.2%**	92.0%	**81.5%**
⬇ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	**19.3%**	24.0%	**18.4%**	8.0%	**18.5%**
⬆ HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	59.0%	**45.6%**	47.0%	**79.4%**	55.0%	**54.5%**
⬇ HCOMP7A Patients who "Agree" they understood their care when they left the hospital	38.0%	**42.7%**	48.0%	**12.4%**	41.0%	**34.8%**
⬇ HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	3.0%	**11.8%**	5.0%	**8.9%**	4.0%	**6.3%**
⬆ HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	82.0%	**77.7%**	72.0%	**88.9%**	86.0%	**92.5%**
⬇ HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	13.0%	**15.1%**	23.0%	**7.4%**	9.0%	**2.5%**
⬇ HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	5.0%	**7.2%**	5.0%	**3.7%**	5.0%	**5.0%**
⬆ HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	73.0%	**68.1%**	68.0%	**76.9%**	74.0%	**85.0%**
⬇ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	23.0%	**23.0%**	23.0%	**15.4%**	21.0%	**12.5%**
⬇ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	4.0%	**8.9%**	9.0%	**7.7%**	5.0%	**2.5%**
⬇ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	4.0%	**8.1%**	12.0%	**11.1%**	5.0%	**5.4%**
⬇ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	17.0%	**18.5%**	21.0%	**3.7%**	21.0%	**8.1%**
⬆ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	79.0%	**73.3%**	67.0%	**85.2%**	74.0%	**86.5%**
⬆ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	78.0%	**67.9%**	62.0%	**85.2%**	76.0%	**85.7%**
⬇ HRECMND PY Patients who reported YES, they would probably recommend the hospital	18.0%	**25.7%**	28.0%	**3.7%**	21.0%	**11.4%**
⬇ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.0%	**3.6%**	10.0%	**3.7%**	3.0%	**0.0%**

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Desired Performance

Metric Rate

Quality Target Measures	Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
CATARACT SURGERY OUTCOME %						
OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
⬆ **OP29 Avg Risk Polyp Surveillance**	100.0%	**100.0%**	0.0%	--	97.0%	--
⬆ **OP30 High risk Polyp Surveillance**	75.0%	--	27.0%	--	95.0%	--
HEART ATTACK						
⬆ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--
⬇ OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--
⬇ OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--
⬆ OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
STROKE CARE %						
⬆ STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT						
EDV Emergency Department Volume	Medium	--	Low	--	Low	--
⬇ **Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	210.00	**207.50**	209.00	**222.50**	175.00	**220.50**
⬇ **ED2b ED Decision to Transport**	69.00	**66.00**	42.90	**51.00**	49.00	**49.00**
⬇ **Median Time from ED Arrival to Departure for Outpatients (18b)**	124.00	**107.00**	119.00	**120.30**	80.00	**97.80**
⬇ OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--
⬇ OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--	--	--
⬇ **OP22 Left without being seen**	1.0%	**0.6%**	1.0%	**0.3%**	0.0%	**1.6%**
⬆ **OP23 Head CT stroke patients**	--	**66.7%**	--	--	--	--
PREVENTIVE CARE %						
⬆ IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	98.0%	--	98.0%	--	98.0%	--
⬆ IMM2 Immunization for Influenza -- SEASONAL	98.0%	--	93.0%	--	97.0%	--
BLOOD CLOT PREVENTION / TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
⬇ VTE6 HAC VTE	--	--	--	--	--	--
PREGNANCY AND DELIVERY CARE %						
⬇ PC01 Elective Delivery	--	--	--	--	--	--
SURGICAL COMPLICATIONS RATE						
⬇ Hip and Knee Complications	0.040	**0.017**	--	--	--	--
⬇ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	125.00	**0.00**	--	--	--	**0.00**
⬇ PSI90 Complications / patient safety for selected indicators	0.87	**1.01**	0.82	**0.99**	0.88	**0.98**
READMISSIONS 30 DAYS RATE%						
⬇ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	17.9%	**40.0%**	--	--	--	**0.0%**
⬇ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
⬇ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	14.6%	**18.1%**	--	**23.5%**	18.6%	**20.0%**

Desired Performance

Metric Rate

Quality Target Measures	Sycamore Shoals Hospital		Unicoi County Hospital		Hawkins County Memorial Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
⬇ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.3%	**5.2%**	--	--	--	--
⬇ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	10.4%	**13.1%**	--	**7.3%**	14.6%	**16.5%**
⬇ READM30 STK Stroke 30day readmission rate	7.2%	**9.1%**	--	--	--	**0.0%**
⬇ READM30HF Heart Failure 30Day readmissions rate	7.2%	**22.7%**	--	**25.0%**	21.1%	**23.1%**
⬇ READM30PN Pneumonia 30day readmission rate	--	**18.6%**	--	**9.1%**	16.8%	**18.2%**
MORTALITY 30 DAYS DEATH RATE %						
⬇ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
⬇ MORT30 COPD 30day mortality rate COPD patients	0.7%	**0.0%**	--	**0.0%**	0.0%	**0.0%**
⬇ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	10.0%	**28.6%**	--	--	--	**0.0%**
⬇ MORT30HF Heart failure 30day mortality rate	3.5%	**2.9%**	--	**0.0%**	0.0%	**0.0%**
⬇ MORT30PN Pneumonia 30day mortality rate	3.8%	**5.6%**	15.2%	**0.0%**	2.6%	**0.0%**
⬇ MORT30STK Stroke 30day mortality rate	0.0%	**0.0%**	--	--	--	**0.0%**
USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual	0.07	--	0.05	--	0.04	--
OP10 Abdomen CT Use of Contrast Material - Annual	0.03	--	0.05	--	0.06	--
OP11 Thorax CT Use of Contrast Material - Annual	0.01	--	0.00	--	0.03	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.00	--	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.01	--	0.01	--	--	--

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Desired Performance

**includes MVRMC

Metric Rate	Johnston Memorial Hospital		Lonesome Pine Hospital**		Norton Community Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
⬇ PSI 3 Pressure Ulcer Rate	0.97	**0.00**	0.21	**0.00**	0.20	**0.00**
⬇ PSI 6 Iatrogenic Pneumothorax Rate	0.34	**0.69**	0.44	**0.00**	0.38	**0.00**
⬇ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate -Retired	0.13	--	0.16	--	0.15	--
⬇ PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	**0.00**	0.10	**0.00**	0.10	**0.00**
⬇ PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	**0.00**	4.69	**0.00**	4.96	**0.00**
⬇ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	**0.00**	1.12	**0.00**	1.10	**0.00**
⬇ PSI 11 Postoperative Respiratory Failure Rate	16.39	**14.08**	10.64	**90.91**	12.33	**0.00**
⬇ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.96	**3.89**	4.14	**0.00**	5.39	**0.00**
⬇ PSI 13 Postoperative Sepsis Rate	6.59	**27.03**	5.82	**0.00**	5.59	**0.00**
⬇ PSI 14 Postoperative Wound Dehiscence Rate	2.10	**0.00**	2.23	**0.00**	2.21	**0.00**
⬇ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.83	**0.00**	0.87	**0.00**	0.87	**0.00**
⬇ CLABSI	0.008	**0.000**	0.000	**0.000**	0.000	**3.185**
⬇ CAUTI	0.000	**0.917**	0.000	**0.000**	0.000	**0.000**
⬇ SSI COLON Surgical Site Infection	0.000	**0.000**	0.000	**--**	0.000	**0.000**
⬇ SSI HYST Surgical Site Infection	0.000	**0.000**	5.556	**0.000**	0.000	**0.000**
⬇ MRSA	0.000	**0.142**	0.000	**0.000**	0.000	**0.000**
⬇ CDIFF	1.052	**0.454**	0.315	**0.000**	0.265	**0.432**
General Information-Structural Measures						
YES ACS REGISTRY - Retired	Yes	--	No	--	Yes	--
YES SMPART GENSURG General Surgery Registry - Retired	Yes	--	Yes	--	Yes	--
YES SMPART NURSE Nursing Care Registry - Retired	No	--	No	--	No	--
YES **SMSSCHECK Safe Surgery Checklist**	Yes	**Yes**	Yes	**Yes**	Yes	**Yes**
YES **OP12 HIT Ability electronically receive lab results**	Yes	**Yes**	No	**Yes**	Yes	**Yes**
YES **OP17 Tracking Clinical Results Between Visits**	Yes	**Yes**	Yes	**No**	Yes	**Yes**
YES **OP25 Outpatient Safe Surgery Checklist**	Yes	**Yes**	No	**No**	Yes	**Yes**
SURVEY OF PATIENT'S EXPERIENCE						
⬆ HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	**76.7%**	83.0%	**89.9%**	82.0%	**79.0%**
⬇ HCOMP1U P Patients who reported that their nurses "Usually" communicated well	17.0%	**17.3%**	12.0%	**6.8%**	14.0%	**17.8%**
⬇ HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	6.0%	**6.6%**	5.0%	**3.4%**	4.0%	**4.1%**
⬆ HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	**73.8%**	82.0%	**89.1%**	85.0%	**80.8%**
⬇ HCOMP2U P Patients who reported that their doctors "Usually" communicated well	14.0%	**21.7%**	13.0%	**7.5%**	11.0%	**16.7%**
⬇ HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	6.0%	**5.2%**	5.0%	**3.4%**	4.0%	**3.1%**
⬆ HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	60.0%	**54.0%**	72.0%	**80.0%**	70.0%	**68.5%**
⬇ HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	27.0%	**30.3%**	20.0%	**15.4%**	22.0%	**22.5%**

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**includes MVRMC

Desired Performance	Quality Target Measures	Johnston Memorial Hospital		Lonesome Pine Hospital**		Norton Community Hospital	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
⬇	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	13.0%	**15.7%**	8.0%	**4.6%**	8.0%	**9.0%**
⬆	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	68.0%	--	75.0%	--	71.0%	--
⬇	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	23.0%	--	18.0%	--	22.0%	--
⬇	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	9.0%	--	7.0%	--	7.0%	--
⬆	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	**61.9%**	71.0%	**76.9%**	66.0%	**55.1%**
⬇	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	16.0%	**20.4%**	13.0%	**17.9%**	14.0%	**12.7%**
⬇	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	23.0%	**18.5%**	16.0%	**5.1%**	20.0%	**32.4%**
⬆	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	**86.9%**	86.0%	**86.7%**	88.0%	**83.3%**
⬇	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	**13.9%**	14.0%	**13.3%**	12.0%	**16.7%**
⬆	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	49.0%	**41.1%**	51.0%	**52.2%**	53.0%	**38.7%**
⬇	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	45.0%	**49.9%**	44.0%	**41.9%**	42.0%	**52.2%**
⬇	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	6.0%	**9.0%**	5.0%	**2.2%**	5.0%	**9.2%**
⬆	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	68.0%	**71.9%**	72.0%	**83.3%**	71.0%	**58.7%**
⬇	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	20.0%	**18.9%**	17.0%	**12.5%**	18.0%	**23.8%**
⬇	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	12.0%	**9.2%**	11.0%	**4.2%**	11.0%	**17.5%**
⬆	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	60.0%	**59.5%**	66.0%	**80.9%**	61.0%	**62.3%**
⬇	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	32.0%	**30.8%**	27.0%	**19.1%**	28.0%	**34.4%**
⬇	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	8.0%	**9.7%**	7.0%	**0.0%**	11.0%	**3.3%**
⬇	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	12.0%	**13.0%**	7.0%	**2.2%**	8.0%	**11.1%**
⬇	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	20.0%	**23.4%**	23.0%	**17.4%**	19.0%	**20.6%**
⬆	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	68.0%	**63.6%**	70.0%	**80.4%**	73.0%	**68.3%**
⬆	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	65.0%	**56.8%**	70.0%	**87.0%**	73.0%	**59.7%**
⬇	HRECMND PY Patients who reported YES, they would probably recommend the hospital	28.0%	**32.8%**	24.0%	**13.0%**	21.0%	**37.1%**
⬇	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	7.0%	**6.0%**	6.0%	**0.0%**	6.0%	**1.6%**

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Desired Performance

**includes MVRMC

Metric Rate

		Johnston Memorial Hospital		Lonesome Pine Hospital**		Norton Community Hospital	
		Baseline	**FYTD20**	**Baseline**	**FYTD20**	**Baseline**	**FYTD20**
	Quality Target Measures						
	CATARACT SURGERY OUTCOME %						
	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--
	COLONOSCOPY FOLLOWUP %						
⬆	**OP29 Avg Risk Polyp Surveillance**	100.0%	--	31.0%	--	13.0%	**100.0%**
⬆	**OP30 High risk Polyp Surveillance**	100.0%	--	70.0%	--	100.0%	--
	HEART ATTACK						
⬆	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	1.00	--	0.95	--	0.94	--
⬇	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--
⬇	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--
⬆	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
	STROKE CARE %						
⬆	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
	EMERGENCY DEPARTMENT THROUGHPUT						
	EDV Emergency Department Volume	High	--	Medium	--	Medium	--
⬇	**Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	272.00	**305.00**	213.00	**249.40**	244.00	**224.00**
⬇	**ED2b ED Decision to Transport**	112.00	**115.00**	53.00	**61.30**	69.00	**50.00**
⬇	**Median Time from ED Arrival to Departure for Outpatients (18b)**	143.00	**189.00**	120.00	**128.90**	154.00	**167.00**
⬇	OP20 Door to Diagnostic Evaluation RETIRED	11.00	--	23.00	--	14.00	--
⬇	OP21 Time to pain medicaton for long bone fractures RETIRED	28.00	--	64.00	--	53.00	--
⬇	**OP22 Left without being seen**	1.0%	**0.7%**	0.0%	**1.4%**	1.0%	**0.7%**
⬆	**OP23 Head CT stroke patients**	75.0%	**100.0%**	--	**0.0%**	--	**71.4%**
	PREVENTIVE CARE %						
⬆	IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	99.0%	--	99.0%	--	97.0%	--
⬆	IMM2 Immunization for Influenza -- SEASONAL	97.0%	--	96.0%	--	99.0%	--
	BLOOD CLOT PREVENTION / TREATMENT						
	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
⬇	**VTE6 HAC VTE**	0.0%	--	--	--	--	**0.0%**
	PREGNANCY AND DELIVERY CARE %						
⬇	PC01 Elective Delivery	0.00%	**0.00%**	5.00%	**12.50%**	0.00%	**0.00%**
	SURGICAL COMPLICATIONS RATE						
⬇	Hip and Knee Complications	0.032	**0.000**	0.000	**0.000**	--	**0.111**
⬇	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	147.36	**0.00**	--	**0.00**	--	**0.00**
⬇	PSI90 Complications / patient safety for selected indicators	0.75	**0.96**	0.89	**0.93**	0.89	**0.83**
	READMISSIONS 30 DAYS RATE%						
⬇	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.1%	**5.3%**	17.2%	--	2.4%	**50.0%**
⬇	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	16.6%	--	--	--	--	--
⬇	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	16.6%	**24.2%**	28.4%	**19.4%**	14.8%	**0.0%**

BalladHealth

**includes MVRMC

Desired Performance

Metric Rate

	Johnston Memorial Hospital		Lonesome Pine Hospital**		Norton Community Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures						
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7.3%	**5.9%**	--	**0.0%**	0.0%	**0.0%**
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	11.5%	**13.0%**	16.5%	**9.7%**	9.2%	**10.9%**
↓ READM30 STK Stroke 30day readmission rate	9.9%	**0.0%**	--	**100.0%**	10.0%	**0.0%**
↓ READM30HF Heart Failure 30Day readmissions rate	16.6%	**29.6%**	32.5%	**10.0%**	20.1%	**23.1%**
↓ READM30PN Pneumonia 30day readmission rate	18.9%	**13.4%**	24.8%	**25.0%**	16.1%	**15.2%**
MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	**--**	--	**--**	--	**--**
↓ MORT30 COPD 30day mortality rate COPD patients	0.7%	**3.1%**	1.2%	**3.1%**	0.7%	**3.3%**
↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.6%	**0.0%**	2.8%	**--**	8.9%	**0.0%**
↓ MORT30HF Heart failure 30day mortality rate	2.3%	**4.8%**	6.1%	**13.3%**	1.4%	**5.4%**
↓ MORT30PN Pneumonia 30day mortality rate	4.2%	**4.3%**	2.1%	**5.0%**	1.6%	**0.0%**
↓ MORT30STK Stroke 30day mortality rate	2.4%	**10.0%**	14.5%	**0.0%**	2.5%	**0.0%**
USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain - Annual	0.35	--	0.48	--	0.43	--
OP9 Mammography Followup Rates - Annual	0.03	--	0.05	--	0.03	--
OP10 Abdomen CT Use of Contrast Material - Annual	0.02	--	0.09	--	0.05	--
OP11 Thorax CT Use of Contrast Material - Annual	0.01	--	0.04	--	0.01	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.05	--	0.06	--	0.03	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.01	--	0.01	--	0.01	--

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Desired Performance

Metric Rate

	Smyth County Community		Russell County Hospital		Hancock County Hospital	
	Baseline	**FYTD20**	**Baseline**	**FYTD20**	**Baseline**	**FYTD20**
Quality Target Measures						
⬇ PSI 3 Pressure Ulcer Rate	0.21	**0.00**	0.24	**0.00**	--	**0.00**
⬇ PSI 6 Iatrogenic Pneumothorax Rate	0.39	**0.00**	0.39	**0.00**	--	**0.00**
⬇ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate -Retired	0.16	--	0.17	--	--	--
⬇ PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	**0.00**	0.10	**0.00**	--	**0.00**
⬇ PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	**0.00**	0.00	**0.00**	--	**--**
⬇ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	**0.00**	--	**0.00**	--	**--**
⬇ PSI 11 Postoperative Respiratory Failure Rate	16.04	**0.00**	--	**0.00**	--	**--**
⬇ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.03	**0.00**	--	**0.00**	--	**--**
⬇ PSI 13 Postoperative Sepsis Rate	5.81	**0.00**	--	**0.00**	--	**--**
⬇ PSI 14 Postoperative Wound Dehiscence Rate	--	**0.00**	--	**0.00**	--	**--**
⬇ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	**0.00**	--	**0.00**	--	**--**
⬇ CLABSI	0.000	**0.000**	0.000	**0.000**	--	**--**
⬇ CAUTI	0.000	**0.000**	0.000	**0.000**	--	**--**
⬇ SSI COLON Surgical Site Infection	16.667	**0.000**	--	**--**	--	**--**
⬇ SSI HYST Surgical Site Infection	0.000	**--**	--	**--**	--	**--**
⬇ MRSA	0.000	**0.000**	0.000	**0.000**	--	**--**
⬇ CDIFF	0.174	**0.000**	0.498	**1.337**	--	**--**
General Information-Structural Measures						
YES ACS REGISTRY - Retired	Yes	--	No	--	No	--
YES SMPART GENSURG General Surgery Registry - Retired	Yes	--	Yes	--	No	--
YES SMPART NURSE Nursing Care Registry - Retired	No	--	No	--	No	--
YES SMSSCHECK Safe Surgery Checklist	Yes	**Yes**	No	**Yes**	--	**No**
YES OP12 HIT Ability electronically receive lab results	Yes	**Yes**	Yes	**Yes**	--	**--**
YES OP17 Tracking Clinical Results Between Visits	Yes	**Yes**	Yes	**Yes**	--	**--**
YES OP25 Outpatient Safe Surgery Checklist	Yes	**Yes**	Yes	**Yes**	--	**--**
SURVEY OF PATIENT'S EXPERIENCE						
⬆ HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	**90.9%**	87.0%	**83.1%**	90.0%	**100.0%**
⬇ HCOMP1U P Patients who reported that their nurses "Usually" communicated well	12.0%	**6.8%**	9.0%	**12.4%**	8.0%	**0.0%**
⬇ HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	**2.7%**	4.0%	**4.9%**	2.0%	**0.0%**
⬆ HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	**88.8%**	89.0%	**82.4%**	92.0%	**88.9%**
⬇ HCOMP2U P Patients who reported that their doctors "Usually" communicated well	9.0%	**9.9%**	8.0%	**11.6%**	6.0%	**11.4%**
⬇ HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	**1.7%**	3.0%	**6.3%**	2.0%	**0.0%**
⬆ HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	76.0%	**76.9%**	78.0%	**84.6%**	95.0%	**83.3%**
⬇ HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	18.0%	**20.9%**	17.0%	**2.6%**	4.0%	**16.7%**

BalladHealth

Desired Performance

Metric Rate

Quality Target Measures	Smyth County Community		Russell County Hospital		Hancock County Hospital	
	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
⬇ HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.0%	2.2%	5.0%	12.8%	1.0%	0.0%
⬆ HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	73.0%	--	79.0%	--	89.0%	--
⬇ HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	22.0%	--	17.0%	--	5.0%	--
⬇ HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	5.0%	--	4.0%	--	6.0%	--
⬆ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	76.2%	73.0%	63.3%	77.0%	50.0%
⬇ HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	16.0%	13.0%	14.0%	7.9%	18.0%	50.0%
⬇ HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	11.0%	11.7%	13.0%	28.8%	5.0%	0.0%
⬆ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	93.7%	86.0%	81.4%	92.0%	100.0%
⬇ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	9.0%	6.9%	14.0%	18.8%	8.0%	0.0%
⬆ HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	61.0%	64.0%	50.0%	47.8%	70.0%	58.3%
⬇ HCOMP7A Patients who "Agree" they understood their care when they left the hospital	37.0%	36.2%	47.0%	40.9%	22.0%	41.7%
⬇ HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	2.0%	0.0%	3.0%	11.5%	8.0%	0.0%
⬆ HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	75.0%	79.7%	76.0%	86.2%	86.0%	85.7%
⬇ HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	8.0%	16.9%	16.0%	6.9%	14.0%	0.0%
⬇ HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	17.0%	3.4%	8.0%	6.9%	0.0%	14.3%
⬆ HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	72.0%	72.9%	64.0%	62.1%	79.0%	100.0%
⬇ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	24.0%	22.0%	30.0%	24.1%	18.0%	0.0%
⬇ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	4.0%	5.1%	6.0%	13.8%	3.0%	0.0%
⬇ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	5.0%	1.7%	9.0%	20.0%	13.0%	0.0%
⬇ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.0%	8.6%	32.0%	26.7%	7.0%	20.0%
⬆ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	77.0%	89.7%	59.0%	53.3%	80.0%	80.0%
⬆ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	75.0%	82.8%	61.0%	58.6%	81.0%	60.0%
⬇ HRECMND PY Patients who reported YES, they would probably recommend the hospital	22.0%	15.5%	35.0%	27.6%	9.0%	40.0%
⬇ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	1.7%	4.0%	10.3%	10.0%	0.0%

BalladHealth

Desired Performance

Metric Rate

		Smyth County Community		Russell County Hospital		Hancock County Hospital	
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20
	Quality Target Measures						
	CATARACT SURGERY OUTCOME %						
	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--
	COLONOSCOPY FOLLOWUP %						
⬆	**OP29 Avg Risk Polyp Surveillance**	100.0%	**100.0%**	0.0%	--	--	--
⬆	**OP30 High risk Polyp Surveillance**	100.0%	--	--	--	0.0%	--
	HEART ATTACK						
⬆	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	0.99	--	0.99	--	--	--
⬇	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--
⬇	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--
⬆	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
	STROKE CARE %						
⬆	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
	EMERGENCY DEPARTMENT THROUGHPUT						
	EDV Emergency Department Volume	Low	--	Low	--	Medium	--
⬇	**Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	176.00	**194.00**	168.00	**171.30**	--	--
⬇	**ED2b ED Decision to Transport**	40.00	**37.00**	39.09	**37.50**	--	--
⬇	**Median Time from ED Arrival to Departure for Outpatients (18b)**	97.00	**101.50**	90.00	**81.80**	--	96.00
⬇	OP20 Door to Diagnostic Evaluation RETIRED	11.00	--	7.00	--	--	--
⬇	OP21 Time to pain medicaton for long bone fractures RETIRED	25.00	--	20.00	--	--	--
⬇	**OP22 Left without being seen**	1.0%	**0.3%**	1.0%	**0.8%**	1.0%	**1.4%**
⬆	**OP23 Head CT stroke patients**	--	--	--	**100.0%**	--	--
	PREVENTIVE CARE %						
⬆	IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	99.0%	--	98.0%	--	100.0%	--
⬆	IMM2 Immunization for Influenza -- SEASONAL	100.0%	--	100.0%	--	--	--
	BLOOD CLOT PREVENTION / TREATMENT						
	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
⬇	VTE6 HAC VTE	--	--	--	--	--	--
	PREGNANCY AND DELIVERY CARE %						
⬇	PC01 Elective Delivery	--	--	--	--	--	--
	SURGICAL COMPLICATIONS RATE						
⬇	Hip and Knee Complications	0.034	**0.000**	--	--	--	--
⬇	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	**0.00**	--	--	--	--
⬇	PSI90 Complications / patient safety for selected indicators	0.83	**0.95**	0.89	**0.97**	1.00	--
	READMISSIONS 30 DAYS RATE%						
⬇	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	17.9%	**0.0%**	--	**0.0%**	--	--
⬇	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
⬇	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	12.0%	**20.0%**	17.6%	**15.4%**	--	0.0%

Desired Performance

Metric Rate	Smyth County Community		Russell County Hospital		Hancock County Hospital	
	Baseline	**FYTD20**	**Baseline**	**FYTD20**	**Baseline**	**FYTD20**
Quality Target Measures						
⬇ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	12.0%	**12.1%**	--	**--**	--	**--**
⬇ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.7%	**16.4%**	15.0%	**15.1%**	15.6%	**18.2%**
⬇ READM30 STK Stroke 30day readmission rate	11.8%	**0.0%**	--	**--**	--	**--**
⬇ READM30HF Heart Failure 30Day readmissions rate	18.8%	**12.5%**	19.0%	**21.4%**	--	**--**
⬇ READM30PN Pneumonia 30day readmission rate	16.3%	**22.7%**	18.7%	**16.7%**	17.0%	**25.0%**
MORTALITY 30 DAYS DEATH RATE %						
⬇ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	**--**	--	**--**	--	**--**
⬇ MORT30 COPD 30day mortality rate COPD patients	1.5%	**0.0%**	0.9%	**0.0%**	--	**0.0%**
⬇ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.0%	**0.0%**	--	**0.0%**	--	**--**
⬇ MORT30HF Heart failure 30day mortality rate	5.5%	**0.0%**	3.4%	**0.0%**	--	**--**
⬇ MORT30PN Pneumonia 30day mortality rate	2.8%	**0.0%**	2.1%	**0.0%**	16.9%	**0.0%**
⬇ MORT30STK Stroke 30day mortality rate	4.5%	**33.3%**	--	**--**	--	**--**
USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual	0.04	--	0.01	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual	0.01	--	0.03	--	--	--
OP11 Thorax CT Use of Contrast Material - Annual	0.00	--	0.01	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.04	--	0.04	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.00	--	--	--	--	--

BalladHealth

Desired Performance

Metric Rate

		Johnson County Community		Dickenson Community	
		Baseline	**FYTD20**	**Baseline**	**FYTD20**
	Quality Target Measures				
⬇	PSI 3 Pressure Ulcer Rate	--	--	--	0.00
⬇	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	--	0.00
⬇	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate -Retired	--	--	--	--
⬇	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	--	0.00
⬇	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--	--	--
⬇	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--
⬇	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--
⬇	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--
⬇	PSI 13 Postoperative Sepsis Rate	--	--	--	--
⬇	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--
⬇	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--
⬇	CLABSI	--	--	--	--
⬇	CAUTI	--	--	--	--
⬇	SSI COLON Surgical Site Infection	--	--	--	--
⬇	SSI HYST Surgical Site Infection	--	--	--	--
⬇	MRSA	--	--	--	--
⬇	CDIFF	--	--	--	--
	General Information-Structural Measures				
YES	ACS REGISTRY - Retired	--	--	No	--
YES	SMPART GENSURG General Surgery Registry - Retired	--	--	Yes	--
YES	SMPART NURSE Nursing Care Registry - Retired	--	--	No	--
YES	SMSSCHECK Safe Surgery Checklist	Yes	--	--	Yes
YES	OP12 HIT Ability electronically receive lab results	--	--	--	--
YES	OP17 Tracking Clinical Results Between Visits	Yes	--	--	--
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	--	--
	SURVEY OF PATIENT'S EXPERIENCE				
⬆	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	--	--	100.0%
⬇	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	--	--	--	0.0%
⬇	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	--	--	--	0.0%
⬆	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	--	--	100.0%
⬇	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	--	--	--	0.0%
⬇	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	--	--	--	0.0%
⬆	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	--	--	--	100.0%
⬇	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	--	--	--	0.0%

BalladHealth

Desired Performance

	Johnson County Community		Dickenson Community	
Metric Rate	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures				
⬇ HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	--	--	--	0.0%
⬆ HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	--	--	--	--
⬇ HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	--	--	--	--
⬇ HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	--	--	--	--
⬆ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	--	--	100.0%
⬇ HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	--	--	--	0.0%
⬇ HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	--	--	--	0.0%
⬆ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	--	--	100.0%
⬇ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	--	--	--	0.0%
⬆ HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	60.0%
⬇ HCOMP7A Patients who "Agree" they understood their care when they left the hospital	--	--	--	40.0%
⬇ HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	--	--	--	0.0%
⬆ HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	--	--	--	100.0%
⬇ HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	--	--	--	0.0%
⬇ HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	--	--	--	0.0%
⬆ HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	--	--	--	50.0%
⬇ HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	--	--	--	50.0%
⬇ HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	--	--	--	0.0%
⬇ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	--	--	--	0.0%
⬇ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	--	--	--	0.0%
⬆ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	--	--	--	100.0%
⬆ HRECMND DY Patients who reported YES, they would definitely recommend the hospital	--	--	--	100.0%
⬇ HRECMND PY Patients who reported YES, they would probably recommend the hospital	--	--	--	0.0%
⬇ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	--	--	--	0.0%

Desired Performance

Metric Rate

Quality Target Measures	Johnson County Community		Dickenson Community	
	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures				
CATARACT SURGERY OUTCOME %				
OP31 Cataracts Improvement - voluntary reporting	--	--	--	--
COLONOSCOPY FOLLOWUP %				
⬆ **OP29 Avg Risk Polyp Surveillance**	--	--	--	--
⬆ **OP30 High risk Polyp Surveillance**	0.0%	--	--	--
HEART ATTACK				
⬆ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--
⬇ OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--
⬇ OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--
⬆ OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--
STROKE CARE %				
⬆ STK4 Thrombolytic Therapy --RETIRED	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT				
EDV Emergency Department Volume	Low	--	Low	--
⬇ **Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	--	--	160.00
⬇ **ED2b ED Decision to Transport**	--	84.00	--	34.00
⬇ **Median Time from ED Arrival to Departure for Outpatients (18b)**	89.00	81.00	--	114.00
⬇ OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--
⬇ OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--
⬇ **OP22 Left without being seen**	1.0%	0.9%	1.0%	0.8%
⬆ **OP23 Head CT stroke patients**	--	--	--	66.7%
PREVENTIVE CARE %				
⬆ IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	100.0%	--	--	--
⬆ IMM2 Immunization for Influenza -- SEASONAL	--	--	--	--
BLOOD CLOT PREVENTION / TREATMENT				
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--
⬇ VTE6 HAC VTE	--	--	--	--
PREGNANCY AND DELIVERY CARE %				
⬇ PC01 Elective Delivery	--	--	--	--
SURGICAL COMPLICATIONS RATE				
⬇ Hip and Knee Complications	--	--	--	--
⬇ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	--	--	--
⬇ PSI90 Complications / patient safety for selected indicators	1.00	--	--	--
READMISSIONS 30 DAYS RATE%				
⬇ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	--	--	--	--
⬇ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--
⬇ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	--	--	--	0.0%

Desired Performance

Metric Rate	Johnson County Community		Dickenson Community	
	Baseline	FYTD20	Baseline	FYTD20
Quality Target Measures				
⬇ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	--
⬇ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	--	0.0%	--	0.0%
⬇ READM30 STK Stroke 30day readmission rate	--	--	--	--
⬇ READM30HF Heart Failure 30Day readmissions rate	--	--	--	--
⬇ READM30PN Pneumonia 30day readmission rate	--	--	--	0.0%
MORTALITY 30 DAYS DEATH RATE %				
⬇ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--
⬇ MORT30 COPD 30day mortality rate COPD patients	--	--	--	0.0%
⬇ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	--	--	--
⬇ MORT30HF Heart failure 30day mortality rate	--	--	--	--
⬇ MORT30PN Pneumonia 30day mortality rate	--	--	--	0.0%
⬇ MORT30STK Stroke 30day mortality rate	--	--	--	--
USE OF MEDICAL IMAGING OUTPATIENT				
OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	--
OP9 Mammography Followup Rates - Annual	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual	--	--	--	--
OP11 Thorax CT Use of Contrast Material - Annual	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	--	--	--	--