

Ballad Health Quarterly Report

Reporting Period:
October 1 – December 31, 2018

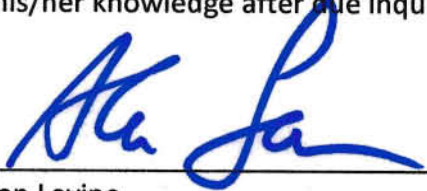
Quarterly Report for FY19 2nd Quarter

Covering 10/01/2018 – 12/31/2018 (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 State Health Alliance Approved on September 19, 2017 and Issued on January 31, 2018 (TOC) and the Virginia Order and Letter Authorizing a Cooperative Agreement dated October 30, 2017 (CA).

CERTIFICATION OF COMPLIANCE WITH THE TOC AND THE CA

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



Alan Levine
Executive Chairman
Chief Executive Officer
Ballad Health

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QUARTERLY REPORT

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

2. **Description of Process.** In compiling the information and materials for this Quarterly Report, the Ballad Health COPA Compliance Office (CCO) 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 to the completion of those submissions.

Table A

ITEM	STATUS	PURSUANT TO TOC AND CA
Monthly Quality Priority Metrics	Submitted on 10/31	CA Condition 12
CMS Notification - HVMC	Submitted on 11/5	TOC 4.02(a)(i)(B) CA Condition 13
Ballad Health Annual Report, FY18	Submitted on 11/15	TOC 6.04(b) Letter from Commissioner Levine dated 1/12/18
COPA Compliance Office Annual Report, FY18	Submitted on 11/15	TOC Exhibit F
CMS Notification - JMH	Submitted on 11/19	TOC 4.02(a)(i)(B) CA Condition 13
Ballad Health Quarterly Report, FY19FQ1	Submitted on 11/20	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY19FQ1	Submitted on 11/20	TOC Exhibit F
Monthly Quality Priority Metrics	Submitted on 11/28	CA Condition 12
Draft HIE Plan	Submitted on 11/29	Condition 8
Draft HR/GME Plan	Submitted on 11/29	Conditions 24 & 25

Table A, continued

Monthly Quality Priority Metrics	Submitted on 12/26	Condition 12
Revised Monthly Quality Priority Metrics	Submitted on 12/28	Condition 12

4. Pursuant to § 6.04 of the TOC and Condition 40 of the CA, Ballad Health is pleased to report as follows (using the outline of requirements on Exhibit G):
- A. Any revisions to Charity Care Policy – TOC:4.03(e)/CA:14 and 39:
 - Ballad Health and the consultants for the state are finalizing changes to the Financial Assistance Policy, with the most recent proposed draft attached as Attachment 2
 - 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 3
 - 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 4
 - Statements of Income, Attachment 5
 - Statement of Cash Flow, Attachment 6
 - 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 7
 - E. Quality Metrics reported to CMS – TOC: Exhibit G/CA:12
 - Quality Priority Metrics Attachment 8
 - Quality Measures by Facility Attachment 9
 - F. Status of any outstanding Cures, Corrective Actions, or other remedial actions – TOC: Exhibit G/CA:17
 - Ballad Health discovered a non-compliance in regards to section 5.04(a) of the TOC and Condition 5 of the CA, Competing Services. Pursuant to TOC 6.04(d)(ii) and CA Condition 17, Ballad Health notified the Departments within the required time frame of discovery. As required in Janet Kleinfelter’s letter of response, dated December 21, 2018, Ballad Health provided the COPA Monitor the complete and fully updated list of

Ancillary and Post-Acute Services before December 31, 2018. Additionally, Ballad Health was asked to provide copies of the new patient packets to the COPA Monitor as soon as the materials have been printed and made available for distribution. Ballad Health's Office of Revenue Cycle has confirmed that the correct lists are currently available for patient distribution. Discussions regarding the form of notice to patients are continuing with the COPA Monitor.

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:

- The COPA Compliance Office received a complaint regarding collection efforts for services provided to patients who are insured by an out-of-network Payor. The complaint identified a non-compliance issue with the provisions of Addendum 1 Part XII(f) of the TOC regarding collection efforts from Payors of a never in-network party. Ballad Health is having a discussion with the state regarding the requirements for billing never-in-network Payors and patients and is working on a remediation process. In the meantime, all collection efforts of the patient accounts identified in the complaint have been suspended.
- During this Reporting Period, discussions have continued with the state regarding the application of the 35% rule. Ballad Health utilized employed CVT surgeons to provide call coverage at BRMC and vascular surgeons at JCMC. This was deemed necessary to provide the required care for Ballad Health patients.

H. Closures/Opening:

- Plans: Update on plans to close or open any Service Lines or facilities.
 - During the Reporting Period, Ballad Health leadership discussed plans to consolidate services in Greene County, pursuant to section 4.03(b)(iii) of the TOC, with notification to be given to the state in January for an effective date of April 1, 2019.
- Progress: Update on the status of any closures or openings of facilities or Service Lines.
 - Surgical Service Line Alignment: As reported in the previous quarterly report, Ballad Health planned to consolidate Orthopedic and Neurosurgical surgery services at IPCH and HVMC during the second quarter of FY19. Effective December 31, 2018, the Orthopedic and Neurosurgical service lines at IPCH were moved to HVMC which had ample capacity to accommodate the volume. Emergency Medical Services agencies and the public at large were notified prior to the relocation of these services.

ATTACHMENT 1

QUARTERLY REPORT CONTENTS

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

TOC, Exhibit G, Page 3

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

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

CA, Condition 40

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

ATTACHMENT 2

FINANCIAL ASSISTANCE POLICY

POLICY NUMBER: PFS-400-003-BH

Folder:	Administration/Operational	Effective Date:	DATE OF THIS VERSION
		Previous Version Date:	February 2018
Sub Folder:	Patient Financial Services – Policies	Last Reviewed/Revised:	January 14, 2019

FINANCIAL ASSISTANCE POLICY – BALLAD HEALTH

I. PURPOSE:

This Financial Assistance Policy (FAP) outlined herein is intended to address the dual interests of providing access to care to those without the ability to pay and to offer a discount from billed charges for those who are able to pay a portion of the cost of their care. Upon adoption by the Ballad Health (BH) Board of Directors, acting in its capacity as the governing body for each Covered Entity, the policy set forth herein will constitute the official financial assistance policy (within the meaning of Section 501(r) of the Internal Revenue Code) for each such Covered Entity.

II. SCOPE:

Applies to each Hospital, Physician Clinic, or other healthcare provider delivering Covered Services in each facility wholly or majority owned and operated by BH from time to time and covered by this FAP (each, a “Covered Entity”). Exhibit B attached lists all such providers as of February 1, 2018. This list shall be maintained, updated at least quarterly, and made available to the public as required by law.

III. FACILITIES/ENTITIES:

Ballad Health Corporate

Tennessee: Bristol Regional Medical Center (BRMC), FWCH, HCH, HCMH, HVMC, IPMC, JCCH, JCMC, LMH, SSH, TRH, UCMH, WPH, Niswonger Children’s Hospital, New Leaf, Madison House, Unicoi County Nursing Home, Wexford House

Virginia: DCH, JMH, LPH, MVRMC, NCH, RCMC, SCCH, Clearview Psychiatric Unit, Francis Marion Manor Health & Rehabilitation, Green Oak Behavioral Health (Geriatric Behavioral Health Inpatient Program – DCH), Norton Community Physicians Services (NCPS), Community Home Care (CHC), Abingdon Physician Partners (APP)

Blue Ridge Medical Management Corporation (BRMMC)

Holston Valley Imaging Center

Sleep Services

Wellmont Cardiology Services

Wellmont Medical Associates

WPS Providers, Inc.

IV. **DEFINITIONS:**

- A. **Amounts Generally Billed (AGB)** means the Usual and Customary Charges for Covered Services provided to Uninsured or Underinsured Patients multiplied by the Applicable AGB Percentage for such services.
- B. **Application Period** means period of time a patient has to submit a completed Application for Financial Assistance. Patients are given the opportunity to apply for financial assistance up to two hundred forty (240) days from the date of the first post-discharge billing statement.
- C. **CMS** means the Center for Medicare and Medicaid Services.
- D. **Credit and Collection Policy** means the BH Policy entitled: "Credit and Collection Policy – Patient Accounts – Ballad Health", as the same may be amended from time to time.
- E. **Covered Providers** means those physicians and other non-Hospital individuals, if any, whose Emergent and other Medically Necessary services are covered by the FAP.
- F. **Covered Services** means those inpatient and outpatient services provided by a Covered Entity which are Medically Necessary in accordance with the standards of BH's Medicare fiscal intermediary, Medicaid regulations, and/or payor contracts.
- G. **Emergent Condition** means a medical condition of a patient that has resulted from the sudden onset of a health condition with acute symptoms which, in the absence of immediate medical attention, are reasonably likely to place the patient's health in serious jeopardy, result in serious impairment to bodily functions, or result in serious dysfunction of any bodily organ or part as outlined in "Emergency Medical Conditions" per Section 1867 of the Social Security Act (42 U.S.C. 1395dd).
- H. **Emergent Services** means the services necessary and appropriate to treat an Emergent Condition.
- I. **FAP-Eligible Individual** means an Uninsured, Underinsured or Insured Patient who may be eligible for financial assistance under this Policy without regard to whether the individual has applied for financial assistance.
- J. **Federal Poverty Guidelines** means minimum income requirements published annually by the U.S. Department of Health and Human Services and in effect at the date(s) of service for which financial assistance may be available.
- K. **Hospital** means each hospital owned or operated by BH at which the BH Board of Directors has governing body authority over the operations of such hospital.
- L. **Applicable AGB Percentage** means (1) until the first full fiscal year in which BH has a single charge master list for all Hospitals, (a) for each former WHS Hospital, the lowest Hospital-Specific AGB Percentage computed at any former WHS Hospital, and (b) for each former MSHA Hospital, the lowest Hospital-Specific AGB Percentage computed for any former MSHA Hospital; and (2) thereafter, the lowest Hospital-Specific AGB Percentage for any Hospital. See attached Exhibit A for an illustration of the application of these amounts for the

period October 1, 2017 – September 30, 2018. The Applicable AGB Percentage will be updated on an annual basis.

- M. **Household Income** means family income as determined by using the Census Bureau definition (a group of two or more people who reside together and who are related by birth, marriage, or adoption) in computing income.
- N. **Relevant Period** means each 12-month period ending on June 30th and calculated based on claims paid during the same 12-month period.
- O. **Medicaid** means all State and Federal programs which include (but are not limited to) Medicaid and TennCare.
- P. **Medically Necessary** means those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be Medically Necessary taking into account the most appropriate level of care. In order to be Medically Necessary, a service must:
 - 1. Be required to treat an illness or injury;
 - 2. Be consistent with the diagnosis and treatment of the Patient's conditions;
 - 3. Be in accordance with the standards of good medical practice;
 - 4. Not be for the convenience of the Patient or the Patient's physician; and
 - 5. Be that level of care most appropriate for the Patient as determined by the Patient's medical condition and not the Patient's financial situation.

Emergent Services are deemed to be Medically Necessary.

CMS also defines all Medically Unnecessary services in 42 CFR §411.15, "Particular services excluded from coverage", which are not included in the definition of Medically Necessary Services.
- Q. **Physician Clinic** means any physician clinic owned, operated, or managed by BH.
- R. **Insured Patient** mean a patient who has health insurance coverage for the applicable services provided to them.
- S. **Uninsured Patient** means a patient without the benefit of health insurance or government programs that may be billed for Covered Services or physician services provided to them, and who is not otherwise excluded from this policy.
- T. **Underinsured Patient** means any patient enrolled in a health plan that does not meet the "Minimum Essential Coverage" standard as defined under the Affordable Care Act in existence as of July 1, 2017 or a patient with some level of governmental or commercial insurance, but the portion of the charges the insured patient is personally responsible for, i.e. co-pays, co-insurance, and deductibles exceeds their financial ability to pay in full. Non-covered services are not included.
- U. **Usual and Customary Charges** means the rates for Covered Services set forth in the charge master for the applicable Covered Entity at the time the Covered Services are rendered.

V. POLICY:

A. Overview

1. Ballad Health has a strong mission to meet the medical needs of the communities it serves.
2. Ballad Health is dedicated to providing quality healthcare to all patients regardless of age, sex, sexual orientation, race, religion, national origin, or ability to pay.
3. FAP-Eligible Individuals having annual household income below 225% of the Federal Poverty Guidelines will be eligible for 100% financial assistance, unless their Asset Value exceeds minimum of \$5,000.00.
4. FAP-Eligible Individuals having annual household income between 225% and 450% of the Federal Poverty Guidelines (taking into account family size according to the US Census Bureau and the number of dependents (per IRS rules) may be eligible for a partial discount, based on a sliding scale of income, on AGB charges.
5. For the purposes of determining eligibility, the patient's equity in the following assets ("Asset Value") will be considered:
 - a. Savings and Checking Accounts
 - b. CDs, Stocks and Bonds not contained in a pension account
 - c. Total Property Value above the median value in patient's city or county of residence
 - d. Car value of excess car(s) if number of cars exceeds the number of adults in the household
6. In no case in items 3 and 4 above will the required payment exceed the greater of 25% of Asset Value or 15% of annual household income.
7. The FAP applies to all Emergent Services and Medically Necessary Services.

B. Other Considerations:

1. All Patients seeking financial assistance must submit an Application for Financial Assistance (AFA) and present documents in support of the information on the AFA, unless excluded per V.I. below.
2. Eligibility will be determined based upon review of AFA, required documentation, and asset verification.
3. Applicants will be notified of the determination in writing.
4. Unique financial circumstances may be weighed and appropriately assessed on a case-by-case basis.
5. Financial assistance determinations may be retroactive for all outstanding balances.

6. Any payments made to an account within 240 days after the first billing statement will be refunded if the patient qualifies for financial assistance during application period.
7. Financial assistance may be offered in accordance with, but is not limited to, the following:
 - a. Lactation Consultation Services – effective for duration of breastfeeding
 - b. Oncology Treatment Regimens
 - c. Enrollment in Community Programs such as, but not limited to, Appalachian Mountain Project Access, Friends in Need, Rural Health Consortium, Providence Clinic, Healing Hands
 - d. Grants from the Tennessee Department of Mental Health
 - e. Prescription Drugs filled post-discharge, refer to Infusion and Oral Drugs for Charity – BH Pharmacy policy
8. BH shall endeavor to take into account all applicable financial assistance factors in this FAP in order for the patient to receive the most charity available. In no event shall payments for Covered Services required of an FAP-Eligible Individual exceed the lesser of applicable state law or AGB.

C. Exclusions/Special Circumstances

1. This policy does not apply to elective procedures except on a case-by-case basis as may be determined in the sole discretion of BH.
2. Prior to the procedure, implant cases may be pre-screened for financial assistance.

D. Covered and Non-Covered Providers

1. A list of providers covered or not covered by this policy is maintained in BH's Provider Participation List (Refer to Exhibit B).
2. The Provider Participation List will be updated quarterly, at a minimum.
3. The Provider Participation List will be provided free of charge.

E. Reservation of Right to Seek Reimbursement of Charges from Third Parties

1. In the event an insurance, government, or third party payor is liable for any portion of the bill, BH will seek full reimbursement from the payor for all charges incurred by the patient at the Usual and Customary Charges despite any financial assistance granted pursuant to this policy.

F. Methods for Applying for Financial Assistance Eligibility

1. Patients may apply for Financial Assistance by:
 - a. Advising Patient Financial Services staff at registration
 - b. Downloading the AFA from the BH website and mailing the AFA and supporting documentation to the address on the form

- c. Requesting an application by phone (423) 262-1379
- d. Any method specified in the Credit and Collection policy

G. Documentation for Application for Financial Assistance

1. In order to apply for financial assistance, the following documents are required:
 - a. Application for Financial Assistance
 - b. Current and prior two (2) months of household income
 - c. Current and previous Federal Income Tax Return
 - d. Most current bank statements (checking, savings, health savings)
 - e. Food stamp certification letter, if applicable
 - f. Medicaid approval or denial letter, if applicable
 - g. Verification of monthly expenses (housing, medical, and any other basic essential needs), if applicable
 - h. Declaration of income/supporter statement, if applicable

H. Presumptive Eligibility

1. Ballad Health may determine some FAP-eligible individuals meet criteria for financial assistance based on previously approved financial assistance or information other than that directly provided by the individuals. Such information obtained from a third party, i.e., credit agencies, Social Security Administration, can be used to establish income and family size. This information will be compared to eligibility criteria to determine verification. If the FAP-Eligible Individual is approved based on the information obtained, the individual will be treated as eligible for financial assistance for all services from the effective date of the determination.

I. Patients Qualifying for Financial Assistance without Documentation

1. Medicaid Eligible Patients will qualify for 100% financial assistance and not be required to complete the required documentation under V (G) when the following criteria apply:
 - a. Medicaid eligibility requirements are met after the service is provided
 - b. Non-covered charges occur on a Medicaid eligible encounter
 - c. Benefits have been exhausted
2. Deceased patients with no estate will qualify for 100% financial assistance

J. Refunds

1. If an FAP-Eligible Individual previously paid for services and subsequently qualifies for financial assistance, any amounts paid in excess of amounts due per the FAP will be refunded to FAP-Eligible Individual provided the dollar amount meets the minimum dollar requirement for refunds.

K. Credit and Collection Policy

1. Patients not eligible for financial assistance are required to pay their portion of the bill in full.
2. BH reserves the right to pursue generally acceptable collection efforts to recover payment.
3. Accounts for services for patients who are able, but unwilling, to pay are considered uncollectible bad debts. These accounts will be referred to collection agencies for payment in accordance with the Credit and Collection Policy.
4. The unpaid discounted balances of patients qualifying for financial assistance are considered uncollectible bad debts and will be referred to collection agencies for payment in accordance with the Credit and Collection Policy.
5. BH gives patients the opportunity to apply for financial assistance prior to taking any extraordinary collection actions requiring legal or judicial process, selling the patient's debt to another party, or reporting lack of payment to credit agencies. BH will comply with informational requirements notifying the patient at least 30 days prior to taking any extraordinary collection action.

Refer to Ballad Health's Credit and Collection Policy for comprehensive information regarding billing and collections procedures.

Ballad Health's Credit and Collection Policy may be found on the BH website or obtained free of charge by contacting Patient Financial Services (423) 431-1700.

L. Monitoring of Programs

1. Reimbursement and Patient Financial Services departments are responsible for monitoring and ensuring reasonable efforts are made to determine if patients are eligible for financial assistance.

M. Publication of the Policy and Other Required Documentation

1. "Plain Language Summary" notifying patients of available financial assistance will be maintained and updated based upon any modifications to the information contained therein.

The Plain Language Summary is attached.

The Plain Language Summary will provide the required information per IRS 501(r) in language that is clear, concise, and easy to understand.

2. Electronic copies of the Financial Assistance Policy and forms contained in the below links and Exhibits are available upon request. This information is subject to periodic updates based on modifications to the information contained therein.

N. Dissemination of Information, Advertising, and Posters:

1. The various educational and application documents related to obtaining financial assistance are widely available at each Covered Entity facility.

2. All documents are available on the BH website and printed copies are made available free of charge.
3. The Financial Assistance Policy and documents are available in Ballad Health's Emergency Departments and admitting areas to attract attention to and inform patients of their financial assistance options.
4. The following documents are available on request, in person, by mail, or by the website link offered below.

www.balladhealth.com/patients-and-visitors/application-for-financial-assistance

Financial Assistance Policy (FAP) (Spanish)

Plain Language Summary (English)

Plain Language Summary (Spanish)

Application for Financial Assistance (English)

Application for Financial Assistance (Spanish)

Infusion and Oral Drugs for Charity - Mountain States Pharmacy (English)

Infusion and Oral Drugs for Charity - Mountain States Pharmacy (Spanish)

Federal Poverty Guidelines

Credit and Collection Policy - Patient Accounts - Ballad Health

LINKS:

Credit and Collection Policy - Patient Accounts - Ballad Health ADM-400-018-BH

Exhibit A - Limitation of Charges / Calculation of Amounts Generally Billed (AGB)

Exhibit B - Provider Participation List

Infusion and Oral Drugs for Charity - Mountain States Pharmacy MSOP-400-001

Plain Language Summary (English)

Executive Chair/President Chief Executive Officer
Ballad Health

Date

ATTACHMENT 3

POPULATION HEALTH AND SOCIAL RESPONSIBILITY COMMITTEE MEETING SUMMARY

BALLAD HEALTH COMMUNITY BENEFIT & POPULATION HEALTH COMMITTEE
EXECUTIVE SUMMARY FROM UNAPPROVED MINUTES
 BALLAD HEALTH EXECUTIVE BOARDROOM
 December 13, 2018

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

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

TOPIC	DISCUSSION	ACTION/APPROVAL
CALL TO ORDER	The meeting was called to order at 4:08 pm.	Dr. Doug Springer
A. DECLARATION		
1. Quorum		Dr. Doug Springer declared a quorum with 16 members present. Mr. Levine and Mr. Eichorn were in attendance as required.
2. Conflict(s) of Interest		Dr. Doug Springer declared no conflicts of interest.

<p>B. Consent Agenda</p>	<p>Dr. Doug Springer asked if there were any questions, comments or corrections to the Community Benefit and Population Health September 20, 2018 meeting minutes.</p>	<p>ACTION: <i>Approve September 20, 2018 minutes.</i></p> <p>APPROVAL: Approved</p>
<p>C. Updates</p>		
	<p>Mr. Keck asked Ms. Allison Rogers to update the committee on the CHNA implementation plans. Ms. Rogers reported that all of the community Boards and Ballad Board of Directors have approved the implementation plans.</p> <p>Mr. Keck shared the LWHS CHNA’s would be starting in the next few weeks and community board will provide feedback on local value based contract performance and community health.</p> <p>Mr. Roger Mowen introduced his guests, Ms. Kandy Childress, Director, Healthy Kingsport and Dr. Smyser, CEO, Project Good Project.</p>	<p>Ms. Allison Rogers</p>
<p>D. Reports/Education/Discussion</p>		
<p>1. Population Health Update: Q1 & Q2 Goal Review</p>	<p>Mr. Todd Norris reviewed population health plan progress using MedeAnalytics. This information is reviewed on a regular basis with the leadership team. Mr. Keck added it’s a good tool that allows everyone to easily take a look at the high-level strategies and how we are progressing.</p> <p>Mr. Norris also discussed the work we are doing across departments. An example is launching team member Stress Reduction and creating Business Health offerings for employers in our community.</p>	<p>Mr. Todd Norris</p>
<p>Population Health Update: Population Health Annual Report</p>	<p>Mr. Norris outlined what we are doing to improve our community health. We have convened the executive steering team, aided by national experts; developed a “playbook” of evidence based and promising practice interventions; and gathered internal and external</p>	<p>Mr. Todd Norris</p>

	<p>stakeholder input (40 meetings and 150 interviews). We have consulted with internal and external data and subject matter experts.</p> <p>Mr. Norris reiterated that we are working on the two legacy organizations to align our CHNA approach for a better, more rational regional approach. Ballad has unique opportunities to pilot with the Health Dept. in Tennessee and the Commonwealth of VA for community health plans.</p> <p>Mr. Norris spoke on the progress of developing a Population Health infrastructure within Ballad Health and the community, including the Ballad Population Health department, which has been built from the ground up and is staffed by professionals in both community health and value-based healthcare; the establishment of the Population Health Clinical Steering Committee that reports to the Clinical Council (30 physicians, Ballad Health & independent community clinical providers, elected to ensure clinical excellence); the alignment of Ballad Health’s Business Health and population health infrastructure which is evolving not only to support traditional business health support services (i.e., work site clinics, etc.) but to also incorporate employer-based community health programming; and “Ballad as an Example” for how employers, community leaders, and individuals can make choices that lead to better health. We are adopting policies and practices to ensure that Ballad Health can serve as a positive example in our community; Investing in new programs and technologies; strengthening community action and partnerships; employer sector activities; maternal / child health activities; school-based activities; collaborative opioid intervention activities. We have also joined nationally recognized health systems to participate in the National Medicaid Transformation Project.</p>	
<p>Population Health Update: Accountable Care Communities Update</p>	<p>Ms. Paula Masters presented the collective impact model used for the Accountable Care Communities (ACC). There are five conditions of the model: 1. Common agenda, 2. Shared measurement, 3. Mutually reinforcing activities, 4. Continuous communication, 5. Backbone support.</p> <p>Ms. Masters shared there are 100 organization participating in the</p>	<p>Ms. Paula Masters</p>

	ACC. They have regional focus groups with four priority areas - Substance Use, Tobacco Use, Overweight/Obesity, and Childhood Trauma/Resiliency. Ms. Masters outline the next steps of the NETN/SWVA ACC for the next five months. Those steps include: 1. Solicit and finalize members for leadership committee; invite additional organizations to become members. 2. Conduct strategic planning sessions with membership; Compile findings from sessions. 3. Develop draft of strategic plan; submit plan to leadership committee. 4. Socialize strategic plan to full membership for comment. 5. Finalize strategic plan.	
2. Quarterly Giving Report	Ms. Rogers gave an update on our charitable contributions and sponsorships since September 30, 2018 over \$2,000. A charitable contributions and sponsorship scorecard is in development.	Ms. Allison Rogers
3. Value-Based Care Dashboard	Ms. Rogers updated the committee on our Value-Based Contract (VBC) Dashboard. She shared upcoming additions to the dashboard will include a comprehensive focus on quality (quality index), further build-out on WMA/TMA details, incorporation of budgets/targets. We will continue to align VBC and COPA reporting at the upcoming Value Summit 2019 will share lessons learned between legacy systems, and prepare action plans across the enterprise, including continued education.	Ms. Allison Rogers
ADJOURN	Dr. Springer adjourned the meeting at 6:02 p.m.	Dr. Doug Springer

Tim Belisle, Board Secretary

ATTACHMENT 4

BALANCE SHEET

**Ballad Health
Comparative Balance Sheet
TN COPA Requirements**

	31-Dec 2018	30-Sep 2018	Quarter Activity	31-Dec 2017	Year Activity
ASSETS					
CURRENT ASSETS					
Cash and Cash Equivalents	127,205,940	94,158,649	33,047,291	100,043,702	27,162,238
Current Portion AWUIL	5,405,105	1,851,397	3,553,707	18,755,264	(13,350,159)
Accounts Receivable (Net)	287,259,322	290,989,642	(3,730,320)	284,073,060	3,186,262
Other Receivables	40,162,921	29,406,416	10,756,505	37,252,760	2,910,161
Due From Affiliates	3,374,626	6,951,242	(3,576,615)	1,173,692	2,200,935
Due From Third Party Payors	0	0	0	(0)	1
Inventories	51,126,188	47,645,372	3,480,816	50,778,043	348,145
Prepaid Expense	17,128,992	19,964,876	(2,835,884)	23,718,937	(6,589,945)
	<u>531,663,095</u>	<u>490,967,595</u>	<u>40,695,501</u>	<u>515,795,457</u>	<u>15,867,638</u>
ASSETS WHOSE USE IS LIMITED	<u>56,054,740</u>	<u>57,055,117</u>	<u>(1,000,376)</u>	<u>51,480,409</u>	<u>4,574,332</u>
OTHER INVESTMENTS	<u>1,143,144,952</u>	<u>1,219,915,429</u>	<u>(76,770,478)</u>	<u>1,202,171,833</u>	<u>(59,026,882)</u>
PROPERTY, PLANT AND EQUIPMENT					
Land, Buildings and Equipment	3,127,406,457	3,119,176,833	8,229,624	3,123,083,914	4,322,543
Less Allowances for Depreciation	1,861,904,369	1,835,709,494	26,194,875	1,815,161,415	46,742,954
	<u>1,265,502,088</u>	<u>1,283,467,340</u>	<u>(17,965,252)</u>	<u>1,307,922,499</u>	<u>(42,420,411)</u>
OTHER ASSETS					
Pledges Receivable	609,492	621,292	(11,800)	1,305,953	(696,461)
Long Term Compensation Investment	31,514,656	32,544,692	(1,030,037)	31,861,763	(347,107)
Investments in Unconsolidated Subsidiaries	18,982,387	17,508,708	1,473,679	17,379,872	1,602,515
Land / Equipment Held for Resale	3,028,830	6,646,369	(3,617,539)	6,646,369	(3,617,539)
Assets Held for Expansion	11,268,702	11,268,702	0	11,361,384	(92,682)
Investments in Subsidiaries	(0)	0	(0)	0	(0)
Goodwill	209,418,052	209,528,550	(110,498)	209,824,014	(405,962)
Deferred Charges and Other	11,767,952	9,873,877	1,894,075	12,508,857	(740,905)
	<u>286,590,071</u>	<u>287,992,190</u>	<u>(1,402,119)</u>	<u>290,888,210</u>	<u>(4,298,140)</u>
TOTAL ASSETS	<u>3,282,954,946</u>	<u>3,339,397,670</u>	<u>(56,442,724)</u>	<u>3,368,258,408</u>	<u>(85,303,463)</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts Payable and Accrued Expense	165,317,722	148,352,479	16,965,243	141,091,478	24,226,244
Accrued Salaries, Benefits, and PTO	84,460,797	95,131,310	(10,670,513)	85,158,014	(697,217)
Claims Payable	1,953,448	1,953,448	0	1,896,224	57,224
Accrued Interest	20,870,034	9,505,257	11,364,778	19,844,307	1,025,727
Due to Affiliates	0	0	0	0	0
Due to Third Party Payors	13,433,359	14,897,316	(1,463,957)	17,475,456	(4,042,097)
Call Option Liability	0	0	0	0	0
Current Portion of Long Term Debt	27,465,503	28,092,947	(627,445)	45,699,008	(18,233,505)
	<u>313,500,862</u>	<u>297,932,757</u>	<u>15,568,105</u>	<u>311,164,487</u>	<u>2,336,375</u>
OTHER NON CURRENT LIABILITIES					
Long Term Compensation Payable	15,515,651	16,651,270	(1,135,619)	16,621,186	(1,105,535)
Long Term Debt	1,320,666,068	1,321,809,408	(1,143,340)	1,310,357,073	10,308,995
Estimated Fair Value of Interest Rate Swaps	6,787,563	8,232,986	(1,445,423)	7,562,186	(774,623)
Deferred Income	19,477,899	8,194,706	11,283,193	9,990,672	9,487,227
Professional Liability Self-Insurance and Other	60,042,532	58,571,693	1,470,839	58,756,105	1,286,427
	<u>1,422,489,713</u>	<u>1,413,460,063</u>	<u>9,029,650</u>	<u>1,403,287,223</u>	<u>19,202,491</u>
TOTAL LIABILITIES	<u>1,735,990,576</u>	<u>1,711,392,820</u>	<u>24,597,756</u>	<u>1,714,451,710</u>	<u>21,538,866</u>
NET ASSETS					
Restricted Net Assets	23,793,199	21,548,865	2,244,333	22,234,815	1,558,384
Unrestricted Net Assets	1,283,356,311	1,359,339,736	(75,983,425)	1,399,090,657	(115,734,346)
Noncontrolling Interests in Subsidiaries	239,814,860	247,116,248	(7,301,388)	232,481,226	7,333,634
	<u>1,546,964,370</u>	<u>1,628,004,850</u>	<u>(81,040,480)</u>	<u>1,653,806,698</u>	<u>(106,842,329)</u>
TOTAL LIABILITIES AND NET ASSETS	<u>3,282,954,946</u>	<u>3,339,397,670</u>	<u>(56,442,725)</u>	<u>3,368,258,408</u>	<u>(85,303,463)</u>

**Ballad Health
Comparative Balance Sheet
VA COPA Requirements**

	31-Dec 2018	31-Dec 2017	Year Activity	Year to Date 2018
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents	127,205,940	100,043,702	27,162,238	127,205,940
Current Portion AWUIL	5,405,105	18,755,264	(13,350,159)	5,405,105
Accounts Receivable (Net)	287,259,322	284,073,060	3,186,262	287,259,322
Other Receivables	40,162,921	37,252,760	2,910,161	40,162,921
Due From Affiliates	3,374,626	1,173,692	2,200,935	3,374,626
Due From Third Party Payors	0	(0)	1	0
Inventories	51,126,188	50,778,043	348,145	51,126,188
Prepaid Expense	17,128,992	23,718,937	(6,589,945)	17,128,992
	<u>531,663,095</u>	<u>515,795,457</u>	<u>15,867,638</u>	<u>531,663,095</u>
ASSETS WHOSE USE IS LIMITED	<u>56,054,740</u>	<u>51,480,409</u>	<u>4,574,332</u>	<u>56,054,740</u>
OTHER INVESTMENTS	<u>1,143,144,952</u>	<u>1,202,171,833</u>	<u>(59,026,882)</u>	<u>1,143,144,952</u>
PROPERTY, PLANT AND EQUIPMENT				
Land, Buildings and Equipment	3,127,406,457	3,123,083,914	4,322,543	3,127,406,457
Less Allowances for Depreciation	1,861,904,369	1,815,161,415	46,742,954	1,861,904,369
	<u>1,265,502,088</u>	<u>1,307,922,499</u>	<u>(42,420,411)</u>	<u>1,265,502,088</u>
OTHER ASSETS				
Pledges Receivable	609,492	1,305,953	(696,461)	609,492
Long Term Compensation Investment	31,514,656	31,861,763	(347,107)	31,514,656
Investments in Unconsolidated Subsidiaries	18,982,387	17,379,872	1,602,515	18,982,387
Land / Equipment Held for Resale	3,028,830	6,646,369	(3,617,539)	3,028,830
Assets Held for Expansion	11,268,702	11,361,384	(92,682)	11,268,702
Investments in Subsidiaries	(0)	0	(0)	(0)
Goodwill	209,418,052	209,824,014	(405,962)	209,418,052
Deferred Charges and Other	11,767,952	12,508,857	(740,905)	11,767,952
	<u>286,590,071</u>	<u>290,888,210</u>	<u>(4,298,140)</u>	<u>286,590,071</u>
TOTAL ASSETS	<u>3,282,954,946</u>	<u>3,368,258,408</u>	<u>(85,303,463)</u>	<u>3,282,954,946</u>
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accounts Payable and Accrued Expense	165,317,722	141,091,478	24,226,244	165,317,722
Accrued Salaries, Benefits, and PTO	84,460,797	85,158,014	(697,217)	84,460,797
Claims Payable	1,953,448	1,896,224	57,224	1,953,448
Accrued Interest	20,870,034	19,844,307	1,025,727	20,870,034
Due to Affiliates	0	0	0	0
Due to Third Party Payors	13,433,359	17,475,456	(4,042,097)	13,433,359
Call Option Liability	0	0	0	0
Current Portion of Long Term Debt	27,465,503	45,699,008	(18,233,505)	27,465,503
	<u>313,500,862</u>	<u>311,164,487</u>	<u>2,336,375</u>	<u>313,500,862</u>
OTHER NON CURRENT LIABILITIES				
Long Term Compensation Payable	15,515,651	16,621,186	(1,105,535)	15,515,651
Long Term Debt	1,320,666,068	1,310,357,073	10,308,995	1,320,666,068
Estimated Fair Value of Interest Rate Swaps	6,787,563	7,562,186	(774,623)	6,787,563
Deferred Income	19,477,899	9,990,672	9,487,227	19,477,899
Professional Liability Self-Insurance and Other	60,042,532	58,756,105	1,286,427	60,042,532
	<u>1,422,489,713</u>	<u>1,403,287,223</u>	<u>19,202,491</u>	<u>1,422,489,713</u>
TOTAL LIABILITIES	<u>1,735,990,576</u>	<u>1,714,451,710</u>	<u>21,538,866</u>	<u>1,735,990,576</u>
NET ASSETS				
Restricted Net Assets	23,793,199	22,234,815	1,558,384	23,793,199
Unrestricted Net Assets	1,283,356,311	1,399,090,657	(115,734,346)	1,283,356,311
Noncontrolling Interests in Subsidiaries	239,814,860	232,481,226	7,333,634	239,814,860
	<u>1,546,964,370</u>	<u>1,653,806,698</u>	<u>(106,842,329)</u>	<u>1,546,964,370</u>
TOTAL LIABILITIES AND NET ASSETS	<u>3,282,954,946</u>	<u>3,368,258,408</u>	<u>(85,303,463)</u>	<u>3,282,954,946</u>

ATTACHMENT 5

STATEMENT OF INCOME

Ballad Health
Statement of Revenue and Expense
As of December 31, 2018 and December 31, 2017

TN COPA Requirements

	Quarter 2 Dec 2018	Quarter 1 Sept 2018	Quarter 2 Dec 2017
Revenue, Gains and Support			
Patient service revenue, net of contractual allowances and discounts	541,060,141	541,195,133	547,999,299
Provision for bad debts	(31,828,119)	(39,093,911)	(43,523,635)
Net patient service revenue	509,232,022	502,101,222	504,475,664
Other operating revenue	14,474,562	13,689,986	12,589,783
TOTAL REVENUE, GAINS AND SUPPORT	523,706,584	515,791,208	517,065,447
Expenses:			
Salaries and wages	193,137,275	197,124,930	193,187,339
Physician salaries and wages	21,896,719	23,297,706	20,389,750
Contract Labor	7,136,855	8,572,128	12,907,202
Employee Benefits	33,475,987	34,124,946	38,724,955
Fees	55,909,787	55,094,370	54,396,157
Supplies	108,811,763	102,507,673	99,906,975
Utilities	7,661,451	8,639,293	7,565,860
Medical Costs	0	0	0
Other Expense	40,978,390	37,974,771	39,284,509
Depreciation	34,335,873	35,071,359	34,566,626
Amortization	1,022,385	978,289	485,307
Interest & Taxes	12,578,019	12,595,532	12,354,941
TOTAL EXPENSES	516,944,505	515,980,997	513,769,620
OPERATING INCOME	6,762,079	(189,789)	3,295,826
Nonoperating gains (losses):			
Interest and dividend income	7,958,148	5,020,378	9,724,166
Net realized gains (losses) on the sale of securities	3,422,498	3,742,936	8,995,436
Change in net unrealized gains on securities	(98,712,363)	14,756,285	9,355,329
Derivative related income	752,524	884,290	643,969
Loss on extinguishment of LTD / derivatives	0	0	0
Change in estimated fair value of derivatives	1,378,984	620,979	2,979,011
Gain (loss) on discontinued operations	0	0	0
Other nonoperating gains (losses)	(1,494,394)	(202,624)	(1,405,674)
Noncontrolling interests in subsidiaries	7,479,419	(5,321,181)	(5,943,366)
NET NONOPERATING GAINS	(79,215,184)	19,501,063	24,348,870
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	(72,453,105)	19,311,274	27,644,697
EBITDA	72,816,551	52,579,189	62,717,230

Ballad Health
Statement of Revenue and Expense
As of December 31, 2018 and December 31, 2017

VA COPA Requirements

	Quarter 2 Dec 2018	Quarter 2 Dec 2017	Year to Date Dec 2018
Revenue, Gains and Support			
Patient service revenue, net of contractual allowances and discounts	541,060,141	547,999,299	1,082,255,274
Provision for bad debts	(31,828,119)	(43,523,635)	(70,922,030)
Net patient service revenue	509,232,022	504,475,664	1,011,333,244
Other operating revenue	14,474,562	12,589,783	28,164,548
TOTAL REVENUE, GAINS AND SUPPORT	523,706,584	517,065,447	1,039,497,791
Expenses:			
Salaries and wages	193,137,275	193,187,339	390,262,205
Physician salaries and wages	21,896,719	20,389,750	45,194,425
Contract Labor	7,136,855	12,907,202	15,708,983
Employee Benefits	33,475,987	38,724,955	67,600,934
Fees	55,909,787	54,396,157	111,004,157
Supplies	108,811,763	99,906,975	211,319,436
Utilities	7,661,451	7,565,860	16,300,744
Medical Costs	0	0	0
Other Expense	40,978,390	39,284,509	78,953,161
Depreciation	34,335,873	34,566,626	69,407,232
Amortization	1,022,385	485,307	2,000,674
Interest & Taxes	12,578,019	12,354,941	25,173,551
TOTAL EXPENSES	516,944,505	513,769,620	1,032,925,502
OPERATING INCOME	6,762,079	3,295,826	6,572,290
Nonoperating gains (losses):			
Interest and dividend income	7,958,148	9,724,166	12,978,526
Net realized gains (losses) on the sale of securities	3,422,498	8,995,436	7,165,434
Change in net unrealized gains on securities	(98,712,363)	9,355,329	(83,956,078)
Derivative related income	752,524	643,969	1,636,814
Loss on extinguishment of LTD / derivatives	0	0	0
Change in estimated fair value of derivatives	1,378,984	2,979,011	1,999,963
Gain (loss) on discontinued operations	0	0	0
Other nonoperating gains (losses)	(1,494,394)	(1,405,674)	(1,697,018)
Noncontrolling interests in subsidiaries	7,479,419	(5,943,366)	2,158,238
NET NONOPERATING GAINS	(79,215,184)	24,348,870	(59,714,121)
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	(72,453,105)	27,644,697	(53,141,832)
EBITDA	72,816,551	62,717,230	125,395,740

ATTACHMENT 6

STATEMENT OF CASH FLOW

Ballad Health
Statement of Cash Flows
As of December 31, 2018 and December 31, 2017

	Quarter 2 Dec-18	Quarter 1 Sep-18	Quarter 2 Dec-17
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>			
Increase / (Decrease) in Unrestricted Net Assets	(73,739,092)	19,206,638	(55,899,310)
<u>Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities</u>			
Provision for Depreciation	34,335,873	35,071,359	34,401,613
Provision for Amortization	1,022,385	978,289	492,302
Net Realized (Gain) / Loss on Sales of Securities	(3,422,498)	(3,742,936)	(2,532,597)
Net Loss on Early Extinguishment of Debt	0	0	1,379,728
Change in Estimated Fair Value of Derivatives	(1,378,984)	(620,979)	9,963,580
Equity in Net Income of Joint Ventures	(493,135)	(500,022)	(248,560)
(Gain) / Loss on Sale of Assets Held for Resale and Disposal of Assets	127,711	(51,209)	16,471
Net Amounts Received on Interest Rate Swap Settlements	(2,802,376)	(2,888,497)	(3,718,331)
Minority Interest in Consolidated Subsidiaries Income	(7,301,388)	5,311,582	2,601,478
Change in Net Unrealized Gains on Investments	98,712,363	(14,756,285)	7,258,754
Increase / (Decrease) in Cash due to Change in:			
Net Patient Accounts Receivable	3,730,320	(2,903,914)	(6,746,531)
Other Receivables (Net)	(10,756,505)	5,559,046	6,907,596
Inventories and Prepaid Expenses	(644,932)	(1,811,974)	2,342,842
Other Assets	(852,238)	2,325,179	2,616,000
Accrued Interest Payable (incl Capital Appreciation Bond Accretion)	11,364,778	19,116	(10,281,059)
Accounts Payable and Accrued Expenses	20,541,859	3,955,418	5,093,119
Accrued Salaries, Compensated Absences, and Amounts Withheld	(10,670,513)	(10,556,300)	20,635,826
Estimated Amounts due from/to Third Party Payors (Net)	(1,463,957)	288,991	4,265,725
Other Long-Term Liabilities	10,147,575	1,708,462	1,686,774
Professional Liability Self Insurance and Other	1,470,839	2,096,768	11,811,014
Total Adjustments	141,667,176	19,482,093	87,945,743
Net Cash Provided by Operating Activities	67,928,084	38,688,731	32,046,432

CASH FLOWS FROM INVESTING ACTIVITIES

Purchases of Property, Plant, and Equipment, Property Held for Resale, and Property Held for Expansion (Net)	(12,753,083)	(39,294,623)	5,063,055
Additions to Goodwill	110,498	73,665	111,100
Purchases of Investments (Net)	(20,716,467)	3,593,458	23,107,327
Net Decrease / (Increase) in Assets Limited as to Use	(2,553,331)	7,228,371	2,952,975
Net Cash Used in Investing Activities	<u>(35,912,383)</u>	<u>(28,399,128)</u>	<u>31,234,457</u>

CASH FLOWS FROM FINANCING ACTIVITIES

Payments on Long-Term Debt and Capital Lease Obligations (incl Deposits to Escrow)	(1,770,785)	(5,863,157)	(27,180,747)
Net Amounts Received on Interest Rate Swap Settlements	2,802,376	2,888,497	3,718,331
Net Cash Used in Financing Activities	<u>1,031,591</u>	<u>(2,974,660)</u>	<u>(23,462,415)</u>

NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS

33,047,292 7,314,943 39,818,475

CASH AND CASH EQUIVALENTS - BEG OF PERIOD

94,158,649 86,843,707 100,043,702

CASH AND CASH EQUIVALENTS - END OF PERIOD

127,205,941 94,158,649 139,862,177

ATTACHMENT 7

YEAR-TO-DATE COMMUNITY BENEFIT INTERNAL SPENDING

Ballad Health TOC Exhibit G YTD through December 31, 2018
Internal Spending Report

990, line 7:	
a. Financial assistance (charity)	18,982,487
b. Medicaid and TennCare	21,721,228
c. Other means-tested gov't programs (TennCare included in line 7b)	-
e. Community health improvements	4,547,008
f. Health professions education: Medicare-approved programs College/university students Total Health professions education	13,359,798
g. Subsidized health services	5,253,464
h. Research	115,832
i. Cash and in-kind contributions	<u>1,346,934</u>
Total	65,326,751

ATTACHMENT 8

QUALITY PRIORITY METRICS

Priority Metrics



Ballad Health

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.71	1.12	1.13	0.23	0.72	0.66	0.23	0.59
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.31	0.15	0.16	0.16	0.00	0.16
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.05	0.00	0.00	0.21	0.00	0.23	0.09
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.18	0.00	0.00	0.00	0.19	0.11
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.15	1.67	2.00	2.53	0.69	0.66	1.28	1.45
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.00	0.11	0.00	0.00	0.00	0.00	2.36	0.51
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.79	8.34	10.38	9.08	6.83	8.17	7.16	7.91
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.42	3.51	4.97	3.54	2.57	3.14	3.62	3.58
↓ lower is better	PSI 13 Postoperative Sepsis Rate	8.81	3.88	1.44	3.88	5.54	1.36	1.23	2.67
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.22	0.99	0.00	0.00	0.00	0.00	2.57	0.50
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.98	0.00	1.08	1.08	1.14	0.00	0.66
↓ lower is better	CLABSI	0.774	0.652	0.000	1.090	0.780	0.600	0.840	0.660
↓ lower is better	CAUTI	0.613	0.640	0.600	1.280	0.660	1.830	1.090	1.080
↓ lower is better	SSI COLON Surgical Site Infection	1.166	1.889	8.110	3.410	2.600	0.000	0.000	2.820
↓ lower is better	SSI HYST Surgical Site Infection	0.996	0.610	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	MRSA	0.040	0.054	0.090	0.290	0.030	0.080	0.060	0.110
↓ lower is better	CDIFF	0.585	0.623	0.240	0.400	0.570	0.420	0.160	0.356
Quality Priority Measures									
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	50.01	58.400	57.31	38.64	51.15	58.54	54.70	
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	42.94	43.870	35.42	37.53	40.11	39.30	42.50	
↓ lower is better	Sepsis In House Mortality	7.5%	9.3%	9.0%	9.2%	8.3%	6.5%	8.4%	
↑ higher is better	SMB: Sepsis Management Bundle**	56.6%	41.5%	56.3%	61.3%	54.7%	64.5%	54.6%	
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	1.26	0.78	0.76	0.71	0.96	0.83	0.81	
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.12	0.14	0.12	0.12	0.12	0.11	0.12	
↓ lower is better	Left Without Being Seen	0.71%	1.12%	0.85%	1.08%	0.96%	0.73%	0.96%	
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	148.0	121.0	124.0	132.0	129.0	122.0	129.0	
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	316	228	224	226	232	233	227	
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	78.0%	82.0%	82.0%	83.0%	81.0%	86.0%	84.0%	
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	82.0%	81.0%	82.0%	81.0%	87.0%	83.0%	
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.0%	67.0%	71.0%	68.0%	60.0%	72.0%	68.0%	
↑ 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%	86.0%	88.0%	86.0%	88.0%	84.0%	86.4%	

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Bristol Regional Medical Center

Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Quality Target Measures									
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.80	2.28	2.32	0.00	2.46	2.21	0.00	1.42
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.32	0.07	0.85	0.00	0.00	0.83	0.00	0.34
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.16	0.00	0.00	0.00	0.97	0.00	0.20
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.72	4.54	7.55	0.00	0.00	3.24	3.62	2.80
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.50	10.80	9.26	13.07	8.55	14.71	0.00	9.33
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.25	2.43	7.14	6.10	0.00	3.18	0.00	3.33
↓ lower is better	PSI 13 Postoperative Sepsis Rate	8.88	3.57	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	1.95	0.00	0.00	0.00	0.00	0.00	16.95	2.71
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	1.25	0.00	4.50	0.00	5.65	0.00	2.02
↓ lower is better	CLABSI	1.202	0.722	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CAUTI	0.824	0.958	0.840	0.890	0.980	1.040	1.790	1.110
↓ lower is better	SSI COLON Surgical Site Infection	0.000	1.330	0.000	0.000	0.000	0.000		0.000
↓ lower is better	SSI HYST Surgical Site Infection	0.000	1.590	0.000	0.000	0.000	0.000		0.000
↓ lower is better	MRSA	0.056	0.094	0.000	0.310	0.000	0.000	0.160	0.100
↓ lower is better	CDIFF	0.719	0.740	0.320	0.160	0.700	0.470	0.170	0.360
Quality Priority Measures									
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		45.00	36.93	27.43	29.15	44.61	42.40	36.10
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		41.60	34.28	28.80	31.45	24.05	24.00	28.50
↓ lower is better	Sepsis In House Mortality		11.2%	11.9%	13.0%	4.3%	10.6%	6.8%	9.5%
↑ higher is better	SMB: Sepsis Management Bundle**		48.3%	3.3%	46.2%	54.5%	30.8%	78.6%	26.1%
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		1.81	0.99	1.04	0.86	0.85	0.84	0.92
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.16	0.15	0.13	0.13	0.12	0.14	0.13
↓ lower is better	Left Without Being Seen		1.00%	0.80%	0.91%	1.23%	1.28%	0.39%	0.93%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		151	150	123	183	140		140
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		284	275	288	276.5	300	294	288
↑ higher is better	HCOMP1A P Patients who reported that their nurses communicated well		85.0%	85.0%	89.0%	83.0%	82.0%	82.0%	84.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		83.0%	82.0%	88.0%	81.0%	78.0%	83.0%	82.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		67.0%	59.0%	68.0%	63.0%	71.0%	68.0%	66.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		90.0%	91.0%	93.0%	88.0%	87.0%	87.0%	89.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Johnston Memorial Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓ lower is better	PSI 3 Pressure Ulcer Rate	1.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.14	2.09	0.00	0.00	0.00	0.00	0.42
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.13	0.00	0.00	0.00	2.91	0.00	0.00	0.63
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.16	0.00	0.00	0.00	0.00	2.17	0.45
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	0.00	0.00	0.00	0.00	0.00	30.30	6.76
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	0.00	0.00	0.00	0.00	33.33	7.41
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.25	5.79	0.00	0.00	0.00	0.00	8.93	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	10.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.64	0.00	0.00	0.00	9.90	0.00	0.00	2.34
↓ lower is better	CLABSI	0.000	0.000	0.000	0.000	5.050	0.000	0.000	0.910
↓ lower is better	CAUTI	0.000	0.000	0.000	2.270	2.300	0.000	0.000	0.960
↓ lower is better	SSI COLON Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000		0.000
↓ lower is better	SSI HYST Surgical Site Infection	0.000	0.000	0.000		0.000	0.000		0.000
↓ lower is better	MRSA	0.000	0.000	0.000	0.430	0.000	0.000	0.000	0.080
↓ lower is better	CDIFF	1.052	0.550	0.000	0.000	0.000	0.000	0.000	0.440
Quality Priority Measures									
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		41.70	42.89	28.27	40.64	25.85	41.10	35.80
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		41.69	36.22	39.91	33.53	22.65	30.70	32.70
↓ lower is better	Sepsis In House Mortality		10.5%	8.0%	13.6%	2.3%	10.5%	5.2%	8.0%
↑ higher is better	SMB: Sepsis Management Bundle**		54.8%	54.5%	66.7%	46.2%	66.7%	75.0%	60.4%
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.87	0.95	1.00	0.89	0.96	0.94	0.95
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.15	0.17	0.14	0.11	0.12	0.15	0.14
↓ lower is better	Left Without Being Seen		0.20%	0.31%	0.11%	1.36%	0.92%	0.96%	0.73%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		137.5	121	133	134	139.5	145.5	134
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		259	253	235	226	255	237	237
↑ higher is better	HCOMP1A P Patients who reported that their nurses communicated well		77.0%	84.0%	74.0%	79.0%	72.0%	76.0%	78.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		79.0%	82.0%	80.0%	78.0%	75.0%	81.0%	79.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		60.0%	65.0%	57.0%	65.0%	53.0%	53.0%	59.0%
↑ 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%	83.0%	85.0%	85.0%	84.0%	88.0%	85.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Smyth County Community Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19	
Desired Performance										
Quality Target Measures										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.35	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.21	5.98	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.79	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.29	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.46	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	SSI COLON Surgical Site Infection	16.667	0.000			0.000		0.000	
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000					0.000	
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CDIFF	0.174	0.331	0.000	0.000	0.000	0.000	0.850	
Quality Priority Measures										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		56.30	56.40	65.30	24.03	44.14	55.30	49.10
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		10.10	1.50	19.29	8.01	2.76	11.60	8.70
↓	lower is better	Sepsis In House Mortality		2.9%	6.1%	0.0%	3.9%	0.0%	0.0%	2.4%
↑	higher is better	SMB: Sepsis Management Bundle**		81.1%	100.0%	80.0%	100.0%	100.0%	71.4%	89.3%
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		0.78	0.88	0.75	0.81	0.75	0.81	0.80
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.17	0.14	0.15	0.17	0.14	0.15
↓	lower is better	Left Without Being Seen		0.33%	0.57%	0.43%	0.93%	0.15%	0.18%	0.52%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		106.75	94	109	108	95	100	100
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		175	205	195.5	174.5	177.5	185.5	185.5
↑	higher is better	HCOMP1A P Patients who reported that their nurses communicated well		86.0%	84.0%	86.0%	77.0%	76.0%	97.0%	83.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		83.0%	87.0%	86.0%	76.0%	77.0%	92.0%	83.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		75.0%	71.0%	76.0%	71.0%	46.0%	78.0%	67.0%
↑	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%	96.0%	94.0%	85.0%	86.0%	77.0%	89.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Dickenson County Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓	lower is better			0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better			0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better			0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better			0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better								
↓	lower is better								
↓	lower is better								
↓	lower is better								
↓	lower is better		0.00						
↓	lower is better								
↓	lower is better								
↓	lower is better								
↓	lower is better								
↓	lower is better								
↓	lower is better		0.000						
↓	lower is better		0.386						
Quality Priority Measures									
↓	lower is better								
↓	lower is better								
↓	lower is better				0.0%				0.0%
↑	higher is better								
↓	lower is better								
↓	lower is better								
↓	lower is better		0.81%	0.72%	0.52%	0.80%	0.51%	0.33%	0.58%
↓	lower is better		103	105	112	93.5	68	122	105
↓	lower is better		136	347.5	229	209.5	186	135	209.5
↑	higher is better		57.0%					100.0%	100.0%
↑	higher is better		100.0%					100.0%	100.0%
↑	higher is better		100.0%						
↑	higher is better		100.0%					50.0%	50.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Hancock County Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓	lower is better		0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better		0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better		0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better		0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better								
↓	lower is better								
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↓	lower is better								
↓	lower is better								
↓	lower is better								
↓	lower is better								
↓	lower is better								
↓	lower is better		0.000						
↓	lower is better		0.000						
↓	lower is better								
↓	lower is better								
↓	lower is better		0.000						
↓	lower is better		0.000						
Quality Priority Measures									
↓	lower is better		143.93	137.90	133.90	64.81	63.64	166.70	116.90
↓	lower is better		72.12	43.10	205.36	9.26	145.45	188.89	118.20
↓	lower is better		0.0%	0.0%	0.0%	33.3%	25.0%	0.0%	12.5%
↑	higher is better		70.0%	100.0%	0.0%	100.0%	50.0%	50.0%	57.1%
↓	lower is better		0.79	0.07	0.10	0.10	2.14	1.25	0.73
↓	lower is better		0.20	0.19	0.17	0.10	0.20	0.18	0.17
↓	lower is better		0.53%	0.89%	0.74%	0.30%	0.94%	0.00%	0.58%
↓	lower is better		128	121	126	138	109.5	99	121
↓	lower is better								
↑	higher is better		92.0%	100.0%	92.0%		100.0%	100.0%	97.0%
↑	higher is better		87.0%	100.0%	83.0%		89.0%	100.0%	92.0%
↑	higher is better		89.0%	75.0%	75.0%		75.0%		75.0%
↑	higher is better		86.0%	83.0%	88.0%		100.0%	100.0%	90.0%

****FY19; discharge dates May- Sept 2018**
 Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting
 Quality Priority Measures Baseline: FY18

Priority Metrics



Indian Path Community Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.23	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.45	0.24	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.14	0.31	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.23	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.38	4.30	0.00	0.00	20.00	0.00	22.22
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.09	10.23	0.00	0.00	38.46	0.00	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.898	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.000	1.690	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	7.143	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	MRSA	0.080	0.050	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.813	0.510	0.000	1.670	0.780	0.696	0.724
Quality Priority Measures									
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	33.60	45.59	31.91	34.16	20.96	19.50	30.50
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	49.20	48.94	52.56	56.47	28.23	40.30	45.20
↓	lower is better	Sepsis In House Mortality	6.6%	5.4%	4.4%	9.3%	4.0%	2.7%	5.2%
↑	higher is better	SMB: Sepsis Management Bundle**	70.5%	88.9%	62.5%	55.6%	80.0%	100.0%	75.6%
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	1.06	0.98	0.84	0.85	0.89	0.77	0.86
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.09	0.12	0.08	0.08	0.10	0.08	0.09
↓	lower is better	Left Without Being Seen	0.94%	1.43%	1.14%	1.44%	1.29%	1.26%	1.32%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	130	118	143.5	126.5	122.5	122	122.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	102	221	223.5	204	195	193	204
↑	higher is better	HCOMP1A P Patients who reported that their nurses communicated well	80.0%	81.0%	84.0%	81.0%	75.0%	86.0%	81.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	74.0%	83.0%	84.0%	82.0%	87.0%	82.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.0%	64.0%	58.0%	74.0%	64.0%	81.0%	67.0%
↑	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%	89.0%	86.0%	87.0%	92.0%	90.0%	89.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Holston Valley Medical Center

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19	
Desired Performance										
Quality Target Measures										
↓	lower is better	PSI 3 Pressure Ulcer Rate	1.07	3.21	3.23	0.00	1.18	0.00	0.00	0.88
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.57	0.48	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.92	0.00	6.05	0.00	0.00	2.00	1.67
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	0.31	0.00	0.00	0.00	0.00	3.34	0.71
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.84	6.40	10.31	19.23	4.98	9.90	8.37	10.54
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.14	3.77	6.04	1.90	1.96	0.00	3.75	2.73
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.47	3.57	3.92	10.91	7.27	0.00	0.00	4.44
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.42	1.70	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.62	1.58	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.682	0.330	0.000	0.000	0.000	1.220	0.000	0.230
↓	lower is better	CAUTI	0.938	0.500	0.000	0.000	1.020	0.000	1.050	0.380
↓	lower is better	SSI COLON Surgical Site Infection	1.364	0.850	20.000	0.000	0.000	0.000		4.348
↓	lower is better	SSI HYST Surgical Site Infection	0.641	0.290	0.000	0.000	0.000	0.000		0.000
↓	lower is better	MRSA	0.012	0.030	0.000	0.290	0.000	0.000	0.000	0.060
↓	lower is better	CDIFF	0.741	1.060	0.420	0.750	0.930	0.580	0.000	0.530
Quality Priority Measures										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		37.64	41.85	34.19	35.49	49.61	41.10	40.40
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		84.83	84.50	70.79	76.72	77.49	66.50	75.20
↓	lower is better	Sepsis In House Mortality		13.3%	12.7%	11.1%	13.7%	11.0%	8.5%	11.4%
↑	higher is better	SMB: Sepsis Management Bundle**		25.2%	53.8%	35.7%	53.3%	41.7%	23.1%	41.8%
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		2.15	1.22	1.13	1.02	1.14	1.13	1.13
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.18	0.15	0.15	0.14	0.12	0.13	0.14
↓	lower is better	Left Without Being Seen		2.01%	2.98%	1.29%	1.96%	1.98%	1.80%	2.01%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		175	176	151.5	177	161	178	169
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		434	405	446	409	382	397	405
↑	higher is better	HCOMP1A P Patients who reported that their nurses communicated well		81.0%	80.0%	83.0%	84.0%	80.0%	78.0%	81.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		81.0%	80.0%	81.0%	84.0%	79.0%	80.0%	81.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		67.0%	59.0%	62.0%	72.0%	60.0%	63.0%	64.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		90.0%	87.0%	88.0%	87.0%	87.0%	89.0%	88.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Lonesome Pine Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓ lower is better	PSI 3 Pressure Ulcer Rate	1.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	5.82	0.00	0.00	0.00	0.00	0.00	166.67	33.33
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CAUTI	0.000	1.210	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	SSI COLON Surgical Site Infection	0.000		0.000	0.000	0.000	0.000		0.000
↓ lower is better	SSI HYST Surgical Site Infection	5.556	0.000		0.000	0.000	0.000		0.000
↓ lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CDIFF	0.315	0.370	0.000	0.000	3.750	0.000	0.000	0.820
Quality Priority Measures									
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		125.00	65.90	122.00	126.05	96.13	98.97	101.85
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		63.60	80.49	40.65	78.45	63.59	25.50	68.40
↓ lower is better	Sepsis In House Mortality		4.4%	8.7%	6.3%	0.0%	3.0%	0.0%	3.8%
↑ higher is better	SMB: Sepsis Management Bundle**		44.8%	50.0%	53.3%	50.0%	50.0%	50.0%	50.8%
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		1.40	0.69	0.78	0.61	1.54	0.84	0.89
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.14	0.13	0.12	0.15	0.08	0.12
↓ lower is better	Left Without Being Seen		0.31%	0.26%	0.37%	0.19%	0.25%	0.13%	0.18%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		117	110	120	101	129	105.5	120
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		244	240	242.5	251.3	263	242.5	239
↑ higher is better	HCOMP1A P Patients who reported that their nurses communicated well		83.0%	82.0%	73.0%	89.0%	90.0%	83.0%	85.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		83.0%	91.0%	77.0%	78.0%	84.0%	83.0%	83.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		76.0%	75.0%	70.0%	70.0%	88.0%	83.0%	78.0%
↑ 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%	85.0%	85.0%	87.0%	81.0%	93.0%	86.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Norton Community Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.39	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.33	15.62	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	35.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CAUTI	0.000	0.000	0.000	4.570	0.000	0.000	0.000	1.070
↓ lower is better	SSI COLON Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000		0.000
↓ lower is better	SSI HYST Surgical Site Infection	0.000	0.000	0.000		0.000			0.000
↓ lower is better	MRSA	0.000	0.000	0.000	1.190	0.000	0.000	0.000	0.260
↓ lower is better	CDIFF	0.265	0.300	0.000	0.000	0.000	0.000	0.000	1.110
Quality Priority Measures									
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		50.10	59.59	49.71	34.76	38.04	47.55	46.20
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		53.34	64.94	24.24	12.49	13.20	21.70	27.30
↓ lower is better	Sepsis In House Mortality		3.9%	3.3%	5.3%	5.0%	3.9%	3.6%	4.1%
↑ higher is better	SMB: Sepsis Management Bundle**		77.6%	100.0%	66.7%	100.0%	80.0%	83.3%	89.7%
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.61	0.79	0.82	0.58	0.76	0.80	0.75
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.11	0.15	0.15	0.14	0.14	0.12	0.14
↓ lower is better	Left Without Being Seen		0.19%	0.20%	0.25%	0.37%	0.30%	0.25%	0.38%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		138.75	142.5	125	147	138	147	142.5
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		225	230	213	224	238	226.5	226.5
↑ higher is better	HCOMP1A P Patients who reported that their nurses communicated well		83.0%	83.0%	84.0%	86.0%	83.0%	89.0%	85.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		82.0%	77.0%	82.0%	75.0%	78.0%	92.0%	81.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		65.0%	65.0%	71.0%	67.0%	57.0%	82.0%	68.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		80.0%	81.0%	89.0%	74.0%	81.0%	82.0%	82.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Franklin Woods Community Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19	
Desired Performance										
Quality Target Measures										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.30	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.22	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.23	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.27	14.71	0.00	0.00	0.00	3.10	
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.09	15.78	54.05	0.00	0.00	0.00	11.05	
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.36	2.34	0.00	14.29	0.00	0.00	5.87	
↓	lower is better	PSI 13 Postoperative Sepsis Rate	0.00	8.35	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.15	1.79	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.45	0.81	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	CLABSI	0.000	0.910	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CAUTI	0.428	0.434	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	SSI COLON Surgical Site Infection	1.504	5.110	7.691	6.669	0.000	0.000	5.882	
↓	lower is better	SSI HYST Surgical Site Infection	0.000	1.200	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	MRSA	0.039	0.081	0.500	0.000	0.000	0.000	0.100	
↓	lower is better	CDIFF	0.259	0.319	0.560	0.000	0.000	0.581	1.238	
Quality Priority Measures										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		33.60	24.69	35.10	36.47	32.99	38.68	33.60
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		29.93	25.76	28.67	25.79	31.78	42.90	31.00
↓	lower is better	Sepsis In House Mortality		3.8%	5.4%	9.1%	9.8%	4.7%	2.0%	5.9%
↑	higher is better	SMB: Sepsis Management Bundle**		78.8%	75.0%	66.7%	50.0%	66.7%	100.0%	70.8%
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		0.71	0.65	0.69	0.68	0.84	0.74	0.72
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.19	0.13	0.13	0.10	0.12	0.13
↓	lower is better	Left Without Being Seen		0.63%	2.09%	0.76%	0.91%	0.59%	0.46%	1.00%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		139	158	148	157	150.5	165.5	157
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		131.75	251.5	236	259	210	267	251.5
↑	higher is better	HCOMP1A P Patients who reported that their nurses communicated well		84.0%	77.0%	85.0%	81.0%	85.0%	84.0%	82.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		82.0%	79.0%	82.0%	83.0%	81.0%	86.0%	82.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		70.0%	61.0%	69.0%	75.0%	66.0%	72.0%	69.0%
↑	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%	90.0%	83.0%	87.0%	89.0%	85.0%	87.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Johnson City Medical Center

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19	
Desired Performance										
Quality Target Measures										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00	0.00	0.00	0.69	0.77	0.29
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.26	0.27	0.00	0.51	0.56	0.00	0.00	0.21
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.10	0.10	0.00	0.00	0.00	0.00	0.78	0.14
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.71	0.00	0.00	0.00	0.00	0.15
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	3.60	1.13	0.00	2.13	2.39	0.00	0.00	0.89
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	11.98	6.57	6.58	0.00	15.04	6.76	11.36	7.69
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.85	3.63	6.32	3.94	4.50	8.46	2.02	5.01
↓	lower is better	PSI 13 Postoperative Sepsis Rate	14.88	3.00	0.00	0.00	0.00	5.00	0.00	1.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.35	1.54	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.74	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	1.080	1.130	0.000	1.940	1.800	0.000	3.230	1.590
↓	lower is better	CAUTI	0.997	1.498	2.320	4.210	0.000	9.870	2.710	3.640
↓	lower is better	SSI COLON Surgical Site Infection	1.911	1.670	18.182	16.667	0.000	0.000		10.526
↓	lower is better	SSI HYST Surgical Site Infection	2.500	0.000	0.000	0.000	0.000	0.000		0.000
↓	lower is better	MRSA	0.055	0.183	0.190	0.180	0.090	0.270	0.100	0.170
↓	lower is better	CDIFF	0.531	0.496	0.100	0.380	0.410	0.403	0.000	0.590
Quality Priority Measures										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		22.70	22.23	23.19	29.77	25.14	22.50	24.60
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		32.68	36.04	36.82	37.31	34.33	40.30	36.90
↓	lower is better	Sepsis In House Mortality		16.6%	10.5%	12.6%	10.8%	10.6%	10.8%	11.1%
↑	higher is better	SMB: Sepsis Management Bundle**		55.6%	41.7%	77.8%	70.0%	66.7%	55.6%	61.2%
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		0.92	0.96	0.97	0.85	0.89	0.91	0.92
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.04	0.06	0.06	0.04	0.06	0.04	0.05
↓	lower is better	Left Without Being Seen		0.72%	1.44%	1.80%	1.35%	1.25%	0.59%	1.07%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		153	144	165.5	157.5	154	186	157.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		260	320.5	266	293	280	335	293
↑	higher is better	HCOMP1A P Patients who reported that their nurses communicated well		77.0%	75.0%	73.0%	70.0%	76.0%	80.0%	75.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		76.0%	75.0%	74.0%	70.0%	78.0%	78.0%	75.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		60.0%	64.0%	56.0%	50.0%	60.0%	63.0%	59.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		82.0%	85.0%	83.0%	83.0%	85.0%	90.0%	85.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Johnson County Community Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓	lower is better			0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better			0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better			0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better			0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better								
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Quality Priority Measures									
↓	lower is better								
↓	lower is better								
↓	lower is better								
↑	higher is better								
↓	lower is better								
↓	lower is better								
↓	lower is better		0.69%	0.94%	1.42%	0.97%	0.78%	0.48%	0.94%
↓	lower is better		86	73.5	96	91	60	84	84
↓	lower is better		152	143	153				148
↑	higher is better		100.0%						
↑	higher is better		100.0%						
↑	higher is better		100.0%						
↑	higher is better		100.0%						

****FY19; discharge dates May- Sept 2018**
 Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting
 Quality Priority Measures Baseline: FY18

Priority Metrics



Sycamore Shoals Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	13.37	4.63	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.23	4.57	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	0.00	4.65	0.00	0.00	58.82	0.00	0.00	10.99
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.900	1.090	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CAUTI	0.000	0.460	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	SSI COLON Surgical Site Infection	3.226	3.130	0.000	50.000	0.000	0.000		12.500
↓ lower is better	SSI HYST Surgical Site Infection	0.000	0.000	0.000		0.000			0.000
↓ lower is better	MRSA	0.067	0.134	0.000	0.960	0.000	0.000	0.000	0.190
↓ lower is better	CDIFF	0.604	0.672	0.890	0.960	1.840	0.000	0.000	0.743
Quality Priority Measures									
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		29.20	21.07	25.57	18.02	30.15	34.40	26.10
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		31.02	24.24	38.35	51.88	63.87	32.40	42.20
↓ lower is better	Sepsis In House Mortality		14.0%	9.5%	8.8%	10.3%	3.0%	6.9%	7.9%
↑ higher is better	SMB: Sepsis Management Bundle**		72.0%	50.0%	66.7%	50.0%	66.7%	50.0%	57.1%
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.68	0.88	0.71	0.61	0.78	0.64	0.72
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.16	0.13	0.12	0.13	0.12	0.13
↓ lower is better	Left Without Being Seen		0.65%	1.17%	0.58%	0.76%	0.58%	0.00%	0.67%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		166	112.5	115	142	129	132.5	129
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		222	211	200.5	223.5	215	191	211
↑ higher is better	HCOMP1A P Patients who reported that their nurses communicated well		78.0%	82.0%	78.0%	83.0%	90.0%	85.0%	84.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		80.0%	92.0%	82.0%	82.0%	83.0%	79.0%	84.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		64.0%	79.0%	67.0%	67.0%	72.0%	74.0%	72.0%
↑ 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%	89.0%	92.0%	84.0%	91.0%	75.0%	87.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Laughlin Memorial Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19	
Desired Performance										
Quality Target Measures										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.27							
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.37							
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15							
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06							
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.52							
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10							
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	8.98							
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.16							
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.38							
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.22							
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	2.17							
↓	lower is better	CLABSI	0.000	0.000	0.000	9.170	0.000	0.000	0.000	1.970
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	2.326		0.000	0.000	0.000	0.000		0.000
↓	lower is better	SSI HYST Surgical Site Infection								
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.441	0.000	0.000	0.000	0.000	0.000	0.000	0.220
Quality Priority Measures										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days			74.00	69.00	67.00	65.60	62.60	67.60
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	0.00		45.10	10.30	36.40	36.30	22.20	29.90
↓	lower is better	Sepsis In House Mortality								
↑	higher is better	SMB: Sepsis Management Bundle**	51.2%	100.0%	83.3%					87.5%
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days			0.78	0.96	0.96	0.89	0.85	0.89
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits								
↓	lower is better	Left Without Being Seen	0.54%	0.47%	1.21%	1.72%	0.91%	0.88%		1.05%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	110	127	94	127.5	123	124		124
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	192	222	220	230	224	207.5		223.5
↑	higher is better	HCOMP1A P Patients who reported that their nurses communicated well			69.0%	73.0%	69.0%	63.0%	77.0%	70.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well			78.0%	79.0%	84.0%	73.0%	90.0%	80.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them			51.0%	67.0%	59.0%	45.0%	60.0%	56.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home			81.0%	82.0%	84.0%	86.0%	86.0%	84.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Takoma Regional Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19	
Desired Performance										
Quality Target Measures										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.34							
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.45							
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15							
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06							
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.98							
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11							
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.51							
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7.58							
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.48							
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.24							
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.49							
↓	lower is better	CLABSI	0.000	1.150	0.000	24.390	0.000	0.000	0.000	3.460
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.000	2.220	0.000	0.000	0.000	0.000		0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000						0.000
↓	lower is better	MRSA	0.000	0.000	0.000	1.780	0.000	0.000	0.000	0.320
↓	lower is better	CDIFF	0.124	0.420	0.000	0.000	0.000	0.000	0.000	0.000
Quality Priority Measures										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	62.82	92.40	96.70	66.39	111.24	99.70		93.30
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	13.90	16.81	21.63	17.91	21.21	8.20		26.80
↓	lower is better	Sepsis In House Mortality								
↑	higher is better	SMB: Sepsis Management Bundle**	31.7%	50.0%	25.0%	71.4%	28.6%	88.9%		54.1%
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.80	0.78	0.49	0.83	0.54	0.64		0.66
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.07	0.10	0.09	0.10	0.09	0.04		0.08
↓	lower is better	Left Without Being Seen	2.48%	0.07%	0.35%	0.20%	0.07%	0.31%		0.14%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	163		127	130	183	189		156.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	277	245.5	294	260	287	280.5		280.5
↑	higher is better	HCOMP1A P Patients who reported that their nurses communicated well	84.0%	89.0%	78.0%	91.0%	91.0%	85.0%		87.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	80.0%	77.0%	88.0%	82.0%	86.0%		83.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	71.0%	68.0%	67.0%	67.0%	85.0%		71.0%
↑	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%	89.0%	92.0%	90.0%	96.0%	91.0%		92.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Hawkins County Memorial Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.45	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.40	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate		0.00	0.00	0.00	0.00		0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis		0.00			0.00		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	0.00	0.00	0.00		0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate		0.00			0.00		0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate		0.00	0.00	0.00	0.00		0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.36	12.99	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	1.620	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.000						
↓	lower is better	SSI HYST Surgical Site Infection							
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.000	0.260	0.000	0.000	0.000	3.180	0.690
Quality Priority Measures									
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	135.90	135.60	102.80	61.95	99.74	76.00	95.20
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	74.51	109.04	62.66	85.55	28.87	34.30	64.10
↓	lower is better	Sepsis In House Mortality	2.5%	9.1%	0.0%	0.0%	0.0%	0.0%	2.0%
↑	higher is better	SMB: Sepsis Management Bundle**	47.3%	75.0%	60.0%	50.0%	33.3%	100.0%	61.5%
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	1.58	0.87	0.90	0.70	1.08	1.02	0.91
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.12	0.12	0.11	0.13	0.09	0.12	0.11
↓	lower is better	Left Without Being Seen	2.24%	0.00%	0.49%	0.26%	0.17%	0.68%	0.32%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	91	68	83	65	101	118	82.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	215	204	202	219	232	233	219
↑	higher is better	HCOMP1A P Patients who reported that their nurses communicated well	84.0%	81.0%	87.0%	96.0%	77.0%	91.0%	87.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	88.0%	80.0%	100.0%	74.0%	76.0%	83.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	83.0%	90.0%	100.0%	60.0%	100.0%	84.0%
↑	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%	87.0%	80.0%	79.0%	88.0%	86.0%	84.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Russell County Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19	
Desired Performance										
Quality Target Measures										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.41	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.40	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.89	0.00		0.00	0.00	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	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 13 Postoperative Sepsis Rate		250.00						
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate		0.00	0.00	0.00	0.00		0.00	
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.39	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	CLABSI	0.000	4.785	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	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	0.310	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CDIFF	0.498	0.620	0.000	0.000	0.000	0.000	0.000	
Quality Priority Measures										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		25.20	18.90	14.60	17.28	33.90	31.60	23.30
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		2.48			2.16	7.91	0.00	2.00
↓	lower is better	Sepsis In House Mortality		7.4%	0.0%	7.1%	0.0%	0.0%	14.3%	6.3%
↑	higher is better	SMB: Sepsis Management Bundle**		76.7%	66.7%	66.7%	83.3%	77.8%	40.0%	68.8%
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		0.30	0.25	0.22	0.28	0.36	0.26	0.27
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.13	0.12	0.13	0.14	0.12	0.13
↓	lower is better	Left Without Being Seen		0.26%	1.29%	0.56%	0.57%	0.99%	0.48%	0.75%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		106	108.5	83.5	103.5	94	98	98
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		189.25	167.5	158	175	202	170	170
↑	higher is better	HCOMP1A P Patients who reported that their nurses communicated well		90.0%	90.0%	75.0%	88.0%	86.0%	93.0%	86.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		88.0%	69.0%	71.0%	92.0%	86.0%	100.0%	80.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		64.0%	70.0%	100.0%	50.0%	78.0%	50.0%	68.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		82.0%	82.0%	100.0%	91.0%	100.0%	70.0%	87.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Unicoi County Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	FYTD19
Desired Performance									
Quality Target Measures									
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.40						
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.40						
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17						
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06						
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.75						
↓	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	4.76						
↓	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	1.26						
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	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	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.000	0.000	0.000	0.000	0.000	0.000	0.000
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	5.50						
↓	lower is better	Sepsis In House Mortality							
↑	higher is better	SMB: Sepsis Management Bundle**	61.8%	66.7%	40.0%	28.6%	16.7%	42.9%	35.7%
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days							
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits							
↓	lower is better	Left Without Being Seen	0.46%	0.70%	1.17%	1.22%	2.00%	0.31%	0.91%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	124	170	134	125.5	159	122	134
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	206	206	222	212	207	201	207
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	86.0%	73.0%	100.0%	83.0%	67.0%	75.0%	80.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	84.0%	95.0%	75.0%	89.0%	92.0%	87.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	75.0%	52.0%	83.0%	75.0%	0.0%	67.0%	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	87.0%	71.0%	91.0%	100.0%	75.0%	88.0%	82.0%

**FY19; discharge dates May- Sept 2018

Quality Target Priority Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

ATTACHMENT 9

QUALITY MEASURES BY FACILITY

Desired
Performance

	Ballad Health						
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19	
Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	0.71	1.12	1.13	0.02	0.72	0.69
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.31	0.15	0.16	0.21
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.05	0.00	0.00	0.21	0.07
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.18	0.00	0.00	0.06
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.15	1.67	2.00	2.53	0.69	1.74
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.00	0.11	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	14.79	8.34	10.38	9.08	6.83	8.76
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.42	3.51	5.54	3.94	2.85	3.85
↓	PSI 13 Postoperative Sepsis Rate	8.81	3.88	1.44	3.38	5.54	3.62
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.22	0.99	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.98	0.00	1.08	1.08	0.72
↓	CLABSI	0.774	0.658	0.000	1.090	0.780	0.623
↓	CAUTI	0.613	0.631	0.600	1.280	0.660	0.847
↓	SSI COLON Surgical Site Infection	1.170	1.899	8.450	3.450	0.000	3.967
↓	SSI HYST Surgical Site Infection	1.000	0.591	0.000	0.000	0.000	0.000
↓	MRSA	0.040	0.046	0.090	0.290	0.030	0.137
↓	CDIFF	0.585	0.626	0.243	0.395	0.570	0.403
General Information-Structural Measures							
YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	Yes	Yes	Yes	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
SURVEY OF PATIENT'S EXPERIENCE							
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.1%	82.8%	80.0%	81.0%	80.0%	80.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.1%	13.7%	15.0%	15.0%	15.0%	15.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.6%	4.0%	5.0%	5.0%	6.0%	5.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	84.5%	80.0%	81.0%	80.0%	80.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	13.6%	11.1%	14.0%	13.0%	14.0%	14.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	6.3%	4.4%	6.0%	6.0%	6.0%	6.0%

Desired Performance	Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	67.6%	75.4%	65.0%	67.0%	65.0%	66.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	25.8%	18.0%	25.0%	24.0%	24.0%	24.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	9.1%	7.1%	10.0%	9.0%	11.0%	10.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	68.4%	72.8%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	22.7%	18.9%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	9.3%	8.2%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	64.1%	72.6%	63.0%	63.0%	64.0%	64.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	19.9%	16.9%	18.0%	15.0%	15.0%	16.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	18.7%	18.5%	19.0%	22.0%	21.0%	21.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	85.9%	87.9%	87.0%	87.0%	86.0%	87.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.2%	11.9%	13.0%	13.0%	14.0%	13.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	52.1%	50.5%	54.0%	54.0%	52.0%	53.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	41.2%	42.4%	41.0%	41.0%	43.0%	42.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	6.1%	4.6%	5.0%	5.0%	5.0%	5.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	73.6%	81.6%	71.0%	72.0%	69.0%	71.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	16.4%	12.3%	18.0%	17.0%	18.0%	18.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	10.5%	6.8%	11.0%	11.0%	12.0%	12.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	64.7%	71.9%	62.0%	61.0%	62.0%	62.0%

Desired Performance	Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	24.4%	22.3%	28.0%	28.0%	29.0%	28.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	10.6%	7.1%	10.0%	10.0%	9.0%	10.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	9.2%	7.1%	10.0%	9.0%	11.0%	10.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.5%	15.4%	20.0%	19.0%	20.0%	20.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	70.7%	70.5%	70.0%	72.0%	69.0%	70.0%
↑ HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	71.3%	75.4%	71.0%	72.0%	72.0%	72.0%
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	22.2%	22.1%	25.0%	22.0%	24.0%	24.0%
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	6.5%	4.6%	4.0%	4.0%	4.0%	4.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	73.0%	74.4%	74.5%	62.6%	82.3%	83.4%
↑ OP30 High risk Polyp Surveillance	83.0%	85.0%	92.1%	75.8%	82.1%	83.3%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	47.4	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	5.2	8.7	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	97.4%	98.1%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	--	--	--	--	--	--
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.29	210.49	228.00	223.50	226.00	226.00
↓ ED2b ED Decision to Transport	69.00	50.00	66.00	59.00	72.00	62.75
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	124.50	129.17	121.00	124.00	132.00	129.00
OP20 Door to Diagnostic Evaluation RETIRED	15.1	16.3	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	37.8	--	--	--	--	--
↑ OP22 Left without being seen	0.9%	0.6%	0.8%	0.7%	0.8%	0.9%

Desired Performance	Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	63.2%	75.8%	92.9%	71.4%	85.7%	83.3%
PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	97.4%	98.2%	--	--	--	--
IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	97.0%	98.3%	--	--	--	--
BLOOD CLOT PREVENTION/TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
VTE6 HAC VTE	1.7%	0.8%	0.0%	0.0%	0.0%	0.0%
PREGNANCY AND DELIVERY CARE %						
PC01 Elective Delivery	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%
SURGICAL COMPLICATIONS RATE						
Hip and Knee Complications	0.00	0.05	0.03	0.04	0.06	0.04
PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.60	145.16	95.74	121.21	19.00	131.09
PSI90 Complications / patient safety for selected indicators	0.83	0.98	0.98	0.98	0.97	0.98
READMISSIONS 30 DAYS RATE%						
READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	10.2%	12.6%	12.3%	11.9%	12.3%
READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.7%	8.7%	7.9%	5.0%	10.9%	8.0%
READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	16.8%	20.0%	21.5%	20.9%	20.7%
READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	4.4%	4.1%	2.3%	4.3%	3.6%
READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	12.5%	12.2%	12.1%	11.5%	11.9%
READM30 STK Stroke 30day readmission rate	9.3%	11.5%	6.7%	6.8%	9.2%	7.5%
READM30HF Heart Failure 30Day readmissions rate	20.5%	20.5%	21.6%	24.7%	25.6%	23.7%
READM30PN Pneumonia 30day readmission rate	17.7%	14.4%	17.5%	14.6%	12.1%	15.1%
MORTALITY 30 DAYS DEATH RATE %						
MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.3%	0.0%	1.5%	0.0%	1.4%
MORT30 COPD 30day mortality rate COPD patients	1.8%	1.6%	5.0%	4.2%	0.8%	3.0%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	4.4%	2.7%	3.8%	5.5%	3.3%
MORT30HF Heart failure 30day mortality rate	3.9%	2.3%	5.6%	2.0%	1.3%	3.1%
MORT30PN Pneumonia 30day mortality rate	4.7%	4.9%	4.8%	3.5%	3.8%	4.7%
MORT30STK Stroke 30day mortality rate	8.2%	4.7%	0.8%	5.0%	6.0%	4.8%
USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	38.0%	42.0%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	8.0%	7.4%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	6.0%	7.3%	--	--	--	--



<i>Desired</i> Performance	<i>Ballad Health</i>					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	1.0%	0.7%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	3.0%	4.1%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	2.0%	1.0%	--	--	--	--

Desired
Performance

	VA Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures						
↓	PSI 3 Pressure Ulcer Rate	0.69	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.15	0.42	0.00	0.01
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.58
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.09	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.71	0.63	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.16	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	13.85	9.75	0.00	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.55	4.62	0.00	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	15.52	1.86	0.00	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.36	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.31	0.00	0.00	0.00	1.98
↓	CLABSI	0.000	0.220	0.000	0.000	2.341
↓	CAUTI	0.000	0.089	0.000	2.254	1.138
↓	SSI COLON Surgical Site Infection	4.167	0.000	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	1.389	0.000	0.000	0.000	0.000
↓	MRSA	0.000	0.019	0.000	0.488	0.000
↓	CDIFF	0.461	0.470	0.000	0.000	0.272
General Information-Structural Measures						
YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	No
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes
SURVEY OF PATIENT'S EXPERIENCE						
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	79.3%	84.6%	78.4%	83.8%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	12.8%	17.0%	12.4%	18.0%	12.8%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.4%	4.0%	2.8%	3.4%	3.6%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.8%	86.7%	81.2%	79.2%	79.6%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.0%	9.5%	14.0%	14.8%	15.4%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	4.2%	3.7%	4.8%	6.6%	4.8%

Desired Performance	VA Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	71.2%	74.7%	65.4%	63.2%	73.8%	67.5%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	20.8%	18.0%	25.8%	26.8%	19.6%	24.1%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	8.0%	8.0%	8.6%	9.8%	6.6%	8.3%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	73.2%	75.3%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	20.4%	17.8%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	6.4%	6.8%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	68.8%	71.8%	69.2%	74.8%	64.6%	69.5%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	14.6%	13.0%	11.2%	6.8%	12.8%	10.3%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	16.6%	14.5%	19.8%	18.4%	22.8%	20.3%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.4%	87.3%	85.4%	90.6%	84.0%	86.7%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.6%	12.7%	14.6%	9.4%	16.0%	13.3%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	52.8%	47.8%	51.2%	45.8%	43.0%	46.7%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	43.0%	43.2%	37.8%	43.6%	49.4%	43.6%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	4.2%	5.3%	7.2%	4.0%	5.6%	5.6%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	72.5%	81.8%	77.8%	79.8%	73.4%	77.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	15.8%	12.5%	13.2%	11.8%	23.0%	16.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	11.8%	5.5%	8.6%	8.2%	3.6%	6.8%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	64.6%	70.7%	72.6%	53.6%	58.6%	61.6%

Desired Performance	VA Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	28.2%	23.7%	19.4%	31.2%	33.6%	28.1%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	7.2%	6.0%	8.0%	15.2%	8.0%	10.4%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	8.2%	8.7%	10.8%	11.4%	5.6%	9.3%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	22.4%	15.7%	16.2%	25.0%	17.8%	19.7%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	69.4%	75.7%	73.0%	63.8%	76.8%	71.2%
↑ HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	68.8%	72.7%	66.8%	59.8%	67.0%	64.5%
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	26.0%	25.5%	27.6%	36.0%	28.6%	30.7%
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	5.2%	4.5%	2.4%	3.2%	2.4%	2.7%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	48.8%	50.4%	83.0%	80.0%	72.0%	79.0%
↑ OP30 High risk Polyp Surveillance	90.0%	88.5%	93.0%	78.0%	95.0%	99.0%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	48.0	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	5.6	--	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	97.4%	99.1%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	--	--	--	--	--	--
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	214.60	200.04	225.00	222.75	225.00	224.00
↓ ED2b ED Decision to Transport	63.60	55.21	61.50	56.00	63.00	47.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	120.80	118.17	129.00	127.50	132.00	129.00
OP20 Door to Diagnostic Evaluation RETIRED	13.2	--	--	--	--	--
↑ OP21 Time to pain medication for long bone fractures RETIRED	38.0	--	--	--	--	--
↑ OP22 Left without being seen	0.8%	0.2%	1.1%	0.8%	1.1%	1.0%

Desired Performance	VA Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	46.3%	71.0%	100.0%	33.3%	63.0%	70.5%
PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	98.4%	98.8%	--	--	--	--
IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	98.4%	98.8%	--	--	--	--
BLOOD CLOT PREVENTION/TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	88.0%	--	--	--	--	--
VTE6 HAC VTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PREGNANCY AND DELIVERY CARE %						
PC01 Elective Delivery	1.7%	1.8%	0.0%	0.0%	0.0%	0.0%
SURGICAL COMPLICATIONS RATE						
Hip and Knee Complications	0.00	0.05	0.00	0.00	0.00	0.00
PSI4SURG COMP Death rate among surgical patients with serious treatable complications	147.36	178.18	0.00	0.00	111.11	13.89
PSI90 Complications / patient safety for selected indicators	0.85	0.97	0.97	0.98	0.98	0.97
READMISSIONS 30 DAYS RATE%						
READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	13.9%	10.6%	16.7%	18.2%	15.4%	16.7%
READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	19.2%	18.4%	19.7%	22.2%	26.0%	22.3%
READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.5%	5.5%	0.0%	6.7%	4.0%	3.4%
READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.4%	13.6%	12.2%	11.3%	12.4%	12.0%
READM30 STK Stroke 30day readmission rate	9.7%	17.0%	0.0%	6.7%	7.1%	5.1%
READM30HF Heart Failure 30Day readmissions rate	22.5%	23.6%	20.3%	17.1%	25.0%	20.3%
READM30PN Pneumonia 30day readmission rate	19.0%	15.8%	17.3%	12.2%	13.1%	14.9%
MORTALITY 30 DAYS DEATH RATE %						
MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	1.0%	1.8%	2.7%	2.1%	0.0%	1.7%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	3.7%	6.8%	0.0%	0.0%	22.0%	7.0%
MORT30HF Heart failure 30day mortality rate	3.7%	3.4%	5.9%	0.0%	3.3%	2.9%
MORT30PN Pneumonia 30day mortality rate	2.6%	3.2%	4.8%	1.5%	3.0%	3.1%
MORT30STK Stroke 30day mortality rate	6.0%	4.3%	0.0%	0.0%	0.0%	0.0%
USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	42.0%	40.1%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	3.4%	6.8%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	4.0%	3.1%	--	--	--	--

Desired Performance	VA Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	1.3%	0.7%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	4.1%	4.7%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	0.7%	1.1%	--	--	--	--

Desired
Performance

Dickenson County Hospital

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓	PSI 3 Pressure Ulcer Rate		0.00				
↓	PSI 6 Iatrogenic Pneumothorax Rate		0.00				
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate		0.00				
↓	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00				
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate		0.00				
↓	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	No	No	No	No	No	No
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	No	No
YES	SMSSCHECK Safe Surgery Checklist	--	--	--	--	--	--
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	--	--	--	--	--	--
YES	OP25 Outpatient Safe Surgery Checklist	--	--	--	--	--	--
SURVEY OF PATIENT'S EXPERIENCE							
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well		57.0%				
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well		43.0%				
↓	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%				

Desired Performance	Dickenson County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ 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%				
↓ 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		100.0%				
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled		0.0%				
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled		0.0%				
↑ 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		52.0%				
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital		33.0%				
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital		5.0%				
↑ 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		100.0%				

Desired Performance	Dickenson County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night		0.0%				
↓ 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)		14.0%				
↓ 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)		86.0%				
↑ HRECMND DY Patients who reported Yes, they would definitely recommend the hospital		86.0%				
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital		29.0%				
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital		0.0%				
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	--	--				
↑ OP30 High risk Polyp Surveillance	--	--				
HEART ATTACK						
↓ 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	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Low	Low	Low	Low	Low	Low
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	133.94	347.50	229.00	209.50	209.50
↓ ED2b ED Decision to Transport	--	16.25	25.50	31.00	15.00	29.50
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	--	103.00	105.00	112.00	93.50	105.00
OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--
↑ OP21 Time to pain medication for long bone fractures RETIRED	--	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	1.0%	0.7%	0.5%	0.8%	--

Desired Performance	Dickenson County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	25.0%	90.0%	--	100.0%	--	100.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	--	100.0%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	--	100.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	0.0%	--	--	--	--	--
↓ 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	1.00	1.00	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%	0.0%	--	0.0%	0.0%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	--	5.9%	0.0%	0.0%	0.0%	--
↓ READM30 STK Stroke 30day readmission rate	--	--	--	--	--	--
↓ READM30HF Heart Failure 30Day readmissions rate	--	--	--	--	--	--
↓ READM30PN Pneumonia 30day readmission rate	--	0.0%	0.0%	0.0%	0.0%	0.0%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	--	--	--	--	--	--
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	--	--	--	--	--
MORT30HF Heart failure 30day mortality rate	--	--	--	--	--	--
MORT30PN Pneumonia 30day mortality rate	--	--	--	--	--	--
MORT30STK Stroke 30day mortality rate	--	--	--	--	--	--
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	--	--	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	--	--	--	--	--	--

<i>Desired</i> Performance	<i>Dickenson County Hospital</i>					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	--	--	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	--	--	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	--	--	--	--	--	--

Desired
Performance

		Johnston Memorial Hospital					
		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	1.08	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.14	2.09	0.00	0.00	0.69
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.13	0.00	0.00	0.00	2.91	0.97
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.16	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	0.00	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	0.00	0.00	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.25	5.79	0.00	0.00	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	10.75	0.00	0.00	0.00	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.11	0.00	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.64	0.00	0.00	0.00	9.00	3.00
↓	CLABSI	0.000	0.000	0.000	0.000	5.050	1.742
↓	CAUTI	0.000	0.000	0.000	2.270	2.300	1.606
↓	SSI COLON Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	0.000	0.000	0.000	--	0.000	0.000
↓	MRSA	0.000	0.000	0.000	0.430	0.000	0.150
↓	CDIFF	1.052	0.550	0.000	0.000	0.000	0.000
General Information-Structural Measures							
YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	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	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	77.0%	77.0%	84.0%	74.0%	80.0%	80.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	17.0%	18.0%	10.0%	21.0%	15.0%	15.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	6.0%	5.0%	6.0%	4.0%	5.0%	5.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	79.0%	82.0%	80.0%	79.0%	80.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	14.0%	16.0%	10.0%	15.0%	15.0%	13.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	6.0%	5.0%	8.0%	6.0%	5.0%	6.0%

Desired Performance	Johnston Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	60.0%	53.0%	65.0%	66.0%	65.0%	65.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	27.0%	32.0%	23.0%	25.0%	24.0%	24.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	13.0%	16.0%	12.0%	9.0%	11.0%	11.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	68.0%	62.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	23.0%	26.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	9.0%	11.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	61.0%	60.0%	65.0%	57.0%	65.0%	63.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	16.0%	20.0%	10.0%	15.0%	22.0%	16.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	23.0%	20.0%	25.0%	28.0%	13.0%	22.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	83.0%	85.0%	85.0%	84.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	13.0%	17.0%	15.0%	15.0%	16.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	49.0%	44.0%	50.0%	50.0%	53.0%	51.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	45.0%	47.0%	37.0%	40.0%	39.0%	39.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	6.0%	6.0%	8.0%	5.0%	6.0%	6.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	68.0%	68.0%	82.0%	78.0%	80.0%	80.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	20.0%	19.0%	15.0%	11.0%	16.0%	14.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	12.0%	8.0%	3.0%	11.0%	3.0%	6.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	60.0%	61.0%	70.0%	72.0%	68.0%	70.0%

Desired Performance	Johnston Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	32.0%	31.0%	18.0%	23.0%	26.0%	23.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	8.0%	8.0%	12.0%	5.0%	6.0%	8.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	12.0%	11.0%	10.0%	9.0%	8.0%	9.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	20.0%	21.0%	11.0%	22.0%	18.0%	17.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	68.0%	68.0%	80.0%	69.0%	74.0%	74.0%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	65.0%	65.0%	74.0%	69.0%	69.0%	71.0%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	28.0%	28.0%	18.0%	23.0%	24.0%	22.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	7.0%	7.0%	2.0%	8.0%	7.0%	5.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
↑ OP30 High risk Polyp Surveillance	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
HEART ATTACK						
↓ 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	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	100.0%	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	High	High	High	High	High	High
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	272.00	259.00	253.00	235.00	239.00	237.00
↓ ED2b ED Decision to Transport	112.00	89.50	81.50	67.00	74.00	72.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	143.00	137.50	121.00	133.00	145.50	134.00
OP20 Door to Diagnostic Evaluation RETIRED	11.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	28.0	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.0%	0.3%	0.1%	0.3%	--

Desired Performance	Johnston Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	57.1%	73.3%	--	0.0%	50.0%	50.0%
PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	97.0%	96.2%	--	--	--	--
IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	99.0%	99.0%	--	--	--	--
BLOOD CLOT PREVENTION/TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
VTE6 HAC VTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PREGNANCY AND DELIVERY CARE %						
PC01 Elective Delivery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SURGICAL COMPLICATIONS RATE						
Hip and Knee Complications	0.00	0.05	0.00	0.00	0.00	0.00
PSI4SURG COMP Death rate among surgical patients with serious treatable complications	147.36	206.35	0.00	0.00	0.00	0.00
PSI90 Complications / patient safety for selected indicators	0.75	--	0.95	0.95	0.93	0.94
READMISSIONS 30 DAYS RATE%						
READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.1%	10.0%	9.5%	10.0%	10.0%	9.8%
READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	16.6%	25.0%	28.6%	27.3%	44.4%	32.4%
READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7.3%	3.0%	0.0%	0.0%	0.0%	0.0%
READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	11.5%	14.2%	12.3%	11.0%	12.6%	12.0%
READM30 STK Stroke 30day readmission rate	9.9%	13.0%	0.0%	0.0%	10.0%	4.0%
READM30HF Heart Failure 30Day readmissions rate	22.1%	26.3%	26.3%	7.7%	0.0%	15.0%
READM30PN Pneumonia 30day readmission rate	18.9%	16.0%	15.7%	19.4%	15.6%	16.7%
MORTALITY 30 DAYS DEATH RATE %						
MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	0.7%	4.0%	5.3%	10.0%	0.0%	4.9%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	3.0%	7.0%	0.0%	0.0%	3.8%	1.3%
MORT30HF Heart failure 30day mortality rate	2.3%	4.0%	11.1%	0.0%	0.0%	3.7%
MORT30PN Pneumonia 30day mortality rate	4.2%	6.0%	6.0%	60.0%	5.4%	5.8%
MORT30STK Stroke 30day mortality rate	2.4%	7.0%	0.0%	0.0%	0.0%	0.0%
USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	35.4%	40.0%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	3.4%	3.3%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	2.0%	2.3%	--	--	--	--

<i>Desired</i> Performance	<i>Johnston Memorial Hospital</i>					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.8%	0.3%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	4.7%	7.1%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	1.0%	0.8%	--	--	--	--

Desired
Performance

		Lonesome Pine Hospital					
		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	1.29	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	10.64	0.00	0.00	0.00	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.61	0.00	0.00	0.00	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	5.82	0.00	0.00	0.00	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.26	0.00	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.00	0.00	0.00	0.00	0.00
↓	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	1.210	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	5.556	0.000	--	0.000	0.000	0.000
↓	MRSA	0.000	0.000	0.000	0.000	0.000	0.000
↓	CDIFF	0.315	0.370	0.000	0.000	3.750	0.000
General Information-Structural Measures							
YES	ACS REGISTRY	No	No	No	No	No	No
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	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	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	No	No	No	No	No	No
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	83.0%	83.0%	82.0%	73.0%	89.0%	81.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	12.0%	9.0%	18.0%	17.0%	11.0%	16.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	5.0%	8.0%	0.0%	10.0%	0.0%	3.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	83.0%	91.0%	77.0%	78.0%	82.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	13.0%	10.0%	6.0%	7.0%	19.0%	10.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	5.0%	7.0%	3.0%	17.0%	4.0%	8.0%

Desired Performance	Lonesome Pine Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	72.0%	79.0%	69.0%	54.0%	67.0%	63.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	20.0%	14.0%	31.0%	31.0%	25.0%	29.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	8.0%	7.0%	0.0%	15.0%	8.0%	8.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	75.0%	79.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	18.0%	11.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	7.0%	10.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	71.0%	76.0%	75.0%	70.0%	70.0%	71.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	13.0%	8.0%	0.0%	0.0%	10.0%	4.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	16.0%	13.0%	25.0%	30.0%	20.0%	25.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	86.0%	85.0%	85.0%	87.0%	85.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	14.0%	15.0%	15.0%	13.0%	15.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	51.0%	47.0%	52.0%	41.0%	52.0%	48.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	44.0%	48.0%	28.0%	45.0%	48.0%	40.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	5.0%	6.0%	14.0%	3.0%	0.0%	6.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	72.0%	80.0%	82.0%	90.0%	89.0%	87.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	17.0%	15.0%	9.0%	0.0%	11.0%	7.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	11.0%	8.0%	9.0%	10.0%	0.0%	7.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	66.0%	74.0%	80.0%	60.0%	56.0%	66.0%

Desired Performance	Lonesome Pine Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	27.0%	18.0%	20.0%	20.0%	33.0%	24.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	7.0%	8.0%	0.0%	20.0%	11.0%	10.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.0%	7.0%	10.0%	10.0%	0.0%	7.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	23.0%	23.0%	10.0%	30.0%	33.0%	24.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	70.0%	69.0%	80.0%	60.0%	67.0%	69.0%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	70.0%	72.0%	70.0%	50.0%	75.0%	64.0%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	24.0%	22.0%	20.0%	50.0%	25.0%	32.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	6.0%	6.0%	10.0%	0.0%	0.0%	4.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	31.0%	41.2%	17.0%	10.0%	45.0%	21.0%
↑ OP30 High risk Polyp Surveillance	70.0%	64.7%	83.0%	40.0%	89.0%	75.0%
HEART ATTACK						
↓ 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	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	95.0%	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	213.00	243.68	228.00	221.00	250.00	250.30
↓ ED2b ED Decision to Transport	53.00	56.50	78.00	56.00	81.00	69.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	120.00	117.00	110.00	120.00	101.00	110.00
OP20 Door to Diagnostic Evaluation RETIRED	23.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	64.0	--	--	--	--	--
↑ OP22 Left without being seen	0.0%	0.0%	0.2%	0.3%	0.1%	--

Desired Performance	Lonesome Pine Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	54.5%	50.0%	100.0%	--	--	100.0%
PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	96.0%	99.0%	--	--	--	--
IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	99.0%	99.0%	--	--	--	--
BLOOD CLOT PREVENTION/TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	88.0%	--	--	--	--	--
VTE6 HAC VTE	--	--	--	--	--	--
PREGNANCY AND DELIVERY CARE %						
PC01 Elective Delivery	5.0%	0.0%	--	--	--	--
SURGICAL COMPLICATIONS RATE						
Hip and Knee Complications	--	0.00	--	--	--	--
PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	--	--	0.00	--	0.00
PSI90 Complications / patient safety for selected indicators	0.89	0.97	0.99	0.99	0.99	0.99
READMISSIONS 30 DAYS RATE%						
READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	17.2%	13.0%	--	--	--	--
READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	28.4%	18.0%	12.5%	10.0%	16.7%	12.5%
READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	10.0%	0.0%	33.3%	50.0%	28.6%
READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	16.5%	11.7%	11.2%	13.5%	12.3%	12.2%
READM30 STK Stroke 30day readmission rate	--	0.0%	0.0%	0.0%	0.0%	0.0%
READM30HF Heart Failure 30Day readmissions rate	32.5%	32.0%	11.8%	20.0%	50.0%	19.2%
READM30PN Pneumonia 30day readmission rate	24.8%	24.0%	25.0%	11.8%	20.0%	20.0%
MORTALITY 30 DAYS DEATH RATE %						
MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	1.2%	2.0%	0.0%	0.0%	0.0%	0.0%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	2.8%	6.0%	0.0%	0.0%	--	0.0%
MORT30HF Heart failure 30day mortality rate	6.1%	0.0%	0.0%	0.0%	0.0%	0.0%
MORT30PN Pneumonia 30day mortality rate	2.1%	0.0%	7.1%	0.0%	7.7%	4.9%
MORT30STK Stroke 30day mortality rate	14.5%	0.0%	0.0%	0.0%	--	0.0%
USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	47.7%	44.6%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	5.2%	6.4%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	9.4%	4.4%	--	--	--	--

Desired Performance	Lonesome Pine Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	3.9%	1.3%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	5.5%	3.2%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	1.4%	1.5%	--	--	--	--

Desired
Performance

		Norton Community Hospital					
		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	0.33	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.54	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.96	0.00	0.00	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	12.33	0.00	0.00	0.00	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.14	0.00	0.00	0.00	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	35.72	0.00	0.00	0.00	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.79	0.00	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.74	0.00	0.00	0.00	0.00	0.00
↓	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000	4.570	0.000	1.712
↓	SSI COLON Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	0.000	0.000	0.000	--	0.000	--
↓	MRSA	0.000	0.000	0.000	1.190	0.000	0.449
↓	CDIFF	0.265	0.300	0.000	0.000	0.000	0.000
General Information-Structural Measures							
YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	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	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%	83.0%	83.0%	84.0%	85.0%	84.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14.0%	14.0%	14.0%	13.0%	8.0%	12.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.0%	4.0%	2.0%	3.0%	7.0%	4.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	82.0%	77.0%	82.0%	73.0%	78.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.0%	15.0%	18.0%	14.0%	13.0%	15.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	4.0%	3.0%	5.0%	4.0%	13.0%	7.0%

Desired Performance	Norton Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	70.0%	66.0%	51.0%	74.0%	72.0%	66.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	22.0%	24.0%	32.0%	16.0%	20.0%	23.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	8.0%	10.0%	16.0%	9.0%	8.0%	11.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	71.0%	60.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	22.0%	31.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	7.0%	9.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	66.0%	65.0%	65.0%	71.0%	67.0%	68.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	14.0%	17.0%	13.0%	7.0%	5.0%	9.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	20.0%	17.0%	23.0%	22.0%	29.0%	24.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	80.0%	81.0%	89.0%	72.0%	83.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.0%	17.0%	19.0%	11.0%	28.0%	17.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	53.0%	45.0%	44.0%	55.0%	51.0%	50.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	42.0%	46.0%	45.0%	38.0%	38.0%	41.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	5.0%	6.0%	9.0%	5.0%	9.0%	7.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	71.0%	77.0%	71.0%	69.0%	80.0%	73.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	18.0%	16.0%	18.0%	25.0%	15.0%	20.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	11.0%	8.0%	11.0%	6.0%	5.0%	8.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	61.0%	57.0%	54.0%	53.0%	53.0%	53.0%

Desired Performance	Norton Community Hospital						
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19	
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	28.0%	33.0%	25.0%	30.0%	42.0%	31.0%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	11.0%	10.0%	21.0%	17.0%	5.0%	16.0%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	8.0%	9.0%	21.0%	15.0%	10.0%	16.0%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	20.0%	14.0%	9.0%	25.0%	15.0%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.0%	70.0%	64.0%	76.0%	65.0%	69.0%
↑	HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	73.0%	66.0%	50.0%	70.0%	60.0%	60.0%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.0%	29.0%	50.0%	21.0%	35.0%	35.0%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	6.0%	6.0%	0.0%	3.0%	5.0%	2.0%
	CATARACT SURGERY OUTCOME %						
↑	OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
	COLONOSCOPY FOLLOWUP %						
↑	OP29 Avg Risk Polyp Surveillance	13.0%	11.0%	11.0%	11.0%	11.0%	11.0%
↑	OP30 High risk Polyp Surveillance	--	--	100.0%	100.0%	100.0%	100.0%
	HEART ATTACK						
↓	OP3b Median Time to Transfer AMI - RETIRED	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain - RETIRED	9.0	--	--	--	--	--
	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	94.0%	96.6%	--	--	--	--
	STROKE CARE %						
	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
↓	ED THROUGHPUT						
↓	EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	244.00	222.32	230.00	213.00	224.00	226.30
↓	ED2b ED Decision to Transport	74.00	61.00	61.50	59.00	63.00	56.50
↑	Median Time from ED Arrival to Departure for Outpatients (18b)	154.00	138.75	142.50	125.00	147.00	142.50
	OP20 Door to Diagnostic Evaluation RETIRED	14.0	--	--	--	--	--
↑	OP21 Time to pain medication for long bone fractures RETIRED	53.0	--	--	--	--	--
↑	OP22 Left without being seen	1.0%	0.0%	0.2%	0.3%	0.4%	0.3%

Desired Performance	Norton Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	66.7%	57.1%	--	0.0%	100.0%	73.3%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	99.0%	99.0%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	97.0%	99.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓ PREGNANCY AND DELIVERY CARE %						
↓ PC01 Elective Delivery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓ SURGICAL COMPLICATIONS RATE						
↓ Hip and Knee Complications	--	--	--	--	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	150.00	0.00	0.00	0.00	0.00
↓ PSI90 Complications / patient safety for selected indicators	0.89	--	0.92	0.96	0.99	0.95
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	2.4%	20.0%	--	--	--	--
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	14.8%	16.0%	10.5%	22.2%	0.0%	11.4%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	0.0%	--	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.2%	12.3%	11.0%	8.2%	10.4%	10.0%
↓ READM30 STK Stroke 30day readmission rate	10.0%	10.0%	--	20.0%	0.0%	16.7%
↓ READM30HF Heart Failure 30Day readmissions rate	20.1%	17.0%	7.7%	37.5%	20.0%	19.2%
↓ READM30PN Pneumonia 30day readmission rate	16.1%	11.0%	15.0%	0.0%	0.0%	7.7%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	0.7%	0.5%	0.0%	0.0%	0.0%	0.0%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	8.9%	12.0%	0.0%	0.0%	0.0%	0.0%
MORT30HF Heart failure 30day mortality rate	1.4%	3.0%	16.7%	0.0%	16.7%	11.1%
MORT30PN Pneumonia 30day mortality rate	1.6%	3.0%	0.0%	0.0%	0.0%	0.0%
MORT30STK Stroke 30day mortality rate	2.5%	5.0%	0.0%	0.0%	0.0%	0.0%
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	42.9%	--	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	3.2%	11.6%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	4.7%	5.1%	--	--	--	--

Desired Performance	Norton Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.8%	0.0%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	2.6%	3.1%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	0.5%	--	--	--	--	--

Desired
Performance

		Smyth County Community Hospital					
		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	0.35	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00	0.00	0.00	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.21	5.98	0.00	0.00	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	9.79	0.00	0.00	0.00	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.29	0.00	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.46	0.00	0.00	0.00	0.00	0.00
↓	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	16.667	0.000	0.000	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	0.000	0.000	--	--	--	--
↓	MRSA	0.000	0.000	0.000	0.000	0.000	0.000
↓	CDIFF	0.174	0.330	0.000	0.000	0.000	0.000
General Information-Structural Measures							
YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	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	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	85.0%	86.0%	84.0%	86.0%	77.0%	83.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	12.0%	11.0%	10.0%	14.0%	22.0%	14.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	3.0%	6.0%	0.0%	2.0%	3.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	88.0%	87.0%	86.0%	76.0%	84.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	9.0%	9.0%	12.0%	13.0%	22.0%	15.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	3.0%	1.0%	2.0%	2.0%	1.0%

Desired Performance	Smyth County Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	76.0%	73.0%	71.0%	62.0%	75.0%	69.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	18.0%	19.0%	19.0%	32.0%	19.0%	23.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	6.0%	8.0%	10.0%	6.0%	6.0%	8.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	73.0%	80.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	22.0%	17.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	5.0%	3.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	73.0%	66.0%	71.0%	76.0%	71.0%	72.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	16.0%	16.0%	13.0%	12.0%	10.0%	12.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	11.0%	18.0%	16.0%	12.0%	19.0%	16.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	89.0%	96.0%	94.0%	85.0%	93.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	9.0%	11.0%	4.0%	6.0%	15.0%	7.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	61.0%	53.0%	65.0%	44.0%	34.0%	50.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	37.0%	40.0%	29.0%	47.0%	55.0%	41.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	2.0%	3.0%	5.0%	3.0%	9.0%	6.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	75.0%	84.0%	90.0%	91.0%	80.0%	88.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	8.0%	11.0%	3.0%	9.0%	10.0%	7.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	17.0%	5.0%	6.0%	0.0%	10.0%	5.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	72.0%	67.0%	73.0%	45.0%	53.0%	59.0%

Desired Performance	Smyth County Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	24.0%	29.0%	27.0%	45.0%	42.0%	37.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	4.0%	5.0%	0.0%	9.0%	5.0%	4.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	5.0%	5.0%	13.0%	10.0%	10.0%	11.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.0%	12.0%	10.0%	14.0%	0.0%	8.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	77.0%	83.0%	77.0%	76.0%	90.0%	81.0%
↑ HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	75.0%	75.0%	76.0%	67.0%	60.0%	69.0%
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	22.0%	22.0%	21.0%	29.0%	30.0%	26.0%
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	3.0%	0.0%	5.0%	0.0%	1.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
↑ OP30 High risk Polyp Surveillance	100.0%	92.3%	94.0%	94.0%	94.0%	94.0%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	48.0	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	3.0	--	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	99.0%	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Low	Low	Low	Low	Low	Low
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	176.00	176.54	205.00	195.50	174.50	185.50
↓ ED2b ED Decision to Transport	40.00	41.25	47.50	35.50	34.50	34.50
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	97.00	106.75	94.00	109.00	100.00	100.00
OP20 Door to Diagnostic Evaluation RETIRED	11.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	25.0	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.0%	0.6%	0.4%	0.4%	--

Desired Performance	Smyth County Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	75.0%	60.0%	100.0%	100.0%	100.0%	100.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	100.0%	100.0%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	99.0%	98.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	--	0.0%	0.0%	0.0%	0.0%	0.0%
↓ PREGNANCY AND DELIVERY CARE %						
↓ PC01 Elective Delivery	--	--	--	--	--	--
↓ SURGICAL COMPLICATIONS RATE						
↓ Hip and Knee Complications	0.00	0.08	0.00	0.00	0.00	0.00
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	--	--	--	--	--
↓ PSI90 Complications / patient safety for selected indicators	0.83	--	0.98	0.99	0.99	0.99
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	17.9%	18.0%	100.0%	100.0%	--	100.0%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.5%	19.0%	18.2%	10.0%	22.2%	16.7%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.1%	6.0%	0.0%	5.9%	0.0%	2.2%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.7%	13.0%	14.9%	10.1%	8.2%	11.2%
↓ READM30 STK Stroke 30day readmission rate	11.8%	4.0%	0.0%	0.0%	--	0.0%
↓ READM30HF Heart Failure 30Day readmissions rate	18.8%	21.0%	33.3%	33.3%	100.0%	45.5%
↓ READM30PN Pneumonia 30day readmission rate	16.3%	13.0%	12.5%	12.5%	0.0%	8.7%
↓ 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%	8.7%	0.0%	0.0%	0.0%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MORT30HF Heart failure 30day mortality rate	5.5%	1.0%	0.0%	0.0%	0.0%	0.0%
MORT30PN Pneumonia 30day mortality rate	2.8%	3.0%	10.0%	0.0%	0.0%	3.9%
MORT30STK Stroke 30day mortality rate	4.5%	5.0%	0.0%	--	0.0%	0.0%
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	--	35.6%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	3.8%	6.1%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	0.5%	1.5%	--	--	--	--

Desired Performance	Smyth County Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.0%	0.0%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	3.7%	5.5%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	0.0%	1.0%	--	--	--	--

Desired
Performance

		Russell County Hospital					
		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	0.41	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.40	0.00	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	0.00	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	0.00	--	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis		0.00	--	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate		0.00	--	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate		0.00	--	0.00	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate		250.00	--	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate		0.00	--	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.39	0.00	0.00	0.00	0.00	0.00
↓	CLABSI	0.000	4.780	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						
↓	SSI HYST Surgical Site Infection						
↓	MRSA	0.000	0.310	0.000	0.000	0.000	0.000
↓	CDIFF	0.498	0.620	0.000	0.000	0.000	0.000
General Information-Structural Measures							
YES	ACS REGISTRY	No	No	No	No	No	No
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	No	No
YES	SMSSCHECK Safe Surgery Checklist	No	No	No	No	No	No
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	87.0%	90.0%	90.0%	75.0%	88.0%	85.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	9.0%	7.0%	10.0%	25.0%	8.0%	13.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.0%	4.0%	0.0%	0.0%	4.0%	1.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	89.0%	88.0%	69.0%	71.0%	92.0%	76.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	8.0%	7.0%	24.0%	25.0%	8.0%	20.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	4.0%	7.0%	4.0%	0.0%	4.0%

Desired Performance	Russell County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	78.0%	77.0%	71.0%	60.0%	90.0%	73.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	17.0%	19.0%	24.0%	30.0%	10.0%	22.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	5.0%	7.0%	5.0%	10.0%	0.0%	5.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	79.0%	71.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	17.0%	22.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	4.0%	8.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	73.0%	64.0%	70.0%	100.0%	50.0%	67.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	14.0%	17.0%	20.0%	0.0%	17.0%	17.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	13.0%	19.0%	10.0%	0.0%	33.0%	17.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	82.0%	82.0%	100.0%	91.0%	89.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	21.0%	18.0%	0.0%	9.0%	11.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	50.0%	46.0%	45.0%	39.0%	25.0%	38.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	47.0%	45.0%	50.0%	48.0%	67.0%	54.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	3.0%	6.0%	0.0%	4.0%	4.0%	2.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	76.0%	82.0%	64.0%	71.0%	38.0%	59.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	16.0%	14.0%	21.0%	14.0%	63.0%	31.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	8.0%	4.0%	14.0%	14.0%	0.0%	10.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	64.0%	65.0%	86.0%	38.0%	63.0%	67.0%

Desired Performance	Russell County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	30.0%	31.0%	7.0%	38.0%	25.0%	20.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	6.0%	5.0%	7.0%	25.0%	13.0%	13.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	9.0%	6.0%	0.0%	13.0%	0.0%	3.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	32.0%	18.0%	36.0%	50.0%	13.0%	33.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	59.0%	78.0%	64.0%	38.0%	88.0%	63.0%
↑ HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	61.0%	72.0%	64.0%	43.0%	71.0%	61.0%
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	35.0%	23.0%	29.0%	57.0%	29.0%	36.0%
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.0%	5.0%	0.0%	0.0%	0.0%	0.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	0.0%	0.0%	16.0%	16.0%	82.0%	16.0%
↑ OP30 High risk Polyp Surveillance	--	85.7%	82.0%	--	100.0%	100.0%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	--	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	6.0	--	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	99.0%	98.1%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Low	Low	Low	Low	Low	Low
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	168.00	164.77	167.50	158.00	175.00	170.00
↓ ED2b ED Decision to Transport	39.09	67.50	38.50	38.00	37.00	37.50
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	90.00	106.00	108.50	83.50	98.00	98.00
OP20 Door to Diagnostic Evaluation RETIRED	7.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	20.0	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Desired Performance	Russell County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	0.0%	--	0.0%	0.0%	0.0%	0.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	100.0%	99.6%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	98.0%	98.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	--	0.0%	0.0%	0.0%	0.0%	0.0%
↓ 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	0.89	--	1.00	1.00	1.00	1.00
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	20.0%	57.1%	50.0%	--	--	50.0%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	17.6%	22.0%	20.0%	36.4%	20.0%	26.9%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	15.0%	17.9%	14.7%	19.1%	21.1%	18.4%
↓ READM30 STK Stroke 30day readmission rate	7.1%	0.0%	--	--	0.0%	0.0%
↓ READM30HF Heart Failure 30Day readmissions rate	19.0%	24.0%	50.0%	0.0%	20.0%	20.0%
↓ READM30PN Pneumonia 30day readmission rate	18.7%	11.0%	20.0%	0.0%	25.0%	11.1%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	0.9%	2.0%	7.7%	0.0%	0.0%	2.7%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	9.0%	--	--	100.0%	100.0%
MORT30HF Heart failure 30day mortality rate	3.4%	9.0%	0.0%	0.0%	0.0%	0.0%
MORT30PN Pneumonia 30day mortality rate	2.1%	4.0%	0.0%	0.0%	0.0%	0.0%
MORT30STK Stroke 30day mortality rate	--	--	--	--	--	--
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	1.4%	6.4%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	3.3%	2.3%	--	--	--	--

Desired Performance	Russell County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	1.1%	1.9%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	3.8%	--	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	--	--	--	--	--	--

Desired
Performance

	TN Ballad Health						
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19	
Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	0.44	1.28	0.62	0.00	0.40	0.34
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.40	0.25	0.19	0.18	0.20	0.19
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.14	0.06	0.09	0.06	0.06	0.34
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.08	0.00	0.00	0.03
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.49	1.77	3.18	1.17	0.03	1.56
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.05	0.11	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	13.08	8.24	13.36	5.38	4.76	8.24
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.52	3.41	2.79	3.75	3.78	3.41
↓	PSI 13 Postoperative Sepsis Rate	8.60	4.01	1.55	4.17	5.93	4.01
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.22	1.12	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.48	1.14	0.00	0.64	0.00	2.08
↓	CLABSI	0.386	0.706	0.000	1.232	0.586	0.597
↓	CAUTI	0.319	0.747	0.707	1.057	0.547	0.770
↓	SSI COLON Surgical Site Infection	1.148	2.100	10.000	4.054	0.000	4.680
↓	SSI HYST Surgical Site Infection	1.469	0.630	0.000	0.000	0.000	0.000
↓	MRSA	0.031	0.059	0.097	0.260	0.033	0.131
↓	CDIFF	0.423	0.648	0.274	0.448	0.612	0.442
General Information-Structural Measures							
YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	Yes	Yes	Yes	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	82.8%	84.7%	81.2%	83.8%	82.0%	82.3%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.9%	11.9%	15.2%	12.9%	13.2%	13.8%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.3%	4.0%	3.6%	3.3%	4.8%	3.9%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	83.4%	83.0%	82.2%	83.2%	82.8%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	12.0%	12.0%	12.9%	13.4%	12.3%	12.9%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.8%	4.7%	4.3%	4.3%	4.6%	4.5%

Desired Performance	TN Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	73.5%	75.7%	72.0%	73.5%	68.9%	71.5%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	20.5%	18.0%	19.5%	20.3%	22.6%	20.8%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	6.0%	6.5%	8.3%	5.9%	8.4%	7.5%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	74.5%	71.5%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	19.3%	19.5%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	5.7%	9.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	67.8%	73.1%	65.3%	69.4%	70.2%	68.3%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	17.3%	19.0%	18.4%	14.3%	14.1%	15.6%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	15.7%	20.6%	16.2%	16.1%	16.1%	16.1%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.1%	88.2%	85.7%	87.1%	86.9%	86.6%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.9%	11.5%	14.3%	13.0%	13.1%	13.5%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	55.3%	51.9%	44.8%	54.9%	46.2%	48.6%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	39.0%	42.0%	46.0%	38.0%	44.3%	42.8%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	4.8%	4.3%	4.2%	3.7%	4.2%	4.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	74.5%	81.5%	73.5%	78.6%	72.9%	75.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	17.0%	12.2%	16.9%	14.5%	17.9%	16.6%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	8.5%	7.4%	9.8%	7.2%	8.9%	8.6%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	67.4%	72.5%	67.3%	65.5%	62.6%	66.2%

Desired Performance	TN Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	26.3%	21.5%	25.6%	24.4%	32.1%	25.9%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	6.4%	7.6%	6.9%	10.1%	5.4%	7.9%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.5%	6.2%	7.0%	7.5%	11.6%	8.5%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	17.4%	15.3%	19.2%	15.5%	15.0%	16.8%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	75.1%	67.6%	73.8%	76.9%	73.4%	74.7%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	75.9%	76.9%	69.5%	75.0%	71.0%	72.1%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	19.5%	20.3%	25.8%	21.3%	21.8%	23.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.6%	4.6%	3.3%	3.2%	2.5%	3.3%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	82.3%	85.2%	100.0%	93.8%	100.0%	81.3%
↑ OP30 High risk Polyp Surveillance	76.8%	83.5%	100.0%	100.0%	100.0%	91.3%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	65.0	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	7.1	--	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	97.5%	99.3%	--	--	--	--
STROKE CARE %						
↓ STK4 Thrombolytic Therapy --RETIRED	83.0%	92.9%	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	--	--	--	--	--	--
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	231.50	215.71	222.00	223.50	244.50	222.00
↓ ED2b ED Decision to Transport	90.00	61.05	69.50	70.50	73.00	68.25
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	128.90	134.67	124.00	124.50	140.00	127.75
OP20 Door to Diagnostic Evaluation RETIRED	19.7	7.1	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	49.0	--	--	--	--	--
↑ OP22 Left without being seen	0.9%	0.8%	0.9%	1.0%	1.1%	1.4%

Desired Performance	TN Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	44.4%	83.6%	90.9%	80.0%	100.0%	100.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	96.9%	98.2%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	97.0%	98.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	55.5%	--	--	--	--	--
↓ VTE6 HAC VTE	1.4%	0.5%	0.0%	0.0%	0.0%	0.0%
↓ PREGNANCY AND DELIVERY CARE %						
PC01 Elective Delivery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓ SURGICAL COMPLICATIONS RATE						
↓ Hip and Knee Complications	0.00	0.05	0.34	0.04	0.06	0.04
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	135.72	133.74	109.75	136.36	200.00	131.55
↓ PSI90 Complications / patient safety for selected indicators	0.93	0.89	0.98	0.99	0.97	0.98
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.6%	13.0%	12.1%	12.0%	11.6%	11.9%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	11.0%	7.9%	5.0%	10.9%	8.0%
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	17.8%	20.0%	20.1%	21.2%	19.6%	20.3%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.4%	4.0%	4.6%	1.8%	4.4%	3.6%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.3%	12.2%	12.2%	12.3%	11.3%	11.9%
↓ READM30 STK Stroke 30day readmission rate	9.4%	10.0%	7.3%	6.8%	9.5%	7.8%
↓ READM30HF Heart Failure 30Day readmissions rate	19.7%	24.0%	21.9%	26.0%	25.6%	24.4%
↓ READM30PN Pneumonia 30day readmission rate	17.0%	16.0%	17.6%	15.3%	11.9%	15.2%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.5%	0.0%	2.1%	0.0%	1.0%
MORT30 COPD 30day mortality rate COPD patients	2.8%	2.3%	5.6%	30.3%	0.6%	3.1%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	7.1%	3.2%	1.4%	2.2%	5.7%	3.1%
MORT30HF Heart failure 30day mortality rate	5.3%	3.1%	3.4%	1.0%	0.4%	6.6%
MORT30PN Pneumonia 30day mortality rate	7.2%	4.4%	3.1%	28.4%	3.0%	2.8%
MORT30STK Stroke 30day mortality rate	10.4%	4.7%	0.4%	2.4%	2.8%	2.1%
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	40.7%	43.1%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	8.3%	7.8%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	7.1%	9.2%	--	--	--	--

Desired Performance	TN Ballad Health					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.9%	0.7%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	3.5%	3.8%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	1.4%	1.0%	--	--	--	--

Desired
Performance

Bristol Regional Medical Center

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓	PSI 3 Pressure Ulcer Rate	0.80	2.28	2.32	0.00	2.46	1.57
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.32	0.07	0.85	0.00	0.00	0.29
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.09	0.00	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.16	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.72	4.54	7.55	0.00	0.00	2.37
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.97	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.50	10.80	9.26	13.07	8.55	10.58
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.25	2.43	7.14	6.10	0.00	4.47
↓	PSI 13 Postoperative Sepsis Rate	8.88	3.57	0.00	0.00	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.95	0.00	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	1.25	0.00	4.50	0.00	1.57
↓	CLABSI	1.202	0.722	0.000	0.000	0.000	0.000
↓	CAUTI	0.824	0.958	0.842	0.888	0.980	0.900
↓	SSI COLON Surgical Site Infection	0.000	1.333	0.000	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	0.000	1.587	0.000	0.000	0.000	0.000
↓	MRSA	0.056	0.094	0.000	0.313	0.000	0.107
↓	CDIFF	0.719	0.740	0.322	0.163	0.699	0.387
General Information-Structural Measures							
YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	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	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	No	No	No	No	No	No
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%	85.4%	85.0%	89.0%	83.0%	85.7%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14.0%	9.7%	10.0%	7.0%	11.0%	9.3%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.0%	1.0%	4.0%	4.0%	6.0%	4.7%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	83.0%	82.0%	88.0%	81.0%	83.7%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	14.0%	10.6%	14.0%	9.0%	12.0%	11.7%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	2.0%	49.0%	5.0%	3.0%	7.0%	5.0%

Desired Performance	Bristol Regional Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	69.0%	71.3%	67.0%	73.0%	66.0%	68.7%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	23.0%	20.0%	21.0%	20.0%	23.0%	21.3%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	8.0%	9.5%	12.0%	7.0%	10.0%	9.7%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	74.0%	80.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	21.0%	20.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	5.0%	0.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	67.0%	75.0%	59.0%	68.0%	63.0%	63.3%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	17.0%	13.0%	17.0%	7.0%	18.0%	14.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	16.0%	12.0%	25.0%	24.0%	20.0%	23.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	87.0%	91.0%	93.0%	88.0%	90.7%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.0%	13.0%	9.0%	7.0%	12.0%	9.3%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	53.0%	56.0%	54.0%	60.0%	52.0%	55.3%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	42.0%	41.0%	38.0%	33.0%	40.0%	37.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	5.0%	3.0%	4.0%	2.0%	2.0%	2.7%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.0%	85.0%	67.0%	75.0%	70.0%	70.7%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	22.0%	17.0%	20.0%	14.0%	25.0%	19.7%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	16.0%	3.0%	13.0%	12.0%	9.0%	11.3%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	65.0%	68.0%	68.0%	76.0%	50.0%	64.7%

Desired Performance	Bristol Regional Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	28.0%	22.0%	23.0%	16.0%	50.0%	29.7%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	7.0%	10.0%	9.0%	8.0%	0.0%	5.7%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.0%	7.0%	6.0%	5.0%	7.0%	6.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	16.0%	17.0%	17.0%	17.0%	21.0%	18.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	77.0%	76.0%	77.0%	78.0%	71.0%	76.0%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	78.0%	80.0%	73.0%	78.0%	75.0%	75.0%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	19.0%	16.0%	22.0%	20.0%	21.0%	21.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	4.0%	3.0%	1.0%	0.0%	1.3%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	57.0%	72.7%	100.0%	100.0%	100.0%	100.0%
↑ OP30 High risk Polyp Surveillance	46.0%	70.0%	100.0%	100.0%	50.0%	100.0%
HEART ATTACK						
↓ 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	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	100.0%	--	--	--	--
STROKE CARE %						
↓ STK4 Thrombolytic Therapy --RETIRED	83.0%	100.0%	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	High	High	High	High	High	High
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	255.00	284.00	275.00	288.00	276.00	276.50
↓ ED2b ED Decision to Transport	96.00	14.00	114.50	115.00	135.00	115.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	147.00	151.00	150.00	123.00	183.00	150.00
OP20 Door to Diagnostic Evaluation RETIRED	23.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	43.0	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.4%	0.8%	0.9%	1.2%	1.0%

Desired Performance	Bristol Regional Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	60.0%	100.0%	100.0%	100.0%	100.0%	100.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	96.0%	99.6%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	99.0%	99.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	55.0%	--	--	--	--	--
↓ VTE6 HAC VTE	3.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓ PREGNANCY AND DELIVERY CARE %						
PC01 Elective Delivery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓ SURGICAL COMPLICATIONS RATE						
↓ Hip and Knee Complications	0.00	--	--	--	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	123.34	204.92	0.00	47.62	52.63	154.76
↓ PSI90 Complications / patient safety for selected indicators	0.81	0.81	0.88	0.96	0.83	0.89
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	8.9%	12.0%	14.3%	14.0%	12.5%	13.6%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	10.0%	13.0%	0.0%	5.6%	12.0%	5.9%
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	20.1%	20.0%	21.0%	32.7%	23.7%	25.5%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	1.8%	3.0%	3.1%	4.0%	0.0%	2.6%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	13.1%	12.2%	11.6%	13.1%	11.7%	12.1%
↓ READM30 STK Stroke 30day readmission rate	13.4%	10.0%	13.8%	3.3%	7.1%	8.0%
↓ READM30HF Heart Failure 30Day readmissions rate	22.6%	25.0%	24.1%	22.0%	29.2%	25.6%
↓ READM30PN Pneumonia 30day readmission rate	14.7%	17.0%	21.4%	23.9%	9.1%	18.8%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	3.3%	2.0%	0.0%	0.0%	0.0%	0.0%
MORT30 COPD 30day mortality rate COPD patients	0.0%	2.0%	12.5%	13.3%	12.5%	12.8%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	3.8%	3.0%	2.9%	9.6%	13.0%	5.6%
MORT30HF Heart failure 30day mortality rate	3.7%	2.0%	0.0%	4.2%	0.0%	2.3%
MORT30PN Pneumonia 30day mortality rate	3.4%	4.0%	5.2%	0.0%	6.4%	3.8%
MORT30STK Stroke 30day mortality rate	15.0%	3.0%	0.0%	3.2%	6.9%	3.4%
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	43.2%	45.2%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	9.1%	8.4%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	4.0%	6.2%	--	--	--	--

<i>Desired</i> Performance	<i>Bristol Regional Medical Center</i>					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.2%	0.4%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	4.0%	5.1%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	0.8%	0.9%	--	--	--	--

Desired
Performance

Franklin Woods Community Hospital

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	0.30	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.24	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.24	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.45	14.71	0.00	0.00	4.90
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	12.09	17.02	54.05	0.00	0.00	18.02
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.36	2.34	0.00	14.29	0.00	4.76
↓	PSI 13 Postoperative Sepsis Rate	0.00	8.35	0.00	0.00	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.15	1.79	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.45	0.87	0.00	0.00	0.00	0.00
↓	CLABSI	0.000	0.910	0.000	0.000	0.000	0.000
↓	CAUTI	0.428	0.434	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	1.504	5.109	7.692	6.667	0.000	4.762
↓	SSI HYST Surgical Site Infection	0.000	1.198	0.000	0.000	0.000	0.000
↓	MRSA	0.039	0.000	0.503	0.000	0.000	0.169
↓	CDIFF	0.259	0.252	0.559	0.000	0.000	0.190
General Information-Structural Measures							
YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	Yes	Yes	Yes	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	84.0%	84.0%	78.0%	85.0%	81.0%	81.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.0%	13.0%	16.0%	11.0%	17.0%	15.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	4.0%	6.0%	3.0%	2.0%	4.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	82.0%	80.0%	82.0%	84.0%	82.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	15.0%	14.0%	13.0%	14.0%	13.0%	13.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	4.0%	4.0%	7.0%	4.0%	4.0%	0.0%

Desired Performance	Franklin Woods Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	72.0%	72.0%	59.0%	72.0%	69.0%	72.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	21.0%	21.0%	26.0%	20.0%	22.0%	23.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	7.0%	7.0%	14.0%	8.0%	9.0%	5.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	76.0%	73.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	19.0%	22.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	5.0%	5.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	68.0%	70.0%	61.0%	69.0%	75.0%	68.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	16.0%	15.0%	17.0%	14.0%	12.0%	15.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	16.0%	15.0%	21.0%	16.0%	13.0%	17.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	87.0%	91.0%	83.0%	88.0%	87.3%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.0%	13.0%	9.0%	17.0%	12.0%	13.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	61.0%	58.0%	53.0%	54.0%	56.0%	54.3%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	34.0%	33.0%	39.0%	37.0%	39.0%	38.3%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	5.0%	5.0%	6.0%	5.0%	2.0%	4.3%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	83.0%	84.0%	72.0%	71.0%	78.0%	74.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	13.0%	11.0%	20.0%	21.0%	20.0%	20.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	4.0%	5.0%	8.0%	8.0%	2.0%	6.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	74.0%	72.0%	72.0%	69.0%	65.0%	68.7%

Desired Performance	Franklin Woods Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	22.0%	19.0%	22.0%	30.0%	31.0%	27.7%
↓ HQIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	4.0%	9.0%	6.0%	1.0%	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)	4.0%	1.0%	5.0%	6.0%	4.0%	5.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	14.0%	6.0%	18.0%	11.0%	15.0%	14.7%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	82.0%	20.0%	77.0%	83.0%	81.0%	80.3%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	85.0%	85.0%	80.0%	83.0%	87.0%	83.3%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	13.0%	11.5%	17.0%	13.0%	12.0%	14.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	2.0%	3.6%	3.0%	5.0%	1.0%	3.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	78.0%	100.0%	100.0%	0.0%	0.0%	100.0%
↑ OP30 High risk Polyp Surveillance	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	--	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	8.0	--	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	98.0%	96.4%	--	--	--	--
STROKE CARE %						
↓ STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	234.00	240.00	251.50	236.00	259.00	251.50
↓ ED2b ED Decision to Transport	106.40	73.50	66.00	59.00	88.00	66.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	130.00	139.00	158.00	148.00	157.00	157.00
OP20 Door to Diagnostic Evaluation RETIRED	16.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.6%	2.1%	0.8%	0.9%	1.3%

Desired Performance	Franklin Woods Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	99.0%	99.5%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	99.0%	98.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	--	25.0%	0.0%	0.0%	0.0%	--
↓ PREGNANCY AND DELIVERY CARE %						
PC01 Elective Delivery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓ SURGICAL COMPLICATIONS RATE						
↓ Hip and Knee Complications	--	--	--	--	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	27.03	0.00	0.00	0.00	0.00
↓ PSI90 Complications / patient safety for selected indicators	0.82	0.91	1.10	0.96	0.91	0.99
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	--	0.0%	--	--	--	--
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	10.1%	20.0%	20.0%	35.3%	11.1%	22.0%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	4.6%	9.6%	9.6%	10.0%	9.1%	9.5%
↓ READM30 STK Stroke 30day readmission rate	0.0%	0.0%	--	0.0%	--	0.0%
↓ READM30HF Heart Failure 30Day readmissions rate	9.7%	31.0%	28.6%	66.7%	50.0%	47.6%
↓ READM30PN Pneumonia 30day readmission rate	16.3%	15.0%	14.6%	13.0%	19.4%	15.9%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	2.6%	1.0%	9.5%	5.9%	--	7.7%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	0.0%	0.0%	0.0%	0.0%	0.0%
MORT30HF Heart failure 30day mortality rate	2.1%	1.0%	0.0%	0.0%	0.0%	0.0%
MORT30PN Pneumonia 30day mortality rate	2.0%	3.0%	5.1%	7.4%	0.0%	4.1%
MORT30STK Stroke 30day mortality rate	--	--	--	--	--	--
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	33.9%	51.0%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	--	--	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	12.7%	14.7%	--	--	--	--

Desired Performance	Franklin Woods Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.0%	0.0%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	1.6%	8.2%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	1.0%	1.0%	--	--	--	--

Desired
Performance

Hancock County Hospital

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓	PSI 3 Pressure Ulcer Rate			0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate			0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate			0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate			0.00	0.00	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	No	No	No	No	No	No
YES	SMPART GENSURG General Surgery Registry	No	No	No	No	No	No
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	No	No
YES	SMSSCHECK Safe Surgery Checklist	--	--	--	--	--	--
YES	OP12 HIT Ability electronically receive lab results	No	No	No	No	No	No
YES	OP17 Tracking Clinical Results Between Visits	--	--	--	--	--	--
YES	OP25 Outpatient Safe Surgery Checklist	--	--	--	--	--	--
SURVEY OF PATIENT'S EXPERIENCE							
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	90.0%	92.0%	100.0%	92.0%	--	96.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	8.0%	8.0%	0.0%	8.0%	--	40.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	2.0%	6.0%	0.0%	0.0%	--	0.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	87.0%	100.0%	83.0%	--	91.5%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	6.0%	9.0%	0.0%	17.0%	--	8.5%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	2.0%	4.0%	0.0%	0.0%	--	0.0%

Desired Performance	Hancock County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	95.0%	96.0%	100.0%	100.0%	--	100.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	4.0%	4.0%	0.0%	0.0%	--	0.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	1.0%	0.0%	0.0%	0.0%	--	0.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	89.0%	33.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	5.0%	25.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	1.0%	42.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	77.0%	89.0%	75.0%	75.0%	--	75.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	18.0%	4.0%	25.0%	25.0%	--	25.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	5.0%	7.0%	0.0%	0.0%	--	0.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	92.0%	86.0%	83.0%	88.0%	--	82.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	8.0%	14.0%	17.0%	13.0%	--	14.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	70.0%	51.0%	44.0%	60.0%	--	47.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	22.0%	43.0%	56.0%	40.0%	--	48.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	8.0%	6.0%	0.0%	0.0%	--	3.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	86.0%	95.0%	100.0%	100.0%	--	100.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	14.0%	3.0%	0.0%	0.0%	--	0.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	0.0%	3.0%	0.0%	0.0%	--	0.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	79.0%	86.0%	100.0%	50.0%	--	68.0%

Desired Performance	Hancock County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	18.0%	14.0%	0.0%	25.0%	--	24.0%
↓ HQIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	3.0%	0.0%	0.0%	25.0%	--	8.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	13.0%	6.0%	0.0%	25.0%	--	8.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	7.0%	3.0%	0.0%	0.0%	--	8.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	80.0%	91.0%	100.0%	75.0%	--	85.0%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	81.0%	85.0%	67.0%	50.0%	--	74.0%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	9.0%	6.0%	33.0%	50.0%	--	22.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	10.0%	3.0%	0.0%	0.0%	--	4.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	--	--	--	--	--	--
↑ OP30 High risk Polyp Surveillance	--	--	--	--	--	--
HEART ATTACK						
↓ 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	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	0.00	--	--	--	--
↓ ED2b ED Decision to Transport	102.00	61.00	--	--	--	--
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	--	128.00	121.00	126.00	138.00	126.00
OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.5%	0.9%	0.7%	0.3%	0.7%

Desired Performance	Hancock County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	--	--	100.0%	0.0%	--	100.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	--	100.0%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	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	--	--	--	--	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	--	--	--	--	--
↓ PSI90 Complications / patient safety for selected indicators	1.00	1.00	1.00	1.00	1.00	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	--	29.0%	33.3%	33.3%	0.0%	20.0%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	15.6%	11.4%	16.7%	6.7%	20.0%	14.6%
↓ READM30 STK Stroke 30day readmission rate	--	--	--	--	--	--
↓ READM30HF Heart Failure 30Day readmissions rate	--	0.0%	0.0%	0.0%	33.3%	14.3%
↓ READM30PN Pneumonia 30day readmission rate	17.0%	3.0%	0.0%	--	0.0%	0.0%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	--	--	--	--	--	--
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	--	--	--	--	--
MORT30HF Heart failure 30day mortality rate	--	0.0%	0.0%	0.0%	--	0.0%
MORT30PN Pneumonia 30day mortality rate	16.9%	2.0%	17.7%	17.7%	17.7%	17.7%
MORT30STK Stroke 30day mortality rate	--	--	--	--	--	--
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	--	--	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	--	--	--	--	--	--

<i>Desired</i> Performance	<i>Hancock County Hospital</i>					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	--	--	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	--	--	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	--	--	--	--	--	--

Desired
Performance

Hawkins County Memorial Hospital

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓	PSI 3 Pressure Ulcer Rate	0.45	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.40	0.00	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	0.00	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--	0.00	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	0.00	0.00	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate	--	--	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.36	12.99	0.00	0.00	0.00	0.00
↓	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	1.623	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	--	--	--	--	--	--
↓	MRSA	0.000	0.000	0.000	0.000	0.000	0.000
↓	CDIFF	0.000	0.260	0.000	0.000	0.000	0.000
General Information-Structural Measures							
YES	ACS REGISTRY	No	No	No	No	No	No
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	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	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	No	No	No	No	No	No
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	87.0%	84.0%	81.0%	87.0%	96.0%	88.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	11.0%	11.0%	19.0%	13.0%	0.0%	11.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	2.0%	5.0%	0.0%	0.0%	4.0%	1.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	80.0%	88.0%	80.0%	100.0%	89.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	7.0%	11.0%	12.0%	17.0%	0.0%	10.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	1.0%	10.0%	0.0%	3.0%	0.0%	1.0%

Desired Performance	Hawkins County Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	78.0%	76.0%	86.0%	91.0%	88.0%	88.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	20.0%	16.0%	0.0%	9.0%	13.0%	8.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	2.0%	8.0%	14.0%	0.0%	0.0%	4.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	81.0%	68.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	13.0%	18.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	6.0%	14.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	83.0%	70.0%	83.0%	90.0%	100.0%	91.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	10.0%	17.0%	0.0%	0.0%	0.0%	0.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	7.0%	18.0%	17.0%	10.0%	0.0%	9.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	92.0%	87.0%	87.0%	80.0%	79.0%	82.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	8.0%	13.0%	13.0%	20.0%	21.0%	18.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	55.0%	51.0%	22.0%	71.0%	50.0%	51.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	41.0%	45.0%	67.0%	25.0%	36.0%	40.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	4.0%	4.0%	0.0%	4.0%	0.0%	1.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	86.0%	78.0%	63.0%	90.0%	86.0%	80.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	9.0%	10.0%	25.0%	10.0%	14.0%	16.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	5.0%	13.0%	13.0%	0.0%	0.0%	4.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	74.0%	76.0%	63.0%	80.0%	88.0%	77.0%

Desired Performance	Hawkins County Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	23.0%	14.0%	38.0%	10.0%	13.0%	19.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	3.0%	9.0%	0.0%	10.0%	0.0%	4.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	5.0%	9.0%	0.0%	0.0%	0.0%	0.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	21.0%	19.0%	29.0%	20.0%	0.0%	16.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	74.0%	72.0%	71.0%	80.0%	100.0%	84.0%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	76.0%	67.0%	71.0%	90.0%	100.0%	88.0%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	21.0%	28.0%	29.0%	10.0%	0.0%	12.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	5.0%	0.0%	0.0%	0.0%	0.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%
↑ OP30 High risk Polyp Surveillance	95.0%	96.6%	83.3%	100.0%	100.0%	100.0%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	--	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	9.0	--	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	100.0%	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Low	Low	Low	Low	Low	Low
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	175.00	214.25	204.00	202.00	219.00	204.00
↓ ED2b ED Decision to Transport	49.00	46.50	60.00	71.00	73.00	71.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	80.00	91.00	68.00	83.00	65.00	68.00
OP20 Door to Diagnostic Evaluation RETIRED	0.1	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	38.0	--	--	--	--	--
↑ OP22 Left without being seen	0.0%	0.2%	0.0%	0.5%	0.3%	0.2%

Desired Performance	Hawkins County Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	50.0%	0.0%	--	--	--	--
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	97.0%	100.0%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	99.0%	98.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	1.0%	--	0.0%	0.0%	0.0%	--
↓ 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	0.88	0.96	1.00	1.00	1.00	1.00
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	--	60.0%	--	--	--	--
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.6%	11.0%	22.2%	11.1%	0.0%	14.3%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	14.6%	13.2%	10.9%	20.0%	21.5%	17.9%
↓ READM30 STK Stroke 30day readmission rate	--	8.0%	0.0%	0.0%	--	0.0%
↓ READM30HF Heart Failure 30Day readmissions rate	21.1%	14.0%	0.0%	57.1%	33.3%	38.9%
↓ READM30PN Pneumonia 30day readmission rate	16.8%	13.0%	14.3%	9.1%	25.0%	15.4%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	0.0%	--	0.0%	--	0.0%
MORT30HF Heart failure 30day mortality rate	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%
MORT30PN Pneumonia 30day mortality rate	2.6%	1.0%	0.0%	0.0%	0.0%	0.0%
MORT30STK Stroke 30day mortality rate	--	--	--	--	--	--
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	3.7%	5.0%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	6.0%	11.3%	--	--	--	--

Desired Performance	Hawkins County Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	3.2%	2.3%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	--	--	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	0.0%	0.0%	--	--	--	--

Desired
Performance

Holston Valley Medical Center

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures

↓	PSI 3 Pressure Ulcer Rate	1.07	3.21	3.23	0.00	1.18	1.50
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.57	0.48	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.92	0.00	6.05	0.00	2.10
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	0.31	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.84	6.40	10.31	19.23	4.98	11.61
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.14	3.77	6.04	1.90	1.96	3.26
↓	PSI 13 Postoperative Sepsis Rate	9.47	3.57	3.92	10.91	7.27	7.45
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.42	1.70	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.62	1.59	0.00	0.00	0.00	0.00
↓	CLABSI	0.682	0.334	0.000	0.000	0.000	0.000
↓	CAUTI	0.938	0.496	0.000	0.000	1.020	0.303
↓	SSI COLON Surgical Site Infection	1.364	1.282	20.000	0.000	0.000	6.522
↓	SSI HYST Surgical Site Infection	0.641	0.292	0.000	0.000	0.000	0.000
↓	MRSA	0.012	0.034	0.000	0.287	0.000	0.094
↓	CDIFF	0.741	1.056	0.416	0.747	0.929	0.687

General Information-Structural Measures

YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	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	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	No	No	No	No	No	No
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%	81.0%	80.0%	83.0%	84.0%	83.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	16.0%	13.0%	12.0%	10.0%	10.0%	10.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	6.0%	8.0%	7.0%	6.0%	7.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	81.0%	80.0%	81.0%	84.0%	82.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	15.0%	12.0%	14.0%	11.0%	13.0%	13.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	7.0%	6.0%	7.0%	3.0%	5.0%

Desired Performance	Holston Valley Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	66.0%	66.0%	63.0%	66.0%	68.0%	66.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	26.0%	24.0%	27.0%	24.0%	23.0%	25.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	8.0%	11.0%	9.0%	9.0%	9.0%	9.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	73.0%	72.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	21.0%	20.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	6.0%	8.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	63.0%	67.0%	59.0%	62.0%	72.0%	65.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	17.0%	16.0%	22.0%	18.0%	8.0%	16.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	20.0%	17.0%	18.0%	19.0%	20.0%	19.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	90.0%	87.0%	88.0%	87.0%	87.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	13.0%	10.0%	13.0%	12.0%	13.0%	13.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	54.0%	54.0%	45.0%	47.0%	52.0%	48.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	40.0%	43.0%	45.0%	44.0%	41.0%	43.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	6.0%	4.0%	3.0%	3.0%	4.0%	3.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	66.0%	67.0%	61.0%	68.0%	67.0%	65.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	21.0%	19.0%	22.0%	13.0%	15.0%	17.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	13.0%	14.0%	17.0%	19.0%	19.0%	18.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	63.0%	65.0%	61.0%	64.0%	69.0%	65.0%

Desired Performance	Holston Valley Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	29.0%	24.0%	28.0%	25.0%	23.0%	25.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	8.0%	11.0%	11.0%	12.0%	8.0%	10.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.0%	7.0%	11.0%	6.0%	7.0%	8.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	18.0%	19.0%	21.0%	24.0%	22.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	74.0%	75.0%	70.0%	72.0%	69.0%	70.0%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	78.0%	80.0%	75.0%	76.0%	76.0%	76.0%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	19.0%	16.0%	20.0%	19.0%	21.0%	20.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	4.0%	4.0%	3.0%	1.0%	3.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	--	73.7%	100.0%	0.0%	100.0%	100.0%
↑ OP30 High risk Polyp Surveillance	62.0%	95.7%	100.0%	0.0%	100.0%	100.0%
HEART ATTACK						
↓ 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	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	100.0%	--	--	--	--
STROKE CARE %						
↓ STK4 Thrombolytic Therapy --RETIRED	83.0%	83.7%	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Very High	Very High	Very High	Very High	Very High	Very High
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	340.00	430.00	405.00	446.00	409.00	409.00
↓ ED2b ED Decision to Transport	186.00	176.00	183.00	186.00	193.00	186.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	153.00	175.00	176.00	151.50	177.00	176.00
OP20 Door to Diagnostic Evaluation RETIRED	24.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	52.0	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	2.1%	3.0%	1.3%	2.0%	2.7%

Desired Performance	Holston Valley Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	78.6%	86.7%	0.0%	100.0%	100.0%	100.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	95.0%	98.1%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	94.0%	92.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	56.0%	--	--	--	--	--
↓ VTE6 HAC VTE	3.0%	2.2%	--	0.0%	0.0%	0.0%
↓ PREGNANCY AND DELIVERY CARE %						
PC01 Elective Delivery	0.0%	0.0%	0.0%	0.0%	0.0%	--
↓ SURGICAL COMPLICATIONS RATE						
↓ Hip and Knee Complications	0.00	0.00	--	--	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	130.24	185.19	142.86	148.15	40.00	176.37
↓ PSI90 Complications / patient safety for selected indicators	1.07	0.80	1.00	1.09	0.82	0.97
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	8.5%	12.0%	9.1%	5.7%	11.1%	8.5%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.0%	9.0%	14.8%	0.0%	13.6%	9.9%
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	19.7%	21.0%	21.3%	12.7%	26.5%	20.1%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	4.2%	4.0%	4.1%	0.0%	3.5%	2.6%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.7%	12.0%	12.8%	11.0%	11.2%	11.7%
↓ READM30 STK Stroke 30day readmission rate	14.6%	10.0%	5.6%	10.0%	12.5%	8.9%
↓ READM30HF Heart Failure 30Day readmissions rate	21.6%	22.0%	19.4%	24.6%	22.9%	22.2%
↓ READM30PN Pneumonia 30day readmission rate	19.4%	17.0%	22.1%	14.9%	10.3%	16.3%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	1.4%	2.0%	0.0%	0.0%	0.0%	0.0%
MORT30 COPD 30day mortality rate COPD patients	1.4%	2.0%	2.0%	6.7%	4.7%	4.4%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	2.0%	3.6%	3.1%	3.1%	3.4%
MORT30HF Heart failure 30day mortality rate	3.8%	3.0%	5.7%	0.0%	0.0%	1.9%
MORT30PN Pneumonia 30day mortality rate	2.6%	5.0%	6.1%	1.6%	4.1%	3.9%
MORT30STK Stroke 30day mortality rate	17.4%	3.0%	0.0%	3.3%	3.3%	2.2%
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	43.1%	40.8%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	2.9%	3.4%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	14.3%	13.6%	--	--	--	--

Desired Performance	Holston Valley Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.0%	0.1%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	4.4%	4.5%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	1.0%	1.1%	--	--	--	--

Desired
Performance

	Indian Path Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures						
↓	PSI 3 Pressure Ulcer Rate	0.23	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.45	0.26	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.14	0.34	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.69	0.00	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.38	4.30	0.00	0.00	20.00
↓	PSI 13 Postoperative Sepsis Rate	9.09	10.23	0.00	0.00	38.46
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	0.00	0.00	0.00	0.00
↓	CLABSI	0.000	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	0.000	1.695	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	7.143	0.000	--	--	0.000
↓	MRSA	0.080	0.048	0.000	0.000	0.000
↓	CDIFF	0.813	0.507	0.000	1.669	0.784
General Information-Structural Measures						
YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	Yes	Yes	Yes	Yes	Yes
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes
SURVEY OF PATIENT'S EXPERIENCE						
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	80.0%	81.0%	84.0%	81.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14.0%	16.0%	15.0%	12.0%	13.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.0%	4.0%	5.0%	5.0%	6.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	83.0%	74.0%	83.0%	84.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	10.0%	13.0%	23.0%	11.0%	7.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	5.0%	4.0%	4.0%	6.0%	9.0%

Desired Performance	Indian Path Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	65.0%	66.0%	55.0%	70.0%	60.0%	62.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	25.0%	25.0%	36.0%	25.0%	31.0%	30.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	10.0%	9.0%	9.0%	5.0%	8.0%	7.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	72.0%	75.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	22.0%	21.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	6.0%	4.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	63.0%	64.0%	64.0%	58.0%	74.0%	65.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	18.0%	17.0%	27.0%	16.0%	4.0%	17.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	19.0%	19.0%	9.0%	25.0%	22.0%	18.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	89.0%	86.0%	87.0%	87.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	13.0%	11.0%	14.0%	13.0%	13.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	55.0%	51.0%	52.0%	55.0%	40.0%	50.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	40.0%	40.0%	35.0%	35.0%	45.0%	38.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	5.0%	5.0%	7.0%	3.0%	8.0%	6.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	74.0%	81.0%	83.0%	88.0%	86.0%	86.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	16.0%	14.0%	9.0%	8.0%	11.0%	9.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	10.0%	5.0%	9.0%	4.0%	3.0%	5.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	66.0%	66.0%	56.0%	60.0%	63.0%	59.0%

Desired Performance	Indian Path Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	28.0%	27.0%	33.0%	34.0%	34.0%	34.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	6.0%	7.0%	10.0%	6.0%	3.0%	7.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	8.0%	8.0%	8.0%	4.0%	8.0%	7.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	16.0%	19.0%	21.0%	16.0%	19.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.0%	76.0%	73.0%	74.0%	76.0%	74.0%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	78.0%	79.0%	75.0%	80.0%	75.0%	77.0%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	17.0%	15.0%	19.0%	16.0%	17.0%	17.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	5.0%	5.0%	6.0%	4.0%	3.0%	5.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	--	100.0%	0.0%	100.0%	100.0%	67.0%
↑ OP30 High risk Polyp Surveillance	73.0%	100.0%	--	--	--	0.0%
HEART ATTACK						
↓ 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	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	93.0%	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	220.00	102.00	221.00	223.50	204.00	221.00
↓ ED2b ED Decision to Transport	78.00	65.75	59.50	57.50	72.00	59.50
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	121.00	130.00	118.00	143.50	126.50	124.50
OP20 Door to Diagnostic Evaluation RETIRED	18.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	32.0	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.9%	1.4%	1.1%	1.4%	1.4%

Desired Performance	Indian Path Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	--	55.6%	0.0%	0.0%	100.0%	100.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	99.0%	99.5%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	97.0%	98.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓ PREGNANCY AND DELIVERY CARE %						
↓ PC01 Elective Delivery	0.0%	--	0.0%	0.0%	0.0%	0.0%
↓ SURGICAL COMPLICATIONS RATE						
↓ Hip and Knee Complications	0.00	0.06	0.00	0.00	0.00	0.00
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	135.61	68.18	142.86	0.00	0.00	47.62
↓ PSI90 Complications / patient safety for selected indicators	0.87	1.00	0.92	0.96	1.04	0.97
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	10.4%	11.0%	10.0%	0.0%	0.0%	4.3%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	100.0%	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.4%	15.0%	10.0%	14.3%	9.1%	11.1%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.4%	3.0%	10.0%	0.0%	12.5%	7.7%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.5%	10.1%	8.4%	8.0%	5.5%	7.4%
↓ READM30 STK Stroke 30day readmission rate	6.2%	9.0%	0.0%	0.0%	0.0%	0.0%
↓ READM30HF Heart Failure 30Day readmissions rate	18.1%	18.0%	16.7%	0.0%	15.4%	13.2%
↓ READM30PN Pneumonia 30day readmission rate	14.8%	14.0%	17.6%	0.0%	8.7%	9.8%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	2.0%	2.0%	15.4%	11.1%	0.0%	9.0%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	6.0%	0.0%	0.0%	0.0%	0.0%
MORT30HF Heart failure 30day mortality rate	2.2%	2.0%	7.1%	0.0%	0.0%	2.4%
MORT30PN Pneumonia 30day mortality rate	2.0%	5.0%	4.0%	0.0%	3.2%	2.4%
MORT30STK Stroke 30day mortality rate	3.3%	0.0%	2.2%	0.0%	0.0%	0.0%
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	5.6%	8.2%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	7.9%	7.8%	--	--	--	--

Desired Performance	Indian Path Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.0%	0.0%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	1.5%	1.4%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	--	--	--	--	--	--

Desired
Performance

Johnson City Medical Center

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.26	0.25	0.00	0.51	0.56	0.35
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.10	0.11	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.71	0.00	0.00	0.24
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	3.60	1.13	0.00	2.13	2.39	1.50
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.08	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	11.98	6.57	6.58	0.00	15.04	6.58
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.85	3.63	6.32	3.94	4.50	4.91
↓	PSI 13 Postoperative Sepsis Rate	14.88	3.00	0.00	0.00	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.35	1.54	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.74	0.00	0.00	0.00	0.00
↓	CLABSI	1.080	1.132	0.000	1.938	1.795	1.249
↓	CAUTI	0.997	1.498	2.323	4.208	0.000	2.085
↓	SSI COLON Surgical Site Infection	1.911	1.515	18.182	16.667	0.000	11.160
↓	SSI HYST Surgical Site Infection	2.500	0.000	0.000	0.000	0.000	0.000
↓	MRSA	0.055	0.073	0.190	0.179	0.092	0.154
↓	CDIFF	0.531	0.496	0.103	0.384	0.414	0.303
General Information-Structural Measures							
YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	Yes	Yes	Yes	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	77.0%	77.0%	75.0%	73.0%	70.0%	73.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	17.0%	17.0%	20.0%	20.0%	21.0%	20.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	6.0%	6.0%	5.0%	7.0%	9.0%	7.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	77.0%	76.0%	75.0%	74.0%	69.0%	73.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	18.0%	18.0%	18.0%	16.0%	23.0%	19.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	5.0%	7.0%	7.0%	10.0%	8.0%	8.0%

Desired Performance	Johnson City Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	66.0%	63.0%	64.0%	61.0%	51.0%	60.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	25.0%	26.0%	26.0%	27.0%	32.0%	28.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	9.0%	11.0%	9.0%	11.0%	17.0%	12.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	66.0%	65.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	25.0%	26.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	9.0%	9.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	60.0%	60.0%	64.0%	56.0%	50.0%	57.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	18.0%	18.0%	18.0%	19.0%	18.0%	18.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	22.0%	22.0%	19.0%	25.0%	32.0%	25.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.0%	82.0%	85.0%	83.0%	83.0%	84.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	16.0%	14.0%	15.0%	17.0%	17.0%	16.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	48.0%	46.0%	45.0%	44.0%	43.0%	44.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	47.0%	43.0%	45.0%	45.0%	45.0%	45.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	5.0%	7.0%	6.0%	8.0%	10.0%	8.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.0%	65.0%	65.0%	63.0%	56.0%	62.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	24.0%	20.0%	19.0%	23.0%	20.0%	21.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	14.0%	15.0%	16.0%	14.0%	24.0%	18.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	52.0%	50.0%	48.0%	45.0%	46.0%	46.0%

Desired Performance	Johnson City Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	37.0%	36.0%	38.0%	39.0%	36.0%	38.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	11.0%	14.0%	13.0%	16.0%	18.0%	16.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10.0%	13.0%	15.0%	17.0%	22.0%	18.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	24.0%	24.0%	26.0%	21.0%	24.0%	24.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	66.0%	64.0%	58.0%	62.0%	54.0%	58.0%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	65.0%	63.0%	61.0%	62.0%	52.0%	59.0%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	29.0%	29.0%	31.0%	28.0%	33.0%	30.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	6.0%	8.0%	5.0%	6.0%	7.0%	5.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	67.0%	100.0%	100.0%	0.0%	100.0%	67.0%
↑ OP30 High risk Polyp Surveillance	68.0%	100.0%	100.0%	100.0%	100.0%	100.0%
HEART ATTACK						
↓ 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	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Very High	Very High	Very High	Very High	Very High	Very High
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	245.00	259.00	320.50	266.00	293.00	293.00
↓ ED2b ED Decision to Transport	95.00	91.00	135.50	99.00	113.00	113.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	152.00	153.00	144.00	165.50	157.50	157.50
OP20 Door to Diagnostic Evaluation RETIRED	19.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	35.0	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.7%	1.4%	1.8%	1.3%	1.5%

Desired Performance	Johnson City Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	0.0%	50.0%	0.0%	0.0%	0.0%	--
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	96.0%	98.1%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	98.0%	100.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%
↓ PREGNANCY AND DELIVERY CARE %						
↓ PC01 Elective Delivery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓ SURGICAL COMPLICATIONS RATE						
↓ Hip and Knee Complications	0.00	0.02	0.00	0.00	0.00	0.00
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	153.53	192.16	172.41	222.22	304.35	160.53
↓ PSI90 Complications / patient safety for selected indicators	0.89	1.16	1.00	0.84	0.98	0.94
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	13.5%	14.0%	14.3%	15.7%	13.0%	14.4%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.7%	13.0%	0.0%	0.0%	12.0%	5.4%
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	20.1%	20.0%	25.5%	15.4%	16.7%	19.3%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.0%	3.0%	4.9%	2.8%	6.2%	4.6%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	10.6%	13.3%	13.0%	13.1%	12.4%	12.9%
↓ READM30 STK Stroke 30day readmission rate	9.4%	10.0%	2.6%	7.7%	9.6%	7.0%
↓ READM30HF Heart Failure 30Day readmissions rate	22.6%	27.0%	24.7%	24.5%	20.9%	23.6%
↓ READM30PN Pneumonia 30day readmission rate	18.8%	17.0%	16.7%	12.2%	14.9%	14.6%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	1.2%	3.0%	0.0%	6.3%	--	0.0%
MORT30 COPD 30day mortality rate COPD patients	2.3%	4.0%	4.3%	3.0%	0.0%	2.5%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.8%	6.0%	1.4%	2.5%	7.2%	3.7%
MORT30HF Heart failure 30day mortality rate	4.2%	5.0%	11.5%	4.2%	2.9%	6.2%
MORT30PN Pneumonia 30day mortality rate	5.1%	8.0%	5.1%	6.7%	2.9%	7.2%
MORT30STK Stroke 30day mortality rate	7.7%	11.0%	1.8%	10.0%	9.4%	7.2%
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	35.4%	31.9%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	5.8%	6.3%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	4.6%	6.1%	--	--	--	--

Desired Performance	Johnson City Medical Center					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.2%	0.3%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	2.9%	2.8%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	2.8%	1.4%	--	--	--	--

Desired
Performance

Johnson County Community Hospital

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures

↓	PSI 3 Pressure Ulcer Rate			0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate			0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate			0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate			0.00	0.00	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	--	--	--	--	--	--
YES	SMPART GENSURG General Surgery Registry	--	--	--	--	--	--
YES	SMPART NURSE Nursing Care Registry	--	--	--	--	--	--
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	--	--	--	--	--	--
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	--	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%	--	--	--	--

Desired Performance	Johnson County Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ 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%	--	--	--	--
↓ 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	--	100.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	--	0.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	--	0.0%	--	--	--	--
↑ 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	--	67.0%	--	--	--	--
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	--	67.0%	--	--	--	--
↑ 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	--	58.0%	--	--	--	--
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	--	47.0%	--	--	--	--
↓ 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	--	100.0%	--	--	--	--

Desired Performance	Johnson County Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	--	20.0%	--	--	--	--
↓ HQIETHSP 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%	--	--	--	--
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	--	100.0%	--	--	--	--
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	--	0.0%	--	--	--	--
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	--	0.0%	--	--	--	--
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	--	--	--	--	--	--
↑ OP30 High risk Polyp Surveillance	--	--	--	--	--	--
HEART ATTACK						
↓ 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	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Low	Low	Low	Low	Low	Low
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	165.00	143.00	153.00	--	148.00
↓ ED2b ED Decision to Transport	--	43.50	88.00	12.00	0.00	12.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	--	86.00	73.50	96.00	91.00	91.00
OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	--	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.7%	0.9%	1.4%	1.0%	1.1%

Desired Performance	Johnson County Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	--	--	0.0%	0.0%	0.0%	--
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	--	100.0%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	--	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	--	--	--	--	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	--	--	--	--	--
↓ PSI90 Complications / patient safety for selected indicators	--	1.00	1.00	1.00	1.00	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%	--	0.0%	--	0.0%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	0.0%	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	--	--	0.0%	33.3%	0.0%	20.0%
↓ 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	--	--	--	--	--	--
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	--	--	--	--	--
MORT30HF Heart failure 30day mortality rate	--	--	--	--	--	--
MORT30PN Pneumonia 30day mortality rate	--	--	--	--	--	--
MORT30STK Stroke 30day mortality rate	--	--	--	--	--	--
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	--	6.9%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	--	15.7%	--	--	--	--

Desired Performance	Johnson County Community Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	--	0.0%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	--	0.0%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	--	--	--	--	--	--

Desired
Performance

Laughlin Memorial Hospital

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	0.27	0.22	--	--	--	--
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.37	0.27	--	--	--	--
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.15	--	--	--	--
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.11	--	--	--	--
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.52	3.22	--	--	--	--
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	1.23	--	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate	8.98	9.47	--	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.16	3.31	--	--	--	--
↓	PSI 13 Postoperative Sepsis Rate	9.38	5.15	--	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.22	1.34	--	--	--	--
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	2.17	1.62	--	--	--	--
↓	CLABSI	0.000	0.000	0.000	9.174	0.000	2.793
↓	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.326	1.538	0.000	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	--	--	--	--	--	--
↓	MRSA	0.000	0.000	0.000	0.000	0.000	0.000
↓	CDIFF	0.441	0.223	0.000	0.000	0.000	0.000
General Information-Structural Measures							
YES	ACS REGISTRY	No	No	No	No	No	No
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	Yes	Yes	Yes	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	81.0%	--	69.0%	73.0%	69.0%	70.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	16.0%	--	23.0%	24.0%	23.0%	23.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	--	7.0%	3.0%	8.0%	6.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	--	78.0%	79.0%	84.0%	81.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	13.0%	--	21.0%	16.0%	10.0%	16.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	2.0%	--	2.0%	4.0%	6.0%	4.0%

Desired Performance	Laughlin Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	73.0%	--	49.0%	59.0%	58.0%	55.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	22.0%	--	34.0%	33.0%	27.0%	31.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	5.0%	--	17.0%	7.0%	15.0%	13.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	70.0%	--	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	22.0%	--	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	8.0%	--	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	61.0%	--	51.0%	67.0%	59.0%	60.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	20.0%	--	24.0%	15.0%	22.0%	20.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	19.0%	--	24.0%	19.0%	20.0%	21.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	--	81.0%	82.0%	84.0%	83.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.0%	--	19.0%	18.0%	16.0%	17.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	50.0%	--	39.0%	42.0%	30.0%	37.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	45.0%	--	51.0%	48.0%	57.0%	52.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	5.0%	--	4.0%	7.0%	7.0%	6.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	70.0%	--	61.0%	61.0%	61.0%	61.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	18.0%	--	29.0%	37.0%	16.0%	27.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	12.0%	--	10.0%	3.0%	22.0%	13.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	61.0%	--	54.0%	54.0%	53.0%	53.0%

Desired Performance	Laughlin Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	30.0%	--	39.0%	31.0%	37.0%	36.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	9.0%	--	7.0%	15.0%	10.0%	11.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	6.0%	--	17.0%	8.0%	21.0%	16.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	17.0%	--	29.0%	33.0%	21.0%	28.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	77.0%	--	54.0%	59.0%	57.0%	57.0%
↑ HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	76.0%	--	51.0%	58.0%	49.0%	52.0%
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	22.0%	--	41.0%	34.0%	34.0%	37.0%
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	2.0%	--	5.0%	8.0%	13.0%	9.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	86.0%	90.0%	94.0%	94.0%	94.0%	94.0%
↑ OP30 High risk Polyp Surveillance	89.0%	87.9%	95.0%	95.0%	95.0%	95.0%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	47.0	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	7.0	--	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	206.00	192.00	222.00	220.00	230.00	222.00
↓ ED2b ED Decision to Transport	--	55.50	81.00	72.00	85.00	81.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	124.00	110.00	127.00	94.00	127.50	127.00
OP20 Door to Diagnostic Evaluation RETIRED	25.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	65.0	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.6%	0.5%	1.2%	1.7%	1.1%

Desired Performance	Laughlin Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	96.0%	98.1%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	96.0%	99.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	--	0.0%	0.0%	0.0%	0.0%	0.0%
↓ 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	135.88	147.65	--	--	--	--
↓ PSI90 Complications / patient safety for selected indicators	1.09	0.98	--	--	--	--
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	16.6%	18.1%	--	--	--	--
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	19.8%	--	--	--	--	--
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	--	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	16.3%	--	--	--	--	--
↓ READM30 STK Stroke 30day readmission rate	12.1%	--	--	--	--	--
↓ READM30HF Heart Failure 30Day readmissions rate	24.2%	--	--	--	--	--
↓ READM30PN Pneumonia 30day readmission rate	18.3%	--	--	--	--	--
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	6.9%	0.0%	--	--	--	--
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	14.7%	0.0%	--	--	--	--
MORT30HF Heart failure 30day mortality rate	15.4%	1.0%	--	--	--	--
MORT30PN Pneumonia 30day mortality rate	19.9%	0.0%	--	--	--	--
MORT30STK Stroke 30day mortality rate	14.1%	0.0%	--	--	--	--
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	47.8%	46.7%	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	17.7%	14.3%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	7.1%	8.3%	--	--	--	--

Desired Performance	Laughlin Memorial Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	3.2%	3.3%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	4.1%	4.4%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	2.0%	1.6%	--	--	--	--

Desired
Performance

Sycamore Shoals Hospital

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures

↓	PSI 3 Pressure Ulcer Rate	0.31	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.00	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	0.00	0.00	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	13.37	4.63	0.00	0.00	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.23	4.57	0.00	0.00	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	0.00	4.65	0.00	0.00	58.82	19.61
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.26	0.00	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.35	0.00	0.00	0.00	0.00	0.00
↓	CLABSI	0.900	1.088	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	0.460	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	3.226	3.125	0.000	50.000	0.000	16.667
↓	SSI HYST Surgical Site Infection	0.000	0.000	0.000	--	0.000	0.000
↓	MRSA	0.067	0.134	0.000	0.962	0.000	0.308
↓	CDIFF	0.604	0.672	0.893	0.962	1.837	1.231

General Information-Structural Measures

YES	ACS REGISTRY	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	Yes	Yes	Yes	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	85.0%	78.0%	82.0%	78.0%	82.0%	80.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	12.0%	17.0%	17.0%	19.0%	13.0%	16.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	5.0%	2.0%	3.0%	5.0%	3.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	86.0%	80.0%	92.0%	82.0%	83.0%	86.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.0%	15.0%	3.0%	16.0%	12.0%	10.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	5.0%	4.0%	2.0%	5.0%	4.0%

Desired Performance	Sycamore Shoals Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	82.0%	69.0%	79.0%	66.0%	80.0%	75.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	13.0%	22.0%	14.0%	28.0%	6.0%	16.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	5.0%	9.0%	7.0%	6.0%	14.0%	9.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	75.0%	67.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	19.0%	26.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	6.0%	7.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	73.0%	64.0%	79.0%	67.0%	67.0%	71.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	14.0%	17.0%	9.0%	19.0%	17.0%	15.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	13.0%	20.0%	12.0%	14.0%	17.0%	14.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	86.0%	89.0%	92.0%	83.0%	88.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	14.0%	11.0%	8.0%	17.0%	12.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	59.0%	45.0%	51.0%	46.0%	31.0%	43.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	38.0%	42.0%	38.0%	48.0%	60.0%	49.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	3.0%	9.0%	6.0%	2.0%	5.0%	4.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	82.0%	81.0%	87.0%	77.0%	70.0%	78.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	13.0%	14.0%	10.0%	21.0%	27.0%	19.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	5.0%	6.0%	3.0%	3.0%	3.0%	3.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	73.0%	65.0%	71.0%	76.0%	70.0%	73.0%

Desired Performance	Sycamore Shoals Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	23.0%	28.0%	24.0%	24.0%	22.0%	23.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	4.0%	7.0%	5.0%	0.0%	8.0%	4.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	4.0%	8.0%	3.0%	3.0%	11.0%	5.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	17.0%	21.0%	18.0%	23.0%	19.0%	20.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	79.0%	71.0%	79.0%	75.0%	70.0%	75.0%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	78.0%	71.0%	79.0%	74.0%	68.0%	73.0%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	18.0%	23.0%	16.0%	26.0%	27.0%	23.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.0%	6.0%	3.0%	0.0%	0.0%	1.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%
↑ OP30 High risk Polyp Surveillance	75.0%	75.0%	100.0%	100.0%	0.0%	75.0%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	--	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	5.0	--	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	95.7%	--	--	--	--
STROKE CARE %						
↓ STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	210.00	221.25	211.00	200.50	223.50	211.00
↓ ED2b ED Decision to Transport	69.00	75.50	69.50	70.50	70.50	70.50
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	124.00	166.00	112.50	115.00	142.00	115.00
OP20 Door to Diagnostic Evaluation RETIRED	14.0	--	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	63.0	--	--	--	--	--
↑ OP22 Left without being seen	0.0%	0.7%	1.2%	0.6%	0.8%	0.8%

Desired Performance	Sycamore Shoals Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	0.0%	75.0%	75.0%	66.7%	100.0%	75.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	98.0%	99.6%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	99.0%	98.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	--	0.0%	0.0%	0.0%	0.0%	0.0%
↓ PREGNANCY AND DELIVERY CARE %						
↓ PC01 Elective Delivery	--	--	--	--	--	--
↓ SURGICAL COMPLICATIONS RATE						
↓ Hip and Knee Complications	0.00	0.07	0.00	0.00	0.00	0.00
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	125.00	125.00	0.00	500.00	0.00	166.67
↓ PSI90 Complications / patient safety for selected indicators	0.87	0.99	0.96	1.08	1.03	1.02
↓ READMISSIONS 30 DAYS RATE%						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	17.5%	0.0%	0.0%	--	0.0%	0.0%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	14.6%	19.0%	0.0%	33.3%	19.0%	18.0%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.3%	6.0%	12.5%	0.0%	11.1%	6.7%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	10.4%	15.1%	18.1%	18.8%	12.3%	16.3%
↓ READM30 STK Stroke 30day readmission rate	7.2%	7.0%	33.3%	0.0%	--	20.0%
↓ READM30HF Heart Failure 30Day readmissions rate	16.1%	28.0%	22.2%	50.0%	14.3%	27.3%
↓ READM30PN Pneumonia 30day readmission rate	--	17.0%	4.5%	23.1%	3.6%	10.5%
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	0.7%	2.0%	8.7%	0.0%	0.0%	2.9%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	10.0%	6.0%	0.0%	0.0%	20.0%	6.7%
MORT30HF Heart failure 30day mortality rate	3.5%	3.0%	0.0%	0.0%	0.0%	0.0%
MORT30PN Pneumonia 30day mortality rate	3.8%	4.0%	3.2%	4.4%	4.2%	3.9%
MORT30STK Stroke 30day mortality rate	0.0%	4.0%	--	0.0%	0.0%	0.0%
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	7.2%	7.0%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	3.2%	7.4%	--	--	--	--

Desired Performance	Sycamore Shoals Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.5%	0.0%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	0.0%	4.7%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	1.2%	--	--	--	--	--

Desired
Performance

Takoma Regional Hospital

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	0.34	0.81	--	--	--	--
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.45	0.28	--	--	--	--
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.15	--	--	--	--
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.11	--	--	--	--
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.98	2.51	--	--	--	--
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	1.29	--	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate	12.51	8.21	--	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7.58	4.03	--	--	--	--
↓	PSI 13 Postoperative Sepsis Rate	9.48	6.30	--	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.24	0.82	--	--	--	--
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.49	1.46	--	--	--	--
↓	CLABSI	0.000	1.149	0.000	24.390	0.000	5.155
↓	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	0.000	2.222	0.000	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	0.000	0.000	--	--	0.000	--
↓	MRSA	0.000	0.000	0.000	1.783	0.000	0.524
↓	CDIFF	0.124	0.415	0.000	0.000	0.000	0.000
General Information-Structural Measures							
YES	ACS REGISTRY	No	No	No	No	No	No
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	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	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	83.0%	84.0%	89.0%	78.0%	91.0%	87.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14.0%	10.0%	10.0%	18.0%	7.0%	11.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	6.0%	1.0%	4.0%	2.0%	2.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	78.0%	82.0%	80.0%	77.0%	88.0%	82.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.0%	10.0%	8.0%	15.0%	8.0%	10.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	7.0%	7.0%	12.0%	8.0%	4.0%	8.0%

Desired Performance	Takoma Regional Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	71.0%	73.0%	88.0%	73.0%	78.0%	79.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	24.0%	20.0%	12.0%	15.0%	20.0%	16.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	5.0%	7.0%	0.0%	12.0%	2.0%	5.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	73.0%	73.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	20.0%	17.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	7.0%	10.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	63.0%	70.0%	71.0%	68.0%	67.0%	68.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	21.0%	12.0%	10.0%	7.0%	17.0%	11.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	16.0%	18.0%	19.0%	25.0%	17.0%	20.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	91.0%	89.0%	92.0%	90.0%	90.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	9.0%	9.0%	11.0%	8.0%	10.0%	10.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	56.0%	55.0%	52.0%	58.0%	55.0%	55.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	40.0%	36.0%	37.0%	30.0%	33.0%	33.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	3.0%	3.0%	5.0%	7.0%	4.0%	5.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	77.0%	76.0%	76.0%	72.0%	80.0%	76.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	14.0%	15.0%	12.0%	12.0%	13.0%	13.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	9.0%	10.0%	12.0%	16.0%	7.0%	11.0%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	66.0%	78.0%	76.0%	76.0%	72.0%	74.0%

Desired Performance	Takoma Regional Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	28.0%	14.0%	16.0%	20.0%	25.0%	21.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	6.0%	8.0%	8.0%	4.0%	3.0%	5.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.0%	8.0%	5.0%	8.0%	6.0%	6.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	16.0%	13.0%	23.0%	4.0%	16.0%	14.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	77.0%	79.0%	73.0%	88.0%	77.0%	79.0%
↑ HRCMND DY Patients who reported Yes, they would definitely recommend the hospital	78.0%	77.0%	59.0%	88.0%	83.0%	78.0%
↓ HRCMND PY Patients who reported YES, they would probably recommend the hospital	19.0%	17.0%	36.0%	4.0%	13.0%	17.0%
↓ HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	6.0%	0.0%	8.0%	0.0%	3.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	91.0%	68.3%	85.7%	87.5%	42.9%	72.7%
↑ OP30 High risk Polyp Surveillance	83.0%	96.3%	83.3%	66.7%	100.0%	83.3%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	79.0	--	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	9.0	--	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	99.0%	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	221.00	275.00	245.50	294.00	260.00	260.00
↓ ED2b ED Decision to Transport	29.00	40.30	29.50	49.00	39.00	39.00
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	139.00	163.00	--	--	--	128.50
OP20 Door to Diagnostic Evaluation RETIRED	26.0	--	--	--	--	--
↑ OP21 Time to pain medication for long bone fractures RETIRED	70.0	--	--	--	--	--
↑ OP22 Left without being seen	2.0%	1.3%	0.1%	0.3%	0.2%	0.2%

Desired Performance	Takoma Regional Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	--	--	--	--	--	--
PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	100.0%	95.2%	--	--	--	--
IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	87.0%	96.0%	--	--	--	--
BLOOD CLOT PREVENTION/TREATMENT						
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
VTE6 HAC VTE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PREGNANCY AND DELIVERY CARE %						
PC01 Elective Delivery	0.0%	0.0%	0.0%	0.0%	0.0%	--
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	1.05	1.17	--	--	--	--
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	19.1%	3.0%	--	--	--	--
READM30 HIPKNEE 30day readmission rate following elective THA / TKA	4.5%	7.0%	--	--	--	--
READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	15.2%	4.0%	--	8.0%	--	8.0%
READM30 STK Stroke 30day readmission rate	12.2%	0.0%	--	--	--	--
READM30HF Heart Failure 30Day readmissions rate	21.3%	9.0%	--	--	--	--
READM30PN Pneumonia 30day readmission rate	17.1%	12.0%	--	--	--	--
MORTALITY 30 DAYS DEATH RATE %						
MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	8.9%	0.0%	9.1%	9.1%	9.1%	9.1%
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	--	--	--	--	--
MORT30HF Heart failure 30day mortality rate	12.5%	0.0%	--	--	--	--
MORT30PN Pneumonia 30day mortality rate	14.1%	14.8%	14.8%	14.8%	14.8%	14.8%
MORT30STK Stroke 30day mortality rate	15.1%	14.1%	14.1%	14.1%	14.1%	14.1%
USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	17.7%	12.3%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	6.9%	1.6%	--	--	--	--

Desired Performance	Takoma Regional Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	1.3%	0.8%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	9.4%	3.5%	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	--	1.0%	--	--	--	--

Desired
Performance

Unicoi County Hospital

Baseline FY18 Jul-18 Aug-18 Sep-18 FYTD19

Quality Target Measures		Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓	PSI 3 Pressure Ulcer Rate	0.40	--	--	--	--	--
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.40	--	--	--	--	--
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	--	--	--	--	--
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	--	--	--	--	--
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.75	--	--	--	--	--
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.76	--	--	--	--	--
↓	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--	--	--
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.26	--	--	--	--	--
↓	CLABSI	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						
↓	SSI HYST Surgical Site Infection						
↓	MRSA	0.000	0.000	0.000	0.000	0.000	0.000
↓	CDIFF	0.000	0.000	0.000	0.000	0.000	0.000
General Information-Structural Measures							
YES	ACS REGISTRY	No	No	No	No	No	No
YES	SMPART GENSURG General Surgery Registry	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry	No	No	No	No	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	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	79.0%	86.0%	73.0%	100.0%	83.0%	85.3%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	18.0%	13.0%	25.0%	0.0%	17.0%	14.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	1.0%	2.0%	0.0%	0.0%	0.7%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	83.0%	84.0%	95.0%	75.0%	84.7%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	12.0%	15.0%	16.0%	5.0%	25.0%	15.3%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	8.0%	2.0%	0.0%	0.0%	0.0%	0.0%

Desired Performance	Unicoi County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↑ HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	71.0%	76.0%	82.0%	78.0%	71.0%	77.0%
↓ HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	23.0%	20.0%	18.0%	22.0%	29.0%	21.0%
↓ HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	6.0%	5.0%	0.0%	0.0%	0.0%	0.0%
↑ HCOMP4A P Patients who reported that their pain was “Always” well controlled	71.0%	80.0%	--	--	--	--
↓ HCOMP4U P Patients who reported that their pain was “Usually” well controlled	25.0%	20.0%	--	--	--	--
↓ HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled	4.0%	0.0%	--	--	--	--
↑ HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	68.0%	75.0%	52.0%	83.0%	75.0%	63.0%
↓ HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	21.0%	13.0%	33.0%	17.0%	25.0%	29.0%
↓ HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	20.0%	12.0%	14.0%	0.0%	0.0%	9.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	76.0%	87.0%	71.0%	91.0%	100.0%	82.0%
↓ HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	24.0%	13.0%	29.0%	9.0%	0.0%	18.0%
↑ HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	47.0%	52.0%	36.0%	67.0%	53.0%	47.0%
↓ HCOMP7A Patients who “Agree” they understood their care when they left the hospital	40.0%	41.0%	55.0%	33.0%	47.0%	48.0%
↓ HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	4.0%	3.0%	5.0%	0.0%	0.0%	3.0%
↑ HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	72.0%	85.0%	73.0%	100.0%	75.0%	83.0%
↓ HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	23.0%	11.0%	20.0%	0.0%	--	10.0%
↓ HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	5.0%	3.0%	7.0%	0.0%	0.0%	2.3%
↑ HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	68.0%	72.0%	71.0%	71.0%	50.0%	68.0%

Desired Performance	Unicoi County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
↓ HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	23.0%	19.0%	21.0%	14.0%	50.0%	24.0%
↓ HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	9.0%	9.0%	7.0%	14.0%	0.0%	8.0%
↓ HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	12.0%	1.0%	7.0%	0.0%	--	8.0%
↓ HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	21.0%	6.0%	13.0%	0.0%	--	8.0%
↑ HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	67.0%	20.0%	80.0%	100.0%	75.0%	85.0%
↑ HRECMND DY Patients who reported Yes, they would definitely recommend the hospital	62.0%	72.0%	73.0%	86.0%	60.0%	74.0%
↓ HRECMND PY Patients who reported YES, they would probably recommend the hospital	28.0%	24.0%	20.0%	14.0%	40.0%	22.0%
↓ HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	10.0%	5.0%	7.0%	0.0%	0.0%	4.0%
CATARACT SURGERY OUTCOME %						
↑ OP31 Cataracts Improvement - Voluntary Reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %						
↑ OP29 Avg Risk Polyp Surveillance	--	33.0%	33.0%	16.5%	--	33.0%
↑ OP30 High risk Polyp Surveillance	0.0%	0.0%	0.0%	--	33.0%	17.0%
HEART ATTACK						
↓ OP3b Median Time to Transfer AMI - RETIRED	--	64.5	--	--	--	--
↓ OP5 Median Time to ECG AMI and Chest Pain - RETIRED	8.0	9.4	--	--	--	--
OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑ OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	100.0%	--	--	--	--
STROKE CARE %						
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
ED THROUGHPUT						
↓ EDV Emergency Department Volume	Low	Low	Low	Low	Low	Low
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	209.00	206.00	206.00	222.00	212.00	212.00
↓ ED2b ED Decision to Transport	--	49.80	56.00	51.00	54.50	54.50
↑ Median Time from ED Arrival to Departure for Outpatients (18b)	119.00	124.00	--	--	--	--
OP20 Door to Diagnostic Evaluation RETIRED	18.0	7.1	--	--	--	--
↑ OP21 Time to pain medicaton for long bone fractures RETIRED	56.0	--	--	--	--	--
↑ OP22 Left without being seen	1.0%	0.5%	0.7%	1.2%	1.3%	1.0%

Desired Performance	Unicoi County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP23 Head CT stroke patients	0.0%	--	0.0%	0.0%	0.0%	0.0%
↓ PREVENTIVE CARE %						
IMM2 Immunization for Influenza - Seasonal Reporting2	93.0%	92.3%	--	--	--	--
↓ IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal Reporting	99.0%	98.0%	--	--	--	--
↓ BLOOD CLOT PREVENTION/TREATMENT						
↓ VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓ VTE6 HAC VTE	--	--	0.0%	0.0%	0.0%	--
↓ 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	0.82	0.99	--	--	--	--
↓ 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	--	--	--	--	--	--
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	--	--	--	--	--	--
↓ READM30 STK Stroke 30day readmission rate	--	--	--	--	--	--
↓ READM30HF Heart Failure 30Day readmissions rate	--	--	--	--	--	--
↓ READM30PN Pneumonia 30day readmission rate	--	--	--	--	--	--
↓ MORTALITY 30 DAYS DEATH RATE %						
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
MORT30 COPD 30day mortality rate COPD patients	--	--	--	--	--	--
MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	--	--	--	--	--
MORT30HF Heart failure 30day mortality rate	--	--	--	--	--	--
MORT30PN Pneumonia 30day mortality rate	--	--	--	--	--	--
MORT30STK Stroke 30day mortality rate	--	--	--	--	--	--
↓ USE OF MEDICAL IMAGING OUTPATIENT						
OP8 MRI Lumbar Spine for Low Back Pain-Annual Reporting	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual Reporting	4.7%	6.1%	--	--	--	--
OP10 Abdomen CT Use of Contrast Material - Annual Reporting	4.7%	9.0%	--	--	--	--

Desired Performance	Unicoi County Hospital					
	Baseline	FY18	Jul-18	Aug-18	Sep-18	FYTD19
OP11 Thorax CT Use of Contrast Material - Annual Reporting	0.0%	0.0%	--	--	--	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual Reporting	--	--	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual Reporting	0.7%	--	--	--	--	--