

Ballad Health Quarterly Report

Reporting Period:

July 1 – September 30, 2019



It's your story. We're listening.

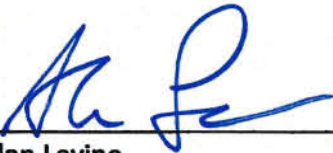
Quarterly Report for FY20 1st Quarter

Covering 07/01/2019 – 09/30/2019 (Reporting Period)

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

CERTIFICATION OF COMPLIANCE WITH THE TOC AND THE CA

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



Alan Levine
Executive Chairman
Chief Executive Officer
Ballad Health



Lynn Krutak
Executive Vice President
Chief Financial 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
Letter from Alan Levine Additional information on Wise County Plans	Submitted on 7/1/19	Questions from VDH to Ballad Health on 06/21/19, CA Condition 27
Charity Care Policy Revisions	Effective 7/1/19	TOC:4.03(e)/CA:14 and 39
Letter from Alan Levine Updated Plan for Trauma Centers Consolidation and Timeline	Submitted on 7/10/19	TOC pre-approved the consolidation of the two Level 1 Trauma Centers
Monthly Quality Priority Metrics	Submitted on 7/30/19	CA Condition 12
Ballad Health Physician Needs Assessment, with exhibits including recruitment plans	Submitted on 7/31/19	CA Condition 32 PI 5.a
Updates to Lists of Ancillary Services and Post- Acute Services	Submitted on 8/1/19	TOC 5.04(a) CA Condition 5

Letter from Alan Levine Additional information on Wise County Plans	Submitted on 8/8/19	CA Condition 27
Ballad Health Quarterly Report, FY19 Q3	Submitted on 8/13/19	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY19 Q3	Submitted on 8/13/19	TOC Exhibit F
Letter from Alan Levine Additional information on Wise County Plans	Submitted on 8/13/19	CA Condition 27
Monthly Quality Priority Metrics	Submitted on 8/29/19	CA Condition 12
Wise County Phase I follow-up	Submitted on 9/6/19	CA Condition 27
Unannounced OQPS Event Letter from TJC for Holston Valley Medical Center	Submitted on 9/13/19	TOC 4.02(a) CA Condition 13
Unannounced OQPS Event Letter from TJC for Indian Path Community Hospital	Submitted on 9/13/19	TOC 4.02(a) CA Condition 13
Complaint Validation Survey Letter from TJC for Johnston Memorial Hospital	Submitted on 9/23/19	TOC 4.02(a) CA Condition 13
Monthly Quality Priority Metrics	Submitted on 9/27/19	CA Condition 12
Norton Community Hospital	Submitted on 9/27/19	TOC 4.05
STRONG – Children and Families –Outlines the approach of the regional Accountable Care Community	Submitted 9/30/19	TOC 3.04 (a-e) Condition 36

4. Pursuant to § 6.04 of the TOC and Condition 40 of the CA, Ballad Health is pleased to report as follows (using the outline of requirements on Exhibit G):
- A. Any revisions to Charity Care Policy – TOC:4.03(e)/CA:14 and 39:
 - No revisions have been made to the Financial Assistance Policy since last submitted on August 13, 2019.
 - B. Report on Population Health and Social Responsibility Committee meetings and member attendance at meetings – TOC:4.04(e), Exhibit G/CA:36

- Summary and attendance sheet, Attachment 2
- C. Key Financial Metrics and comparison of performance against the same quarter in the prior year, prior quarter and year to date – TOC:6.04(c)/CA:40
- Balance Sheet, Attachment 3
 - Statements of Income, Attachment 4
 - Statement of Cash Flow, Attachment 5
- D. Year-to-Date Community Benefit Spending: By Category, compared to commitment spending – TOC: Exhibit G
- Progress towards distributing grants

Ballad Health TOC Exhibit G YTD through September 30, 2019

	<u>FY20 Q1</u>
Communities in Schools pf SWVA	37,500
Coalition for Kids	25,000
YWCA of NETN and SWVA	25,000
Families Free Inc.	20,000
180 Health Partners/Strongwell	37,500
A Step Ahead	12,500
ETSU Pediatrics	25,000
Of One Accord Ministry	20,000
Boys and Girls Club	37,500
Bristol's Promise Youth	25,000
	<u>\$265,000</u>

- Internal Spending, Attachment 6
- E. Quality Metrics reported to CMS – TOC: Exhibit G/CA:12
- Quality Priority Metrics – System Report Attachment 7
 - Quality Measures – Facility Report Attachment 8
- F. Status of any outstanding Cures, Corrective Actions, or other remedial actions – TOC: Exhibit G/CA:17
- Ballad Health does not have any information to report at this time regarding outstanding Cures, Corrective Actions, or other remedial actions.

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

- 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 had a discussion with the state. For Payors who were never in-network, revisions have been proposed to the language in Addendum 1. Once modifications are finalized, the revised Addendum 1 provisions will apply.

In the meantime, all collection efforts of the patient accounts identified in the complaint continue to be suspended.

H. Closures/Opening:

- Plans: Update on plans to close or open any Service Lines or facilities.
 - Wise County Plans
 - An initial set of Wise County consolidation plans (Phase I) was submitted 2/4/19 pursuant to the Cooperative Agreement (CA) Conditions 4 and 27. The Virginia Department of Health (VDH) sent a letter to Ballad Health dated 2/26/19 with several questions regarding the plans for Wise County. Ballad Health had several discussions with VDH during the Reporting Period and submitted a written response to additional questions on 7/1/19 and an additional follow up letter on 8/14/19.
 - On 10/1/19 Ballad Health received approval from Virginia for Wise County Phase 1.
 - Ballad Health plans to submit a request for a second round of consolidations (Phase II) in late December 2019 or early January 2020.
 - Lee County Plans
 - Effective 1/1/19, the Lee County Hospital Authority (LCHA) acquired the assets of Lee Regional Medical Center from Americore. On 2/14/19, the LCHA executed a Letter of Intent with Ballad Health as a precursor to a Definitive Agreement which was executed between Ballad Health and LCHA on 9/23/19. Under the terms of the agreement, Ballad Health is leasing the facility from LCHA and will operate a Critical Access Hospital (CAH) under the name of Lee County Community Hospital (LCCH) by the fall of 2020. A CAH application has been submitted to the Virginia Department of Health and CMS in early October, 2019.
 - In the interim period, per Condition 27 of the CA, Ballad Health is proceeding with working collaboratively with the LCHA and local health providers to provide the Essential Services as defined. Ballad Health believes some of these

services can be best provided by third party providers and discussions with VDH and LCHA as to such a plan are continuing.

- Trauma Plan: On 7/10/19 Ballad Health submitted a detailed, revised Trauma consolidation plan and timeline.
 - Effective 10/1/19, Holston Valley Medical Center, Kingsport Tennessee, consolidated Level I trauma services to Johnson City Medical Center, Johnson City, Tennessee with HVMC changing to a Level III.
- Progress: Update on the status of any closures or openings of facilities or Service Lines.
 - Effective 9/1/19, Holston Valley Medical Center's Level III Nursery (NICU) transitioned to a Level I nursery. Tennessee approved Ballad Health's plan for this transition which included:
 - Tele-neonatology in place and functional prior to the transition date of 9/1/19;
 - Rapid Response team in place 24/7 to respond to respond to any unexpected or unplanned complication;
 - Transport team(s) available;
 - Neonatologists on staff if their presence is required.

ATTACHMENT 1

QUARTERLY REPORT CONTENTS

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

QUARTERLY REPORT CONTENTS

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

- Any revisions to Charity Care Policy; Section 4.03(e).
- Report of Population Health and Social Responsibility Committee meetings and member attendance at meeting; Section 4.04(e).
- Key Financial Metrics (comparing each to same quarter in prior year and the quarter prior to the quarter in question); Section 6.04(c).
 - o Balance sheet
 - o Statements of income and cash flow
- YTD Community Benefit Spending per Form 990 reporting guidelines for each reporting entity.
 - o By Category, compared to commitment spending
 - Progress towards distributing grants
 - Internal spending
- Quality Metrics reported to CMS
- Once, within thirty (30) days of the Issue Date: a List of Ancillary and Post-Acute Services offered by competitors (with respect to each COPA Hospital); Section 5.04(a).
 - o Includes but is not limited to: SNF; home health providers; diagnostic service providers; imaging centers; ambulatory surgery centers; etc.
 - o Include at least three competitors for each category of service.
- Status of any outstanding Cures, Corrective Actions, or other remedial actions.
- Any requirements or commitments outlined in the Terms of Certification or in the Index which the New Health System is not meeting or anticipates it will not meet
- Closures / Openings
 - o Plans. Update on plans to close or open any Service Lines or facilities.
 - o Progress. Update on the status of any closures or openings of facilities or Service Lines.
- The COPA Compliance Office Quarterly Reports:
 - o Complaints by type
 - o Resolution of complaints
 - o Status update of any unresolved complaints from previous COPA Compliance Office Quarterly Reports.

CA, Condition 40

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

ATTACHMENT 2

POPULATION HEALTH AND SOCIAL RESPONSIBILITY COMMITTEE MEETING SUMMARY

EXECUTIVE SUMMARY
 BALLAD HEALTH COMMUNITY BENEFIT & POPULATION HEALTH COMMITTEE
 SEPTEMBER 19, 2019

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

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

TOPIC	DISCUSSION	ACTION/APPROVAL
CALL TO ORDER	The meeting was called to order at 4:03 pm.	Mr. Roger Mowen, Vice-Chair, called the meeting to order.
A. DECLARATION		
1. Quorum		A quorum was reached with 12 members participating via phone.
2. Conflict(s) of Interest		Mr. Roger Mowen declared no conflicts of interest.

<p>B. Consent Agenda</p>	<p>The June 20, 2019 meeting minutes were deferred until the December 19, 2019 meeting.</p>	
<p>C. Reports / Presentations/Updates</p>		
<p>1. Project Compassion</p>	<p>Mr. Todd Norris presented the vulnerable population initiative tentatively called Project COMPASSion. The initiative is a new regional system of care for populations at risk of diminished healthcare access due to a lack of financial resources or coverage. Project COMPASSion is modeled on a total cost of care approach to care management. The design is a triple aim – improve quality, increase access, and reduce cost. Project COMPASSion relies on a team based model to optimize community resources and Ballad solutions to meet social needs and barriers to care.</p> <p>The population universe of interest is the approximately 110,000 uninsured people in the counties of NE TN and SWVA region under 65. The target population for this program will be individuals eligible for full charity care under Ballad’s policy with high utilization and chronic disease. The goal is to enhance healthcare access and quality and reduce unnecessary utilization and cost while assisting with navigation to community based social need resources through a regional system of care.</p> <p>The initiative is envisioned as a partnership between Ballad, Project Access, and our patients. Project Access will receive referrals; vet, enroll, screen, and orient participants; develop a network of independent providers; provide care management, utilization management, and navigation services. Ballad Health will support and fund the effort and provide necessary services including expanded outpatient, lab, pharmacy, urgent care, and primary care—through fixed, mobile, and telemedicine services. Patients will be expected to pursue recommend self-care (screenings, primary care, etc.) and engage with utilization/care management resources.</p> <p>Mr. Norris will update the full Ballad board of directors at their next meeting.</p>	<p>Mr. Todd Norris</p>

2. MSSP Update	Mr. David Sensibaugh gave a brief update on the Medicare Shared Savings Program (MSSP), including the transition to a track one model effect July 1, 2019, with downside risk beginning within 18 months. Mr. Sensibaugh explained that legacy WHS physicians are now incorporated in the ACO. The full presentation with infographics is available in BoardVantage.	Mr. David Sensibaugh
ADJOURN	Mr. Roger Mowen adjourned the meeting at 4:52 p.m.	Mr. Roger Mowen

Tim Belisle, Board Secretary

ATTACHMENT 3

BALANCE SHEET

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

	September 30 2019	June 30 2019	Quarter Activity	September 30 2018	Year Activity
ASSETS					
CURRENT ASSETS					
Cash and Cash Equivalents	62,033,825	122,562,790	(60,528,964)	94,158,649	(32,124,824)
Current Portion AWUIL	2,214,348	8,198,941	(5,984,593)	1,851,397	362,951
Accounts Receivable (Net)	300,723,553	282,943,353	17,780,199	290,984,850	9,738,703
Other Receivables	42,460,865	47,273,289	(4,812,424)	29,083,692	13,377,173
Due From Affiliates	586,353	920,693	(334,340)	6,951,242	(6,364,888)
Due From Third Party Payors	(0)	0	(0)	(4,023,888)	4,023,888
Inventories	48,811,591	48,563,995	247,596	47,645,372	1,166,219
Prepaid Expense	16,620,817	13,258,970	3,361,847	19,964,876	(3,344,059)
	<u>473,451,353</u>	<u>523,722,031</u>	<u>(50,270,678)</u>	<u>486,616,190</u>	<u>(13,164,837)</u>
ASSETS WHOSE USE IS LIMITED	<u>56,726,743</u>	<u>57,247,056</u>	<u>(520,313)</u>	<u>58,941,660</u>	<u>(2,214,917)</u>
OTHER INVESTMENTS	<u>1,296,226,879</u>	<u>1,273,009,949</u>	<u>23,216,931</u>	<u>1,218,028,886</u>	<u>78,197,994</u>
PROPERTY, PLANT AND EQUIPMENT					
Land, Buildings and Equipment	3,260,821,216	3,215,819,460	45,001,756	3,119,176,833	141,644,382
Less Allowances for Depreciation	<u>1,958,892,297</u>	<u>1,928,532,667</u>	<u>30,359,630</u>	<u>1,835,709,493</u>	<u>123,182,804</u>
	<u>1,301,928,919</u>	<u>1,287,286,793</u>	<u>14,642,126</u>	<u>1,283,467,340</u>	<u>18,461,579</u>
OTHER ASSETS					
Pledges Receivable	214,567	477,667	(263,100)	621,292	(406,726)
Long Term Compensation Investment	32,393,658	31,505,273	888,385	32,544,692	(151,034)
Investments in Unconsolidated Subsidiaries	19,934,816	19,094,526	840,290	17,508,708	2,426,108
Land / Equipment Held for Resale	3,951,117	3,720,074	231,043	6,646,369	(2,695,252)
Assets Held for Expansion	11,268,702	11,268,702	0	11,268,702	0
Investments in Subsidiaries	(0)	0	(0)	0	(0)
Goodwill	209,381,219	209,381,219	0	209,528,550	(147,331)
Deferred Charges and Other	<u>41,135,115</u>	<u>9,589,787</u>	<u>31,545,328</u>	<u>9,873,877</u>	<u>31,261,238</u>
	<u>318,279,194</u>	<u>285,037,248</u>	<u>33,241,946</u>	<u>287,992,190</u>	<u>30,287,004</u>
TOTAL ASSETS	<u>3,446,613,088</u>	<u>3,426,303,077</u>	<u>20,310,011</u>	<u>3,335,046,266</u>	<u>111,566,822</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts Payable and Accrued Expense	158,219,492	145,669,654	12,549,838	146,904,376	11,315,116
Accrued Salaries, Benefits, and PTO	110,762,623	123,812,007	(13,049,383)	107,187,009	3,575,614
Claims Payable	0	(0)	0	1,953,448	(1,953,448)
Accrued Interest	9,183,421	20,733,115	(11,549,693)	9,505,257	(321,835)
Due to Affiliates	0	0	0	0	0
Due to Third Party Payors	11,532,960	11,965,238	(432,278)	10,550,704	982,256
Call Option Liability	0	0	0	0	0
Current Portion of Long Term Debt	<u>41,454,548</u>	<u>26,999,945</u>	<u>14,454,603</u>	<u>28,092,947</u>	<u>13,361,601</u>
	<u>331,153,045</u>	<u>329,179,959</u>	<u>1,973,086</u>	<u>304,193,741</u>	<u>26,959,303</u>
OTHER NON CURRENT LIABILITIES					
Long Term Compensation Payable	16,395,891	15,507,506	888,385	16,651,270	(255,379)
Long Term Debt	1,316,993,625	1,317,279,330	(285,705)	1,321,809,408	(4,815,784)
Estimated Fair Value of Interest Rate Swaps	2,275,728	(3,092,463)	5,368,192	8,232,986	(5,957,258)
Deferred Income	6,831,139	4,536,349	2,294,790	8,780,162	(1,949,024)
Professional Liability Self-Insurance and Other	<u>61,148,703</u>	<u>59,852,649</u>	<u>1,296,054</u>	<u>47,373,848</u>	<u>13,774,856</u>
	<u>1,403,645,086</u>	<u>1,394,083,371</u>	<u>9,561,715</u>	<u>1,402,847,674</u>	<u>797,412</u>
TOTAL LIABILITIES	<u>1,734,798,131</u>	<u>1,723,263,330</u>	<u>11,534,801</u>	<u>1,707,041,415</u>	<u>27,756,716</u>
NET ASSETS					
Restricted Net Assets	38,293,488	36,411,688	1,881,799	21,548,865	16,744,622
Unrestricted Net Assets	1,406,272,354	1,403,790,867	2,481,487	1,359,339,737	46,932,617
Noncontrolling Interests in Subsidiaries	<u>267,249,116</u>	<u>262,837,192</u>	<u>4,411,924</u>	<u>247,116,248</u>	<u>20,132,868</u>
	<u>1,711,814,957</u>	<u>1,703,039,747</u>	<u>8,775,211</u>	<u>1,628,004,850</u>	<u>83,810,107</u>
TOTAL LIABILITIES AND NET ASSETS	<u>3,446,613,088</u>	<u>3,426,303,077</u>	<u>20,310,011</u>	<u>3,335,046,266</u>	<u>111,566,822</u>

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

	September 30 2019	September 30 2018	Year Activity	Year to Date 2019
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents	62,033,825	94,158,649	(32,124,824)	62,033,825
Current Portion AWUIL	2,214,348	1,851,397	362,951	2,214,348
Accounts Receivable (Net)	300,723,553	290,984,850	9,738,703	300,723,553
Other Receivables	42,460,865	29,083,692	13,377,173	42,460,865
Due From Affiliates	586,353	6,951,242	(6,364,888)	586,353
Due From Third Party Payors	(0)	(4,023,888)	4,023,888	(0)
Inventories	48,811,591	47,645,372	1,166,219	48,811,591
Prepaid Expense	16,620,817	19,964,876	(3,344,059)	16,620,817
	<u>473,451,353</u>	<u>486,616,190</u>	<u>(13,164,837)</u>	<u>473,451,353</u>
ASSETS WHOSE USE IS LIMITED	<u>56,726,743</u>	<u>58,941,660</u>	<u>(2,214,917)</u>	<u>56,726,743</u>
OTHER INVESTMENTS	<u>1,296,226,879</u>	<u>1,218,028,886</u>	<u>78,197,994</u>	<u>1,296,226,879</u>
PROPERTY, PLANT AND EQUIPMENT				
Land, Buildings and Equipment	3,260,821,216	3,119,176,833	141,644,382	3,260,821,216
Less Allowances for Depreciation	<u>1,958,892,297</u>	<u>1,835,709,493</u>	<u>123,182,804</u>	<u>1,958,892,297</u>
	<u>1,301,928,919</u>	<u>1,283,467,340</u>	<u>18,461,579</u>	<u>1,301,928,919</u>
OTHER ASSETS				
Pledges Receivable	214,567	621,292	(406,726)	214,567
Long Term Compensation Investment	32,393,658	32,544,692	(151,034)	32,393,658
Investments in Unconsolidated Subsidiaries	19,934,816	17,508,708	2,426,108	19,934,816
Land / Equipment Held for Resale	3,951,117	6,646,369	(2,695,252)	3,951,117
Assets Held for Expansion	11,268,702	11,268,702	0	11,268,702
Investments in Subsidiaries	(0)	0	(0)	(0)
Goodwill	209,381,219	209,528,550	(147,331)	209,381,219
Deferred Charges and Other	<u>41,135,115</u>	<u>9,873,877</u>	<u>31,261,238</u>	<u>41,135,115</u>
	<u>318,279,194</u>	<u>287,992,190</u>	<u>30,287,004</u>	<u>318,279,194</u>
TOTAL ASSETS	<u>3,446,613,088</u>	<u>3,335,046,266</u>	<u>111,566,822</u>	<u>3,446,613,088</u>
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accounts Payable and Accrued Expense	158,219,492	146,904,376	11,315,116	158,219,492
Accrued Salaries, Benefits, and PTO	110,762,623	107,187,009	3,575,614	110,762,623
Claims Payable	0	1,953,448	(1,953,448)	0
Accrued Interest	9,183,421	9,505,257	(321,835)	9,183,421
Due to Affiliates	0	0	0	0
Due to Third Party Payors	11,532,960	10,550,704	982,256	11,532,960
Call Option Liability	0	0	0	0
Current Portion of Long Term Debt	<u>41,454,548</u>	<u>28,092,947</u>	<u>13,361,601</u>	<u>41,454,548</u>
	<u>331,153,045</u>	<u>304,193,741</u>	<u>26,959,303</u>	<u>331,153,045</u>
OTHER NON CURRENT LIABILITIES				
Long Term Compensation Payable	16,395,891	16,651,270	(255,379)	16,395,891
Long Term Debt	1,316,993,625	1,321,809,408	(4,815,784)	1,316,993,625
Estimated Fair Value of Interest Rate Swaps	2,275,728	8,232,986	(5,957,258)	2,275,728
Deferred Income	6,831,139	8,780,162	(1,949,024)	6,831,139
Professional Liability Self-Insurance and Other	<u>61,148,703</u>	<u>47,373,848</u>	<u>13,774,856</u>	<u>61,148,703</u>
	<u>1,403,645,086</u>	<u>1,402,847,674</u>	<u>797,412</u>	<u>1,403,645,086</u>
TOTAL LIABILITIES	<u>1,734,798,131</u>	<u>1,707,041,415</u>	<u>27,756,716</u>	<u>1,734,798,131</u>
NET ASSETS				
Restricted Net Assets	38,293,488	21,548,865	16,744,622	38,293,488
Unrestricted Net Assets	1,406,272,354	1,359,339,737	46,932,617	1,406,272,354
Noncontrolling Interests in Subsidiaries	<u>267,249,116</u>	<u>247,116,248</u>	<u>20,132,868</u>	<u>267,249,116</u>
	<u>1,711,814,957</u>	<u>1,628,004,850</u>	<u>83,810,107</u>	<u>1,711,814,957</u>
TOTAL LIABILITIES AND NET ASSETS	<u>3,446,613,088</u>	<u>3,335,046,266</u>	<u>111,566,822</u>	<u>3,446,613,088</u>

ATTACHMENT 4

STATEMENT OF INCOME

Ballad Health
Statement of Revenue and Expense
For The Period Ended September 30, 2019 and September 30, 2018
TN COPA Requirements

	Quarter 1 Sept 2019	Quarter 4 Jun 2019	Quarter 1 Sept 2018
Revenue, Gains and Support			
Patient service revenue, net of contractual allowances and discounts	564,338,007	559,932,674	541,195,133
Provision for bad debts	(45,007,258)	(40,960,463)	(39,093,911)
Net patient service revenue	519,330,749	518,972,211	502,101,222
Other operating revenue	19,903,122	16,870,519	13,689,986
TOTAL REVENUE, GAINS AND SUPPORT	539,233,872	535,842,731	515,791,208
Expenses:			
Salaries and wages	169,477,730	160,042,929	173,394,776
Physician salaries and wages	47,899,539	47,253,309	47,027,861
Contract Labor	13,341,902	11,096,689	8,572,128
Employee Benefits	30,986,507	38,865,684	34,124,946
Fees	61,680,606	54,061,364	55,094,370
Supplies	110,835,362	110,519,355	102,507,673
Utilities	9,207,863	8,095,932	8,639,293
Medical Costs	0	0	0
Other Expense	43,863,780	36,501,382	37,974,771
Depreciation	35,291,743	35,269,022	35,071,359
Amortization	(108,131)	(2,081,674)	978,289
Interest & Taxes	12,346,004	13,459,100	12,595,532
TOTAL EXPENSES	534,822,904	513,083,090	515,980,996
OPERATING INCOME	4,410,967	22,759,641	(189,789)
Nonoperating gains (losses):			
Interest and dividend income	4,730,748	13,250,630	5,020,378
Net realized gains (losses) on the sale of securities	4,664,808	10,777,842	3,742,936
Change in net unrealized gains on securities	(1,610,868)	21,004,093	14,756,285
Derivative related income	(144,248)	7,410	884,290
Loss on extinguishment of LTD / derivatives	0	0	0
Change in estimated fair value of derivatives	(5,454,855)	5,442,118	620,979
Gain (loss) on discontinued operations	0	220,046	4,675
Other nonoperating gains (losses)	1,945,617	(130,112)	(207,299)
Noncontrolling interests in subsidiaries	(4,405,389)	(8,479,785)	(5,321,181)
NET NONOPERATING GAINS	(274,189)	42,092,242	19,501,063
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	4,136,778	64,851,882	19,311,274
EBITDA	58,732,117	85,052,119	52,579,190

Ballad Health
Statement of Revenue and Expense
For The Period Ended September 30, 2019 and September 30, 2018
VA COPA Requirements

	Quarter 1 Sept 2019	Quarter 1 Sept 2018	Year to Date Sept 2019
Revenue, Gains and Support			
Patient service revenue, net of contractual allowances and discounts	564,338,007	541,195,133	564,338,007
Provision for bad debts	(45,007,258)	(39,093,911)	(45,007,258)
Net patient service revenue	519,330,749	502,101,222	519,330,749
Other operating revenue	19,903,122	13,689,986	19,903,122
TOTAL REVENUE, GAINS AND SUPPORT	539,233,872	515,791,208	539,233,872
Expenses:			
Salaries and wages	169,477,730	173,394,776	169,477,730
Physician salaries and wages	47,899,539	47,027,861	47,899,539
Contract Labor	13,341,902	8,572,128	13,341,902
Employee Benefits	30,986,507	34,124,946	30,986,507
Fees	61,680,606	55,094,370	61,680,606
Supplies	110,835,362	102,507,673	110,835,362
Utilities	9,207,863	8,639,293	9,207,863
Medical Costs	0	0	0
Other Expense	43,863,780	37,974,771	43,863,780
Depreciation	35,291,743	35,071,359	35,291,743
Amortization	(108,131)	978,289	(108,131)
Interest & Taxes	12,346,004	12,595,532	12,346,004
TOTAL EXPENSES	534,822,904	515,980,996	534,822,904
OPERATING INCOME	4,410,967	(189,789)	4,410,967
Nonoperating gains (losses):			
Interest and dividend income	4,730,748	5,020,378	4,730,748
Net realized gains (losses) on the sale of securities	4,664,808	3,742,936	4,664,808
Change in net unrealized gains on securities	(1,610,868)	14,756,285	(1,610,868)
Derivative related income	(144,248)	884,290	(144,248)
Loss on extinguishment of LTD / derivatives	0	0	0
Change in estimated fair value of derivatives	(5,454,855)	620,979	(5,454,855)
Gain (loss) on discontinued operations	0	4,675	0
Other nonoperating gains (losses)	1,945,617	(207,299)	1,945,617
Noncontrolling interests in subsidiaries	(4,405,389)	(5,321,181)	(4,405,389)
NET NONOPERATING GAINS	(274,189)	19,501,063	(274,189)
EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES	4,136,778	19,311,274	4,136,778
EBITDA	58,732,117	52,579,190	58,732,117

ATTACHMENT 5

STATEMENT OF CASH FLOW

Ballad Health
Statement of Cash Flows
As of September 30, 2019 and September 30, 2018

	Quarter 1 Sept 2019	Quarter 4 Jun 2019	Quarter 1 Sept 2018
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>			
Increase / (Decrease) in Unrestricted Net Assets	4,363,286	64,819,681	19,206,638
<u>Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities</u>			
Provision for Depreciation	35,291,743	35,269,022	35,071,359
Provision for Amortization	(108,131)	(2,081,674)	978,289
Net Realized (Gain) / Loss on Sales of Securities	(4,664,808)	(10,777,842)	(3,742,936)
Net Loss on Early Extinguishment of Debt	0	0	0
Change in Estimated Fair Value of Derivatives	5,454,855	(5,442,118)	(620,979)
Equity in Net Income of Joint Ventures	(253,266)	(142,564)	(500,022)
(Gain) / Loss on Sale of Assets Held for Resale and Disposal of Assets	(1,509,292)	(2,426,358)	(55,884)
Net Amounts Received on Interest Rate Swap Settlements	(1,727,606)	(2,033,624)	(2,888,497)
Minority Interest in Consolidated Subsidiaries Income	4,411,924	7,840,042	5,311,582
Change in Net Unrealized Gains on Investments	1,610,868	(21,004,093)	(14,756,285)
Increase / (Decrease) in Cash due to Change in:			
Net Patient Accounts Receivable	(17,780,199)	10,454,763	(2,894,620)
Other Receivables (Net)	4,812,424	(5,141,457)	5,386,723
Inventories and Prepaid Expenses	(3,609,443)	6,941,870	(1,811,974)
Other Assets	(32,170,613)	34,960	2,325,179
Accrued Interest Payable (incl Capital Appreciation Bond Accretion)	(11,549,693)	11,193,564	19,116
Accounts Payable and Accrued Expenses	12,884,178	(17,274,897)	8,518,850
Accrued Salaries, Compensated Absences, and Amounts Withheld	(13,049,383)	5,302,828	(15,265,562)
Estimated Amounts due from/to Third Party Payors (Net)	432,278	1,473,190	199,393
Other Long-Term Liabilities	3,183,175	(20,604,124)	1,873,015
Professional Liability Self Insurance and Other	1,296,054	9,807,803	2,068,750
Total Adjustments	(17,044,938)	1,389,292	19,215,498
Net Cash Provided by Operating Activities	(12,681,652)	66,208,973	38,422,137
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>			
Purchases of Property, Plant, and Equipment, Property Held for Resale, and Property Held for Expansion (Net)	(49,077,464)	(64,688,357)	(39,550,852)
Additions to Goodwill	0	0	73,665
Purchases of Investments (Net)	(21,171,258)	(25,441,299)	4,467,595
Net Decrease / (Increase) in Assets Limited as to Use	6,504,906	(731,547)	6,877,057
Net Cash Used in Investing Activities	(63,743,816)	(90,861,202)	(28,132,534)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>			
Payments on Long-Term Debt and Capital Lease Obligations (incl Deposits to Escrow)	14,168,897	(1,804,708)	(5,863,157)
Net Amounts Received on Interest Rate Swap Settlements	1,727,606	2,033,624	2,888,497
Net Cash Used in Financing Activities	15,896,503	228,916	(2,974,660)
<u>NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS</u>	(60,528,965)	(24,423,314)	7,314,942
<u>CASH AND CASH EQUIVALENTS - BEG OF PERIOD</u>	122,562,790	146,986,103	86,843,707
<u>CASH AND CASH EQUIVALENTS - END OF PERIOD</u>	62,033,825	122,562,790	94,158,649

ATTACHMENT 6

YEAR-TO-DATE COMMUNITY BENEFIT INTERNAL SPENDING

Ballad Health TOC Exhibit G YTD through September 30, 2019
Internal Spending Report *(based on available information)*

990, line 7:	
a. Financial assistance (charity)	5,909,778
b. Medicaid and TennCare	9,156,842
c. Other means-tested gov't programs (TennCare included in line 7b)	-
e. Community health improvements	1,643,528
f. Health professions education:	7,768,079
g. Subsidized health services	2,297,630
h. Research	32,082
i. Cash and in-kind contributions	<u>978,949</u>
Total	27,786,888

ATTACHMENT 7

QUALITY PRIORITY METRICS

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

FYTD20: - August 2019 discharges

		Ballad Health				
		Baseline	FY18	FY19	FYTD20	
		Priority Metrics				
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.29	1.10	0.53	0.45
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.13	0.15
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07	0.08	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.76	1.41	1.01
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	1.06	1.28	1.32
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.40	8.34	7.56	5.87
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.51	3.16	4.76
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.16	3.88	4.03	4.83
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.99	1.48	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.98	0.27	0.00
↓	lower is better	CLABSI	0.774	0.652	0.616	0.610
↓	lower is better	CAUTI	0.613	0.640	0.895	0.583
↓	lower is better	SSI COLON Surgical Site Infection	1.17	1.90	2.28	1.64
↓	lower is better	SSI HYST Surgical Site Infection	1.00	0.61	0.00	0.00
↓	lower is better	MRSA	0.040	0.054	0.090	0.072
↓	lower is better	CDIFF	0.585	0.623	0.352	0.397
↑	higher is better	SMB: Sepsis Management Bundle	--	56.6%	62.7%	66.5%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	50.01	45.60	26.84
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	42.94	38.94	23.76
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.26	1.32	1.37
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.13	0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	82.8%	79.2%	84.9%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	84.5%	79.7%	83.1%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	72.6%	62.5%	68.8%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	88.1%	87.0%	87.7%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	50.1%
↓	lower is better	Left without being seen	--	0.6%	0.9%	2.5%
↓	lower is better	Sepsis In House Mortality	--	7.5%	9.6%	8.0%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	4.2%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	4.8%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	18.5%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	13.7%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	129.2	--	133.9
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	210.5	--	266.0

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Holston Valley Medical Center				
		Baseline	FY18	FY19	FYTD20	
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.36	3.21	1.65	1.25
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.51	0.48	0.06	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.92	1.67	1.12
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	1.57	0.62	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.84	6.40	9.16	5.10
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.78	3.77	2.42	4.23
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.97	3.57	4.83	3.96
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.56	1.70	2.01	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.80	1.59	0.00	0.00
↓	lower is better	CLABSI	0.682	0.334	0.379	1.061
↓	lower is better	CAUTI	0.938	0.496	0.304	0.000
↓	lower is better	SSI COLON Surgical Site Infection	1.36	0.85	5.24	0.00
↓	lower is better	SSI HYST Surgical Site Infection	0.64	0.29	0.00	0.00
↓	lower is better	MRSA	0.012	0.034	0.105	0.143
↓	lower is better	CDIFF	0.741	1.056	0.487	0.443
↑	higher is better	SMB: Sepsis Management Bundle	--	25.2%	50.0%	70.4%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	37.64	40.30	26.55
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	84.83	63.90	51.50
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	2.15	2.21	2.38
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.18	0.15	0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	81.0%	79.4%	73.4%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	81.0%	80.0%	75.5%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	67.0%	62.9%	63.5%
↑	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%	87.7%	88.1%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	46.1%
↓	lower is better	Left without being seen	--	2.1%	2.1%	2.4%
↓	lower is better	Sepsis In House Mortality	--	13.3%	12.5%	13.1%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	1.1%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	5.5%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	12.7%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	15.4%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	165.0	--	212.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	430.0	--	451.0

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Johnson City Medical Center				
		Baseline	FY18	FY19	FYTD20	
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.07	0.00	0.18	0.37
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.33	0.25	0.13	0.27
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.09	0.00	0.12	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	3.60	1.13	0.93	1.12
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.08	1.28	1.97	2.62
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	11.98	6.57	6.35	3.72
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.90	3.63	3.46	3.09
↓	lower is better	PSI 13 Postoperative Sepsis Rate	8.30	3.00	2.43	2.67
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.01	1.54	1.74	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.79	0.74	0.00	0.00
↓	lower is better	CLABSI	1.080	1.132	1.215	0.591
↓	lower is better	CAUTI	0.997	1.498	2.519	1.656
↓	lower is better	SSI COLON Surgical Site Infection	1.91	1.52	5.65	0.00
↓	lower is better	SSI HYST Surgical Site Infection	2.50	0.00	0.00	0.00
↓	lower is better	MRSA	0.055	0.073	0.124	0.047
↓	lower is better	CDIFF	0.531	0.496	0.308	0.425
↑	higher is better	SMB: Sepsis Management Bundle	--	55.6%	62.0%	73.3%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	22.70	21.60	13.64
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	32.68	29.90	21.10
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.92	0.92	0.96
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.04	0.06	0.11
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	77.0%	75.3%	78.1%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	76.0%	75.0%	77.3%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	60.0%	58.2%	60.1%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	85.6%	85.9%	84.9%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	47.5%
↓	lower is better	Left without being seen	--	0.9%	1.1%	1.5%
↓	lower is better	Sepsis In House Mortality	--	16.6%	12.5%	12.4%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	5.8%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	8.0%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	21.6%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	12.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	152.5	--	185.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	259.0	--	290.8

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Priority Metrics				
		Bristol Regional Medical Center				
		Baseline	FY18	FY19	FYTD20	
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.35	2.28	0.59	0.60
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.32	0.07	0.07	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.09	0.16	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.72	4.54	2.42	1.93
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.97	0.48	2.10	3.33
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.50	10.75	11.18	12.35
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.59	2.42	3.44	9.17
↓	lower is better	PSI 13 Postoperative Sepsis Rate	3.65	3.57	3.94	3.53
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.03	0.00	3.26	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.22	1.25	1.27	0.00
↓	lower is better	CLABSI	1.202	0.722	0.383	0.000
↓	lower is better	CAUTI	0.824	0.958	1.165	0.991
↓	lower is better	SSI COLON Surgical Site Infection	0.00	1.33	0.00	33.33
↓	lower is better	SSI HYST Surgical Site Infection	0.00	1.59	0.00	0.00
↓	lower is better	MRSA	0.056	0.094	0.092	0.000
↓	lower is better	CDIFF	0.719	0.740	0.309	0.335
↑	higher is better	SMB: Sepsis Management Bundle	--	48.3%	58.1%	62.5%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	45.00	32.40	22.57
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	41.60	26.60	23.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.81	1.80	1.70
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.16	0.14	0.17
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	86.0%	81.6%	82.4%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	81.1%	81.6%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	75.0%	65.7%	68.6%
↑	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%	88.5%	87.8%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	49.8%
↓	lower is better	Left without being seen	--	0.4%	1.5%	6.0%
↓	lower is better	Sepsis In House Mortality	--	11.2%	10.8%	7.6%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	4.1%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	5.8%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	26.9%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	17.8%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	153.8	--	177.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	278.5	--	328.5

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Johnston Memorial Hospital				
		Baseline	FY18	FY19	FYTD20	
Priority Metrics						
Desired Performance						
Quality Target Metrics						
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.97	0.00	0.27	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.14	0.16	1.04
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.16	0.54	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	2.92	2.77	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	3.04	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.96	5.79	5.11	5.95
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.59	0.00	0.00	37.04
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.10	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.001	0.000	0.426	0.000
↓	lower is better	CAUTI	0.000	0.000	0.626	1.395
↓	lower is better	SSI COLON Surgical Site Infection	0.00	0.00	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	0.00	0.00	0.00	0.00
↓	lower is better	MRSA	0.000	0.000	0.035	0.213
↓	lower is better	CDIFF	1.052	0.550	0.113	0.453
↑	higher is better	SMB: Sepsis Management Bundle	--	54.8%	53.7%	73.9%
Quality Priority Metrics						
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	41.70	36.50	23.37
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	41.69	29.20	30.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.87	0.86	0.86
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.15	0.16	0.17
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	77.0%	77.6%	77.7%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	79.0%	78.8%	74.7%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	60.0%	57.1%	59.8%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	87.1%	84.7%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	42.4%
↓	lower is better	Left without being seen	--	0.2%	0.4%	5.3%
↓	lower is better	Sepsis In House Mortality	--	10.5%	10.3%	5.3%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	6.9%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	6.2%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	30.4%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	15.5%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	151.5	--	168.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	251.0	--	344.8

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges



Priority Metrics

		Lonesome Pine Hospital				
		Baseline	FY18	FY19	FYTD20	
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.21	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.00	1.24	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	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
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.64	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
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.82	0.00	15.87	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.23	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	1.214	1.912	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.00	0.00	0.00	--
↓	lower is better	SSI HYST Surgical Site Infection	5.56	0.00	0.00	0.00
↓	lower is better	MRSA	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.315	0.371	0.710	0.000
↑	higher is better	SMB: Sepsis Management Bundle	--	44.8%	57.4%	47.8%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	125.00	86.15	88.68
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	63.60	56.74	31.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.40	1.88	1.18
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.13	0.10
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	83.0%	83.0%	87.6%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	85.0%	85.4%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	76.0%	68.0%	73.9%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	86.0%	85.1%	86.4%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	50.5%
↓	lower is better	Left without being seen	--	1.0%	0.3%	1.4%
↓	lower is better	Sepsis In House Mortality	--	4.4%	5.5%	2.6%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	15.4%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	7.7%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	0.0%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	7.4%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	129.0	--	114.7
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	241.5	--	251.4

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Norton Community Hospital				
		Baseline	FY18	FY19	FYTD20	
		Priority Metrics				
		Quality Target Metrics				
Desired Performance						
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.20	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.54	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.96	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
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.33	15.87	11.76	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.39	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.59	0.00	12.05	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	4.545
↓	lower is better	CAUTI	0.000	0.000	0.425	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.00	0.00	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	0.00	0.00	0.00	0.00
↓	lower is better	MRSA	0.000	0.000	0.102	0.000
↓	lower is better	CDIFF	0.265	0.301	0.214	1.217
↑	higher is better	SMB: Sepsis Management Bundle	--	77.6%	79.7%	85.7%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	50.10	44.60	21.11
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	53.34	28.10	18.70
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.61	0.71	0.72
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.11	0.12	0.11
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	83.0%	81.9%	82.1%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	82.0%	80.9%	81.7%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	65.0%	66.8%	56.5%
↑	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%	84.8%	85.0%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	40.9%
↓	lower is better	Left without being seen	--	0.2%	0.2%	0.6%
↓	lower is better	Sepsis In House Mortality	--	3.9%	5.6%	3.9%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	7.1%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	0.0%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	36.4%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	21.9%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	144.8	--	141.8
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	225.0	--	218.5

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Smyth County Community Hospital				
		Baseline	FY18	FY19	FYTD20	
		Priority Metrics				
		Quality Target Metrics				
Desired Performance						
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.21	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	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
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.03	5.98	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.81	0.00	0.00	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	0.000	1.042	0.000
↓	lower is better	SSI COLON Surgical Site Infection	16.67	0.00	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	0.00	0.00	--	--
↓	lower is better	MRSA	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.174	0.331	0.207	0.000
↑	higher is better	SMB: Sepsis Management Bundle	--	81.1%	84.3%	84.6%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	56.30	42.80	6.53
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	10.10	11.50	7.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.78	0.79	0.92
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.14	0.15	0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	86.0%	83.9%	93.7%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	88.0%	84.2%	88.9%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	66.0%	69.0%	74.4%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	89.0%	88.0%	95.4%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	62.2%
↓	lower is better	Left without being seen	--	0.3%	0.2%	0.8%
↓	lower is better	Sepsis In House Mortality	--	2.9%	2.9%	0.0%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	0.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	0.0%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	0.0%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	5.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	95.5	--	86.3
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	179.0	--	192.0

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Russell County Hospital				
		Baseline	FY18	FY19	FYTD20	
		Priority Metrics				
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.24	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	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	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	250.00	0.00	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	4.785	0.000	0.000
↓	lower is better	CAUTI	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
↓	lower is better	CDIFF	0.498	0.621	0.320	0.000
↑	higher is better	SMB: Sepsis Management Bundle	--	76.7%	77.3%	60.0%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	25.20	28.10	13.90
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	2.48	4.70	9.70
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.30	0.26	0.33
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.14	0.16	0.16
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	90.0%	90.4%	86.4%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	88.0%	82.9%	83.3%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	64.0%	66.7%	68.8%
↑	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%	89.2%	80.0%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	45.2%
↓	lower is better	Left without being seen	--	0.3%	0.3%	1.0%
↓	lower is better	Sepsis In House Mortality	--	7.4%	6.3%	4.8%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	0.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	0.0%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	14.3%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	9.1%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	97.0	--	96.3
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	163.8	--	179.5

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Franklin Woods Community Hospital				
		Baseline	FY18	FY19	FYTD20	
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.20	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.24	0.27	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.24	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.45	2.80	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.09	17.02	5.08	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.72	2.34	5.25	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.54	8.35	7.54	14.49
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.16	1.79	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.85	0.87	0.00	0.00
↓	lower is better	CLABSI	0.000	0.910	0.000	0.000
↓	lower is better	CAUTI	0.428	0.434	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	1.50	5.11	2.38	0.00
↓	lower is better	SSI HYST Surgical Site Infection	0.00	1.20	0.00	0.00
↓	lower is better	MRSA	0.039	0.000	0.041	0.238
↓	lower is better	CDIFF	0.259	0.252	0.317	0.805
↑	higher is better	SMB: Sepsis Management Bundle	--	78.8%	74.6%	71.4%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	33.60	36.00	30.30
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	29.93	31.00	19.80
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.71	0.81	0.95
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.14	0.17	0.18
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.0%	81.2%	78.7%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	82.0%	82.9%	83.2%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	70.0%	67.1%	68.9%
↑	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%	88.1%	86.1%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	52.7%
↓	lower is better	Left without being seen	--	0.6%	0.8%	0.9%
↓	lower is better	Sepsis In House Mortality	--	3.8%	6.0%	2.1%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	8.3%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	0.0%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	14.3%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	8.1%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	147.5	--	148.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	240.0	--	268.0

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Indian Path Community Hospital				
		Baseline	FY18	FY19	FYTD20	
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.16	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.26	0.31	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	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
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.69	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.75	4.30	3.94	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.90	10.23	5.46	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	0.000	0.935	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.00	1.70	1.67	0.00
↓	lower is better	SSI HYST Surgical Site Infection	7.14	0.00	0.00	--
↓	lower is better	MRSA	0.080	0.048	0.000	0.000
↓	lower is better	CDIFF	0.813	0.507	0.763	0.000
↑	higher is better	SMB: Sepsis Management Bundle	--	70.5%	79.6%	56.3%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	33.60	30.10	21.63
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	49.20	40.00	33.20
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.06	0.85	0.96
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.09	0.10	0.10
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	80.0%	79.7%	75.6%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	81.5%	76.7%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	64.0%	64.3%	62.4%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	88.1%	82.3%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	43.0%
↓	lower is better	Left without being seen	--	0.9%	0.6%	3.1%
↓	lower is better	Sepsis In House Mortality	--	6.6%	5.4%	5.5%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	13.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	6.1%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	13.8%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	14.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	130.0	--	155.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	219.5	--	242.0

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Greenville Community Hospital				
		Baseline	FY18	FY19	FYTD20	
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.20	--	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.42	--	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.11	--	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.75	--	3.53	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	--	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.75	--	8.62	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.27	--	6.71	16.39
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.55	--	8.77	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	--	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	--	0.00	0.00
↓	lower is better	CLABSI	0.000	0.575	1.862	0.000
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	1.16	1.88	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	0.00	0.00	0.00	--
↓	lower is better	MRSA	0.000	0.000	0.114	0.000
↓	lower is better	CDIFF	0.283	0.319	0.242	0.370
↑	higher is better	SMB: Sepsis Management Bundle	--	41.5%	52.8%	50.0%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	62.80	27.25	13.37
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	7.00	34.90	17.85
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.80	1.22	1.99
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.07	0.11	0.16
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.0%	74.4%	76.4%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	82.0%	78.5%	74.9%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	70.0%	60.9%	52.1%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	91.0%	85.1%	82.8%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	39.6%
↓	lower is better	Left without being seen	--	1.3%	0.7%	2.9%
↓	lower is better	Sepsis In House Mortality	--	--	7.2%	5.4%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	0.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	2.4%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	7.5%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	12.2%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	136.5	--	130.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	234.5	--	316.3

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Sycamore Shoals Hospital				
		Baseline	FY18	FY19	FYTD20	
		Priority Metrics				
		Quality Target Metrics				
Desired Performance						
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.19	0.00	0.47	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	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
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	13.37	4.63	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.98	4.57	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.67	4.65	4.72	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00	0.00	0.00
↓	lower is better	CLABSI	0.900	1.088	0.000	0.000
↓	lower is better	CAUTI	0.000	0.460	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	3.23	3.13	3.45	0.00
↓	lower is better	SSI HYST Surgical Site Infection	0.00	0.00	0.00	--
↓	lower is better	MRSA	0.067	0.134	0.070	0.000
↓	lower is better	CDIFF	0.604	0.672	0.350	0.000
↑	higher is better	SMB: Sepsis Management Bundle	--	72.0%	66.7%	100.0%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	29.20	29.00	23.41
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	31.02	41.00	46.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.68	0.65	0.77
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.14	0.18
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	78.0%	82.4%	73.3%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	80.0%	82.9%	78.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	64.0%	66.0%	62.1%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	86.0%	84.3%	82.1%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	43.3%
↓	lower is better	Left without being seen	--	0.7%	0.2%	0.5%
↓	lower is better	Sepsis In House Mortality	--	14.0%	9.0%	6.7%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	0.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	4.5%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	16.7%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	17.2%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	125.3	--	133.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	221.3	--	199.0

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Hawkins County Memorial Hospital				
		Baseline	FY18	FY19	FYTD20	
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.23	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	--	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	0.00	333.33
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	0.00	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	12.99	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	1.623	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.00	--	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	--	--	--	--
↓	lower is better	MRSA	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.000	0.260	0.514	0.000
↑	higher is better	SMB: Sepsis Management Bundle	--	62.0%	59.7%	66.7%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	135.90	76.70	62.21
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	74.51	55.30	14.80
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.58	1.49	1.41
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.12	0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.0%	84.4%	92.2%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	80.0%	82.0%	94.9%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	70.0%	70.2%	68.4%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	86.3%	83.7%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	50.7%
↓	lower is better	Left without being seen	--	0.2%	0.4%	1.8%
↓	lower is better	Sepsis In House Mortality	--	2.5%	3.0%	7.1%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	0.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	0.0%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	0.0%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	10.5%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	86.0	--	107.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	214.3	--	225.3

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Unicoi County Hospital				
		Baseline	FY18	FY19	FYTD20	
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	--	--	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	--	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	--	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--	--	--
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	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
↓	lower is better	CDIFF	0.000	0.000	0.000	0.000
↑	higher is better	SMB: Sepsis Management Bundle	--	61.8%	50.0%	57.1%
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	64.50	14.23
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	6.00
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	0.99	0.80
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	0.13	0.10
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	86.0%	81.7%	100.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	83.1%	90.2%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	75.0%	52.7%	92.6%
↑	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%	82.2%	93.5%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	88.0%
↓	lower is better	Left without being seen	--	0.5%	0.4%	0.4%
↓	lower is better	Sepsis In House Mortality	--	--	9.7%	0.0%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	0.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	0.0%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	18.2%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	0.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	124.0	--	120.3
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	206.0	--	--

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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FYTD20: - August 2019 discharges

		Dickenson County Hospital				
		Baseline	FY18	FY19	FYTD20	
		Priority Metrics				
		Quality Target Metrics				
Desired Performance						
↓	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	0.00	--	--
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--
↓	lower is better	CLABSI	--	--	--	--
↓	lower is better	CAUTI	--	--	--	--
↓	lower is better	SSI COLON Surgical Site Infection	--	--	--	--
↓	lower is better	SSI HYST Surgical Site Infection	--	--	--	--
↓	lower is better	MRSA	--	--	--	--
↓	lower is better	CDIFF	--	--	--	--
↑	higher is better	SMB: Sepsis Management Bundle	--	--	--	--
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	--	--
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	--
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	0.10	--
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	0.13	--
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	57.0%	87.5%	100.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%	91.7%	100.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	100.0%	50.0%	100.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	100.0%	75.0%	100.0%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	33.3%
↓	lower is better	Left without being seen	--	0.8%	0.4%	1.0%
↓	lower is better	Sepsis In House Mortality	--	--	0.0%	--
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	--
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	0.0%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	--
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	--
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	103.5	--	112.3
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	124.0	--	167.0

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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

FYTD20: - August 2019 discharges



Priority Metrics

		Hancock County Hospital				
		Baseline	FY18	FY19	FYTD20	
Desired Performance		Quality Target Metrics				
↓	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--	--	--
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--
↓	lower is better	CLABSI	--	--	--	--
↓	lower is better	CAUTI	--	--	--	--
↓	lower is better	SSI COLON Surgical Site Infection	--	--	--	--
↓	lower is better	SSI HYST Surgical Site Infection	--	--	--	--
↓	lower is better	MRSA	--	--	--	--
↓	lower is better	CDIFF	--	--	--	--
↑	higher is better	SMB: Sepsis Management Bundle	--	70.0%	57.1%	--
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	143.93	87.40	--
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	72.12	92.33	--
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.79	1.99	1.71
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.20	0.22	0.22
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	92.0%	92.6%	100.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	87.0%	88.0%	83.3%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	89.0%	75.0%	--
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	86.0%	92.9%	100.0%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	66.7%
↓	lower is better	Left without being seen	--	0.5%	0.6%	1.6%
↓	lower is better	Sepsis In House Mortality	--	0.0%	9.3%	0.0%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	--
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	0.0%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	0.0%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	0.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	124.5	--	96.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	--	--	--

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

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

FYTD20: - August 2019 discharges

		Johnson County Community Hospital				
		Baseline	FY18	FY19	FYTD20	
		Priority Metrics				
		Quality Target Metrics				
Desired Performance						
↓	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00	0.00	--
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--	--	--
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--
↓	lower is better	CLABSI	--	--	--	--
↓	lower is better	CAUTI	--	--	--	--
↓	lower is better	SSI COLON Surgical Site Infection	--	--	--	--
↓	lower is better	SSI HYST Surgical Site Infection	--	--	--	--
↓	lower is better	MRSA	--	--	--	--
↓	lower is better	CDIFF	--	--	--	--
↑	higher is better	SMB: Sepsis Management Bundle	--	--	--	--
		Quality Priority Metrics				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	--	--
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	--
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	1.11	1.00
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	0.11	0.09
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	100.0%	100.0%	--
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%	60.0%	--
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	100.0%	100.0%	--
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	100.0%	80.0%	--
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	--	--	--
↓	lower is better	Left without being seen	--	0.7%	0.6%	1.0%
↓	lower is better	Sepsis In House Mortality	--	--	0.0%	--
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--	--	--
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	--	--	--
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--	--	--
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	--	--	--
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	91.5	--	73.3
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	165.0	--	--

FY19: discharges dates July 2018 - June 2019

FY20: discharges dates July 2019 - June 2020

ATTACHMENT 8

QUALITY MEASURES BY FACILITY

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	PSI 3 Pressure Ulcer Rate	0.29	1.10	0.53	0.21	1.28	0.60	0.60	0.00	0.13
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.13	0.38	0.25	0.11	0.37	0.15	0.23
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.05	0.05	0.14	0.06	0.04	0.15	0.00	0.12
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07	0.08	0.10	0.07	0.04	0.10	0.09	0.26
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.76	1.41	4.14	1.77	1.56	4.50	0.63	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	1.06	1.28	1.00	1.02	1.27	1.22	1.69	1.45
↓	PSI 11 Postoperative Respiratory Failure Rate	14.40	8.34	7.56	14.31	8.24	8.00	15.16	9.75	3.05
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.51	3.16	5.42	3.41	3.15	4.84	4.62	3.28
↓	PSI 13 Postoperative Sepsis Rate	6.16	3.88	4.03	6.15	4.01	4.11	6.27	1.86	3.03
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.99	1.48	2.21	1.12	1.70	2.15	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.98	0.27	0.91	1.14	0.32	0.85	0.00	0.00
↓	CLABSI	0.774	0.652	0.616	0.822	0.700	0.664	0.000	0.220	0.219
↓	CAUTI	0.613	0.640	0.895	0.684	0.760	0.940	0.000	0.089	0.690
↓	SSI COLON Surgical Site Infection	1.166	1.900	2.285	1.120	2.080	2.703	2.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	0.996	0.610	0.000	0.866	0.650	0.000	2.500	0.000	0.000
↓	MRSA	0.040	0.054	0.090	0.043	0.060	0.097	0.000	0.019	0.040
↓	CDIFF	0.585	0.623	0.352	0.594	0.648	0.373	0.490	0.470	0.193
General Information-Structural Measures										
	ACS REGISTRY - Retired	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	SMPART NURSE Nursing Care Registry - Retired	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SURVEY OF PATIENT'S EXPERIENCE										
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	82.8%	79.2%	82.8%	84.7%	78.2%	82.8%	79.3%	80.9%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.6%	13.7%	14.7%	13.9%	11.8%	16.5%	12.8%	16.8%	12.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.6%	4.0%	6.1%	3.3%	3.5%	5.3%	4.4%	4.0%	7.1%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	84.5%	79.7%	83.8%	83.4%	74.0%	84.8%	86.7%	80.9%

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.9%	11.0%	14.0%	12.4%	11.8%	15.3%	11.0%	9.5%	11.9%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.9%	4.4%	6.3%	3.8%	4.7%	5.7%	4.2%	3.7%	7.2%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.8%	75.4%	64.6%	73.5%	75.7%	64.4%	71.2%	74.7%	66.7%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	20.6%	17.9%	24.4%	20.6%	17.9%	25.2%	20.8%	18.0%	21.7%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.6%	6.8%	11.1%	6.0%	6.5%	10.4%	8.0%	7.3%	11.6%
	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	74.1%	72.8%	--	74.6%	71.5%	--	73.2%	75.3%	--
	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	19.6%	18.9%	--	19.3%	19.5%	--	20.4%	17.7%	--
	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.3%	8.2%	--	6.2%	9.0%	--	6.4%	6.8%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.1%	72.6%	62.5%	67.8%	73.1%	61.1%	68.8%	71.8%	64.8%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	15.9%	13.1%	16.4%	16.5%	12.8%	17.7%	14.6%	13.7%	14.1%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	14.2%	21.1%	15.7%	14.1%	21.1%	16.6%	14.5%	21.2%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	88.1%	87.0%	87.1%	88.5%	86.3%	87.4%	87.3%	88.0%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.8%	11.9%	13.0%	12.9%	11.5%	13.7%	12.6%	12.7%	12.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	50.8%	47.2%	55.3%	52.3%	48.9%	52.8%	48.2%	51.0%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.8%	43.2%	43.1%	39.7%	42.5%	44.9%	43.0%	44.5%	44.5%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	4.8%	5.5%	5.4%	5.0%	4.6%	5.4%	4.2%	7.0%	5.1%

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.9%	81.6%	70.1%	74.6%	81.5%	72.1%	72.4%	81.8%	67.6%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	17.2%	11.8%	18.0%	17.0%	11.7%	17.8%	17.6%	11.8%	18.0%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	8.9%	6.6%	11.9%	8.5%	6.8%	10.2%	10.0%	6.3%	11.4%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.5%	71.9%	61.4%	67.4%	72.5%	58.4%	64.6%	70.7%	65.9%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	26.9%	21.0%	28.1%	26.3%	19.7%	31.3%	28.2%	23.3%	23.2%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.6%	7.1%	10.6%	6.4%	7.6%	10.3%	7.2%	6.0%	10.9%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.8%	7.6%	10.6%	7.6%	6.9%	9.6%	8.2%	8.8%	12.6%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.9%	15.3%	21.1%	17.4%	15.0%	22.8%	22.4%	15.7%	17.1%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.3%	77.1%	68.3%	75.1%	78.1%	67.7%	69.4%	75.3%	70.3%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	73.7%	75.4%	68.3%	75.9%	76.9%	67.7%	68.8%	72.7%	69.7%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	20.0%	24.7%	19.5%	18.5%	26.2%	26.0%	22.8%	27.2%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	4.6%	4.1%	4.6%	4.6%	6.1%	5.2%	4.5%	3.1%
CATARACT SURGERY OUTCOME %										
	OP31 Cataracts Improvement - voluntary reporting		--	--	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %										
↑	OP29 Avg Risk Polyp Surveillance	76.1%	79.4%	81.6%	80.8%	89.2%	89.6%	61.0%	69.7%	73.8%
↑	OP30 High risk Polyp Surveillance	77.7%	81.7%	84.0%	71.8%	81.3%	82.9%	92.5%	82.1%	85.9%
HEART ATTACK										
	OP3b Median Time to Transfer AMI --- RETIRED	47.50	--	--	65.00	--	--	48.00	--	--

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
	OP5 Median Time to ECG AMI and Chest Pain RETIRED	5.22	--	--	7.10	--	--	5.60	--	--
	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report		--	--	--	--	--	--	--	--
	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	0.97	0.94	--	0.98	--	--	0.97	--	--
STROKE CARE %										
	STK4 Thrombolytic Therapy --RETIRED	83.0%	--	91.2%	83.0%	99.3%	91.2%	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT										
	EDV Emergency Department Volume	--	--	--	--	--	--	--	--	--
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.29	210.49	229.80	231.50	233.00	223.50	214.60	221.50	252.75
↓	ED2b ED Decision to Transport	69.00	62.00	84.80	90.00	70.00	76.00	63.60	51.00	53.00
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	124.50	129.17	123.00	124.00	132.00	133.50	120.00	119.00	114.25
	OP20 Door to Diagnostic Evaluation RETIRED	15.09	16.34	--	--	--	--	13.20	--	--
	OP21 Time to pain medication for long bone fractures RETIRED	37.84	45.29	--	--	--	--	38.00	--	--
↓	OP22 Left without being seen	0.9%	0.6%	0.9%	0.9%	1.0%	1.2%	0.8%	0.3%	0.4%
↑	OP23 Head CT stroke patients	84.7%	78.6%	76.8%	89.5%	84.6%	79.5%	75.0%	68.8%	72.7%
PREVENTIVE CARE %										
↑	IMM2 Immunization for Influenza	97.4%	98.5%	96.5%	96.9%	98.2%	95.7%	98.4%	98.8%	97.9%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	97.0%	98.3%	99.5%	97.0%	98.2%	100.0%	98.4%	98.7%	97.4%
BLOOD CLOT PREVENTION / TREATMENT										
	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	0.02	0.03	0.01	0.02	0.02	0.01	0.00	0.07	0.00
PREGNANCY AND DELIVERY CARE %										
↓	PC01 Elective Delivery	0.01	0.01	0.02	0.00	0.00	0.01	0.02	0.01	0.04
SURGICAL COMPLICATIONS RATE										
↓	Hip and Knee Complications	0.029	0.050	0.023	0.029	0.050	0.027	0.029	0.050	0.009
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.60	145.16	149.69	135.72	133.74	152.12	147.36	178.18	131.75
↓	PSI90 Complications / patient safety for selected indicators	0.83	0.93	0.91	0.92	0.89	0.93	0.85	0.97	0.89
READMISSIONS 30 DAYS RATE%										
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	11.8%	12.0%	12.6%	13.0%	11.8%	12.9%	10.6%	13.9%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	11.0%	8.9%	8.9%	11.0%	8.9%	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	19.2%	17.8%	17.8%	20.0%	17.6%	18.2%	18.4%	18.5%

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
	Quality Target Measures									
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	4.8%	3.5%	3.4%	4.0%	2.7%	3.8%	5.5%	0.9%	
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	12.9%	11.0%	12.3%	12.2%	12.2%	12.0%	13.6%	12.0%	
↓ READM30 STK Stroke 30day readmission rate	9.0%	13.5%	10.0%	9.4%	10.0%	10.3%	9.3%	17.0%	7.8%	
↓ READM30HF Heart Failure 30Day readmissions rate	20.5%	23.8%	19.9%	19.7%	24.0%	16.4%	20.5%	23.6%	21.2%	
↓ READM30PN Pneumonia 30day readmission rate	17.7%	15.9%	14.3%	17.0%	16.0%	14.3%	17.7%	15.8%	14.1%	
MORTALITY 30 DAYS DEATH RATE %										
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.5%	1.8%	2.0%	2.5%	1.8%	--	--	--	
↓ MORT30 COPD 30day mortality rate COPD patients	1.8%	2.1%	2.3%	2.8%	2.3%	2.4%	1.0%	1.8%	2.0%	
↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	5.0%	3.9%	7.1%	3.2%	3.9%	3.7%	6.8%	3.8%	
↓ MORT30HF Heart failure 30day mortality rate	3.9%	3.3%	3.5%	5.3%	3.1%	3.7%	3.7%	3.4%	2.7%	
↓ MORT30PN Pneumonia 30day mortality rate	4.7%	3.8%	4.4%	7.2%	4.4%	4.5%	2.6%	3.2%	4.0%	
↓ MORT30STK Stroke 30day mortality rate	8.2%	4.5%	5.4%	10.4%	4.7%	5.7%	6.0%	4.3%	2.7%	

Desired Performance	Metric Rate	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	PSI 3 Pressure Ulcer Rate	0.36	3.21	1.65	0.07	0.00	0.18	0.35	2.28	0.59
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.51	0.48	0.06	0.33	0.25	0.13	0.32	0.07	0.07
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.11	0.12	0.09	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07	0.00	0.09	0.00	0.12	0.09	0.16	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.92	1.67	3.60	1.13	0.93	4.72	4.54	2.42
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	1.57	0.62	1.08	1.28	1.97	0.97	0.48	2.10
↓	PSI 11 Postoperative Respiratory Failure Rate	16.84	6.40	9.16	11.98	6.57	6.35	16.50	10.75	11.18
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.78	3.77	2.42	5.90	3.63	3.46	4.59	2.42	3.44
↓	PSI 13 Postoperative Sepsis Rate	5.97	3.57	4.83	8.30	3.00	2.43	3.65	3.57	3.94
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.56	1.70	2.01	2.01	1.54	1.74	2.03	0.00	3.26
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.80	1.59	0.00	0.79	0.74	0.00	1.22	1.25	1.27
↓	CLABSI	0.682	0.334	0.379	1.080	1.132	1.215	1.202	0.722	0.383
↓	CAUTI	0.938	0.496	0.304	0.997	1.498	2.519	0.824	0.958	1.165
↓	SSI COLON Surgical Site Infection	1.364	1.282	5.236	1.911	1.515	5.645	0.000	1.333	0.000
↓	SSI HYST Surgical Site Infection	0.641	0.292	0.000	2.500	0.000	0.000	0.000	1.587	0.000
↓	MRSA	0.012	0.034	0.105	0.055	0.073	0.124	0.056	0.094	0.092
↓	CDIFF	0.741	1.056	0.487	0.531	0.496	0.308	0.719	0.740	0.309
General Information-Structural Measures										
	ACS REGISTRY - Retired	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	SMPART NURSE Nursing Care Registry - Retired	No	No	Yes	Yes	Yes	Yes	No	No	Yes
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	No	No	Yes	Yes	Yes	Yes	No	No	Yes
YES	OP17 Tracking Clinical Results Between Visits	No	No	Yes	Yes	Yes	Yes	No	No	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	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%	79.4%	77.0%	77.0%	75.3%	82.0%	86.0%	81.6%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	16.0%	13.0%	13.0%	17.0%	17.0%	18.4%	14.0%	13.0%	11.5%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	6.0%	7.5%	6.0%	6.0%	6.3%	4.0%	1.0%	7.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	81.0%	80.0%	77.0%	76.0%	75.0%	84.0%	83.0%	81.1%

Desired Performance	Metric Rate	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	15.0%	12.0%	12.7%	18.0%	17.0%	17.6%	14.0%	15.0%	11.8%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	7.0%	7.3%	5.0%	7.0%	7.4%	2.0%	2.0%	7.1%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	66.0%	66.0%	62.6%	66.0%	63.0%	61.9%	69.0%	76.0%	65.5%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	26.0%	24.0%	24.1%	25.0%	26.0%	27.1%	23.0%	20.0%	22.5%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	8.0%	10.0%	13.3%	9.0%	11.0%	11.0%	8.0%	5.0%	12.0%
	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	73.0%	72.0%	--	66.0%	65.0%	--	74.0%	80.0%	--
	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	21.0%	20.0%	--	25.0%	26.0%	--	21.0%	20.0%	--
	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.0%	8.0%	--	9.0%	9.0%	--	5.0%	0.0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	67.0%	62.9%	60.0%	60.0%	58.2%	67.0%	75.0%	65.7%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	17.0%	16.0%	15.0%	18.0%	18.0%	17.9%	17.0%	13.0%	13.5%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	20.0%	17.0%	22.1%	22.0%	22.0%	24.0%	16.0%	12.0%	20.8%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	90.0%	87.7%	84.0%	85.6%	85.9%	88.0%	87.0%	88.5%
↓	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%	12.3%	16.0%	14.4%	14.1%	12.0%	13.0%	11.5%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.0%	54.0%	47.6%	48.0%	46.0%	45.0%	53.0%	56.0%	49.4%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.0%	42.0%	43.2%	47.0%	47.0%	44.2%	42.0%	41.0%	41.7%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	6.0%	4.0%	4.4%	5.0%	7.0%	7.4%	5.0%	3.0%	4.2%

Desired Performance	Metric Rate	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	66.0%	67.0%	63.9%	62.0%	65.0%	63.4%	62.0%	85.0%	68.1%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	21.0%	19.0%	19.3%	24.0%	20.0%	21.5%	22.0%	12.0%	18.5%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	13.0%	14.0%	16.8%	14.0%	15.0%	15.0%	16.0%	3.0%	13.4%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	63.0%	65.0%	62.9%	52.0%	50.0%	48.4%	65.0%	68.0%	66.9%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	29.0%	24.0%	24.9%	37.0%	36.0%	35.7%	28.0%	22.0%	22.9%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	8.0%	11.0%	12.2%	11.0%	14.0%	15.9%	7.0%	10.0%	10.2%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.0%	7.0%	9.7%	10.0%	13.0%	14.5%	7.0%	7.0%	9.8%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19.0%	18.0%	22.8%	24.0%	23.0%	23.5%	16.0%	17.0%	21.3%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	74.0%	75.0%	67.5%	66.0%	64.0%	61.9%	77.0%	76.0%	68.9%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	78.0%	80.0%	71.5%	65.0%	63.0%	60.0%	78.0%	80.0%	71.6%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	19.0%	16.0%	22.0%	29.0%	29.0%	30.8%	19.0%	16.0%	22.1%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	4.0%	3.8%	6.0%	8.0%	4.8%	3.0%	4.0%	3.6%
CATARACT SURGERY OUTCOME %										
	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %										
↑	OP29 Avg Risk Polyp Surveillance	--	73.7%	75.0%	67.0%	100.0%	100.0%	57.0%	72.7%	55.0%
↑	OP30 High risk Polyp Surveillance	62.0%	89.1%	97.4%	68.0%	100.0%	81.5%	46.0%	44.7%	48.3%
HEART ATTACK										
	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--

Desired Performance

Metric Rate	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
	Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures									
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	--	--	--	--	--	--	--	--	--
STROKE CARE %									
STK4 Thrombolytic Therapy --RETIRED	--	83.7%	100.0%	--	82.6%	75.0%	--	100.0%	100.0%
EMERGENCY DEPARTMENT THROUGHPUT									
EDV Emergency Department Volume	Very High	Very High	Very High	Very High	Very High	Very High	High	High	High
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	340.00	430.00	445.50	245.00	259.00	285.50	255.00	278.50	293.50
↓ ED2b ED Decision to Transport	186.00	176.00	225.00	95.00	91.00	108.00	96.00	84.50	116.00
↓ Median Time from ED Arrival to Departure for Outpatients (18b)	153.00	165.00	177.50	152.00	152.50	174.30	147.00	153.75	157.50
OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--	--
OP21 Time to pain medication for long bone fractures RETIRED	--	--	--	--	--	--	--	--	--
↓ OP22 Left without being seen	1.0%	2.1%	2.1%	1.0%	0.9%	1.1%	1.0%	0.4%	1.5%
↑ OP23 Head CT stroke patients	79.0%	88.9%	75.0%	--	66.7%	75.0%	--	100.0%	100.0%
PREVENTIVE CARE %									
↑ IMM2 Immunization for Influenza	95.0%	98.6%	96.3%	98.0%	98.4%	97.6%	96.0%	99.1%	98.4%
↑ IMM3OP27 FACADHPCT HCW Influenza Vaccination	92.0%	92.0%	--	100.0%	100.0%	--	99.0%	99.0%	100.0%
BLOOD CLOT PREVENTION / TREATMENT									
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓ VTE6 HAC VTE	0.03	0.02	0.00	0.00	0.02	0.00	0.03	0.00	0.00
PREGNANCY AND DELIVERY CARE %									
↓ PC01 Elective Delivery	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SURGICAL COMPLICATIONS RATE									
↓ Hip and Knee Complications	0.029	--	--	0.026	0.021	0.018	0.026	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	130.24	185.19	151.96	153.53	192.16	182.19	123.34	204.92	143.79
↓ PSI90 Complications / patient safety for selected indicators	1.07	0.80	0.82	0.89	1.16	0.67	0.81	0.81	0.86
READMISSIONS 30 DAYS RATE%									
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	8.5%	13.0%	10.2%	13.5%	14.0%	10.9%	8.9%	12.5%	10.8%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.0%	8.0%	6.0%	8.7%	12.0%	11.3%	10.0%	6.0%	11.0%
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	19.7%	21.0%	20.4%	20.1%	20.0%	13.9%	20.1%	22.0%	20.3%

Desired Performance

Metric Rate									
	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
	Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures									
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	4.2%	4.0%	1.7%	3.0%	3.0%	2.9%	1.8%	5.0%	4.2%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.7%	12.0%	10.8%	10.6%	13.0%	11.1%	13.1%	12.0%	12.4%
↓ READM30 STK Stroke 30day readmission rate	14.6%	10.0%	10.5%	9.4%	9.0%	9.3%	13.4%	10.0%	8.6%
↓ READM30HF Heart Failure 30Day readmissions rate	21.6%	22.0%	18.6%	22.6%	26.0%	21.3%	22.6%	23.0%	22.8%
↓ READM30PN Pneumonia 30day readmission rate	19.4%	17.0%	15.2%	18.8%	18.0%	15.3%	14.7%	20.0%	16.2%
MORTALITY 30 DAYS DEATH RATE %									
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	1.4%	2.4%	2.5%	1.2%	2.8%	3.0%	3.3%	2.3%	0.5%
↓ MORT30 COPD 30day mortality rate COPD patients	1.4%	2.3%	3.1%	2.3%	3.1%	3.3%	0.0%	2.2%	1.8%
↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	2.4%	4.7%	4.8%	3.6%	5.2%	3.8%	3.5%	3.5%
↓ MORT30HF Heart failure 30day mortality rate	3.8%	2.6%	3.9%	4.2%	5.0%	4.8%	3.7%	1.6%	3.8%
↓ MORT30PN Pneumonia 30day mortality rate	2.6%	5.4%	5.3%	5.1%	5.4%	7.1%	3.4%	3.9%	4.0%
↓ MORT30STK Stroke 30day mortality rate	17.4%	3.3%	3.2%	7.7%	7.9%	11.6%	15.0%	2.9%	2.5%

Desired Performance

Metric Rate										
Indian Path Community Hospital			Greenville Community Hospital			Franklin Woods Community Hospital				
	Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19	
Quality Target Measures										
↓	PSI 3 Pressure Ulcer Rate	0.16	0.00	0.00	0.18	--	0.00	0.20	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.26	0.31	0.38	--	0.00	0.38	0.24	0.27
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.14	0.34	0.00	0.15	--	0.00	0.15	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.10	--	0.00	0.10	0.24	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	0.00	4.52	--	3.53	4.37	2.45	2.80
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	1.10	--	0.00	1.09	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.69	0.00	8.98	--	8.62	12.09	17.02	5.08
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.75	4.30	3.94	5.06	--	6.71	3.72	2.34	5.25
↓	PSI 13 Postoperative Sepsis Rate	5.90	10.23	5.46	5.43	--	8.77	6.54	8.35	7.54
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00	2.21	--	0.00	2.16	1.79	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00	0.00	0.86	--	0.00	0.85	0.87	0.00
↓	CLABSI	0.000	0.000	0.000	0.000	0.570	1.862	0.000	0.910	0.000
↓	CAUTI	0.000	0.000	0.935	0.000	0.000	0.000	0.428	0.434	0.000
↓	SSI COLON Surgical Site Infection	0.000	1.695	1.667	1.160	1.880	0.000	1.504	5.109	2.381
↓	SSI HYST Surgical Site Infection	7.143	0.000	0.000	--	--	0.000	0.000	1.198	0.000
↓	MRSA	0.080	0.048	0.000	0.000	0.000	0.114	0.039	0.000	0.041
↓	CDIFF	0.813	0.507	0.763	0.280	0.320	0.242	0.259	0.252	0.317
General Information-Structural Measures										
	ACS REGISTRY - Retired	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
	SMPART NURSE Nursing Care Registry - Retired	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	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%	79.7%	81.0%	--	74.4%	84.0%	84.0%	81.2%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14.0%	16.0%	15.2%	16.0%	--	17.6%	13.0%	12.0%	14.6%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4.0%	4.0%	5.1%	3.0%	--	8.0%	3.0%	4.0%	4.2%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	83.0%	81.5%	85.0%	--	78.5%	84.0%	82.0%	82.9%

Desired Performance	Metric Rate	Indian Path Community Hospital			Greeneville Community Hospital			Franklin Woods Community Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
		Quality Target Measures								
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	10.0%	13.0%	13.7%	13.0%	--	14.0%	15.0%	14.0%	13.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	5.0%	4.0%	4.9%	2.0%	--	7.6%	4.0%	4.0%	4.1%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	65.0%	66.0%	60.2%	73.0%	--	64.0%	72.0%	72.0%	66.1%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	25.0%	25.0%	30.2%	22.0%	--	23.7%	21.0%	21.0%	24.0%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10.0%	9.0%	9.6%	5.0%	--	12.3%	7.0%	7.0%	9.9%
	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	72.0%	75.0%	--	70.0%	--	--	76.0%	73.0%	--
	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	22.0%	21.0%	--	22.0%	--	--	19.0%	22.0%	--
	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.0%	4.0%	--	8.0%	--	--	5.0%	5.0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	64.0%	64.3%	61.0%	--	60.9%	68.0%	70.0%	67.1%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	18.0%	17.0%	15.9%	20.0%	--	17.1%	16.0%	15.0%	17.2%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	19.0%	19.0%	19.9%	19.0%	--	21.9%	16.0%	15.0%	15.6%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	88.1%	88.0%	--	85.1%	88.0%	87.0%	88.1%
↓	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%	11.9%	12.0%	--	14.9%	12.0%	13.0%	11.9%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	55.0%	51.0%	48.2%	50.0%	--	41.3%	61.0%	52.0%	55.1%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.0%	44.0%	42.0%	45.0%	--	45.4%	34.0%	41.0%	37.0%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	5.0%	5.0%	5.3%	5.0%	--	6.7%	5.0%	7.0%	4.2%

Desired Performance	Metric Rate	Indian Path Community Hospital			Greeneville Community Hospital			Franklin Woods Community Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
	Quality Target Measures									
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	74.0%	81.0%	81.2%	70.0%	--	64.3%	83.0%	84.0%	77.8%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	16.0%	14.0%	13.3%	18.0%	--	20.3%	13.0%	11.0%	15.6%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10.0%	5.0%	5.5%	12.0%	--	15.4%	4.0%	5.0%	6.7%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.0%	66.0%	61.3%	63.5%	--	57.5%	74.0%	72.0%	70.4%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	28.0%	27.0%	30.6%	30.0%	--	30.5%	22.0%	19.0%	25.6%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.0%	7.0%	8.1%	9.0%	--	12.0%	4.0%	9.0%	4.0%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	8.0%	8.0%	7.7%	6.0%	--	15.5%	4.0%	5.4%	6.6%
↓	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%	24.5%	17.0%	--	22.1%	14.0%	13.7%	16.4%
↑	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%	67.8%	77.0%	--	62.4%	82.0%	80.8%	77.0%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	78.0%	79.0%	73.4%	76.0%	--	56.9%	85.0%	72.0%	80.5%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	17.0%	16.0%	20.6%	22.0%	--	31.7%	13.0%	23.0%	15.3%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	5.0%	5.0%	3.9%	2.0%	--	6.3%	2.0%	5.0%	3.0%
CATARACT SURGERY OUTCOME %										
	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %										
↑	OP29 Avg Risk Polyp Surveillance	--	100.0%	100.0%	86.0%	--	90.3%	78.0%	100.0%	75.0%
↑	OP30 High risk Polyp Surveillance	73.0%	100.0%	83.3%	89.0%	0.0%	85.4%	100.0%	96.9%	87.1%
HEART ATTACK										
	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--

Desired Performance

Metric Rate	Indian Path Community Hospital			Greenville Community Hospital			Franklin Woods Community Hospital		
	Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
	Quality Target Measures								
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	--	--	--	--	--	--	--	--	--
STROKE CARE %									
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT									
EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	220.00	219.50	203.50	206.00	194.00	256.80	234.00	240.00	259.80
↓ ED2b ED Decision to Transport	78.00	65.75	58.50	48.90	55.50	84.00	70.00	73.50	79.00
↓ Median Time from ED Arrival to Departure for Outpatients (18b)	121.00	130.75	124.50	124.00	109.00	130.20	130.00	147.50	153.00
OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--	--
OP21 Time to pain medication for long bone fractures RETIRED	--	--	--	--	--	--	--	--	--
↓ OP22 Left without being seen	1.0%	0.9%	0.6%	1.0%	0.6%	0.8%	1.0%	0.6%	0.8%
↑ OP23 Head CT stroke patients	--	55.6%	75.0%	100.0%	100.0%	66.7%	--	100.0%	100.0%
PREVENTIVE CARE %									
↑ IMM2 Immunization for Influenza	99.0%	99.6%	100.0%	96.0%	98.3%	83.6%	99.0%	99.6%	100.0%
↑ IMM3OP27 FACADHPCT HCW Influenza Vaccination	98.0%	98.0%	--	99.0%	99.0%	--	98.0%	98.0%	--
BLOOD CLOT PREVENTION / TREATMENT									
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓ VTE6 HAC VTE	--	0.00	0.00	--	0.00	0.14	--	0.14	0.00
PREGNANCY AND DELIVERY CARE %									
↓ PC01 Elective Delivery	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.00	0.00
SURGICAL COMPLICATIONS RATE									
↓ Hip and Knee Complications	0.039	0.063	0.106	0.028	--	--	--	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	135.61	68.18	28.57	135.88	147.65	--	154.45	27.03	78.95
↓ PSI90 Complications / patient safety for selected indicators	0.87	1.00	0.85	1.09	0.98	1.06	0.82	0.91	0.89
READMISSIONS 30 DAYS RATE%									
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	10.4%	12.0%	6.9%	16.6%	18.1%	10.0%	3.6%	0.0%	33.3%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.4%	14.0%	8.9%	19.8%	--	17.0%	10.1%	20.0%	8.5%

Desired Performance	Metric Rate	Indian Path Community Hospital			Greeneville Community Hospital			Franklin Woods Community Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
		Quality Target Measures								
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.4%	2.0%	5.9%	3.8%	--	0.0%	--	--	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.5%	10.0%	7.8%	16.3%	--	10.8%	4.6%	10.0%	5.8%
↓	READM30 STK Stroke 30day readmission rate	6.2%	8.0%	4.5%	12.1%	--	20.0%	0.0%	0.0%	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate	18.1%	16.0%	16.7%	24.2%	--	8.3%	9.7%	33.0%	17.4%
↓	READM30PN Pneumonia 30day readmission rate	14.8%	14.0%	12.1%	18.3%	--	11.3%	16.3%	16.0%	7.7%
MORTALITY 30 DAYS DEATH RATE %										
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	2.0%	1.5%	4.8%	6.9%	0.0%	0.0%	2.6%	1.1%	1.0%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	3.8%	6.5%	14.7%	0.0%	0.0%	--	0.0%	0.0%
↓	MORT30HF Heart failure 30day mortality rate	2.2%	1.8%	4.8%	15.4%	1.0%	3.7%	2.1%	2.5%	0.0%
↓	MORT30PN Pneumonia 30day mortality rate	2.0%	4.0%	3.8%	19.9%	0.0%	2.9%	2.0%	2.7%	2.9%
↓	MORT30STK Stroke 30day mortality rate	3.3%	0.0%	0.0%	14.1%	0.0%	0.0%	--	--	0.0%

Desired Performance	Metric Rate	Sycamore Shoals Hospital			Unicoi County Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	PSI 3 Pressure Ulcer Rate	0.19	0.00	0.47	0.24	--	0.00	0.23	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00	0.00	0.39	--	0.00	0.39	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	--	--	0.00	--	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.10	--	0.00	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	0.00	0.00	4.75	--	--	0.00	--	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00	0.00	--	--	--	--	--	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	13.37	4.63	0.00	--	--	--	--	--	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.98	4.57	0.00	4.26	--	--	--	--	0.00
↓	PSI 13 Postoperative Sepsis Rate	6.67	4.65	4.72	--	--	--	--	--	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00	0.00	--	--	--	--	--	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00	0.00	--	--	--	--	12.99	0.00
↓	CLABSI	0.900	1.088	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	0.460	0.000	0.000	0.000	0.000	0.000	1.623	0.000
↓	SSI COLON Surgical Site Infection	3.226	3.125	3.448	--	--	--	0.000	0.000	0.000
↓	SSI HYST Surgical Site Infection	0.000	0.000	0.000	--	--	--	--	--	--
↓	MRSA	0.067	0.134	0.070	0.000	0.000	0.000	0.000	0.000	0.000
↓	CDIFF	0.604	0.672	0.350	0.000	0.000	0.000	0.000	0.260	0.514
General Information-Structural Measures										
	ACS REGISTRY - Retired	Yes	Yes	Yes	No	No	No	No	No	No
	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
	SMPART NURSE Nursing Care Registry - Retired	Yes	Yes	Yes	No	No	No	No	No	No
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	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%	82.4%	79.0%	86.0%	81.7%	87.0%	84.0%	84.4%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	12.0%	17.0%	13.9%	18.0%	13.0%	13.4%	11.0%	11.0%	9.1%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	5.0%	3.7%	3.0%	1.0%	5.0%	2.0%	5.0%	6.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	86.0%	80.0%	82.9%	80.0%	83.0%	83.1%	92.0%	80.0%	82.0%

Desired Performance	Metric Rate	Sycamore Shoals Hospital			Unicoi County Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.0%	15.0%	11.6%	12.0%	15.0%	11.9%	7.0%	10.0%	11.6%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	5.0%	5.4%	8.0%	2.0%	5.0%	1.0%	10.0%	6.4%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	82.0%	69.0%	73.0%	71.0%	76.0%	75.9%	78.0%	76.0%	74.8%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	13.0%	22.0%	21.3%	23.0%	19.0%	18.1%	20.0%	16.0%	18.5%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	5.0%	9.0%	5.7%	6.0%	5.0%	6.0%	2.0%	8.0%	6.6%
	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	75.0%	67.0%	--	71.0%	80.0%	--	81.0%	68.0%	--
	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	19.0%	26.0%	--	25.0%	20.0%	--	13.0%	18.0%	--
	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.0%	7.0%	--	4.0%	0.0%	--	6.0%	14.0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	64.0%	66.0%	68.0%	75.0%	52.7%	83.0%	70.0%	70.2%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	14.0%	16.0%	16.7%	12.0%	13.0%	21.8%	10.0%	17.0%	9.6%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	13.0%	20.0%	17.2%	20.0%	12.0%	25.5%	7.0%	13.0%	20.2%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	86.0%	84.3%	76.0%	87.0%	82.2%	92.0%	87.0%	86.3%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14.0%	14.0%	15.7%	24.0%	13.0%	17.8%	8.0%	13.0%	13.7%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	59.0%	45.0%	44.4%	47.0%	56.0%	50.8%	55.0%	51.0%	45.6%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	38.0%	45.0%	44.9%	48.0%	41.0%	39.2%	41.0%	45.0%	43.5%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	3.0%	9.0%	5.8%	5.0%	3.0%	6.9%	4.0%	4.0%	4.3%

Desired Performance	Metric Rate	Sycamore Shoals Hospital			Unicoi County Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	82.0%	81.0%	81.1%	72.0%	85.0%	82.8%	86.0%	78.0%	78.0%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	13.0%	13.0%	13.2%	23.0%	12.0%	13.8%	9.0%	10.0%	16.9%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	5.0%	6.0%	5.7%	5.0%	3.0%	3.4%	5.0%	12.0%	5.1%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	73.0%	65.0%	66.2%	68.0%	72.0%	72.1%	74.0%	76.0%	75.0%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	23.0%	28.0%	27.1%	23.0%	19.0%	20.9%	21.0%	14.0%	16.7%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	4.0%	7.0%	6.8%	9.0%	9.0%	7.0%	5.0%	9.0%	8.3%
↓	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%	6.8%	12.0%	4.4%	6.8%	5.0%	9.0%	5.2%
↓	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%	15.6%	21.0%	21.6%	8.0%	21.0%	19.0%	25.0%
↑	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%	77.6%	67.0%	74.0%	85.2%	74.0%	72.0%	69.8%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	78.0%	71.0%	72.4%	62.0%	72.0%	78.4%	76.0%	67.0%	69.3%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	18.0%	23.0%	22.1%	28.0%	23.0%	17.0%	21.0%	28.0%	26.3%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.0%	6.0%	2.7%	10.0%	5.0%	3.4%	3.0%	5.0%	3.5%
CATARACT SURGERY OUTCOME %										
	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %										
↑	OP29 Avg Risk Polyp Surveillance	100.0%	100.0%	100.0%	0.0%	33.0%	--	97.0%	100.0%	100.0%
↑	OP30 High risk Polyp Surveillance	75.0%	84.2%	78.4%	27.0%	0.0%	--	95.0%	96.6%	92.7%
HEART ATTACK										
	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--

Desired Performance

Metric Rate	Sycamore Shoals Hospital			Unicoi County Hospital			Hawkins County Memorial Hospital		
	Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures									
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	--	--	--	--	--	--	--	--	--
STROKE CARE %									
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT									
EDV Emergency Department Volume	Medium	Medium	Medium	Low	Low	Low	Low	Low	Low
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	210.00	221.25	207.30	209.00	206.00	209.50	175.00	214.25	232.50
↓ ED2b ED Decision to Transport	69.00	75.50	70.00	42.90	49.80	53.50	49.00	46.50	64.50
↓ Median Time from ED Arrival to Departure for Outpatients (18b)	124.00	125.25	119.00	119.00	124.00	133.80	80.00	86.00	86.50
OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--	--
OP21 Time to pain medication for long bone fractures RETIRED	--	--	--	--	--	--	--	--	--
↓ OP22 Left without being seen	1.0%	0.7%	0.2%	1.0%	0.5%	0.5%	0.0%	0.1%	0.4%
↑ OP23 Head CT stroke patients	--	66.7%	83.3%	--	--	0.0%	--	--	100.0%
PREVENTIVE CARE %									
↑ IMM2 Immunization for Influenza	98.0%	99.7%	99.5%	93.0%	92.3%	44.0%	97.0%	100.0%	100.0%
↑ IMM3OP27 FACADHPCT HCW Influenza Vaccination	98.0%	98.0%	--	98.0%	98.0%	--	98.0%	98.0%	--
BLOOD CLOT PREVENTION / TREATMENT									
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓ VTE6 HAC VTE	--	0.00	0.00	--	--	--	--	--	--
PREGNANCY AND DELIVERY CARE %									
↓ PC01 Elective Delivery	--	--	--	--	--	--	--	--	--
SURGICAL COMPLICATIONS RATE									
↓ Hip and Knee Complications	0.040	0.067	0.047	--	--	--	--	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	125.00	125.00	125.00	--	--	--	--	--	--
↓ PSI90 Complications / patient safety for selected indicators	0.87	0.99	0.87	0.82	0.99	--	0.88	0.96	0.95
READMISSIONS 30 DAYS RATE%									
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	17.9%	0.0%	23.1%	--	--	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%	16.5%	--	--	10.6%	18.6%	11.0%	8.2%

Desired Performance

Metric Rate		Sycamore Shoals Hospital			Unicoi County Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.3%	5.0%	2.9%	--	--	--	--	--	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	10.4%	15.0%	11.2%	--	--	7.9%	14.6%	14.0%	8.3%
↓	READM30 STK Stroke 30day readmission rate	7.2%	17.0%	4.0%	--	--	0.0%	--	11.0%	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate	7.2%	25.0%	22.9%	--	--	13.6%	21.1%	15.0%	7.7%
↓	READM30PN Pneumonia 30day readmission rate	--	15.0%	9.5%	--	--	--	16.8%	11.0%	10.4%
MORTALITY 30 DAYS DEATH RATE %										
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	0.7%	2.9%	1.4%	--	--	--	0.0%	0.0%	2.0%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	10.0%	3.6%	13.3%	--	--	--	--	0.0%	25.0%
↓	MORT30HF Heart failure 30day mortality rate	3.5%	2.6%	1.8%	--	--	--	0.0%	1.4%	0.0%
↓	MORT30PN Pneumonia 30day mortality rate	3.8%	3.5%	4.4%	15.2%	--	--	2.6%	7.4%	1.7%
↓	MORT30STK Stroke 30day mortality rate	0.0%	2.9%	3.8%	--	--	--	--	--	0.0%

Desired Performance	Metric Rate	Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	PSI 3 Pressure Ulcer Rate	0.97	0.00	0.27	0.20	0.00	0.00	0.21	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.14	0.16	0.38	0.54	0.00	0.44	0.00	1.24
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.13	0.00	0.27	0.15	0.00	0.00	0.16	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.16	0.54	0.10	0.00	0.00	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	0.00	4.96	0.00	0.00	4.69	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	2.92	2.77	1.10	0.00	0.00	1.12	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	3.04	12.33	15.87	11.76	10.64	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.96	5.79	5.11	5.39	0.00	0.00	4.14	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	6.59	0.00	0.00	5.59	0.00	12.05	5.82	0.00	15.87
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.10	0.00	0.00	2.21	0.00	0.00	2.23	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.83	0.00	0.00	0.87	0.00	0.00	0.87	0.00	0.00
↓	CLABSI	0.008	0.000	0.426	0.000	0.000	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.626	0.000	0.000	0.425	0.000	1.214	1.912
↓	SSI COLON Surgical Site Infection	0.000	0.000	0.000	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	0.000	5.556	0.000	0.000
↓	MRSA	0.000	0.000	0.035	0.000	0.000	0.102	0.000	0.000	0.000
↓	CDIFF	1.052	0.550	0.113	0.265	0.301	0.214	0.315	0.371	0.710
General Information-Structural Measures										
	ACS REGISTRY - Retired	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
	SMPART NURSE Nursing Care Registry - Retired	No	No	Yes	No	No	Yes	No	No	No
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
SURVEY OF PATIENT'S EXPERIENCE										
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	77.0%	77.6%	82.0%	83.0%	81.9%	83.0%	83.0%	83.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	17.0%	18.0%	16.9%	14.0%	14.0%	14.0%	12.0%	9.0%	11.3%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	6.0%	5.0%	5.5%	4.0%	4.0%	4.1%	5.0%	8.0%	5.8%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	79.0%	78.8%	85.0%	82.0%	80.9%	82.0%	83.0%	85.0%

Desired Performance	Metric Rate	Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
	Quality Target Measures									
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	14.0%	16.0%	16.3%	11.0%	15.0%	14.6%	13.0%	10.0%	8.8%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	6.0%	5.0%	4.9%	4.0%	3.0%	4.5%	5.0%	7.0%	6.2%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	60.0%	53.0%	59.6%	70.0%	66.0%	69.0%	72.0%	79.0%	78.4%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	27.0%	32.0%	27.0%	22.0%	24.0%	21.0%	20.0%	14.0%	13.7%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	13.0%	15.0%	13.3%	8.0%	10.0%	10.1%	8.0%	7.0%	7.9%
	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	68.0%	62.0%	--	71.0%	60.0%	--	75.0%	79.0%	--
	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	23.0%	26.0%	--	22.0%	31.0%	--	18.0%	11.0%	--
	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	9.0%	11.0%	--	7.0%	9.0%	--	7.0%	10.0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	60.0%	57.1%	66.0%	65.0%	66.8%	71.0%	76.0%	68.0%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	16.0%	20.0%	20.9%	14.0%	18.0%	12.4%	13.0%	11.0%	12.8%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	23.0%	20.0%	22.0%	20.0%	17.0%	20.8%	16.0%	13.0%	19.2%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	87.1%	88.0%	80.0%	84.8%	86.0%	86.0%	85.1%
↓	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%	12.9%	12.0%	20.0%	15.2%	14.0%	14.0%	14.9%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	49.0%	46.0%	44.4%	53.0%	45.0%	47.9%	51.0%	47.0%	44.1%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	45.0%	47.0%	46.8%	42.0%	48.0%	43.8%	44.0%	47.0%	44.5%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	6.0%	6.0%	5.3%	5.0%	6.0%	5.3%	5.0%	6.0%	4.8%

Desired Performance	Metric Rate	Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
		Quality Target Measures								
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	68.0%	68.0%	75.9%	71.0%	77.0%	74.3%	72.0%	80.0%	80.3%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	20.0%	19.0%	16.1%	18.0%	15.0%	18.9%	17.0%	12.0%	10.4%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	12.0%	13.0%	8.0%	11.0%	8.0%	6.9%	11.0%	8.0%	9.2%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	60.0%	61.0%	62.8%	61.0%	57.0%	58.5%	66.0%	74.0%	76.1%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	32.0%	31.0%	29.5%	28.0%	33.0%	32.7%	27.0%	18.0%	15.0%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	8.0%	8.0%	7.7%	11.0%	10.0%	8.8%	7.0%	8.0%	8.9%
↓	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%	10.6%	8.0%	10.0%	12.5%	7.0%	7.0%	7.9%
↓	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%	21.1%	19.0%	20.0%	16.0%	23.0%	23.0%	18.3%
↑	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%	68.3%	73.0%	70.0%	71.5%	70.0%	69.0%	73.8%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	65.0%	65.0%	65.4%	73.0%	66.0%	66.8%	70.0%	72.0%	70.6%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	28.0%	28.0%	27.9%	21.0%	28.0%	27.1%	24.0%	22.0%	21.3%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	7.0%	7.0%	4.5%	6.0%	6.0%	4.4%	6.0%	6.0%	5.5%
CATARACT SURGERY OUTCOME %										
	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %										
↑	OP29 Avg Risk Polyp Surveillance	100.0%	100.0%	100.0%	13.0%	100.0%	100.0%	31.0%	29.7%	23.4%
↑	OP30 High risk Polyp Surveillance	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	70.0%	60.0%	68.9%
HEART ATTACK										
	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--

Desired Performance

Metric Rate	Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
	Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures									
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	1.00	--	--	0.94	--	--	0.95	--	--
STROKE CARE %									
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT									
EDV Emergency Department Volume	High	High	High	Medium	Medium	Medium	Medium	Medium	Medium
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	272.00	251.00	254.00	244.00	225.00	218.50	213.00	241.50	247.00
↓ ED2b ED Decision to Transport	112.00	89.50	90.50	69.00	60.25	59.00	53.00	56.50	67.50
↓ Median Time from ED Arrival to Departure for Outpatients (18b)	143.00	151.50	139.30	154.00	144.75	137.50	120.00	129.00	119.00
OP20 Door to Diagnostic Evaluation RETIRED	11.00	--	--	14.00	--	--	23.00	--	--
OP21 Time to pain medication for long bone fractures RETIRED	28.00	--	--	53.00	--	--	64.00	--	--
↓ OP22 Left without being seen	1.0%	0.2%	0.4%	1.0%	0.2%	0.2%	0.0%	0.1%	0.3%
↑ OP23 Head CT stroke patients	75.0%	73.3%	72.7%	--	57.1%	83.3%	--	57.1%	88.9%
PREVENTIVE CARE %									
↑ IMM2 Immunization for Influenza	97.0%	96.2%	94.4%	99.0%	99.0%	98.9%	96.0%	99.0%	98.8%
↑ IMM3OP27 FACADHPCT HCW Influenza Vaccination	99.0%	99.0%	--	97.0%	99.0%	--	99.0%	99.0%	--
BLOOD CLOT PREVENTION / TREATMENT									
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓ VTE6 HAC VTE	0.00	0.00	0.00	--	0.00	0.00	--	0.00	--
PREGNANCY AND DELIVERY CARE %									
↓ PC01 Elective Delivery	0.00	0.04	0.06	0.00	0.00	0.05	0.05	0.00	0.00
SURGICAL COMPLICATIONS RATE									
↓ Hip and Knee Complications	0.032	0.055	0.010	--	--	0.000	0.000	0.000	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	147.36	206.35	114.29	--	150.00	0.00	--	--	0.00
↓ PSI90 Complications / patient safety for selected indicators	0.75	--	0.90	0.89	--	0.99	0.89	0.97	0.99
READMISSIONS 30 DAYS RATE%									
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.1%	8.0%	10.7%	2.4%	5.9%	12.5%	17.2%	--	0.0%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	16.6%	--	--	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	16.6%	24.0%	18.1%	14.8%	19.0%	11.7%	28.4%	15.0%	3.1%

Desired Performance	Metric Rate	Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7.3%	2.0%	3.2%	0.0%	0.0%	0.0%	--	11.0%	12.5%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	11.5%	14.0%	12.0%	9.2%	12.0%	10.9%	16.5%	13.0%	5.9%
↓	READM30 STK Stroke 30day readmission rate	9.9%	14.0%	7.5%	10.0%	12.0%	12.0%	--	0.0%	7.1%
↓	READM30HF Heart Failure 30Day readmissions rate	16.6%	24.0%	21.9%	20.1%	14.0%	19.6%	32.5%	31.0%	9.5%
↓	READM30PN Pneumonia 30day readmission rate	18.9%	16.0%	15.7%	16.1%	14.0%	15.5%	24.8%	25.0%	6.4%
MORTALITY 30 DAYS DEATH RATE %										
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	0.7%	3.3%	3.5%	0.7%	1.0%	0.7%	1.2%	2.9%	0.8%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.6%	5.4%	3.9%	8.9%	7.7%	20.0%	2.8%	5.9%	10.0%
↓	MORT30HF Heart failure 30day mortality rate	2.3%	4.0%	4.9%	1.4%	3.3%	3.0%	6.1%	0.0%	0.0%
↓	MORT30PN Pneumonia 30day mortality rate	4.2%	4.8%	6.6%	1.6%	2.5%	3.4%	2.1%	2.1%	4.1%
↓	MORT30STK Stroke 30day mortality rate	2.4%	6.0%	3.1%	2.5%	1.6%	3.8%	14.5%	0.0%	0.0%

Desired Performance	Metric Rate	Smyth County Community Hospital			Russell County Hospital			Dickenson County Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	PSI 3 Pressure Ulcer Rate	0.21	0.00	0.00	0.24	0.00	0.00	--	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.39	0.00	0.00	--	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.17	0.00	0.00	--	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.10	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	--	0.00	--
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	--	0.00	0.00	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00	0.00	--	0.00	0.00	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.03	5.98	0.00	--	0.00	0.00	--	--	--
↓	PSI 13 Postoperative Sepsis Rate	5.81	0.00	0.00	--	250.00	0.00	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00	0.00	--	0.00	0.00	--	--	--
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00	0.00	--	0.00	0.00	--	--	--
↓	CLABSI	0.000	0.000	0.000	0.000	4.785	0.000	--	--	--
↓	CAUTI	0.000	0.000	1.042	0.000	0.000	0.000	--	--	--
↓	SSI COLON Surgical Site Infection	16.667	0.000	0.000	--	--	--	--	--	--
↓	SSI HYST Surgical Site Infection	0.000	0.000	--	--	--	--	--	--	--
↓	MRSA	0.000	0.000	0.000	0.000	0.310	0.000	--	--	--
↓	CDIFF	0.174	0.331	0.207	0.498	0.621	0.320	--	--	--
General Information-Structural Measures										
	ACS REGISTRY - Retired	Yes	Yes	Yes	No	No	No	No	No	No
	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
	SMPART NURSE Nursing Care Registry - Retired	No	No	Yes	No	No	No	No	No	No
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	No	No	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%	83.9%	87.0%	90.0%	90.4%	--	57.0%	87.5%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	12.0%	11.0%	13.1%	9.0%	6.0%	8.7%	--	43.0%	12.5%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.0%	3.0%	3.0%	4.0%	4.0%	1.0%	--	0.0%	0.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	88.0%	84.2%	89.0%	88.0%	82.9%	--	100.0%	91.7%

Desired Performance	Metric Rate	Smyth County Community Hospital			Russell County Hospital			Dickenson County Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	9.0%	9.0%	12.3%	8.0%	7.0%	14.8%	--	0.0%	8.3%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.0%	3.0%	3.5%	3.0%	4.0%	2.3%	--	0.0%	0.0%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	76.0%	73.0%	72.6%	78.0%	77.0%	79.9%	--	100.0%	83.3%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	18.0%	19.0%	21.0%	17.0%	19.0%	17.9%	--	0.0%	16.7%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.0%	8.0%	6.4%	5.0%	4.0%	2.2%	--	0.0%	0.0%
	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	73.0%	80.0%	--	79.0%	71.0%	--	--	100.0%	--
	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	22.0%	17.0%	--	17.0%	21.0%	--	--	0.0%	--
	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	5.0%	3.0%	--	4.0%	8.0%	--	--	0.0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	66.0%	69.0%	73.0%	64.0%	66.7%	--	100.0%	50.0%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	16.0%	16.0%	13.5%	14.0%	17.0%	18.5%	--	0.0%	0.0%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	11.0%	18.0%	17.4%	13.0%	19.0%	14.8%	--	0.0%	50.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	89.0%	88.0%	86.0%	82.0%	89.2%	--	100.0%	75.0%
↓	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%	12.0%	14.0%	18.0%	10.8%	--	0.0%	25.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	61.0%	53.0%	49.3%	50.0%	46.0%	46.1%	--	52.0%	60.9%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	37.0%	44.0%	41.9%	47.0%	48.0%	44.1%	--	33.0%	30.4%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	2.0%	3.0%	5.1%	3.0%	6.0%	4.7%	--	15.0%	4.3%

Desired Performance	Metric Rate	Smyth County Community Hospital			Russell County Hospital			Dickenson County Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures										
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	75.0%	84.0%	85.1%	76.0%	82.0%	70.6%	--	100.0%	85.7%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	8.0%	11.0%	10.2%	16.0%	14.0%	20.6%	--	0.0%	0.0%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	17.0%	5.0%	4.7%	8.0%	4.0%	8.8%	--	0.0%	14.3%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	72.0%	67.0%	65.7%	64.0%	65.0%	68.0%	--	100.0%	87.5%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	24.0%	28.0%	28.0%	30.0%	30.0%	24.0%	--	0.0%	12.5%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	4.0%	5.0%	6.3%	6.0%	5.0%	8.0%	--	0.0%	0.0%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	5.0%	5.0%	9.5%	9.0%	6.0%	4.8%	--	14.0%	12.5%
↓	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%	15.4%	32.0%	18.0%	26.0%	--	0.0%	0.0%
↑	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%	75.1%	59.0%	76.0%	69.2%	--	86.0%	87.5%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	75.0%	75.0%	70.0%	61.0%	72.0%	64.7%	--	86.0%	62.5%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	22.0%	22.0%	25.6%	35.0%	23.0%	30.4%	--	14.0%	37.5%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3.0%	3.0%	2.2%	4.0%	5.0%	2.0%	--	0.0%	0.0%
CATARACT SURGERY OUTCOME %										
	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %										
↑	OP29 Avg Risk Polyp Surveillance	100.0%	100.0%	98.1%	0.0%	45.5%	43.8%	--	--	--
↑	OP30 High risk Polyp Surveillance	100.0%	95.8%	96.9%	--	85.7%	73.7%	--	--	--
HEART ATTACK										
	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--

Desired Performance

Metric Rate	Smyth County Community Hospital			Russell County Hospital			Dickenson County Hospital		
	Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures									
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	0.99	--	--	0.99	--	--	--	--	--
STROKE CARE %									
STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT									
EDV Emergency Department Volume	Low	Low	Low	Low	Low	Low	Low	Low	Low
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	176.00	179.00	181.30	168.00	163.75	168.80	--	124.00	186.00
↓ ED2b ED Decision to Transport	40.00	41.25	35.80	39.09	40.75	40.30	--	16.25	28.80
↓ Median Time from ED Arrival to Departure for Outpatients (18b)	97.00	95.50	95.50	90.00	97.00	98.30	--	103.50	105.50
OP20 Door to Diagnostic Evaluation RETIRED	11.00	--	--	7.00	--	--	--	--	--
OP21 Time to pain medication for long bone fractures RETIRED	25.00	--	--	20.00	--	--	--	--	--
↓ OP22 Left without being seen	1.0%	0.3%	0.2%	1.0%	0.3%	0.3%	1.0%	0.8%	0.4%
↑ OP23 Head CT stroke patients	--	60.0%	100.0%	--	50.0%	16.7%	--	90.0%	71.4%
PREVENTIVE CARE %									
↑ IMM2 Immunization for Influenza	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	--	100.0%	91.5%
↑ IMM3OP27 FACADHPCT HCW Influenza Vaccination	99.0%	98.0%	--	98.0%	98.0%	--	--	100.0%	97.4%
BLOOD CLOT PREVENTION / TREATMENT									
VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓ VTE6 HAC VTE	--	0.00	0.00	--	1.00	--	--	--	--
PREGNANCY AND DELIVERY CARE %									
↓ PC01 Elective Delivery	--	--	--	--	--	--	--	--	--
SURGICAL COMPLICATIONS RATE									
↓ Hip and Knee Complications	0.034	0.083	0.009	--	--	--	--	--	--
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	--	111.11	--	--	0.00	--	--	--
↓ PSI90 Complications / patient safety for selected indicators	0.83	--	0.78	0.89	--	0.99	--	--	1.00
READMISSIONS 30 DAYS RATE%									
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	17.9%	18.0%	0.0%	--	--	0.0%	--	--	--
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	12.0%	21.0%	16.8%	17.6%	20.0%	20.3%	--	11.1%	0.0%

Desired Performance

Metric Rate											
			Smyth County Community Hospital			Russell County Hospital			Dickenson County Hospital		
			Baseline	FY18	FY19	Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures											
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA		12.0%	9.0%	6.4%	--	--	--	--	--	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission		9.7%	13.0%	9.7%	15.0%	17.0%	14.5%	--	5.0%	0.0%
↓	READM30 STK Stroke 30day readmission rate		11.8%	9.0%	0.0%	--	--	0.0%	--	50.0%	--
↓	READM30HF Heart Failure 30Day readmissions rate		18.8%	23.0%	16.7%	19.0%	26.0%	23.0%	--	--	--
↓	READM30PN Pneumonia 30day readmission rate		16.3%	15.0%	5.4%	18.7%	9.0%	17.9%	--	--	0.0%
MORTALITY 30 DAYS DEATH RATE %											
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate		--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients		1.5%	0.0%	1.0%	0.9%	2.2%	0.8%	--	--	0.0%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate		0.0%	0.0%	0.0%	--	6.3%	66.7%	--	--	--
↓	MORT30HF Heart failure 30day mortality rate		5.5%	1.2%	1.6%	3.4%	9.1%	4.7%	--	--	0.0%
↓	MORT30PN Pneumonia 30day mortality rate		2.8%	2.7%	0.9%	2.1%	3.6%	1.8%	--	--	0.0%
↓	MORT30STK Stroke 30day mortality rate		4.5%	7.7%	5.0%	--	--	0.0%	--	--	--

Desired Performance	Metric Rate	Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19
		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
↓	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							
	ACS REGISTRY - Retired	No	No	No	--	--	--
	SMPART GENSURG General Surgery Registry - Retired	No	No	No	--	--	--
	SMPART NURSE Nursing Care Registry - Retired	No	No	No	--	--	--
YES	SMSSCHECK Safe Surgery Checklist	--	--	No	Yes	Yes	--
YES	OP12 HIT Ability electronically receive lab results	--	--	--	--	--	--
YES	OP17 Tracking Clinical Results Between Visits	--	--	--	Yes	Yes	--
YES	OP25 Outpatient Safe Surgery Checklist	--	--	--	Yes	Yes	Yes
SURVEY OF PATIENT'S EXPERIENCE							
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	90.0%	92.0%	92.6%	--	100.0%	100.0%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	8.0%	8.0%	4.6%	--	0.0%	0.0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	2.0%	0.0%	2.8%	--	0.0%	0.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	87.0%	88.0%	--	100.0%	60.0%

Desired Performance	Metric Rate	Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19
		Quality Target Measures					
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	6.0%	9.0%	8.3%	--	0.0%	20.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	2.0%	4.0%	3.7%	--	0.0%	20.0%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	95.0%	96.0%	90.5%	--	100.0%	100.0%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	4.0%	4.0%	7.1%	--	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%	2.4%	--	0.0%	0.0%
	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	89.0%	33.0%	--	--	100.0%	--
	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	5.0%	25.0%	--	--	0.0%	--
	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.0%	42.0%	--	--	0.0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	77.0%	89.0%	75.0%	--	100.0%	100.0%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	18.0%	4.0%	15.0%	--	0.0%	0.0%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	5.0%	7.0%	10.0%	--	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%	92.9%	--	100.0%	80.0%
↓	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%	7.1%	--	0.0%	20.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	70.0%	51.0%	47.5%	--	58.0%	46.7%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	22.0%	43.0%	45.5%	--	42.0%	46.7%
↓	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%	0.0%

Desired Performance	Metric Rate	Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19
		Quality Target Measures					
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	86.0%	95.0%	86.1%	--	100.0%	80.0%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	14.0%	3.0%	2.8%	--	0.0%	20.0%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	0.0%	2.0%	11.1%	--	0.0%	0.0%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	79.0%	86.0%	82.9%	--	100.0%	60.0%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	18.0%	14.0%	14.3%	--	0.0%	40.0%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	3.0%	0.0%	2.9%	--	0.0%	0.0%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	13.0%	6.0%	2.8%	--	0.0%	20.0%
↓	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%	11.1%	--	0.0%	0.0%
↑	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%	86.1%	--	100.0%	80.0%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	81.0%	85.0%	82.9%	--	100.0%	80.0%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	9.0%	12.0%	17.1%	--	0.0%	0.0%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	10.0%	3.0%	0.0%	--	0.0%	20.0%
CATARACT SURGERY OUTCOME %							
	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--
COLONOSCOPY FOLLOWUP %							
↑	OP29 Avg Risk Polyp Surveillance	--	--	--	--	--	--
↑	OP30 High risk Polyp Surveillance	0.0%	0.0%	--	0.0%	0.0%	--
HEART ATTACK							
	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--

Desired Performance

Metric Rate		Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19
Quality Target Measures							
	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	--	--	--	--	--	--
STROKE CARE %							
	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
EMERGENCY DEPARTMENT THROUGHPUT							
	EDV Emergency Department Volume	Medium	Medium	Medium	Low	Low	Low
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	--	--	--	165.00	143.00
↓	ED2b ED Decision to Transport	--	0.00	56.00	--	43.50	51.00
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	--	124.50	117.50	89.00	91.50	81.00
	OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--
	OP21 Time to pain medication for long bone fractures RETIRED	--	--	--	--	--	--
↓	OP22 Left without being seen	1.0%	0.5%	0.6%	1.0%	0.7%	0.6%
↑	OP23 Head CT stroke patients	--	--	100.0%	--	100.0%	--
PREVENTIVE CARE %							
↑	IMM2 Immunization for Influenza	--	100.0%	--	--	100.0%	50.0%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	100.0%	100.0%	--	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%	11.1%	--	0.0%	0.0%

Desired Performance	Metric Rate	Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FY19	Baseline	FY18	FY19
	Quality Target Measures						
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	--	0.0%	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	15.6%	11.0%	9.4%	--	--	0.0%
↓	READM30 STK Stroke 30day readmission rate	--	--	--	--	--	--
↓	READM30HF Heart Failure 30Day readmissions rate	--	0.0%	14.3%	--	--	--
↓	READM30PN Pneumonia 30day readmission rate	17.0%	0.0%	5.9%	--	--	0.0%
MORTALITY 30 DAYS DEATH RATE %							
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	--	--	0.0%	--	--	0.0%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	--	--	--	--	--
↓	MORT30HF Heart failure 30day mortality rate	--	0.0%	0.0%	--	--	--
↓	MORT30PN Pneumonia 30day mortality rate	16.9%	2.4%	5.6%	--	--	0.0%
↓	MORT30STK Stroke 30day mortality rate	--	--	--	--	--	--