

Desired Performance	Quality Target Measures	Baseline	Ballad Health	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.24	0.33
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.21	0.11
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.08	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	2.24	2.01
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	2.23	1.01
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	7.86	12.16
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	4.18	3.70
↓	PSI 13 Postoperative Sepsis Rate	3.58	6.57	6.66
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	1.14	2.14
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.45	0.00
↓	CLABSI	0.711	1.058	1.481
↓	CAUTI	0.558	0.785	1.696
↓	SSI COLON Surgical Site Infection	2.13	2.21	2.58
↓	SSI HYST Surgical Site Infection	0.71	0.73	4.65
↓	MRSA	0.047	0.096	0.211
↓	CDIFF	0.671	0.182	0.131
↑	SMB: Sepsis Management Bundle	56.9%	52.9%	53.6%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	75.8%	76.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.8%	76.6%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	59.5%	59.8%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.9%	85.1%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.6%	46.6%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	24.6%	21.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.5%	18.4%
↓	Sepsis In House Mortality	10.7%	11.9%	10.6%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.15%	4.39%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	7.93%	7.27%
↓	Left without being seen	0.83%	1.73%	2.88%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	151.9	172.2
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	365.9	457.4

Desired Performance	Quality Target Measures	Baseline	Johnson City Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.53	1.16
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.19	0.22
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.32	1.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	1.99	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	6.52	15.96
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	5.81	7.24
↓	PSI 13 Postoperative Sepsis Rate	3.58	6.17	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	1.90	9.95
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	2.053	1.757
↓	CAUTI	0.558	1.393	4.527
↓	SSI COLON Surgical Site Infection	2.13	1.23	6.25
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.135	0.320
↓	CDIFF	0.671	0.280	0.183
↑	SMB: Sepsis Management Bundle	56.9%	40.0%	35.3%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	73.8%	74.4%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	73.8%	73.7%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	55.2%	56.9%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.3%	83.7%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	45.9%	45.5%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	26.6%	27.2%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	21.3%	17.8%
↓	Sepsis In House Mortality	10.7%	17.7%	17.1%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.55%	5.51%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	10.22%	11.95%
↓	Left without being seen	0.83%	1.19%	2.67%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	186.3	173.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	359.0	451.0

Desired Performance	Quality Target Measures	Baseline	Holston Valley Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.38	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.31	1.26
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	1.67	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	12.12	4.98
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	3.12	1.15
↓	PSI 13 Postoperative Sepsis Rate	3.58	5.87	9.90
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.96	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.82	0.00
↓	CLABSI	0.711	0.584	1.529
↓	CAUTI	0.558	0.777	1.466
↓	SSI COLON Surgical Site Infection	2.13	2.00	0.00
↓	SSI HYST Surgical Site Infection	0.71	1.31	5.00
↓	MRSA	0.047	0.091	0.265
↓	CDIFF	0.671	0.216	0.176
↑	SMB: Sepsis Management Bundle	56.9%	53.3%	55.6%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	72.0%	70.9%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.0%	77.1%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	60.0%	57.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.2%	82.4%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.6%	41.2%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	20.3%	21.5%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	16.5%	18.0%
↓	Sepsis In House Mortality	10.7%	15.6%	16.5%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.22%	2.99%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	8.28%	7.41%
↓	Left without being seen	0.83%	1.38%	3.27%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	212.0	267.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	794.7	783.0

Desired Performance	Quality Target Measures	Baseline	Bristol Regional Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.33	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.08	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	3.96	5.95
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	4.66	6.94
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	3.59	10.31
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.97	5.64
↓	PSI 13 Postoperative Sepsis Rate	3.58	8.24	7.63
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.43	0.00
↓	CLABSI	0.711	1.303	2.607
↓	CAUTI	0.558	1.282	1.924
↓	SSI COLON Surgical Site Infection	2.13	1.30	0.00
↓	SSI HYST Surgical Site Infection	0.71	0.00	9.09
↓	MRSA	0.047	0.153	0.276
↓	CDIFF	0.671	0.083	0.110
↑	SMB: Sepsis Management Bundle	56.9%	49.6%	60.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	71.9%	69.1%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	73.7%	71.2%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	58.3%	56.1%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.4%	84.9%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	44.9%	41.3%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	26.7%	18.5%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	19.7%	16.4%
↓	Sepsis In House Mortality	10.7%	12.9%	12.2%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.94%	3.39%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	10.30%	12.64%
↓	Left without being seen	0.83%	2.32%	3.71%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	183.8	218.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	390.9	445.5

Desired Performance	Quality Target Measures	Baseline	Johnston Memorial Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.32	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.38	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	8.93	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	10.00	95.24
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.50	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	20.20	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	1.416	0.000
↓	CAUTI	0.558	0.217	0.000
↓	SSI COLON Surgical Site Infection	2.13	2.90	5.26
↓	SSI HYST Surgical Site Infection	0.71	0.00	
↓	MRSA	0.047	0.071	0.000
↓	CDIFF	0.671	0.074	0.000
↑	SMB: Sepsis Management Bundle	56.9%	56.0%	35.3%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	77.2%	76.4%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.2%	75.9%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	57.3%	58.9%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.6%	87.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.6%	44.7%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	27.7%	18.2%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.2%	27.5%
↓	Sepsis In House Mortality	10.7%	10.0%	8.4%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.35%	10.42%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	9.38%	6.32%
↓	Left without being seen	0.83%	3.19%	5.78%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	212.2	242.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	444.1	634.5

Desired Performance	Quality Target Measures	Baseline	Greenville Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.28	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.62	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	8.39	7.25
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	4.81	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	7.63	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	3.56	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	1.32	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.197	0.580
↓	SSI COLON Surgical Site Infection	2.13	0.00	0.00
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.111	0.000
↑	SMB: Sepsis Management Bundle	56.9%	29.2%	56.3%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	73.9%	77.4%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.7%	72.9%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	61.3%	60.4%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	83.2%	85.9%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	45.3%	43.1%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	21.9%	11.4%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.7%	13.3%
↓	Sepsis In House Mortality	10.7%	9.8%	8.5%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.67%	4.88%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	7.61%	9.68%
↓	Left without being seen	0.83%	3.16%	5.08%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	191.9	234.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	431.5	524.3

Desired Performance	Quality Target Measures	Baseline	Norton Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.41	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	25.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	1.431
↓	SSI COLON Surgical Site Infection	2.13	5.00	0.00
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.000	0.331
↓	CDIFF	0.671	0.000	0.000
↑	SMB: Sepsis Management Bundle	56.9%	37.7%	55.6%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.1%	74.8%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.8%	80.3%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	65.6%	70.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.1%	80.5%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	44.3%	43.6%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	24.6%	29.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	21.7%	15.6%
↓	Sepsis In House Mortality	10.7%	3.3%	6.3%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.72%	4.76%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.63%	4.62%
↓	Left without being seen	0.83%	1.59%	1.95%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	185.4	159.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	314.4	384.5

Desired Performance	Quality Target Measures	Baseline	Sycamore Shoals Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	4.99	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	45.45
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	47.62
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	3.19	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.607	0.000
↓	SSI COLON Surgical Site Infection	2.13	3.23	0.00
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.139	0.259
↑	SMB: Sepsis Management Bundle	56.9%	67.5%	20.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	78.8%	76.3%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.7%	72.2%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	60.2%	61.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.9%	84.4%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.2%	56.0%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	27.8%	18.5%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.0%	18.8%
↓	Sepsis In House Mortality	10.7%	5.8%	3.3%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.03%	2.56%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	5.10%	1.67%
↓	Left without being seen	0.83%	1.37%	5.10%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	160.5	164.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	342.3	433.8

Desired Performance	Quality Target Measures	Baseline	Franklin Woods Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.52	0.91
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	15.82	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	8.17	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	10.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	2.31	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13	3.82	3.33
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.136	0.153
↑	SMB: Sepsis Management Bundle	56.9%	56.5%	57.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	82.5%	83.1%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.7%	82.6%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	63.3%	61.8%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.7%	88.2%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	56.4%	52.5%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	25.3%	6.3%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	13.7%	20.8%
↓	Sepsis In House Mortality	10.7%	4.2%	3.7%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.54%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	8.00%	6.67%
↓	Left without being seen	0.83%	3.10%	3.63%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	182.2	217.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	378.8	477.5

Desired Performance	Quality Target Measures	Baseline	Indian Path Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	9.13	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	4.41	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	52.63
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13	3.23	9.09
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.602	0.000
↑	SMB: Sepsis Management Bundle	56.9%	65.5%	20.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	81.7%	81.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	86.4%	81.1%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.8%	69.6%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	83.8%	86.1%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	52.7%	51.2%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	16.1%	16.7%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	25.8%	2.9%
↓	Sepsis In House Mortality	10.7%	0.9%	0.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.41%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.89%	0.00%
↓	Left without being seen	0.83%	2.22%	7.08%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	147.3	199.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	468.7	755.8

Desired Performance	Quality Target Measures	Baseline	Smyth County Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	10.75	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13	0.00	0.00
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.000	0.000
↑	SMB: Sepsis Management Bundle	56.9%	68.6%	91.7%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	82.9%	88.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	82.4%	80.2%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.8%	61.5%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	88.1%	91.1%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	54.6%	55.4%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	22.0%	28.6%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.3%	14.3%
↓	Sepsis In House Mortality	10.7%	5.9%	2.4%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.57%	13.33%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	1.19%	0.00%
↓	Left without being seen	0.83%	0.86%	1.53%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	110.2	121.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	200.9	213.5

Desired Performance	Quality Target Measures	Baseline	Lonesome Pine Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	2.74	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.287	0.000
↑	SMB: Sepsis Management Bundle	56.9%	51.1%	50.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	75.7%	76.7%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.2%	90.5%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.1%	78.9%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	82.3%	82.6%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.3%	63.4%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	11.1%	16.7%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.9%	21.4%
↓	Sepsis In House Mortality	10.7%	9.3%	3.3%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	2.56%	9.09%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.25%	0.00%
↓	Left without being seen	0.83%	0.77%	1.12%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	134.5	169.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	295.3	336.0

Desired Performance	Quality Target Measures	Baseline	Hawkins County Memorial Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.000	0.000
↑	SMB: Sepsis Management Bundle	56.9%	72.2%	60.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	81.3%	95.8%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	82.3%	97.2%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	48.3%	73.3%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	88.3%	98.3%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	49.5%	43.8%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	45.5%	0.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	9.1%	20.0%
↓	Sepsis In House Mortality	10.7%	5.0%	0.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	0.00%
↓	Left without being seen	0.83%	0.24%	0.76%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	97.3	97.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	195.6	196.3

Desired Performance	Quality Target Measures	Baseline	Russell County Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.171	0.000
↓	CDIFF	0.671	0.000	0.000
↑	SMB: Sepsis Management Bundle	56.9%	66.7%	58.3%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.2%	81.3%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	84.5%	83.9%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.8%	58.2%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.2%	89.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.1%	47.5%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	34.4%	26.7%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.5%	33.3%
↓	Sepsis In House Mortality	10.7%	5.2%	3.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.26%	5.26%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.97%	0.00%
↓	Left without being seen	0.83%	0.63%	1.26%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	117.5	135.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	197.9	187.5

Desired Performance	Quality Target Measures	Baseline	Unicoi County Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.000	0.000
↑	SMB: Sepsis Management Bundle	56.9%	73.3%	62.5%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.9%	76.7%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.6%	65.9%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	76.8%	69.8%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	74.6%	74.3%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.9%	47.1%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	0.0%	20.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	13.8%	25.0%
↓	Sepsis In House Mortality	10.7%	2.2%	0.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	0.00%
↓	Left without being seen	0.83%	0.50%	1.59%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	126.4	129.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	275.0	447.5

Desired Performance	Quality Target Measures	Baseline	Dickenson Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711		
↓	CAUTI	0.558		
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047		
↓	CDIFF	0.671		
↑	SMB: Sepsis Management Bundle	56.9%	66.7%	
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	73.3%	
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.0%	
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	100.0%	
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	87.5%	
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	35.0%	
↓	READM30HF Heart Failure 30day readmissions rate	27.7%		
↓	READM30PN Pneumonia 30day readmission rate	17.9%	100.0%	
↓	Sepsis In House Mortality	10.7%	0.0%	
↓	MORT30HF Heart failure 30day mortality rate	3.0%		
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	
↓	Left without being seen	0.83%	1.03%	1.65%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	114.8	123.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	133.0	

Desired Performance	Quality Target Measures	Baseline	Hancock County Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18		
↓	CLABSI	0.711		
↓	CAUTI	0.558		
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047		
↓	CDIFF	0.671		
↑	SMB: Sepsis Management Bundle	56.9%	57.1%	66.7%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	83.0%	73.6%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	84.4%	77.8%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	78.3%	32.5%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	85.4%	76.1%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	61.6%	44.0%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	0.0%	0.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.3%	60.0%
↓	Sepsis In House Mortality	10.7%	8.3%	25.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	0.00%
↓	Left without being seen	0.83%	0.43%	0.37%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	123.7	122.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	179.4	233.0

Desired Performance	Quality Target Measures	Baseline	Johnson County Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	
↓	CLABSI	0.711		
↓	CAUTI	0.558		
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047		
↓	CDIFF	0.671		
↑	SMB: Sepsis Management Bundle	56.9%	100.0%	
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	100.0%	
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	100.0%	
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	100.0%	
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	100.0%	
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	77.8%	
↓	READM30HF Heart Failure 30day readmissions rate	27.7%		
↓	READM30PN Pneumonia 30day readmission rate	17.9%	66.7%	
↓	Sepsis In House Mortality	10.7%	0.0%	
↓	MORT30HF Heart failure 30day mortality rate	3.0%		
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	
↓	Left without being seen	0.83%	0.71%	0.92%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	95.8	95.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	652.6	