

The targets are based from the most aggressive metric score between initial baseline and FY19 results, as operational goals to positively impact patient and quality of care.

FYTD20: - April 2020 Discharges



Priority Metrics

		Ballad Health		Johnson City Medical Center		Holston Valley Medical Center		Bristol Regional Medical Center		Johnston Memorial		Lonesome Pine Hospital		Norton Community		
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	
Desired Performance																
Quality Target Measures																
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.29	0.26	0.07	0.08	0.36	1.07	0.35	0.25	0.97	0.00	0.21	0.00	0.20	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.16	0.33	0.17	0.51	0.17	0.32	0.27	0.34	0.22	0.44	0.00	0.38	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.04	0.09	0.08	0.10	0.10	0.09	0.00	0.10	0.00	0.10	0.00	0.10	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.56	3.60	0.96	4.04	1.08	4.72	2.68	4.50	1.35	4.69	0.00	4.96	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	0.73	1.08	0.59	0.87	0.88	0.97	1.31	1.29	0.00	1.12	0.00	1.10	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.40	6.07	11.98	6.96	16.84	4.25	16.50	6.48	16.39	4.88	10.64	90.91	12.33	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.83	5.90	4.25	5.78	3.27	4.59	4.39	4.96	2.48	4.14	0.00	5.39	5.35
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.16	4.84	8.30	6.10	5.97	3.25	3.65	2.83	6.59	18.87	5.82	0.00	5.59	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	1.32	2.01	2.29	2.56	1.31	2.03	0.00	2.10	0.00	2.23	0.00	2.21	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.67	0.79	0.97	0.80	0.00	1.22	1.04	0.00	0.00	0.87	20.83	0.87	0.00
↓	lower is better	CLABSI	0.774	0.680	1.080	1.177	0.682	0.969	1.202	0.314	0.001	0.000	0.000	0.000	0.000	1.222
↓	lower is better	CAUTI	0.613	0.589	0.997	1.358	0.938	0.467	0.824	0.807	0.000	0.379	0.000	2.212	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	1.17	2.50	1.91	2.70	1.36	2.22	0.00	3.92	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	1.00	1.03	2.50	0.00	0.64	1.62	0.00	0.00	0.00	4.76	5.56	0.00	0.00	0.00
↓	lower is better	MRSA	0.040	0.057	0.055	0.070	0.012	0.075	0.056	0.059	0.000	0.052	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.585	0.330	0.531	0.299	0.741	0.416	0.719	0.435	1.052	0.167	0.315	0.000	0.265	0.316
↑	higher is better	SMB: Sepsis Management Bundle	--	64.8%	--	64.4%	--	62.6%	--	53.1%	--	62.4%	--	71.0%	--	71.1%
Quality Priority Measures																
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	34.64	--	15.07	--	29.58	--	24.06	--	28.54	--	91.07	--	21.60
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	29.41	--	20.78	--	52.40	--	25.55	--	24.69	--	28.91	--	22.14
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.72	--	1.73	--	2.13	--	1.69	--	1.67	--	1.15	--	1.16
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.17	--	0.14	--	0.16	--	0.18	--	0.21	--	0.10	--	0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	78.7%	--	73.5%	--	77.3%	--	79.9%	--	77.5%	--	85.7%	--	78.2%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	79.6%	--	75.2%	--	80.3%	--	80.6%	--	75.9%	--	86.6%	--	78.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	62.5%	--	57.0%	--	63.5%	--	66.3%	--	59.9%	--	75.5%	--	57.4%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	86.8%	--	84.8%	--	89.6%	--	88.0%	--	86.9%	--	85.1%	--	85.4%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	47.3%	--	45.3%	--	48.6%	--	48.0%	--	43.4%	--	41.2%	--	40.4%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	20.9%	--	22.3%	--	19.7%	--	24.1%	--	25.8%	--	11.8%	--	20.7%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	15.1%	--	16.7%	--	15.7%	--	15.7%	--	15.5%	--	15.4%	--	12.5%
↓	lower is better	Sepsis In House Mortality	--	9.9%	--	15.4%	--	14.8%	--	10.0%	--	7.9%	--	6.6%	--	6.4%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	4.2%	--	5.9%	--	2.8%	--	4.8%	--	5.5%	--	7.9%	--	4.4%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	4.7%	--	7.7%	--	5.5%	--	4.1%	--	4.4%	--	3.8%	--	4.0%
↓	lower is better	Left without being seen	--	1.31%	--	1.15%	--	1.40%	--	2.60%	--	0.59%	--	1.31%	--	0.91%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	133.3	--	187.3	--	178.9	--	163.4	--	176.1	--	121.7	--	163.9
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	245.3	--	294.8	--	470.3	--	296.6	--	325.4	--	246.6	--	243.4

-- no data available or too few cases to report

Please note that the COVID19 crisis has delayed HAI reporting

The targets are based from the most aggressive metric score between initial baseline and FY19 results, as operational goals to positively impact patient and quality of care.

FYTD20: - April 2020 Discharges



Priority Metrics

		Smyth County Community		Russell County Hospital		Franklin Woods Community		Indian Path Community		Greeneville Community		Sycamore Shoals Hospital		Hawkins County Memorial		
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	
Desired Performance																
Quality Target Measures																
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.21	0.00	0.24	0.00	0.20	0.00	0.16	0.00	0.20	0.00	0.19	0.00	0.23	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.39	0.00	0.38	0.00	0.41	0.00	0.42	0.34	0.38	0.00	0.39	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.10	0.00	0.10	0.00	0.10	0.00	0.11	0.00	0.10	0.00	0.10	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	4.37	3.72	4.78	0.00	4.75	5.00	4.66	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	--	0.00	1.09	0.00	1.10	0.00	1.11	0.00	1.11	0.00	--	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00	--	0.00	12.09	7.07	12.36	0.00	10.75	15.79	13.37	0.00	--	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.03	0.00	--	0.00	3.72	5.16	5.75	0.00	5.27	7.97	3.98	0.00	--	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.81	0.00	--	0.00	6.54	14.65	5.90	0.00	5.55	10.42	6.67	0.00	--	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00	--	0.00	2.16	2.73	2.21	0.00	2.21	0.00	--	9.80	--	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00	--	0.00	0.85	0.00	0.86	0.00	0.87	1.67	--	0.00	--	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.900	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.428	0.000	0.000	0.000	0.000	0.398	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	16.67	0.00	--	--	1.50	2.08	0.00	3.33	1.16	4.23	3.23	0.00	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	0.00	--	--	--	0.00	0.00	7.14	0.00	0.00	0.00	0.00	0.00	--	--
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.039	0.060	0.080	0.000	0.000	0.080	0.067	0.000	0.000	0.000
↓	lower is better	CDIFF	0.174	0.000	0.498	0.478	0.259	0.606	0.813	0.000	0.283	0.243	0.604	0.290	0.000	0.000
↑	higher is better	SMB: Sepsis Management Bundle	--	91.9%	--	84.6%	--	56.3%	--	77.0%	--	40.6%	--	72.5%	--	54.7%
Quality Priority Measures																
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	21.81	--	23.48	--	32.94	--	23.86	--	18.52	--	34.64	--	49.86
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	12.83	--	8.44	--	19.88	--	33.68	--	32.91	--	36.77	--	28.27
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.43	--	0.49	--	1.85	--	1.77	--	1.59	--	1.37	--	1.81
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.15	--	0.16	--	0.32	--	0.16	--	0.13	--	0.23	--	0.13
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.7%	--	83.8%	--	80.0%	--	78.0%	--	81.3%	--	78.7%	--	86.8%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	87.0%	--	81.9%	--	80.1%	--	79.7%	--	81.4%	--	80.2%	--	84.5%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	67.4%	--	64.3%	--	64.5%	--	57.9%	--	65.4%	--	61.7%	--	76.2%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	89.6%	--	83.6%	--	85.5%	--	85.5%	--	87.3%	--	83.8%	--	86.2%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	53.7%	--	43.3%	--	52.5%	--	45.2%	--	48.6%	--	45.9%	--	58.4%
↓	lower is better	READM30HF Heart Failure 30day readmissions rate	--	13.0%	--	28.9%	--	18.8%	--	11.6%	--	13.6%	--	28.4%	--	13.6%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	20.2%	--	15.5%	--	16.5%	--	10.4%	--	12.5%	--	14.7%	--	14.9%
↓	lower is better	Sepsis In House Mortality	--	2.4%	--	5.2%	--	2.7%	--	5.3%	--	8.9%	--	7.8%	--	4.7%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	1.9%	--	0.0%	--	5.1%	--	4.9%	--	1.1%	--	4.0%	--	0.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	0.8%	--	1.1%	--	2.2%	--	5.2%	--	4.2%	--	5.3%	--	1.3%
↓	lower is better	Left without being seen	--	0.25%	--	0.67%	--	1.10%	--	2.00%	--	2.09%	--	0.46%	--	1.08%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	96.5	--	96.0	--	161.6	--	151.3	--	140.0	--	119.9	--	105.3
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	188.6	--	184.6	--	306.6	--	269.6	--	332.8	--	213.6	--	213.0

-- no data available or too few cases to report

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FYTD20: - April 2020 Discharges



Priority Metrics

		Unicoi County Hospital		Hancock County Hospital		Johnson County Community		Dickenson Community		
		Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	Baseline	FYTD20	
Desired Performance		Quality Target Measures								
↓	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00	--	0.00	--	0.00	--	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	--	0.00	--	0.00	--	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	--	0.00	--	0.00	--	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--	--	--	--	--	--	--
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--	--	--	--	--
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--	--	--	--	--
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--	--	--	--	--
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--	--	--
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--	--	--	--	--
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--	--	--	--	--
↓	lower is better	CLABSI	0.000	0.000	--	--	--	--	--	--
↓	lower is better	CAUTI	0.000	0.000	--	--	--	--	--	--
↓	lower is better	SSI COLON Surgical Site Infection	--	--	--	--	--	--	--	--
↓	lower is better	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	--
↓	lower is better	MRSA	--	0.000	--	--	--	--	--	--
↓	lower is better	CDIFF	0.000	0.000	--	--	--	--	--	--
↑	higher is better	SMB: Sepsis Management Bundle	--	57.1%	--	77.8%	--	--	--	--
		Quality Priority Measures								
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	31.84	--	72.68	--	--	--	--
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	28.55	--	68.45	--	--	--	--
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.03	--	1.70	--	1.48	--	--
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.13	--	0.20	--	0.14	--	--
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	83.9%	--	97.6%	--	66.7%	--	95.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	77.0%	--	95.2%	--	55.6%	--	95.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	73.5%	--	84.2%	--	25.0%	--	80.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	80.3%	--	92.2%	--	66.7%	--	83.3%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	56.1%	--	57.9%	--	50.0%	--	35.0%
↓	lower is better	READM30HF Heart Failure 30day readmissions rate	--	12.8%	--	0.0%	--	--	--	--
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	11.3%	--	7.7%	--	0.0%	--	0.0%
↓	lower is better	Sepsis In House Mortality	--	3.2%	--	0.0%	--	0.0%	--	0.0%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	0.0%	--	0.0%	--	--	--	--
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	--	2.6%	--	6.7%	--	0.0%	--	0.0%
↓	lower is better	Left without being seen	--	0.48%	--	1.01%	--	0.70%	--	0.62%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	108.0	--	119.9	--	76.1	--	107.6
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	202.0	--	158.4	--	160.0	--	150.3

-- no data available or too few cases to report

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