

Priority Metrics



Ballad Health

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19	
<b>Desired Performance</b>													
<b>Quality Target Measures</b>													
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.71	1.12	1.13	0.23	0.72	0.69	0.66	0.23	0.23	0.38	0.54
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.31	0.15	0.16	0.21	0.16	0.00	0.00	0.05	0.13
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.05	0.00	0.00	0.21	0.07	0.00	0.23	0.00	0.08	0.07
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.18	0.00	0.00	0.06	0.00	0.19	0.00	0.06	0.06
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.15	1.67	2.00	2.53	0.69	1.77	0.66	1.28	2.01	1.32	1.54
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.00	0.11	0.00	0.00	0.00	0.00	0.00	2.36	2.43	1.64	0.84
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.79	8.34	10.38	9.08	6.83	8.77	8.17	7.16	6.09	7.12	7.91
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.42	3.51	4.97	3.54	2.57	3.70	3.14	3.62	3.77	3.51	3.61
↓	lower is better	PSI 13 Postoperative Sepsis Rate	8.81	3.88	1.44	3.88	5.54	3.65	1.36	1.23	6.36	3.00	3.32
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.22	0.99	0.00	0.00	0.00	0.00	0.00	2.57	2.42	1.65	0.83
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.98	0.00	1.08	1.08	0.72	1.14	0.00	1.08	0.75	0.73
↓	lower is better	CLABSI	0.774	0.652	0.000	1.090	0.780	0.620	0.600	0.840	0.000	0.490	0.560
↓	lower is better	CAUTI	0.613	0.640	0.600	1.280	0.660	0.850	1.830	1.090	0.640	1.170	1.010
↓	lower is better	SSI COLON Surgical Site Infection	1.170	1.899	8.110	3.370	2.600	4.580	0.000	0.000		0.000	2.620
↓	lower is better	SSI HYST Surgical Site Infection	1.000	0.610	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000
↓	lower is better	MRSA	0.040	0.054	0.090	0.290	0.030	0.130	0.080	0.060	0.210	0.120	0.130
↓	lower is better	CDIFF	0.585	0.623	0.240	0.400	0.570	0.400	0.420	0.160	0.350	0.310	0.360
<b>Quality Priority Metrics</b>													
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		50.01	58.40	57.31	38.64	51.50	51.15	58.54	48.94	52.88	52.20
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		42.94	43.87	35.42	37.53	38.90	40.11	39.30	41.24	40.22	39.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		1.26	0.78	0.76	0.71	0.75	0.96	0.83	3.10	1.63	0.81
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.14	0.12	0.12	0.13	0.12	0.11	0.14	0.12	0.12
↓	lower is better	Left Without Being Seen		0.71%	1.12%	0.85%	1.08%	1.05%	0.96%	0.73%	0.83%	1.05%	0.96%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well		78.0%	82.0%	82.0%	83.0%	80.0%	81.0%	86.0%	79.0%	80.0%	84.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		80.0%	82.0%	81.0%	82.0%	80.0%	81.0%	87.0%	81.0%	80.0%	83.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		64.0%	67.0%	71.0%	68.0%	64.0%	60.0%	72.0%	62.0%	64.0%	68.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		86.0%	86.0%	88.0%	86.0%	87.0%	88.0%	84.0%	87.0%	87.0%	86.4%
↓	lower is better	Sepsis In House Mortality		7.5%	9.3%	9.0%	9.2%	9.3%	8.3%	6.5%	9.7%	8.2%	8.6%
↑	higher is better	SMB: Sepsis Management Bundle**		56.6%	41.5%	56.3%	61.3%	47.1%	54.7%	64.5%	61.0%	60.5%	54.6%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		148	121	126	130	126.5	129	124	123.68	127.2	124.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		316	226.75	226.5	226	226.5	224	226.5	238	226.87	224

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Bristol Regional Medical Center

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19	
<b>Desired Performance</b>		<b>Quality Target Measures</b>											
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.80	2.28	2.32	0.00	2.46	1.57	2.21	0.00	0.00	0.78	1.18
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.32	0.07	0.85	0.00	0.00	0.28	0.83	0.00	0.00	0.29	0.29
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.72	4.54	7.55	0.00	0.00	2.37	3.24	3.61	3.25	3.36	2.88
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.75	1.98	1.02
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.50	10.80	9.26	13.07	8.55	10.58	14.71	0.00	20.83	12.22	11.44
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.25	2.43	7.14	6.10	0.00	4.47	3.18	0.00	6.04	3.19	3.82
↓	lower is better	PSI 13 Postoperative Sepsis Rate	8.88	3.57	0.00	0.00	0.00	0.00	0.00	0.00	12.20	4.29	2.22
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	1.95	0.00	0.00	0.00	0.00	0.00	0.00	16.95	10.99	9.09	4.35
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	1.25	0.00	4.50	0.00	1.57	5.62	0.00	0.00	1.74	1.65
↓	lower is better	CLABSI	1.202	0.722	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.824	0.958	0.840	0.890	0.980	0.900	1.040	1.790	1.770	1.560	1.220
↓	lower is better	SSI COLON Surgical Site Infection	0.000	1.330	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.000	1.590	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000
↓	lower is better	MRSA	0.056	0.094	0.000	0.310	0.000	0.110	0.000	0.160	0.320	0.160	0.130
↓	lower is better	CDIFF	0.719	0.740	0.320	0.160	0.700	0.390	0.470	0.170	0.000	0.220	0.300
		<b>Quality Priority Metrics</b>											
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	45.00	36.90	27.40	29.20	31.20	44.61	42.40	42.87	43.29	36.10	
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	41.60	34.28	28.80	31.45	31.50	24.05	24.00	28.96	25.67	28.60	
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	1.81	0.00	0.00	0.86	0.96	0.85	0.84	6.80	2.83	0.92	
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.16	0.01	0.01	0.01	0.14	0.12	0.14	0.14	0.13	0.13	
↓	lower is better	Left Without Being Seen	1.00%	0.88%	0.13%	1.23%	0.97%	1.28%	0.39%	0.30%	0.67%	0.83%	
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	85.0%	89.0%	83.0%	86.0%	82.0%	82.0%	80.0%	81.0%	83.0%	
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	82.0%	88.0%	81.0%	84.0%	78.0%	83.0%	80.0%	80.0%	82.0%	
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	67.0%	59.0%	68.0%	63.0%	64.0%	71.0%	68.0%	64.0%	68.0%	66.0%	
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	90.0%	91.0%	93.0%	88.0%	91.0%	87.0%	87.0%	90.0%	88.0%	89.0%	
↓	lower is better	Sepsis In House Mortality	11.2%	11.9%	4.30%	13.0%	10.1%	10.6%	6.8%	13.3%	10.2%	9.81%	
↑	higher is better	SMB: Sepsis Management Bundle**	48.3%	22.2%	46.2%	54.5%	42.4%	30.8%	78.6%	80.0%	64.3%	54.7%	
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	151	150	123	183	150	140	138	147	140	143.5	
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	284	275	288	276.5	276.5	300	294	293.5	294	290.75	

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Johnston Memorial Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	1.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.14	2.09	0.00	0.00	0.69	0.00	0.00	0.00	0.34
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.13	0.00	0.00	0.00	2.91	0.97	0.00	0.00	0.00	0.53
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.16	0.00	0.00	0.00	0.00	2.17	0.00	0.74	0.37
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	0.00	0.00	0.00	0.00	0.00	30.30	0.00	10.87	5.62
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	0.00	0.00	0.00	0.00	33.33	0.00	11.90	6.13
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.25	5.79	0.00	0.00	0.00	0.00	8.93	10.99	6.76	3.28
↓	lower is better	PSI 13 Postoperative Sepsis Rate	10.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.64	0.00	0.00	0.00	9.90	3.83	0.00	0.00	0.00	1.96
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	5.050	1.740	0.000	0.000	0.000	0.770
↓	lower is better	CAUTI	0.000	0.000	0.000	2.270	2.300	1.610	0.000	0.000	0.000	0.810
↓	lower is better	SSI COLON Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000	0.000		0.000	0.000	0.000		0.000	0.000
↓	lower is better	MRSA	0.000	0.000	0.000	0.430	0.000	0.150	0.000	0.000	0.000	0.070
↓	lower is better	CDIFF	1.052	0.550	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	41.70	42.89	28.27	40.64	37.30	25.85	41.10	46.73	37.89	37.60
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	41.69	36.22	39.91	33.53	36.60	22.65	30.70	30.70	28.02	32.30
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.87	0.95	1.00	0.89	0.95	0.96	0.94	1.12	1.01	0.95
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.15	0.17	0.14	0.11	0.14	0.12	0.15	0.14	0.14	0.14
↓	lower is better	Left Without Being Seen	0.20%	0.31%	0.11%	1.36%	0.60%	0.92%	0.96%	2.20%	1.37%	0.97%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	84.0%	74.0%	80.0%	80.0%	73.0%	77.0%	82.0%	77.0%	78.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	79.0%	83.0%	80.0%	79.0%	80.0%	76.0%	81.0%	90.0%	81.0%	81.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	60.0%	65.0%	57.0%	66.0%	63.0%	53.0%	53.0%	70.0%	58.0%	61.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	84.0%	85.0%	85.0%	85.0%	85.0%	87.0%	91.0%	88.0%	86.0%
↓	lower is better	Sepsis In House Mortality	10.48%	8.00%	13.59%	2.25%	8.22%	10.48%	5.17%	9.09%	8.09%	7.99%
↑	higher is better	SMB: Sepsis Management Bundle**	54.8%	54.5%	66.7%	46.2%	55.6%	66.7%	75.0%	33.3%	55.2%	55.4%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	137.5	121	133	134	133	139.5	145.5	136.5	139.5	135.25
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	259	253	235	226	235	255	237	238	238	237.5

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Smyth County Community Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.21	5.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	16.667	0.000				0.000			0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000								
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.174	0.331	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	56.30	56.40	65.30	24.03	48.60	44.14	55.30	50.30	49.91	49.30
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	10.10	1.50	19.29	8.01	9.60	2.76	11.60	12.90	9.09	9.30
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.78	0.88	0.75	0.81	0.81	0.75	0.81	0.75	0.77	0.80
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.14	0.17	0.14	0.15	0.15	0.17	0.14	0.00	0.10	0.15
↓	lower is better	Left Without Being Seen	0.33%	0.57%	0.43%	0.93%	0.65%	0.15%	0.18%	0.66%	0.42%	0.54%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	86.0%	84.0%	86.0%	77.0%	83.0%	76.0%	98.0%	79.0%	82.0%	83.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	87.0%	86.0%	76.0%	84.0%	77.0%	94.0%	85.0%	84.0%	84.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	75.0%	71.0%	76.0%	71.0%	72.0%	46.0%	82.0%	67.0%	63.0%	68.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	96.0%	94.0%	85.0%	93.0%	86.0%	81.0%	79.0%	83.0%	88.0%
↓	lower is better	Sepsis In House Mortality	2.92%	6.06%	0.00%	3.85%	3.66%	0.00%	0.00%	0.00%	0.00%	2.11%
↑	higher is better	SMB: Sepsis Management Bundle**	81.1%	100.0%	80.0%	100.0%	94.4%	100.0%	71.4%	80.0%	80.0%	89.3%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	106.75	94	109	108	108	95	100	107	100	103.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	175	205	195.5	174.5	195.5	177.5	185.5	176	177.5	181.5

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18



Priority Metrics



Hancock County Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.00	0.00	0.00	0.00	0.00	0.00	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									
↓	lower is better	CAUTI	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									
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	143.93	137.90	133.90	64.81	112.20	81.08	166.70	50.00	93.45	105.70
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	72.12	43.10	205.36	9.26	85.90	145.45	188.89	90.00	141.45	113.70
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.79	0.07	0.10	0.10	0.09	2.14	1.25	6.55	3.31	0.73
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.20	0.19	0.17	0.10	0.15	0.20	0.18	0.45	0.28	0.17
↓	lower is better	Left Without Being Seen	0.53%	0.89%	0.74%	0.30%	0.65%	0.94%	0.00%	0.00%	0.32%	0.50%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	92.0%	100.0%	92.0%		95.0%	100.0%	100.0%	83.0%	93.0%	94.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	87.0%	100.0%	83.0%		90.0%	89.0%	100.0%	75.0%	85.0%	88.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	89.0%	75.0%	75.0%		75.0%	75.0%			75.0%	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%	83.0%	88.0%		86.0%	100.0%	100.0%	100.0%	100.0%	93.0%
↓	lower is better	Sepsis In House Mortality	0.00%	0.00%	0.00%	33.33%	10.00%	25.00%	0.00%	0.00%	10.00%	11.25%
↑	higher is better	SMB: Sepsis Management Bundle**	70.0%	100.0%	0.0%	100.0%	66.7%	50.0%	50.0%	66.7%	57.1%	60.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	128	121	126	138	126	109.5	99	95	99	121
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**										

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Indian Path Community Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19	
<b>Desired Performance</b>		<b>Quality Target Measures</b>											
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.45	0.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.14	0.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.38	4.30	0.00	0.00	20.00	5.92	0.00	22.22	27.78	14.49	9.77
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.09	10.23	0.00	0.00	38.46	14.93	0.00	0.00	0.00	0.00	8.33
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	CLABSI	0.000	0.898	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	SSI COLON Surgical Site Infection	0.000	1.690	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	SSI HYST Surgical Site Infection	7.143	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	MRSA	0.080	0.050	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CDIFF	0.813	0.510	0.000	1.670	0.780	0.830	0.700	1.450	0.000	0.700	0.760
		<b>Quality Priority Metrics</b>											
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	33.60	45.59	31.91	34.16	37.20	20.96	19.50	39.30	26.59	31.90	
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	49.20	48.94	52.56	56.47	52.70	28.23	40.30	52.30	40.28	46.50	
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	1.06	0.98	0.84	0.85	0.89	0.89	0.77	1.10	0.92	0.86	
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.09	0.12	0.08	0.08	0.09	0.10	0.08	0.09	0.09	0.09	
↓	lower is better	Left Without Being Seen	0.94%	1.43%	1.14%	1.44%	1.34%	1.29%	1.26%	1.01%	1.19%	1.27%	
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	80.0%	81.0%	84.0%	81.0%	82.0%	76.0%	86.0%	83.0%	81.0%	81.0%	
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	74.0%	83.0%	84.0%	80.0%	83.0%	88.0%	82.0%	84.0%	82.0%	
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.0%	66.0%	58.0%	74.0%	65.0%	64.0%	82.0%	69.0%	70.0%	68.0%	
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	89.0%	86.0%	87.0%	87.0%	93.0%	88.0%	85.0%	89.0%	88.0%	
↓	lower is better	Sepsis In House Mortality	6.60%	5.41%	4.35%	9.33%	6.42%	4.00%	2.70%	4.00%	3.57%	5.08%	
↑	higher is better	SMB: Sepsis Management Bundle**	70.5%	88.9%	62.5%	55.6%	66.7%	80.0%	100.0%	77.8%	83.3%	76.0%	
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	130	118	143.5	126.5	126.5	122.5	122	120	122	122.25	
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	102	221	223.5	204	221	195	193	191	193	199.5	

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Holston Valley Medical Center

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19	
<b>Desired Performance</b>		<b>Quality Target Measures</b>											
↓	lower is better	PSI 3 Pressure Ulcer Rate	1.07	3.21	3.23	0.00	1.18	1.50	0.00	0.00	1.14	0.36	0.92
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.57	0.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.92	0.00	6.05	0.00	2.10	0.00	1.99	2.07	1.38	1.73
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	0.31	0.00	0.00	0.00	0.00	0.00	3.31	0.00	1.15	0.59
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.84	6.40	10.31	19.23	4.98	11.61	9.95	8.33	0.00	5.97	8.64
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.14	3.77	6.05	1.90	1.96	3.27	0.00	3.72	0.00	1.29	2.28
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.47	3.57	3.94	10.91	7.27	7.46	0.00	0.00	10.24	3.57	5.47
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.42	1.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.62	1.58	0.00	0.00	0.00	0.00	0.00	0.00	5.10	1.58	0.81
↓	lower is better	CLABSI	0.682	0.330	0.000	0.000	0.000	0.000	1.220	0.000	0.000	0.430	0.190
↓	lower is better	CAUTI	0.938	0.500	0.000	0.000	1.020	0.300	0.000	1.050	0.000	0.330	0.310
↓	lower is better	SSI COLON Surgical Site Infection	1.364	0.850	20.000	0.000	0.000	6.520	0.000	0.000		0.000	3.610
↓	lower is better	SSI HYST Surgical Site Infection	0.641	0.290	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000
↓	lower is better	MRSA	0.012	0.030	0.000	0.290	0.000	0.090	0.000	0.000	0.430	0.140	0.120
↓	lower is better	CDIFF	0.741	1.060	0.420	0.750	0.930	0.690	0.580	0.000	0.300	0.290	0.490
		<b>Quality Priority Metrics</b>											
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	37.64	41.85	34.19	35.49	37.20	49.61	41.10	44.25	44.99	41.10	
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	84.83	84.50	70.79	76.72	77.30	77.49	66.50	70.40	71.46	74.40	
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	2.15	1.22	1.13	1.02	1.12	1.14	1.13	8.10	3.46	1.13	
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.18	0.15	0.15	0.14	0.15	0.12	0.13	0.19	0.15	0.14	
↓	lower is better	Left Without Being Seen	2.01%	2.98%	1.29%	1.96%	2.07%	1.98%	1.80%	1.62%	1.80%	1.94%	
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	80.0%	83.0%	84.0%	83.0%	80.0%	78.0%	76.0%	78.0%	80.0%	
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	81.0%	80.0%	81.0%	84.0%	82.0%	79.0%	80.0%	75.0%	78.0%	80.0%	
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	67.0%	59.0%	62.0%	72.0%	65.0%	60.0%	63.0%	64.0%	62.0%	64.0%	
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	90.0%	87.0%	88.0%	87.0%	87.0%	87.0%	89.0%	86.0%	88.0%	87.0%	
↓	lower is better	Sepsis In House Mortality	13.30%	12.71%	11.11%	13.73%	12.53%	10.98%	8.48%	10.18%	9.84%	11.27%	
↑	higher is better	SMB: Sepsis Management Bundle**	25.2%	53.8%	35.7%	53.3%	47.6%	41.7%	23.1%	16.7%	29.3%	39.7%	
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	175	176	151.5	177	176	161	178	193	178	176.5	
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	434	405	446	409	409	382	397	440	397	405	

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18



Priority Metrics



Lonesome Pine Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	1.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.82	0.00	0.00	0.00	0.00	0.00	166.67	0.00	58.82	29.41
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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
↓	lower is better	CAUTI	0.000	1.210	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.000		0.000	0.000	0.000	0.000	0.000		0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	5.556	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.315	0.370	0.000	0.000	3.750	1.400	0.000	0.000	0.000	0.710
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	125.00	65.90	122.00	129.80	104.70	121.21	84.10	67.72	87.61	98.50
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	63.60	80.49	40.65	78.45	66.50	63.59	25.50	40.63	43.24	54.90
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	1.40	0.69	0.78	0.61	0.69	1.54	0.84	5.60	2.66	0.89
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.12	0.14	0.13	0.12	0.13	0.15	0.08	0.12	0.12	0.12
↓	lower is better	Left Without Being Seen	0.31%	0.26%	0.37%	0.19%	0.19%	0.25%	0.13%	0.04%	0.11%	0.20%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	82.0%	78.0%	82.0%	81.0%	89.0%	89.0%	81.0%	87.0%	85.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	84.0%	84.0%	78.0%	83.0%	85.0%	89.0%	87.0%	87.0%	85.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	76.0%	58.0%	75.0%	67.0%	66.0%	79.0%	92.0%	70.0%	80.0%	74.0%
↑	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%	87.0%	89.0%	90.0%	88.0%	75.0%	93.0%	93.0%	85.0%	86.0%
↓	lower is better	Sepsis In House Mortality	4.40%	8.70%	6.25%	0.00%	4.90%	3.03%	0.00%	8.30%	3.90%	4.11%
↑	higher is better	SMB: Sepsis Management Bundle**	44.8%	50.0%	53.3%	50.0%	51.3%	50.0%	50.0%	61.5%	54.1%	52.6%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	117	114.25	126.5	119.5	119.25	129.5	105.5	114.75	114.75	117.125
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	244	223.5	240	242.5	231.5	251.25	263	261.75	261.25	246.875

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Norton Community Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	35.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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
↓	lower is better	CAUTI	0.000	0.000	0.000	4.570	0.000	1.710	0.000	0.000	0.000	0.840
↓	lower is better	SSI COLON Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000	0.000		0.000	0.000				0.000
↓	lower is better	MRSA	0.000	0.000	0.000	1.190	0.000	0.450	0.000	0.000	0.000	0.210
↓	lower is better	CDIFF	0.265	0.300	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	50.10	59.59	49.71	34.76	48.00	38.04	47.55	59.00	48.20	48.30
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	53.34	64.94	24.24	12.49	33.90	13.20	21.70	42.70	25.87	29.90
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.61	0.79	0.82	0.58	0.73	0.76	0.80	1.00	0.85	0.75
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.11	0.15	0.15	0.14	0.15	0.14	0.12	0.14	0.13	0.14
↓	lower is better	Left Without Being Seen	0.19%	0.20%	0.25%	0.37%	0.28%	0.30%	0.25%	0.13%	0.41%	0.34%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	83.0%	84.0%	86.0%	84.0%	83.0%	88.0%	89.0%	87.0%	85.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	77.0%	82.0%	75.0%	79.0%	78.0%	89.0%	91.0%	86.0%	82.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	65.0%	65.0%	71.0%	67.0%	68.0%	57.0%	71.0%	71.0%	67.0%	67.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	80.0%	81.0%	89.0%	74.0%	83.0%	81.0%	85.0%	86.0%	84.0%	84.0%
↓	lower is better	Sepsis In House Mortality	3.92%	3.28%	5.26%	5.00%	4.32%	3.92%	3.64%	9.62%	5.70%	4.57%
↑	higher is better	SMB: Sepsis Management Bundle**	77.6%	100.0%	66.7%	100.0%	94.4%	80.0%	83.3%	66.7%	76.5%	85.7%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	138.75	142.5	125	147	142.5	138	147	137	138	140.25
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	225	230	213	224	224	238	226.5	247	288	228.25

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Franklin Woods Community Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.27	14.71	0.00	0.00	5.00	0.00	0.00	19.61	5.75
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.09	15.78	54.05	0.00	0.00	18.69	0.00	0.00	0.00	9.26
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.36	2.34	0.00	14.29	0.00	4.74	0.00	14.29	0.00	5.38
↓	lower is better	PSI 13 Postoperative Sepsis Rate	0.00	8.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.15	1.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.45	0.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.910	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.428	0.434	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	1.504	5.110	7.690	6.670	7.140	7.140	0.000	0.000	0.000	4.690
↓	lower is better	SSI HYST Surgical Site Infection	0.000	1.200	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	MRSA	0.039	0.081	0.500	0.000	0.000	0.170	0.000	0.000	0.000	0.090
↓	lower is better	CDIFF	0.259	0.319	0.560	0.000	0.000	0.190	1.160	0.620	0.660	0.820
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	33.60	24.69	35.10	36.50	32.10	32.99	38.68	47.60	39.76	35.90
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	29.93	0.67	28.67	25.79	26.70	31.78	42.90	45.90	40.19	33.50
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.71	0.65	0.69	0.68	0.68	0.84	0.74	0.94	0.84	0.72
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.14	0.19	0.13	0.13	0.15	0.10	0.12	0.12	0.11	0.13
↓	lower is better	Left Without Being Seen	0.63%	50.00%	0.76%	0.91%	1.27%	0.59%	0.46%	0.55%	0.54%	1.00%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	100.0%	85.0%	81.0%	81.0%	83.0%	83.0%	84.0%	83.0%	82.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	66.7%	82.0%	83.0%	81.0%	81.0%	85.0%	90.0%	85.0%	83.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	70.4%	69.0%	75.0%	69.0%	67.0%	68.0%	66.0%	67.0%	68.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	64.3%	83.0%	87.0%	87.0%	89.0%	86.0%	88.0%	88.0%	87.0%
↓	lower is better	Sepsis In House Mortality	3.80%	5.41%	9.09%	9.76%	8.11%	4.65%	2.04%	6.25%	4.29%	5.94%
↑	higher is better	SMB: Sepsis Management Bundle**	78.8%	75.0%	66.7%	50.0%	64.3%	66.7%	100.0%	66.7%	76.9%	70.4%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	139	158	148	157	157	150.5	165.5	141	150.5	153.75
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	131.75	251.5	236	259	251.5	210	267	248	248	249.75

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Johnson City Medical Center

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00	0.00	0.00	0.69	0.76	0.00	0.49	0.24
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.26	0.27	0.00	0.51	0.56	0.35	0.00	0.00	0.00	0.18
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.10	0.10	0.00	0.00	0.00	0.00	0.77	0.00	0.26	0.12
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.71	0.00	0.00	0.24	0.00	0.00	0.00	0.12
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	3.60	1.13	0.00	2.13	2.39	1.50	0.00	0.00	0.00	0.74
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.08	0.00	0.00	0.00	0.00	0.00	0.00	4.44	1.52	0.80
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	11.98	6.57	6.58	0.00	15.04	6.58	6.76	11.30	5.92	7.37
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.85	3.63	6.32	3.94	4.50	4.91	8.46	2.00	4.18	4.86
↓	lower is better	PSI 13 Postoperative Sepsis Rate	14.88	3.00	0.00	0.00	0.00	0.00	5.00	0.00	0.00	0.83
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.35	1.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	1.080	1.130	0.000	1.940	1.800	1.250	1.120	3.230	0.000	1.370
↓	lower is better	CAUTI	0.997	1.498	2.320	4.210	0.000	2.090	9.870	2.710	1.430	3.300
↓	lower is better	SSI COLON Surgical Site Infection	1.911	1.670	18.180	14.290	7.690	12.900	0.000	0.000	0.000	7.550
↓	lower is better	SSI HYST Surgical Site Infection	2.500	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	MRSA	0.055	0.183	0.190	0.180	0.090	0.150	0.270	0.100	0.190	0.170
↓	lower is better	CDIFF	0.531	0.496	0.100	0.380	0.410	0.300	0.400	0.000	0.600	0.320
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	22.70	22.23	23.19	29.77	25.10	25.14	22.50	21.60	23.08	24.10
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	32.68	36.04	36.82	37.31	36.70	34.33	40.30	32.60	35.74	36.20
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.92	0.96	0.97	0.85	0.93	0.89	0.91	1.10	0.97	0.92
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.04	0.06	0.06	0.04	0.05	0.06	0.04	0.05	0.05	0.05
↓	lower is better	Left Without Being Seen	0.72%	1.44%	1.80%	1.35%	1.51%	1.25%	0.59%	0.97%	0.94%	1.26%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	75.0%	73.0%	69.0%	73.0%	76.0%	80.0%	76.0%	77.0%	75.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	76.0%	76.0%	74.0%	69.0%	73.0%	77.0%	76.0%	77.0%	77.0%	75.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	60.0%	64.0%	56.0%	49.0%	57.0%	59.0%	63.0%	53.0%	59.0%	58.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	82.0%	85.0%	83.0%	83.0%	84.0%	86.0%	90.0%	87.0%	88.0%	86.0%
↓	lower is better	Sepsis In House Mortality	16.60%	10.50%	12.57%	10.83%	11.32%	10.63%	10.81%	14.38%	11.74%	11.06%
↑	higher is better	SMB: Sepsis Management Bundle**	55.6%	41.7%	77.8%	70.0%	61.3%	66.7%	55.6%	66.7%	62.5%	61.8%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	153	144	165.5	157.5	157.5	154	186	170.5	170.5	161.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	260	320.5	266	293	293	280	335	218	286.5	293

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Johnson County Community Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate		0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate		0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00	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										
↓	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										
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days										
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days										
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days										
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits										
↓	lower is better	Left Without Being Seen	0.69%	0.94%	1.42%	0.97%	1.12%	0.78%	0.48%	0.56%	0.61%	0.88%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	100.0%									
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	100.0%									
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	100.0%									
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	100.0%									
↓	lower is better	Sepsis In House Mortality										
↑	higher is better	SMB: Sepsis Management Bundle**					0.0%				0.0%	
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	86	73.5	96	91	91	60	84	72	72	78.75
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	152	143	153		148					148

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Sycamore Shoals Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	13.37	4.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.23	4.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	0.00	4.65	0.00	0.00	58.82	18.87	0.00	0.00	0.00	9.26
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.900	1.090	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	0.460	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	3.226	3.130	0.000	50.000	0.000	14.290	0.000	0.000	0.000	6.670
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000	0.000		0.000					0.000
↓	lower is better	MRSA	0.067	0.134	0.000	0.960	0.000	0.310	0.000	0.000	0.000	0.150
↓	lower is better	CDIFF	0.604	0.672	0.890	0.960	1.840	1.230	0.000	0.000	0.000	0.740
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	29.20	21.07	25.57	18.02	21.60	30.15	34.40	33.20	32.58	27.30
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	31.02	24.24	38.35	51.88	38.20	63.87	32.40	56.60	50.96	44.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.68	0.88	0.71	0.61	0.73	0.78	0.64	0.55	0.66	0.72
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.12	0.16	0.13	0.12	0.14	0.13	0.12	0.13	0.13	0.13
↓	lower is better	Left Without Being Seen	0.65%	1.17%	0.58%	0.76%	0.83%	0.58%	0.00%	0.62%	0.46%	0.66%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	78.0%	82.0%	78.0%	83.0%	81.0%	90.0%	84.0%	74.0%	83.0%	82.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	92.0%	82.0%	83.0%	86.0%	83.0%	80.0%	86.0%	83.0%	84.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.0%	79.0%	67.0%	68.0%	72.0%	72.0%	76.0%	60.0%	70.0%	71.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	89.0%	92.0%	85.0%	89.0%	91.0%	78.0%	84.0%	85.0%	87.0%
↓	lower is better	Sepsis In House Mortality	14.03%	9.52%	8.82%	10.26%	9.57%	3.03%	6.90%	12.00%	6.90%	7.91%
↑	higher is better	SMB: Sepsis Management Bundle**	72.0%	50.0%	66.7%	50.0%	55.6%	66.7%	50.0%	100.0%	66.7%	62.5%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	166	112.5	115	142	115	129	132.5	111	129	122
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	222	211	200.5	223.5	211	215	191	215.5	215	213

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Laughlin Memorial Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19	
<b>Desired Performance</b>		<b>Quality Target Measures</b>											
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.27										
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.37										
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15										
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06										
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.52										
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10										
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	8.98										
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.16										
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.38										
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.22										
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	2.17										
↓	lower is better	CLABSI	0.000	0.000	0.000	9.170	0.000	2.790	0.000	0.000	0.000	0.000	1.660
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	2.326	1.538	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection											
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.441	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1.040	0.370	0.180
		<b>Quality Priority Metrics</b>											
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days			74.00	69.00	67.00	70.00	65.60	62.60	60.50	62.90	66.50
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		0.00	45.10	10.30	36.40	30.60	36.30	22.20	39.60	32.70	31.70
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days			0.78	0.96	0.96		0.89	0.85			0.89
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits											
↓	lower is better	Left Without Being Seen		0.54%	0.47%	1.21%	1.72%	1.14%	0.91%	0.88%	1.14%	0.98%	1.06%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well			69.0%	73.0%	69.0%	70.0%	63.0%	73.0%	79.0%	70.0%	70.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well			78.0%	79.0%	84.0%	81.0%	73.0%	85.0%	82.0%	79.0%	80.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them			51.0%	67.0%	59.0%	60.0%	45.0%	61.0%	50.0%	51.0%	56.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home			81.0%	82.0%	84.0%	83.0%	86.0%	80.0%	64.0%	79.0%	81.0%
↓	lower is better	Sepsis In House Mortality											
↑	higher is better	SMB: Sepsis Management Bundle**		51.2%	100.0%	83.3%	50.0%	75.0%	83.3%	100.0%		90.0%	81.8%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		110	127	94	127.5	127	122	124	125	124.5	124.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		192	222	220	230	222	224	207.5		215.75	222

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Takoma Regional Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.34									
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.45									
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15									
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06									
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.98									
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11									
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.51									
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7.58									
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.48									
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.24									
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.49									
↓	lower is better	CLABSI	0.000	1.150	0.000	24.390	0.000	5.150	0.000	0.000	0.000	2.910
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.000	2.220	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000								
↓	lower is better	MRSA	0.000	0.000	0.000	1.780	0.000	0.520	0.000	0.000	0.000	0.280
↓	lower is better	CDIFF	0.124	0.420	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	62.82	92.40	96.70	66.39	85.20	111.24	99.70	52.88	87.94	86.60
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	13.90	16.81	21.63	17.91	18.80	21.21	8.20	29.55	19.65	27.30
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.80	0.78	0.49	0.83	0.70	0.54	0.64	4.50	1.89	0.66
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.07	0.10	0.09	0.10	0.09	0.09	0.04	0.16	0.10	0.08
↓	lower is better	Left Without Being Seen	2.48%	0.07%	0.35%	0.20%	0.20%	0.07%	0.31%	0.07%	0.05%	0.13%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	89.0%	78.0%	91.0%	87.0%	91.0%	85.0%	84.0%	87.0%	87.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	80.0%	77.0%	88.0%	82.0%	82.0%	86.0%	94.0%	86.0%	84.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	71.0%	68.0%	67.0%	68.0%	67.0%	85.0%	83.0%	76.0%	72.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	89.0%	92.0%	90.0%	90.0%	96.0%	91.0%	93.0%	94.0%	92.0%
↓	lower is better	Sepsis In House Mortality										
↑	higher is better	SMB: Sepsis Management Bundle**	31.7%	50.0%	25.0%	71.4%	47.6%	14.2%	88.9%	16.7%	59.1%	46.5%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	163	166	127	130	130	183	189	142	188	154
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	277	245.5	294	259	259	287	280.5	285	285	280.5

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18



Priority Metrics



Hawkins County Memorial Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate		0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis		0.00				0.00			0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate		0.00								
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate		0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate		0.00				0.00			0.00	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate		0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.36	12.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	1.620	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.000									
↓	lower is better	SSI HYST Surgical Site Infection										
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.000	0.260	0.000	0.000	0.000	0.000	0.000	3.180	0.000	1.110
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	135.90	135.60	102.80	61.95	100.10	99.74	76.00	68.49	81.41	90.80
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	74.51	109.04	62.66	85.55	85.80	28.87	34.30	35.62	32.93	59.30
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	1.58	0.87	0.90	0.70	0.82	1.08	1.02	6.20	2.77	1.79
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.12	0.12	0.11	0.13	0.12	0.09	0.12	0.13	0.11	0.12
↓	lower is better	Left Without Being Seen	2.24%	0.00%	0.49%	0.26%	0.24%	0.17%	0.68%	0.09%	0.32%	0.28%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	81.0%	87.0%	96.0%	88.0%	77.0%	91.0%	80.0%	83.0%	85.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	88.0%	80.0%	100.0%	89.0%	74.0%	76.0%	64.0%	71.0%	79.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	83.0%	90.0%	100.0%	91.0%	60.0%	100.0%	50.0%	63.0%	77.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	87.0%	80.0%	79.0%	82.0%	88.0%	86.0%	77.0%	83.0%	83.0%
↓	lower is better	Sepsis In House Mortality	2.50%	9.09%	0.00%	0.00%	3.45%	0.00%	0.00%	0.00%	0.00%	2.04%
↑	higher is better	SMB: Sepsis Management Bundle**	47.3%	75.0%	60.0%	50.0%	60.0%	33.3%	100.0%	75.0%	68.4%	64.7%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	91	68	83	65	68	101	118	87	101	84.75
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	215	204	202	219	204	232	233	230	232	219

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Russell County Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.89	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis		0.00								
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate		0.00								
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate		0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate		250.00								
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate		0.00		0.00	0.00	0.00	0.00		0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	4.785	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection										
↓	lower is better	SSI HYST Surgical Site Infection										
↓	lower is better	MRSA	0.000	0.310	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.498	0.620	0.000	0.000	0.000	0.000	0.000	0.000	4.050	1.360
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	25.20	18.90	14.60	17.28	16.90	33.90	31.60	49.60	38.37	27.70
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	2.48			2.16	0.70	7.91	0.00	10.20	6.04	3.40
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.30	0.25	0.22	0.28	0.25	0.36	0.26	0.35	0.32	0.28
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.14	0.13	0.12	0.13	0.13	0.14	0.12	0.13	0.13	0.13
↓	lower is better	Left Without Being Seen	0.26%	1.29%	0.56%	0.57%	0.79%	0.99%	0.48%	0.73%	0.69%	0.75%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	90.0%	90.0%	75.0%	88.0%	85.0%	86.0%	90.0%	100.0%	92.0%	88.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	69.0%	71.0%	92.0%	76.0%	86.0%	84.0%	95.0%	89.0%	81.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.0%	70.0%	100.0%	50.0%	67.0%	78.0%	67.0%	100.0%	83.0%	76.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	82.0%	82.0%	100.0%	91.0%	89.0%	100.0%	79.0%	100.0%	89.0%	89.0%
↓	lower is better	Sepsis In House Mortality	7.41%	0.00%	7.14%	0.00%	3.45%	0.00%	14.29%	0.00%	6.67%	5.96%
↑	higher is better	SMB: Sepsis Management Bundle**	76.7%	66.7%	66.7%	83.3%	72.2%	77.8%	40.0%	100.0%	72.0%	76.1%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	106	108.5	83.5	101.5	101.5	94	98	105	98	99.75
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	189.25	167.5	158	175	167.5	202	170	174	174	172

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

Priority Metrics



Unicoi County Hospital

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.40									
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.40									
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17									
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06									
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.75									
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis										
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate										
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.76									
↓	lower is better	PSI 13 Postoperative Sepsis Rate										
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate										
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.26									
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000					0.000
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection										
↓	lower is better	SSI HYST Surgical Site Infection										
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
		<b>Quality Priority Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days										
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	5.50									
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days										
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits										
↓	lower is better	Left Without Being Seen	0.46%	0.70%	1.17%	1.22%	1.02%	2.00%	0.31%	0.00%	0.41%	0.72%
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	86.0%	73.0%	100.0%	83.0%	82.0%	75.0%	80.0%	100.0%	82.0%	82.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	84.0%	95.0%	75.0%	86.0%	92.0%	93.0%	50.0%	85.0%	86.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	75.0%	52.0%	83.0%	75.0%	63.0%	0.0%	63.0%	0.0%	42.0%	57.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	71.0%	91.0%	100.0%	82.0%	83.0%	80.0%	75.0%	80.0%	81.0%
↓	lower is better	Sepsis In House Mortality										
↑	higher is better	SMB: Sepsis Management Bundle**	61.8%	66.7%	40.0%	28.6%	40.0%	16.7%	42.9%	0.0%	28.6%	34.5%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	124	170	134	125.5	134	159	122		140.5	134
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	206	206	222	212	212	207	201		204	207

no data/no cases

\*\*FY19; discharge dates May- Oct 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18