

Priority Metrics



Ballad Health

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	1.12	1.13	0.00	0.72	0.67	0.63
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.23	0.31	0.15	0.16	0.16	0.20
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.05	0.00	0.00	0.21	0.00	0.05
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.07	0.19	0.00	0.00	0.00	0.05
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.67	1.99	2.53	0.69	0.68	1.50
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.11	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	8.34	10.38	9.08	6.84	6.63	8.24
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.51	4.97	3.54	2.58	3.20	3.58
↓ PSI 13 Postoperative Sepsis Rate	3.88	1.44	3.88	5.54	1.38	3.08
↓ PSI 14 Postoperative Wound Dehiscence Rate	0.99	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.98	0.00	1.08	1.08	1.17	0.83
↓ CLABSI	0.652	0.000	1.088	0.781	0.596	0.615
↓ CAUTI	0.640	0.601	1.284	0.661	1.827	1.077
↓ SSI COLON Surgical Site Infection	1.889	8.450	3.448	0.000		3.380
↓ MRSA	0.054	0.086	0.287	0.029	0.084	0.122
↓ CDI/F	0.623	0.243	0.395	0.570	0.389	0.397
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	50.01	58.40	57.31	38.64	51.15	51.45
↓ Meropenem Days Of Therapy per 1000 patient days	42.94	43.87	35.42	37.53	40.11	41.70
↓ Sepsis In House Mortality	7.5%	9.3%	9.1%	9.5%	8.5%	9.1%
↑ SMB: Sepsis Management Bundle**	56.6%	62.4%	56.0%	66.4%	57.0%	61.0%
↓ Inpatient Opioid Administration Rate by Patient Days	1.26	0.78	0.76	0.71	0.96	0.80
↓ Emergency Department Opioid Administration Rate by ED Visits	0.12	0.14	0.12	0.12	0.12	0.13
↓ Left Without Being Seen	0.7%	1.2%	0.9%	1.1%	1.0%	1.1%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	148	121	124	132	129	124.75
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	316	226	222.75	223.5	210	219.3
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.1%	80.0%	81.0%	80.0%	79.0%	80.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	80.0%	81.0%	80.0%	79.0%	80.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.1%	63.0%	63.0%	64.0%	63.0%	63.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	85.9%	87.0%	87.0%	86.0%	87.0%	87.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Bristol Regional Medical Center

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	2.28	2.33	0.00	2.46	2.22	1.74
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.07	0.85	0.00	0.00	0.84	0.43
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.16	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.54	7.55	0.00	0.00	3.29	2.62
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	10.80	9.26	13.07	8.55	7.46	9.77
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	2.43	7.14	6.10	0.00	3.24	4.15
↓ PSI 13 Postoperative Sepsis Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 14 Postoperative Wound Dehiscence Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.25	0.00	4.50	0.00	5.78	2.48
↓ CLABSI	0.722	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	0.958	0.842	0.888	0.980	1.038	0.931
↓ SSI COLON Surgical Site Infection	1.330	0.000	0.000	0.000	0.000	0.000
↓ MRSA	0.094	0.000	0.313	0.000	0.000	0.079
↓ CDIFF	0.740	0.322	0.163	0.699	0.473	0.410
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	45.00	36.93	27.43	29.15	44.61	34.50
↓ Meropenem Days Of Therapy per 1000 patient days	41.61	34.28	28.80	31.45	24.05	29.60
↓ Sepsis In House Mortality	11.2%	11.9%	4.4%	13.0%	9.4%	9.9%
↑ SMB: Sepsis Management Bundle**	48.3%	22.2%	46.2%	54.5%	30.8%	39.1%
↓ Inpatient Opioid Administration Rate by Patient Days	1.81	0.99	1.04	0.86	0.85	0.94
↓ Emergency Department Opioid Administration Rate by ED Visits	0.16	0.15	0.13	0.13	0.12	0.13
↓ Left Without Being Seen	1.0%	0.8%	0.9%	1.2%	1.3%	1.1%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	151	150	123	183	140	145
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	284	276	290	276.5	300	283.25
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	85.0%	89.0%	83.0%	82.0%	85.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	82.0%	88.0%	81.0%	78.0%	82.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	67.0%	59.0%	68.0%	63.0%	71.0%	66.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	90.0%	91.0%	93.0%	88.0%	87.0%	90.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Johnston Memorial Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.15	2.09	0.00	0.00	0.00	0.53
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	2.92	0.00	0.77
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.17	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.90	0.00	0.00	0.00	0.00	0.00
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	14.23	0.00	0.00	0.00	0.00	0.00
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.76	0.00	0.00	0.00	0.00	0.00
↓ PSI 13 Postoperative Sepsis Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 14 Postoperative Wound Dehiscence Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	9.90	0.00	2.94
↓ CLABSI	0.000	0.000	0.000	5.050	0.000	1.229
↓ CAUTI	0.000	0.000	2.270	2.300	0.000	1.232
↓ SSI COLON Surgical Site Infection	0.000	0.000	0.000	0.000		0.000
↓ MRSA	0.000	0.000	0.433	0.000	0.000	0.105
↓ CDI/F	0.550	0.000	0.000	0.000	0.000	0.000
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	41.70	42.89	28.27	40.64	25.85	34.06
↓ Meropenem Days Of Therapy per 1000 patient days	41.69	36.22	39.91	33.53	22.65	33.08
↓ Sepsis In House Mortality	10.5%	8.0%	13.6%	2.3%	11.1%	9.0%
↑ SMB: Sepsis Management Bundle**	54.8%	54.5%	66.7%	62.5%	46.2%	57.8%
↓ Inpatient Opioid Administration Rate by Patient Days	0.87	0.95	1.00	0.89	0.96	0.95
↓ Emergency Department Opioid Administration Rate by ED Visits	0.15	0.17	0.14	0.11	0.12	0.14
↓ Left Without Being Seen	0.2%	0.3%	0.1%	1.4%	0.9%	0.7%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	137.5	121	133	134	139.5	133.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	259	253	235	226	255	244
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	84.0%	74.0%	80.0%	71.0%	78.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	79.0%	82.0%	80.0%	79.0%	79.0%	80.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	60.0%	65.0%	57.0%	65.0%	57.0%	62.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	83.0%	85.0%	85.0%	88.0%	85.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Smyth County Community Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.98	0.00	0.00	0.00	0.00	0.00
↓ PSI 13 Postoperative Sepsis Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 14 Postoperative Wound Dehiscence Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	0.000	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	0.000	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection	0.000					
↓ MRSA	0.000	0.000	0.000	0.000	0.000	0.000
↓ CDIFF	0.331	0.000	0.000	0.000	0.000	0.000
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	56.30	56.40	65.30	24.03	44.14	47.25
↓ Meropenem Days Of Therapy per 1000 patient days	10.10	1.50	19.29	8.01	2.76	7.87
↓ Sepsis In House Mortality	2.9%	6.1%	0.0%	3.9%	0.0%	3.0%
↑ SMB: Sepsis Management Bundle**	81.1%	100.0%	80.0%	100.0%	100.0%	95.2%
↓ Inpatient Opioid Administration Rate by Patient Days	0.78	0.88	0.75	0.81	0.75	0.80
↓ Emergency Department Opioid Administration Rate by ED Visits	0.14	0.1747	0.14	0.15	0.17	0.16
↓ Left Without Being Seen	0.3%	0.6%	0.4%	0.9%	0.2%	0.5%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	106.75	94	109	108	95	108
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	175	205	195.5	174.5	177.5	186.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	86.0%	84.0%	86.0%	77.0%	72.0%	81.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	87.0%	86.0%	76.0%	78.0%	83.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	66.0%	71.0%	76.0%	71.0%	38.0%	66.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	89.0%	96.0%	94.0%	85.0%	85.0%	91.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Dickenson County Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate		0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate		0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate		0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate						
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis						
↓ PSI 11 Postoperative Respiratory Failure Rate						
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate						
↓ PSI 13 Postoperative Sepsis Rate	0.00					
↓ PSI 14 Postoperative Wound Dehiscence Rate						
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate						
↓ CLABSI						
↓ CAUTI						
↓ SSI COLON Surgical Site Infection						
↓ MRSA	0.000					
↓ CDIFF	0.386					
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days						
↓ Meropenem Days Of Therapy per 1000 patient days						
↓ Sepsis In House Mortality			0.0%			0.0%
↑ SMB: Sepsis Management Bundle**						
↓ Inpatient Opioid Administration Rate by Patient Days						
↓ Emergency Department Opioid Administration Rate by ED Visits						
↓ Left Without Being Seen	0.8%	0.7%	0.5%	0.8%	0.5%	0.6%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	103	105	112	93.5	68	99.25
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	136	347.5	229	209.5	186	219.25
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	57.0%					
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	100.0%					
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	100.0%					
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	100.0%					

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Hancock County Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate						
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis						
↓ PSI 11 Postoperative Respiratory Failure Rate						
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate						
↓ PSI 13 Postoperative Sepsis Rate						
↓ PSI 14 Postoperative Wound Dehiscence Rate						
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate						
↓ CLABSI	0.000					
↓ CAUTI	0.000					
↓ SSI COLON Surgical Site Infection						
↓ MRSA	0.000					
↓ CDIFF	0.000					
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	143.93	137.90	133.90	64.81	63.64	100.10
↓ Meropenem Days Of Therapy per 1000 patient days	72.12	43.10	205.36	9.26	145.45	100.80
↓ Sepsis In House Mortality	0.0%	0.0%	0.0%	33.3%	25.0%	14.3%
↑ SMB: Sepsis Management Bundle**	70.0%	100.0%	0.0%	100.0%		50.0%
↓ Inpatient Opioid Administration Rate by Patient Days	0.79	0.07	0.10	0.10	2.14	0.60
↓ Emergency Department Opioid Administration Rate by ED Visits	0.20	0.19	0.17	0.10	0.20	0.17
↓ Left Without Being Seen	0.5%	0.9%	0.7%	0.3%	0.9%	0.7%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	128	121	126	138	109.5	123.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**						
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	92.0%	100.0%	92.0%		100.0%	97.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	87.0%	100.0%	83.0%		89.0%	90.0%
↑ 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%
↑ 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%		100.0%	88.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Indian Path Community Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.26	0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	7.71	0.00	0.00	0.00	0.00	0.00
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.27	0.00	0.00	20.00	0.00	4.46
↓ PSI 13 Postoperative Sepsis Rate	10.20	0.00	0.00	38.46	0.00	11.63
↓ PSI 14 Postoperative Wound Dehiscence Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	0.898	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	0.000	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection	1.690	0.000	0.000	0.000		0.000
↓ MRSA	0.050	0.000	0.000	0.000	0.000	0.000
↓ CDIFF	0.510	0.000	1.669	0.784	0.696	0.791
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	33.60	45.59	31.91	34.16	20.96	33.02
↓ Meropenem Days Of Therapy per 1000 patient days	49.20	48.94	52.56	56.47	28.23	46.50
↓ Sepsis In House Mortality	6.6%	5.4%	4.4%	9.3%	4.2%	5.9%
↑ SMB: Sepsis Management Bundle**	70.5%	88.9%	62.5%	55.6%	80.0%	81.0%
↓ Inpatient Opioid Administration Rate by Patient Days	1.06	0.98	0.84	0.85	0.89	0.89
↓ Emergency Department Opioid Administration Rate by ED Visits	0.09	0.12	0.08	0.08	0.10	0.09
↓ Left Without Being Seen	0.9%	1.4%	1.1%	1.4%	1.3%	1.3%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	130	118	143.5	126.5	122.5	124.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	102	221	223.5	204	195	212.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	80.0%	81.0%	84.0%	81.0%	78.0%	81.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	74.0%	83.0%	84.0%	84.0%	81.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.0%	64.0%	58.0%	74.0%	65.0%	65.0%
↑ 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%	94.0%	89.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Holston Valley Medical Center

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	2.90	3.23	0.00	1.18	0.00	1.11
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.48	0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.07	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.33	0.00	6.05	0.00	0.00	1.59
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.32	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	6.56	10.31	19.23	5.00	10.00	11.22
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.69	6.04	1.90	1.97	0.00	2.47
↓ PSI 13 Postoperative Sepsis Rate	3.66	3.92	10.91	7.27	0.00	5.71
↓ PSI 14 Postoperative Wound Dehiscence Rate	1.92	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.43	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	0.330	0.000	0.000	0.000	1.224	0.270
↓ CAUTI	0.500	0.000	0.000	1.020	0.000	0.230
↓ SSI COLON Surgical Site Infection	0.850	20.000	0.000	0.000		6.520
↓ MRSA	0.030	0.000	0.290	0.000	0.000	0.070
↓ CDIFF	1.060	0.416	0.747	0.929	0.576	0.659
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	37.64	41.85	34.19	35.49	49.61	40.30
↓ Meropenem Days Of Therapy per 1000 patient days	84.83	84.50	70.79	76.72	77.49	77.40
↓ Sepsis In House Mortality	13.3%	12.7%	11.1%	13.7%	11.0%	12.1%
↑ SMB: Sepsis Management Bundle**	25.2%	53.8%	35.7%	53.3%	41.7%	46.3%
↓ Inpatient Opioid Administration Rate by Patient Days	2.15	1.22	1.13	1.02	1.14	1.13
↓ Emergency Department Opioid Administration Rate by ED Visits	0.18	0.15	0.15	0.14	0.12	0.14
↓ Left Without Being Seen	2.0%	3.0%	1.3%	2.0%	2.0%	2.1%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	175	176	151.5	177	161	168.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	434	405	446	409	382	407
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	80.0%	83.0%	84.0%	80.0%	82.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	81.0%	80.0%	81.0%	84.0%	79.0%	81.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	67.0%	59.0%	62.0%	72.0%	60.0%	64.0%
↑ 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%

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

Quality Priority Measures Baseline: FY18



Priority Metrics



Lonesome Pine Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	0.90	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 13 Postoperative Sepsis Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 14 Postoperative Wound Dehiscence Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	0.000	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	1.210	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection		0.000	0.000	0.000		0.000
↓ MRSA	0.000	0.000	0.000	0.000	0.000	0.000
↓ CDIFF	0.370	0.000	0.000	3.745	0.000	1.015
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	125.00	65.90	122.00	126.05	96.13	102.50
↓ Meropenem Days Of Therapy per 1000 patient days	36.00	80.49	40.65	78.45	63.59	65.80
↓ Sepsis In House Mortality	4.4%	8.7%	6.3%	0.0%	3.0%	4.4%
↑ SMB: Sepsis Management Bundle**	44.8%	60.0%	37.5%	42.9%	57.1%	48.1%
↓ Inpatient Opioid Administration Rate by Patient Days	1.40	0.69	0.78	0.61	1.54	0.91
↓ Emergency Department Opioid Administration Rate by ED Visits	0.12	0.14	0.13	0.12	0.15	0.12
↓ Left Without Being Seen	0.3%	0.3%	0.4%	0.2%	0.2%	0.3%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	117	110	120	101	129	115
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	244	228	221	250	250.5	239
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	82.0%	73.0%	89.0%	90.0%	85.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	91.0%	77.0%	78.0%	84.0%	83.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	76.0%	75.0%	70.0%	70.0%	88.0%	78.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	85.0%	85.0%	87.0%	81.0%	84.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Norton Community Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	15.38	0.00	0.00	0.00	0.00	0.00
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 13 Postoperative Sepsis Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 14 Postoperative Wound Dehiscence Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	0.000	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	0.000	0.000	4.570	0.000	0.000	1.316
↓ SSI COLON Surgical Site Infection	0.000	0.000	0.000			0.000
↓ MRSA	0.000	0.000	1.190	0.000	0.000	0.336
↓ CDIFF	0.300	0.000	0.000	0.000	0.000	0.000
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	50.10	59.59	49.71	34.76	38.04	45.39
↓ Meropenem Days Of Therapy per 1000 patient days	53.34	64.94	24.24	12.49	13.20	28.72
↓ Sepsis In House Mortality	3.9%	3.3%	5.3%	5.0%	3.9%	4.2%
↑ SMB: Sepsis Management Bundle**	77.6%	100.0%	66.7%	100.0%	80.0%	91.3%
↓ Inpatient Opioid Administration Rate by Patient Days	0.61	0.79	0.82	0.58	0.76	0.74
↓ Emergency Department Opioid Administration Rate by ED Visits	0.11	0.15	0.15	0.14	0.14	0.14
↓ Left Without Being Seen	0.2%	0.2%	0.3%	0.4%	0.3%	0.3%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	138.75	142.5	125	147	138	140.25
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	225	230	213	224	238	227
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	83.0%	84.0%	85.0%	86.0%	84.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	77.0%	82.0%	73.0%	78.0%	78.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	65.0%	65.0%	71.0%	67.0%	63.0%	67.0%
↑ 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%	72.0%	81.0%	82.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Franklin Woods Community Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.24	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	2.44	14.71	0.00	0.00	0.00	3.95
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	17.02	54.05	0.00	0.00	0.00	15.04
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.48	0.00	14.29	0.00	0.00	3.75
↓ PSI 13 Postoperative Sepsis Rate	3.80	0.00	0.00	0.00	0.00	0.00
↓ PSI 14 Postoperative Wound Dehiscence Rate	1.79	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	0.910	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	0.434	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection	5.110	7.690	6.667	0.000		4.760
↓ MRSA	0.081	0.503	0.000	0.000	0.000	0.127
↓ CDIFF	0.319	0.559	0.000	0.000	0.581	0.287
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	33.60	24.69	35.10	36.47	32.99	32.31
↓ Meropenem Days Of Therapy per 1000 patient days	29.93	25.76	28.67	25.79	31.78	27.99
↓ Sepsis In House Mortality	3.8%	5.4%	9.1%	9.8%	4.8%	7.2%
↑ SMB: Sepsis Management Bundle**	78.8%	75.0%	66.7%	50.0%	66.7%	65.0%
↓ Inpatient Opioid Administration Rate by Patient Days	0.71	0.65	0.69	0.68	0.84	0.72
↓ Emergency Department Opioid Administration Rate by ED Visits	0.14	0.19	0.13	0.13	0.10	0.14
↓ Left Without Being Seen	0.6%	2.1%	0.8%	0.9%	0.6%	1.1%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	139	158	148	157	150.5	153.75
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	131.75	251.5	236	259	210	243.75
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	78.0%	85.0%	81.0%	85.0%	82.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	80.0%	82.0%	84.0%	80.0%	81.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	61.0%	69.0%	75.0%	65.0%	68.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	91.0%	83.0%	88.0%	90.0%	88.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Johnson City Medical Center

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.71	0.18
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.21	0.00	0.51	0.56	0.00	0.27
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.11	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.71	0.00	0.00	0.00	0.18
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.12	0.00	2.13	2.39	0.00	1.13
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	6.55	6.58	0.00	15.04	6.85	6.64
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.61	6.32	3.94	4.50	8.62	5.82
↓ PSI 13 Postoperative Sepsis Rate	2.99	0.00	0.00	0.00	5.05	1.29
↓ PSI 14 Postoperative Wound Dehiscence Rate	1.53	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.73	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	1.130	0.000	1.940	1.795	1.119	1.221
↓ CAUTI	1.498	2.320	4.210	0.000	9.873	3.862
↓ SSI COLON Surgical Site Infection	1.670	18.180	16.670	0.000		10.000
↓ MRSA	0.183	0.190	0.180	0.090	0.272	0.184
↓ CDIFF	0.496	0.103	0.384	0.414	0.403	0.328
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	22.70	22.23	23.19	29.77	25.14	25.01
↓ Meropenem Days Of Therapy per 1000 patient days	32.68	36.04	36.82	37.31	34.33	36.13
↓ Sepsis In House Mortality	16.6%	10.5%	12.6%	10.8%	11.0%	11.2%
↑ SMB: Sepsis Management Bundle**	55.6%	41.7%	77.8%	70.0%	66.7%	62.5%
↓ Inpatient Opioid Administration Rate by Patient Days	0.92	0.96	0.97	0.85	0.89	0.92
↓ Emergency Department Opioid Administration Rate by ED Visits	0.04	0.06	0.06	0.04	0.06	0.05
↓ Left Without Being Seen	0.7%	1.4%	1.8%	1.3%	1.2%	1.5%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	153	144	165.5	157.5	154	155.75
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	260	320.5	266	293	280	286.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	75.0%	73.0%	70.0%	76.0%	74.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	76.0%	75.0%	74.0%	69.0%	79.0%	74.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	60.0%	64.0%	56.0%	50.0%	59.0%	57.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	82.0%	85.0%	83.0%	83.0%	85.0%	84.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Johnson County Community Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate		0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate		0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate		0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate						
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis						
↓ PSI 11 Postoperative Respiratory Failure Rate						
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate						
↓ PSI 13 Postoperative Sepsis Rate						
↓ PSI 14 Postoperative Wound Dehiscence Rate						
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate						
↓ CLABSI						
↓ CAUTI						
↓ SSI COLON Surgical Site Infection						
↓ MRSA						
↓ CDIFF						
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days						
↓ Meropenem Days Of Therapy per 1000 patient days						
↓ Sepsis In House Mortality						
↑ SMB: Sepsis Management Bundle**						
↓ Inpatient Opioid Administration Rate by Patient Days						
↓ Emergency Department Opioid Administration Rate by ED Visits						
↓ Left Without Being Seen	0.7%	0.9%	1.4%	1.0%	0.8%	1.0%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	86	73.5	96	91	60	82.25
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	152	143	153			148
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	100.0%					
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	100.0%					
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	100.0%					
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	100.0%					

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

Quality Priority Measures Baseline: FY18

Priority Metrics

		Sycamore Shoals Hospital					FYTD19
		FY18	Jul-18	Aug-18	Sep-18	Oct-18	
<b>Quality Target Measures</b>							
↓	PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	4.59	0.00	0.00	0.00	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.56	0.00	0.00	0.00	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	4.65	0.00	0.00	58.82	0.00	14.71
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓	CLABSI	1.090	0.000	0.000	0.000	0.000	0.000
↓	CAUTI	0.460	0.000	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	3.130	0.000	50.000	0.000		14.290
↓	MRSA	0.134	0.000	0.960	0.000	0.000	0.226
↓	CDIFF	0.672	0.893	0.962	1.837	0.000	0.905
<b>Quality Priority Measures</b>							
↓	Levofloxacin Days Of Therapy per 1000 patient days	29.20	21.07	25.57	18.02	30.15	23.42
↓	Meropenem Days Of Therapy per 1000 patient days	31.02	24.24	38.35	51.88	63.87	44.58
↓	Sepsis In House Mortality	14.0%	9.5%	8.8%	10.3%	3.0%	8.1%
↑	SMB: Sepsis Management Bundle**	72.0%	50.0%	66.7%	50.0%	66.7%	60.0%
↓	Inpatient Opioid Administration Rate by Patient Days	0.68	0.88	0.71	0.61	0.78	0.74
↓	Emergency Department Opioid Administration Rate by ED Visits	0.12	0.16	0.13	0.12	0.13	0.13
↓	Left Without Being Seen	0.7%	1.2%	0.6%	0.8%	0.6%	0.8%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)**	166	112.5	115	142	129	122
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	222	211	200.5	223.5	215	215
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	78.0%	82.0%	78.0%	82.0%	89.0%	83.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	92.0%	82.0%	83.0%	81.0%	85.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.0%	79.0%	67.0%	67.0%	68.0%	70.0%
↑	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%	83.0%	89.0%	89.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Laughlin Memorial Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate						
↓ PSI 6 Iatrogenic Pneumothorax Rate						
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate						
↓ PSI 8 In Hospital Fall with Hip Fracture Rate						
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate						
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis						
↓ PSI 11 Postoperative Respiratory Failure Rate						
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate						
↓ PSI 13 Postoperative Sepsis Rate						
↓ PSI 14 Postoperative Wound Dehiscence Rate						
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate						
↓ CLABSI	0.000	0.000	9.170	0.000	0.000	2.165
↓ CAUTI	0.000	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection		0.000	0.000	0.000		0.000
↓ MRSA	0.000	0.000	0.000	0.000	0.000	0.000
↓ CDIFF	0.000	0.000	0.000	0.000	0.000	0.000
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days		74.00	69.00	67.00	65.60	68.90
↓ Meropenem Days Of Therapy per 1000 patient days		45.00	10.00	36.00	36.30	31.80
↓ Sepsis In House Mortality						
↑ SMB: Sepsis Management Bundle**	51.2%	100.0%	83.3%			87.5%
↓ Inpatient Opioid Administration Rate by Patient Days		0.78	0.96	0.96	0.89	0.90
↓ Emergency Department Opioid Administration Rate by ED Visits						
↓ Left Without Being Seen	0.5%	0.5%	1.2%	1.7%	0.9%	1.1%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	110	127	94	127.5	123	125
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	192	222	220			
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well		69.0%	73.0%	69.0%	63.0%	69.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well		78.0%	79.0%	84.0%	74.0%	79.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		51.0%	67.0%	59.0%	48.0%	57.0%
↑ 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%	84.0%	83.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Takoma Regional Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate						
↓ PSI 6 Iatrogenic Pneumothorax Rate						
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate						
↓ PSI 8 In Hospital Fall with Hip Fracture Rate						
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate						
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis						
↓ PSI 11 Postoperative Respiratory Failure Rate						
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate						
↓ PSI 13 Postoperative Sepsis Rate						
↓ PSI 14 Postoperative Wound Dehiscence Rate						
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate						
↓ CLABSI	1.150	0.000	24.390	0.000	0.000	4.425
↓ CAUTI	0.000	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection	2.220	0.000	0.000	0.000		0.000
↓ MRSA	0.000	0.000	1.780	0.000	0.000	0.405
↓ CDIFF	0.420	0.000	0.000	0.000	0.000	0.000
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	62.82	92.40	96.70	66.39	111.24	91.70
↓ Meropenem Days Of Therapy per 1000 patient days	13.90	16.81	21.63	17.91	21.21	19.40
↓ Sepsis In House Mortality						
↑ SMB: Sepsis Management Bundle**	31.7%	50.0%	25.0%	71.4%	28.6%	42.9%
↓ Inpatient Opioid Administration Rate by Patient Days	0.80	0.78	0.49	0.83	0.54	0.66
↓ Emergency Department Opioid Administration Rate by ED Visits	0.07	0.10	0.09	0.10	0.09	0.09
↓ Left Without Being Seen	2.5%	0.1%	0.3%	0.2%	0.1%	0.2%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	163		127	130	183	130
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	277	245.5	294	260	287	273.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	89.0%	78.0%	91.0%	91.0%	88.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	80.0%	77.0%	88.0%	82.0%	82.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	71.0%	68.0%	67.0%	67.0%	68.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	89.0%	92.0%	90.0%	96.0%	92.0%

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

Quality Priority Measures Baseline: FY18



Priority Metrics



Hawkins County Memorial Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00				0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	0.00					
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 13 Postoperative Sepsis Rate	0.00				0.00	0.00
↓ PSI 14 Postoperative Wound Dehiscence Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	12.99	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	0.000	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	1.620	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection						
↓ MRSA	0.000	0.000	0.000	0.000	0.000	0.000
↓ CDI/F	0.260	0.000	0.000	0.000	0.000	0.000
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	135.90	135.60	102.80	61.95	99.74	100.10
↓ Meropenem Days Of Therapy per 1000 patient days	74.51	109.04	62.66	85.55	28.87	71.50
↓ Sepsis In House Mortality	2.5%	9.1%	0.0%	0.0%	0.0%	2.4%
↑ SMB: Sepsis Management Bundle**	47.3%	75.0%	60.0%	50.0%	33.3%	52.4%
↓ Inpatient Opioid Administration Rate by Patient Days	1.58	0.87	0.90	0.70	1.08	0.89
↓ Emergency Department Opioid Administration Rate by ED Visits	0.12	0.12	0.11	0.13	0.09	0.11
↓ Left Without Being Seen	2.2%	0.0%	0.5%	0.3%	0.2%	0.2%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	91	68	83	65	101	75.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	215	78	83	73	104	80.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	81.0%	87.0%	96.0%	77.0%	85.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	88.0%	80.0%	100.0%	74.0%	85.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	83.0%	90.0%	100.0%	60.0%	82.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	87.0%	80.0%	79.0%	88.0%	83.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Russell County Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00		0.00	0.00	0.00	0.00
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00					
↓ PSI 11 Postoperative Respiratory Failure Rate	0.00					
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	0.00		0.00	0.00	0.00	0.00
↓ PSI 13 Postoperative Sepsis Rate	250.00					
↓ PSI 14 Postoperative Wound Dehiscence Rate	0.00		0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	4.785	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	0.000	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection						
↓ MRSA	0.310	0.000	0.000	0.000	0.000	0.000
↓ CDI/F	0.620	0.000	0.000	0.000	0.000	0.000
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days	25.20	18.90	14.60	17.28	33.90	21.13
↓ Meropenem Days Of Therapy per 1000 patient days	2.48			2.16	7.91	5.04
↓ Sepsis In House Mortality	7.4%	0.0%	7.1%	0.0%	0.0%	2.9%
↑ SMB: Sepsis Management Bundle**	76.7%	66.7%	66.7%	83.3%	77.8%	74.1%
↓ Inpatient Opioid Administration Rate by Patient Days	0.30	0.25	0.22	0.28	0.36	0.28
↓ Emergency Department Opioid Administration Rate by ED Visits	0.14	0.13	0.12	0.13	0.14	0.13
↓ Left Without Being Seen	0.3%	1.3%	0.6%	0.6%	1.0%	0.8%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	106	108.5	83.5	103.5	94	94
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	189.25	167.5	158	175	202	171.25
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	90.0%	90.0%	75.0%	88.0%	83.0%	85.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	69.0%	71.0%	92.0%	83.0%	77.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.0%	70.0%	100.0%	50.0%	75.0%	69.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	82.0%	82.0%	100.0%	91.0%	100.0%	91.0%

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

Quality Priority Measures Baseline: FY18

Priority Metrics



Unicoi County Hospital

	FY18	Jul-18	Aug-18	Sep-18	Oct-18	FYTD19
<b>Quality Target Measures</b>						
↓ PSI 3 Pressure Ulcer Rate						
↓ PSI 6 Iatrogenic Pneumothorax Rate						
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate						
↓ PSI 8 In Hospital Fall with Hip Fracture Rate						
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate						
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis						
↓ PSI 11 Postoperative Respiratory Failure Rate						
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate						
↓ PSI 13 Postoperative Sepsis Rate						
↓ PSI 14 Postoperative Wound Dehiscence Rate						
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate						
↓ CLABSI	0.000		0.000			0.000
↓ CAUTI	0.000	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection						
↓ MRSA	0.000	0.000	0.000	0.000	0.000	0.000
↓ CDIFF	0.000	0.000	0.000	0.000	0.000	0.000
<b>Quality Priority Measures</b>						
↓ Levofloxacin Days Of Therapy per 1000 patient days						
↓ Meropenem Days Of Therapy per 1000 patient days	5.50					
↓ Sepsis In House Mortality						
↑ SMB: Sepsis Management Bundle**	61.8%	66.7%	50.0%	75.0%	33.3%	58.3%
↓ Inpatient Opioid Administration Rate by Patient Days						
↓ Emergency Department Opioid Administration Rate by ED Visits						
↓ Left Without Being Seen	0.5%	0.7%	1.2%	1.2%	2.0%	1.1%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	124	170	134	125.5	159	146.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	206	206	222	212	207	209.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	86.0%	73.0%	100.0%	83.0%	50.0%	80.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	84.0%	95.0%	75.0%	83.0%	86.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	75.0%	52.0%	83.0%	75.0%	0.0%	59.0%
↑ 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%	50.0%	80.0%

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

Quality Priority Measures Baseline: FY18