

Desired Performance	Quality Target Measures	Ballad Health		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	0.29
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.13	0.23
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.08	0.27
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.41	1.33
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	1.02	1.19
↓	PSI 11 Postoperative Respiratory Failure Rate	14.40	7.56	5.56
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.16	2.51
↓	PSI 13 Postoperative Sepsis Rate	6.16	4.03	4.47
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.20	1.48	0.88
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.27	1.09
↓	CLABSI	0.774	0.616	0.839
↓	CAUTI	0.613	0.613	0.696
↓	SSI COLON Surgical Site Infection	1.17	1.17	1.61
↓	SSI HYST Surgical Site Infection	1.00	0.00	0.00
↓	MRSA	0.040	0.040	0.118
↓	CDIFF	0.585	0.352	0.188
↑	SMB: Sepsis Management Bundle		62.8%	56.3%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		102.7	84.3
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		58.5	56.3
↓	Inpatient Opioid Administration Rate by Patient Days		1.91	1.58
↓	Emergency Department Opioid Administration Rate by ED Visits		0.20	0.18
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well		82.8%	77.0%
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well		84.5%	78.0%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them		72.6%	58.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		88.1%	85.0%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital		47.2%	45.0%
↓	READM30HF Heart Failure 30Day readmissions rate		22.6%	19.8%
↓	READM30PN Pneumonia 30day readmission rate		15.7%	12.7%
↓	Sepsis In House Mortality		7.5%	12.0%
↓	MORT30HF Heart failure 30day mortality rate		3.50%	5.12%
↓	MORT30PN Pneumonia 30day mortality rate		4.40%	7.80%
↓	Left without being seen		0.60%	1.44%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		123.0	133.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		210.5	262.0

Desired Performance	Quality Target Measures	Johnson City Medical Center		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	0.07
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.33	0.13	0.20
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.09	0.09	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	3.60	0.93	1.69
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	0.00	6.35	7.75
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	0.00	3.46	4.77
↓	PSI 13 Postoperative Sepsis Rate	0.00	2.43	2.60
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.00	1.74	3.77
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.79	0.00	0.00
↓	CLABSI	1.080	1.080	0.733
↓	CAUTI	0.997	0.997	1.256
↓	SSI COLON Surgical Site Infection	1.91	1.91	0.00
↓	SSI HYST Surgical Site Infection	2.50	0.00	0.00
↓	MRSA	0.055	0.055	0.215
↓	CDIFF	0.531	0.308	0.346
↑	SMB: Sepsis Management Bundle		62.0%	33.3%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		73.9	77.3
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		48.6	45.8
↓	Inpatient Opioid Administration Rate by Patient Days		2.23	1.75
↓	Emergency Department Opioid Administration Rate by ED Visits		0.22	0.18
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well		77.0%	76.0%
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well		76.0%	76.0%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them		58.2%	55.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		85.9%	85.0%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital		45.0%	43.0%
↓	READM30HF Heart Failure 30Day readmissions rate		23.3%	21.2%
↓	READM30PN Pneumonia 30day readmission rate		16.9%	17.1%
↓	Sepsis In House Mortality		12.5%	20.2%
↓	MORT30HF Heart failure 30day mortality rate		4.90%	5.03%
↓	MORT30PN Pneumonia 30day mortality rate		5.90%	9.22%
↓	Left without being seen		0.90%	0.83%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		152.5	178.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		259.0	296.0

Desired Performance	Quality Target Measures	Bristol Regional Medical Center		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	0.35
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.32	0.07	0.31
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.09	0.00	0.76
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.72	2.42	1.40
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.97	0.97	5.41
↓	PSI 11 Postoperative Respiratory Failure Rate	16.50	11.18	3.42
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.59	3.44	1.32
↓	PSI 13 Postoperative Sepsis Rate	3.65	3.65	9.04
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.03	2.03	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.22	1.22	1.64
↓	CLABSI	1.202	0.383	1.703
↓	CAUTI	0.824	0.824	0.822
↓	SSI COLON Surgical Site Infection	0.00	0.00	0.00
↓	SSI HYST Surgical Site Infection	0.00	0.00	0.00
↓	MRSA	0.056	0.056	0.110
↓	CDIFF	0.719	0.309	0.110
↑	SMB: Sepsis Management Bundle		58.1%	56.5%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		101.6	91.4
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		66.3	59.0
↓	Inpatient Opioid Administration Rate by Patient Days		1.83	1.50
↓	Emergency Department Opioid Administration Rate by ED Visits		0.19	0.17
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well		86.0%	78.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well		83.0%	78.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		75.0%	59.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		88.5%	85.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital		49.4%	46.0%
↓	READM30HF Heart Failure 30Day readmissions rate		23.9%	22.0%
↓	READM30PN Pneumonia 30day readmission rate		17.0%	9.6%
↓	Sepsis In House Mortality		10.8%	15.0%
↓	MORT30HF Heart failure 30day mortality rate		3.70%	4.65%
↓	MORT30PN Pneumonia 30day mortality rate		4.70%	11.01%
↓	Left without being seen		1.46%	1.96%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		153.8	162.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		278.5	350.0

Desired Performance	Quality Target Measures	Holston Valley Medical Center		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	0.36
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.51	0.06	0.25
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	1.67	0.91
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	0.62	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.84	9.16	6.56
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.78	2.42	0.85
↓	PSI 13 Postoperative Sepsis Rate	5.97	4.83	3.33
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.56	2.01	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.80	0.00	3.15
↓	CLABSI	0.682	0.379	0.728
↓	CAUTI	0.938	0.304	0.731
↓	SSI COLON Surgical Site Infection	1.36	1.36	3.70
↓	SSI HYST Surgical Site Infection	0.64	0.00	0.00
↓	MRSA	0.012	0.012	0.091
↓	CDIFF	0.741	0.487	0.137
↑	SMB: Sepsis Management Bundle		50.0%	71.4%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		136.6	123.9
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		81.9	75.7
↓	Inpatient Opioid Administration Rate by Patient Days		2.31	1.70
↓	Emergency Department Opioid Administration Rate by ED Visits		0.20	0.15
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well		81.0%	76.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well		81.0%	78.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		67.0%	59.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		90.0%	85.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital		47.6%	44.0%
↓	READM30HF Heart Failure 30Day readmissions rate		19.3%	16.4%
↓	READM30PN Pneumonia 30day readmission rate		16.2%	13.9%
↓	Sepsis In House Mortality		12.7%	13.2%
↓	MORT30HF Heart failure 30day mortality rate		3.20%	5.35%
↓	MORT30PN Pneumonia 30day mortality rate		4.80%	7.93%
↓	Left without being seen		2.09%	1.48%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		165.0	180.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		430.0	597.0

Desired Performance	Quality Target Measures	Franklin Woods Community Hospital		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	0.20
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.27	1.17
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.80	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	12.09	5.08	15.38
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.72	3.72	0.00
↓	PSI 13 Postoperative Sepsis Rate	6.54	6.54	14.93
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.16	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.85	0.00	0.00
↓	CLABSI	0.000	0.000	0.000
↓	CAUTI	0.428	0.000	0.000
↓	SSI COLON Surgical Site Infection	1.50	1.50	7.14
↓	SSI HYST Surgical Site Infection	0.00	0.00	0.00
↓	MRSA	0.039	0.039	0.000
↓	CDIFF	0.259	0.259	0.000
↑	SMB: Sepsis Management Bundle		78.8%	80.0%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		72.5	79.7
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		58.2	53.0
↓	Inpatient Opioid Administration Rate by Patient Days		1.62	1.74
↓	Emergency Department Opioid Administration Rate by ED Visits		0.36	0.27
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well		84.0%	82.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well		82.9%	80.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		70.0%	60.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		88.1%	83.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital		55.1%	50.0%
↓	READM30HF Heart Failure 30Day readmissions rate		27.5%	16.7%
↓	READM30PN Pneumonia 30day readmission rate		14.3%	7.1%
↓	Sepsis In House Mortality		3.8%	3.5%
↓	MORT30HF Heart failure 30day mortality rate		0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate		2.50%	6.67%
↓	Left without being seen		0.60%	2.02%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		147.5	193.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		240.0	289.0

Desired Performance	Quality Target Measures	Indian Path Community Hospital		
		Baseline	Target	FYTD21
↓	PSI 3 Pressure Ulcer Rate	0.16	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.31	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	12.36	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.75	3.94	0.00
↓	PSI 13 Postoperative Sepsis Rate	5.90	5.46	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00	0.00
↓	CLABSI	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	0.00	0.00	0.00
↓	SSI HYST Surgical Site Infection	7.14	0.00	0.00
↓	MRSA	0.080	0.000	0.000
↓	CDIFF	0.813	0.763	0.000
↑	SMB: Sepsis Management Bundle		79.6%	50.0%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		86.3	37.3
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		63.8	26.3
↓	Inpatient Opioid Administration Rate by Patient Days		1.87	3.17
↓	Emergency Department Opioid Administration Rate by ED Visits		0.18	0.22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well		79.7%	77.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well		83.0%	83.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		64.3%	63.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		88.1%	79.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital		48.2%	34.0%
↓	READM30HF Heart Failure 30Day readmissions rate		17.4%	0.0%
↓	READM30PN Pneumonia 30day readmission rate		14.8%	8.3%
↓	Sepsis In House Mortality		5.5%	3.6%
↓	MORT30HF Heart failure 30day mortality rate		4.50%	50.00%
↓	MORT30PN Pneumonia 30day mortality rate		3.20%	0.00%
↓	Left without being seen		0.61%	1.58%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		124.5	151.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		204.0	307.0

Desired Performance	Quality Target Measures	Johnston Memorial Hospital		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	0.97
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.17	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.10	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	1.29	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.39	3.04	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.96	4.96	4.85
↓	PSI 13 Postoperative Sepsis Rate	6.59	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.10	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00
↓	CLABSI	0.001	0.001	0.000
↓	CAUTI	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	0.00	0.00	0.00
↓	SSI HYST Surgical Site Infection	0.00	0.00	0.00
↓	MRSA	0.000	0.000	0.000
↓	CDIFF	1.052	0.113	0.000
↑	SMB: Sepsis Management Bundle		54.8%	57.9%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		66.6	68.2
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		65.2	65.3
↓	Inpatient Opioid Administration Rate by Patient Days		1.84	1.55
↓	Emergency Department Opioid Administration Rate by ED Visits		0.25	0.21
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well		77.6%	70.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well		78.8%	73.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		60.0%	50.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		87.1%	82.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital		44.4%	45.0%
↓	READM30HF Heart Failure 30Day readmissions rate		23.9%	24.6%
↓	READM30PN Pneumonia 30day readmission rate		16.8%	12.1%
↓	Sepsis In House Mortality		10.4%	7.7%
↓	MORT30HF Heart failure 30day mortality rate		4.20%	3.17%
↓	MORT30PN Pneumonia 30day mortality rate		5.70%	5.69%
↓	Left without being seen		0.20%	1.50%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		139.3	189.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		251.0	350.0

Desired Performance	Quality Target Measures	Lonesome Pine Hospital		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	0.21
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.44	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	5.52
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	
↓	PSI 11 Postoperative Respiratory Failure Rate	10.64	0.00	
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.14	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	5.82	5.82	
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.23	0.00	
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	0.00	0.00
↓	CLABSI	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	0.00	0.00	
↓	SSI HYST Surgical Site Infection	5.56	0.00	
↓	MRSA	0.000	0.000	0.000
↓	CDIFF	0.315	0.315	0.000
↑	SMB: Sepsis Management Bundle		57.5%	42.9%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		94.5	103.9
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		61.8	67.3
↓	Inpatient Opioid Administration Rate by Patient Days		1.21	0.41
↓	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.09
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well		83.0%	89.0%
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well		85.0%	87.0%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them		76.0%	76.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		86.0%	87.0%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital		44.1%	51.0%
↓	READM30HF Heart Failure 30Day readmissions rate		21.6%	12.5%
↓	READM30PN Pneumonia 30day readmission rate		10.6%	22.2%
↓	Sepsis In House Mortality		4.4%	18.2%
↓	MORT30HF Heart failure 30day mortality rate		0.00%	11.11%
↓	MORT30PN Pneumonia 30day mortality rate		3.90%	0.00%
↓	Left without being seen		0.30%	0.81%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		119.0	122.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		241.5	230.0

Desired Performance	Quality Target Measures	Norton Community Hospital		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	0.20
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.96	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	12.33	11.76	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.39	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	5.59	5.59	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	0.00	0.00
↓	CLABSI	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	0.00	0.00	0.00
↓	SSI HYST Surgical Site Infection	0.00		
↓	MRSA	0.000	0.000	0.000
↓	CDIFF	0.265	0.214	0.000
↑	SMB: Sepsis Management Bundle		79.7%	38.5%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		106.1	130.0
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		57.0	64.4
↓	Inpatient Opioid Administration Rate by Patient Days		1.29	0.90
↓	Emergency Department Opioid Administration Rate by ED Visits		0.17	0.20
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well		83.0%	83.0%
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well		80.9%	86.0%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them		66.8%	61.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		84.8%	86.0%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital		47.9%	42.0%
↓	READM30HF Heart Failure 30Day readmissions rate		22.7%	9.7%
↓	READM30PN Pneumonia 30day readmission rate		16.0%	8.9%
↓	Sepsis In House Mortality		3.9%	2.8%
↓	MORT30HF Heart failure 30day mortality rate		2.70%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate		2.30%	4.26%
↓	Left without being seen		0.20%	1.46%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		137.5	218.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		218.5	283.5

Desired Performance	Quality Target Measures	Smyth County Community Hospital		
		Baseline	Target	FYTD21
↓	PSI 3 Pressure Ulcer Rate	0.21	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.03	0.00	41.67
↓	PSI 13 Postoperative Sepsis Rate	5.81	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate		0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate		0.00	0.00
↓	CLABSI	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	16.67		0.00
↓	SSI HYST Surgical Site Infection	0.00		
↓	MRSA	0.000	0.000	0.000
↓	CDIFF	0.174	0.174	0.000
↑	SMB: Sepsis Management Bundle		84.3%	66.7%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		33.2	12.6
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		37.4	22.8
↓	Inpatient Opioid Administration Rate by Patient Days		1.45	1.14
↓	Emergency Department Opioid Administration Rate by ED Visits		0.18	0.17
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well		86.0%	82.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well		88.0%	83.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		69.0%	63.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		89.0%	89.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital		49.3%	62.0%
↓	READM30HF Heart Failure 30Day readmissions rate		25.0%	6.7%
↓	READM30PN Pneumonia 30day readmission rate		11.7%	0.0%
↓	Sepsis In House Mortality		2.9%	2.9%
↓	MORT30HF Heart failure 30day mortality rate		1.50%	6.25%
↓	MORT30PN Pneumonia 30day mortality rate		0.80%	0.00%
↓	Left without being seen		0.24%	0.43%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		95.5	108.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		179.0	178.0

Desired Performance	Quality Target Measures	Sycamore Shoals Hospital		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	0.19
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	13.37	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.98	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	6.67	4.72	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate		0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate		0.00	0.00
↓	CLABSI	0.900	0.000	0.000
↓	CAUTI	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	3.23	3.23	0.00
↓	SSI HYST Surgical Site Infection	0.00		0.00
↓	MRSA	0.067	0.067	0.000
↓	CDIFF	0.604	0.350	0.578
↑	SMB: Sepsis Management Bundle		72.0%	83.3%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		85.1	79.3
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		60.6	62.4
↓	Inpatient Opioid Administration Rate by Patient Days		1.48	1.25
↓	Emergency Department Opioid Administration Rate by ED Visits		0.25	0.21
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well		82.4%	80.0%
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well		82.9%	75.0%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them		66.0%	57.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		86.0%	89.0%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital		44.4%	51.0%
↓	READM30HF Heart Failure 30Day readmissions rate		33.1%	31.6%
↓	READM30PN Pneumonia 30day readmission rate		16.0%	13.3%
↓	Sepsis In House Mortality		8.8%	2.9%
↓	MORT30HF Heart failure 30day mortality rate		2.70%	5.00%
↓	MORT30PN Pneumonia 30day mortality rate		4.10%	7.69%
↓	Left without being seen		0.22%	1.18%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		119.0	139.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		207.3	290.0

Desired Performance	Quality Target Measures	Hawkins County Memorial Hospital		
		Baseline	Target	FYTD21
↓	PSI 3 Pressure Ulcer Rate	0.23	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	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	
↓	PSI 13 Postoperative Sepsis Rate		0.00	
↓	PSI 14 Postoperative Wound Dehiscence Rate		0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate		0.00	0.00
↓	CLABSI	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	0.00	0.00	
↓	SSI HYST Surgical Site Infection			
↓	MRSA	0.000	0.000	0.000
↓	CDIFF	0.000	0.000	0.000
↑	SMB: Sepsis Management Bundle		62.0%	33.3%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		133.8	53.4
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		71.7	33.1
↓	Inpatient Opioid Administration Rate by Patient Days		1.73	0.64
↓	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.12
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well		84.4%	33.0%
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well		82.0%	33.0%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them		70.2%	50.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		87.0%	100.0%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital		45.6%	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate		15.4%	0.0%
↓	READM30PN Pneumonia 30day readmission rate		14.8%	
↓	Sepsis In House Mortality		2.5%	0.0%
↓	MORT30HF Heart failure 30day mortality rate		0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate		0.80%	
↓	Left without being seen		0.45%	0.51%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		86.5	90.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		214.3	221.5

Desired Performance	Quality Target Measures	Greenville Community Hospital		
		Baseline	Target	FYTD21
↓	PSI 3 Pressure Ulcer Rate	0.20	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.42	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.11	0.00	1.39
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.75	3.53	6.71
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	10.75	8.62	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.27	5.27	0.00
↓	PSI 13 Postoperative Sepsis Rate	5.55	5.55	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	0.00	0.00
↓	CLABSI	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.903
↓	SSI COLON Surgical Site Infection	1.16	0.00	0.00
↓	SSI HYST Surgical Site Infection	0.00		
↓	MRSA	0.000	0.000	0.000
↓	CDIFF	0.283	0.242	0.234
↑	SMB: Sepsis Management Bundle		52.8%	50.0%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		162.8	114.4
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		84.4	64.3
↓	Inpatient Opioid Administration Rate by Patient Days		0.68	1.55
↓	Emergency Department Opioid Administration Rate by ED Visits		0.07	0.13
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well		84.0%	74.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well		82.0%	83.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		70.0%	58.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		91.0%	86.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital		41.3%	38.0%
↓	READM30HF Heart Failure 30Day readmissions rate		12.5%	26.7%
↓	READM30PN Pneumonia 30day readmission rate		11.2%	11.5%
↓	Sepsis In House Mortality		6.7%	11.3%
↓	MORT30HF Heart failure 30day mortality rate		1.90%	8.16%
↓	MORT30PN Pneumonia 30day mortality rate		3.80%	13.33%
↓	Left without being seen		0.80%	3.39%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		130.1	181.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		234.5	305.0

Desired Performance	Quality Target Measures	Russell County Hospital		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	0.24
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis		0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate		0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate		0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate		0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate		0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate		0.00	0.00
↓	CLABSI	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection			
↓	SSI HYST Surgical Site Infection			
↓	MRSA	0.000	0.000	0.550
↓	CDIFF	0.498	0.320	0.000
↑	SMB: Sepsis Management Bundle		77.3%	72.7%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		27.7	17.0
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		13.4	12.0
↓	Inpatient Opioid Administration Rate by Patient Days		0.57	0.30
↓	Emergency Department Opioid Administration Rate by ED Visits		0.33	0.18
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well		90.4%	80.0%
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well		88.0%	85.0%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them		66.7%	65.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		89.2%	71.0%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital		46.1%	48.0%
↓	READM30HF Heart Failure 30Day readmissions rate		26.2%	21.4%
↓	READM30PN Pneumonia 30day readmission rate		19.6%	10.5%
↓	Sepsis In House Mortality		7.4%	4.0%
↓	MORT30HF Heart failure 30day mortality rate		2.90%	12.50%
↓	MORT30PN Pneumonia 30day mortality rate		1.70%	5.00%
↓	Left without being seen		0.34%	0.29%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		97.0	218.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		163.8	180.0

Desired Performance	Quality Target Measures	Unicoi County Hospital		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	
↓	PSI 6 Iatrogenic Pneumothorax Rate		0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate		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			0.00
↓	CLABSI	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection			
↓	SSI HYST Surgical Site Infection			
↓	MRSA		0.000	0.000
↓	CDIFF	0.000	0.000	0.000
↑	SMB: Sepsis Management Bundle		61.8%	75.0%
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		142.3	175.0
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		76.5	70.0
↓	Inpatient Opioid Administration Rate by Patient Days		0.97	1.15
↓	Emergency Department Opioid Administration Rate by ED Visits		0.16	0.17
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well		86.0%	77.0%
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well		83.1%	67.0%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them		75.0%	71.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		87.0%	67.0%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital		50.8%	62.0%
↓	READM30HF Heart Failure 30Day readmissions rate		13.6%	0.0%
↓	READM30PN Pneumonia 30day readmission rate		6.7%	0.0%
↓	Sepsis In House Mortality		11.5%	0.0%
↓	MORT30HF Heart failure 30day mortality rate		0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate		8.30%	0.00%
↓	Left without being seen		0.40%	0.92%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		124.0	129.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)			284.0

Desired Performance	Quality Target Measures	Dickenson Community Hospital		
		Baseline	Target	FYTD21
↓	PSI 3 Pressure Ulcer Rate		0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate		0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate			
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis			
↓	PSI 11 Postoperative Respiratory Failure Rate			
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate			
↓	PSI 13 Postoperative Sepsis Rate			
↓	PSI 14 Postoperative Wound Dehiscence Rate			
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate			
↓	CLABSI			
↓	CAUTI			
↓	SSI COLON Surgical Site Infection			
↓	SSI HYST Surgical Site Infection			
↓	MRSA			
↓	CDIFF			
↑	SMB: Sepsis Management Bundle			
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		88.3	
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days			
↓	Inpatient Opioid Administration Rate by Patient Days			
↓	Emergency Department Opioid Administration Rate by ED Visits			
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well		87.5%	
↑	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%	
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital		60.9%	
↓	READM30HF Heart Failure 30Day readmissions rate			
↓	READM30PN Pneumonia 30day readmission rate		0.0%	
↓	Sepsis In House Mortality			
↓	MORT30HF Heart failure 30day mortality rate			
↓	MORT30PN Pneumonia 30day mortality rate		0.00%	
↓	Left without being seen		0.45%	1.17%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		103.5	109.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		124.0	

Desired Performance	Quality Target Measures	Hancock County Hospital		
		Baseline	Target	FYTD21
		↓	PSI 3 Pressure Ulcer Rate	
↓	PSI 6 Iatrogenic Pneumothorax Rate		0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate			
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis			
↓	PSI 11 Postoperative Respiratory Failure Rate			
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate			
↓	PSI 13 Postoperative Sepsis Rate			
↓	PSI 14 Postoperative Wound Dehiscence Rate			
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate			
↓	CLABSI			
↓	CAUTI			
↓	SSI COLON Surgical Site Infection			
↓	SSI HYST Surgical Site Infection			
↓	MRSA			
↓	CDIFF			
↑	SMB: Sepsis Management Bundle			
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days		181.1	291.7
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days		61.0	125.0
↓	Inpatient Opioid Administration Rate by Patient Days		1.81	1.76
↓	Emergency Department Opioid Administration Rate by ED Visits		0.24	0.28
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well		92.6%	100.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well		88.0%	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		92.9%	75.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital		47.5%	33.0%
↓	READM30HF Heart Failure 30Day readmissions rate		50.0%	
↓	READM30PN Pneumonia 30day readmission rate		5.9%	
↓	Sepsis In House Mortality		0.0%	
↓	MORT30HF Heart failure 30day mortality rate			
↓	MORT30PN Pneumonia 30day mortality rate		4.90%	
↓	Left without being seen		0.50%	0.57%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		113.5	97.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)			140.0

Desired Performance	Quality Target Measures	Johnson County Community Hospital		
		Baseline	Target	FYTD21
↓	PSI 3 Pressure Ulcer Rate		0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate		0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate			
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis			
↓	PSI 11 Postoperative Respiratory Failure Rate			
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate			
↓	PSI 13 Postoperative Sepsis Rate			
↓	PSI 14 Postoperative Wound Dehiscence Rate			
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate			
↓	CLABSI			
↓	CAUTI			
↓	SSI COLON Surgical Site Infection			
↓	SSI HYST Surgical Site Infection			
↓	MRSA			
↓	CDIFF			
↑	SMB: Sepsis Management Bundle			
	Quality Priority Measures			
			Target	FYTD21
↓	Vancomycin Days Of Therapy per 1000 patient days			
↓	Anti-pseudomonal β lactams (Merepenem, Piperacillian Tazobactam, Cefepime) Days of Therapy per 1000 patient days			
↓	Inpatient Opioid Administration Rate by Patient Days		1.31	0.80
↓	Emergency Department Opioid Administration Rate by ED Visits		0.16	0.17
↑	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%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital			83.0%
↓	READM30HF Heart Failure 30Day readmissions rate			
↓	READM30PN Pneumonia 30day readmission rate		0.0%	
↓	Sepsis In House Mortality			
↓	MORT30HF Heart failure 30day mortality rate			
↓	MORT30PN Pneumonia 30day mortality rate			
↓	Left without being seen		0.63%	0.42%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		81.0	103.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)			333.0