

Priority Metrics

		Ballad Health				
		FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures						
↓	PSI 3 Pressure Ulcer Rate	1.12	1.13	0.68	0.98	0.93
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.23	0.31	0.15	0.17	0.21
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.05	0.00	0.00	0.22	0.07
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.07	0.19	0.00	0.00	0.06
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.67	2.02	1.92	0.71	1.57
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.11	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	8.34	10.56	9.17	7.02	8.93
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.51	5.01	3.57	2.64	3.75
↓	PSI 13 Postoperative Sepsis Rate	3.88	1.46	3.91	5.66	3.70
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.99	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.98	0.00	1.10	1.13	0.74
↓	CLABSI	0.652	0.000	1.078	0.800	0.622
↓	CAUTI	0.640	0.596	1.273	0.685	0.849
↓	SSI COLON Surgical Site Infection	1.889	8.451	3.448		5.696
↓	MRSA	0.054	0.085	0.285	0.029	0.134
↓	CDIFF	0.623	0.240	0.392	0.539	0.388
Quality Priority Measures						
↓	Levofloxacin Days Of Therapy per 1000 patient days	50.01	58.40	57.31	38.64	51.45
↓	Meropenem Days Of Therapy per 1000 patient days	42.94	43.87	35.42	37.53	38.94
↓	Sepsis In House Mortality	7.5%	9.3%	9.0%	7.4%	8.8%
↑	SMB: Sepsis Management Bundle**	55.9%	57.9%	57.7%	71.0%	59.6%
↓	Inpatient Opioid Administration Rate by Patient Days	1.26	0.95	0.94	0.83	0.91
↓	Emergency Department Opioid Administration Rate by ED Visits	0.12	0.14	0.12	0.12	0.13
↓	Left Without Being Seen	0.7%	1.1%	0.9%	1.0%	1.0%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)**	148	129	127.5	132	129
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	316	230	229	250.8	230
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.1%	80.0%	80.7%	79.6%	80.1%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	79.7%	80.6%	80.4%	80.2%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.1%	63.0%	63.4%	64.7%	63.7%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	85.9%	87.0%	87.2%	86.4%	86.9%

**discharge dates May - July 2018

Priority Metrics



Bristol Regional Medical Center

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ PSI 3 Pressure Ulcer Rate	2.28	2.33	2.30	3.71	2.76
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.07	0.85	0.00	0.00	0.29
↓ 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	0.16	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.54	7.60	0.00	0.00	2.39
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.01	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	10.80	9.35	13.07	8.93	10.75
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	2.43	7.19	6.12	0.00	4.51
↓ PSI 13 Postoperative Sepsis Rate	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
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.25	0.00	4.57	0.00	1.61
↓ CLABSI	0.722	0.000	0.000	0.000	0.000
↓ CAUTI	0.096	0.707	1.566	0.980	0.900
↓ SSI COLON Surgical Site Infection	1.330	0.000	0.000		0.000
↓ MRSA	0.094	0.311	0.469	0.000	0.107
↓ CDIFF	0.740	0.311	0.156	0.699	0.387
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	45.00	36.93	27.43	29.15	31.17
↓ Meropenem Days Of Therapy per 1000 patient days	41.61	34.28	28.80	31.45	31.50
↓ Sepsis In House Mortality	11.2%	11.9%	4.4%		8.8%
↑ SMB: Sepsis Management Bundle**	40.3%	22.2%	46.2%	54.5%	42.4%
↓ Inpatient Opioid Administration Rate by Patient Days	1.81	0.99	1.04	0.86	0.95
↓ Emergency Department Opioid Administration Rate by ED Visits	0.16	0.15	0.13	0.13	0.14
↓ Left Without Being Seen	1.0%	0.8%	0.9%	1.2%	1.0%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	151	150	123	183	150
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	284	275	288	277	276.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	85.2%	89.4%	83.0%	84.6%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	81.5%	87.8%	81.3%	82.1%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	67.0%	58.7%	68.3%	62.6%	65.2%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	90.0%	90.6%	93.4%	88.3%	89.4%

**discharge dates May - July 2018

Priority Metrics



Johnston Memorial Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.15	2.09	0.00	0.00	0.70
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	2.99	0.98
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.17	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
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	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
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.76	0.00	0.00	0.00	0.00
↓ PSI 13 Postoperative Sepsis Rate	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
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	11.11	4.08
↓ CLABSI	0.000	0.000	0.000	5.050	1.742
↓ CAUTI	0.000	0.000	1.608	2.300	1.606
↓ SSI COLON Surgical Site Infection	0.000	0.000	0.000		0.000
↓ MRSA	0.000	0.000	0.390	0.000	0.145
↓ CDIIF	0.550	0.000	0.000	0.000	0.000
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	41.70	42.89	28.27	25.40	32.20
↓ Meropenem Days Of Therapy per 1000 patient days	41.69	36.22	39.91	33.53	36.60
↓ Sepsis In House Mortality	10.5%	8.0%	13.6%	2.4%	8.4%
↑ SMB: Sepsis Management Bundle**	54.9%	54.5%	66.7%	62.5%	61.3%
↓ Inpatient Opioid Administration Rate by Patient Days	0.87	0.95	1.00	0.89	0.95
↓ Emergency Department Opioid Administration Rate by ED Visits	0.15	0.17	0.14	0.11	0.14
↓ Left Without Being Seen	0.2%	0.3%	0.1%	0.3%	0.2%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	137.5	121	133	145	133
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	60.5	253	235	266	239
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	83.7%	74.3%	81.5%	78.9%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	79.0%	82.3%	79.6%	81.5%	80.6%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	60.0%	64.8%	57.3%	69.4%	62.2%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	83.4%	84.9%	84.7%	85.1%

**discharge dates May - July 2018

Priority Metrics



Smyth County Community Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ 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	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
↓ PSI 11 Postoperative Respiratory Failure Rate	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
↓ PSI 13 Postoperative Sepsis Rate	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
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	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
↓ CDIIF	0.331	0.000	0.000	0.000	0.000
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	56.30	56.40	65.30	10.68	44.10
↓ Meropenem Days Of Therapy per 1000 patient days	10.10	1.50	19.29	8.01	9.60
↓ Sepsis In House Mortality	2.9%	6.0%	0.0%	3.8%	3.7%
↑ SMB: Sepsis Management Bundle**	79.7%	100.0%	80.0%	75.0%	84.2%
↓ Inpatient Opioid Administration Rate by Patient Days	0.78	0.88	0.75	0.81	0.81
↓ Emergency Department Opioid Administration Rate by ED Visits	0.14	0.17	0.14	0.15	0.15
↓ Left Without Being Seen	0.3%	0.6%	0.4%	0.4%	0.8%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	106.75	94	109	100	100
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	175		195.5	174.5	195.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	86.0%	84.0%	86.4%	76.7%	81.7%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	87.1%	85.7%	76.3%	84.8%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	66.0%	71.1%	76.5%	71.4%	71.3%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	89.0%	96.4%	93.9%	85.3%	93.1%

**discharge dates May - July 2018

Priority Metrics



Dickenson County Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ PSI 3 Pressure Ulcer Rate		0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate		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
↓ PSI 8 In Hospital Fall with Hip Fracture Rate		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	0.000	0.000		
↓ CDIIF	0.386	0.000	0.000		
Quality Priority Measures					
↓ 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%	0.4%	0.5%	0.8%	0.7%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	103	105	112	93.5	105
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	136	347.5	229		288.3
↑ 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%				

**discharge dates May - July 2018

Priority Metrics



Hancock County Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ 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	0.000	0.000	0.000		
↓ CAUTI	0.000	0.000	0.000		
↓ SSI COLON Surgical Site Infection					
↓ MRSA	0.000	0.000	0.000		
↓ CDIIF	0.000	0.000	0.000		
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	143.93	137.90	133.90	64.81	112.20
↓ Meropenem Days Of Therapy per 1000 patient days	72.12	43.10	205.36	9.26	85.90
↓ Sepsis In House Mortality	0.0%	0.0%	0.0%		0.0%
↑ SMB: Sepsis Management Bundle**	77.8%	100.0%	0.0%	100.0%	66.7%
↓ Inpatient Opioid Administration Rate by Patient Days	0.79	0.07	0.10	0.10	0.09
↓ Emergency Department Opioid Administration Rate by ED Visits	0.20	0.19	0.17	0.10	0.15
↓ Left Without Being Seen	0.5%	0.9%	0.8%	0.3%	0.7%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	128	121	126	138	126
↓ 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%	91.7%		96.3%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	87.0%	100.0%	83.3%		92.6%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	89.0%	75.0%	75.0%		80.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	83.3%	87.5%		87.5%

**discharge dates May - July 2018

Priority Metrics



Holston Valley Medical Center

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ PSI 3 Pressure Ulcer Rate	2.90	3.23	0.00	1.19	1.50
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.48	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	0.07	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.33	0.00	4.05	0.00	1.41
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.32	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	6.56	10.31	19.23	5.05	11.67
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.69	6.07	1.91	1.98	3.29
↓ PSI 13 Postoperative Sepsis Rate	3.66	3.94	10.91	7.33	7.48
↓ PSI 14 Postoperative Wound Dehiscence Rate	1.92	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
↓ CLABSI	0.330	0.000	0.000	0.000	0.000
↓ CAUTI	0.500	0.000	0.000	0.510	0.303
↓ SSI COLON Surgical Site Infection	0.850	0.000	0.000		6.522
↓ MRSA	0.030	0.000	0.290	0.000	0.094
↓ CDIFF	1.060	0.420	0.750	0.929	0.687
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	37.64	41.85	34.19	35.49	37.20
↓ Meropenem Days Of Therapy per 1000 patient days	84.83	84.50	70.79	76.72	77.30
↓ Sepsis In House Mortality	13.3%	13.0%	11.0%		12.0%
↑ SMB: Sepsis Management Bundle**	30.7%	53.8%	35.7%	53.3%	47.6%
↓ Inpatient Opioid Administration Rate by Patient Days	2.15	1.22	1.13	1.02	1.12
↓ Emergency Department Opioid Administration Rate by ED Visits	0.18	0.15	0.15	0.14	0.15
↓ Left Without Being Seen	2.0%	3.0%	1.3%	2.0%	2.1%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	175	129	151	177	176
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	434	320.5	446	497	409
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	80.5%	82.8%	84.0%	82.2%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	81.0%	80.2%	81.3%	84.2%	81.1%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	67.0%	59.5%	62.4%	72.0%	64.3%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	90.0%	86.6%	88.4%	87.0%	87.1%

**discharge dates May - July 2018

Priority Metrics



Lonesome Pine Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ PSI 3 Pressure Ulcer Rate	0.90	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	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
↓ PSI 11 Postoperative Respiratory Failure Rate	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
↓ PSI 13 Postoperative Sepsis Rate	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
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	1.210	0.000	0.000		0.000
↓ SSI COLON Surgical Site Infection		0.000	0.000		0.000
↓ MRSA	0.000	0.000	0.000		0.000
↓ CDIIF	0.370	0.000	0.000		0.000
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	125.00	65.90	122.00	126.05	104.70
↓ Meropenem Days Of Therapy per 1000 patient days	36.00	80.49	40.65	78.45	66.50
↓ Sepsis In House Mortality	4.4%	9.0%	6.0%		7.3%
↑ SMB: Sepsis Management Bundle**	41.8%	69.2%	70.0%	72.7%	70.6%
↓ Inpatient Opioid Administration Rate by Patient Days	1.40	0.69	0.78	0.61	0.90
↓ Emergency Department Opioid Administration Rate by ED Visits	0.12	0.14	0.13	0.12	0.13
↓ Left Without Being Seen	0.3%	0.1%	0.3%	0.2%	0.2%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	117	114.25	126.5	119.5	119.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	244	223.5	240	242.5	240
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	81.8%	73.3%	88.9%	84.4%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	90.6%	76.7%	77.8%	82.1%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	76.0%	75.0%	70.0%	70.0%	75.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	85.0%	85.0%	86.7%	85.7%

**discharge dates May - July 2018

Priority Metrics



Norton Community Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ PSI 3 Pressure Ulcer Rate	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
↓ 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	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
↓ PSI 11 Postoperative Respiratory Failure Rate	15.38	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
↓ PSI 13 Postoperative Sepsis Rate	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
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00	0.00	0.00	0.00
↓ CLABSI	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	0.000	0.000	4.570	0.000	1.712
↓ SSI COLON Surgical Site Infection	0.000	0.000	0.000		0.000
↓ MRSA	0.000	0.000	1.190	0.000	0.449
↓ CDIIF	0.300	0.000	0.000	0.000	0.000
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	50.10	59.59	49.71	21.41	43.60
↓ Meropenem Days Of Therapy per 1000 patient days	53.34	64.94	24.24	12.49	33.90
↓ Sepsis In House Mortality	3.9%	3.0%	5.0%	5.0%	4.3%
↑ SMB: Sepsis Management Bundle**	72.5%	100.0%	66.7%	83.3%	86.7%
↓ Inpatient Opioid Administration Rate by Patient Days	0.61	0.79	0.82	0.58	0.73
↓ Emergency Department Opioid Administration Rate by ED Visits	0.11	0.15	0.15	0.14	0.15
↓ Left Without Being Seen	0.2%	0.2%	0.3%	0.4%	0.3%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	138.75	158	148	154	142.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	225	230	213	218	226.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	83.3%	83.7%	82.4%	83.9%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	77.4%	82.3%	74.5%	79.8%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	65.0%	64.5%	70.7%	65.0%	67.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	80.0%	81.5%	89.1%	71.4%	82.5%

**discharge dates May - July 2018

Priority Metrics



Franklin Woods Community Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ 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	0.24	0.00	0.00	0.00	0.00
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	2.44	15.15	0.00	0.00	5.15
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	17.02	57.14	0.00	0.00	19.23
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	2.33	0.00	14.71	0.00	4.88
↓ PSI 13 Postoperative Sepsis Rate	8.35	0.00	0.00	0.00	0.00
↓ PSI 14 Postoperative Wound Dehiscence Rate	1.79	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
↓ CLABSI	0.910	0.000	0.000	0.000	0.000
↓ CAUTI	0.434	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection	5.110	7.690	6.670		7.143
↓ MRSA	0.081	0.000	0.574	0.000	0.169
↓ CDIFF	0.319	0.560	0.000	0.000	0.190
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	33.60	24.69	35.10	29.08	29.60
↓ Meropenem Days Of Therapy per 1000 patient days	29.93	25.76	28.67	25.79	26.70
↓ Sepsis In House Mortality	3.8%	5.0%	11.0%	10.0%	8.2%
↑ SMB: Sepsis Management Bundle**	60.0%	75.0%	66.7%	100.0%	78.6%
↓ Inpatient Opioid Administration Rate by Patient Days	0.71	0.65	0.69	0.68	0.68
↓ Emergency Department Opioid Administration Rate by ED Visits	0.14	0.19	0.13	0.13	0.15
↓ Left Without Being Seen	0.6%	2.1%	0.5%	0.9%	1.3%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	139	157	121	157	154
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	131.75	251.5	236	259	251.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	78.4%	86.4%	80.8%	82.8%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	79.5%	81.7%	84.2%	82.3%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	61.1%	69.0%	74.8%	69.9%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	91.1%	83.5%	87.3%	88.1%

**discharge dates May - July 2018

Priority Metrics



Johnson City Medical Center

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate	0.21	0.00	0.51	0.57	0.35
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.11	0.00	0.00	0.00	0.00
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.72	0.00	0.00	0.24
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.12	0.00	2.15	2.45	1.52
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.00	0.00	0.00	0.00	0.00
↓ PSI 11 Postoperative Respiratory Failure Rate	6.55	6.62	0.00	15.27	6.65
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.61	6.34	3.97	4.61	4.96
↓ PSI 13 Postoperative Sepsis Rate	2.99	0.00	0.00	0.00	0.00
↓ PSI 14 Postoperative Wound Dehiscence Rate	1.53	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
↓ CLABSI	1.130	0.000	1.940	1.948	1.277
↓ CAUTI	1.498	2.320	0.421	0.000	2.140
↓ SSI COLON Surgical Site Infection	1.670	18.180	0.000		17.647
↓ MRSA	0.183	0.190	1.800	0.090	0.154
↓ CDIFF	0.496	0.100	0.380	0.414	0.303
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	22.70	22.23	23.19	10.99	18.80
↓ Meropenem Days Of Therapy per 1000 patient days	32.68	36.04	36.82	37.31	36.70
↓ Sepsis In House Mortality	16.6%	11.0%	13.0%	10.5%	11.3%
↑ SMB: Sepsis Management Bundle**	55.6%	41.7%	77.8%		57.1%
↓ Inpatient Opioid Administration Rate by Patient Days	0.92	0.96	0.97	0.85	0.93
↓ Emergency Department Opioid Administration Rate by ED Visits	0.04	0.06	0.06	0.04	0.05
↓ Left Without Being Seen	0.7%	1.4%	1.4%	1.3%	1.2%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	153	144	165.5	155	155
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	260	320.5	266	293	293
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	74.8%	73.4%	69.5%	73.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	76.0%	75.2%	73.9%	69.5%	73.9%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	60.0%	63.6%	56.6%	50.7%	56.7%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	82.0%	85.7%	83.2%	83.5%	84.6%

**discharge dates May - July 2018

Priority Metrics



Johnson County Community Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ PSI 3 Pressure Ulcer Rate		0.00	0.00	0.00	0.00
↓ PSI 6 Iatrogenic Pneumothorax Rate		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
↓ PSI 8 In Hospital Fall with Hip Fracture Rate		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					
↓ CDI/F					
Quality Priority Measures					
↓ 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%	1.1%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	86	73.5	96	91	91
↓ 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%				

**discharge dates May - July 2018

Priority Metrics



Sycamore Shoals Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ 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	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
↓ PSI 11 Postoperative Respiratory Failure Rate	4.59	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
↓ PSI 13 Postoperative Sepsis Rate	4.65	0.00	0.00	58.82	19.23
↓ 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
↓ CLABSI	1.090	0.000	0.000	0.000	0.000
↓ CAUTI	0.460	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection	3.130	0.000	50.000		20.000
↓ MRSA	0.130	0.000	0.960	0.000	0.308
↓ CDIFF	0.623	0.893	0.962	1.837	1.231
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	29.20	21.07	25.57	10.38	19.00
↓ Meropenem Days Of Therapy per 1000 patient days	31.02	24.24	38.35	51.88	38.20
↓ Sepsis In House Mortality	14.0%	10.0%	9.0%	10.3%	9.6%
↑ SMB: Sepsis Management Bundle**	72.0%	50.0%	66.7%		57.1%
↓ Inpatient Opioid Administration Rate by Patient Days	0.68	0.88	0.71	0.61	0.73
↓ Emergency Department Opioid Administration Rate by ED Visits	0.12	0.16	0.13	0.12	0.14
↓ Left Without Being Seen	0.7%	0.6%	0.6%	0.7%	0.5%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	166	112.5	115	132.5	115
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	222	225	200.5	223.5	200.5
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	78.0%	81.6%	77.9%	80.2%	79.8%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	92.2%	82.4%	81.3%	84.1%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.0%	79.1%	66.7%	64.7%	68.4%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	88.6%	92.3%	86.0%	87.7%

**discharge dates May - July 2018

Priority Metrics



Laughlin Memorial Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ 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	9.170	9.170	0.000	2.793
↓ CAUTI	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection		0.000	0.000		0.000
↓ MRSA	0.000	0.000	0.000	0.000	0.000
↓ CDIIF	0.000	0.000	0.000	0.000	0.000
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days		74.00	69.00	67.00	70.00
↓ Meropenem Days Of Therapy per 1000 patient days		45.00	10.00	36.00	30.30
↓ Sepsis In House Mortality					
↑ SMB: Sepsis Management Bundle**	52.6%	100.0%	83.3%		87.5%
↓ Inpatient Opioid Administration Rate by Patient Days		0.78	0.96	0.96	0.90
↓ Emergency Department Opioid Administration Rate by ED Visits					
↓ Left Without Being Seen	0.5%	0.5%	1.2%	1.7%	1.1%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	110	127	94		110.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	192	222	220		221
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well		69.4%	72.6%	69.3%	70.3%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well		77.7%	78.8%	84.3%	78.9%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them		51.4%	65.2%	57.1%	57.0%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home		80.6%	81.4%	86.9%	83.5%

**discharge dates May - July 2018

Priority Metrics




Takoma Regional Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ 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	5.155
↓ CAUTI	0.000	0.000	0.000	0.000	0.000
↓ SSI COLON Surgical Site Infection	2.220	0.000	0.000		5.696
↓ MRSA	0.000	0.000	1.780	0.000	0.524
↓ CDIIF	0.420	0.000	0.000	0.000	0.000
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	62.82	92.40	96.70	66.39	85.20
↓ Meropenem Days Of Therapy per 1000 patient days	13.90	16.81	21.63	17.91	18.80
↓ Sepsis In House Mortality					
↑ SMB: Sepsis Management Bundle**	31.7%	50.0%	25.0%	71.4%	47.6%
↓ Inpatient Opioid Administration Rate by Patient Days	0.80	0.78	0.49	0.83	0.70
↓ Emergency Department Opioid Administration Rate by ED Visits	0.07	0.10	0.09	0.10	0.09
↓ Left Without Being Seen	2.5%	0.1%	0.4%	0.2%	0.8%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	163	166	127	130	128.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	277	245.5	294	260	260
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	88.9%	77.9%	91.2%	87.7%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	80.3%	77.3%	87.9%	83.7%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	71.4%	67.9%	66.7%	68.7%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0%	88.6%	91.7%	90.0%	91.1%

**discharge dates May - July 2018

Priority Metrics

		Indian Path Health Center				FYTD19
		FY18	Jul-18	Aug-18	Sep-18	
Quality Target Measures						
↓	PSI 3 Pressure Ulcer Rate	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
↓	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	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
↓	PSI 11 Postoperative Respiratory Failure Rate	7.71	0.00	0.00	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.27	0.00	0.00	20.41	6.13
↓	PSI 13 Postoperative Sepsis Rate	10.20	0.00	0.00	40.00	16.39
↓	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
↓	CLABSI	0.898	0.000	0.000	0.000	0.000
↓	CAUTI	0.000	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection	1.690	0.000	0.000		0.000
↓	MRSA	0.050	0.000	0.000	0.000	0.000
↓	CDIFF	0.510	0.000	1.670	0.784	0.829
Quality Priority Measures						
↓	Levofloxacin Days Of Therapy per 1000 patient days	33.60	45.59	31.91	18.67	32.10
↓	Meropenem Days Of Therapy per 1000 patient days	49.20	48.94	52.56	56.47	52.70
↓	Sepsis In House Mortality	6.6%	5.0%	4.0%	6.9%	5.6%
↑	SMB: Sepsis Management Bundle**	70.5%	88.9%	62.5%	100.0%	81.0%
↓	Inpatient Opioid Administration Rate by Patient Days	1.06	0.98	0.84	0.85	0.89
↓	Emergency Department Opioid Administration Rate by ED Visits	0.09	0.12	0.08	0.08	0.09
↓	Left Without Being Seen	0.9%	1.4%	1.1%	1.4%	1.3%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)**	130	118	143.5	122	122
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	102	221	223.5	204	221
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	80.0%	80.6%	85.3%	84.0%	82.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	73.6%	84.9%	88.5%	80.9%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.0%	64.3%	60.4%	74.4%	65.6%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	88.6%	85.6%	92.6%	88.5%

**discharge dates May - July 2018

Priority Metrics



Hawkins County Memorial Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ 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	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	0.00				
↓ PSI 14 Postoperative Wound Dehiscence Rate	0.00	0.00	0.00	0.00	0.00
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	12.99	0.00	0.00	0.00	0.00
↓ CLABSI	0.000	0.000	0.000	0.000	0.000
↓ CAUTI	1.620	0.000	0.000		0.000
↓ SSI COLON Surgical Site Infection					
↓ MRSA	0.000	0.000	0.000	0.000	0.000
↓ CDI/F	0.260	0.000	0.000	0.000	0.000
Quality Priority Measures					
↓ Levofloxacin Days Of Therapy per 1000 patient days	135.90	135.60	102.80	61.95	100.10
↓ Meropenem Days Of Therapy per 1000 patient days	74.51	109.04	62.66	85.55	85.80
↓ Sepsis In House Mortality	2.5%	9.0%	0.0%		4.6%
↑ SMB: Sepsis Management Bundle**	46.0%	75.0%	60.0%	50.0%	60.0%
↓ Inpatient Opioid Administration Rate by Patient Days	1.58	0.87	0.90	0.70	0.82
↓ Emergency Department Opioid Administration Rate by ED Visits	0.12	0.12	0.11	0.13	0.12
↓ Left Without Being Seen	2.2%	0.0%	0.5%	0.3%	0.2%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	91	68	82.5	65	73.8
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	215	257	202	219	204
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	81.5%	86.7%	96.0%	86.0%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	88.5%	80.0%	100.0%	87.0%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	70.0%	83.3%	90.0%	100.0%	86.2%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	86.7%	80.0%	78.6%	80.7%

**discharge dates May - July 2018

Priority Metrics

		Russell County Hospital				
		FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures						
↓	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	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
↓	PSI 13 Postoperative Sepsis Rate	250.00				
↓	PSI 14 Postoperative Wound Dehiscence Rate	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
↓	CLABSI	4.785	0.000	0.000	0.000	0.000
↓	CAUTI	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
↓	CDIFF	0.620	0.000	0.000	0.000	0.000
Quality Priority Measures						
↓	Levofloxacin Days Of Therapy per 1000 patient days	25.20	18.90	14.60	2.16	11.90
↓	Meropenem Days Of Therapy per 1000 patient days	2.48			2.16	2.20
↓	Sepsis In House Mortality	7.4%	0.0%	8.0%	0.0%	3.6%
↑	SMB: Sepsis Management Bundle**	75.0%	66.7%	66.7%	0.0%	57.1%
↓	Inpatient Opioid Administration Rate by Patient Days	0.30	0.25	0.22	0.28	0.25
↓	Emergency Department Opioid Administration Rate by ED Visits	0.14	0.13	0.12	0.13	0.13
↓	Left Without Being Seen	0.3%	1.3%	0.6%	0.6%	0.2%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)**	106	108.5	83.5	98	98
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	189.25	176.5	158	175	167.5
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	90.0%	90.2%	75.0%	94.4%	88.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	69.0%	70.8%	100.0%	78.5%
↑	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%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	82.0%	81.8%	100.0%	85.7%	88.9%

**discharge dates May - July 2018

Priority Metrics



Unicoi County Hospital

	FY18	Jul-18	Aug-18	Sep-18	FYTD19
Quality Target Measures					
↓ 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
↓ SSI COLON Surgical Site Infection					
↓ MRSA	0.000	0.000	0.000	0.000	0.000
↓ CDIFF	0.000	0.000	0.000	0.000	0.000
Quality Priority Measures					
↓ 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%	66.7%
↓ 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%	0.2%
↓ Median Time from ED Arrival to Departure for Outpatients (18b)**	124	170	134		125.5
↓ Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	206	206	222	212	212
↑ HCOMP1A P Patients who reported that their nurses "Always" communicated well	86.0%	72.7%	100.0%	83.3%	81.8%
↑ HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.0%	84.4%	95.2%	75.0%	85.9%
↑ HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	75.0%	52.4%	83.3%	75.0%	62.9%
↑ HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0%	71.4%	90.9%	100.0%	81.6%

**discharge dates May - July 2018