

FYTD20: - January 2020 Discharges



Priority Metrics

		Ballad Health	
		Baseline	FYTD20
<b>Desired Performance</b>	<b>Quality Target Measures</b>		
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.29	0.29
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.11
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.05
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.39
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	0.58
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.40	6.13
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.45
↓ lower is better	PSI 13 Postoperative Sepsis Rate	6.16	4.09
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	1.44
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.61
↓ lower is better	CLABSI	0.774	0.594
↓ lower is better	CAUTI	0.613	0.645
↓ lower is better	SSI COLON Surgical Site Infection	1.166	2.966
↓ lower is better	SSI HYST Surgical Site Infection	0.996	1.176
↓ lower is better	MRSA	0.040	0.065
↓ lower is better	CDIFF	0.585	0.355
↑ higher is better	SMB: Sepsis Management Bundle	--	65.1%
	<b>Quality Priority Measures</b>		
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	34.20
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	29.10
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.86
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.18
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	78.8%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	79.6%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.1%	62.7%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	85.9%
↑ higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	47.0%
↓ lower is better	READM30HF Heart Failure 30Day readmissions rate	20.5%	20.6%
↓ lower is better	READM30PN Pneumonia 30day readmission rate	17.7%	15.7%
↓ lower is better	Sepsis In House Mortality	--	9.7%
↓ lower is better	MORT30HF Heart failure 30day mortality rate	3.9%	4.2%
↓ lower is better	MORT30PN Pneumonia 30day mortality rate	4.7%	4.5%
↓ lower is better	Left without being seen	0.90%	1.45%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	124.5	136.7
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.3	246.0

-- no data available or too few cases to report

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Priority Metrics

Johnson City Medical Center\*

		Baseline	FYTD20
<b>Desired Performance</b>			
<b>Quality Target Measures</b>			
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.07 0.11
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.33 0.16
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.09 0.11
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	3.60 0.64
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.08 0.78
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	11.98 5.68
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.90 3.89
↓	lower is better	PSI 13 Postoperative Sepsis Rate	8.30 5.65
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.01 3.19
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.79 0.67
↓	lower is better	CLABSI	1.080 0.842
↓	lower is better	CAUTI	0.997 1.323
↓	lower is better	SSI COLON Surgical Site Infection	1.911 3.226
↓	lower is better	SSI HYST Surgical Site Infection	2.500 0.000
↓	lower is better	MRSA	0.055 0.079
↓	lower is better	CDIFF	0.531 0.324
↑	higher is better	SMB: Sepsis Management Bundle	-- 71.0%
<b>Quality Priority Measures</b>			
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	-- 15.40
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	-- 20.10
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	-- 2.14
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	-- 0.20
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0% 74.2%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	77.0% 75.3%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	60.0% 57.8%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.0% 85.0%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	48.0% 45.1%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	22.6% 21.9%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	18.8% 17.1%
↓	lower is better	Sepsis In House Mortality	-- 15.2%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	4.2% 6.2%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	5.1% 7.4%
↓	lower is better	Left without being seen	1.00% 1.26%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	152.0 184.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	245.0 297.3

\*includes NsCH and WPH

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Holston Valley Medical Center

Desired Performance

Quality Target Measures

Baseline FYTD20

		Baseline	FYTD20
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.36 1.27
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.51 0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10 0.13
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04 1.08
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87 0.58
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.84 5.49
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.78 2.35
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.97 2.43
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.56 0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.80 0.00
↓	lower is better	CLABSI	0.682 0.925
↓	lower is better	CAUTI	0.938 0.541
↓	lower is better	SSI COLON Surgical Site Infection	1.364 2.857
↓	lower is better	SSI HYST Surgical Site Infection	0.641 1.899
↓	lower is better	MRSA	0.012 0.085
↓	lower is better	CDIFF	0.741 0.431
↑	higher is better	SMB: Sepsis Management Bundle	-- 66.7%
<b>Quality Priority Measures</b>			
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	-- 31.10
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	-- 53.10
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	-- 2.20
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	-- 0.17
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0% 76.1%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0% 79.3%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0% 62.4%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.0% 89.0%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.0% 48.2%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	21.6% 19.6%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	19.4% 17.2%
↓	lower is better	Sepsis In House Mortality	-- 15.1%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	3.8% 2.4%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	2.6% 5.8%
↓	lower is better	Left without being seen	1.00% 1.56%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	153.0 175.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	340.0 420.0

-- no data available or too few cases to report

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Priority Metrics

Bristol Regional Medical Center

Desired Performance

Quality Target Measures

Baseline

FYTD20

↓	lower is better	PSI 3 Pressure Ulcer Rate	0.35	0.17
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.32	0.24
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.09	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.72	3.04
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.97	0.87
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.50	6.34
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.59	3.40
↓	lower is better	PSI 13 Postoperative Sepsis Rate	3.65	2.82
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.03	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.22	1.43
↓	lower is better	CLABSI	1.202	0.358
↓	lower is better	CAUTI	0.824	0.934
↓	lower is better	SSI COLON Surgical Site Infection	0.000	4.878
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000
↓	lower is better	MRSA	0.056	0.067
↓	lower is better	CDIFF	0.719	0.452
↑	higher is better	SMB: Sepsis Management Bundle	--	54.1%
<b>Quality Priority Measures</b>				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	25.10
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	25.40
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.73
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.19
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	81.6%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	80.8%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	67.0%	67.3%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	88.1%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	53.0%	48.8%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	22.6%	23.6%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	14.7%	15.7%
↓	lower is better	Sepsis In House Mortality	--	9.4%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	3.7%	5.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	3.4%	3.6%
↓	lower is better	Left without being seen	1.00%	2.98%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	147.0	163.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	255.0	298.0

-- no data available or too few cases to report

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Priority Metrics

Johnston Memorial Hospital

		Baseline	FYTD20
<b>Desired Performance</b>	<b>Quality Target Measures</b>		
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.97	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.30
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.39	6.58
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.96	3.48
↓ lower is better	PSI 13 Postoperative Sepsis Rate	6.59	13.16
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.10	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.00	0.00
↓ lower is better	CLABSI	0.001	0.000
↓ lower is better	CAUTI	0.000	0.426
↓ lower is better	SSI COLON Surgical Site Infection	0.000	0.000
↓ lower is better	SSI HYST Surgical Site Infection	0.000	5.263
↓ lower is better	MRSA	0.000	0.060
↓ lower is better	CDIFF	1.052	0.192
↑ higher is better	SMB: Sepsis Management Bundle	--	64.4%
	<b>Quality Priority Measures</b>		
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	28.90
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	26.50
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.70
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.22
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	77.8%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	76.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	58.1%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	85.6%
↑ higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	49.0%	41.6%
↓ lower is better	READM30HF Heart Failure 30Day readmissions rate	16.6%	25.9%
↓ lower is better	READM30PN Pneumonia 30day readmission rate	18.9%	14.4%
↓ lower is better	Sepsis In House Mortality	--	7.4%
↓ lower is better	MORT30HF Heart failure 30day mortality rate	2.3%	6.5%
↓ lower is better	MORT30PN Pneumonia 30day mortality rate	4.2%	4.0%
↓ lower is better	Left without being seen	1.00%	0.61%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	143.0	180.0
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	272.0	316.0

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Lonesome Pine Hospital\*\*

Desired Performance

Quality Target Measures

Baseline

FYTD20

↓	lower is better	PSI 3 Pressure Ulcer Rate	0.21	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.64	66.67
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.14	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.82	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.23	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	0.00
↓	lower is better	CLABSI	0.000	0.000
↓	lower is better	CAUTI	0.000	2.309
↓	lower is better	SSI COLON Surgical Site Infection	0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	5.556	0.000
↓	lower is better	MRSA	0.000	0.000
↓	lower is better	CDIFF	0.315	0.000
↑	higher is better	SMB: Sepsis Management Bundle	--	69.8%
<b>Quality Priority Measures</b>				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	75.50
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	20.30
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.23
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.11
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	86.3%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	87.9%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	75.3%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	84.8%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	51.0%	41.1%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	32.5%	8.3%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	24.8%	16.3%
↓	lower is better	Sepsis In House Mortality	--	7.8%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	6.1%	9.4%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	2.1%	1.8%
↓	lower is better	Left without being seen	0.00%	1.44%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	120.0	120.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	213.0	245.1

\*\*includes MVRMC

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Norton Community Hospital

Desired Performance

Quality Target Measures

Baseline FYTD20

		Baseline	FYTD20
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.20 0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38 0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10 0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.96 0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10 0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.33 0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.39 7.09
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.59 0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21 0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87 0.00
↓	lower is better	CLABSI	0.000 1.333
↓	lower is better	CAUTI	0.000 0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.000 0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.000 0.000
↓	lower is better	MRSA	0.000 0.000
↓	lower is better	CDIFF	0.265 0.365
↑	higher is better	SMB: Sepsis Management Bundle	-- 76.0%
<b>Quality Priority Measures</b>			
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	-- 21.90
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	-- 21.80
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	-- 1.17
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	-- 0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0% 78.6%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0% 78.6%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	66.0% 56.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0% 83.1%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	53.0% 41.8%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	20.1% 24.6%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	16.1% 14.0%
↓	lower is better	Sepsis In House Mortality	-- 5.4%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	1.4% 5.7%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	1.6% 3.5%
↓	lower is better	Left without being seen	1.00% 0.91%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	154.0 166.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	244.0 238.0

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Smyth County Community Hospital

Desired Performance

		Baseline	FYTD20
<b>Quality Target Measures</b>			
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.21 0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39 0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10 0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69 0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12 0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.04 0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.03 0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.81 0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	-- 0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	-- 0.00
↓	lower is better	CLABSI	0.000 0.000
↓	lower is better	CAUTI	0.000 0.000
↓	lower is better	SSI COLON Surgical Site Infection	16.667 0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.000 --
↓	lower is better	MRSA	0.000 0.000
↓	lower is better	CDIFF	0.174 0.000
↑	higher is better	SMB: Sepsis Management Bundle	-- 95.0%
<b>Quality Priority Measures</b>			
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	-- 20.70
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	-- 14.10
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	-- 1.50
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	-- 0.16
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0% 84.3%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0% 87.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0% 64.9%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91.0% 88.9%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	61.0% 52.7%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	18.8% 7.7%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	16.3% 19.7%
↓	lower is better	Sepsis In House Mortality	-- 1.6%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	5.5% 0.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	2.8% 0.0%
↓	lower is better	Left without being seen	1.00% 0.25%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	97.0 93.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	176.0 190.0

-- no data available or too few cases to report



FYTD20: - January 2020 Discharges



Priority Metrics

Russell County Hospital

Desired Performance

		Baseline	FYTD20
<b>Quality Target Measures</b>			
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.24 0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39 0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10 0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00 0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	-- 0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	-- 0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	-- 0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	-- 0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	-- 0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	-- 0.00
↓	lower is better	CLABSI	0.000 0.000
↓	lower is better	CAUTI	0.000 0.000
↓	lower is better	SSI COLON Surgical Site Infection	-- --
↓	lower is better	SSI HYST Surgical Site Infection	-- --
↓	lower is better	MRSA	0.000 0.000
↓	lower is better	CDIFF	0.498 0.544
↑	higher is better	SMB: Sepsis Management Bundle	-- 87.8%
<b>Quality Priority Measures</b>			
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	-- 24.00
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	-- 6.40
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	-- 0.48
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	-- 0.17
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	87.0% 83.9%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	89.0% 80.6%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0% 64.4%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0% 81.8%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	50.0% 44.1%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	19.0% 26.5%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	18.7% 14.9%
↓	lower is better	Sepsis In House Mortality	-- 3.2%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	3.4% 0.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	2.1% 0.0%
↓	lower is better	Left without being seen	1.00% 0.78%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	90.0 90.8
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	168.0 175.8

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Franklin Woods Community Hospital

Desired Performance

Quality Target Measures

Baseline

FYTD20

↓	lower is better	PSI 3 Pressure Ulcer Rate	0.20	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.54
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.09	9.30
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.72	4.76
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.54	9.71
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.16	3.75
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.85	0.00
↓	lower is better	CLABSI	0.000	0.000
↓	lower is better	CAUTI	0.428	0.000
↓	lower is better	SSI COLON Surgical Site Infection	1.504	2.410
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000
↓	lower is better	MRSA	0.039	0.069
↓	lower is better	CDIFF	0.259	0.690
↑	higher is better	SMB: Sepsis Management Bundle	--	51.4%
<b>Quality Priority Measures</b>				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	35.10
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	21.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.82
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.32
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	80.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	81.1%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.0%	64.9%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	83.7%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	61.0%	51.7%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	9.7%	20.0%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	16.3%	16.9%
↓	lower is better	Sepsis In House Mortality	--	2.9%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	2.1%	4.4%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	2.0%	2.3%
↓	lower is better	Left without being seen	1.00%	1.19%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	130.0	158.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	234.0	298.3

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Indian Path Community Hospital

		Baseline	FYTD20
<b>Desired Performance</b>	<b>Quality Target Measures</b>		
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.16	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.36	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.75	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	5.90	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00
↓ lower is better	CLABSI	0.000	0.000
↓ lower is better	CAUTI	0.000	0.000
↓ lower is better	SSI COLON Surgical Site Infection	0.000	3.846
↓ lower is better	SSI HYST Surgical Site Infection	7.143	0.000
↓ lower is better	MRSA	0.080	0.000
↓ lower is better	CDIFF	0.813	0.000
↑ higher is better	SMB: Sepsis Management Bundle	--	72.7%
	<b>Quality Priority Measures</b>		
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	22.00
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	31.20
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.78
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.16
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	76.2%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	79.7%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	58.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	83.1%
↑ higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	55.0%	43.4%
↓ lower is better	READM30HF Heart Failure 30Day readmissions rate	18.1%	14.5%
↓ lower is better	READM30PN Pneumonia 30day readmission rate	14.8%	13.7%
↓ lower is better	Sepsis In House Mortality	--	5.7%
↓ lower is better	MORT30HF Heart failure 30day mortality rate	2.2%	5.1%
↓ lower is better	MORT30PN Pneumonia 30day mortality rate	2.0%	6.2%
↓ lower is better	Left without being seen	1.00%	2.16%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	121.0	152.0
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	220.0	262.5

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Greenville Community Hospital+

		Baseline	FYTD20
<b>Desired Performance</b>	<b>Quality Target Measures</b>		
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.20	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.42	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.11	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.75	4.58
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.75	13.51
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.27	10.96
↓ lower is better	PSI 13 Postoperative Sepsis Rate	5.55	13.16
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	2.27
↓ lower is better	CLABSI	0.000	0.000
↓ lower is better	CAUTI	0.000	0.446
↓ lower is better	SSI COLON Surgical Site Infection	1.163	5.085
↓ lower is better	SSI HYST Surgical Site Infection	0.000	0.000
↓ lower is better	MRSA	0.000	0.091
↓ lower is better	CDIFF	0.283	0.279
↑ higher is better	SMB: Sepsis Management Bundle	--	34.2%
	<b>Quality Priority Measures</b>		
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	19.20
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	33.20
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.61
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.13
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	80.5%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	80.5%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	63.9%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	88.0%	86.4%
↑ higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	50.0%	46.6%
↓ lower is better	READM30HF Heart Failure 30Day readmissions rate	24.2%	10.1%
↓ lower is better	READM30PN Pneumonia 30day readmission rate	18.3%	12.7%
↓ lower is better	Sepsis In House Mortality	--	10.3%
↓ lower is better	MORT30HF Heart failure 30day mortality rate	15.4%	0.0%
↓ lower is better	MORT30PN Pneumonia 30day mortality rate	19.9%	5.1%
↓ lower is better	Left without being seen	1.00%	2.38%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	124.0	138.4
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	206.0	317.5

+includes East and West

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Sycamore Shoals Hospital

Desired Performance

Quality Target Measures

Baseline

FYTD20

↓	lower is better	PSI 3 Pressure Ulcer Rate	0.19	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	13.37	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.98	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.67	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	14.08
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00
↓	lower is better	CLABSI	0.900	0.000
↓	lower is better	CAUTI	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	3.226	0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000
↓	lower is better	MRSA	0.067	0.000
↓	lower is better	CDIFF	0.604	0.331
↑	higher is better	SMB: Sepsis Management Bundle	--	74.2%
<b>Quality Priority Measures</b>				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	33.80
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	41.40
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.44
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.25
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	77.7%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	86.0%	80.3%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	64.1%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	83.0%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	59.0%	46.4%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	7.2%	27.6%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	--	13.6%
↓	lower is better	Sepsis In House Mortality	--	8.6%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	3.5%	3.2%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	3.8%	5.0%
↓	lower is better	Left without being seen	1.00%	0.51%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	124.0	123.3
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	210.0	211.8

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Hawkins County Memorial Hospital

		Baseline	FYTD20
<b>Desired Performance</b>	<b>Quality Target Measures</b>		
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.23	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	--	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00
↓ lower is better	CLABSI	0.000	0.000
↓ lower is better	CAUTI	0.000	0.000
↓ lower is better	SSI COLON Surgical Site Infection	0.000	0.000
↓ lower is better	SSI HYST Surgical Site Infection	--	--
↓ lower is better	MRSA	0.000	0.000
↓ lower is better	CDIFF	0.000	0.000
↑ higher is better	SMB: Sepsis Management Bundle	--	48.8%
	<b>Quality Priority Measures</b>		
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	53.30
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	30.20
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.79
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.14
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	87.0%	88.5%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	87.7%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	83.0%	76.8%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	92.0%	84.7%
↑ higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	55.0%	59.8%
↓ lower is better	READM30HF Heart Failure 30Day readmissions rate	21.1%	12.5%
↓ lower is better	READM30PN Pneumonia 30day readmission rate	16.8%	20.8%
↓ lower is better	Sepsis In House Mortality	--	3.9%
↓ lower is better	MORT30HF Heart failure 30day mortality rate	0.0%	0.0%
↓ lower is better	MORT30PN Pneumonia 30day mortality rate	2.6%	0.0%
↓ lower is better	Left without being seen	0.00%	1.30%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	80.0	115.5
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	175.0	217.0

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

		Unicoi County Hospital	
		Baseline	FYTD20
<b>Desired Performance</b>		<b>Quality Target Measures</b>	
↓	lower is better	PSI 3 Pressure Ulcer Rate	-- 0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	-- 0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	-- 0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	-- --
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	-- --
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	-- --
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	-- --
↓	lower is better	PSI 13 Postoperative Sepsis Rate	-- --
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	-- --
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	-- --
↓	lower is better	CLABSI	0.000 0.000
↓	lower is better	CAUTI	0.000 0.000
↓	lower is better	SSI COLON Surgical Site Infection	-- --
↓	lower is better	SSI HYST Surgical Site Infection	-- --
↓	lower is better	MRSA	-- 0.000
↓	lower is better	CDIFF	0.000 0.000
↑	higher is better	SMB: Sepsis Management Bundle	-- 60.0%
		<b>Quality Priority Measures</b>	
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	-- 29.50
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	-- 26.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	-- 1.07
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	-- 0.13
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	79.0% 84.1%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0% 78.1%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.0% 79.7%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	76.0% 76.9%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	47.0% 56.8%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	-- 12.0%
↓	lower is better	READM30PN Pneumonia 30day readmission rate	-- 10.5%
↓	lower is better	Sepsis In House Mortality	-- 2.9%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	-- 0.0%
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	15.2% 0.0%
↓	lower is better	Left without being seen	1.00% 0.43%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	119.0 121.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	209.0 202.0

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Hancock County Hospital

Desired Performance

Quality Target Measures

Baseline

FYTD20

↓	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--
↓	lower is better	CLABSI	--	--
↓	lower is better	CAUTI	--	--
↓	lower is better	SSI COLON Surgical Site Infection	--	--
↓	lower is better	SSI HYST Surgical Site Infection	--	--
↓	lower is better	MRSA	--	--
↓	lower is better	CDIFF	--	--
↑	higher is better	SMB: Sepsis Management Bundle	--	75.0%
<b>Quality Priority Measures</b>				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	78.20
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	65.00
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.75
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.20
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	90.0%	100.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	95.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	77.0%	76.9%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	92.0%	91.7%
↑	higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	70.0%	53.8%
↓	lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--
↓	lower is better	READM30PN Pneumonia 30day readmission rate	17.0%	15.4%
↓	lower is better	Sepsis In House Mortality	--	0.0%
↓	lower is better	MORT30HF Heart failure 30day mortality rate	--	--
↓	lower is better	MORT30PN Pneumonia 30day mortality rate	16.9%	5.0%
↓	lower is better	Left without being seen	1.00%	1.11%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	120.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	169.5

-- no data available or too few cases to report



FYTD20: - January 2020 Discharges



Priority Metrics

Johnson County Community Hospital

Desired Performance

Quality Target Measures

Baseline	FYTD20
--	0.00
--	0.00
--	0.00
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--	--
--	--
--	--
--	1.38
--	0.15
--	50.0%
--	33.3%
--	25.0%
--	50.0%
--	20.0%
--	--
--	--
--	0.0%
--	--
--	0.0%
1.00%	0.73%
89.0	64.0
--	142.0

↓ lower is better	PSI 3 Pressure Ulcer Rate
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
↓ lower is better	PSI 13 Postoperative Sepsis Rate
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate
↓ lower is better	CLABSI
↓ lower is better	CAUTI
↓ lower is better	SSI COLON Surgical Site Infection
↓ lower is better	SSI HYST Surgical Site Infection
↓ lower is better	MRSA
↓ lower is better	CDIFF
↑ higher is better	SMB: Sepsis Management Bundle
<b>Quality Priority Measures</b>	
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home
↑ higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital
↓ lower is better	READM30HF Heart Failure 30Day readmissions rate
↓ lower is better	READM30PN Pneumonia 30day readmission rate
↓ lower is better	Sepsis In House Mortality
↓ lower is better	MORT30HF Heart failure 30day mortality rate
↓ lower is better	MORT30PN Pneumonia 30day mortality rate
↓ lower is better	Left without being seen
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)

-- no data available or too few cases to report

FYTD20: - January 2020 Discharges



Priority Metrics

Dickenson Community Hospital

		Baseline	FYTD20
<b>Desired Performance</b>	<b>Quality Target Measures</b>		
↓ lower is better	PSI 3 Pressure Ulcer Rate	--	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--
↓ lower is better	PSI 13 Postoperative Sepsis Rate	--	--
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--
↓ lower is better	CLABSI	--	--
↓ lower is better	CAUTI	--	--
↓ lower is better	SSI COLON Surgical Site Infection	--	--
↓ lower is better	SSI HYST Surgical Site Infection	--	--
↓ lower is better	MRSA	--	--
↓ lower is better	CDIFF	--	--
↑ higher is better	SMB: Sepsis Management Bundle	--	0.0%
	<b>Quality Priority Measures</b>		
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	93.3%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	100.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	90.0%
↑ higher is better	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	42.9%
↓ lower is better	READM30HF Heart Failure 30Day readmissions rate	--	--
↓ lower is better	READM30PN Pneumonia 30day readmission rate	--	0.0%
↓ lower is better	Sepsis In House Mortality	--	0.0%
↓ lower is better	MORT30HF Heart failure 30day mortality rate	--	--
↓ lower is better	MORT30PN Pneumonia 30day mortality rate	--	0.0%
↓ lower is better	Left without being seen	1.00%	0.73%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)	--	109.5
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	160.0

-- no data available or too few cases to report