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Priority Metrics

		Ballad Health							Bristol Regional Medical Center							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	
Desired Performance		Quality Target Measures														
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.29	1.10	0.62	0.31	0.67	0.79	0.58	0.35	2.28	1.60	0.81	0.00	0.00	0.65
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.21	0.00	0.25	0.07	0.14	0.32	0.07	0.29	0.00	0.00	0.00	0.08
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.05	0.07	0.15	0.00	0.00	0.06	0.09	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07	0.06	0.06	0.12	0.09	0.08	0.09	0.16	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.76	1.55	1.11	2.16	0.99	1.48	4.72	4.54	2.43	2.34	3.90	1.68	2.63
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	1.06	0.00	1.62	2.18	1.96	1.39	0.97	0.48	0.00	1.98	4.42	3.01	2.28
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.40	8.34	8.68	6.54	7.79	8.36	7.77	16.50	10.75	10.67	9.85	11.14	15.09	11.39
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.51	3.91	2.90	2.23	4.03	3.22	4.59	2.42	4.55	2.21	2.45	4.85	3.42
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.16	3.88	3.17	3.41	4.57	5.43	4.01	3.65	3.57	0.00	4.29	9.57	3.16	4.28
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.99	0.00	1.60	3.71	1.35	1.62	2.03	0.00	0.00	9.17	4.24	0.00	3.57
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.98	0.71	0.74	0.00	0.00	0.40	1.22	1.25	1.61	3.58	0.00	0.00	1.38
↓	lower is better	CLABSI	0.774	0.652	0.622	0.586	0.378	0.724	0.564	1.202	0.722	0.000	0.374	0.000	0.603	0.206
↓	lower is better	CAUTI	0.613	0.640	0.851	1.170	0.624	0.844	0.871	0.824	0.958	0.900	1.555	0.903	1.471	1.175
↓	lower is better	SSI COLON Surgical Site Infection	1.17	1.90	4.56	0.40	1.63	1.30	2.09	0.00	1.33	0.00	0.00	0.00	0.00	
↓	lower is better	SSI HYST Surgical Site Infection	1.00	0.61	0.00	0.00	0.00	0.00	0.00	0.00	1.59	0.00	0.00	0.00	0.00	
↓	lower is better	MRSA	0.040	0.054	0.136	0.116	0.028	0.080	0.090	0.056	0.094	0.107	0.159	0.000	0.077	0.085
↓	lower is better	CDIFF	0.585	0.623	0.404	0.295	0.358	0.389	0.359	0.719	0.740	0.387	0.219	0.423	0.464	0.367
		Quality Metrics														
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	50.01	53.94	53.86	44.21	35.83	43.45	--	45.00	31.17	43.29	40.10	22.05	33.46
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	42.94	43.88	36.60	35.63	31.88	33.61	--	41.60	31.53	25.69	30.53	24.50	27.50
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.26	1.35	1.30	1.29	1.37	1.32	--	1.81	1.88	1.77	1.81	1.77	1.81
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.12	0.13	0.11	0.14	0.13	--	0.16	0.14	0.13	0.14	0.15	0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	82.8%	80.0%	79.0%	79.0%	79.0%	79.0%	--	86.0%	86.0%	81.0%	79.0%	82.0%	82.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	84.5%	80.0%	80.0%	79.0%	79.0%	80.0%	--	83.0%	84.0%	80.0%	79.0%	81.0%	81.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	72.6%	64.0%	63.0%	61.0%	63.0%	63.0%	--	75.0%	64.0%	68.0%	65.0%	65.0%	65.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	88.1%	87.0%	87.0%	87.0%	87.0%	87.0%	--	87.0%	91.0%	88.0%	87.0%	88.0%	88.0%
↓	lower is better	Left without being seen	--	0.60%	0.97%	0.74%	1.17%	1.30%	1.01%	--	4.00%	0.97%	0.67%	1.79%	2.28%	1.35%
↓	lower is better	Sepsis In House Mortality	--	7.5%	9.2%	8.1%	8.5%	8.5%	8.6%	--	11.2%	10.1%	10.1%	12.1%	6.2%	10.4%
↑	higher is better	SMB: Sepsis Management Bundle**	--	56.6%	60.2%	61.4%	68.1%	61.2%	62.8%	--	48.3%	42.4%	64.3%	63.9%	70.0%	59.5%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	129.2	125.0	123.0	114.0	126.8	124.0	--	153.8	150.0	140.0	164.0	169.5	151.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	210.5	223.5	229.8	253.0	249.5	230.0	--	278.5	277.0	294.0	255.0	302.5	294.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

**FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Johnston Memorial Hospital							Smyth County Community Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	
Desired Performance																
Quality Target Measures																
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.97	0.00	0.00	0.00	1.03	0.00	0.30	0.21	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.14	0.69	0.00	0.00	0.00	0.18	0.39	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.13	0.00	0.97	0.00	0.00	0.00	0.29	0.16	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.16	0.00	0.74	0.66	1.02	0.58	0.10	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	0.00	0.00	0.00	0.00	0.00	4.69	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	2.92	0.00	10.64	0.00	0.00	2.87	1.12	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	0.00	11.63	0.00	0.00	3.14	16.04	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.96	5.79	0.00	6.51	3.62	10.64	4.60	4.03	5.98	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.59	0.00	0.00	0.00	0.00	0.00	0.00	5.81	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.10	0.00	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.83	0.00	3.82	0.00	0.00	0.00	1.13	--	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.001	0.000	1.742	0.000	0.000	0.000	0.466	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	0.000	1.606	0.000	0.850	0.000	0.673	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.67	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	--	--	--	--	--	--
↓	lower is better	MRSA	0.000	0.000	0.145	0.000	0.000	0.000	0.038	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	1.052	0.550	0.000	0.000	0.146	0.696	0.163	0.174	0.331	0.000	0.000	0.000	1.395	0.223
Quality Metrics																
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	41.70	37.27	37.98	34.53	31.55	35.36	--	56.30	48.57	50.03	53.30	20.05	43.53
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	41.69	36.53	28.13	22.40	32.37	29.20	--	10.10	9.60	9.17	24.20	9.20	12.10
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.87	0.90	0.88	0.79	0.85	0.86	--	0.78	0.83	0.74	0.78	0.79	0.78
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.15	0.14	0.19	0.14	0.18	0.16	--	0.14	0.15	0.20	0.11	0.15	0.15
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	77.0%	80.0%	76.0%	76.0%	78.0%	77.0%	--	86.0%	83.0%	80.0%	89.0%	81.0%	84.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	79.0%	80.0%	82.0%	77.0%	74.0%	79.0%	--	88.0%	84.0%	81.0%	90.0%	78.0%	84.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	60.0%	63.0%	59.0%	50.0%	59.0%	57.0%	--	66.0%	72.0%	61.0%	68.0%	77.0%	68.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	85.0%	87.0%	88.0%	88.0%	87.0%	--	89.0%	93.0%	80.0%	90.0%	90.0%	88.0%
↓	lower is better	Left without being seen	--	0.20%	0.22%	0.26%	0.59%	0.67%	0.42%	--	0.33%	0.31%	0.31%	0.23%	0.21%	0.27%
↓	lower is better	Sepsis In House Mortality	--	10.5%	8.2%	8.2%	8.0%	10.7%	8.4%	--	2.9%	3.7%	0.0%	2.9%	8.3%	2.8%
↑	higher is better	SMB: Sepsis Management Bundle**	--	54.8%	55.6%	55.2%	61.5%	41.7%	53.9%	--	81.1%	94.4%	80.0%	72.2%	92.9%	84.6%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	151.5	133.0	139.5	139.0	165.5	139.0	--	95.5	108.0	100.0	92.0	88.3	95.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	251.0	235.0	238.0	258.0	337.3	253.0	--	179.0	195.5	177.5	181.5	165.5	181.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

**FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Dickenson County Hospital						Hancock County Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19
Desired Performance		Quality Target Measures													
↓	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00	0.00	0.00	0.00	--	0.00	--	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	--	0.00	0.00	0.00	0.00	--	0.00	--	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	0.00	--	--	--	--	--	--	--	--	--	--	--
↓	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	--	--	--	--	--	--	--	--	--	--	--	--	--
		Quality Metrics													
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	143.93	112.20	99.26	91.55	--	--
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	72.12	106.86	140.08	141.45	114.90	--
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	0.09	0.06	0.17	--	0.10	0.79	--	--	1.56	2.42	1.79
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	0.13	0.16	0.09	--	0.13	0.20	0.20	0.23	0.20	0.22	0.21
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	57.0%	--	89.0%	83.0%	100.0%	88.0%	92.0%	95.0%	93.0%	93.0%	100.0%	94.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%	--	89.0%	92.0%	100.0%	92.0%	87.0%	90.0%	85.0%	93.0%	100.0%	91.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	100.0%	--	50.0%	--	--	50.0%	89.0%	75.0%	75.0%	83.0%	--	78.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	100.0%	--	83.0%	75.0%	50.0%	75.0%	86.0%	86.0%	100.0%	90.0%	100.0%	92.0%
↓	lower is better	Left without being seen	--	0.81%	0.68%	0.52%	0.60%	0.78%	0.64%	0.53%	0.65%	0.32%	0.69%	0.71%	0.59%
↓	lower is better	Sepsis In House Mortality	--	--	0.0%	0.0%	0.0%	--	0.0%	0.0%	10.0%	10.0%	0.0%	0.0%	6.3%
↑	higher is better	SMB: Sepsis Management Bundle**	--	--	--	--	--	--	--	70.0%	66.7%	57.1%	66.7%	75.0%	64.7%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	103.5	105.0	103.0	106.0	101.0	104.5	124.5	126.0	99.0	92.0	126.0	114.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	124.0	229.0	184.0	214.5	--	197.8	--	--	--	--	--	--

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

**FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Indian Path Community Hospital							Holston Valley Medical Center							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	
Desired Performance		Quality Target Measures														
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.36	3.21	1.55	0.38	3.06	2.88	1.89
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.26	0.00	0.00	1.14	0.00	0.34	0.51	0.48	0.00	0.00	0.00	0.37	0.07
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.14	0.34	0.00	0.00	0.00	0.00	0.00	0.16	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.07	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	0.00	0.00	0.00	0.00	0.00	4.04	0.92	1.44	1.43	2.32	1.11	1.61
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00	0.00	0.00	0.87	1.57	0.00	1.16	0.00	2.09	0.67
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.69	0.00	0.00	0.00	0.00	0.00	16.84	6.40	11.63	6.03	12.86	5.76	9.40
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.75	4.30	5.88	7.25	0.00	0.00	4.22	5.78	3.77	3.37	1.34	2.88	2.10	2.44
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.90	10.23	14.71	0.00	0.00	0.00	5.71	5.97	3.57	6.25	3.61	1.29	8.57	4.52
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00	0.00	0.00	0.00	0.00	2.56	1.70	0.00	0.00	4.08	7.30	2.15
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00	0.00	0.00	0.00	0.00	0.00	0.80	1.59	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.682	0.334	0.000	0.433	0.778	0.509	0.411
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	3.003	0.521	0.938	0.496	0.303	0.327	0.312	0.000	0.250
↓	lower is better	SSI COLON Surgical Site Infection	0.00	1.70	0.00	0.00	5.56	0.00	1.89	1.36	0.85	6.52	2.00	4.88	0.00	3.85
↓	lower is better	SSI HYST Surgical Site Infection	7.14	0.00	0.00	0.00	0.00	--	0.00	0.64	0.29	0.00	0.00	0.00	0.00	0.00
↓	lower is better	MRSA	0.080	0.048	0.000	0.000	0.000	0.000	0.000	0.012	0.034	0.094	0.143	0.000	0.200	0.102
↓	lower is better	CDIFF	0.813	0.507	0.829	0.702	1.223	0.844	0.917	0.741	1.056	0.687	0.294	0.487	0.211	0.437
		Quality Metrics														
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	33.60	37.23	26.63	31.50	27.10	29.99	--	37.64	37.20	44.96	39.60	41.10	40.74
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	49.20	52.67	40.20	33.95	34.30	39.30	--	84.83	77.33	71.47	58.38	52.15	65.10
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.06	0.93	0.87	0.86	0.79	0.86	--	2.15	2.21	2.09	2.22	2.37	2.21
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.09	0.09	0.11	0.09	0.10	0.10	--	0.18	0.15	0.14	0.14	0.15	0.15
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	80.0%	82.0%	81.0%	79.0%	80.0%	80.0%	--	81.0%	83.0%	78.0%	80.0%	78.0%	80.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	80.0%	84.0%	82.0%	76.0%	81.0%	--	81.0%	82.0%	78.0%	80.0%	81.0%	80.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	64.0%	65.0%	72.0%	61.0%	57.0%	64.0%	--	67.0%	65.0%	62.0%	62.0%	66.0%	63.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	87.0%	89.0%	89.0%	86.0%	88.0%	--	90.0%	87.0%	88.0%	88.0%	88.0%	88.0%
↓	lower is better	Left without being seen	--	0.94%	1.34%	1.19%	2.67%	2.10%	1.81%	--	2.10%	2.07%	1.80%	2.35%	2.12%	2.08%
↓	lower is better	Sepsis In House Mortality	--	6.6%	6.4%	3.5%	4.8%	1.7%	4.6%	--	13.3%	12.6%	9.7%	11.6%	12.9%	11.5%
↑	higher is better	SMB: Sepsis Management Bundle**	--	70.5%	69.2%	83.3%	81.0%	88.2%	79.6%	--	25.2%	47.6%	31.3%	59.5%	54.2%	48.1%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	130.0	126.5	122.0	118.0	142.3	122.5	--	165.0	176.0	178.0	210.0	196.5	177.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	219.5	221.0	196.0	203.0	211.5	203.0	--	430.0	409.0	397.0	491.0	546.0	445.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

**FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Lonesome Pine Hospital							Norton Community Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	
Desired Performance		Quality Target Measures														
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.21	0.00	0.00	0.00	0.00	0.00	0.00	0.20	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.00	0.00	0.00	5.18	0.00	1.34	0.38	0.54	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	--	--	--	--	--	0.15	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00	0.00	4.96	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	0.00	0.00	0.00	0.00	1.10	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.64	0.00	0.00	0.00	0.00	0.00	0.00	12.33	15.87	0.00	0.00	43.48	0.00	12.66
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.14	0.00	0.00	0.00	0.00	0.00	0.00	5.39	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.82	0.00	0.00	58.82	0.00	0.00	15.15	5.59	0.00	0.00	0.00	45.45	0.00	12.82
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.23	0.00	0.00	0.00	0.00	0.00	0.00	2.21	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	0.00	0.00	0.00	0.00	0.00	0.00	0.87	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	1.214	0.000	0.000	6.369	0.000	2.047	0.000	0.000	1.712	0.000	0.000	0.000	0.463
↓	lower is better	SSI COLON Surgical Site Infection	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	5.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.449	0.000	0.000	0.000	0.112
↓	lower is better	CDIFF	0.315	0.371	1.403	0.000	1.264	0.000	0.768	0.265	0.301	0.000	0.000	0.000	1.206	0.236
		Quality Metrics														
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	125.00	105.90	91.01	76.34	61.40	82.16	--	50.10	48.33	48.30	37.18	49.50	49.90
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	63.60	59.07	21.81	59.66	47.00	57.15	--	53.34	33.87	25.80	30.93	18.85	28.50
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.40	2.69	2.91	1.88	1.39	2.04	--	0.61	0.78	0.80	0.59	0.76	0.72
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.14	0.15	0.12	0.11	0.13	--	0.11	0.14	0.17	0.09	0.11	0.13
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	83.0%	81.0%	87.0%	80.0%	84.0%	83.0%	--	83.0%	84.0%	86.0%	81.0%	75.0%	82.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	83.0%	87.0%	82.0%	91.0%	85.0%	--	82.0%	79.0%	84.0%	81.0%	80.0%	81.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	76.0%	66.0%	80.0%	65.0%	59.0%	69.0%	--	65.0%	68.0%	68.0%	66.0%	63.0%	66.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	86.0%	88.0%	85.0%	81.0%	85.0%	85.0%	--	80.0%	83.0%	83.0%	89.0%	87.0%	86.0%
↓	lower is better	Left without being seen	--	1.00%	0.19%	0.11%	0.16%	0.36%	0.19%	--	0.20%	0.28%	0.41%	0.69%	0.72%	0.51%
↓	lower is better	Sepsis In House Mortality	--	4.4%	4.9%	3.9%	6.5%	--	4.9%	--	3.9%	4.3%	5.6%	1.3%	3.3%	3.7%
↑	higher is better	SMB: Sepsis Management Bundle**	--	44.8%	51.3%	54.1%	71.4%	59.1%	57.9%	--	77.6%	94.4%	76.5%	70.6%	71.4%	79.7%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	129.0	119.5	115.0	136.5	121.3	119.5	--	144.8	142.5	138.0	144.0	127.0	138.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	241.5	240.0	262.0	254.0	245.3	251.5	--	225.0	224.0	238.0	198.0	210.0	224.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

**FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Desired Performance	Quality Target Measures	Franklin Woods Community Hospital						Johnson City Medical Center							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.00	0.00	0.24	0.00	0.37	0.13
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.24	0.00	0.00	1.06	0.00	0.29	0.33	0.25	0.35	0.00	0.18	0.00	0.15
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.00	0.51	0.00	0.00	0.13
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.24	0.00	0.00	0.00	0.00	0.00	0.09	0.00	0.24	0.00	0.24	0.00	0.13
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.45	4.93	5.75	0.00	0.00	3.06	3.60	1.13	1.50	0.00	2.31	0.00	1.02
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00	0.00	0.00	0.00	0.00	0.00	1.08	1.28	0.00	1.52	4.62	2.34	2.15
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.09	17.02	18.69	0.00	0.00	0.00	5.60	11.98	6.57	6.56	8.10	2.17	9.77	6.40
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.72	2.34	4.67	5.35	11.63	0.00	5.73	5.90	3.63	5.60	4.13	0.70	4.07	3.59
↓ lower is better	PSI 13 Postoperative Sepsis Rate	6.54	8.35	0.00	0.00	21.74	17.86	8.31	8.30	3.00	0.00	1.57	3.18	4.77	2.21
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.16	1.79	0.00	0.00	0.00	0.00	0.00	2.01	1.54	0.00	0.00	7.94	0.00	1.90
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.85	0.87	0.00	0.00	0.00	0.00	0.00	0.79	0.74	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.000	0.910	0.000	0.000	0.000	0.000	0.000	1.080	1.132	1.249	1.515	0.354	1.535	1.129
↓ lower is better	CAUTI	0.428	0.434	0.000	0.000	0.000	0.000	0.000	0.997	1.498	2.085	4.658	0.896	2.761	2.553
↓ lower is better	SSI COLON Surgical Site Infection	1.50	5.11	7.14	0.00	0.00	0.00	2.83	1.91	1.52	12.90	0.00	3.03	10.00	5.83
↓ lower is better	SSI HYST Surgical Site Infection	0.00	1.20	0.00	0.00	0.00	0.00	0.00	2.50	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	MRSA	0.039	0.000	0.169	0.000	0.000	0.000	0.044	0.055	0.073	0.154	0.187	0.065	0.086	0.126
↓ lower is better	CDIFF	0.259	0.252	0.190	0.823	0.393	0.000	0.345	0.531	0.496	0.303	0.340	0.207	0.314	0.290
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	33.60	32.20	39.80	34.75	37.10	35.33	--	22.70	25.07	23.13	19.15	18.75	21.94
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	29.93	26.77	40.27	41.20	17.25	31.50	--	32.68	36.70	35.63	31.65	18.00	30.60
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.71	0.72	0.82	0.80	0.95	0.80	--	0.92	0.95	0.93	0.89	0.93	0.93
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.14	0.15	0.16	0.15	0.22	0.16	--	0.04	0.05	0.05	0.05	0.10	0.06
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.0%	80.0%	83.0%	81.0%	83.0%	82.0%	--	77.0%	73.0%	77.0%	76.0%	76.0%	75.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	82.0%	81.0%	84.0%	87.0%	82.0%	83.0%	--	76.0%	73.0%	76.0%	75.0%	77.0%	75.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	70.0%	69.0%	67.0%	66.0%	65.0%	67.0%	--	60.0%	57.0%	58.0%	60.0%	60.0%	59.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	87.0%	88.0%	89.0%	88.0%	88.0%	--	85.6%	84.0%	87.0%	87.0%	87.0%	86.0%
↓ lower is better	Left without being seen	--	0.63%	1.27%	0.54%	0.67%	1.48%	0.96%	--	0.90%	1.18%	0.87%	1.47%	1.66%	1.24%
↓ lower is better	Sepsis In House Mortality	--	3.8%	8.1%	4.1%	2.5%	4.3%	4.4%	--	16.6%	11.3%	11.7%	11.3%	11.4%	11.4%
↑ higher is better	SMB: Sepsis Management Bundle**	--	78.8%	64.3%	76.9%	76.5%	72.2%	72.6%	--	55.6%	61.3%	62.5%	66.7%	57.9%	62.7%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	147.5	157.0	150.5	152.0	150.8	152.0	--	152.5	157.5	170.5	180.0	193.3	170.5
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	240.0	251.5	248.0	262.0	384.8	259.0	--	259.0	293.0	280.0	293.5	271.0	280.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

**FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Johnson County Community Hospital						Sycamore Shoals Hospital								
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	
Desired Performance		Quality Target Measures														
↓	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	0.19	0.00	0.00	0.00	0.00	2.68	0.51
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	0.38	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	--	--	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--	--	--	--	--	--	4.66	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--	--	--	--	1.11	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--	--	--	--	13.37	4.63	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--	--	--	--	3.98	4.57	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--	--	6.67	4.65	18.87	0.00	0.00	0.00	5.15
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--	--	--	--	--	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--	--	--	--	--	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	--	--	--	--	--	--	--	0.900	1.088	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	--	--	--	--	--	--	--	0.000	0.460	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	--	--	--	--	--	--	--	3.23	3.13	14.29	0.00	0.00	0.00	3.70
↓	lower is better	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	MRSA	--	--	--	--	--	--	--	0.067	0.134	0.308	0.000	0.000	0.000	0.078
↓	lower is better	CDIFF	--	--	--	--	--	--	--	0.604	0.672	1.231	0.000	0.000	0.000	0.309
		Quality Metrics														
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	29.20	21.77	32.83	31.60	29.45	28.51	
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	31.02	38.17	51.00	44.90	32.70	21.80	
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	0.40	1.33	0.80	1.43	0.98	--	0.68	0.70	0.64	0.65	0.60	0.65
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	0.10	0.16	0.11	0.11	0.12	--	0.12	0.14	0.15	0.12	0.16	0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	100.0%	--	--	100.0%	--	100.0%	--	78.0%	81.0%	84.0%	83.0%	81.0%	82.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%	--	--	50.0%	--	50.0%	--	80.0%	86.0%	82.0%	83.0%	78.0%	83.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	100.0%	--	--	100.0%	--	100.0%	--	64.0%	72.0%	70.0%	57.0%	70.0%	66.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	100.0%	--	--	75.0%	--	75.0%	--	86.0%	89.0%	85.0%	83.0%	82.0%	85.0%
↓	lower is better	Left without being seen	--	0.70%	1.12%	0.61%	0.58%	0.47%	0.72%	--	0.65%	0.83%	0.46%	0.46%	0.55%	0.58%
↓	lower is better	Sepsis In House Mortality	--	--	--	0.0%	--	--	0.0%	--	14.0%	9.6%	6.8%	10.7%	0.0%	8.3%
↑	higher is better	SMB: Sepsis Management Bundle**	--	--	--	--	--	--	--	--	72.0%	55.6%	66.7%	80.0%	63.6%	68.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	91.5	91.0	72.0	87.0	70.0	81.0	--	125.3	115.0	129.0	112.0	132.0	123.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	165.0	148.0	--	137.0	--	143.0	--	221.3	211.0	215.0	193.0	228.8	211.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

**FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Desired Performance	Quality Target Measures	Hawkins County Memorial Hospital						Russell County Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.23	0.00	0.00	0.00	0.00	0.00	0.00	0.24	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.00	0.00	0.00	0.00	0.39	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	0.17	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	--	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	--	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	0.00	0.00	0.00	0.00	--	0.00	--	--	0.00	--	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	0.00	0.00	0.00	0.00	--	0.00	--	--	0.00	--	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	--	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	0.00	0.00	0.00	0.00	--	250.00	--	--	0.00	--	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	--	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	12.99	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	4.785	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CAUTI	0.000	1.623	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	SSI COLON Surgical Site Infection	0.00	--	--	--	--	--	--	--	--	--	--	--	--	--
↓ lower is better	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	--	--	--	--	--	--	--
↓ lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.310	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CDIFF	0.000	0.260	0.000	1.112	0.000	1.462	0.566	0.498	0.621	0.000	1.362	0.000	0.000	0.358
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	135.90	100.13	81.41	76.45	58.75	78.89	--	25.20	16.93	38.40	29.75	25.15	27.62
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	74.51	85.77	32.94	63.32	28.10	54.80	--	2.48	0.73	6.07	0.00	9.45	7.30
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.58	1.17	1.42	1.69	1.70	1.48	--	0.30	0.25	0.24	0.24	0.29	0.25
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.13	0.10	0.12	0.14	0.12	--	0.14	0.13	0.19	0.13	0.17	0.15
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.0%	88.0%	83.0%	80.0%	94.0%	84.0%	--	90.0%	85.0%	93.0%	94.0%	86.0%	90.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	80.0%	89.0%	71.0%	81.0%	94.0%	81.0%	--	88.0%	76.0%	90.0%	79.0%	86.0%	81.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	70.0%	91.0%	63.0%	74.0%	50.0%	72.0%	--	64.0%	67.0%	83.0%	70.0%	18.0%	65.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	82.0%	83.0%	88.0%	100.0%	86.0%	--	82.0%	89.0%	91.0%	88.0%	88.0%	89.0%
↓ lower is better	Left without being seen	--	0.10%	0.24%	0.35%	0.40%	0.79%	0.41%	--	0.30%	0.36%	0.41%	0.42%	0.21%	0.36%
↓ lower is better	Sepsis In House Mortality	--	2.5%	3.3%	0.0%	2.9%	0.0%	1.9%	--	7.4%	3.4%	3.4%	3.8%	10.0%	4.1%
↑ higher is better	SMB: Sepsis Management Bundle**	--	62.0%	53.3%	68.4%	69.2%	41.7%	59.3%	--	76.7%	72.2%	72.2%	91.7%	60.0%	77.1%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	86.0	68.0	101.0	86.0	104.5	86.0	--	97.0	101.5	98.0	98.0	95.8	98.0
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	214.3	204.0	232.0	235.0	234.0	232.0	--	163.8	167.5	174.0	162.0	180.3	170.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

**FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Unicoi County Hospital						Greenville Community Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19
Desired Performance		Quality Target Measures													
↓	lower is better	PSI 3 Pressure Ulcer Rate	--	--	--	--	--	0.00	0.00	0.20	--	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	--	--	--	--	0.00	0.00	0.42	--	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	--	--	--	--	--	0.00	0.00	0.08	--	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	--	--	--	--	0.00	0.00	0.11	--	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--	--	--	--	--	--	4.75	--	0.00	0.00	0.00	8.77
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--	--	--	--	1.11	--	0.00	0.00	--	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--	--	--	--	10.75	--	0.00	0.00	--	21.28
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--	--	--	--	5.27	--	0.00	0.00	0.00	16.26
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--	--	5.55	--	0.00	43.48	--	0.00
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--	--	--	--	2.21	--	0.00	0.00	--	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--	--	--	--	0.87	--	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	--	--	0.000	0.000	0.000	0.575	3.690	0.000	2.941	0.000
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	--	--	--	--	--	--	--	1.16	1.88	0.00	0.00	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	0.00	0.00	--	--	0.00	0.00
↓	lower is better	MRSA	--	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.233	0.000	0.220	0.000
↓	lower is better	CDIFF	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.283	0.319	0.000	0.000	0.465	0.743
		Quality Metrics													
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	--	--	--	43.20	70.75	--	62.80	77.60	75.43	45.76	37.03
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	--	--	46.20	--	--	7.00	32.63	26.16	18.50	36.10
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	--	0.55	1.10	--	0.76	--	0.80	--	--	0.60	1.74
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	--	0.12	0.14	--	0.13	--	0.07	--	--	0.06	0.18
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	86.0%	82.0%	82.0%	82.0%	86.0%	83.0%	--	84.0%	77.0%	76.0%	71.0%	76.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	86.0%	85.0%	84.0%	80.0%	84.0%	--	82.0%	81.0%	80.0%	77.0%	80.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	75.0%	63.0%	42.0%	43.0%	55.0%	53.0%	--	70.0%	63.0%	58.0%	60.0%	65.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	82.0%	80.0%	76.0%	88.0%	81.0%	--	91.0%	86.0%	85.0%	86.0%	90.0%
↓	lower is better	Left without being seen	--	0.50%	1.02%	0.41%	0.20%	0.00%	0.41%	--	1.30%	0.74%	0.59%	0.80%	--
↓	lower is better	Sepsis In House Mortality	--	--	--	--	--	--	--	--	--	4.2%	4.8%	0.0%	--
↑	higher is better	SMB: Sepsis Management Bundle**	--	61.8%	66.7%	44.4%	60.0%	20.0%	50.0%	--	41.5%	57.6%	55.3%	48.5%	50.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	124.0	134.0	147.0	114.0	120.0	129.5	--	136.5	128.8	152.5	123.5	136.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	206.0	--	--	--	--	209.5	--	234.5	244.5	255.5	263.0	262.8

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

**FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases