

The data presented here is Ballad Health's internal data, processed by a third-party quality analysis vendor. The methodology for calculation of quality metrics may differ from what is publicly reported by the U.S. Centers for Medicare and Medicaid Services (CMS). Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.



Priority Metrics		Ballad Health													
Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.71	1.12	1.10	0.00	0.72	0.61	0.66	0.23	0.23	0.38	0.84	1.43	1.12	0.62
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.31	0.15	0.16	0.21	0.00	0.00	0.00	0.00	0.29	0.16	0.23	0.14
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.05	0.00	0.00	0.21	0.07	0.00	0.23	0.23	0.15	0.00	0.00	0.00	0.08
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.18	0.00	0.00	0.06	0.00	0.18	0.00	0.06	0.00	0.19	0.09	0.07
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.15	1.67	1.97	1.93	0.70	1.55	0.00	1.29	2.00	1.10	1.41	3.06	2.20	1.53
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.00	0.11	0.00	0.00	0.00	0.00	0.00	2.34	2.41	1.62	3.95	1.34	2.66	1.27
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.79	8.34	10.24	9.06	6.73	8.69	8.08	7.06	4.52	6.53	8.22	8.64	8.42	7.77
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.42	3.51	4.89	3.58	2.59	3.70	3.18	2.42	3.12	2.90	1.32	2.12	1.71	2.93
↓ lower is better	PSI 13 Postoperative Sepsis Rate	8.81	3.88	1.42	3.86	4.12	3.17	1.35	2.45	6.30	3.40	2.74	2.81	2.77	3.16
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.22	0.99	0.00	0.00	0.00	0.00	0.00	2.46	2.34	1.60	7.73	2.99	5.53	1.86
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.98	0.00	1.08	1.06	0.71	1.13	0.00	1.07	0.74	0.00	0.00	0.00	0.55
↓ lower is better	CLABSI	0.77	0.65	0.00	1.09	0.78	0.62	0.60	0.84	0.00	0.49	0.53	0.31	0.43	0.53
↓ lower is better	CAUTI	0.61	0.64	0.60	1.28	0.66	0.85	1.83	1.09	0.64	1.17	0.78	0.23	0.52	0.88
↓ lower is better	SSI COLON Surgical Site Infection	1.17	1.90	8.11	3.37	2.56	4.56	0.00	0.00	1.41	0.40	1.27		1.27	2.27
↓ lower is better	SSI HYST Surgical Site Infection	1.00	0.61	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	0.04	0.05	0.09	0.29	0.03	0.13	0.08	0.06	0.21	0.12	0.03	0.06	0.04	0.10
↓ lower is better	CDIFF	0.59	0.62	0.24	0.40	0.57	0.40	0.42	0.16	0.34	0.31	0.45	0.40	0.42	0.37
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		50.01	58.40	57.31	38.64	53.94	51.15	58.54	48.94	53.86	43.72	43.81	44.21	51.54
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		42.94	43.87	35.42	37.53	39.57	40.11	39.30	41.24	31.46	41.10	28.33	35.63	35.54
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		1.26	1.37	1.41	1.25	1.34	1.31	1.32	1.28	1.31	1.35	1.31	1.33	1.33
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.14	0.12	0.12	0.12	0.11	0.11	0.18	0.13	0.11	0.10	0.10	0.12
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.1%	78.0%	80.0%	80.0%	79.0%	80.0%	79.0%	81.0%	79.0%	79.0%	80.0%	81.0%	80.0%	80.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	78.0%	81.0%	80.0%	80.0%	79.0%	81.0%	80.0%	80.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	64.1%	64.0%	63.0%	63.0%	64.0%	64.0%	62.0%	66.0%	61.0%	63.0%	59.0%	63.0%	61.0%	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	85.9%	86.0%	87.0%	87.0%	86.0%	87.0%	87.0%	87.0%	86.0%	87.0%	87.0%	87.0%	87.0%	87.0%
↓ lower is better	Left without being seen	0.9%	0.7%	1.2%	0.9%	1.1%	1.1%	1.0%	0.7%	0.8%	0.8%	1.3%	1.7%	1.3%	1.0%
↓ lower is better	Sepsis In House Mortality		0.07	0.09	0.09	0.09	0.09	0.08	0.07	0.09	0.08	0.09	0.08	0.09	0.09
↑ higher is better	SMB: Sepsis Management Bundle**		56.6%	61.0%	56.0%	63.0%	60.0%	60.0%	66.0%	61.0%	62.0%	78.0%	62.0%	70.0%	63.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	124.53	148.00	121.00	125.00	128.80	126.25	129.30	123.00	123.50	124.50	113.50	123.50	117.00	125.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	227.29	316.00	223.50	223.50	225.00	223.75	228.00	229.80	231.00	231.00	232.00	254.00	242.50	230.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Bristol Regional Medical Center														
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.80	2.28	2.32	0.00	2.51	1.60	2.31	0.00	0.00	0.81	0.00	0.00	0.89
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.32	0.07	0.85	0.00	0.00	0.29	0.00	0.00	0.00	0.00	0.00	0.00	0.11
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.09	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	0.06	0.16	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	4.72	4.54	7.55	0.00	0.00	2.43	0.00	3.75	3.36	2.33	3.85	4.27	2.76
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.78	1.98	6.25	7.52	2.37
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.50	10.80	9.26	13.33	8.55	10.67	14.71	0.00	14.08	9.83	15.04	9.43	10.77
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.25	2.43	7.14	6.27	0.00	4.55	3.33	0.00	3.11	2.21	0.00	0.00	2.59
↓ lower is better	PSI 13 Postoperative Sepsis Rate	8.88	3.57	0.00	0.00	0.00	0.00	0.00	0.00	12.20	4.28	13.07	8.47	4.27
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	1.95	0.00	0.00	0.00	0.00	0.00	0.00	16.95	10.99	9.09	0.00	13.89	4.84
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	1.25	0.00	4.69	0.00	1.61	5.68	0.00	4.72	3.58	0.00	0.00	1.92
↓ lower is better	CLABSI	1.20	0.72	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	CAUTI	0.82	0.96	0.84	0.89	0.98	0.90	1.04	1.79	1.77	1.56	1.71	0.88	1.24
↓ lower is better	SSI COLON Surgical Site Infection	0.00	1.33	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	0.00	1.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
↓ lower is better	MRSA	0.06	0.09	0.00	0.31	0.00	0.11	0.00	0.16	0.32	0.16	0.00	0.00	0.10
↓ lower is better	CDIFF	0.72	0.74	0.32	0.16	0.70	0.39	0.47	0.17	0.00	0.22	0.60	0.34	0.35
Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		45.00	36.90	27.40	29.20	31.20	44.61	42.40	42.87	43.29	38.30	41.90	37.95
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		41.60	34.28	28.80	31.45	31.53	24.05	24.00	28.96	25.69	35.96	25.10	29.09
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		1.81	1.83	2.06	1.77	1.88	1.77	1.62	1.92	1.77	1.82	1.85	1.83
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.16	0.15	0.13	0.14	0.14	0.11	0.14	0.14	0.13	0.13	0.13	0.13
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	85.0%	85.0%	89.0%	83.0%	86.0%	82.0%	82.0%	80.0%	81.0%	74.0%	84.0%	82.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	83.0%	82.0%	88.0%	81.0%	84.0%	78.0%	83.0%	80.0%	80.0%	74.0%	83.0%	81.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	67.0%	67.0%	59.0%	68.0%	63.0%	64.0%	71.0%	68.0%	64.0%	68.0%	55.0%	73.0%	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	88.0%	90.0%	91.0%	93.0%	88.0%	91.0%	87.0%	87.0%	90.0%	88.0%	83.0%	91.0%	89.0%
↓ lower is better	Left without being seen	1.0%	1.0%	0.8%	0.9%	1.2%	1.0%	1.3%	0.4%	0.3%	0.7%	1.6%	1.6%	0.9%
↓ lower is better	Sepsis In House Mortality		0.11	0.12	0.04	0.13	0.10	0.11	0.07	0.13	0.10	0.10	0.12	0.10
↑ higher is better	SMB: Sepsis Management Bundle**		48.3%	22.0%	46.0%	55.0%	42.0%	31.0%	79.0%	80.0%	64.0%	70.0%	71.0%	59.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	147.00	151.00	150.00	123.00	183.00	150.00	140.00	138.00	147.00	140.00	150.50	164.00	148.50
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	255.00	284.00	275.00	288.00	276.50	276.50	300.00	294.00	293.50	294.00	254.50	254.00	282.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

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															
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19	
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	1.08	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 6 Iatrogenic Pneumothorax Rate	0.34	0.14	2.09	0.00	0.00	0.69	0.00	0.00	0.00	0.00	0.00	0.00	0.25	
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.13	0.00	0.00	0.00	2.91	0.97	0.00	0.00	0.00	0.00	0.00	0.00	0.40	
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.16	0.00	0.00	0.00	0.00	2.17	0.00	0.74	0.00	2.16	1.02	0.54	
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	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	1.29	0.00	0.00	0.00	0.00	0.00	29.41	0.00	10.64	0.00	0.00	0.00	4.15	
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	0.00	0.00	0.00	0.00	32.26	0.00	11.63	0.00	0.00	0.00	4.57	
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.25	5.79	0.00	0.00	0.00	0.00	8.85	10.10	6.54	0.00	0.00	0.00	2.51	
↓ lower is better	PSI 13 Postoperative Sepsis Rate	10.75	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 14 Postoperative Wound Dehiscence Rate	2.11	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	0.64	0.00	0.00	0.00	9.90	3.83	0.00	0.00	0.00	0.00	0.00	0.00	1.52	
↓ lower is better	CLABSI	0.00	0.00	0.00	0.00	5.05	1.74	0.00	0.00	0.00	0.00	0.00	0.00	0.62	
↓ lower is better	CAUTI	0.00	0.00	0.00	2.27	2.30	1.61	0.00	0.00	0.00	2.73	0.00	1.28	0.92	
↓ 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	
↓ lower is better	SSI HYST 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	
↓ lower is better	MRSA	0.00	0.00	0.00	0.43	0.00	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.05	
↓ lower is better	CDIFF	1.05	0.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.45	0.22	0.06	
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		41.70	42.89	28.27	40.64	37.27	25.85	41.10	46.73	37.98	41.70	29.60	35.65	37.13
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		41.69	36.22	39.91	33.53	36.53	22.65	30.70	30.70	28.13	26.30	18.50	22.40	29.85
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.87	0.90	0.94	0.86	0.90	0.82	0.93	0.90	0.88	0.83	0.78	0.81	0.87
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.15	0.17	0.14	0.11	0.14	0.15	0.16	0.26	0.19	0.13	0.12	0.13	0.15
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	77.0%	84.0%	74.0%	80.0%	80.0%	73.0%	76.0%	80.0%	76.0%	76.0%	82.0%	78.0%	78.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	79.0%	83.0%	80.0%	79.0%	80.0%	76.0%	81.0%	88.0%	81.0%	77.0%	81.0%	79.0%	80.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	60.0%	65.0%	57.0%	66.0%	63.0%	53.0%	51.0%	68.0%	58.0%	43.0%	51.0%	46.0%	57.0%
↑ 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%	87.0%	84.0%	85.0%	85.0%	85.0%	85.0%	88.0%	89.0%	87.0%	90.0%	85.0%	88.0%	86.0%
↓ lower is better	Left without being seen	1.0%	0.2%	0.3%	0.1%	1.4%	0.6%	0.9%	1.0%	2.2%	1.4%	2.6%	4.7%	2.6%	1.4%
↓ lower is better	Sepsis In House Mortality		0.10	0.08	0.14	0.02	0.08	0.10	0.05	0.10	0.08	0.09	0.07	0.08	0.08
↑ higher is better	SMB: Sepsis Management Bundle**		54.8%	55.0%	67.0%	46.0%	56.0%	67.0%	75.0%	33.0%	55.0%	80.0%	80.0%	80.0%	60.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	143.00	137.50	121.00	133.00	134.00	133.00	139.50	145.50	136.50	139.50	139.00	127.00	133.00	135.30
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	272.00	259.00	253.00	235.00	226.00	235.00	255.00	237.00	238.00	238.00	230.50	258.00	244.30	237.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Smyth County Community Hospital															
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19	
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.35	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 6 Iatrogenic Pneumothorax Rate	0.39	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 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	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	0.06	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 9 Perioperative Hemorrhage or Hematoma Rate	4.69	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	1.12	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 11 Postoperative Respiratory Failure Rate	16.04	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 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.21	5.98	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 13 Postoperative Sepsis Rate	9.79	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 14 Postoperative Wound Dehiscence Rate	2.29	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	1.46	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	CLABSI	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	CAUTI	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 COLON Surgical Site Infection	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												
↓ lower is better	MRSA	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	CDIFF	0.17	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		56.30	56.40	65.30	24.03	48.57	44.50	55.30	50.30	50.03	66.90	39.70	53.30	50.30
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		10.10	1.50	19.29	8.01	9.60	2.76	11.60	12.90	9.17	30.80	17.60	24.20	13.09
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.78	0.95	0.82	0.74	0.83	0.79	0.80	0.66	0.74	0.90	0.82	0.86	0.81
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.17	0.14	0.15	0.15	0.17	0.14	0.28	0.20	0.12	0.11	0.11	0.16
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	86.0%	84.0%	86.0%	77.0%	83.0%	76.0%	98.0%	73.0%	80.0%	99.0%	93.0%	96.0%	85.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	88.0%	83.0%	87.0%	86.0%	76.0%	84.0%	77.0%	94.0%	77.0%	81.0%	99.0%	94.0%	96.0%	86.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	75.0%	71.0%	76.0%	71.0%	72.0%	46.0%	82.0%	60.0%	61.0%	81.0%	88.0%	84.0%	71.0%
↑ 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%	87.0%	96.0%	94.0%	85.0%	93.0%	86.0%	81.0%	71.0%	80.0%	95.0%	90.0%	93.0%	88.0%
↓ lower is better	Left without being seen	1.0%	0.3%	0.6%	0.4%	0.9%	0.6%	0.2%	0.5%	0.7%	0.4%	0.6%	0.7%	0.6%	0.5%
↓ lower is better	Sepsis In House Mortality		0.03	0.06	0.00	0.04	0.04	0.00	0.00	0.00	0.00	0.04	0.06	0.05	0.03
↑ higher is better	SMB: Sepsis Management Bundle**		81.1%	100.0%	80.0%	100.0%	94.0%	100.0%	71.0%	80.0%	80.0%	100.0%	67.0%	85.0%	87.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	97.00	106.75	94.00	109.00	108.00	108.00	95.00	100.00	107.00	100.00	90.00	92.00	91.50	97.50
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	176.00	175.00	205.00	195.50	174.50	195.50	177.50	185.50	176.00	177.50	175.50	181.50	180.00	177.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

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														
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
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	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	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	0.00	0.00	0.00	0.00	0.00	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	0.00												
↓ 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	0.00												
↓ lower is better	CDIFF	0.39												
Quality Metrics														
↓ 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		0.08	0.14	0.05	0.09	0.13	0.04	0.01	0.06	0.32	0.01	0.17	0.10
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.15	0.12	0.13	0.13	0.11	0.11	0.28	0.16	0.11	0.07	0.09	0.13
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	57.0%						100.0%	83.0%	89.0%	100.0%		100.0%	93.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	100.0%						100.0%	83.0%	89.0%	100.0%		100.0%	93.0%
↑ 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%				50.0%
↑ 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%						50.0%	100.0%	83.0%	100.0%		100.0%	90.0%
↓ lower is better	Left without being seen	1.0%	0.8%	0.7%	0.5%	0.8%	0.7%	0.5%	0.3%	0.7%	0.5%	0.3%	0.8%	0.6%
↓ lower is better	Sepsis In House Mortality			0.00			0.00		0.00	0.00				0.00
↑ higher is better	SMB: Sepsis Management Bundle**													
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	121.00	103.00	105.00	112.00	93.50	105.00	68.00	122.00	103.00	103.00	116.00	116.00	105.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	220.00	136.00	347.50	229.00	209.50	229.00	186.00	135.00	184.00	184.00	289.00	289.00	209.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Hancock County Hospital														
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
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	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	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	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	0.00	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	0.00												
↓ lower is better	CAUTI	0.00												
↓ lower is better	SSI COLON Surgical Site Infection													
↓ lower is better	SSI HYST Surgical Site Infection													
↓ lower is better	MRSA	0.00												
↓ lower is better	CDIFF	0.00												
Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	143.93	137.90	133.90	64.81	112.20	81.08	166.70	50.00	99.26	91.55		91.55	103.70
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	72.12	43.10	205.36	9.26	85.90	145.45	188.89	90.00	141.45	98.59		98.59	111.30
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	0.79	0.07	0.10	0.10	0.09	2.14	1.25	6.55	3.31	1.36	1.67	1.46	1.46
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.20	0.27	0.21	0.13	0.20	0.27	0.22	0.19	0.23	0.25	0.18	0.22	0.22
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	90.0%	92.0%	100.0%	92.0%		95.0%	100.0%	100.0%	83.0%	93.0%	86.0%	100.0%	90.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	87.0%	100.0%	83.0%		90.0%	89.0%	100.0%	75.0%	85.0%	86.0%	100.0%	90.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	77.0%	89.0%	75.0%	75.0%		75.0%	75.0%		75.0%		100.0%	100.0%	81.0%
↑ 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%	86.0%	83.0%	88.0%		86.0%	100.0%	100.0%	100.0%	82.0%	100.0%	88.0%	91.0%
↓ lower is better	Left without being seen	1.0%	0.5%	0.9%	0.7%	0.3%	0.7%	0.9%	0.0%	0.0%	0.3%	0.8%	1.0%	0.8%
↓ lower is better	Sepsis In House Mortality	0.00	0.00	0.00	0.33	0.10	0.25	0.00	0.00	0.10	0.00		0.00	0.10
↑ higher is better	SMB: Sepsis Management Bundle**	70.0%	100.0%	0.0%	100.0%	67.0%	50.0%	50.0%	67.0%	57.0%	100.0%		100.0%	67.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	128.00	121.00	126.00	138.00	126.00	109.50	99.00	95.00	99.00	76.00	114.00	95.00	112.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**													

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

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													
Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.23	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	PSI 6 Iatrogenic Pneumothorax Rate	0.45	0.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.34	0.00	1.74	0.48
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.14	0.31	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	0.06	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	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	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	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.23	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 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.38	4.30	0.00	0.00	20.00	5.88	0.00	0.00	27.03	7.25	0.00	0.00	0.00	5.22
↓ lower is better	PSI 13 Postoperative Sepsis Rate	9.09	10.23	0.00	0.00	38.46	14.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.76
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	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	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	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	CLABSI	0.00	0.90	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	CAUTI	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	0.00
↓ lower is better	SSI COLON Surgical Site Infection	0.00	1.69	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	7.14	0.00			0.00	0.00	0.00	0.00		0.00				0.00
↓ lower is better	MRSA	0.08	0.05	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	CDIFF	0.81	0.51	0.00	1.67	0.78	0.83	0.70	1.45	0.00	0.70	1.25	1.31	1.28	0.91
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		33.60	45.59	31.91	34.16	37.23	20.96	19.50	39.30	26.63	39.20	23.80	31.50	31.83
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		49.20	48.94	52.56	56.47	52.67	28.23	40.30	52.30	40.20	37.20	30.70	33.95	43.31
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		1.06	1.06	0.88	0.86	0.93	0.95	0.75	0.91	0.87	1.00	0.80	0.91	0.90
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.09	0.11	0.08	0.08	0.09	0.08	0.07	0.17	0.11	0.09	0.07	0.08	0.09
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	80.0%	81.0%	84.0%	81.0%	82.0%	76.0%	86.0%	82.0%	81.0%	84.0%	83.0%	84.0%	82.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	83.0%	74.0%	83.0%	84.0%	80.0%	83.0%	88.0%	83.0%	84.0%	87.0%	81.0%	84.0%	83.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	64.0%	66.0%	58.0%	74.0%	65.0%	66.0%	81.0%	71.0%	71.0%	67.0%	57.0%	63.0%	67.0%
↑ 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%	87.0%	89.0%	86.0%	87.0%	87.0%	93.0%	89.0%	85.0%	89.0%	91.0%	88.0%	90.0%	88.0%
↓ lower is better	Left without being seen	1.0%	0.9%	1.4%	1.1%	1.4%	1.3%	1.3%	1.3%	1.0%	1.2%	1.6%	3.5%	1.6%	1.3%
↓ lower is better	Sepsis In House Mortality		0.07	0.05	0.04	0.09	0.06	0.04	0.03	0.04	0.03	0.05	0.03	0.04	0.05
↑ higher is better	SMB: Sepsis Management Bundle**		70.5%	89.0%	63.0%	56.0%	69.0%	80.0%	100.0%	78.0%	83.0%	78.0%	100.0%	85.0%	78.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		130.00	118.00	143.50	126.50	126.50	122.50	122.00	122.00	122.00	118.00	108.00	118.00	122.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		102.00	221.00	223.50	204.00	221.00	195.00	193.00	191.00	193.00	202.00	204.00	203.00	203.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Holston Valley Medical Center													
Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	1.07	3.21	3.24	0.00	1.26	1.55	0.00	0.00	1.19	0.38	3.25	6.23	4.64	1.88
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.57	0.48	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 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	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	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	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 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.92	0.00	4.21	0.00	1.44	0.00	2.06	2.12	1.43	2.29	4.78	3.51	1.92
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	0.31	0.00	0.00	0.00	0.00	0.00	3.34	0.00	1.16	0.00	0.00	0.00	0.45
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.84	6.40	10.31	19.14	5.03	11.63	10.05	8.40	0.00	6.02	14.49	14.49	14.49	10.12
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.14	3.77	6.06	1.98	2.07	3.37	0.00	3.84	0.00	1.33	0.00	4.49	2.20	2.31
↓ lower is better	PSI 13 Postoperative Sepsis Rate	9.47	3.57	3.95	10.87	3.69	6.25	0.00	0.00	10.31	3.60	0.00	0.00	0.00	3.70
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.42	1.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.87	0.00	6.10	1.40
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.62	1.58	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	CLABSI	0.68	0.33	0.00	0.00	0.00	0.00	1.22	0.00	0.00	0.43	1.27	1.30	1.29	0.44
↓ lower is better	CAUTI	0.94	0.50	0.00	0.00	1.02	0.30	0.00	1.05	0.00	0.33	0.00	0.00	0.00	0.24
↓ lower is better	SSI COLON Surgical Site Infection	1.36	0.85	20.00	0.00	0.00	6.52	0.00	0.00	7.69	2.00	0.00		0.00	3.77
↓ lower is better	SSI HYST Surgical Site Infection	0.64	0.29	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	0.01	0.03	0.00	0.29	0.00	0.09	0.00	0.00	0.43	0.14	0.00	0.00	0.00	0.09
↓ lower is better	CDIFF	0.74	1.06	0.42	0.75	0.93	0.69	0.58	0.00	0.30	0.29	0.71	0.64	0.68	0.54
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		37.64	41.85	34.19	35.49	37.20	49.61	41.10	44.25	44.96	37.70	41.50	39.60	40.71
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		84.83	84.50	70.79	76.72	77.33	77.49	66.50	70.40	71.47	59.36	57.40	58.38	70.40
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		2.15	2.22	2.34	2.06	2.21	2.10	2.26	1.91	2.09	2.30	2.27	2.29	2.18
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.18	0.15	0.16	0.15	0.15	0.13	0.14	0.14	0.14	0.15	0.14	0.15	0.15
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81.0%	81.0%	80.0%	83.0%	84.0%	83.0%	80.0%	78.0%	76.0%	78.0%	84.0%	81.0%	83.0%	81.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	81.0%	80.0%	81.0%	84.0%	82.0%	79.0%	80.0%	76.0%	78.0%	80.0%	79.0%	80.0%	80.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	67.0%	59.0%	62.0%	72.0%	65.0%	60.0%	63.0%	63.0%	62.0%	60.0%	62.0%	61.0%	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%	90.0%	87.0%	88.0%	87.0%	87.0%	87.0%	89.0%	86.0%	88.0%	90.0%	86.0%	88.0%	88.0%
↓ lower is better	Left without being seen	1.0%	2.0%	3.0%	1.3%	2.0%	2.1%	2.0%	1.8%	1.6%	1.8%	2.3%	3.0%	2.3%	2.1%
↓ lower is better	Sepsis In House Mortality		0.13	0.13	0.11	0.14	0.13	0.11	0.08	0.10	0.10	0.16	0.10	0.13	0.11
↑ higher is better	SMB: Sepsis Management Bundle**		25.2%	54.0%	36.0%	53.0%	48.0%	42.0%	23.0%	29.0%	31.0%	50.0%	36.0%	43.0%	41.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	153.00	175.00	176.00	152.00	177.00	176.00	161.00	178.00	193.00	178.00	210.00	175.00	192.50	176.50
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	340.00	434.00	405.00	446.00	409.00	409.00	382.00	397.00	440.00	397.00	445.00	519.00	482.00	424.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

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													
Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
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	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.30	7.75	7.52	1.80
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	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	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	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	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	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	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	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	PSI 11 Postoperative Respiratory Failure Rate	10.64	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	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.61	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	PSI 13 Postoperative Sepsis Rate	5.82	0.00	0.00	0.00	0.00	0.00	0.00	166.67	0.00	58.82	0.00	0.00	0.00	21.74
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.26	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	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	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	CLABSI	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	0.00
↓ lower is better	CAUTI	0.00	1.21	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 COLON Surgical Site Infection	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
↓ lower is better	MRSA	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	0.00
↓ lower is better	CDIFF	0.32	0.37	0.00	0.00	3.75	1.40	0.00	0.00	0.00	0.00	0.00	3.92	1.82	1.02
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		125.00	76.20	111.80	126.05	105.90	96.12	98.95	105.05	91.01	85.45	56.60	77.35	93.18
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		63.60	87.15	76.35	89.15	59.07	63.69	25.50	29.73	21.81	52.89	21.20	59.66	45.24
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		1.40	2.41	3.19	2.51	2.69	2.54	2.41	4.06	2.91	3.26	2.60	2.95	2.84
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.17	0.14	0.12	0.14	0.11	0.10	0.21	0.14	0.12	0.09	0.10	0.13
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	83.0%	82.0%	78.0%	82.0%	81.0%	89.0%	89.0%	81.0%	87.0%	78.0%	84.0%	80.0%	84.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82.0%	83.0%	84.0%	84.0%	78.0%	83.0%	85.0%	89.0%	87.0%	87.0%	83.0%	89.0%	85.0%	85.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	76.0%	58.0%	75.0%	67.0%	66.0%	79.0%	92.0%	70.0%	80.0%	58.0%	70.0%	62.0%	71.0%
↑ 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%	86.0%	87.0%	89.0%	90.0%	88.0%	75.0%	93.0%	93.0%	85.0%	80.0%	86.0%	82.0%	85.0%
↓ lower is better	Left without being seen	0.0%	0.3%	0.2%	0.3%	0.1%	0.2%	0.2%	0.1%	0.0%	0.1%	0.2%	0.1%	0.2%	0.2%
↓ lower is better	Sepsis In House Mortality		0.04	0.08	0.06	0.00	0.05	0.03	0.00	0.08	0.04	0.11	0.00	0.07	0.05
↑ higher is better	SMB: Sepsis Management Bundle**		44.8%	53.0%	38.0%	50.0%	49.0%	88.0%	50.0%	62.0%	65.0%	88.0%	50.0%	65.0%	58.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	120.00	117.00	114.30	126.50	119.50	119.50	129.50	105.50	114.80	115.00	94.00	136.50	115.30	117.30
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	213.00	244.00	223.50	240.00	242.50	240.00	251.30	263.00	261.80	262.00	253.80	274.00	264.00	252.80

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Norton Community Hospital															
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19	
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.33	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 6 Iatrogenic Pneumothorax Rate	0.38	0.39	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	0.15	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	0.06	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 9 Perioperative Hemorrhage or Hematoma Rate	4.96	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	1.10	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 11 Postoperative Respiratory Failure Rate	12.33	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 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.14	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 13 Postoperative Sepsis Rate	35.72	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 14 Postoperative Wound Dehiscence Rate	2.79	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	1.74	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	CLABSI	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	CAUTI	0.00	0.00	0.00	4.57	0.00	1.71	0.00	0.00	0.00	0.00	0.00	0.00	0.63	
↓ 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	
↓ lower is better	SSI HYST 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	
↓ lower is better	MRSA	0.00	0.00	0.00	1.19	0.00	0.45	0.00	0.00	0.00	0.00	0.00	0.00	0.16	
↓ lower is better	CDIFF	0.27	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		50.10	59.59	49.71	34.76	48.33	38.04	47.55	59.00	48.30	32.20	38.30	35.25	45.05
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		53.34	64.94	24.24	12.49	33.87	13.20	21.70	42.70	25.80	40.90	18.30	29.60	29.78
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.61	0.84	0.75	0.74	0.78	0.81	0.88	0.72	0.80	0.63	0.68	0.65	0.75
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.11	0.13	0.15	0.13	0.14	0.12	0.14	0.27	0.17	0.10	0.07	0.08	0.13
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.0%	83.0%	83.0%	84.0%	86.0%	84.0%	83.0%	88.0%	87.0%	86.0%	83.0%	82.0%	83.0%	85.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	82.0%	77.0%	82.0%	75.0%	79.0%	78.0%	89.0%	85.0%	84.0%	77.0%	84.0%	80.0%	81.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	66.0%	65.0%	65.0%	71.0%	67.0%	68.0%	57.0%	71.0%	73.0%	68.0%	78.0%	74.0%	76.0%	70.0%
↑ 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%	80.0%	81.0%	89.0%	74.0%	83.0%	81.0%	85.0%	83.0%	83.0%	94.0%	91.0%	93.0%	85.0%
↓ lower is better	Left without being seen	1.0%	0.2%	0.2%	0.3%	0.4%	0.3%	0.3%	0.8%	0.1%	0.4%	0.7%	0.7%	0.7%	0.4%
↓ lower is better	Sepsis In House Mortality		0.04	0.03	0.05	0.05	0.04	0.04	0.04	0.09	0.06	0.02	0.00	0.01	0.04
↑ higher is better	SMB: Sepsis Management Bundle**		77.6%	100.0%	67.0%	100.0%	94.0%	80.0%	83.0%	67.0%	76.0%	100.0%	40.0%	67.0%	82.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	154.00	138.75	142.50	125.00	147.00	142.50	138.00	147.00	137.00	138.00	156.00	144.00	150.00	143.30
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	244.00	225.00	230.00	213.00	224.00	224.00	238.00	226.50	247.00	238.00	198.00	198.00	198.00	225.30

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Franklin Woods Community Hospital													
Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.30	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	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.22	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 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	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.23	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 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.27	14.71	0.00	0.00	4.98	0.00	0.00	19.61	5.75	0.00	0.00	0.00	4.07
↓ 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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.09	15.78	54.05	0.00	0.00	18.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.19
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.36	2.34	0.00	14.08	0.00	4.72	0.00	14.08	0.00	5.35	30.30	0.00	15.63	7.59
↓ lower is better	PSI 13 Postoperative Sepsis Rate	0.00	8.35	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 14 Postoperative Wound Dehiscence Rate	2.15	1.79	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	1.45	0.81	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	CLABSI	0.00	0.91	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	CAUTI	0.43	0.43	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 COLON Surgical Site Infection	1.50	5.11	7.69	6.67	7.14	7.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.90
↓ lower is better	SSI HYST Surgical Site Infection	0.00	1.20	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	0.04	0.08	0.50	0.00	0.00	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07
↓ lower is better	CDIFF	0.26	0.32	0.56	0.00	0.00	0.19	1.16	0.62	0.66	0.82	0.00	0.00	0.00	0.37
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		33.60	24.69	35.10	36.50	32.20	32.99	38.68	47.60	39.80	38.00	31.50	34.75	35.69
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		29.93	0.67	28.67	25.79	26.77	31.78	42.90	45.90	40.27	41.10	41.30	41.20	35.44
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.71	0.70	0.73	0.72	0.72	0.89	0.79	0.75	0.82	0.74	0.87	0.80	0.77
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.19	0.13	0.13	0.15	0.12	0.10	0.27	0.16	0.12	0.10	0.11	0.14
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.0%	84.0%	77.0%	85.0%	81.0%	81.0%	82.0%	83.0%	83.0%	83.0%	87.0%	78.0%	83.0%	82.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.0%	82.0%	79.0%	82.0%	83.0%	81.0%	80.0%	85.0%	88.0%	84.0%	89.0%	81.0%	85.0%	83.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.0%	70.0%	61.0%	69.0%	75.0%	69.0%	67.0%	69.0%	65.0%	67.0%	61.0%	70.0%	66.0%	67.0%
↑ 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%	87.0%	90.0%	83.0%	87.0%	87.0%	89.0%	87.0%	87.0%	88.0%	88.0%	89.0%	88.0%	88.0%
↓ lower is better	Left without being seen	1.0%	0.6%	2.1%	0.8%	0.9%	1.3%	0.6%	0.5%	0.5%	0.5%	0.7%	0.9%	0.7%	0.9%
↓ lower is better	Sepsis In House Mortality		0.04	0.05	0.09	0.10	0.08	0.05	0.02	0.06	0.04	0.04	0.03	0.03	0.05
↑ higher is better	SMB: Sepsis Management Bundle**		78.8%	75.0%	67.0%	50.0%	64.0%	67.0%	100.0%	67.0%	77.0%	100.0%	100.0%	100.0%	78.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	130.00	139.00	158.00	148.00	157.00	157.00	150.50	165.50	141.00	150.50	173.00	137.50	155.30	153.80
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	234.00	131.75	251.50	236.00	259.00	251.50	210.00	267.00	248.00	248.00	256.50	281.50	269.00	254.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Johnson City Medical Center													
Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00	0.00	0.00	0.00	0.69	0.76	0.00	0.49	0.00	0.79	0.37	0.27
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.26	0.27	0.00	0.51	0.56	0.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.13
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.10	0.10	0.00	0.00	0.00	0.00	0.00	0.77	0.78	0.51	0.00	0.00	0.00	0.18
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.71	0.00	0.00	0.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.09
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	3.60	1.13	0.00	2.13	2.38	1.50	0.00	0.00	0.00	0.00	0.00	2.56	1.20	0.85
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.42	1.52	9.76	0.00	4.94	1.81
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	11.98	6.57	6.58	0.00	15.04	6.58	6.76	11.24	5.92	8.08	0.00	6.90	3.45	6.45
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.85	3.63	6.32	3.94	4.49	4.90	8.46	0.00	4.15	4.12	0.00	2.32	1.11	3.70
↓ lower is better	PSI 13 Postoperative Sepsis Rate	14.88	3.00	0.00	0.00	0.00	0.00	5.00	0.00	0.00	1.57	0.00	5.24	2.55	1.25
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.35	1.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.81	0.00	11.90	2.56
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.74	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	CLABSI	1.08	1.13	0.00	1.94	1.80	1.25	1.12	3.23	0.00	1.52	0.00	0.00	0.00	1.04
↓ lower is better	CAUTI	1.00	1.50	2.32	4.21	0.00	2.09	9.87	2.71	1.43	4.66	1.17	0.00	0.66	2.64
↓ lower is better	SSI COLON Surgical Site Infection	1.91	1.67	18.18	14.29	7.69	12.90	0.00	0.00	0.00	0.00	11.11		11.11	7.25
↓ lower is better	SSI HYST Surgical Site Infection	2.50	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	0.06	0.18	0.19	0.18	0.09	0.15	0.27	0.10	0.19	0.19	0.00	0.20	0.10	0.15
↓ lower is better	CDIFF	0.53	0.50	0.10	0.38	0.41	0.30	0.40	0.00	0.60	0.34	0.32	0.31	0.31	0.32
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		22.70	22.23	23.19	29.77	25.07	25.14	22.50	21.60	23.13	17.50	20.80	19.15	22.86
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		32.68	36.04	36.82	37.31	36.70	34.33	40.30	32.60	35.63	36.30	27.00	31.65	35.04
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.92	1.01	0.99	0.86	0.95	0.95	0.95	0.89	0.93	0.94	0.88	0.91	0.93
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.04	0.06	0.06	0.04	0.05	0.04	0.04	0.07	0.05	0.04	0.03	0.03	0.05
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77.0%	77.0%	75.0%	73.0%	69.0%	73.0%	75.0%	79.0%	76.0%	77.0%	78.0%	75.0%	77.0%	75.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	77.0%	76.0%	76.0%	74.0%	70.0%	73.0%	77.0%	76.0%	77.0%	76.0%	74.0%	78.0%	76.0%	75.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	60.0%	60.0%	64.0%	56.0%	49.0%	57.0%	59.0%	64.0%	52.0%	58.0%	62.0%	60.0%	61.0%	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	84.0%	82.0%	85.0%	83.0%	83.0%	84.0%	85.0%	90.0%	85.0%	87.0%	87.0%	87.0%	87.0%	86.0%
↓ lower is better	Left without being seen	1.0%	0.7%	1.4%	1.8%	1.3%	1.5%	1.2%	0.6%	1.0%	0.9%	1.6%	1.6%	1.6%	1.3%
↓ lower is better	Sepsis In House Mortality		0.17	0.10	0.13	0.11	0.11	0.11	0.11	0.14	0.12	0.11	0.13	0.12	0.12
↑ higher is better	SMB: Sepsis Management Bundle**		55.6%	42.0%	78.0%	70.0%	61.0%	67.0%	56.0%	67.0%	63.0%	70.0%	73.0%	72.0%	65.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	152.00	153.00	144.00	165.50	157.50	157.50	154.00	186.00	170.50	170.50	180.00	164.00	172.00	164.80
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	245.00	260.00	320.50	266.00	293.00	293.00	280.00	335.00	218.00	280.00	277.00	293.50	285.30	286.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Laughlin Memorial Hospital															
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19	
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.27													
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.37													
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15													
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06													
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.52													
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10													
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	8.98													
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.16													
↓ lower is better	PSI 13 Postoperative Sepsis Rate	9.38													
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.22													
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	2.17													
↓ lower is better	CLABSI	0.00	0.00	0.00	9.17	0.00	2.79	0.00	0.00	0.00	0.00	9.35	0.00	5.59	2.56
↓ lower is better	CAUTI	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 COLON Surgical Site Infection	2.33	1.54	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										0.00		0.00	0.00	
↓ lower is better	MRSA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.74	0.00	0.39	0.12	
↓ lower is better	CDIFF	0.44	0.00	0.00	0.00	0.00	0.00	0.00	1.04	0.37	0.75	0.00	0.39	0.25	
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		74.00	69.00	67.00	70.00	65.60	62.60	60.50	62.90	37.80	97.00	67.40	66.69	
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		45.10	10.30	36.40	30.33	36.30	22.20	39.60	32.70	39.00	22.60	30.80	31.34	
↓ 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	81.0%	69.0%	73.0%	69.0%	70.0%	63.0%	73.0%	74.0%	69.0%	69.0%	59.0%	65.0%	69.0%	
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85.0%	78.0%	79.0%	84.0%	81.0%	73.0%	85.0%	73.0%	76.0%	76.0%	68.0%	73.0%	77.0%	
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61.0%	51.0%	67.0%	59.0%	60.0%	45.0%	61.0%	38.0%	48.0%	62.0%	43.0%	54.0%	54.0%	
↑ 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%	81.0%	82.0%	84.0%	83.0%	86.0%	80.0%	65.0%	79.0%	89.0%	80.0%	86.0%	82.0%	
↓ lower is better	Left without being seen	1.0%	0.5%	0.5%	1.2%	1.7%	1.1%	0.9%	0.9%	1.1%	1.0%	1.3%	0.9%	1.3%	
↓ lower is better	Sepsis In House Mortality														
↑ higher is better	SMB: Sepsis Management Bundle**		51.2%	100.0%	83.0%	50.0%	75.0%	83.0%	100.0%	33.0%	69.0%	67.0%	38.0%	45.0%	64.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	124.00	110.00	127.00	94.00	127.50	127.00	122.00	124.00	125.00	124.00	136.00	122.00	129.00	124.50
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	206.00	192.00	222.00	220.00	230.00	222.00	224.00	208.00	231.00	224.00	224.00	270.00	247.00	224.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Takoma Regional Hospital															
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19	
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.34		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 6 Iatrogenic Pneumothorax Rate	0.45		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	0.15		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	0.06		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	4.98		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	1.11		0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.51		0.00	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	7.58		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 13 Postoperative Sepsis Rate	9.48		0.00	0.00	0.00	0.00	0.00	125.00	0.00	43.48			22.73	
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.24		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	1.49		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	
↓ lower is better	CLABSI	0.00	1.15	0.00	24.39	0.00	5.15	0.00	0.00	0.00	0.00	0.00	0.00	2.81	
↓ lower is better	CAUTI	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 COLON Surgical Site Infection	0.00	2.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	
↓ lower is better	SSI HYST Surgical Site Infection	0.00	0.00												
↓ lower is better	MRSA	0.00	0.00	0.00	1.78	0.00	0.52	0.00	0.00	0.00	0.00	0.00	0.00	0.25	
↓ lower is better	CDIFF	0.12	0.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		62.82	92.40	96.70	66.39	85.17	111.24	99.70	52.88	87.94	26.50	20.20	23.35	70.75
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		13.90	16.81	21.63	17.91	34.93	21.21	8.20	29.55	19.62	6.86	14.50	10.68	23.13
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.80	1.04	0.81	1.16	1.01	0.91	0.96	1.19	1.01	0.66	0.53	0.61	0.96
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.07	0.11	0.10	0.11	0.10	0.08	0.08	0.10	0.09	0.11	0.07	0.09	0.09
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	83.0%	84.0%	89.0%	78.0%	91.0%	87.0%	91.0%	85.0%	84.0%	87.0%	83.0%	94.0%	88.0%	87.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	78.0%	82.0%	80.0%	77.0%	88.0%	82.0%	82.0%	86.0%	94.0%	86.0%	83.0%	94.0%	88.0%	85.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63.0%	70.0%	71.0%	68.0%	67.0%	68.0%	67.0%	85.0%	83.0%	76.0%	58.0%	83.0%	71.0%	72.0%
↑ 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%	91.0%	89.0%	92.0%	90.0%	90.0%	96.0%	91.0%	93.0%	94.0%	91.0%	83.0%	88.0%	91.0%
↓ lower is better	Left without being seen	2.0%	2.5%	0.1%	0.3%	0.2%	0.2%	0.1%	0.0%	0.1%	0.0%	0.3%	0.3%	0.3%	0.2%
↓ lower is better	Sepsis In House Mortality			0.07	0.00	0.07	0.04	0.08	0.06	0.00	0.05	0.00	0.00	0.00	0.04
↑ higher is better	SMB: Sepsis Management Bundle**		31.7%	50.0%	25.0%	71.0%	48.0%	14.0%	89.0%	17.0%	45.0%	57.0%	38.0%	47.0%	47.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	139.00	163.00	166.00	127.00	130.00	130.00	183.00	189.00	142.00	183.00	111.00	125.00	118.00	136.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	221.00	277.00	245.50	294.00	259.00	259.00	287.00	280.50	285.00	285.00	231.50	262.00	232.00	280.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

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														
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
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	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
↓ 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	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													
Quality Metrics														
↓ 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		0.40			0.40			1.33	1.33	1.29	0.38	0.80	0.77
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.11	0.09	0.10	0.10	0.11	0.12	0.24	0.16	0.14	0.09	0.11	0.12
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	100.0%									100.0%	100.0%	100.0%	100.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	100.0%									0.0%	100.0%	50.0%	50.0%
↑ 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	100.0%									100.0%	100.0%	100.0%	100.0%
↓ lower is better	Left without being seen	1.0%	0.7%	0.9%	1.4%	1.0%	1.1%	0.8%	0.5%	0.6%	0.6%	0.7%	0.4%	0.6%
↓ lower is better	Sepsis In House Mortality							0.00	0.00	0.00				0.00
↑ higher is better	SMB: Sepsis Management Bundle**													
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	86.00	73.50	96.00	91.00	91.00	60.00	84.00	72.00	72.00	91.00		91.00	84.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	152.00	143.00	153.00		148.00					137.00		137.00	143.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics		Sycamore Shoals Hospital													
Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.31	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	PSI 6 Iatrogenic Pneumothorax Rate	0.44	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	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	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	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	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	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	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	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	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	PSI 11 Postoperative Respiratory Failure Rate	13.37	4.63	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 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.23	4.57	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 13 Postoperative Sepsis Rate	0.00	4.65	0.00	0.00	58.82	18.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.04
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.26	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	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.35	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	CLABSI	0.90	1.09	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	CAUTI	0.00	0.46	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 COLON Surgical Site Infection	3.23	3.13	0.00	50.00	0.00	14.29	0.00	0.00	0.00	0.00	0.00		0.00	5.00
↓ 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	0.07	0.13	0.00	0.96	0.00	0.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11
↓ lower is better	CDIFF	0.60	0.67	0.89	0.96	1.84	1.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.44
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		29.20	21.07	25.57	18.60	21.77	30.90	34.40	33.20	32.83	29.60	33.60	31.60	28.38
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		31.02	24.24	38.35	51.88	38.17	63.87	32.40	56.60	51.00	38.40	51.40	44.90	44.66
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.68	0.78	0.72	0.59	0.70	0.69	0.73	0.51	0.64	0.56	0.67	0.61	0.65
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.16	0.13	0.12	0.14	0.13	0.11	0.22	0.15	0.11	0.09	0.10	0.13
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85.0%	78.0%	82.0%	78.0%	83.0%	81.0%	90.0%	84.0%	77.0%	84.0%	83.0%	85.0%	84.0%	83.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	86.0%	80.0%	92.0%	82.0%	83.0%	86.0%	83.0%	80.0%	83.0%	82.0%	87.0%	80.0%	84.0%	84.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	64.0%	79.0%	67.0%	68.0%	72.0%	72.0%	76.0%	62.0%	70.0%	51.0%	52.0%	52.0%	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%	86.0%	89.0%	92.0%	85.0%	89.0%	91.0%	78.0%	85.0%	85.0%	77.0%	83.0%	79.0%	85.0%
↓ lower is better	Left without being seen	0.0%	0.7%	1.2%	0.6%	0.8%	0.8%	0.6%	0.2%	0.6%	0.5%	0.6%	0.5%	0.6%	0.6%
↓ lower is better	Sepsis In House Mortality		0.14	0.10	0.09	0.10	0.10	0.03	0.07	0.12	0.07	0.19	0.03	0.11	0.09
↑ higher is better	SMB: Sepsis Management Bundle**		72.0%	50.0%	67.0%	50.0%	56.0%	67.0%	50.0%	100.0%	67.0%	75.0%	75.0%	75.0%	66.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	124.00	166.00	112.50	115.00	142.00	115.00	129.00	132.50	111.00	129.00	103.00	112.00	107.50	113.80
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	210.00	222.00	211.00	200.50	223.50	211.00	215.00	191.00	215.50	215.50	193.00	191.50	192.50	211.00

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Hawkins County Memorial Hospital														
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
Quality Target Measures														
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.45	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 6 Iatrogenic Pneumothorax Rate	0.40	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 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	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	0.00	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
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis		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
↓ 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	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate		0.00				0.00			0.00	0.00		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	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.36	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	0.00	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	CAUTI	0.00	1.62	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 COLON Surgical Site Infection	0.00												
↓ lower is better	SSI HYST Surgical Site Infection													
↓ lower is better	MRSA	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	CDIFF	0.00	0.26	0.00	0.00	0.00	0.00	0.00	3.18	0.00	1.11	0.00	0.00	0.40
Quality Metrics														
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	135.90	135.60	102.80	61.95	100.13	99.74	76.00	68.49	81.41	36.40	116.50	76.45	87.19
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	74.51	109.04	62.66	85.55	85.77	28.87	34.30	35.62	32.94	75.00	51.00	63.00	60.27
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	1.58	1.09	1.27	1.17	1.17	1.42	1.45	1.37	1.42	2.37	1.61	2.00	1.48
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.12	0.12	0.12	0.14	0.13	0.10	0.10	0.10	0.10	0.11	0.13	0.12	0.12
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	87.0%	84.0%	81.0%	87.0%	96.0%	88.0%	77.0%	91.0%	80.0%	83.0%	82.0%	80.0%	81.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	92.0%	80.0%	88.0%	80.0%	100.0%	89.0%	74.0%	76.0%	64.0%	71.0%	86.0%	74.0%	81.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	83.0%	70.0%	83.0%	90.0%	100.0%	91.0%	60.0%	100.0%	50.0%	63.0%	67.0%	79.0%	72.0%
↑ 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%	87.0%	87.0%	80.0%	79.0%	82.0%	88.0%	86.0%	77.0%	83.0%	87.0%	90.0%	88.0%
↓ lower is better	Left without being seen	2.2%	0.0%	0.5%	0.3%	0.2%	0.2%	0.7%	0.1%	0.3%	0.3%	0.2%	0.3%	0.3%
↓ lower is better	Sepsis In House Mortality	0.03	0.09	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01
↑ higher is better	SMB: Sepsis Management Bundle**	62.0%	75.0%	60.0%	33.0%	53.0%	33.0%	100.0%	75.0%	68.0%	100.0%	67.0%	75.0%	64.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	80.00	91.00	68.00	82.50	65.00	68.00	101.00	118.00	87.00	101.00	68.00	86.00	77.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	175.00	215.00	204.00	201.00	219.00	204.00	232.00	233.00	231.00	232.00	247.00	234.00	242.50

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Russell County Hospital													
Desired Performance		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.41	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	PSI 6 Iatrogenic Pneumothorax Rate	0.40	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	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17	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	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	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.89	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
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate		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	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate		250.00												
↓ 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	1.39	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	CLABSI	0.00	4.79	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	CAUTI	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	0.00
↓ lower is better	SSI COLON Surgical Site Infection														
↓ lower is better	SSI HYST Surgical Site Infection														
↓ lower is better	MRSA	0.00	0.31	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	CDIFF	0.50	0.62	0.00	0.00	0.00	0.00	0.00	0.00	4.05	1.36	0.00	0.00	0.00	0.51
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days		25.20	18.90	14.60	17.28	16.93	33.90	31.60	49.60	38.40	37.10	22.40	29.75	28.19
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days		2.48	0.00	0.00	2.16	0.73	7.91	0.00	10.20	6.07	1.00	0.00	0.00	2.91
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days		0.30	0.24	0.23	0.27	0.25	0.31	0.25	0.16	0.24	0.18	0.20	0.19	0.23
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.13	0.12	0.13	0.13	0.12	0.13	0.34	0.19	0.12	0.11	0.12	0.15
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	87.0%	90.0%	90.0%	75.0%	88.0%	85.0%	86.0%	90.0%	100.0%	93.0%	94.0%	100.0%	97.0%	91.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	89.0%	88.0%	69.0%	71.0%	92.0%	76.0%	86.0%	84.0%	96.0%	90.0%	88.0%	86.0%	87.0%	83.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73.0%	64.0%	70.0%	100.0%	50.0%	67.0%	78.0%	67.0%	100.0%	83.0%	83.0%	69.0%	74.0%	75.0%
↑ 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%	82.0%	82.0%	100.0%	91.0%	89.0%	100.0%	79.0%	100.0%	91.0%	93.0%	91.0%	92.0%	91.0%
↓ lower is better	Left without being seen	1.0%	0.3%	1.3%	0.6%	0.6%	0.8%	1.0%	0.2%	0.7%	0.7%	0.5%	1.1%	0.5%	0.7%
↓ lower is better	Sepsis In House Mortality		0.07	0.00	0.07	0.00	0.03	0.00	0.08	0.00	0.03	0.07	0.14	0.11	0.06
↑ higher is better	SMB: Sepsis Management Bundle**		76.7%	67.0%	67.0%	83.0%	72.0%	78.0%	40.0%	100.0%	72.0%	90.0%	86.0%	88.0%	77.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	90.00	106.00	108.50	83.50	101.50	101.50	94.00	98.00	105.00	98.00	78.00	98.00	79.00	98.00
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	168.00	189.25	167.50	158.00	175.00	158.00	202.00	170.00	174.00	202.00	155.00	162.00	158.50	168.80

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

The data presented here is Ballad Health's internal data, processed by a third-party quality analysis vendor. The methodology for calculation of quality metrics may differ from what is publicly reported by the U.S. Centers for Medicare and Medicaid Services (CMS). Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.

Priority Metrics

Unicoi County Hospital															
Desired Performance	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	Feb-19	Q3FY19	FYTD19	
Quality Target Measures															
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.40													
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.40													
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.17													
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06													
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.75													
↓ 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	4.76													
↓ 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	1.26													
↓ lower is better	CLABSI	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	CAUTI	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 COLON Surgical Site Infection														
↓ lower is better	SSI HYST Surgical Site Infection														
↓ lower is better	MRSA	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	CDIFF	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	
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days														
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	5.50													
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days						0.20	0.57	0.96	0.55	1.10	1.10	1.10	0.62	
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits						0.03	0.17	0.15	0.12	0.11	0.17	0.14	0.13	
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	79.0%	86.0%	73.0%	100.0%	83.0%	82.0%	75.0%	80.0%	100.0%	82.0%	73.0%	79.0%	75.0%	80.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80.0%	83.0%	84.0%	95.0%	75.0%	86.0%	92.0%	93.0%	50.0%	85.0%	79.0%	78.0%	79.0%	83.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.0%	75.0%	52.0%	83.0%	75.0%	63.0%	0.0%	63.0%	0.0%	42.0%	27.0%	50.0%	39.0%	51.0%
↑ 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%	87.0%	71.0%	91.0%	100.0%	82.0%	83.0%	80.0%	75.0%	80.0%	50.0%	81.0%	68.0%	77.0%
↓ lower is better	Left without being seen	1.0%	0.5%	0.7%	1.2%	1.2%	1.0%	2.0%	0.3%	0.0%	0.4%	0.0%	0.1%	0.0%	0.6%
↓ lower is better	Sepsis In House Mortality														
↑ higher is better	SMB: Sepsis Management Bundle**	61.8%	67.0%	50.0%	75.0%	67.0%	33.0%	50.0%		44.0%	67.0%	50.0%	60.0%	57.0%	
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	124.00	170.00	134.00	125.50	134.00	159.00	122.00	147.00	147.00	105.00	114.00	109.50	129.80	
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	206.00	206.00	222.00	212.00	212.00	207.00	201.00	229.00	207.00	275.50	195.00	235.50	209.50	

FYTD19; July 2018 - February 2019 (unless otherwise noted **)

**FY19; discharge dates May- Dec 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases