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Priority Metrics

Desired Performance	Quality Target Measures	Ballad Health									Bristol Regional Medical Center									
		Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.29	1.10	0.61	0.38	0.63	1.18	0.22	0.67	0.55	0.35	2.28	1.60	0.81	0.00	0.00	0.00	0.00	0.79
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.21	0.00	0.29	0.16	0.31	0.26	0.15	0.32	0.07	0.29	0.00	0.00	0.00	0.00	0.00	0.10
↓	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	0.00	0.00	0.07	0.09	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	0.10	0.07	0.06	0.06	0.00	0.19	0.00	0.06	0.06	0.09	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.76	1.55	1.10	1.41	3.02	2.14	2.17	1.59	4.72	4.54	2.43	2.33	3.85	4.26	3.69	3.92	2.86
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	1.06	0.00	1.62	3.96	1.33	1.30	2.19	1.27	0.97	0.15	0.00	1.98	6.25	7.52	0.00	4.42	2.11
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.40	8.34	8.67	6.54	8.25	8.56	6.67	7.82	7.65	16.50	0.06	10.67	9.83	15.04	9.43	8.33	11.14	10.52
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.51	3.91	2.90	1.32	2.09	3.28	2.24	3.04	4.59	4.37	4.55	2.21	0.00	0.00	6.99	2.46	3.08
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.16	3.88	3.17	3.41	2.74	2.78	6.82	4.13	3.56	3.65	3.57	0.00	4.28	13.07	8.47	6.80	9.57	4.55
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.99	0.00	1.60	7.71	2.92	0.00	3.73	1.67	2.03	0.00	0.00	9.09	0.00	13.70	0.00	4.26	4.31
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.98	0.71	0.74	0.00	0.00	0.00	0.00	0.50	1.22	1.25	1.61	3.58	0.00	0.00	0.00	0.00	1.70
↓	lower is better	CLABSI	0.774	0.652	0.620	0.490	0.530	0.310	0.290	0.380	0.500	1.202	0.722	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.613	0.640	0.850	1.170	0.780	0.230	0.830	0.630	0.880	0.824	0.958	0.900	1.560	1.710	0.880	0.000	0.910	1.120
↓	lower is better	SSI COLON Surgical Site Infection	1.166	1.900	4.560	0.400	2.300	1.410		1.900	2.300	0.000	1.333	0.000	0.000	0.000	0.000		0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.996	0.610	0.000	0.000	0.000	0.000		0.000	0.000	0.000	1.587	0.000	0.000	0.000	0.000		0.000	0.000
↓	lower is better	MRSA	0.040	0.054	0.130	0.120	0.030	0.060	0.000	0.030	0.090	0.056	0.094	0.110	0.160	0.000	0.000	0.000	0.000	0.090
↓	lower is better	CDIFF	0.585	0.623	0.400	0.310	0.470	0.400	0.230	0.370	0.360	0.719	0.740	0.390	0.220	0.750	0.340	0.160	0.420	0.340
Quality Metrics																				
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		50.01	54.21	53.86	45.46	47.26	38.51	44.21	49.21		45.00	31.17	43.29	38.30	41.90	20.50	36.83	37.95
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		42.94	43.88	36.60	57.34	30.33	34.42	35.63	35.54		41.60	31.53	25.69	35.96	23.57	28.10	28.97	29.09
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		1.26	1.35	1.30	1.35	1.31	1.22	1.29	1.31		1.81	1.88	1.77	1.82	1.85	2.53	2.01	1.88
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.12	0.13	0.11	0.10	0.11	0.10	0.12		0.16	0.14	0.13	0.13	0.13	0.10	0.12	0.13
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well		82.8%	80.0%	80.0%	80.0%	79.0%	78.0%	79.0%	79.0%		86.0%	86.0%	81.0%	74.0%	84.0%	80.0%	79.0%	82.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well		84.5%	80.0%	80.0%	79.0%	80.0%	79.0%	79.0%	80.0%		83.0%	84.0%	80.0%	74.0%	83.0%	83.0%	79.0%	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%	59.0%	62.0%	62.0%	61.0%	62.0%		75.0%	64.0%	68.0%	55.0%	73.0%	69.0%	65.0%	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		88.1%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%		87.0%	91.0%	88.0%	83.0%	91.0%	88.0%	87.0%	88.0%
↓	lower is better	Left without being seen		0.6%	0.9%	0.7%	0.9%	1.2%	1.0%	1.1%	0.9%		4.0%	1.0%	0.7%	1.6%	1.6%	2.1%	1.8%	1.1%
↓	lower is better	Sepsis In House Mortality		7.5%	9.2%	8.1%	9.4%	8.0%	8.4%	8.6%	8.6%		11.2%	9.8%	10.2%	10.3%	11.5%	14.1%	12.0%	10.6%
↑	higher is better	SMB: Sepsis Management Bundle**		56.6%	60.0%	61.0%	77.0%	62.0%	66.0%	68.0%	63.1%		48.3%	42.0%	64.0%	70.0%	71.0%	50.0%	64.0%	57.7%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		129.2	125.0	123.0	113.5	114.0	133.5	114.0	123.0		153.8	150.0	140.0	151.0	164.0	181.0	164.0	150.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		210.5	223.5	229.8	239.5	254.0	253.0	253.0	229.8		278.5	277.0	294.0	255.0	254.0	324.0	255.0	288.0

\*\*FY19; discharge dates June 2018-January 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	Johnston Memorial Hospital									Smyth County Community Hospital									
		Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.97	0.00	0.00	0.00	0.00	0.00	3.04	1.03	0.36	0.21	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	0.69	0.00	0.00	0.00	0.00	0.00	0.22	0.39	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	0.13	0.00	0.97	0.00	0.00	0.00	0.00	0.00	0.35	0.16	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	0.10	0.16	0.00	0.74	0.00	2.15	0.00	0.67	0.48	0.10	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	4.50	0.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.69	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	2.92	0.00	10.75	0.00	0.00	0.00	0.00	3.58	1.12	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	16.39	14.28	0.00	11.76	0.00	0.00	0.00	0.00	3.94	16.04	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	4.96	5.79	0.00	6.54	0.00	0.00	10.87	3.69	3.36	4.03	5.98	0.00	0.00	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	0.00	0.00	5.81	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	2.10	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	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.83	0.00	3.83	0.00	0.00	0.00	0.00	0.00	1.36	--	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.001	0.000	1.740	0.000	0.000	0.000	0.000	0.550	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	0.000	1.610	0.000	2.730	0.000	0.000	0.850	0.820	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	0.000	0.000	0.000	0.000	0.000	0.000	--	0.000	0.000	16.667	0.000	0.000	0.000	0.000	0.000	--	0.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000	0.000	0.000	0.000	0.000	--	0.000	0.000	0.000	0.000	--	--	--	--	--	--	--
↓	lower is better	MRSA	0.000	0.000	0.150	0.000	0.000	0.000	0.000	0.000	0.050	0.000	0.000	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	0.000	0.450	0.000	0.150	0.050	0.174	0.331	0.000	0.000	0.000	0.000	0.000	0.000	0.000
		<b>Quality Metrics</b>																		
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	41.70	37.27	37.98	41.70	29.60	28.90	34.53	37.13	--	56.30	48.57	50.03	66.90	39.70	36.30	53.30	49.50
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	41.69	36.53	28.13	26.30	18.50	18.70	21.78	29.85	--	10.10	9.60	9.17	30.80	17.60	10.20	24.20	13.09
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.87	0.90	0.88	0.83	0.78	0.60	0.73	0.83	--	0.78	0.83	0.74	0.90	0.82	0.18	0.45	0.63
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.15	0.14	0.19	0.13	0.12	0.15	0.13	0.15	--	0.14	0.15	0.20	0.12	0.11	0.30	0.14	0.17
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	77.0%	80.0%	76.0%	74.0%	76.0%	78.0%	76.0%	77.0%	--	86.0%	83.0%	80.0%	99.0%	91.0%	78.0%	89.0%	84.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	79.0%	80.0%	82.0%	76.0%	77.0%	79.0%	77.0%	80.0%	--	88.0%	84.0%	81.0%	99.0%	90.0%	81.0%	90.0%	85.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	60.0%	63.0%	58.0%	43.0%	47.0%	58.0%	49.0%	57.0%	--	66.0%	72.0%	61.0%	81.0%	84.0%	44.0%	68.0%	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	--	87.0%	85.0%	87.0%	90.0%	85.0%	89.0%	88.0%	87.0%	--	89.0%	93.0%	80.0%	95.0%	88.0%	89.0%	90.0%	88.0%
↓	lower is better	Left without being seen	--	0.2%	0.6%	1.4%	2.6%	4.7%	3.6%	3.6%	1.9%	--	0.3%	0.6%	0.4%	0.6%	0.7%	0.7%	0.7%	0.6%
↓	lower is better	Sepsis In House Mortality	--	10.5%	7.9%	8.4%	9.0%	7.1%	7.9%	8.0%	8.1%	--	2.9%	3.3%	0.0%	3.7%	2.9%	2.5%	3.0%	2.1%
↑	higher is better	SMB: Sepsis Management Bundle**	--	54.8%	56.0%	55.0%	80.0%	80.0%	36.4%	62.0%	57.1%	--	81.1%	94.0%	80.0%	100.0%	67.0%	40.0%	72.0%	82.4%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	151.5	133.0	139.5	139.0	127.0	166.5	139.0	136.5	--	95.5	108.0	100.0	91.0	92.0	107.0	92.0	100.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	251.0	235.0	238.0	230.5	258.0	327.0	258.0	238.0	--	179.0	195.5	177.5	178.5	181.5	225.5	181.5	181.5

\*\*FY19; discharge dates June 2018-January 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	Dickenson County Hospital									Hancock County Hospital								
		Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19
↓ 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	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	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	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	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	--	--	91.55	103.70
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	--	--	--	72.12	106.86	140.08	141.45	--	--	141.45	126.08
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	0.09	0.06	0.32	0.01	0.04	0.09	0.08	--	0.79	--	--	1.36	1.67	0.25	0.55	0.55
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	0.13	0.16	0.11	0.07	0.31	0.13	0.14	--	0.20	0.20	0.23	0.25	0.18	1.23	0.29	0.23
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	57.0%	--	89.0%	100.0%	67.0%	--	83.0%	86.0%	--	92.0%	95.0%	93.0%	86.0%	100.0%	100.0%	93.0%	93.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%	--	89.0%	100.0%	83.0%	--	92.0%	90.0%	--	87.0%	90.0%	85.0%	86.0%	100.0%	100.0%	93.0%	90.0%
↑ 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%	--	100.0%	50.0%	75.0%	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%	100.0%	50.0%	--	75.0%	79.0%	--	86.0%	86.0%	100.0%	82.0%	100.0%	100.0%	90.0%	92.0%
↓ lower is better	Left without being seen	--	0.8%	0.7%	0.5%	0.3%	0.8%	0.6%	0.6%	0.6%	--	0.5%	0.6%	0.3%	0.8%	1.0%	0.3%	0.7%	0.6%
↓ lower is better	Sepsis In House Mortality	--	--	0.0%	0.0%	--	--	0.0%	0.0%	0.0%	--	0.0%	11.1%	8.3%	0.0%	--	0.0%	0.0%	7.3%
↑ higher is better	SMB: Sepsis Management Bundle**	--	--	--	--	--	--	--	--	--	--	70.0%	67.0%	57.0%	100.0%	--	0.0%	67.0%	61.5%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	103.5	105.0	103.0	116.0	104.0	106.0	106.0	105.0	--	124.5	126.0	99.0	76.0	114.0	92.0	92.0	110.0
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	124.0	229.0	184.0	289.0	157.0	--	223.0	197.8	--	--	--	--	--	--	--	--	--

\*\*FY19; discharge dates June 2018-January 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	Indian Path Community Hospital									Holston Valley Medical Center									
		Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.36	3.21	1.55	0.38	3.25	6.23	0.00	3.06	1.67	
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.26	0.00	0.00	3.34	0.00	0.00	1.15	0.42	0.51	0.48	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	0.14	0.34	0.00	0.00	0.00	0.00	0.00	0.00	0.16	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	0.10	0.00	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	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	4.04	0.92	1.44	1.43	2.30	4.76	0.00	2.33	1.72	
↓	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	0.87	1.57	0.00	1.16	0.00	0.00	0.00	0.00	0.40	
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.69	0.00	0.00	0.00	0.00	0.00	0.00	16.84	6.40	11.63	6.02	14.56	14.42	9.71	12.90	10.07	
↓	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	0.00	4.81	5.78	3.77	3.37	1.33	0.00	4.47	4.22	2.89	2.52	
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.90	10.23	14.71	0.00	0.00	0.00	0.00	6.33	5.97	3.57	6.25	3.60	0.00	0.00	4.07	1.29	3.74	
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.56	1.70	0.00	0.00	10.87	0.00	0.00	4.08	1.26	
↓	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	0.00	0.80	1.59	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	0.682	0.334	0.000	0.430	1.270	1.300	0.000	0.780	0.390	
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.938	0.496	0.300	0.330	0.000	0.000	0.810	0.310	0.310	
↓	lower is better	SSI COLON Surgical Site Infection	0.000	1.695	0.000	0.000	0.000	0.000	--	0.000	1.364	0.850	6.520	2.000	10.000	5.260	--	6.900	4.800	
↓	lower is better	SSI HYST Surgical Site Infection	7.143	0.000	0.000	0.000	0.000	0.000	--	0.000	0.641	0.290	0.000	0.000	0.000	0.000	--	0.000	0.000	
↓	lower is better	MRSA	0.080	0.048	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.034	0.090	0.140	0.000	0.000	0.000	0.000	0.080	
↓	lower is better	CDIFF	0.813	0.507	0.830	0.700	1.250	1.310	1.120	1.220	0.940	0.741	1.056	0.690	0.290	0.710	0.640	0.140	0.490	
		Quality Metrics																		
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	33.60	37.23	26.63	39.20	23.80	21.10	31.50	31.83	--	37.64	37.20	44.96	37.70	41.50	40.50	39.60	40.71
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	49.20	52.67	40.20	37.20	30.70	20.90	33.95	43.31	--	84.83	77.33	71.47	59.36	57.40	48.70	58.38	70.40
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.06	0.93	0.87	1.00	0.80	0.50	0.72	0.83	--	2.15	2.21	2.09	2.30	2.27	2.96	2.47	2.24
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.09	0.09	0.11	0.09	0.07	0.11	0.09	0.09	--	0.18	0.15	0.14	0.15	0.14	0.10	0.13	0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	80.0%	82.0%	81.0%	84.0%	80.0%	69.0%	78.0%	80.0%	--	81.0%	83.0%	78.0%	84.0%	81.0%	76.0%	80.0%	80.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	80.0%	84.0%	87.0%	82.0%	75.0%	82.0%	82.0%	--	81.0%	82.0%	78.0%	80.0%	79.0%	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	--	64.0%	65.0%	72.0%	65.0%	61.0%	56.0%	60.0%	66.0%	--	67.0%	65.0%	62.0%	60.0%	62.0%	63.0%	62.0%	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%	91.0%	89.0%	86.0%	89.0%	88.0%	--	90.0%	87.0%	88.0%	90.0%	86.0%	88.0%	88.0%	88.0%
↓	lower is better	Left without being seen	--	0.9%	1.3%	1.2%	1.6%	3.5%	2.9%	2.7%	1.7%	--	2.1%	2.1%	1.8%	2.3%	3.0%	1.7%	2.4%	2.1%
↓	lower is better	Sepsis In House Mortality	--	6.6%	6.4%	3.5%	5.4%	3.4%	5.6%	4.8%	4.9%	--	13.3%	12.6%	9.7%	15.6%	9.9%	9.8%	11.8%	11.3%
↑	higher is better	SMB: Sepsis Management Bundle**	--	70.5%	69.0%	83.0%	78.0%	100.0%	75.0%	85.0%	77.5%	--	25.2%	48.0%	31.0%	50.0%	36.0%	81.3%	57.0%	46.8%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	130.0	126.5	122.0	118.0	108.0	136.0	118.0	122.0	--	165.0	176.0	178.0	210.0	175.0	212.0	210.0	177.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	219.5	221.0	193.0	202.0	204.0	219.5	204.0	204.0	--	430.0	409.0	397.0	445.0	519.0	491.0	491.0	440.0

\*\*FY19; discharge dates June 2018-January 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	Lonesome Pine Hospital									Norton Community Hospital									
		Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.21	0.00	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	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.00	0.00	0.00	7.30	7.75	--	7.52	1.79	0.38	0.54	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	0.15	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	0.10	0.00	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	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	4.96	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	1.10	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	12.33	15.87	0.00	0.00	0.00	0.00	111.11	43.48	15.38
↓	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	5.39	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	58.82	0.00	0.00	--	0.00	21.74	5.59	0.00	0.00	0.00	0.00	0.00	125.00	45.45	15.38
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.23	0.00	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	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	0.00	0.87	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	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	0.000	0.000	15.500	6.370	2.400	0.000	0.000	1.710	0.000	0.000	0.000	0.000	0.000	0.570
↓	lower is better	SSI COLON Surgical Site Infection	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 HYST Surgical Site Infection	5.556	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	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.450	0.000	0.000	0.000	0.000	0.000	0.140
↓	lower is better	CDIFF	0.315	--	1.400	0.000	0.000	3.920	0.000	1.260	0.910	0.265	0.301	0.000	0.000	0.000	0.000	0.000	0.000	0.000
		<b>Quality Metrics</b>																		
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	125.00	105.90	91.01	98.10	56.60	71.30	76.34	93.18	--	50.10	48.33	48.30	32.20	38.30	46.80	37.18	45.05
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	63.60	59.07	21.81	98.12	21.20	61.95	60.04	45.24	--	53.34	33.87	25.80	40.90	18.30	37.60	30.93	29.78
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.40	2.69	2.91	3.26	2.60	0.38	0.88	1.50	--	0.61	0.78	0.80	0.63	0.68	0.31	0.50	0.67
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.14	0.15	0.12	0.09	0.30	0.14	0.14	--	0.11	0.14	0.17	0.10	0.07	0.25	0.11	0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	83.0%	81.0%	87.0%	78.0%	84.0%	80.0%	80.0%	83.0%	--	83.0%	84.0%	86.0%	80.0%	80.0%	82.0%	81.0%	84.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	83.0%	87.0%	83.0%	89.0%	75.0%	82.0%	84.0%	--	82.0%	79.0%	84.0%	75.0%	87.0%	83.0%	82.0%	82.0%
↑	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%	58.0%	70.0%	72.0%	65.0%	71.0%	--	65.0%	68.0%	68.0%	74.0%	59.0%	64.0%	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	--	86.0%	88.0%	85.0%	80.0%	86.0%	79.0%	81.0%	85.0%	--	80.0%	83.0%	83.0%	91.0%	92.0%	86.0%	89.0%	85.0%
↓	lower is better	Left without being seen	--	1.0%	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%	0.2%	--	2.0%	0.3%	0.4%	0.7%	0.7%	0.6%	0.7%	0.5%
↓	lower is better	Sepsis In House Mortality	--	4.4%	4.8%	3.7%	10.7%	0.0%	--	5.4%	4.5%	--	3.9%	4.5%	5.6%	1.6%	0.0%	2.5%	1.4%	3.8%
↑	higher is better	SMB: Sepsis Management Bundle**	--	44.8%	51.0%	54.0%	88.0%	50.0%	88.0%	71.0%	57.7%	--	77.6%	94.0%	76.0%	100.0%	40.0%	75.0%	71.0%	80.8%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	129.0	119.5	115.0	94.0	136.5	142.5	136.5	119.5	--	144.8	142.5	138.0	156.0	144.0	137.0	144.0	142.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	241.5	240.0	262.0	254.0	274.0	242.5	254.0	251.5	--	225.0	224.0	238.0	198.0	198.0	212.0	198.0	224.0

\*\*FY19; discharge dates June 2018-January 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	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.00	0.00	0.49	0.00	0.00	0.00	0.00	0.16
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.24	0.00	0.00	0.00	0.00	3.31	1.06	0.36	0.33	0.25	0.35	0.00	0.00	0.00	0.52	0.18	0.18
↓ 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	0.11	0.00	0.51	0.00	0.00	0.00	0.00	0.16
↓ 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	0.00	0.00	0.09	0.00	0.24	0.00	0.00	0.00	0.00	0.00	0.08
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.45	4.93	5.75	0.00	0.00	0.00	0.00	3.75	3.60	1.13	1.50	0.00	0.00	2.49	4.38	2.31	1.25
↓ 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	1.08	1.28	0.00	1.52	9.80	0.00	4.17	4.62	2.11
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.09	17.02	18.69	0.00	0.00	0.00	0.00	0.00	6.73	11.98	6.57	6.55	8.10	0.00	6.71	0.00	2.17	5.67
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.72	2.34	4.67	5.35	30.30	0.00	0.00	11.76	7.01	5.90	3.63	5.60	4.14	0.00	2.25	0.00	0.70	3.49
↓ lower is better	PSI 13 Postoperative Sepsis Rate	6.54	8.35	0.00	0.00	0.00	0.00	50.00	11.11	3.30	8.30	3.00	0.00	1.57	0.00	5.13	4.29	3.18	1.63
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.16	1.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.01	1.54	0.00	0.00	23.81	0.00	0.00	7.94	2.31
↓ 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	0.00	0.00	0.79	0.74	0.00	0.00	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	0.000	0.000	1.080	1.132	1.250	1.520	0.000	0.000	1.010	0.350	1.040
↓ lower is better	CAUTI	0.428	0.434	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.997	1.498	2.090	4.660	1.170	0.000	1.390	0.900	2.510
↓ lower is better	SSI COLON Surgical Site Infection	1.504	5.109	7.140	0.000	0.000	0.000	--	0.000	3.570	1.911	1.515	12.900	0.000	11.110	0.000	--	5.260	6.330
↓ lower is better	SSI HYST Surgical Site Infection	0.000	1.198	0.000	0.000	0.000	0.000	--	0.000	0.000	2.500	0.000	0.000	0.000	0.000	0.000	--	0.000	0.000
↓ lower is better	MRSA	0.039	0.000	0.170	0.000	0.000	0.000	0.000	0.000	0.060	0.055	0.073	0.150	0.190	0.000	0.200	0.000	0.060	0.140
↓ lower is better	CDIFF	0.259	0.252	0.190	0.820	0.000	0.000	1.100	0.390	0.460	0.531	0.496	0.300	0.340	0.320	0.310	0.000	0.210	0.280
Quality Metrics																			
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	33.60	32.20	39.80	38.00	31.50	29.00	33.79	35.29	--	22.70	25.07	23.13	17.50	20.80	21.00	19.46	22.86
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	29.93	26.77	40.27	41.10	41.30	28.30	39.05	35.02	--	32.68	36.70	35.63	36.30	27.00	20.10	31.65	35.04
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.71	0.72	0.82	0.74	0.87	0.81	0.80	0.77	--	0.92	0.95	0.93	0.94	0.88	1.58	1.06	0.98
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.14	0.15	0.16	0.12	0.10	0.11	0.11	0.14	--	0.04	0.05	0.05	0.04	0.03	0.02	0.03	0.04
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.0%	80.0%	83.0%	87.0%	78.0%	80.0%	82.0%	81.0%	--	77.0%	73.0%	77.0%	78.0%	73.0%	77.0%	76.0%	75.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	82.0%	81.0%	84.0%	89.0%	82.0%	89.0%	86.0%	83.0%	--	76.0%	73.0%	76.0%	74.0%	77.0%	72.0%	74.0%	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%	61.0%	70.0%	65.0%	66.0%	67.0%	--	60.0%	57.0%	58.0%	61.0%	58.0%	59.0%	59.0%	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	--	87.0%	87.0%	88.0%	88.0%	91.0%	90.0%	89.0%	88.0%	--	85.6%	84.0%	87.0%	87.0%	87.0%	87.0%	87.0%	86.0%
↓ lower is better	Left without being seen	--	0.6%	1.3%	0.5%	0.7%	0.9%	0.4%	0.7%	0.8%	--	0.9%	1.5%	0.9%	1.6%	1.6%	1.2%	1.5%	1.3%
↓ lower is better	Sepsis In House Mortality	--	3.8%	8.1%	4.2%	4.0%	2.8%	1.4%	2.7%	5.0%	--	16.6%	11.3%	11.9%	10.8%	12.4%	10.9%	11.4%	11.5%
↑ higher is better	SMB: Sepsis Management Bundle**	--	78.8%	64.0%	77.0%	100.0%	80.0%	50.0%	76.0%	72.7%	--	55.6%	61.0%	63.0%	64.0%	73.0%	45.0%	62.0%	62.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	147.5	157.0	150.5	173.0	137.5	152.0	152.0	152.0	--	152.5	157.5	170.5	180.0	165.0	191.0	180.0	165.5
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	240.0	251.5	248.0	256.5	281.5	262.0	262.0	256.5	--	259.0	293.0	280.0	277.0	293.5	254.5	277.0	280.0

\*\*FY19; discharge dates June 2018-January 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	Johnson County Community Hospital									Sycamore Shoals Hospital									
		Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	
↓	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	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	0.38	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	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	0.10	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
↓	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
↓	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
↓	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	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	0.00	0.00	0.00	6.29
↓	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
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--	--	--	--	--	--	0.00	0.00	0.00	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	0.000	0.000	0.000
↓	lower is better	CAUTI	--	--	--	--	--	--	--	--	0.000	0.460	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	--	--	--	--	--	--	--	--	3.226	3.125	14.290	0.000	0.000	--	--	0.000	5.000	0.000
↓	lower is better	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	--	0.000	0.000	0.000	0.000	--	--	--	--	0.000	0.000
↓	lower is better	MRSA	--	--	--	--	--	--	--	--	0.067	0.134	0.310	0.000	0.000	0.000	0.000	0.000	0.000	0.100
↓	lower is better	CDIFF	--	--	--	--	--	--	--	--	0.604	0.672	1.230	0.000	0.000	0.000	0.000	0.000	0.000	0.380
		<b>Quality Metrics</b>																		
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	--	--	29.20	21.77	32.83	29.60	33.60	27.80	31.60	28.38	0.000
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	--	--	31.02	38.17	51.00	38.40	51.40	39.50	44.90	44.66	0.000
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	0.40	1.33	1.29	0.38	--	0.80	0.77	--	0.68	0.70	0.64	0.56	0.67	0.55	0.59	0.64
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	0.10	0.16	0.14	0.09	0.09	0.11	0.12	--	0.12	0.14	0.15	0.11	0.09	0.13	0.11	0.13
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	100.0%	--	--	100.0%	100.0%	100.0%	100.0%	100.0%	--	78.0%	81.0%	84.0%	84.0%	84.0%	80.0%	83.0%	83.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%	--	--	0.0%	100.0%	50.0%	50.0%	50.0%	--	80.0%	86.0%	82.0%	88.0%	79.0%	80.0%	82.0%	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%	100.0%	--	64.0%	72.0%	70.0%	51.0%	56.0%	63.0%	57.0%	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%	--	--	100.0%	100.0%	50.0%	75.0%	75.0%	--	86.0%	89.0%	85.0%	77.0%	83.0%	88.0%	82.0%	85.0%
↓	lower is better	Left without being seen	--	0.7%	1.1%	0.6%	0.7%	0.4%	0.7%	0.6%	0.8%	--	0.7%	0.8%	0.5%	0.6%	0.5%	0.4%	0.5%	0.6%
↓	lower is better	Sepsis In House Mortality	--	--	--	0.0%	--	--	--	--	0.0%	--	14.0%	9.5%	7.2%	18.8%	6.1%	7.9%	10.9%	9.2%
↑	higher is better	SMB: Sepsis Management Bundle**	--	--	--	--	--	--	--	--	--	72.0%	56.0%	67.0%	75.0%	75.0%	86.0%	80.0%	69.2%	0.000
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	91.5	91.0	72.0	91.0	78.0	--	84.5	81.0	--	125.3	115.0	129.0	103.0	112.0	123.0	112.0	115.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	165.0	148.0	--	137.0	--	--	137.0	143.0	--	221.3	211.0	215.0	193.0	191.5	248.0	193.0	211.0

\*\*FY19; discharge dates June 2018-January 2019

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									Russell County Hospital									
		Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	
<b>Desired Performance</b>		<b>Quality Target Measures</b>																		
↓	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	0.24	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	0.39	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	0.17	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	0.10	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	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	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	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	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	0.00	
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	0.00	0.00	--	--	0.00	0.00	--	250.00	--	--	--	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	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	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	4.785	0.000	0.000	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	0.000	0.000	0.000	
↓	lower is better	SSI COLON Surgical Site Infection	0.000	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
↓	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	0.000	0.310	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CDIFF	0.000	0.260	0.000	1.110	0.000	0.000	0.000	0.000	0.350	0.498	0.621	0.000	1.360	0.000	0.000	0.000	0.000	
		<b>Quality Metrics</b>																		
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	135.90	100.13	81.41	36.40	116.50	52.90	72.53	87.19	--	25.20	16.93	38.40	37.10	22.40	28.00	29.75	
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	74.51	85.77	32.94	75.00	51.00	64.90	63.32	60.27	--	2.48	0.73	6.07	--	0.00	9.70	0.00	
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.58	1.17	1.42	2.37	1.61	0.25	0.85	1.07	--	0.30	0.25	0.24	0.18	0.20	0.19	0.19	
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.13	0.10	0.11	0.13	0.49	0.16	0.13	--	0.14	0.13	0.19	0.12	0.11	0.26	0.15	
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.0%	88.0%	83.0%	82.0%	80.0%	75.0%	80.0%	83.0%	--	90.0%	85.0%	93.0%	94.0%	100.0%	83.0%	94.0%	
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	80.0%	89.0%	71.0%	86.0%	74.0%	79.0%	81.0%	80.0%	--	88.0%	76.0%	90.0%	88.0%	86.0%	50.0%	79.0%	
↑	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%	67.0%	79.0%	100.0%	74.0%	75.0%	--	64.0%	67.0%	83.0%	83.0%	69.0%	50.0%	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	--	87.0%	82.0%	83.0%	87.0%	90.0%	86.0%	88.0%	85.0%	--	82.0%	89.0%	91.0%	93.0%	91.0%	75.0%	88.0%	
↓	lower is better	Left without being seen	--	0.1%	0.2%	0.3%	0.3%	0.2%	0.7%	0.4%	0.3%	--	0.3%	0.8%	0.7%	0.5%	1.1%	0.7%	0.8%	
↓	lower is better	Sepsis In House Mortality	--	2.5%	3.0%	0.0%	0.0%	0.0%	12.5%	4.2%	2.4%	--	7.4%	2.4%	2.6%	6.7%	14.3%	0.0%	7.0%	
↑	higher is better	SMB: Sepsis Management Bundle**	--	62.0%	53.0%	68.0%	100.0%	67.0%	60.0%	69.0%	63.8%	--	76.7%	72.0%	72.0%	90.0%	86.0%	100.0%	92.0%	
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	86.0	68.0	101.0	68.0	86.0	124.0	86.0	86.0	--	97.0	101.5	98.0	78.0	98.0	98.5	98.0	
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	214.3	204.0	232.0	247.0	234.0	238.0	238.0	232.0	--	163.8	167.5	174.0	153.0	162.0	195.0	162.0	

\*\*FY19; discharge dates June 2018-January 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 East									
		Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	
<b>Desired Performance</b>		<b>Quality Target Measures</b>																		
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.24	--	--	--	--	--	--	--	0.18	--	--	--	--	--	--	--	--	
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	--	--	--	--	--	--	--	0.38	--	--	--	--	--	--	--	--	
↓	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	0.10	--	--	--	--	--	--	--	0.10	--	--	--	--	--	--	--	--	
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.75	--	--	--	--	--	--	--	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	4.26	--	--	--	--	--	--	--	5.06	--	--	--	--	--	--	--	--	
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--	--	--	5.43	--	--	--	--	--	--	--	--	
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--	--	--	--	--	2.21	--	--	--	--	--	--	--	--	
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--	--	--	--	--	0.86	--	--	--	--	--	--	--	--	
↓	lower is better	CLABSI	0.000	0.000	0.000	--	--	--	--	0.000	0.000	0.000	2.790	0.000	9.350	0.000	0.000	3.340	2.220	
↓	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	0.000	0.000	0.000	0.000	
↓	lower is better	SSI COLON Surgical Site Infection	--	--	--	--	--	--	--	--	2.326	1.538	0.000	0.000	0.000	0.000	--	0.000	0.000	
↓	lower is better	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	--	0.000	--	--	--	0.000	--	--	0.000	0.000	
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.740	0.000	0.000	0.260	0.100	
↓	lower is better	CDIFF	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.441	0.223	0.000	0.370	0.750	0.000	1.590	0.790	0.430	
		<b>Quality Metrics</b>																		
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	--	--	11.00	--	11.00	11.00	--	--	70.00	62.90	37.80	97.00	63.60	66.77	66.49	
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	5.50	--	--	82.00	--	82.00	82.00	--	0.00	30.33	32.70	39.00	22.60	14.90	28.15	30.42	
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	--	0.55	1.10	1.10	0.20	0.47	0.50	--	--	--	--	--	--	--	--	
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	--	0.12	0.11	0.17	0.46	0.17	0.14	--	--	--	--	--	--	--	--	
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	86.0%	82.0%	82.0%	73.0%	83.0%	100.0%	81.0%	82.0%	--	--	70.0%	69.0%	67.0%	59.0%	70.0%	66.0%	68.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	86.0%	85.0%	79.0%	83.0%	100.0%	84.0%	85.0%	--	--	81.0%	76.0%	75.0%	71.0%	75.0%	74.0%	77.0%
↑	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%	27.0%	50.0%	67.0%	43.0%	52.0%	--	--	60.0%	48.0%	62.0%	45.0%	60.0%	56.0%	55.0%
↑	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%	50.0%	85.0%	88.0%	75.0%	79.0%	--	--	83.0%	79.0%	90.0%	83.0%	80.0%	84.0%	82.0%
↓	lower is better	Left without being seen	--	0.5%	1.0%	0.8%	0.0%	0.1%	0.5%	0.2%	0.7%	--	0.6%	1.1%	1.0%	1.3%	0.9%	1.0%	1.1%	1.1%
↓	lower is better	Sepsis In House Mortality	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
↑	higher is better	SMB: Sepsis Management Bundle**	--	61.8%	67.0%	44.0%	67.0%	50.0%	--	60.0%	56.5%	--	51.2%	75.0%	69.0%	67.0%	38.0%	50.0%	47.0%	62.8%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	124.0	134.0	147.0	105.0	114.0	133.5	114.0	133.5	--	109.0	127.0	124.0	135.5	122.0	121.5	122.0	124.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	206.0	212.0	207.0	275.5	195.0	--	235.3	209.5	--	194.0	222.0	224.0	223.5	270.0	280.0	270.0	224.0

\*\*FY19; discharge dates June 2018-January 2019

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

		Greenville West									
		Baseline	FY18	Q1FY19	Q2FY19	Jan-19	Feb-19	Mar-19	Q3FY19	FYTD19	
<b>Desired Performance</b>	<b>Quality Target Measures</b>										
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.21	--	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	
↓	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	
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.12	--	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	
↓	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	12.51	--	0.00	0.00	--	--	--	0.00	
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.47	--	0.00	0.00	0.00	0.00	--	0.00	
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.66	--	0.00	43.48	--	--	--	22.73	
↓	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	0.00	
↓	lower is better	CLABSI	0.000	1.149	5.150	0.000	0.000	0.000	0.000	2.790	
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	SSI COLON Surgical Site Infection	0.000	2.222	0.000	0.000	--	--	--	0.000	
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000	--	--	--	--	--	--	
↓	lower is better	MRSA	0.000	0.000	0.520	0.000	0.000	0.000	0.000	0.230	
↓	lower is better	CDIFF	0.124	0.415	0.000	0.000	0.000	0.000	0.000	0.000	
	<b>Quality Metrics</b>										
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	62.82	85.17	87.94	26.50	20.20	47.90	23.35	59.33
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	13.90	34.93	19.62	6.86	14.50	12.80	10.68	22.56
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.80	1.01	1.01	0.66	0.53	0.19	0.35	0.83
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.07	0.10	0.09	0.11	0.07	0.36	0.12	0.10
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.0%	87.0%	87.0%	83.0%	94.0%	86.0%	87.0%	87.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	82.0%	82.0%	86.0%	83.0%	94.0%	83.0%	86.0%	84.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	70.0%	68.0%	76.0%	58.0%	83.0%	75.0%	72.0%	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%	90.0%	94.0%	91.0%	83.0%	90.0%	89.0%	91.0%
↓	lower is better	Left without being seen	--	1.3%	0.2%	0.0%	0.3%	0.3%	0.3%	0.3%	0.2%
↓	lower is better	Sepsis In House Mortality	--	--	4.4%	4.4%	0.0%	0.0%	0.0%	0.0%	3.0%
↑	higher is better	SMB: Sepsis Management Bundle**	--	31.7%	48.0%	45.0%	57.0%	38.0%	67.0%	50.0%	47.5%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	164.0	130.0	183.0	111.0	125.0	133.0	125.0	133.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	275.0	259.0	285.0	232.0	262.0	256.0	256.0	262.0

\*\*FY19; discharge dates June 2018-January 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases