

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

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance														
Quality Target Measures														
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.71	1.12	1.13	0.00	0.72	0.62	0.66	0.23	0.23	0.38	0.63	0.52
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.31	0.15	0.16	0.21	0.16	0.00	0.00	0.05	0.30	0.16
↓	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	0.09
↓	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	0.19	0.00	0.06	0.00	0.05
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.15	1.67	2.00	1.90	0.69	1.55	0.66	1.28	1.99	1.31	1.40	1.42
↓	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	2.36	2.42	1.63	3.94	1.27
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.79	8.34	10.38	9.08	6.83	8.77	8.16	7.16	6.07	7.11	8.21	7.95
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.42	3.51	4.97	3.54	2.57	3.70	3.13	3.02	3.73	3.29	1.96	3.29
↓	lower is better	PSI 13 Postoperative Sepsis Rate	8.81	3.88	1.44	3.88	5.54	3.65	1.36	1.23	6.33	3.00	2.73	3.23
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.22	0.99	0.00	0.00	0.00	0.00	0.00	2.57	2.40	1.65	7.89	1.78
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.34	0.98	0.00	1.08	1.08	0.72	1.13	0.00	1.07	0.74	0.00	0.63
↓	lower is better	CLABSI	0.774	0.652	0.000	1.090	0.780	0.620	0.600	0.840	0.000	0.490	0.530	0.550
↓	lower is better	CAUTI	0.613	0.640	0.600	1.280	0.660	0.850	1.830	1.090	0.640	1.170	0.590	0.940
↓	lower is better	SSI COLON Surgical Site Infection	1.170	1.899	8.110	3.370	2.560	4.560	0.000	0.000	1.410	0.400		2.430
↓	lower is better	SSI HYST Surgical Site Infection	1.000	0.610	0.000	0.000	0.000	0.000	0.000	0.000	0.000			0.000
↓	lower is better	MRSA	0.040	0.054	0.090	0.290	0.030	0.130	0.080	0.060	0.210	0.120	0.020	0.100
↓	lower is better	CDIFF	0.585	0.623	0.240	0.400	0.570	0.400	0.420	0.160	0.340	0.310	0.450	0.370
Quality Metrics														
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		50.01	58.40	57.31	38.64	51.50	51.15	58.54	48.94	52.88	43.72	52.20
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		42.94	43.87	35.42	37.53	38.90	40.11	39.30	41.24	40.22	41.10	41.31
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		1.26	0.78	0.75	0.69	0.74	0.97	0.83	1.19	1.00	3.18	1.20
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.14	0.12	0.12	0.13	0.12	0.11	0.13	0.12	0.20	0.14
↑	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%	80.0%	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%	79.0%	82.0%	80.0%	80.0%	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%
↑	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%	88.0%	86.0%	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%	1.0%
↓	lower is better	Sepsis In House Mortality		7.5%	9.0%	9.0%	10.0%	9.0%	8.0%	7.0%	9.0%	8.0%	9.0%	9.0%
↑	higher is better	SMB: Sepsis Management Bundle**		56.6%	42.0%	57.0%	63.0%	53.0%	57.0%	66.0%	63.0%	62.0%	78.0%	60.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	124.53	148	121	125	128.8	126.3	129.5	123	122.5	124	113.5	125
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	227.29	316	223.5	223.5	225	223.75	228	229.8	230	230	239.5	229

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

**FY19; discharge dates May- Nov 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

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		Quality Target Measures												
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.80	2.28	2.32	0.00	2.46	1.57	2.21	0.00	0.00	0.78	0.00	0.99
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.32	0.07	0.85	0.00	0.00	0.28	0.83	0.00	0.00	0.29	0.00	0.24
↓	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
↓	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
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.72	4.54	7.55	0.00	0.00	2.37	3.24	3.61	3.24	3.35	3.75	2.99
↓	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	5.71	1.97	6.17	1.76
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.50	10.80	9.26	13.07	8.55	10.58	14.71	0.00	20.83	12.22	14.93	11.94
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.25	2.43	7.14	6.10	0.00	4.47	3.18	0.00	6.02	3.19	0.00	3.30
↓	lower is better	PSI 13 Postoperative Sepsis Rate	8.88	3.57	0.00	0.00	0.00	0.00	0.00	0.00	12.12	4.28	12.99	3.79
↓	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	3.66
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.38	1.25	0.00	4.50	0.00	1.57	5.62	0.00	0.00	1.74	0.00	1.42
↓	lower is better	CLABSI	1.202	0.722	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.824	0.958	0.840	0.890	0.980	0.900	1.040	1.790	1.770	1.560	0.850	1.170
↓	lower is better	SSI COLON Surgical Site Infection	0.000	1.330	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	0.000	1.590	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000
↓	lower is better	MRSA	0.056	0.094	0.000	0.310	0.000	0.110	0.000	0.160	0.320	0.160	0.000	0.110
↓	lower is better	CDIFF	0.719	0.740	0.320	0.160	0.700	0.390	0.470	0.170	0.000	0.220	0.600	0.350
		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	37.40
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		41.60	34.28	28.80	31.45	31.50	24.05	24.00	28.96	35.96	35.96	34.30
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		1.81	0.99	1.04	0.86	0.96	0.85	0.84	0.96	0.88	7.60	1.88
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.16	0.15	0.13	0.13	0.14	0.12	0.14	0.13	0.13	0.15	0.14
↑	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%	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%	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%	54.0%	64.0%
↑	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%	88.0%
↓	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%	0.9%
↓	lower is better	Sepsis In House Mortality		11.2%	12.0%	4.0%	13.0%	10.0%	11.0%	7.0%	13.0%	10.0%	11.0%	10.0%
↑	higher is better	SMB: Sepsis Management Bundle**		48.3%	3.0%	46.0%	55.0%	17.0%	31.0%	79.0%	80.0%	64.0%	70.0%	35.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	147	151	150	123	183	150	140	138	147	140	150.5	147
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	255	284	275	288	276.5	276.5	300	294	293.5	294	254.5	288

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

**FY19; discharge dates May- Nov 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												
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		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	
↓	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	0.29	
↓	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	0.45	
↓	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	0.31	
↓	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	
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	0.00	0.00	0.00	0.00	0.00	30.30	0.00	10.75	0.00	4.93	
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	0.00	0.00	0.00	0.00	33.33	0.00	11.76	0.00	5.41	
↓	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	8.93	10.10	6.56	0.00	2.85	
↓	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	
↓	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	
↓	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	1.69	
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	5.050	1.740	0.000	0.000	0.000	0.000	0.690	
↓	lower is better	CAUTI	0.000	0.000	0.000	2.270	2.300	1.610	0.000	0.000	0.000	2.730	1.050	
↓	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	
↓	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	
↓	lower is better	MRSA	0.000	0.000	0.000	0.430	0.000	0.150	0.000	0.000	0.000	0.000	0.060	
↓	lower is better	CDIFF	1.052	0.550	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
		Quality Metrics												
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	41.70	42.89	28.27	40.64	37.30	25.85	41.10	46.73	37.89	41.70	38.20	
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	41.69	36.22	39.91	33.53	36.60	22.65	30.70	30.70	28.02	26.30	31.50	
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.87	0.95	1.00	0.89	0.95	0.96	0.94	0.95	0.95	1.00	0.96	
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.15	0.17	0.14	0.11	0.14	0.12	0.15	0.14	0.14	0.26	0.16	
↑	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%	81.0%	76.0%	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%	89.0%	82.0%	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%	69.0%	58.0%	58.0%	
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86.0%	87.0%	84.0%	85.0%	85.0%	85.0%	85.0%	88.0%	89.0%	87.0%	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%	1.2%	
↓	lower is better	Sepsis In House Mortality		10.5%	8.0%	14.0%	2.0%	8.0%	10.0%	5.0%	10.0%	8.0%	8.0%	
↑	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%	58.0%	
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	143	137.5	121	133	134	133	139.5	145.5	136.5	139	136.5	
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	272	259	253	235	226	235	255	237	238	228.5	237	

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics												
		Smyth County Community Hospital												
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	lower is better	SSI COLON Surgical Site Infection	16.667	0.000				0.000	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	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CDIFF	0.174	0.331	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
		Quality Metrics												
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	56.30	56.40	65.30	24.03	48.60	44.50	55.30	50.30	49.91	66.90	51.80	
↓	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	9.09	30.80	12.40	
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.78	0.88	0.75	0.81	0.81	0.75	0.81	0.78	0.78	0.90	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	0.14	0.15	0.25	0.17	
↑	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%	100.0%	
↑	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%	98.0%	
↑	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%	84.0%	
↑	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%	
↓	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%	
↓	lower is better	Sepsis In House Mortality		2.9%	6.0%	0.0%	4.0%	4.0%	0.0%	0.0%	0.0%	0.0%	4.0%	
↑	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%	
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	97	106.75	94	109	108	108	95	100	107	100	90	
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	176	175	205	195.5	174.5	195.5	177.5	185.5	176	177.5	175.5	

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

**FY19; discharge dates May- Nov 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

	Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19
Desired Performance	Quality Target Measures											
↓ lower is better	PSI 3 Pressure Ulcer Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ 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	0.000										
↓ lower is better	CDIFF	0.386										
	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											
↓ 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	57.0%						100.0%	83.0%	89.0%	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%	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%	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%
↓ lower is better	Sepsis In House Mortality				0.0%		0.0%		0.0%	0.0%	0.0%	0.0%
↑ higher is better	SMB: Sepsis Management Bundle**											
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	121	103	105	112	93.5	105	68	122	103	103	116
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	220	136	347.5	229	209.5	229	186	135	184	184	289

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics											
		Hancock County Hospital											
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19
Desired Performance		Quality Target Measures											
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate											
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis											
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate											
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate											
↓	lower is better	PSI 13 Postoperative Sepsis Rate											
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate											
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate											
↓	lower is better	CLABSI	0.000										
↓	lower is better	CAUTI	0.000										
↓	lower is better	SSI COLON Surgical Site Infection											
↓	lower is better	SSI HYST Surgical Site Infection											
↓	lower is better	MRSA	0.000										
↓	lower is better	CDIFF	0.000										
		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	93.45	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	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	0.75	1.38	7.12	1.65
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.20	0.19	0.17	0.10	0.15	0.20	0.18	0.20	0.19	0.50	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%	91.0%
↑	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%	87.0%
↑	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%		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	92.0%	86.0%	83.0%	88.0%	86.0%	100.0%	100.0%	100.0%	100.0%	82.0%	90.0%
↓	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%
↓	lower is better	Sepsis In House Mortality	0.0%	0.0%	0.0%	33.0%	10.0%	25.0%	0.0%	0.0%	10.0%	0.0%	10.0%
↑	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%	67.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	128	121	126	138	126	109.5	99	95	99	76	109.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**											

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

**FY19; discharge dates May- Nov 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											
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19
Desired Performance		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
↓	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	3.38	0.56
↓	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
↓	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
↓	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
↓	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
↓	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
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.38	4.30	0.00	0.00	20.00	5.92	0.00	0.00	27.78	7.25	5.78
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.09	10.23	0.00	0.00	38.46	14.93	0.00	0.00	0.00	0.00	7.58
↓	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
↓	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
↓	lower is better	CLABSI	0.000	0.898	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	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	1.690	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000
↓	lower is better	SSI HYST Surgical Site Infection	7.143	0.000			0.000	0.000	0.000		0.000		0.000
↓	lower is better	MRSA	0.080	0.050	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CDIFF	0.813	0.510	0.000	1.670	0.780	0.830	0.700	1.450	0.000	0.700	1.250
		Quality Metrics											
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	33.60	45.59	31.91	34.16	37.20	20.96	19.50	39.30	26.59	39.20	33.00
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	49.20	48.94	52.56	56.47	52.70	28.23	40.30	52.30	40.28	37.20	45.10
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	1.06	0.98	0.84	0.85	0.89	0.89	0.77	0.86	0.84	1.25	0.92
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.09	0.12	0.08	0.08	0.09	0.10	0.08	0.09	0.09	0.12	0.10
↑	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%	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%	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%	82.0%	71.0%	72.0%	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%
↓	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%
↓	lower is better	Sepsis In House Mortality		6.6%	5.0%	4.0%	9.0%	6.0%	4.0%	3.0%	4.0%	3.0%	5.0%
↑	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%	77.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		130	118	143.5	126.5	126.5	122.5	122	120	122	118
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		102	221	223.5	204	221	195	193	191	193	200

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

**FY19; discharge dates May- Nov 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

		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		Quality Target Measures												
↓	lower is better	PSI 3 Pressure Ulcer Rate	1.07	3.21	3.23	0.00	1.18	1.49	0.00	0.00	1.14	0.36	3.09	1.25
↓	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
↓	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
↓	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
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.92	0.00	4.04	0.00	1.40	0.00	1.99	2.06	1.37	2.21	1.50
↓	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	3.31	0.00	1.15	0.00	0.51
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.84	6.40	10.31	19.23	4.98	11.61	9.95	8.33	0.00	5.96	14.35	9.44
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	6.14	3.77	6.05	1.90	1.96	3.27	0.00	3.72	0.00	1.29	2.09	2.25
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.47	3.57	3.94	10.91	7.27	7.46	0.00	0.00	10.20	3.57	0.00	4.73
↓	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	10.99	1.56
↓	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	5.08	1.58	0.00	0.69
↓	lower is better	CLABSI	0.682	0.330	0.000	0.000	0.000	0.000	1.220	0.000	0.000	0.430	1.270	0.330
↓	lower is better	CAUTI	0.938	0.500	0.000	0.000	1.020	0.300	0.000	1.050	0.000	0.330	0.000	0.270
↓	lower is better	SSI COLON Surgical Site Infection	1.364	0.850	20.000	0.000	0.000	6.520	0.000	0.000	7.690	2.000		4.170
↓	lower is better	SSI HYST Surgical Site Infection	0.641	0.290	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000
↓	lower is better	MRSA	0.012	0.030	0.000	0.290	0.000	0.090	0.000	0.000	0.430	0.140	0.000	0.100
↓	lower is better	CDIFF	0.741	1.060	0.420	0.750	0.930	0.690	0.580	0.000	0.300	0.290	0.710	0.520
		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	44.99	37.70	40.60
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		84.83	84.50	70.79	76.72	77.30	77.49	66.50	70.40	71.46	59.36	72.30
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		2.15	1.22	1.13	1.02	1.12	1.14	1.13	1.13	1.13	9.32	2.30
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.18	0.15	0.15	0.14	0.15	0.12	0.13	0.19	0.15	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%
↑	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%	81.0%	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%	58.0%	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%	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%	2.0%
↓	lower is better	Sepsis In House Mortality		13.3%	13.0%	11.0%	14.0%	13.0%	11.0%	8.0%	10.0%	10.0%	16.0%	12.0%
↑	higher is better	SMB: Sepsis Management Bundle**		25.2%	54.0%	36.0%	53.0%	48.0%	42.0%	23.0%	17.0%	29.0%	50.0%	41.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	153	175	176	151.5	177	176	161	178	193	178	209.5	177
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	340	434	405	446	409	409	382	397	440	397	444.5	409

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics												
		Lonesome Pine Hospital												
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		Quality Target Measures												
↓	lower is better	PSI 3 Pressure Ulcer Rate	1.29	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	7.04	0.99	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.82	0.00	0.00	0.00	0.00	0.00	166.67	0.00	55.56	0.00	25.64	
↓	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	
↓	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	
↓	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	
↓	lower is better	CAUTI	0.000	1.210	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		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	
↓	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	
↓	lower is better	CDIFF	0.315	0.370	0.000	0.000	3.750	1.400	0.000	0.000	0.000	0.000	0.590	
		Quality Metrics												
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		125.00	76.20	111.80	126.05	104.70	96.12	98.95	105.05	100.00	85.45	99.90
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		63.60	87.15	76.35	89.15	84.22	63.69	25.50	29.73	39.64	52.89	60.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		1.40	0.69	0.78	0.61	0.69	1.54	0.84	0.85	1.08	6.30	1.66
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.14	0.13	0.12	0.13	0.15	0.08	0.12	0.12	0.12	0.12
↑	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%	77.0%	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%	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%	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%	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%	0.2%
↓	lower is better	Sepsis In House Mortality		4.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.0%	2.0%
↑	higher is better	SMB: Sepsis Management Bundle**		44.8%	60.0%	38.0%	43.0%	45.0%	57.0%	60.0%	70.0%	64.0%	83.0%	58.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	120	117	114.3	126.5	119.5	119.5	129.5	105.5	114.8	114.8	94	114.8
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	213	244	223.5	240	242.5	240	251.3	263	261.8	261.8	253.8	251.3

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics											
		Norton Community Hospital											
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19
Desired Performance		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
↓	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
↓	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
↓	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
↓	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
↓	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
↓	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
↓	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
↓	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
↓	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
↓	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
↓	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
↓	lower is better	CAUTI	0.000	0.000	0.000	4.570	0.000	1.710	0.000	0.000	0.000	0.000	0.680
↓	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
↓	lower is better	SSI HYST Surgical Site Infection	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	1.190	0.000	0.450	0.000	0.000	0.000	0.000	0.180
↓	lower is better	CDIFF	0.265	0.300	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
		Quality Metrics											
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	50.10	59.59	49.71	34.76	48.00	38.04	47.55	59.00	48.20	32.20	46.00
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	53.34	64.94	24.24	12.49	33.90	13.20	21.70	42.70	25.87	40.90	31.40
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.61	0.79	0.82	0.58	0.73	0.76	0.80	0.76	0.77	1.00	0.79
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.11	0.15	0.15	0.14	0.15	0.14	0.12	0.14	0.13	0.25	0.16
↑	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%	91.0%
↑	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%	82.0%
↑	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%	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%	97.0%
↓	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%
↓	lower is better	Sepsis In House Mortality		3.9%	3.0%	5.0%	5.0%	4.0%	4.0%	4.0%	9.0%	6.0%	4.0%
↑	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%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	154	138.75	142.5	125	147	142.5	138	147	137	138	161.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	244	225	230	213	224	224	238	226.5	247	238	202.5

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

**FY19; discharge dates May- Nov 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											
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19
Desired Performance		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
↓	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
↓	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
↓	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
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.27	14.71	0.00	0.00	5.00	0.00	0.00	19.61	5.75	0.00
↓	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
↓	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	7.94
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.36	2.34	0.00	14.29	0.00	4.74	0.00	14.29	0.00	5.38	30.77
↓	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
↓	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
↓	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
↓	lower is better	CLABSI	0.000	0.910	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.428	0.434	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	SSI COLON Surgical Site Infection	1.504	5.110	7.690	6.670	7.140	7.140	0.000	0.000	0.000		4.170
↓	lower is better	SSI HYST Surgical Site Infection	0.000	1.200	0.000	0.000	0.000	0.000	0.000	0.000	0.000		0.000
↓	lower is better	MRSA	0.039	0.081	0.500	0.000	0.000	0.170	0.000	0.000	0.000	0.000	0.040
↓	lower is better	CDIFF	0.259	0.319	0.560	0.000	0.000	0.190	1.160	0.620	0.660	0.820	0.430
		Quality Metrics											
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	33.60	24.69	35.10	36.50	32.10	32.99	38.68	47.60	39.76	38.00	36.30
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	29.93	0.67	28.67	25.79	26.70	31.78	42.90	45.90	40.19	41.10	34.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.71	0.65	0.69	0.68	0.68	0.84	0.74	0.74	0.77	0.94	0.76
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.14	0.19	0.13	0.13	0.15	0.10	0.12	0.12	0.11	0.25	0.15
↑	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%	83.0%	83.0%	83.0%	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%	81.0%	85.0%	88.0%	84.0%	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%	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%	87.0%
↓	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%	0.9%
↓	lower is better	Sepsis In House Mortality	3.8%	5.0%	9.0%	10.0%	8.0%	5.0%	2.0%	6.0%	4.0%	4.0%	6.0%
↑	higher is better	SMB: Sepsis Management Bundle**	78.8%	75.0%	67.0%	50.0%	64.0%	67.0%	100.0%	100.0%	83.0%	100.0%	78.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	130	139	158	148	157	157	150.5	165.5	141	150.5	157
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	234	131.75	251.5	236	259	251.5	210	267	248	248	251.5

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

**FY19; discharge dates May- Nov 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											
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19
Desired Performance		Quality Target Measures											
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00	0.00	0.00	0.69	0.76	0.00	0.49	0.00	0.21
↓	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	0.15
↓	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	0.77	0.78	0.51	0.00	0.21
↓	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	0.10
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	3.60	1.13	0.00	2.13	2.39	1.50	0.00	0.00	0.00	0.00	0.64
↓	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	4.42	1.52	9.76	2.07
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	11.98	6.57	6.58	0.00	15.04	6.58	6.76	11.30	5.92	8.10	6.39
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.85	3.63	6.32	3.94	4.50	4.91	8.46	2.00	4.15	4.81	4.18
↓	lower is better	PSI 13 Postoperative Sepsis Rate	14.88	3.00	0.00	0.00	0.00	5.00	0.00	0.00	1.57	0.00	0.71
↓	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	24.39	2.88
↓	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
↓	lower is better	CLABSI	1.080	1.130	0.000	1.940	1.800	1.250	1.120	3.230	0.000	1.520	1.160
↓	lower is better	CAUTI	0.997	1.498	2.320	4.210	0.000	2.090	9.870	2.710	1.430	4.660	2.960
↓	lower is better	SSI COLON Surgical Site Infection	1.911	1.670	18.180	14.290	7.690	12.900	0.000	0.000	0.000		6.670
↓	lower is better	SSI HYST Surgical Site Infection	2.500	0.000	0.000	0.000	0.000	0.000	0.000		0.000		0.000
↓	lower is better	MRSA	0.055	0.183	0.190	0.180	0.090	0.150	0.270	0.100	0.190	0.190	0.150
↓	lower is better	CDIFF	0.531	0.496	0.100	0.380	0.410	0.300	0.400	0.000	0.600	0.340	0.320
		Quality Metrics											
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	22.70	22.23	23.19	29.77	25.10	25.14	22.50	21.60	23.08	17.50	23.20
↓	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	35.74	36.30	36.20
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.92	0.96	0.97	0.85	0.93	0.89	0.91	0.95	0.92	1.10	0.95
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.04	0.06	0.06	0.04	0.05	0.06	0.04	0.05	0.05	0.05	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%	76.0%	79.0%	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%	69.0%	73.0%	77.0%	76.0%	76.0%	77.0%	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%	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%	86.0%	90.0%	85.0%	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%	1.3%
↓	lower is better	Sepsis In House Mortality		16.6%	10.0%	13.0%	11.0%	11.0%	11.0%	14.0%	12.0%	11.0%	11.0%
↑	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%	63.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	152	153	144	165.5	157.5	157.5	154	186	170.5	170.5	165.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	245	260	320.5	266	293	293	280	335	218	280	280

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics											
		Johnson County Community Hospital											
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19
Desired Performance		Quality Target Measures											
↓	lower is better	PSI 3 Pressure Ulcer Rate		0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
↓	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
↓	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
↓	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
↓	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											
↓	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	100.0%									100.0%	100.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	100.0%									0.0%	0.0%
↑	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%
↓	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%
↓	lower is better	Sepsis In House Mortality								0.0%	0.0%	0.0%	0.0%
↑	higher is better	SMB: Sepsis Management Bundle**											
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	86	73.5	96	91	91	60	84	72	72	91	84
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	152	143	153		148					137	143

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics												
		Sycamore Shoals Hospital												
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	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	7.94	
↓	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	
↓	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	
↓	lower is better	CLABSI	0.900	1.090	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CAUTI	0.000	0.460	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	3.226	3.130	0.000	50.000	0.000	14.290	0.000	0.000	0.000		5.880	
↓	lower is better	SSI HYST Surgical Site Infection	0.000	0.000	0.000		0.000	0.000		0.000	0.000		0.000	
↓	lower is better	MRSA	0.067	0.134	0.000	0.960	0.000	0.310	0.000	0.000	0.000	0.000	0.130	
↓	lower is better	CDIFF	0.604	0.672	0.890	0.960	1.840	1.230	0.000	0.000	0.000	0.000	0.520	
		Quality Metrics												
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		29.20	21.07	25.57	18.60	21.60	30.90	34.40	33.20	32.58	29.60	27.60
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		31.02	24.24	38.35	51.88	38.20	63.87	32.40	56.60	50.96	38.40	43.70
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		0.68	0.88	0.71	0.61	0.73	0.78	0.64	0.70	0.71	0.40	0.67
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.16	0.13	0.12	0.14	0.13	0.12	0.13	0.13	0.18	0.14
↑	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%	86.0%	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%	93.0%	85.0%
↑	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%	59.0%	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	86.0%	86.0%	89.0%	92.0%	85.0%	89.0%	91.0%	78.0%	86.0%	85.0%	81.0%	86.0%
↓	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%	0.6%
↓	lower is better	Sepsis In House Mortality		14.0%	10.0%	9.0%	10.0%	10.0%	3.0%	7.0%	12.0%	7.0%	16.0%	9.0%
↑	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%	64.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	124	166	112.5	115	142	115	129	132.5	111	129	97	115
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	210	222	211	200.5	223.5	211	215	191	215.5	215	193	211

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics												
		Laughlin Memorial Hospital												
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		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	0.000	0.000	0.000	9.170	0.000	2.790	0.000	0.000	0.000	0.000	9.350	2.820
↓	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	
↓	lower is better	SSI COLON Surgical Site Infection	2.326	1.538	0.000	0.000	0.000	0.000	0.000	0.000	0.000		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	0.740	0.140	
↓	lower is better	CDIFF	0.441	0.000	0.000	0.000	0.000	0.000	0.000	0.000	1.040	0.370	0.750	0.290
		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	62.40
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		0.00	45.10	10.30	36.40	30.60	36.30	22.20	39.60	32.70	39.00	32.70
↓	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%	70.0%
↑	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%	75.0%	78.0%
↑	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%	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	88.0%		81.0%	82.0%	84.0%	83.0%	86.0%	80.0%	65.0%	79.0%	93.0%	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%	1.1%
↓	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%		90.0%		82.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	124	110	127	94	127.5	127	122	124	125	124	135.5	125
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	206	192	222	220	230	222	224	207.5		215.75		222

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics												
		Takoma Regional Hospital												
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		Quality Target Measures												
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.34											
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.45											
↓	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	4.98											
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11											
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.51											
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7.58											
↓	lower is better	PSI 13 Postoperative Sepsis Rate	9.48											
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.24											
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.49											
↓	lower is better	CLABSI	0.000	1.150	0.000	24.390	0.000	5.150	0.000	0.000	0.000	0.000	2.840	
↓	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	
↓	lower is better	SSI COLON Surgical Site Infection	0.000	2.220	0.000	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										
↓	lower is better	MRSA	0.000	0.000	0.000	1.780	0.000	0.520	0.000	0.000	0.000	0.000	0.260	
↓	lower is better	CDIFF	0.124	0.420	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
		Quality Metrics												
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	62.82	92.40	96.70	66.39	85.20	111.24	99.70	52.88	87.94	26.50	78.00	
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	13.90	16.81	21.63	17.91	18.80	21.21	8.20	29.55	19.65	6.86	24.40	
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	0.80	0.78	0.49	0.83	0.70	0.54	0.64	0.70	0.63	4.70	1.24	
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	0.07	0.10	0.09	0.10	0.09	0.09	0.04	0.08	0.07	0.18	0.10	
↑	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%	82.0%	86.0%
↑	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%	84.0%	84.0%
↑	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%	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%	91.0%	89.0%	92.0%	90.0%	90.0%	96.0%	91.0%	93.0%	94.0%	90.0%	92.0%
↓	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%	0.2%
↓	lower is better	Sepsis In House Mortality												
↑	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%	48.0%	
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	139	163	166	127	130	130	183	189	142	183	111	142
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	221	277	245.5	294	259	259	287	280.5	285	285	231.5	280.5

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics												
		Hawkins County Memorial Hospital												
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis		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	
↓	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	
↓	lower is better	PSI 13 Postoperative Sepsis Rate		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	
↓	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	
↓	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	
↓	lower is better	CAUTI	0.000	1.620	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	0.000	0.000	
↓	lower is better	CDIFF	0.000	0.260	0.000	0.000	0.000	0.000	0.000	3.180	0.000	1.110	0.000	
		Quality Metrics												
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		135.90	135.60	102.80	61.95	100.10	99.74	76.00	68.49	81.41	36.40	83.00
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		74.51	109.04	62.66	85.55	85.80	28.87	34.30	35.62	32.93	75.00	61.60
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		1.58	0.87	0.90	0.70	0.82	1.08	1.02	6.20	2.77	2.60	1.91
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.12	0.12	0.11	0.13	0.12	0.09	0.12	0.13	0.11	0.10	0.11
↑	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%	84.0%
↑	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%	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%	74.0%
↑	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%	84.0%
↓	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%	0.3%
↓	lower is better	Sepsis In House Mortality		2.5%	9.0%	0.0%	0.0%	3.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
↑	higher is better	SMB: Sepsis Management Bundle**		47.3%	75.0%	60.0%	50.0%	60.0%	33.0%	100.0%	75.0%	68.0%	100.0%	67.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	80	91	68	82.5	65	68	101	118	87	101	67.5	82.5
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	175	215	204	202	219	204	232	233	230	232	247	230

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics												
		Russell County Hospital												
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		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	
↓	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	
↓	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	
↓	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	
↓	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	
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis		0.00								0.00	0.00	
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate		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	
↓	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	
↓	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	
↓	lower is better	CLABSI	0.000	4.785	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	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												
↓	lower is better	SSI HYST Surgical Site Infection												
↓	lower is better	MRSA	0.000	0.310	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	CDIFF	0.498	0.620	0.000	0.000	0.000	0.000	0.000	0.000	4.050	1.360	0.000	
		Quality Metrics												
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days		25.20	18.90	14.60	17.28	16.90	33.90	31.60	49.60	38.37	37.10	29.00
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days		2.48	0.00	0.00	2.16	0.70	7.91	0.00	10.20	6.04	1.00	3.10
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days		0.30	0.25	0.22	0.28	0.25	0.36	0.26	0.35	0.32	0.29	0.29
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits		0.14	0.13	0.12	0.13	0.13	0.14	0.12	0.13	0.13	0.25	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%	93.0%	89.0%
↑	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%	90.0%	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%	77.0%
↑	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%	92.0%	90.0%
↓	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%	0.7%
↓	lower is better	Sepsis In House Mortality		7.4%	0.0%	7.0%	0.0%	3.0%	0.0%	14.0%	0.0%	7.0%	7.0%	5.0%
↑	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%	76.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	90	106	108.5	83.5	101.5	101.5	94	98	105	98	79	98
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	168	189.25	167.5	158	175	167.5	202	170	174	174	155	170

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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BalladHealth		Priority Metrics												
		Unicoi County Hospital												
		Baseline	FY18	Jul-18	Aug-18	Sep-18	Q1FY19	Oct-18	Nov-18	Dec-18	Q2FY19	Jan-19	FYTD19	
Desired Performance		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	0.000	0.000		0.000		0.000					0.000	
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
↓	lower is better	SSI COLON Surgical Site Infection												
↓	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	0.000	0.000	
↓	lower is better	CDIFF	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
		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												
↓	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	79.0%	86.0%	73.0%	100.0%	83.0%	82.0%	75.0%	80.0%	100.0%	82.0%	76.0%	81.0%
↑	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%	90.0%	86.0%
↑	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%	29.0%	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	76.0%	87.0%	71.0%	91.0%	100.0%	82.0%	83.0%	80.0%	75.0%	80.0%	50.0%	78.0%
↓	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%	0.6%
↓	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%	57.0%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**		124	170	134	125.5	134	159	122	147	147	105	134
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**		206	206	222	212	212	207	201	229	207	275.5	212

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

**FY19; discharge dates May- Nov 2018

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases