

Desired Performance	Quality Target Measures	Baseline	Ballad Health	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.24	0.42
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.21	0.23
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.08	0.04
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	2.24	1.53
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	2.23	0.56
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	7.86	8.63
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	4.18	4.97
↓	PSI 13 Postoperative Sepsis Rate	3.58	6.57	4.89
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	1.14	1.21
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.45	0.44
↓	CLABSI	0.711	1.058	1.669
↓	CAUTI	0.558	0.785	1.285
↓	SSI COLON Surgical Site Infection	2.13	2.21	1.48
↓	SSI HYST Surgical Site Infection	0.71	0.73	4.55
↓	MRSA	0.047	0.096	0.167
↓	CDIFF	0.671	0.182	0.146
↑	SMB: Sepsis Management Bundle	56.9%	52.9%	49.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	75.8%	75.4%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.8%	75.9%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	59.5%	58.5%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.9%	84.5%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.6%	46.6%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	24.6%	22.5%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.5%	18.6%
↓	Sepsis In House Mortality	10.7%	11.9%	11.9%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.15%	4.11%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	7.93%	7.91%
↓	Left without being seen	0.83%	1.73%	3.05%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	151.9	170.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	365.9	480.7

Desired Performance	Quality Target Measures	Baseline	Johnson City Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.53	1.17
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.19	0.25
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.17
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.32	1.16
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	1.99	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	6.52	9.90
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	5.81	7.65
↓	PSI 13 Postoperative Sepsis Rate	3.58	6.17	1.83
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	1.90	5.73
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	2.053	1.745
↓	CAUTI	0.558	1.393	2.791
↓	SSI COLON Surgical Site Infection	2.13	1.23	4.76
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.135	0.252
↓	CDIFF	0.671	0.280	0.219
↑	SMB: Sepsis Management Bundle	56.9%	40.0%	36.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	73.8%	100.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	73.8%	100.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	55.2%	100.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.3%	100.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	45.9%	100.0%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	26.6%	30.9%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	21.3%	22.9%
↓	Sepsis In House Mortality	10.7%	17.7%	18.7%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.55%	5.96%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	10.22%	11.22%
↓	Left without being seen	0.83%	1.19%	2.52%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	186.3	181.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	359.0	447.4

Desired Performance	Quality Target Measures	Baseline	Holston Valley Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.23
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.38	0.33
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.07	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.31	0.74
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	1.67	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	12.12	3.02
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	3.12	3.30
↓	PSI 13 Postoperative Sepsis Rate	3.58	5.87	5.42
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.96	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.82	0.00
↓	CLABSI	0.711	0.584	1.629
↓	CAUTI	0.558	0.777	1.587
↓	SSI COLON Surgical Site Infection	2.13	2.00	0.00
↓	SSI HYST Surgical Site Infection	0.71	1.31	6.25
↓	MRSA	0.047	0.091	0.188
↓	CDIFF	0.671	0.216	0.188
↑	SMB: Sepsis Management Bundle	56.9%	53.3%	53.7%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	72.0%	78.4%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.0%	83.6%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	60.0%	65.4%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.2%	85.7%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.6%	53.6%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	20.3%	20.7%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	16.5%	19.3%
↓	Sepsis In House Mortality	10.7%	15.6%	18.1%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.22%	4.55%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	8.28%	9.92%
↓	Left without being seen	0.83%	1.38%	2.97%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	212.0	249.9
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	794.7	891.6

Desired Performance	Quality Target Measures	Baseline	Bristol Regional Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.33	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.08	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	3.96	4.35
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	4.66	3.61
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	3.59	5.08
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.97	6.23
↓	PSI 13 Postoperative Sepsis Rate	3.58	8.24	3.97
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.43	0.00
↓	CLABSI	0.711	1.303	1.926
↓	CAUTI	0.558	1.282	1.297
↓	SSI COLON Surgical Site Infection	2.13	1.30	0.00
↓	SSI HYST Surgical Site Infection	0.71	0.00	7.69
↓	MRSA	0.047	0.153	0.201
↓	CDIFF	0.671	0.083	0.067
↑	SMB: Sepsis Management Bundle	56.9%	49.6%	50.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	71.9%	70.8%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	73.7%	72.9%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	58.3%	56.4%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.4%	84.2%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	44.9%	43.7%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	26.7%	19.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	19.7%	18.4%
↓	Sepsis In House Mortality	10.7%	12.9%	12.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.94%	2.80%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	10.30%	10.48%
↓	Left without being seen	0.83%	2.32%	3.24%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	183.8	193.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	390.9	518.4

Desired Performance	Quality Target Measures	Baseline	Johnston Memorial Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.32	0.77
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.38	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	8.93	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	10.00	81.08
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.50	3.12
↓	PSI 13 Postoperative Sepsis Rate	3.58	20.20	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	1.416	0.824
↓	CAUTI	0.558	0.217	0.000
↓	SSI COLON Surgical Site Infection	2.13	2.90	3.57
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.071	0.000
↓	CDIFF	0.671	0.074	0.000
↑	SMB: Sepsis Management Bundle	56.9%	56.0%	37.5%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	77.2%	81.3%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.2%	89.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	57.3%	76.6%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.6%	86.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.6%	62.7%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	27.7%	18.6%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.2%	20.3%
↓	Sepsis In House Mortality	10.7%	10.0%	10.8%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.35%	6.41%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	9.38%	10.47%
↓	Left without being seen	0.83%	3.19%	5.00%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	212.2	234.4
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	444.1	839.8

Desired Performance	Quality Target Measures	Baseline	Greenville Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.28	1.17
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.62	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	8.39	4.20
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	4.81	3.88
↓	PSI 13 Postoperative Sepsis Rate	3.58	7.63	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	3.56	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	1.32	0.00
↓	CLABSI	0.711	0.000	0.829
↓	CAUTI	0.558	0.197	1.063
↓	SSI COLON Surgical Site Infection	2.13	0.00	0.00
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.111	0.218
↑	SMB: Sepsis Management Bundle	56.9%	29.2%	43.3%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	73.9%	82.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.7%	85.5%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	61.3%	52.9%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	83.2%	85.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	45.3%	54.0%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	21.9%	21.8%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.7%	22.5%
↓	Sepsis In House Mortality	10.7%	9.8%	9.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.67%	4.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	7.61%	7.69%
↓	Left without being seen	0.83%	3.16%	3.87%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	191.9	231.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	431.5	637.9

Desired Performance	Quality Target Measures	Baseline	Norton Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.41	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	25.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	1.572
↓	CAUTI	0.558	0.000	0.799
↓	SSI COLON Surgical Site Infection	2.13	5.00	0.00
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.000	0.390
↓	CDIFF	0.671	0.000	0.000
↑	SMB: Sepsis Management Bundle	56.9%	37.7%	44.4%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.1%	82.6%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.8%	79.5%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	65.6%	61.4%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.1%	92.3%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	44.3%	46.2%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	24.6%	30.2%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	21.7%	14.6%
↓	Sepsis In House Mortality	10.7%	3.3%	7.4%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.72%	3.33%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.63%	5.88%
↓	Left without being seen	0.83%	1.59%	3.22%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	185.4	170.9
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	314.4	431.5

Desired Performance	Quality Target Measures	Baseline	Sycamore Shoals Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	4.99	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	25.64
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	30.30
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	3.19	0.00
↓	CLABSI	0.711	0.000	2.778
↓	CAUTI	0.558	0.607	0.000
↓	SSI COLON Surgical Site Infection	2.13	3.23	0.00
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.139	0.306
↑	SMB: Sepsis Management Bundle	56.9%	67.5%	30.8%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	78.8%	82.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.7%	76.4%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	60.2%	47.9%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.9%	82.1%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.2%	50.7%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	27.8%	17.3%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.0%	17.1%
↓	Sepsis In House Mortality	10.7%	5.8%	6.5%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.03%	1.52%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	5.10%	3.57%
↓	Left without being seen	0.83%	1.37%	4.35%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	160.5	196.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	342.3	472.4

Desired Performance	Quality Target Measures	Baseline	Franklin Woods Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.52	0.51
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	15.82	7.09
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	8.17	2.86
↓	PSI 13 Postoperative Sepsis Rate	3.58	10.00	8.47
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	2.31	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	3.55
↓	CLABSI	0.711	0.000	2.353
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13	3.82	1.61
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.136	0.093
↑	SMB: Sepsis Management Bundle	56.9%	56.5%	64.3%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	82.5%	74.2%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.7%	75.3%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	63.3%	61.8%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.7%	85.9%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	56.4%	46.7%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	25.3%	3.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	13.7%	14.4%
↓	Sepsis In House Mortality	10.7%	4.2%	4.8%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.54%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	8.00%	7.87%
↓	Left without being seen	0.83%	3.10%	2.95%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	182.2	226.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	378.8	560.3

Desired Performance	Quality Target Measures	Baseline	Indian Path Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	9.13	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	4.41	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	30.30
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13	3.23	6.25
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.602	0.000
↑	SMB: Sepsis Management Bundle	56.9%	65.5%	35.7%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	81.7%	74.9%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	86.4%	73.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.8%	55.2%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	83.8%	83.4%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	52.7%	45.6%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	16.1%	25.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	25.8%	4.9%
↓	Sepsis In House Mortality	10.7%	0.9%	1.9%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.41%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.89%	1.35%
↓	Left without being seen	0.83%	2.22%	6.10%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	147.3	191.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	468.7	852.9

Desired Performance	Quality Target Measures	Baseline	Smyth County Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	10.75	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13	0.00	0.00
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.000	0.000
↑	SMB: Sepsis Management Bundle	56.9%	68.6%	81.8%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	82.9%	78.2%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	82.4%	72.7%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.8%	62.9%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	88.1%	84.4%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	54.6%	51.8%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	22.0%	30.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.3%	13.2%
↓	Sepsis In House Mortality	10.7%	5.9%	2.5%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.57%	8.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	1.19%	0.00%
↓	Left without being seen	0.83%	0.86%	1.17%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	110.2	119.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	200.9	251.8

Desired Performance	Quality Target Measures	Baseline	Lonesome Pine Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	2.74	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	6.329
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.287	0.000
↑	SMB: Sepsis Management Bundle	56.9%	51.1%	50.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	75.7%	74.4%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.2%	77.5%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.1%	62.3%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	82.3%	84.6%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.3%	41.8%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	11.1%	21.4%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.9%	17.5%
↓	Sepsis In House Mortality	10.7%	9.3%	2.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	2.56%	5.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.25%	0.00%
↓	Left without being seen	0.83%	0.77%	1.16%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	134.5	143.6
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	295.3	371.0

Desired Performance	Quality Target Measures	Baseline	Hawkins County Memorial Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.000	0.000
↑	SMB: Sepsis Management Bundle	56.9%	72.2%	50.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	81.3%	69.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	82.3%	74.6%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	48.3%	55.5%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	88.3%	83.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	49.5%	44.5%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	45.5%	16.7%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	9.1%	13.3%
↓	Sepsis In House Mortality	10.7%	5.0%	0.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	0.00%
↓	Left without being seen	0.83%	0.24%	0.84%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	97.3	88.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	195.6	227.0

Desired Performance	Quality Target Measures	Baseline	Russell County Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.171	0.483
↓	CDIFF	0.671	0.000	0.000
↑	SMB: Sepsis Management Bundle	56.9%	66.7%	57.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.2%	89.2%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	84.5%	85.6%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.8%	69.8%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.2%	93.5%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.1%	51.9%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	34.4%	29.2%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.5%	25.0%
↓	Sepsis In House Mortality	10.7%	5.2%	3.1%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.26%	6.25%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.97%	2.38%
↓	Left without being seen	0.83%	0.63%	1.18%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	117.5	137.4
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	197.9	206.6

Desired Performance	Quality Target Measures	Baseline	Unicoi County Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	0.000
↓	CAUTI	0.558	0.000	0.000
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.000	0.000
↑	SMB: Sepsis Management Bundle	56.9%	73.3%	57.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.9%	
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.6%	
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	76.8%	
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	74.6%	
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.9%	
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	0.0%	10.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	13.8%	22.2%
↓	Sepsis In House Mortality	10.7%	2.2%	0.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	0.00%
↓	Left without being seen	0.83%	0.50%	1.36%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	126.4	134.6
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	275.0	421.1

Desired Performance	Quality Target Measures	Baseline	Lee County Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07		0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25		0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06		0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18		0.00
↓	CLABSI	0.711		
↓	CAUTI	0.558		
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047		
↓	CDIFF	0.671		
↑	SMB: Sepsis Management Bundle	56.9%		44.4%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%		
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%		
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%		
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%		
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%		
↓	READM30HF Heart Failure 30day readmissions rate	27.7%		100.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%		16.7%
↓	Sepsis In House Mortality	10.7%		0.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%		0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%		0.00%
↓	Left without being seen	0.83%		3.91%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0		161.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0		328.3

Desired Performance	Quality Target Measures	Baseline	Dickenson Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711		
↓	CAUTI	0.558		
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047		
↓	CDIFF	0.671		
↑	SMB: Sepsis Management Bundle	56.9%	66.7%	
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	73.3%	81.2%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.0%	81.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	100.0%	60.8%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	87.5%	85.6%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	35.0%	51.0%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%		
↓	READM30PN Pneumonia 30day readmission rate	17.9%	100.0%	0.0%
↓	Sepsis In House Mortality	10.7%	0.0%	0.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%		
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	0.00%
↓	Left without being seen	0.83%	1.03%	1.60%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	114.8	138.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	133.0	

Desired Performance	Quality Target Measures	Baseline	Hancock County Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18		
↓	CLABSI	0.711		
↓	CAUTI	0.558		
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047		
↓	CDIFF	0.671		
↑	SMB: Sepsis Management Bundle	56.9%	57.1%	75.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	83.0%	92.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	84.4%	87.2%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	78.3%	73.3%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	85.4%	93.3%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	61.6%	63.1%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	0.0%	25.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.3%	50.0%
↓	Sepsis In House Mortality	10.7%	8.3%	28.6%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	0.00%
↓	Left without being seen	0.83%	0.43%	0.23%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	123.7	137.9
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	179.4	233.3

Desired Performance	Quality Target Measures	Baseline	Johnson County Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31		
↓	PSI 13 Postoperative Sepsis Rate	3.58		
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	
↓	CLABSI	0.711		
↓	CAUTI	0.558		
↓	SSI COLON Surgical Site Infection	2.13		
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047		
↓	CDIFF	0.671		
↑	SMB: Sepsis Management Bundle	56.9%	100.0%	
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	100.0%	73.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	100.0%	73.1%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	100.0%	55.5%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	100.0%	82.7%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	77.8%	38.6%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%		
↓	READM30PN Pneumonia 30day readmission rate	17.9%	66.7%	
↓	Sepsis In House Mortality	10.7%	0.0%	0.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%		
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	0.00%
↓	Left without being seen	0.83%	0.71%	1.27%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	95.8	122.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	652.6	