

Desired Performance	Quality Target Measures	Baseline	Ballad Health	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.24	0.20
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.21	0.24
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.08	0.03
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	2.24	1.79
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	2.23	2.34
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	7.86	13.92
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	4.18	4.71
↓	PSI 13 Postoperative Sepsis Rate	3.58	6.57	5.32
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	1.14	0.96
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.45	0.42
↓	CLABSI	0.711	1.058	1.381
↓	CAUTI	0.558	0.785	1.144
↓	SSI COLON Surgical Site Infection	2.13	2.21	2.10
↓	SSI HYST Surgical Site Infection	0.71	0.73	3.35
↓	MRSA	0.047	0.096	0.142
↓	CDIFF	0.671	0.182	0.175
↑	SMB: Sepsis Management Bundle	56.9%	52.9%	51.8%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	75.8%	74.9%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.8%	75.6%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%	59.5%	57.9%
↑	HCOMP4 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%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.6%	46.3%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	24.6%	23.5%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.5%	18.1%
↓	Sepsis In House Mortality	10.7%	11.9%	12.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.15%	5.06%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	7.93%	7.64%
↓	Left without being seen	0.83%	1.73%	2.60%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	151.9	167.7
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	365.9	570.8

Desired Performance	Quality Target Measures	Baseline	Johnson City Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.53	0.34
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.19	0.32
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.06
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.32	0.52
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	1.99	3.07
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	6.52	19.20
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	5.81	5.07
↓	PSI 13 Postoperative Sepsis Rate	3.58	6.17	4.72
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	1.90	4.30
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	1.50
↓	CLABSI	0.711	2.053	1.667
↓	CAUTI	0.558	1.393	2.158
↓	SSI COLON Surgical Site Infection	2.13	1.23	4.00
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.135	0.206
↓	CDIFF	0.671	0.280	0.211
↑	SMB: Sepsis Management Bundle	56.9%	40.0%	43.5%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	73.8%	73.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	73.8%	72.6%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	55.2%	55.0%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.3%	83.3%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	45.9%	43.9%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	26.6%	30.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	21.3%	20.0%
↓	Sepsis In House Mortality	10.7%	17.7%	17.5%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.55%	6.67%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	10.22%	10.84%
↓	Left without being seen	0.83%	1.19%	2.03%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	186.3	183.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	359.0	457.7

Desired Performance	Quality Target Measures	Baseline	Holston Valley Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.12
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.38	0.26
↓	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	1.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	1.67	1.44
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	12.12	9.32
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	3.12	4.75
↓	PSI 13 Postoperative Sepsis Rate	3.58	5.87	4.64
↓	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	1.258
↓	CAUTI	0.558	0.777	0.916
↓	SSI COLON Surgical Site Infection	2.13	2.00	1.15
↓	SSI HYST Surgical Site Infection	0.71	1.31	6.06
↓	MRSA	0.047	0.091	0.148
↓	CDIFF	0.671	0.216	0.247
↑	SMB: Sepsis Management Bundle	56.9%	53.3%	49.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	72.0%	71.4%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.0%	75.8%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%	60.0%	55.7%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.2%	84.8%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.6%	44.5%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	20.3%	21.2%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	16.5%	18.3%
↓	Sepsis In House Mortality	10.7%	15.6%	18.1%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.22%	5.41%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	8.28%	9.30%
↓	Left without being seen	0.83%	1.38%	2.37%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	212.0	227.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	794.7	1060.1

Desired Performance	Quality Target Measures	Baseline	Bristol Regional Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.33	0.14
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.08	0.10
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.09
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	3.96	5.50
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	4.66	5.93
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	3.59	13.89
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.97	7.04
↓	PSI 13 Postoperative Sepsis Rate	3.58	8.24	3.23
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.43	0.50
↓	CLABSI	0.711	1.303	1.277
↓	CAUTI	0.558	1.282	1.368
↓	SSI COLON Surgical Site Infection	2.13	1.30	2.70
↓	SSI HYST Surgical Site Infection	0.71	0.00	2.38
↓	MRSA	0.047	0.153	0.121
↓	CDIFF	0.671	0.083	0.151
↑	SMB: Sepsis Management Bundle	56.9%	49.6%	49.2%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	71.9%	71.2%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	73.7%	73.2%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	58.3%	56.8%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.4%	84.5%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	44.9%	44.5%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	26.7%	24.3%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	19.7%	19.4%
↓	Sepsis In House Mortality	10.7%	12.9%	12.5%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.94%	4.19%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	10.30%	8.93%
↓	Left without being seen	0.83%	2.32%	3.03%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	183.8	201.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	390.9	540.5

Desired Performance	Quality Target Measures	Baseline	Johnston Memorial Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.32	0.39
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.25
↓	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	1.42
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	8.93	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	10.00	40.65
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.50	1.33
↓	PSI 13 Postoperative Sepsis Rate	3.58	20.20	17.24
↓	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	1.345
↓	CAUTI	0.558	0.217	0.425
↓	SSI COLON Surgical Site Infection	2.13	2.90	1.41
↓	SSI HYST Surgical Site Infection	0.71	0.00	7.69
↓	MRSA	0.047	0.071	0.124
↓	CDIFF	0.671	0.074	0.043
↑	SMB: Sepsis Management Bundle	56.9%	56.0%	51.2%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	77.2%	73.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.2%	74.4%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%	57.3%	54.1%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.6%	85.4%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.6%	43.4%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	27.7%	22.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.2%	19.6%
↓	Sepsis In House Mortality	10.7%	10.0%	10.1%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.35%	9.69%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	9.38%	9.13%
↓	Left without being seen	0.83%	3.19%	3.55%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	212.2	235.9
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	444.1	960.1

Desired Performance	Quality Target Measures	Baseline	Greenville Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.48
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.28	0.65
↓	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	3.53
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	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	3.32
↓	PSI 13 Postoperative Sepsis Rate	3.58	7.63	7.58
↓	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	0.418
↓	CAUTI	0.558	0.197	1.720
↓	SSI COLON Surgical Site Infection	2.13	0.00	0.00
↓	SSI HYST Surgical Site Infection	0.71		
↓	MRSA	0.047	0.000	0.098
↓	CDIFF	0.671	0.111	0.151
↑	SMB: Sepsis Management Bundle	56.9%	29.2%	43.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	73.9%	71.7%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.7%	73.4%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	61.3%	59.2%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	83.2%	82.7%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	45.3%	43.9%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	21.9%	20.4%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.7%	14.6%
↓	Sepsis In House Mortality	10.7%	9.8%	10.4%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.67%	5.03%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	7.61%	7.64%
↓	Left without being seen	0.83%	3.16%	2.86%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	191.9	207.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	431.5	756.0

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	3.66
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	25.00	17.86
↓	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	2.776
↓	CAUTI	0.558	0.000	0.713
↓	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	0.355
↓	CDIFF	0.671	0.000	0.190
↑	SMB: Sepsis Management Bundle	56.9%	37.7%	47.5%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.1%	72.9%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.8%	74.8%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%	65.6%	59.9%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.1%	83.3%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	44.3%	42.1%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	24.6%	25.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	21.7%	16.8%
↓	Sepsis In House Mortality	10.7%	3.3%	6.9%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.72%	3.91%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.63%	6.28%
↓	Left without being seen	0.83%	1.59%	3.11%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	185.4	179.1
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	314.4	742.8

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	0.35
↓	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 Rate	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	20.20
↓	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	11.49
↓	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	0.994
↓	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	0.067
↓	CDIFF	0.671	0.139	0.201
↑	SMB: Sepsis Management Bundle	56.9%	67.5%	37.8%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	78.8%	73.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.7%	72.7%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%	60.2%	57.9%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.9%	80.7%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.2%	46.0%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	27.8%	18.5%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.0%	21.1%
↓	Sepsis In House Mortality	10.7%	5.8%	8.2%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.03%	1.39%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	5.10%	5.56%
↓	Left without being seen	0.83%	1.37%	4.86%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	160.5	204.9
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	342.3	533.9



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	0.27
↓	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 Rate	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	15.82	8.60
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	8.17	5.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	10.00	6.58
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	2.31	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00
↓	CLABSI	0.711	0.000	1.085
↓	CAUTI	0.558	0.000	0.440
↓	SSI COLON Surgical Site Infection	2.13	3.82	2.47
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.136	0.086
↑	SMB: Sepsis Management Bundle	56.9%	56.5%	57.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	82.5%	81.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.7%	81.5%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	63.3%	62.9%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.7%	85.8%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	56.4%	53.1%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	25.3%	11.5%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	13.7%	15.8%
↓	Sepsis In House Mortality	10.7%	4.2%	4.8%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.54%	2.06%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	8.00%	6.25%
↓	Left without being seen	0.83%	3.10%	2.68%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	182.2	203.9
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	378.8	670.9

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	4.24
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	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	15.38
↓	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	4.65
↓	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%	54.9%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	81.7%	77.7%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	86.4%	78.7%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.8%	61.4%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	83.8%	86.3%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	52.7%	50.7%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	16.1%	20.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	25.8%	11.4%
↓	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%	1.21%
↓	Left without being seen	0.83%	2.22%	4.41%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	147.3	193.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	468.7	851.8

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 Rate	0.76	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	33.33
↓	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%	78.4%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	82.9%	82.8%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	82.4%	79.7%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%	64.8%	64.0%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	88.1%	89.5%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	54.6%	53.7%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	22.0%	22.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.3%	9.4%
↓	Sepsis In House Mortality	10.7%	5.9%	3.4%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.57%	3.08%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	1.19%	2.06%
↓	Left without being seen	0.83%	0.86%	1.42%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	110.2	130.6
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	200.9	329.2

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	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	500.00
↓	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	4.525
↓	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%	55.6%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	75.7%	83.2%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.2%	83.1%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.1%	74.8%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	82.3%	88.3%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.3%	54.9%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	11.1%	34.2%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.9%	13.5%
↓	Sepsis In House Mortality	10.7%	9.3%	5.7%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	2.56%	2.44%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.25%	0.75%
↓	Left without being seen	0.83%	0.77%	1.57%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	134.5	146.6
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	295.3	455.7

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 Rate	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%	57.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	81.3%	86.7%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	82.3%	84.6%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%	48.3%	70.5%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	88.3%	89.2%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	49.5%	57.5%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	45.5%	21.1%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	9.1%	25.0%
↓	Sepsis In House Mortality	10.7%	5.0%	2.4%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	2.33%
↓	Left without being seen	0.83%	0.24%	0.93%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	97.3	97.4
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	195.6	303.8

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	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	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	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	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	5.222
↓	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	0.212
↓	CDIFF	0.671	0.000	0.212
↑	SMB: Sepsis Management Bundle	56.9%	66.7%	58.2%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.2%	79.1%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	84.5%	77.7%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%	64.8%	59.9%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.2%	88.3%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.1%	45.3%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	34.4%	22.2%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.5%	20.8%
↓	Sepsis In House Mortality	10.7%	5.2%	5.7%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.26%	7.27%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.97%	3.48%
↓	Left without being seen	0.83%	0.63%	1.12%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	117.5	130.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	197.9	227.2

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 Rate	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	6.579
↓	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%	55.8%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.9%	87.8%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.6%	82.3%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%	76.8%	63.7%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	74.6%	81.0%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.9%	47.1%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	0.0%	21.1%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	13.8%	13.8%
↓	Sepsis In House Mortality	10.7%	2.2%	3.3%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	4.23%
↓	Left without being seen	0.83%	0.50%	1.46%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	126.4	144.2
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	275.0	511.1

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 Rate	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%		57.1%
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%		
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%		
↑	HCOMP4 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%		25.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%		30.0%
↓	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%		4.55%
↓	Left without being seen	0.83%		3.26%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0		163.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0		338.5



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 Rate	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%	100.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.0%	100.0%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	100.0%	100.0%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	87.5%	83.3%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	35.0%	66.7%
↓	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%	1.37%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	114.8	122.2
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	133.0	1180.0

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 Rate	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%	45.5%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	83.0%	79.8%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	84.4%	83.9%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	78.3%	68.5%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	85.4%	85.8%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	61.6%	66.6%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	0.0%	20.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.3%	33.3%
↓	Sepsis In House Mortality	10.7%	8.3%	15.8%
↓	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%	0.76%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	123.7	139.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	179.4	234.0

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 Rate	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%	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%	100.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	100.0%	86.7%
↑	HCOMP3A P Patients who reported that staff "Always" explained about medicines	71.0%	100.0%	100.0%
↑	HCOMP4 P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	100.0%	90.0%
↑	HCOMP5A Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	77.8%	76.7%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%		
↓	READM30PN Pneumonia 30day readmission rate	17.9%	66.7%	20.0%
↓	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%	0.71%	1.00%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	95.8	109.1
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	652.6	160.0