Ballad Health

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.18	0.18
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.01	0.05
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.16	0.16
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	0.49	0.49
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	1.44	1.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	4.24	2.63
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	1.62	1.47
↓	PSI 13 Postoperative Sepsis Rate	4.36	2.82	1.07
↑	SMB: Sepsis Management Bundle	58.40%	61.70%	67.61%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	0.92	0.31
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.08	0.08
↓	CLABSI	0.882	0.990	0.740
↓	CAUTI	0.888	0.717	0.771
↓	SSI COLON Surgical Site Infection	3.08	3.17	3.39
↓	SSI HYST Surgical Site Infection	2.27	2.02	2.08
↓	MRSA	0.105	0.059	0.074
↓	CDIFF	0.205	0.179	0.118
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	75.29%	77.52%	79.03%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	62.06%	67.20%	71.70%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	84.91%	85.58%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	377.00	310.00
↓	Mortality O/E	1.13	0.97	0.85
↓	All-Cause Mortality Rate	3.82%	2.26%	2.28%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	15.07%	15.53%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	144.24	168.30
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	0.78	0.96
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	76.51%	77.17%	76.66%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	58.62%	59.45%	60.25%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	57.84%	59.98%	59.80%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	62.35%	65.02%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	60.47%	63.95%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	24.16%	24.74%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	18.27%	18.46%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%	2.67%	2.63%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	4.11%	4.15%
↓	Sepsis In-House Mortality Rate	10.85%	8.96%	9.39%
↓	OP22 Left without being seen	1.85%	0.55%	0.38%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	148.00	143.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	125.00	80.00

Johnson City Medical Center

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.47	0.41
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.04	0.09
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.18	0.04
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	0.38	0.85
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	1.19	0.76
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	6.30	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	1.84	0.99
↓	PSI 13 Postoperative Sepsis Rate	4.36	3.60	0.78
↑	SMB: Sepsis Management Bundle	58.40%	38.89%	58.75%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	1.11	1.09
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.00	0.00
↓	CLABSI	0.882	1.164	0.633
↓	CAUTI	0.888	0.936	1.211
↓	SSI COLON Surgical Site Infection	3.08	7.69	5.51
↓	SSI HYST Surgical Site Infection	2.27	3.92	2.74
↓	MRSA	0.105	0.075	0.095
↓	CDIFF	0.205	0.208	0.130
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	75.29%	73.73%	74.97%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	62.06%	61.45%	66.90%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	83.33%	84.49%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	448.00	388.00
↓	Mortality O/E	1.13	1.11	0.96
↓	All-Cause Mortality Rate	3.82%	2.81%	2.74%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	14.89%	16.22%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	179.33	212.62
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	1.02	0.86
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	76.51%	73.06%	72.86%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	58.62%	36.69%	56.37%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	57.84%	56.83%	55.73%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	53.73%	57.27%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	51.84%	56.45%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	27.92%	25.20%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	18.22%	21.97%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%	3.90%	3.18%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	7.28%	6.78%
↓	Sepsis In-House Mortality Rate	10.85%	16.41%	13.84%
↓	OP22 Left without being seen	1.85%	0.55%	0.44%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	208.50	215.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	198.00	153.00

Holston Valley Medical Center

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.11
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.08
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.14	0.36
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	0.65	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	2.97	2.34
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	4.59	8.09
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	1.40	1.87
↓	PSI 13 Postoperative Sepsis Rate	4.36	1.55	1.59
↑	SMB: Sepsis Management Bundle	58.40%	51.89%	61.05%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	2.33	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.00	0.00
↓	CLABSI	0.882	0.798	0.992
↓	CAUTI	0.888	0.752	0.588
↓	SSI COLON Surgical Site Infection	3.08	0.00	3.19
↓	SSI HYST Surgical Site Infection	2.27	0.00	0.00
↓	MRSA	0.105	0.064	0.078
↓	CDIFF	0.205	0.245	0.195
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	74.92%	78.06%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	71.46%	71.33%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	83.99%	84.41%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	488.00	406.50
↓	Mortality O/E	1.13	0.95	0.83
↓	All-Cause Mortality Rate	3.82%	3.53%	3.54%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	15.37%	15.57%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	136.36	115.38
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	0.80	1.10
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	76.34%	76.02%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	53.83%	55.05%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	57.67%	57.64%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	58.40%	63.21%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	55.32%	60.83%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	22.16%	24.92%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	18.70%	19.57%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%	3.70%	4.17%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	5.21%	5.07%
↓	Sepsis In-House Mortality Rate	10.85%	11.07%	13.50%
↓	OP22 Left without being seen	1.85%	0.38%	0.24%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	207.00	228.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	179.50	120.50

Bristol Regional Medical Center

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.14	0.16
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	1.92	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	1.96	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	1.36	2.26
↓	PSI 13 Postoperative Sepsis Rate	4.36	2.21	0.00
↑	SMB: Sepsis Management Bundle	58.40%	53.28%	60.40%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.40	0.00
↓	CLABSI	0.882	1.311	0.831
↓	CAUTI	0.888	0.559	0.788
↓	SSI COLON Surgical Site Infection	3.08	1.94	5.37
↓	SSI HYST Surgical Site Infection	2.27	3.13	0.00
↓	MRSA	0.105	0.064	0.054
↓	CDIFF	0.205	0.194	0.126
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	76.07%	78.19%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	62.86%	65.66%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	83.90%	84.95%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	354.50	354.50
↓	Mortality O/E	1.13	0.91	0.81
↓	All-Cause Mortality Rate	3.82%	1.99%	2.17%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	15.68%	16.26%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	94.74	122.81
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	0.86	0.83
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	74.03%	75.51%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	55.64%	57.25%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	59.13%	58.45%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	59.34%	60.14%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	56.19%	59.46%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	24.69%	24.91%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	20.36%	18.07%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%	1.83%	1.73%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	4.17%	4.71%
↓	Sepsis In-House Mortality Rate	10.85%	9.18%	9.15%
↓	OP22 Left without being seen	1.85%	0.93%	0.72%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	191.00	215.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	104.50	100.00

Johnston Memorial Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.23
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.16
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	5.03	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	3.09	2.16
↓	PSI 13 Postoperative Sepsis Rate	4.36	6.17	10.99
↑	SMB: Sepsis Management Bundle	58.40%	72.82%	75.95%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.00	0.00
↓	CLABSI	0.882	1.279	0.725
↓	CAUTI	0.888	1.111	0.725
↓	SSI COLON Surgical Site Infection	3.08	2.30	2.78
↓	SSI HYST Surgical Site Infection	2.27	0.00	0.00
↓	MRSA	0.105	0.000	0.106
↓	CDIFF	0.205	0.142	0.000
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	78.49%	78.30%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	78.89%	75.68%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	86.33%	87.04%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	377.50	318.00
↓	Mortality O/E	1.13	1.04	0.91
↓	All-Cause Mortality Rate	3.82%	2.78%	2.41%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	17.24%	15.63%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	172.41	121.95
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	0.89	1.10
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	79.66%	79.32%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	58.87%	57.90%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	61.68%	60.02%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	66.67%	65.66%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	63.79%	64.73%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	24.79%	25.26%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	19.46%	17.83%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%	2.90%	3.46%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	3.98%	4.00%
↓	Sepsis In-House Mortality Rate	10.85%	10.33%	9.46%
↓	OP22 Left without being seen	1.85%	0.75%	0.62%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	186.00	188.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	128.50	101.00

Greeneville Community Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.66	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.22
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.21	0.44
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	1.32	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	3.66	0.00
↓	PSI 13 Postoperative Sepsis Rate	4.36	0.00	0.00
↑	SMB: Sepsis Management Bundle	58.40%	52.21%	63.44%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.00	0.00
↓	CLABSI	0.882	0.922	0.000
↓	CAUTI	0.888	0.654	1.505
↓	SSI COLON Surgical Site Infection	3.08	0.00	3.57
↓	SSI HYST Surgical Site Infection	2.27	0.00	0.00
↓	MRSA	0.105	0.088	0.000
↓	CDIFF	0.205	0.045	0.098
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	79.13%	78.72%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	69.89%	75.48%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	83.54%	85.43%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	474.50	329.00
↓	Mortality O/E	1.13	1.00	0.78
↓	All-Cause Mortality Rate	3.82%	1.62%	1.65%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	15.34%	15.43%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	68.97	254.90
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	1.12	0.93
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	78.93%	75.92%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	61.41%	64.30%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	59.18%	60.01%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	63.30%	63.35%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	57.22%	58.71%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	16.37%	27.23%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	21.94%	18.33%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%	2.59%	1.21%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	2.11%	2.94%
↓	Sepsis In-House Mortality Rate	10.85%	4.55%	5.90%
↓	OP22 Left without being seen	1.85%	0.56%	0.35%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	159.00	154.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	207.50	70.00

Franklin Woods Community Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	1.82	2.09
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	3.84	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	0.85	2.56
↓	PSI 13 Postoperative Sepsis Rate	4.36	5.98	0.00
↑	SMB: Sepsis Management Bundle	58.40%	70.67%	75.00%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	2.12	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.00	0.61
↓	CLABSI	0.882	0.000	0.000
↓	CAUTI	0.888	0.000	0.429
↓	SSI COLON Surgical Site Infection	3.08	3.02	1.02
↓	SSI HYST Surgical Site Infection	2.27	0.00	0.00
↓	MRSA	0.105	0.035	0.037
↓	CDIFF	0.205	0.080	0.082
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	83.56%	85.53%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	64.92%	80.50%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	87.75%	88.53%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	649.00	312.50
↓	Mortality O/E	1.13	0.75	0.68
↓	All-Cause Mortality Rate	3.82%	0.54%	0.50%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	11.94%	10.06%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	119.05	71.43
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	0.88	0.88
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	82.96%	81.82%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	67.46%	69.87%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	65.59%	67.99%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	75.14%	80.78%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	81.36%	83.75%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	16.35%	14.43%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	17.70%	11.25%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%		4.24%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	3.00%	1.76%
↓	Sepsis In-House Mortality Rate	10.85%	2.86%	2.28%
↓	OP22 Left without being seen	1.85%	0.74%	0.32%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	176.00	168.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	441.50	98.00

Indian Path Community Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	4.36	0.00	0.00
↑	SMB: Sepsis Management Bundle	58.40%	75.95%	79.31%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.00	0.00
↓	CLABSI	0.882	0.000	0.000
↓	CAUTI	0.888	1.616	0.000
↓	SSI COLON Surgical Site Infection	3.08	7.50	0.00
↓	SSI HYST Surgical Site Infection	2.27	0.00	0.00
↓	MRSA	0.105	0.000	0.000
↓	CDIFF	0.205	0.000	0.000
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	84.42%	79.02%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	73.09%	78.13%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	87.40%	88.25%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	377.00	334.00
↓	Mortality O/E	1.13	0.00	0.35
↓	All-Cause Mortality Rate	3.82%	0.00%	0.15%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	10.43%	12.56%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	0.00	0.00
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	0.98	0.99
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	85.44%	77.83%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	69.65%	67.03%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	64.58%	54.66%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	73.33%	69.52%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	75.56%	68.72%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	23.53%	33.33%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	14.36%	13.73%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%		0.00%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%		0.00%
↓	Sepsis In-House Mortality Rate	10.85%	0.00%	0.50%
↓	OP22 Left without being seen	1.85%	0.36%	0.18%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	147.00	140.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	84.00	63.00

Norton Community Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.62	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	4.36	0.00	0.00
↑	SMB: Sepsis Management Bundle	58.40%	70.18%	66.18%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.00	0.00
↓	CLABSI	0.882	0.000	0.000
↓	CAUTI	0.888	0.000	0.000
↓	SSI COLON Surgical Site Infection	3.08	2.56	4.00
↓	SSI HYST Surgical Site Infection	2.27	0.00	0.00
↓	MRSA	0.105	0.079	0.081
↓	CDIFF	0.205	0.000	0.000
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	79.73%	82.48%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	69.33%	73.57%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	83.66%	84.73%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	359.00	306.00
↓	Mortality O/E	1.13	0.55	0.66
↓	All-Cause Mortality Rate	3.82%	1.70%	2.01%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	18.52%	18.66%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	71.43	66.67
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	0.96	0.97
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	77.40%	75.73%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	65.44%	66.54%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	60.67%	64.10%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	64.08%	66.92%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	57.88%	63.65%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	30.10%	27.14%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	17.75%	22.10%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%	2.00%	1.82%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	2.98%	3.72%
↓	Sepsis In-House Mortality Rate	10.85%	5.09%	5.48%
↓	OP22 Left without being seen	1.85%	0.20%	0.05%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	141.00	119.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	108.00	86.00

Sycamore Shoals Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.63	0.35
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	4.36	0.00	0.00
↑	SMB: Sepsis Management Bundle	58.40%	66.00%	68.18%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.00	0.00
↓	CLABSI	0.882	0.000	0.000
↓	CAUTI	0.888	1.473	0.000
↓	SSI COLON Surgical Site Infection	3.08	9.68	4.76
↓	SSI HYST Surgical Site Infection	2.27	0.00	50.00
↓	MRSA	0.105	0.000	0.000
↓	CDIFF	0.205	0.234	0.000
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	79.61%	80.43%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	64.20%	72.19%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	88.29%	87.11%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	446.00	265.00
↓	Mortality O/E	1.13	0.74	0.43
↓	All-Cause Mortality Rate	3.82%	1.30%	1.03%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	15.02%	14.86%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	0.00	500.00
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	0.96	0.96
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	80.16%	82.15%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	60.98%	62.27%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	62.30%	62.33%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	69.86%	74.04%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	66.34%	72.48%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	21.50%	15.73%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	13.44%	15.04%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%	0.93%	0.00%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	3.17%	2.17%
↓	Sepsis In-House Mortality Rate	10.85%	2.54%	3.30%
↓	OP22 Left without being seen	1.85%	0.33%	0.14%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	154.00	127.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	223.00	83.00

Smyth County Community Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	4.36	0.00	0.00
↑	SMB: Sepsis Management Bundle	58.40%	72.13%	73.08%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01	0.00	
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.00	0.00
↓	CLABSI	0.882	0.000	0.000
↓	CAUTI	0.888	0.000	0.000
↓	SSI COLON Surgical Site Infection	3.08	0.00	
↓	SSI HYST Surgical Site Infection	2.27		
↓	MRSA	0.105	0.000	0.299
↓	CDIFF	0.205	0.000	0.000
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	80.96%	76.72%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	73.68%	67.82%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	87.88%	83.94%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	328.50	274.50
↓	Mortality O/E	1.13	0.52	0.34
↓	All-Cause Mortality Rate	3.82%	0.98%	0.66%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	10.51%	17.32%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32	0.00	
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79	0.98	0.99
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	83.38%	71.72%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	69.24%	63.23%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	62.19%	57.09%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	72.07%	63.31%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	67.76%	59.32%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	18.87%	22.86%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	12.74%	23.68%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%		0.00%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	1.26%	0.76%
↓	Sepsis In-House Mortality Rate	10.85%	0.53%	2.80%
↓	OP22 Left without being seen	1.85%	0.37%	0.22%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	143.00	131.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	100.00	62.50

Lonesome Pine Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14		0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20		0.00
↓	PSI 13 Postoperative Sepsis Rate	4.36		
↑	SMB: Sepsis Management Bundle	58.40%	57.14%	59.26%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01		0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56		0.00
↓	CLABSI	0.882	0.000	13.889
↓	CAUTI	0.888	0.000	0.000
↓	SSI COLON Surgical Site Infection	3.08		
↓	SSI HYST Surgical Site Infection	2.27		
↓	MRSA	0.105	0.000	0.000
↓	CDIFF	0.205	0.000	0.000
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	87.07%	90.05%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	77.08%	75.00%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	86.98%	87.76%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	271.00	273.00
↓	Mortality O/E	1.13	0.66	0.52
↓	All-Cause Mortality Rate	3.82%	1.07%	0.77%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	15.47%	15.38%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32		1000.00
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79		
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	83.60%	82.30%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	78.12%	74.25%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	65.95%	75.49%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	72.92%	77.20%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	68.09%	82.40%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	21.05%	30.00%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	18.37%	14.29%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%		0.00%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	2.00%	0.00%
↓	Sepsis In-House Mortality Rate	10.85%	0.00%	5.71%
↓	OP22 Left without being seen	1.85%	0.17%	0.32%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	125.00	124.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	57.00	48.00

Hawkins County Memorial Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20		
↓	PSI 13 Postoperative Sepsis Rate	4.36		
↑	SMB: Sepsis Management Bundle	58.40%	76.92%	90.91%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56		
↓	CLABSI	0.882	0.000	0.000
↓	CAUTI	0.888	0.000	0.000
↓	SSI COLON Surgical Site Infection	3.08		
↓	SSI HYST Surgical Site Infection	2.27		
↓	MRSA	0.105	0.000	0.000
↓	CDIFF	0.205	0.734	0.000
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	82.81%	86.26%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	74.65%	87.10%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	84.94%	90.80%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	253.00	217.00
↓	Mortality O/E	1.13	1.47	0.49
↓	All-Cause Mortality Rate	3.82%	2.08%	0.71%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	9.80%	12.24%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32		
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79		
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	76.39%	78.96%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	72.26%	75.49%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	73.67%	75.33%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	66.66%	73.57%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	73.24%	74.33%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	5.71%	20.00%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	8.51%	11.90%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%		0.00%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	4.08%	0.00%
↓	Sepsis In-House Mortality Rate	10.85%	2.17%	0.00%
↓	OP22 Left without being seen	1.85%	0.17%	0.20%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	112.00	116.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	57.00	45.00

Russell County Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20		
↓	PSI 13 Postoperative Sepsis Rate	4.36		
↑	SMB: Sepsis Management Bundle	58.40%	68.12%	75.93%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56	0.00	0.00
↓	CLABSI	0.882	0.000	0.000
↓	CAUTI	0.888	0.000	0.000
↓	SSI COLON Surgical Site Infection	3.08		
↓	SSI HYST Surgical Site Infection	2.27		
↓	MRSA	0.105	0.000	0.307
↓	CDIFF	0.205	0.000	0.307
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	81.89%	82.74%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	69.71%	73.97%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	86.69%	82.83%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	213.50	207.50
↓	Mortality O/E	1.13	0.89	0.97
↓	All-Cause Mortality Rate	3.82%	1.21%	1.34%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	17.42%	17.83%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32		
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79		
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	80.00%	79.34%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	70.92%	66.52%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	62.07%	68.62%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	69.54%	69.01%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	65.91%	62.44%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	38.89%	30.43%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	18.67%	16.67%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%		0.00%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%	1.78%	2.33%
↓	Sepsis In-House Mortality Rate	10.85%	4.04%	5.67%
↓	OP22 Left without being seen	1.85%	0.77%	0.76%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	117.00	130.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	27.00	26.00

Lee County Community Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20		
↓	PSI 13 Postoperative Sepsis Rate	4.36		
↑	SMB: Sepsis Management Bundle	58.40%	72.34%	66.07%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56		
↓	CLABSI	0.882		
↓	CAUTI	0.888		
↓	SSI COLON Surgical Site Infection	3.08		
↓	SSI HYST Surgical Site Infection	2.27		
↓	MRSA	0.105		
↓	CDIFF	0.205		
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	89.29%	90.87%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	78.05%	85.71%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	89.43%	80.42%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	231.00	253.50
↓	Mortality O/E	1.13	0.57	0.22
↓	All-Cause Mortality Rate	3.82%	0.96%	0.43%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	14.32%	16.71%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32		
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79		
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	88.10%	85.57%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	85.13%	82.59%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	76.98%	75.57%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	84.55%	89.24%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	82.50%	81.83%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	12.00%	19.23%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	12.22%	14.10%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%		0.00%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%		0.00%
↓	Sepsis In-House Mortality Rate	10.85%	1.37%	0.00%
↓	OP22 Left without being seen	1.85%	0.47%	0.18%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	112.00	111.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	49.00	63.50

Dickenson Community Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20		
↓	PSI 13 Postoperative Sepsis Rate	4.36		
↑	SMB: Sepsis Management Bundle	58.40%	40.00%	0.00%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56		
↓	CLABSI	0.882		
↓	CAUTI	0.888		
↓	SSI COLON Surgical Site Infection	3.08		
↓	SSI HYST Surgical Site Infection	2.27		
↓	MRSA	0.105		
↓	CDIFF	0.205		
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	72.22%	100.00%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	66.67%	66.67%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	85.00%	100.00%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	188.00	132.50
↓	Mortality O/E	1.13	0.00	0.00
↓	All-Cause Mortality Rate	3.82%	0.00%	0.00%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	12.50%	0.00%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32		
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79		
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	67.68%	98.50%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	95.83%	100.00%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	50.00%	97.80%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	50.00%	66.42%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	50.00%	100.00%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%		
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	50.00%	0.00%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%		
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%		0.00%
↓	Sepsis In-House Mortality Rate	10.85%	0.00%	0.00%
↓	OP22 Left without being seen	1.85%	0.67%	0.33%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	109.00	105.50
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	22.00	48.00

Hancock County Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14		
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20		
↓	PSI 13 Postoperative Sepsis Rate	4.36		
↑	SMB: Sepsis Management Bundle	58.40%	75.00%	77.78%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56		
↓	CLABSI	0.882		
↓	CAUTI	0.888		
↓	SSI COLON Surgical Site Infection	3.08		
↓	SSI HYST Surgical Site Infection	2.27		
↓	MRSA	0.105		
↓	CDIFF	0.205		
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	96.83%	86.67%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	89.47%	78.95%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	94.12%	90.00%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00	180.00	197.00
↓	Mortality O/E	1.13	0.54	0.00
↓	All-Cause Mortality Rate	3.82%	1.16%	0.00%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	9.46%	8.06%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32		
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79		
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	89.82%	87.21%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	100.00%	76.64%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	95.83%	99.12%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	85.00%	79.88%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	75.00%	75.08%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%	0.00%	0.00%
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	10.53%	0.00%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%		0.00%
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%		0.00%
↓	Sepsis In-House Mortality Rate	10.85%	0.00%	0.00%
↓	OP22 Left without being seen	1.85%	0.06%	0.11%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	106.00	112.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30	27.00	34.00

Johnson County Community Hospital

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI 3 Pressure Ulcer Rate	0.26	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.18	0.00	0.00
↓	PSI-8 In-Hospital Fall-Associated Fracture Rate	0.27	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	2.14	0.00	
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	2.90		
↓	PSI 11 Postoperative Respiratory Failure Rate	9.43		
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.20	0.00	
↓	PSI 13 Postoperative Sepsis Rate	4.36		
↑	SMB: Sepsis Management Bundle	58.40%	100.00%	0.00%
↓	PSI 14 Postoperative Wound Dehiscence Rate	1.01		
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.56		
↓	CLABSI	0.882		
↓	CAUTI	0.888		
↓	SSI COLON Surgical Site Infection	3.08		
↓	SSI HYST Surgical Site Infection	2.27		
↓	MRSA	0.105		
↓	CDIFF	0.205		
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	75.29%	80.00%	100.00%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	62.06%	80.00%	66.67%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	84.85%	87.50%	72.22%
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED-1)	643.00		158.00
↓	Mortality O/E	1.13	1.78	0.89
↓	All-Cause Mortality Rate	3.82%	2.38%	2.78%
↓	READM-30-Hospital-Wide-All Cause Unplanned Readmissions	14.34%	5.13%	10.00%

Desired Performance	Metric	Baseline	FY25	FY26
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	172.32		
↓	PSI90 Complications / Patient Safety for Selected Indicators	0.79		
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	76.51%	76.67%	95.25%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	58.62%	75.00%	66.73%
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	57.84%	87.50%	98.17%
↑	H-HSP-Rating 9-10-Overall Rating of hospital	60.78%	70.00%	49.82%
↑	HRECMND_DY Patients who reported YES, they would recommend the hospital	61.35%	60.00%	70.12%
↓	READM30HF Heart Failure 30-day readmissions rate	25.48%		
↓	READM30PN Pneumonia 30-day readmission rate	18.10%	0.00%	11.11%
↓	MORT30HF Heart Failure 30-day mortality rate	4.74%		
↓	MORT30PN Pneumonia 30-day mortality rate	6.12%		0.00%
↓	Sepsis In-House Mortality Rate	10.85%	12.50%	0.00%
↓	OP22 Left without being seen	1.85%	0.85%	0.61%
↓	Median Time from ED Arrival to Departure for Outpatients (OP-18b)	161.14	126.00	137.00
↓	Median Time from Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)	318.30		37.00