

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	0.25
↓	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	1.87
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	2.23	2.14
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	7.86	13.63
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	4.18	4.89
↓	PSI 13 Postoperative Sepsis Rate	3.58	6.57	5.32
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	1.14	0.88
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.45	0.29
↓	CLABSI	0.711	1.058	1.336
↓	CAUTI	0.558	0.785	1.107
↓	SSI COLON Surgical Site Infection	2.13	2.21	2.38
↓	SSI HYST Surgical Site Infection	0.71	0.73	2.75
↓	MRSA	0.047	0.096	0.141
↓	CDIFF	0.671	0.182	0.181
↑	SMB: Sepsis Management Bundle	56.9%	52.9%	53.2%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	75.8%	74.8%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.8%	75.7%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	59.5%	58.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.9%	84.4%
↑	HCOMP7SA 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%	23.7%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.5%	18.2%
↓	Sepsis In House Mortality	10.7%	11.9%	11.7%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.15%	5.07%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	7.93%	7.44%
↓	Left without being seen	0.83%	1.73%	2.52%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	151.9	165.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	365.9	551.8

Desired Performance	Quality Target Measures	Baseline	Johnson City Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.53	0.39
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.19	0.29
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.05
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.32	0.94
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	1.99	2.78
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	6.52	18.09
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	5.81	5.70
↓	PSI 13 Postoperative Sepsis Rate	3.58	6.17	4.97
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	1.90	3.88
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.90
↓	CLABSI	0.711	2.053	1.559
↓	CAUTI	0.558	1.393	2.099
↓	SSI COLON Surgical Site Infection	2.13	1.23	4.44
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.135	0.190
↓	CDIFF	0.671	0.280	0.204
↑	SMB: Sepsis Management Bundle	56.9%	40.0%	46.0%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	73.8%	73.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	73.8%	73.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	55.2%	54.9%
↑	HCOMP6Y 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%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	45.9%	44.0%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	26.6%	28.5%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	21.3%	20.4%
↓	Sepsis In House Mortality	10.7%	17.7%	17.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.55%	6.60%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	10.22%	10.56%
↓	Left without being seen	0.83%	1.19%	1.94%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	186.3	184.4
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	359.0	463.7

Desired Performance	Quality Target Measures	Baseline	Holston Valley Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.11
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.38	0.40
↓	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	0.93
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	1.67	1.35
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	12.12	9.41
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	3.12	4.94
↓	PSI 13 Postoperative Sepsis Rate	3.58	5.87	4.33
↓	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	1.252
↓	CAUTI	0.558	0.777	0.845
↓	SSI COLON Surgical Site Infection	2.13	2.00	1.01
↓	SSI HYST Surgical Site Infection	0.71	1.31	5.41
↓	MRSA	0.047	0.091	0.148
↓	CDIFF	0.671	0.216	0.273
↑	SMB: Sepsis Management Bundle	56.9%	53.3%	49.5%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	72.0%	71.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.0%	75.3%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	60.0%	55.6%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.2%	84.6%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.6%	44.3%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	20.3%	21.6%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	16.5%	18.5%
↓	Sepsis In House Mortality	10.7%	15.6%	17.9%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.22%	5.76%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	8.28%	9.63%
↓	Left without being seen	0.83%	1.38%	2.27%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	212.0	222.9
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	794.7	1027.0

Desired Performance	Quality Target Measures	Baseline	Bristol Regional Medical Center	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.33	0.12
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.08	0.09
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.08
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	3.96	5.03
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	4.66	5.33
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	3.59	13.97
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.97	6.44
↓	PSI 13 Postoperative Sepsis Rate	3.58	8.24	2.91
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.43	0.46
↓	CLABSI	0.711	1.303	1.181
↓	CAUTI	0.558	1.282	1.319
↓	SSI COLON Surgical Site Infection	2.13	1.30	2.50
↓	SSI HYST Surgical Site Infection	0.71	0.00	1.69
↓	MRSA	0.047	0.153	0.139
↓	CDIFF	0.671	0.083	0.180
↑	SMB: Sepsis Management Bundle	56.9%	49.6%	48.5%
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%	73.4%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	58.3%	57.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.4%	83.9%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	44.9%	44.4%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	26.7%	25.1%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	19.7%	19.5%
↓	Sepsis In House Mortality	10.7%	12.9%	12.4%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	4.94%	4.01%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	10.30%	8.72%
↓	Left without being seen	0.83%	2.32%	3.01%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	183.8	199.4
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	390.9	519.2

Desired Performance	Quality Target Measures	Baseline	Johnston Memorial Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.32	0.36
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.23
↓	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	1.29
↓	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	35.71
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.50	1.20
↓	PSI 13 Postoperative Sepsis Rate	3.58	20.20	15.50
↓	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	1.244
↓	CAUTI	0.558	0.217	0.393
↓	SSI COLON Surgical Site Infection	2.13	2.90	2.60
↓	SSI HYST Surgical Site Infection	0.71	0.00	6.67
↓	MRSA	0.047	0.071	0.113
↓	CDIFF	0.671	0.074	0.039
↑	SMB: Sepsis Management Bundle	56.9%	56.0%	52.7%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	77.2%	73.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.2%	75.6%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	57.3%	55.6%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.6%	86.1%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.6%	44.1%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	27.7%	20.9%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.2%	19.3%
↓	Sepsis In House Mortality	10.7%	10.0%	9.7%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.35%	9.77%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	9.38%	8.28%
↓	Left without being seen	0.83%	3.19%	3.35%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	212.2	232.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	444.1	909.0

Desired Performance	Quality Target Measures	Baseline	Greeneville Community Hospital	
			FY21	FYTD22
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.45
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.28	0.59
↓	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	4.79
↓	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	3.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	7.63	7.04
↓	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	0.805
↓	CAUTI	0.558	0.197	1.821
↓	SSI COLON Surgical Site Infection	2.13	0.00	2.56
↓	SSI HYST Surgical Site Infection	0.71		0.00
↓	MRSA	0.047	0.000	0.137
↓	CDIFF	0.671	0.111	0.141
↑	SMB: Sepsis Management Bundle	56.9%	29.2%	43.9%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	73.9%	72.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	76.7%	73.9%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	61.3%	59.9%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	83.2%	82.6%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	45.3%	44.1%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	21.9%	21.2%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.7%	15.1%
↓	Sepsis In House Mortality	10.7%	9.8%	9.3%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.67%	4.57%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	7.61%	7.43%
↓	Left without being seen	0.83%	3.16%	2.69%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	191.9	200.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	431.5	720.2

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	3.39
↓	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	16.13
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	3.13
↓	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	2.587
↓	CAUTI	0.558	0.000	0.672
↓	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	0.328
↓	CDIFF	0.671	0.000	0.175
↑	SMB: Sepsis Management Bundle	56.9%	37.7%	48.9%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.1%	72.7%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.8%	74.6%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	65.6%	57.9%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.1%	82.8%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	44.3%	41.6%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	24.6%	26.8%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	21.7%	16.3%
↓	Sepsis In House Mortality	10.7%	3.3%	6.5%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.72%	3.65%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.63%	5.69%
↓	Left without being seen	0.83%	1.59%	3.08%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	185.4	178.4
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	314.4	731.3

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	0.32
↓	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	17.54
↓	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	9.90
↓	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	0.908
↓	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	0.062
↓	CDIFF	0.671	0.139	0.185
↑	SMB: Sepsis Management Bundle	56.9%	67.5%	39.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	78.8%	72.8%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.7%	72.5%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	60.2%	57.6%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.9%	80.9%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.2%	45.5%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	27.8%	18.3%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.0%	20.8%
↓	Sepsis In House Mortality	10.7%	5.8%	8.4%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.03%	1.29%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	5.10%	5.44%
↓	Left without being seen	0.83%	1.37%	4.75%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	160.5	202.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	342.3	519.0

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	0.24
↓	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	10.64
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	8.17	4.63
↓	PSI 13 Postoperative Sepsis Rate	3.58	10.00	9.20
↓	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	0.999
↓	CAUTI	0.558	0.000	0.403
↓	SSI COLON Surgical Site Infection	2.13	3.82	2.23
↓	SSI HYST Surgical Site Infection	0.71	0.00	0.00
↓	MRSA	0.047	0.000	0.000
↓	CDIFF	0.671	0.136	0.079
↑	SMB: Sepsis Management Bundle	56.9%	56.5%	61.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	82.5%	81.6%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.7%	81.5%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	63.3%	63.5%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	86.7%	86.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	56.4%	53.5%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	25.3%	12.5%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	13.7%	15.8%
↓	Sepsis In House Mortality	10.7%	4.2%	4.7%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.54%	1.77%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	8.00%	5.88%
↓	Left without being seen	0.83%	3.10%	2.67%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	182.2	201.3
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	378.8	645.9

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	3.85
↓	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	13.33
↓	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	4.17
↓	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%	55.9%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	81.7%	78.5%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	86.4%	79.2%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.8%	62.0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	83.8%	86.6%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	52.7%	50.3%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	16.1%	26.3%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	25.8%	11.0%
↓	Sepsis In House Mortality	10.7%	0.9%	1.7%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.41%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.89%	1.13%
↓	Left without being seen	0.83%	2.22%	4.08%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	147.3	191.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	468.7	817.0

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	32.26
↓	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%	82.5%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	82.9%	82.7%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	82.4%	79.6%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.8%	62.3%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	88.1%	89.9%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	54.6%	53.2%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	22.0%	22.2%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.3%	10.5%
↓	Sepsis In House Mortality	10.7%	5.9%	3.2%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	3.57%	2.94%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	1.19%	1.80%
↓	Left without being seen	0.83%	0.86%	1.41%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	110.2	129.1
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	200.9	321.8

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	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	333.33
↓	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	4.274
↓	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%	58.5%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	75.7%	83.9%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	75.2%	84.3%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.1%	74.7%
↑	HCOMP6Y 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%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	47.3%	57.6%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	11.1%	32.5%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.9%	13.6%
↓	Sepsis In House Mortality	10.7%	9.3%	5.4%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	2.56%	2.33%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.25%	0.71%
↓	Left without being seen	0.83%	0.77%	1.57%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	134.5	146.0
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	295.3	451.0

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 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%	55.2%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	81.3%	84.7%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	82.3%	82.8%
↑	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%	85.8%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	49.5%	55.9%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	45.5%	27.3%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	9.1%	26.2%
↓	Sepsis In House Mortality	10.7%	5.0%	2.3%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	2.08%
↓	Left without being seen	0.83%	0.24%	0.90%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	97.3	96.8
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	195.6	298.5

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	4.843
↓	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	0.197
↓	CDIFF	0.671	0.000	0.197
↑	SMB: Sepsis Management Bundle	56.9%	66.7%	62.3%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.2%	75.4%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	84.5%	76.1%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	64.8%	59.7%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	84.2%	86.6%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.1%	43.0%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	34.4%	26.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	18.5%	19.8%
↓	Sepsis In House Mortality	10.7%	5.2%	5.1%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	5.26%	8.33%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	2.97%	3.23%
↓	Left without being seen	0.83%	0.63%	1.19%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	117.5	128.5
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	197.9	226.4

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	6.369
↓	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%	55.1%
Desired Performance	Quality Priority Measures	Baseline	FY21	FYTD22
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	84.6%	80.9%	84.6%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	83.3%	81.6%	80.0%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	76.8%	55.9%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.7%	74.6%	80.5%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.6%	46.9%	47.6%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	0.0%	17.4%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	13.8%	16.2%
↓	Sepsis In House Mortality	10.7%	2.2%	3.0%
↓	MORT30HF Heart failure 30day mortality rate	3.0%	0.00%	0.00%
↓	MORT30PN Pneumonia 30day mortality rate	5.0%	0.00%	3.90%
↓	Left without being seen	0.83%	0.50%	1.36%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	126.4	147.4
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	275.0	490.0

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%		58.1%
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%		
↑	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%		25.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%		28.6%
↓	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%		4.35%
↓	Left without being seen	0.83%		3.07%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0		153.7
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0		378.4

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%	0.0%
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%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	100.0%	33.3%
↑	HCOMP6Y 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%	44.4%
↓	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%	1.32%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	114.8	121.7
↓	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%	53.3%
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%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	78.3%	48.0%
↑	HCOMP6Y 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%	60.0%
↓	READM30HF Heart Failure 30day readmissions rate	27.7%	0.0%	20.0%
↓	READM30PN Pneumonia 30day readmission rate	17.9%	14.3%	30.0%
↓	Sepsis In House Mortality	10.7%	8.3%	15.0%
↓	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%	0.43%	0.33%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	123.7	134.4
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	179.4	232.2

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%	75.0%
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%
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	71.0%	100.0%	60.0%
↑	HCOMP6Y 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%
↑	HCOMP7SA 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%	16.7%
↓	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%	0.98%
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	126.0	95.8	107.9
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	223.0	652.6	160.0