

# Ballad Health Quarterly Report

Reporting Period:

April 1 – June 30, 2019



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## Quarterly Report for FY19 4th Quarter

**Covering 04/01/2019 – 06/30/2019 (Reporting Period)**

Submitted pursuant to the Terms of Certification Governing the Certificate of Public Advantage Issued to Ballad Health Pursuant to the Master Affiliation Agreement and Plan of Integration by and between Wellmont Health System and Mountain States Health Alliance Approved on September 19, 2017 and Issued on January 31, 2018 (TOC) and the Virginia Order and Letter Authorizing a Cooperative Agreement dated October 30, 2017 (CA).

### CERTIFICATION OF COMPLIANCE WITH THE TOC AND THE CA

Pursuant to section 6.04(a) of the TOC and Conditions 39 and 40 of the CA, the undersigned hereby certify the following report and its attachments are true and correct to the best of his/her knowledge after due inquiry and are accurate and complete.



Alan Levine  
Executive Chairman  
Chief Executive Officer  
Ballad Health



Lynn Krutak  
Executive Vice President  
Chief Financial Officer  
Ballad Health

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## QUARTERLY REPORT

1. Requirements. Section 6.04 of the TOC and Condition 40 of the CA require the quarterly submission of the items listed on Exhibit G attached to the TOC. The section of Exhibit G relevant to Quarterly Reports is attached hereto as Attachment 1a. A copy of Condition 40 is attached as Attachment 1b.
  
2. Description of Process. In compiling the information and materials for this Quarterly Report, the Ballad Health COPA Compliance Office (CCO) re-evaluated the departments responsible for gathering and preparing these materials. Leaders of the departments were identified and given responsibility to submit the required materials and information (Responsible Parties). The CCO revised the spreadsheets, as necessary, assigning sections of the TOC and the Conditions of the CA to the appropriate Responsible Parties. The CCO resubmitted the spreadsheets to all Responsible Parties to allow them to certify, to their knowledge and belief after due inquiry, that Ballad Health is in compliance with the requirements of the TOC and CA. In instances where Responsible Parties had questions about the interpretation of the requirements or whether there might be concerns regarding compliance, they could make notes or provide qualifications.
  
3. Deliverables. Deliverables due to the State and the Commonwealth during this Reporting Period were submitted by the required times and are listed below in Table A. As part of the process described above, the Responsible Parties certified to the completion of those submissions.

**Table A**

ITEM	STATUS	PURSUANT TO TOC AND CA
CMS Notification - JCMC	Submitted on 4/2/19	TOC 4.02 (a)(i)(A-C) CA Condition 13
HIE Plan	Submitted on 4/5/19	TOC 3.05 (b) & 3.06 (a-c) and CA Condition 8
Semiannual Complaints Report	Submitted on 4/8/19	TOC 6.02, Exhibit F
Response to Erik Bodin's questions regarding Wise County consolidation	Submitted on 4/9/19	CA Condition 4, 27
Charity Care/Financial Assistance Policy Revisions	Submitted week of 4/15/19	TOC 4.03(e)/CA:14 and 39
Monthly Quality Priority Metrics	Submitted on 4/30/19	CA Condition 12
Updates to Lists of Ancillary Services and Post-Acute Services offered by competitors	Submitted on 5/8/19	TOC 5.04(a) CA Condition 5
Charity Care/Financial Assistance Policy Revisions	Submitted 5/9/19 (Lynn email Larry)	TOC 4.03(e)/CA:14 and 39

	BH accepted all changes. Listed 8/15/19 as revision date	
Ballad Health Quarterly Report, FY19 Q3	Submitted on 5/14/19	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY19 Q3	Submitted on 5/14/19	TOC Exhibit F
Waiver to hire two replacement Interventional Cardiologists at JMH	Submitted 5/17/19	TOC Section 5.05 (e) CA Condition 5
Monthly Quality Priority Metrics	Submitted on 5/30/19	CA Condition 12
Population Health Official Proposal and Evaluation	Submitted 6/18/19	TOC Section 3.04 (a-e) CA Condition 36
Population Health Official Proposal and Evaluation	Submitted Revised version 6/20/19	TOC Section 3.04 (a-e) CA Condition 36
Monthly Quality Priority Metrics	Submitted on 6/27/19	CA Condition 12
FY20 Implementation Roadmaps for six 3-year Plans	Submitted 6/27/19	Pursuant to letters from Jeff Ockerman dated 3/5/19 and 5/7/19

4. Pursuant to § 6.04 of the TOC and Condition 40 of the CA, Ballad Health is pleased to report as follows (using the outline of requirements on Exhibit G):

A. Any revisions to Charity Care Policy – TOC:4.03(e)/CA:14 and 39:

- Ballad Health and the consultants for the state finalized changes to the Financial Assistance Policy. The revised policy PFS-400-003-BH is dated effective May 15, 2019. This policy is attached as Attachment 2a.
- Ballad Health also finalized the Credit and Collections – Patients Account Policy. This revised policy ADM-400-018-BH is dated effective July 1, 2019. This policy is attached as Attachment 2b.

B. Report on Population Health and Social Responsibility Committee meetings and member attendance at meetings – TOC:4.04(e), Exhibit G/CA:36

- Summary and attendance sheet, Attachment 3

C. Key Financial Metrics and comparison of performance against the same quarter in the prior year, prior quarter and year to date – TOC:6.04(c)/CA:40

- Balance Sheet, Attachment 4
- Statements of Income, Attachment 5
- Statement of Cash Flow, Attachment 6

- D. Year-to-Date Community Benefit Spending: By Category, compared to commitment spending – TOC: Exhibit G
- Progress towards distributing grants – Nothing to report at this time. Will start in FY20.
  - Internal Spending, Attachment 7
    - Internal Spending is based on Form 990, Line 7 and includes such items as: Financial assistance (charity), Medicaid and TennCare, Community Health Improvements, Health Professions Education, Subsidized Health Services, Research, and Cash and In-Kind Contributions.
- E. Quality Metrics reported to CMS – TOC: Exhibit G/CA:12
- Quality Priority Metrics – System Report Attachment 8
  - Quality Measures – Facility Report Attachment 9
- F. Status of any outstanding Cures, Corrective Actions, or other remedial actions – TOC: Exhibit G/CA:17
- Ballad Health does not have any information to report at this time regarding outstanding Cures, Corrective Actions, or other remedial actions.
- G. Any requirements or commitments outlined in the TOC or in the Index which Ballad Health will not meet or anticipates it will not meet:
- The COPA Compliance Office (CCO) received a complaint regarding collection efforts for services provided to patients who are insured by an out-of-network Payor. The complaint identified a non-compliance issue with the provisions of Addendum 1 Part XII(f) of the TOC regarding collection efforts from Payors of a never in-network party. The CCO met with the Ballad Health revenue cycle/billing team to review the Addendum 1 requirements for out of network Payors and patients. The CCO asked the complainant to provide additional information. On 2/1/19 the complainant returned the specific information requested for seven (7) employee accounts, five (5) of which had been turned over to collections. After review of the information, Ballad management agreed that per Part XII (f) of Addendum 1, these patients should not have been billed in the way they were. Instead, the formula referenced in Part XII (f) of Addendum 1 should have been applied. However, it was noted that Ballad and the state’s consultants and representatives have been in discussion for several months about the application of that formula as written and that there is currently an alternative proposal for a formula or methodology to apply in such cases. As an immediate step, however, the Revenue Department suspended all collection efforts on the accounts referenced in the complaint. In a telephone conversation with the state consultant, Ballad asked if the state would allow Ballad to apply the alternative proposed formula retroactively in this and any similar case, and the state consultant

believed that would be reasonable, but he would have to discuss with the Department and the Attorney General's office. Ballard is awaiting the final revision to Addendum 1 and the decision on the question of retroactive application of the proposed revised formula. In the meantime, all collection efforts of the patient accounts identified in the complaint were suspended through the end of the reporting period.

#### H. Closures/Opening:

- Plans: Update on plans to close or open any Service Lines or facilities.
  - **Neonatal Intensive Care Unit (NICU)**. Effective September 1, 2019, Holston Valley Medical Center's Level III Nursery (NICU) in Kingsport, TN will be transitioned to a Level I nursery. Earlier this year, the State of Tennessee approved Ballard Health's proposal to enhance care for vulnerable babies by focusing NICU services at Niswonger Children's Hospital the state-designated perinatal center in Johnson City, TN. A steering committee and work groups including Ballard Health team members, Ob physicians and neonatologists have been working to develop plans for a safe and smooth transition, and this work will be completed by September 1<sup>st</sup>.
  - **Level I Trauma Services**. Effective October 1, 2019, Holston Valley Medical Center, Kingsport TN, will consolidate Level I trauma services to Johnson City Medical Center, Johnson City, TN. The Tennessee TOC pre-approved the consolidation of the two Level I trauma centers. HVMC will continue to work towards a Level III trauma designation corresponding with the consolidation of Level I trauma services at JCMC. A steering committee and work groups including Ballard Health team members, trauma surgeons, and other specialists have been working to develop plans for a safe and smooth transition, and this work will be completed by October 1st.
  - **Lee County**. Effective January 1, 2019, the Lee County Hospital Authority (LCHA) acquired the assets of Lee Regional Medical Center from Americore. February 14, the LCHA executed a Letter of Intent with Ballard Health as a precursor to a Definitive Agreement which is in the process of being finalized. Plans are for Ballard Health to lease the facility from LCHA and operate what will be known as Lee County Community Hospital (LCCH) Critical Access Hospital (CAH) with at least 10 inpatient acute beds by the fall of 2020. A CAH application is in the process of being completed and will be submitted to the VA DOH and CMS in the fall of 2019. In the interim period per CA Condition 27, Ballard Health is working collaboratively with the LCHA and local health providers in establishing several essential services.
  - **Wise County**. In October 2018, Ballard Health submitted a request to the Virginia Department of Health to consolidate certain services from Mountain View Regional Hospital and subsequently submitted consolidation plans pursuant to CA Conditions 4 and 27. Ballard Health is working to maintain the appropriate level of services at each of the hospitals in Wise County while reducing unnecessary duplication that could compromise the quality and value of care. While specific timelines have not been defined, Ballard Health leaders have had ongoing communication with leaders at the Department of Health about the plans.



A Wise County Visioning Committee consisting of 11 leaders from the county has also had a series of meetings to review and to develop plans and the vision for the consolidations.

- Progress: Update on the status of any closures or openings of facilities or Service Lines
  - Ballard Health does not have any information to report at this time regarding progress on the status of any closures or openings of facilities or Service Lines.

## ATTACHMENT 1

### QUARTERLY REPORT CONTENTS

- TOC, Exhibit G, Page 3 – 1a
- CA, Condition 40 – 1b

### TOC, Exhibit G, Page 3

The Department reserves the right to change these quarterly reporting requirements upon adequate notice.

- Any revisions to Charity Care Policy; Section 4.03(e).
- Report of Population Health and Social Responsibility Committee meetings and member attendance at meeting; Section 4.04(e).
- Key Financial Metrics (comparing each to same quarter in prior year and the quarter prior to the quarter in question); Section 6.04(c).
  - o Balance sheet
  - o Statements of income and cash flow
- YTD Community Benefit Spending
  - o By Category, compared to commitment spending
    - Progress towards distributing grants
    - Internal spending
- Quality Metrics reported to CMS
- Once, within thirty (30) days of the Issue Date: a List of Ancillary and Post-Acute Services offered by competitors (with respect to each COPA Hospital); Section 5.04(a).
  - o Includes but is not limited to: SNF; home health providers; diagnostic service providers; imaging centers; ambulatory surgery centers; physicians and other providers; etc.
  - o Include at least three competitors for each category of service.
- Compliance Office Quarterly Reports
  - o Complaints by type
  - o Resolution of complaints
- Status of any outstanding Cures, Corrective Actions, or other remedial actions.
- Any requirements or commitments outlined in the Terms of Certification or in the Index which the New Health System is not meeting or anticipates it will not meet
- Closures / Openings
  - o Plans. Update on plans to close or open any Service Lines or facilities.
  - o Progress. Update on the status of any closures or openings of facilities or Service Lines.

**CA, Condition 40**

The New Health System shall provide information on a quarterly basis of the key financial metrics and the balance sheet comparing performance to the similar prior year period and year to date. This information shall be provided on the same timetable as what is publicly reported through Electronic Municipal Market Access.

## ATTACHMENT 2

### CHARITY CARE POLICY UPDATE

- Financial Assistance Policy – 2a
- Credit and Collections Policy – 2b

**POLICY NUMBER:** PFS-400-003-BH

Folder:	Administration/Operational	Effective Date:	May 15, 2019
		Previous Version Date:	February 22, 2018
Sub Folder:	Patient Financial Services – Policies	Last Reviewed/Revised:	May 15, 2019

**FINANCIAL ASSISTANCE POLICY – BALLAD HEALTH**

**I. PURPOSE:**

This Financial Assistance Policy (FAP) outlined herein is intended to address the dual interests of providing access to care to those without the ability to pay and to offer a discount from billed charges for those who are able to pay a portion of the cost of their care. Upon adoption by the Ballad Health (BH) Board of Directors, acting in its capacity as the governing body for each Covered Entity, the policy set forth herein will constitute the official financial assistance policy (within the meaning of Section 501(r) of the Internal Revenue Code) for each such Covered Entity.

**II. SCOPE:**

Applies to each Hospital, Physician Clinic, or other healthcare provider delivering Covered Services in each facility wholly or majority owned and operated by Ballad Health from time to time and covered by this FAP (each, a "Covered Entity"). Exhibit B attached lists all such providers as of February 1, 2018. This list shall be maintained, updated at least quarterly, and made available to the public as required by law.

**III. FACILITIES/ENTITIES:**

Ballad Health Corporate

Tennessee: BRMC, FWCH, GCH, HCH, HCMH, HVMC, IPCH, JCCH, JCMC, SSH, UCH, WPH, Niswonger Children’s Hospital, New Leaf, Greeneville Community Hospital Psychiatric

Virginia: DCH, JMH, LPH, MVRH, NCH, RCH, SCCH, Clearview Psychiatric Unit, Green Oak Behavioral Health (Geriatric Behavioral Health Inpatient Program – DCH), Ridgeview Pavilion, Mountain View Regional Skilled/Long Term Care Unit, Norton Community Physicians Services (NCPS), Abingdon Physician Partners (APP)

Ballad Health Medical Associates

Blue Ridge Medical Management Corporation

Holston Valley Imaging Center

Mountain States Physicians Group, Inc. (MSPG)

Nolichucky Management Services

Sleep Services

Takoma Regional Hospital, Inc.

Wellmont Cardiology Services

**IV. DEFINITIONS:**

- A. **Amounts Generally Billed (AGB)** means the Usual and Customary Charges for Covered Services provided to Uninsured or Underinsured Patients, and to FAP-Eligible Individuals multiplied by the Applicable AGB Percentage for such services.
- B. **Application Period** means period of time a patient has to submit a completed Application for Financial Assistance.
  - 1. Patients are given the opportunity to apply for financial assistance up to two hundred forty (240) days from the date of the first post-discharge billing statement.
- C. **CMS** means the Center for Medicare and Medicaid Services.
- D. **Credit and Collection Policy** means the Ballad Health Policy entitled: "Credit and Collection Policy – Patient Accounts – Ballad Health", as the same may be amended from time to time.
- E. **Covered Providers** means those physicians and other non-Hospital individuals, if any, whose Emergent and other Medically Necessary services are covered by the FAP.
- F. **Covered Services** means those inpatient and outpatient services provided by a Covered Entity to a patient which are medically necessary, determined in accordance with (as applicable for each patient) (i)the standards of Ballad Health's Medicare fiscal intermediary, Medicaid regulations, and/or payor contract, or (ii) if (i) is not applicable, the definition set forth in Section IV, P below.
- G. **Emergent Condition** means a medical condition of a patient that has resulted from the sudden onset of a health condition with acute symptoms which, in the absence of immediate medical attention, are reasonably likely to place the patient's health in serious jeopardy, result in serious impairment to bodily functions, or result in serious dysfunction of any bodily organ or part as outlined in "Emergency Medical Conditions" per Section 1867 of the Social Security Act (42 U.S.C. 1395dd).
- H. **Emergent Services** means the services necessary and appropriate to treat an Emergent Condition.
- I. **FAP-Eligible Individual** means an Uninsured, Underinsured or Insured Patient who may be eligible for financial assistance under this Policy without regard to whether the individual has applied for financial assistance.
- J. **Federal Poverty Guidelines** means minimum income requirements published annually by the U.S. Department of Health and Human Services and in effect at the date(s) of service for which financial assistance may be available.
- K. **Hospital** means each hospital owned or operated by Ballad Health at which the Ballad Health Board of Directors has governing body authority over the operations of such hospital.
- L. **Applicable AGB Percentage** means (1) until the first full fiscal year in which Ballad Health has a single charge master list for all Hospitals, (a) for each former WHS Hospital, the lowest Hospital-Specific AGB Percentage computed at any

former WHS Hospital, and (b) for each former MSHA Hospital, the lowest Hospital-Specific AGB Percentage computed for any former MSHA Hospital; and (2) thereafter, the lowest Hospital-Specific AGB Percentage for any Hospital.

1. Refer to attached Exhibit A for an illustration of the application of these amounts.
  2. The Applicable AGB Percentage will be updated on an annual basis.
- M. **Household Income** means family income as determined by using the Census Bureau definition {a group of two (2) or more people who reside together and who are related by birth, marriage, or adoption} in computing income.
- N. **Relevant Period** means each twelve (12) month period ending on June 30<sup>th</sup> and calculated based on claims paid during the same twelve (12) month period.
- O. **Medicaid** means all State and Federal programs which include (but are not limited to) Medicaid and TennCare.
- P. **Medically Necessary** means those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be medically necessary taking into account the most appropriate level of care.
1. In order to be Medically Necessary, a service must:
    - a. Be required to treat an illness or injury;
    - b. Be consistent with the diagnosis and treatment of the Patient's conditions;
    - c. Be in accordance with the standards of good medical practice;
    - d. Not be for the convenience of the Patient or the Patient's physician; and
    - e. Be that level of care most appropriate for the Patient as determined by the Patient's medical condition and not the Patient's financial situation.
    - f. Emergent Services are deemed to be Medically Necessary
    - g. CMS also defines all Medically Unnecessary services in 42 CFR §411.15, "Particular services excluded from coverage", which are not included in the definition of Medically Necessary Services.
- Q. **Physician Clinic** means any physician clinic owned, operated, or managed by BH.
- R. **Insured Patient** mean a patient who has health insurance coverage for the applicable services provided to them.
- S. **Uninsured Patient** means a patient without the benefit of health insurance or government programs that may be billed for Covered Services or physician services provided to them, and who is not otherwise excluded from this policy, set forth in Section V, C, below.
- T. **Underinsured Patient** means any patient enrolled in a health plan that does not meet the "Minimum Essential Coverage" standard as defined under the Affordable Care Act in existence as of July 1, 2017.
1. Non-covered services are not included.



- U. **Usual and Customary Charges** means the rates for Covered Services set forth in the charge master for the applicable Covered Entity at the time the Covered Services are rendered.

**V. POLICY:**

**A. Overview**

1. Ballad Health has a strong mission to meet the medical needs of the communities it serves.
2. Ballad Health is dedicated to providing quality healthcare to all patients regardless of age, sex, sexual orientation, race, religion, national origin, or ability to pay.
3. FAP-Eligible Individuals having annual household income below 225% of the Federal Poverty Guidelines will be eligible for 100% financial assistance, unless their Asset Value exceeds \$5,000.
4. FAP-Eligible Individuals having annual household income between 225% and 450% of the Federal Poverty Guidelines (taking into account family size according to the US Census Bureau and the number of dependents per IRS rules) may be eligible for a partial discount, based on a sliding scale of income, on AGB charges.
5. For the purposes of determining eligibility, the patient's equity in the following assets that in the aggregate exceeds \$5,000 ("Asset Value") will be considered:
  - a. Savings and Checking Accounts
  - b. CDs, Stocks and Bonds not contained in a pension account
  - c. Total Real Property Value above the median value in patient's city or county of residence
  - d. Car value of excess car(s) if number of cars exceeds the number of adults in the household
6. In no case in items 3 and 4 above will the required payment exceed the greater of 25% of Asset Value or 15% of annual household income.
7. The FAP applies to all Emergent Services and Medically Necessary Services.

**B. Other Considerations:**

1. All Patients seeking financial assistance must submit an Application for Financial Assistance (AFA) and present documents in support of the information on the AFA, unless excluded per section V, I, below.
2. Eligibility will be determined based upon review of AFA, required documentation, and asset verification.
3. Applicants will be notified of the determination in writing.
4. Unique financial circumstances may be weighed and appropriately assessed on a case-by-case basis.
5. Financial assistance determinations may be retroactive for all outstanding balances.

6. Any payments made to an account within 240 days after the first billing statement will be refunded if the patient qualifies for financial assistance during application period.
7. Financial assistance may be offered in accordance with, but is not limited to, the following:
  - a. Lactation Consultation Services – effective for duration of breastfeeding
  - b. Oncology Treatment Regimens
  - c. Enrollment in Community Programs such as, but not limited to, Appalachian Mountain Project Access, Friends in Need, Rural Health Consortium, Providence Clinic, Healing Hands
  - d. Grants from the Tennessee Department of Mental Health
  - e. Prescription Drugs filled post-discharge, refer to Infusion and Oral Drugs for Charity – Ballad Health Pharmacy policy
8. Ballad Health shall endeavor to take into account all applicable financial assistance factors in this FAP in order for the patient to receive the most charity available.
  - a. In no event shall payments for Covered Services required of an FAP-Eligible Individual exceed the lesser of applicable state law or AGB.

**C. Exclusions/Special Circumstances**

1. This policy does not apply to elective procedures except on a case-by-case basis as may be determined in the sole discretion of Ballad Health.
2. Prior to the procedure, implant cases may be pre-screened for financial assistance.

**D. Covered and Non-Covered Providers**

1. A list of providers covered or not covered by this policy is maintained in Ballad Health's Provider Participation List.
  - a. Refer to Exhibit B.
2. The Provider Participation List will be updated quarterly, at a minimum.
3. The Provider Participation List will be provided free of charge.

**E. Reservation of Right to Seek Reimbursement of Charges from Third Parties**

1. In the event an insurance, government, or third party payor is liable for any portion of the bill, Ballad Health will seek full reimbursement from the payor for all charges incurred by the patient at the Usual and Customary Charges despite any financial assistance granted pursuant to this policy.

**F. Methods for Applying for Financial Assistance Eligibility**

1. Patients may apply for Financial Assistance by:
  - a. Advising Patient Financial Services staff at registration
  - b. Downloading the AFA from the Ballad Health website and mailing the AFA and supporting documentation to the address on the form

- c. Requesting an application by phone (423) 262-1379
- d. Any method specified in the Credit and Collection policy

**G. Documentation for Application for Financial Assistance**

1. In order to apply for financial assistance, the following documents are required:
  - a. Application for Financial Assistance
  - b. Current and prior two (2) months of household income
  - c. Current and previous Federal Income Tax Return
  - d. Most current bank statements (checking, savings, health savings)
  - e. Food stamp certification letter, if applicable
  - f. Medicaid approval or denial letter, if applicable
  - g. Verification of monthly expenses (housing, medical, and any other basic essential needs), if applicable
  - h. Declaration of income/supporter statement, if applicable

**H. Presumptive Eligibility**

1. Ballad Health may determine some FAP-Eligible Individuals meet criteria for financial assistance based on previously approved financial assistance or information other than that directly provided by the individuals.
  - a. Such information obtained from a third party, i.e., credit agencies, Social Security Administration, can be used to establish income and family size.
    - i. This information will be compared to eligibility criteria to determine verification.
  - b. If the FAP-Eligible Individual is approved based on the information obtained, the individual will be treated as eligible for financial assistance for all services from the effective date of the determination.

**I. Patients Qualifying for Financial Assistance without Documentation**

1. Medicaid Eligible Patients will qualify for 100% financial assistance and not be required to complete the required documentation under section V, G, when the following criteria apply:
  - a. Medicaid eligibility requirements are met after the service is provided
  - b. Non-covered charges occur on a Medicaid eligible encounter
  - c. Benefits have been exhausted
2. Deceased patients with no estate will qualify for 100% financial assistance

**J. Refunds**

1. If an FAP-Eligible Individual previously paid for services and subsequently qualifies for financial assistance, any amounts paid in excess of amounts due per the FAP will be refunded to the FAP-Eligible Individual provided the dollar amount meets the minimum dollar requirement for refunds.

#### **K. Credit and Collection Policy**

1. Patients not eligible for financial assistance are required to pay their portion of the bill in full.
2. Ballad Health reserves the right to pursue generally acceptable collection efforts to recover payment.
3. Accounts for services for patients who are able, but unwilling, to pay are considered uncollectible bad debts.
  - a. These accounts will be referred to collection agencies for payment in accordance with the Credit and Collection Policy.
4. The unpaid discounted balances of patients qualifying for financial assistance are considered uncollectible bad debts and will be referred to collection agencies for payment in accordance with the Credit and Collection Policy.
5. Ballad Health gives patients the opportunity to apply for financial assistance prior to taking any extraordinary collection actions requiring legal or judicial process, selling the patient's debt to another party, or reporting lack of payment to credit agencies.
  - a. Ballad Health will comply with informational requirements notifying the patient at least thirty (30) days prior to taking any extraordinary collection action.
6. Refer to Ballad Health's Credit and Collection Policy for comprehensive information regarding billing and collections procedures.
7. Ballad Health's Credit and Collection Policy may be found on the Ballad Health website or obtained free of charge by contacting Patient Financial Services (423) 431-1700.

#### **L. Monitoring of Programs**

1. Reimbursement and Patient Financial Services departments are responsible for monitoring and ensuring reasonable efforts are made to determine if patients are eligible for financial assistance.

#### **M. Publication of the Policy and Other Required Documentation**

1. "Plain Language Summary" notifying patients of available financial assistance will be maintained and updated based upon any modifications to the information contained therein.
  - a. The Plain Language Summary is attached.
  - b. The Plain Language Summary will provide the required information per IRS 501(r) in language that is clear, concise, and easy to understand.
2. Electronic copies of the Financial Assistance Policy and forms contained in the below links and Exhibits are available upon request.
  - a. This information is subject to periodic updates based on modifications to the information contained therein.

**N. Dissemination of Information, Advertising, and Posters:**

1. The various educational and application documents related to obtaining financial assistance are widely available at each Covered Entity facility.
2. All documents are available on the Ballad Health website and printed copies are made available free of charge.
3. The Financial Assistance Policy and documents are available in Ballad Health's Emergency Departments and admitting areas to attract attention to and inform patients of their financial assistance options.
4. The following documents are available on request, in person, by mail, or by the website link offered below.
  - a. [www.balladhealth.com/patients-and-visitors/application-for-financial-assistance](http://www.balladhealth.com/patients-and-visitors/application-for-financial-assistance)
  - b. Financial Assistance Policy (FAP) (Spanish)
  - c. Plain Language Summary (English)
  - d. Plain Language Summary (Spanish)
  - e. Application for Financial Assistance (English)
  - f. Application for Financial Assistance (Spanish)
  - g. Infusion and Oral Drugs for Charity - Mountain States Pharmacy (English)
  - h. Infusion and Oral Drugs for Charity – Mountain States Pharmacy (Spanish)
  - i. Federal Poverty Guidelines
  - j. Credit and Collection Policy - Patient Accounts – Ballad Health

**LINKS:**

Credit and Collection Policy - Patient Accounts – Ballad Health ADM-400-018-BH  
Exhibit A – Limitation of Charges / Calculation of Amounts Generally Billed (AGB)  
Exhibit B – Provider Participation List  
Infusion and Oral Drugs for Charity – Mountain States Pharmacy MSOP-400-001  
Plain Language Summary (English)

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Executive Chair/President Chief Executive Officer  
Ballad Health

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Date

**POLICY NUMBER:** ADM-400-018-BH

Folder:	Administration / Operational	Effective Date:	July 1, 2019
		Previous Version Date:	February 2018
Sub Folder:	Fiscal Services – Policies	Last Reviewed/Revised:	July 1, 2019

**CREDIT AND COLLECTIONS POLICY – PATIENT ACCOUNTS – BALLAD HEALTH**

**I. PURPOSE:**

To outline general guidelines that allows for a fair and equitable system for credit and collection of payments from patients served by Ballad Health. All billing and collections activities under this policy are structured to remain in conformance with all applicable federal and state laws and regulations.

**II. SCOPE:**

Applies to each hospital, physician clinic, or other healthcare provider delivering Covered Services in each facility wholly or majority owned and operated by Ballad Health from time to time (each, a “Covered Entity”, refer to current list in Part III below). This list shall be maintained, updated at least quarterly.

**III. FACILITIES/ENTITIES:**

Ballad Health Corporate

Tennessee: BRMC, FWCH, GCH, HCH, HCMH, HVMC, IPCH, JCCH, JCMC, SSH, UCH, WPH, Niswonger Children’s Hospital, New Leaf, Greeneville Community Hospital  
Psychiatric

Virginia: DCH, JMH, LPH, MVRH, NCH, RCH, SCCH, Clearview Psychiatric Unit, Green Oak Behavioral Health (Geriatric Behavioral Health Inpatient Program – DCH), Ridgeview Pavilion, Mountain View Regional Skilled/Long Term Care Unit, Norton Community Physicians Services (NCPS), Abingdon Physician Partners (APP)

Ballad Health Medical Associates

Blue Ridge Medical Management Corporation

Holston Valley Imaging Center

Mountain States Physicians Group, Inc. (MSPG)

Nolichucky Management Services

Sleep Services

Wellmont Cardiology Services

WPS Providers, Inc.

**IV. DEFINITIONS:**

- A. **Self-pay portion:** The amount owed by Uninsured Patients, or the applicable deductible, co-payments, and/or coinsurance required of Insured Patients, after

considering any discounts under the FAP.

1. **Self-pay** refers to any individual that is not currently covered by a health insurance plan or whose healthcare plan excludes services.
- B. **Non-emergent:** If the procedure being ordered is on the established non-emergent classification table or the diagnosis code supporting the order is on the non-emergent code list, the encounter would be deemed non-emergent.
- C. **Amounts Generally Billed (AGB):** The Usual and Customary Charges for Covered Services provided to Uninsured and Underinsured Patients, and to FAP-Eligible Individuals, multiplied by the Applicable AGB Percentage for such services.
- D. **Applicable AGB Percentage:** Means (1) until the first full fiscal year in which BH has a single charge master list for all hospitals, (a) for each former WHS Hospital, the lowest Hospital-Specific AGB Percentage computed at any former WHS Hospital, and (b) for each former MSHA Hospital, the lowest Hospital-Specific AGB Percentage computed for any former MSHA Hospital; and (2) thereafter, the lowest Hospital-Specific AGB Percentage for any Hospital. Refer to Exhibit A of the FAP for an illustration of the application of these amounts. The Applicable AGB Percentage will be updated on an annual basis.
- E. **Covered Services:** Those inpatient and outpatient services provided by a Covered Entity to a patient which are medically necessary, determined in accordance with (as applicable for such patient) (i) the standards of Ballad Health's Medicare fiscal intermediary, Medicaid regulations, and/or payor contract, or (ii) if (i) is not applicable, the definition set forth in Section IV. I below.
- F. **FAP:** The Ballad Health Financial Assistance Policy in effect from time to time.
- G. **FAP-Eligible Individual:** An Uninsured, Underinsured or Insured Patient who may be eligible for financial assistance under the FAP without regard to whether the individual has applied for financial assistance.
- H. **Insured Patient:** A patient who has health insurance coverage for the applicable services provided to them.
- I. **Medically Necessary** means those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be medically necessary taking into account the most appropriate level of care.
  1. In order to be Medically Necessary, a service must:
    1. Be required to treat an illness or injury;
    2. Be consistent with the diagnosis and treatment of the Patient's conditions;
    3. Be in accordance with the standards of good medical practice;
    4. Not be for the convenience of the Patient or the Patient's physician; and
    5. Be that level of care most appropriate for the Patient as determined by the Patient's medical condition and not the Patient's financial situation.
  2. Emergent Services are deemed to be Medically Necessary.
  3. Services listed in 42 CFR §411.15, "Particular services excluded from

coverage", are not included in the definition of Medically Necessary services.

- J. **Underinsured Patient:** Any patient enrolled in a health plan that does not meet the "Minimum Essential Coverage" standard as defined under the Affordable Care Act in existence as of July 1, 2017.
- K. **Uninsured Discount:** A reduction of gross charges down to the applicable AGB will be applied for all Medically Necessary services for Uninsured or Underinsured Patients.
- L. **Uninsured Patient:** A patient without the benefit of health insurance or government programs who may be billed for Covered Services provided to them, and who is not otherwise excluded from this policy listed in VI. E. e. below.
- M. **Usual and Customary Charges:** The rates for Covered Services set forth in the charge master for the applicable Covered Entity at the time the Covered Services are rendered.

## **V. POLICY:**

- A. Treat all patients equally - with dignity and respect.
- B. Evaluate all requests for financial assistance using established general guidelines while allowing for unique financial circumstances.
- C. Respond promptly to patient inquiries regarding their bills and requests for financial assistance.
- D. Ensure outside collection agencies follow facility/entity billing and collection guidelines.
- E. Follow a strong collection program that enables Ballad Health to communicate financial responsibility to the patient prior to service.
- F. Patients receiving services at Ballad Health facilities will be treated under the payment arrangement and financial options outlined in this policy and in coordination with Ballad Health's Financial Assistance Policy (FAP) where applicable.
- G. Ballad Health recognizes its obligation to provide quality health care to those who are unable to pay.
- H. In addition, Ballad Health provides assistance to help Underinsured and Uninsured Patients determine sources of payment for medical bills and to help patients determine eligibility for programs such as TennCare or Medicaid.
- I. In no event shall the amount owed by an Uninsured or Underinsured Patient for Covered Services exceed the lesser of AGB or applicable state law.

## **VI. PROCEDURE:**

### **A. Insurance:**

- 1. All patients are required to submit coverage information prior to a service being rendered.
- 2. In the event an insurance, government, or third party payor is liable for any portion of the bill, Ballad Health will seek full reimbursement from the payor



for all charges incurred by the patient despite any financial assistance granted pursuant to the FAP.

3. Ballad Health will bill insurance carriers, after verification of benefits, as dictated by contracts. If the payer denies payment of the service/procedure due to non-coverage per the patient's benefit plan or if the patient has exceeded their maximum benefits, the service will qualify for the Uninsured Discount.
4. In certain situations, a patient may request insurance to not be filed. In these cases, the patient may be required to pay in full prior to services being rendered. In addition to payment prior to the service, the patient will be required to sign a "Notice of Non-Coverage" form. The Uninsured Discount will not be applied.

**B. Pre-Admissions:**

1. Ballad Health will pre-admit patients when possible.
2. The method of payment will be verified prior to a patient's admission.

**C. Non-Emergent Services:**

1. Not applicable in the physician clinics.
2. Patients scheduled for non-emergent services at any facility of a Covered Entity will be evaluated and informed of financial liability prior to admission.
3. The patient will be required to pay, or agree to payment arrangements on the full estimated amount in accordance with this Credit and Collection Policy after application of the FAP. The first payment is due prior to services being rendered.
4. If satisfactory payment arrangements cannot be reached with the patient prior to the scheduled procedure, the procedure will be postponed until acceptable payment arrangements can be established.
5. Exceptions to the policy for non-emergent services may be made on a case-by-case basis. The referring physician may initiate an appeal by contacting the applicable facility's Chief Medical Officer.

**D. Emergent Services:**

1. Ballad Health will perform emergent services for any patient regardless of their ability to pay.

**E. Patient Financial Options:**

1. Financial Counselors are available to discuss financial assistance with patients and their families, as needed. Refer to the FAP for further details on financial assistance.
2. The following pre-service discount options are available:
  - a. For Covered Entities other than physician clinics:
    - i. A pre-service discount of ten percent (10%) (not to exceed \$500) may be offered to patients for Covered Services if they agree to pay their estimated amount (per below) in full prior to services

being rendered.

- 1) Insured patient – Estimated patient responsibility based upon insurance benefits to include deductible, coinsurance, copayment or non-covered service.
  - 2) Uninsured patient or Underinsured Patient – Estimated patient responsibility based upon the greater of AGB or uninsured discount.
- ii. For physician clinics, a 10% discount will be offered if the patient's account balance (per below) is paid in full on the date the services were rendered.
- 1) Insured patient – Estimated patient responsibility based upon insurance benefits to include deductible, coinsurance, copayment or non-covered service.
  - 2) Uninsured or Underinsured Patient – Estimated patient responsibility based upon AGB:  
Discounts will not be given on balances less than fifty dollars (\$50).
- iii. Account must not be with a collection agency.
- b. Catastrophic High Dollar Accounts
- i. In special circumstances, a discount in excess of the established discounting rates can be granted.
    - 1) When determining this discount, many factors will be taken into consideration, including cost of care rendered, Medicare Inpatient Diagnosis Related Group (DRG), if applicable, and the Applicable AGB Percentage. Discount options related to Uninsured or Underinsured Patients should be at a minimum the greater discount of AGB or applicable state law. Ballad Health has the discretion to offer a greater discount.
    - 2) This offer requires the approval of the Ballad Health Chief Financial Officer.
- c. Ballad Health will accept all non-contracted and out-of-network payers and will make all attempts to work with these payers regarding appropriate reimbursement and billing to their members, consistent with the out-of-network provisions of Addendum 1 to the Terms of Certification issued to Ballad Health on January 31, 2018, as amended from time to time.
- i. In the event the patient is Underinsured, the total of payer payments and the patient's out-of-pocket amount owed shall not exceed the lesser of AGB or applicable state law.
  - ii. If the payer deems the services as non-covered, the patient is deemed to be Uninsured and the greater discount of AGB or state law shall apply.

- d. Payment Arrangements:
  - i. Payment arrangements are available within the following guidelines:
    - 1) Arrangements can be set up for a maximum of eighteen (18) months.
    - 2) A minimum monthly payment of fifty dollars (\$50) is required.
  - ii. Account must not be with a collection agency.
- e. Package Pricing and Cosmetic Services:
  - i. All patient portions must be collected in full prior to procedure.
  - ii. Patient must sign the "Notice of Non-Coverage" form.
    - 1) No additional discount, including prompt pay discounts, will be given for elective self-pay procedures.
- f. Exceptions to section V, E, may be given on a case-by-case basis with the approval of the Ballad Health Chief Financial Officer.

**F. Billing Collections and Extraordinary Collection Actions**

- 1. Ballad Health reserves the right to seek collection for hospital services using generally acceptable collection efforts, including Extraordinary Collection Actions (ECAs).
- 2. ECAs include referring unpaid balances to a collection agency, placing a lien or foreclosure on an individual's property. Ballad Health will not engage in ECAs before making a reasonable effort to determine if the patient is eligible for financial assistance under the FAP.
  - a. Reasonable efforts to determine whether a patient is eligible for financial assistance include:
    - i. Notifying the patient of the FAP and financial assistance documents, including the plain language summary and Application for Financial Assistance (AFA).
    - ii. Notifying the patient of an incomplete AFA.
    - iii. Determination of financial assistance eligibility on the completed AFA with supporting documentation.
  - b. Ballad Health will notify the patient of its financial assistance determination in writing.
    - i. If the patient is not eligible for financial assistance, Ballad Health will not initiate ECAs until one hundred twenty (120) days after the date of first post-discharge statement.
  - c. Ballad Health will give notice to the patient thirty (30) days before initiating ECAs.
    - i. Ballad Health will accept an AFA up to 240 days after the first billing statement. Ballad Health will cease any ECAs during the

determination of financial assistance eligibility based on the completed AFA and supporting documentation.

**G. Financial Assistance**

1. Refer to the Financial Assistance Policy for detailed information on the Ballad Health guidelines for receiving financial assistance, including the AFA application process and department contact information.

**LINKS:**

Financial Assistance Policy – Ballad Health, PFS-400-003-BH

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Executive Chair/President Chief Executive Officer  
Ballad Health

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Date

**ATTACHMENT 3**

**POPULATION HEALTH AND SOCIAL RESPONSIBILITY COMMITTEE MEETING SUMMARY**

BALLAD HEALTH COMMUNITY BENEFIT & POPULATION HEALTH COMMITTEE  
**EXECUTIVE SUMMARY FROM UNAPPROVED MINUTES**  
 JUNE 20, 2019  
 BALLAD HEALTH EXECUTIVE BOARDROOM

Members:									
P	Barbara Allen	P*	Sue Cantrell	P	Marvin Eichorn	A	Rachel Fowlkes	A	Joanne Gilmer
P	Tony Keck	P*	Martin Kent	A	Steve Kilgore	P	Alan Levine	P	Matt Luff
A	Gary Miller	A	Rick Moulton	P*	Roger Mowen	P	Todd Norris	P	Donnie Ratliff
A	Scott Richards	P	Allison Rogers	P	Suzanne Rollins	P	Doug Springer, Chair	A	Randy Wykoff
Staff:									
P	Andy Hall	P	Cathi Snodgrass	P	Jan Ponder	P	Melanie Stanton	A	Tim Belisle
P	Taylor Hamilton	P	Eric Deaton	P*	Lynn Krutak	A	Linda Edwards		
A	Bo Wilkes	P	Paula Masters						
Guests:									

P = Present, P\* = Via Phone, A = Absent

TOPIC	DISCUSSION	ACTION/APPROVAL
<b>CALL TO ORDER</b>	The meeting was called to order at 4:08 pm.	Dr. Doug Springer
<b>A. DECLARATION</b>		
<b>1. Quorum</b>		Dr. Doug Springer declared a quorum with 13 members present, including Mr. Levine and Mr. Eichorn.
<b>2. Conflict(s) of Interest</b>		Dr. Doug Springer declared no conflicts of interest.

<p><b>B. Consent Agenda</b></p>	<p>Dr. Doug Springer asked if there were any questions, comments or corrections to the Community Benefit and Population Health March 21, 2019 meeting minutes.</p>	<p>ACTION: <i>Approve March 21, 2019 minutes.</i></p> <p>APPROVAL: <b>Approved</b></p>
<p><b>C. Community Health Needs Assessment Approval</b></p>	<p>Ms. Paula Masters gave a recap of the process for Community Health Needs Assessments as well as the IRS regulatory requirements. A CHNA must completed for each hospital in the system every three years. The Population Health department has taken the reigns from the Strategic Planning department with completing the CHNAs.</p> <p>Ms. Masters also discussed how the Accountable Care Communities (ACC) correlates with the assessments. Both legacy organizations had similar priorities that align with the synergies of the ACC – Strong Start, Strong Families, Strong Youth, and Strong Teens.</p> <p>The process this year considered the COPA/CA population health sub-index measures. Some of those measures highlighted were mothers who smoke during pregnancy, youth tobacco use, breast feeding initiation, NAS births, on-time vaccinations, teen birth rate, third grade reading level, frequent mental distress, infant mortality, low birthweight and dental sealants.</p> <p>Ms. Masters reviewed the CHNA focus group attendee criteria. There are three main criteria that must be met – (1) persons with special knowledge of or expertise in public health; (2) federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and (3) leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.</p> <p>In addition to persons described above in (1), (2), and (3), a hospital organization or facility may also consult with and seek input from other</p>	<p>Ms. Paula Masters</p> <p>ACTION: <i>Approve LWHS CHNAs.</i></p> <p>APPROVAL: <b>Approved</b></p>

persons located in and/or serving the hospital facility's community. For example, a hospital organization or facility may consult or seek input from healthcare consumer advocates; nonprofit organizations; academic experts; local government officials; community-based organizations, including organizations focused on one or more health issues; health care providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs; private businesses; and health insurance and managed care organizations.

As part of the community health needs assessment process, Ballad Health conducted two community focus groups for each facility with organization representatives such as those from local health departments, school systems, health clinics, emergency services, businesses, and philanthropic boards. The individuals in each community were selected for participation by the hospital's CEO. These members were selected due to their involvement in the health of the community and their direct relationship to the population served. Typical community focus group participation included representation from higher education, parks and rec, local health departments, school systems, law enforcement, EMS, industry leaders, and social services. The key CHNA priorities that were identified across the hospital communities were substance abuse/ behavioral & mental health; tobacco use/smoking; obesity/physical activity; maternal/child health.

Ms. Masters discussed some of the impeding barriers/gaps such as lack of transportation, lack of mental illness resources, and lack of willingness among community, cultural and financial barriers, and educational disparities and understanding of health conditions.

The new CHNA templates will include an introduction/executive summary to detail the hospital profile and the profile of Ballad Health. This section highlights the merger of and details the rigorous state oversight along with the ability of Ballad Health to provide the best care and service to its patients through the merger. The executive summary details the investment of Ballad Health in population health and community benefit – population health index; details the need for



	<p>collaboration among agencies; county specific health rankings related to social determinants of health are detailed here; top four priorities for the county report are listed as a result of the focus groups. The facility description/scope of services section will include high level information about each facility including – location of the hospital, bed count, primary services offered and history of the hospital. The scope of services lists the variety of services the hospital provides to the community. The primary service area will be included with a map of the Ballad Health 21-county area. A market overview with detailed demographics for the county to include – total population, age groups for the population, education statistics, and median household income.</p> <p>The next steps for 2019 CHNA reports is to present the oval system findings to Ballad Board for final approval and have the CHNAs posted to the health system website by June 30, 2019. Development and finalization of the implementation plans to be completed by November 15, 2019. Ms. Masters shared the desired goal is to align all Ballad hospitals on the same CHNA completion and submission schedule starting Q1 of FY21 with Board approval scheduled for June 2021.</p>	
<p>D. Population Health Proposal to the State/ACC update</p>	<p>Mr. Todd Norris shared this week we had the opportunity to submit to the States a realigned population health plan. The aligning vision and collaborative structure of the ACC has made great strides in a short time period. There has been excellent participation in the leadership council to help create common goals and strategy, engage community and public will, and establish shared metrics. The ACC is helping align with the States vision by proposing that Ballad work in four priority areas. Those proposed areas are increasing positive birth outcomes, increasing educational readiness and performance, increasing community understanding and response to at-risk children and families, and increasing healthy behaviors in children, youth, and their support systems. Also proposed is a longitudinal study with center for rural health research @ ETSU and access to do some testing at regional capacity.</p> <p>Mr. Tony Keck added that we must address the root causes of educational and economic challenges that has been mentioned by both State Governors. Mr. Norris added to Mr. Keck’s point that it’s the right</p>	<p>Mr. Todd Norris</p>

time to examine the early childhood experience and try to alter the outcomes instead of repeating the cycle. This can happen by way of community awareness, educational preparedness, responding to at-risk children and families, and investing in healthy behaviors in children, youth and their support systems.

The crux of the approach is in the STRONG children and families conceptual model. There are two phases of the model that Ballard believes will gain national attention. This model will be able to show what works and what didn't work but having a combined outcome of college and career ready adults, economic vitality and healthy lives. The draft measure crosswalk also aligns with the state plans, COPA/CA and ACC interest. The consistent guiding principles will allow achieving long-term impact, focus and align resources, and focus upstream and on root causes.

Another item Mr. Norris mentioned was substance abuse as a barrier to resiliency. The opioid/substance abuse crisis is placing what feels like an insurmountable strain on the systems in place to serve children and families. The relationship between ACEs and substance abuse is clear, and they perpetuate one another. Because of the extent of the opioid crisis in our region, we cannot hope to address one without addressing the other. Generational childhood trauma is an attributed root cause of the opioid crisis in America, and a new generation is now experiencing ACEs because of the substance abuse of their parents and other caregivers. The number of children in foster care has risen steadily since 2012, and over 40 percent of children in relative or foster homes are there because of substance abuse. As much as 86% of pregnancies among women who struggle with addiction are considered unintended.

Ballad would like to step in and help build resilient communities and individuals by deterring neglect, abuse, substance use, mental illness and domestic violence. What we are proposing to the State of TN is that we are scored on the active supervision of Population Health and weighted 50/50 in years 1-3 and 70/30 in years 4-10 (see page 50 of presentation for detailed information).

	<p>SWVA Health Authority had questions about the adult population health. Strong Children and Families model includes the multi-generational health and well-being of families. Adult Smoking and Drug Deaths will be important to creating models of good health for children but will also require programmatic interventions which will support adult health. There are a large number of explicit measures for evaluation in the COPA and Cooperative Agreement which focus on adult populations. Populations impacted include those in Medicare Advantage, MSSP, and Ballard Health Team Members. These areas of emphasis create better access to care, prevention, and disease management services for adults. Access and Quality Measures require a host of clinical interventions to improve the health of adults especially in the realm of primary prevention and harm reduction. They provide an important opportunity to optimize the clinical environment to support adult health through early identification of diabetes, hypertension, and cancer and through better access to and management of substance abuse and behavioral health issues. Behavioral Health and Rural Health plans include access to resources for adults, including increasing primary care access, addiction recovery support, team-based care, and navigation. Value Based Contracts have a significant focus on adults, including flu vaccines for older adults, blood pressure control, diabetes management, and medication adherence. In addition, there is an increasing emphasis on social needs for adults.</p>	
E. Scorecards		
Value-Based Scorecard	<p>Ms. Allison Rogers gave an overview of the value-based scorecard. The scorecard includes the total contracts that are active, total Ballard attributed lives, total max of upside/downside range and the projected impact for the five contract/program types – full risk, shared savings, pay for gaps/care coordination, hospital based and other. A more detailed analysis of the scorecard is available on the Board portal.</p>	Ms. Allison Rogers
Charitable Community Benefit/Sponsorships	<p>Ms. Taylor Hamilton presented a high level review of the charitable contributions and sponsorship scorecard. Most all requests for sponsorships or contributions are now coming through the website so</p>	Ms. Taylor Hamilton

	<p>there is a streamlined request process. Once we receive the request, it falls into two buckets – community benefit or sponsorship. The easiest way to determine if it's a community benefit, the organization has to be non-profit and we can't really get anything back. Community benefit is broken down into two sub-categories of cash/check or in-kind.</p> <p>The received requests show the organization detail, their mission statement, project event list to show how is the organization categorizing the event. It provides a quick snapshot to see what bucket the request will come out of. It also helps with providing information when completing the 990's at the end of the year.</p> <p>Ms. Hamilton also provided a handout with a glossary of terms, required regulatory items, and background information of CHNA and implementation strategies.</p>	
<b>ADJOURN</b>	Dr. Springer adjourned the meeting at 5:50 p.m.	Dr. Doug Springer

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Tim Belisle, Board Secretary

**ATTACHMENT 4**

**BALANCE SHEET**

**Ballad Health  
Comparative Balance Sheet  
TN COPA Requirements**

	June 30 2019	March 31 2019	Quarter Activity	June 30 2018	Year Activity
<b>ASSETS</b>					
<b>CURRENT ASSETS</b>					
Cash and Cash Equivalents	122,562,790	146,986,103	(24,423,313)	86,843,707	35,719,083
Current Portion AWUL	8,198,941	6,517,252	1,681,689	8,526,640	(327,699)
Accounts Receivable (Net)	282,943,353	293,398,117	(10,454,763)	288,090,230	(5,146,876)
Other Receivables	46,363,161	42,051,758	4,311,403	34,470,415	11,892,746
Due From Affiliates	3,720,821	2,977,372	743,450	1,322,174	2,398,647
Due From Third Party Payors	0	4,009,103	(4,009,103)	(3,892,928)	3,892,929
Inventories	48,563,995	50,211,729	(1,647,734)	48,439,110	124,885
Prepaid Expense	13,258,970	18,553,106	(5,294,136)	17,359,164	(4,100,194)
	<u>525,612,031</u>	<u>564,704,539</u>	<u>(39,092,508)</u>	<u>481,158,511</u>	<u>44,453,520</u>
<b>ASSETS WHOSE USE IS LIMITED</b>	<u>57,247,056</u>	<u>58,197,198</u>	<u>(950,143)</u>	<u>59,143,475</u>	<u>(1,896,419)</u>
<b>OTHER INVESTMENTS</b>	<u>1,273,009,949</u>	<u>1,215,564,284</u>	<u>57,445,664</u>	<u>1,203,943,419</u>	<u>69,066,530</u>
<b>PROPERTY, PLANT AND EQUIPMENT</b>					
Land, Buildings and Equipment	3,200,475,396	3,152,538,859	47,936,537	3,080,374,780	120,100,616
Less Allowances for Depreciation	<u>1,928,532,667</u>	<u>1,892,480,162</u>	<u>36,052,504</u>	<u>1,801,223,387</u>	<u>127,309,280</u>
	<u>1,271,942,729</u>	<u>1,260,058,696</u>	<u>11,884,033</u>	<u>1,279,151,393</u>	<u>(7,208,664)</u>
<b>OTHER ASSETS</b>					
Pledges Receivable	477,667	572,320	(94,653)	824,392	(346,726)
Long Term Compensation Investment	31,505,273	31,762,256	(256,983)	32,211,612	(706,339)
Investments in Unconsolidated Subsidiaries	19,733,121	19,316,957	416,164	17,562,549	2,170,572
Land / Equipment Held for Resale	3,720,074	3,028,830	691,244	6,646,369	(2,926,295)
Assets Held for Expansion	11,268,702	11,268,702	0	11,361,384	(92,682)
Investments in Subsidiaries	0	0	(0)	(0)	0
Goodwill	209,381,219	209,381,219	0	209,602,215	(220,996)
Deferred Charges and Other	10,818,276	9,273,111	1,545,165	12,329,037	(1,510,761)
	<u>286,904,332</u>	<u>284,603,395</u>	<u>2,300,937</u>	<u>290,537,558</u>	<u>(3,633,226)</u>
<b>TOTAL ASSETS</b>	<u>3,414,716,097</u>	<u>3,383,128,113</u>	<u>31,587,984</u>	<u>3,313,934,356</u>	<u>100,781,740</u>
<b>LIABILITIES AND NET ASSETS</b>					
<b>CURRENT LIABILITIES</b>					
Accounts Payable and Accrued Expense	143,112,310	163,648,395	(20,536,085)	132,756,458	10,355,852
Accrued Salaries, Benefits, and PTO	123,812,007	118,509,178	5,302,828	122,452,571	1,359,436
Claims Payable	(0)	1,272,761	(1,272,761)	1,953,448	(1,953,448)
Accrued Interest	20,733,115	9,539,551	11,193,564	9,486,141	11,246,974
Due to Affiliates	0	0	0	0	0
Due to Third Party Payors	11,965,238	17,447,531	(5,482,292)	10,220,351	1,744,887
Call Option Liability	0	0	0	0	0
Current Portion of Long Term Debt	26,999,945	27,255,904	(255,959)	14,036,863	12,963,082
	<u>326,622,615</u>	<u>337,673,318</u>	<u>(11,050,703)</u>	<u>290,905,831</u>	<u>35,716,784</u>
<b>OTHER NON CURRENT LIABILITIES</b>					
Long Term Compensation Payable	15,507,506	15,763,251	(255,745)	16,318,189	(810,683)
Long Term Debt	1,317,279,330	1,318,828,080	(1,548,750)	1,341,728,650	(24,449,320)
Estimated Fair Value of Interest Rate Swaps	26,026	5,553,865	(5,527,839)	8,949,730	(8,923,705)
Deferred Income	4,536,349	24,884,727	(20,348,378)	7,240,227	(2,703,879)
Professional Liability Self-Insurance and Other	47,065,929	50,044,847	(2,978,918)	45,305,098	1,760,831
	<u>1,384,415,140</u>	<u>1,415,074,770</u>	<u>(30,659,630)</u>	<u>1,419,541,895</u>	<u>(35,126,755)</u>
<b>TOTAL LIABILITIES</b>	<u>1,711,037,755</u>	<u>1,752,748,089</u>	<u>(41,710,334)</u>	<u>1,710,447,726</u>	<u>590,029</u>
<b>NET ASSETS</b>					
Restricted Net Assets	26,231,869	24,182,751	2,049,119	20,612,107	5,619,763
Unrestricted Net Assets	1,414,609,281	1,351,200,124	63,409,157	1,341,069,857	73,539,423
Noncontrolling Interests in Subsidiaries	262,837,192	254,997,150	7,840,042	241,804,666	21,032,526
	<u>1,703,678,342</u>	<u>1,630,380,024</u>	<u>73,298,317</u>	<u>1,603,486,630</u>	<u>100,191,712</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>3,414,716,097</u>	<u>3,383,128,113</u>	<u>31,587,984</u>	<u>3,313,934,356</u>	<u>100,781,740</u>

**Ballad Health  
Comparative Balance Sheet  
VA COPA Requirements**

	June 30 2019	June 30 2018	Year Activity	Year to Date 2019
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
Cash and Cash Equivalents	122,562,790	86,843,707	35,719,083	122,562,790
Current Portion AWUL	8,198,941	8,526,640	(327,699)	8,198,941
Accounts Receivable (Net)	282,943,353	288,090,230	(5,146,876)	282,943,353
Other Receivables	46,363,161	34,470,415	11,892,746	46,363,161
Due From Affiliates	3,720,821	1,322,174	2,398,647	3,720,821
Due From Third Party Payors	0	(3,892,928)	3,892,929	0
Inventories	48,563,995	48,439,110	124,885	48,563,995
Prepaid Expense	13,258,970	17,359,164	(4,100,194)	13,258,970
	<u>525,612,031</u>	<u>481,158,511</u>	<u>44,453,520</u>	<u>525,612,031</u>
<b>ASSETS WHOSE USE IS LIMITED</b>	<u>57,247,056</u>	<u>59,143,475</u>	<u>(1,896,419)</u>	<u>57,247,056</u>
<b>OTHER INVESTMENTS</b>	<u>1,273,009,949</u>	<u>1,203,943,419</u>	<u>69,066,530</u>	<u>1,273,009,949</u>
<b>PROPERTY, PLANT AND EQUIPMENT</b>				
Land, Buildings and Equipment	3,200,475,396	3,080,374,780	120,100,616	3,200,475,396
Less Allowances for Depreciation	<u>1,928,532,667</u>	<u>1,801,223,387</u>	<u>127,309,280</u>	<u>1,928,532,667</u>
	<u>1,271,942,729</u>	<u>1,279,151,393</u>	<u>(7,208,664)</u>	<u>1,271,942,729</u>
<b>OTHER ASSETS</b>				
Pledges Receivable	477,667	824,392	(346,726)	477,667
Long Term Compensation Investment	31,505,273	32,211,612	(706,339)	31,505,273
Investments in Unconsolidated Subsidiaries	19,733,121	17,562,549	2,170,572	19,733,121
Land / Equipment Held for Resale	3,720,074	6,646,369	(2,926,295)	3,720,074
Assets Held for Expansion	11,268,702	11,361,384	(92,682)	11,268,702
Investments in Subsidiaries	0	(0)	0	0
Goodwill	209,381,219	209,602,215	(220,996)	209,381,219
Deferred Charges and Other	10,818,276	12,329,037	(1,510,761)	10,818,276
	<u>286,904,332</u>	<u>290,537,558</u>	<u>(3,633,226)</u>	<u>286,904,332</u>
<b>TOTAL ASSETS</b>	<u>3,414,716,097</u>	<u>3,313,934,356</u>	<u>100,781,740</u>	<u>3,414,716,097</u>
<b>LIABILITIES AND NET ASSETS</b>				
<b>CURRENT LIABILITIES</b>				
Accounts Payable and Accrued Expense	143,112,310	132,756,458	10,355,852	143,112,310
Accrued Salaries, Benefits, and PTO	123,812,007	122,452,571	1,359,436	123,812,007
Claims Payable	(0)	1,953,448	(1,953,448)	(0)
Accrued Interest	20,733,115	9,486,141	11,246,974	20,733,115
Due to Affiliates	0	0	0	0
Due to Third Party Payors	11,965,238	10,220,351	1,744,887	11,965,238
Call Option Liability	0	0	0	0
Current Portion of Long Term Debt	26,999,945	14,036,863	12,963,082	26,999,945
	<u>326,622,615</u>	<u>290,905,831</u>	<u>35,716,784</u>	<u>326,622,615</u>
<b>OTHER NON CURRENT LIABILITIES</b>				
Long Term Compensation Payable	15,507,506	16,318,189	(810,683)	15,507,506
Long Term Debt	1,317,279,330	1,341,728,650	(24,449,320)	1,317,279,330
Estimated Fair Value of Interest Rate Swaps	26,026	8,949,730	(8,923,705)	26,026
Deferred Income	4,536,349	7,240,227	(2,703,879)	4,536,349
Professional Liability Self-Insurance and Other	47,065,929	45,305,098	1,760,831	47,065,929
	<u>1,384,415,140</u>	<u>1,419,541,895</u>	<u>(35,126,755)</u>	<u>1,384,415,140</u>
<b>TOTAL LIABILITIES</b>	<u>1,711,037,755</u>	<u>1,710,447,726</u>	<u>590,029</u>	<u>1,711,037,755</u>
<b>NET ASSETS</b>				
Restricted Net Assets	26,231,869	20,612,107	5,619,763	26,231,869
Unrestricted Net Assets	1,414,609,281	1,341,069,857	73,539,423	1,414,609,281
Noncontrolling Interests in Subsidiaries	262,837,192	241,804,666	21,032,526	262,837,192
	<u>1,703,678,342</u>	<u>1,603,486,630</u>	<u>100,191,712</u>	<u>1,703,678,342</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>3,414,716,097</u>	<u>3,313,934,356</u>	<u>100,781,740</u>	<u>3,414,716,097</u>

**ATTACHMENT 5**

**STATEMENT OF INCOME**

**Ballad Health**  
**Statement of Revenue and Expense**  
**For The Period Ended June 30, 2019 and June 30, 2018**

*TN COPA Requirements*

	Quarter 4 Jun 2019	Quarter 3 Mar 2018	Quarter 4 Jun 2018
<b>Revenue, Gains and Support</b>			
Patient service revenue, net of contractual allowances and discounts	559,932,674	543,987,920	543,833,140
Provision for bad debts	(40,960,463)	(29,307,369)	(35,541,555)
<b>Net patient service revenue</b>	<b>518,972,211</b>	<b>514,680,552</b>	<b>508,291,585</b>
Other operating revenue	16,870,519	14,104,905	20,350,178
<b>TOTAL REVENUE, GAINS AND SUPPORT</b>	<b>535,842,731</b>	<b>528,785,457</b>	<b>528,641,763</b>
<b>Expenses:</b>			
Salaries and wages	160,042,929	172,042,131	171,242,900
Physician salaries and wages	47,253,309	46,361,934	46,152,640
Contract Labor	11,096,689	8,428,803	11,855,188
Employee Benefits	38,865,684	39,447,001	43,329,110
Fees	54,061,364	54,137,333	61,235,135
Supplies	110,519,355	106,148,411	102,536,795
Utilities	8,095,932	7,734,437	7,488,982
Medical Costs	0	0	0
Other Expense	36,501,382	38,963,781	28,580,693
Depreciation	35,269,022	35,151,667	32,569,999
Amortization	(2,081,674)	(98,134)	507,730
Interest & Taxes	13,459,100	13,336,352	12,823,320
<b>TOTAL EXPENSES</b>	<b>513,083,090</b>	<b>521,653,718</b>	<b>518,322,494</b>
<b>OPERATING INCOME</b>	<b>22,759,641</b>	<b>7,131,739</b>	<b>10,319,269</b>
<b>Nonoperating gains (losses):</b>			
Interest and dividend income	13,250,630	4,698,839	8,243,589
Net realized gains (losses) on the sale of securities	10,844,434	(47,601)	5,352,039
Change in net unrealized gains on securities	20,937,501	70,010,895	227,615
Derivative related income	7,410	500,452	744,616
Loss on extinguishment of LTD / derivatives	0	0	(23,002,460)
Change in estimated fair value of derivatives	5,442,118	947,723	8,385,715
Gain (loss) on discontinued operations	220,046	(251,503)	0
Other nonoperating gains (losses)	(130,112)	(1,187,828)	(8,725,204)
Noncontrolling interests in subsidiaries	(8,479,785)	(15,182,290)	(7,219,244)
<b>NET NONOPERATING GAINS</b>	<b>42,092,242</b>	<b>59,488,688</b>	<b>(15,993,335)</b>
<b>EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES</b>	<b>64,851,882</b>	<b>66,620,427</b>	<b>(5,674,066)</b>
<b>EBITDA</b>	<b>85,118,711</b>	<b>44,051,694</b>	<b>54,616,115</b>

**Ballad Health**  
**Statement of Revenue and Expense**  
**For The Period Ended June 30, 2019 and June 30, 2018**

*VA COPA Requirements*

	Quarter 4 Jun 2019	Quarter 4 Jun 2018	Year to Date Jun 2019
<b>Revenue, Gains and Support</b>			
Patient service revenue, net of contractual allowances and discounts	559,932,674	543,833,140	2,186,175,869
Provision for bad debts	(40,960,463)	(35,541,555)	(141,189,862)
<b>Net patient service revenue</b>	<b>518,972,211</b>	<b>508,291,585</b>	<b>2,044,986,007</b>
Other operating revenue	16,870,519	20,350,178	59,139,972
<b>TOTAL REVENUE, GAINS AND SUPPORT</b>	<b>535,842,731</b>	<b>528,641,763</b>	<b>2,104,125,979</b>
<b>Expenses:</b>			
Salaries and wages	160,042,929	171,242,900	674,035,860
Physician salaries and wages	47,253,309	46,152,640	187,121,073
Contract Labor	11,096,689	11,855,188	35,234,475
Employee Benefits	38,865,684	43,329,110	145,913,618
Fees	54,061,364	61,235,135	219,202,855
Supplies	110,519,355	102,536,795	427,987,200
Utilities	8,095,932	7,488,982	32,131,113
Medical Costs	0	0	0
Other Expense	36,501,382	28,580,693	154,418,324
Depreciation	35,269,022	32,569,999	139,827,921
Amortization	(2,081,674)	507,730	(179,134)
Interest & Taxes	13,459,100	12,823,320	51,969,003
<b>TOTAL EXPENSES</b>	<b>513,083,090</b>	<b>518,322,494</b>	<b>2,067,662,308</b>
<b>OPERATING INCOME</b>	<b>22,759,641</b>	<b>10,319,269</b>	<b>36,463,671</b>
<b>Nonoperating gains (losses):</b>			
Interest and dividend income	13,250,630	8,243,589	30,927,995
Net realized gains (losses) on the sale of securities	10,844,434	5,352,039	17,962,266
Change in net unrealized gains on securities	20,937,501	227,615	6,992,318
Derivative related income	7,410	744,616	2,144,676
Loss on extinguishment of LTD / derivatives	0	(23,002,460)	0
Change in estimated fair value of derivatives	5,442,118	8,385,715	8,389,804
Gain (loss) on discontinued operations	220,046	0	(32,025)
Other nonoperating gains (losses)	(130,112)	(8,725,204)	(3,014,389)
Noncontrolling interests in subsidiaries	(8,479,785)	(7,219,244)	(21,503,836)
<b>NET NONOPERATING GAINS</b>	<b>42,092,242</b>	<b>(15,993,335)</b>	<b>41,866,808</b>
<b>EXCESS OF REVENUE, GAINS AND SUPPORT OVER EXPENSES AND LOSSES</b>	<b>64,851,882</b>	<b>(5,674,066)</b>	<b>78,330,480</b>
<b>EBITDA</b>	<b>85,118,711</b>	<b>54,616,115</b>	<b>254,566,147</b>



**ATTACHMENT 6**

**STATEMENT OF CASH FLOW**

**Ballad Health**  
**Statement of Cash Flows**  
**As of June 30, 2019 and June 30, 2018**

	Quarter 4 Jun 2019	Quarter 3 Mar 2019	Quarter 4 Jun 2018
<b><u>CASH FLOWS FROM OPERATING ACTIVITIES</u></b>			
Increase / (Decrease) in Unrestricted Net Assets	65,458,276	68,233,363	(3,744,198)
<u>Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities</u>			
Provision for Depreciation	35,269,022	35,151,667	32,569,999
Provision for Amortization	(2,081,674)	(98,134)	507,730
Net Realized (Gain) / Loss on Sales of Securities	(10,844,434)	47,601	(5,352,039)
Net Loss on Early Extinguishment of Debt	0	0	23,002,460
Change in Estimated Fair Value of Derivatives	(5,442,118)	(947,723)	(8,385,715)
Equity in Net Income of Joint Ventures	(142,564)	(293,160)	(376,898)
(Gain) / Loss on Sale of Assets Held for Resale and Disposal of Assets	(2,426,358)	273,828	(27,794)
Net Amounts Received on Interest Rate Swap Settlements	(2,033,624)	(2,405,304)	(3,361,710)
Minority Interest in Consolidated Subsidiaries Income	7,840,042	15,182,290	6,721,962
Change in Net Unrealized Gains on Investments	(20,937,501)	(70,010,895)	(227,615)
Increase / (Decrease) in Cash due to Change in:			
Net Patient Accounts Receivable	10,454,763	(6,133,542)	2,721,929
Other Receivables (Net)	(4,311,403)	(2,037,738)	(5,172,771)
Inventories and Prepaid Expenses	6,941,870	(509,655)	6,355,865
Other Assets	(1,193,529)	2,284,414	(2,304,468)
Accrued Interest Payable (incl Capital Appreciation Bond Accretion)	11,193,564	(11,330,484)	(77,107)
Accounts Payable and Accrued Expenses	(22,552,295)	3,271,414	(11,499,582)

Accrued Salaries, Compensated Absences, and Amounts Withheld	5,302,828	22,053,166	3,263,297
Estimated Amounts due from/to Third Party Payors (Net)	1,473,190	(153,970)	(5,507,796)
Other Long-Term Liabilities	(20,604,124)	1,256,605	(6,049,344)
Professional Liability Self Insurance and Other	(2,978,918)	1,165,928	(13,642,429)
Total Adjustments	(17,073,261)	(13,233,692)	13,157,976
Net Cash Provided by Operating Activities	48,385,015	54,999,671	9,413,778
<b><u>CASH FLOWS FROM INVESTING ACTIVITIES</u></b>			
Purchases of Property, Plant, and Equipment, Property Held for Resale, and Property Held for Expansion (Net)	(46,225,804)	(29,568,844)	(43,263,562)
Additions to Goodwill	0	36,833	110,699
Purchases of Investments (Net)	(26,079,894)	(3,789,053)	(26,217,467)
Net Decrease / (Increase) in Assets Limited as to Use	(731,547)	(2,256,161)	1,068,382
Net Cash Used in Investing Activities	(73,037,244)	(35,577,225)	(68,301,948)
<b><u>CASH FLOWS FROM FINANCING ACTIVITIES</u></b>			
Payments on Long-Term Debt and Capital Lease Obligations (incl Deposits to Escrow)	(1,804,708)	(2,047,587)	2,507,990
Net Amounts Received on Interest Rate Swap Settlements	2,033,624	2,405,304	3,361,710
Net Cash Used in Financing Activities	228,916	357,717	5,869,700
<b><u>NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS</u></b>	(24,423,314)	19,780,163	(53,018,470)

**CASH AND CASH EQUIVALENTS - BEG OF PERIOD**

146,986,103    127,205,940

139,862,177

**CASH AND CASH EQUIVALENTS - END OF PERIOD**

122,562,790    146,986,103

86,843,707

**ATTACHMENT 7**

**YEAR-TO-DATE COMMUNITY BENEFIT INTERNAL SPENDING**

# Ballad Health TOC Exhibit G YTD through June 30, 2019

Internal Spending Report *(based on available information)*

990, line 7:	
a. Financial assistance (charity)	37,589,125
b. Medicaid and TennCare	53,861,468
c. Other means-tested gov't programs (TennCare included in line 7b)	-
e. Community health improvements	5,909,871
f. Health professions education: Medicare-approved programs College/university students Total Health professions education	23,138,360
g. Subsidized health services	12,564,363
h. Research	141,519
i. Cash and in-kind contributions	<u>2,369,704</u>
<b>Total</b>	<b>135,574,410</b>

## ATTACHMENT 8

### QUALITY PRIORITY METRICS

The data presented here is Ballad Health's internal data, processed by a third-party quality analysis vendor. The methodology for calculation of quality metrics may differ from what is publicly reported by the U.S. Centers for Medicare and Medicaid Services (CMS). Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.



Priority Metrics

		Ballad Health							Bristol Regional Medical Center							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	
<b>Desired Performance</b>		<b>Quality Target Measures</b>														
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.29	1.10	0.62	0.31	0.67	0.79	0.58	0.35	2.28	1.60	0.81	0.00	0.00	0.65
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.21	0.00	0.25	0.07	0.14	0.32	0.07	0.29	0.00	0.00	0.00	0.08
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.05	0.07	0.15	0.00	0.00	0.06	0.09	0.00	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07	0.06	0.06	0.12	0.09	0.08	0.09	0.16	0.00	0.00	0.00	0.00	
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.76	1.55	1.11	2.16	0.99	1.48	4.72	4.54	2.43	2.34	3.90	1.68	2.63
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	1.06	0.00	1.62	2.18	1.96	1.39	0.97	0.48	0.00	1.98	4.42	3.01	2.28
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	14.40	8.34	8.68	6.54	7.79	8.36	7.77	16.50	10.75	10.67	9.85	11.14	15.09	11.39
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.51	3.91	2.90	2.23	4.03	3.22	4.59	2.42	4.55	2.21	2.45	4.85	3.42
↓	lower is better	PSI 13 Postoperative Sepsis Rate	6.16	3.88	3.17	3.41	4.57	5.43	4.01	3.65	3.57	0.00	4.29	9.57	3.16	4.28
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.99	0.00	1.60	3.71	1.35	1.62	2.03	0.00	0.00	9.17	4.24	0.00	3.57
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.98	0.71	0.74	0.00	0.00	0.40	1.22	1.25	1.61	3.58	0.00	0.00	1.38
↓	lower is better	CLABSI	0.774	0.652	0.622	0.586	0.378	0.724	0.564	1.202	0.722	0.000	0.374	0.000	0.603	0.206
↓	lower is better	CAUTI	0.613	0.640	0.851	1.170	0.624	0.844	0.871	0.824	0.958	0.900	1.555	0.903	1.471	1.175
↓	lower is better	SSI COLON Surgical Site Infection	1.17	1.90	4.56	0.40	1.63	1.30	2.09	0.00	1.33	0.00	0.00	0.00	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	1.00	0.61	0.00	0.00	0.00	0.00	0.00	0.00	1.59	0.00	0.00	0.00	0.00	0.00
↓	lower is better	MRSA	0.040	0.054	0.136	0.116	0.028	0.080	0.090	0.056	0.094	0.107	0.159	0.000	0.077	0.085
↓	lower is better	CDIFF	0.585	0.623	0.404	0.295	0.358	0.389	0.359	0.719	0.740	0.387	0.219	0.423	0.464	0.367
		<b>Quality Metrics</b>														
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	50.01	53.94	53.86	44.21	35.83	43.45	--	45.00	31.17	43.29	40.10	22.05	33.46
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	42.94	43.88	36.60	35.63	31.88	33.61	--	41.60	31.53	25.69	30.53	24.50	27.50
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.26	1.35	1.30	1.29	1.37	1.32	--	1.81	1.88	1.77	1.81	1.77	1.81
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.12	0.13	0.11	0.14	0.13	--	0.16	0.14	0.13	0.14	0.15	0.14
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	82.8%	80.0%	79.0%	79.0%	79.0%	79.0%	--	86.0%	86.0%	81.0%	79.0%	82.0%	82.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	84.5%	80.0%	80.0%	79.0%	79.0%	80.0%	--	83.0%	84.0%	80.0%	79.0%	81.0%	81.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	72.6%	64.0%	63.0%	61.0%	63.0%	63.0%	--	75.0%	64.0%	68.0%	65.0%	65.0%	65.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	88.1%	87.0%	87.0%	87.0%	87.0%	87.0%	--	87.0%	91.0%	88.0%	87.0%	88.0%	88.0%
↓	lower is better	Left without being seen	--	0.60%	0.97%	0.74%	1.17%	1.30%	1.01%	--	4.00%	0.97%	0.67%	1.79%	2.28%	1.35%
↓	lower is better	Sepsis In House Mortality	--	7.5%	9.2%	8.1%	8.5%	8.5%	8.6%	--	11.2%	10.1%	10.1%	12.1%	6.2%	10.4%
↑	higher is better	SMB: Sepsis Management Bundle**	--	56.6%	60.2%	61.4%	68.1%	61.2%	62.8%	--	48.3%	42.4%	64.3%	63.9%	70.0%	59.5%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	129.2	125.0	123.0	114.0	126.8	124.0	--	153.8	150.0	140.0	164.0	169.5	151.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	210.5	223.5	229.8	253.0	249.5	230.0	--	278.5	277.0	294.0	255.0	302.5	294.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

\*\*FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases



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Priority Metrics

Desired Performance	Quality Target Measures	Johnston Memorial Hospital						Smyth County Community Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.97	0.00	0.00	0.00	1.03	0.00	0.30	0.21	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.14	0.69	0.00	0.00	0.00	0.18	0.39	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.13	0.00	0.97	0.00	0.00	0.00	0.29	0.16	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.16	0.00	0.74	0.66	1.02	0.58	0.10	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	0.00	0.00	0.00	0.00	0.00	4.69	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	2.92	0.00	10.64	0.00	0.00	2.87	1.12	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	0.00	11.63	0.00	0.00	3.14	16.04	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.96	5.79	0.00	6.51	3.62	10.64	4.60	4.03	5.98	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	6.59	0.00	0.00	0.00	0.00	0.00	0.00	5.81	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.10	0.00	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.83	0.00	3.82	0.00	0.00	0.00	1.13	--	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.001	0.000	1.742	0.000	0.000	0.000	0.466	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CAUTI	0.000	0.000	1.606	0.000	0.850	0.000	0.673	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	SSI COLON Surgical Site Infection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.67	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI HYST Surgical Site Infection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	--	--	--	--	--
↓ lower is better	MRSA	0.000	0.000	0.145	0.000	0.000	0.000	0.038	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CDIFF	1.052	0.550	0.000	0.000	0.146	0.696	0.163	0.174	0.331	0.000	0.000	0.000	1.395	0.223
<b>Quality Metrics</b>															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	41.70	37.27	37.98	34.53	31.55	35.36	--	56.30	48.57	50.03	53.30	20.05	43.53
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	41.69	36.53	28.13	22.40	32.37	29.20	--	10.10	9.60	9.17	24.20	9.20	12.10
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.87	0.90	0.88	0.79	0.85	0.86	--	0.78	0.83	0.74	0.78	0.79	0.78
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.15	0.14	0.19	0.14	0.18	0.16	--	0.14	0.15	0.20	0.11	0.15	0.15
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	77.0%	80.0%	76.0%	76.0%	78.0%	77.0%	--	86.0%	83.0%	80.0%	89.0%	81.0%	84.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	79.0%	80.0%	82.0%	77.0%	74.0%	79.0%	--	88.0%	84.0%	81.0%	90.0%	78.0%	84.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	60.0%	63.0%	59.0%	50.0%	59.0%	57.0%	--	66.0%	72.0%	61.0%	68.0%	77.0%	68.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	85.0%	87.0%	88.0%	88.0%	87.0%	--	89.0%	93.0%	80.0%	90.0%	90.0%	88.0%
↓ lower is better	Left without being seen	--	0.20%	0.22%	0.26%	0.59%	0.67%	0.42%	--	0.33%	0.31%	0.31%	0.23%	0.21%	0.27%
↓ lower is better	Sepsis In House Mortality	--	10.5%	8.2%	8.2%	8.0%	10.7%	8.4%	--	2.9%	3.7%	0.0%	2.9%	8.3%	2.8%
↑ higher is better	SMB: Sepsis Management Bundle**	--	54.8%	55.6%	55.2%	61.5%	41.7%	53.9%	--	81.1%	94.4%	80.0%	72.2%	92.9%	84.6%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	151.5	133.0	139.5	139.0	165.5	139.0	--	95.5	108.0	100.0	92.0	88.3	95.0
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	251.0	235.0	238.0	258.0	337.3	253.0	--	179.0	195.5	177.5	181.5	165.5	181.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

\*\*FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Dickenson County Hospital						Hancock County Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19
<b>Desired Performance</b>		<b>Quality Target Measures</b>													
↓	lower is better	PSI 3 Pressure Ulcer Rate	--	0.00	0.00	0.00	0.00	--	0.00	--	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	--	0.00	0.00	0.00	0.00	--	0.00	--	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	0.00	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	CLABSI	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	CAUTI	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	SSI COLON Surgical Site Infection	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	MRSA	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	lower is better	CDIFF	--	--	--	--	--	--	--	--	--	--	--	--	--
		<b>Quality Metrics</b>													
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	143.93	112.20	99.26	91.55	--	--
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	72.12	106.86	140.08	141.45	114.90	--
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	0.09	0.06	0.17	--	0.10	0.79	--	--	1.56	2.42	1.79
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	0.13	0.16	0.09	--	0.13	0.20	0.20	0.23	0.20	0.22	0.21
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	57.0%	--	89.0%	83.0%	100.0%	88.0%	92.0%	95.0%	93.0%	93.0%	100.0%	94.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%	--	89.0%	92.0%	100.0%	92.0%	87.0%	90.0%	85.0%	93.0%	100.0%	91.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	100.0%	--	50.0%	--	--	50.0%	89.0%	75.0%	75.0%	83.0%	--	78.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	100.0%	--	83.0%	75.0%	50.0%	75.0%	86.0%	86.0%	100.0%	90.0%	100.0%	92.0%
↓	lower is better	Left without being seen	--	0.81%	0.68%	0.52%	0.60%	0.78%	0.64%	0.53%	0.65%	0.32%	0.69%	0.71%	0.59%
↓	lower is better	Sepsis In House Mortality	--	--	0.0%	0.0%	0.0%	--	0.0%	0.0%	10.0%	10.0%	0.0%	0.0%	6.3%
↑	higher is better	SMB: Sepsis Management Bundle**	--	--	--	--	--	--	--	70.0%	66.7%	57.1%	66.7%	75.0%	64.7%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	103.5	105.0	103.0	106.0	101.0	104.5	124.5	126.0	99.0	92.0	126.0	114.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	124.0	229.0	184.0	214.5	--	197.8	--	--	--	--	--	--

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

\*\*FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Indian Path Community Hospital							Holston Valley Medical Center							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	
<b>Desired Performance</b>		<b>Quality Target Measures</b>														
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.36	3.21	1.55	0.38	3.06	2.88	1.89
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.26	0.00	0.00	1.14	0.00	0.34	0.51	0.48	0.00	0.00	0.00	0.37	0.07
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.14	0.34	0.00	0.00	0.00	0.00	0.00	0.16	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.07	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	0.00	0.00	0.00	0.00	0.00	4.04	0.92	1.44	1.43	2.32	1.11	1.61
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	0.00	0.00	0.00	0.00	0.87	1.57	0.00	1.16	0.00	2.09	0.67
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.69	0.00	0.00	0.00	0.00	0.00	16.84	6.40	11.63	6.03	12.86	5.76	9.40
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.75	4.30	5.88	7.25	0.00	0.00	4.22	5.78	3.77	3.37	1.34	2.88	2.10	2.44
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.90	10.23	14.71	0.00	0.00	0.00	5.71	5.97	3.57	6.25	3.61	1.29	8.57	4.52
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00	0.00	0.00	0.00	0.00	2.56	1.70	0.00	0.00	4.08	7.30	2.15
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00	0.00	0.00	0.00	0.00	0.00	0.80	1.59	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.682	0.334	0.000	0.433	0.778	0.509	0.411
↓	lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	3.003	0.521	0.938	0.496	0.303	0.327	0.312	0.000	0.250
↓	lower is better	SSI COLON Surgical Site Infection	0.00	1.70	0.00	0.00	5.56	0.00	1.89	1.36	0.85	6.52	2.00	4.88	0.00	3.85
↓	lower is better	SSI HYST Surgical Site Infection	7.14	0.00	0.00	0.00	0.00	--	0.00	0.64	0.29	0.00	0.00	0.00	0.00	0.00
↓	lower is better	MRSA	0.080	0.048	0.000	0.000	0.000	0.000	0.000	0.012	0.034	0.094	0.143	0.000	0.200	0.102
↓	lower is better	CDIFF	0.813	0.507	0.829	0.702	1.223	0.844	0.917	0.741	1.056	0.687	0.294	0.487	0.211	0.437
		<b>Quality Metrics</b>														
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	33.60	37.23	26.63	31.50	27.10	29.99	--	37.64	37.20	44.96	39.60	41.10	40.74
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	49.20	52.67	40.20	33.95	34.30	39.30	--	84.83	77.33	71.47	58.38	52.15	65.10
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.06	0.93	0.87	0.86	0.79	0.86	--	2.15	2.21	2.09	2.22	2.37	2.21
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.09	0.09	0.11	0.09	0.10	0.10	--	0.18	0.15	0.14	0.14	0.15	0.15
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	80.0%	82.0%	81.0%	79.0%	80.0%	80.0%	--	81.0%	83.0%	78.0%	80.0%	78.0%	80.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	80.0%	84.0%	82.0%	76.0%	81.0%	--	81.0%	82.0%	78.0%	80.0%	81.0%	80.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	64.0%	65.0%	72.0%	61.0%	57.0%	64.0%	--	67.0%	65.0%	62.0%	62.0%	66.0%	63.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	87.0%	89.0%	89.0%	86.0%	88.0%	--	90.0%	87.0%	88.0%	88.0%	88.0%	88.0%
↓	lower is better	Left without being seen	--	0.94%	1.34%	1.19%	2.67%	2.10%	1.81%	--	2.10%	2.07%	1.80%	2.35%	2.12%	2.08%
↓	lower is better	Sepsis In House Mortality	--	6.6%	6.4%	3.5%	4.8%	1.7%	4.6%	--	13.3%	12.6%	9.7%	11.6%	12.9%	11.5%
↑	higher is better	SMB: Sepsis Management Bundle**	--	70.5%	69.2%	83.3%	81.0%	88.2%	79.6%	--	25.2%	47.6%	31.3%	59.5%	54.2%	48.1%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	130.0	126.5	122.0	118.0	142.3	122.5	--	165.0	176.0	178.0	210.0	196.5	177.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	219.5	221.0	196.0	203.0	211.5	203.0	--	430.0	409.0	397.0	491.0	546.0	445.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

\*\*FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

		Lonesome Pine Hospital							Norton Community Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	
<b>Desired Performance</b>																
<b>Quality Target Measures</b>																
↓	lower is better	PSI 3 Pressure Ulcer Rate	0.21	0.00	0.00	0.00	0.00	0.00	0.00	0.20	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.44	0.00	0.00	0.00	5.18	0.00	1.34	0.38	0.54	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	--	--	--	--	--	0.15	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00	0.00	4.96	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	0.00	0.00	0.00	0.00	1.10	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 11 Postoperative Respiratory Failure Rate	10.64	0.00	0.00	0.00	0.00	0.00	0.00	12.33	15.87	0.00	0.00	43.48	0.00	12.66
↓	lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.14	0.00	0.00	0.00	0.00	0.00	0.00	5.39	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 13 Postoperative Sepsis Rate	5.82	0.00	0.00	58.82	0.00	0.00	15.15	5.59	0.00	0.00	0.00	45.45	0.00	12.82
↓	lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.23	0.00	0.00	0.00	0.00	0.00	0.00	2.21	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.87	0.00	0.00	0.00	0.00	0.00	0.00	0.87	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓	lower is better	CAUTI	0.000	1.214	0.000	0.000	6.369	0.000	2.047	0.000	0.000	1.712	0.000	0.000	0.000	0.463
↓	lower is better	SSI COLON Surgical Site Infection	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	SSI HYST Surgical Site Infection	5.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.449	0.000	0.000	0.000	0.112
↓	lower is better	CDIFF	0.315	0.371	1.403	0.000	1.264	0.000	0.768	0.265	0.301	0.000	0.000	0.000	1.206	0.236
<b>Quality Metrics</b>																
↓	lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	125.00	105.90	91.01	76.34	61.40	82.16	--	50.10	48.33	48.30	37.18	49.50	49.90
↓	lower is better	Meropenem Days Of Therapy per 1000 patient days	--	63.60	59.07	21.81	59.66	47.00	57.15	--	53.34	33.87	25.80	30.93	18.85	28.50
↓	lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.40	2.69	2.91	1.88	1.39	2.04	--	0.61	0.78	0.80	0.59	0.76	0.72
↓	lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.14	0.15	0.12	0.11	0.13	--	0.11	0.14	0.17	0.09	0.11	0.13
↑	higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	83.0%	81.0%	87.0%	80.0%	84.0%	83.0%	--	83.0%	84.0%	86.0%	81.0%	75.0%	82.0%
↑	higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	83.0%	87.0%	82.0%	91.0%	85.0%	--	82.0%	79.0%	84.0%	81.0%	80.0%	81.0%
↑	higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	76.0%	66.0%	80.0%	65.0%	59.0%	69.0%	--	65.0%	68.0%	68.0%	66.0%	63.0%	66.0%
↑	higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	86.0%	88.0%	85.0%	81.0%	85.0%	85.0%	--	80.0%	83.0%	83.0%	89.0%	87.0%	86.0%
↓	lower is better	Left without being seen	--	1.00%	0.19%	0.11%	0.16%	0.36%	0.19%	--	0.20%	0.28%	0.41%	0.69%	0.72%	0.51%
↓	lower is better	Sepsis In House Mortality	--	4.4%	4.9%	3.9%	6.5%	--	4.9%	--	3.9%	4.3%	5.6%	1.3%	3.3%	3.7%
↑	higher is better	SMB: Sepsis Management Bundle**	--	44.8%	51.3%	54.1%	71.4%	59.1%	57.9%	--	77.6%	94.4%	76.5%	70.6%	71.4%	79.7%
↓	lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	129.0	119.5	115.0	136.5	121.3	119.5	--	144.8	142.5	138.0	144.0	127.0	138.0
↓	lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	241.5	240.0	262.0	254.0	245.3	251.5	--	225.0	224.0	238.0	198.0	210.0	224.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

\*\*FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Desired Performance	Quality Target Measures	Franklin Woods Community Hospital						Johnson City Medical Center							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.00	0.00	0.24	0.00	0.37	0.13
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.24	0.00	0.00	1.06	0.00	0.29	0.33	0.25	0.35	0.00	0.18	0.00	0.15
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.00	0.51	0.00	0.00	0.13
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.24	0.00	0.00	0.00	0.00	0.00	0.09	0.00	0.24	0.00	0.24	0.00	0.13
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.37	2.45	4.93	5.75	0.00	0.00	3.06	3.60	1.13	1.50	0.00	2.31	0.00	1.02
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.09	0.00	0.00	0.00	0.00	0.00	0.00	1.08	1.28	0.00	1.52	4.62	2.34	2.15
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	12.09	17.02	18.69	0.00	0.00	0.00	5.60	11.98	6.57	6.56	8.10	2.17	9.77	6.40
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.72	2.34	4.67	5.35	11.63	0.00	5.73	5.90	3.63	5.60	4.13	0.70	4.07	3.59
↓ lower is better	PSI 13 Postoperative Sepsis Rate	6.54	8.35	0.00	0.00	21.74	17.86	8.31	8.30	3.00	0.00	1.57	3.18	4.77	2.21
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	2.16	1.79	0.00	0.00	0.00	0.00	0.00	2.01	1.54	0.00	0.00	7.94	0.00	1.90
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.85	0.87	0.00	0.00	0.00	0.00	0.00	0.79	0.74	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.000	0.910	0.000	0.000	0.000	0.000	0.000	1.080	1.132	1.249	1.515	0.354	1.535	1.129
↓ lower is better	CAUTI	0.428	0.434	0.000	0.000	0.000	0.000	0.000	0.997	1.498	2.085	4.658	0.896	2.761	2.553
↓ lower is better	SSI COLON Surgical Site Infection	1.50	5.11	7.14	0.00	0.00	0.00	2.83	1.91	1.52	12.90	0.00	3.03	10.00	5.83
↓ lower is better	SSI HYST Surgical Site Infection	0.00	1.20	0.00	0.00	0.00	0.00	0.00	2.50	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	MRSA	0.039	0.000	0.169	0.000	0.000	0.000	0.044	0.055	0.073	0.154	0.187	0.065	0.086	0.126
↓ lower is better	CDIFF	0.259	0.252	0.190	0.823	0.393	0.000	0.345	0.531	0.496	0.303	0.340	0.207	0.314	0.290
<b>Quality Metrics</b>															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	33.60	32.20	39.80	34.75	37.10	35.33	--	22.70	25.07	23.13	19.15	18.75	21.94
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	29.93	26.77	40.27	41.20	17.25	31.50	--	32.68	36.70	35.63	31.65	18.00	30.60
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	0.71	0.72	0.82	0.80	0.95	0.80	--	0.92	0.95	0.93	0.89	0.93	0.93
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.14	0.15	0.16	0.15	0.22	0.16	--	0.04	0.05	0.05	0.05	0.10	0.06
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.0%	80.0%	83.0%	81.0%	83.0%	82.0%	--	77.0%	73.0%	77.0%	76.0%	76.0%	75.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	82.0%	81.0%	84.0%	87.0%	82.0%	83.0%	--	76.0%	73.0%	76.0%	75.0%	77.0%	75.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	70.0%	69.0%	67.0%	66.0%	65.0%	67.0%	--	60.0%	57.0%	58.0%	60.0%	60.0%	59.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	87.0%	88.0%	89.0%	88.0%	88.0%	--	85.6%	84.0%	87.0%	87.0%	87.0%	86.0%
↓ lower is better	Left without being seen	--	0.63%	1.27%	0.54%	0.67%	1.48%	0.96%	--	0.90%	1.18%	0.87%	1.47%	1.66%	1.24%
↓ lower is better	Sepsis In House Mortality	--	3.8%	8.1%	4.1%	2.5%	4.3%	4.4%	--	16.6%	11.3%	11.7%	11.3%	11.4%	11.4%
↑ higher is better	SMB: Sepsis Management Bundle**	--	78.8%	64.3%	76.9%	76.5%	72.2%	72.6%	--	55.6%	61.3%	62.5%	66.7%	57.9%	62.7%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	147.5	157.0	150.5	152.0	150.8	152.0	--	152.5	157.5	170.5	180.0	193.3	170.5
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	240.0	251.5	248.0	262.0	384.8	259.0	--	259.0	293.0	280.0	293.5	271.0	280.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

\*\*FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Desired Performance	Quality Target Measures	Johnson County Community Hospital						Sycamore Shoals Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19
↓ lower is better	PSI 3 Pressure Ulcer Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	0.19	0.00	0.00	0.00	0.00	2.68	0.51
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	0.38	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	--	--	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--	--	--	--	--	--	4.66	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--	--	--	--	1.11	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--	--	--	--	13.37	4.63	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--	--	--	--	3.98	4.57	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--	--	6.67	4.65	18.87	0.00	0.00	0.00	5.15
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--	--	--	--	--	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--	--	--	--	--	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	--	--	--	--	--	--	--	0.900	1.088	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CAUTI	--	--	--	--	--	--	--	0.000	0.460	0.000	0.000	0.000	0.000	0.000
↓ lower is better	SSI COLON Surgical Site Infection	--	--	--	--	--	--	--	3.23	3.13	14.29	0.00	0.00	0.00	3.70
↓ lower is better	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	MRSA	--	--	--	--	--	--	--	0.067	0.134	0.308	0.000	0.000	0.000	0.078
↓ lower is better	CDIFF	--	--	--	--	--	--	--	0.604	0.672	1.231	0.000	0.000	0.000	0.309
<b>Quality Metrics</b>															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	--	29.20	21.77	32.83	31.60	29.45	28.51
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	--	--	--	--	--	31.02	38.17	51.00	44.90	32.70	21.80
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	0.40	1.33	0.80	1.43	0.98	--	0.68	0.70	0.64	0.65	0.60	0.65
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	0.10	0.16	0.11	0.11	0.12	--	0.12	0.14	0.15	0.12	0.16	0.14
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	100.0%	--	--	100.0%	--	100.0%	--	78.0%	81.0%	84.0%	83.0%	81.0%	82.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100.0%	--	--	50.0%	--	50.0%	--	80.0%	86.0%	82.0%	83.0%	78.0%	83.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	100.0%	--	--	100.0%	--	100.0%	--	64.0%	72.0%	70.0%	57.0%	70.0%	66.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	100.0%	--	--	75.0%	--	75.0%	--	86.0%	89.0%	85.0%	83.0%	82.0%	85.0%
↓ lower is better	Left without being seen	--	0.70%	1.12%	0.61%	0.58%	0.47%	0.72%	--	0.65%	0.83%	0.46%	0.46%	0.55%	0.58%
↓ lower is better	Sepsis In House Mortality	--	--	--	0.0%	--	--	0.0%	--	14.0%	9.6%	6.8%	10.7%	0.0%	8.3%
↑ higher is better	SMB: Sepsis Management Bundle**	--	--	--	--	--	--	--	--	72.0%	55.6%	66.7%	80.0%	63.6%	68.0%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	91.5	91.0	72.0	87.0	70.0	81.0	--	125.3	115.0	129.0	112.0	132.0	123.0
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	165.0	148.0	--	137.0	--	143.0	--	221.3	211.0	215.0	193.0	228.8	211.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

\*\*FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases

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Priority Metrics

Desired Performance	Quality Target Measures	Hawkins County Memorial Hospital						Russell County Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19
↓ lower is better	PSI 3 Pressure Ulcer Rate	0.23	0.00	0.00	0.00	0.00	0.00	0.00	0.24	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.00	0.00	0.00	0.00	0.39	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	--	0.00	0.00	0.00	0.00	0.00	0.00	0.17	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	0.00	--	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	--	0.00
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	0.00	0.00	0.00	0.00	--	0.00	--	--	0.00	--	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	0.00	0.00	0.00	0.00	--	0.00	--	--	0.00	--	0.00
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	--	0.00
↓ lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	0.00	0.00	0.00	0.00	--	250.00	--	--	0.00	--	0.00
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	--	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	12.99	0.00	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	4.785	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CAUTI	0.000	1.623	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	SSI COLON Surgical Site Infection	0.00	--	--	--	--	--	--	--	--	--	--	--	--	--
↓ lower is better	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	--	--	--	--	--	--	--
↓ lower is better	MRSA	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.310	0.000	0.000	0.000	0.000	0.000
↓ lower is better	CDIFF	0.000	0.260	0.000	1.112	0.000	1.462	0.566	0.498	0.621	0.000	1.362	0.000	0.000	0.358
Quality Metrics															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	135.90	100.13	81.41	76.45	58.75	78.89	--	25.20	16.93	38.40	29.75	25.15	27.62
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	74.51	85.77	32.94	63.32	28.10	54.80	--	2.48	0.73	6.07	0.00	9.45	7.30
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	1.58	1.17	1.42	1.69	1.70	1.48	--	0.30	0.25	0.24	0.24	0.29	0.25
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	0.12	0.13	0.10	0.12	0.14	0.12	--	0.14	0.13	0.19	0.13	0.17	0.15
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	84.0%	88.0%	83.0%	80.0%	94.0%	84.0%	--	90.0%	85.0%	93.0%	94.0%	86.0%	90.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	80.0%	89.0%	71.0%	81.0%	94.0%	81.0%	--	88.0%	76.0%	90.0%	79.0%	86.0%	81.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	70.0%	91.0%	63.0%	74.0%	50.0%	72.0%	--	64.0%	67.0%	83.0%	70.0%	18.0%	65.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	82.0%	83.0%	88.0%	100.0%	86.0%	--	82.0%	89.0%	91.0%	88.0%	88.0%	89.0%
↓ lower is better	Left without being seen	--	0.10%	0.24%	0.35%	0.40%	0.79%	0.41%	--	0.30%	0.36%	0.41%	0.42%	0.21%	0.36%
↓ lower is better	Sepsis In House Mortality	--	2.5%	3.3%	0.0%	2.9%	0.0%	1.9%	--	7.4%	3.4%	3.4%	3.8%	10.0%	4.1%
↑ higher is better	SMB: Sepsis Management Bundle**	--	62.0%	53.3%	68.4%	69.2%	41.7%	59.3%	--	76.7%	72.2%	72.2%	91.7%	60.0%	77.1%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	86.0	68.0	101.0	86.0	104.5	86.0	--	97.0	101.5	98.0	98.0	95.8	98.0
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	214.3	204.0	232.0	235.0	234.0	232.0	--	163.8	167.5	174.0	162.0	180.3	170.0

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

\*\*FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases



The data presented here is Ballad Health's internal data, processed by a third-party quality analysis vendor. The methodology for calculation of quality metrics may differ from what is publicly reported by the U.S. Centers for Medicare and Medicaid Services (CMS). Publicly reported measures visible on CMS Hospital Compare cover historical data, which reflects insurance claims and patient experience survey information that may be received after the current data on this site is published.



Priority Metrics

Desired Performance	Quality Target Measures	Unicoi County Hospital						Greenville Community Hospital							
		Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19	Baseline	FY18	Q1FY19	Q2FY19	Q3FY19	Q4FY19	FYTD19
↓ lower is better	PSI 3 Pressure Ulcer Rate	--	--	--	--	--	0.00	0.00	0.20	--	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 6 Iatrogenic Pneumothorax Rate	--	--	--	--	--	0.00	0.00	0.42	--	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	--	--	--	--	--	0.00	0.00	0.08	--	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 8 In Hospital Fall with Hip Fracture Rate	--	--	--	--	--	0.00	0.00	0.11	--	0.00	0.00	0.00	0.00	0.00
↓ lower is better	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	--	--	--	--	--	--	4.75	--	0.00	0.00	0.00	8.77	4.55
↓ lower is better	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--	--	--	--	1.11	--	0.00	0.00	--	0.00	0.00
↓ lower is better	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--	--	--	--	10.75	--	0.00	0.00	--	21.28	10.87
↓ lower is better	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--	--	--	--	5.27	--	0.00	0.00	0.00	16.26	8.55
↓ lower is better	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--	--	5.55	--	0.00	43.48	--	0.00	11.24
↓ lower is better	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--	--	--	--	2.21	--	0.00	0.00	--	0.00	0.00
↓ lower is better	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--	--	--	--	0.87	--	0.00	0.00	0.00	0.00	0.00
↓ lower is better	CLABSI	0.000	0.000	0.000	--	--	0.000	0.000	0.000	0.575	3.690	0.000	2.941	0.000	2.034
↓ lower is better	CAUTI	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
↓ lower is better	SSI COLON Surgical Site Infection	--	--	--	--	--	--	--	1.16	1.88	0.00	0.00	0.00	0.00	0.00
↓ lower is better	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	0.00	0.00	--	--	0.00	0.00	0.00
↓ lower is better	MRSA	--	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.233	0.000	0.220	0.000	0.123
↓ lower is better	CDIFF	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.283	0.319	0.000	0.000	0.465	0.743	0.262
<b>Quality Metrics</b>															
↓ lower is better	Levofloxacin Days Of Therapy per 1000 patient days	--	--	--	--	--	43.20	70.75	--	62.80	77.60	75.43	45.76	37.03	30.20
↓ lower is better	Meropenem Days Of Therapy per 1000 patient days	--	--	--	--	--	46.20	--	--	7.00	32.63	26.16	18.50	36.10	36.10
↓ lower is better	Inpatient Opioid Administration Rate by Patient Days	--	--	--	0.55	1.10	--	0.76	--	0.80	--	--	0.60	1.74	1.14
↓ lower is better	Emergency Department Opioid Administration Rate by ED Visits	--	--	--	0.12	0.14	--	0.13	--	0.07	--	--	0.06	0.18	0.10
↑ higher is better	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	86.0%	82.0%	82.0%	82.0%	86.0%	83.0%	--	84.0%	77.0%	76.0%	71.0%	76.0%	75.0%
↑ higher is better	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	83.0%	86.0%	85.0%	84.0%	80.0%	84.0%	--	82.0%	81.0%	80.0%	77.0%	80.0%	80.0%
↑ higher is better	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	75.0%	63.0%	42.0%	43.0%	55.0%	53.0%	--	70.0%	63.0%	58.0%	60.0%	65.0%	61.0%
↑ higher is better	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	87.0%	82.0%	80.0%	76.0%	88.0%	81.0%	--	91.0%	86.0%	85.0%	86.0%	90.0%	86.0%
↓ lower is better	Left without being seen	--	0.50%	1.02%	0.41%	0.20%	0.00%	0.41%	--	1.30%	0.74%	0.59%	0.80%	--	0.71%
↓ lower is better	Sepsis In House Mortality	--	--	--	--	--	--	--	--	--	4.2%	4.8%	0.0%	--	3.8%
↑ higher is better	SMB: Sepsis Management Bundle**	--	61.8%	66.7%	44.4%	60.0%	20.0%	50.0%	--	41.5%	57.6%	55.3%	48.5%	50.0%	53.3%
↓ lower is better	Median Time from ED Arrival to Departure for Outpatients (18b)**	--	124.0	134.0	147.0	114.0	120.0	129.5	--	136.5	128.8	152.5	123.5	136.5	131.5
↓ lower is better	Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	--	206.0	--	--	--	--	209.5	--	234.5	244.5	255.5	263.0	262.8	256.5

FY19: discharges dates July 2019 - May 2019

unless otherwise noted

\*\*FY19: discharge dates May 2018-March 2019

Quality Target Measures Baseline: FY17 Hospital Compare Posting

Quality Priority Measures Baseline: FY18

no data/no cases



**ATTACHMENT 9**

**QUALITY MEASURES BY FACILITY**

Desired Performance

Metric Rate		Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	PSI 3 Pressure Ulcer Rate	0.29	1.10	0.56	0.21	1.28	0.62	0.60	0.00	0.18
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.23	0.15	0.38	0.25	0.12	0.37	0.15	0.31
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.15	0.05	0.07	0.14	0.06	0.06	0.15	0.00	0.16
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07	0.08	0.10	0.07	0.05	0.10	0.09	0.23
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.76	1.59	4.14	1.77	1.76	4.50	0.63	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.02	1.06	1.27	1.00	1.02	1.22	1.22	1.69	1.87
↓	PSI 11 Postoperative Respiratory Failure Rate	14.40	8.34	7.64	14.31	8.24	8.00	15.16	9.75	3.94
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.51	3.03	5.42	3.41	3.13	4.84	4.62	2.13
↓	PSI 13 Postoperative Sepsis Rate	6.16	3.88	3.70	6.15	4.01	3.69	6.27	1.86	3.92
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.20	0.99	1.67	2.21	1.12	1.93	2.15	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.98	0.49	0.91	1.14	0.43	0.85	0.00	0.84
↓	CLABSI	0.77	0.65	0.53	0.82	0.70	0.56	0.00	0.22	0.28
↓	CAUTI	0.61	0.64	0.86	0.68	0.76	0.88	0.00	0.09	0.78
↓	SSI COLON Surgical Site Infection	1.17	1.90	2.11	1.12	2.08	2.54	2.00	0.00	0.00
↓	SSI HYST Surgical Site Infection	1.00	0.61	0.00	0.87	0.65	0.00	2.50	0.00	0.00
↓	MRSA	0.04	0.05	0.09	0.04	0.06	0.10	0.00	0.02	0.05
↓	CDIFF	0.59	0.62	0.36	0.59	0.65	0.40	0.49	0.47	0.11
<b>General Information-Structural Measures</b>										
YES	ACS REGISTRY - Retired	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry - Retired	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>SURVEY OF PATIENT'S EXPERIENCE</b>										
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	83%	83%	84%	83%	85%	83%	83%	79%	84%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14%	14%	12%	14%	12%	12%	13%	17%	13%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4%	4%	4%	3%	3%	5%	4%	4%	3%

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	84%	85%	81%	84%	83%	79%	85%	87%	84%
↓	HCOMP2U P Patients who reported that their doctors “Usually” communicated well	12%	11%	14%	12%	12%	14%	11%	10%	13%
↓	HCOMP2 SNP Patients who reported that their doctors “Sometimes” or “Never” communicated well	4%	4%	6%	4%	5%	7%	4%	4%	4%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	73%	75%	73%	73%	76%	72%	71%	75%	74%
↓	HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	21%	18%	19%	21%	18%	20%	21%	18%	19%
↓	HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	7%	7%	8%	6%	6%	8%	8%	7%	7%
↑	HCOMP4A P Patients who reported that their pain was “Always” well controlled - Suspended	74%	73%	--	75%	71%	--	73%	75%	--
↓	HCOMP4U P Patients who reported that their pain was “Usually” well controlled - Suspended	20%	19%	--	19%	20%	--	20%	18%	--
↓	HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled - Suspended	6%	8%	--	6%	9%	--	6%	7%	--
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	68%	73%	67%	68%	73%	68%	69%	72%	64%
↓	HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	16%	13%	14%	16%	13%	15%	15%	14%	12%
↓	HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	16%	14%	19%	16%	14%	17%	17%	15%	23%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87%	88%	85%	87%	89%	85%	87%	87%	85%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	13%	12%	15%	13%	11%	15%	13%	13%	15%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	55%	51%	48%	55%	52%	48%	53%	48%	48%
↓	HCOMP7A Patients who “Agree” they understood their care when they left the hospital	41%	43%	43%	40%	42%	43%	43%	45%	43%

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	5%	6%	4%	5%	5%	4%	4%	7%	5%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	74%	82%	78%	75%	82%	78%	72%	82%	79%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	17%	12%	14%	17%	12%	14%	18%	12%	12%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	9%	7%	8%	8%	7%	8%	10%	6%	8%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	67%	72%	68%	67%	73%	68%	65%	71%	70%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	27%	21%	24%	26%	20%	25%	28%	23%	23%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	7%	7%	7%	6%	8%	8%	7%	6%	7%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	8%	8%	10%	8%	7%	10%	8%	9%	9%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19%	15%	16%	17%	15%	17%	22%	16%	15%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73%	77%	74%	75%	78%	74%	69%	75%	76%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	74%	75%	71%	76%	77%	73%	69%	73%	67%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	22%	20%	23%	19%	18%	20%	26%	23%	29%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	5%	5%	5%	5%	5%	5%	5%	5%	3%
<b>CATARACT SURGERY OUTCOME %</b>										
↑	OP31 Cataracts Improvement - voluntary reporting		--	--	--	--	--	--	--	--
<b>COLONOSCOPY FOLLOWUP %</b>										
↑	OP29 Avg Risk Polyp Surveillance	0.76	0.79	0.78	0.81	0.89	0.89	0.61	0.70	0.67
↑	OP30 High risk Polyp Surveillance	0.78	0.82	0.84	0.72	0.81	0.83	0.93	0.82	0.86
<b>HEART ATTACK</b>										

Desired Performance	Metric Rate	Ballad Health			TN Ballad Health			VA Ballad Health		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
	<b>Quality Target Measures</b>									
↓	OP3b Median Time to Transfer AMI --- RETIRED	47.50	--	--	65.00	--	--	48.00	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	5.22	--	--	7.10	--	--	5.60	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report		--	--	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	0.97	0.94	--	0.98	--	--	0.97	--	--
<b>STROKE CARE %</b>										
↑	STK4 Thrombolytic Therapy --RETIRED	0.83	--	0.91	0.83	0.99	0.91	--	--	--
<b>EMERGENCY DEPARTMENT THROUGHPUT</b>										
	EDV Emergency Department Volume	--	--	--	--	--	--	--	--	--
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.29	210.49	223.47	231.50	233.00	238.13	214.60	221.50	217.86
↓	ED2b ED Decision to Transport	69.00	62.00	67.00	90.00	70.00	73.00	63.60	51.00	54.00
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	124.50	129.17	124.05	124.00	132.00	133.28	120.00	119.00	111.83
↓	OP20 Door to Diagnostic Evaluation RETIRED	15.09	16.34	--	--	--	--	13.20	--	--
↓	OP21 Time to pain medication for long bone fractures RETIRED	37.84	45.29	--	--	--	--	38.00	--	--
↑	OP22 Left without being seen	0.9%	0.6%	1.0%	0.9%	1.0%	1.2%	0.8%	0.3%	0.4%
↑	OP23 Head CT stroke patients	0.85	0.79	0.78	0.90	0.85	0.81	0.75	0.69	0.73
<b>PREVENTIVE CARE %</b>										
↑	IMM2 Immunization for Influenza	0.97	0.99	0.96	0.97	0.98	0.95	0.98	0.99	0.97
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	0.97	0.98	0.99	0.97	0.98	1.00	0.98	0.99	0.97
<b>BLOOD CLOT PREVENTION / TREATMENT</b>										
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	0.02	0.03	0.01	0.02	0.02	0.01	0.00	0.07	0.00
<b>PREGNANCY AND DELIVERY CARE %</b>										
↓	PC01 Elective Delivery	0.01	0.01	0.02	0.00	0.00	0.01	0.02	0.01	0.04
<b>SURGICAL COMPLICATIONS RATE</b>										
↓	Hip and Knee Complications	0.03	0.05	0.02	0.03	0.05	0.03	0.03	0.05	0.01
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.60	145.16	142.68	135.72	133.74	149.43	147.36	178.18	93.75
↓	PSI90 Complications / patient safety for selected indicators	0.83	0.93	0.91	0.92	0.89	0.93	0.85	0.97	0.89
<b>READMISSIONS 30 DAYS RATE%</b>										
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	11.8%	12.0%	12.6%	13.0%	11.8%	12.9%	10.6%	13.9%

Desired Performance

Metric Rate										
Ballad Health			TN Ballad Health			VA Ballad Health				
Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19		
<b>Quality Target Measures</b>										
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	11.0%	8.9%	8.9%	11.0%	8.9%	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	19.2%	17.8%	17.8%	20.0%	17.6%	18.2%	18.4%	18.5%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	4.8%	3.5%	3.4%	4.0%	3.5%	3.8%	5.5%	3.8%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	12.9%	11.0%	12.3%	12.2%	10.8%	12.0%	13.6%	12.0%
↓	READM30 STK Stroke 30day readmission rate	9.0%	13.5%	10.0%	9.4%	10.0%	10.3%	9.3%	17.0%	7.8%
↓	READM30HF Heart Failure 30Day readmissions rate	20.5%	23.8%	14.8%	19.7%	24.0%	14.5%	20.5%	23.6%	21.0%
↓	READM30PN Pneumonia 30day readmission rate	17.7%	15.9%	14.8%	17.0%	16.0%	14.7%	17.7%	15.8%	15.3%
<b>MORTALITY 30 DAYS DEATH RATE %</b>										
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.5%	1.5%	2.0%	2.5%	1.5%	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	1.8%	2.1%	2.3%	2.8%	2.3%	2.4%	1.0%	1.8%	2.1%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	5.0%	3.5%	7.1%	3.2%	3.5%	3.7%	6.8%	4.1%
↓	MORT30HF Heart failure 30day mortality rate	3.9%	3.3%	3.1%	5.3%	3.1%	3.2%	3.7%	3.4%	2.2%
↓	MORT30PN Pneumonia 30day mortality rate	4.7%	3.8%	4.3%	7.2%	4.4%	4.3%	2.6%	3.2%	4.1%
↓	MORT30STK Stroke 30day mortality rate	8.2%	4.5%	5.3%	10.4%	4.7%	5.7%	6.0%	4.3%	2.7%
<b>USE OF MEDICAL IMAGING OUTPATIENT</b>										
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	0.41	0.41	--	0.41	0.41	--	0.42	0.42	--
	OP9 Mammography Followup Rates - Annual	0.07	0.07	--	0.08	0.08	--	0.03	0.03	--
	OP10 Abdomen CT Use of Contrast Material - Annual	0.06	0.06	--	0.07	0.07	--	0.04	0.04	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.01	0.01	--	0.01	0.01	--	0.01	0.01	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.04	0.04	--	0.04	0.04	--	0.04	0.04	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.02	0.01	--	0.01	0.01	--	0.01	0.01	--

Desired Performance

Metric Rate		Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	PSI 3 Pressure Ulcer Rate	0.36	3.21	1.67	0.07	0.00	0.16	0.35	2.28	0.79
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.51	0.48	0.00	0.33	0.25	0.18	0.32	0.07	0.10
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.00	0.11	0.16	0.09	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.07	0.00	0.09	0.00	0.16	0.09	0.16	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.04	0.92	1.72	3.60	1.13	1.25	4.72	4.54	2.86
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.87	1.57	0.40	1.08	1.28	2.11	0.97	0.48	2.11
↓	PSI 11 Postoperative Respiratory Failure Rate	16.84	6.40	10.07	11.98	6.57	5.67	16.50	10.75	10.53
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.78	3.77	2.52	5.90	3.63	3.48	4.59	2.42	3.08
↓	PSI 13 Postoperative Sepsis Rate	5.97	3.57	3.74	8.30	3.00	1.63	3.65	3.57	4.55
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.56	1.70	1.26	2.01	1.54	2.31	2.03	0.00	4.32
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.80	1.59	0.00	0.79	0.74	0.00	1.22	1.25	1.70
↓	CLABSI	0.68	0.33	0.39	1.08	1.13	1.04	1.20	0.72	0.12
↓	CAUTI	0.94	0.50	0.31	1.00	1.50	2.51	0.82	0.96	1.11
↓	SSI COLON Surgical Site Infection	1.36	1.28	4.38	1.91	1.52	5.38	0.00	1.33	0.00
↓	SSI HYST Surgical Site Infection	0.64	0.29	0.00	2.50	0.00	0.00	0.00	1.59	0.00
↓	MRSA	0.01	0.03	0.08	0.05	0.07	0.14	0.06	0.09	0.09
↓	CDIFF	0.74	1.06	0.49	0.53	0.50	0.28	0.72	0.74	0.34
<b>General Information-Structural Measures</b>										
YES	ACS REGISTRY - Retired	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry - Retired	No	No	Yes	Yes	Yes	Yes	No	No	Yes
YES	SMSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	No	No	Yes	Yes	Yes	Yes	No	No	Yes
YES	OP17 Tracking Clinical Results Between Visits	No	No	Yes	Yes	Yes	Yes	No	No	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>SURVEY OF PATIENT'S EXPERIENCE</b>										
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	81%	81%	80%	77%	77%	75%	82%	86%	82%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	16%	13%	13%	17%	17%	19%	14%	13%	12%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3%	6%	7%	6%	6%	6%	4%	1%	7%



Desired Performance

Metric Rate		Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	82%	81%	80%	77%	76%	75%	84%	83%	81%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	15%	12%	13%	18%	17%	18%	14%	15%	12%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3%	7%	7%	5%	7%	8%	2%	2%	7%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	66%	66%	63%	66%	63%	62%	69%	76%	65%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	26%	24%	25%	25%	26%	27%	23%	20%	24%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	8%	10%	12%	9%	11%	11%	8%	5%	12%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	73%	72%	--	66%	65%	--	74%	80%	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	21%	20%	--	25%	26%	--	21%	20%	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6%	8%	--	9%	9%	--	5%	0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63%	67%	63%	60%	60%	58%	67%	75%	66%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	17%	16%	16%	18%	18%	18%	17%	13%	13%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	20%	17%	21%	22%	22%	24%	16%	12%	21%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87%	90%	88%	84%	86%	86%	88%	87%	88%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	13%	10%	12%	16%	14%	14%	12%	13%	12%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54%	54%	48%	48%	46%	45%	53%	56%	49%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40%	42%	43%	47%	47%	44%	42%	41%	42%



Desired Performance	Metric Rate	Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	6%	4%	4%	5%	7%	7%	5%	3%	4%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	66%	67%	64%	62%	65%	63%	62%	85%	69%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	21%	19%	20%	24%	20%	22%	22%	12%	19%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	13%	14%	17%	14%	15%	15%	16%	3%	12%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	63%	65%	63%	52%	50%	48%	65%	68%	68%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	29%	24%	25%	37%	36%	36%	28%	22%	23%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	8%	11%	12%	11%	14%	16%	7%	10%	10%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7%	7%	9%	10%	13%	15%	7%	7%	9%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19%	18%	22%	24%	23%	24%	16%	17%	22%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	74%	75%	68%	66%	64%	62%	77%	76%	69%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	78%	80%	73%	65%	63%	60%	78%	80%	72%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	19%	16%	21%	29%	29%	31%	19%	16%	22%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3%	4%	4%	6%	8%	5%	3%	4%	3%
<b>CATARACT SURGERY OUTCOME %</b>										
↑	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
<b>COLONOSCOPY FOLLOWUP %</b>										
↑	OP29 Avg Risk Polyp Surveillance	--	0.74	0.76	0.67	1.00	1.00	0.57	0.73	0.62
↑	OP30 High risk Polyp Surveillance	0.62	0.89	0.97	0.68	1.00	0.81	0.46	0.45	0.48
<b>HEART ATTACK</b>										

Desired Performance

Metric Rate											
			Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
			Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>											
↓	OP3b Median Time to Transfer AMI --- RETIRED		--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED		--	--	--	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report		--	--	--	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED		--	--	--	--	--	--	--	--	--
<b>STROKE CARE %</b>											
↑	STK4 Thrombolytic Therapy --RETIRED		--	0.84	1.00	--	0.83	0.75	--	1.00	1.00
<b>EMERGENCY DEPARTMENT THROUGHPUT</b>											
	EDV Emergency Department Volume		Very High	Very High	Very High	Very High	Very High	Very High	High	High	High
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		340.00	430.00	440.00	245.00	259.00	293.00	255.00	278.50	288.00
↓	ED2b ED Decision to Transport		186.00	176.00	193.00	95.00	91.00	113.00	96.00	84.50	117.00
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		153.00	165.00	177.00	152.00	152.50	165.50	147.00	153.75	150.00
↓	OP20 Door to Diagnostic Evaluation RETIRED		--	--	--	--	--	--	--	--	--
↓	OP21 Time to pain medication for long bone fractures RETIRED		--	--	--	--	--	--	--	--	--
↑	OP22 Left without being seen		1.0%	2.1%	2.1%	1.0%	0.9%	1.2%	1.0%	0.4%	1.1%
↑	OP23 Head CT stroke patients		0.79	0.89	0.75	--	0.67	0.75	--	1.00	1.00
<b>PREVENTIVE CARE %</b>											
↑	IMM2 Immunization for Influenza		0.95	0.99	0.96	0.98	0.98	0.98	0.96	0.99	0.98
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination		0.92	0.92	--	1.00	1.00	--	0.99	0.99	1.00
<b>BLOOD CLOT PREVENTION / TREATMENT</b>											
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting		--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE		0.03	0.02	0.00	0.00	0.02	0.00	0.03	0.00	0.00
<b>PREGNANCY AND DELIVERY CARE %</b>											
↓	PC01 Elective Delivery		0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>SURGICAL COMPLICATIONS RATE</b>											
↓	Hip and Knee Complications		0.03	--	--	0.03	0.02	0.02	0.03	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications		130.24	185.19	151.96	153.53	192.16	182.19	123.34	204.92	143.79
↓	PSI90 Complications / patient safety for selected indicators		1.07	0.80	0.82	0.89	1.16	0.67	0.81	0.81	0.86
<b>READMISSIONS 30 DAYS RATE%</b>											
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate		8.5%	13.0%	9.9%	13.5%	14.0%	13.3%	8.9%	12.5%	11.4%

Desired Performance

Metric Rate		Holston Valley Medical Center			Johnson City Medical Center			Bristol Regional Medical Center		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.0%	8.0%	8.5%	8.7%	12.0%	8.8%	10.0%	6.0%	9.4%
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	19.7%	21.0%	20.9%	20.1%	20.0%	18.1%	20.1%	22.0%	21.2%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	4.2%	4.0%	2.7%	3.0%	3.0%	3.0%	1.8%	5.0%	4.8%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.7%	12.0%	9.9%	10.6%	13.0%	12.6%	13.1%	12.0%	11.2%
↓	READM30 STK Stroke 30day readmission rate	14.6%	10.0%	10.0%	9.4%	9.0%	11.9%	13.4%	10.0%	8.6%
↓	READM30HF Heart Failure 30Day readmissions rate	21.6%	22.0%	19.3%	22.6%	26.0%	24.1%	22.6%	23.0%	15.8%
↓	READM30PN Pneumonia 30day readmission rate	19.4%	17.0%	15.0%	18.8%	18.0%	15.6%	14.7%	20.0%	16.5%
<b>MORTALITY 30 DAYS DEATH RATE %</b>										
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	1.4%	2.4%	2.4%	1.2%	2.8%	1.5%	3.3%	2.3%	0.6%
↓	MORT30 COPD 30day mortality rate COPD patients	1.4%	2.3%	2.9%	2.3%	3.1%	3.4%	0.0%	2.2%	1.8%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	2.4%	2.6%	4.8%	3.6%	3.1%	3.8%	3.5%	4.8%
↓	MORT30HF Heart failure 30day mortality rate	3.8%	2.6%	2.4%	4.2%	5.0%	4.5%	3.7%	1.6%	3.5%
↓	MORT30PN Pneumonia 30day mortality rate	2.6%	5.4%	4.5%	5.1%	5.4%	5.8%	3.4%	3.9%	4.9%
↓	MORT30STK Stroke 30day mortality rate	17.4%	3.3%	2.5%	7.7%	7.9%	9.7%	15.0%	2.9%	2.7%
<b>USE OF MEDICAL IMAGING OUTPATIENT</b>										
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	0.43	0.43	--	0.35	0.35	--	0.43	0.43	--
	OP9 Mammography Followup Rates - Annual	0.03	0.03	--	0.06	0.06	--	0.09	0.09	--
	OP10 Abdomen CT Use of Contrast Material - Annual	0.14	0.14	--	0.05	0.05	--	0.04	0.04	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.00	0.00	--	0.00	0.00	--	0.00	0.00	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.04	0.04	--	0.03	0.03	--	0.04	0.04	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.01	0.01	--	0.03	0.03	--	0.01	0.01	--

Desired Performance

Metric Rate		Indian Path Community Hospital			Greeneville Community Hospital			Franklin Woods Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	PSI 3 Pressure Ulcer Rate	0.16	0.00	0.00	0.18	--	0.00	0.20	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.41	0.26	0.42	0.38	--	0.00	0.38	0.24	0.36
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.14	0.34	0.00	0.15	--	0.00	0.15	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.10	--	0.00	0.10	0.24	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.78	0.00	0.00	4.52	--	0.00	4.37	2.45	3.73
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.10	0.00	0.00	1.10	--	0.00	1.09	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	12.36	7.69	0.00	8.98	--	0.00	12.09	17.02	6.71
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.75	4.30	4.80	5.06	--	0.00	3.72	2.34	6.98
↓	PSI 13 Postoperative Sepsis Rate	5.90	10.23	6.33	5.43	--	22.73	6.54	8.35	6.56
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.21	0.00	0.00	2.21	--	0.00	2.16	1.79	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.86	0.00	0.00	0.86	--	0.00	0.85	0.87	0.00
↓	CLABSI	0.00	0.00	0.00	0.00	0.57	2.05	0.00	0.91	0.00
↓	CAUTI	0.00	0.00	0.00	0.00	0.00	0.00	0.43	0.43	0.00
↓	SSI COLON Surgical Site Infection	0.00	1.69	2.08	1.16	1.88	0.00	1.50	5.11	3.09
↓	SSI HYST Surgical Site Infection	7.14	0.00	0.00	--	--	0.00	0.00	1.20	0.00
↓	MRSA	0.08	0.05	0.00	0.00	0.00	0.12	0.04	0.00	0.06
↓	CDIFF	0.81	0.51	0.94	0.28	0.32	0.38	0.26	0.25	0.46
<b>General Information-Structural Measures</b>										
YES	ACS REGISTRY - Retired	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
YES	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
YES	SMPART NURSE Nursing Care Registry - Retired	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
YES	SMSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>SURVEY OF PATIENT'S EXPERIENCE</b>										
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82%	80%	80%	81%	--	75%	84%	84%	81%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	14%	16%	14%	16%	--	18%	13%	12%	14%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	4%	4%	5%	3%	--	7%	3%	4%	4%

Desired Performance

Metric Rate		Indian Path Community Hospital			Greeneville Community Hospital			Franklin Woods Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	85%	83%	82%	85%	--	80%	84%	82%	84%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	10%	13%	13%	13%	--	14%	15%	14%	12%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	5%	4%	5%	2%	--	7%	4%	4%	4%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	65%	66%	60%	73%	--	65%	72%	72%	67%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	25%	25%	30%	22%	--	24%	21%	21%	23%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10%	9%	10%	5%	--	11%	7%	7%	10%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	72%	75%	--	70%	--	--	76%	73%	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	22%	21%	--	22%	--	--	19%	22%	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6%	4%	--	8%	--	--	5%	5%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	63%	64%	65%	61%	--	60%	68%	70%	67%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	18%	17%	16%	20%	--	19%	16%	15%	17%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	19%	19%	18%	19%	--	21%	16%	15%	16%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86%	87%	88%	88%	--	85%	88%	87%	88%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14%	13%	12%	12%	--	15%	12%	13%	12%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	55%	51%	49%	50%	--	43%	61%	52%	55%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40%	44%	41%	45%	--	46%	34%	41%	37%

Desired Performance	Metric Rate	Indian Path Community Hospital			Greeneville Community Hospital			Franklin Woods Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
		<b>Quality Target Measures</b>								
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	5%	5%	5%	5%	--	6%	5%	7%	4%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	74%	81%	81%	70%	--	66%	83%	84%	78%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	16%	14%	13%	18%	--	20%	13%	11%	16%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	10%	5%	6%	12%	--	14%	4%	5%	6%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	66%	66%	61%	64%	--	60%	74%	72%	71%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	28%	27%	31%	30%	--	30%	22%	19%	25%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	6%	7%	8%	9%	--	10%	4%	9%	4%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	8%	8%	7%	6%	--	13%	4%	5%	7%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	19%	16%	24%	17%	--	22%	14%	14%	17%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73%	76%	69%	77%	--	65%	82%	81%	77%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	78%	79%	75%	76%	--	58%	85%	72%	81%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	17%	16%	19%	22%	--	33%	13%	23%	16%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	5%	5%	4%	2%	--	5%	2%	5%	3%
<b>CATARACT SURGERY OUTCOME %</b>										
↑	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
<b>COLONOSCOPY FOLLOWUP %</b>										
↑	OP29 Avg Risk Polyp Surveillance	--	1.00	1.00	0.86	--	0.87	0.78	1.00	0.73
↑	OP30 High risk Polyp Surveillance	0.73	1.00	0.83	0.89	0.00	0.85	1.00	0.97	0.87
<b>HEART ATTACK</b>										



Desired Performance

Metric Rate									
Indian Path Community Hospital			Greenville Community Hospital			Franklin Woods Community Hospital			
Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	
<b>Quality Target Measures</b>									
↓	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--	--	--
<b>STROKE CARE %</b>									
↑	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--
<b>EMERGENCY DEPARTMENT THROUGHPUT</b>									
	EDV Emergency Department Volume	Medium	Medium	Medium	Medium	Medium	Medium	Medium	Medium
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	220.00	219.50	203.00	206.00	194.00	255.50	234.00	240.00
↓	ED2b ED Decision to Transport	78.00	65.75	56.00	48.90	55.50	70.50	70.00	73.50
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	121.00	130.75	122.00	124.00	109.00	128.80	130.00	147.50
↓	OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--
↓	OP21 Time to pain medication for long bone fractures RETIRED	--	--	--	--	--	--	--	--
↑	OP22 Left without being seen	1.0%	0.9%	1.8%	1.0%	0.6%	0.7%	1.0%	0.6%
↑	OP23 Head CT stroke patients	--	0.56	0.75	1.00	1.00	0.67	--	1.00
<b>PREVENTIVE CARE %</b>									
↑	IMM2 Immunization for Influenza	0.99	1.00	1.00	0.96	0.98	0.84	0.99	1.00
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	0.98	0.98	--	0.99	0.99	--	0.98	0.98
<b>BLOOD CLOT PREVENTION / TREATMENT</b>									
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	--	0.00	0.00	--	0.00	0.14	--	0.14
<b>PREGNANCY AND DELIVERY CARE %</b>									
↓	PC01 Elective Delivery	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.00
<b>SURGICAL COMPLICATIONS RATE</b>									
↓	Hip and Knee Complications	0.04	0.06	0.11	0.03	--	--	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	135.61	68.18	28.57	135.88	147.65	--	154.45	27.03
↓	PSI90 Complications / patient safety for selected indicators	0.87	1.00	0.85	1.09	0.98	1.06	0.82	0.91
<b>READMISSIONS 30 DAYS RATE%</b>									
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	10.4%	12.0%	3.7%	16.6%	18.1%	--	3.6%	0.0%

Desired Performance

Metric Rate		Indian Path Community Hospital			Greeneville Community Hospital			Franklin Woods Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.4%	14.0%	10.8%	19.8%	--	1.0%	10.1%	20.0%	12.7%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.4%	2.0%	7.0%	3.8%	--	--	--	--	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.5%	10.0%	7.5%	16.3%	--	3.3%	4.6%	10.0%	8.8%
↓	READM30 STK Stroke 30day readmission rate	6.2%	8.0%	8.3%	12.1%	--	14.3%	0.0%	0.0%	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate	18.1%	16.0%	14.1%	24.2%	--	3.7%	9.7%	33.0%	21.8%
↓	READM30PN Pneumonia 30day readmission rate	14.8%	14.0%	16.6%	18.3%	--	11.1%	16.3%	16.0%	12.2%
<b>MORTALITY 30 DAYS DEATH RATE %</b>										
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	2.0%	1.5%	3.4%	6.9%	0.0%	0.0%	2.6%	1.1%	1.9%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.5%	3.8%	5.0%	14.7%	0.0%	0.0%	--	0.0%	0.0%
↓	MORT30HF Heart failure 30day mortality rate	2.2%	1.8%	3.0%	15.4%	1.0%	3.7%	2.1%	2.5%	0.0%
↓	MORT30PN Pneumonia 30day mortality rate	2.0%	4.0%	3.0%	19.9%	0.0%	2.9%	2.0%	2.7%	2.6%
↓	MORT30STK Stroke 30day mortality rate	3.3%	0.0%	0.0%	14.1%	0.0%	0.0%	--	--	0.0%
<b>USE OF MEDICAL IMAGING OUTPATIENT</b>										
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	0.48	0.48	--	0.34	0.34	--
	OP9 Mammography Followup Rates - Annual	0.06	0.06	--	0.18	0.18	--	--	--	--
	OP10 Abdomen CT Use of Contrast Material - Annual	0.08	0.08	--	0.07	0.07	--	0.13	0.13	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.00	0.00	--	0.03	0.03	--	0.00	0.00	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.02	0.02	--	0.04	0.04	--	0.02	0.02	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	--	--	--	0.02	0.02	--	--	--	--



Desired Performance

Metric Rate		Sycamore Shoals Hospital			Unicoi County Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	PSI 3 Pressure Ulcer Rate	0.19	0.00	0.00	0.24	--	--	0.23	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.38	0.00	0.00	0.39	--	--	0.39	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.00	0.00	0.00	--	--	--	--	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.10	--	--	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.66	0.00	0.00	4.75	--	--	0.00	--	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.11	0.00	0.00	--	--	--	--	--	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	13.37	4.63	0.00	--	--	--	--	--	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.98	4.57	0.00	4.26	--	--	--	--	0.00
↓	PSI 13 Postoperative Sepsis Rate	6.67	4.65	6.25	--	--	--	--	--	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00	0.00	--	--	--	--	--	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00	0.00	--	--	--	--	12.99	0.00
↓	CLABSI	0.90	1.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	CAUTI	0.00	0.46	0.00	0.00	0.00	0.00	0.00	1.62	0.00
↓	SSI COLON Surgical Site Infection	3.23	3.13	4.35	--	--	--	0.00	0.00	--
↓	SSI HYST Surgical Site Infection	0.00	0.00	0.00	--	--	--	--	--	--
↓	MRSA	0.07	0.13	0.10	0.00	0.00	0.00	0.00	0.00	0.00
↓	CDIFF	0.60	0.67	0.38	0.00	0.00	0.00	0.00	0.26	0.35
<b>General Information-Structural Measures</b>										
YES	ACS REGISTRY - Retired	Yes	Yes	Yes	No	No	No	No	No	No
YES	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
YES	SMPART NURSE Nursing Care Registry - Retired	Yes	Yes	Yes	No	No	No	No	No	No
YES	SMSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>SURVEY OF PATIENT'S EXPERIENCE</b>										
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85%	78%	83%	79%	86%	82%	87%	84%	83%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	12%	17%	14%	18%	13%	13%	11%	11%	10%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3%	5%	4%	3%	1%	5%	2%	5%	7%

Desired Performance

Metric Rate		Sycamore Shoals Hospital			Unicoi County Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	86%	80%	83%	80%	83%	85%	92%	80%	80%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11%	15%	12%	12%	15%	13%	7%	10%	13%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3%	5%	5%	8%	2%	2%	1%	10%	7%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	82%	69%	75%	71%	76%	75%	78%	76%	72%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	13%	22%	20%	23%	19%	18%	20%	16%	19%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	5%	9%	6%	6%	5%	7%	2%	8%	8%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	75%	67%	--	71%	80%	--	81%	68%	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	19%	26%	--	25%	20%	--	13%	18%	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6%	7%	--	4%	0%	--	6%	14%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	73%	64%	66%	68%	75%	52%	83%	70%	75%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	14%	16%	18%	12%	13%	27%	10%	17%	6%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	13%	20%	17%	20%	12%	21%	7%	13%	19%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86%	86%	85%	76%	87%	79%	92%	87%	85%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14%	14%	15%	24%	13%	21%	8%	13%	15%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	59%	45%	44%	47%	56%	53%	55%	51%	46%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	38%	45%	47%	48%	41%	38%	41%	45%	43%

Desired Performance	Metric Rate	Sycamore Shoals Hospital			Unicoi County Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
		<b>Quality Target Measures</b>								
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	3%	9%	5%	5%	3%	5%	4%	4%	4%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	82%	81%	81%	72%	85%	84%	86%	78%	79%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	13%	13%	14%	23%	12%	13%	9%	10%	16%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	5%	6%	5%	5%	3%	3%	5%	12%	4%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	73%	65%	64%	68%	72%	72%	74%	76%	74%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	23%	28%	28%	23%	19%	23%	21%	14%	17%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	4%	7%	8%	9%	9%	5%	5%	9%	8%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	4%	8%	6%	12%	4%	6%	5%	9%	6%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	17%	21%	15%	21%	22%	5%	21%	19%	23%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	79%	71%	78%	67%	74%	89%	74%	72%	71%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	78%	71%	73%	62%	72%	81%	76%	67%	72%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	18%	23%	22%	28%	23%	16%	21%	28%	23%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4%	6%	2%	10%	5%	3%	3%	5%	4%
<b>CATARACT SURGERY OUTCOME %</b>										
↑	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
<b>COLONOSCOPY FOLLOWUP %</b>										
↑	OP29 Avg Risk Polyp Surveillance	1.00	1.00	1.00	0.00	0.33	--	0.97	1.00	1.00
↑	OP30 High risk Polyp Surveillance	0.75	0.84	0.78	0.27	0.00	--	0.95	0.97	0.93
<b>HEART ATTACK</b>										

Desired Performance	Metric Rate	Sycamore Shoals Hospital			Unicoi County Hospital			Hawkins County Memorial Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--	--	--	--
<b>STROKE CARE %</b>										
↑	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
<b>EMERGENCY DEPARTMENT THROUGHPUT</b>										
	EDV Emergency Department Volume	Medium	Medium	Medium	Low	Low	Low	Low	Low	Low
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	210.00	221.25	211.00	209.00	206.00	209.50	175.00	214.25	232.00
↓	ED2b ED Decision to Transport	69.00	75.50	70.50	42.90	49.80	52.00	49.00	46.50	69.00
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	124.00	125.25	115.00	119.00	124.00	133.50	80.00	86.00	86.00
↓	OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--	--
↓	OP21 Time to pain medication for long bone fractures RETIRED	--	--	--	--	--	--	--	--	--
↑	OP22 Left without being seen	1.0%	0.7%	0.6%	1.0%	0.5%	0.5%	0.0%	0.1%	0.3%
↑	OP23 Head CT stroke patients	--	0.67	0.83	--	--	0.00	--	--	1.00
<b>PREVENTIVE CARE %</b>										
↑	IMM2 Immunization for Influenza	0.98	1.00	1.00	0.93	0.92	0.44	0.97	1.00	1.00
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	0.98	0.98	--	0.98	0.98	--	0.98	0.98	--
<b>BLOOD CLOT PREVENTION / TREATMENT</b>										
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	--	0.00	0.00	--	--	--	--	--	--
<b>PREGNANCY AND DELIVERY CARE %</b>										
↓	PC01 Elective Delivery	--	--	--	--	--	--	--	--	--
<b>SURGICAL COMPLICATIONS RATE</b>										
↓	Hip and Knee Complications	0.04	0.07	0.05	--	--	--	--	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	125.00	125.00	125.00	--	--	--	--	--	--
↓	PSI90 Complications / patient safety for selected indicators	0.87	0.99	0.87	0.82	0.99	--	0.88	0.96	0.95
<b>READMISSIONS 30 DAYS RATE%</b>										
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	17.9%	0.0%	41.7%	--	--	--	--	0.0%	0.0%

Desired Performance

Metric Rate	Sycamore Shoals Hospital			Unicoi County Hospital			Hawkins County Memorial Hospital		
	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>									
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	14.6%	19.0%	20.7%	--	--	--	18.6%	11.0%	5.9%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.3%	5.0%	7.8%	--	--	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	10.4%	15.0%	16.4%	--	--	--	14.6%	14.0%	12.6%
↓ READM30 STK Stroke 30day readmission rate	7.2%	17.0%	10.0%	--	--	--	--	11.0%	0.0%
↓ READM30HF Heart Failure 30Day readmissions rate	7.2%	25.0%	28.5%	--	--	--	21.1%	15.0%	12.8%
↓ READM30PN Pneumonia 30day readmission rate	--	15.0%	10.0%	--	--	--	16.8%	11.0%	14.3%
<b>MORTALITY 30 DAYS DEATH RATE %</b>									
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓ MORT30 COPD 30day mortality rate COPD patients	0.7%	2.9%	1.9%	--	--	--	0.0%	0.0%	2.3%
↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	10.0%	3.6%	8.0%	--	--	--	--	0.0%	25.0%
↓ MORT30HF Heart failure 30day mortality rate	3.5%	2.6%	2.0%	--	--	--	0.0%	1.4%	0.0%
↓ MORT30PN Pneumonia 30day mortality rate	3.8%	3.5%	3.0%	15.2%	--	--	2.6%	7.4%	1.0%
↓ MORT30STK Stroke 30day mortality rate	0.0%	2.9%	4.3%	--	--	--	--	--	0.0%
<b>USE OF MEDICAL IMAGING OUTPATIENT</b>									
OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	--	--	--	--	--	--
OP9 Mammography Followup Rates - Annual	0.07	0.07	--	0.05	0.06	--	0.04	0.04	--
OP10 Abdomen CT Use of Contrast Material - Annual	0.03	0.03	--	0.05	0.09	--	0.06	0.06	--
OP11 Thorax CT Use of Contrast Material - Annual	0.01	0.01	--	0.00	0.00	--	0.03	0.03	--
OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.00	0.00	--	--	--	--	--	--	--
OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.01	0.01	--	0.01	0.01	--	--	--	--

Desired Performance

Metric Rate		Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	PSI 3 Pressure Ulcer Rate	0.97	0.00	0.36	0.20	0.00	0.00	0.21	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.34	0.14	0.22	0.38	0.54	0.00	0.44	0.00	1.79
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.13	0.00	0.35	0.15	0.00	0.00	0.16	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.16	0.48	0.10	0.00	0.00	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.50	0.85	0.00	4.96	0.00	0.00	4.69	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.29	2.92	3.52	1.10	0.00	0.00	1.12	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.39	14.28	3.88	12.33	15.87	15.38	10.64	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.96	5.79	3.34	5.39	0.00	0.00	4.14	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	6.59	0.00	0.00	5.59	0.00	15.38	5.82	0.00	21.74
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.10	0.00	0.00	2.21	0.00	0.00	2.23	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.83	0.00	1.34	0.87	0.00	0.00	0.87	0.00	0.00
↓	CLABSI	0.01	0.00	0.55	0.00	0.00	0.00	0.00	0.00	0.00
↓	CAUTI	0.00	0.00	0.82	0.00	0.00	0.57	0.00	1.21	2.40
↓	SSI COLON Surgical Site Infection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	SSI HYST Surgical Site Infection	0.00	0.00	0.00	0.00	0.00	0.00	5.56	0.00	0.00
↓	MRSA	0.00	0.00	0.05	0.00	0.00	0.14	0.00	0.00	0.00
↓	CDIFF	1.05	0.55	0.05	0.27	0.30	0.00	0.32	0.37	0.91
<b>General Information-Structural Measures</b>										
YES	ACS REGISTRY - Retired	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
YES	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
YES	SMPART NURSE Nursing Care Registry - Retired	No	No	Yes	No	No	Yes	No	No	No
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
<b>SURVEY OF PATIENT'S EXPERIENCE</b>										
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	77%	77%	77%	82%	83%	83%	83%	83%	83%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	17%	18%	17%	14%	14%	13%	12%	9%	12%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	6%	5%	6%	4%	4%	4%	5%	8%	5%

Desired Performance

Metric Rate		Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	80%	79%	80%	85%	82%	81%	82%	83%	84%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	14%	16%	15%	11%	15%	13%	13%	10%	9%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	6%	5%	5%	4%	3%	5%	5%	7%	7%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	60%	53%	60%	70%	66%	71%	72%	79%	79%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	27%	32%	27%	22%	24%	20%	20%	14%	13%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	13%	15%	14%	8%	10%	10%	8%	7%	8%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	68%	62%	--	71%	60%	--	75%	79%	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	23%	26%	--	22%	31%	--	18%	11%	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	9%	11%	--	7%	9%	--	7%	10%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	61%	60%	57%	66%	65%	67%	71%	76%	71%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	16%	20%	21%	14%	18%	12%	13%	11%	12%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	23%	20%	23%	20%	17%	21%	16%	13%	17%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	86%	87%	87%	88%	80%	85%	86%	86%	85%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	14%	13%	13%	12%	20%	15%	14%	14%	15%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	49%	46%	44%	53%	45%	49%	51%	47%	44%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	45%	47%	47%	42%	48%	42%	44%	47%	44%



Desired Performance

Metric Rate											
			Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
			Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>											
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital		6%	6%	5%	5%	6%	6%	5%	6%	5%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean		68%	68%	78%	71%	77%	76%	72%	80%	81%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean		20%	19%	15%	18%	15%	17%	17%	12%	10%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean		12%	13%	7%	11%	8%	7%	11%	8%	9%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night		60%	61%	65%	61%	57%	61%	66%	74%	77%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night		32%	31%	28%	28%	33%	30%	27%	18%	13%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night		8%	8%	8%	11%	10%	10%	7%	8%	9%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)		12%	11%	10%	8%	10%	12%	7%	7%	6%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)		20%	21%	21%	19%	20%	15%	23%	23%	19%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)		68%	68%	69%	73%	70%	73%	70%	69%	75%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital		65%	65%	66%	73%	66%	66%	70%	72%	71%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital		28%	28%	28%	21%	28%	28%	24%	22%	21%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital		7%	7%	4%	6%	6%	4%	6%	6%	6%
<b>CATARACT SURGERY OUTCOME %</b>											
↑	OP31 Cataracts Improvement - voluntary reporting		--	--	--	--	--	--	--	--	--
<b>COLONOSCOPY FOLLOWUP %</b>											
↑	OP29 Avg Risk Polyp Surveillance		1.00	1.00	1.00	0.13	1.00	1.00	0.31	0.30	0.24
↑	OP30 High risk Polyp Surveillance		1.00	1.00	1.00	1.00	1.00	1.00	0.70	0.60	0.69
<b>HEART ATTACK</b>											



Desired Performance

Metric Rate											
			Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital		
			Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>											
↓	OP3b Median Time to Transfer AMI --- RETIRED		--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED		--	--	--	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report		--	--	--	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED		1.00	--	--	0.94	--	--	0.95	--	--
<b>STROKE CARE %</b>											
↑	STK4 Thrombolytic Therapy --RETIRED		--	--	--	--	--	--	--	--	--
<b>EMERGENCY DEPARTMENT THROUGHPUT</b>											
	EDV Emergency Department Volume		High	High	High	Medium	Medium	Medium	Medium	Medium	Medium
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)		272.00	251.00	238.00	244.00	225.00	224.00	213.00	241.50	251.50
↓	ED2b ED Decision to Transport		112.00	89.50	81.50	69.00	60.25	59.00	53.00	56.50	67.50
↓	Median Time from ED Arrival to Departure for Outpatients (18b)		143.00	151.50	136.50	154.00	144.75	142.50	120.00	129.00	119.50
↓	OP20 Door to Diagnostic Evaluation RETIRED		11.00	--	--	14.00	--	--	23.00	--	--
↓	OP21 Time to pain medication for long bone fractures RETIRED		28.00	--	--	53.00	--	--	64.00	--	--
↑	OP22 Left without being seen		1.0%	0.2%	0.4%	1.0%	0.2%	0.5%	0.0%	0.1%	0.2%
↑	OP23 Head CT stroke patients		0.75	0.73	0.73	--	0.57	0.83	--	0.57	0.89
<b>PREVENTIVE CARE %</b>											
↑	IMM2 Immunization for Influenza		0.97	0.96	0.94	0.99	0.99	0.99	0.96	0.99	0.99
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination		0.99	0.99	--	0.97	0.99	--	0.99	0.99	--
<b>BLOOD CLOT PREVENTION / TREATMENT</b>											
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting		--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE		0.00	0.00	0.00	--	0.00	0.00	--	0.00	--
<b>PREGNANCY AND DELIVERY CARE %</b>											
↓	PC01 Elective Delivery		0.00	0.04	0.06	0.00	0.00	0.05	0.05	0.00	0.00
<b>SURGICAL COMPLICATIONS RATE</b>											
↓	Hip and Knee Complications		0.03	0.05	0.01	--	--	0.00	0.00	0.00	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications		147.36	206.35	114.29	--	150.00	0.00	--	--	0.00
↓	PSI90 Complications / patient safety for selected indicators		0.75	--	0.90	0.89	--	0.99	0.89	0.97	0.99
<b>READMISSIONS 30 DAYS RATE%</b>											
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate		12.1%	8.0%	14.9%	2.4%	5.9%	12.5%	17.2%	--	0.0%

Desired Performance

Metric Rate										
Johnston Memorial Hospital			Norton Community Hospital			Lonesome Pine Hospital				
Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19		
<b>Quality Target Measures</b>										
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	16.6%	--	--	--	--	--	--	--	
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	16.6%	24.0%	21.2%	14.8%	19.0%	16.4%	28.4%	15.0%	7.3%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7.3%	2.0%	1.1%	0.0%	0.0%	0.0%	--	11.0%	15.4%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	11.5%	14.0%	12.3%	9.2%	12.0%	10.8%	16.5%	13.0%	7.8%
↓	READM30 STK Stroke 30day readmission rate	9.9%	14.0%	10.1%	10.0%	12.0%	3.8%	--	0.0%	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate	16.6%	24.0%	20.1%	20.1%	14.0%	19.3%	32.5%	31.0%	18.0%
↓	READM30PN Pneumonia 30day readmission rate	18.9%	16.0%	18.6%	16.1%	14.0%	13.4%	24.8%	25.0%	8.6%
<b>MORTALITY 30 DAYS DEATH RATE %</b>										
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	0.7%	3.3%	4.0%	0.7%	1.0%	0.0%	1.2%	2.9%	0.9%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.6%	5.4%	2.2%	8.9%	7.7%	15.4%	2.8%	5.9%	7.7%
↓	MORT30HF Heart failure 30day mortality rate	2.3%	4.0%	3.1%	1.4%	3.3%	2.5%	6.1%	0.0%	0.0%
↓	MORT30PN Pneumonia 30day mortality rate	4.2%	4.8%	6.5%	1.6%	2.5%	2.5%	2.1%	2.1%	1.8%
↓	MORT30STK Stroke 30day mortality rate	2.4%	6.0%	1.3%	2.5%	1.6%	5.6%	14.5%	0.0%	0.0%
<b>USE OF MEDICAL IMAGING OUTPATIENT</b>										
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	0.35	0.35	--	0.43	0.43	--	0.48	0.48	--
	OP9 Mammography Followup Rates - Annual	0.03	0.03	--	0.03	0.03	--	0.05	0.05	--
	OP10 Abdomen CT Use of Contrast Material - Annual	0.02	0.02	--	0.05	0.05	--	0.09	0.09	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.01	0.01	--	0.01	0.01	--	0.04	0.04	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.05	0.05	--	0.03	0.03	--	0.06	0.06	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.01	0.01	--	0.01	0.01	--	0.01	0.01	--

Desired Performance	Metric Rate	Smyth County Community Hospital			Russell County Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
		<b>Quality Target Measures</b>					
↓	PSI 3 Pressure Ulcer Rate	0.21	0.00	0.00	0.24	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.39	0.00	0.00	0.39	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	0.16	0.00	0.00	0.17	0.00	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	0.10	0.00	0.00	0.10	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.69	0.00	0.00	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	1.12	0.00	0.00	--	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	16.04	0.00	0.00	--	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	4.03	5.98	0.00	--	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	5.81	0.00	0.00	--	250.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	--	0.00	0.00	--	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	0.00	0.00	--	0.00	0.00
↓	CLABSI	0.00	0.00	0.00	0.00	4.78	0.00
↓	CAUTI	0.00	0.00	0.00	0.00	0.00	0.00
↓	SSI COLON Surgical Site Infection	16.67	0.00	0.00	--	--	--
↓	SSI HYST Surgical Site Infection	0.00	0.00	--	--	--	--
↓	MRSA	0.00	0.00	0.00	0.00	0.31	0.00
↓	CDIFF	0.17	0.33	0.00	0.50	0.62	0.44
<b>General Information-Structural Measures</b>							
YES	ACS REGISTRY - Retired	Yes	Yes	Yes	No	No	No
YES	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	Yes	Yes	Yes	No
YES	SMPART NURSE Nursing Care Registry - Retired	No	No	Yes	No	No	No
YES	SMSSCHECK Safe Surgery Checklist	Yes	Yes	Yes	No	No	Yes
YES	OP12 HIT Ability electronically receive lab results	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP17 Tracking Clinical Results Between Visits	Yes	Yes	Yes	Yes	Yes	Yes
YES	OP25 Outpatient Safe Surgery Checklist	Yes	Yes	Yes	Yes	Yes	Yes
<b>SURVEY OF PATIENT'S EXPERIENCE</b>							
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	85%	86%	84%	87%	90%	91%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	12%	11%	13%	9%	6%	9%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3%	3%	2%	4%	4%	1%

Desired Performance

Metric Rate		Smyth County Community Hospital			Russell County Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>							
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	88%	88%	85%	89%	88%	81%
↓	HCOMP2U P Patients who reported that their doctors “Usually” communicated well	9%	9%	12%	8%	7%	18%
↓	HCOMP2 SNP Patients who reported that their doctors “Sometimes” or “Never” communicated well	3%	3%	3%	3%	4%	2%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	76%	73%	71%	78%	77%	83%
↓	HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	18%	19%	22%	17%	19%	14%
↓	HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	6%	8%	7%	5%	4%	3%
↑	HCOMP4A P Patients who reported that their pain was “Always” well controlled - Suspended	73%	80%	--	79%	71%	--
↓	HCOMP4U P Patients who reported that their pain was “Usually” well controlled - Suspended	22%	17%	--	17%	21%	--
↓	HCOMP4 SNP Patients who reported that their pain was “Sometimes” or “Never” well controlled - Suspended	5%	3%	--	4%	8%	--
↑	HCOMP5A P Patients who reported that staff “Always” explained about medicines before giving it to them	73%	66%	67%	73%	64%	73%
↓	HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	16%	16%	15%	14%	17%	14%
↓	HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	11%	18%	18%	13%	19%	13%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	91%	89%	88%	86%	82%	89%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	9%	11%	12%	14%	18%	11%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	61%	53%	52%	50%	46%	44%
↓	HCOMP7A Patients who “Agree” they understood their care when they left the hospital	37%	44%	39%	47%	48%	47%

Desired Performance	Metric Rate	Smyth County Community Hospital			Russell County Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
		<b>Quality Target Measures</b>					
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	2%	3%	5%	3%	6%	3%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	75%	84%	85%	76%	82%	69%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	8%	11%	10%	16%	14%	23%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	17%	5%	5%	8%	4%	9%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	72%	67%	65%	64%	65%	66%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	24%	28%	29%	30%	30%	26%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	4%	5%	6%	6%	5%	8%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	5%	5%	9%	9%	6%	4%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18%	12%	13%	32%	18%	23%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	77%	83%	78%	59%	76%	73%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	75%	75%	72%	61%	72%	66%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	22%	22%	23%	35%	23%	29%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	3%	3%	2%	4%	5%	3%
<b>CATARACT SURGERY OUTCOME %</b>							
↑	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--
<b>COLONOSCOPY FOLLOWUP %</b>							
↑	OP29 Avg Risk Polyp Surveillance	1.00	1.00	0.98	0.00	0.45	0.25
↑	OP30 High risk Polyp Surveillance	1.00	0.96	0.97	--	0.86	0.74
<b>HEART ATTACK</b>							

Desired Performance

Metric Rate		Smyth County Community Hospital			Russell County Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>							
↓	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	0.99	--	--	0.99	--	--
<b>STROKE CARE %</b>							
↑	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--
<b>EMERGENCY DEPARTMENT THROUGHPUT</b>							
	EDV Emergency Department Volume	Low	Low	Low	Low	Low	Low
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	176.00	179.00	181.50	168.00	163.75	170.00
↓	ED2b ED Decision to Transport	40.00	41.25	34.50	39.09	40.75	38.50
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	97.00	95.50	100.00	90.00	97.00	98.00
↓	OP20 Door to Diagnostic Evaluation RETIRED	11.00	--	--	7.00	--	--
↓	OP21 Time to pain medication for long bone fractures RETIRED	25.00	--	--	20.00	--	--
↑	OP22 Left without being seen	1.0%	0.3%	0.3%	1.0%	0.3%	0.4%
↑	OP23 Head CT stroke patients	--	0.60	1.00	--	0.50	0.17
<b>PREVENTIVE CARE %</b>							
↑	IMM2 Immunization for Influenza	1.00	1.00	1.00	1.00	1.00	1.00
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	0.99	0.98	--	0.98	0.98	--
<b>BLOOD CLOT PREVENTION / TREATMENT</b>							
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--
↓	VTE6 HAC VTE	--	0.00	0.00	--	1.00	--
<b>PREGNANCY AND DELIVERY CARE %</b>							
↓	PC01 Elective Delivery	--	--	--	--	--	--
<b>SURGICAL COMPLICATIONS RATE</b>							
↓	Hip and Knee Complications	0.03	0.08	0.01	--	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	--	111.11	--	--	0.00
↓	PSI90 Complications / patient safety for selected indicators	0.83	--	0.78	0.89	--	0.99
<b>READMISSIONS 30 DAYS RATE%</b>							
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	17.9%	18.0%	0.0%	--	--	0.0%

Desired Performance

Metric Rate		Smyth County Community Hospital			Russell County Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>							
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	12.0%	21.0%	24.4%	17.6%	20.0%	26.8%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	12.0%	9.0%	5.0%	--	--	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	9.7%	13.0%	13.6%	15.0%	17.0%	18.5%
↓	READM30 STK Stroke 30day readmission rate	11.8%	9.0%	10.5%	--	--	0.0%
↓	READM30HF Heart Failure 30Day readmissions rate	18.8%	23.0%	27.1%	19.0%	26.0%	25.0%
↓	READM30PN Pneumonia 30day readmission rate	16.3%	15.0%	12.3%	18.7%	9.0%	16.2%
<b>MORTALITY 30 DAYS DEATH RATE %</b>							
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	1.5%	0.0%	1.1%	0.9%	2.2%	2.9%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	0.0%	0.0%	0.0%	--	6.3%	28.6%
↓	MORT30HF Heart failure 30day mortality rate	5.5%	1.2%	2.3%	3.4%	9.1%	1.9%
↓	MORT30PN Pneumonia 30day mortality rate	2.8%	2.7%	1.1%	2.1%	3.6%	2.1%
↓	MORT30STK Stroke 30day mortality rate	4.5%	7.7%	5.6%	--	--	0.0%
<b>USE OF MEDICAL IMAGING OUTPATIENT</b>							
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	--	--	--
	OP9 Mammography Followup Rates - Annual	0.04	0.04	--	0.01	0.01	--
	OP10 Abdomen CT Use of Contrast Material - Annual	0.01	0.01	--	0.03	0.03	--
	OP11 Thorax CT Use of Contrast Material - Annual	0.00	0.00	--	0.01	0.01	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	0.04	0.04	--	0.04	0.04	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	0.00	0.00	--	--	--	--



Desired Performance

Metric Rate		Dickenson County Hospital			Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	PSI 3 Pressure Ulcer Rate	--	0.00	0.00	--	0.00	0.00	--	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	--	0.00	0.00	--	0.00	0.00	--	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate	--	0.00	0.00	--	--	0.00	--	--	0.00
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	--	0.00	0.00	--	0.00	0.00	--	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	--	0.00	--	--	--	--	--	--	--
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	--	--	--	--	--	--	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate	--	--	--	--	--	--	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	--	--	--	--	--	--	--	--	--
↓	PSI 13 Postoperative Sepsis Rate	--	--	--	--	--	--	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate	--	--	--	--	--	--	--	--	--
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	--	--	--	--	--	--	--	--	--
↓	CLABSI	--	--	--	--	--	--	--	--	--
↓	CAUTI	--	--	--	--	--	--	--	--	--
↓	SSI COLON Surgical Site Infection	--	--	--	--	--	--	--	--	--
↓	SSI HYST Surgical Site Infection	--	--	--	--	--	--	--	--	--
↓	MRSA	--	--	--	--	--	--	--	--	--
↓	CDIFF	--	--	--	--	--	--	--	--	--
<b>General Information-Structural Measures</b>										
YES	ACS REGISTRY - Retired	No	No	No	No	No	No	--	--	--
YES	SMPART GENSURG General Surgery Registry - Retired	Yes	Yes	No	No	No	No	--	--	--
YES	SMPART NURSE Nursing Care Registry - Retired	No	No	No	No	No	No	--	--	--
YES	SMSSCHECK Safe Surgery Checklist	--	--	Yes	--	--	No	Yes	Yes	--
YES	OP12 HIT Ability electronically receive lab results	--	--	--	--	--	--	--	--	--
YES	OP17 Tracking Clinical Results Between Visits	--	--	--	--	--	--	Yes	Yes	--
YES	OP25 Outpatient Safe Surgery Checklist	--	--	--	--	--	--	Yes	Yes	Yes
<b>SURVEY OF PATIENT'S EXPERIENCE</b>										
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	--	57%	86%	90%	92%	93%	--	100%	100%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	--	43%	14%	8%	8%	4%	--	0%	0%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	--	0%	0%	2%	0%	2%	--	0%	0%



Desired Performance

Metric Rate		Dickenson County Hospital			Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	--	100%	90%	92%	87%	90%	--	100%	50%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	--	0%	10%	6%	9%	8%	--	0%	25%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	--	0%	0%	2%	4%	2%	--	0%	25%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	--	100%	83%	95%	96%	89%	--	100%	100%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	--	0%	17%	4%	4%	8%	--	0%	0%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	--	0%	0%	1%	0%	3%	--	0%	0%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	--	100%	--	89%	33%	--	--	100%	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	--	0%	--	5%	25%	--	--	0%	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	--	0%	--	6%	42%	--	--	0%	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	--	100%	50%	77%	89%	78%	--	100%	100%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	--	0%	0%	18%	4%	17%	--	0%	0%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	--	0%	50%	5%	7%	6%	--	0%	0%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	--	100%	79%	92%	86%	92%	--	100%	75%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	--	0%	21%	8%	14%	8%	--	0%	25%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	--	52%	55%	70%	51%	44%	--	58%	50%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	--	33%	35%	22%	43%	49%	--	42%	42%

Desired Performance	Metric Rate	Dickenson County Hospital			Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
		<b>Quality Target Measures</b>								
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	--	15%	5%	8%	6%	0%	--	0%	0%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	--	100%	86%	86%	95%	93%	--	100%	100%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	--	0%	0%	14%	3%	3%	--	0%	0%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	--	0%	14%	0%	2%	3%	--	0%	0%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	--	100%	86%	79%	86%	86%	--	100%	75%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	--	0%	14%	18%	14%	10%	--	0%	25%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	--	0%	0%	3%	0%	3%	--	0%	0%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	--	14%	14%	13%	6%	3%	--	0%	25%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	--	0%	0%	7%	3%	10%	--	0%	0%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	--	86%	86%	80%	91%	87%	--	100%	75%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	--	86%	57%	81%	85%	83%	--	100%	75%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	--	14%	43%	9%	12%	17%	--	0%	0%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	--	0%	0%	10%	3%	0%	--	0%	25%
<b>CATARACT SURGERY OUTCOME %</b>										
↑	OP31 Cataracts Improvement - voluntary reporting	--	--	--	--	--	--	--	--	--
<b>COLONOSCOPY FOLLOWUP %</b>										
↑	OP29 Avg Risk Polyp Surveillance	--	--	--	--	--	--	--	--	--
↑	OP30 High risk Polyp Surveillance	--	--	--	0.00	0.00	--	0.00	0.00	--
<b>HEART ATTACK</b>										

Desired Performance	Metric Rate	Dickenson County Hospital			Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
		<b>Quality Target Measures</b>								
↓	OP3b Median Time to Transfer AMI --- RETIRED	--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	--	--	--	--	--	--	--	--	--
↑	OP2 Fibrinolytic Therapy 30 minutes -too few cases to report	--	--	--	--	--	--	--	--	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	--	--	--	--	--	--	--	--	--
<b>STROKE CARE %</b>										
↑	STK4 Thrombolytic Therapy --RETIRED	--	--	--	--	--	--	--	--	--
<b>EMERGENCY DEPARTMENT THROUGHPUT</b>										
	EDV Emergency Department Volume	Low	Low	Low	Medium	Medium	Medium	Low	Low	Low
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	--	124.00	197.75	--	--	--	--	165.00	143.00
↓	ED2b ED Decision to Transport	--	16.25	30.25	--	0.00	--	--	43.50	54.00
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	--	103.50	105.00	--	124.50	110.00	89.00	91.50	84.00
↓	OP20 Door to Diagnostic Evaluation RETIRED	--	--	--	--	--	--	--	--	--
↓	OP21 Time to pain medication for long bone fractures RETIRED	--	--	--	--	--	--	--	--	--
↑	OP22 Left without being seen	1.0%	0.8%	0.6%	1.0%	0.5%	0.6%	1.0%	0.7%	0.8%
↑	OP23 Head CT stroke patients	--	0.90	0.71	--	--	1.00	--	1.00	--
<b>PREVENTIVE CARE %</b>										
↑	IMM2 Immunization for Influenza	--	1.00	0.92	--	1.00	--	--	1.00	0.50
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination	--	1.00	0.97	1.00	1.00	--	1.00	1.00	--
<b>BLOOD CLOT PREVENTION / TREATMENT</b>										
↑	VTE5 Warfarin Therapy at Discharge - voluntary reporting	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE	--	--	--	--	--	--	--	--	--
<b>PREGNANCY AND DELIVERY CARE %</b>										
↓	PC01 Elective Delivery	--	--	--	--	--	--	--	--	--
<b>SURGICAL COMPLICATIONS RATE</b>										
↓	Hip and Knee Complications	--	--	--	--	--	--	--	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	--	--	--	--	--	--	--	--	--
↓	PSI90 Complications / patient safety for selected indicators	--	--	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>READMISSIONS 30 DAYS RATE%</b>										
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	--	--	--	--	--	--	--	--	--

Desired Performance

Metric Rate		Dickenson County Hospital			Hancock County Hospital			Johnson County Community Hospital		
		Baseline	FY18	FYTD19	Baseline	FY18	FYTD19	Baseline	FY18	FYTD19
<b>Quality Target Measures</b>										
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	--	--	--	--	--	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	--	11.1%	0.0%	--	29.0%	11.8%	--	0.0%	0.0%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	--	--	--	--	--	--	--	0.0%	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	--	5.0%	5.3%	15.6%	11.0%	10.2%	--	--	27.3%
↓	READM30 STK Stroke 30day readmission rate	--	50.0%	--	--	--	--	--	--	--
↓	READM30HF Heart Failure 30Day readmissions rate	--	--	--	--	0.0%	17.1%	--	--	--
↓	READM30PN Pneumonia 30day readmission rate	--	--	0.0%	17.0%	0.0%	4.3%	--	--	0.0%
<b>MORTALITY 30 DAYS DEATH RATE %</b>										
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	--	--	0.0%	--	--	0.0%	--	--	0.0%
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	--	--	--	--	--	--	--	--	--
↓	MORT30HF Heart failure 30day mortality rate	--	--	0.0%	--	0.0%	0.0%	--	--	--
↓	MORT30PN Pneumonia 30day mortality rate	--	--	0.0%	16.9%	2.4%	3.2%	--	--	0.0%
↓	MORT30STK Stroke 30day mortality rate	--	--	--	--	--	--	--	--	--
<b>USE OF MEDICAL IMAGING OUTPATIENT</b>										
	OP8 MRI Lumbar Spine for Low Back Pain - Annual	--	--	--	--	--	--	--	--	--
	OP9 Mammography Followup Rates - Annual	--	--	--	--	--	--	--	--	--
	OP10 Abdomen CT Use of Contrast Material - Annual	--	--	--	--	--	--	--	--	--
	OP11 Thorax CT Use of Contrast Material - Annual	--	--	--	--	--	--	--	--	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery - Annual	--	--	--	--	--	--	--	--	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Annual	--	--	--	--	--	--	--	--	--