

163 E TOLLISON STREET | CCN-110071
BAXLEY, GA 31513 | (912) 367-9841

Facility Type: Short-term
Ownership Type: Government - Hospital District or Authority
Emergency Service: Yes

Survey of Patients' Experience

Attention: Individual question scores appear only in the Preview Report and downloadable databases. Individual question scores are presented for informational purposes only; they are not official HCAHPS measures. A simple average of the individual questions that comprises a composite measure may not always match the composite score.

HCAHPS individual question scores based on fewer than 50 completed surveys **will not** be reported in the downloadable database.

HCAHPS Summary Star Rating

Q1 (2018) - Q4 (2018)



Completed Surveys	55(6)
Survey Response Rate	15%(6)

Star Rating:

More stars are better

"For more information on HCAHPS Star Ratings and Linear Scores, please see www.hcahpsonline.org"

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Footnotes:

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- 15. The number of cases/patients is too few to report a star rating.

Communication with Nurses

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

Composite (Q1 - Q3)	Facility	State	National
Always Patients who reported that their nurses 'Always' communicated well	83%(6)	79%	81%
Usually Patients who reported that their nurses 'Usually' communicated well	16%(6)	16%	15%
Sometimes/Never Patients who reported that their nurses 'Sometimes' or 'Never' communicated well	1%(6)	5%	4%
Nurse Courtesy & Respect (Q1)	Facility	State	National
Always Patients who reported that their nurses "Always" treated them with courtesy and respect	86%(6)	85%	87%
Usually Patients who reported that their nurses "Usually" treated them with courtesy and respect	13%(6)	11%	10%
Sometimes/Never Patients who reported that their nurses "Sometimes" or "Never" treated them with courtesy and respect	1%(6)	4%	3%
Nurse Listen (Q2)	Facility	State	National
Always	81%(6)	77%	78%

Communication with Nurses

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

Patients who reported that their nurses "Always" listened carefully to them			
Usually Patients who reported that their nurses "Usually" listened carefully to them	18%(6)	17%	17%
Sometimes/Never Patients who reported that their nurses "Sometimes" or "Never" listened carefully to them	1%(6)	6%	5%
Nurse Explain (Q3)	Facility	State	National
Always Patients who reported that their nurses "Always" explained things in a way they could understand	82%(6)	76%	77%
Usually Patients who reported that their nurses "Usually" explained things in a way they could understand	17%(6)	18%	18%
Sometimes/Never Patients who reported that their nurses "Sometimes" or "Never" explained things in a way they could understand	1%(6)	6%	5%

Star Rating:

More stars are better

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Communication with Doctors

Q1 (2018) - Q4 (2018)

★★★★★(15) Linear Score (1 - 100): Not Available(15)

Composite (Q5-Q7)	Facility	State	National
Always Patients who reported that their doctors 'Always' communicated well	83%(6)	82%	81%
Usually Patients who reported that their doctors 'Usually' communicated well	14%(6)	13%	14%
Sometimes/Never Patients who reported that their doctors 'Sometimes' or 'Never' communicated well	3%(6)	5%	5%
Doctor Courtesy & Respect (Q5)	Facility	State	National
Always Patients who reported that their doctors "Always" treated them with courtesy and respect	81%(6)	87%	87%
Usually Patients who reported that their doctors "Usually" treated them with courtesy and respect	16%(6)	10%	10%
Sometimes/Never Patients who reported that their doctors "Sometimes" or "Never" treated them with courtesy and respect	3%(6)	3%	3%

Communication with Doctors

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

Doctor Listen (Q6)	Facility	State	National
Always Patients who reported that their doctors "Always" listened carefully to them	82%(6)	80%	80%
Usually Patients who reported that their doctors "Usually" listened carefully to them	15%(6)	15%	15%
Sometimes/Never Patients who reported that their doctors "Sometimes" or "Never" listened carefully to them	3%(6)	5%	5%
Doctor Explain (Q7)	Facility	State	National
Always Patients who reported that their doctors "Always" explained things in a way they could understand	88%(6)	78%	77%
Usually Patients who reported that their doctors "Usually" explained things in a way they could understand	8%(6)	16%	17%
Sometimes/Never Patients who reported that their doctors "Sometimes" or "Never" explained things in a way they could understand	4%(6)	6%	6%

Star Rating:

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Responsiveness of Hospital Staff

Q1 (2018) - Q4 (2018)

★★★★★⁽¹⁵⁾ Linear Score (1 - 100): Not Available⁽¹⁵⁾

Composite (Q4 & Q11)	Facility	State	National
Always Patients who reported that they 'Always' received help as soon as they wanted	85% ⁽⁶⁾	67%	70%
Usually Patients who reported that they 'Usually' received help as soon as they wanted	11% ⁽⁶⁾	22%	22%
Sometimes/Never Patients who reported that they 'Sometimes' or 'Never' received help as soon as they wanted	4% ⁽⁶⁾	11%	8%
Call Button (Q4)	Facility	State	National
Always Patients who reported that they "Always" received help after using the call button as soon as they wanted	84% ⁽⁶⁾	66%	69%
Usually Patients who reported that they "Usually" received help after using the call button as soon as they wanted	13% ⁽⁶⁾	23%	23%

Responsiveness of Hospital Staff

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

	Facility	State	National
Sometimes/Never Patients who reported that they "Sometimes" or "Never" received help after using the call button as soon as they wanted	3%(6)	11%	8%
Bathroom Help (Q11)			
Always Patients who reported that they "Always" received bathroom help as soon as they wanted	85%(6)	67%	71%
Usually Patients who reported that they "Usually" received bathroom help as soon as they wanted	10%(6)	21%	20%
Sometimes/Never Patients who reported that they "Sometimes" or "Never" received bathroom help as soon as they wanted	5%(6)	12%	9%

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Communication About Pain

Composite (Q13 & Q14)	Facility	State	National
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Communication About Pain

Composite (Q13 & Q14)	Facility	State	National
Always Patients who reported that staff 'Always' talked to them about their pain	74%(6)	63%	65%
Usually Patients who reported that staff 'Usually' talked to them about their pain	18%(6)	22%	22%
Sometimes/Never Patients who reported that staff 'Sometimes' or 'Never' talked to them about their pain	8%(6)	15%	13%
Pain Talk (Q13)	Facility	State	National
Always Patients who reported that staff 'Always' talked to them about how much pain they had	72%(6)	65%	66%
Usually Patients who reported that staff 'Usually' talked to them about how much pain they had	21%(6)	21%	23%
Sometimes/Never Patients who reported that staff 'Sometimes' or 'Never' talked to them about how much pain they had	7%(6)	14%	11%
Pain Treat (Q14)	Facility	State	National
Always Patients who reported that staff 'Always' talked to them about how to treat their pain	75%(6)	62%	63%

Communication About Pain

Composite (Q13 & Q14)	Facility	State	National
Usually Patients who reported that staff 'Usually' talked to them about how to treat their pain	15%(6)	21%	22%
Sometimes/Never Patients who reported that staff 'Sometimes' or 'Never' talked to them about how to treat their pain	10%(6)	17%	15%

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Communication About Medicines

Q1 (2018) - Q4 (2018)

★★★★★(15) Linear Score (1 - 100): Not Available(15)

Composite (Q16 - Q17)	Facility	State	National
Always Patients who reported that staff 'Always' explained about medicines before giving it to them	66%(6)	65%	66%
Usually Patients who reported that staff 'Usually' explained about medicines before giving it to them	21%(6)	17%	17%
Sometimes/Never Patients who reported that staff 'Sometimes' or 'Never' explained about medicines before giving it	13%(6)	18%	17%

Communication About Medicines

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

to them	Facility	State	National
Medicine Explain (Q16)			
Always Patients who reported that when receiving new medication the staff "Always" communicated what the medication was for	72%(6)	78%	79%
Usually Patients who reported that when receiving new medication the staff "Usually" communicated what the medication was for	21%(6)	13%	13%
Sometimes/Never Patients who reported that when receiving new medication the staff "Sometimes" or "Never" communicated what the medication was for	7%(6)	9%	8%
Side Effects (Q17)			
Always Patients who reported that when receiving new medication the staff "Always" discussed possible side effects	60%(6)	52%	53%
Usually Patients who reported that when receiving new medication the staff "Usually" discussed possible side effects	20%(6)	20%	21%
Sometimes/Never Patients who reported that when	20%(6)	28%	26%

Communication About Medicines

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

receiving new medication the staff "Sometimes" or "Never" discussed possible side effects

Star Rating:

More stars are better

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Cleanliness of Hospital Environment

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

	Facility	State	National
Always Patients who reported that their room and bathroom were 'Always' clean	80%(6)	73%	75%
Usually Patients who reported that their room and bathroom were 'Usually' clean	14%(6)	18%	18%
Sometimes/Never Patients who reported that their room and bathroom were 'Sometimes' or 'Never' clean	6%(6)	9%	7%

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Quietness of Hospital Q1 (2018) - Q4 (2018)
 (15) Linear Score (1 - 100): Not Available(15)

	Facility	State	National
Always Patients who reported that the area around their room was 'Always' quiet at night	76%(6)	67%	62%
Usually Patients who reported that the area around their room was 'Usually' quiet at night	24%(6)	25%	28%
Sometimes/Never Patients who reported that the area around their room was 'Sometimes' or 'Never' quiet at night	0%(6)	8%	10%

Star Rating:

More stars are better

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Discharge Information

Q1 (2018) - Q4 (2018)

★★★★★(15) Linear Score (1 - 100): Not Available(15)

Composite (Q19 - Q20)	Facility	State	National
Yes Patients who reported that YES, they were given information about what to do during their recovery at home	86%(6)	85%	87%
No Patients who reported that NO, they were not given information about what to do during their recovery at home	14%(6)	15%	13%
Help After Discharge (Q19)	Facility	State	National
Yes Patients who reported that YES, they did discuss whether they would need help after discharge	81%(6)	82%	84%
No Patients who reported that NO, they did not discuss whether they would need help after discharge	19%(6)	18%	16%
Symptoms (Q20)	Facility	State	National
Yes Patients who reported that YES, they did receive written information about possible symptoms to look out for after discharge	90%(6)	87%	89%
No Patients who reported that NO, they did not receive written	10%(6)	13%	11%

Discharge Information

Q1 (2018) - Q4 (2018)

★★★★★(15) Linear Score (1 - 100): Not Available(15)

information about possible symptoms to look out for after discharge

Star Rating:

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Care Transition

Q1 (2018) - Q4 (2018)

★★★★★(15) Linear Score (1 - 100): Not Available(15)

Composite (Q23 - Q25)	Facility	State	National
Strongly Agree Patients who 'Strongly Agree' they understood their care when they left the hospital	55%(6)	52%	53%
Agree Patients who 'Agree' they understood their care when they left the hospital	41%(6)	42%	42%
Disagree/Strongly Disagree Patients who 'Disagree' or 'Strongly Disagree' they understood their care when they left the hospital	4%(6)	6%	5%

Care Transition

Q1 (2018) - Q4 (2018)

★★★★★(15) Linear Score (1 - 100): Not Available(15)

Preference (Q23)	Facility	State	National
Strongly Agree Patients who "Strongly Agree" that the staff took my preferences into account when determining their health care needs	51%(6)	45%	46%
Agree Patients who "Agree" that the staff took my preferences into account when determining my health care their needs	46%(6)	47%	47%
Disagree/Strongly Disagree Patients who "Disagree" or "Strongly Disagree" that the staff took my preferences into account when determining their health care needs	3%(6)	8%	7%
Understanding (Q24)	Facility	State	National
Strongly Agree Patients who "Strongly Agree" that they understood their responsibilities in managing their health	50%(6)	51%	53%
Agree Patients who "Agree" that they understood their responsibilities in managing their health	46%(6)	44%	43%
Disagree/Strongly Disagree	4%(6)	5%	4%

Care Transition

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

Patients who "Disagree" or "Strongly Disagree" that they understood their responsibilities in managing their health

Medicine Purpose (Q25)	Facility	State	National
Strongly Agree Patients who "Strongly Agree" that they understood the purposes of their medications when leaving the hospital	63%(6)	58%	60%
Agree Patients who "Agree" that they understood the purposes of their medications when leaving the hospital	32%(6)	37%	36%
Disagree/Strongly Disagree Patients who "Disagree" or "Strongly Disagree" that they understood the purposes of their medications when leaving the hospital	5%(6)	5%	4%

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Overall Hospital Rating

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

	Facility	State	National
0-6 Rating Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	4%(6)	9%	8%
7-8 Rating Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	33%(6)	20%	19%
9-10 Rating Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	63%(6)	71%	73%

Star Rating:

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Willingness to Recommend this Hospital

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

	Facility	State	National
Definitely Yes Patients who reported YES, they would definitely recommend the hospital	59%(6)	70%	72%

Willingness to Recommend this Hospital

Q1 (2018) - Q4 (2018)

★★★★★ (15) Linear Score (1 - 100): Not Available (15)

	Q1 (2018)	Q2 (2018)	Q3 (2018)	Q4 (2018)
Probably Patients who reported YES, they would probably recommend the hospital	38%(6)	24%	23%	23%
Definitely No Patients who reported NO, they would probably not or definitely not recommend the hospital	3%(6)	6%	5%	5%

Star Rating:

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Timely and Effective Care

Sepsis

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
SEP-1 Q1 (2018) - Q4 (2018) Severe Sepsis and Septic Shock	N/A(7)	0(7)	54%	57%	79%

Footnotes:

7. No cases met the criteria for this measure.

Venous Thromboembolism Prevention

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
VTE-6 Q1 (2018) - Q4 (2018) Hospital Acquired Potentially-Preventable Venous Thromboembolism	N/A(2,3,7)	0(2,3,7)	4%(25,26)	3%(25,26)	0%

Footnotes:

- 2. Data submitted were based on a sample of cases/patients.
- 3. Results are based on a shorter time period than required.
- 7. No cases met the criteria for this measure.
- 25. State and national averages include Veterans Health Administration (VHA) hospital data.
- 26. State and national averages include Department of Defense (DoD) hospital data.

Emergency Department Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ED-1b Q1 (2018) - Q4 (2018) Median Time from ED Arrival to ED Departure for Admitted ED Patients	242 mins.	264	289 mins.(25,26)	256 mins.(25,26)	165 mins.
An EDV-1 indicator will be shown in the volume category row of your facility.					
Low Volume	EDV-1	-	240 mins.	208 mins.	-
Medium Volume	-	-	280 mins.	263 mins.	-
High Volume	-	-	328 mins.	306 mins.	-
Very High Volume	-	-	368 mins.	332 mins.	-
ED-2b Q1 (2018) - Q4 (2018) Admit Decision Time to ED Departure Time for Admitted Patients	65 mins.	245	92 mins.(25,26)	87 mins.(25,26)	32 mins.
An EDV-1 indicator will be shown in the volume category row of your facility.					
Low Volume	EDV-1	-	59 mins.	55 mins.	-
Medium Volume	-	-	96 mins.	94 mins.	-
High Volume	-	-	135 mins.	123 mins.	-
Very High Volume	-	-	150 mins.	143 mins.	-
OP-18b Q1 (2018) - Q4 (2018) Median Time from ED Arrival to ED Departure for Discharged ED Patients	125 mins.	403	142 mins.(25,26)	135 mins.(25,26)	92 mins.
An EDV-1 indicator will be shown in the volume category row of your facility.					
Low Volume	EDV-1	-	116 mins.	112 mins.	-
Medium Volume	-	-	145 mins.	144 mins.	-
High Volume	-	-	152 mins.	163 mins.	-
Very High Volume	-	-	184 mins.	172 mins.	-
OP-18c Q1 (2018) - Q4 (2018) Median Time from ED Arrival	234 mins.	14	264 mins.(25)	208 mins.(25)	116 mins.
Low Volume	EDV-1	-	209 mins.	165 mins.	-

Emergency Department Care

		Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients An EDV-1 indicator will be shown in the volume category row of your facility.	Medium Volume	-	-	268 mins.	223 mins.	-
	High Volume	-	-	312 mins.	260 mins.	-
	Very High Volume	-	-	360 mins.	284 mins.	-
OP-22 Q1 (2017) - Q4 (2017) Left Without Being Seen		1%	7,562	3%	2%	0%
OP-23 Q1 (2018) - Q4 (2018) Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival		70%(1)	10(1)	70%(25)	72%(25)	100%

Footnotes:
1. The number of cases/patients is too few to report.
25. State and national averages include Veterans Health Administration (VHA) hospital data.
26. State and national averages include Department of Defense (DoD) hospital data.

Immunization

		Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
IMM-2 Q4 (2017) - Q1 (2018) Influenza Immunization		100%	203	91%(25,26)	93%(25,26)	100%

Immunization

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
IPFQR-IMM-2 Q4 (2017) - Q1 (2018) Influenza Immunization	91%	358	73%	82%	100%

Footnotes:

25. State and national averages include Veterans Health Administration (VHA) hospital data.
26. State and national averages include Department of Defense (DoD) hospital data.

Healthcare Personnel Influenza Vaccination

	Facility's Adherence Rate	State Adherence Rate	National Adherence Rate
IMM-3 Q4 (2018) - Q1 (2019) Influenza Vaccination Coverage among Healthcare Personnel	98%	90%	90%
HCP-FluVac Q4 (2017) - Q1 (2018) Healthcare Personnel Influenza Vaccination	92%	64%	82%

Perinatal Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
PC-01 Q1 (2018) - Q4 (2018) Elective Delivery	N/A(5)	N/A(5)	2%(26)	2%(26)	0%

Footnotes:

5. Results are not available for this reporting period.
26. State and national averages include Department of Defense (DoD) hospital data.

Cardiac Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
OP-2 Q1 (2018) - Q4 (2018) Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	N/A(5)	N/A(5)	60%(25,26)	58%(25,26)	100%(25,26)
OP-3b Q1 (2018) - Q4 (2018) Median Time to Transfer to Another Facility for Acute Coronary Intervention - Reporting Rate	N/A(5)	N/A(5)	66 mins.(25,26)	64 mins.(25,26)	36 mins.
OP-5 Q1 (2018) - Q4 (2018) Median Time to ECG	16 mins.(1)	4(1)	8 mins.(25,26)	8 mins.(25,26)	4 mins.

Footnotes:

1. The number of cases/patients is too few to report.
5. Results are not available for this reporting period.
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26. State and national averages include Department of Defense (DoD) hospital data.

Cancer Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
OP-33 Q1 (2017) - Q4 (2017) External Beam Radiotherapy for Bone Metastases	N/A(5)	N/A(5)	65%(26)	86%(26)	100%

Footnotes:

5. Results are not available for this reporting period.
26. State and national averages include Department of Defense (DoD) hospital data.

Cataracts

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
OP-31 Q1 (2017) - Q4 (2017) Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	N/A(5)	N/A(5)	89%	95%	100%

Footnotes:

5. Results are not available for this reporting period.

Colonoscopy

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
OP-29 Q1 (2017) - Q4 (2017) Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	N/A(5)	N/A(5)	79%(26)	88%(26)	100%
OP-30 Q1 (2017) - Q4 (2017) Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	N/A(5)	N/A(5)	80%(26)	90%(26)	100%

Footnotes:

5. Results are not available for this reporting period.

26. State and national averages include Department of Defense (DoD) hospital data.

Structural Measures

Structural Measures

	Measure Response
SM-5 Q1 (2017) - Q4 (2017) Safe Surgery Checklist Use	Yes
SM-6 Q1 (2017) - Q4 (2017) Hospital Survey on Patient Safety Culture	No
OP-12 Q1 (2017) - Q4 (2017) The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	Yes
OP-17 Q1 (2017) - Q4 (2017) Tracking Clinical Results between Visits	Yes
OP-25 Q1 (2017) - Q4 (2017) Safe Surgery Checklist Use	Yes

Complications & Deaths

30 Day Death Rates

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
MORT-30-AMI Q3 (2015) - Q2 (2018) Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	N/A(1)	N/A(1) (N/A(1), N/A(1))	12.9%	TOO FEW(1)	State	1	65	0	50
					Nation	33	2,343	11	1,917
MORT-30-HF Q3 (2015) - Q2 (2018) Heart Failure (HF) 30-Day Mortality Rate	N/A(1)	N/A(1) (N/A(1), N/A(1))	11.5%	TOO FEW(1)	State	4	94	1	35
					Nation	237	3,307	146	971
MORT-30-PN Q3 (2015) - Q2 (2018) Pneumonia 30-Day Mortality Rate	73	18.4% (13.8%, 23.7%)	15.6%	SAME	State	1	108	7	18
					Nation	264	3,720	270	469
MORT-30-STK Q3 (2015) - Q2 (2018) Acute Ischemic Stroke (STK) 30-Day Mortality Rate	N/A(1)	N/A(1) (N/A(1), N/A(1))	13.8%	TOO FEW(1)	State	0	72	2	47
					Nation	46	2,424	76	1,767
MORT-30-COPD Q3 (2015) - Q2 (2018) Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	59	8.1% (5.5%, 11.8%)	8.5%	SAME	State	0	97	4	30
					Nation	58	3,485	72	926
MORT-30-CABG Q3 (2015) - Q2 (2018) 30-Day All-Cause Mortality Following Coronary Artery	N/A(5)	N/A(5) (N/A(5), N/A(5))	3.1%	N/A(5)	State	0	18	0	4
					Nation	9	987	19	164

30 Day Death Rates

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages			
					Better	Same	Worse	Too Few

Bypass Graft (CABG) Surgery

Footnotes:

- 1. The number of cases/patients is too few to report.
- 5. Results are not available for this reporting period.

CMS Patient Safety Indicators

	Eligible Discharges	Facility Rate (95% int. limits)	National Ratio	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
PSI-3 Q3 (2016) - Q2 (2018) Pressure Ulcer Rate	404	0.41 (0, 1.53)	0.52	SAME	State	5	93	2	1
					Nation	89	2,928	221	56
PSI-4 Q3 (2016) - Q2 (2018) Death among surgical inpatients with serious treatable complications Rate	N/A(1)	N/A(1) (N/A(1), N/A(1))	163.01	TOO FEW(1)	State	0	51	3	28
					Nation	45	1,689	65	949
PSI-6 Q3 (2016) - Q2 (2018) Iatrogenic pneumothorax, adult Rate	524	0.27 (0.03, 0.5)	0.27	SAME	State	0	99	1	1
					Nation	2	3,239	25	39
PSI-8 Q3 (2016) - Q2 (2018) In-Hospital Fall With Hip	493	0.11 (0.01, 0.2)	0.11	SAME	State	0	100	0	0
					Nation	0	3,261	1	41

CMS Patient Safety Indicators

	Eligible Discharges	Facility Rate (95% int. limits)	National Ratio	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
Fracture Rate									
PSI-9 Q3 (2016) - Q2 (2018) Perioperative Hemorrhage or Hematoma Rate	N/A(1)	N/A(1) (N/A(1), N/A(1))	2.53	TOO FEW(1)	State	0	87	0	5
					Nation	3	2,973	39	115
PSI-10 Q3 (2016) - Q2 (2018) Postoperative Acute Kidney Injury Requiring Dialysis Rate	N/A(7)	N/A(7) (N/A(7), N/A(7))	1.35	N/A(7)	State	0	76	0	8
					Nation	4	2,770	33	201
PSI-11 Q3 (2016) - Q2 (2018) Postoperative Respiratory Failure Rate	N/A(7)	N/A(7) (N/A(7), N/A(7))	7.35	N/A(7)	State	1	70	4	9
					Nation	70	2,565	146	217
PSI-12 Q3 (2016) - Q2 (2018) Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate	26	3.77 (0.77, 6.76)	3.85	SAME	State	0	82	6	4
					Nation	36	2,863	121	111
PSI-13 Q3 (2016) - Q2 (2018) Postoperative Sepsis Rate	N/A(7)	N/A(7) (N/A(7), N/A(7))	5.09	N/A(7)	State	1	71	3	9
					Nation	19	2,707	60	209
PSI-14 Q3 (2016) - Q2 (2018) Postoperative Wound Dehiscence Rate	N/A(1)	N/A(1) (N/A(1), N/A(1))	0.95	TOO FEW(1)	State	0	79	1	11
					Nation	0	2,770	4	286
PSI-15	47	1.62	1.29	SAME	State	0	91	0	7

CMS Patient Safety Indicators

	Eligible Discharges	Facility Rate (95% int. limits)	National Ratio	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
Q3 (2016) - Q2 (2018) Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate		(0.32, 2.91)			Nation	2	2,951	33	166
PSI-90 Q3 (2016) - Q2 (2018) Patient Safety and Adverse Events Composite	N/A(5)	0.98 (0.53, 1.43)	1.00	SAME	State	1	93	7	N/A(5)
					Nation	94	3,009	202	N/A(5)

Footnotes:

1. The number of cases/patients is too few to report.
5. Results are not available for this reporting period.
7. No cases met the criteria for this measure.

Infections

	Predicted	Reported	Days / Procedure	Facility Ratio (95% conf. int.)	State Ratio (95% conf. int.)	National Ratio	National Compare
HAI-1 Q1 (2018) - Q4 (2018) Central Line Associated Bloodstream Infection (ICU + select Wards)	0.047	0	76	N/A(13) (N/A(13), N/ A(13))	0.800 (0.730, 0.874)	0.741	N/A(13)
HAI-2 Q1 (2018) - Q4 (2018) Catheter Associated Urinary Tract Infections (ICU + select	0.204	0	403	N/A(13) (N/A(13), N/ A(13))	0.821 (0.755, 0.892)	0.800	N/A(13)

Infections

	Predicted	Reported	Days / Procedure	Facility Ratio (95% conf. int.)	State Ratio (95% conf. int.)	National Ratio	National Compare
Wards)							
HAI-3 Q1 (2018) - Q4 (2018) SSI - Colon Surgery	N/A(12)	N/A(12)	N/A(12)	N/A(12) (N/A(12), N/A(12))	0.938 (0.831, 1.054)	0.894	N/A(12)
HAI-4 Q1 (2018) - Q4 (2018) SSI - Abdominal Hysterectomy	N/A(12)	N/A(12)	N/A(12)	N/A(12) (N/A(12), N/A(12))	0.961 (0.785, 1.166)	0.899	N/A(12)
HAI-5 Q1 (2018) - Q4 (2018) MRSA Bacteremia	0.068	0	2,549	N/A(13) (N/A(13), N/A(13))	0.949 (0.845, 1.061)	0.848	N/A(13)
HAI-6 Q1 (2018) - Q4 (2018) Clostridium Difficile (C.Diff)	0.705	0	2,549	N/A(13) (N/A(13), N/A(13))	0.677 (0.648, 0.706)	0.711	N/A(13)

Footnotes:

12. This measure does not apply to this hospital for this reporting period.
13. Results cannot be calculated for this reporting period.

Surgical Complications

	Eligible Discharges	Complication Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
COMP-HIP-KNEE Q2 (2015) - Q1 (2018)	N/A(5)	N/A(5) (N/A(5), N/A(5))	2.5%	N/A(5)	State	1	71	2	15
					Nation	64	2,664	58	656

Surgical Complications

	Eligible Discharges	Complication Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages			
					Better	Same	Worse	Too Few

HIP/Knee Complication Rate (RSCR) following Total Hip/ Knee Arthroplasty

Footnotes:

5. Results are not available for this reporting period.

Unplanned Hospital Visits

Condition Specific Readmission

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
READM-30-AMI Q3 (2015) - Q2 (2018) Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	N/A(1)	N/A(1) (N/A(1), N/A(1))	15.7%	TOO FEW(1)	State	1	58	0	52
					Nation	17	2,153	27	1,953
READM-30-HF Q3 (2015) - Q2 (2018) Heart Failure (HF) 30-day Readmission Rate	N/A(1)	N/A(1) (N/A(1), N/A(1))	21.6%	TOO FEW(1)	State	2	95	4	33
					Nation	120	3,487	163	895
READM-30-PN Q3 (2015) - Q2 (2018) Pneumonia (PN) 30-day Readmission Rate	74	17.3% (13.9%, 21.2%)	16.6%	SAME	State	1	110	3	20
					Nation	44	4,053	157	473
READM-30-COPD Q3 (2015) - Q2 (2018) Chronic Obstructive Pulmonary Disease (COPD) 30-day Readmission Rate	58	18.3% (14.8%, 22.3%)	19.5%	SAME	State	0	103	0	28
					Nation	15	3,592	53	882

Footnotes:

1. The number of cases/patients is too few to report.

Procedure Specific Readmission

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
READM-30-CABG Q3 (2015) - Q2 (2018) Hospital-Level 30-day All-Cause Unplanned Readmission Following Coronary Artery Bypass Graft Surgery (CABG)	N/A(5)	N/A(5) (N/A(5), N/A(5))	12.8%	N/A(5)	State	0	18	0	4
					Nation	10	987	10	170
READM-30-HIP-KNEE Q3 (2015) - Q2 (2018) 30-Day Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	N/A(5)	N/A(5) (N/A(5), N/A(5))	4%	N/A(5)	State	1	69	3	14
					Nation	44	2,714	40	632

Footnotes:

5. Results are not available for this reporting period.

Hospital Wide Readmission

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
READM-30-HOSPWIDE Q3 (2017) - Q2 (2018) 30-Day Hospital-Wide All-Cause Unplanned	168	15.5% (14.0%, 17.2%)	15.3%	SAME	State	4	114	5	7
					Nation	199	4,045	237	192

Hospital Wide Readmission

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages			
					Better	Same	Worse	Too Few
Readmission Rate								

Inpatient Psychiatric Facility (IPF)- Readmission

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
READM-30-IPF Q3 (2015) - Q2 (2017) Rate of readmission after discharge from hospital	964	20% (17.6%, 22.7%)	20.1%	SAME	State	4	33	2	1
					Nation	109	1,325	177	81

Procedure Specific Outcomes

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
OP-32 Q1 (2017) - Q4 (2017) Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy	N/A(1)	N/A(1) (N/A(1), N/A(1))	14.8	TOO FEW(1)	State	0	87	0	31
					Nation	0	3,024	1	842

Footnotes:

1. The number of cases/patients is too few to report.

Excess Days in Acute Care

	Eligible Discharges	Patients Included	Returned to a Hospital	Measr. Days (95% int. limits)	Compare	Facility Compared to Averages (Days)				
						Fewer	Same	More	Too Few	
EDAC-30-AMI Q3 (2015) - Q2 (2018) Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	N/A(1)	N/A(1)	N/A(1)	N/A(1) (N/A(1), N/A(1))	TOO FEW(1)	State	4	36	17	51
						Nation	254	1,375	482	1,916
EDAC-30-HF Q3 (2015) - Q2 (2018) Excess Days in Acute Care after Hospitalization for Heart Failure	N/A(1)	N/A(1)	N/A(1)	N/A(1) (N/A(1), N/A(1))	TOO FEW(1)	State	8	64	26	33
						Nation	446	2,420	777	891
EDAC-30-PN Q3 (2015) - Q2 (2018) Excess Days in Acute Care after Hospitalization for Pneumonia	74	61	22	34.4 (5.4, 71)	WORSE	State	13	67	31	20
						Nation	602	2,495	1,029	471

Footnotes:

1. The number of cases/patients is too few to report.

Payment & Value of Care

Payment

	Eligible Discharges	Facility Payment (95% conf. int.)	National Average Payment	National Compare	Facility Compared to Averages				
					Greater	Same	Less	Too Few	
PAYM-30-AMI Q3 (2015) - Q2 (2018) Risk-Standardized Payment Associated with a 30-Day AMI Episode-of-Care for Acute Myocardial Infarction	N/A(1)	N/A(1) (N/A(1), N/A(1))	\$24,627	TOO FEW(1)	State	1	57	4	49
					Nation	195	1,887	164	1,889
					Value of Care	N/A (13)			
PAYM-30-HF Q3 (2015) - Q2 (2018) Risk-Standardized Payment Associated with a 30-Day Episode of Care for Heart Failure	N/A(1)	N/A(1) (N/A(1), N/A(1))	\$17,217	TOO FEW(1)	State	3	66	25	36
					Nation	562	2,531	413	1,012
					Value of Care	N/A (13)			
PAYM-30-PN Q3 (2015) - Q2 (2018) Risk-Standardized Payment Associated with a 30-Day Episode of Care for Pneumonia	67	\$16,684 (\$14,562, \$18,840)	\$17,858	SAME	State	8	73	30	19
					Nation	795	2,415	878	502
					Value of Care	Average Mortality and Average Payment			
PAYM-90-HIP-KNEE Q2 (2015) - Q1 (2018) Risk-Standardized Payment Associated with a 90-Day Episode of Care for THA/TKA	N/A(5)	N/A(5) (N/A(5), N/A(5))	\$21,392	N/A(5)	State	14	32	28	15
					Nation	665	1,034	1,082	661
					Value of Care	N/A (13)			

Footnotes:

- 1. The number of cases/patients is too few to report.
- 5. Results are not available for this reporting period.
- 13. Results cannot be calculated for this reporting period.

Medicare Spending per Beneficiary

	Facility Rate	State Rate	National Rate	National Median Amount
MSPB-1 Q1 (2017) - Q4 (2017) Spending per hospital patient with Medicare	0.93	0.95	0.99	\$21,127.95
CEBP-1 Q1 (2017) - Q4 (2017) Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment	N/A(1)	0.98	1.00	\$15,418.70
CEBP-2 Q1 (2017) - Q4 (2017) Cellulitis Clinical Episode-Based Payment	N/A(1)	0.97	1.00	\$9,718.24
CEBP-3 Q1 (2017) - Q4 (2017) Gastrointestinal Hemorrhage Clinical Episode-Based Payment	N/A(1)	0.95	0.99	\$11,081.90
CEBP-4 Q1 (2017) - Q4 (2017) Kidney/Urinary Tract Infection Clinical Episode-Based Payment	N/A(1)	0.95	0.99	\$10,049.17
CEBP-5 Q1 (2017) - Q4 (2017) Spinal Fusion Clinical Episode- Based Payment	N/A(1)	1.01	1.02	\$36,730.12
CEBP-6 Q1 (2017) - Q4 (2017)	N/A(1)	1.02	1.02	\$38,107.25

Medicare Spending per Beneficiary

	Facility Rate	State Rate	National Rate	National Median Amount
Aortic Aneurysm Procedure Clinical Episode-Based Payment				

Note:

An MSPB performance of greater than one indicates that your hospital's MSPB Amount is more expensive than the U.S. National Median MSPB Amount.

A MSPB performance of less than one indicates that your hospital's MSPB Amount is less expensive than the National Median Amount.

Footnotes:

1. The number of cases/patients is too few to report.

Continuity of Care

Use of an Electronic Health Record (EHR)

	Measure Response	EHR Usage & Response Rate					
			Paper or Other Forms	Non-Certified EHR Tech.	Certified EHR Tech	Response Rate (Yes)	Response Rate (No)
EHR Q1 (2017) - Q4 (2017) Use of an Electronic Health Record (EHR)	Paper or Other Form	State	51%	5%	44%	-	-
		Nation	56%	2%	42%	-	-
EHR-HISP Q1 (2017) - Q4 (2017) Healthcare information exchanged with Health Information Service Provider	No	State	-	-	-	49%	51%
		Nation	-	-	-	39%	61%

Transition Records

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
TR1 Q1 (2017) - Q4 (2017) Transition Record with Specified Elements	100%	696	44%	50%	98%
TR2 Q1 (2017) - Q4 (2017) Timely Transmission of Transition Record	100%	696	40%	45%	97%

Hospital-Based Inpatient Psychiatric Services

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
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Hospital-Based Inpatient Psychiatric Services

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
HBIPS-5 Q1 (2017) - Q4 (2017) Patients discharged on multiple antipsychotic medications with appropriate justification	100%	325	49%	66%	100%

Follow-up After Hospitalization for Mental Illness

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
FUH-30 Q3 (2016) - Q2 (2017) Follow-up after Hospitalization for Mental Illness 30-Days	56%	25	47.1%	52.7%	71.7%
FUH-7 Q3 (2016) - Q2 (2017) Follow-up after Hospitalization for Mental Illness 7-Days	24%	25	28.6%	30.6%	47.9%

Substance Use Treatment

Substance Use

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
SUB-2 Q1 (2017) - Q4 (2017) Alcohol Use Brief Intervention Provided or Offered	71%	35	78%	79%	100%
SUB-2a Q1 (2017) - Q4 (2017) Alcohol Use Brief Intervention	34%	35	70%	72%	100%
SUB-3 Q1 (2017) - Q4 (2017) Alcohol and other Drug Use Disorder Treatment Provided or Offered at Discharge	0%(1)	1(1)	64%	65%	98%
SUB-3a Q1 (2017) - Q4 (2017) Alcohol and other Drug Use Disorder Treatment Provided at Discharge	0%(1)	1(1)	53%	54%	93%

Footnotes:

1. The number of cases/patients is too few to report.

Tobacco Use

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
TOB-2 Q1 (2017) - Q4 (2017)	100%	33	76%	80%	100%

Tobacco Use

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
Tobacco Use Treatment Provided or Offered					
TOB-2a Q1 (2017) - Q4 (2017) Tobacco Use Treatment (during the hospital stay)	9%	33	40%	45%	86%
TOB-3 Q1 (2017) - Q4 (2017) Tobacco Use Treatment Provided or Offered at Discharge	100%	33	60%	54%	97%
TOB-3a Q1 (2017) - Q4 (2017) Tobacco Use Treatment at Discharge	9%	33	13%	15%	57%

Patient Experience

Hospital-Based Inpatient Psychiatric Services

		Rate	Hours	Days
HBIPS-2 Q1 (2017) - Q4 (2017) Hours of physical-restraint use	Facility	0	0	10,950
	State	0.6	9,346.12	649,330
	National	0.36	250,637.92	29,102,920
HBIPS-3 Q1 (2017) - Q4 (2017) Hours of seclusion	Facility	0.01	3.83	10,950
	State	0.16	2,384.19	638,235
	National	0.23	155,194.4	28,425,227

Assessment of Patient Experience of Care

	Measure Response	Measure Response Details	
		Response Rate (Yes)	Response Rate (No)
PEoC Q1 (2017) - Q4 (2017) Assessment of Patient Experience of Care	No	State 68%	32%
		Nation 78%	22%

Preventative Care and Screening

Screening

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
SMD Q1 (2017) - Q4 (2017) Screening for Metabolic Disorders	100%	696	52%	65%	99%
SUB-1 Q1 (2017) - Q4 (2017) Alcohol Use Screening	100%	712	92%	92%	100%
TOB-1 Q1 (2017) - Q4 (2017) Tobacco Use Screening	100%	712	95%	96%	100%

Surgical Procedure Volume

Surgical Procedure Volume

	GI	GU	Nervous System	MS	CV	Eye	Skin	Resp.	Other
OP-26 Q1 (2017) - Q4 (2017) Hospital Outpatient Volume on Selected Outpatient Surgical Procedures	397	3	0	0	0	161	65	6	0

Use of Medical Imaging

Imaging Efficiency

	Number of Patients	Facility Rate	State Rate	National Rate
OP-8 Q3 (2017) - Q2 (2018) MRI Lumbar Spine for Low Back Pain	N/A(1)	N/A(1)	39.3%	38.7%
OP-9 Q3 (2017) - Q2 (2018) Mammography Follow-up Rates	163	7.4%	8.2%	8.9%
OP-10 Q3 (2017) - Q2 (2018) Abdomen CT - Use of Contrast Material	104	3.8%	7.1%	6.9%
OP-11 Q3 (2017) - Q2 (2018) Thorax CT - Use of Contrast Material	56	3.6%	1.4%	1.4%
OP-13 Q3 (2017) - Q2 (2018) Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	N/A(1)	N/A(1)	4.9%	4.7%
OP-14 Q3 (2017) - Q2 (2018) Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)	N/A(1)	N/A(1)	1%	1.2%

Footnotes:

1. The number of cases/patients is too few to report.