RWHC Quality Indicators Program
Surgical Care Improvement Project Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate

Year	Month	Num	Den	%
2011	1	6	6	100.00 %
2011	2	3	3	100.00 %
2011	3	6	6	100.00 %
2011	4	6	6	100.00 %
2011	5	3	3	100.00 %
2011	6	11	11	100.00 %
2011	7	5	5	100.00 %
2011	8	7	7	100.00 %
2011	9	8	8	100.00 %
2011	10	10	10	100.00 %
2011	11	12	12	100.00 %
2011	12	9	9	100.00 %
	Totals:	**86**	**86**	**100.00 %**

Year	Month	Num	Den	%
2012	1	5	5	100.00 %
2012	2	7	7	100.00 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	8	8	100.00 %
2012	6	11	11	100.00 %
2012	7	7	7	100.00 %
2012	8	5	5	100.00 %
2012	9	6	6	100.00 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	5	5	100.00 %
	Totals:	**74**	**74**	**100.00 %**

Year	Month	Num	Den	%
2013	1	5	5	100.00 %
2013	2	9	9	100.00 %
2013	3	11	11	100.00 %
2013	4	3	3	100.00 %
2013	5	10	10	100.00 %
2013	6	11	11	100.00 %
2013	7	4	4	100.00 %
2013	8	8	8	100.00 %
2013	9	5	5	100.00 %
2013	10	7	7	100.00 %
2013	11	11	11	100.00 %
2013	12	9	9	100.00 %
	Totals:	**93**	**93**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	15	15	100.00 %	2012	1	17	17	100.00 %	2013	1	25	25	100.00 %
2011	2	20	20	100.00 %	2012	2	21	21	100.00 %	2013	2	24	24	100.00 %
2011	3	20	20	100.00 %	2012	3	18	18	100.00 %	2013	3	17	17	100.00 %
2011	4	31	31	100.00 %	2012	4	18	18	100.00 %	2013	4	27	27	100.00 %
Totals:		**86**	**86**	**100.00 %**	**Totals:**		**74**	**74**	**100.00 %**	**Totals:**		**93**	**93**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	356	372	95.70 %	100.00 %	100.00 %	0.00 %	58
2012	4	1374	1430	96.08 %	100.00 %	100.00 %	0.00 %	176
2013	1	1275	1316	96.88 %	100.00 %	100.00 %	0.00 %	179
2013	2	1264	1308	96.64 %	100.00 %	100.00 %	0.00 %	175
2013	3	1146	1183	96.87 %	100.00 %	100.00 %	50.00 %	160
2013	4	1337	1361	98.24 %	100.00 %	100.00 %	0.00 %	170
2014	1	1275	1298	98.23 %	100.00 %	100.00 %	0.00 %	175
2014	2	1349	1379	97.82 %	100.00 %	100.00 %	0.00 %	174
2014	3	1318	1343	98.14 %	100.00 %	100.00 %	0.00 %	173
2014	4	1524	1562	97.57 %	100.00 %	100.00 %	0.00 %	170
2015	1	524	533	98.31 %	100.00 %	100.00 %	50.00 %	51
2015	2	494	497	99.40 %	100.00 %	100.00 %	0.00 %	43
2015	3	487	498	97.79 %	100.00 %	100.00 %	0.00 %	44
2015	4	391	403	97.02 %	100.00 %	100.00 %	50.00 %	34
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**14114**	**14483**	**97.45 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	215977	220466	97.96%	98.94%	100.00%	0.00%	2620
2011	2	219495	223720	98.11%	99.16%	100.00%	0.00%	2657
2011	3	214049	217995	98.19%	99.31%	100.00%	0.00%	2671
2011	4	220316	224072	98.32%	99.59%	100.00%	0.00%	2676
2012	1	223051	226401	98.52%	100.00%	100.00%	0.00%	2700
2012	2	220286	223525	98.55%	100.00%	100.00%	0.00%	2701
2012	3	209561	212470	98.63%	100.00%	100.00%	0.00%	2655
2012	4	219495	222371	98.71%	100.00%	100.00%	0.00%	2657
2013	1	210171	212700	98.81%	100.00%	100.00%	0.00%	2648
2013	2	213156	215530	98.90%	100.00%	100.00%	0.00%	2636
2013	3	208197	210619	98.85%	100.00%	100.00%	0.00%	2644
2013	4	219575	222027	98.90%	100.00%	100.00%	0.00%	2600
2014	1	218750	220984	98.99%	100.00%	100.00%	0.00%	2685
2014	2	225519	227787	99.00%	100.00%	100.00%	0.00%	2694
2014	3	220754	222970	99.01%	100.00%	100.00%	0.00%	2700
2014	4	233325	235761	98.97%	100.00%	100.00%	0.00%	2722
	Sum:	3491677	3539398	98.65%				

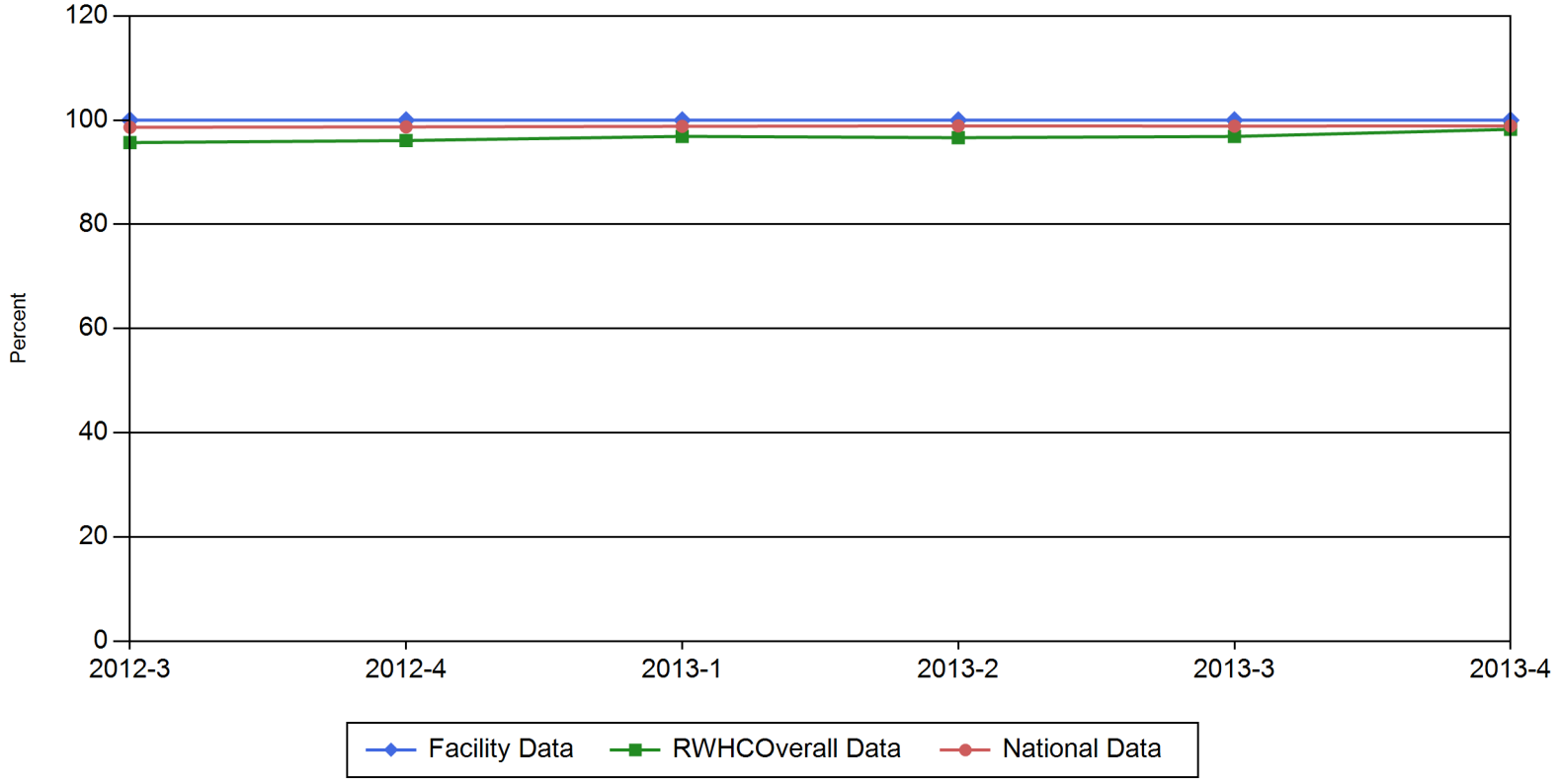
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate



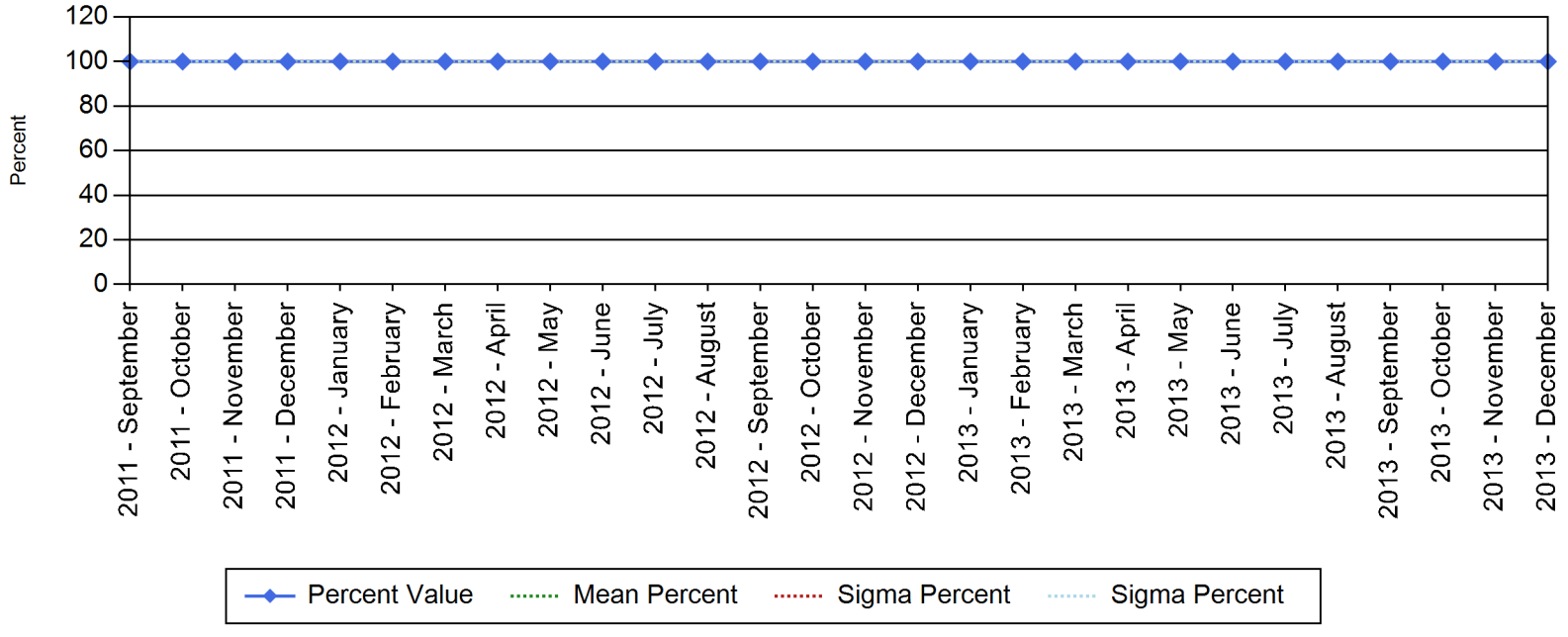
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
2014	1	0	0					0
2014	2	0	0					0
2014	3	0	0					0
2014	4	0	0					0
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**0**	**0**					

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	21438	21833	98.19%	100.00%	100.00%	0.00%	982
2011	2	22275	22640	98.39%	100.00%	100.00%	50.00%	991
2011	3	20980	21307	98.47%	100.00%	100.00%	50.00%	997
2011	4	20711	21008	98.59%	100.00%	100.00%	66.67%	997
2012	1	21030	21302	98.72%	100.00%	100.00%	63.64%	1001
2012	2	21607	21834	98.96%	100.00%	100.00%	66.67%	996
2012	3	20276	20490	98.96%	100.00%	100.00%	71.43%	988
2012	4	20710	20921	98.99%	100.00%	100.00%	50.00%	990
2013	1	20446	20695	98.80%	100.00%	100.00%	0.00%	991
2013	2	21448	21663	99.01%	100.00%	100.00%	0.00%	988
2013	3	21139	21368	98.93%	100.00%	100.00%	0.00%	986
2013	4	21146	21402	98.80%	100.00%	100.00%	5.00%	979
2014	1	21540	21717	99.18%	100.00%	100.00%	57.14%	1006
2014	2	22732	22910	99.22%	100.00%	100.00%	54.05%	1016
2014	3	22088	22267	99.20%	100.00%	100.00%	50.00%	1013
2014	4	21943	22152	99.06%	100.00%	100.00%	72.73%	1016
	Sum:	341509	345509	98.84%				

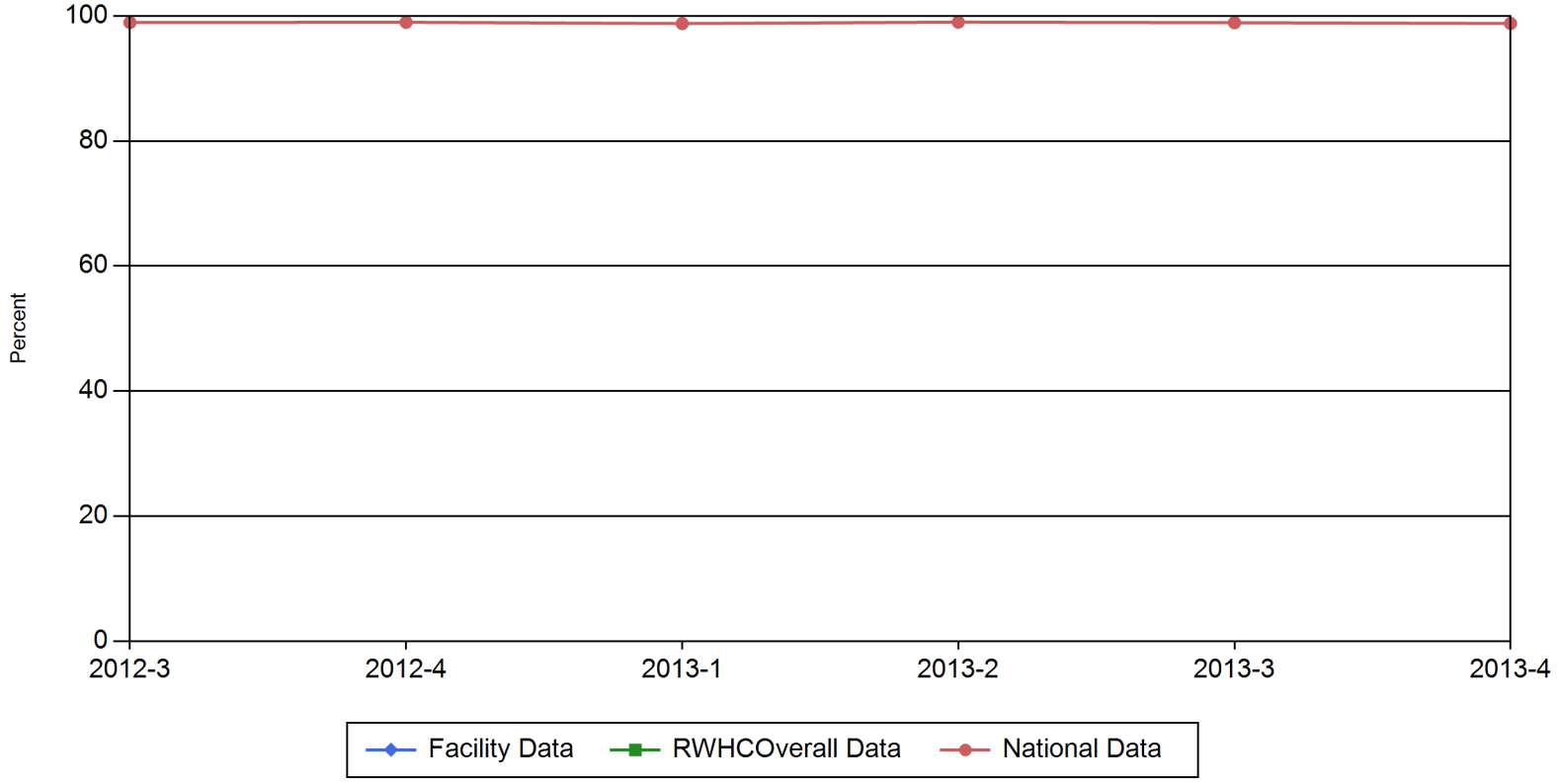
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG



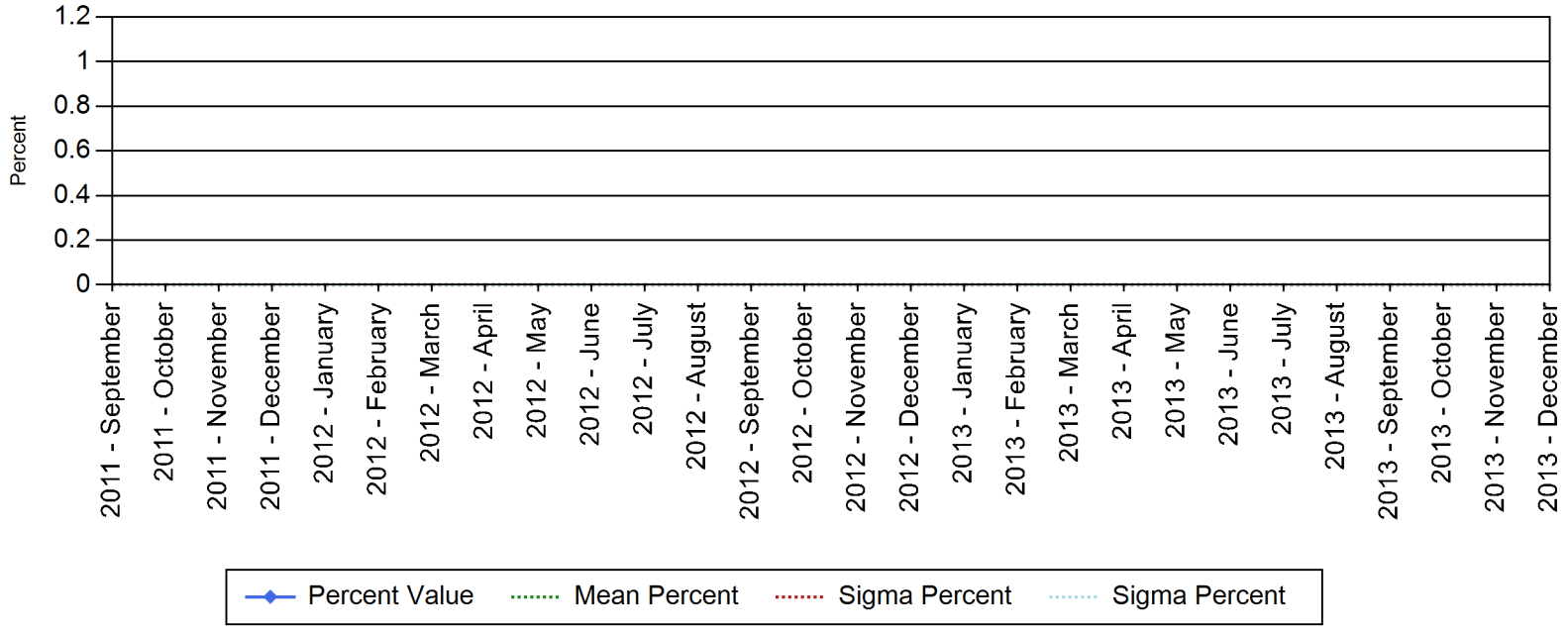
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
2014	1	0	0					0
2014	2	0	0					0
2014	3	0	0					0
2014	4	0	0					0
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**0**	**0**					

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	11826	12043	98.20%	100.00%	100.00%	50.00%	917
2011	2	12344	12565	98.24%	100.00%	100.00%	40.00%	928
2011	3	11948	12117	98.61%	100.00%	100.00%	0.00%	925
2011	4	11695	11863	98.58%	100.00%	100.00%	54.55%	927
2012	1	12376	12531	98.76%	100.00%	100.00%	50.00%	935
2012	2	12458	12610	98.79%	100.00%	100.00%	0.00%	935
2012	3	11715	11845	98.90%	100.00%	100.00%	0.00%	921
2012	4	11985	12120	98.89%	100.00%	100.00%	40.00%	915
2013	1	10960	11085	98.87%	100.00%	100.00%	25.00%	914
2013	2	11503	11635	98.87%	100.00%	100.00%	9.52%	908
2013	3	11249	11373	98.91%	100.00%	100.00%	0.00%	910
2013	4	11319	11448	98.87%	100.00%	100.00%	0.00%	896
2014	1	11550	11645	99.18%	100.00%	100.00%	40.00%	930
2014	2	12462	12551	99.29%	100.00%	100.00%	0.00%	942
2014	3	12032	12123	99.25%	100.00%	100.00%	50.00%	929
2014	4	12275	12369	99.24%	100.00%	100.00%	0.00%	941
	Sum:	189697	191923	98.84%				

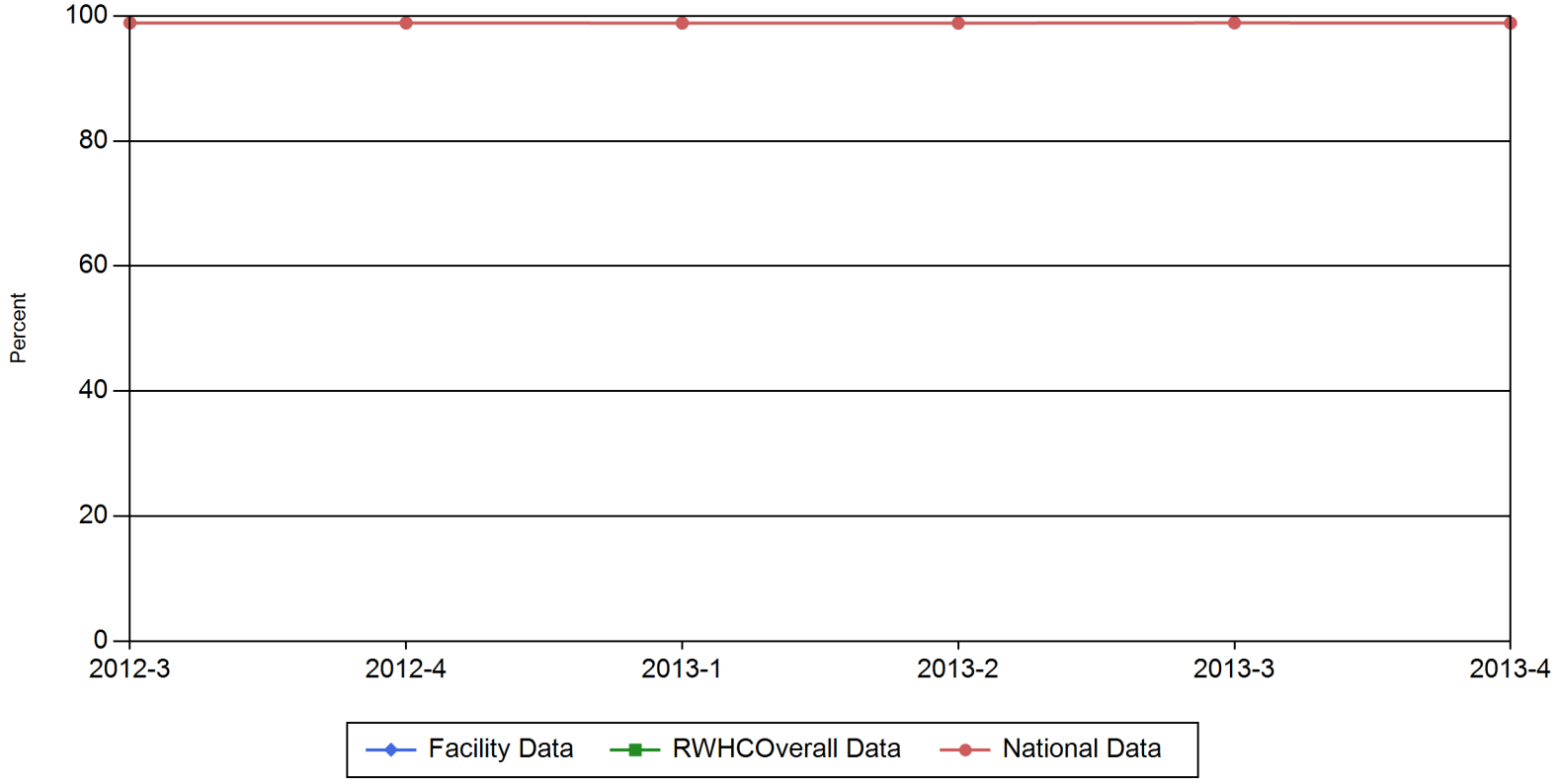
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery



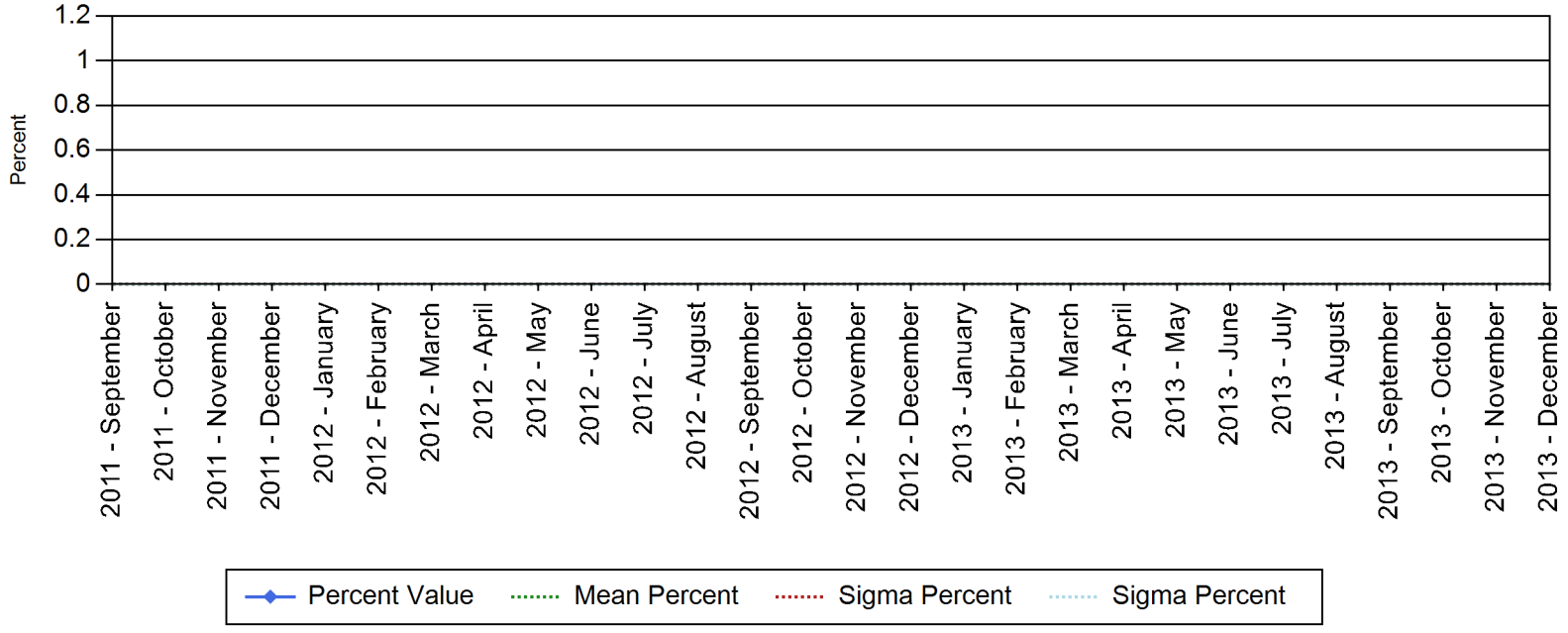
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery



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A run of 8 consecutive data points on one side of the center line (Mean).
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Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty

Year	Month	Num	Den	%
2011	1	1	1	100.00 %
2011	2	2	2	100.00 %
2011	3	0	0	ND
2011	4	1	1	100.00 %
2011	5	1	1	100.00 %
2011	6	7	7	100.00 %
2011	7	2	2	100.00 %
2011	8	1	1	100.00 %
2011	9	3	3	100.00 %
2011	10	3	3	100.00 %
2011	11	2	2	100.00 %
2011	12	2	2	100.00 %
	Totals:	**25**	**25**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	1	1	100.00 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	2	2	100.00 %
2012	7	3	3	100.00 %
2012	8	1	1	100.00 %
2012	9	3	3	100.00 %
2012	10	0	0	ND
2012	11	3	3	100.00 %
2012	12	2	2	100.00 %
	Totals:	**15**	**15**	**100.00 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	2	2	100.00 %
2013	3	4	4	100.00 %
2013	4	0	0	ND
2013	5	3	3	100.00 %
2013	6	3	3	100.00 %
2013	7	1	1	100.00 %
2013	8	1	1	100.00 %
2013	9	1	1	100.00 %
2013	10	1	1	100.00 %
2013	11	3	3	100.00 %
2013	12	2	2	100.00 %
	Totals:	**23**	**23**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty

Year	Quarter	Num	Den	%
2011	1	3	3	100.00 %
2011	2	9	9	100.00 %
2011	3	6	6	100.00 %
2011	4	7	7	100.00 %
Totals:		**25**	**25**	**100.00 %**

Year	Quarter	Num	Den	%
2012	1	1	1	100.00 %
2012	2	2	2	100.00 %
2012	3	7	7	100.00 %
2012	4	5	5	100.00 %
Totals:		**15**	**15**	**100.00 %**

Year	Quarter	Num	Den	%
2013	1	8	8	100.00 %
2013	2	6	6	100.00 %
2013	3	3	3	100.00 %
2013	4	6	6	100.00 %
Totals:		**23**	**23**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	107	112	95.54 %	100.00 %	100.00 %	0.00 %	36
2012	4	385	401	96.01 %	100.00 %	100.00 %	0.00 %	124
2013	1	375	386	97.15 %	100.00 %	100.00 %	0.00 %	120
2013	2	302	317	95.27 %	100.00 %	100.00 %	50.00 %	106
2013	3	335	348	96.26 %	100.00 %	100.00 %	0.00 %	109
2013	4	376	385	97.66 %	100.00 %	100.00 %	0.00 %	121
2014	1	374	383	97.65 %	100.00 %	100.00 %	0.00 %	124
2014	2	408	417	97.84 %	100.00 %	100.00 %	0.00 %	127
2014	3	424	429	98.83 %	100.00 %	100.00 %	0.00 %	119
2014	4	475	484	98.14 %	100.00 %	100.00 %	0.00 %	135
2015	1	167	170	98.24 %	100.00 %	100.00 %	0.00 %	41
2015	2	143	144	99.31 %	100.00 %	100.00 %	93.75 %	29
2015	3	153	154	99.35 %	100.00 %	100.00 %	0.00 %	32
2015	4	117	122	95.90 %	100.00 %	100.00 %	50.00 %	26
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**4141**	**4252**	**97.39 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	45024	45981	97.92%	100.00%	100.00%	0.00%	2374
2011	2	45891	46708	98.25%	100.00%	100.00%	0.00%	2411
2011	3	45319	46146	98.21%	100.00%	100.00%	0.00%	2400
2011	4	47665	48483	98.31%	100.00%	100.00%	0.00%	2426
2012	1	49176	49889	98.57%	100.00%	100.00%	0.00%	2457
2012	2	49218	49881	98.67%	100.00%	100.00%	0.00%	2454
2012	3	47544	48170	98.70%	100.00%	100.00%	0.00%	2416
2012	4	51033	51713	98.69%	100.00%	100.00%	0.00%	2430
2013	1	49682	50262	98.85%	100.00%	100.00%	0.00%	2425
2013	2	50683	51218	98.96%	100.00%	100.00%	0.00%	2398
2013	3	49718	50235	98.97%	100.00%	100.00%	0.00%	2397
2013	4	52932	53436	99.06%	100.00%	100.00%	0.00%	2367
2014	1	54394	54914	99.05%	100.00%	100.00%	0.00%	2462
2014	2	55733	56260	99.06%	100.00%	100.00%	0.00%	2473
2014	3	54634	55172	99.02%	100.00%	100.00%	0.00%	2464
2014	4	58194	58710	99.12%	100.00%	100.00%	0.00%	2492
	Sum:	806840	817178	98.73%				

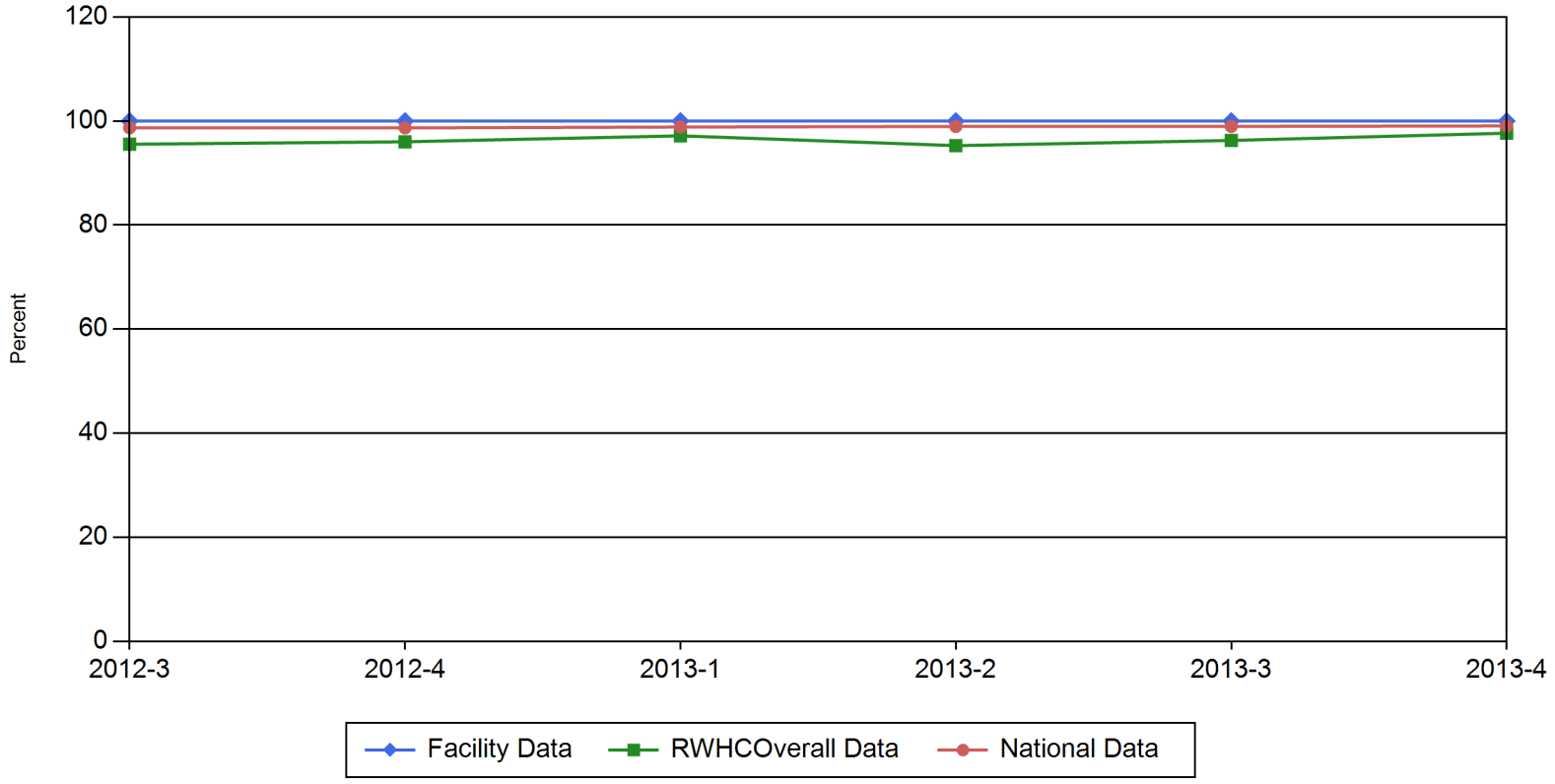
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty



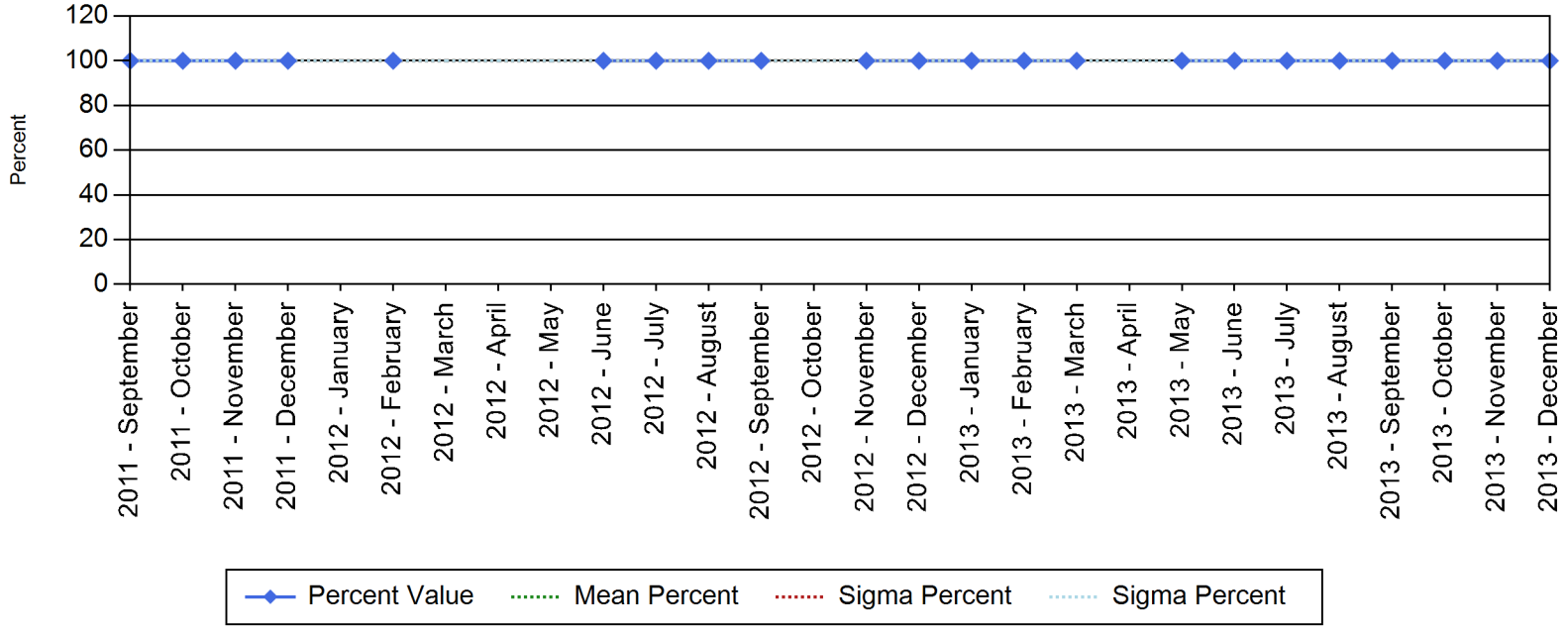
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty

Year	Month	Num	Den	%
2011	1	5	5	100.00 %
2011	2	1	1	100.00 %
2011	3	5	5	100.00 %
2011	4	5	5	100.00 %
2011	5	2	2	100.00 %
2011	6	3	3	100.00 %
2011	7	3	3	100.00 %
2011	8	5	5	100.00 %
2011	9	5	5	100.00 %
2011	10	7	7	100.00 %
2011	11	10	10	100.00 %
2011	12	4	4	100.00 %
	Totals:	**55**	**55**	**100.00 %**

Year	Month	Num	Den	%
2012	1	3	3	100.00 %
2012	2	2	2	100.00 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	5	5	100.00 %
2012	6	9	9	100.00 %
2012	7	4	4	100.00 %
2012	8	3	3	100.00 %
2012	9	2	2	100.00 %
2012	10	6	6	100.00 %
2012	11	4	4	100.00 %
2012	12	3	3	100.00 %
	Totals:	**48**	**48**	**100.00 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	7	7	100.00 %
2013	3	7	7	100.00 %
2013	4	3	3	100.00 %
2013	5	7	7	100.00 %
2013	6	8	8	100.00 %
2013	7	3	3	100.00 %
2013	8	7	7	100.00 %
2013	9	4	4	100.00 %
2013	10	6	6	100.00 %
2013	11	8	8	100.00 %
2013	12	6	6	100.00 %
	Totals:	**68**	**68**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	11	11	100.00 %	2012	1	10	10	100.00 %	2013	1	16	16	100.00 %
2011	2	10	10	100.00 %	2012	2	16	16	100.00 %	2013	2	18	18	100.00 %
2011	3	13	13	100.00 %	2012	3	9	9	100.00 %	2013	3	14	14	100.00 %
2011	4	21	21	100.00 %	2012	4	13	13	100.00 %	2013	4	20	20	100.00 %
Totals:		**55**	**55**	**100.00 %**	**Totals:**		**48**	**48**	**100.00 %**	**Totals:**		**68**	**68**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	180	185	97.30 %	100.00 %	100.00 %	0.00 %	48
2012	4	768	795	96.60 %	100.00 %	100.00 %	0.00 %	148
2013	1	705	722	97.65 %	100.00 %	100.00 %	0.00 %	145
2013	2	758	775	97.81 %	100.00 %	100.00 %	0.00 %	142
2013	3	654	674	97.03 %	100.00 %	100.00 %	0.00 %	140
2013	4	807	816	98.90 %	100.00 %	100.00 %	0.00 %	147
2014	1	739	748	98.80 %	100.00 %	100.00 %	0.00 %	143
2014	2	765	774	98.84 %	100.00 %	100.00 %	0.00 %	151
2014	3	743	755	98.41 %	100.00 %	100.00 %	0.00 %	155
2014	4	886	905	97.90 %	100.00 %	100.00 %	0.00 %	154
2015	1	331	337	98.22 %	100.00 %	100.00 %	50.00 %	48
2015	2	331	332	99.70 %	100.00 %	100.00 %	0.00 %	41
2015	3	318	328	96.95 %	100.00 %	100.00 %	0.00 %	42
2015	4	249	255	97.65 %	100.00 %	100.00 %	0.00 %	32
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**8234**	**8401**	**98.01 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	71269	72383	98.46%	100.00%	100.00%	0.00%	2369
2011	2	70875	71910	98.56%	100.00%	100.00%	0.00%	2410
2011	3	69050	70055	98.57%	100.00%	100.00%	0.00%	2425
2011	4	74179	75080	98.80%	100.00%	100.00%	0.00%	2426
2012	1	76380	77173	98.97%	100.00%	100.00%	0.00%	2470
2012	2	73449	74258	98.91%	100.00%	100.00%	0.00%	2460
2012	3	69909	70614	99.00%	100.00%	100.00%	0.00%	2419
2012	4	75992	76677	99.11%	100.00%	100.00%	0.00%	2432
2013	1	74179	74795	99.18%	100.00%	100.00%	0.00%	2413
2013	2	72958	73524	99.23%	100.00%	100.00%	0.00%	2408
2013	3	71429	72047	99.14%	100.00%	100.00%	0.00%	2405
2013	4	79968	80624	99.19%	100.00%	100.00%	0.00%	2369
2014	1	77439	77969	99.32%	100.00%	100.00%	0.00%	2445
2014	2	76823	77386	99.27%	100.00%	100.00%	33.33%	2448
2014	3	75378	75924	99.28%	100.00%	100.00%	0.00%	2464
2014	4	83105	83699	99.29%	100.00%	100.00%	0.00%	2484
	Sum:	1192382	1204118	99.03%				

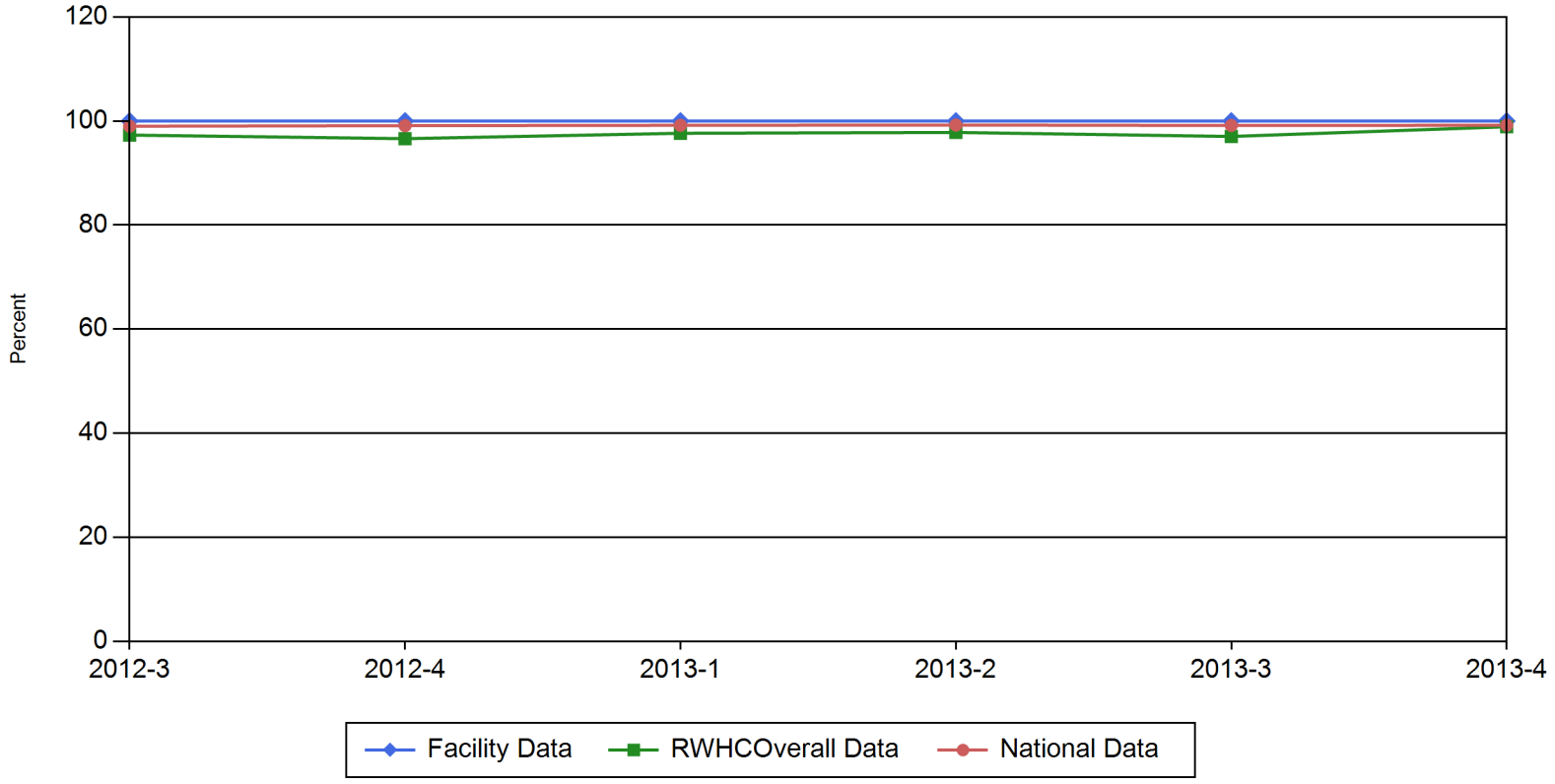
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty



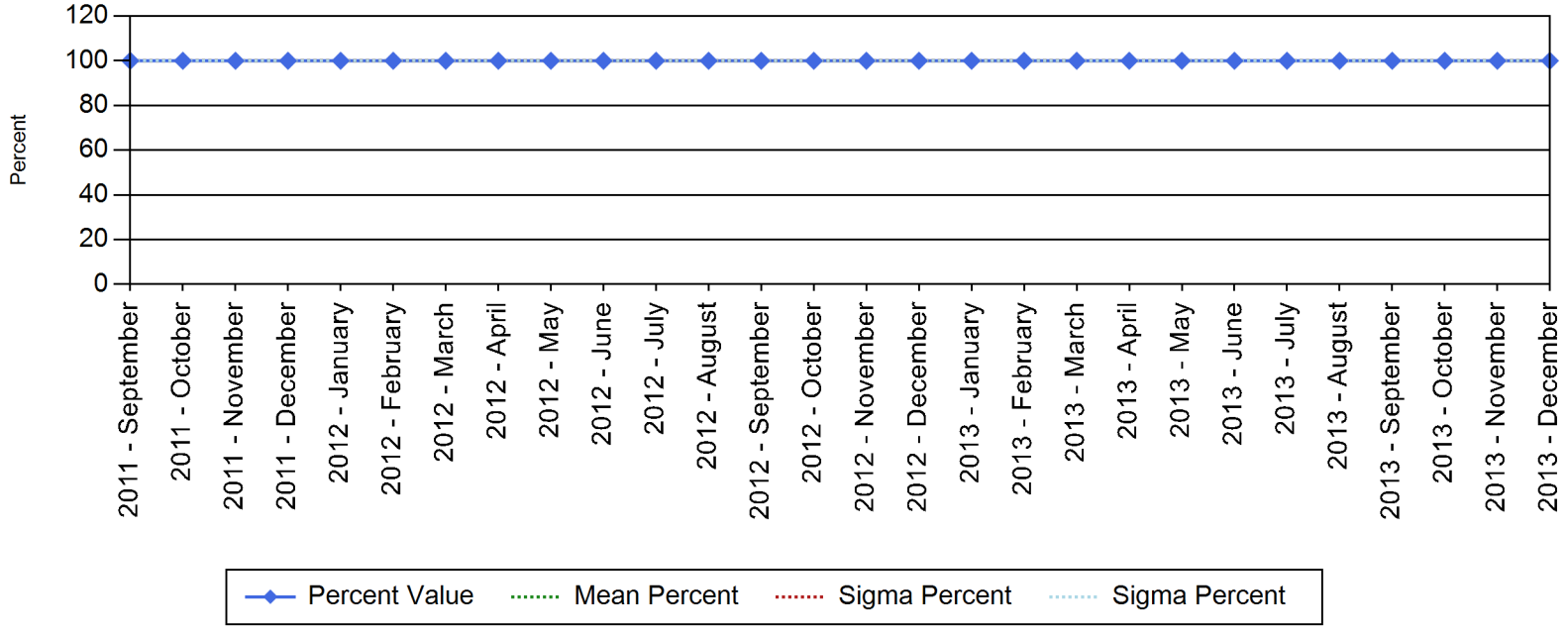
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty



For presentation purposes, Y-axis may not start at 0.

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One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	2	2	100.00 %
	Totals:	**2**	**2**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	4	4	100.00 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	2	2	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	1	1	100.00 %
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**7**	**7**	**100.00 %**

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	1	1	100.00 %
	Totals:	**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	4	4	100.00 %	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	2	2	100.00 %	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	1	1	100.00 %	2013	3	0	0	ND
2011	4	2	2	100.00 %	2012	4	0	0	ND	2013	4	1	1	100.00 %
Totals:		**2**	**2**	**100.00 %**	**Totals:**		**7**	**7**	**100.00 %**	**Totals:**		**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	36	40	90.00 %	100.00 %	100.00 %	0.00 %	24
2012	4	101	108	93.52 %	100.00 %	100.00 %	0.00 %	76
2013	1	68	76	89.47 %	100.00 %	100.00 %	0.00 %	55
2013	2	78	86	90.70 %	100.00 %	100.00 %	0.00 %	63
2013	3	60	64	93.75 %	100.00 %	100.00 %	0.00 %	47
2013	4	70	75	93.33 %	100.00 %	100.00 %	0.00 %	57
2014	1	84	86	97.67 %	100.00 %	100.00 %	0.00 %	60
2014	2	89	98	90.82 %	100.00 %	100.00 %	0.00 %	63
2014	3	84	90	93.33 %	100.00 %	100.00 %	0.00 %	63
2014	4	86	95	90.53 %	100.00 %	100.00 %	0.00 %	67
2015	1	13	13	100.00 %	100.00 %	100.00 %	100.00 %	8
2015	2	11	11	100.00 %	100.00 %	100.00 %	100.00 %	9
2015	3	11	11	100.00 %	100.00 %	100.00 %	100.00 %	6
2015	4	10	10	100.00 %	100.00 %	100.00 %	100.00 %	6
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**801**	**863**	**92.82 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	19531	20279	96.31%	100.00%	100.00%	0.00%	2341
2011	2	20019	20811	96.19%	100.00%	100.00%	0.00%	2373
2011	3	19937	20655	96.52%	100.00%	100.00%	0.00%	2379
2011	4	19669	20334	96.73%	100.00%	100.00%	0.00%	2370
2012	1	20398	21046	96.92%	100.00%	100.00%	0.00%	2410
2012	2	20396	21033	96.97%	100.00%	100.00%	0.00%	2419
2012	3	19954	20515	97.27%	100.00%	100.00%	0.00%	2371
2012	4	19718	20220	97.52%	100.00%	100.00%	0.00%	2355
2013	1	18613	19038	97.77%	100.00%	100.00%	0.00%	2349
2013	2	19452	19862	97.94%	100.00%	100.00%	0.00%	2343
2013	3	19200	19596	97.98%	100.00%	100.00%	0.00%	2323
2013	4	19037	19437	97.94%	100.00%	100.00%	0.00%	2297
2014	1	19473	19900	97.85%	100.00%	100.00%	0.00%	2393
2014	2	20373	20805	97.92%	100.00%	100.00%	0.00%	2380
2014	3	20212	20614	98.05%	100.00%	100.00%	0.00%	2389
2014	4	20130	20591	97.76%	100.00%	100.00%	0.00%	2412
	Sum:	316112	324736	97.34%				

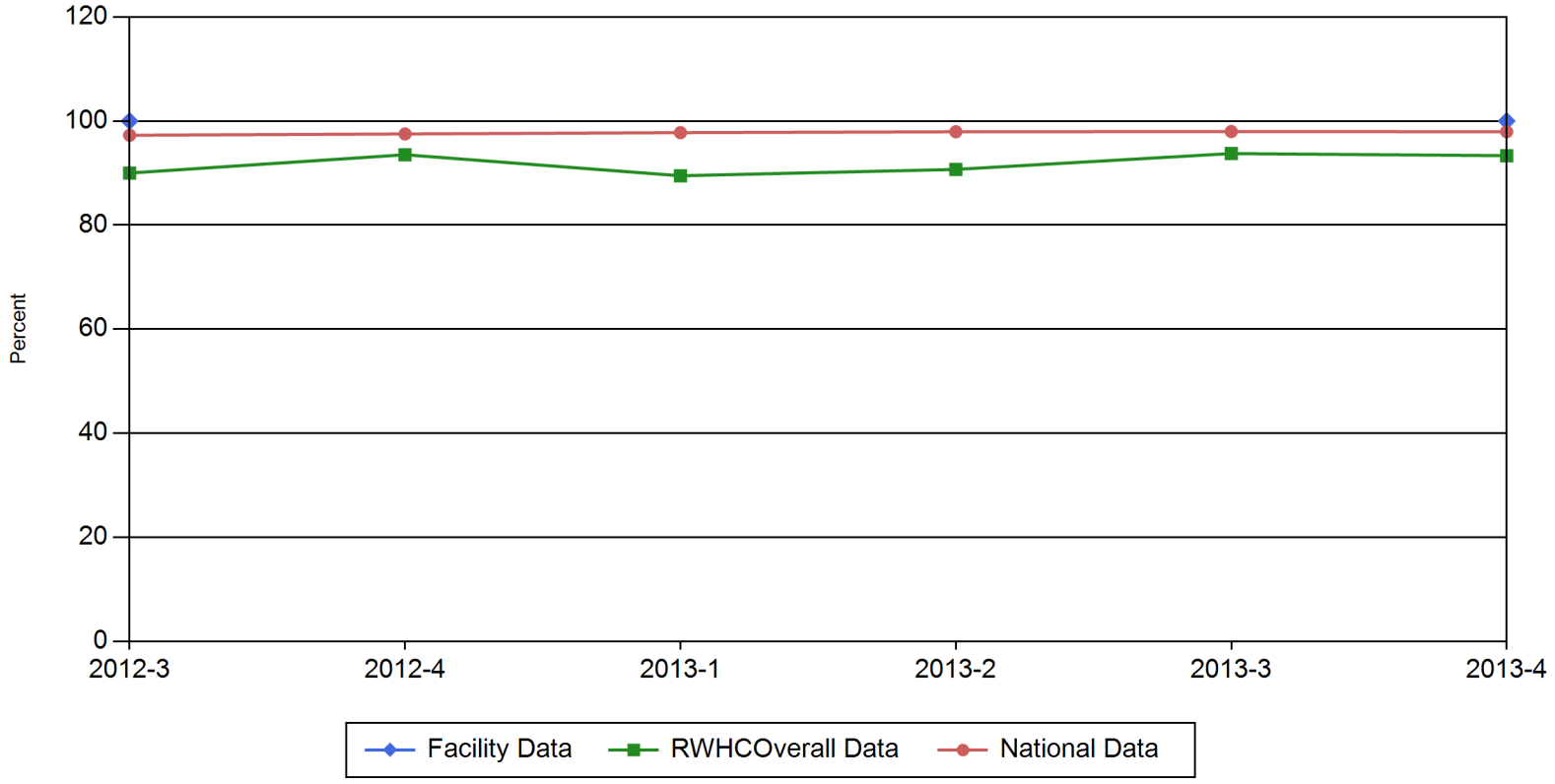
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery



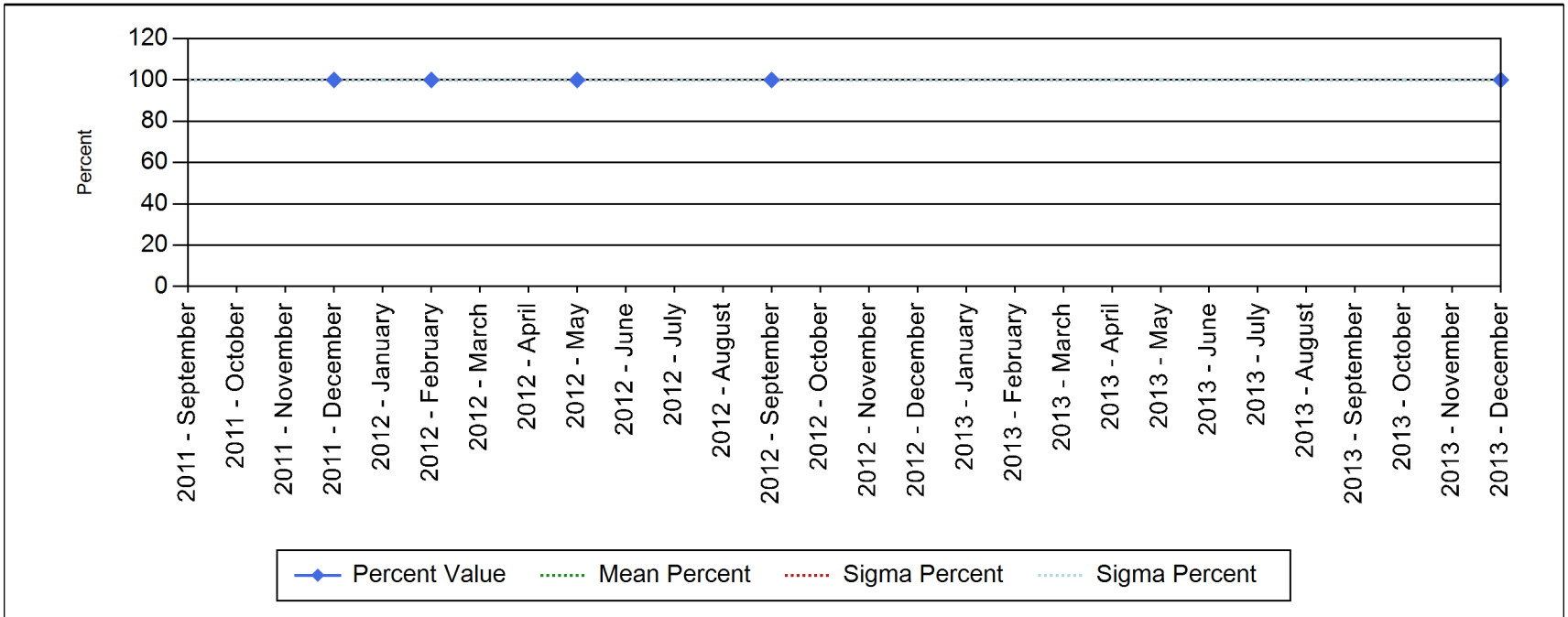
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	1	1	100.00 %
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	1	1	100.00 %
2011	7	0	0	ND
2011	8	1	1	100.00 %
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	1	1	100.00 %
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2012	1	2	2	100.00 %
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	1	1	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	1	1	100.00 %
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2013	1	1	1	100.00 %
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
	Totals:	**1**	**1**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	1	1	100.00 %	2012	1	2	2	100.00 %	2013	1	1	1	100.00 %
2011	2	1	1	100.00 %	2012	2	1	1	100.00 %	2013	2	0	0	ND
2011	3	1	1	100.00 %	2012	3	1	1	100.00 %	2013	3	0	0	ND
2011	4	1	1	100.00 %	2012	4	0	0	ND	2013	4	0	0	ND
Totals:		**4**	**4**	**100.00 %**	**Totals:**		**4**	**4**	**100.00 %**	**Totals:**		**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	31	33	93.94 %	100.00 %	100.00 %	0.00 %	19
2012	4	113	119	94.96 %	100.00 %	100.00 %	0.00 %	60
2013	1	125	130	96.15 %	100.00 %	100.00 %	0.00 %	68
2013	2	123	127	96.85 %	100.00 %	100.00 %	0.00 %	70
2013	3	92	92	100.00 %	100.00 %	100.00 %	100.00 %	53
2013	4	82	83	98.80 %	100.00 %	100.00 %	0.00 %	49
2014	1	75	78	96.15 %	100.00 %	100.00 %	0.00 %	45
2014	2	84	87	96.55 %	100.00 %	100.00 %	0.00 %	49
2014	3	63	65	96.92 %	100.00 %	100.00 %	0.00 %	42
2014	4	75	76	98.68 %	100.00 %	100.00 %	50.00 %	47
2015	1	13	13	100.00 %	100.00 %	100.00 %	100.00 %	10
2015	2	9	10	90.00 %	100.00 %	100.00 %	0.00 %	6
2015	3	5	5	100.00 %	100.00 %	100.00 %	100.00 %	2
2015	4	15	16	93.75 %	100.00 %	100.00 %	50.00 %	9
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**905**	**934**	**96.90 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	34937	35586	98.18%	100.00%	100.00%	0.00%	2294
2011	2	38028	38692	98.28%	100.00%	100.00%	0.00%	2350
2011	3	36683	37282	98.39%	100.00%	100.00%	0.00%	2351
2011	4	36821	37430	98.37%	100.00%	100.00%	0.00%	2348
2012	1	33930	34440	98.52%	100.00%	100.00%	0.00%	2362
2012	2	33172	33665	98.54%	100.00%	100.00%	0.00%	2333
2012	3	30519	30970	98.54%	100.00%	100.00%	0.00%	2301
2012	4	30647	31064	98.66%	100.00%	100.00%	0.00%	2296
2013	1	27041	27365	98.82%	100.00%	100.00%	0.00%	2251
2013	2	27609	27938	98.82%	100.00%	100.00%	0.00%	2240
2013	3	26045	26392	98.69%	100.00%	100.00%	0.00%	2212
2013	4	26125	26431	98.84%	100.00%	100.00%	0.00%	2174
2014	1	24630	24903	98.90%	100.00%	100.00%	0.00%	2229
2014	2	27361	27653	98.94%	100.00%	100.00%	0.00%	2276
2014	3	26439	26725	98.93%	100.00%	100.00%	0.00%	2266
2014	4	27716	28053	98.80%	100.00%	100.00%	0.00%	2258
	Sum:	487703	494589	98.61%				

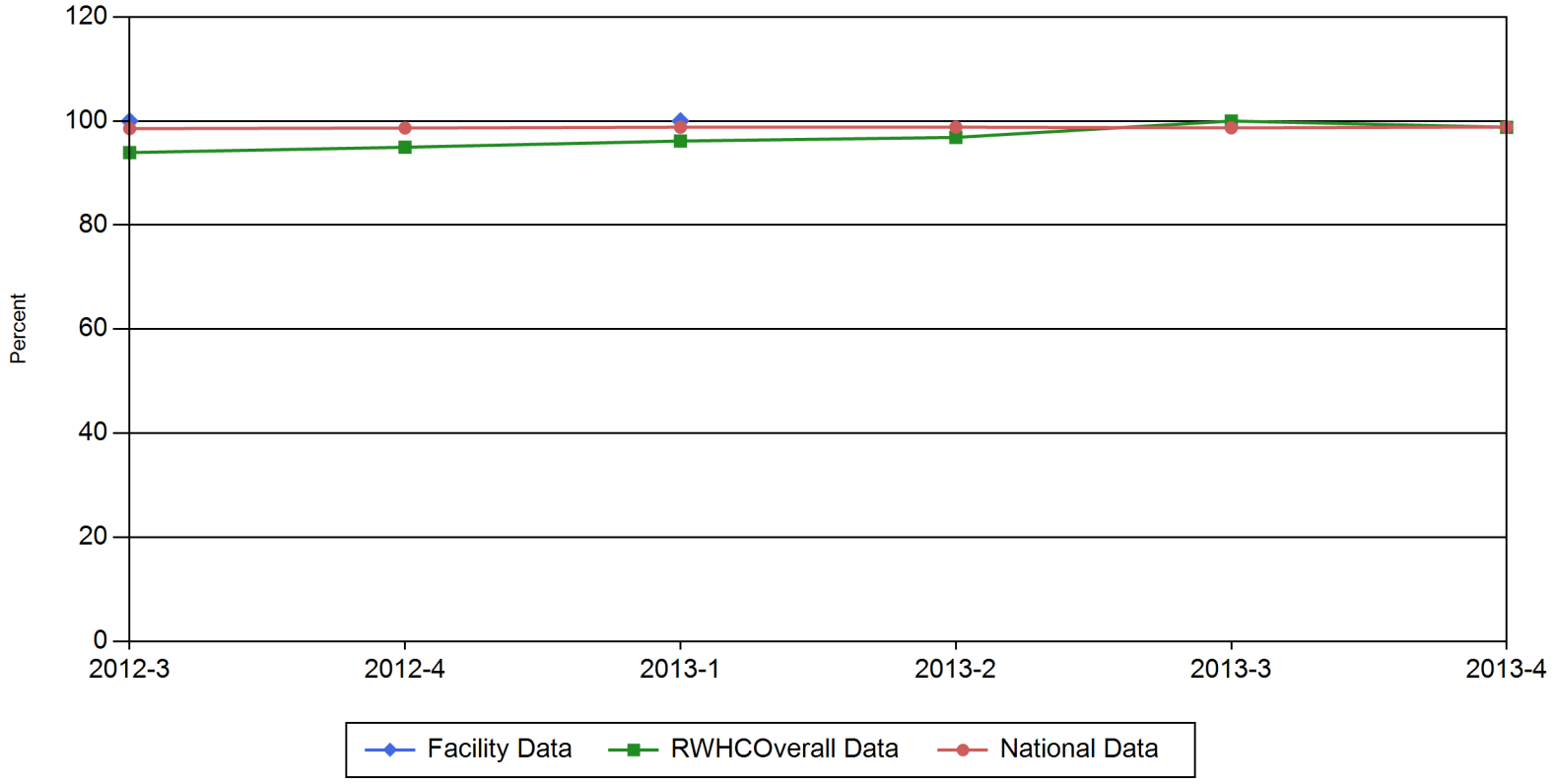
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy



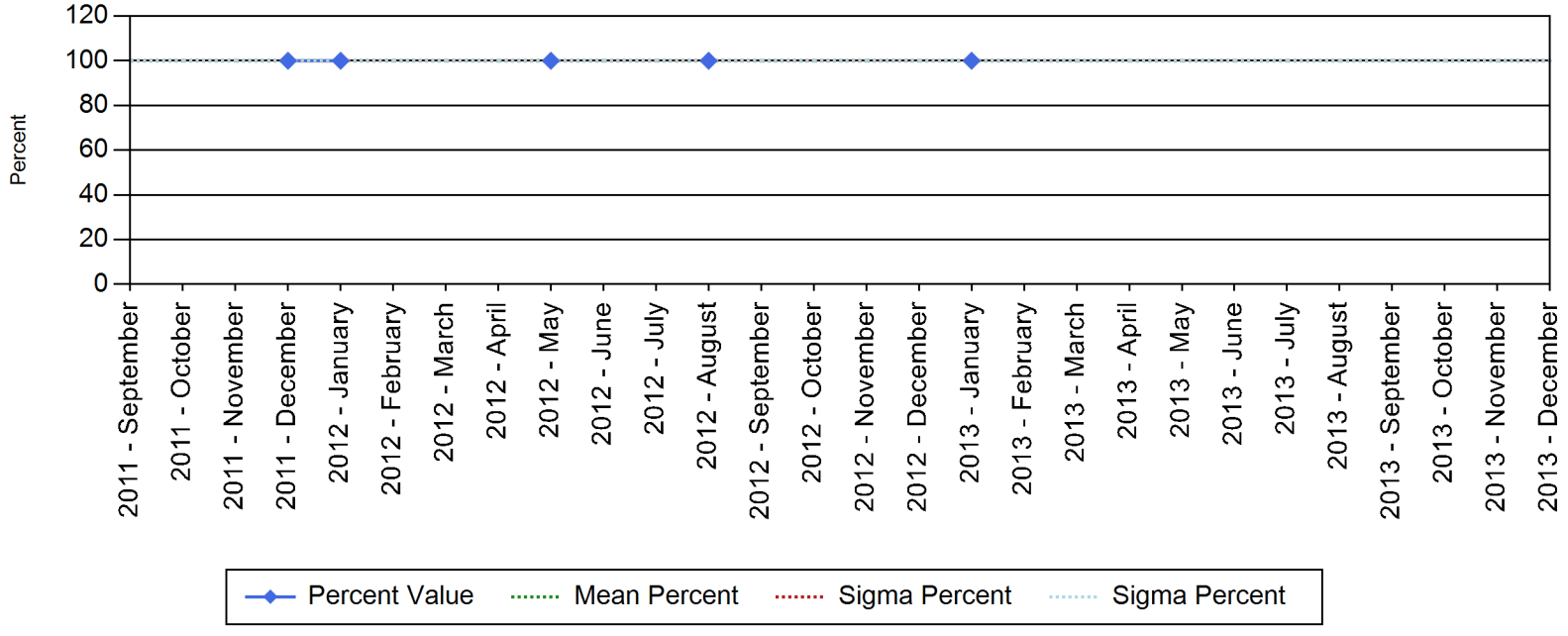
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy



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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	2	2	100.00 %	100.00 %	100.00 %	100.00 %	1
2012	4	7	7	100.00 %	100.00 %	100.00 %	100.00 %	5
2013	1	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2013	2	3	3	100.00 %	100.00 %	100.00 %	100.00 %	3
2013	3	5	5	100.00 %	100.00 %	100.00 %	100.00 %	3
2013	4	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	1	3	3	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	2	3	3	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	3	4	4	100.00 %	100.00 %	100.00 %	100.00 %	3
2014	4	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**33**	**33**	**100.00 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	11242	11614	96.80%	100.00%	100.00%	0.00%	1496
2011	2	9385	9689	96.86%	100.00%	100.00%	0.00%	1475
2011	3	9544	9828	97.11%	100.00%	100.00%	0.00%	1446
2011	4	8997	9273	97.02%	100.00%	100.00%	0.00%	1438
2012	1	9125	9354	97.55%	100.00%	100.00%	0.00%	1461
2012	2	9220	9450	97.57%	100.00%	100.00%	0.00%	1461
2012	3	8893	9096	97.77%	100.00%	100.00%	0.00%	1439
2012	4	8702	8930	97.45%	100.00%	100.00%	0.00%	1406
2013	1	8668	8867	97.76%	100.00%	100.00%	0.00%	1423
2013	2	8968	9150	98.01%	100.00%	100.00%	0.00%	1418
2013	3	8859	9034	98.06%	100.00%	100.00%	0.00%	1417
2013	4	8396	8576	97.90%	100.00%	100.00%	0.00%	1375
2014	1	8927	9114	97.95%	100.00%	100.00%	0.00%	1455
2014	2	9260	9422	98.28%	100.00%	100.00%	0.00%	1435
2014	3	9211	9359	98.42%	100.00%	100.00%	0.00%	1431
2014	4	9171	9354	98.04%	100.00%	100.00%	0.00%	1397
	Sum:	146568	150110	97.64%				

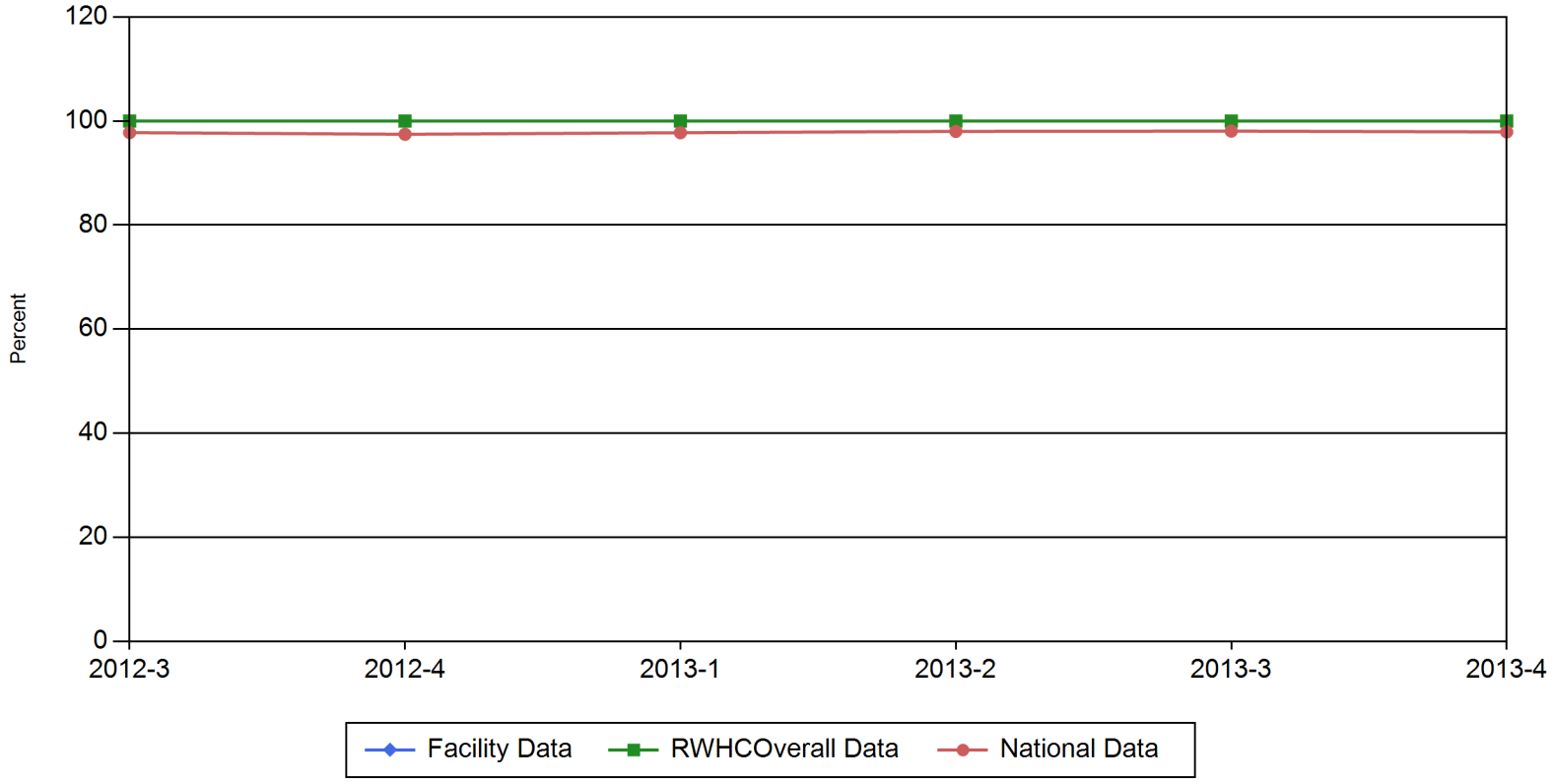
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery



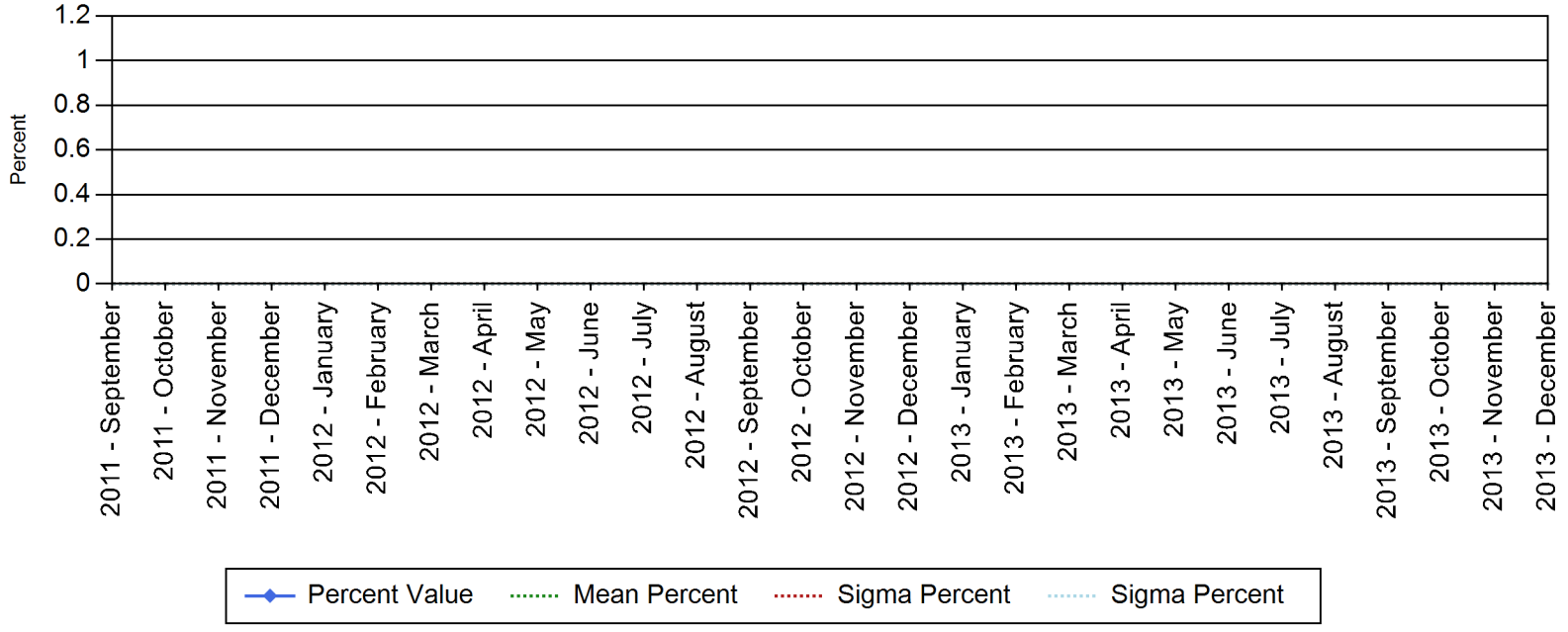
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery



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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate

Year	Month	Num	Den	%
2011	1	6	6	100.00 %
2011	2	3	3	100.00 %
2011	3	5	6	83.33 %
2011	4	6	6	100.00 %
2011	5	3	3	100.00 %
2011	6	11	11	100.00 %
2011	7	5	5	100.00 %
2011	8	7	7	100.00 %
2011	9	8	8	100.00 %
2011	10	10	10	100.00 %
2011	11	12	12	100.00 %
2011	12	10	10	100.00 %
	Totals:	**86**	**87**	**98.85 %**

Year	Month	Num	Den	%
2012	1	5	5	100.00 %
2012	2	7	7	100.00 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	8	8	100.00 %
2012	6	11	11	100.00 %
2012	7	7	7	100.00 %
2012	8	5	5	100.00 %
2012	9	6	6	100.00 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	5	5	100.00 %
	Totals:	**74**	**74**	**100.00 %**

Year	Month	Num	Den	%
2013	1	5	5	100.00 %
2013	2	9	9	100.00 %
2013	3	11	11	100.00 %
2013	4	3	3	100.00 %
2013	5	10	10	100.00 %
2013	6	11	11	100.00 %
2013	7	4	4	100.00 %
2013	8	8	8	100.00 %
2013	9	5	5	100.00 %
2013	10	7	7	100.00 %
2013	11	11	11	100.00 %
2013	12	9	9	100.00 %
	Totals:	**93**	**93**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	14	15	93.33 %	2012	1	17	17	100.00 %	2013	1	25	25	100.00 %
2011	2	20	20	100.00 %	2012	2	21	21	100.00 %	2013	2	24	24	100.00 %
2011	3	20	20	100.00 %	2012	3	18	18	100.00 %	2013	3	17	17	100.00 %
2011	4	32	32	100.00 %	2012	4	18	18	100.00 %	2013	4	27	27	100.00 %
Totals:		**86**	**87**	**98.85 %**	**Totals:**		**74**	**74**	**100.00 %**	**Totals:**		**93**	**93**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	361	369	97.83 %	100.00 %	100.00 %	0.00 %	57
2012	4	1403	1425	98.46 %	100.00 %	100.00 %	0.00 %	176
2013	1	1288	1309	98.40 %	100.00 %	100.00 %	0.00 %	178
2013	2	1277	1304	97.93 %	100.00 %	100.00 %	0.00 %	175
2013	3	1169	1182	98.90 %	100.00 %	100.00 %	50.00 %	160
2013	4	1344	1358	98.97 %	100.00 %	100.00 %	0.00 %	169
2014	1	1269	1296	97.92 %	100.00 %	100.00 %	0.00 %	175
2014	2	1353	1379	98.11 %	100.00 %	100.00 %	0.00 %	174
2014	3	1318	1342	98.21 %	100.00 %	100.00 %	0.00 %	172
2014	4	1535	1558	98.52 %	100.00 %	100.00 %	50.00 %	169
2015	1	511	515	99.22 %	100.00 %	100.00 %	50.00 %	48
2015	2	494	496	99.60 %	100.00 %	100.00 %	90.00 %	43
2015	3	490	494	99.19 %	100.00 %	100.00 %	50.00 %	44
2015	4	399	401	99.50 %	100.00 %	100.00 %	50.00 %	34
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**14211**	**14428**	**98.50 %**				

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	219248	222889	98.37%	99.02%	100.00%	0.00%	2621
2011	2	222460	226205	98.34%	99.07%	100.00%	0.00%	2657
2011	3	217122	220415	98.51%	99.19%	100.00%	0.00%	2671
2011	4	223423	226501	98.64%	99.40%	100.00%	0.00%	2677
2012	1	221483	224220	98.78%	100.00%	100.00%	0.00%	2665
2012	2	220334	223055	98.78%	100.00%	100.00%	0.00%	2701
2012	3	209725	212039	98.91%	100.00%	100.00%	0.00%	2655
2012	4	219761	221941	99.02%	100.00%	100.00%	0.00%	2655
2013	1	210393	212289	99.11%	100.00%	100.00%	0.00%	2647
2013	2	213206	215123	99.11%	100.00%	100.00%	0.00%	2636
2013	3	208547	210252	99.19%	100.00%	100.00%	33.33%	2644
2013	4	219993	221627	99.26%	100.00%	100.00%	0.00%	2599
2014	1	217749	220610	98.70%	100.00%	100.00%	0.00%	2684
2014	2	224484	227462	98.69%	100.00%	100.00%	0.00%	2694
2014	3	219795	222624	98.73%	100.00%	100.00%	0.00%	2700
2014	4	232519	235409	98.77%	100.00%	100.00%	0.00%	2722
	Sum:	3500242	3542661	98.80%				

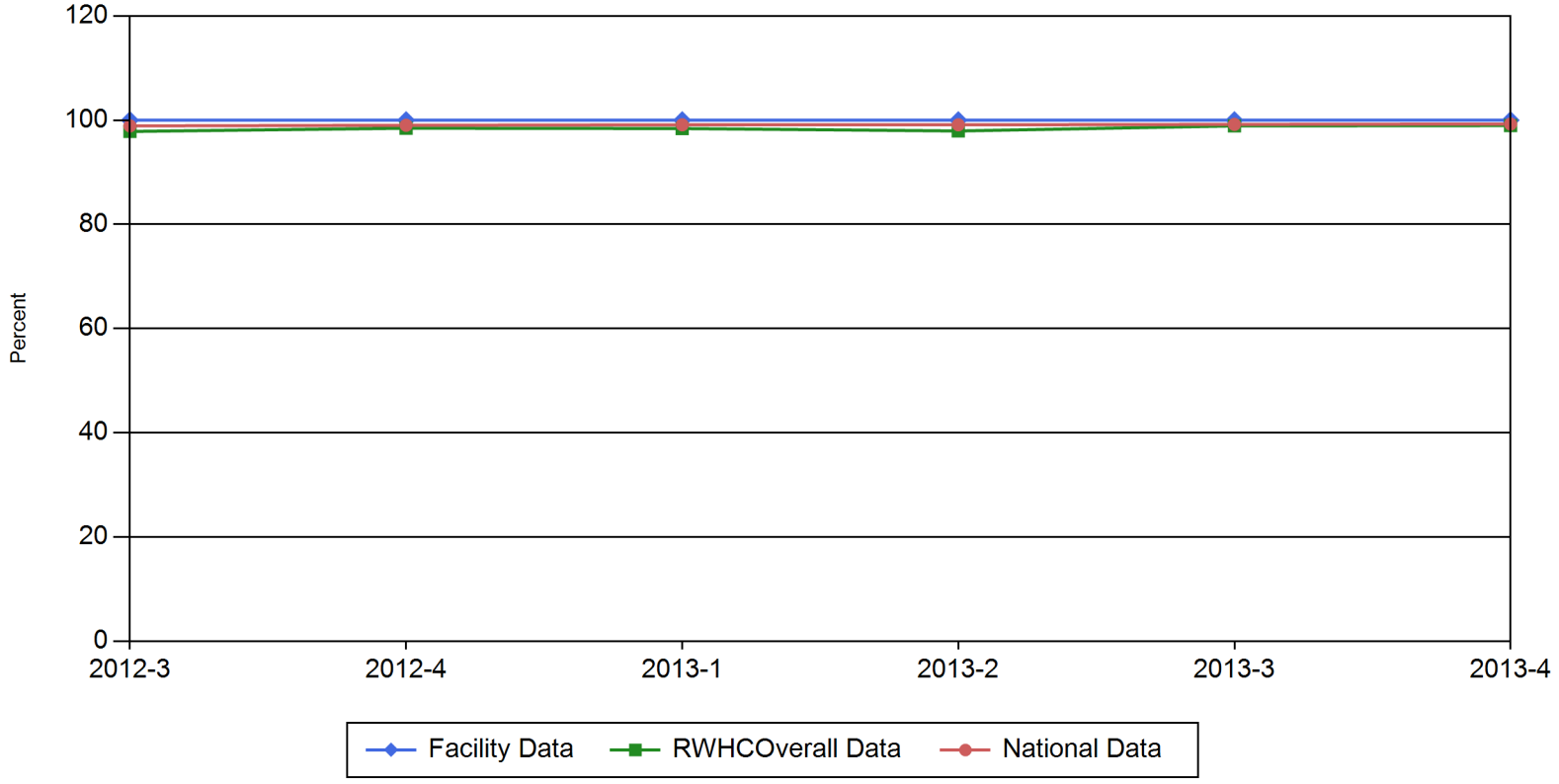
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate



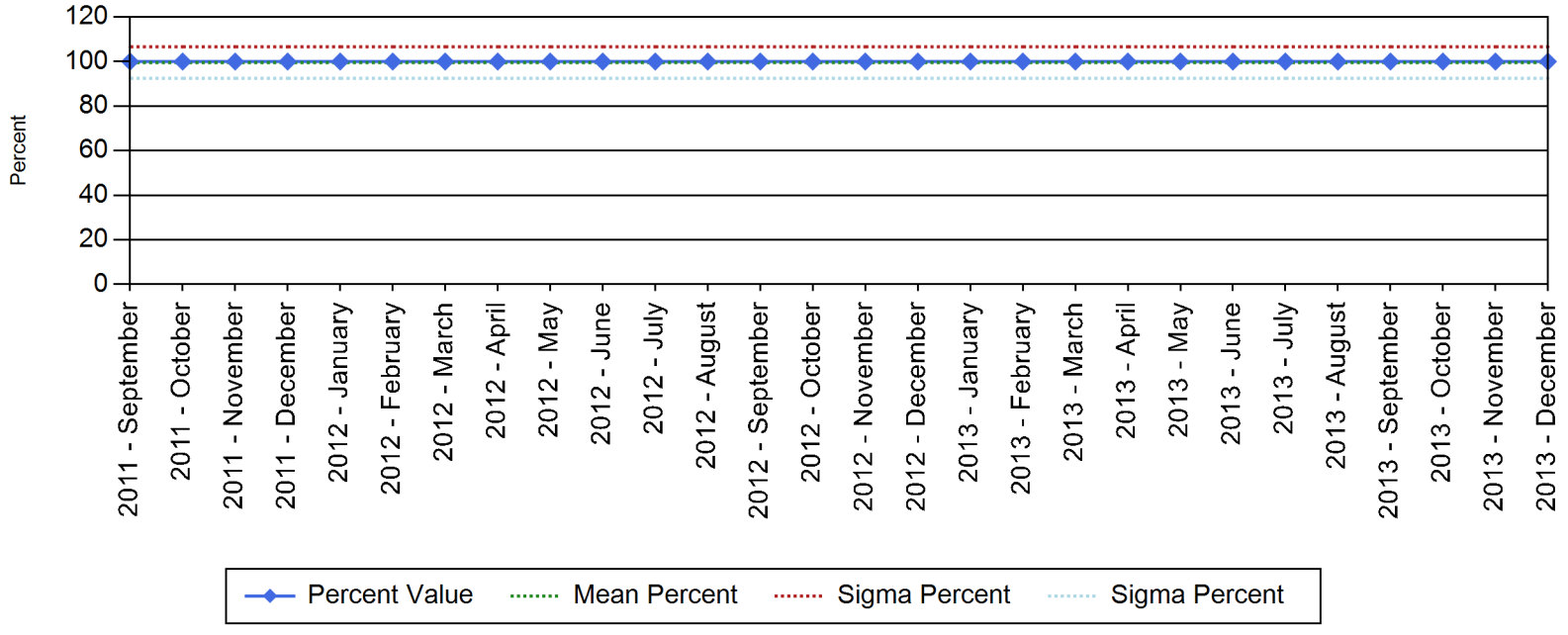
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
2014	1	0	0					0
2014	2	0	0					0
2014	3	0	0					0
2014	4	0	0					0
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**0**	**0**					

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	22277	22362	99.62%	100.00%	100.00%	61.25%	982
2011	2	23132	23212	99.66%	100.00%	100.00%	58.11%	991
2011	3	21773	21830	99.74%	100.00%	100.00%	73.97%	997
2011	4	21502	21541	99.82%	100.00%	100.00%	78.57%	997
2012	1	21084	21124	99.81%	100.00%	100.00%	0.00%	999
2012	2	21763	21785	99.90%	100.00%	100.00%	75.00%	996
2012	3	20398	20444	99.77%	100.00%	100.00%	80.00%	988
2012	4	20850	20876	99.88%	100.00%	100.00%	87.50%	990
2013	1	20603	20622	99.91%	100.00%	100.00%	50.00%	991
2013	2	21577	21594	99.92%	100.00%	100.00%	0.00%	988
2013	3	21281	21312	99.85%	100.00%	100.00%	50.00%	986
2013	4	21312	21331	99.91%	100.00%	100.00%	83.33%	979
2014	1	21570	21650	99.63%	100.00%	100.00%	75.00%	1006
2014	2	22761	22870	99.52%	100.00%	100.00%	50.00%	1016
2014	3	22132	22213	99.64%	100.00%	100.00%	52.63%	1013
2014	4	22004	22102	99.56%	100.00%	100.00%	47.37%	1016
	Sum:	346019	346868	99.76%				

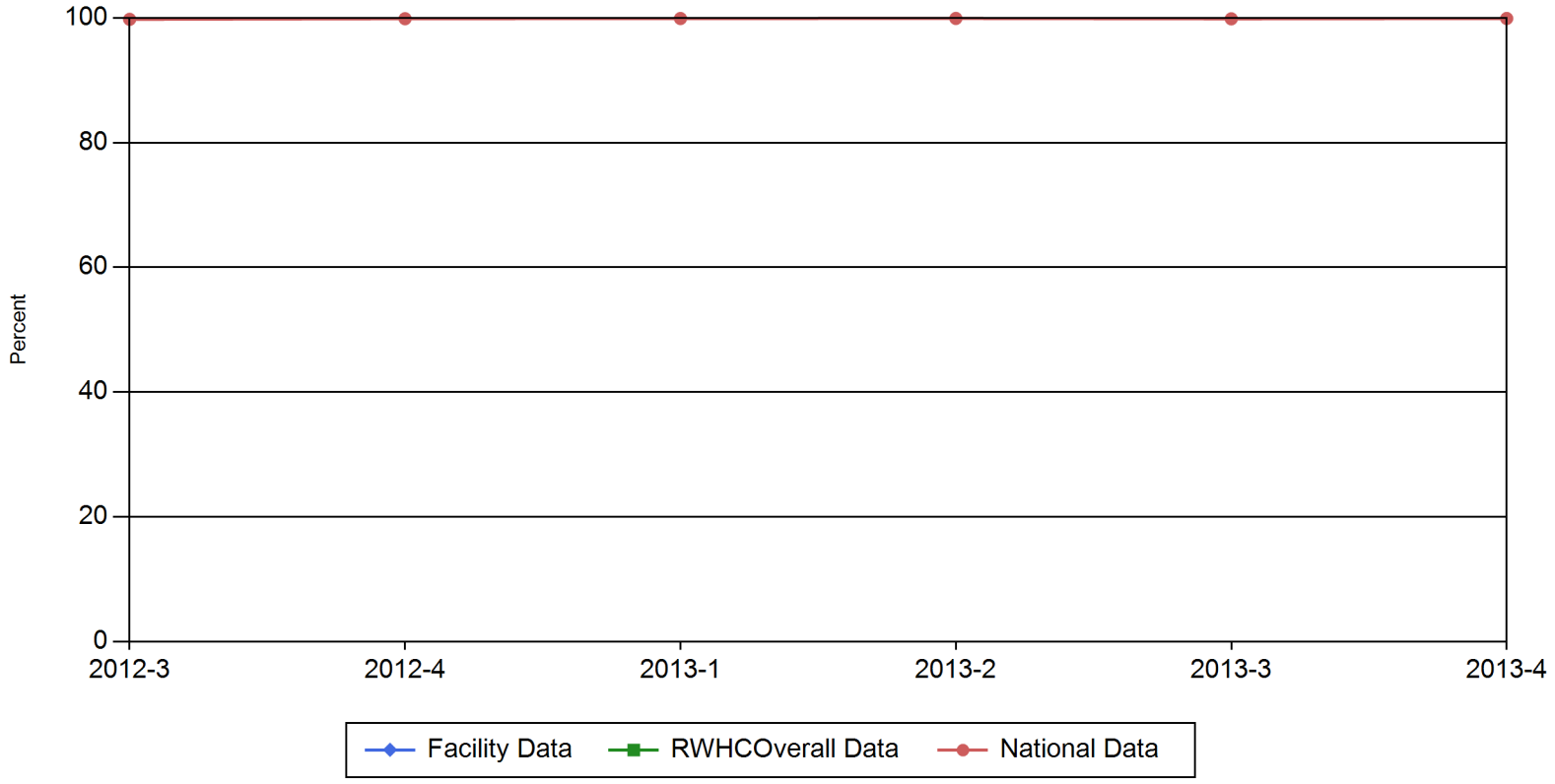
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG



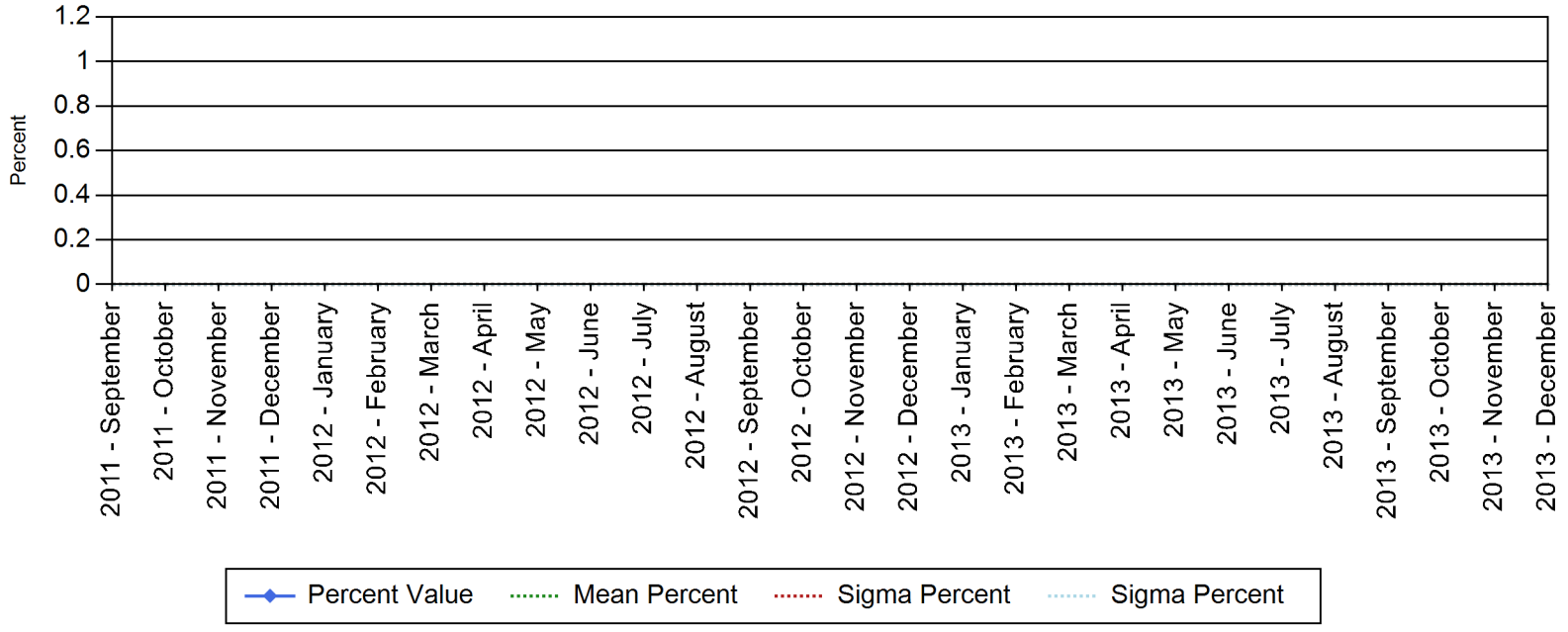
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
2014	1	0	0					0
2014	2	0	0					0
2014	3	0	0					0
2014	4	0	0					0
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**0**	**0**					

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	12680	12707	99.79%	100.00%	100.00%	58.33%	924
2011	2	13198	13229	99.77%	100.00%	100.00%	62.50%	928
2011	3	12725	12749	99.81%	100.00%	100.00%	0.00%	925
2011	4	12462	12478	99.87%	100.00%	100.00%	80.00%	928
2012	1	12405	12414	99.93%	100.00%	100.00%	85.71%	932
2012	2	12532	12539	99.94%	100.00%	100.00%	91.67%	935
2012	3	11783	11789	99.95%	100.00%	100.00%	93.33%	919
2012	4	12044	12060	99.87%	100.00%	100.00%	66.67%	915
2013	1	11003	11019	99.85%	100.00%	100.00%	88.89%	914
2013	2	11554	11567	99.89%	100.00%	100.00%	50.00%	908
2013	3	11288	11297	99.92%	100.00%	100.00%	83.33%	909
2013	4	11359	11377	99.84%	100.00%	100.00%	60.00%	892
2014	1	11559	11592	99.72%	100.00%	100.00%	40.00%	929
2014	2	12475	12507	99.74%	100.00%	100.00%	0.00%	942
2014	3	12038	12072	99.72%	100.00%	100.00%	66.67%	928
2014	4	12274	12318	99.64%	100.00%	100.00%	71.43%	940
	Sum:	193379	193714	99.83%				

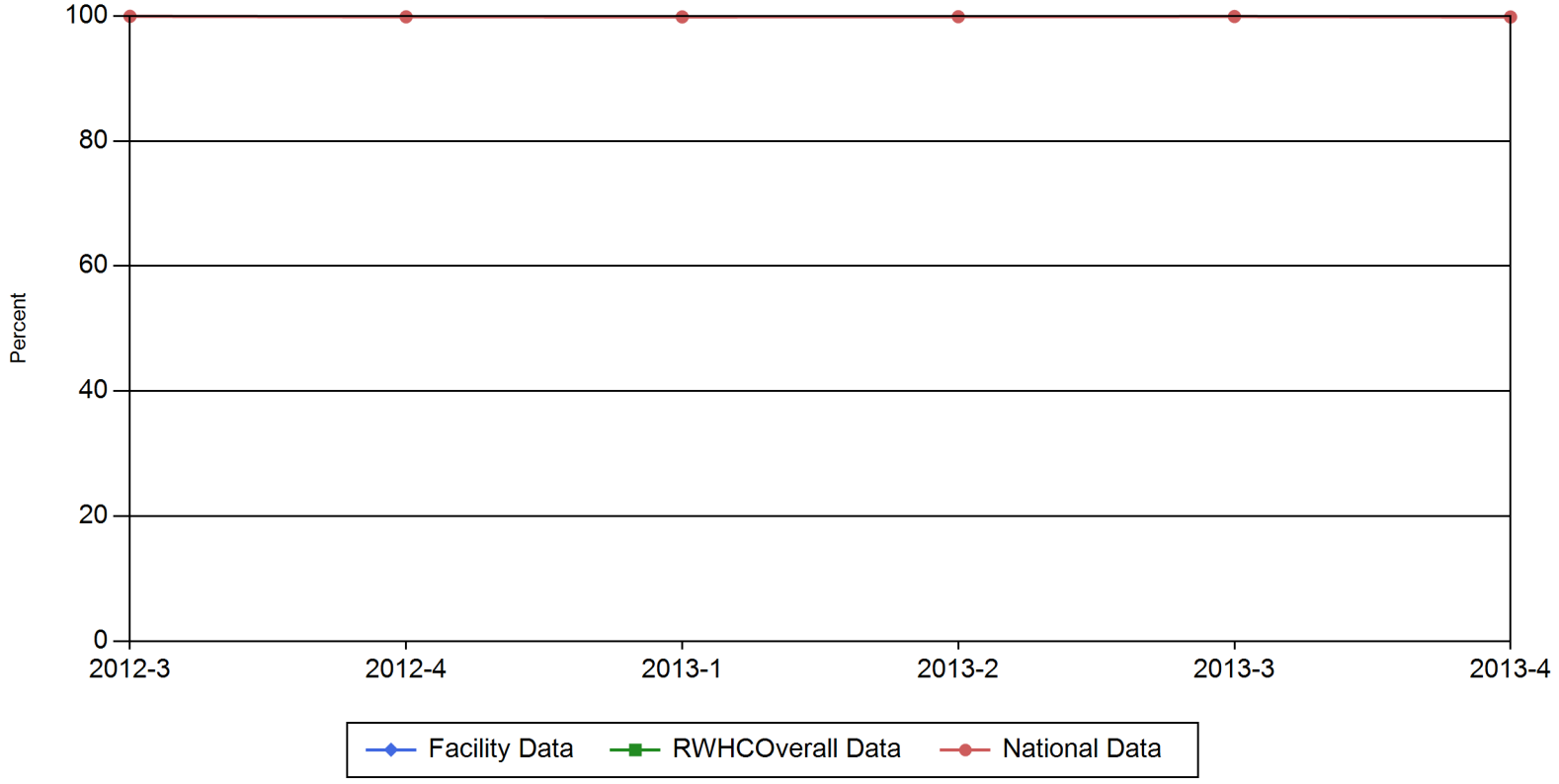
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery



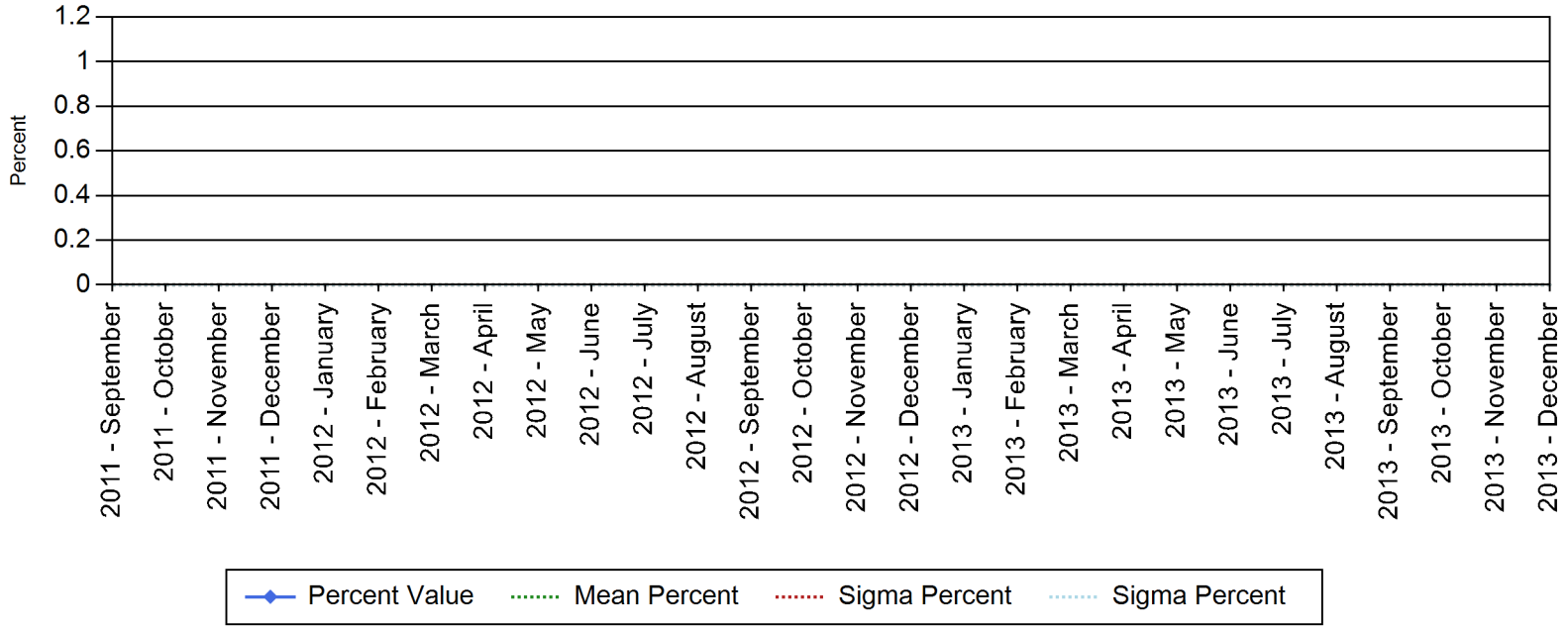
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
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A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty

Year	Month	Num	Den	%
2011	1	1	1	100.00 %
2011	2	2	2	100.00 %
2011	3	0	0	ND
2011	4	1	1	100.00 %
2011	5	1	1	100.00 %
2011	6	7	7	100.00 %
2011	7	2	2	100.00 %
2011	8	1	1	100.00 %
2011	9	3	3	100.00 %
2011	10	3	3	100.00 %
2011	11	2	2	100.00 %
2011	12	2	2	100.00 %
	Totals:	**25**	**25**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	1	1	100.00 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	2	2	100.00 %
2012	7	3	3	100.00 %
2012	8	1	1	100.00 %
2012	9	3	3	100.00 %
2012	10	0	0	ND
2012	11	3	3	100.00 %
2012	12	2	2	100.00 %
	Totals:	**15**	**15**	**100.00 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	2	2	100.00 %
2013	3	4	4	100.00 %
2013	4	0	0	ND
2013	5	3	3	100.00 %
2013	6	3	3	100.00 %
2013	7	1	1	100.00 %
2013	8	1	1	100.00 %
2013	9	1	1	100.00 %
2013	10	1	1	100.00 %
2013	11	3	3	100.00 %
2013	12	2	2	100.00 %
	Totals:	**23**	**23**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	3	3	100.00 %	2012	1	1	1	100.00 %	2013	1	8	8	100.00 %
2011	2	9	9	100.00 %	2012	2	2	2	100.00 %	2013	2	6	6	100.00 %
2011	3	6	6	100.00 %	2012	3	7	7	100.00 %	2013	3	3	3	100.00 %
2011	4	7	7	100.00 %	2012	4	5	5	100.00 %	2013	4	6	6	100.00 %
Totals:		**25**	**25**	**100.00 %**	**Totals:**		**15**	**15**	**100.00 %**	**Totals:**		**23**	**23**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	111	111	100.00 %	100.00 %	100.00 %	100.00 %	36
2012	4	398	401	99.25 %	100.00 %	100.00 %	50.00 %	124
2013	1	384	386	99.48 %	100.00 %	100.00 %	50.00 %	120
2013	2	315	316	99.68 %	100.00 %	100.00 %	75.00 %	106
2013	3	347	348	99.71 %	100.00 %	100.00 %	93.33 %	109
2013	4	385	385	100.00 %	100.00 %	100.00 %	100.00 %	121
2014	1	376	383	98.17 %	100.00 %	100.00 %	50.00 %	124
2014	2	414	417	99.28 %	100.00 %	100.00 %	66.67 %	127
2014	3	428	429	99.77 %	100.00 %	100.00 %	50.00 %	119
2014	4	481	483	99.59 %	100.00 %	100.00 %	0.00 %	134
2015	1	161	161	100.00 %	100.00 %	100.00 %	100.00 %	38
2015	2	144	144	100.00 %	100.00 %	100.00 %	100.00 %	29
2015	3	154	154	100.00 %	100.00 %	100.00 %	100.00 %	32
2015	4	121	121	100.00 %	100.00 %	100.00 %	100.00 %	26
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**4219**	**4239**	**99.53 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	45888	46090	99.56%	100.00%	100.00%	0.00%	2374
2011	2	46672	46844	99.63%	100.00%	100.00%	0.00%	2411
2011	3	46103	46293	99.59%	100.00%	100.00%	0.00%	2400
2011	4	48476	48642	99.66%	100.00%	100.00%	0.00%	2426
2012	1	49236	49434	99.60%	100.00%	100.00%	0.00%	2431
2012	2	49649	49831	99.63%	100.00%	100.00%	50.00%	2453
2012	3	47986	48125	99.71%	100.00%	100.00%	0.00%	2416
2012	4	51494	51647	99.70%	100.00%	100.00%	0.00%	2430
2013	1	50019	50206	99.63%	100.00%	100.00%	0.00%	2424
2013	2	51022	51162	99.73%	100.00%	100.00%	0.00%	2397
2013	3	50073	50187	99.77%	100.00%	100.00%	0.00%	2397
2013	4	53278	53394	99.78%	100.00%	100.00%	66.67%	2367
2014	1	54481	54867	99.30%	100.00%	100.00%	0.00%	2461
2014	2	55820	56210	99.31%	100.00%	100.00%	0.00%	2473
2014	3	54778	55123	99.37%	100.00%	100.00%	0.00%	2464
2014	4	58283	58668	99.34%	100.00%	100.00%	0.00%	2492
	Sum:	813258	816723	99.58%				

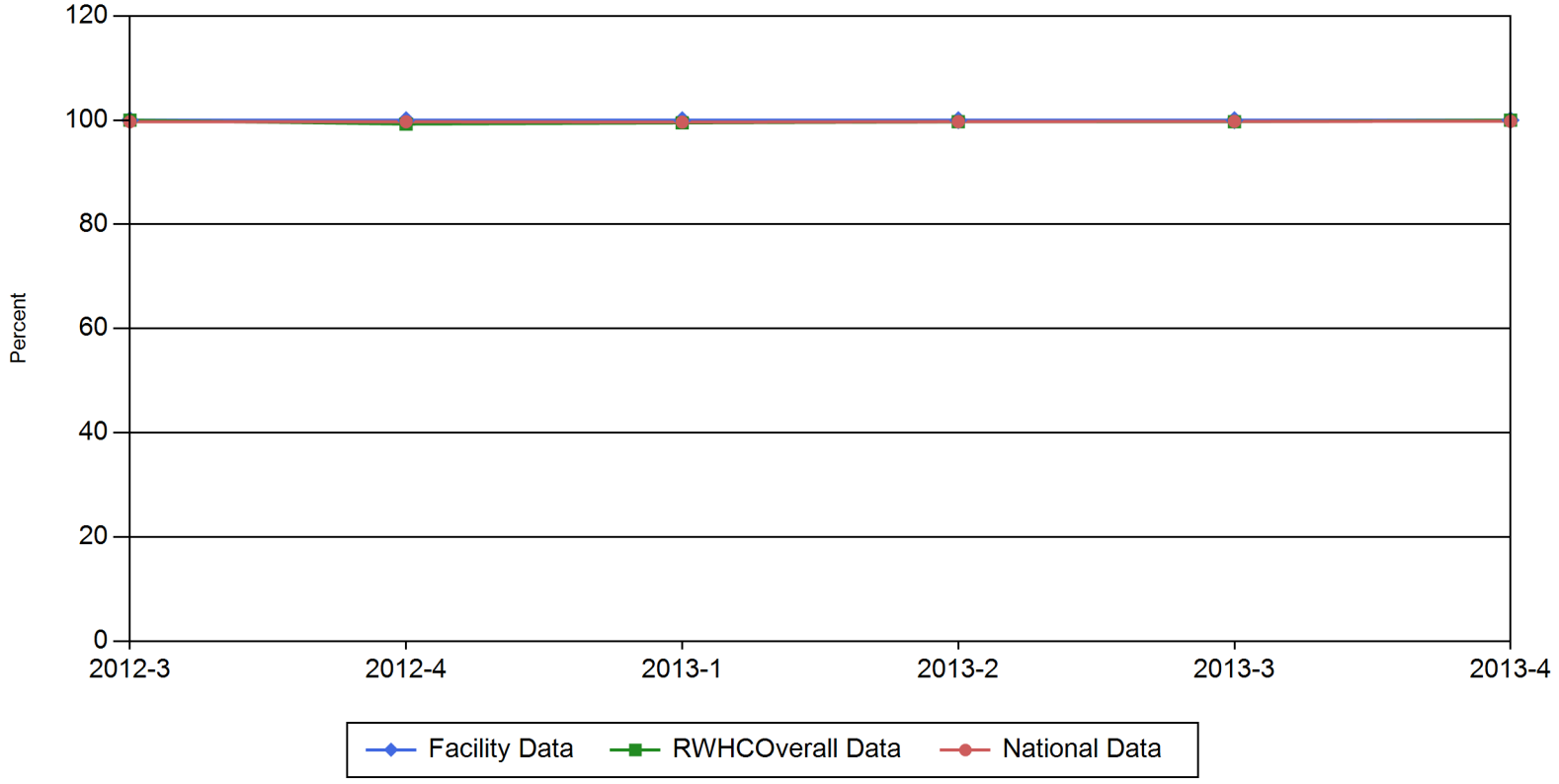
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty



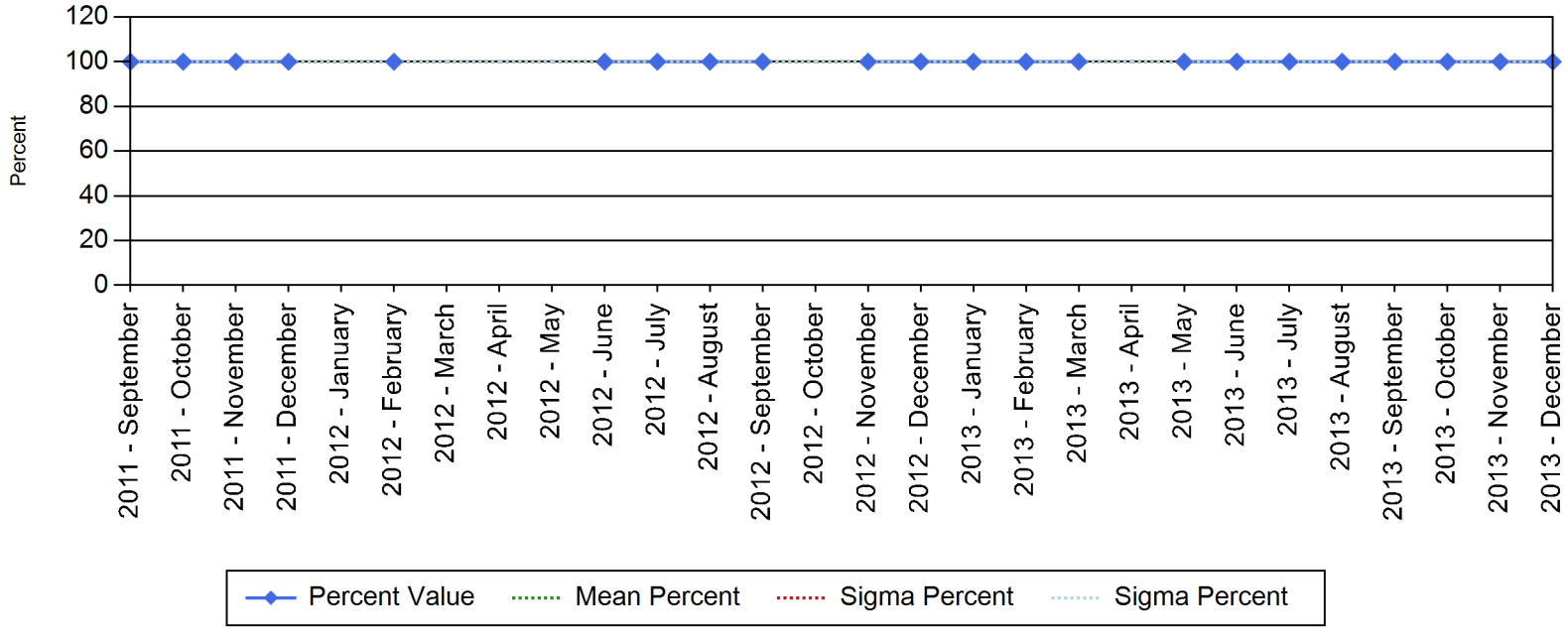
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty

Year	Month	Num	Den	%
2011	1	5	5	100.00 %
2011	2	1	1	100.00 %
2011	3	5	5	100.00 %
2011	4	5	5	100.00 %
2011	5	2	2	100.00 %
2011	6	3	3	100.00 %
2011	7	3	3	100.00 %
2011	8	5	5	100.00 %
2011	9	5	5	100.00 %
2011	10	7	7	100.00 %
2011	11	10	10	100.00 %
2011	12	4	4	100.00 %
	Totals:	**55**	**55**	**100.00 %**

Year	Month	Num	Den	%
2012	1	3	3	100.00 %
2012	2	2	2	100.00 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	5	5	100.00 %
2012	6	9	9	100.00 %
2012	7	4	4	100.00 %
2012	8	3	3	100.00 %
2012	9	2	2	100.00 %
2012	10	6	6	100.00 %
2012	11	4	4	100.00 %
2012	12	3	3	100.00 %
	Totals:	**48**	**48**	**100.00 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	7	7	100.00 %
2013	3	7	7	100.00 %
2013	4	3	3	100.00 %
2013	5	7	7	100.00 %
2013	6	8	8	100.00 %
2013	7	3	3	100.00 %
2013	8	7	7	100.00 %
2013	9	4	4	100.00 %
2013	10	6	6	100.00 %
2013	11	8	8	100.00 %
2013	12	6	6	100.00 %
	Totals:	**68**	**68**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	11	11	100.00 %	2012	1	10	10	100.00 %	2013	1	16	16	100.00 %
2011	2	10	10	100.00 %	2012	2	16	16	100.00 %	2013	2	18	18	100.00 %
2011	3	13	13	100.00 %	2012	3	9	9	100.00 %	2013	3	14	14	100.00 %
2011	4	21	21	100.00 %	2012	4	13	13	100.00 %	2013	4	20	20	100.00 %
Totals:		**55**	**55**	**100.00 %**	**Totals:**		**48**	**48**	**100.00 %**	**Totals:**		**68**	**68**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	185	185	100.00 %	100.00 %	100.00 %	100.00 %	48
2012	4	791	793	99.75 %	100.00 %	100.00 %	50.00 %	148
2013	1	719	720	99.86 %	100.00 %	100.00 %	0.00 %	145
2013	2	774	775	99.87 %	100.00 %	100.00 %	0.00 %	142
2013	3	671	673	99.70 %	100.00 %	100.00 %	90.00 %	140
2013	4	812	816	99.51 %	100.00 %	100.00 %	50.00 %	147
2014	1	743	748	99.33 %	100.00 %	100.00 %	50.00 %	143
2014	2	770	774	99.48 %	100.00 %	100.00 %	0.00 %	151
2014	3	749	754	99.34 %	100.00 %	100.00 %	50.00 %	155
2014	4	898	905	99.23 %	100.00 %	100.00 %	50.00 %	154
2015	1	328	330	99.39 %	100.00 %	100.00 %	50.00 %	45
2015	2	331	332	99.70 %	100.00 %	100.00 %	88.89 %	41
2015	3	321	324	99.07 %	100.00 %	100.00 %	0.00 %	42
2015	4	253	255	99.22 %	100.00 %	100.00 %	0.00 %	32
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**8345**	**8384**	**99.53 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	72347	72583	99.67%	100.00%	100.00%	50.00%	2367
2011	2	71894	72115	99.69%	100.00%	100.00%	25.00%	2410
2011	3	70012	70215	99.71%	100.00%	100.00%	0.00%	2425
2011	4	75082	75304	99.71%	100.00%	100.00%	50.00%	2426
2012	1	76238	76514	99.64%	100.00%	100.00%	41.67%	2444
2012	2	73970	74206	99.68%	100.00%	100.00%	0.00%	2460
2012	3	70357	70569	99.70%	100.00%	100.00%	56.25%	2419
2012	4	76423	76626	99.74%	100.00%	100.00%	25.00%	2432
2013	1	74535	74757	99.70%	100.00%	100.00%	60.00%	2413
2013	2	73320	73486	99.77%	100.00%	100.00%	50.00%	2408
2013	3	71852	72003	99.79%	100.00%	100.00%	0.00%	2405
2013	4	80386	80568	99.77%	100.00%	100.00%	0.00%	2368
2014	1	77536	77937	99.49%	100.00%	100.00%	0.00%	2444
2014	2	76917	77345	99.45%	100.00%	100.00%	33.33%	2448
2014	3	75493	75877	99.49%	100.00%	100.00%	0.00%	2464
2014	4	83209	83651	99.47%	100.00%	100.00%	0.00%	2483
	Sum:	1199571	1203756	99.65%				

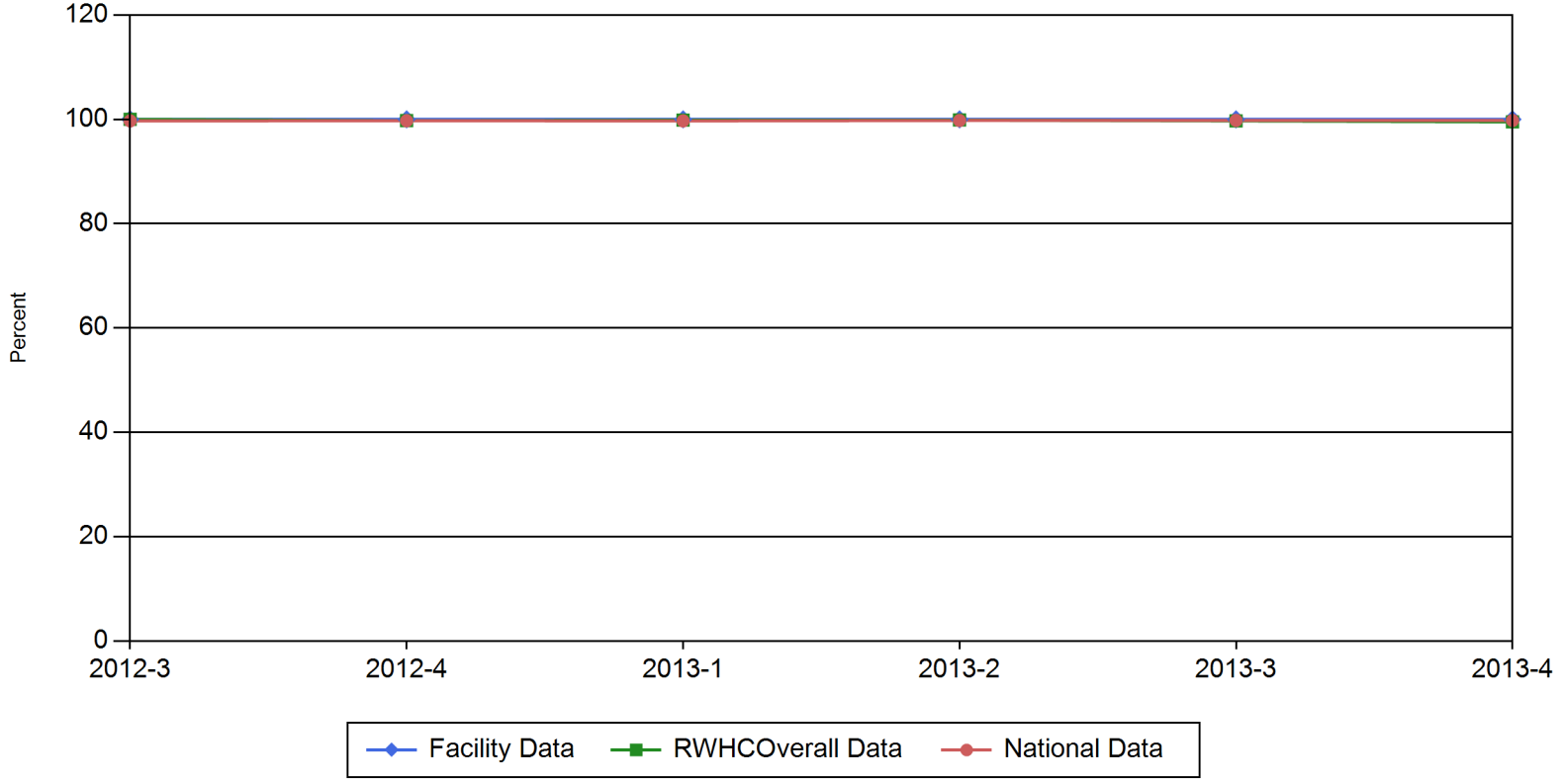
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty



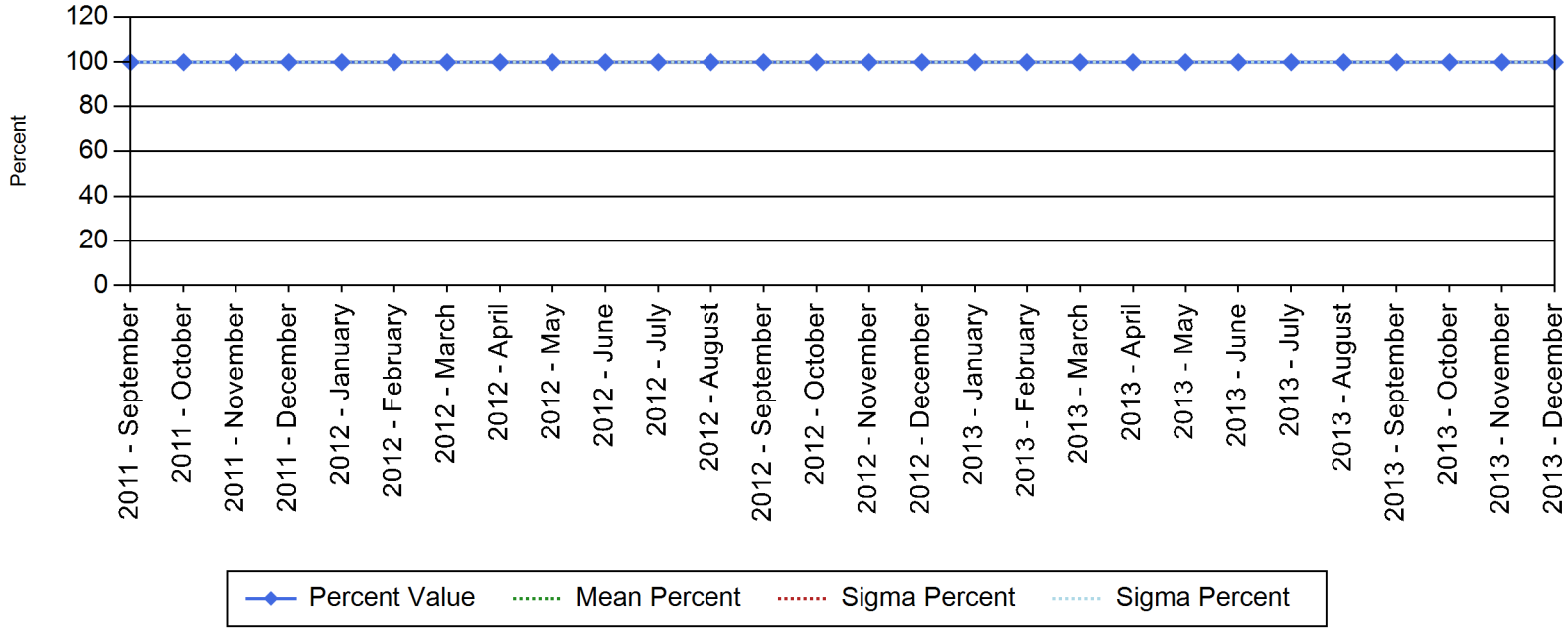
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	2	2	100.00 %
	Totals:	**2**	**2**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	4	4	100.00 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	2	2	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	1	1	100.00 %
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**7**	**7**	**100.00 %**

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	1	1	100.00 %
	Totals:	**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	4	4	100.00 %	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	2	2	100.00 %	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	1	1	100.00 %	2013	3	0	0	ND
2011	4	2	2	100.00 %	2012	4	0	0	ND	2013	4	1	1	100.00 %
Totals:		**2**	**2**	**100.00 %**	**Totals:**		**7**	**7**	**100.00 %**	**Totals:**		**1**	**1**	**100.00 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	33	39	84.62 %	100.00 %	100.00 %	0.00 %	24
2012	4	96	107	89.72 %	100.00 %	100.00 %	0.00 %	75
2013	1	64	73	87.67 %	100.00 %	100.00 %	0.00 %	53
2013	2	72	84	85.71 %	100.00 %	100.00 %	0.00 %	61
2013	3	59	64	92.19 %	100.00 %	100.00 %	0.00 %	47
2013	4	68	73	93.15 %	100.00 %	100.00 %	0.00 %	56
2014	1	75	86	87.21 %	100.00 %	100.00 %	0.00 %	60
2014	2	86	98	87.76 %	100.00 %	100.00 %	0.00 %	63
2014	3	78	90	86.67 %	100.00 %	100.00 %	0.00 %	63
2014	4	80	92	86.96 %	100.00 %	100.00 %	0.00 %	65
2015	1	9	11	81.82 %	100.00 %	100.00 %	0.00 %	7
2015	2	11	11	100.00 %	100.00 %	100.00 %	100.00 %	9
2015	3	10	11	90.91 %	100.00 %	100.00 %	66.67 %	6
2015	4	10	10	100.00 %	100.00 %	100.00 %	100.00 %	6
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**751**	**849**	**88.46 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	19145	20570	93.07%	100.00%	100.00%	0.00%	2351
2011	2	19502	21092	92.46%	100.00%	100.00%	0.00%	2374
2011	3	19577	20964	93.38%	100.00%	100.00%	0.00%	2386
2011	4	19314	20616	93.68%	100.00%	100.00%	0.00%	2377
2012	1	19754	20848	94.75%	100.00%	100.00%	0.00%	2387
2012	2	19762	20967	94.25%	100.00%	100.00%	0.00%	2420
2012	3	19479	20454	95.23%	100.00%	100.00%	0.00%	2370
2012	4	19203	20157	95.27%	100.00%	100.00%	0.00%	2351
2013	1	18177	18978	95.78%	100.00%	100.00%	0.00%	2349
2013	2	18982	19801	95.86%	100.00%	100.00%	0.00%	2344
2013	3	18776	19539	96.09%	100.00%	100.00%	0.00%	2323
2013	4	18673	19365	96.43%	100.00%	100.00%	0.00%	2297
2014	1	18651	19838	94.02%	100.00%	100.00%	0.00%	2391
2014	2	19606	20752	94.48%	100.00%	100.00%	0.00%	2379
2014	3	19363	20563	94.16%	100.00%	100.00%	0.00%	2389
2014	4	19358	20532	94.28%	100.00%	100.00%	0.00%	2413
	Sum:	307322	325036	94.55%				

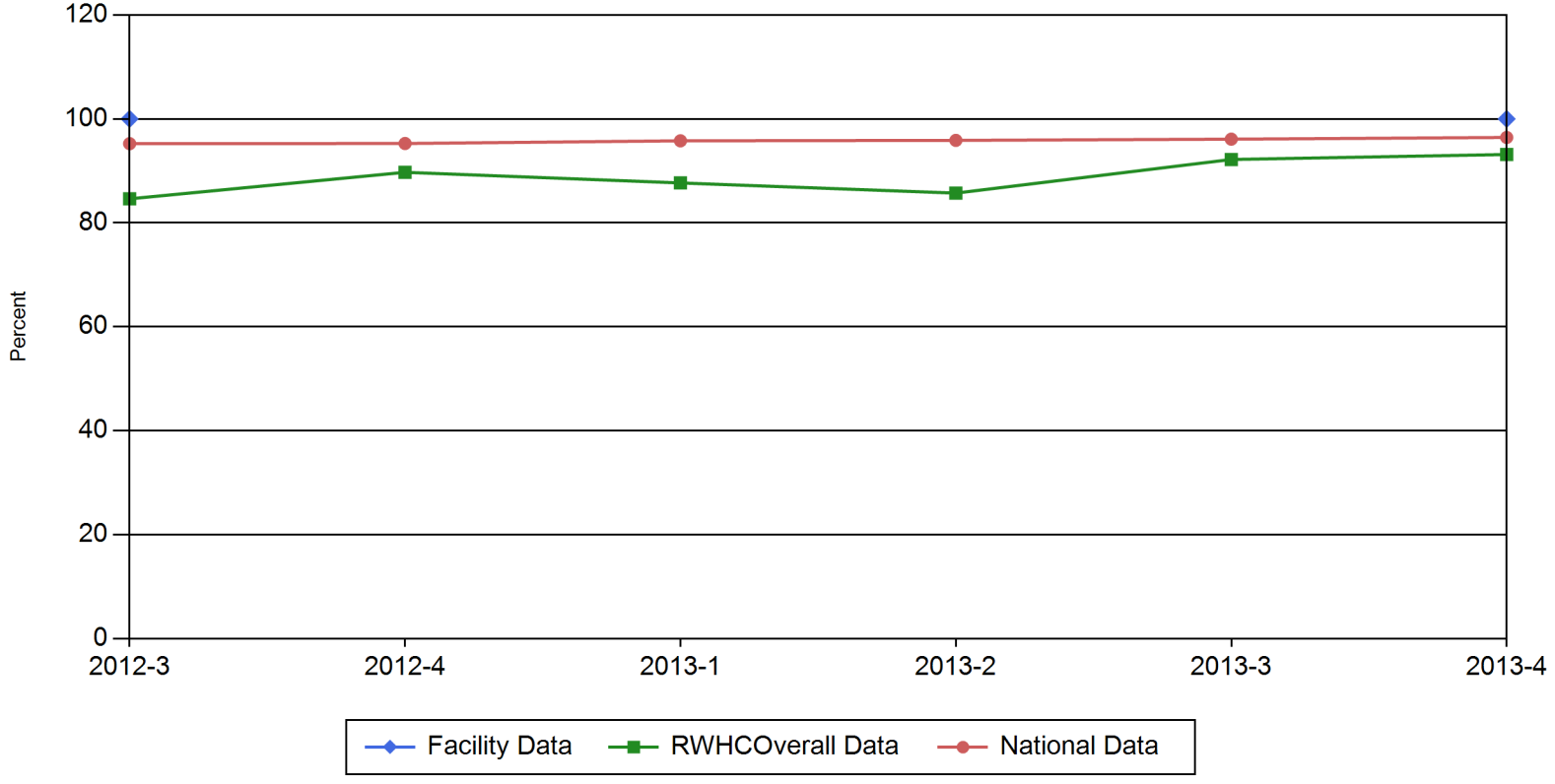
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery



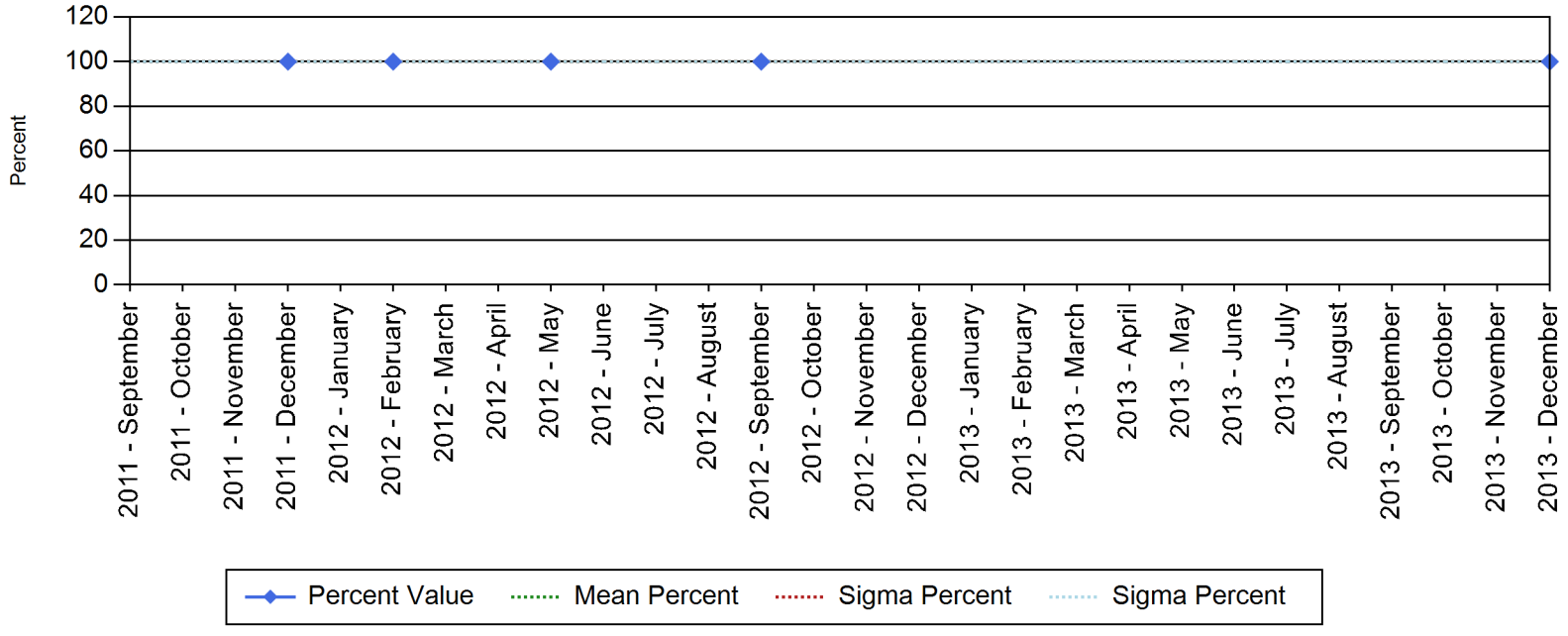
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	1	0.00 %
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	1	1	100.00 %
2011	7	0	0	ND
2011	8	1	1	100.00 %
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	2	2	100.00 %
	Totals:	**4**	**5**	**80.00 %**

Year	Month	Num	Den	%
2012	1	2	2	100.00 %
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	1	1	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	1	1	100.00 %
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2013	1	1	1	100.00 %
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
	Totals:	**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	1	0.00 %	2012	1	2	2	100.00 %	2013	1	1	1	100.00 %
2011	2	1	1	100.00 %	2012	2	1	1	100.00 %	2013	2	0	0	ND
2011	3	1	1	100.00 %	2012	3	1	1	100.00 %	2013	3	0	0	ND
2011	4	2	2	100.00 %	2012	4	0	0	ND	2013	4	0	0	ND
Totals:		**4**	**5**	**80.00 %**	**Totals:**		**4**	**4**	**100.00 %**	**Totals:**		**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	30	32	93.75 %	100.00 %	100.00 %	0.00 %	18
2012	4	111	117	94.87 %	100.00 %	100.00 %	0.00 %	60
2013	1	119	128	92.97 %	100.00 %	100.00 %	0.00 %	66
2013	2	113	126	89.68 %	100.00 %	100.00 %	0.00 %	70
2013	3	87	92	94.57 %	100.00 %	100.00 %	0.00 %	53
2013	4	77	82	93.90 %	100.00 %	100.00 %	0.00 %	48
2014	1	72	76	94.74 %	100.00 %	100.00 %	0.00 %	44
2014	2	80	87	91.95 %	100.00 %	100.00 %	0.00 %	50
2014	3	59	65	90.77 %	100.00 %	100.00 %	0.00 %	42
2014	4	73	75	97.33 %	100.00 %	100.00 %	50.00 %	47
2015	1	13	13	100.00 %	100.00 %	100.00 %	100.00 %	10
2015	2	8	9	88.89 %	100.00 %	100.00 %	50.00 %	5
2015	3	5	5	100.00 %	100.00 %	100.00 %	100.00 %	2
2015	4	15	15	100.00 %	100.00 %	100.00 %	100.00 %	9
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**862**	**922**	**93.49 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	34322	35797	95.88%	100.00%	100.00%	0.00%	2296
2011	2	37461	38954	96.17%	100.00%	100.00%	0.00%	2351
2011	3	36243	37522	96.59%	100.00%	100.00%	0.00%	2354
2011	4	36437	37638	96.81%	100.00%	100.00%	0.00%	2351
2012	1	32993	33995	97.05%	100.00%	100.00%	0.00%	2333
2012	2	32587	33552	97.12%	100.00%	100.00%	0.00%	2333
2012	3	30026	30866	97.28%	100.00%	100.00%	0.00%	2301
2012	4	30246	30987	97.61%	100.00%	100.00%	0.00%	2295
2013	1	26736	27312	97.89%	100.00%	100.00%	0.00%	2249
2013	2	27231	27896	97.62%	100.00%	100.00%	0.00%	2239
2013	3	25812	26365	97.90%	100.00%	100.00%	0.00%	2212
2013	4	25875	26392	98.04%	100.00%	100.00%	0.00%	2174
2014	1	24236	24866	97.47%	100.00%	100.00%	0.00%	2227
2014	2	26913	27613	97.46%	100.00%	100.00%	0.00%	2277
2014	3	26034	26692	97.53%	100.00%	100.00%	0.00%	2267
2014	4	27399	28020	97.78%	100.00%	100.00%	0.00%	2257
	Sum:	480551	494467	97.19%				

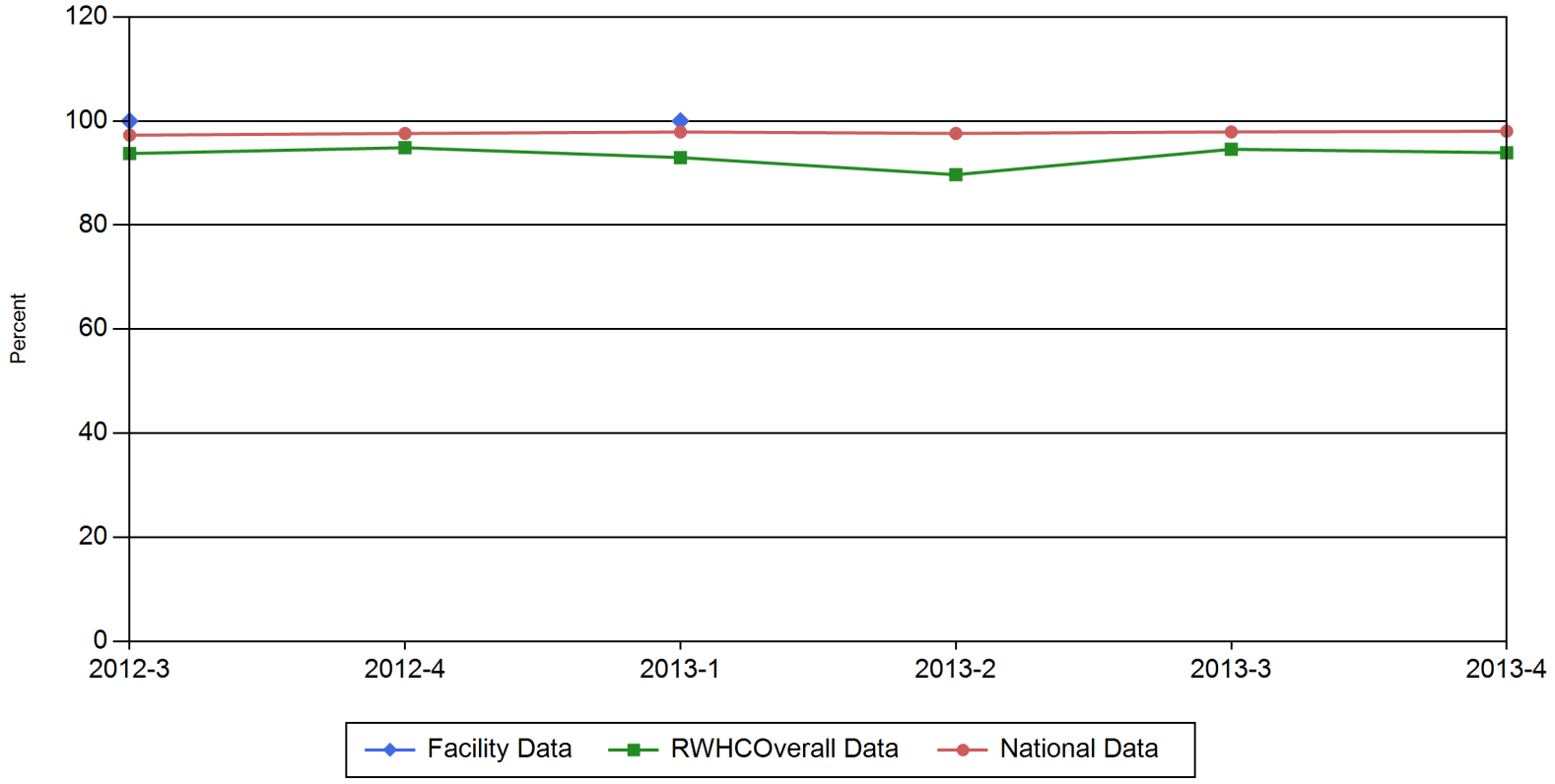
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy



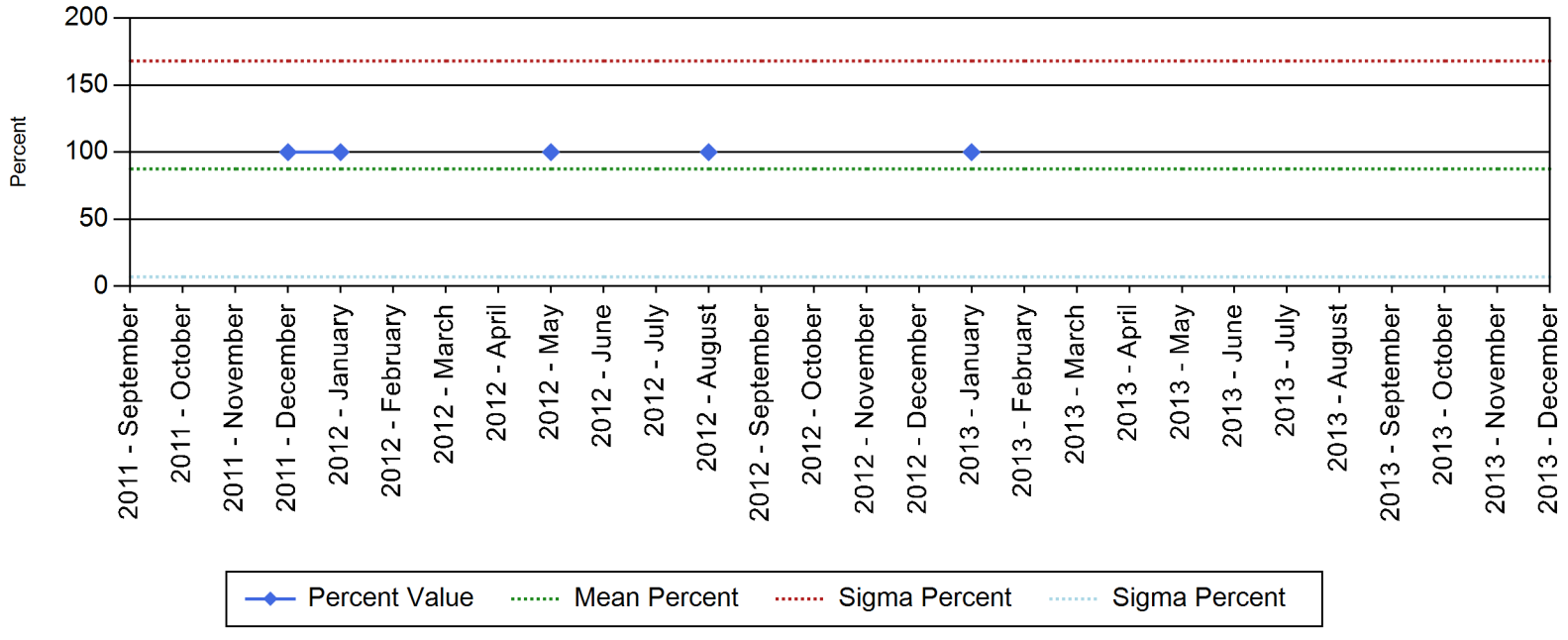
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	2	2	100.00 %	100.00 %	100.00 %	100.00 %	1
2012	4	7	7	100.00 %	100.00 %	100.00 %	100.00 %	5
2013	1	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2013	2	3	3	100.00 %	100.00 %	100.00 %	100.00 %	3
2013	3	5	5	100.00 %	100.00 %	100.00 %	100.00 %	3
2013	4	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	1	3	3	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	2	3	3	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	3	4	4	100.00 %	100.00 %	100.00 %	100.00 %	3
2014	4	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**33**	**33**	**100.00 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	11832	12011	98.51%	100.00%	100.00%	0.00%	1501
2011	2	9895	10041	98.55%	100.00%	100.00%	0.00%	1481
2011	3	10077	10226	98.54%	100.00%	100.00%	0.00%	1455
2011	4	9537	9665	98.68%	100.00%	100.00%	0.00%	1441
2012	1	9125	9234	98.82%	100.00%	100.00%	0.00%	1453
2012	2	9292	9390	98.96%	100.00%	100.00%	0.00%	1459
2012	3	8933	9024	98.99%	100.00%	100.00%	0.00%	1437
2012	4	8781	8864	99.06%	100.00%	100.00%	0.00%	1405
2013	1	8730	8805	99.15%	100.00%	100.00%	0.00%	1422
2013	2	8990	9079	99.02%	100.00%	100.00%	0.00%	1416
2013	3	8905	8985	99.11%	100.00%	100.00%	0.00%	1416
2013	4	8455	8531	99.11%	100.00%	100.00%	0.00%	1373
2014	1	8923	9049	98.61%	100.00%	100.00%	0.00%	1452
2014	2	9253	9372	98.73%	100.00%	100.00%	0.00%	1434
2014	3	9199	9309	98.82%	100.00%	100.00%	0.00%	1428
2014	4	9195	9295	98.92%	100.00%	100.00%	0.00%	1395
	Sum:	149122	150880	98.83%				

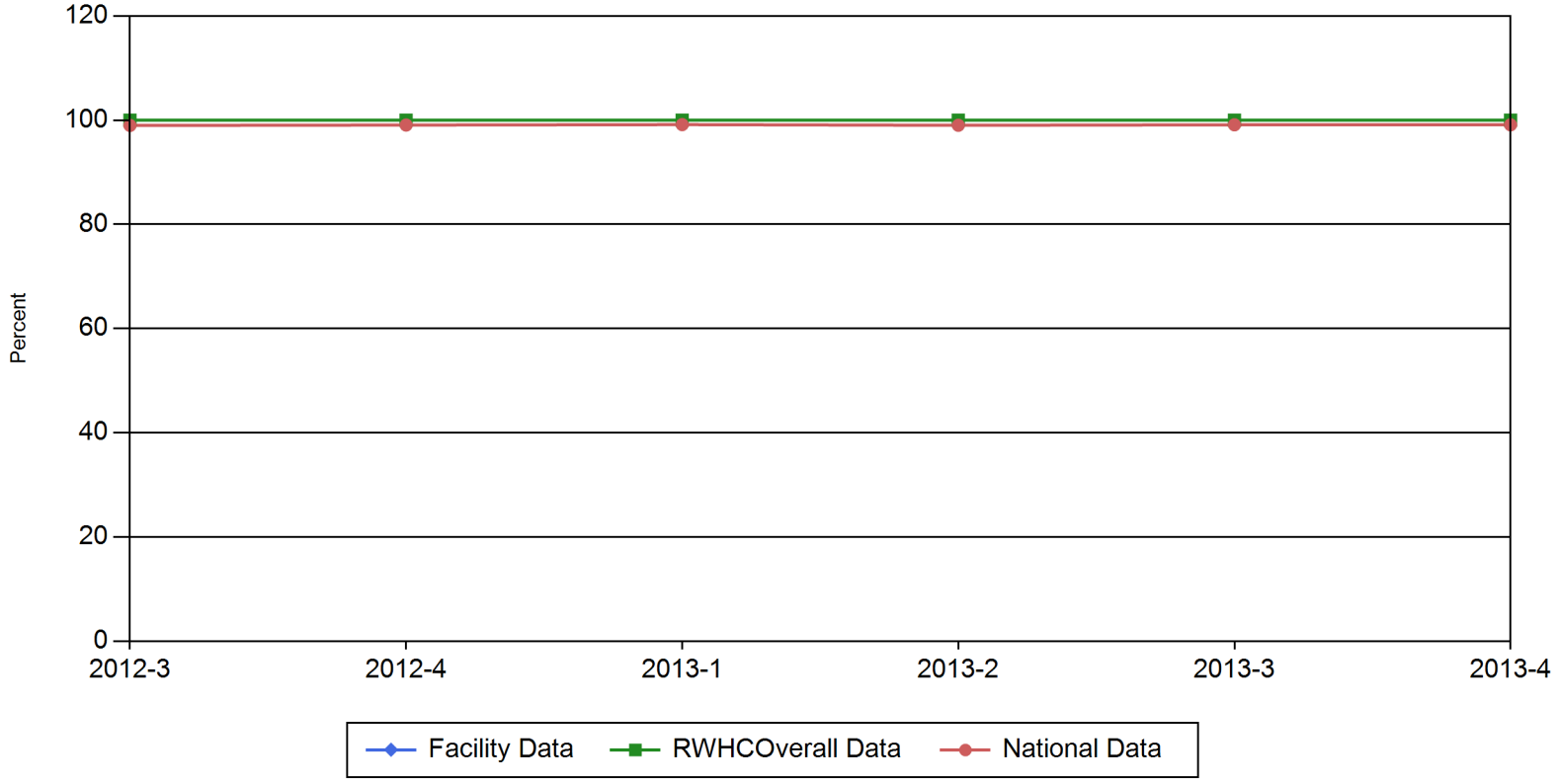
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery



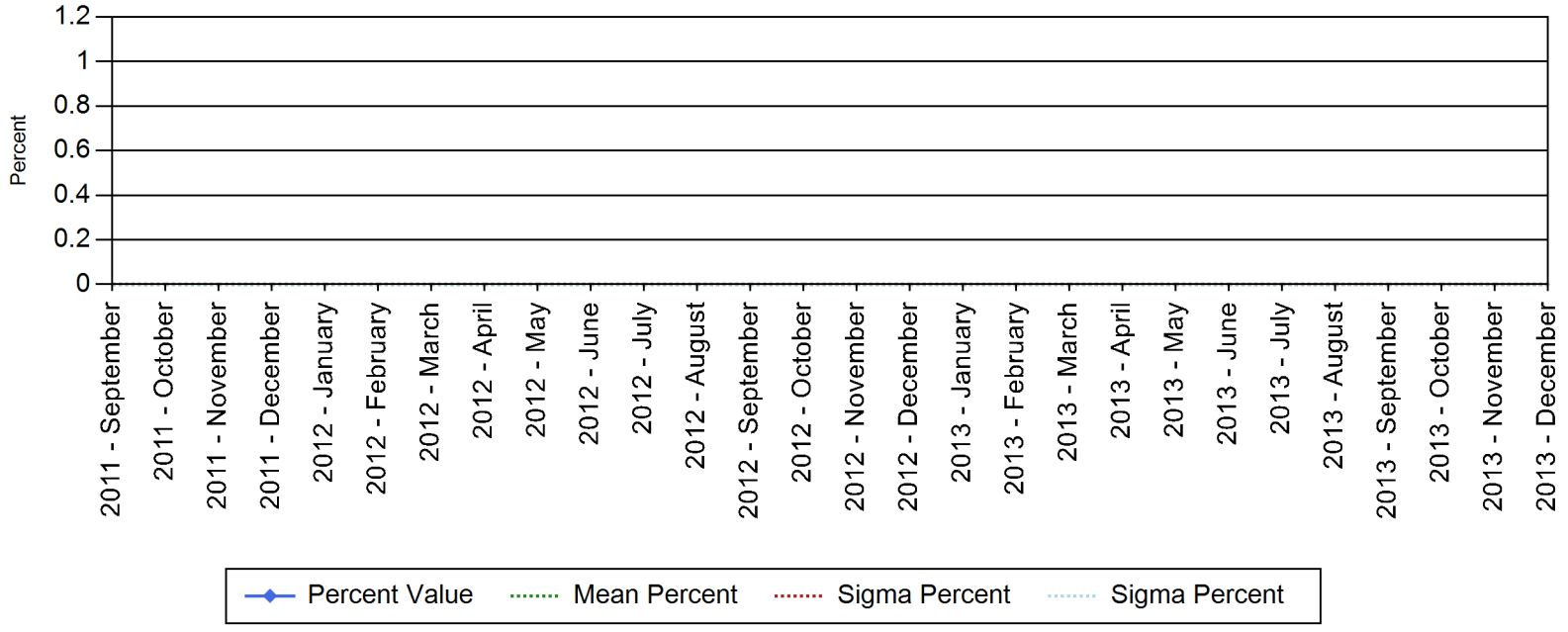
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate

Year	Month	Num	Den	%
2011	1	6	6	100.00 %
2011	2	3	3	100.00 %
2011	3	6	6	100.00 %
2011	4	6	6	100.00 %
2011	5	3	3	100.00 %
2011	6	11	11	100.00 %
2011	7	5	5	100.00 %
2011	8	7	7	100.00 %
2011	9	8	8	100.00 %
2011	10	10	10	100.00 %
2011	11	12	12	100.00 %
2011	12	9	9	100.00 %
	Totals:	**86**	**86**	**100.00 %**

Year	Month	Num	Den	%
2012	1	5	5	100.00 %
2012	2	5	6	83.33 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	6	7	85.71 %
2012	6	11	11	100.00 %
2012	7	7	7	100.00 %
2012	8	5	5	100.00 %
2012	9	5	6	83.33 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	5	5	100.00 %
	Totals:	**69**	**72**	**95.83 %**

Year	Month	Num	Den	%
2013	1	5	5	100.00 %
2013	2	9	9	100.00 %
2013	3	11	11	100.00 %
2013	4	3	3	100.00 %
2013	5	10	10	100.00 %
2013	6	11	11	100.00 %
2013	7	4	4	100.00 %
2013	8	8	8	100.00 %
2013	9	5	5	100.00 %
2013	10	7	7	100.00 %
2013	11	11	11	100.00 %
2013	12	8	9	88.89 %
	Totals:	**92**	**93**	**98.92 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	15	15	100.00 %	2012	1	15	16	93.75 %	2013	1	25	25	100.00 %
2011	2	20	20	100.00 %	2012	2	19	20	95.00 %	2013	2	24	24	100.00 %
2011	3	20	20	100.00 %	2012	3	17	18	94.44 %	2013	3	17	17	100.00 %
2011	4	31	31	100.00 %	2012	4	18	18	100.00 %	2013	4	26	27	96.30 %
Totals:		**86**	**86**	**100.00 %**	**Totals:**		**69**	**72**	**95.83 %**	**Totals:**		**92**	**93**	**98.92 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	945	1021	92.56 %	100.00 %	100.00 %	0.00 %	0
2011	2	1005	1045	96.17 %	100.00 %	100.00 %	0.00 %	0
2011	3	952	996	95.58 %	100.00 %	100.00 %	0.00 %	0
2011	4	1033	1068	96.72 %	100.00 %	100.00 %	0.00 %	0
2012	1	1026	1063	96.52 %	100.00 %	100.00 %	0.00 %	0
2012	2	1052	1101	95.55 %	100.00 %	100.00 %	0.00 %	0
2012	3	1051	1090	96.42 %	100.00 %	100.00 %	50.00 %	0
2012	4	1345	1398	96.21 %	100.00 %	100.00 %	0.00 %	0
2013	1	1248	1283	97.27 %	100.00 %	100.00 %	0.00 %	0
2013	2	1250	1285	97.28 %	100.00 %	100.00 %	0.00 %	0
2013	3	1134	1158	97.93 %	100.00 %	100.00 %	50.00 %	0
2013	4	1306	1334	97.90 %	100.00 %	100.00 %	50.00 %	0
	Totals:	**13347**	**13842**	**96.42 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	205837	213019	96.63%	97.56%	100.00%	0.00%	2619
2011	2	209565	216271	96.90%	98.08%	100.00%	0.00%	2657
2011	3	204350	210527	97.07%	98.21%	100.00%	0.00%	2670
2011	4	210806	216724	97.27%	98.46%	100.00%	0.00%	2675
2012	1	213446	218924	97.50%	98.52%	100.00%	0.00%	2697
2012	2	211026	216295	97.56%	98.68%	100.00%	0.00%	2696
2012	3	200712	205599	97.62%	98.80%	100.00%	0.00%	2654
2012	4	210470	215230	97.79%	98.81%	100.00%	0.00%	2653
2013	1	202232	206253	98.05%	99.07%	100.00%	0.00%	2644
2013	2	205150	209031	98.14%	99.29%	100.00%	0.00%	2635
2013	3	200571	204279	98.18%	99.37%	100.00%	0.00%	2640
2013	4	211891	215556	98.30%	99.32%	100.00%	0.00%	2595
2014	1	210110	213975	98.19%	99.34%	100.00%	0.00%	2682
2014	2	216890	220744	98.25%	99.28%	100.00%	0.00%	2693
2014	3	212508	216162	98.31%	99.58%	100.00%	0.00%	2693
2014	4	224987	228563	98.44%	99.43%	100.00%	33.33%	2719
	Sum:	3350551	3427152	97.76%				

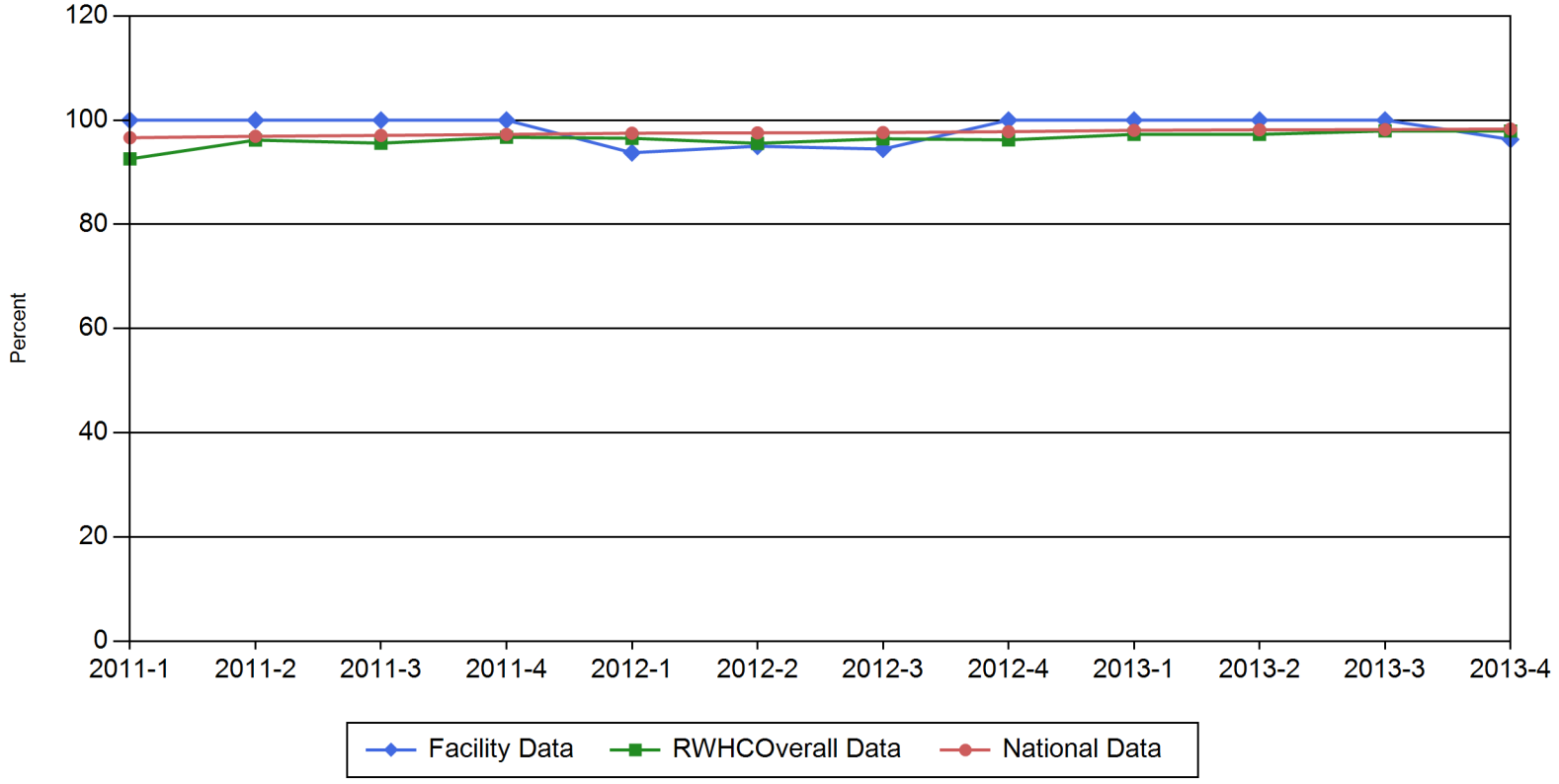
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate



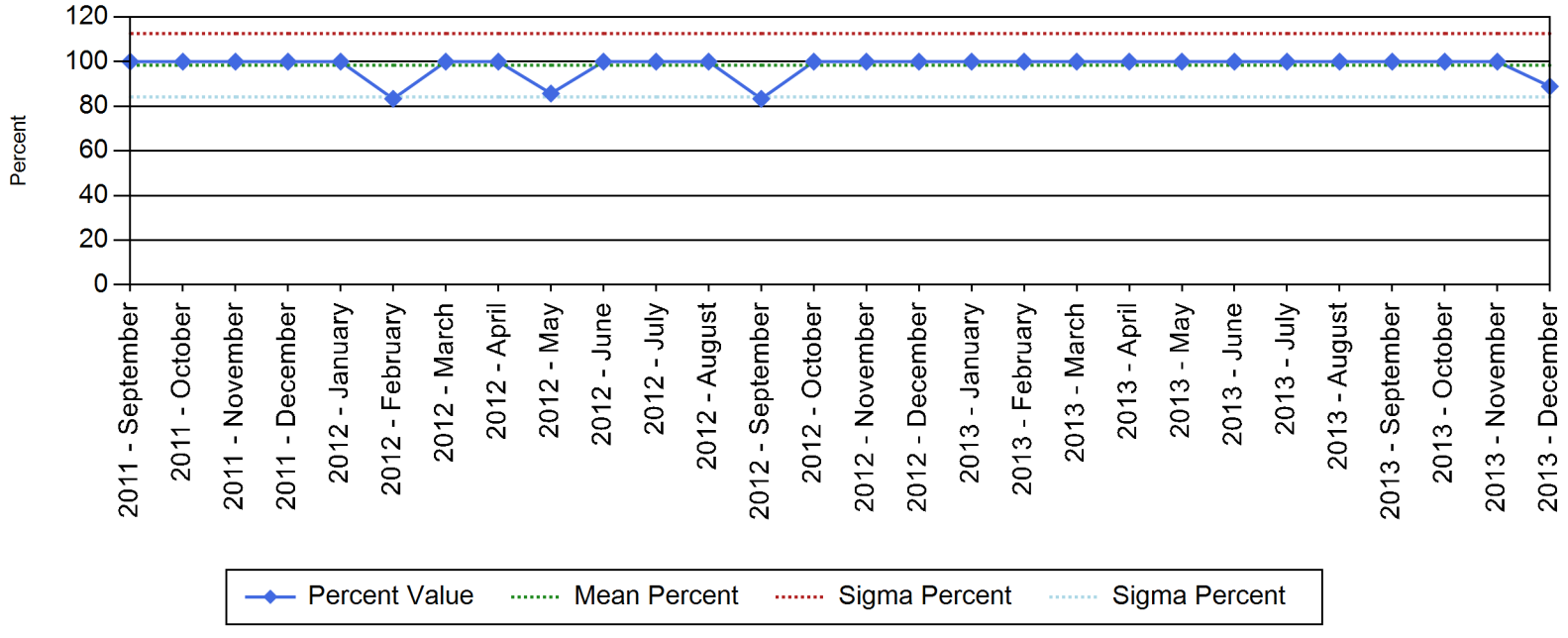
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	0	0					0
2011	2	0	0					0
2011	3	0	0					0
2011	4	0	0					0
2012	1	0	0					0
2012	2	0	0					0
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
	Totals:	**0**	**0**					

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	20262	20750	97.65%	100.00%	100.00%	50.00%	982
2011	2	21189	21624	97.99%	100.00%	100.00%	0.00%	990
2011	3	19840	20247	97.99%	100.00%	100.00%	0.00%	997
2011	4	19546	19952	97.97%	100.00%	100.00%	0.00%	995
2012	1	20006	20352	98.30%	100.00%	100.00%	60.00%	1001
2012	2	20513	20868	98.30%	100.00%	100.00%	0.00%	995
2012	3	19360	19664	98.45%	100.00%	100.00%	50.00%	988
2012	4	19659	19966	98.46%	100.00%	100.00%	50.00%	988
2013	1	19439	19688	98.74%	100.00%	100.00%	69.70%	990
2013	2	20377	20637	98.74%	100.00%	100.00%	66.67%	988
2013	3	20232	20470	98.84%	100.00%	100.00%	79.31%	986
2013	4	20231	20462	98.87%	100.00%	100.00%	65.52%	979
2014	1	20507	20750	98.83%	100.00%	100.00%	71.43%	1006
2014	2	21697	21939	98.90%	100.00%	100.00%	66.67%	1016
2014	3	21176	21356	99.16%	100.00%	100.00%	0.00%	1012
2014	4	20937	21139	99.04%	100.00%	100.00%	71.43%	1016
	Sum:	324971	329864	98.52%				

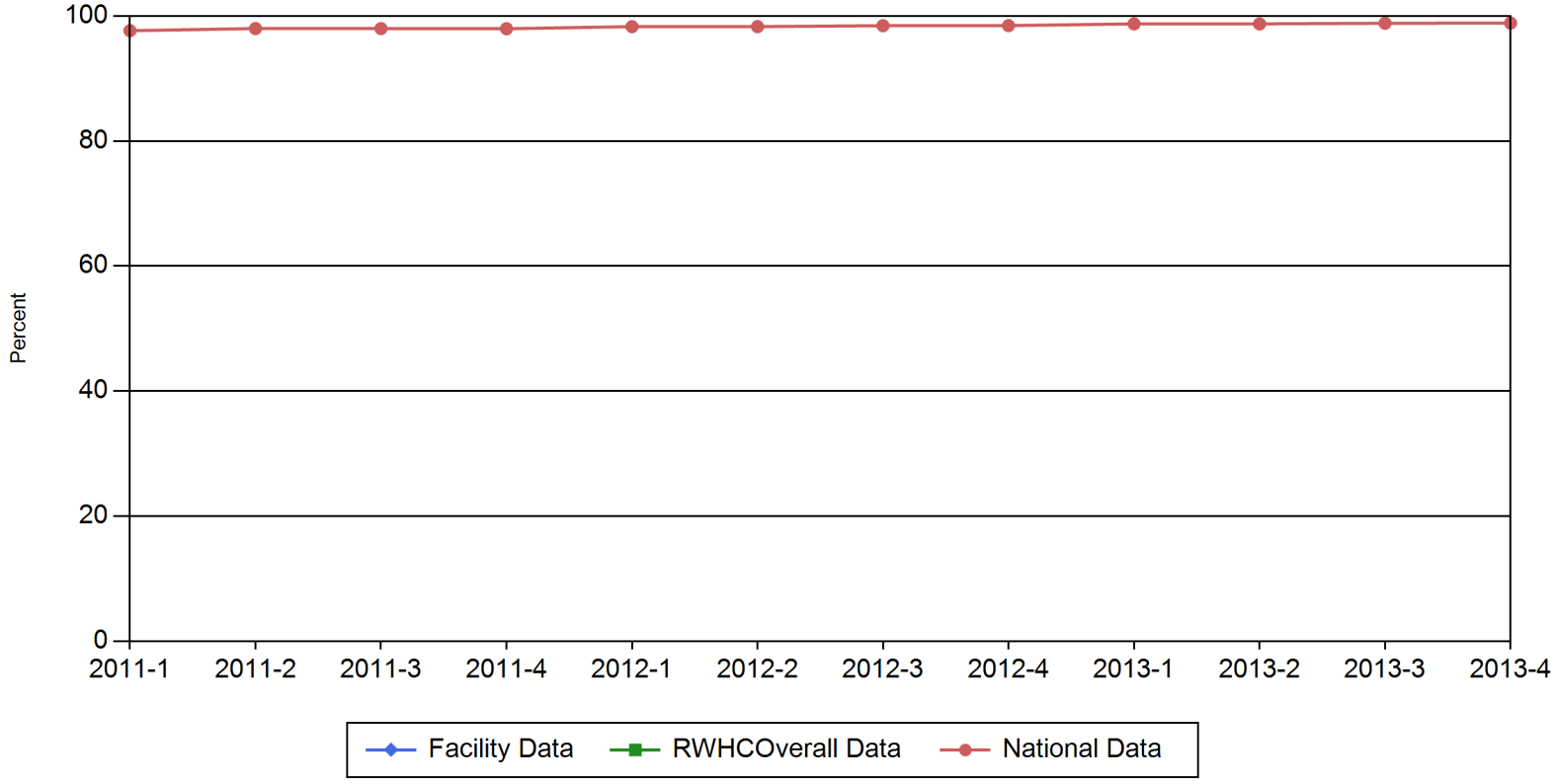
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG



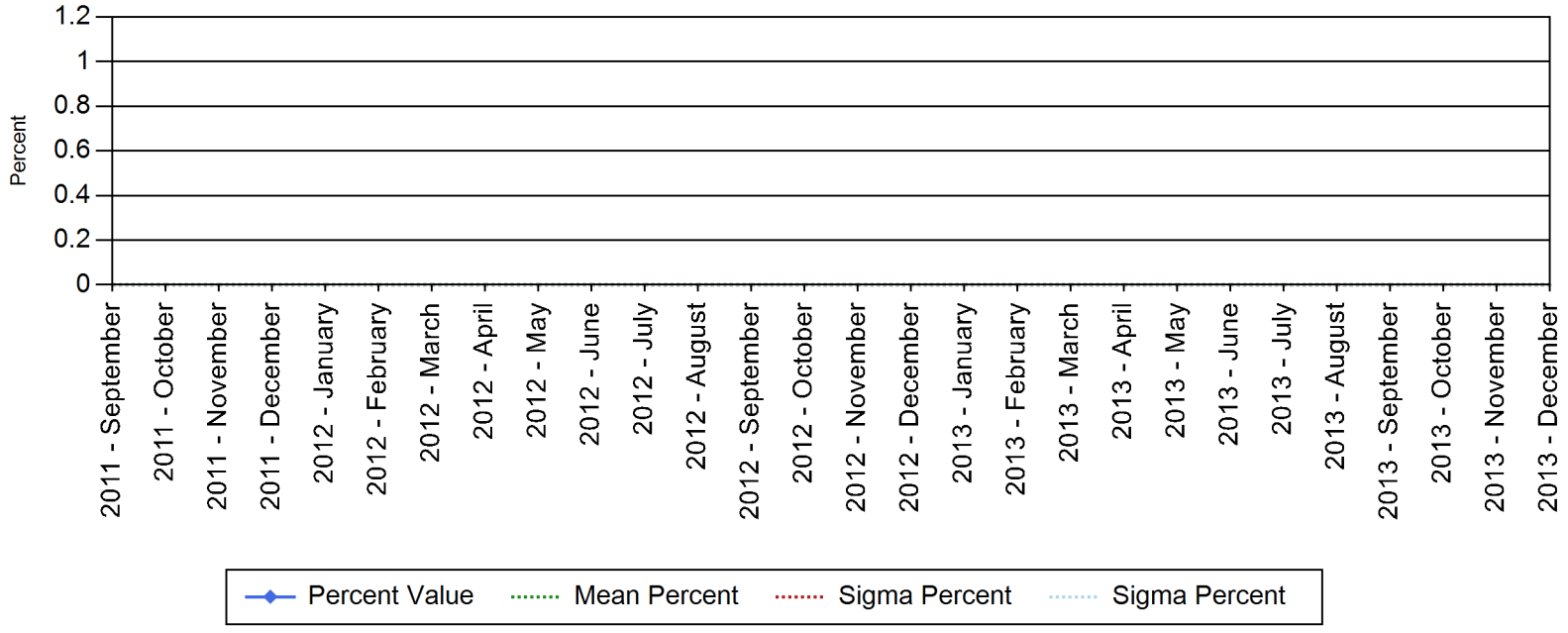
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	0	0					0
2011	2	0	0					0
2011	3	0	0					0
2011	4	0	0					0
2012	1	0	0					0
2012	2	0	0					0
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
	Totals:	**0**	**0**					

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	11035	11357	97.16%	100.00%	100.00%	0.00%	915
2011	2	11551	11833	97.62%	100.00%	100.00%	0.00%	921
2011	3	11147	11402	97.76%	100.00%	100.00%	0.00%	917
2011	4	10965	11203	97.88%	100.00%	100.00%	0.00%	920
2012	1	11649	11866	98.17%	100.00%	100.00%	0.00%	932
2012	2	11737	11933	98.36%	100.00%	100.00%	0.00%	934
2012	3	11035	11255	98.05%	100.00%	100.00%	0.00%	918
2012	4	11294	11483	98.35%	100.00%	100.00%	0.00%	914
2013	1	10411	10549	98.69%	100.00%	100.00%	50.00%	908
2013	2	10906	11044	98.75%	100.00%	100.00%	50.00%	902
2013	3	10627	10768	98.69%	100.00%	100.00%	0.00%	905
2013	4	10743	10881	98.73%	100.00%	100.00%	50.00%	887
2014	1	10954	11103	98.66%	100.00%	100.00%	0.00%	924
2014	2	11764	11910	98.77%	100.00%	100.00%	0.00%	938
2014	3	11438	11555	98.99%	100.00%	100.00%	50.00%	923
2014	4	11695	11824	98.91%	100.00%	100.00%	0.00%	939
	Sum:	178951	181966	98.34%				

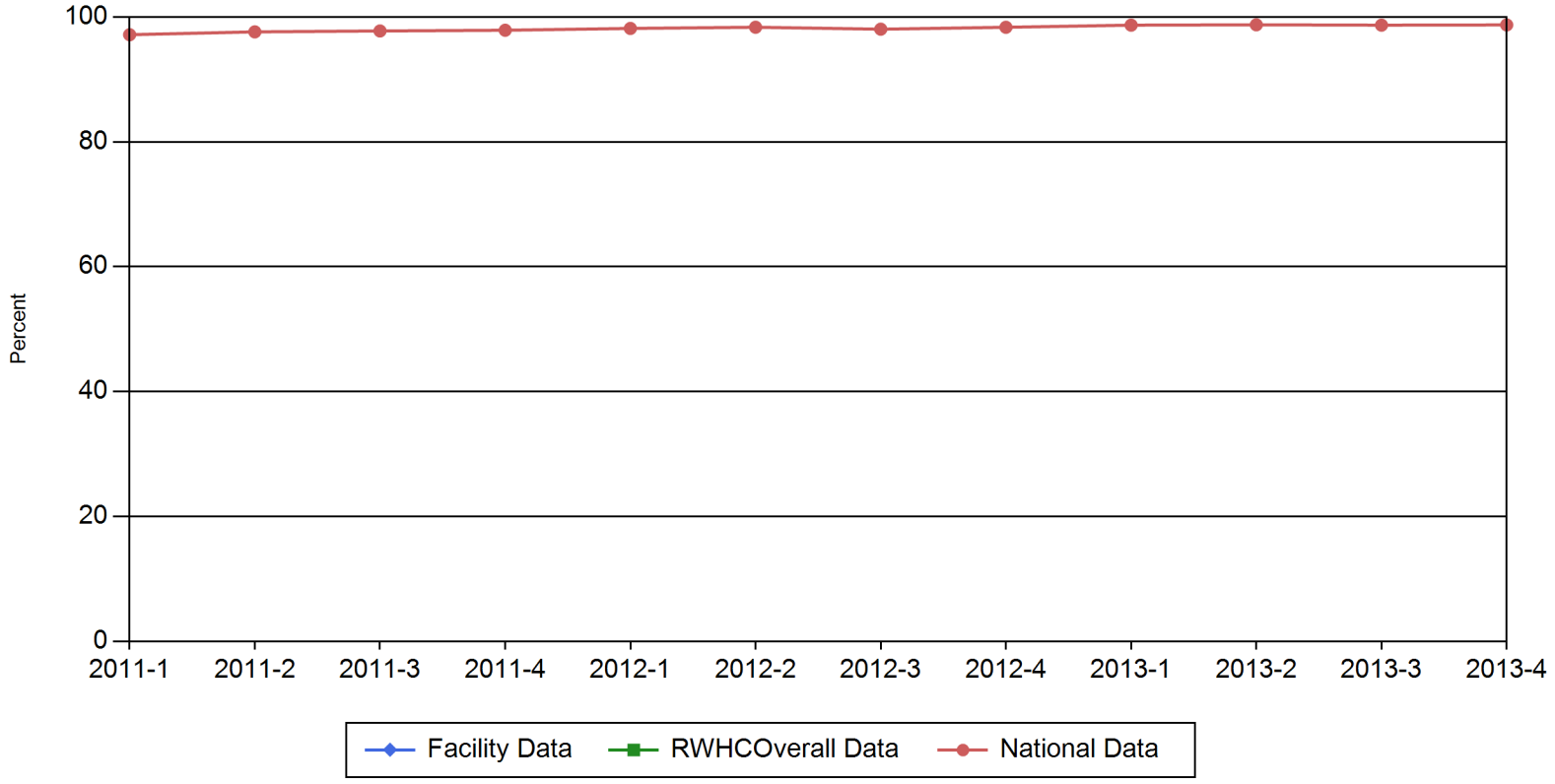
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery



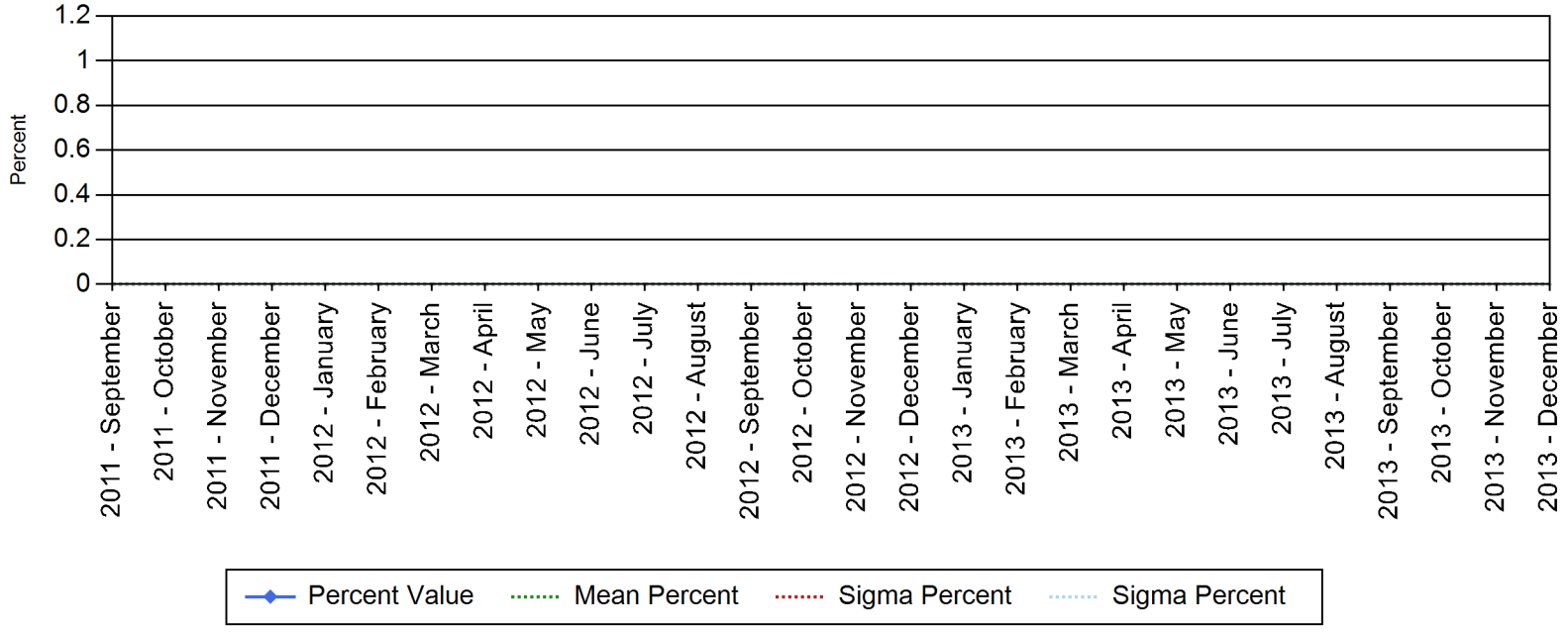
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty

Year	Month	Num	Den	%
2011	1	1	1	100.00 %
2011	2	2	2	100.00 %
2011	3	0	0	ND
2011	4	1	1	100.00 %
2011	5	1	1	100.00 %
2011	6	7	7	100.00 %
2011	7	2	2	100.00 %
2011	8	1	1	100.00 %
2011	9	3	3	100.00 %
2011	10	3	3	100.00 %
2011	11	2	2	100.00 %
2011	12	2	2	100.00 %
	Totals:	**25**	**25**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	1	1	100.00 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	2	2	100.00 %
2012	7	3	3	100.00 %
2012	8	1	1	100.00 %
2012	9	3	3	100.00 %
2012	10	0	0	ND
2012	11	3	3	100.00 %
2012	12	2	2	100.00 %
	Totals:	**15**	**15**	**100.00 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	2	2	100.00 %
2013	3	4	4	100.00 %
2013	4	0	0	ND
2013	5	3	3	100.00 %
2013	6	3	3	100.00 %
2013	7	1	1	100.00 %
2013	8	1	1	100.00 %
2013	9	1	1	100.00 %
2013	10	1	1	100.00 %
2013	11	3	3	100.00 %
2013	12	2	2	100.00 %
	Totals:	**23**	**23**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	3	3	100.00 %	2012	1	1	1	100.00 %	2013	1	8	8	100.00 %
2011	2	9	9	100.00 %	2012	2	2	2	100.00 %	2013	2	6	6	100.00 %
2011	3	6	6	100.00 %	2012	3	7	7	100.00 %	2013	3	3	3	100.00 %
2011	4	7	7	100.00 %	2012	4	5	5	100.00 %	2013	4	6	6	100.00 %
Totals:		**25**	**25**	**100.00 %**	**Totals:**		**15**	**15**	**100.00 %**	**Totals:**		**23**	**23**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	242	262	92.37 %	100.00 %	100.00 %	0.00 %	0
2011	2	246	251	98.01 %	100.00 %	100.00 %	0.00 %	0
2011	3	253	262	96.56 %	100.00 %	100.00 %	0.00 %	0
2011	4	266	276	96.38 %	100.00 %	100.00 %	0.00 %	0
2012	1	274	283	96.82 %	100.00 %	100.00 %	0.00 %	0
2012	2	285	297	95.96 %	100.00 %	100.00 %	0.00 %	0
2012	3	291	301	96.68 %	100.00 %	100.00 %	0.00 %	0
2012	4	384	393	97.71 %	100.00 %	100.00 %	0.00 %	0
2013	1	362	375	96.53 %	100.00 %	100.00 %	0.00 %	0
2013	2	300	311	96.46 %	100.00 %	100.00 %	0.00 %	0
2013	3	330	338	97.63 %	100.00 %	100.00 %	0.00 %	0
2013	4	368	377	97.61 %	100.00 %	100.00 %	50.00 %	0
	Totals:	**3601**	**3726**	**96.65 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	42950	44334	96.88%	100.00%	100.00%	0.00%	2365
2011	2	43782	45100	97.08%	100.00%	100.00%	0.00%	2403
2011	3	43288	44532	97.21%	100.00%	100.00%	0.00%	2394
2011	4	45674	46860	97.47%	100.00%	100.00%	0.00%	2419
2012	1	47026	48139	97.69%	100.00%	100.00%	0.00%	2448
2012	2	47239	48298	97.81%	100.00%	100.00%	0.00%	2446
2012	3	45515	46581	97.71%	100.00%	100.00%	0.00%	2412
2012	4	49076	50063	98.03%	100.00%	100.00%	0.00%	2423
2013	1	47822	48743	98.11%	100.00%	100.00%	0.00%	2419
2013	2	48904	49761	98.28%	100.00%	100.00%	0.00%	2391
2013	3	47957	48747	98.38%	100.00%	100.00%	0.00%	2394
2013	4	51027	51872	98.37%	100.00%	100.00%	0.00%	2364
2014	1	52181	53142	98.19%	100.00%	100.00%	0.00%	2455
2014	2	53628	54525	98.35%	100.00%	100.00%	0.00%	2471
2014	3	52628	53474	98.42%	100.00%	100.00%	0.00%	2455
2014	4	56086	56918	98.54%	100.00%	100.00%	0.00%	2487
	Sum:	774783	791089	97.94%				

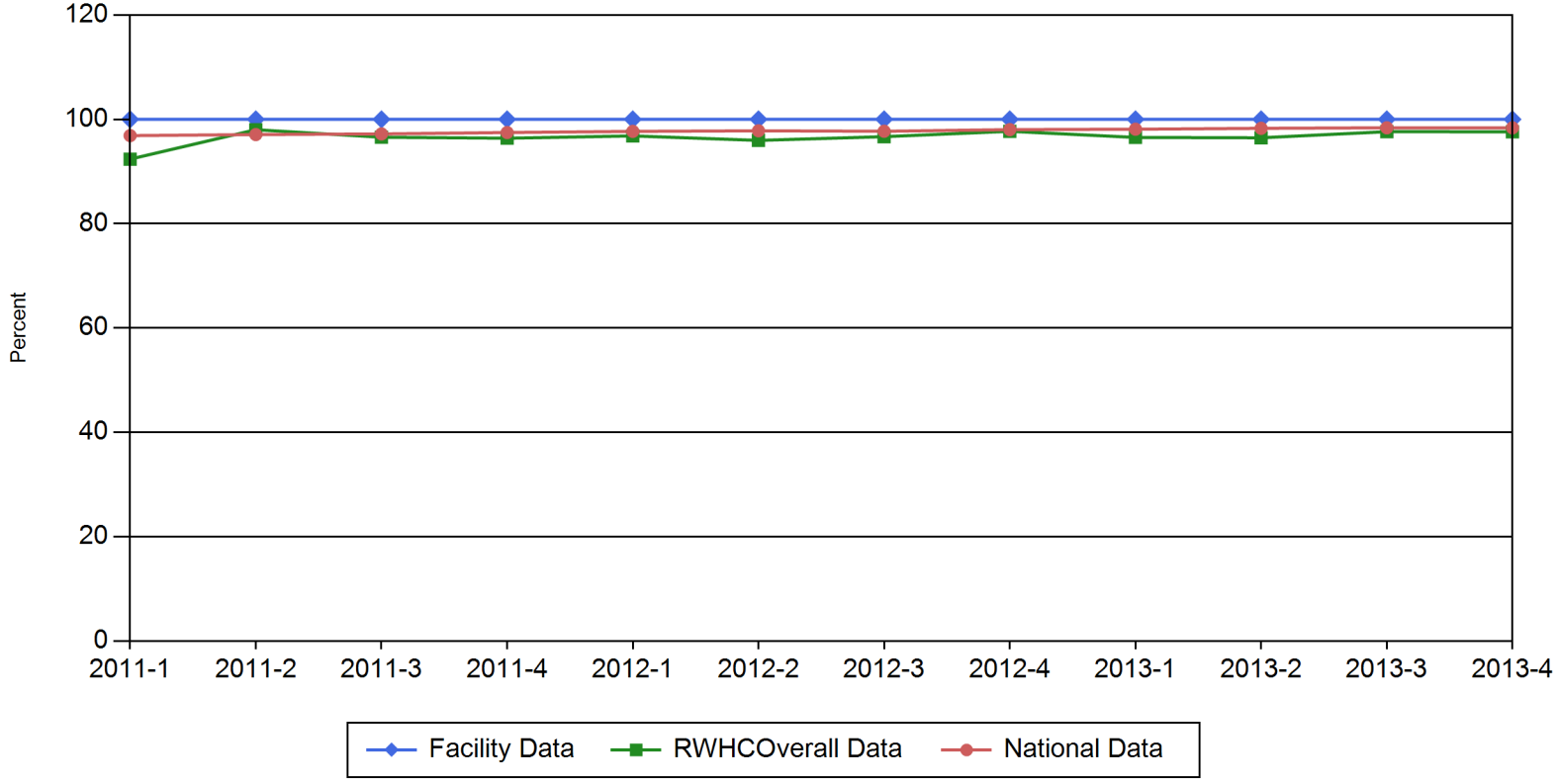
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty



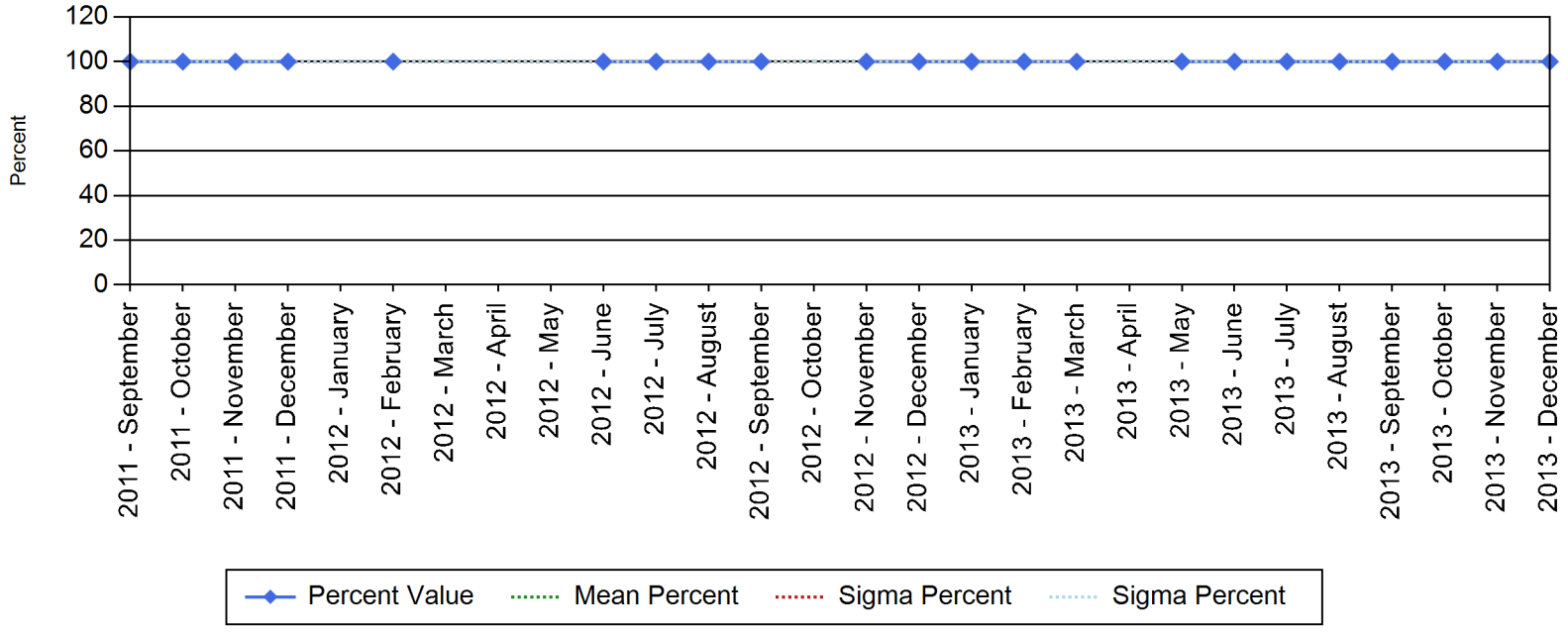
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

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A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty

Year	Month	Num	Den	%
2011	1	5	5	100.00 %
2011	2	1	1	100.00 %
2011	3	5	5	100.00 %
2011	4	5	5	100.00 %
2011	5	2	2	100.00 %
2011	6	3	3	100.00 %
2011	7	3	3	100.00 %
2011	8	5	5	100.00 %
2011	9	5	5	100.00 %
2011	10	7	7	100.00 %
2011	11	10	10	100.00 %
2011	12	4	4	100.00 %
	Totals:	**55**	**55**	**100.00 %**

Year	Month	Num	Den	%
2012	1	3	3	100.00 %
2012	2	2	2	100.00 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	4	5	80.00 %
2012	6	9	9	100.00 %
2012	7	4	4	100.00 %
2012	8	3	3	100.00 %
2012	9	2	2	100.00 %
2012	10	6	6	100.00 %
2012	11	4	4	100.00 %
2012	12	3	3	100.00 %
	Totals:	**47**	**48**	**97.92 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	7	7	100.00 %
2013	3	7	7	100.00 %
2013	4	3	3	100.00 %
2013	5	7	7	100.00 %
2013	6	8	8	100.00 %
2013	7	3	3	100.00 %
2013	8	7	7	100.00 %
2013	9	4	4	100.00 %
2013	10	6	6	100.00 %
2013	11	8	8	100.00 %
2013	12	6	6	100.00 %
	Totals:	**68**	**68**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	11	11	100.00 %	2012	1	10	10	100.00 %	2013	1	16	16	100.00 %
2011	2	10	10	100.00 %	2012	2	15	16	93.75 %	2013	2	18	18	100.00 %
2011	3	13	13	100.00 %	2012	3	9	9	100.00 %	2013	3	14	14	100.00 %
2011	4	21	21	100.00 %	2012	4	13	13	100.00 %	2013	4	20	20	100.00 %
Totals:		**55**	**55**	**100.00 %**	**Totals:**		**47**	**48**	**97.92 %**	**Totals:**		**68**	**68**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	486	528	92.05 %	100.00 %	100.00 %	0.00 %	0
2011	2	485	498	97.39 %	100.00 %	100.00 %	0.00 %	0
2011	3	448	464	96.55 %	100.00 %	100.00 %	0.00 %	0
2011	4	543	553	98.19 %	100.00 %	100.00 %	50.00 %	0
2012	1	550	562	97.86 %	100.00 %	100.00 %	0.00 %	0
2012	2	574	584	98.29 %	100.00 %	100.00 %	0.00 %	0
2012	3	560	576	97.22 %	100.00 %	100.00 %	0.00 %	0
2012	4	762	787	96.82 %	100.00 %	100.00 %	0.00 %	0
2013	1	698	712	98.03 %	100.00 %	100.00 %	0.00 %	0
2013	2	754	769	98.05 %	100.00 %	100.00 %	0.00 %	0
2013	3	656	667	98.35 %	100.00 %	100.00 %	75.00 %	0
2013	4	794	811	97.90 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**7310**	**7511**	**97.32 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	69403	71264	97.39%	100.00%	100.00%	0.00%	2365
2011	2	69140	70851	97.59%	100.00%	100.00%	0.00%	2406
2011	3	67435	68977	97.76%	100.00%	100.00%	0.00%	2424
2011	4	72449	73998	97.91%	100.00%	100.00%	0.00%	2424
2012	1	74575	76048	98.06%	100.00%	100.00%	0.00%	2468
2012	2	71759	73202	98.03%	100.00%	100.00%	0.00%	2460
2012	3	68305	69601	98.14%	100.00%	100.00%	0.00%	2413
2012	4	74278	75601	98.25%	100.00%	100.00%	0.00%	2430
2013	1	72690	73800	98.50%	100.00%	100.00%	0.00%	2412
2013	2	71524	72578	98.55%	100.00%	100.00%	0.00%	2407
2013	3	70070	71089	98.57%	100.00%	100.00%	0.00%	2405
2013	4	78630	79652	98.72%	100.00%	100.00%	0.00%	2368
2014	1	75822	76828	98.69%	100.00%	100.00%	0.00%	2444
2014	2	75198	76288	98.57%	100.00%	100.00%	0.00%	2445
2014	3	73852	74809	98.72%	100.00%	100.00%	0.00%	2462
2014	4	81588	82544	98.84%	100.00%	100.00%	0.00%	2482
	Sum:	1166718	1187130	98.28%				

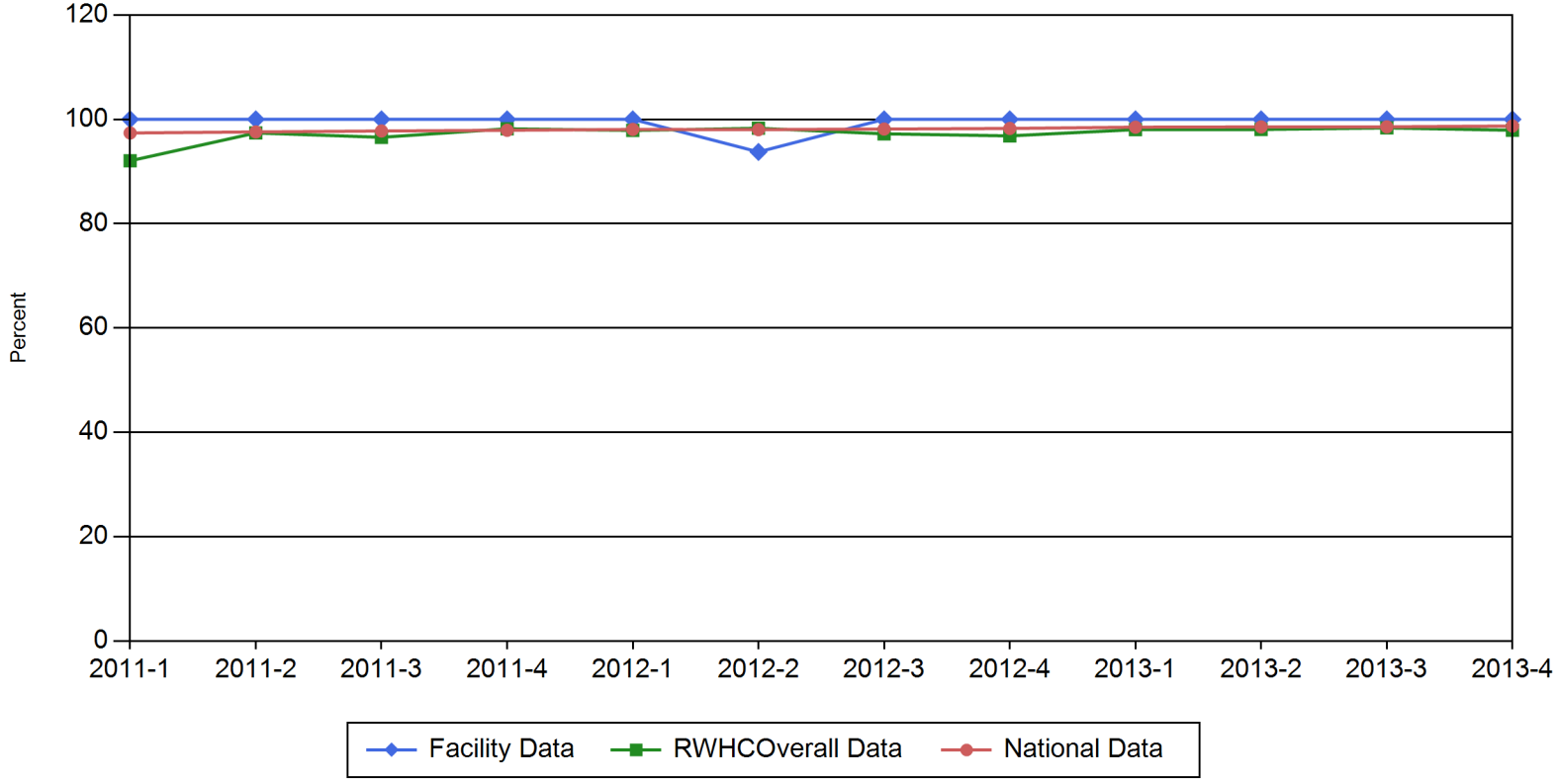
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty



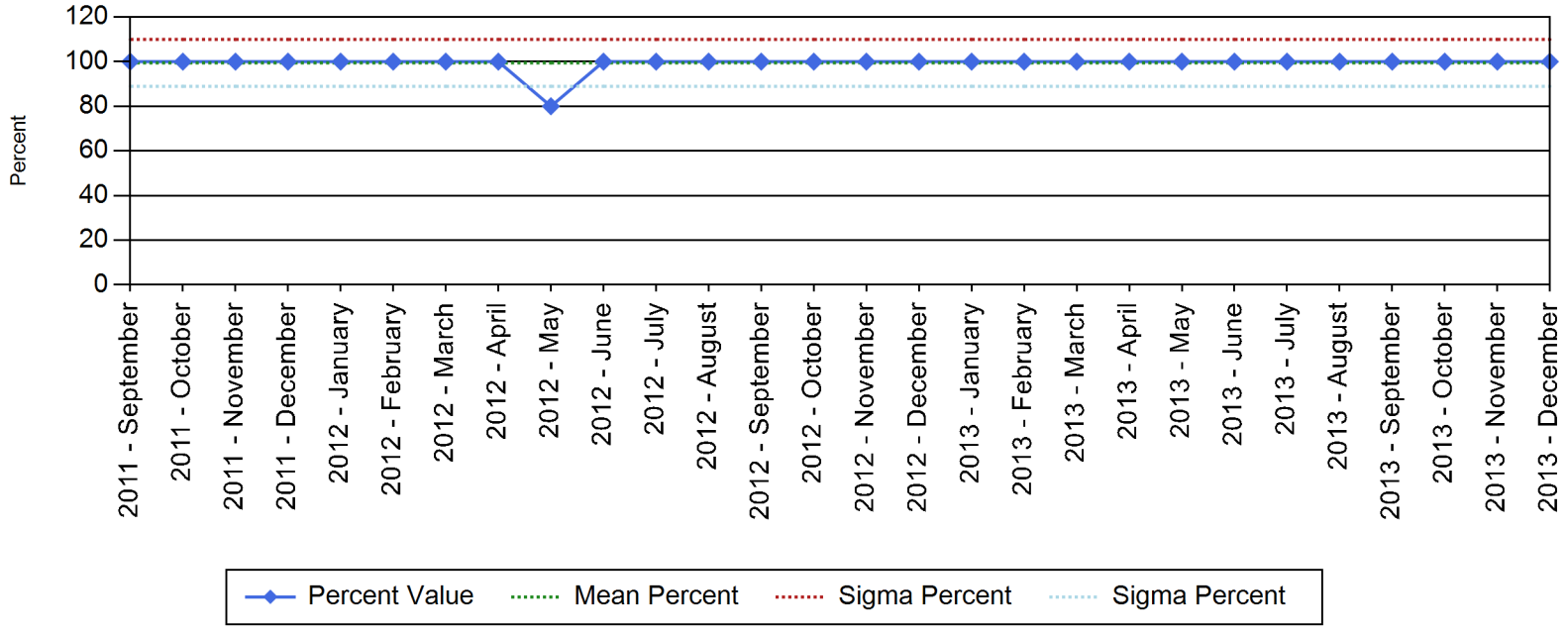
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	2	2	100.00 %
	Totals:	**2**	**2**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	2	3	66.67 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	1	1	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	1	0.00 %
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**3**	**5**	**60.00 %**

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	1	0.00 %
	Totals:	**0**	**1**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	2	3	66.67 %	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	1	1	100.00 %	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	1	0.00 %	2013	3	0	0	ND
2011	4	2	2	100.00 %	2012	4	0	0	ND	2013	4	0	1	0.00 %
Totals:		**2**	**2**	**100.00 %**	**Totals:**		**3**	**5**	**60.00 %**	**Totals:**		**0**	**1**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	54	62	87.10 %	100.00 %	100.00 %	0.00 %	0
2011	2	69	80	86.25 %	100.00 %	100.00 %	0.00 %	0
2011	3	69	79	87.34 %	100.00 %	100.00 %	0.00 %	0
2011	4	49	56	87.50 %	100.00 %	100.00 %	0.00 %	0
2012	1	59	70	84.29 %	100.00 %	100.00 %	0.00 %	0
2012	2	75	93	80.65 %	100.00 %	100.00 %	0.00 %	0
2012	3	84	93	90.32 %	100.00 %	100.00 %	0.00 %	0
2012	4	86	98	87.76 %	100.00 %	100.00 %	0.00 %	0
2013	1	62	68	91.18 %	100.00 %	100.00 %	0.00 %	0
2013	2	74	79	93.67 %	100.00 %	100.00 %	0.00 %	0
2013	3	55	57	96.49 %	100.00 %	100.00 %	0.00 %	0
2013	4	63	65	96.92 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**799**	**900**	**88.78 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	17482	18834	92.82%	100.00%	100.00%	0.00%	2307
2011	2	18010	19312	93.26%	100.00%	100.00%	0.00%	2337
2011	3	17962	19136	93.86%	100.00%	100.00%	0.00%	2338
2011	4	17859	18918	94.40%	100.00%	100.00%	0.00%	2332
2012	1	18481	19550	94.53%	100.00%	100.00%	0.00%	2378
2012	2	18508	19523	94.80%	100.00%	100.00%	0.00%	2380
2012	3	18202	19037	95.61%	100.00%	100.00%	0.00%	2341
2012	4	17872	18734	95.40%	100.00%	100.00%	0.00%	2320
2013	1	17105	17817	96.00%	100.00%	100.00%	0.00%	2314
2013	2	17841	18555	96.15%	100.00%	100.00%	0.00%	2326
2013	3	17671	18313	96.49%	100.00%	100.00%	0.00%	2294
2013	4	17496	18122	96.55%	100.00%	100.00%	0.00%	2267
2014	1	17872	18532	96.44%	100.00%	100.00%	0.00%	2360
2014	2	18776	19411	96.73%	100.00%	100.00%	0.00%	2351
2014	3	18512	19247	96.18%	100.00%	100.00%	0.00%	2364
2014	4	18535	19161	96.73%	100.00%	100.00%	0.00%	2380
	Sum:	288184	302202	95.36%				

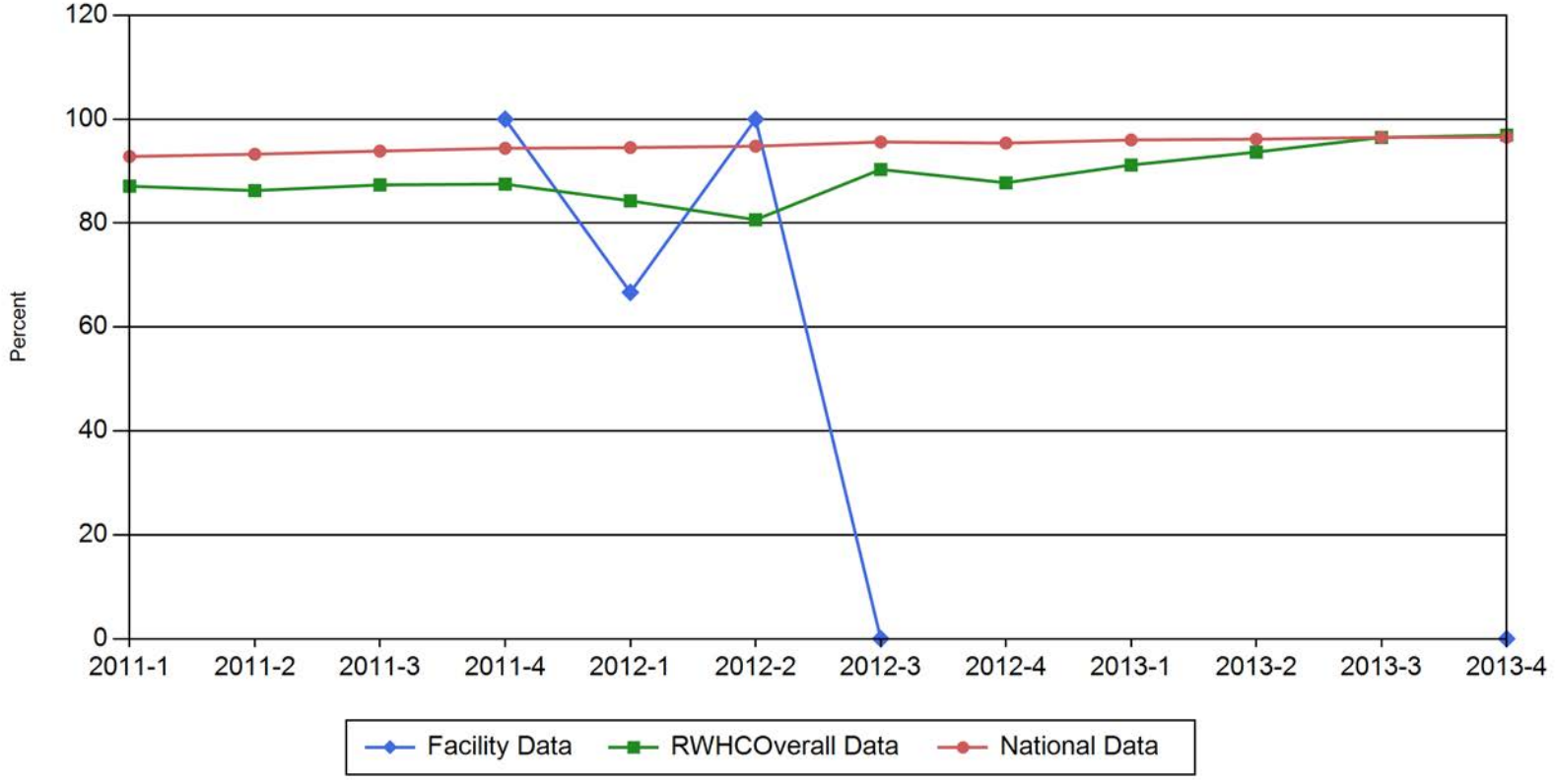
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery



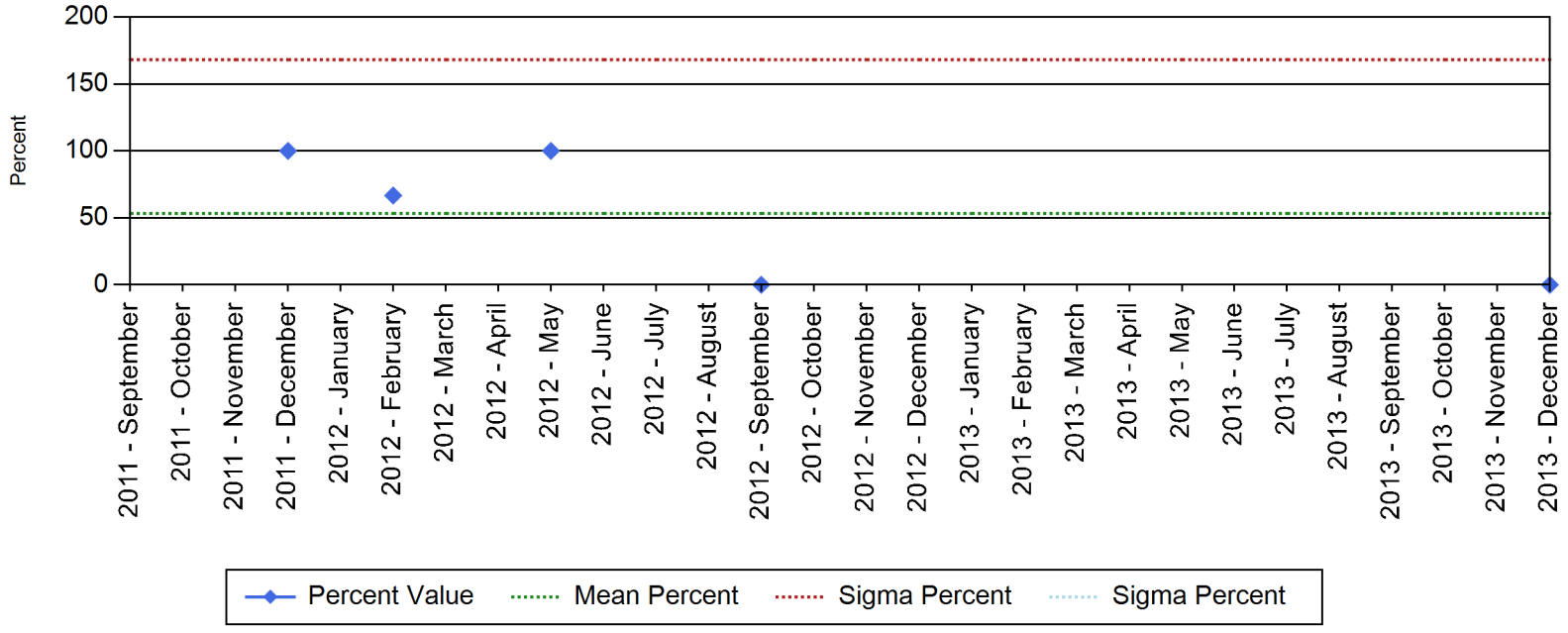
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery



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Tests for Special Causes:

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A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	1	1	100.00 %
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	1	1	100.00 %
2011	7	0	0	ND
2011	8	1	1	100.00 %
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	1	1	100.00 %
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2012	1	2	2	100.00 %
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	1	1	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	1	1	100.00 %
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2013	1	1	1	100.00 %
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
	Totals:	**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	1	1	100.00 %	2012	1	2	2	100.00 %	2013	1	1	1	100.00 %
2011	2	1	1	100.00 %	2012	2	1	1	100.00 %	2013	2	0	0	ND
2011	3	1	1	100.00 %	2012	3	1	1	100.00 %	2013	3	0	0	ND
2011	4	1	1	100.00 %	2012	4	0	0	ND	2013	4	0	0	ND
Totals:		**4**	**4**	**100.00 %**	**Totals:**		**4**	**4**	**100.00 %**	**Totals:**		**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	158	164	96.34 %	100.00 %	100.00 %	0.00 %	0
2011	2	197	207	95.17 %	100.00 %	100.00 %	0.00 %	0
2011	3	178	186	95.70 %	100.00 %	100.00 %	0.00 %	0
2011	4	171	177	96.61 %	100.00 %	100.00 %	0.00 %	0
2012	1	118	122	96.72 %	100.00 %	100.00 %	0.00 %	0
2012	2	115	124	92.74 %	100.00 %	100.00 %	0.00 %	0
2012	3	112	115	97.39 %	100.00 %	100.00 %	0.00 %	0
2012	4	107	113	94.69 %	100.00 %	100.00 %	0.00 %	0
2013	1	124	126	98.41 %	100.00 %	100.00 %	0.00 %	0
2013	2	120	124	96.77 %	100.00 %	100.00 %	0.00 %	0
2013	3	89	91	97.80 %	100.00 %	100.00 %	50.00 %	0
2013	4	80	80	100.00 %	100.00 %	100.00 %	100.00 %	0
	Totals:	**1569**	**1629**	**96.32 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	33804	34814	97.10%	100.00%	100.00%	0.00%	2290
2011	2	36722	37776	97.21%	100.00%	100.00%	0.00%	2345
2011	3	35414	36380	97.34%	100.00%	100.00%	0.00%	2346
2011	4	35525	36498	97.33%	100.00%	100.00%	0.00%	2347
2012	1	32721	33563	97.49%	100.00%	100.00%	0.00%	2362
2012	2	32079	32821	97.74%	100.00%	100.00%	0.00%	2331
2012	3	29430	30174	97.53%	100.00%	100.00%	0.00%	2297
2012	4	29603	30301	97.70%	100.00%	100.00%	0.00%	2282
2013	1	26252	26780	98.03%	100.00%	100.00%	0.00%	2248
2013	2	26795	27328	98.05%	100.00%	100.00%	0.00%	2237
2013	3	25294	25806	98.02%	100.00%	100.00%	0.00%	2203
2013	4	25352	25825	98.17%	100.00%	100.00%	0.00%	2168
2014	1	23846	24327	98.02%	100.00%	100.00%	0.00%	2222
2014	2	26593	27060	98.27%	100.00%	100.00%	0.00%	2272
2014	3	25677	26163	98.14%	100.00%	100.00%	0.00%	2260
2014	4	26961	27424	98.31%	100.00%	100.00%	0.00%	2247
	Sum:	472068	483040	97.73%				

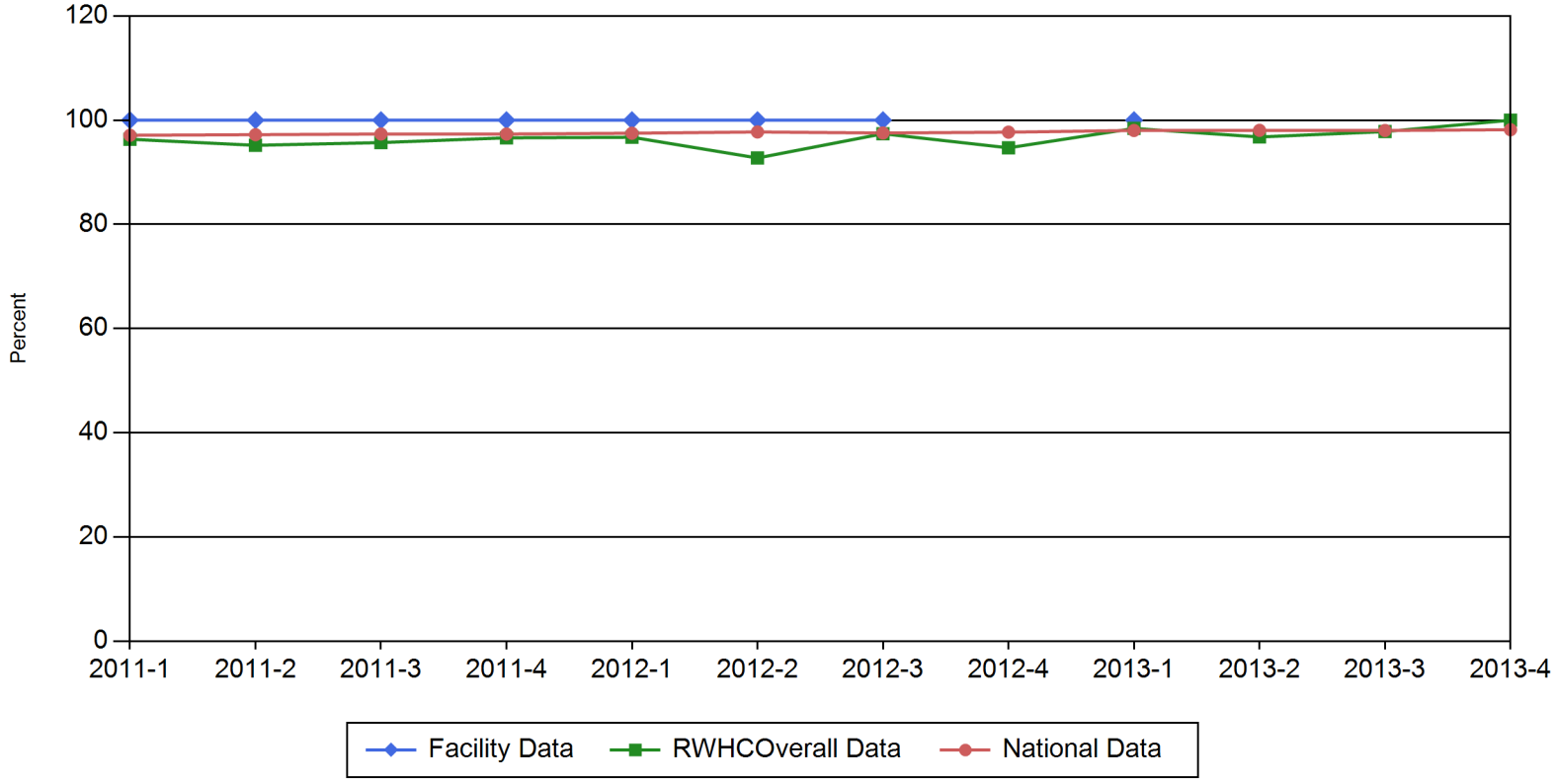
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy



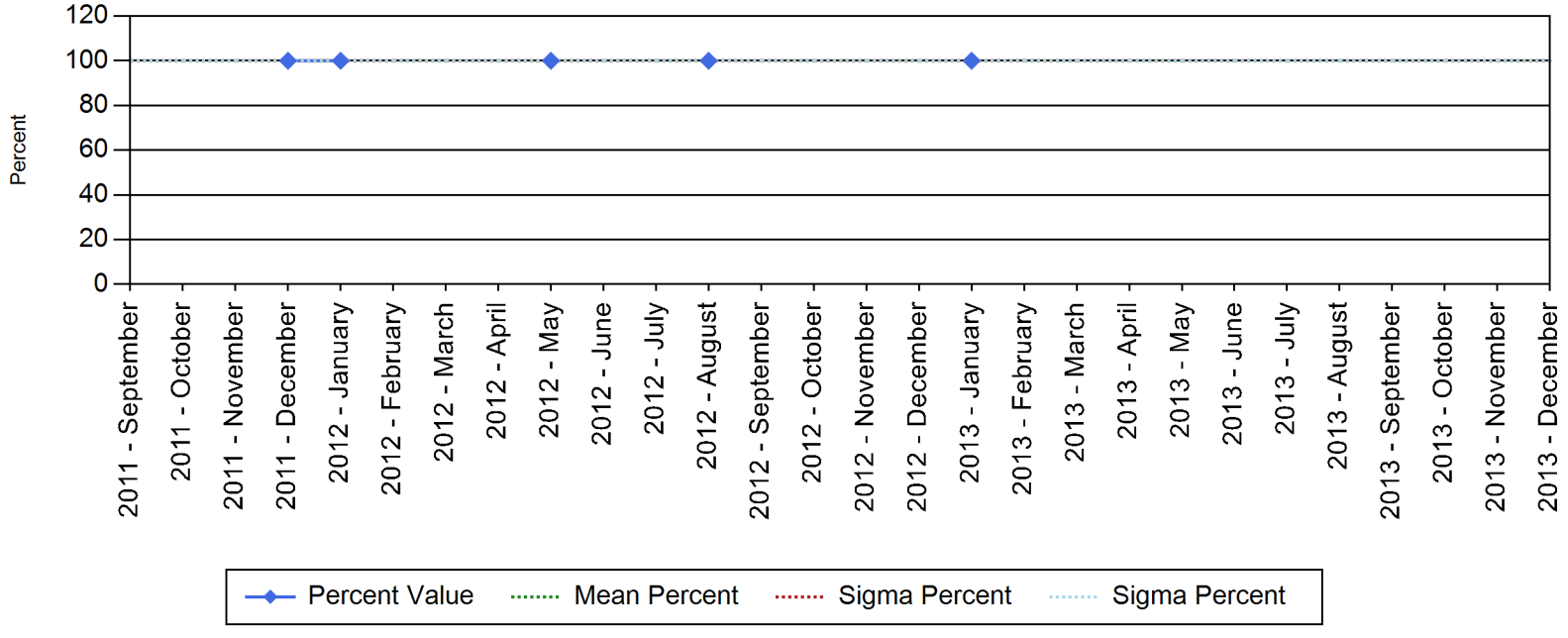
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	2	2	100.00 %	100.00 %	100.00 %	100.00 %	0
2011	2	6	6	100.00 %	100.00 %	100.00 %	100.00 %	0
2011	3	2	2	100.00 %	100.00 %	100.00 %	100.00 %	0
2011	4	3	4	75.00 %	100.00 %	100.00 %	0.00 %	0
2012	1	5	5	100.00 %	100.00 %	100.00 %	100.00 %	0
2012	2	2	2	100.00 %	100.00 %	100.00 %	100.00 %	0
2012	3	4	4	100.00 %	100.00 %	100.00 %	100.00 %	0
2012	4	6	7	85.71 %	100.00 %	100.00 %	50.00 %	0
2013	1	2	2	100.00 %	100.00 %	100.00 %	100.00 %	0
2013	2	2	2	100.00 %	100.00 %	100.00 %	100.00 %	0
2013	3	4	5	80.00 %	100.00 %	100.00 %	50.00 %	0
2013	4	1	1	100.00 %	100.00 %	100.00 %	100.00 %	0
	Totals:	**39**	**42**	**92.86 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	10211	10946	93.29%	100.00%	100.00%	0.00%	1482
2011	2	8525	9108	93.60%	100.00%	100.00%	0.00%	1452
2011	3	8702	9275	93.82%	100.00%	100.00%	0.00%	1434
2011	4	8228	8719	94.37%	100.00%	100.00%	0.00%	1419
2012	1	8367	8770	95.40%	100.00%	100.00%	0.00%	1446
2012	2	8444	8888	95.00%	100.00%	100.00%	0.00%	1439
2012	3	8145	8547	95.30%	100.00%	100.00%	0.00%	1418
2012	4	7998	8381	95.43%	100.00%	100.00%	0.00%	1383
2013	1	7965	8309	95.86%	100.00%	100.00%	0.00%	1407
2013	2	8307	8611	96.47%	100.00%	100.00%	0.00%	1396
2013	3	8209	8544	96.08%	100.00%	100.00%	0.00%	1398
2013	4	7812	8090	96.56%	100.00%	100.00%	0.00%	1359
2014	1	8196	8512	96.29%	100.00%	100.00%	0.00%	1432
2014	2	8501	8841	96.15%	100.00%	100.00%	0.00%	1415
2014	3	8504	8806	96.57%	100.00%	100.00%	0.00%	1410
2014	4	8455	8769	96.42%	100.00%	100.00%	0.00%	1371
	Sum:	134569	141116	95.36%				

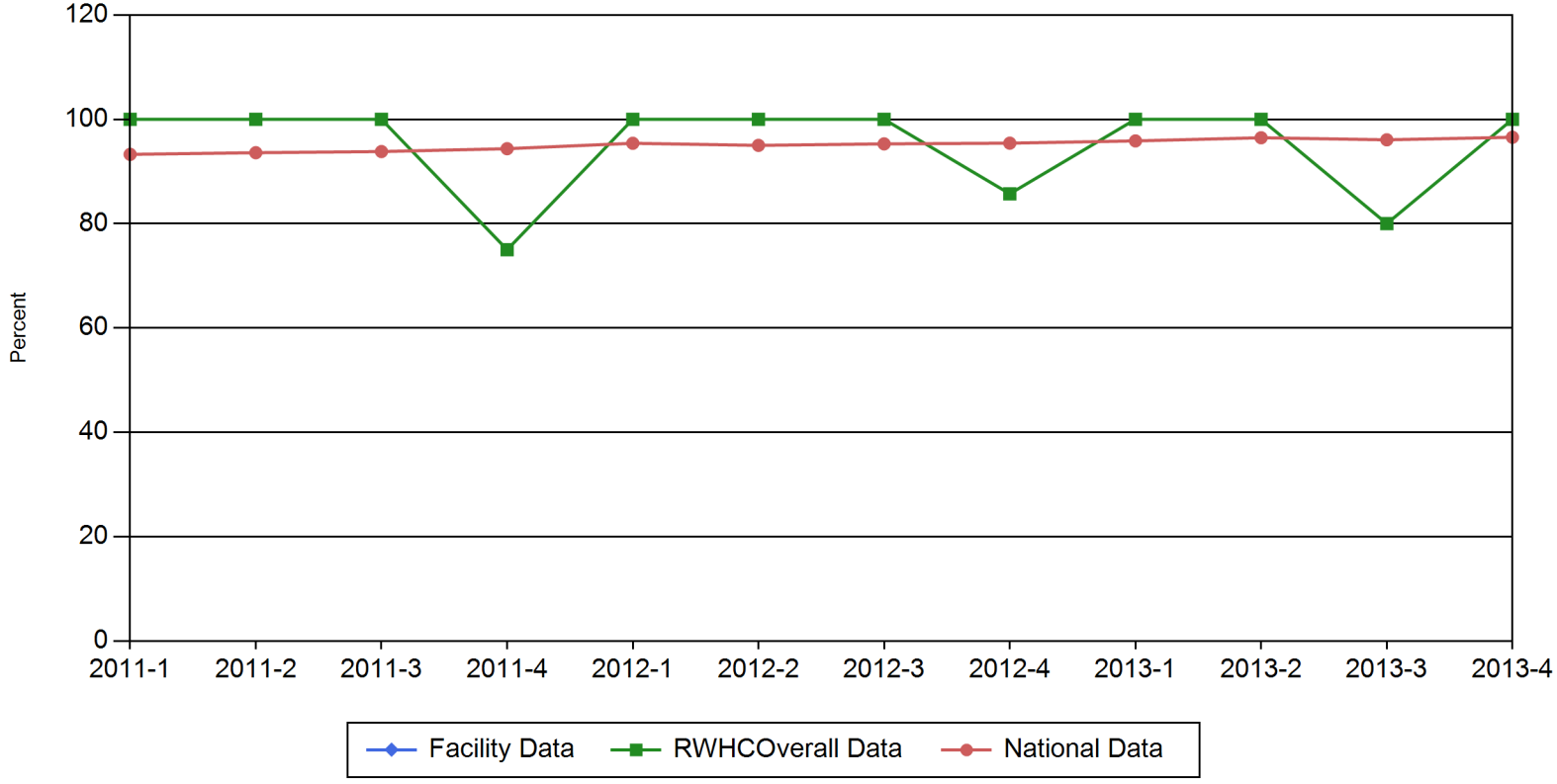
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery



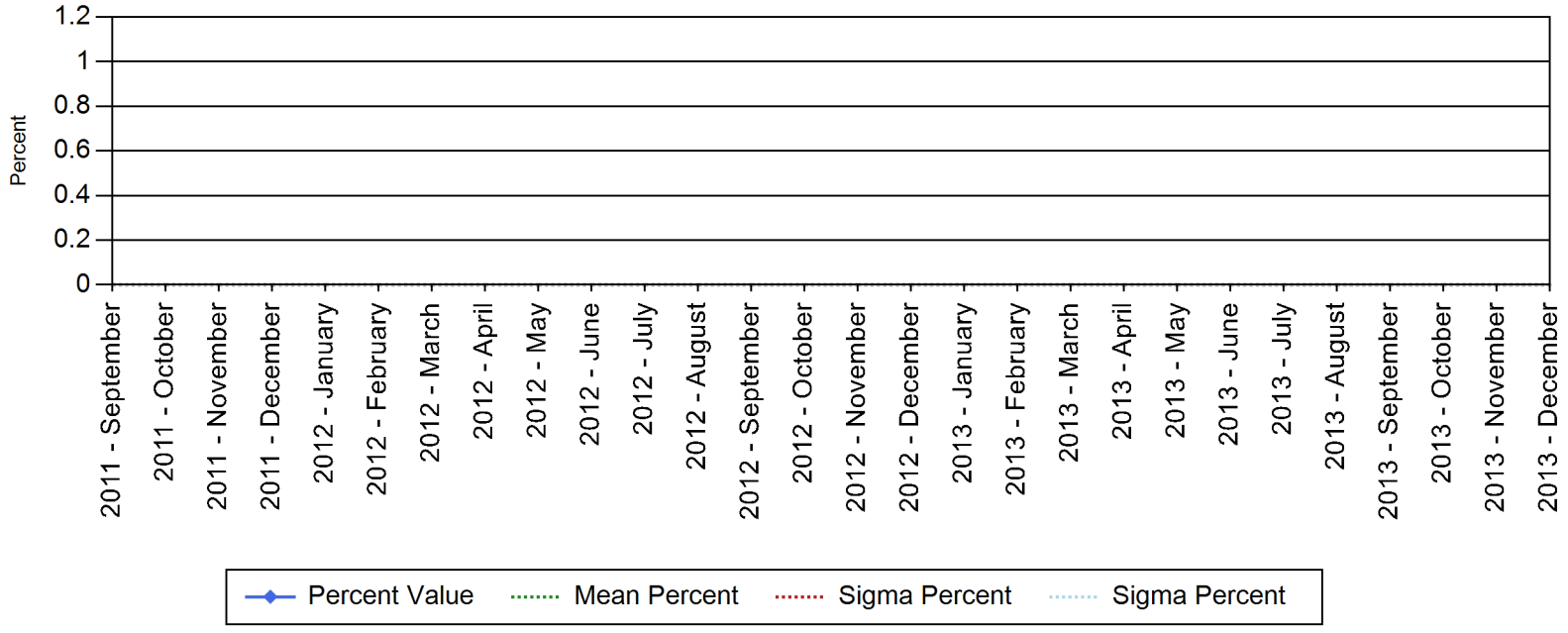
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	0	0					0
2011	2	0	0					0
2011	3	0	0					0
2011	4	0	0					0
2012	1	0	1	0.00 %	0.00 %	0.00 %	0.00 %	0
2012	2	0	0					0
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
	Totals:	**0**	**1**	**0.00 %**				

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	35514	37498	94.71%	96.00%	100.00%	33.33%	985
2011	2	36917	38803	95.14%	96.72%	100.00%	50.00%	993
2011	3	35044	36684	95.53%	97.06%	100.00%	37.50%	1000
2011	4	34690	36185	95.87%	96.97%	100.00%	60.00%	999
2012	1	35762	37178	96.19%	97.35%	100.00%	57.69%	1003
2012	2	36239	37635	96.29%	97.37%	100.00%	33.33%	999
2012	3	34015	35226	96.56%	97.83%	100.00%	50.00%	991
2012	4	34618	35922	96.37%	97.67%	100.00%	50.00%	990
2013	1	33528	34700	96.62%	97.92%	100.00%	0.00%	995
2013	2	35044	36208	96.79%	98.25%	100.00%	57.14%	986
2013	3	34341	35390	97.04%	98.82%	100.00%	0.00%	987
2013	4	34544	35523	97.24%	99.54%	100.00%	50.00%	978
2014	1	32660	34696	94.13%	96.08%	100.00%	29.17%	1011
2014	2	35113	36981	94.95%	96.67%	100.00%	0.00%	1017
2014	3	45	46	97.83%	97.83%	97.83%	97.83%	1
	Sum:	488074	508675	95.95%				

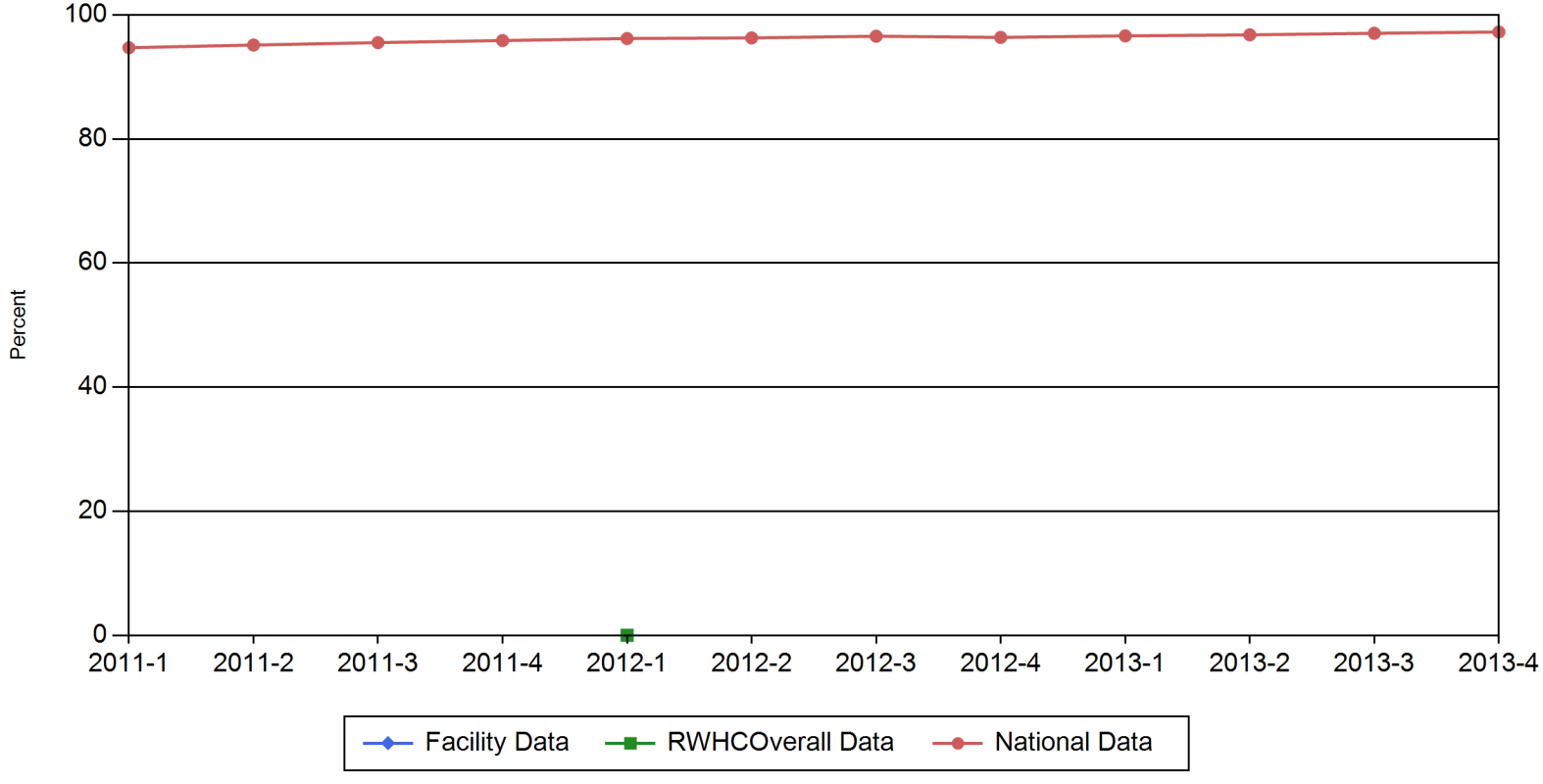
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose



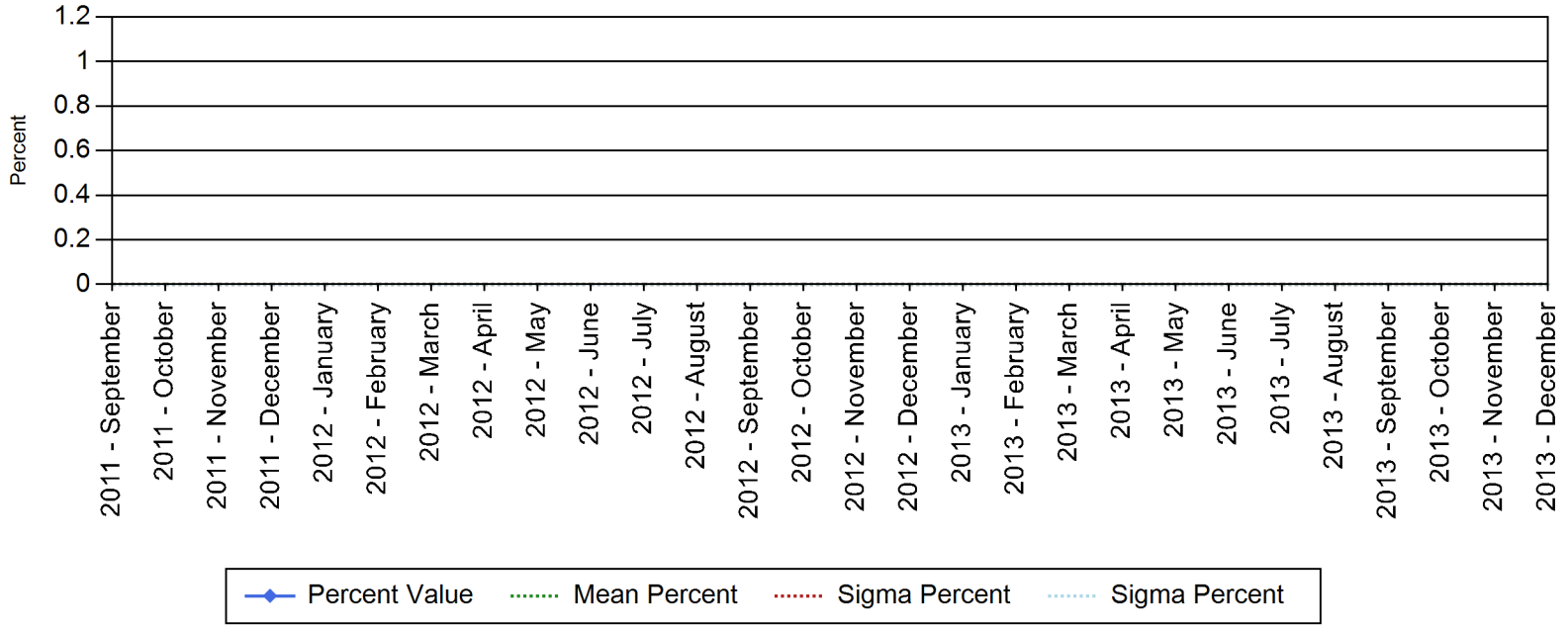
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal

Year	Month	Num	Den	%
2011	1	8	8	100.00 %
2011	2	4	4	100.00 %
2011	3	7	7	100.00 %
2011	4	7	7	100.00 %
2011	5	4	4	100.00 %
2011	6	12	12	100.00 %
2011	7	6	6	100.00 %
2011	8	7	7	100.00 %
2011	9	10	10	100.00 %
2011	10	12	12	100.00 %
2011	11	13	13	100.00 %
2011	12	10	10	100.00 %
	Totals:	**100**	**100**	**100.00 %**

Year	Month	Num	Den	%
2012	1	8	8	100.00 %
2012	2	11	11	100.00 %
2012	3	6	6	100.00 %
2012	4	5	5	100.00 %
2012	5	9	9	100.00 %
2012	6	12	12	100.00 %
2012	7	8	8	100.00 %
2012	8	8	8	100.00 %
2012	9	7	7	100.00 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	6	6	100.00 %
	Totals:	**93**	**93**	**100.00 %**

Year	Month	Num	Den	%
2013	1	6	6	100.00 %
2013	2	9	9	100.00 %
2013	3	14	14	100.00 %
2013	4	6	6	100.00 %
2013	5	12	12	100.00 %
2013	6	12	12	100.00 %
2013	7	5	5	100.00 %
2013	8	9	9	100.00 %
2013	9	5	5	100.00 %
2013	10	7	8	87.50 %
2013	11	12	12	100.00 %
2013	12	12	12	100.00 %
	Totals:	**109**	**110**	**99.09 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	19	19	100.00 %	2012	1	25	25	100.00 %	2013	1	29	29	100.00 %
2011	2	23	23	100.00 %	2012	2	26	26	100.00 %	2013	2	30	30	100.00 %
2011	3	23	23	100.00 %	2012	3	23	23	100.00 %	2013	3	19	19	100.00 %
2011	4	35	35	100.00 %	2012	4	19	19	100.00 %	2013	4	31	32	96.88 %
Totals:		**100**	**100**	**100.00 %**	**Totals:**		**93**	**93**	**100.00 %**	**Totals:**		**109**	**110**	**99.09 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	1368	1371	99.78 %	100.00 %	100.00 %	50.00 %	0
2011	2	1372	1376	99.71 %	100.00 %	100.00 %	50.00 %	0
2011	3	1326	1332	99.55 %	100.00 %	100.00 %	40.00 %	0
2011	4	1427	1432	99.65 %	100.00 %	100.00 %	0.00 %	0
2012	1	1436	1443	99.51 %	100.00 %	100.00 %	50.00 %	0
2012	2	1480	1489	99.40 %	100.00 %	100.00 %	0.00 %	0
2012	3	1460	1467	99.52 %	100.00 %	100.00 %	0.00 %	0
2012	4	1818	1834	99.13 %	100.00 %	100.00 %	57.89 %	0
2013	1	1655	1661	99.64 %	100.00 %	100.00 %	0.00 %	0
2013	2	1644	1654	99.40 %	100.00 %	100.00 %	50.00 %	0
2013	3	1501	1509	99.47 %	100.00 %	100.00 %	72.22 %	0
2013	4	1755	1756	99.94 %	100.00 %	100.00 %	87.50 %	0
	Totals:	**18242**	**18324**	**99.55 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	326523	327182	99.80%	100.00%	100.00%	4.35%	2651
2011	2	329874	330577	99.79%	100.00%	100.00%	0.00%	2687
2011	3	323130	323678	99.83%	100.00%	100.00%	61.54%	2696
2011	4	330347	330952	99.82%	100.00%	100.00%	0.00%	2696
2012	1	336454	336949	99.85%	100.00%	100.00%	25.00%	2724
2012	2	329566	329943	99.89%	100.00%	100.00%	0.00%	2730
2012	3	316608	317113	99.84%	100.00%	100.00%	66.67%	2685
2012	4	328741	329182	99.87%	100.00%	100.00%	0.00%	2694
2013	1	315620	315956	99.89%	100.00%	100.00%	71.43%	2676
2013	2	317858	318162	99.90%	100.00%	100.00%	0.00%	2668
2013	3	310939	311257	99.90%	100.00%	100.00%	0.00%	2675
2013	4	323280	323600	99.90%	100.00%	100.00%	0.00%	2627
2014	1	315811	316083	99.91%	100.00%	100.00%	58.82%	2715
2014	2	324279	324626	99.89%	100.00%	100.00%	42.86%	2718
2014	3	317001	317298	99.91%	100.00%	100.00%	69.23%	2719
2014	4	330871	331180	99.91%	100.00%	100.00%	33.33%	2742
	Sum:	5176902	5183738	99.87%				

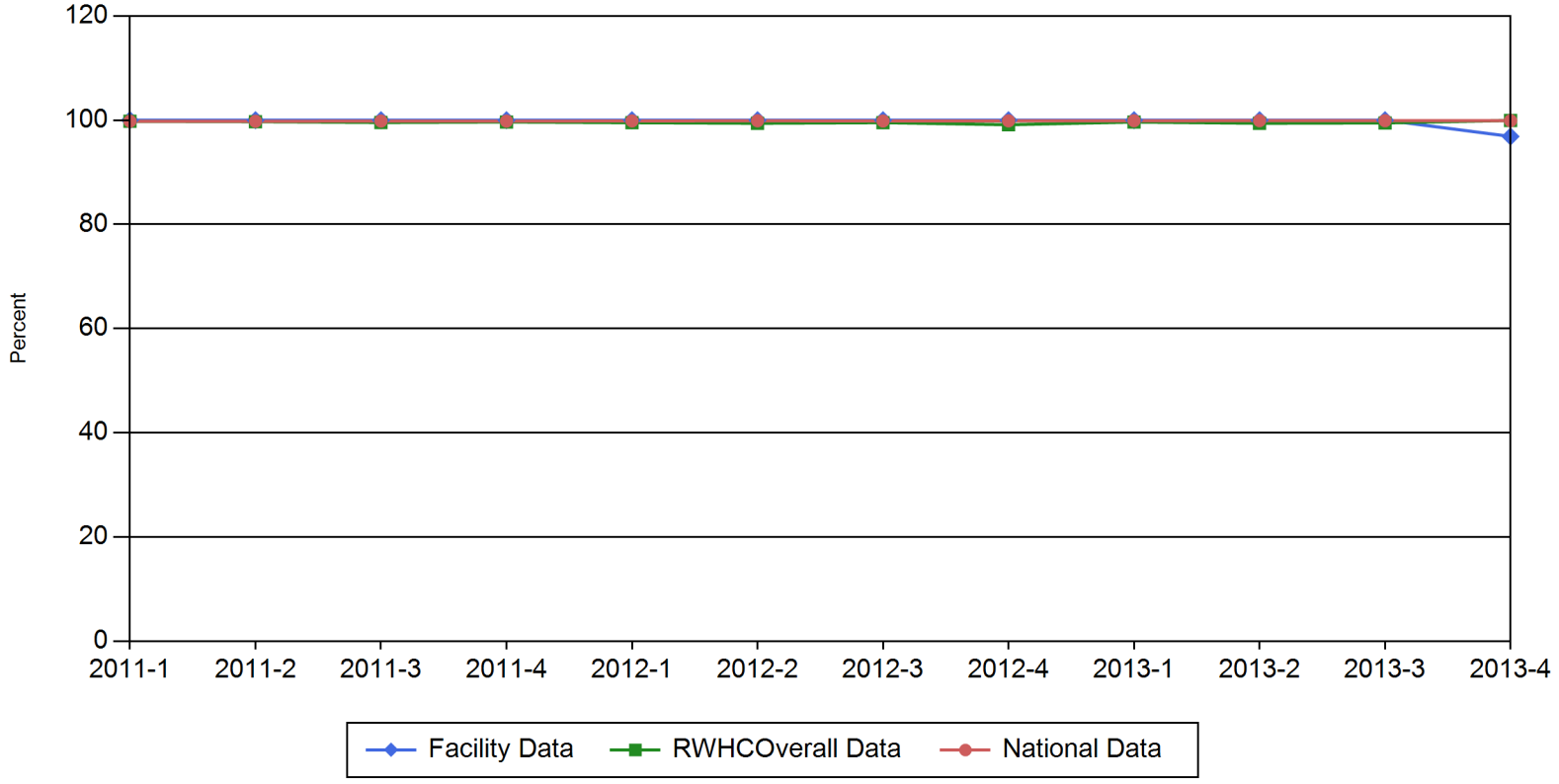
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal



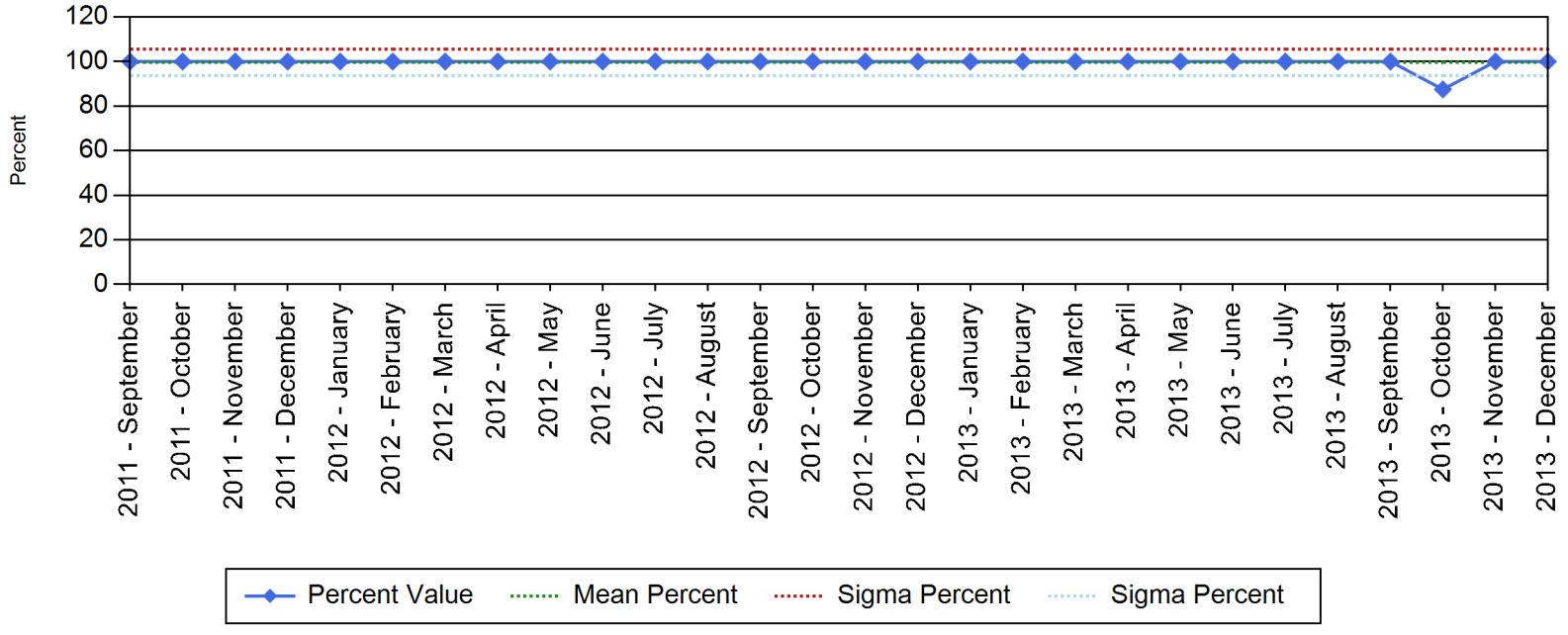
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero

Year	Month	Num	Den	%
2011	1	5	5	100.00 %
2011	2	2	2	100.00 %
2011	3	4	4	100.00 %
2011	4	5	5	100.00 %
2011	5	2	2	100.00 %
2011	6	7	7	100.00 %
2011	7	5	5	100.00 %
2011	8	4	4	100.00 %
2011	9	7	7	100.00 %
2011	10	4	5	80.00 %
2011	11	7	7	100.00 %
2011	12	4	4	100.00 %
	Totals:	**56**	**57**	**98.25 %**

Year	Month	Num	Den	%
2012	1	5	5	100.00 %
2012	2	5	5	100.00 %
2012	3	4	4	100.00 %
2012	4	4	4	100.00 %
2012	5	5	5	100.00 %
2012	6	8	8	100.00 %
2012	7	7	7	100.00 %
2012	8	3	3	100.00 %
2012	9	6	7	85.71 %
2012	10	3	6	50.00 %
2012	11	4	6	66.67 %
2012	12	4	5	80.00 %
	Totals:	**58**	**65**	**89.23 %**

Year	Month	Num	Den	%
2013	1	5	5	100.00 %
2013	2	9	9	100.00 %
2013	3	10	12	83.33 %
2013	4	2	4	50.00 %
2013	5	12	12	100.00 %
2013	6	5	12	41.67 %
2013	7	5	5	100.00 %
2013	8	7	8	87.50 %
2013	9	4	4	100.00 %
2013	10	8	8	100.00 %
2013	11	11	11	100.00 %
2013	12	9	10	90.00 %
	Totals:	**87**	**100**	**87.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	11	11	100.00 %	2012	1	14	14	100.00 %	2013	1	24	26	92.31 %
2011	2	14	14	100.00 %	2012	2	17	17	100.00 %	2013	2	19	28	67.86 %
2011	3	16	16	100.00 %	2012	3	16	17	94.12 %	2013	3	16	17	94.12 %
2011	4	15	16	93.75 %	2012	4	11	17	64.71 %	2013	4	28	29	96.55 %
Totals:		**56**	**57**	**98.25 %**	**Totals:**		**58**	**65**	**89.23 %**	**Totals:**		**87**	**100**	**87.00 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	212	223	95.07 %	100.00 %	100.00 %	33.33 %	55
2012	4	787	834	94.36 %	100.00 %	100.00 %	0.00 %	153
2013	1	726	759	95.65 %	100.00 %	100.00 %	0.00 %	150
2013	2	701	726	96.56 %	100.00 %	100.00 %	0.00 %	145
2013	3	652	681	95.74 %	100.00 %	100.00 %	0.00 %	139
2013	4	786	813	96.68 %	100.00 %	100.00 %	0.00 %	149
2014	1	693	712	97.33 %	100.00 %	100.00 %	0.00 %	146
2014	2	715	729	98.08 %	100.00 %	100.00 %	0.00 %	140
2014	3	711	729	97.53 %	100.00 %	100.00 %	0.00 %	141
2014	4	808	831	97.23 %	100.00 %	100.00 %	0.00 %	139
2015	1	200	203	98.52 %	100.00 %	100.00 %	0.00 %	41
2015	2	143	144	99.31 %	100.00 %	100.00 %	66.67 %	28
2015	3	156	158	98.73 %	100.00 %	100.00 %	92.86 %	32
2015	4	169	174	97.13 %	100.00 %	100.00 %	0.00 %	24
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**7459**	**7716**	**96.67 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	153016	165405	92.51%	94.44%	100.00%	0.00%	2582
2011	2	156395	166813	93.75%	95.89%	100.00%	0.00%	2629
2011	3	154760	163428	94.70%	96.97%	100.00%	0.00%	2634
2011	4	159743	167586	95.32%	97.36%	100.00%	0.00%	2638
2012	1	169004	176659	95.67%	97.50%	100.00%	0.00%	2673
2012	2	168512	175176	96.20%	98.18%	100.00%	0.00%	2689
2012	3	162750	168639	96.51%	98.39%	100.00%	0.00%	2629
2012	4	169488	174863	96.93%	98.59%	100.00%	0.00%	2643
2013	1	163227	167227	97.61%	99.35%	100.00%	0.00%	2629
2013	2	165776	169328	97.90%	100.00%	100.00%	0.00%	2617
2013	3	162886	166162	98.03%	100.00%	100.00%	0.00%	2631
2013	4	168114	171090	98.26%	100.00%	100.00%	0.00%	2581
2014	1	164360	167274	98.26%	100.00%	100.00%	0.00%	2652
2014	2	166284	168940	98.43%	100.00%	100.00%	0.00%	2659
2014	3	161613	164118	98.47%	100.00%	100.00%	0.00%	2667
2014	4	164759	167168	98.56%	100.00%	100.00%	0.00%	2676
	Sum:	2610687	2699876	96.70%				

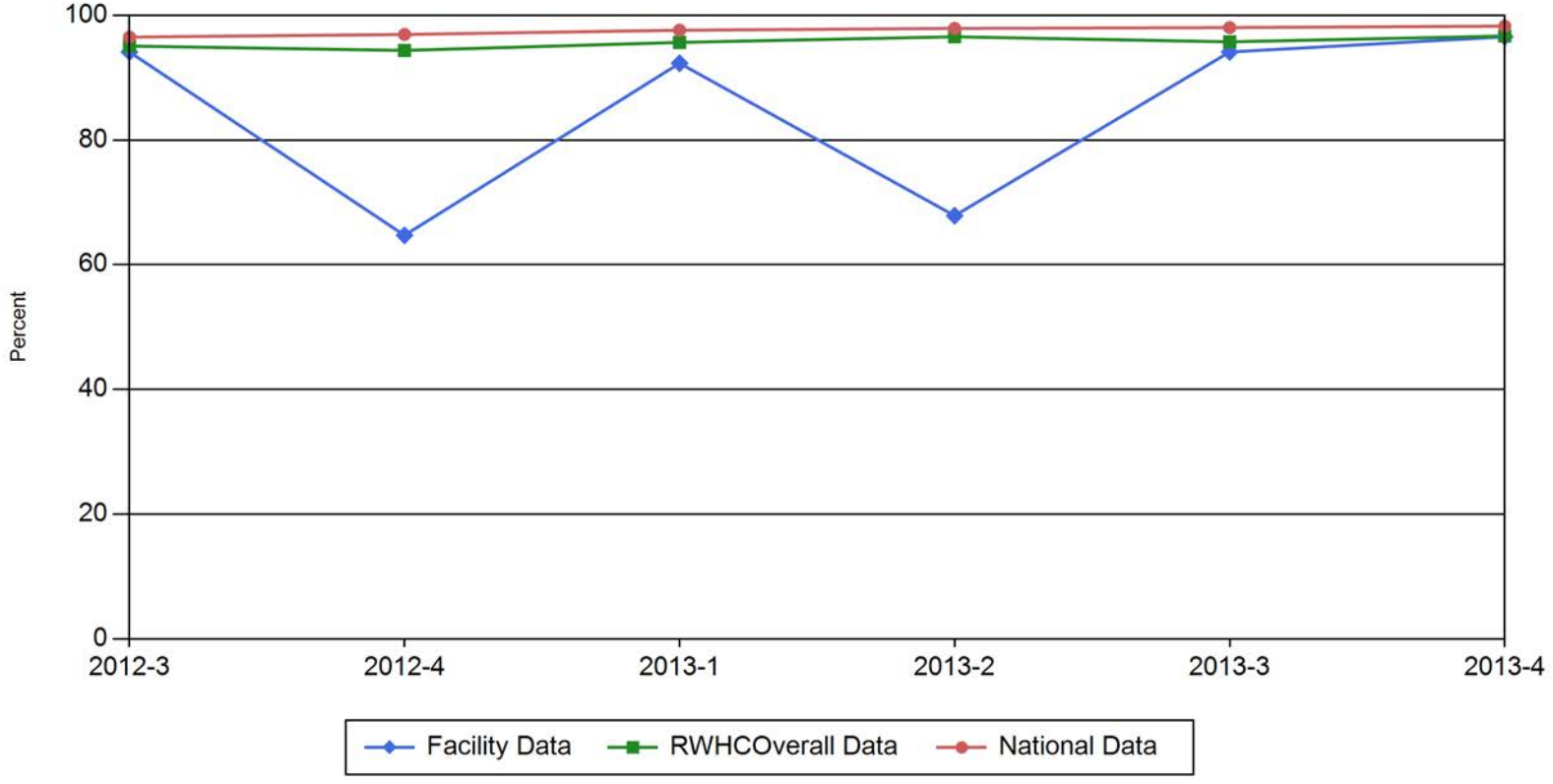
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero



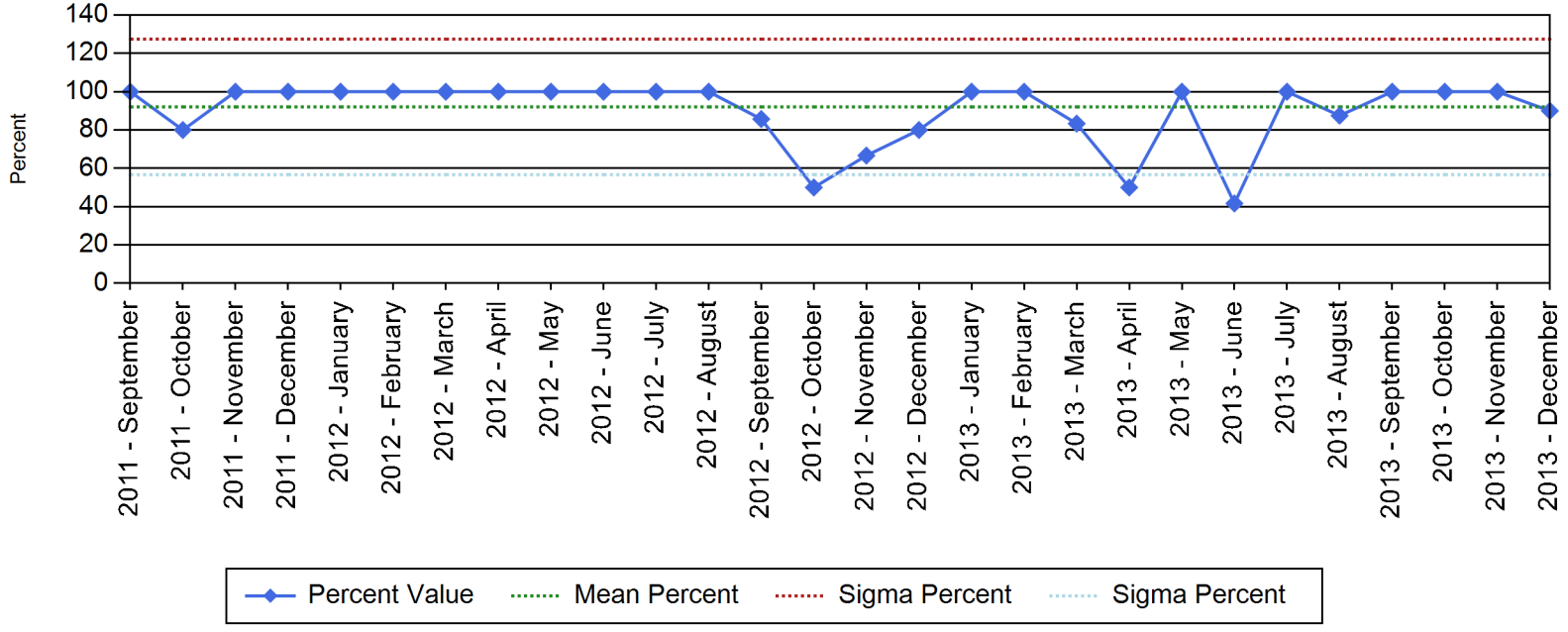
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero



For presentation purposes, Y-axis may not start at 0.

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One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP CARD-2 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period
14688

Year	Month	Num	Den	%
2011	1	2	2	100.00 %
2011	2	0	0	ND
2011	3	1	1	100.00 %
2011	4	2	2	100.00 %
2011	5	3	3	100.00 %
2011	6	6	6	100.00 %
2011	7	2	2	100.00 %
2011	8	3	3	100.00 %
2011	9	3	3	100.00 %
2011	10	3	3	100.00 %
2011	11	5	5	100.00 %
2011	12	3	3	100.00 %
	Totals:	**33**	**33**	**100.00 %**

Year	Month	Num	Den	%
2012	1	2	3	66.67 %
2012	2	0	1	0.00 %
2012	3	2	2	100.00 %
2012	4	3	3	100.00 %
2012	5	2	2	100.00 %
2012	6	3	3	100.00 %
2012	7	4	4	100.00 %
2012	8	3	3	100.00 %
2012	9	5	5	100.00 %
2012	10	2	2	100.00 %
2012	11	3	3	100.00 %
2012	12	2	2	100.00 %
	Totals:	**31**	**33**	**93.94 %**

Year	Month	Num	Den	%
2013	1	3	3	100.00 %
2013	2	2	3	66.67 %
2013	3	2	3	66.67 %
2013	4	1	4	25.00 %
2013	5	1	1	100.00 %
2013	6	4	4	100.00 %
2013	7	1	2	50.00 %
2013	8	2	3	66.67 %
2013	9	1	1	100.00 %
2013	10	3	3	100.00 %
2013	11	4	6	66.67 %
2013	12	5	5	100.00 %
	Totals:	**29**	**38**	**76.32 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP CARD-2 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period
14688

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	3	3	100.00 %	2012	1	4	6	66.67 %	2013	1	7	9	77.78 %
2011	2	11	11	100.00 %	2012	2	8	8	100.00 %	2013	2	6	9	66.67 %
2011	3	8	8	100.00 %	2012	3	12	12	100.00 %	2013	3	4	6	66.67 %
2011	4	11	11	100.00 %	2012	4	7	7	100.00 %	2013	4	12	14	85.71 %
Totals:		**33**	**33**	**100.00 %**	**Totals:**		**31**	**33**	**93.94 %**	**Totals:**		**29**	**38**	**76.32 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP CARD-2 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period
14688

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	155	158	98.10 %	100.00 %	100.00 %	0.00 %	43
2012	4	484	502	96.41 %	100.00 %	100.00 %	0.00 %	132
2013	1	441	457	96.50 %	100.00 %	100.00 %	0.00 %	129
2013	2	425	441	96.37 %	100.00 %	100.00 %	0.00 %	120
2013	3	393	411	95.62 %	100.00 %	100.00 %	0.00 %	121
2013	4	432	446	96.86 %	100.00 %	100.00 %	0.00 %	122
2014	1	370	381	97.11 %	100.00 %	100.00 %	0.00 %	123
2014	2	399	409	97.56 %	100.00 %	100.00 %	0.00 %	124
2014	3	399	412	96.84 %	100.00 %	100.00 %	0.00 %	117
2014	4	431	450	95.78 %	100.00 %	100.00 %	0.00 %	126
2015	1	161	165	97.58 %	100.00 %	100.00 %	50.00 %	41
2015	2	135	141	95.74 %	100.00 %	100.00 %	0.00 %	34
2015	3	151	156	96.79 %	100.00 %	100.00 %	0.00 %	35
2015	4	77	79	97.47 %	100.00 %	100.00 %	0.00 %	23
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**4453**	**4608**	**96.64 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP CARD-2 14688 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	94216	98493	95.66%	98.29%	100.00%	0.00%	2554
2011	2	95673	99517	96.14%	98.90%	100.00%	0.00%	2589
2011	3	94061	97297	96.67%	100.00%	100.00%	0.00%	2603
2011	4	95512	98357	97.11%	100.00%	100.00%	0.00%	2604
2012	1	100518	103800	96.84%	98.80%	100.00%	0.00%	2637
2012	2	99360	102196	97.22%	100.00%	100.00%	0.00%	2644
2012	3	95449	98032	97.37%	100.00%	100.00%	0.00%	2596
2012	4	97593	99908	97.68%	100.00%	100.00%	0.00%	2614
2013	1	95103	97133	97.91%	100.00%	100.00%	0.00%	2599
2013	2	97807	99730	98.07%	100.00%	100.00%	0.00%	2586
2013	3	95554	97438	98.07%	100.00%	100.00%	0.00%	2595
2013	4	97044	98860	98.16%	100.00%	100.00%	0.00%	2548
2014	1	95962	97683	98.24%	100.00%	100.00%	0.00%	2626
2014	2	98661	100435	98.23%	100.00%	100.00%	0.00%	2620
2014	3	95287	96954	98.28%	100.00%	100.00%	0.00%	2622
2014	4	97099	98800	98.28%	100.00%	100.00%	0.00%	2639
	Sum:	1544899	1584633	97.49%				

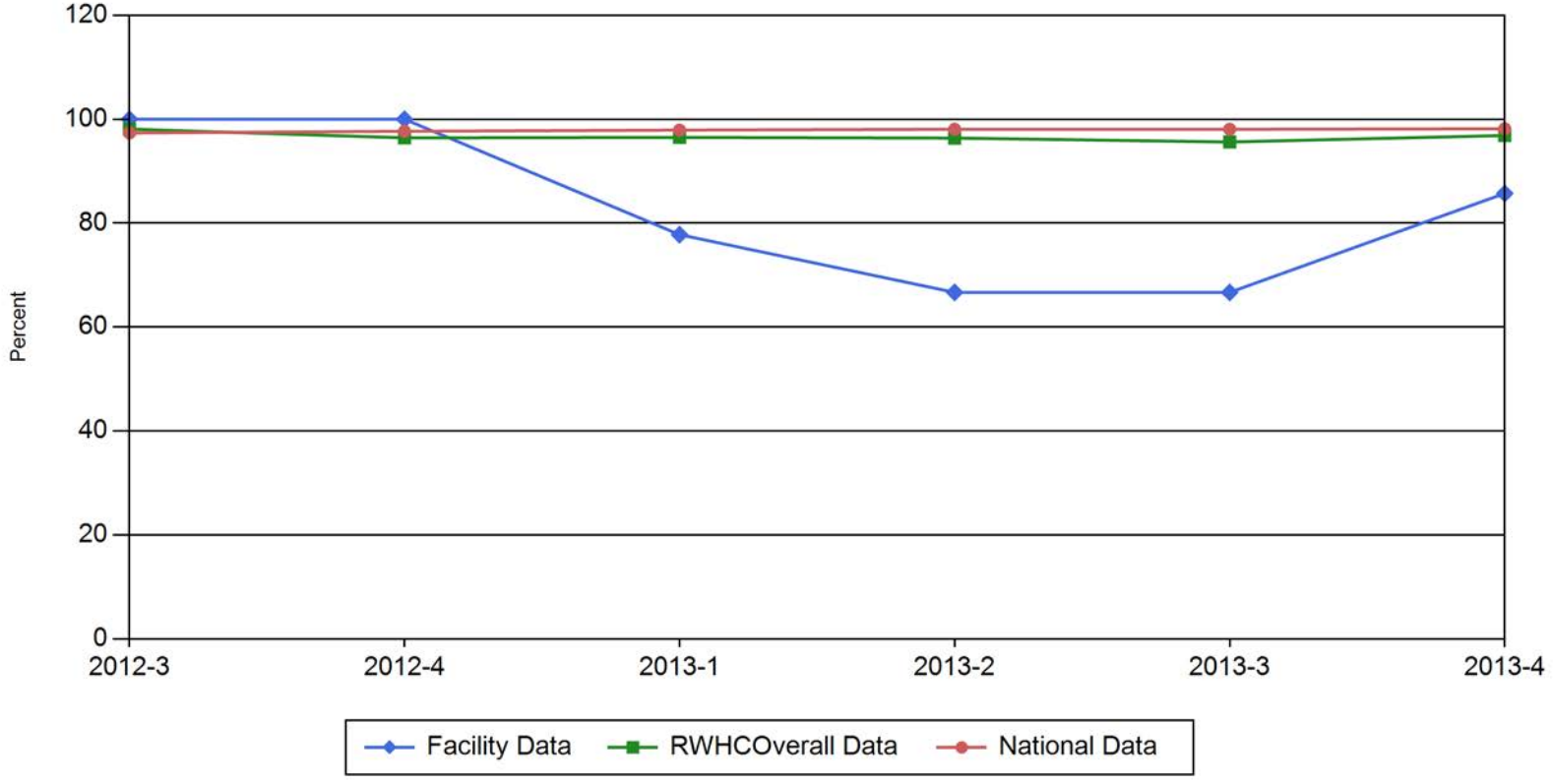
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP CARD-2 14688 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period



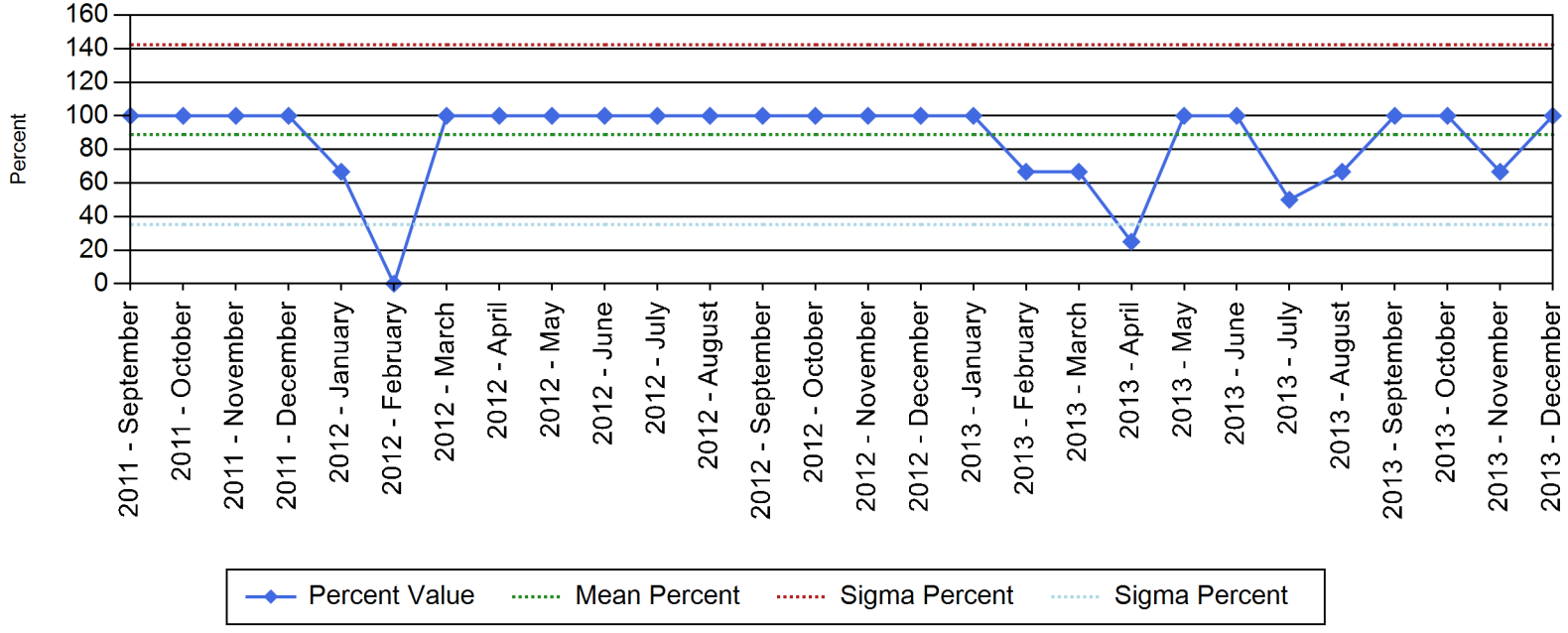
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP CARD-2 14688 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period



For presentation purposes, Y-axis may not start at 0.

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A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP10 14689 Surgery Patients with Perioperative Temperature Management

Year	Month	Num	Den	%
2011	1	9	9	100.00 %
2011	2	4	4	100.00 %
2011	3	7	7	100.00 %
2011	4	7	7	100.00 %
2011	5	4	4	100.00 %
2011	6	12	12	100.00 %
2011	7	6	6	100.00 %
2011	8	7	7	100.00 %
2011	9	10	10	100.00 %
2011	10	11	11	100.00 %
2011	11	13	13	100.00 %
2011	12	10	10	100.00 %
	Totals:	**100**	**100**	**100.00 %**

Year	Month	Num	Den	%
2012	1	8	8	100.00 %
2012	2	11	11	100.00 %
2012	3	6	6	100.00 %
2012	4	5	5	100.00 %
2012	5	10	10	100.00 %
2012	6	12	12	100.00 %
2012	7	8	8	100.00 %
2012	8	8	8	100.00 %
2012	9	7	7	100.00 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	6	6	100.00 %
	Totals:	**94**	**94**	**100.00 %**

Year	Month	Num	Den	%
2013	1	6	6	100.00 %
2013	2	9	9	100.00 %
2013	3	14	14	100.00 %
2013	4	6	6	100.00 %
2013	5	12	12	100.00 %
2013	6	12	12	100.00 %
2013	7	5	5	100.00 %
2013	8	9	9	100.00 %
2013	9	5	5	100.00 %
2013	10	8	8	100.00 %
2013	11	12	12	100.00 %
2013	12	12	12	100.00 %
	Totals:	**110**	**110**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP10 14689 Surgery Patients with Perioperative Temperature Management

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	20	20	100.00 %	2012	1	25	25	100.00 %	2013	1	29	29	100.00 %
2011	2	23	23	100.00 %	2012	2	27	27	100.00 %	2013	2	30	30	100.00 %
2011	3	23	23	100.00 %	2012	3	23	23	100.00 %	2013	3	19	19	100.00 %
2011	4	34	34	100.00 %	2012	4	19	19	100.00 %	2013	4	32	32	100.00 %
Totals:		**100**	**100**	**100.00 %**	**Totals:**		**94**	**94**	**100.00 %**	**Totals:**		**110**	**110**	**100.00 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP10 14689 Surgery Patients with Perioperative Temperature Management

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	1410	1416	99.58 %	100.00 %	100.00 %	0.00 %	0
2011	2	1415	1426	99.23 %	100.00 %	100.00 %	0.00 %	0
2011	3	1374	1382	99.42 %	100.00 %	100.00 %	0.00 %	0
2011	4	1488	1499	99.27 %	100.00 %	100.00 %	0.00 %	0
2012	1	1453	1461	99.45 %	100.00 %	100.00 %	0.00 %	0
2012	2	1499	1517	98.81 %	100.00 %	100.00 %	0.00 %	0
2012	3	1472	1499	98.20 %	100.00 %	100.00 %	0.00 %	0
2012	4	1855	1866	99.41 %	100.00 %	100.00 %	75.00 %	0
2013	1	1705	1714	99.47 %	100.00 %	100.00 %	33.33 %	0
2013	2	1715	1726	99.36 %	100.00 %	100.00 %	50.00 %	0
2013	3	1554	1564	99.36 %	100.00 %	100.00 %	63.64 %	0
2013	4	1805	1808	99.83 %	100.00 %	100.00 %	92.86 %	0
	Totals:	**18745**	**18878**	**99.30 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP10 14689 Surgery Patients with Perioperative Temperature Management

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	297278	299023	99.42%	100.00%	100.00%	0.00%	2651
2011	2	300358	301835	99.51%	100.00%	100.00%	0.00%	2686
2011	3	296072	297429	99.54%	100.00%	100.00%	0.00%	2694
2011	4	302123	303108	99.68%	100.00%	100.00%	0.00%	2698
2012	1	298764	299585	99.73%	100.00%	100.00%	66.67%	2721
2012	2	291696	292558	99.71%	100.00%	100.00%	0.00%	2727
2012	3	281137	281901	99.73%	100.00%	100.00%	0.00%	2682
2012	4	292420	293052	99.78%	100.00%	100.00%	66.67%	2691
2013	1	279985	280566	99.79%	100.00%	100.00%	56.76%	2672
2013	2	281164	281724	99.80%	100.00%	100.00%	60.00%	2665
2013	3	275278	275851	99.79%	100.00%	100.00%	66.67%	2668
2013	4	287275	287825	99.81%	100.00%	100.00%	0.00%	2623
	Sum:	3483550	3494457	99.69%				

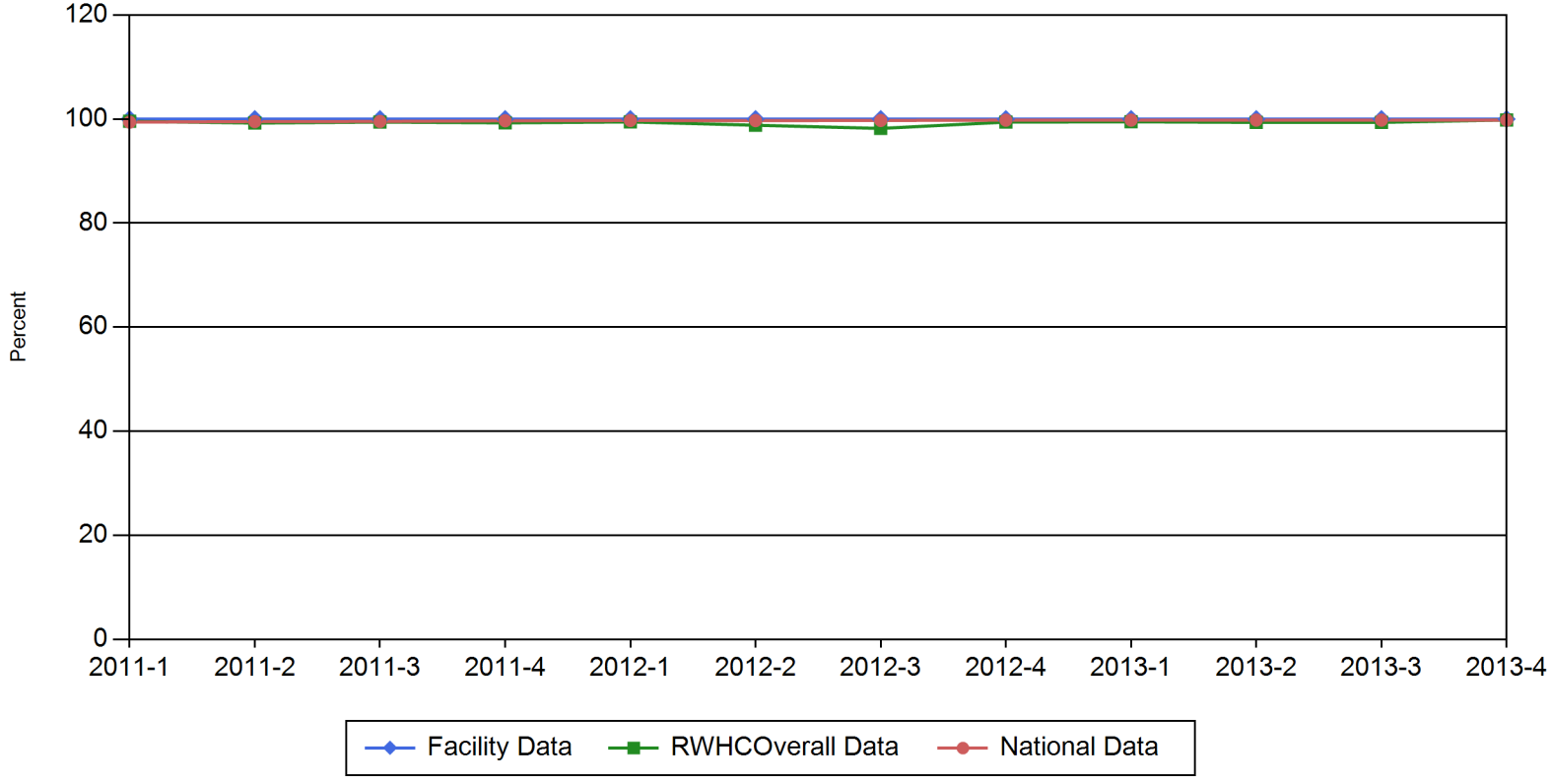
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP10 14689 Surgery Patients with Perioperative Temperature Management



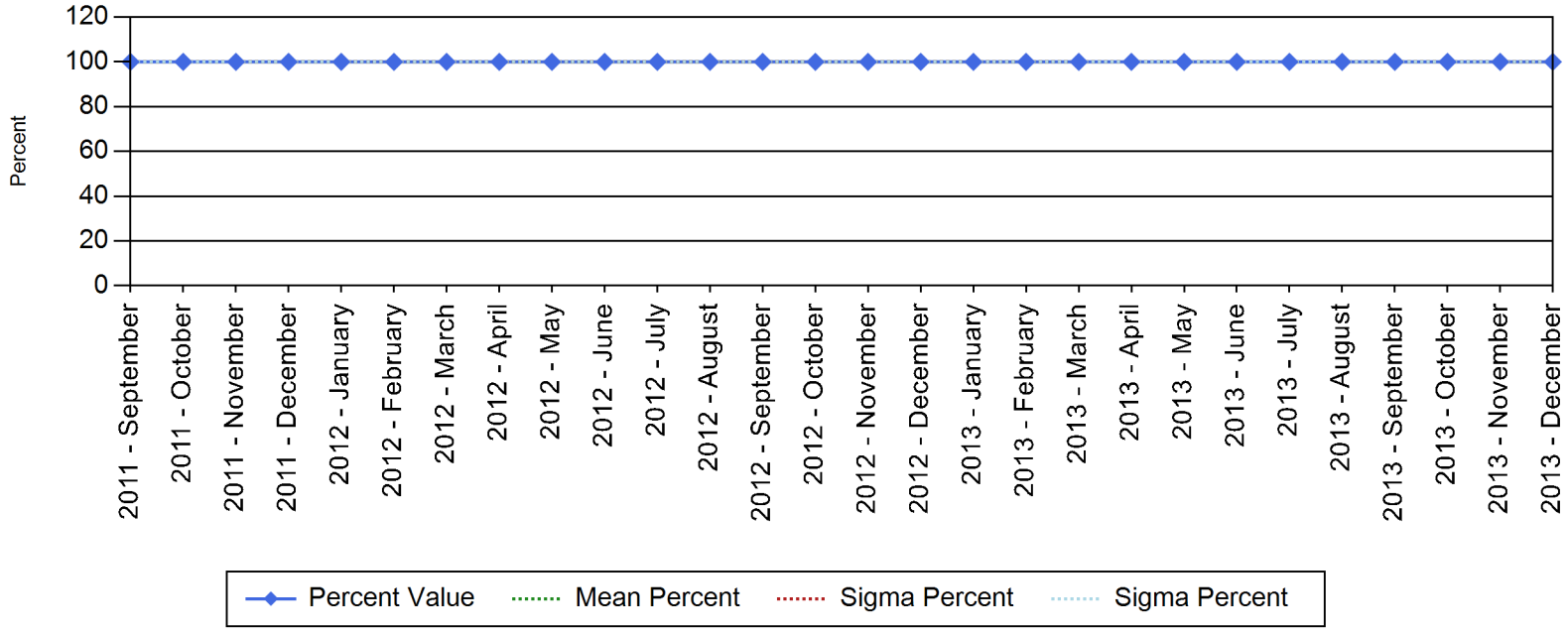
Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP10 14689 Surgery Patients with Perioperative Temperature Management



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours
14691 After Surgery

Year	Month	Num	Den	%
2011	1	4	4	100.00 %
2011	2	2	2	100.00 %
2011	3	4	4	100.00 %
2011	4	7	7	100.00 %
2011	5	2	2	100.00 %
2011	6	11	11	100.00 %
2011	7	6	6	100.00 %
2011	8	7	7	100.00 %
2011	9	9	9	100.00 %
2011	10	9	9	100.00 %
2011	11	12	12	100.00 %
2011	12	7	8	87.50 %
	Totals:	**80**	**81**	**98.77 %**

Year	Month	Num	Den	%
2012	1	4	6	66.67 %
2012	2	11	11	100.00 %
2012	3	5	5	100.00 %
2012	4	3	3	100.00 %
2012	5	7	7	100.00 %
2012	6	12	12	100.00 %
2012	7	8	8	100.00 %
2012	8	7	7	100.00 %
2012	9	5	7	71.43 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	6	6	100.00 %
	Totals:	**81**	**85**	**95.29 %**

Year	Month	Num	Den	%
2013	1	5	5	100.00 %
2013	2	8	9	88.89 %
2013	3	13	13	100.00 %
2013	4	4	6	66.67 %
2013	5	10	10	100.00 %
2013	6	12	12	100.00 %
2013	7	5	5	100.00 %
2013	8	8	8	100.00 %
2013	9	5	5	100.00 %
2013	10	8	8	100.00 %
2013	11	10	11	90.91 %
2013	12	8	9	88.89 %
	Totals:	**96**	**101**	**95.05 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP VTE-2 14691 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	10	10	100.00 %	2012	1	20	22	90.91 %	2013	1	26	27	96.30 %
2011	2	20	20	100.00 %	2012	2	22	22	100.00 %	2013	2	26	28	92.86 %
2011	3	22	22	100.00 %	2012	3	20	22	90.91 %	2013	3	18	18	100.00 %
2011	4	28	29	96.55 %	2012	4	19	19	100.00 %	2013	4	26	28	92.86 %
Totals:		**80**	**81**	**98.77 %**	**Totals:**		**81**	**85**	**95.29 %**	**Totals:**		**96**	**101**	**95.05 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP VTE-2 14691 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	484	523	92.54 %	100.00 %	100.00 %	0.00 %	0
2011	2	1138	1192	95.47 %	100.00 %	100.00 %	0.00 %	0
2011	3	1098	1150	95.48 %	100.00 %	100.00 %	0.00 %	0
2011	4	1171	1224	95.67 %	100.00 %	100.00 %	0.00 %	0
2012	1	1170	1214	96.38 %	100.00 %	100.00 %	0.00 %	0
2012	2	1220	1270	96.06 %	100.00 %	100.00 %	0.00 %	0
2012	3	1202	1239	97.01 %	100.00 %	100.00 %	0.00 %	0
2012	4	1471	1528	96.27 %	100.00 %	100.00 %	0.00 %	0
2013	1	1355	1400	96.79 %	100.00 %	100.00 %	0.00 %	0
2013	2	1344	1376	97.67 %	100.00 %	100.00 %	0.00 %	0
2013	3	1278	1300	98.31 %	100.00 %	100.00 %	0.00 %	0
2013	4	1469	1489	98.66 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**14400**	**14905**	**96.61 %**				

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP VTE-2 14691 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	107160	112746	95.05%	96.92%	100.00%	0.00%	2620
2011	2	231424	238717	96.94%	97.96%	100.00%	0.00%	2680
2011	3	228694	235106	97.27%	98.31%	100.00%	0.00%	2691
2011	4	236091	242162	97.49%	98.48%	100.00%	0.00%	2690
2012	1	238724	244262	97.73%	98.61%	100.00%	0.00%	2716
2012	2	233525	238752	97.81%	98.77%	100.00%	0.00%	2726
2012	3	225482	230359	97.88%	98.75%	100.00%	0.00%	2682
2012	4	235745	240580	97.99%	98.98%	100.00%	20.00%	2689
2013	1	225363	229406	98.24%	99.10%	100.00%	0.00%	2664
2013	2	225704	229467	98.36%	99.44%	100.00%	0.00%	2660
2013	3	220766	224424	98.37%	99.35%	100.00%	0.00%	2665
2013	4	230944	234456	98.50%	99.67%	100.00%	0.00%	2620
2014	1	221772	222226	99.80%	100.00%	100.00%	54.55%	2699
2014	2	227548	228035	99.79%	100.00%	100.00%	0.00%	2703
2014	3	223178	223599	99.81%	100.00%	100.00%	0.00%	2702
2014	4	232881	233310	99.82%	100.00%	100.00%	25.00%	2717
	Sum:	3545001	3607607	98.26%				

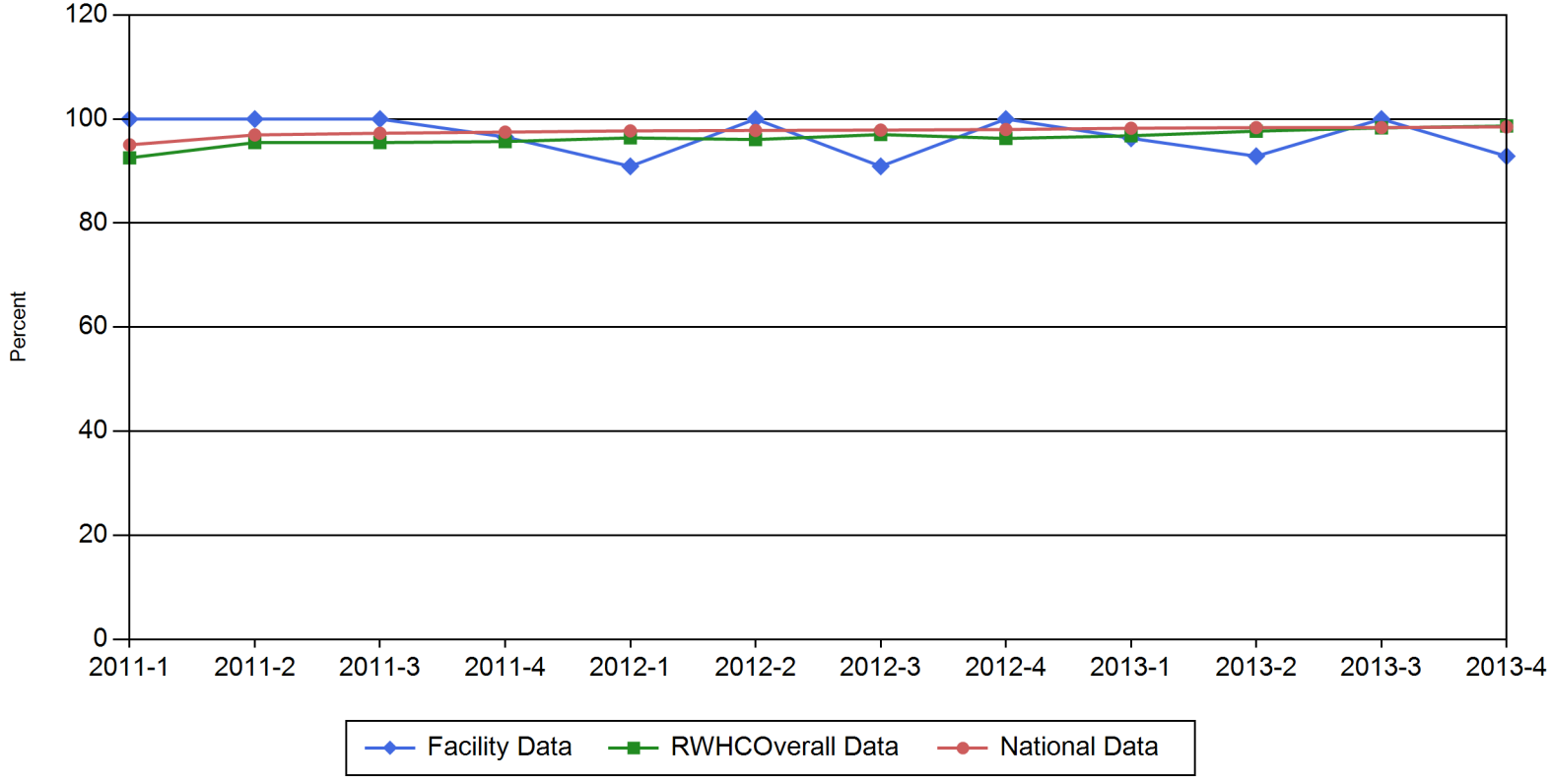
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP VTE-2 14691 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery



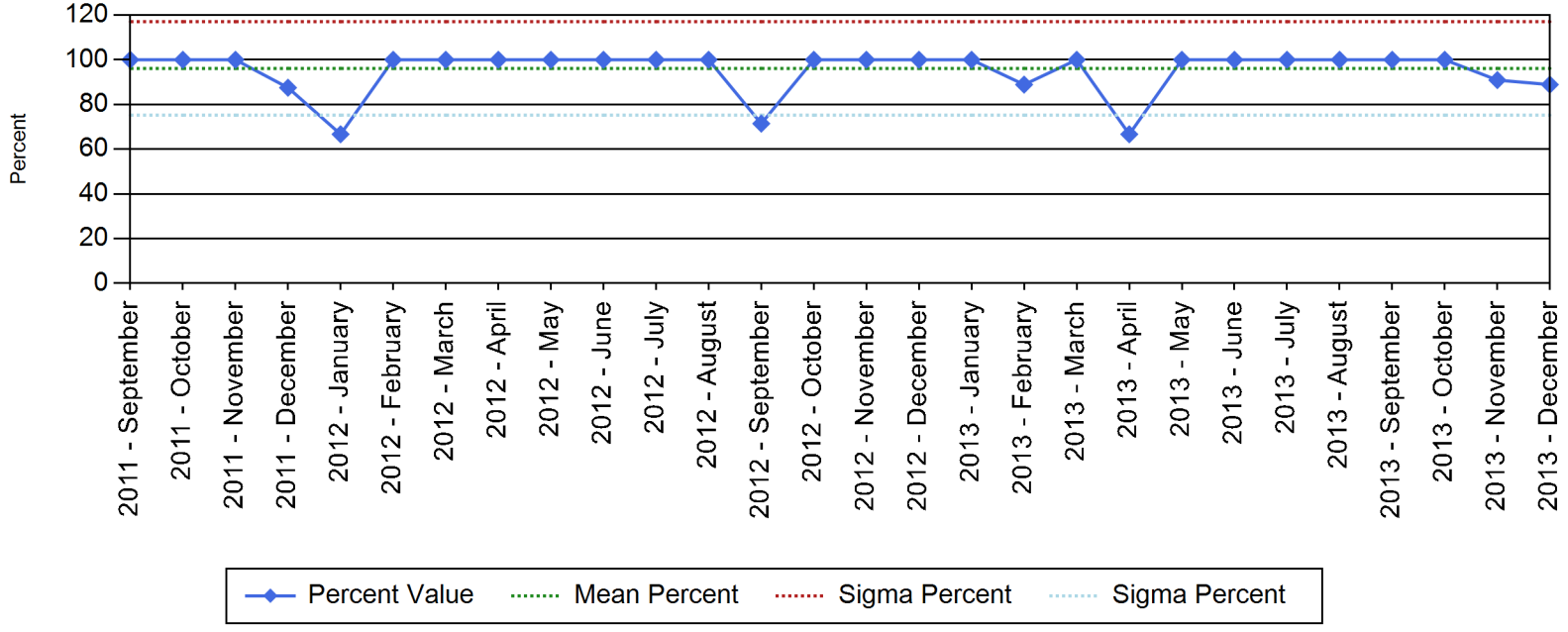
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP VTE-2 14691 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery



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RWHC Quality Indicators Program
Stroke Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK1 16000 Venous Thromboembolism Prophylaxis

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	1	2	50.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	1	0.00 %
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**1**	**3**	**33.33 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK1 16000 Venous Thromboembolism Prophylaxis

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	1	2	50.00 %
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	0	1	0.00 %
Totals:		**1**	**3**	**33.33 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK1 16000 Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	28	39	71.79 %	100.00 %	100.00 %	0.00 %	0
2011	2	30	47	63.83 %	100.00 %	100.00 %	0.00 %	0
2011	3	28	45	62.22 %	100.00 %	100.00 %	0.00 %	0
2011	4	39	46	84.78 %	100.00 %	100.00 %	0.00 %	0
2012	1	49	64	76.56 %	100.00 %	100.00 %	0.00 %	0
2012	2	51	68	75.00 %	100.00 %	100.00 %	0.00 %	0
2012	3	32	46	69.57 %	100.00 %	100.00 %	0.00 %	0
2012	4	54	76	71.05 %	100.00 %	100.00 %	0.00 %	0
2013	1	105	129	81.40 %	100.00 %	100.00 %	0.00 %	0
2013	2	128	150	85.33 %	100.00 %	100.00 %	0.00 %	0
2013	3	90	105	85.71 %	100.00 %	100.00 %	0.00 %	0
2013	4	102	118	86.44 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**736**	**933**	**78.89 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK1 16000 Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	6997	7700	90.87%	92.74%	100.00%	0.00%	150
2011	2	6921	7507	92.19%	94.88%	100.00%	0.00%	142
2011	3	6657	7209	92.34%	94.87%	100.00%	0.00%	142
2011	4	6818	7264	93.86%	96.63%	100.00%	0.00%	143
2012	1	6953	7419	93.72%	96.30%	100.00%	0.00%	145
2012	2	6874	7310	94.04%	96.92%	100.00%	0.00%	144
2012	3	6905	7273	94.94%	97.44%	100.00%	24.44%	147
2012	4	7127	7536	94.57%	97.40%	100.00%	27.45%	147
2013	1	10160	10732	94.67%	97.44%	100.00%	0.00%	224
2013	2	10577	11015	96.02%	98.23%	100.00%	0.00%	231
2013	3	10755	11109	96.81%	100.00%	100.00%	31.82%	237
2013	4	11244	11671	96.34%	100.00%	100.00%	20.69%	252
2014	1	50366	52053	96.76%	100.00%	100.00%	0.00%	1243
2014	2	51474	52940	97.23%	100.00%	100.00%	0.00%	1256
2014	3	51550	52889	97.47%	100.00%	100.00%	0.00%	1265
2014	4	53312	54668	97.52%	100.00%	100.00%	0.00%	1280
2015	1	87707	90186	97.25%	100.00%	100.00%	0.00%	2424
2015	2	88316	90451	97.64%	100.00%	100.00%	0.00%	2438
2015	3	87059	89056	97.76%	100.00%	100.00%	0.00%	2421
2015	4	87291	89246	97.81%	100.00%	100.00%	0.00%	2407
	Sum:	655063	675234	97.01%				

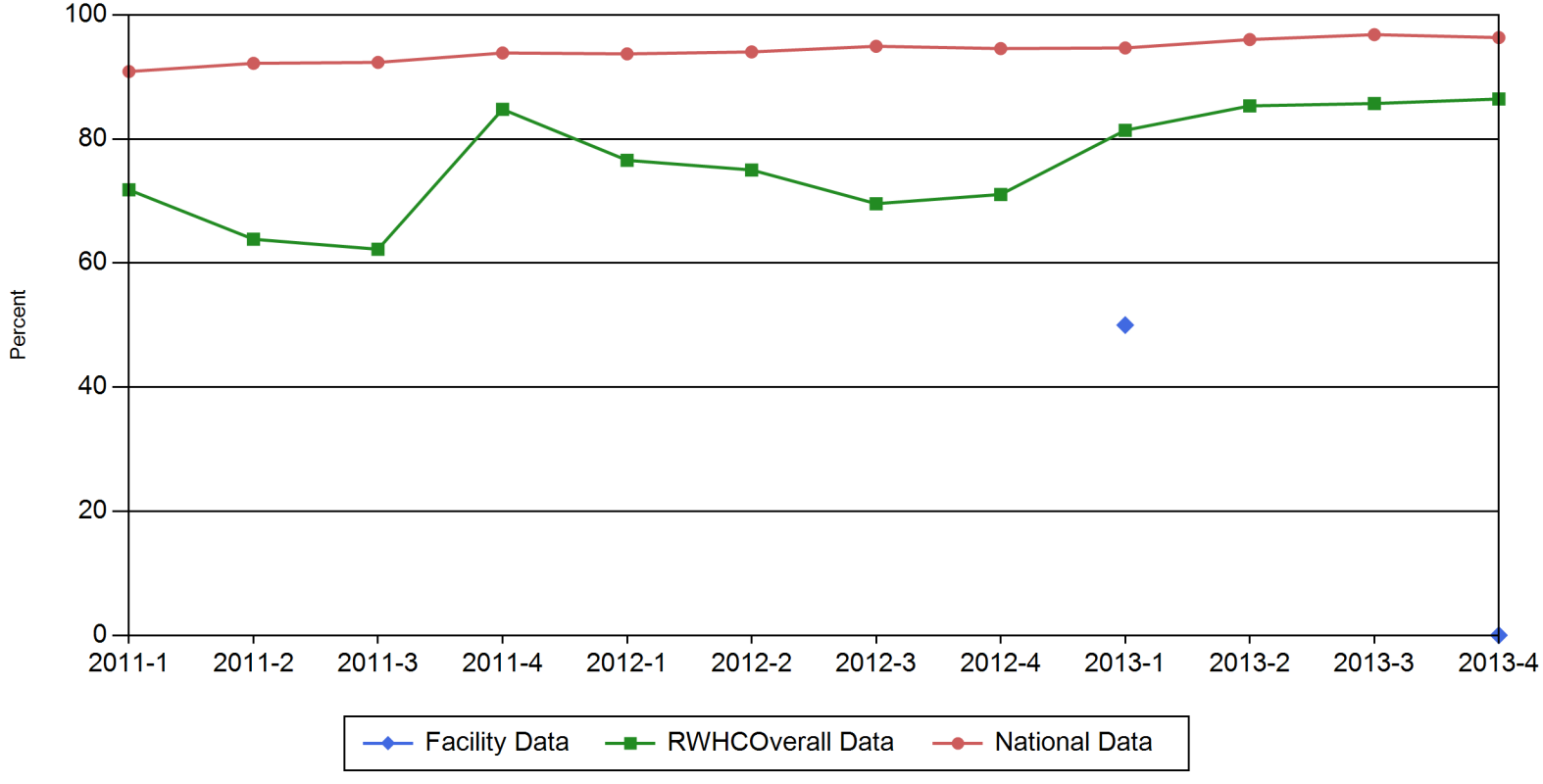
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK1 16000 Venous Thromboembolism Prophylaxis



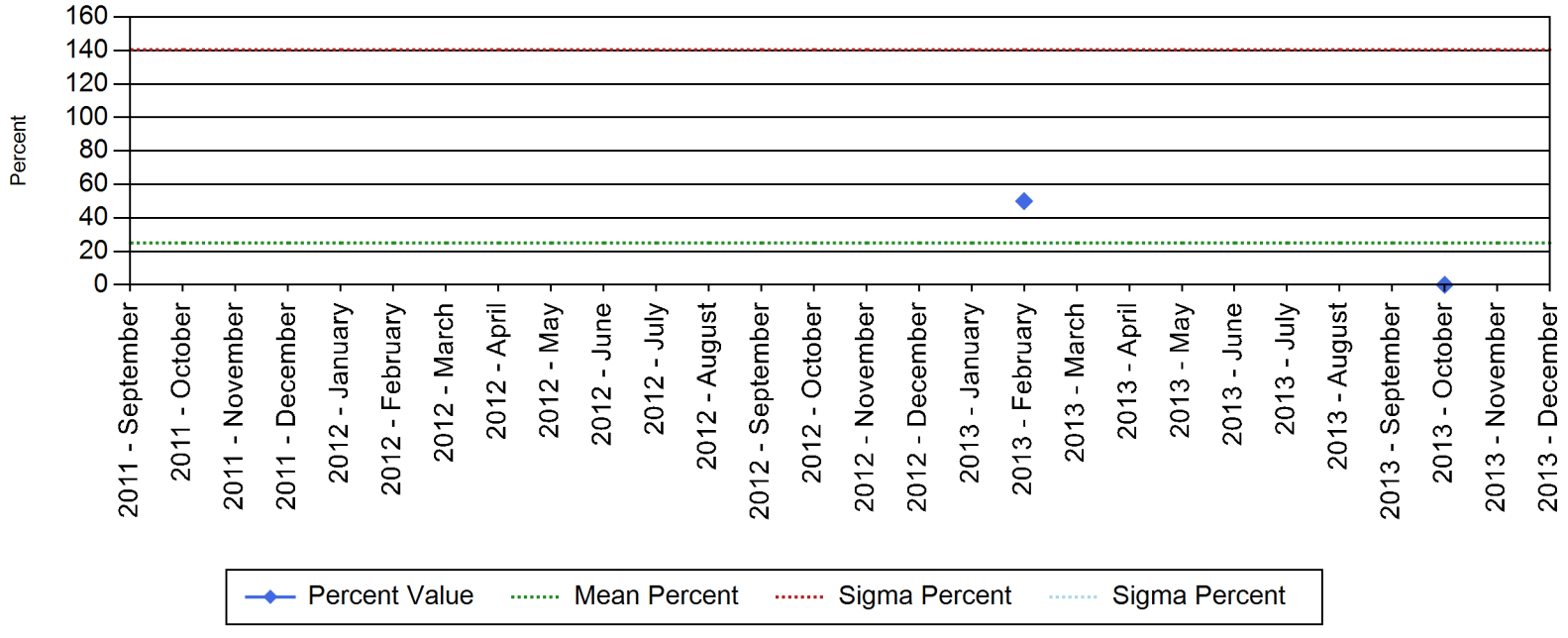
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK1 16000 Venous Thromboembolism Prophylaxis



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

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A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK2 16001 Discharged on Antithromboltic Therapy

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	2	0.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	1	0.00 %
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK2 16001 Discharged on Antithromboltic Therapy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	2	0.00 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	1	0.00 %
Totals:					**Totals:**					**Totals:**		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK2 16001 Discharged on Antithromboltic Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	13	14	92.86 %	100.00 %	100.00 %	0.00 %	11
2012	4	58	61	95.08 %	100.00 %	100.00 %	0.00 %	37
2013	1	95	103	92.23 %	100.00 %	100.00 %	0.00 %	59
2013	2	125	134	93.28 %	100.00 %	100.00 %	0.00 %	64
2013	3	87	94	92.55 %	100.00 %	100.00 %	0.00 %	54
2013	4	101	108	93.52 %	100.00 %	100.00 %	0.00 %	57
2014	1	120	126	95.24 %	100.00 %	100.00 %	0.00 %	66
2014	2	115	119	96.64 %	100.00 %	100.00 %	0.00 %	60
2014	3	116	118	98.31 %	100.00 %	100.00 %	0.00 %	60
2014	4	99	106	93.40 %	100.00 %	100.00 %	0.00 %	62
2015	1	79	83	95.18 %	100.00 %	100.00 %	0.00 %	45
2015	2	85	86	98.84 %	100.00 %	100.00 %	0.00 %	40
2015	3	85	86	98.84 %	100.00 %	100.00 %	66.67 %	40
2015	4	82	85	96.47 %	100.00 %	100.00 %	0.00 %	40
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**1260**	**1323**	**95.24 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK2 16001 Discharged on Antithromboltic Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	6022	6101	98.71%	100.00%	100.00%	0.00%	150
2011	2	6053	6109	99.08%	100.00%	100.00%	0.00%	142
2011	3	5823	5867	99.25%	100.00%	100.00%	41.67%	142
2011	4	5914	5976	98.96%	100.00%	100.00%	33.33%	142
2012	1	5961	6007	99.23%	100.00%	100.00%	33.33%	145
2012	2	6057	6106	99.20%	100.00%	100.00%	63.64%	144
2012	3	6046	6101	99.10%	100.00%	100.00%	66.67%	146
2012	4	6153	6206	99.15%	100.00%	100.00%	56.25%	147
2013	1	8788	8865	99.13%	100.00%	100.00%	75.00%	226
2013	2	9217	9291	99.20%	100.00%	100.00%	66.67%	230
2013	3	9490	9567	99.20%	100.00%	100.00%	50.00%	238
2013	4	9766	9836	99.29%	100.00%	100.00%	50.00%	250
2014	1	42738	43043	99.29%	100.00%	100.00%	0.00%	1240
2014	2	44772	45071	99.34%	100.00%	100.00%	0.00%	1250
2014	3	45414	45669	99.44%	100.00%	100.00%	0.00%	1262
2014	4	45663	45906	99.47%	100.00%	100.00%	0.00%	1275
2015	1	74911	75367	99.39%	100.00%	100.00%	0.00%	2411
2015	2	77584	78021	99.44%	100.00%	100.00%	0.00%	2424
2015	3	77066	77535	99.40%	100.00%	100.00%	0.00%	2410
2015	4	74987	75407	99.44%	100.00%	100.00%	0.00%	2391
	Sum:	568425	572051	99.37%				

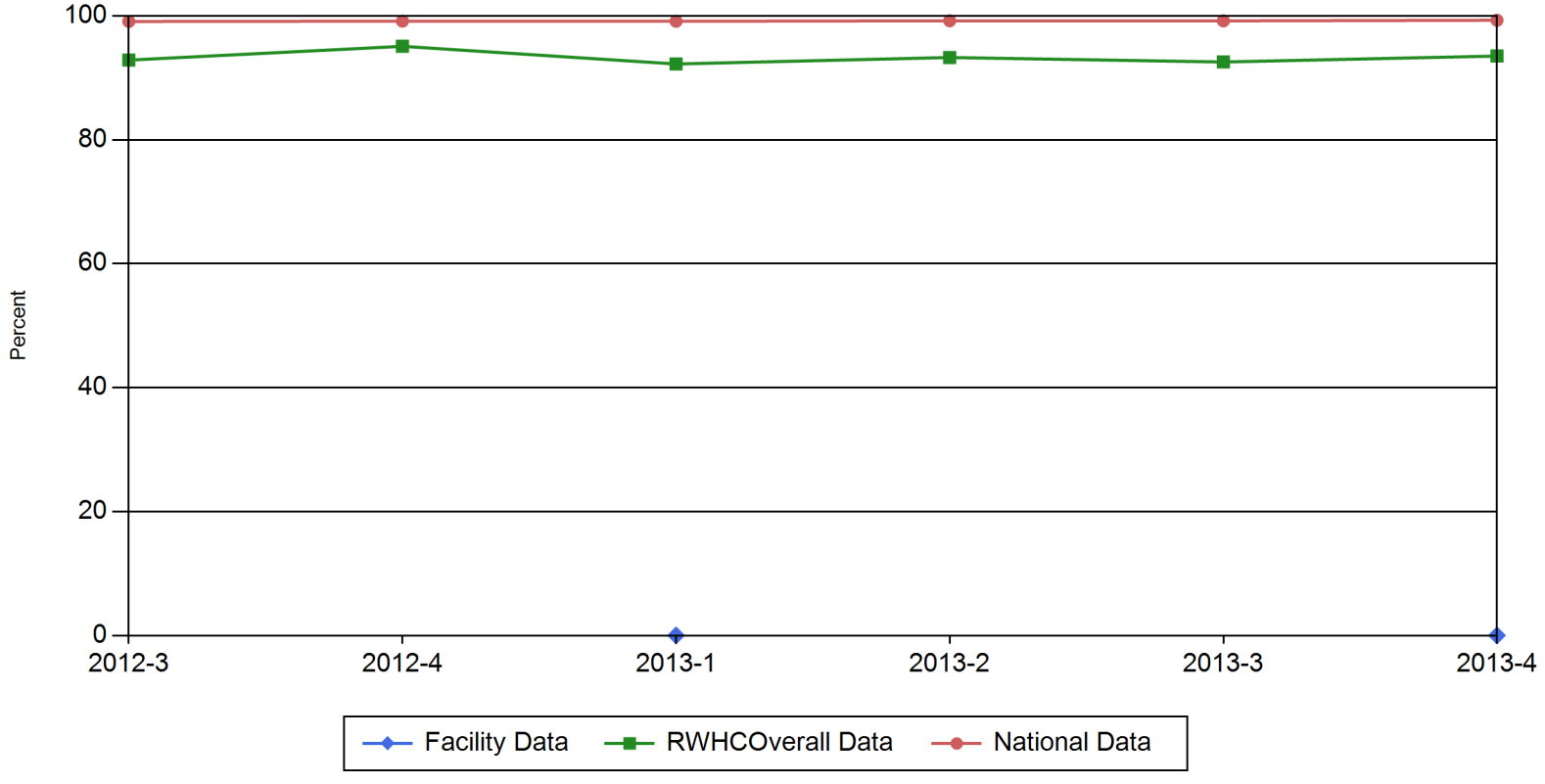
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK2 16001 Discharged on Antithromboltic Therapy



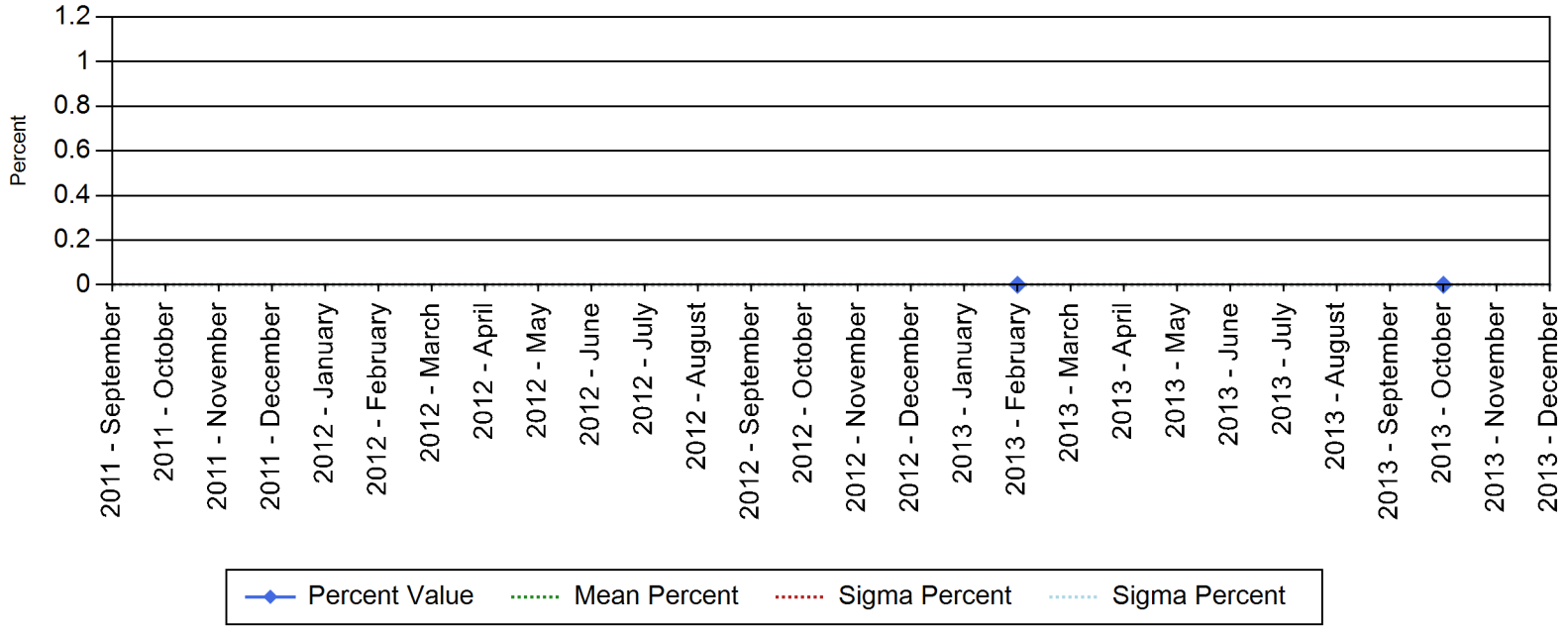
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK2 16001 Discharged on Antithromboltic Therapy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	0	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	0	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	0	ND
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	16	20	80.00 %	100.00 %	100.00 %	0.00 %	17
2013	1	25	29	86.21 %	100.00 %	100.00 %	0.00 %	23
2013	2	19	22	86.36 %	100.00 %	100.00 %	0.00 %	20
2013	3	19	21	90.48 %	100.00 %	100.00 %	0.00 %	19
2013	4	12	13	92.31 %	100.00 %	100.00 %	0.00 %	11
2014	1	21	23	91.30 %	100.00 %	100.00 %	0.00 %	19
2014	2	14	14	100.00 %	100.00 %	100.00 %	100.00 %	11
2014	3	18	20	90.00 %	100.00 %	100.00 %	0.00 %	17
2014	4	19	21	90.48 %	100.00 %	100.00 %	0.00 %	18
2015	1	12	13	92.31 %	100.00 %	100.00 %	0.00 %	12
2015	2	16	16	100.00 %	100.00 %	100.00 %	100.00 %	12
2015	3	18	19	94.74 %	100.00 %	100.00 %	0.00 %	16
2015	4	15	17	88.24 %	100.00 %	100.00 %	0.00 %	12
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**224**	**248**	**90.32 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	836	887	94.25%	100.00%	100.00%	0.00%	138
2011	2	856	903	94.80%	100.00%	100.00%	50.00%	126
2011	3	838	878	95.44%	100.00%	100.00%	0.00%	122
2011	4	851	898	94.77%	100.00%	100.00%	0.00%	123
2012	1	882	926	95.25%	100.00%	100.00%	0.00%	124
2012	2	924	965	95.75%	100.00%	100.00%	0.00%	129
2012	3	838	877	95.55%	100.00%	100.00%	0.00%	132
2012	4	886	917	96.62%	100.00%	100.00%	0.00%	131
2013	1	1346	1392	96.70%	100.00%	100.00%	0.00%	203
2013	2	1321	1366	96.71%	100.00%	100.00%	0.00%	209
2013	3	1301	1367	95.17%	100.00%	100.00%	0.00%	213
2013	4	1441	1490	96.71%	100.00%	100.00%	0.00%	225
2014	1	6759	6976	96.89%	100.00%	100.00%	0.00%	1119
2014	2	6717	6888	97.52%	100.00%	100.00%	0.00%	1106
2014	3	6699	6891	97.21%	100.00%	100.00%	0.00%	1140
2014	4	7021	7209	97.39%	100.00%	100.00%	0.00%	1132
2015	1	11660	12009	97.09%	100.00%	100.00%	0.00%	2034
2015	2	11539	11877	97.15%	100.00%	100.00%	0.00%	2003
2015	3	11271	11586	97.28%	100.00%	100.00%	0.00%	2002
2015	4	11561	11897	97.18%	100.00%	100.00%	0.00%	1995
	Sum:	85547	88199	96.99%				

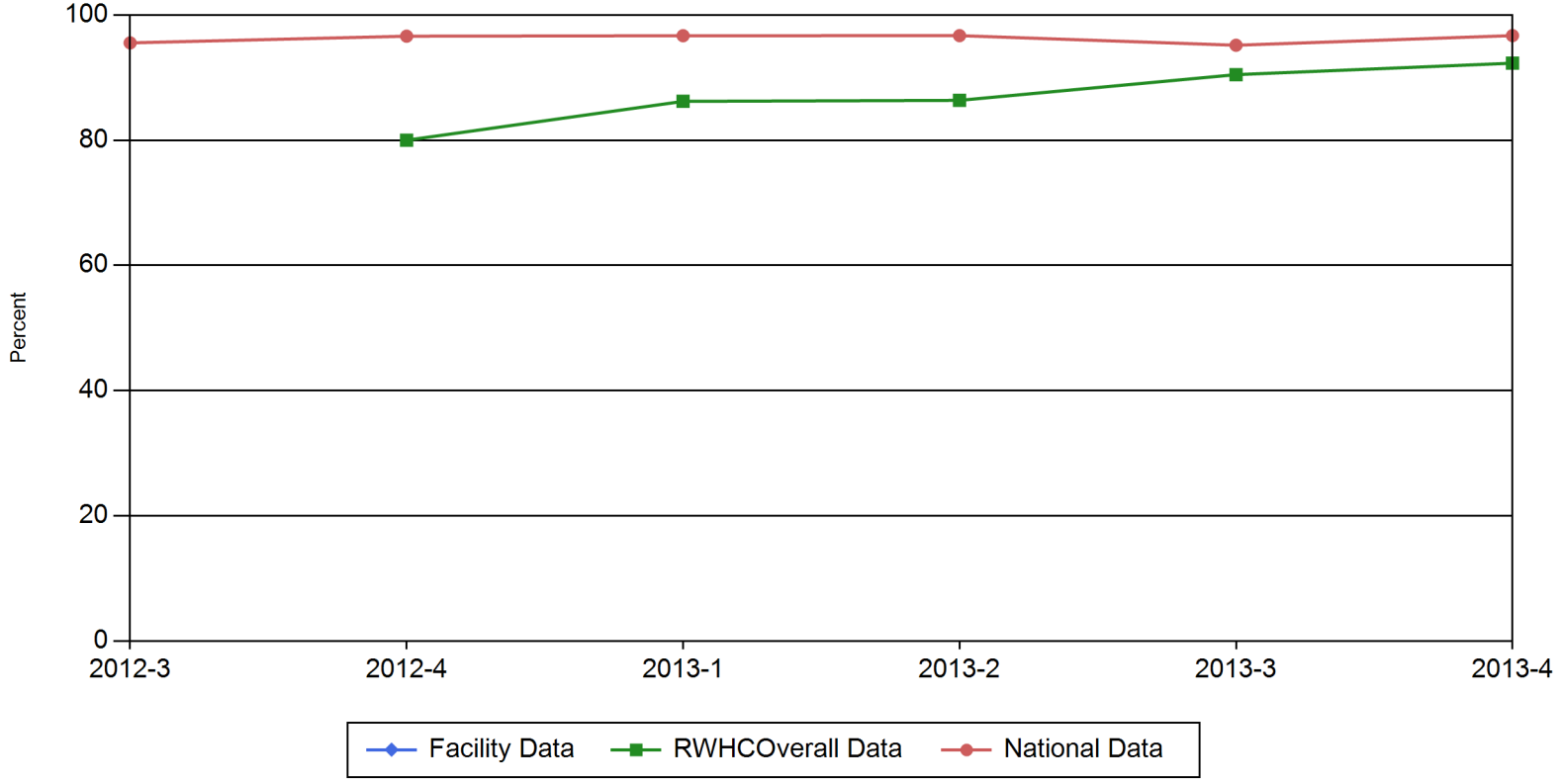
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RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy



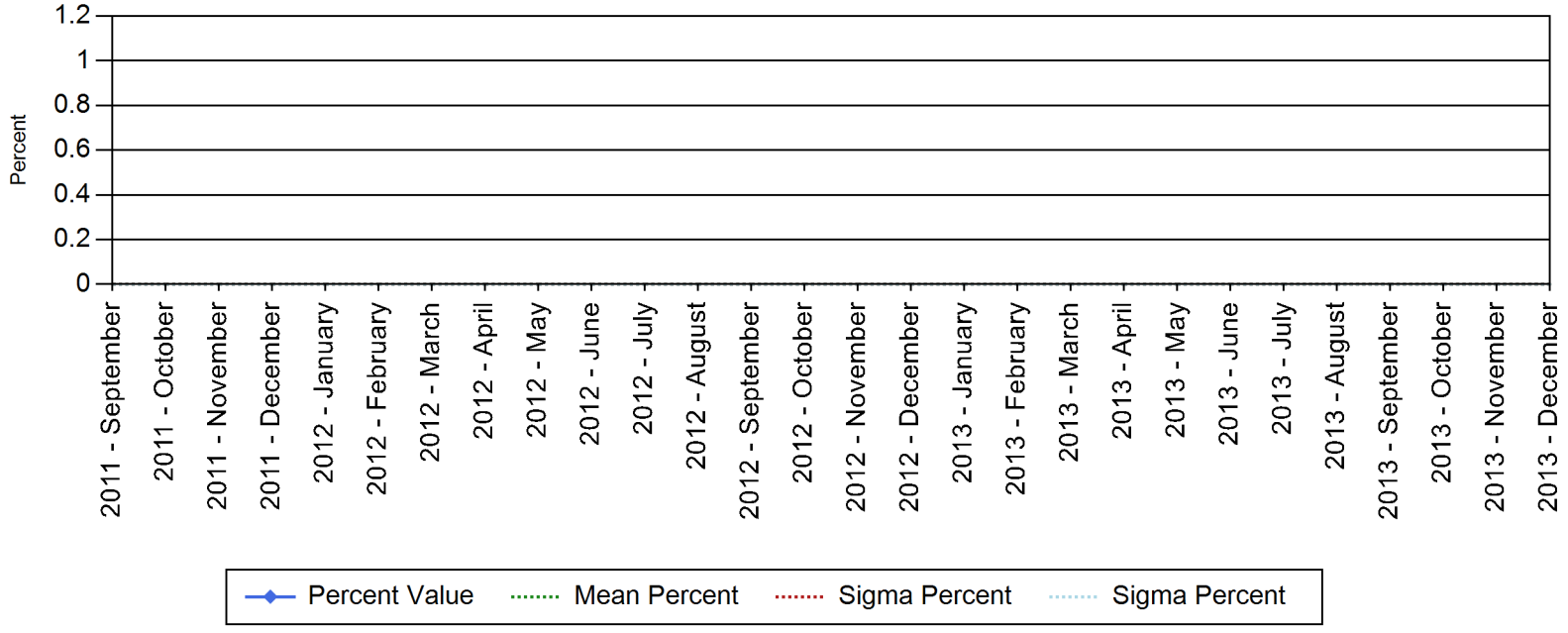
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK4 16003 Thrombolytic Therapy

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	0	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	0	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK4 16003 Thrombolytic Therapy

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	0	0	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	0	0	ND
Totals:				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK4 16003 Thrombolytic Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	4	0.00 %	0.00 %	0.00 %	0.00 %	4
2012	4	0	10	0.00 %	0.00 %	0.00 %	0.00 %	7
2013	1	1	11	9.09 %	0.00 %	100.00 %	0.00 %	9
2013	2	1	20	5.00 %	0.00 %	100.00 %	0.00 %	17
2013	3	0	15	0.00 %	0.00 %	0.00 %	0.00 %	13
2013	4	0	18	0.00 %	0.00 %	0.00 %	0.00 %	12
2014	1	0	11	0.00 %	0.00 %	0.00 %	0.00 %	10
2014	2	0	9	0.00 %	0.00 %	0.00 %	0.00 %	6
2014	3	0	4	0.00 %	0.00 %	0.00 %	0.00 %	4
2014	4	0	10	0.00 %	0.00 %	0.00 %	0.00 %	7
2015	1	1	14	7.14 %	0.00 %	100.00 %	0.00 %	11
2015	2	0	5	0.00 %	0.00 %	0.00 %	0.00 %	5
2015	3	0	9	0.00 %	0.00 %	0.00 %	0.00 %	9
2015	4	2	5	40.00 %	50.00 %	100.00 %	0.00 %	3
2016	1	1	8	12.50 %	0.00 %	100.00 %	0.00 %	7
2016	2	1	4	25.00 %	0.00 %	100.00 %	0.00 %	4
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**7**	**157**	**4.46 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK4 16003 Thrombolytic Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	329	511	64.38%	80.00%	100.00%	0.00%	111
2011	2	346	516	67.05%	84.52%	100.00%	0.00%	106
2011	3	321	447	71.81%	80.00%	100.00%	0.00%	97
2011	4	337	468	72.01%	80.00%	100.00%	0.00%	104
2012	1	334	444	75.23%	84.52%	100.00%	0.00%	106
2012	2	352	449	78.40%	100.00%	100.00%	0.00%	102
2012	3	347	457	75.93%	100.00%	100.00%	0.00%	106
2012	4	360	457	78.77%	100.00%	100.00%	0.00%	108
2013	1	573	763	75.10%	100.00%	100.00%	0.00%	167
2013	2	610	773	78.91%	100.00%	100.00%	0.00%	168
2013	3	618	763	81.00%	100.00%	100.00%	0.00%	179
2013	4	681	823	82.75%	100.00%	100.00%	0.00%	184
2014	1	2975	3597	82.71%	100.00%	100.00%	0.00%	878
2014	2	3110	3714	83.74%	100.00%	100.00%	0.00%	913
2014	3	3157	3692	85.51%	100.00%	100.00%	0.00%	893
2014	4	3323	3867	85.93%	100.00%	100.00%	0.00%	886
2015	1	4962	5865	84.60%	100.00%	100.00%	0.00%	1445
2015	2	5354	6140	87.20%	100.00%	100.00%	0.00%	1464
2015	3	5300	6092	87.00%	100.00%	100.00%	0.00%	1415
2015	4	5618	6296	89.23%	100.00%	100.00%	0.00%	1427
	Sum:	39007	46134	84.55%				

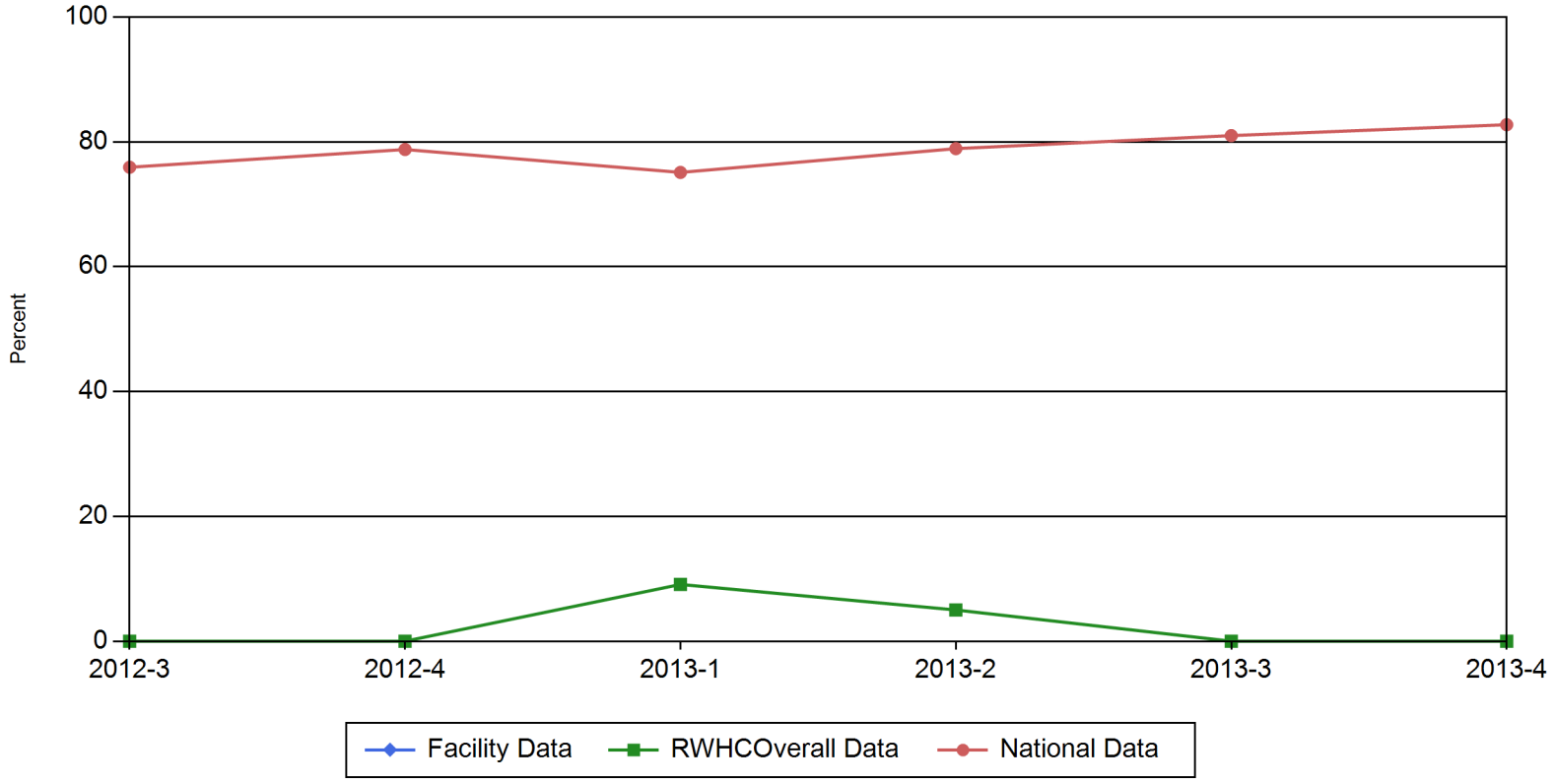
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RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK4 16003 Thrombolytic Therapy



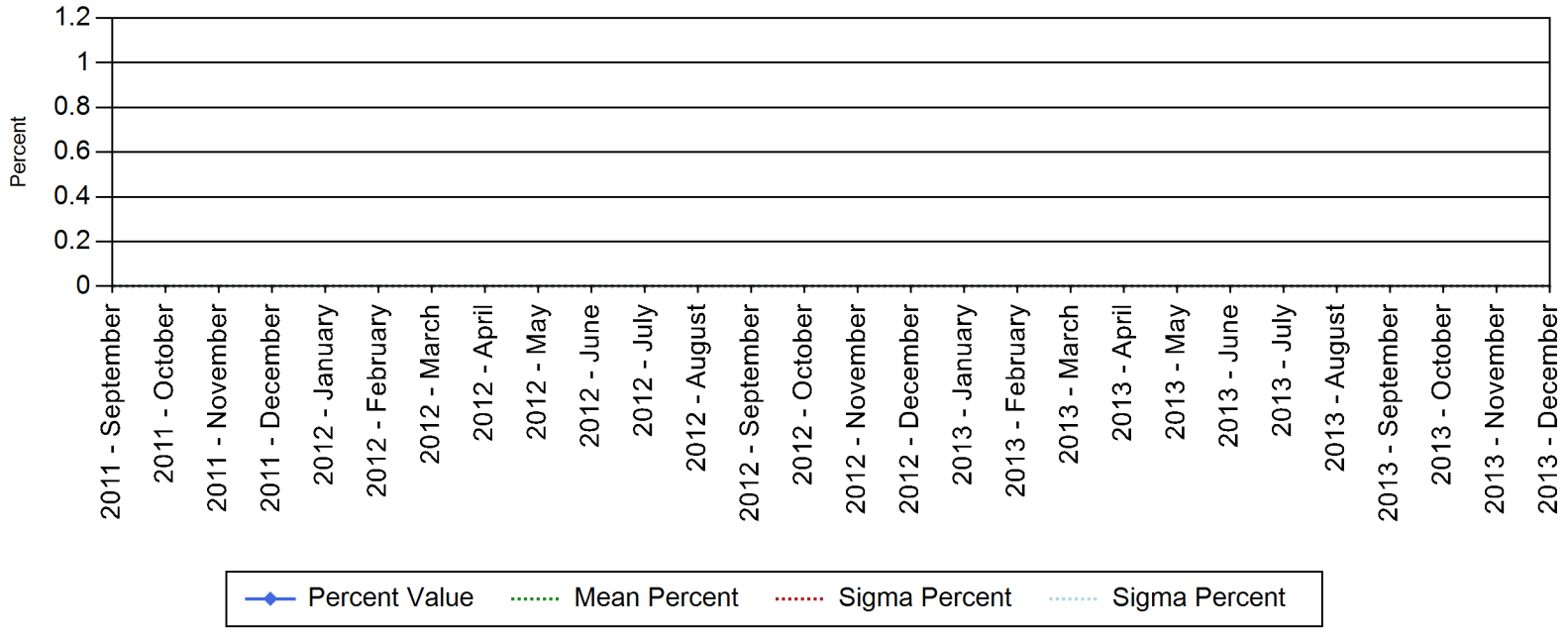
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK4 16003 Thrombolytic Therapy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	2	0.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	1	0.00 %
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	2	0.00 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	1	0.00 %
Totals:					**Totals:**					**Totals:**		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	11	12	91.67 %	100.00 %	100.00 %	0.00 %	9
2012	4	65	69	94.20 %	100.00 %	100.00 %	0.00 %	42
2013	1	93	103	90.29 %	100.00 %	100.00 %	0.00 %	58
2013	2	129	138	93.48 %	100.00 %	100.00 %	0.00 %	63
2013	3	83	90	92.22 %	100.00 %	100.00 %	0.00 %	50
2013	4	100	106	94.34 %	100.00 %	100.00 %	0.00 %	58
2014	1	120	127	94.49 %	100.00 %	100.00 %	0.00 %	66
2014	2	111	113	98.23 %	100.00 %	100.00 %	50.00 %	58
2014	3	103	108	95.37 %	100.00 %	100.00 %	0.00 %	56
2014	4	99	106	93.40 %	100.00 %	100.00 %	0.00 %	64
2015	1	85	88	96.59 %	100.00 %	100.00 %	0.00 %	49
2015	2	92	96	95.83 %	100.00 %	100.00 %	0.00 %	41
2015	3	81	85	95.29 %	100.00 %	100.00 %	0.00 %	37
2015	4	83	85	97.65 %	100.00 %	100.00 %	0.00 %	40
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**1255**	**1326**	**94.65 %**				

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	5594	5762	97.08%	100.00%	100.00%	0.00%	149
2011	2	5560	5689	97.73%	100.00%	100.00%	33.33%	142
2011	3	5266	5384	97.81%	100.00%	100.00%	50.00%	142
2011	4	5394	5493	98.20%	100.00%	100.00%	66.67%	142
2012	1	5475	5595	97.86%	100.00%	100.00%	33.33%	145
2012	2	5424	5525	98.17%	100.00%	100.00%	71.43%	143
2012	3	5406	5484	98.58%	100.00%	100.00%	50.00%	147
2012	4	5561	5654	98.36%	100.00%	100.00%	64.71%	146
2013	1	7882	8014	98.35%	100.00%	100.00%	0.00%	224
2013	2	8100	8244	98.25%	100.00%	100.00%	50.00%	231
2013	3	8371	8502	98.46%	100.00%	100.00%	0.00%	236
2013	4	8690	8801	98.74%	100.00%	100.00%	66.67%	249
2014	1	38674	39278	98.46%	100.00%	100.00%	0.00%	1243
2014	2	39970	40542	98.59%	100.00%	100.00%	0.00%	1254
2014	3	40335	40913	98.59%	100.00%	100.00%	0.00%	1263
2014	4	40525	41196	98.37%	100.00%	100.00%	0.00%	1278
2015	1	67539	68705	98.30%	100.00%	100.00%	0.00%	2416
2015	2	68038	69255	98.24%	100.00%	100.00%	0.00%	2434
2015	3	67431	68576	98.33%	100.00%	100.00%	0.00%	2408
2015	4	65463	66621	98.26%	100.00%	100.00%	0.00%	2394
	Sum:	504698	513233	98.34%				

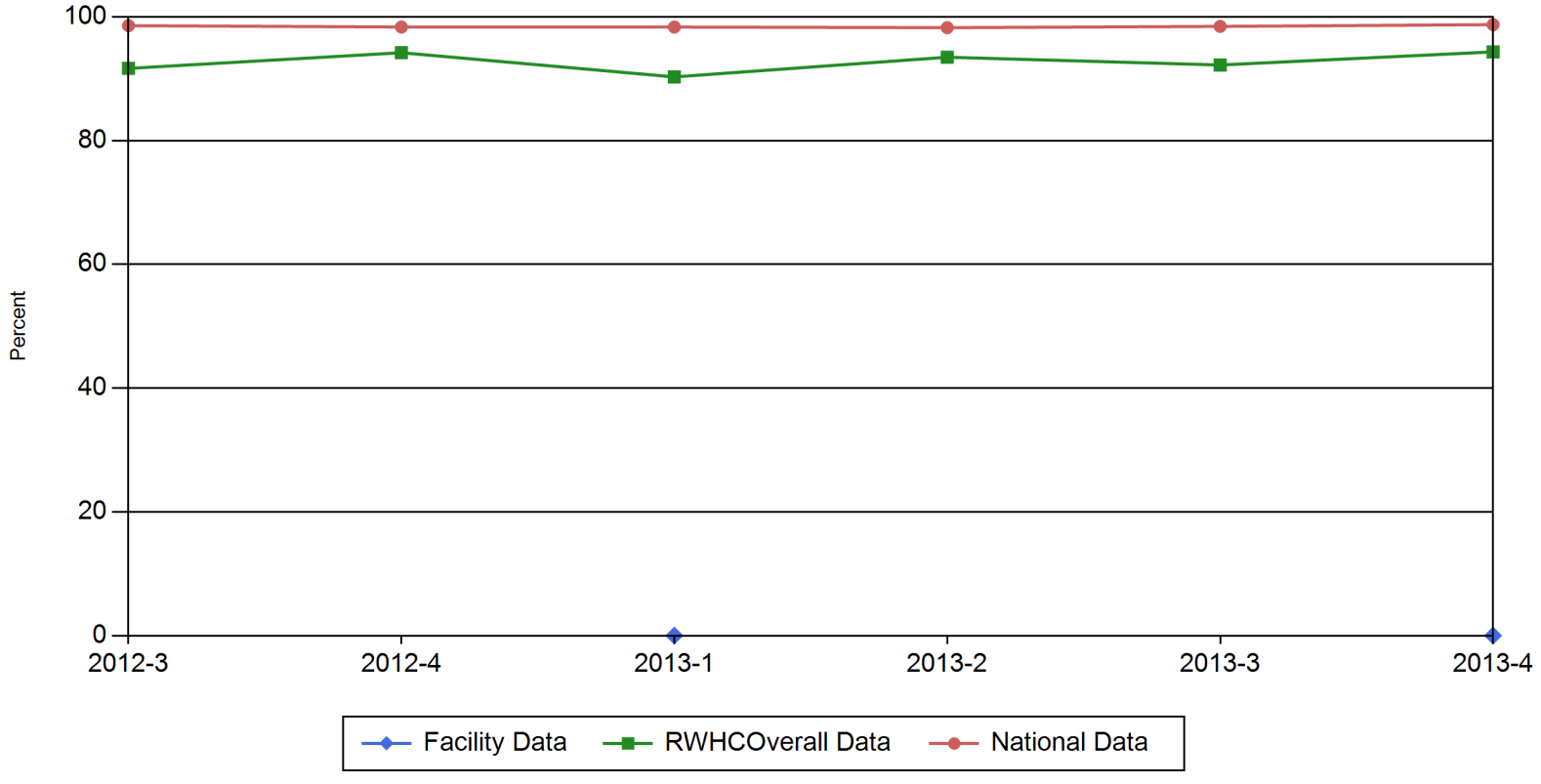
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2



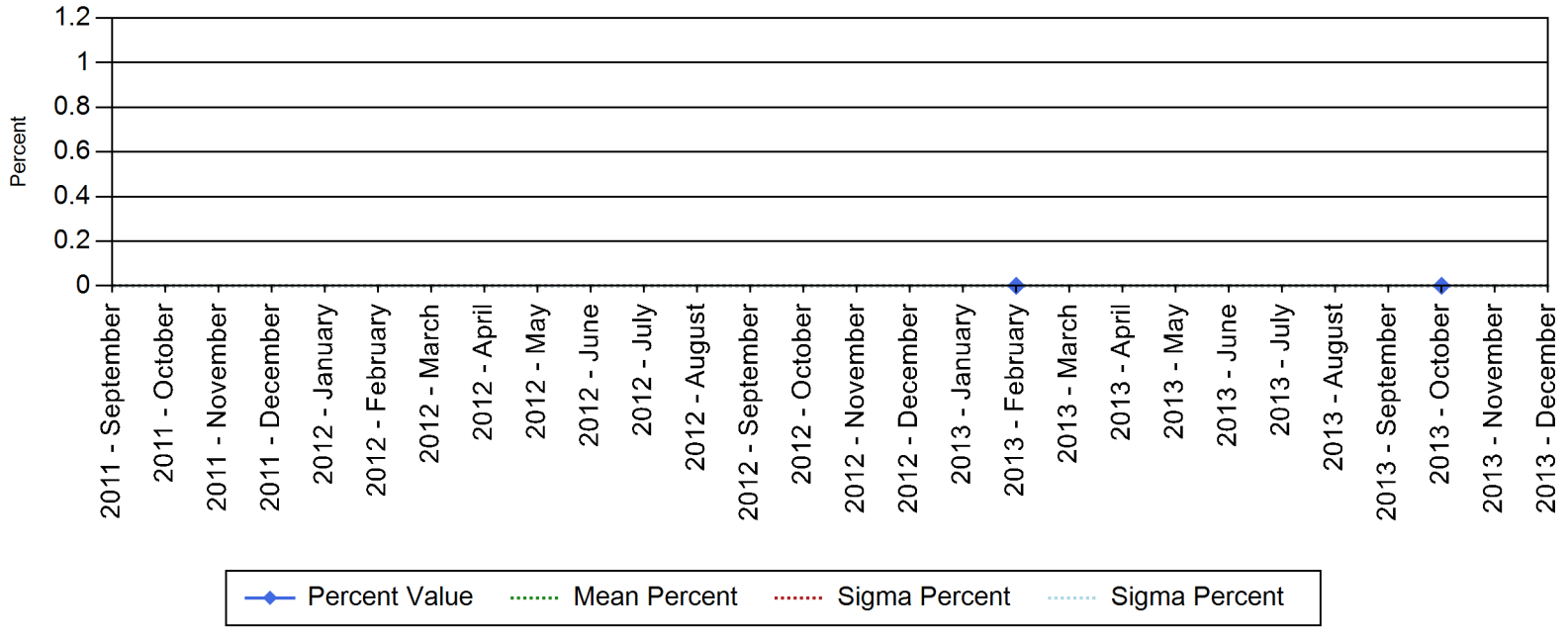
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK6 16005 Discharged on Statin Medication

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	1	0.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	1	0.00 %
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**0**	**2**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK6 16005 Discharged on Statin Medication

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	1	0.00 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	1	0.00 %
Totals:					**Totals:**					**Totals:**		**0**	**2**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK6 16005 Discharged on Statin Medication

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	8	10	80.00 %	100.00 %	100.00 %	0.00 %	8
2012	4	44	59	74.58 %	100.00 %	100.00 %	0.00 %	35
2013	1	65	90	72.22 %	100.00 %	100.00 %	0.00 %	53
2013	2	75	110	68.18 %	75.00 %	100.00 %	0.00 %	55
2013	3	59	77	76.62 %	100.00 %	100.00 %	0.00 %	53
2013	4	81	98	82.65 %	100.00 %	100.00 %	0.00 %	57
2014	1	87	104	83.65 %	100.00 %	100.00 %	0.00 %	62
2014	2	87	102	85.29 %	100.00 %	100.00 %	0.00 %	54
2014	3	74	90	82.22 %	100.00 %	100.00 %	0.00 %	50
2014	4	75	86	87.21 %	100.00 %	100.00 %	0.00 %	56
2015	1	67	86	77.91 %	100.00 %	100.00 %	0.00 %	54
2015	2	93	100	93.00 %	100.00 %	100.00 %	0.00 %	55
2015	3	91	105	86.67 %	100.00 %	100.00 %	0.00 %	55
2015	4	89	103	86.41 %	100.00 %	100.00 %	0.00 %	51
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**995**	**1220**	**81.56 %**				

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK6 16005 Discharged on Statin Medication

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	4334	4691	92.39%	93.75%	100.00%	0.00%	149
2011	2	4461	4709	94.73%	96.23%	100.00%	0.00%	142
2011	3	4323	4552	94.97%	96.00%	100.00%	0.00%	141
2011	4	4394	4656	94.37%	96.67%	100.00%	33.33%	142
2012	1	4466	4675	95.53%	97.44%	100.00%	50.00%	145
2012	2	4565	4799	95.12%	97.14%	100.00%	0.00%	143
2012	3	4497	4698	95.72%	97.33%	100.00%	25.00%	145
2012	4	4637	4826	96.08%	100.00%	100.00%	40.00%	146
2013	1	6605	6838	96.59%	100.00%	100.00%	0.00%	226
2013	2	6994	7265	96.27%	98.65%	100.00%	20.00%	229
2013	3	7202	7432	96.91%	99.21%	100.00%	0.00%	237
2013	4	7494	7733	96.91%	100.00%	100.00%	25.00%	249
2014	1	32569	33696	96.66%	100.00%	100.00%	0.00%	1239
2014	2	34006	34977	97.22%	100.00%	100.00%	0.00%	1241
2014	3	34609	35426	97.69%	100.00%	100.00%	0.00%	1254
2014	4	35094	35924	97.69%	100.00%	100.00%	0.00%	1271
2015	1	57409	58932	97.42%	100.00%	100.00%	0.00%	2396
2015	2	59369	60898	97.49%	100.00%	100.00%	0.00%	2397
2015	3	59357	60787	97.65%	100.00%	100.00%	0.00%	2386
2015	4	69709	71610	97.35%	100.00%	100.00%	0.00%	2381
	Sum:	446094	459124	97.16%				

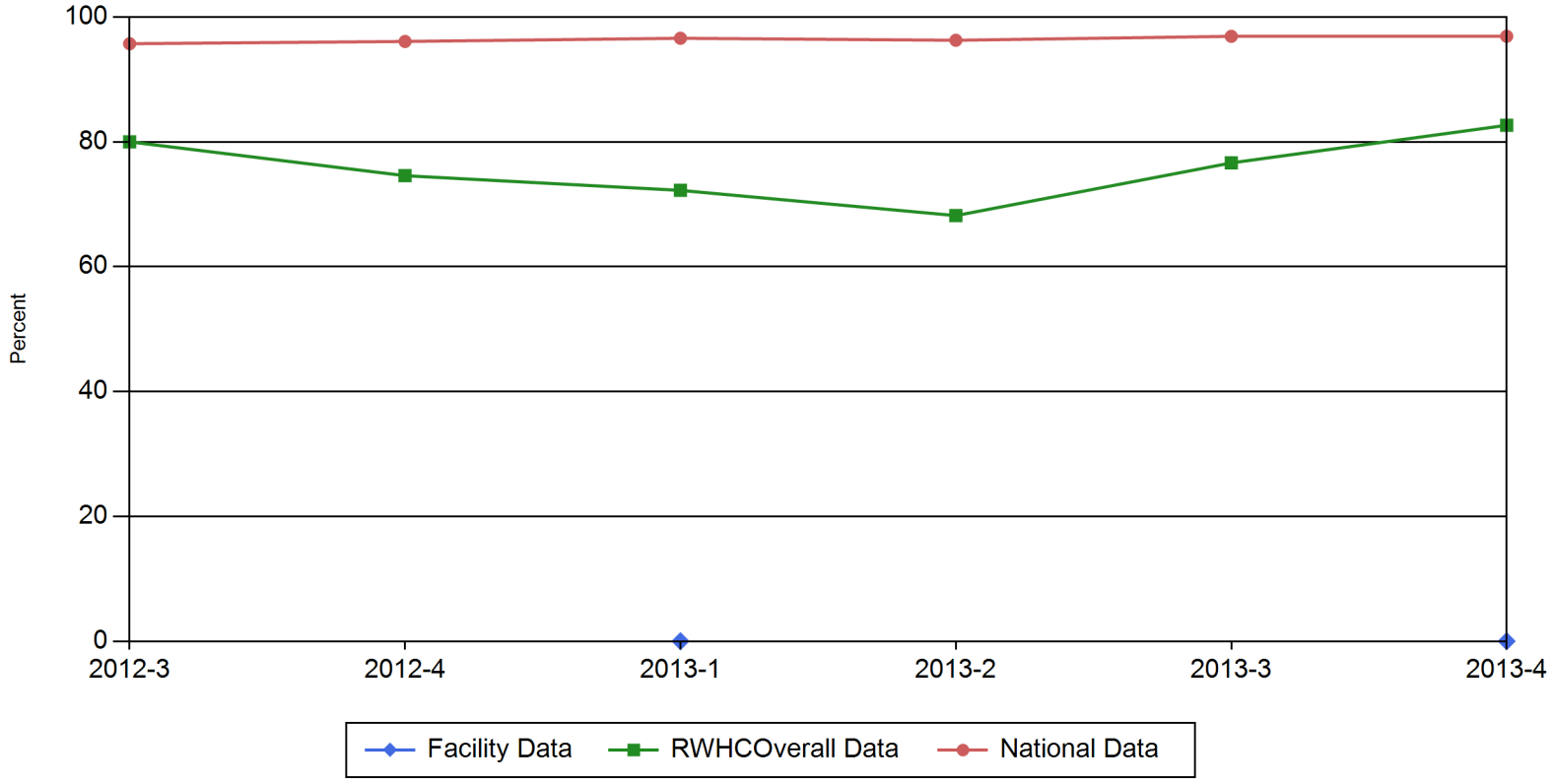
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK6 16005 Discharged on Statin Medication



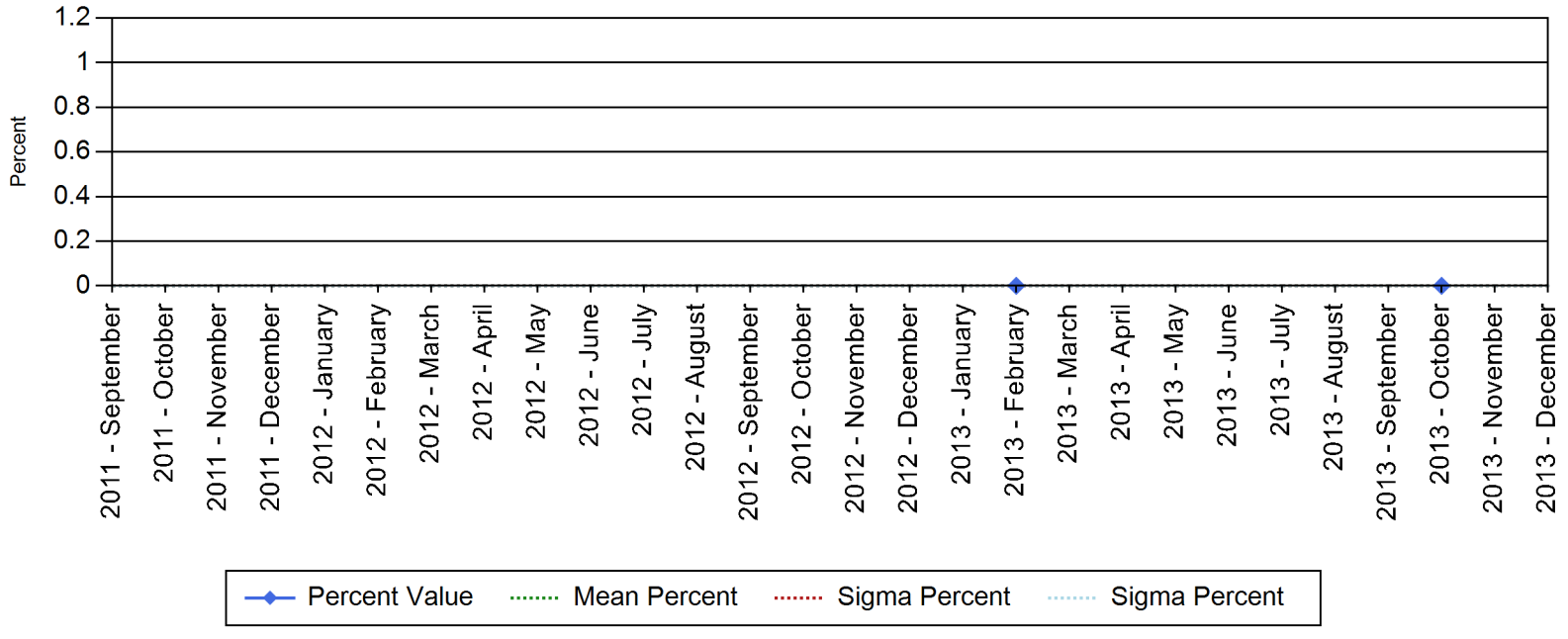
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK6 16005 Discharged on Statin Medication



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK8 16007 Stroke Education

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	1	0.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	0	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**0**	**1**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK8 16007 Stroke Education

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	0	1	0.00 %
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	0	0	ND
Totals:		**0**	**1**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK8 16007 Stroke Education

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	3	6	50.00 %	50.00 %	100.00 %	0.00 %	6
2012	4	24	30	80.00 %	100.00 %	100.00 %	0.00 %	22
2013	1	42	54	77.78 %	100.00 %	100.00 %	0.00 %	37
2013	2	36	62	58.06 %	100.00 %	100.00 %	0.00 %	35
2013	3	44	57	77.19 %	100.00 %	100.00 %	0.00 %	40
2013	4	45	56	80.36 %	100.00 %	100.00 %	0.00 %	38
2014	1	47	57	82.46 %	100.00 %	100.00 %	0.00 %	40
2014	2	54	63	85.71 %	100.00 %	100.00 %	0.00 %	40
2014	3	52	57	91.23 %	100.00 %	100.00 %	0.00 %	40
2014	4	46	55	83.64 %	100.00 %	100.00 %	0.00 %	34
2015	1	46	50	92.00 %	100.00 %	100.00 %	0.00 %	29
2015	2	54	60	90.00 %	100.00 %	100.00 %	0.00 %	39
2015	3	43	51	84.31 %	100.00 %	100.00 %	0.00 %	34
2015	4	43	50	86.00 %	100.00 %	100.00 %	0.00 %	34
2016	1	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**579**	**709**	**81.66 %**				

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK8 16007 Stroke Education

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	3147	3723	84.53%	89.47%	100.00%	0.00%	147
2011	2	3375	3799	88.84%	94.39%	100.00%	0.00%	138
2011	3	3291	3679	89.45%	95.00%	100.00%	0.00%	141
2011	4	3322	3724	89.21%	95.65%	100.00%	0.00%	142
2012	1	3506	3836	91.40%	95.83%	100.00%	0.00%	143
2012	2	3589	3934	91.23%	96.00%	100.00%	0.00%	140
2012	3	3539	3880	91.21%	96.08%	100.00%	0.00%	144
2012	4	3536	3829	92.35%	96.67%	100.00%	0.00%	146
2013	1	5134	5594	91.78%	96.21%	100.00%	0.00%	224
2013	2	5574	6000	92.90%	97.39%	100.00%	0.00%	228
2013	3	5838	6209	94.02%	100.00%	100.00%	0.00%	236
2013	4	5875	6285	93.48%	98.10%	100.00%	0.00%	248
2014	1	25008	26667	93.78%	100.00%	100.00%	0.00%	1227
2014	2	26866	28403	94.59%	100.00%	100.00%	0.00%	1229
2014	3	27281	28793	94.75%	100.00%	100.00%	0.00%	1246
2014	4	27332	28729	95.14%	100.00%	100.00%	0.00%	1261
2015	1	43740	46926	93.21%	100.00%	100.00%	0.00%	2323
2015	2	46521	49517	93.95%	100.00%	100.00%	0.00%	2341
2015	3	46547	49274	94.47%	100.00%	100.00%	0.00%	2338
2015	4	44653	47065	94.88%	100.00%	100.00%	0.00%	2307
	Sum:	337674	359866	93.83%				

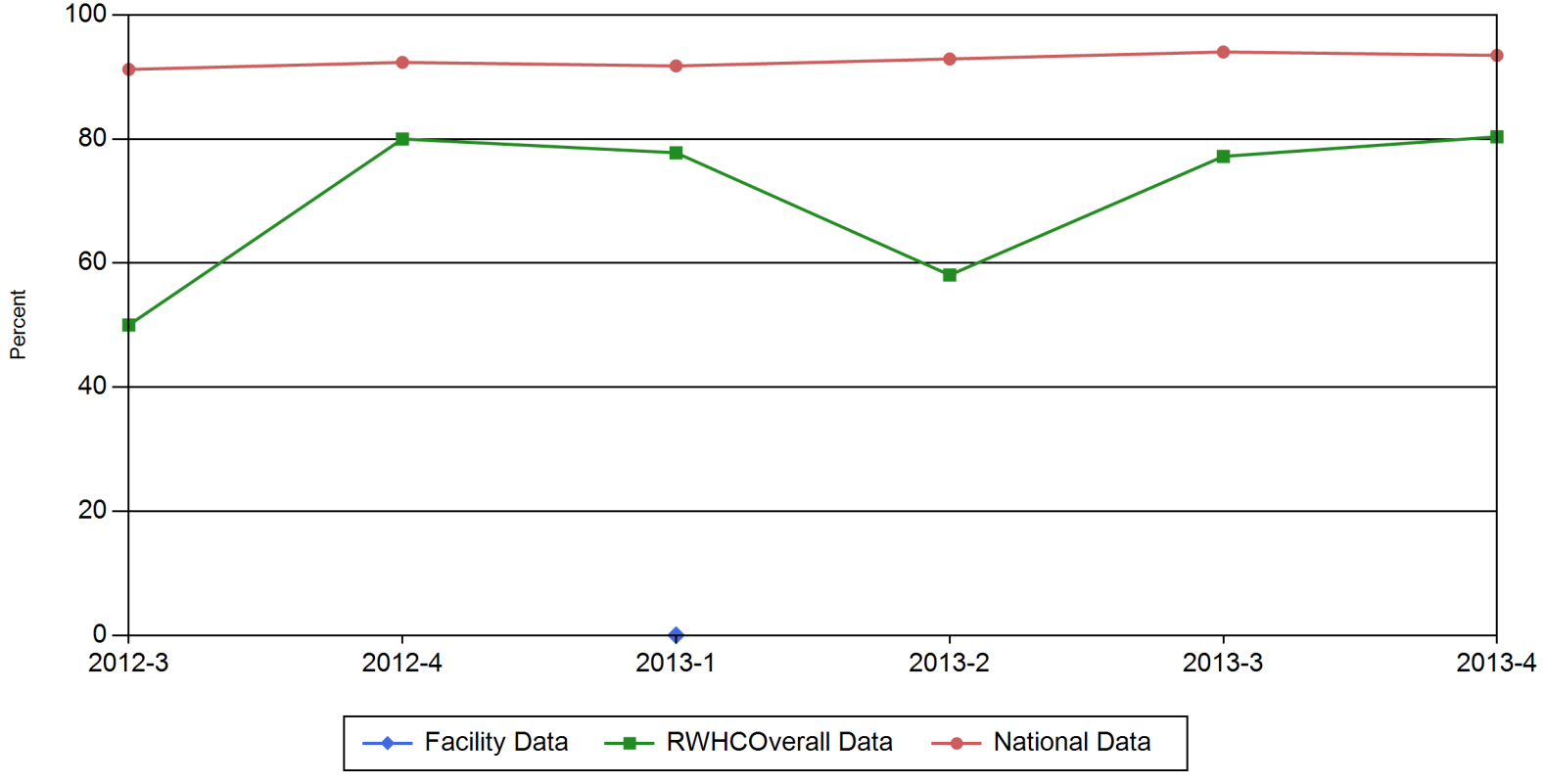
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RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK8 16007 Stroke Education



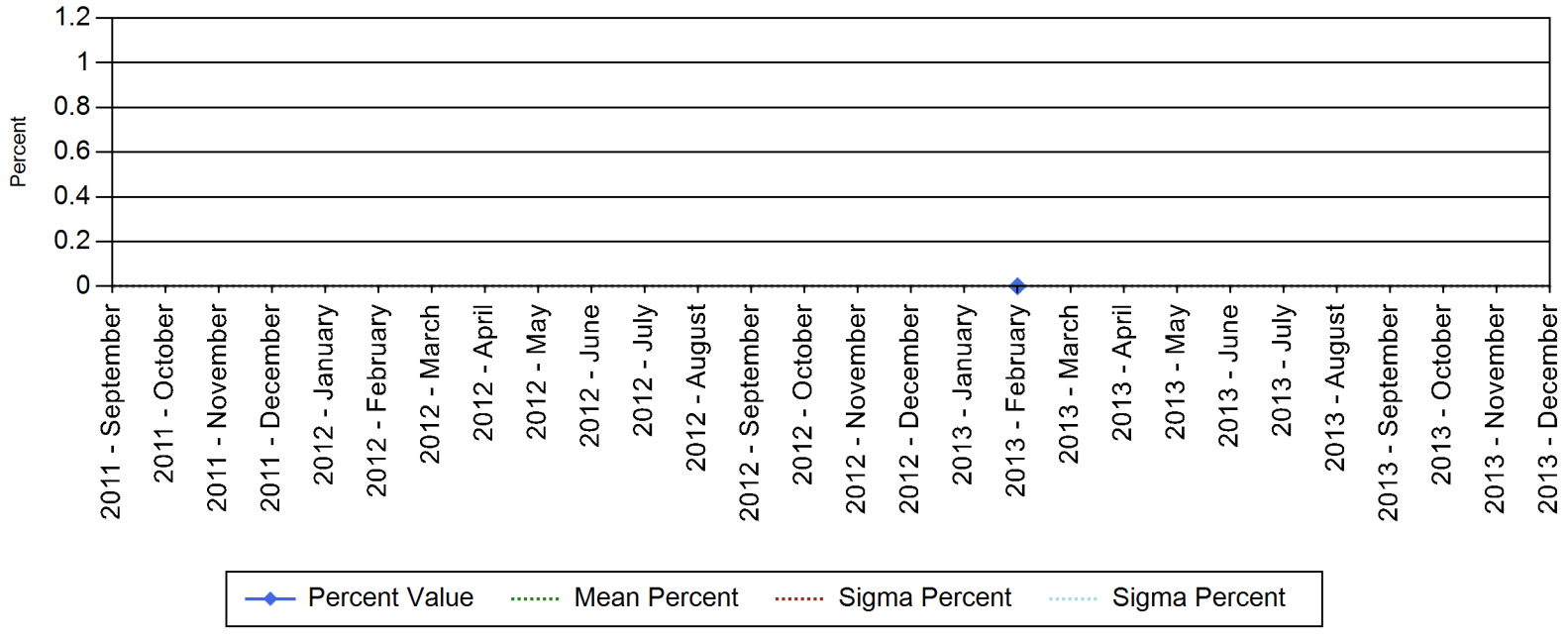
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK8 16007 Stroke Education



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK10 16009 Assessed for Rehabilitation

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	2	0.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	1	0.00 %
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK10 16009 Assessed for Rehabilitation

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	0	2	0.00 %
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	0	1	0.00 %
Totals:		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK10 16009 Assessed for Rehabilitation

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	12	14	85.71 %	100.00 %	100.00 %	0.00 %	11
2012	4	63	69	91.30 %	100.00 %	100.00 %	0.00 %	40
2013	1	113	120	94.17 %	100.00 %	100.00 %	0.00 %	66
2013	2	142	147	96.60 %	100.00 %	100.00 %	0.00 %	68
2013	3	96	103	93.20 %	100.00 %	100.00 %	0.00 %	57
2013	4	110	115	95.65 %	100.00 %	100.00 %	0.00 %	61
2014	1	132	136	97.06 %	100.00 %	100.00 %	0.00 %	70
2014	2	126	131	96.18 %	100.00 %	100.00 %	0.00 %	63
2014	3	121	123	98.37 %	100.00 %	100.00 %	0.00 %	62
2014	4	107	113	94.69 %	100.00 %	100.00 %	50.00 %	65
2015	1	83	90	92.22 %	100.00 %	100.00 %	0.00 %	48
2015	2	87	90	96.67 %	100.00 %	100.00 %	0.00 %	41
2015	3	89	91	97.80 %	100.00 %	100.00 %	66.67 %	41
2015	4	90	91	98.90 %	100.00 %	100.00 %	0.00 %	41
2016	1	1	1	100.00 %	100.00 %	100.00 %	100.00 %	1
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**1372**	**1434**	**95.68 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK10 16009 Assessed for Rehabilitation

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	7057	7252	97.31%	100.00%	100.00%	50.00%	150
2011	2	6997	7196	97.23%	100.00%	100.00%	33.33%	142
2011	3	6746	6916	97.54%	100.00%	100.00%	0.00%	142
2011	4	6931	7051	98.30%	100.00%	100.00%	50.00%	143
2012	1	6985	7112	98.21%	100.00%	100.00%	0.00%	145
2012	2	7044	7154	98.46%	100.00%	100.00%	50.00%	144
2012	3	7036	7169	98.14%	100.00%	100.00%	62.16%	146
2012	4	7207	7300	98.73%	100.00%	100.00%	50.00%	147
2013	1	10325	10491	98.42%	100.00%	100.00%	60.00%	226
2013	2	10783	10958	98.40%	100.00%	100.00%	60.00%	230
2013	3	10925	11134	98.12%	100.00%	100.00%	50.00%	238
2013	4	11382	11543	98.61%	100.00%	100.00%	48.08%	250
2014	1	49929	50655	98.57%	100.00%	100.00%	0.00%	1242
2014	2	51758	52465	98.65%	100.00%	100.00%	0.00%	1252
2014	3	52078	52751	98.72%	100.00%	100.00%	50.00%	1264
2014	4	53139	53789	98.79%	100.00%	100.00%	0.00%	1277
2015	1	86791	88194	98.41%	100.00%	100.00%	0.00%	2417
2015	2	89024	90333	98.55%	100.00%	100.00%	0.00%	2432
2015	3	88062	89402	98.50%	100.00%	100.00%	0.00%	2421
2015	4	87036	88154	98.73%	100.00%	100.00%	0.00%	2398
	Sum:	657235	667019	98.53%				

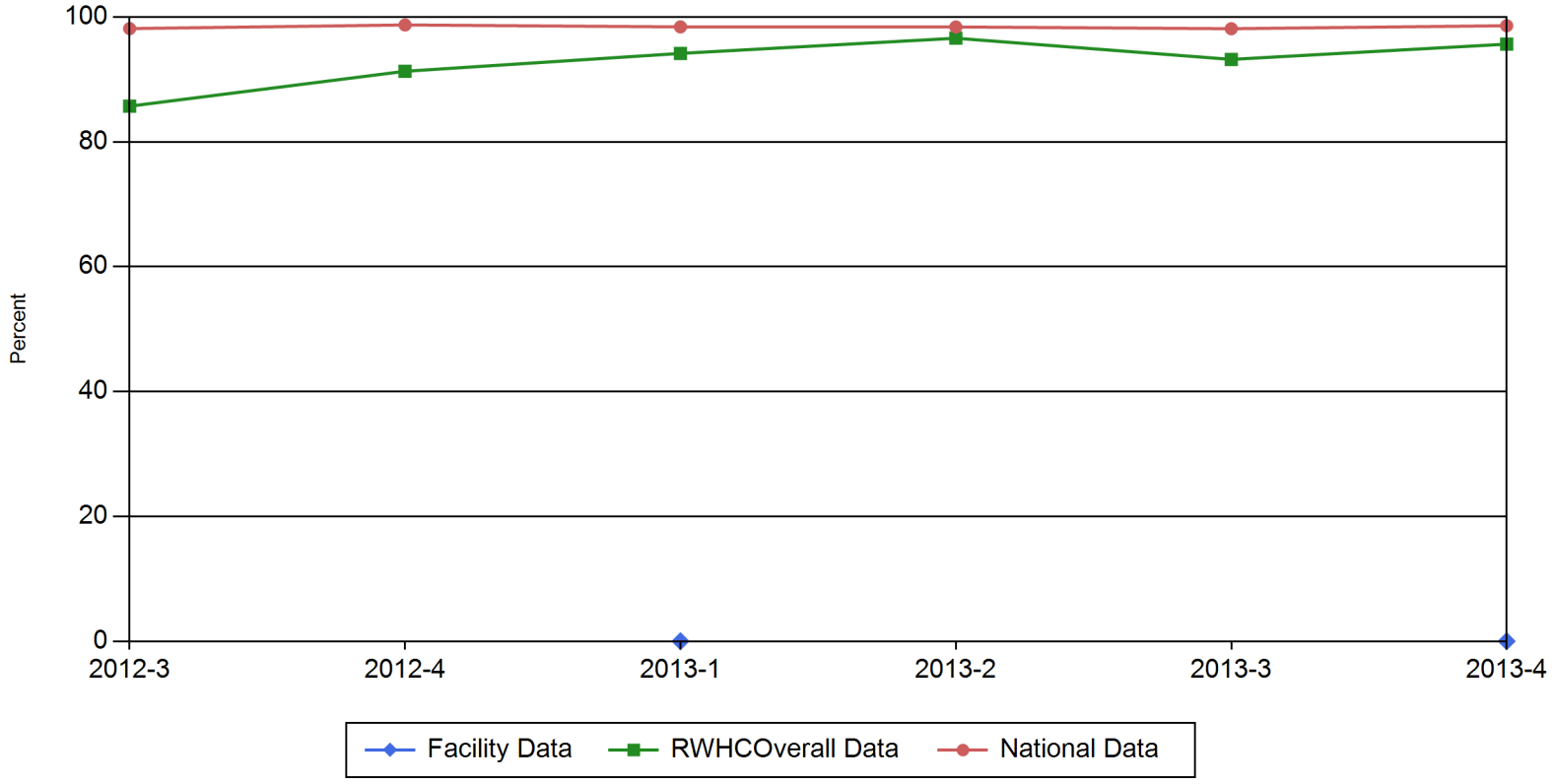
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK10 16009 Assessed for Rehabilitation



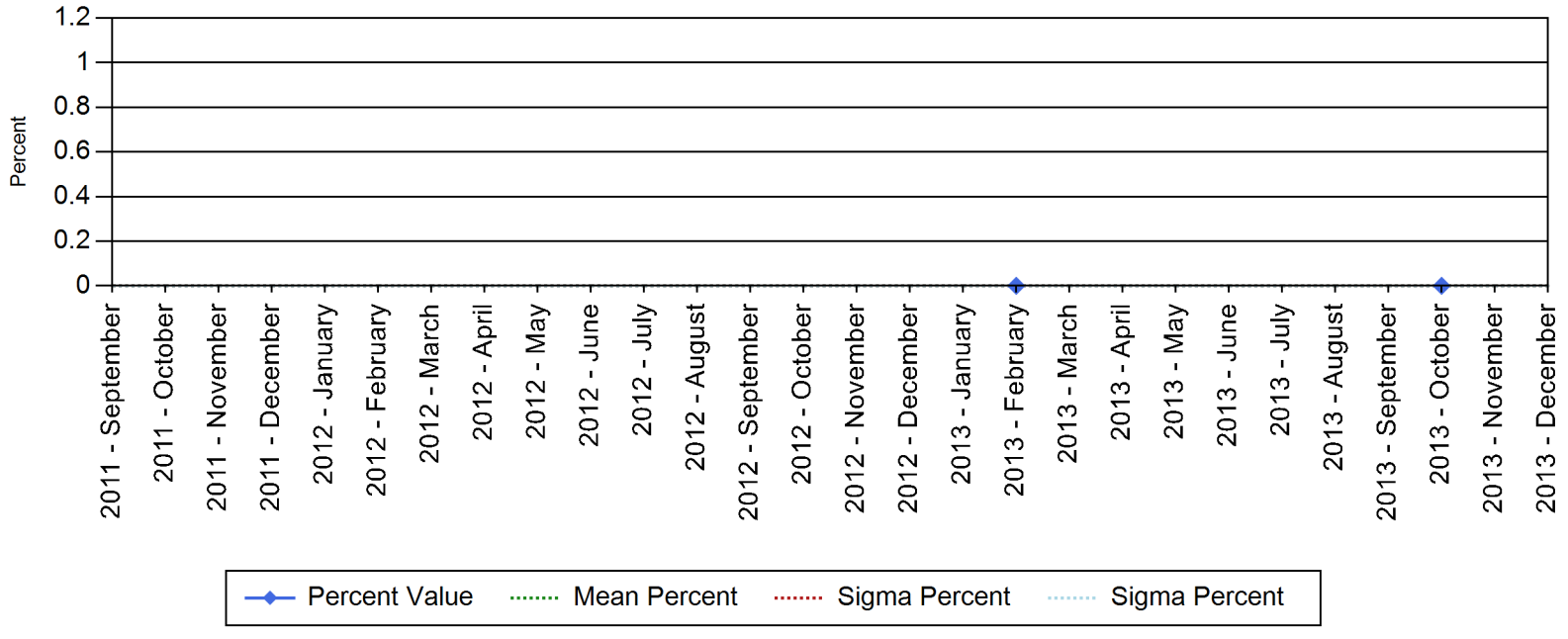
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK10 16009 Assessed for Rehabilitation



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

RWHC Quality Indicators Program
Venous Thromboembolism Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE1 15971 Venous Thromboembolism Prophylaxis

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	5	14	35.71 %
2013	2	5	15	33.33 %
2013	3	3	13	23.08 %
2013	4	3	11	27.27 %
2013	5	6	19	31.58 %
2013	6	5	13	38.46 %
2013	7	6	12	50.00 %
2013	8	2	6	33.33 %
2013	9	1	10	10.00 %
2013	10	5	12	41.67 %
2013	11	1	7	14.29 %
2013	12	1	5	20.00 %
Totals:		**43**	**137**	**31.39 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE1 15971 Venous Thromboembolism Prophylaxis

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	13	42	30.95 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	14	43	32.56 %
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	9	28	32.14 %
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	7	24	29.17 %
Totals:					**Totals:**					**Totals:**		**43**	**137**	**31.39 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE1 15971 Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	524	732	71.58 %	83.33 %	100.00 %	14.29 %	27
2012	4	1799	2407	74.74 %	87.50 %	100.00 %	0.00 %	84
2013	1	3329	4332	76.85 %	84.36 %	100.00 %	0.00 %	132
2013	2	3422	4123	83.00 %	88.89 %	100.00 %	27.27 %	136
2013	3	2869	3437	83.47 %	91.67 %	100.00 %	0.00 %	137
2013	4	2706	3189	84.85 %	94.74 %	100.00 %	0.00 %	141
2014	1	3148	3617	87.03 %	96.43 %	100.00 %	0.00 %	143
2014	2	3046	3452	88.24 %	98.33 %	100.00 %	3.57 %	141
2014	3	2814	3077	91.45 %	100.00 %	100.00 %	4.35 %	137
2014	4	2986	3204	93.20 %	100.00 %	100.00 %	3.23 %	138
2015	1	3888	4196	92.66 %	97.44 %	100.00 %	0.00 %	158
2015	2	3760	4033	93.23 %	100.00 %	100.00 %	0.00 %	162
2015	3	3501	3773	92.79 %	97.67 %	100.00 %	0.00 %	159
2015	4	3635	3909	92.99 %	97.50 %	100.00 %	0.00 %	167
2016	1	13	114	11.40 %	10.00 %	20.00 %	5.13 %	3
2016	2	11	101	10.89 %	10.26 %	15.38 %	8.33 %	3
2016	3	2	43	4.65 %	2.70 %	5.41 %	0.00 %	2
2016	4	0	0					0
	Totals:	**41453**	**47739**	**86.83 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE1 15971 Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	4613	5167	89.28%	90.00%	100.00%	38.10%	71
2011	2	3829	4298	89.09%	88.76%	100.00%	25.00%	71
2011	3	3828	4299	89.04%	93.06%	100.00%	37.50%	73
2011	4	4091	4525	90.41%	93.75%	100.00%	0.00%	71
2012	1	4883	5425	90.01%	95.18%	100.00%	40.00%	81
2012	2	4538	5031	90.20%	94.02%	100.00%	33.33%	82
2012	3	4622	5259	87.89%	94.36%	100.00%	42.86%	85
2012	4	5213	5729	90.99%	95.00%	100.00%	42.86%	87
2013	1	9603	10677	89.94%	94.49%	100.00%	0.00%	140
2013	2	8977	9705	92.50%	96.14%	100.00%	0.00%	132
2013	3	8959	9603	93.29%	97.06%	100.00%	0.00%	134
2013	4	9446	10031	94.17%	97.18%	100.00%	66.67%	139
2014	1	74675	80908	92.30%	95.65%	100.00%	0.36%	876
2014	2	74841	80178	93.34%	96.43%	100.00%	4.00%	886
2014	3	75852	80772	93.91%	96.88%	100.00%	0.00%	899
2014	4	78466	82775	94.79%	97.48%	100.00%	17.65%	911
2015	1	249282	263877	94.47%	96.91%	100.00%	2.82%	2634
2015	2	241885	254523	95.03%	97.39%	100.00%	0.00%	2648
2015	3	239467	250912	95.44%	97.60%	100.00%	0.00%	2653
2015	4	240939	251931	95.64%	97.83%	100.00%	1.39%	2656
	Sum:	1348009	1425625	94.56%				

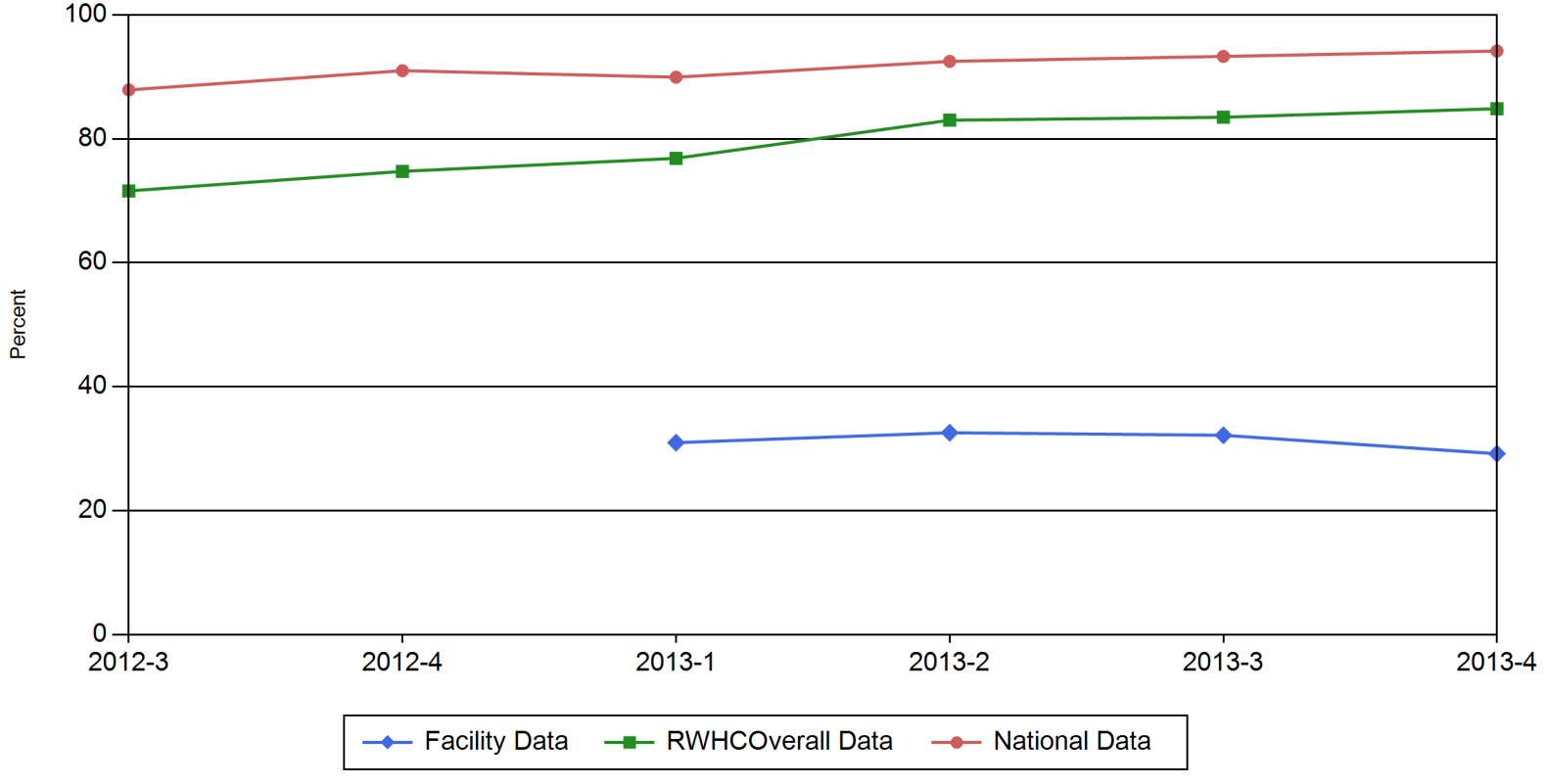
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RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE1 15971 Venous Thromboembolism Prophylaxis



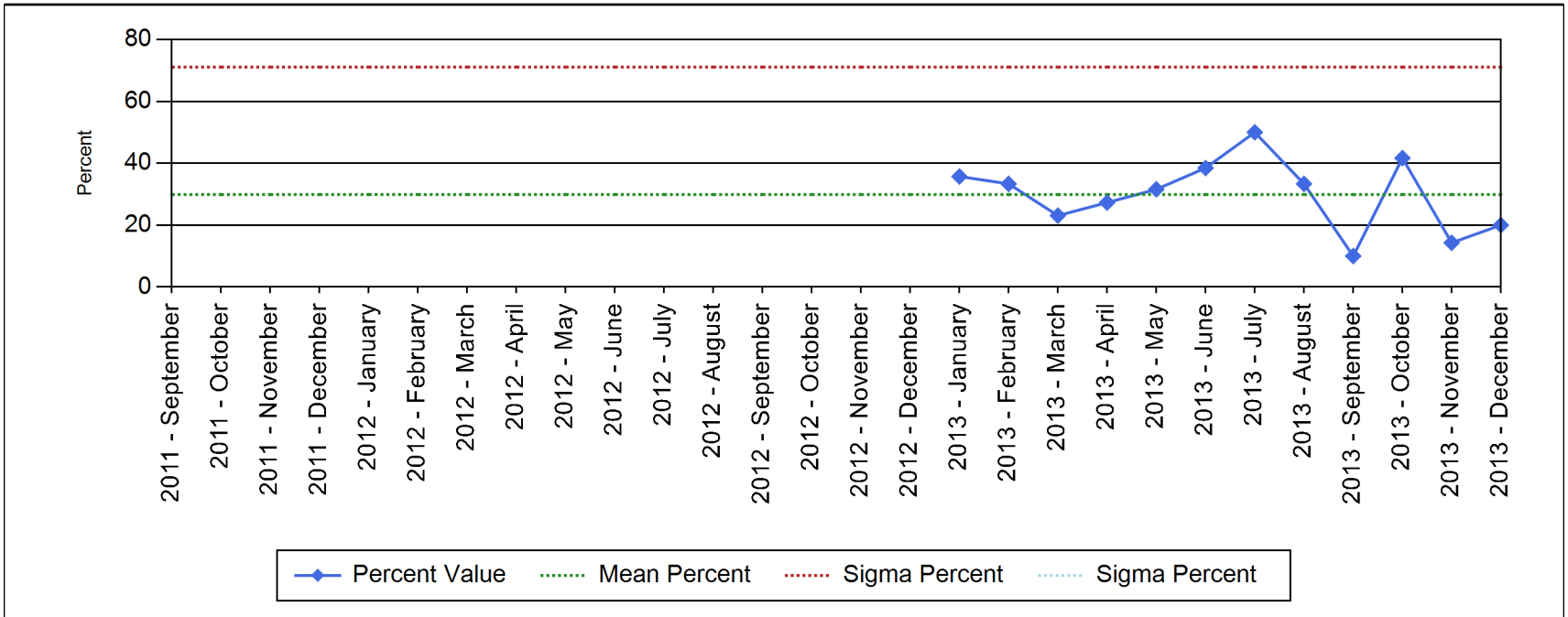
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RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE1 15971 Venous Thromboembolism Prophylaxis



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	1	0.00 %
2013	10	0	1	0.00 %
2013	11	0	0	ND
2013	12	0	0	ND
Totals:		**0**	**2**	**0.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	0	ND
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	0	0	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	0	1	0.00 %
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	1	0.00 %
Totals:					**Totals:**					**Totals:**		**0**	**2**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	72	81	88.89 %	100.00 %	100.00 %	40.00 %	14
2012	4	226	258	87.60 %	100.00 %	100.00 %	25.00 %	41
2013	1	556	653	85.15 %	100.00 %	100.00 %	0.00 %	77
2013	2	593	698	84.96 %	100.00 %	100.00 %	0.00 %	80
2013	3	447	534	83.71 %	100.00 %	100.00 %	0.00 %	84
2013	4	423	470	90.00 %	100.00 %	100.00 %	0.00 %	77
2014	1	517	584	88.53 %	100.00 %	100.00 %	0.00 %	88
2014	2	467	508	91.93 %	100.00 %	100.00 %	33.33 %	79
2014	3	445	474	93.88 %	100.00 %	100.00 %	0.00 %	77
2014	4	485	510	95.10 %	100.00 %	100.00 %	0.00 %	76
2015	1	529	570	92.81 %	100.00 %	100.00 %	0.00 %	84
2015	2	491	519	94.61 %	100.00 %	100.00 %	33.33 %	77
2015	3	445	469	94.88 %	100.00 %	100.00 %	0.00 %	78
2015	4	459	476	96.43 %	100.00 %	100.00 %	0.00 %	81
2016	1	14	16	87.50 %	83.33 %	100.00 %	80.00 %	3
2016	2	16	16	100.00 %	100.00 %	100.00 %	100.00 %	3
2016	3	1	2	50.00 %	50.00 %	50.00 %	50.00 %	1
2016	4	0	0					0
	Totals:	**6186**	**6838**	**90.47 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	736	793	92.81%	94.25%	100.00%	50.00%	47
2011	2	710	752	94.41%	100.00%	100.00%	66.67%	47
2011	3	686	727	94.36%	100.00%	100.00%	50.00%	47
2011	4	816	852	95.77%	100.00%	100.00%	0.00%	48
2012	1	915	982	93.18%	100.00%	100.00%	0.00%	51
2012	2	848	888	95.50%	100.00%	100.00%	67.50%	53
2012	3	828	895	92.51%	100.00%	100.00%	70.00%	57
2012	4	1033	1096	94.25%	100.00%	100.00%	57.89%	57
2013	1	2040	2176	93.75%	100.00%	100.00%	50.00%	105
2013	2	1865	1958	95.25%	100.00%	100.00%	33.33%	97
2013	3	1984	2064	96.12%	100.00%	100.00%	71.43%	100
2013	4	2128	2199	96.77%	100.00%	100.00%	50.00%	102
2014	1	18166	18961	95.81%	100.00%	100.00%	44.44%	787
2014	2	18054	18728	96.40%	100.00%	100.00%	0.00%	801
2014	3	18162	18735	96.94%	100.00%	100.00%	40.00%	803
2014	4	18571	19108	97.19%	100.00%	100.00%	0.00%	813
2015	1	58885	60692	97.02%	100.00%	100.00%	0.00%	2405
2015	2	57981	59602	97.28%	100.00%	100.00%	0.00%	2414
2015	3	57555	59020	97.52%	100.00%	100.00%	0.00%	2415
2015	4	60124	61644	97.53%	100.00%	100.00%	0.00%	2413
	Sum:	322087	331872	97.05%				

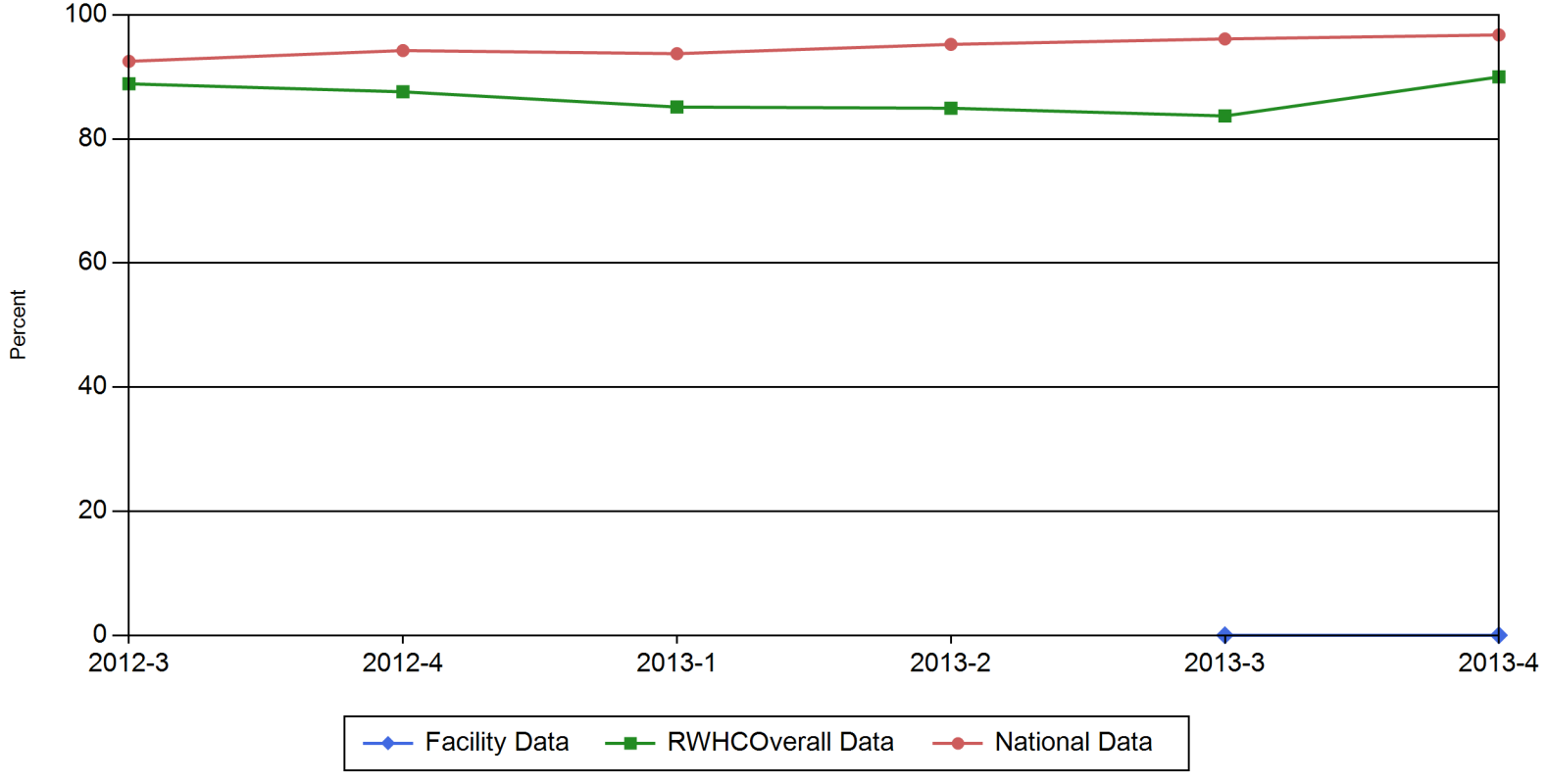
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RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis



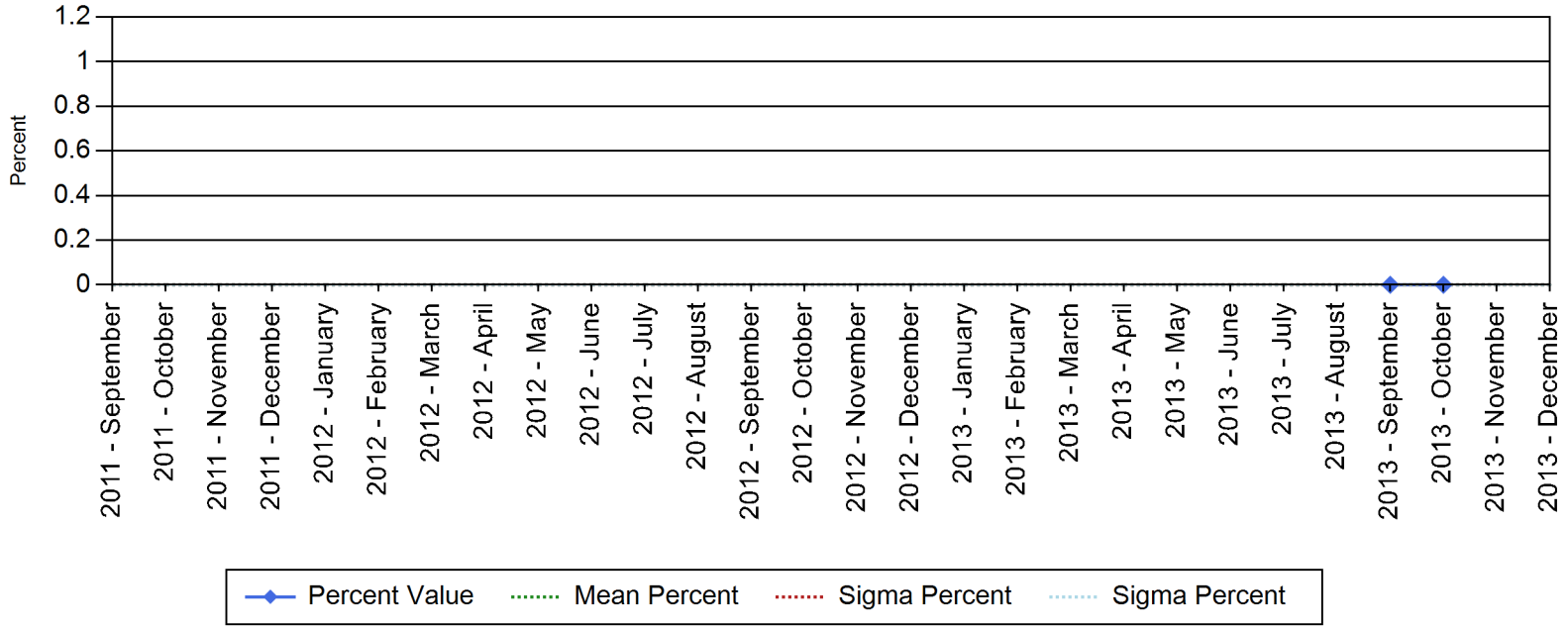
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RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	1	1	100.00 %
2013	2	2	4	50.00 %
2013	3	2	2	100.00 %
2013	4	4	4	100.00 %
2013	5	1	1	100.00 %
2013	6	2	2	100.00 %
2013	7	0	4	0.00 %
2013	8	1	3	33.33 %
2013	9	0	1	0.00 %
2013	10	0	1	0.00 %
2013	11	0	0	ND
2013	12	0	0	ND
Totals:		**13**	**23**	**56.52 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	5	7	71.43 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	7	7	100.00 %
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	1	8	12.50 %
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	1	0.00 %
Totals:					**Totals:**					**Totals:**		**13**	**23**	**56.52 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	10	12	83.33 %	100.00 %	100.00 %	0.00 %	10
2012	4	76	85	89.41 %	100.00 %	100.00 %	0.00 %	34
2013	1	115	135	85.19 %	100.00 %	100.00 %	0.00 %	77
2013	2	106	116	91.38 %	100.00 %	100.00 %	0.00 %	68
2013	3	98	113	86.73 %	100.00 %	100.00 %	0.00 %	71
2013	4	116	128	90.63 %	100.00 %	100.00 %	0.00 %	75
2014	1	94	104	90.38 %	100.00 %	100.00 %	0.00 %	61
2014	2	95	106	89.62 %	100.00 %	100.00 %	0.00 %	56
2014	3	67	73	91.78 %	100.00 %	100.00 %	0.00 %	41
2014	4	85	93	91.40 %	100.00 %	100.00 %	0.00 %	54
2015	1	84	92	91.30 %	100.00 %	100.00 %	0.00 %	55
2015	2	102	110	92.73 %	100.00 %	100.00 %	0.00 %	64
2015	3	104	115	90.43 %	100.00 %	100.00 %	0.00 %	61
2015	4	74	81	91.36 %	100.00 %	100.00 %	0.00 %	57
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**1226**	**1363**	**89.95 %**				

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	571	601	95.01%	100.00%	100.00%	0.00%	50
2011	2	594	621	95.65%	100.00%	100.00%	0.00%	49
2011	3	613	635	96.54%	100.00%	100.00%	0.00%	53
2011	4	551	562	98.04%	100.00%	100.00%	50.00%	51
2012	1	630	658	95.74%	100.00%	100.00%	50.00%	58
2012	2	633	669	94.62%	100.00%	100.00%	0.00%	61
2012	3	692	724	95.58%	100.00%	100.00%	50.00%	65
2012	4	655	691	94.79%	100.00%	100.00%	0.00%	62
2013	1	1856	1935	95.92%	100.00%	100.00%	0.00%	110
2013	2	1447	1510	95.83%	100.00%	100.00%	0.00%	107
2013	3	1371	1424	96.28%	100.00%	100.00%	0.00%	100
2013	4	1450	1498	96.80%	100.00%	100.00%	0.00%	106
2014	1	11764	12314	95.53%	100.00%	100.00%	0.00%	797
2014	2	10622	11098	95.71%	100.00%	100.00%	0.00%	805
2014	3	10854	11291	96.13%	100.00%	100.00%	0.00%	813
2014	4	10606	11013	96.30%	100.00%	100.00%	0.00%	815
2015	1	40089	42738	93.80%	100.00%	100.00%	0.00%	2436
2015	2	36439	38735	94.07%	100.00%	100.00%	0.00%	2430
2015	3	36439	38718	94.11%	100.00%	100.00%	0.00%	2423
2015	4	34112	36218	94.19%	100.00%	100.00%	0.00%	2400
	Sum:	201988	213653	94.54%				

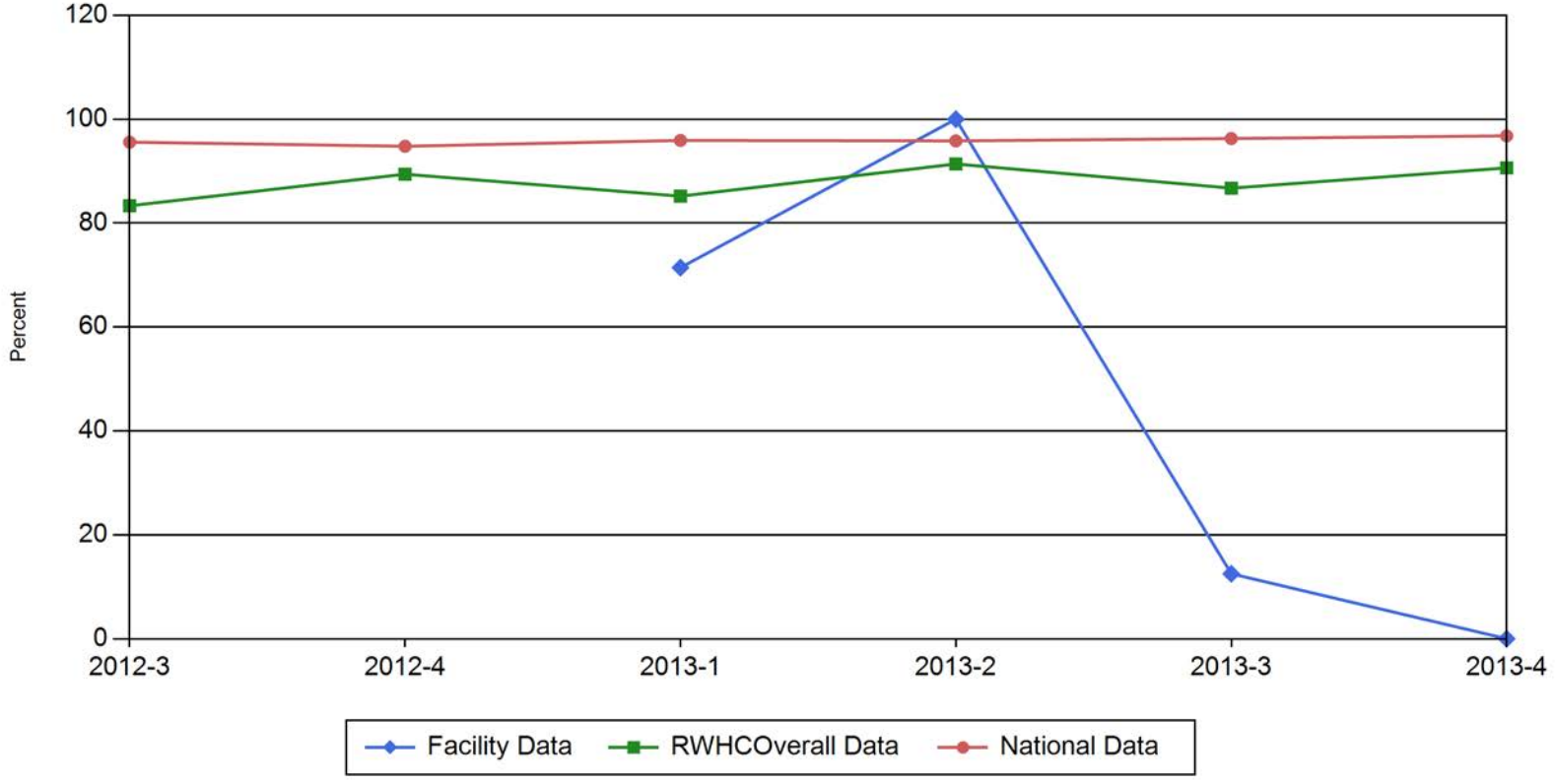
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy



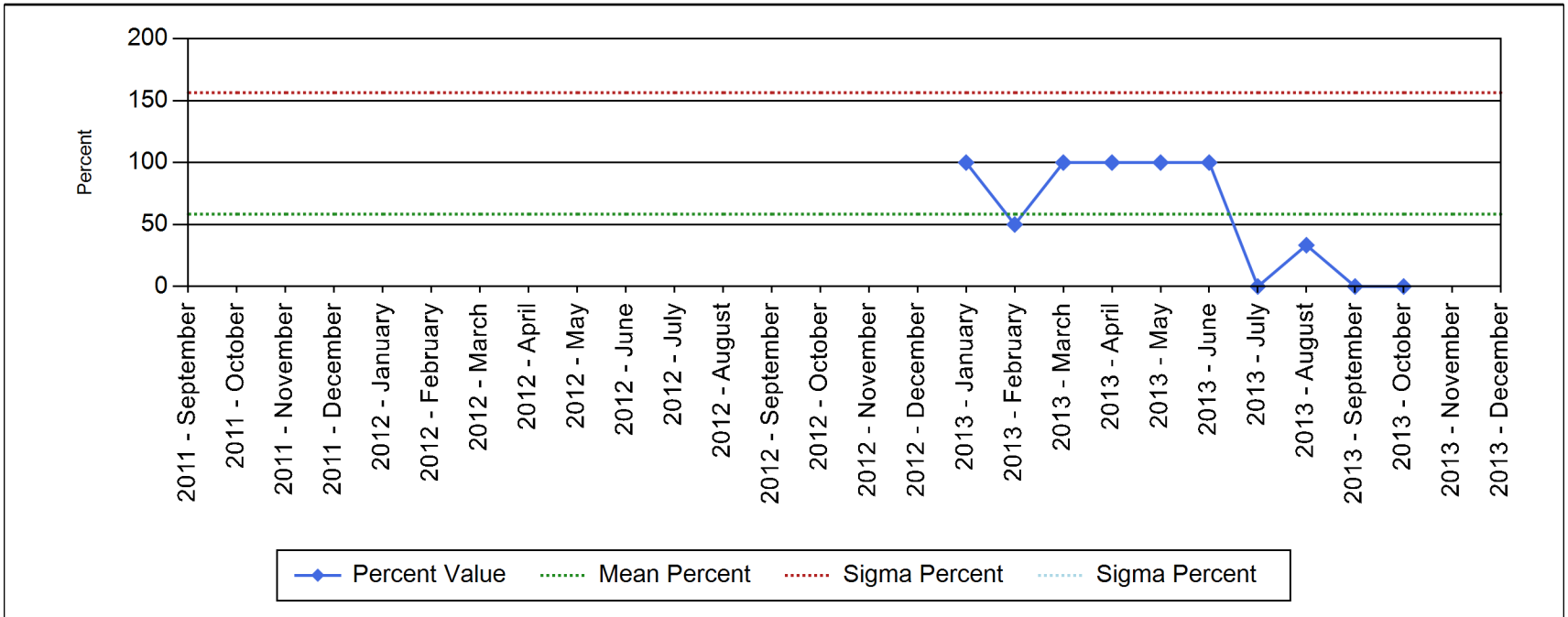
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RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	0	ND
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	0	0	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	0	0	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2012	4	8	8	100.00 %	100.00 %	100.00 %	100.00 %	6
2013	1	35	38	92.11 %	100.00 %	100.00 %	0.00 %	30
2013	2	29	30	96.67 %	100.00 %	100.00 %	0.00 %	23
2013	3	19	20	95.00 %	100.00 %	100.00 %	0.00 %	17
2013	4	28	31	90.32 %	100.00 %	100.00 %	0.00 %	27
2014	1	24	24	100.00 %	100.00 %	100.00 %	100.00 %	20
2014	2	25	25	100.00 %	100.00 %	100.00 %	100.00 %	19
2014	3	20	23	86.96 %	100.00 %	100.00 %	0.00 %	19
2014	4	19	19	100.00 %	100.00 %	100.00 %	100.00 %	14
2015	1	9	9	100.00 %	100.00 %	100.00 %	100.00 %	9
2015	2	12	13	92.31 %	100.00 %	100.00 %	50.00 %	12
2015	3	5	6	83.33 %	100.00 %	100.00 %	0.00 %	6
2015	4	3	4	75.00 %	100.00 %	100.00 %	0.00 %	4
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**238**	**252**	**94.44 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	320	332	96.39%	100.00%	100.00%	33.33%	32
2011	2	304	310	98.06%	100.00%	100.00%	76.47%	29
2011	3	314	324	96.91%	100.00%	100.00%	0.00%	34
2011	4	285	290	98.28%	100.00%	100.00%	76.19%	31
2012	1	331	342	96.78%	100.00%	100.00%	0.00%	37
2012	2	353	357	98.88%	100.00%	100.00%	0.00%	37
2012	3	305	308	99.03%	100.00%	100.00%	0.00%	36
2012	4	326	328	99.39%	100.00%	100.00%	80.00%	37
2013	1	1028	1075	95.63%	100.00%	100.00%	0.00%	79
2013	2	986	999	98.70%	100.00%	100.00%	0.00%	80
2013	3	1005	1016	98.92%	100.00%	100.00%	66.67%	78
2013	4	1060	1071	98.97%	100.00%	100.00%	50.00%	84
2014	1	7923	7997	99.07%	100.00%	100.00%	0.00%	673
2014	2	7601	7678	99.00%	100.00%	100.00%	0.00%	687
2014	3	7974	8044	99.13%	100.00%	100.00%	0.00%	701
2014	4	8316	8378	99.26%	100.00%	100.00%	0.00%	713
	Sum:	38431	38849	98.92%				

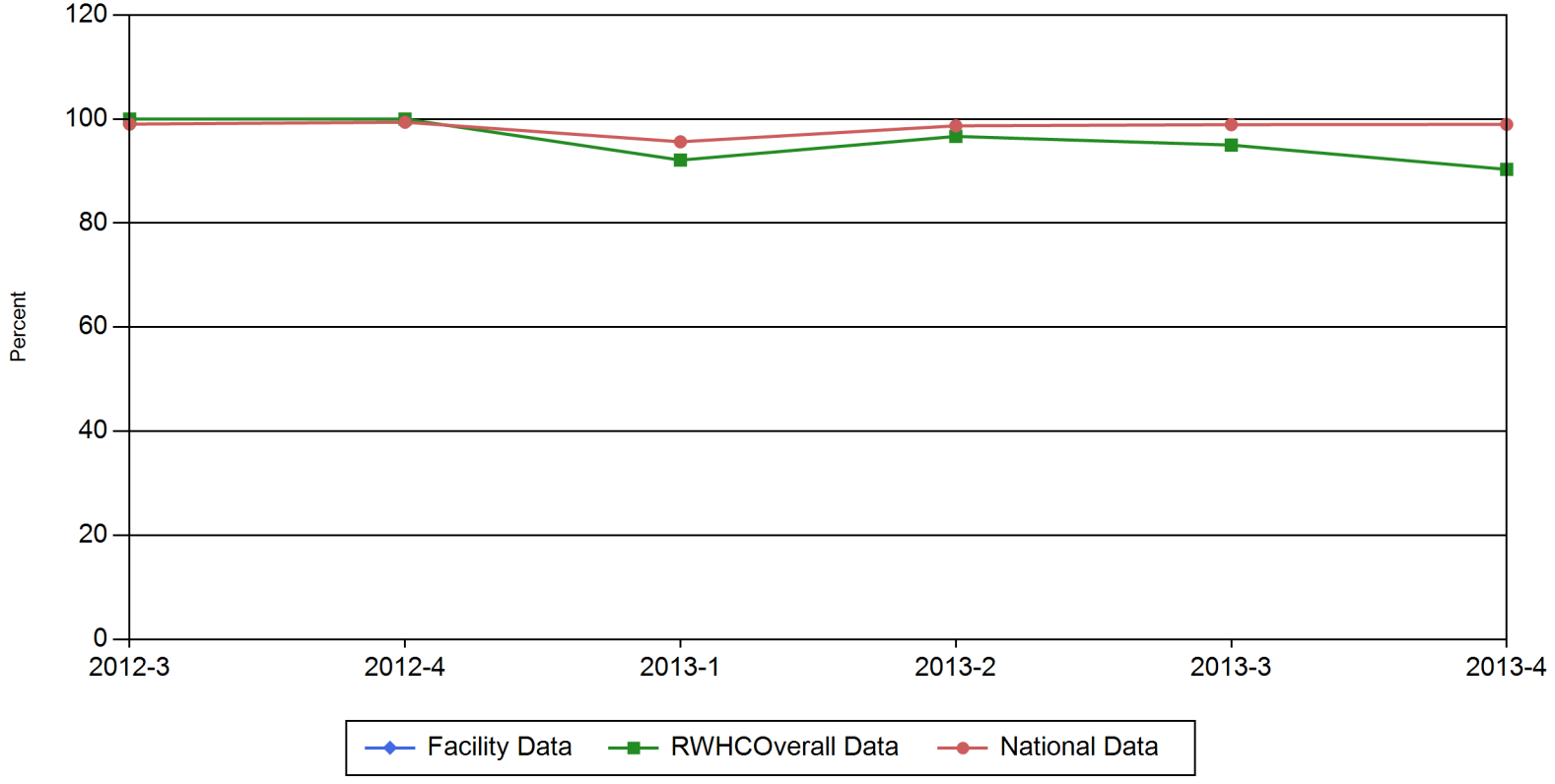
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RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram



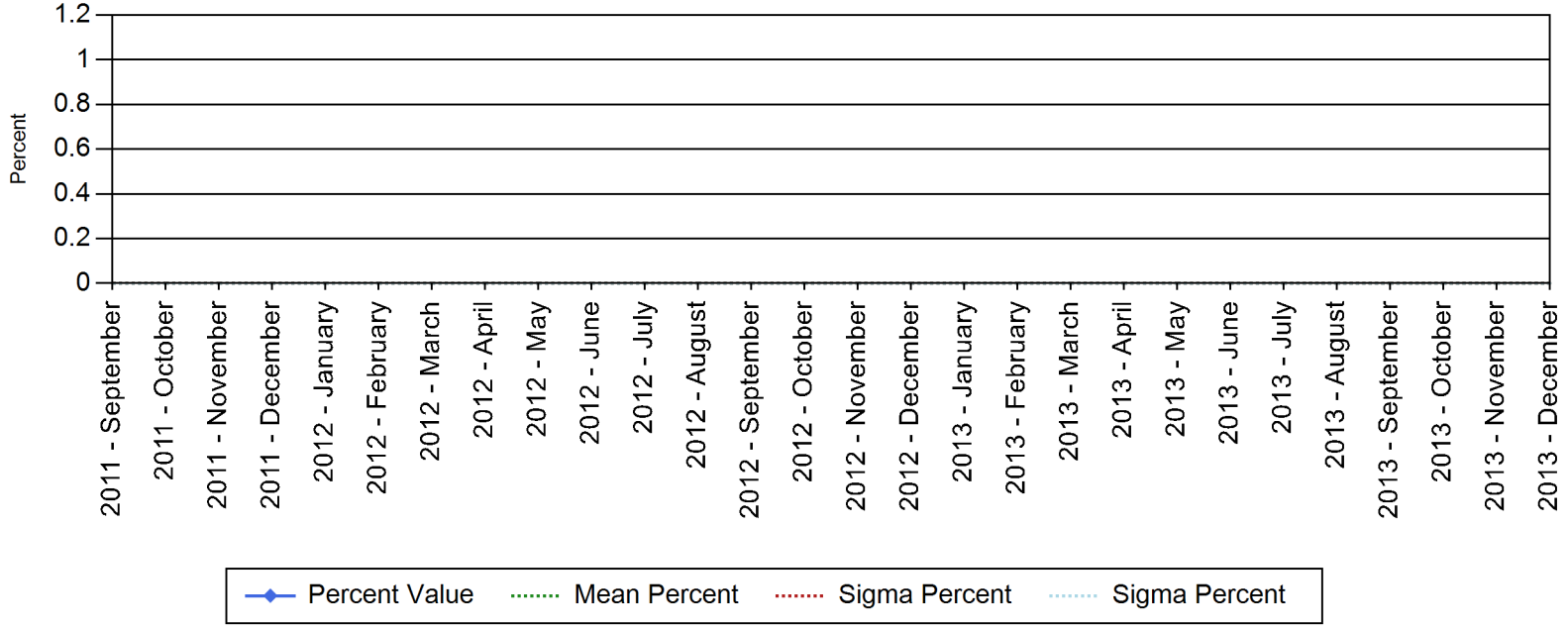
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RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	1	0.00 %
2013	2	1	5	20.00 %
2013	3	0	2	0.00 %
2013	4	0	4	0.00 %
2013	5	0	2	0.00 %
2013	6	0	1	0.00 %
2013	7	0	4	0.00 %
2013	8	0	3	0.00 %
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:		**1**	**22**	**4.55 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	1	8	12.50 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	0	7	0.00 %
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	0	7	0.00 %
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**		**1**	**22**	**4.55 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	5	7	71.43 %	100.00 %	100.00 %	0.00 %	6
2012	4	59	72	81.94 %	100.00 %	100.00 %	0.00 %	31
2013	1	74	102	72.55 %	100.00 %	100.00 %	0.00 %	63
2013	2	74	91	81.32 %	100.00 %	100.00 %	0.00 %	55
2013	3	75	93	80.65 %	100.00 %	100.00 %	0.00 %	64
2013	4	92	99	92.93 %	100.00 %	100.00 %	0.00 %	62
2014	1	70	83	84.34 %	100.00 %	100.00 %	0.00 %	49
2014	2	78	84	92.86 %	100.00 %	100.00 %	0.00 %	51
2014	3	45	50	90.00 %	100.00 %	100.00 %	0.00 %	31
2014	4	58	64	90.63 %	100.00 %	100.00 %	0.00 %	45
2015	1	61	64	95.31 %	100.00 %	100.00 %	0.00 %	44
2015	2	72	80	90.00 %	100.00 %	100.00 %	0.00 %	53
2015	3	82	84	97.62 %	100.00 %	100.00 %	0.00 %	56
2015	4	50	53	94.34 %	100.00 %	100.00 %	0.00 %	41
2016	1	46	51	90.20 %	100.00 %	100.00 %	0.00 %	37
2016	2	37	40	92.50 %	100.00 %	100.00 %	0.00 %	28
2016	3	3	3	100.00 %	100.00 %	100.00 %	100.00 %	2
2016	4	0	0					0
	Totals:	**981**	**1120**	**87.59 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	340	493	68.97%	70.96%	100.00%	0.00%	52
2011	2	379	521	72.74%	73.91%	100.00%	0.00%	49
2011	3	422	566	74.56%	73.86%	100.00%	0.00%	50
2011	4	361	465	77.63%	84.95%	100.00%	0.00%	50
2012	1	460	558	82.44%	100.00%	100.00%	0.00%	57
2012	2	431	542	79.52%	90.00%	100.00%	0.00%	61
2012	3	482	624	77.24%	94.34%	100.00%	0.00%	62
2012	4	423	568	74.47%	94.24%	100.00%	0.00%	62
2013	1	1229	1525	80.59%	95.51%	100.00%	0.00%	106
2013	2	1010	1157	87.29%	100.00%	100.00%	0.00%	103
2013	3	959	1066	89.96%	100.00%	100.00%	0.00%	97
2013	4	991	1087	91.17%	100.00%	100.00%	0.00%	103
2014	1	7846	8625	90.97%	100.00%	100.00%	0.00%	773
2014	2	7016	7614	92.15%	100.00%	100.00%	0.00%	772
2014	3	7190	7692	93.47%	100.00%	100.00%	0.00%	784
2014	4	6961	7457	93.35%	100.00%	100.00%	0.00%	782
2015	1	25668	28015	91.62%	100.00%	100.00%	0.00%	2362
2015	2	23600	25433	92.79%	100.00%	100.00%	0.00%	2341
2015	3	23815	25527	93.29%	100.00%	100.00%	0.00%	2328
2015	4	21741	23436	92.77%	100.00%	100.00%	0.00%	2308
	Sum:	131324	142971	91.85%				

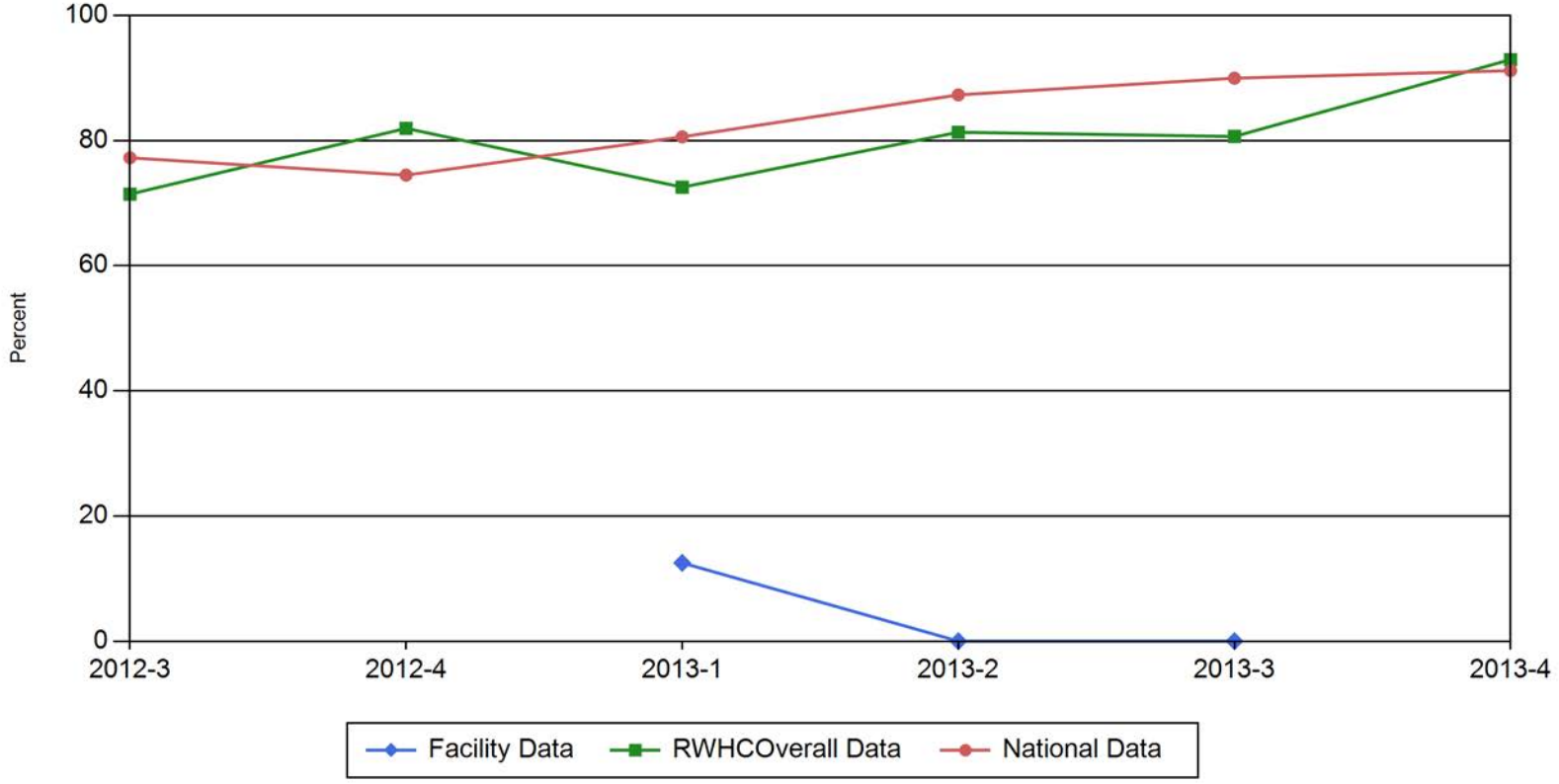
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions



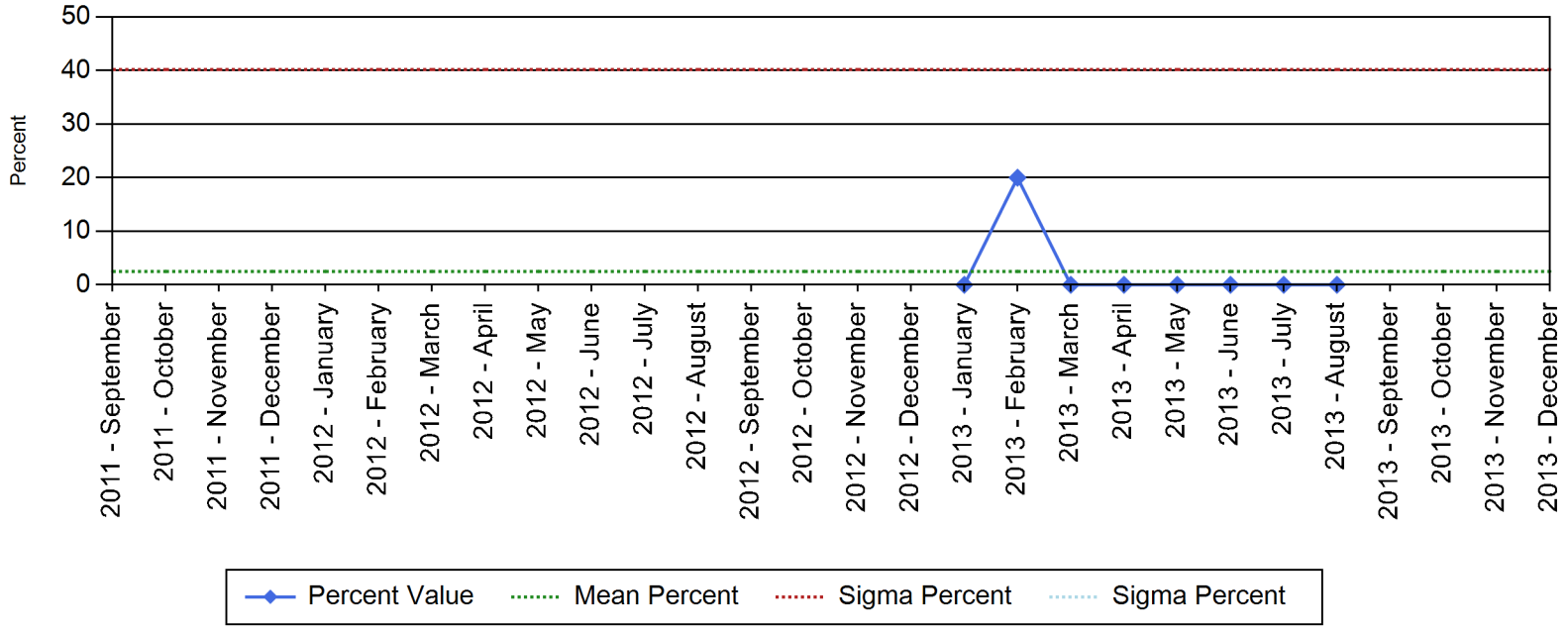
Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE6 15976 Hospital-Acquired Potentially-Preventable Venous Thromboembolism

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	1	1	100.00 %
2013	3	0	0	ND
2013	4	0	1	0.00 %
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:		**1**	**2**	**50.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE6 15976 Hospital-Acquired Potentially-Preventable Venous Thromboembolism

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	1	1	100.00 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	0	1	0.00 %
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	0	0	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**		**1**	**2**	**50.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE6 15976 Hospital-Acquired Potentially-Preventable Venous Thromboembolism

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2012	4	1	6	16.67 %	0.00 %	50.00 %	0.00 %	5
2013	1	3	14	21.43 %	0.00 %	100.00 %	0.00 %	13
2013	2	0	14	0.00 %	0.00 %	0.00 %	0.00 %	13
2013	3	0	9	0.00 %	0.00 %	0.00 %	0.00 %	8
2013	4	0	7	0.00 %	0.00 %	0.00 %	0.00 %	7
2014	1	1	12	8.33 %	0.00 %	100.00 %	0.00 %	10
2014	2	0	11	0.00 %	0.00 %	0.00 %	0.00 %	9
2014	3	1	17	5.88 %	0.00 %	50.00 %	0.00 %	14
2014	4	0	10	0.00 %	0.00 %	0.00 %	0.00 %	10
2015	1	0	4	0.00 %	0.00 %	0.00 %	0.00 %	4
2015	2	0	8	0.00 %	0.00 %	0.00 %	0.00 %	7
2015	3	0	7	0.00 %	0.00 %	0.00 %	0.00 %	7
2015	4	0	15	0.00 %	0.00 %	0.00 %	0.00 %	12
2016	1	1	6	16.67 %	0.00 %	100.00 %	0.00 %	6
2016	2	0	7	0.00 %	0.00 %	0.00 %	0.00 %	6
2016	3	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2016	4	0	0					0
	Totals:	**7**	**149**	**4.70 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE6 15976 Hospital-Acquired Potentially-Preventable Venous Thromboembolism

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	9	111	8.11%	0.00%	100.00%	0.00%	20
2011	2	9	109	8.26%	0.00%	100.00%	0.00%	27
2011	3	10	104	9.62%	0.00%	100.00%	0.00%	25
2011	4	6	101	5.94%	0.00%	100.00%	0.00%	24
2012	1	3	127	2.36%	0.00%	100.00%	0.00%	31
2012	2	5	136	3.68%	0.00%	18.18%	0.00%	36
2012	3	9	117	7.69%	0.00%	100.00%	0.00%	37
2012	4	7	105	6.67%	0.00%	100.00%	0.00%	33
2013	1	35	360	9.72%	0.00%	100.00%	0.00%	70
2013	2	20	308	6.49%	0.00%	100.00%	0.00%	62
2013	3	15	294	5.10%	0.00%	100.00%	0.00%	65
2013	4	14	325	4.31%	0.00%	100.00%	0.00%	66
2014	1	156	2834	5.50%	0.00%	100.00%	0.00%	570
2014	2	116	2562	4.53%	0.00%	100.00%	0.00%	578
2014	3	121	2638	4.59%	0.00%	100.00%	0.00%	575
2014	4	102	2722	3.75%	0.00%	100.00%	0.00%	612
2015	1	231	11097	2.08%	0.00%	100.00%	0.00%	1844
2015	2	192	10490	1.83%	0.00%	100.00%	0.00%	1810
2015	3	183	10420	1.76%	0.00%	100.00%	0.00%	1773
2015	4	166	10564	1.57%	0.00%	100.00%	0.00%	1815
	Sum:	1409	55524	2.54%				

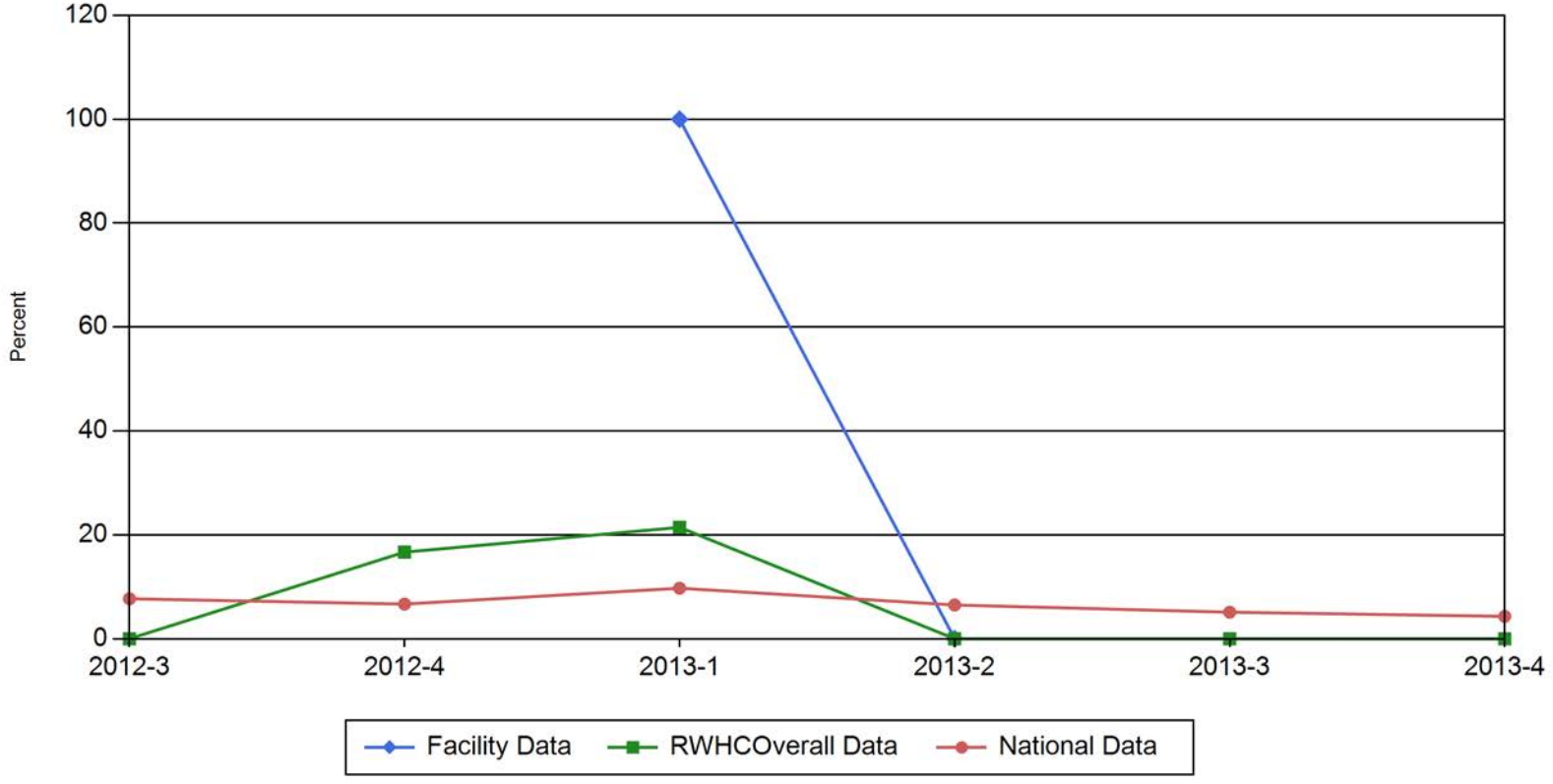
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RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE6 15976 Hospital-Acquired Potentially-Preventable Venous Thromboembolism



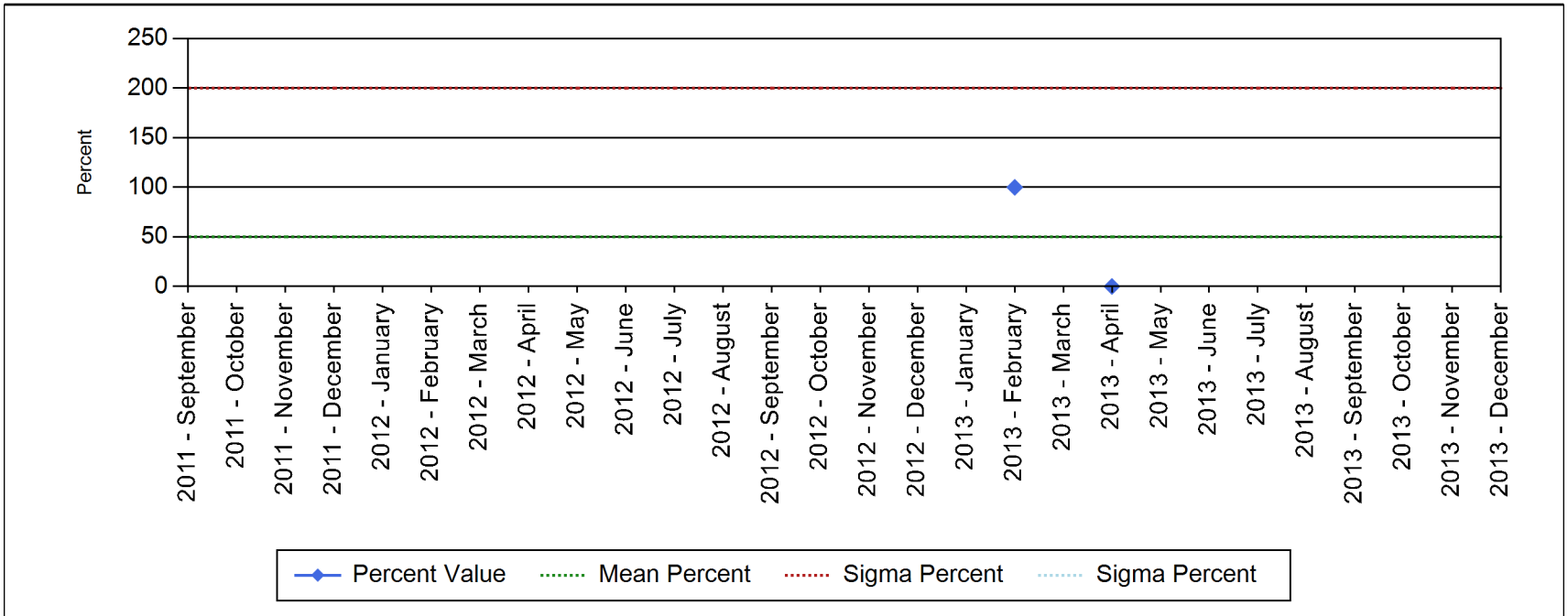
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RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE6 15976 Hospital-Acquired Potentially-Preventable Venous Thromboembolism



For presentation purposes, Y-axis may not start at 0.

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One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
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RWHC Quality Indicators Program
Immunization Measures Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1a 16250 Pneumococcal Immunization - Overall Rate

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	25	55	45.45 %
2012	2	35	50	70.00 %
2012	3	28	49	57.14 %
2012	4	31	48	64.58 %
2012	5	30	47	63.83 %
2012	6	37	48	77.08 %
2012	7	35	46	76.09 %
2012	8	41	45	91.11 %
2012	9	43	49	87.76 %
2012	10	32	46	69.57 %
2012	11	29	47	61.70 %
2012	12	27	48	56.25 %
Totals:		**393**	**578**	**67.99 %**

Year	Month	Num	Den	%
2013	1	42	49	85.71 %
2013	2	32	43	74.42 %
2013	3	28	40	70.00 %
2013	4	24	54	44.44 %
2013	5	27	52	51.92 %
2013	6	24	47	51.06 %
2013	7	22	47	46.81 %
2013	8	20	47	42.55 %
2013	9	19	49	38.78 %
2013	10	25	49	51.02 %
2013	11	31	51	60.78 %
2013	12	25	52	48.08 %
Totals:		**319**	**580**	**55.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1a 16250 Pneumococcal Immunization - Overall Rate

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	88	154	57.14 %	2013	1	102	132	77.27 %
2011	2	ND	ND	ND	2012	2	98	143	68.53 %	2013	2	75	153	49.02 %
2011	3	ND	ND	ND	2012	3	119	140	85.00 %	2013	3	61	143	42.66 %
2011	4	ND	ND	ND	2012	4	88	141	62.41 %	2013	4	81	152	53.29 %
Totals:					**Totals:**		**393**	**578**	**67.99 %**	**Totals:**		**319**	**580**	**55.00 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Immunization Measures Report

IM1a 16250 Pneumococcal Immunization - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	5230	6004	87.11 %	87.80 %	100.00 %	45.45 %	0
2012	2	4924	5641	87.29 %	91.65 %	100.00 %	6.25 %	0
2012	3	5284	5973	88.46 %	90.12 %	100.00 %	0.00 %	0
2012	4	5553	6279	88.44 %	90.91 %	100.00 %	0.00 %	0
2013	1	5512	6095	90.43 %	92.77 %	100.00 %	16.67 %	0
2013	2	5329	5912	90.14 %	92.50 %	100.00 %	0.00 %	0
2013	3	4624	5098	90.70 %	94.12 %	100.00 %	0.00 %	0
2013	4	4675	5097	91.72 %	93.94 %	100.00 %	25.00 %	0
	Totals:	**41131**	**46099**	**89.22 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Immunization Measures Report

IM1a 16250 Pneumococcal Immunization - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	9513	10594	89.80%	90.82%	100.00%	0.00%	79
2012	2	9347	10449	89.45%	90.33%	100.00%	10.00%	83
2012	3	9515	10578	89.95%	91.40%	100.00%	0.00%	89
2012	4	10966	11862	92.45%	93.16%	100.00%	0.00%	97
2013	1	13958	15093	92.48%	94.04%	100.00%	0.00%	136
2013	2	13334	14507	91.91%	94.23%	100.00%	0.00%	135
2013	3	13439	14651	91.73%	94.83%	100.00%	0.00%	139
2013	4	15489	16737	92.54%	94.92%	100.00%	20.00%	151
	Sum:	95561	104471	91.47%				

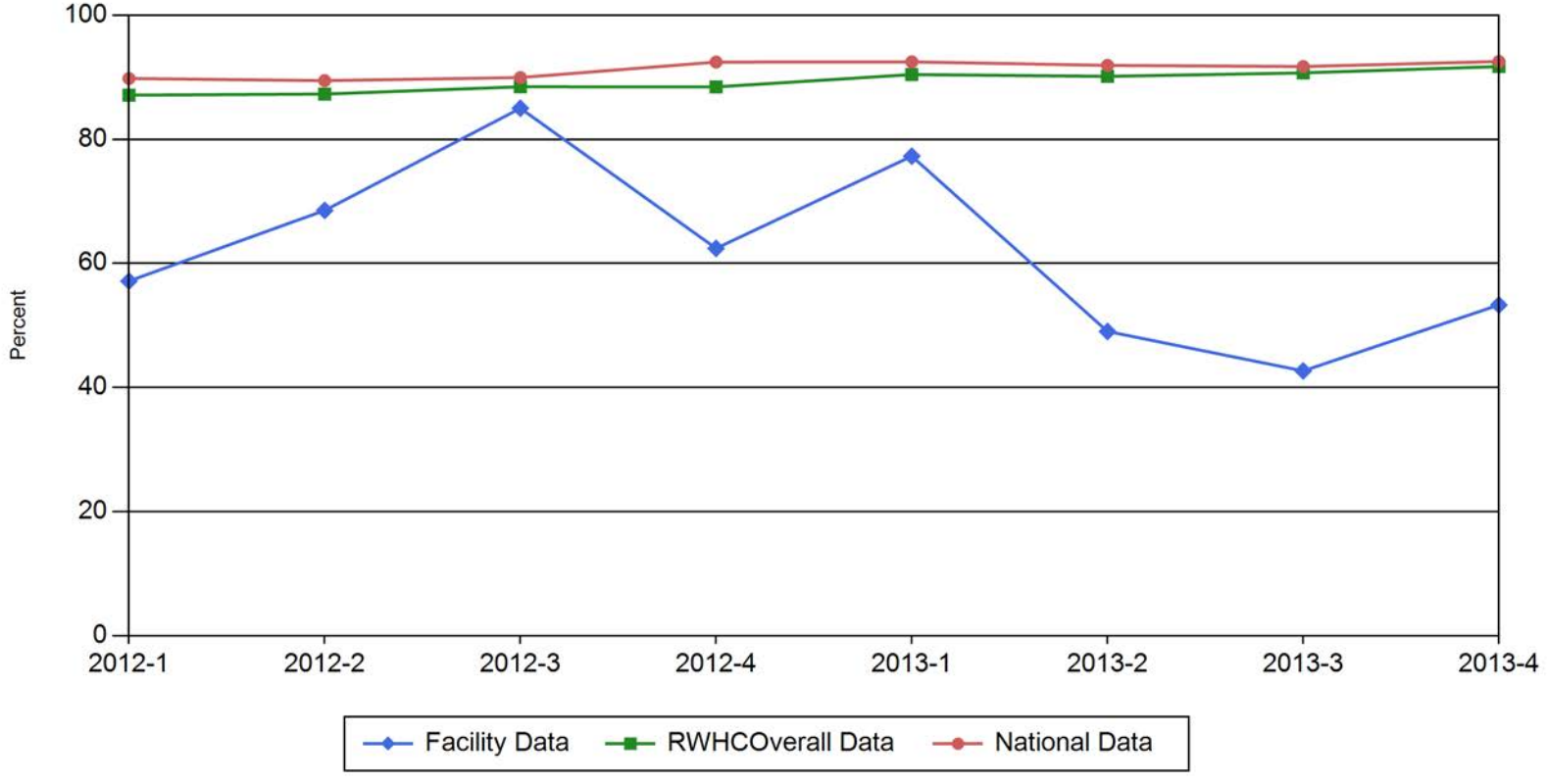
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1a 16250 Pneumococcal Immunization - Overall Rate



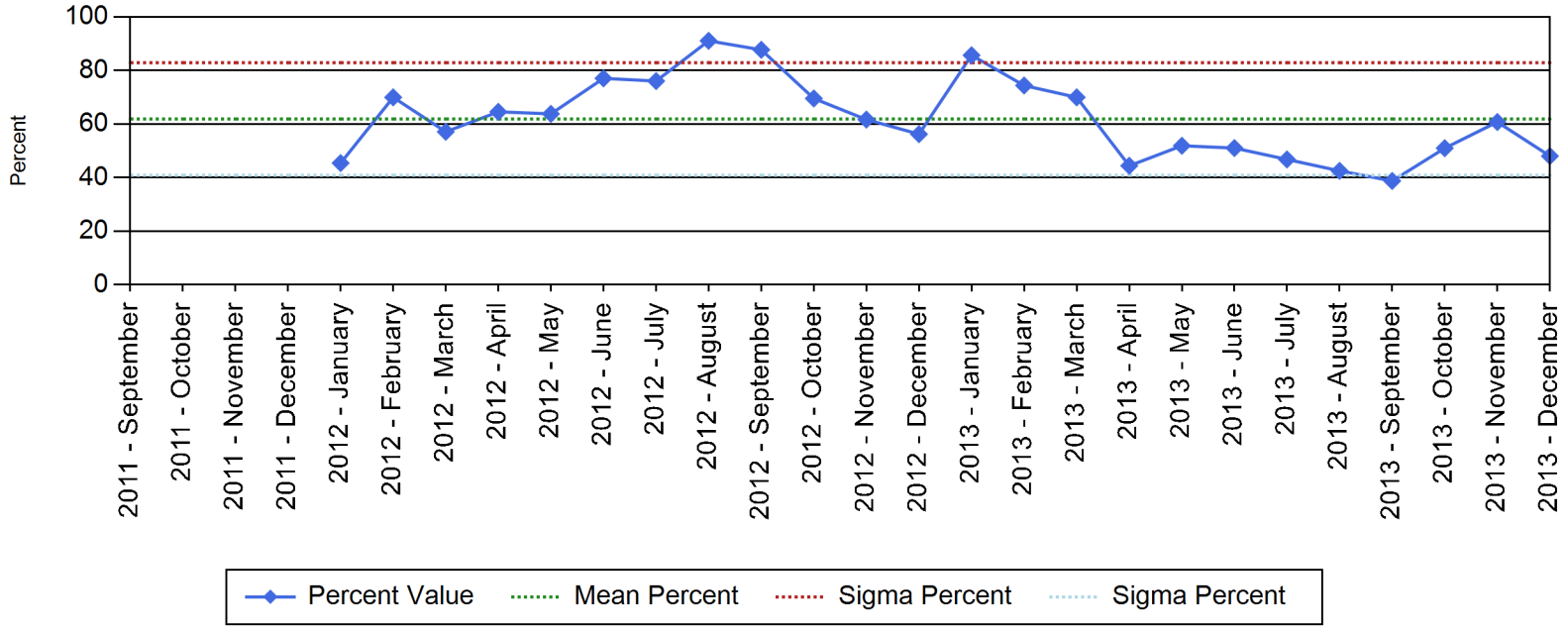
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RWHC Core Measure Program Control Chart

Immunization Measures Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1a 16250 Pneumococcal Immunization - Overall Rate



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1b 16251 Pneumococcal Immunization - Age 65 and Older

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	25	55	45.45 %
2012	2	35	50	70.00 %
2012	3	28	48	58.33 %
2012	4	27	42	64.29 %
2012	5	23	40	57.50 %
2012	6	35	45	77.78 %
2012	7	33	44	75.00 %
2012	8	39	42	92.86 %
2012	9	42	48	87.50 %
2012	10	30	42	71.43 %
2012	11	25	42	59.52 %
2012	12	24	42	57.14 %
Totals:		**366**	**540**	**67.78 %**

Year	Month	Num	Den	%
2013	1	41	48	85.42 %
2013	2	31	42	73.81 %
2013	3	22	31	70.97 %
2013	4	22	52	42.31 %
2013	5	25	50	50.00 %
2013	6	24	46	52.17 %
2013	7	22	47	46.81 %
2013	8	20	47	42.55 %
2013	9	19	49	38.78 %
2013	10	23	46	50.00 %
2013	11	30	50	60.00 %
2013	12	24	51	47.06 %
Totals:		**303**	**559**	**54.20 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1b 16251 Pneumococcal Immunization - Age 65 and Older

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	88	153	57.52 %	2013	1	94	121	77.69 %
2011	2	ND	ND	ND	2012	2	85	127	66.93 %	2013	2	71	148	47.97 %
2011	3	ND	ND	ND	2012	3	114	134	85.07 %	2013	3	61	143	42.66 %
2011	4	ND	ND	ND	2012	4	79	126	62.70 %	2013	4	77	147	52.38 %
Totals:					**Totals:**		**366**	**540**	**67.78 %**	**Totals:**		**303**	**559**	**54.20 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Immunization Measures Report

IM1b 16251 Pneumococcal Immunization - Age 65 and Older

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	4225	4744	89.06 %	91.67 %	100.00 %	45.45 %	0
2012	2	4021	4483	89.69 %	94.67 %	100.00 %	14.29 %	0
2012	3	4295	4698	91.42 %	93.33 %	100.00 %	16.67 %	0
2012	4	4506	4979	90.50 %	94.09 %	100.00 %	33.33 %	0
2013	1	4456	4832	92.22 %	95.92 %	100.00 %	25.00 %	0
2013	2	4296	4697	91.46 %	95.45 %	100.00 %	0.00 %	0
2013	3	3703	4036	91.75 %	95.80 %	100.00 %	0.00 %	0
2013	4	3771	4067	92.72 %	96.67 %	100.00 %	0.00 %	0
	Totals:	**33273**	**36536**	**91.07 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Immunization Measures Report

IM1b 16251 Pneumococcal Immunization - Age 65 and Older

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	7320	7811	93.71%	95.98%	100.00%	25.00%	75
2012	2	7055	7570	93.20%	95.00%	100.00%	25.00%	79
2012	3	7012	7455	94.06%	96.27%	100.00%	44.44%	82
2012	4	8038	8483	94.75%	95.83%	100.00%	0.00%	93
2013	1	10161	10683	95.11%	96.43%	100.00%	0.00%	127
2013	2	9481	10024	94.58%	96.83%	100.00%	22.92%	125
2013	3	9686	10294	94.09%	96.97%	100.00%	0.00%	131
2013	4	10985	11582	94.85%	97.31%	100.00%	33.33%	142
	Sum:	69738	73902	94.37%				

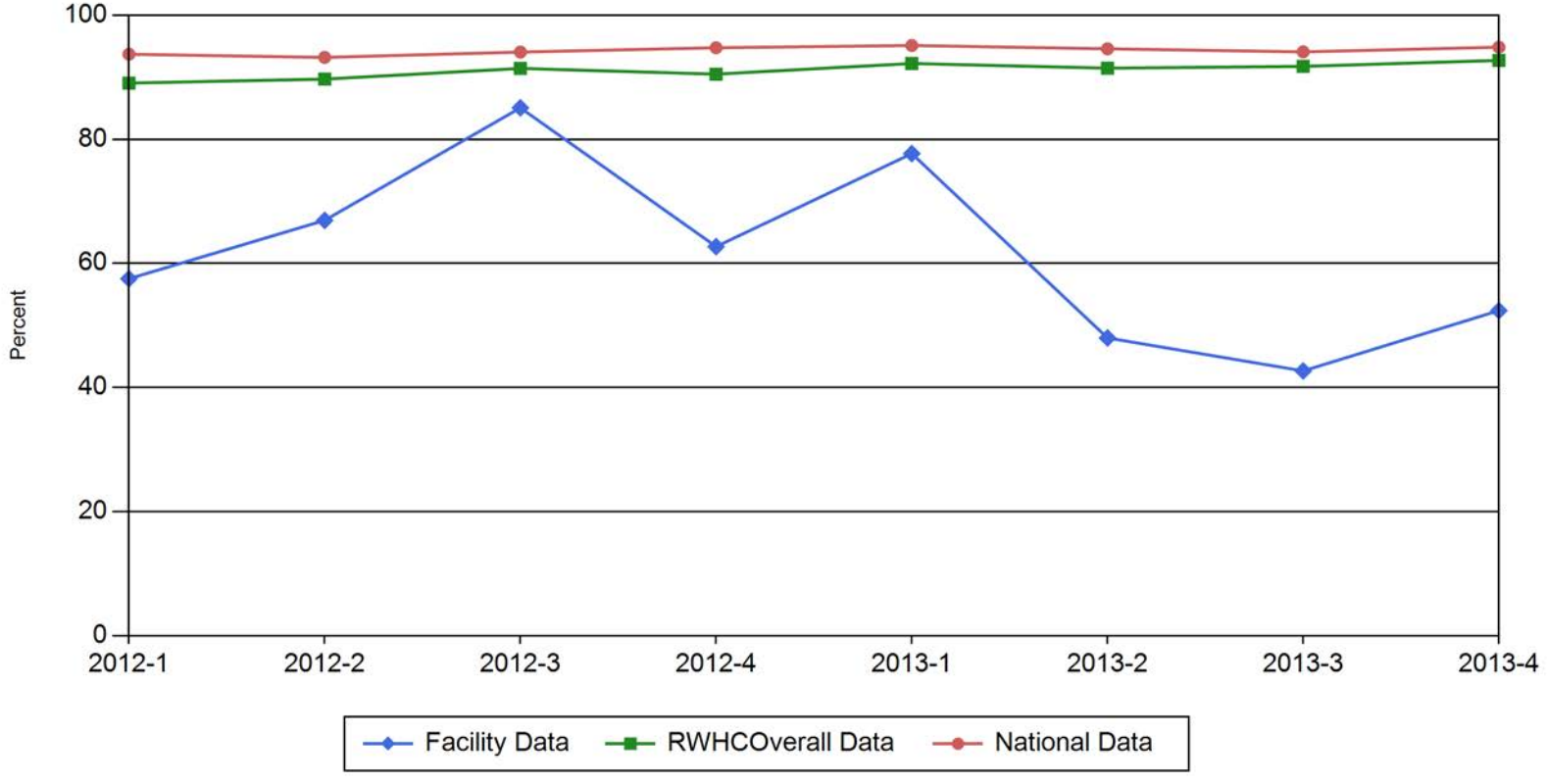
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RWHC Core Measure Program Comparison Report by Year-Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1b 16251 Pneumococcal Immunization - Age 65 and Older



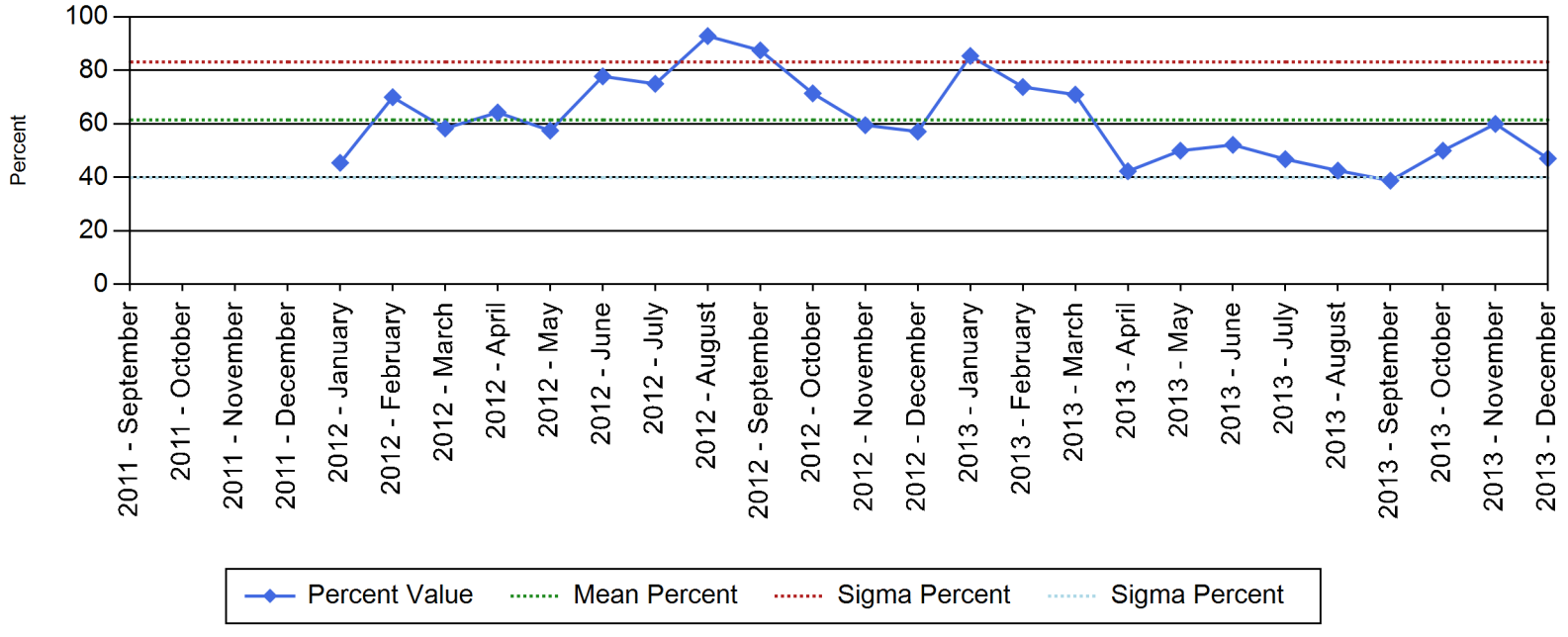
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RWHC Core Measure Program Control Chart

Immunization Measures Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1b 16251 Pneumococcal Immunization - Age 65 and Older



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	1	0.00 %
2012	4	4	6	66.67 %
2012	5	7	7	100.00 %
2012	6	2	3	66.67 %
2012	7	2	2	100.00 %
2012	8	2	3	66.67 %
2012	9	1	1	100.00 %
2012	10	2	4	50.00 %
2012	11	4	5	80.00 %
2012	12	3	6	50.00 %
Totals:		**27**	**38**	**71.05 %**

Year	Month	Num	Den	%
2013	1	1	1	100.00 %
2013	2	1	1	100.00 %
2013	3	6	9	66.67 %
2013	4	2	2	100.00 %
2013	5	2	2	100.00 %
2013	6	0	1	0.00 %
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	2	3	66.67 %
2013	11	1	1	100.00 %
2013	12	1	1	100.00 %
Totals:		**16**	**21**	**76.19 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	0	1	0.00 %	2013	1	8	11	72.73 %
2011	2	ND	ND	ND	2012	2	13	16	81.25 %	2013	2	4	5	80.00 %
2011	3	ND	ND	ND	2012	3	5	6	83.33 %	2013	3	0	0	ND
2011	4	ND	ND	ND	2012	4	9	15	60.00 %	2013	4	4	5	80.00 %
Totals:					**Totals:**		**27**	**38**	**71.05 %**	**Totals:**		**16**	**21**	**76.19 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Immunization Measures Report

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	1005	1260	79.76 %	83.33 %	100.00 %	0.00 %	0
2012	2	903	1158	77.98 %	80.91 %	100.00 %	0.00 %	0
2012	3	989	1275	77.57 %	80.00 %	100.00 %	0.00 %	0
2012	4	1047	1300	80.54 %	85.71 %	100.00 %	0.00 %	0
2013	1	1056	1263	83.61 %	88.89 %	100.00 %	0.00 %	0
2013	2	1033	1215	85.02 %	94.19 %	100.00 %	0.00 %	0
2013	3	921	1062	86.72 %	94.88 %	100.00 %	0.00 %	0
2013	4	904	1030	87.77 %	98.48 %	100.00 %	0.00 %	0
	Totals:	**7858**	**9563**	**82.17 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Immunization Measures Report

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	2193	2783	78.80%	85.48%	100.00%	0.00%	79
2012	2	2290	2877	79.60%	81.74%	100.00%	0.00%	83
2012	3	2503	3123	80.15%	83.77%	100.00%	0.00%	88
2012	4	2928	3378	86.68%	87.71%	100.00%	0.00%	97
2013	1	3797	4410	86.10%	89.74%	100.00%	0.00%	135
2013	2	3853	4483	85.95%	89.29%	100.00%	0.00%	134
2013	3	3753	4357	86.14%	90.16%	100.00%	0.00%	136
2013	4	4504	5155	87.37%	91.30%	100.00%	0.00%	151
	Sum:	25821	30566	84.48%				

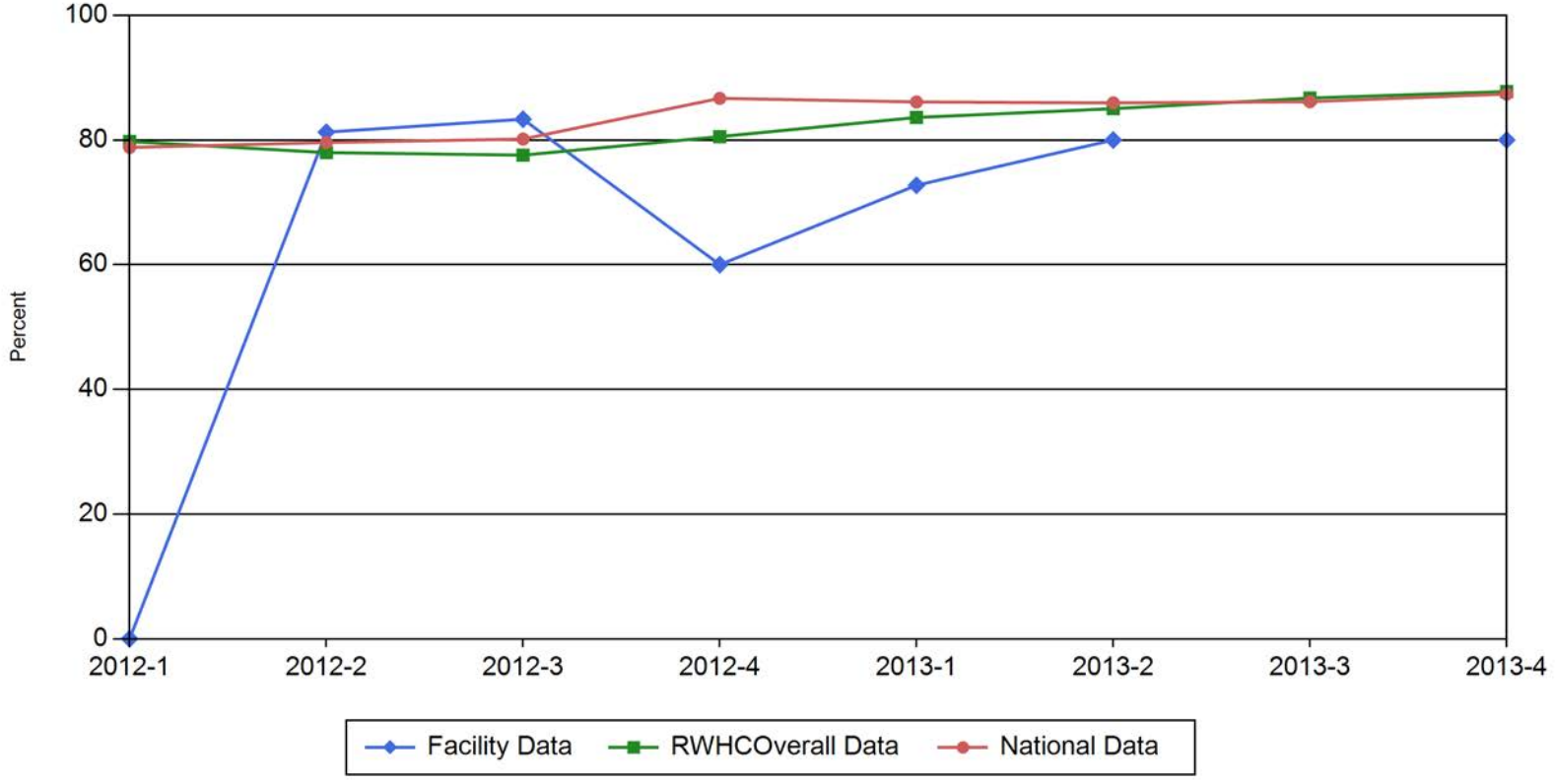
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RWHC Core Measure Program Comparison Report by Year-Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)



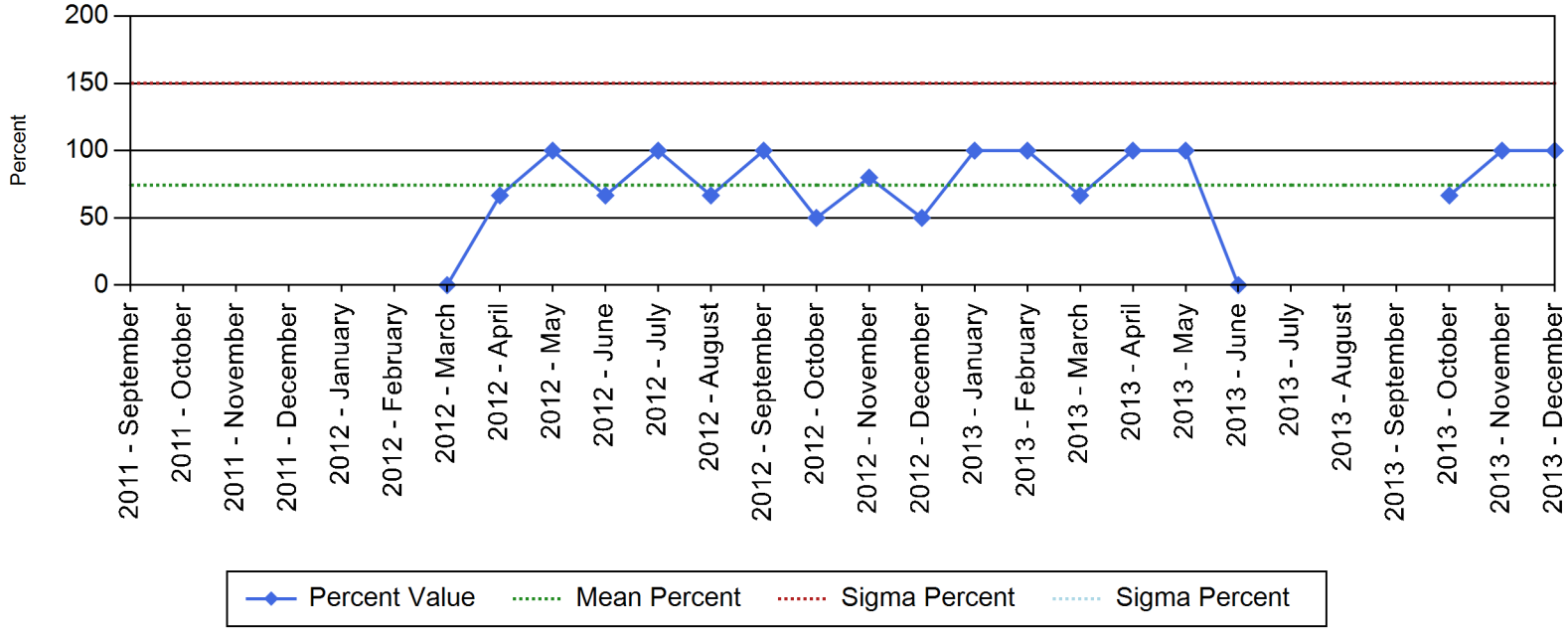
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RWHC Core Measure Program Control Chart

Immunization Measures Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)



For presentation purposes, Y-axis may not start at 0.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM2a 16253 Influenza Immunization

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	34	55	61.82 %
2012	2	38	49	77.55 %
2012	3	35	49	71.43 %
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	37	50	74.00 %
2012	11	33	51	64.71 %
2012	12	37	49	75.51 %
Totals:		**214**	**303**	**70.63 %**

Year	Month	Num	Den	%
2013	1	44	51	86.27 %
2013	2	43	48	89.58 %
2013	3	34	49	69.39 %
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	33	52	63.46 %
2013	11	37	53	69.81 %
2013	12	33	52	63.46 %
Totals:		**224**	**305**	**73.44 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM2a 16253 Influenza Immunization

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	107	153	69.93 %	2013	1	121	148	81.76 %
2011	2	ND	ND	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	ND	ND	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	ND	ND	ND	2012	4	107	150	71.33 %	2013	4	103	157	65.61 %
Totals:					**Totals:**		**214**	**303**	**70.63 %**	**Totals:**		**224**	**305**	**73.44 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Immunization Measures Report

IM2a 16253 Influenza Immunization

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	7793	9304	83.76 %	89.04 %	100.00 %	14.81 %	158
2013	1	8100	9064	89.36 %	93.75 %	100.00 %	12.50 %	159
2013	2	0	0					0
2013	3	0	0					0
2013	4	6949	7773	89.40 %	93.02 %	100.00 %	14.71 %	165
2014	1	7644	8401	90.99 %	96.12 %	100.00 %	8.33 %	164
2014	2	0	0					0
2014	3	0	0					0
2014	4	7038	7879	89.33 %	93.70 %	100.00 %	13.33 %	158
2015	1	8352	9114	91.64 %	95.82 %	100.00 %	5.71 %	182
2015	2	0	0					0
2015	3	0	0					0
2015	4	8046	8921	90.19 %	94.06 %	100.00 %	20.69 %	189
2016	1	9310	10122	91.98 %	96.00 %	100.00 %	36.11 %	197
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**63232**	**70578**	**89.59 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Immunization Measures Report

IM2a 16253 Influenza Immunization

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	14496	17339	83.60%	89.03%	99.57%	19.43%	80
2012	4	17865	20160	88.62%	90.06%	100.00%	36.70%	97
2013	1	23497	26071	90.13%	93.75%	100.00%	23.66%	137
2013	4	23233	26061	89.15%	93.05%	100.00%	20.28%	142
2014	1	188464	196485	95.92%	98.41%	100.00%	10.61%	940
2014	4	191999	203099	94.53%	97.33%	100.00%	21.82%	976
2015	1	611789	644335	94.95%	97.93%	100.00%	3.33%	2730
2015	4	601169	645166	93.18%	96.66%	100.00%	4.00%	2760
	Sum:	1672512	1778716	94.03%				

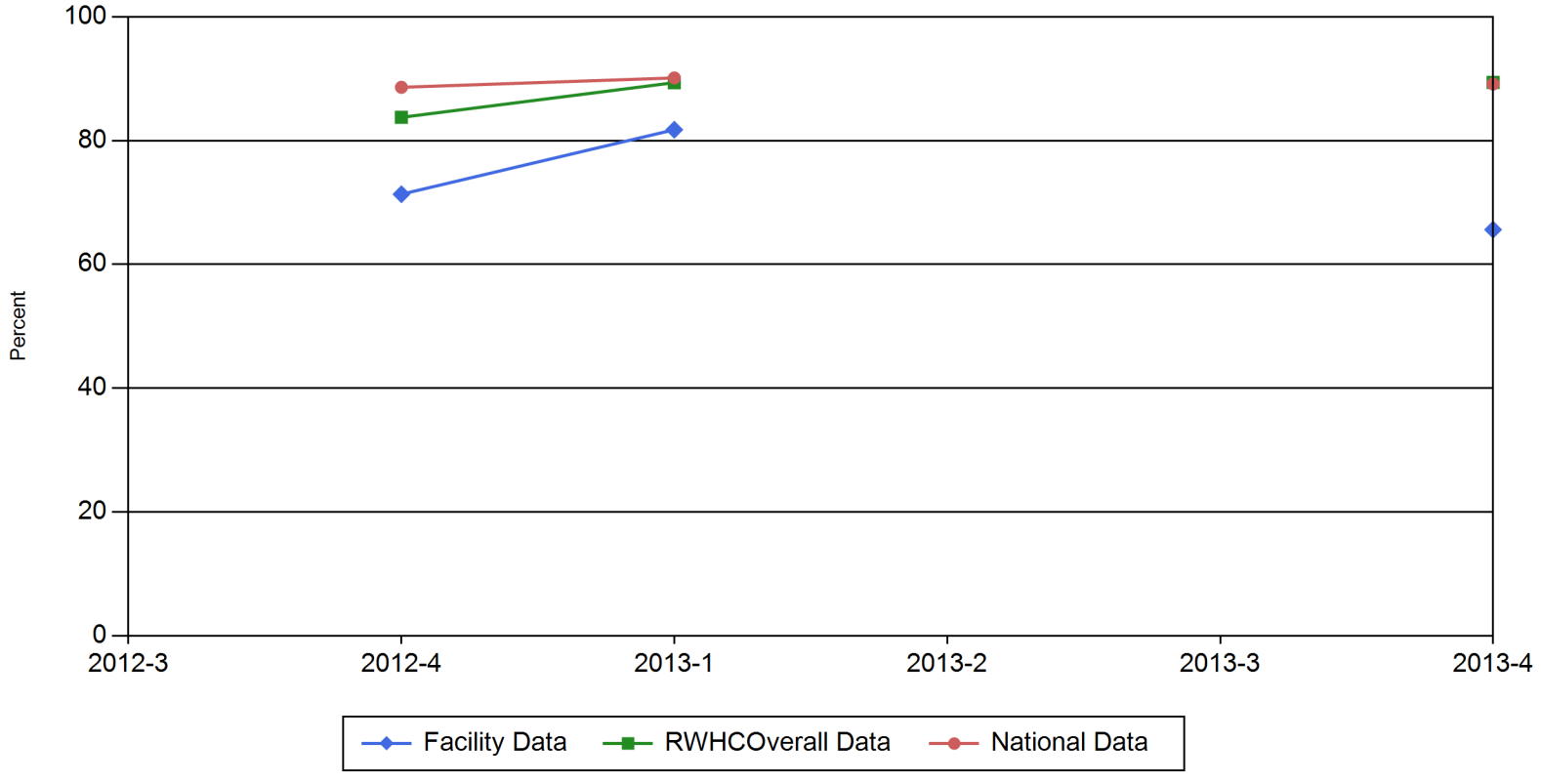
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RWHC Core Measure Program Comparison Report by Year-Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM2a 16253 Influenza Immunization



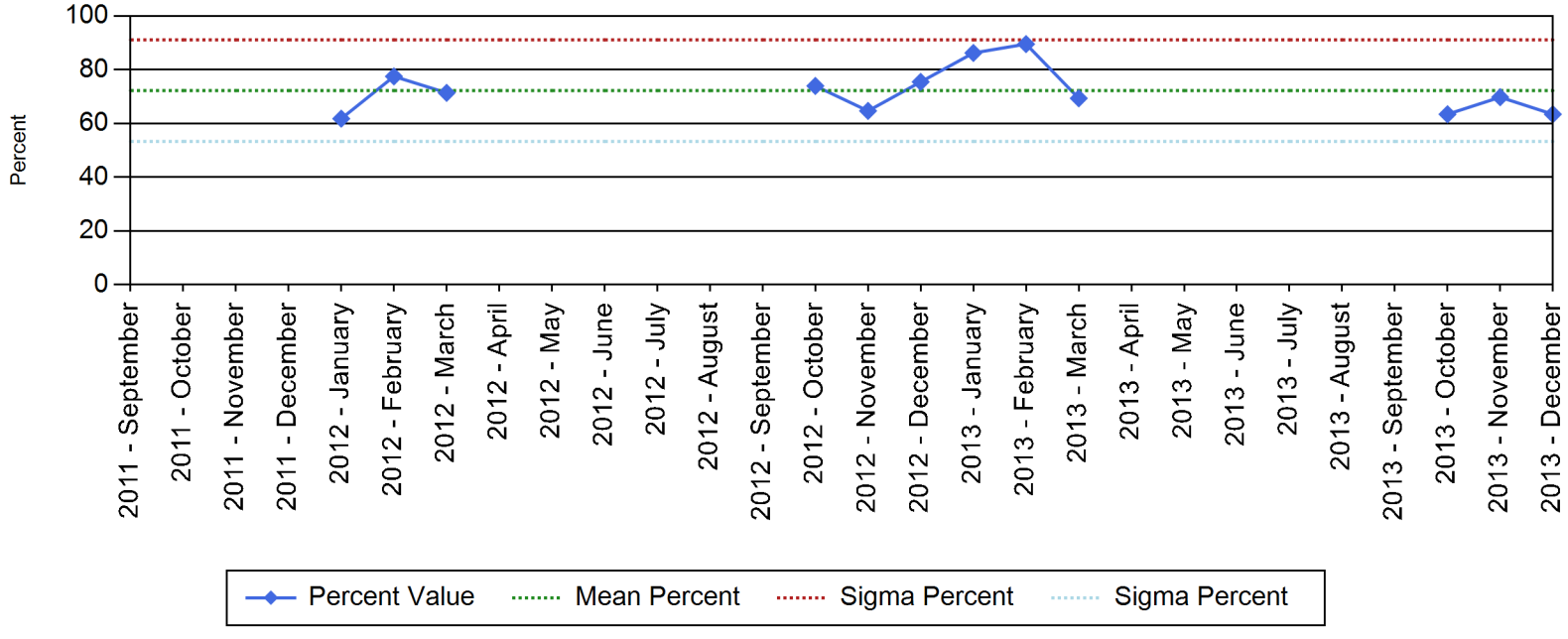
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RWHC Core Measure Program Control Chart

Immunization Measures Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM2a 16253 Influenza Immunization



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RWHC Quality Indicators Program
Pneumonia Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU

Year	Month	Num	Den	%
2011	1	0	1	0.00 %
2011	2	0	0	ND
2011	3	2	2	100.00 %
2011	4	0	0	ND
2011	5	1	1	100.00 %
2011	6	1	1	100.00 %
2011	7	0	0	ND
2011	8	1	1	100.00 %
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	1	1	100.00 %
2011	12	1	1	100.00 %
	Totals:	**7**	**8**	**87.50 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	1	1	100.00 %
2012	11	1	1	100.00 %
2012	12	0	0	ND
	Totals:	**2**	**2**	**100.00 %**

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	1	1	100.00 %
2013	3	0	0	ND
2013	4	2	2	100.00 %
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
	Totals:	**3**	**3**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	2	3	66.67 %	2012	1	0	0	ND	2013	1	1	1	100.00 %
2011	2	2	2	100.00 %	2012	2	0	0	ND	2013	2	2	2	100.00 %
2011	3	1	1	100.00 %	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	2	2	100.00 %	2012	4	2	2	100.00 %	2013	4	0	0	ND
Totals:		**7**	**8**	**87.50 %**	**Totals:**		**2**	**2**	**100.00 %**	**Totals:**		**3**	**3**	**100.00 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Pneumonia Report

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	8	9	88.89 %	100.00 %	100.00 %	0.00 %	8
2012	4	45	51	88.24 %	100.00 %	100.00 %	0.00 %	39
2013	1	48	64	75.00 %	100.00 %	100.00 %	0.00 %	44
2013	2	46	55	83.64 %	100.00 %	100.00 %	0.00 %	39
2013	3	26	36	72.22 %	100.00 %	100.00 %	0.00 %	29
2013	4	49	60	81.67 %	100.00 %	100.00 %	0.00 %	37
2014	1	75	81	92.59 %	100.00 %	100.00 %	0.00 %	51
2014	2	42	46	91.30 %	100.00 %	100.00 %	0.00 %	32
2014	3	32	38	84.21 %	100.00 %	100.00 %	0.00 %	27
2014	4	36	38	94.74 %	100.00 %	100.00 %	0.00 %	27
2015	1	7	9	77.78 %	100.00 %	100.00 %	0.00 %	7
2015	2	4	5	80.00 %	100.00 %	100.00 %	0.00 %	4
2015	3	5	6	83.33 %	100.00 %	100.00 %	0.00 %	4
2015	4	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**425**	**500**	**85.00 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Pneumonia Report

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	767	896	85.60%	100.00%	100.00%	0.00%	222
2011	2	484	568	85.21%	100.00%	100.00%	0.00%	179
2011	3	320	376	85.11%	100.00%	100.00%	0.00%	147
2011	4	421	489	86.09%	100.00%	100.00%	0.00%	144
2012	1	3	3	100.00%	100.00%	100.00%	100.00%	1
2013	1	9133	9901	92.24%	100.00%	100.00%	0.00%	2327
2013	2	6887	7441	92.55%	100.00%	100.00%	0.00%	2172
2013	3	5492	5904	93.02%	100.00%	100.00%	0.00%	2081
2013	4	7332	7810	93.88%	100.00%	100.00%	0.00%	2187
2014	1	9497	10118	93.86%	100.00%	100.00%	0.00%	2306
2014	2	7056	7512	93.93%	100.00%	100.00%	0.00%	2190
2014	3	5568	5942	93.71%	100.00%	100.00%	0.00%	2040
2014	4	6939	7408	93.67%	100.00%	100.00%	0.00%	2182
	Sum:	59899	64368	93.06%				

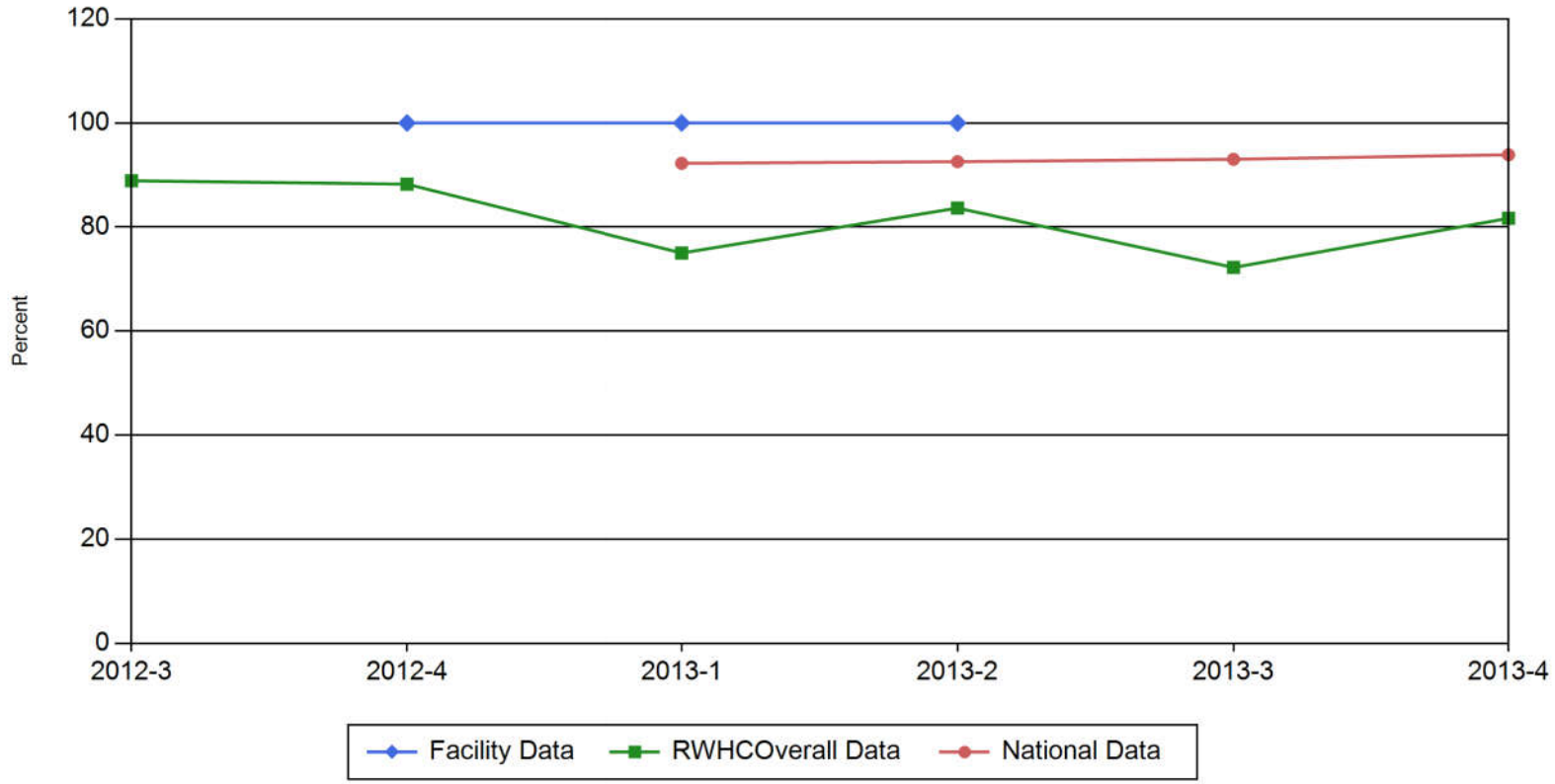
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RWHC Core Measure Program Comparison Report by Year-Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU



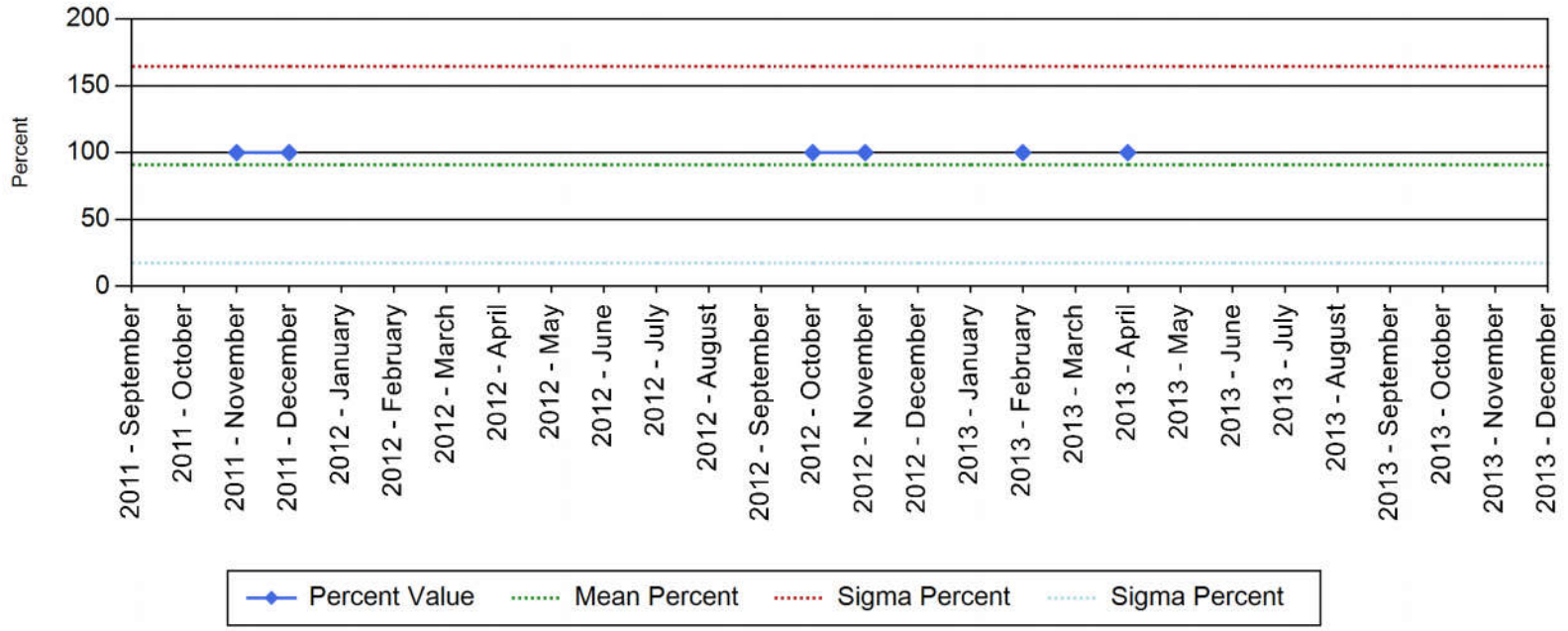
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RWHC Core Measure Program Control Chart

Pneumonia Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU

Year	Month	Num	Den	%
2011	1	2	2	100.00 %
2011	2	5	6	83.33 %
2011	3	6	8	75.00 %
2011	4	2	2	100.00 %
2011	5	4	4	100.00 %
2011	6	7	7	100.00 %
2011	7	4	4	100.00 %
2011	8	4	4	100.00 %
2011	9	4	4	100.00 %
2011	10	2	2	100.00 %
2011	11	7	8	87.50 %
2011	12	3	4	75.00 %
	Totals:	**50**	**55**	**90.91 %**

Year	Month	Num	Den	%
2012	1	3	5	60.00 %
2012	2	5	8	62.50 %
2012	3	3	6	50.00 %
2012	4	3	3	100.00 %
2012	5	5	8	62.50 %
2012	6	3	3	100.00 %
2012	7	2	2	100.00 %
2012	8	1	1	100.00 %
2012	9	4	5	80.00 %
2012	10	5	6	83.33 %
2012	11	1	1	100.00 %
2012	12	1	1	100.00 %
	Totals:	**36**	**49**	**73.47 %**

Year	Month	Num	Den	%
2013	1	2	4	50.00 %
2013	2	4	4	100.00 %
2013	3	3	3	100.00 %
2013	4	4	5	80.00 %
2013	5	2	2	100.00 %
2013	6	1	1	100.00 %
2013	7	2	2	100.00 %
2013	8	3	4	75.00 %
2013	9	3	3	100.00 %
2013	10	4	5	80.00 %
2013	11	2	3	66.67 %
2013	12	2	2	100.00 %
	Totals:	**32**	**38**	**84.21 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	13	16	81.25 %	2012	1	11	19	57.89 %	2013	1	9	11	81.82 %
2011	2	13	13	100.00 %	2012	2	11	14	78.57 %	2013	2	7	8	87.50 %
2011	3	12	12	100.00 %	2012	3	7	8	87.50 %	2013	3	8	9	88.89 %
2011	4	12	14	85.71 %	2012	4	7	8	87.50 %	2013	4	8	10	80.00 %
Totals:		**50**	**55**	**90.91 %**	**Totals:**		**36**	**49**	**73.47 %**	**Totals:**		**32**	**38**	**84.21 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Pneumonia Report

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	148	166	89.16 %	100.00 %	100.00 %	0.00 %	69
2012	4	694	761	91.20 %	100.00 %	100.00 %	0.00 %	240
2013	1	759	838	90.57 %	100.00 %	100.00 %	0.00 %	236
2013	2	631	688	91.72 %	100.00 %	100.00 %	0.00 %	223
2013	3	449	492	91.26 %	100.00 %	100.00 %	0.00 %	209
2013	4	657	724	90.75 %	100.00 %	100.00 %	0.00 %	236
2014	1	797	865	92.14 %	100.00 %	100.00 %	0.00 %	237
2014	2	703	748	93.98 %	100.00 %	100.00 %	0.00 %	229
2014	3	542	591	91.71 %	100.00 %	100.00 %	0.00 %	226
2014	4	634	680	93.24 %	100.00 %	100.00 %	0.00 %	219
2015	1	194	221	87.78 %	100.00 %	100.00 %	0.00 %	56
2015	2	153	167	91.62 %	100.00 %	100.00 %	40.00 %	51
2015	3	107	124	86.29 %	100.00 %	100.00 %	0.00 %	40
2015	4	107	114	93.86 %	100.00 %	100.00 %	0.00 %	40
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**6575**	**7179**	**91.59 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Pneumonia Report

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	77030	80186	96.06%	97.96%	100.00%	0.00%	2810
2011	2	61513	63981	96.14%	100.00%	100.00%	0.00%	2798
2011	3	47024	48845	96.27%	100.00%	100.00%	0.00%	2792
2011	4	61099	63552	96.14%	100.00%	100.00%	0.00%	2806
2012	1	70363	73055	96.32%	100.00%	100.00%	0.00%	2812
2012	2	55872	57944	96.42%	100.00%	100.00%	0.00%	2810
2012	3	46842	48556	96.47%	100.00%	100.00%	0.00%	2755
2012	4	61595	63679	96.73%	100.00%	100.00%	0.00%	2765
2013	1	72047	74283	96.99%	100.00%	100.00%	0.00%	2755
2013	2	56715	58499	96.95%	100.00%	100.00%	0.00%	2735
2013	3	44920	46341	96.93%	100.00%	100.00%	0.00%	2731
2013	4	54927	56594	97.05%	100.00%	100.00%	0.00%	2699
2014	1	68316	70220	97.29%	100.00%	100.00%	0.00%	2734
2014	2	56158	57669	97.38%	100.00%	100.00%	0.00%	2739
2014	3	46126	47335	97.45%	100.00%	100.00%	0.00%	2737
2014	4	58325	59930	97.32%	100.00%	100.00%	0.00%	2770
	Sum:	938872	970669	96.72%				

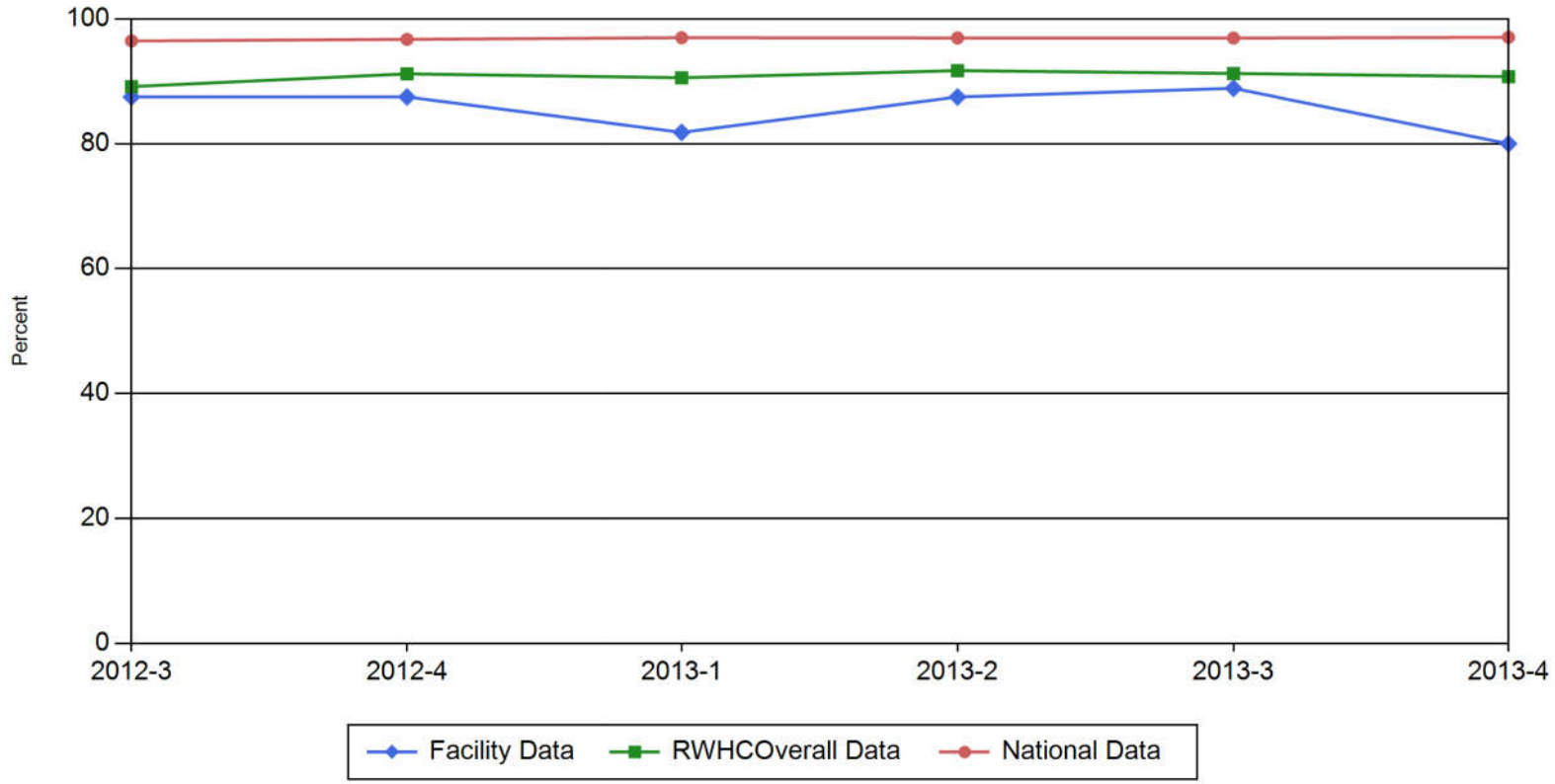
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU



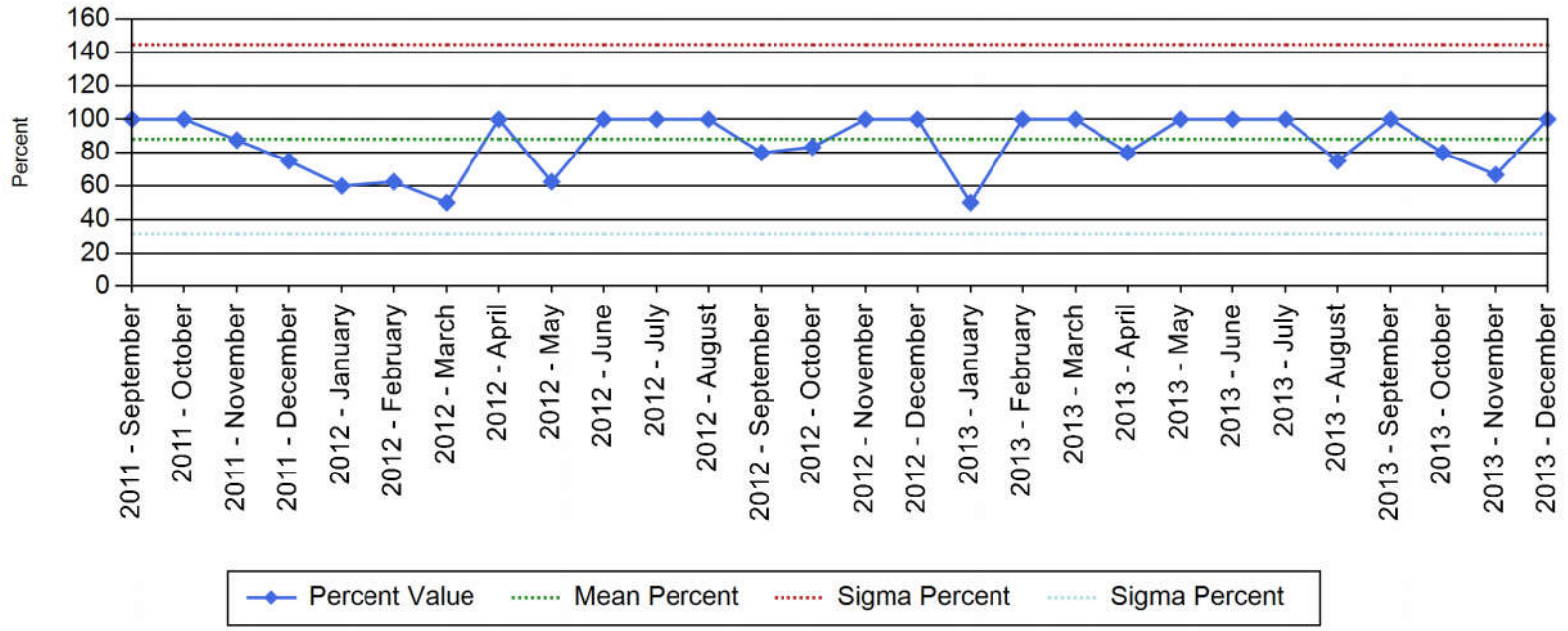
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RWHC Core Measure Program Control Chart

Pneumonia Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU



For presentation purposes, Y-axis may not start at 0.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival

Year	Month	Num	Den	%
2011	1	1	1	100.00 %
2011	2	0	0	ND
2011	3	2	2	100.00 %
2011	4	1	1	100.00 %
2011	5	1	1	100.00 %
2011	6	2	2	100.00 %
2011	7	1	2	50.00 %
2011	8	2	2	100.00 %
2011	9	1	1	100.00 %
2011	10	1	1	100.00 %
2011	11	1	1	100.00 %
2011	12	2	2	100.00 %
	Totals:	**15**	**16**	**93.75 %**

Year	Month	Num	Den	%
2012	1	2	2	100.00 %
2012	2	0	0	ND
2012	3	1	1	100.00 %
2012	4	0	0	ND
2012	5	0	1	0.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	2	2	100.00 %
2012	9	0	0	ND
2012	10	3	3	100.00 %
2012	11	4	4	100.00 %
2012	12	0	0	ND
	Totals:	**12**	**13**	**92.31 %**

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	1	1	100.00 %
2013	3	0	0	ND
2013	4	2	2	100.00 %
2013	5	1	1	100.00 %
2013	6	0	0	ND
2013	7	1	1	100.00 %
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	1	1	100.00 %
2013	11	0	0	ND
2013	12	0	0	ND
	Totals:	**6**	**6**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	3	3	100.00 %	2012	1	3	3	100.00 %	2013	1	1	1	100.00 %
2011	2	4	4	100.00 %	2012	2	0	1	0.00 %	2013	2	3	3	100.00 %
2011	3	4	5	80.00 %	2012	3	2	2	100.00 %	2013	3	1	1	100.00 %
2011	4	4	4	100.00 %	2012	4	7	7	100.00 %	2013	4	1	1	100.00 %
Totals:		**15**	**16**	**93.75 %**	**Totals:**		**12**	**13**	**92.31 %**	**Totals:**		**6**	**6**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Pneumonia Report

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	140	148	94.59 %	100.00 %	100.00 %	0.00 %	0
2011	2	129	132	97.73 %	100.00 %	100.00 %	0.00 %	0
2011	3	94	105	89.52 %	100.00 %	100.00 %	0.00 %	0
2011	4	141	149	94.63 %	100.00 %	100.00 %	0.00 %	0
2012	1	165	176	93.75 %	100.00 %	100.00 %	0.00 %	0
2012	2	103	116	88.79 %	100.00 %	100.00 %	0.00 %	0
2012	3	106	114	92.98 %	100.00 %	100.00 %	0.00 %	0
2012	4	126	137	91.97 %	100.00 %	100.00 %	0.00 %	0
2013	1	148	159	93.08 %	100.00 %	100.00 %	0.00 %	0
2013	2	110	115	95.65 %	100.00 %	100.00 %	0.00 %	0
2013	3	82	86	95.35 %	100.00 %	100.00 %	0.00 %	0
2013	4	120	130	92.31 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**1464**	**1567**	**93.43 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Pneumonia Report

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	29958	30715	97.54%	100.00%	100.00%	0.00%	2632
2011	2	25180	25723	97.89%	100.00%	100.00%	0.00%	2599
2011	3	20673	21136	97.81%	100.00%	100.00%	0.00%	2585
2011	4	24688	25191	98.00%	100.00%	100.00%	0.00%	2598
2012	1	28150	28672	98.18%	100.00%	100.00%	0.00%	2629
2012	2	23924	24365	98.19%	100.00%	100.00%	0.00%	2612
2012	3	20550	20909	98.28%	100.00%	100.00%	0.00%	2537
2012	4	25388	25841	98.25%	100.00%	100.00%	0.00%	2564
2013	1	30611	31149	98.27%	100.00%	100.00%	0.00%	2580
2013	2	24628	25024	98.42%	100.00%	100.00%	0.00%	2536
2013	3	21013	21319	98.56%	100.00%	100.00%	0.00%	2532
2013	4	24417	24781	98.53%	100.00%	100.00%	0.00%	2515
2014	1	28917	29355	98.51%	100.00%	100.00%	0.00%	2557
2014	2	24031	24437	98.34%	100.00%	100.00%	0.00%	2527
2014	3	20808	21167	98.30%	100.00%	100.00%	0.00%	2506
2014	4	24176	24617	98.21%	100.00%	100.00%	0.00%	2549
	Sum:	397112	404401	98.20%				

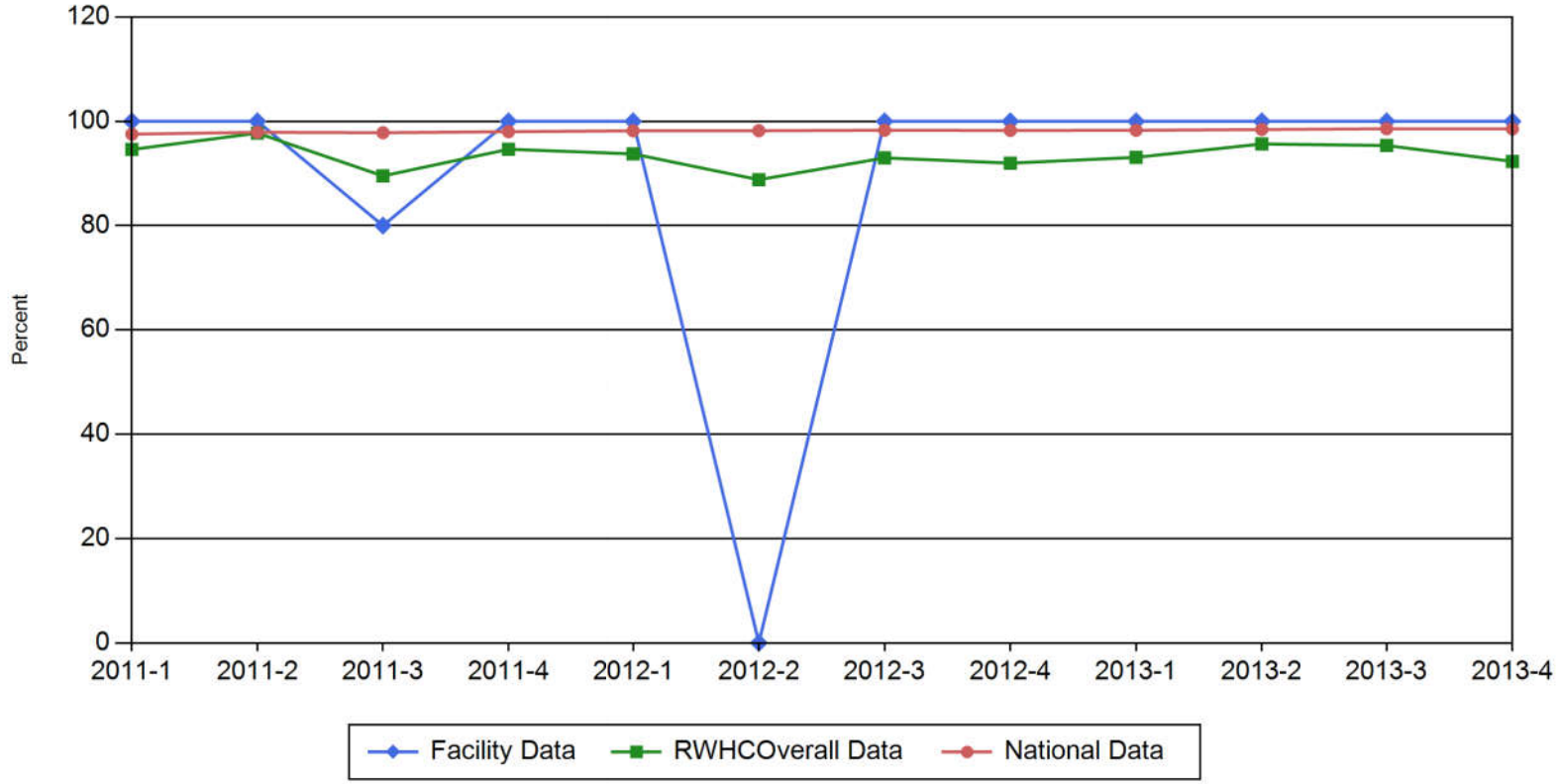
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival



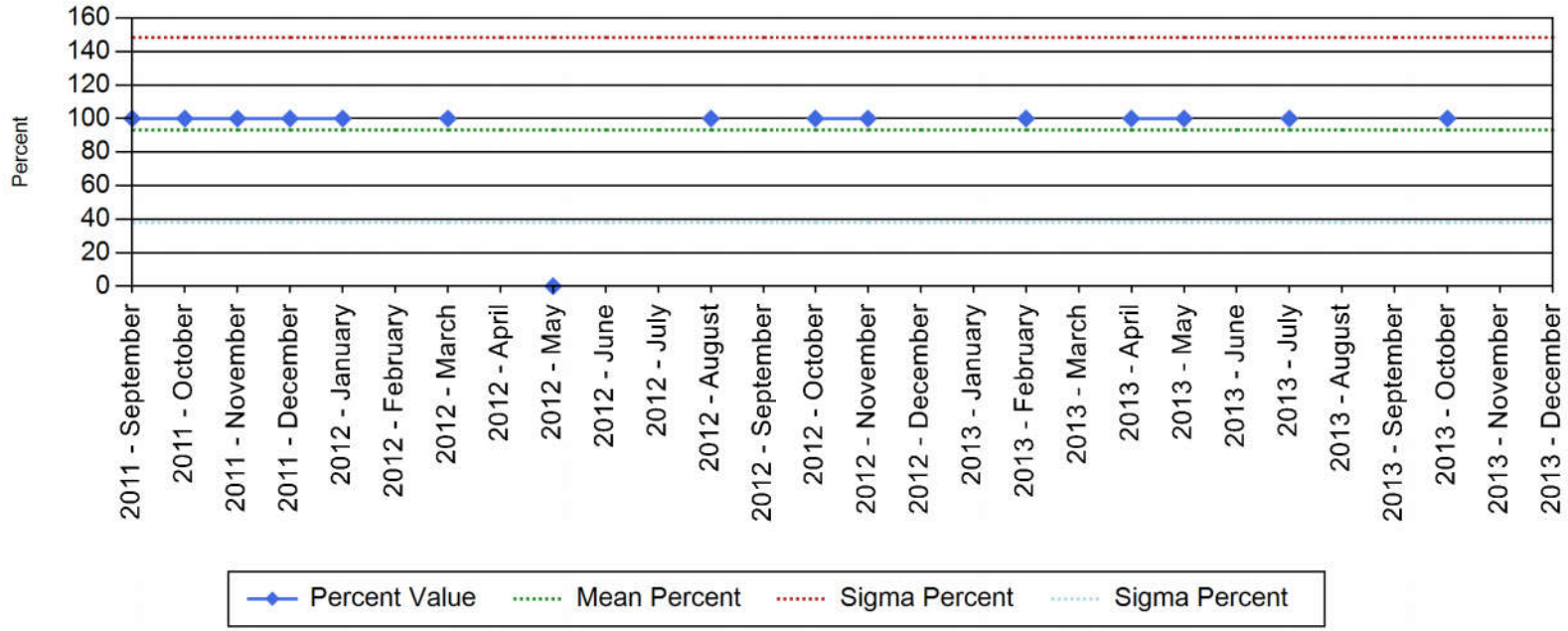
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RWHC Core Measure Program Control Chart

Pneumonia Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival



For presentation purposes, Y-axis may not start at 0.

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A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital

Year	Month	Num	Den	%
2011	1	3	3	100.00 %
2011	2	5	6	83.33 %
2011	3	6	6	100.00 %
2011	4	6	6	100.00 %
2011	5	5	6	83.33 %
2011	6	6	6	100.00 %
2011	7	5	5	100.00 %
2011	8	4	5	80.00 %
2011	9	3	3	100.00 %
2011	10	2	2	100.00 %
2011	11	9	10	90.00 %
2011	12	11	11	100.00 %
	Totals:	**65**	**69**	**94.20 %**

Year	Month	Num	Den	%
2012	1	7	9	77.78 %
2012	2	8	8	100.00 %
2012	3	10	10	100.00 %
2012	4	2	3	66.67 %
2012	5	4	4	100.00 %
2012	6	1	2	50.00 %
2012	7	5	5	100.00 %
2012	8	5	5	100.00 %
2012	9	6	6	100.00 %
2012	10	8	10	80.00 %
2012	11	3	4	75.00 %
2012	12	1	1	100.00 %
	Totals:	**60**	**67**	**89.55 %**

Year	Month	Num	Den	%
2013	1	3	3	100.00 %
2013	2	6	7	85.71 %
2013	3	3	5	60.00 %
2013	4	5	8	62.50 %
2013	5	1	2	50.00 %
2013	6	0	2	0.00 %
2013	7	2	4	50.00 %
2013	8	4	6	66.67 %
2013	9	1	3	33.33 %
2013	10	4	5	80.00 %
2013	11	3	5	60.00 %
2013	12	0	2	0.00 %
	Totals:	**32**	**52**	**61.54 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	14	15	93.33 %	2012	1	25	27	92.59 %	2013	1	12	15	80.00 %
2011	2	17	18	94.44 %	2012	2	7	9	77.78 %	2013	2	6	12	50.00 %
2011	3	12	13	92.31 %	2012	3	16	16	100.00 %	2013	3	7	13	53.85 %
2011	4	22	23	95.65 %	2012	4	12	15	80.00 %	2013	4	7	12	58.33 %
Totals:		**65**	**69**	**94.20 %**	**Totals:**		**60**	**67**	**89.55 %**	**Totals:**		**32**	**52**	**61.54 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Pneumonia Report

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	961	1015	94.68 %	100.00 %	100.00 %	0.00 %	0
2011	2	872	928	93.97 %	100.00 %	100.00 %	0.00 %	0
2011	3	654	679	96.32 %	100.00 %	100.00 %	0.00 %	0
2011	4	865	905	95.58 %	100.00 %	100.00 %	0.00 %	0
2012	1	997	1044	95.50 %	100.00 %	100.00 %	0.00 %	0
2012	2	762	789	96.58 %	100.00 %	100.00 %	0.00 %	0
2012	3	692	719	96.24 %	100.00 %	100.00 %	0.00 %	0
2012	4	914	968	94.42 %	100.00 %	100.00 %	0.00 %	0
2013	1	1037	1091	95.05 %	100.00 %	100.00 %	0.00 %	0
2013	2	859	902	95.23 %	100.00 %	100.00 %	0.00 %	0
2013	3	682	714	95.52 %	100.00 %	100.00 %	0.00 %	0
2013	4	882	937	94.13 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**10177**	**10691**	**95.19 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Pneumonia Report

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	134040	138487	96.79%	98.13%	100.00%	0.00%	2806
2011	2	113752	117054	97.18%	98.89%	100.00%	0.00%	2789
2011	3	91611	94097	97.36%	100.00%	100.00%	0.00%	2787
2011	4	111763	114813	97.34%	100.00%	100.00%	20.00%	2797
2012	1	127579	130686	97.62%	99.43%	100.00%	0.00%	2803
2012	2	106113	108527	97.78%	100.00%	100.00%	50.00%	2803
2012	3	91111	93110	97.85%	100.00%	100.00%	0.00%	2754
2012	4	112428	114950	97.81%	100.00%	100.00%	0.00%	2759
2013	1	132927	135744	97.92%	100.00%	100.00%	0.00%	2745
2013	2	107783	109871	98.10%	100.00%	100.00%	39.29%	2730
2013	3	89566	91238	98.17%	100.00%	100.00%	0.00%	2734
2013	4	103157	105184	98.07%	100.00%	100.00%	0.00%	2691
	Sum:	1321830	1353761	97.64%				

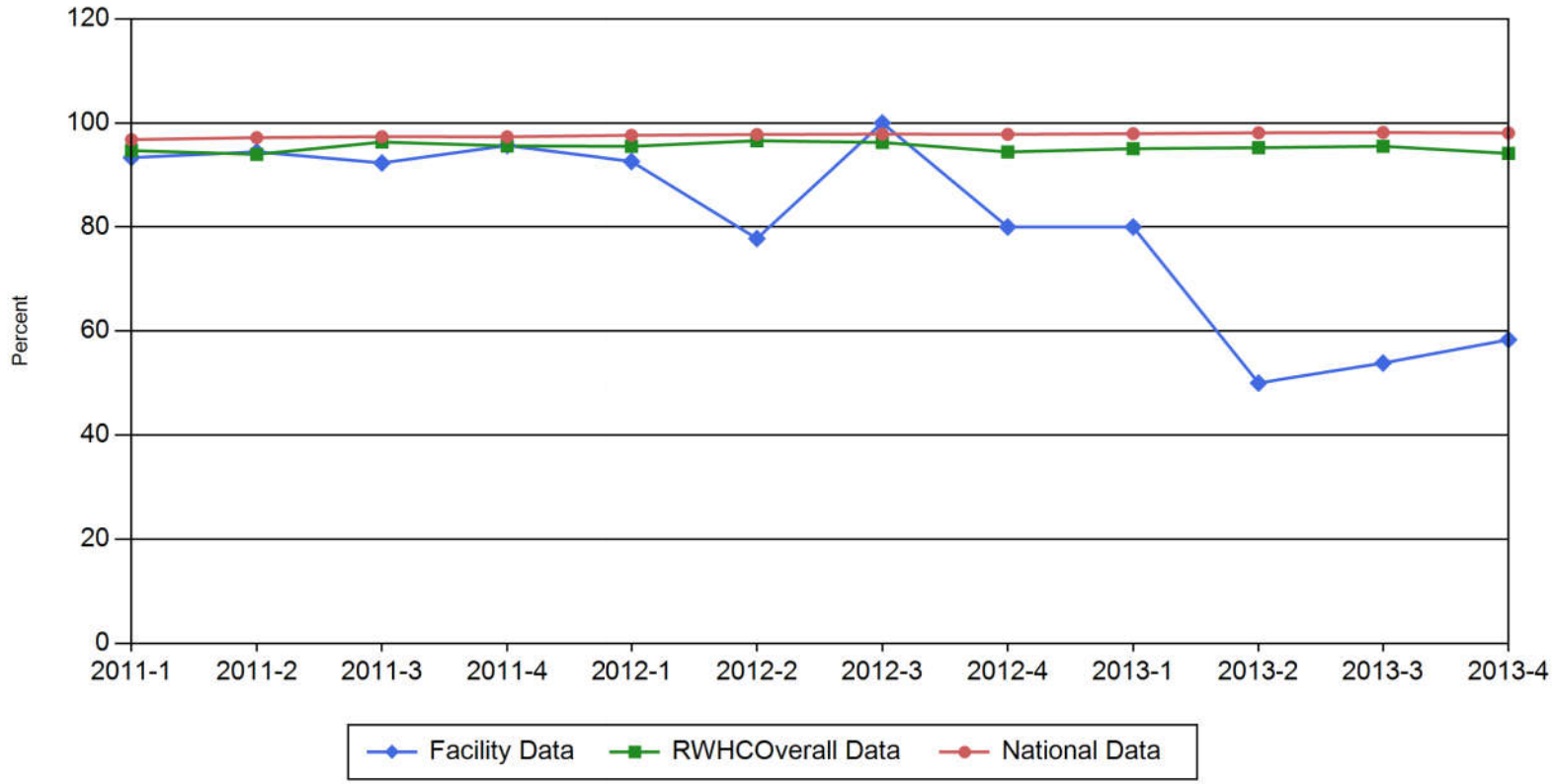
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RWHC Core Measure Program Comparison Report by Year-Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital



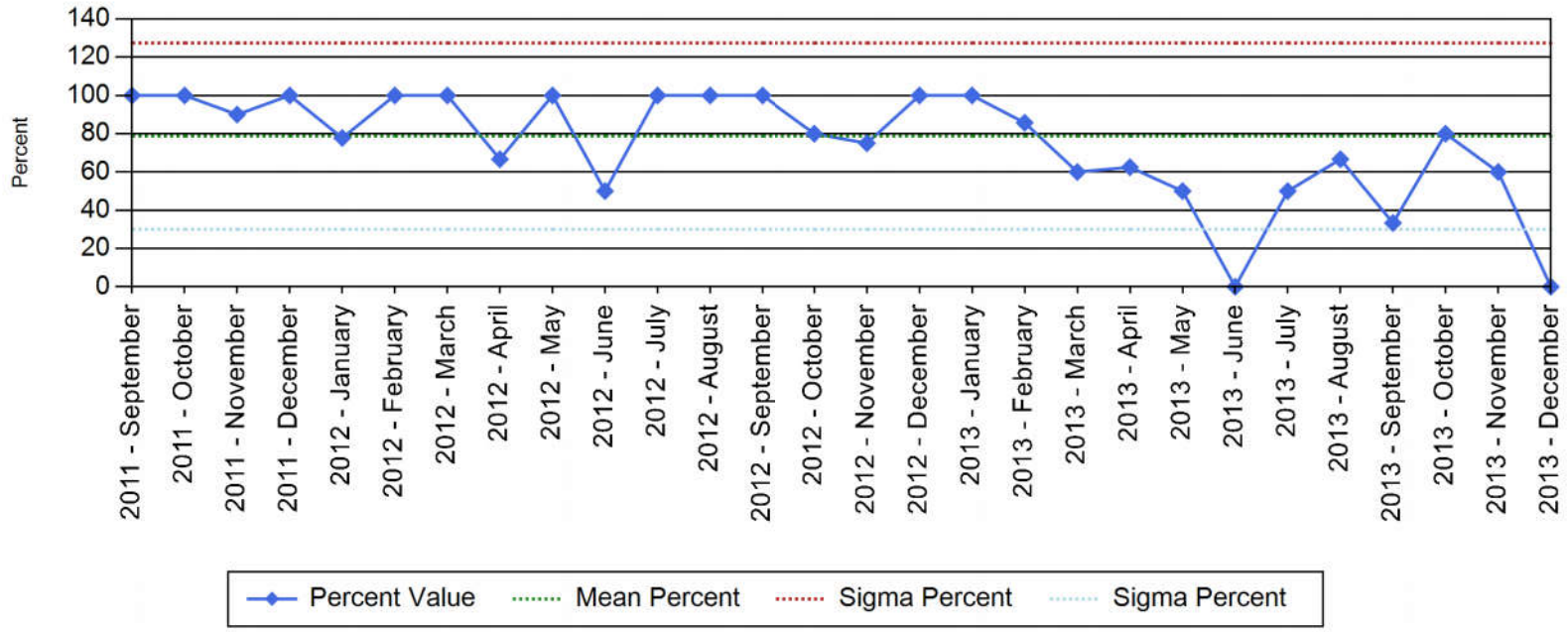
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RWHC Core Measure Program Control Chart

Pneumonia Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

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A trend of 6 consecutive data points steadily increasing or decreasing.

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RWHC Quality Indicators Program
Acute Myocardial Infarction Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	ND
2012	2	ND
2012	3	ND
2012	4	ND
2012	5	ND
2012	6	ND
2012	7	ND
2012	8	ND
2012	9	ND
2012	10	ND
2012	11	ND
2012	12	ND

Year	Month	Median
2013	1	ND
2013	2	ND
2013	3	ND
2013	4	ND
2013	5	ND
2013	6	ND
2013	7	ND
2013	8	ND
2013	9	ND
2013	10	ND
2013	11	ND
2013	12	ND

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Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	ND
2012	2	ND
2012	3	ND
2012	4	ND

Year	Quarter	Median
2013	1	ND
2013	2	ND
2013	3	ND
2013	4	ND

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	3				0
2012	4	282.00	282.00	282.00	1
2013	1				0
2013	2	41.00	41.00	41.00	1
2013	3				0
2013	4	27.00	27.00	27.00	1
2014	1				0
2014	2				0
2014	3	155.00	155.00	155.00	1
2014	4				0
2015	1				0
2015	2				0
2015	3				0
2015	4				0
2016	1				0
2016	2				0
2016	3				0
2016	4				0
	Average:	**126.25**			

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)

Year	Quarter	Median Value	Fac Count
2011	1	47.01	129
2011	2	34.31	100
2011	3	41.92	92
2011	4	45.25	101
2012	1	44.24	78
2012	2	36.70	72
2012	3	39.22	80
2012	4	47.56	69
2013	1	41.30	69
2013	2	49.66	58
2013	3	46.88	59
2013	4	39.94	47
2014	1	44.18	49
2014	2	39.17	47
2014	3	42.07	39
2014	4	52.21	48

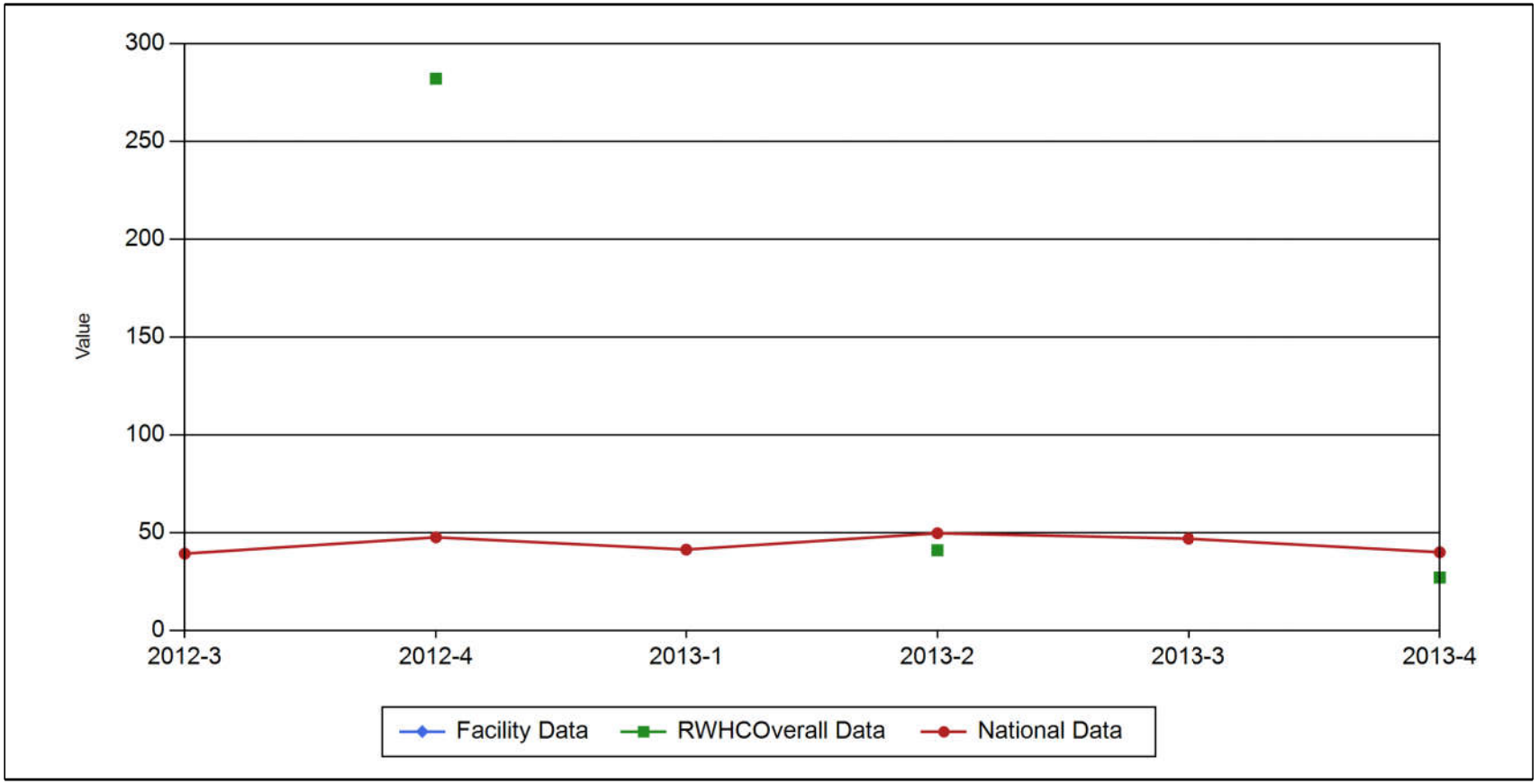
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)



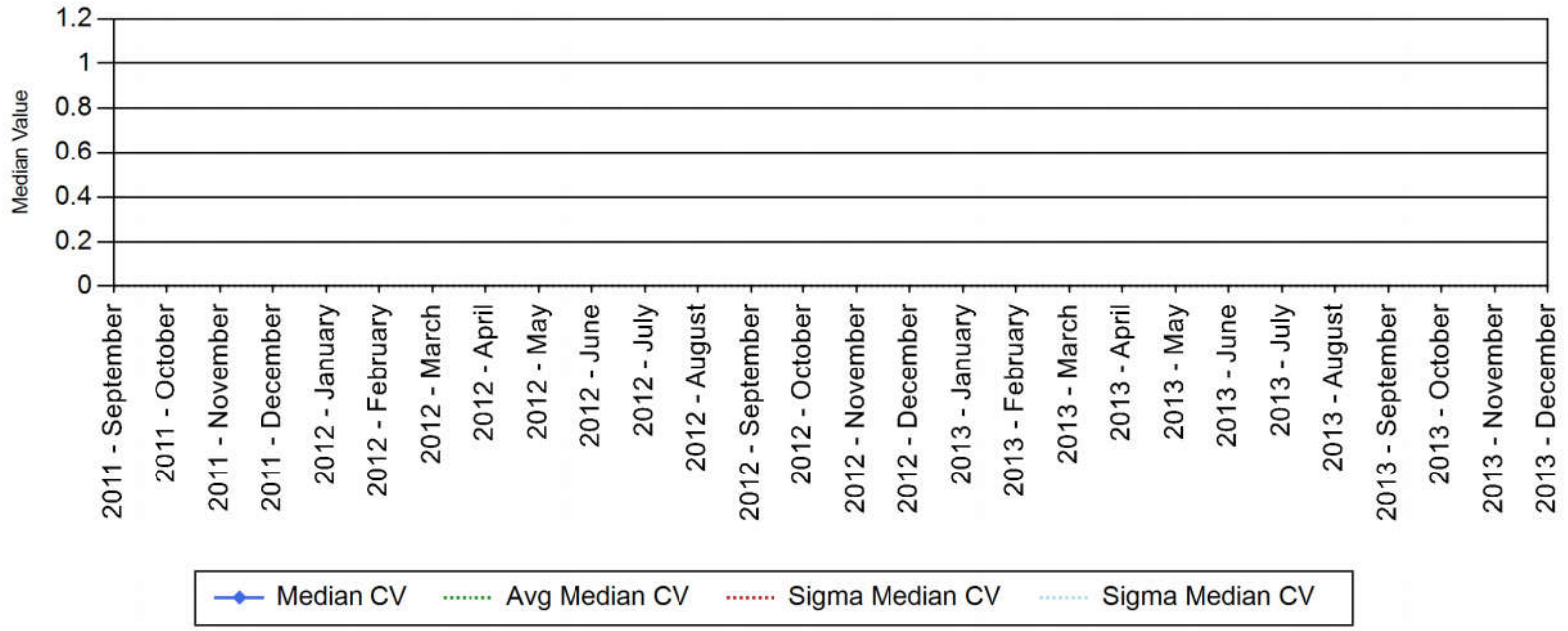
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)



For presentation purposes, Y-axis may not start at 0.

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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8 14227 Median Time to Primary PCI (in Minutes)

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	ND
2012	2	ND
2012	3	ND
2012	4	ND
2012	5	ND
2012	6	ND
2012	7	ND
2012	8	ND
2012	9	ND
2012	10	ND
2012	11	ND
2012	12	ND

Year	Month	Median
2013	1	ND
2013	2	ND
2013	3	ND
2013	4	ND
2013	5	ND
2013	6	ND
2013	7	ND
2013	8	ND
2013	9	ND
2013	10	ND
2013	11	ND
2013	12	ND

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Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8 14227 Median Time to Primary PCI (in Minutes)

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	ND
2012	2	ND
2012	3	ND
2012	4	ND

Year	Quarter	Median
2013	1	ND
2013	2	ND
2013	3	ND
2013	4	ND

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-8 14227 Median Time to Primary PCI (in Minutes)

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	3	100.50	100.50	100.50	1
2012	4	57.57	67.00	29.00	4
2013	1	71.27	79.50	54.00	6
2013	2	75.83	157.00	53.00	4
2013	3	59.92	83.00	30.00	5
2013	4	56.33	96.00	29.00	6
2014	1	69.73	78.50	55.00	5
2014	2	72.57	91.00	52.00	4
2014	3	50.43	58.00	47.00	4
2014	4	79.20	85.00	70.00	3
2015	1	63.50	70.00	56.50	3
2015	2	51.00	58.50	46.00	2
2015	3	65.50	66.00	64.00	2
2015	4				0
2016	1				0
2016	2				0
2016	3				0
2016	4				0
	Average:	**67.18**			

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-8 14227 Median Time to Primary PCI (in Minutes)

Year	Quarter	Median Value	Fac Count
2011	1	63.97	1264
2011	2	62.69	1266
2011	3	62.75	1274
2011	4	61.63	1274
2012	1	61.75	1284
2012	2	61.17	1290
2012	3	60.46	1273
2012	4	61.03	1271
2013	1	60.81	1290
2013	2	59.31	1297
2013	3	59.11	1296
2013	4	60.13	1287
2014	1	59.20	1303
2014	2	59.04	1314
2014	3	59.71	1303
2014	4	59.77	1318

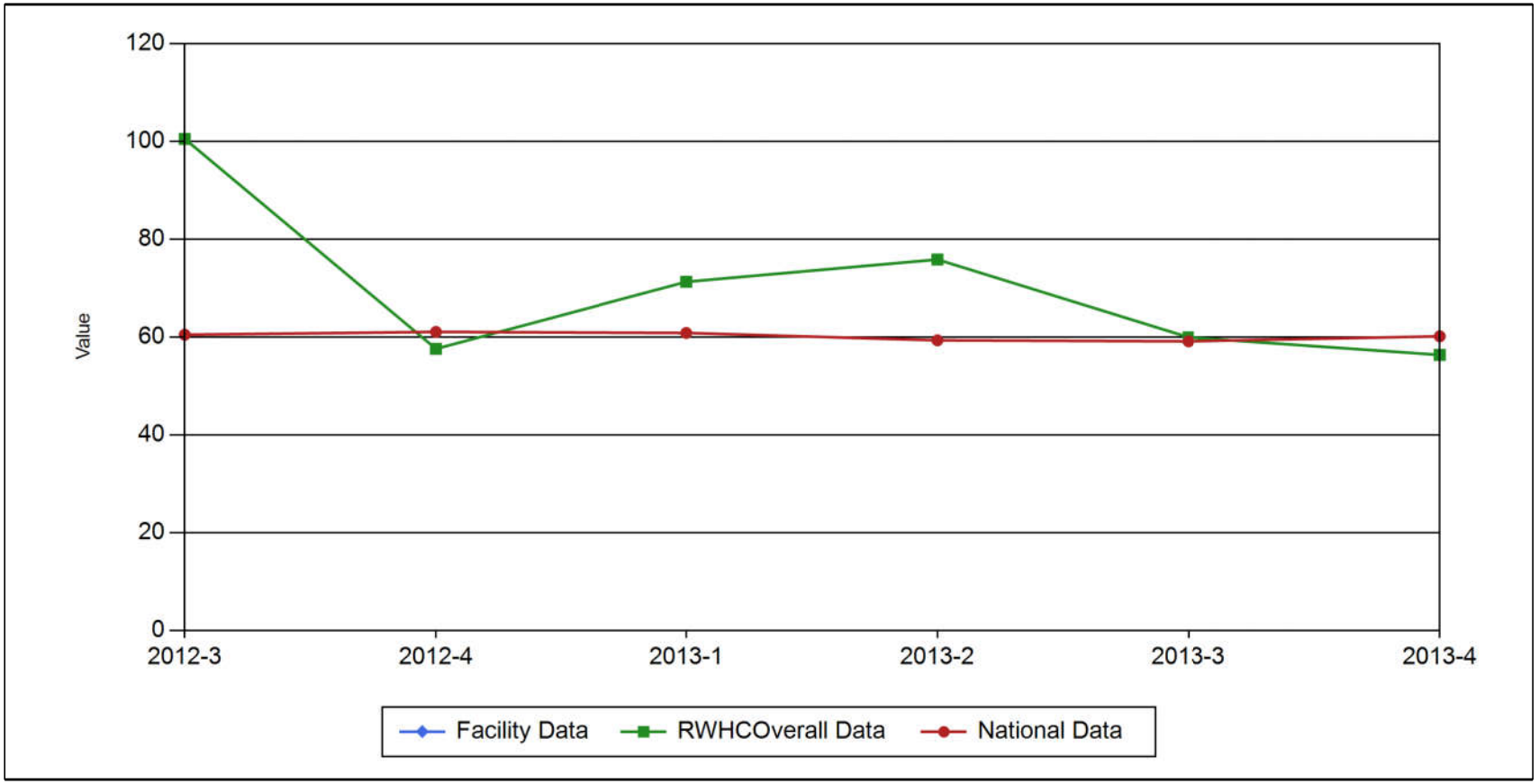
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8 14227 Median Time to Primary PCI (in Minutes)



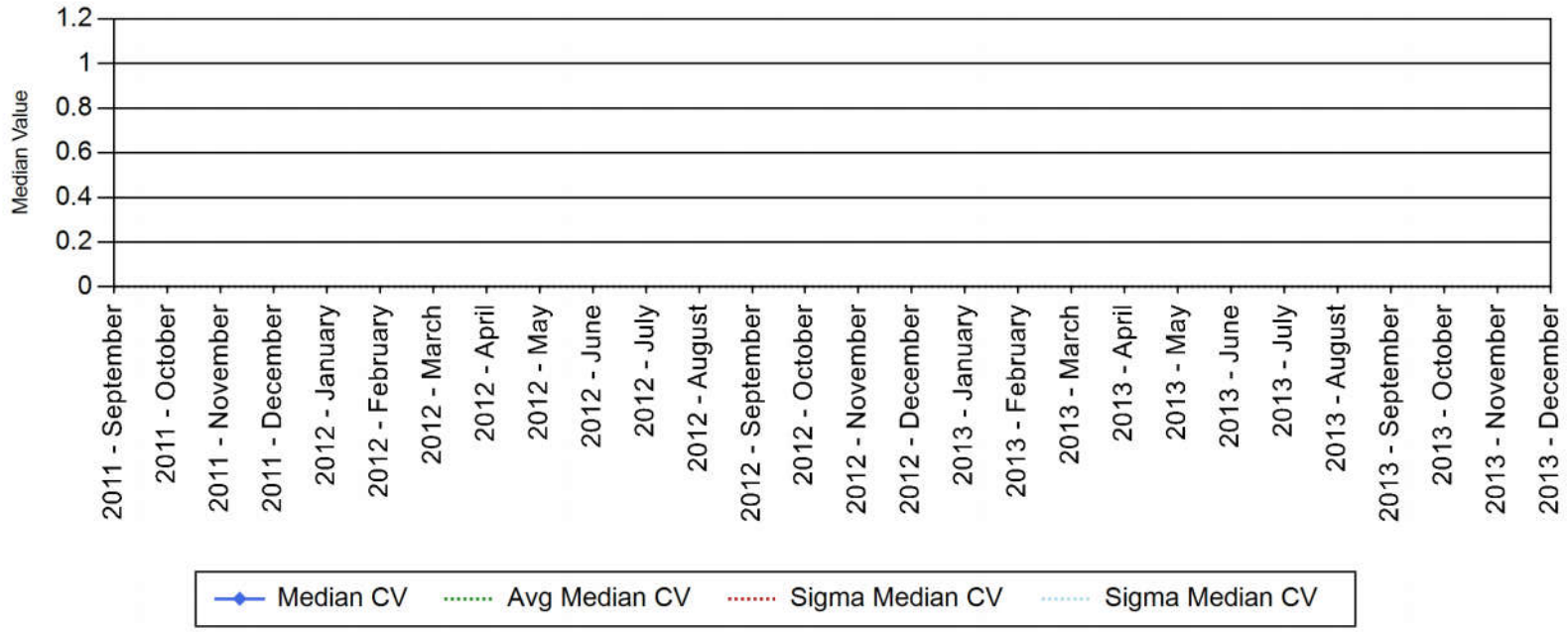
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8 14227 Median Time to Primary PCI (in Minutes)



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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-1 14229 Aspirin at Arrival

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	1	1	100.00 %
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
	Totals:	**1**	**1**	**100.00 %**

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
	Totals:			

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
	Totals:			**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-1 14229 Aspirin at Arrival

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	ND	ND	ND
2011	2	1	1	100.00 %	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	ND	ND	ND
Totals:		**1**	**1**	**100.00 %**	**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-1 14229 Aspirin at Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	97	100	97.00 %	100.00 %	100.00 %	0.00 %	0
2011	2	89	92	96.74 %	100.00 %	100.00 %	0.00 %	0
2011	3	87	90	96.67 %	100.00 %	100.00 %	0.00 %	0
2011	4	80	83	96.39 %	100.00 %	100.00 %	0.00 %	0
2012	1	90	91	98.90 %	100.00 %	100.00 %	50.00 %	0
2012	2	69	72	95.83 %	100.00 %	100.00 %	0.00 %	0
2012	3	83	84	98.81 %	100.00 %	100.00 %	75.00 %	0
2012	4	119	124	95.97 %	100.00 %	100.00 %	0.00 %	0
2013	1	111	112	99.11 %	100.00 %	100.00 %	0.00 %	0
2013	2	115	119	96.64 %	100.00 %	100.00 %	0.00 %	0
2013	3	87	89	97.75 %	100.00 %	100.00 %	0.00 %	0
2013	4	96	97	98.97 %	100.00 %	100.00 %	50.00 %	0
	Totals:	**1123**	**1153**	**97.40 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-1 14229 Aspirin at Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	110096	111161	99.04%	100.00%	100.00%	0.00%	2481
2011	2	107009	107809	99.26%	100.00%	100.00%	0.00%	2456
2011	3	103314	104029	99.31%	100.00%	100.00%	0.00%	2449
2011	4	107863	108582	99.34%	100.00%	100.00%	0.00%	2464
2012	1	111389	112195	99.28%	100.00%	100.00%	0.00%	2498
2012	2	107263	107973	99.34%	100.00%	100.00%	0.00%	2458
2012	3	103911	104507	99.43%	100.00%	100.00%	0.00%	2418
2012	4	109980	110706	99.34%	100.00%	100.00%	0.00%	2421
2013	1	110926	111651	99.35%	100.00%	100.00%	0.00%	2420
2013	2	106322	106957	99.41%	100.00%	100.00%	0.00%	2392
2013	3	103181	103743	99.46%	100.00%	100.00%	0.00%	2389
2013	4	106204	106782	99.46%	100.00%	100.00%	0.00%	2379
2014	1	107733	108312	99.47%	100.00%	100.00%	0.00%	2446
2014	2	106429	106981	99.48%	100.00%	100.00%	0.00%	2420
2014	3	104136	104680	99.48%	100.00%	100.00%	0.00%	2410
2014	4	109957	110555	99.46%	100.00%	100.00%	0.00%	2454
	Sum:	1715713	1726623	99.37%				

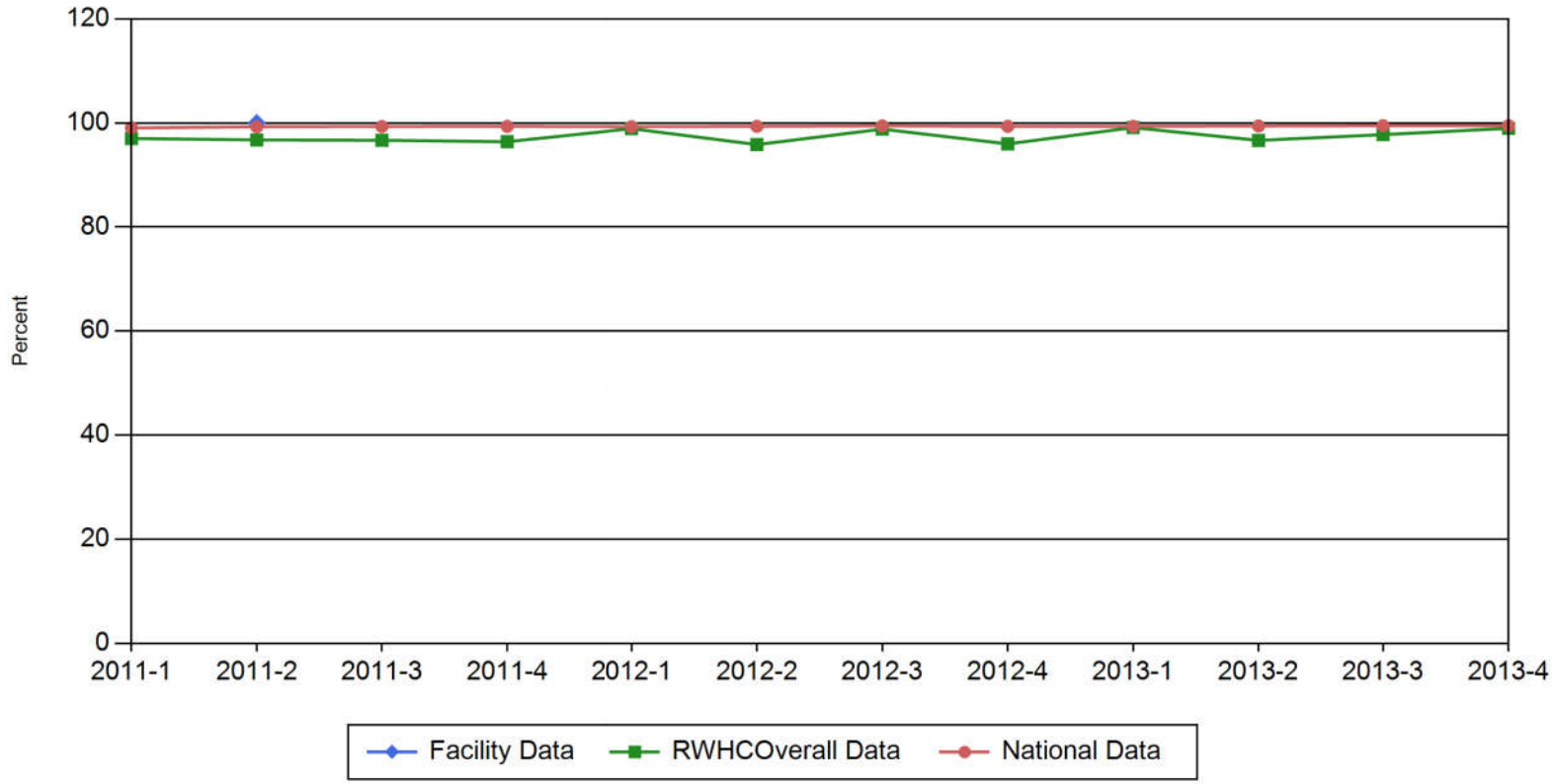
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-1 14229 Aspirin at Arrival



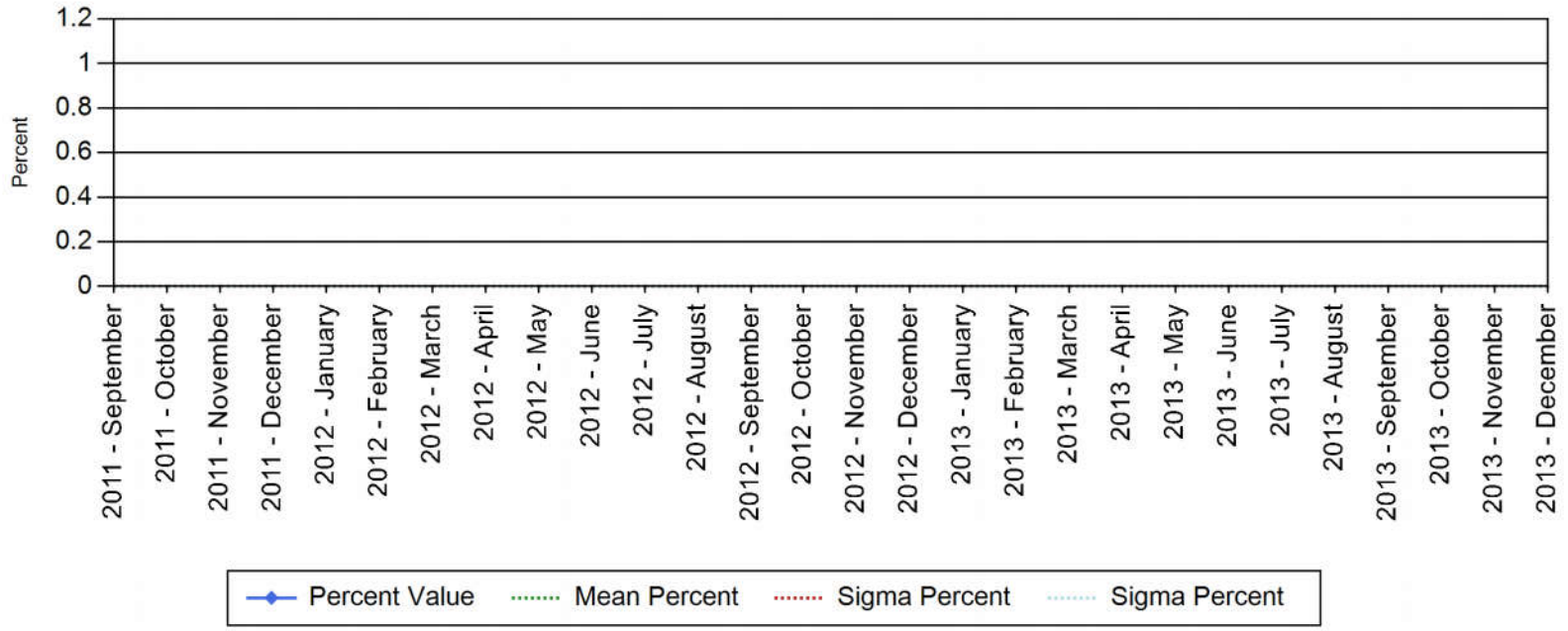
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-1 14229 Aspirin at Arrival



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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-2 14230 Aspirin Prescribed at Discharge

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	0	0	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-2 14230 Aspirin Prescribed at Discharge

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	0	0	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
Totals:				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-2 14230 Aspirin Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	22	22	100.00 %	100.00 %	100.00 %	100.00 %	11
2012	4	94	96	97.92 %	100.00 %	100.00 %	0.00 %	49
2013	1	84	86	97.67 %	100.00 %	100.00 %	0.00 %	42
2013	2	93	93	100.00 %	100.00 %	100.00 %	100.00 %	46
2013	3	69	72	95.83 %	100.00 %	100.00 %	0.00 %	35
2013	4	82	83	98.80 %	100.00 %	100.00 %	50.00 %	41
2014	1	68	68	100.00 %	100.00 %	100.00 %	100.00 %	32
2014	2	68	70	97.14 %	100.00 %	100.00 %	0.00 %	42
2014	3	62	65	95.38 %	100.00 %	100.00 %	0.00 %	36
2014	4	73	74	98.65 %	100.00 %	100.00 %	0.00 %	36
2015	1	29	29	100.00 %	100.00 %	100.00 %	100.00 %	7
2015	2	31	31	100.00 %	100.00 %	100.00 %	100.00 %	10
2015	3	27	27	100.00 %	100.00 %	100.00 %	100.00 %	9
2015	4	37	37	100.00 %	100.00 %	100.00 %	100.00 %	7
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**839**	**853**	**98.36 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-2 14230 Aspirin Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	95787	96780	98.97%	100.00%	100.00%	0.00%	2384
2011	2	94373	95206	99.13%	100.00%	100.00%	0.00%	2360
2011	3	91059	91852	99.14%	100.00%	100.00%	0.00%	2350
2011	4	94832	95576	99.22%	100.00%	100.00%	0.00%	2370
2012	1	97828	98574	99.24%	100.00%	100.00%	0.00%	2402
2012	2	94672	95425	99.21%	100.00%	100.00%	0.00%	2365
2012	3	92201	92858	99.29%	100.00%	100.00%	0.00%	2330
2012	4	96796	97497	99.28%	100.00%	100.00%	0.00%	2340
2013	1	97380	98070	99.30%	100.00%	100.00%	0.00%	2331
2013	2	94192	94768	99.39%	100.00%	100.00%	0.00%	2313
2013	3	91598	92176	99.37%	100.00%	100.00%	0.00%	2296
2013	4	93882	94512	99.33%	100.00%	100.00%	0.00%	2284
2014	1	94584	95171	99.38%	100.00%	100.00%	0.00%	2347
2014	2	94049	94646	99.37%	100.00%	100.00%	0.00%	2334
2014	3	92198	92785	99.37%	100.00%	100.00%	0.00%	2314
2014	4	96675	97287	99.37%	100.00%	100.00%	0.00%	2351
	Sum:	1512106	1523183	99.27%				

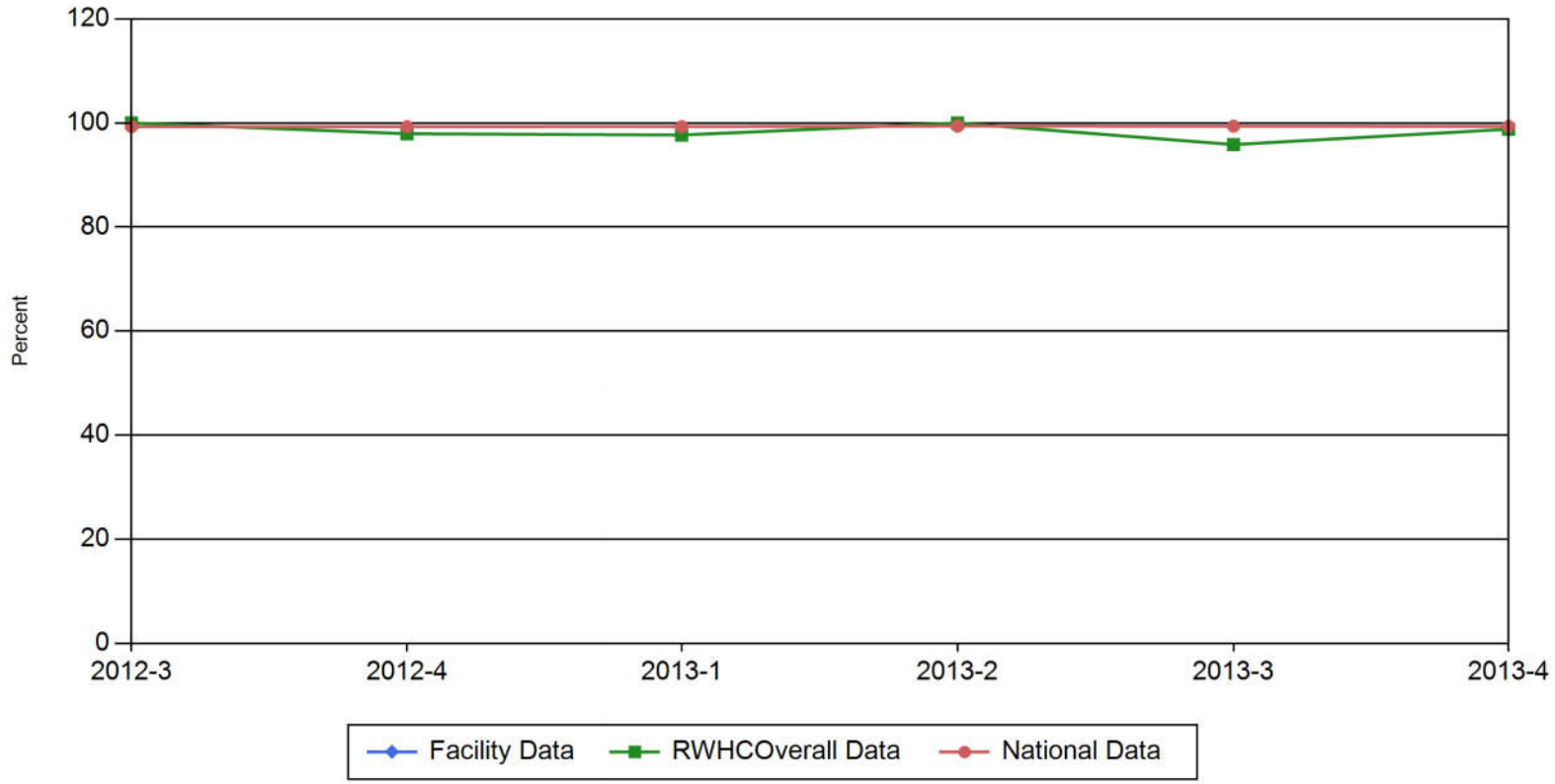
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-2 14230 Aspirin Prescribed at Discharge



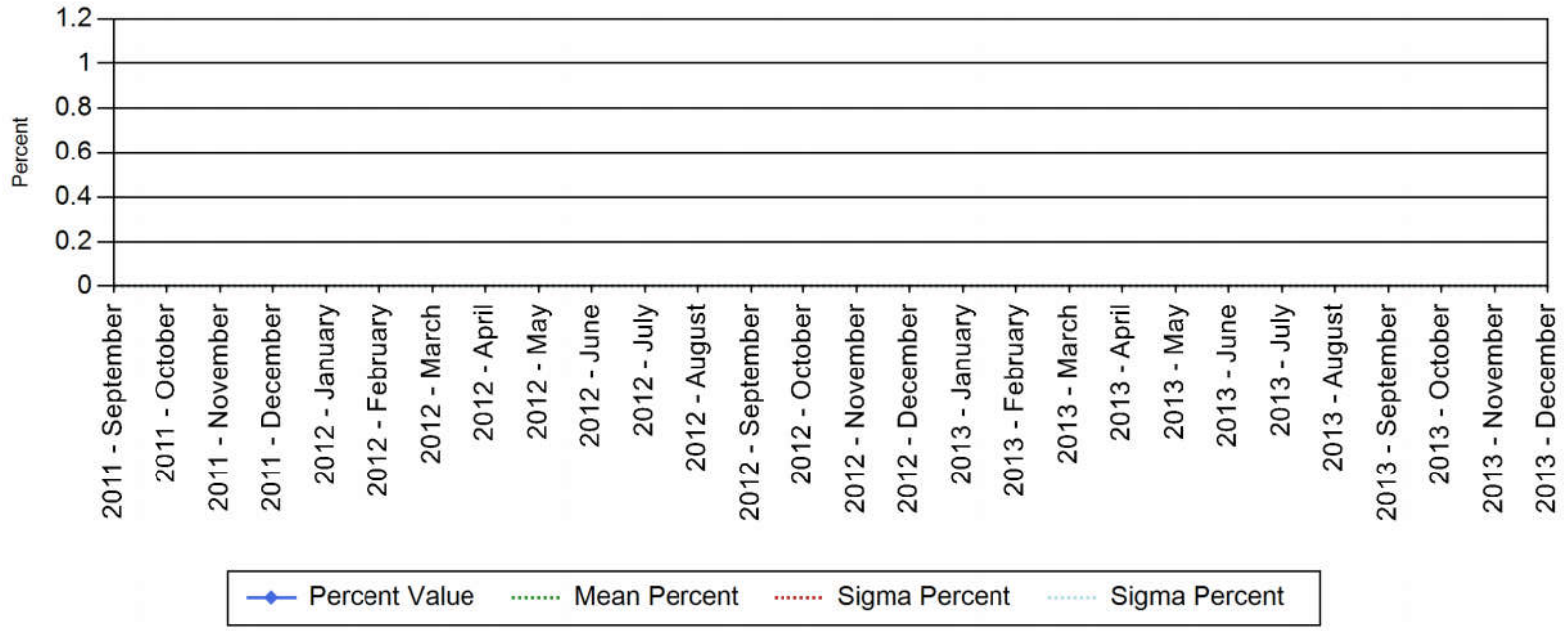
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-2 14230 Aspirin Prescribed at Discharge



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-3 14231 ACEI or ARB for LVSD

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	0	0	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-3 14231 ACEI or ARB for LVSD

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	ND	ND	ND
2011	2	0	0	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	ND	ND	ND
Totals:					**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-3 14231 ACEI or ARB for LVSD

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	19	20	95.00 %	100.00 %	100.00 %	0.00 %	0
2011	2	6	8	75.00 %	100.00 %	100.00 %	0.00 %	0
2011	3	13	14	92.86 %	100.00 %	100.00 %	0.00 %	0
2011	4	11	12	91.67 %	100.00 %	100.00 %	0.00 %	0
2012	1	7	9	77.78 %	100.00 %	100.00 %	0.00 %	0
2012	2	6	6	100.00 %	100.00 %	100.00 %	100.00 %	0
2012	3	17	17	100.00 %	100.00 %	100.00 %	100.00 %	0
2012	4	15	16	93.75 %	100.00 %	100.00 %	50.00 %	0
2013	1	16	17	94.12 %	100.00 %	100.00 %	0.00 %	0
2013	2	14	17	82.35 %	100.00 %	100.00 %	0.00 %	0
2013	3	10	11	90.91 %	100.00 %	100.00 %	0.00 %	0
2013	4	13	13	100.00 %	100.00 %	100.00 %	100.00 %	0
	Totals:	**147**	**160**	**91.88 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-3 14231 ACEI or ARB for LVSD

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	16972	17462	97.19%	100.00%	100.00%	0.00%	1953
2011	2	15994	16448	97.24%	100.00%	100.00%	0.00%	1910
2011	3	15433	15817	97.57%	100.00%	100.00%	0.00%	1902
2011	4	16311	16674	97.82%	100.00%	100.00%	0.00%	1931
2012	1	16881	17263	97.79%	100.00%	100.00%	0.00%	1989
2012	2	16066	16448	97.68%	100.00%	100.00%	0.00%	1931
2012	3	15691	16036	97.85%	100.00%	100.00%	0.00%	1911
2012	4	16421	16773	97.90%	100.00%	100.00%	0.00%	1919
2013	1	16593	16942	97.94%	100.00%	100.00%	0.00%	1944
2013	2	15884	16167	98.25%	100.00%	100.00%	0.00%	1891
2013	3	15181	15466	98.16%	100.00%	100.00%	0.00%	1882
2013	4	15800	16111	98.07%	100.00%	100.00%	0.00%	1868
2014	1	16124	16393	98.36%	100.00%	100.00%	0.00%	1929
2014	2	15700	15992	98.17%	100.00%	100.00%	0.00%	1918
2014	3	15241	15522	98.19%	100.00%	100.00%	0.00%	1884
2014	4	16085	16390	98.14%	100.00%	100.00%	0.00%	1912
	Sum:	256377	261904	97.89%				

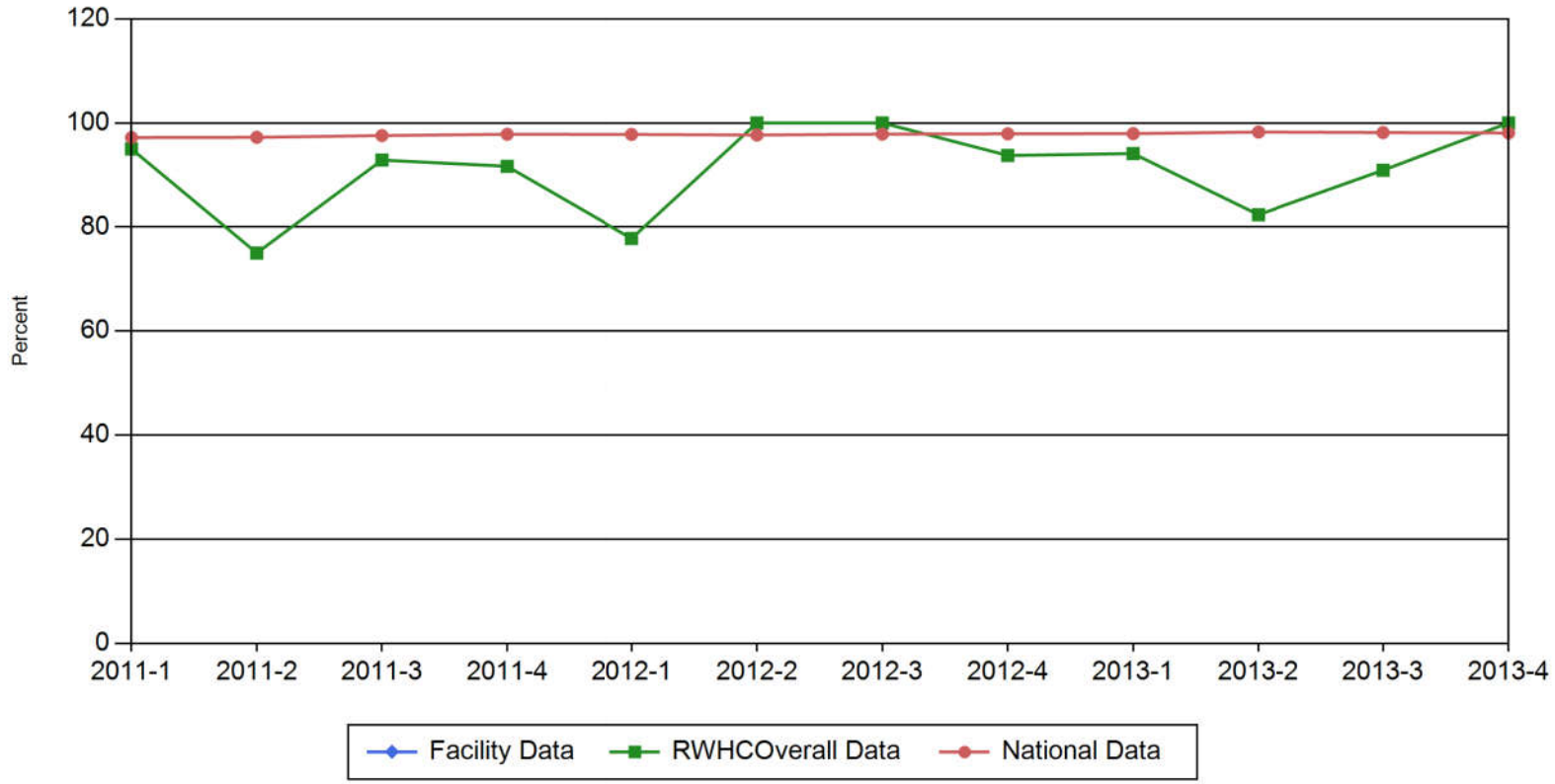
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-3 14231 ACEI or ARB for LVSD



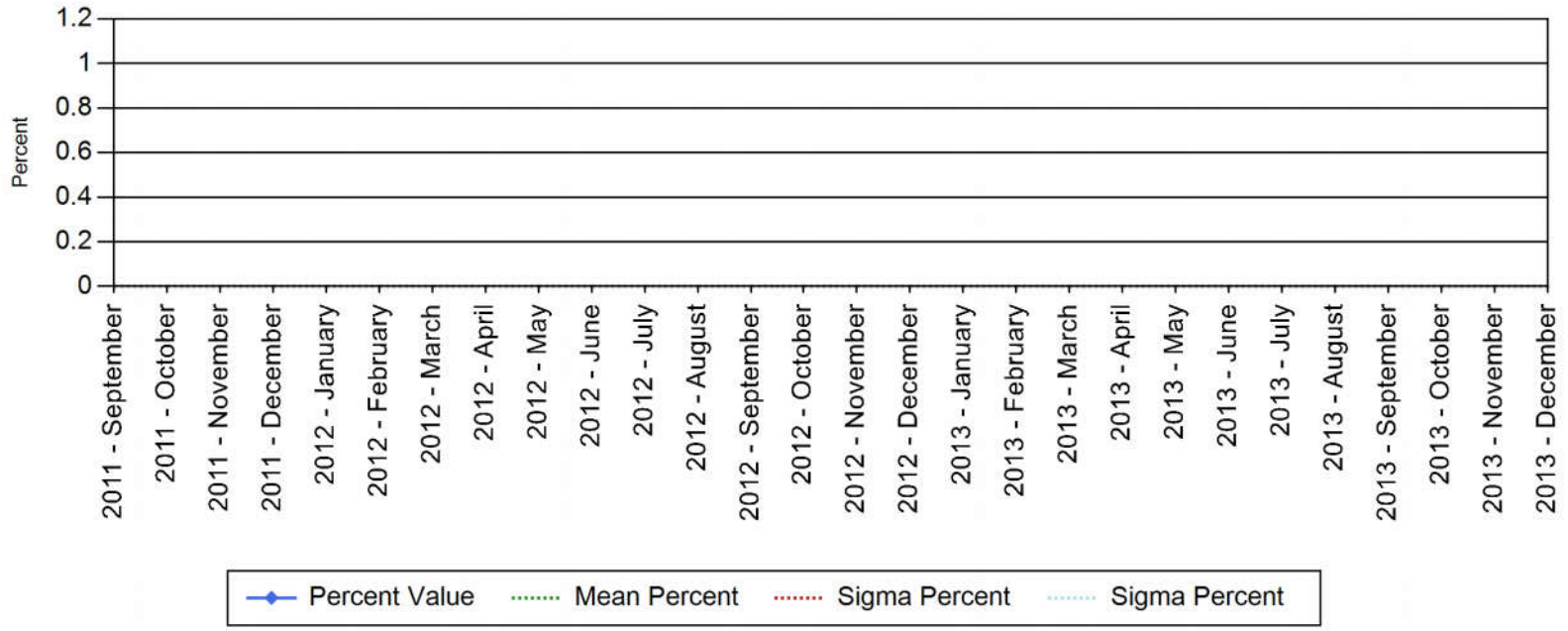
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-3 14231 ACEI or ARB for LVSD



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-5 14232 Beta-Blocker Prescribed at Discharge

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	1	1	100.00 %
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
	Totals:	**1**	**1**	**100.00 %**

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
	Totals:			

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
	Totals:			**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-5 14232 Beta-Blocker Prescribed at Discharge

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	ND	ND	ND
2011	2	1	1	100.00 %	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	ND	ND	ND
Totals:		**1**	**1**	**100.00 %**	**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-5 14232 Beta-Blocker Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	74	78	94.87 %	100.00 %	100.00 %	0.00 %	0
2011	2	64	66	96.97 %	100.00 %	100.00 %	0.00 %	0
2011	3	73	77	94.81 %	100.00 %	100.00 %	0.00 %	0
2011	4	60	62	96.77 %	100.00 %	100.00 %	0.00 %	0
2012	1	50	54	92.59 %	100.00 %	100.00 %	0.00 %	0
2012	2	51	58	87.93 %	100.00 %	100.00 %	0.00 %	0
2012	3	71	72	98.61 %	100.00 %	100.00 %	80.00 %	0
2012	4	82	91	90.11 %	100.00 %	100.00 %	0.00 %	0
2013	1	79	84	94.05 %	100.00 %	100.00 %	0.00 %	0
2013	2	83	86	96.51 %	100.00 %	100.00 %	0.00 %	0
2013	3	68	70	97.14 %	100.00 %	100.00 %	0.00 %	0
2013	4	72	76	94.74 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**827**	**874**	**94.62 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-5 14232 Beta-Blocker Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	93472	94578	98.83%	100.00%	100.00%	0.00%	2393
2011	2	91329	92306	98.94%	100.00%	100.00%	0.00%	2361
2011	3	88182	89041	99.04%	100.00%	100.00%	0.00%	2352
2011	4	92158	93026	99.07%	100.00%	100.00%	0.00%	2378
2012	1	95259	96132	99.09%	100.00%	100.00%	0.00%	2404
2012	2	92032	92817	99.15%	100.00%	100.00%	0.00%	2374
2012	3	89347	90078	99.19%	100.00%	100.00%	0.00%	2347
2012	4	94365	95140	99.19%	100.00%	100.00%	0.00%	2352
2013	1	94846	95662	99.15%	100.00%	100.00%	0.00%	2335
2013	2	91336	92035	99.24%	100.00%	100.00%	0.00%	2309
2013	3	88659	89369	99.21%	100.00%	100.00%	0.00%	2312
2013	4	91596	92278	99.26%	100.00%	100.00%	0.00%	2284
2014	1	92367	93051	99.26%	100.00%	100.00%	0.00%	2353
2014	2	91164	91877	99.22%	100.00%	100.00%	0.00%	2329
2014	3	89028	89737	99.21%	100.00%	100.00%	0.00%	2319
2014	4	94064	94841	99.18%	100.00%	100.00%	0.00%	2355
	Sum:	1469204	1481968	99.14%				

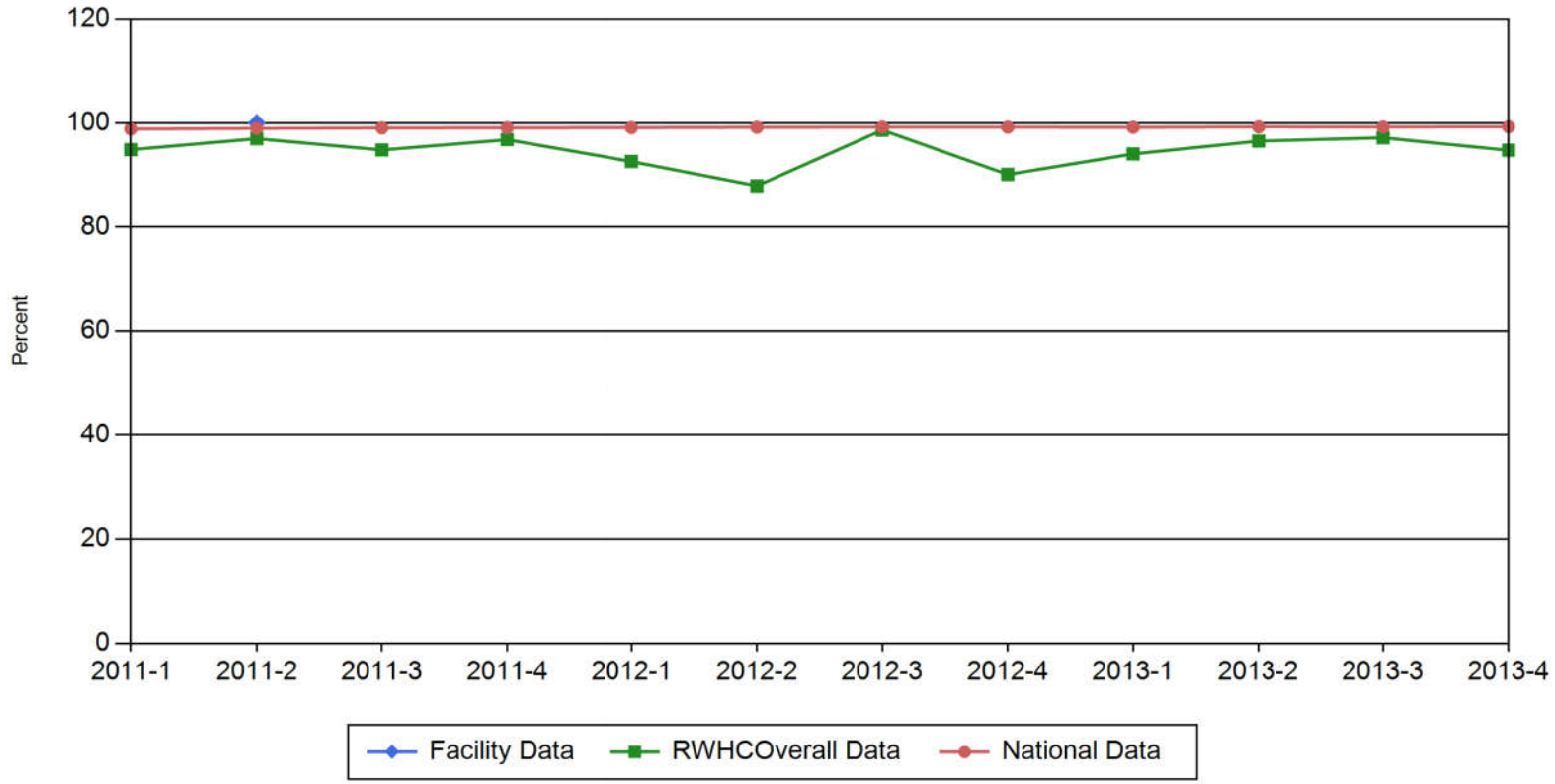
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-5 14232 Beta-Blocker Prescribed at Discharge



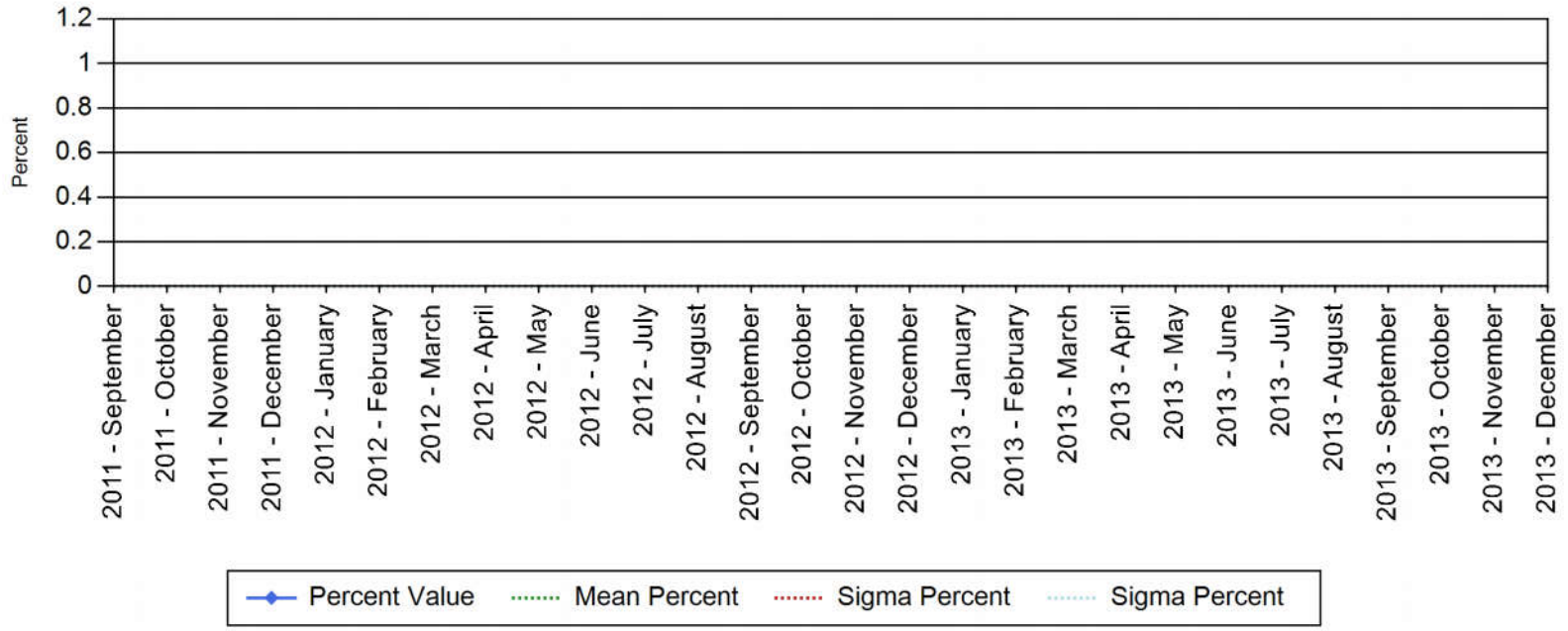
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-5 14232 Beta-Blocker Prescribed at Discharge



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	0	0	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	ND	ND	ND
2011	2	0	0	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	ND	ND	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	2	0.00 %	0.00 %	0.00 %	0.00 %	1
2012	4	7	7	100.00 %	100.00 %	100.00 %	100.00 %	4
2013	1	9	11	81.82 %	100.00 %	100.00 %	66.67 %	6
2013	2	5	6	83.33 %	100.00 %	100.00 %	0.00 %	4
2013	3	12	13	92.31 %	100.00 %	100.00 %	80.00 %	5
2013	4	10	12	83.33 %	100.00 %	100.00 %	0.00 %	6
2014	1	10	11	90.91 %	100.00 %	100.00 %	66.67 %	5
2014	2	6	7	85.71 %	100.00 %	100.00 %	0.00 %	4
2014	3	7	7	100.00 %	100.00 %	100.00 %	100.00 %	4
2014	4	5	5	100.00 %	100.00 %	100.00 %	100.00 %	3
2015	1	6	6	100.00 %	100.00 %	100.00 %	100.00 %	3
2015	2	4	5	80.00 %	83.33 %	100.00 %	66.67 %	2
2015	3	4	4	100.00 %	100.00 %	100.00 %	100.00 %	2
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**85**	**96**	**88.54 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	11677	12591	92.74%	100.00%	100.00%	0.00%	1265
2011	2	11993	12802	93.68%	100.00%	100.00%	0.00%	1270
2011	3	11701	12473	93.81%	100.00%	100.00%	0.00%	1276
2011	4	12029	12739	94.43%	100.00%	100.00%	0.00%	1277
2012	1	12438	13149	94.59%	100.00%	100.00%	0.00%	1285
2012	2	12484	13132	95.07%	100.00%	100.00%	0.00%	1291
2012	3	11941	12548	95.16%	100.00%	100.00%	0.00%	1278
2012	4	12246	12812	95.58%	100.00%	100.00%	0.00%	1272
2013	1	12287	12863	95.52%	100.00%	100.00%	0.00%	1290
2013	2	12448	12951	96.12%	100.00%	100.00%	0.00%	1298
2013	3	12391	12858	96.37%	100.00%	100.00%	0.00%	1297
2013	4	12324	12812	96.19%	100.00%	100.00%	0.00%	1288
2014	1	12426	12963	95.86%	100.00%	100.00%	0.00%	1304
2014	2	12406	12896	96.20%	100.00%	100.00%	0.00%	1315
2014	3	12039	12508	96.25%	100.00%	100.00%	0.00%	1305
2014	4	12421	12977	95.72%	100.00%	100.00%	0.00%	1319
	Sum:	195251	205074	95.21%				

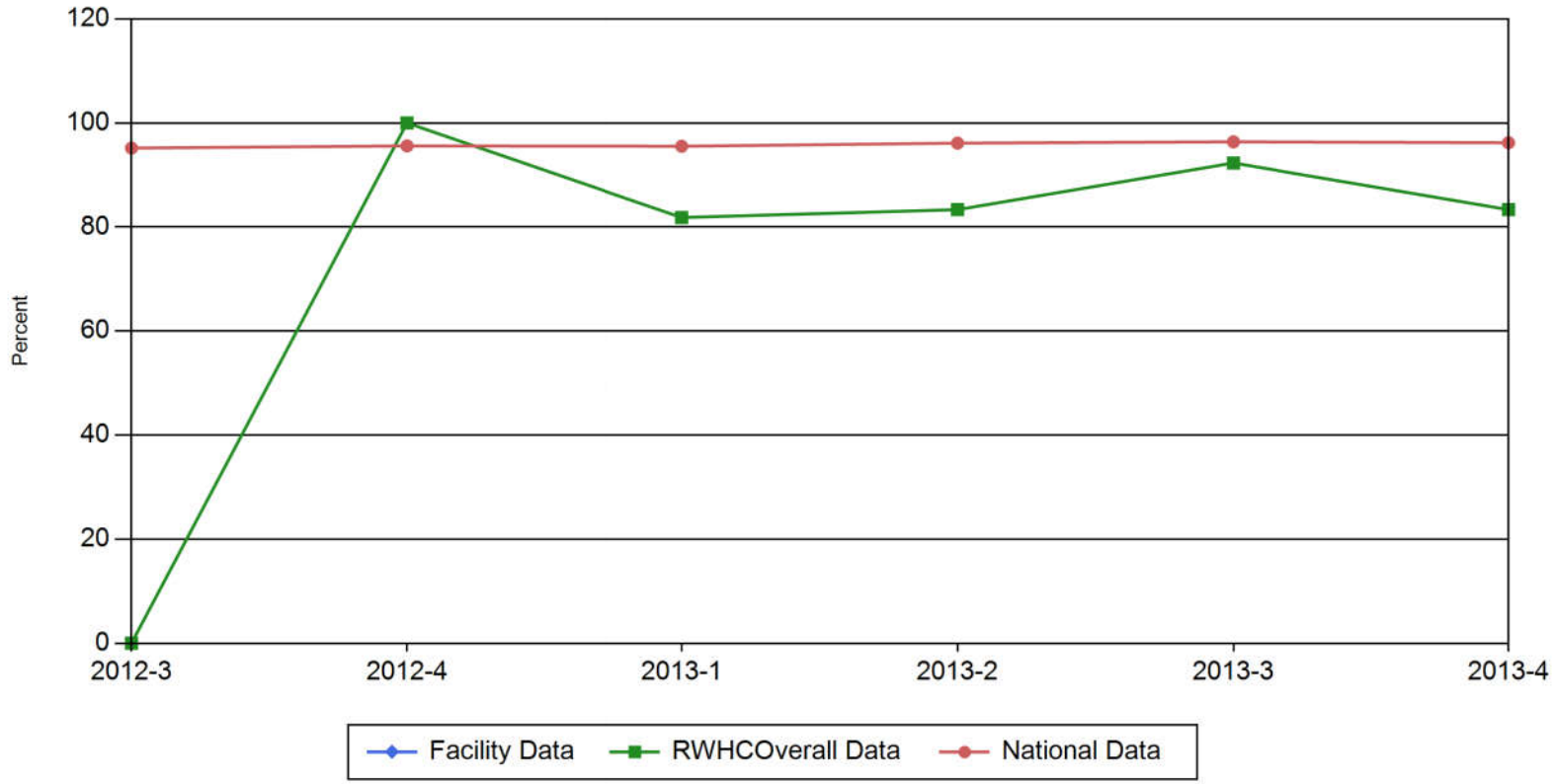
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival



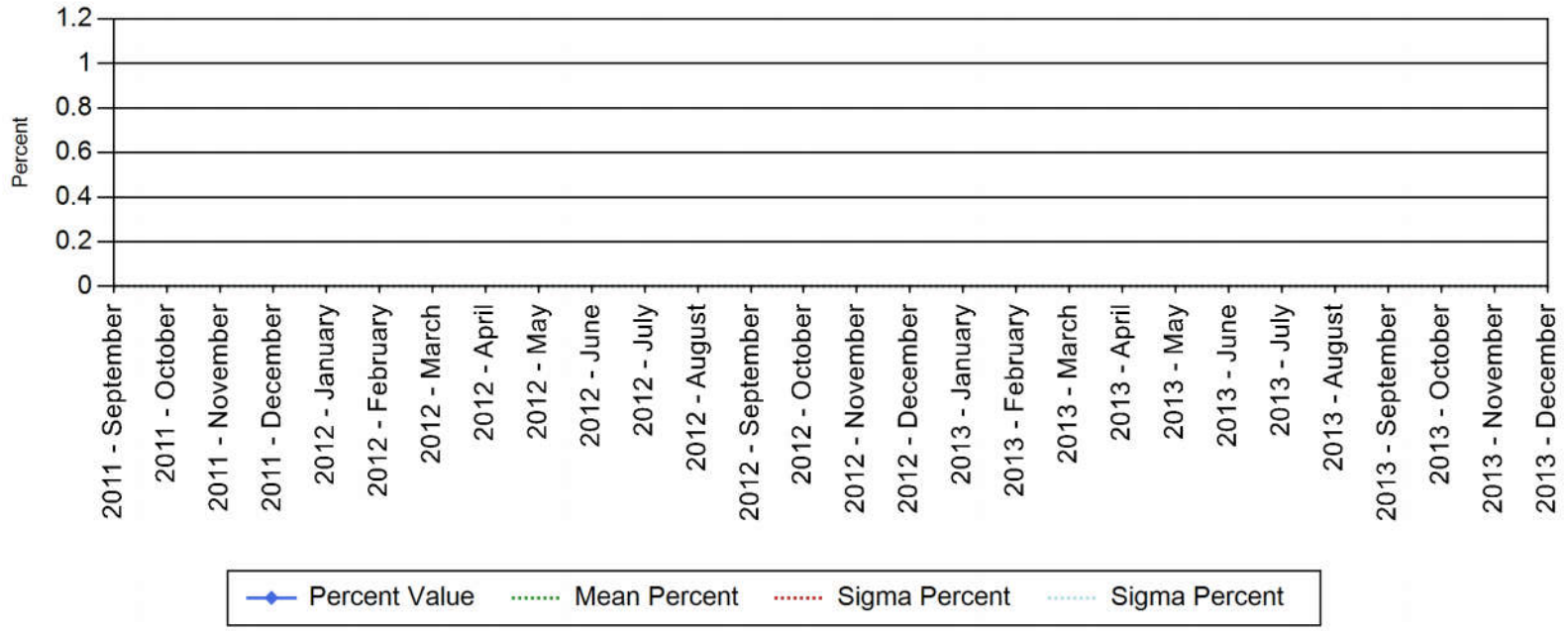
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	0	0	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	ND	ND	ND
2011	2	0	0	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	ND	ND	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2013	1	0	0					0
2013	2	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2013	3	0	0					0
2013	4	1	1	100.00 %	100.00 %	100.00 %	100.00 %	1
2014	1	0	0					0
2014	2	0	0					0
2014	3	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2014	4	0	0					0
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**1**	**4**	**25.00 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	117	206	56.80%	57.14%	100.00%	0.00%	129
2011	2	119	179	66.48%	100.00%	100.00%	0.00%	102
2011	3	102	155	65.81%	100.00%	100.00%	0.00%	93
2011	4	98	177	55.37%	50.00%	100.00%	0.00%	101
2012	1	77	126	61.11%	70.83%	100.00%	0.00%	78
2012	2	84	113	74.34%	100.00%	100.00%	0.00%	72
2012	3	83	121	68.60%	100.00%	100.00%	0.00%	80
2012	4	59	104	56.73%	58.33%	100.00%	0.00%	70
2013	1	62	99	62.63%	100.00%	100.00%	0.00%	69
2013	2	50	91	54.95%	50.00%	100.00%	0.00%	61
2013	3	51	89	57.30%	80.00%	100.00%	0.00%	59
2013	4	45	68	66.18%	100.00%	100.00%	0.00%	47
2014	1	44	68	64.71%	100.00%	100.00%	0.00%	50
2014	2	43	60	71.67%	100.00%	100.00%	0.00%	47
2014	3	35	59	59.32%	66.67%	100.00%	0.00%	39
2014	4	34	66	51.52%	66.67%	100.00%	0.00%	48
2015	1	11	19	57.89%	50.00%	100.00%	0.00%	9
2015	2	6	9	66.67%	100.00%	100.00%	0.00%	7
2015	3	5	8	62.50%	100.00%	100.00%	0.00%	7
2015	4	5	10	50.00%	100.00%	100.00%	0.00%	8
	Sum:	1130	1827	61.85%				

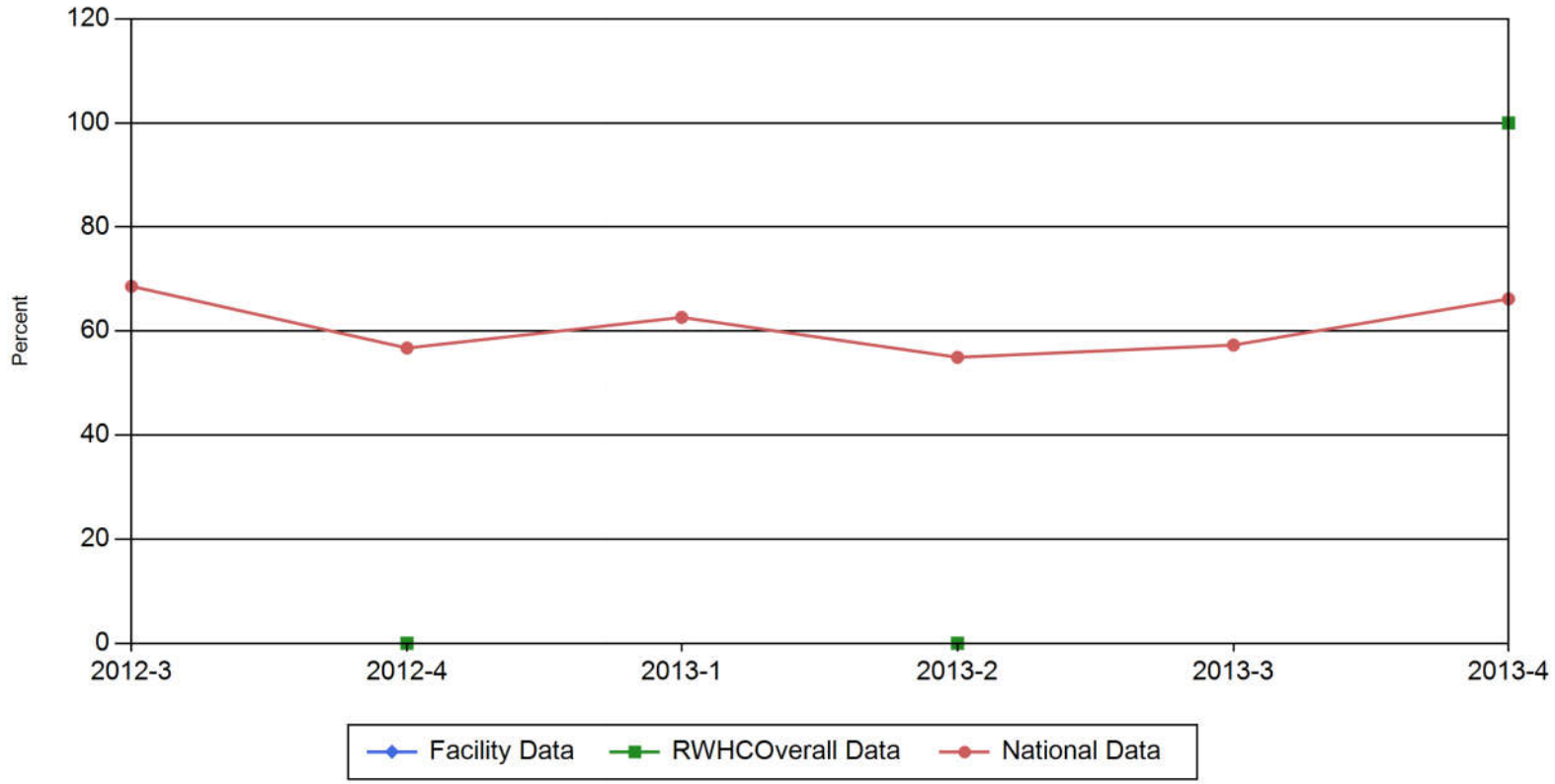
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival



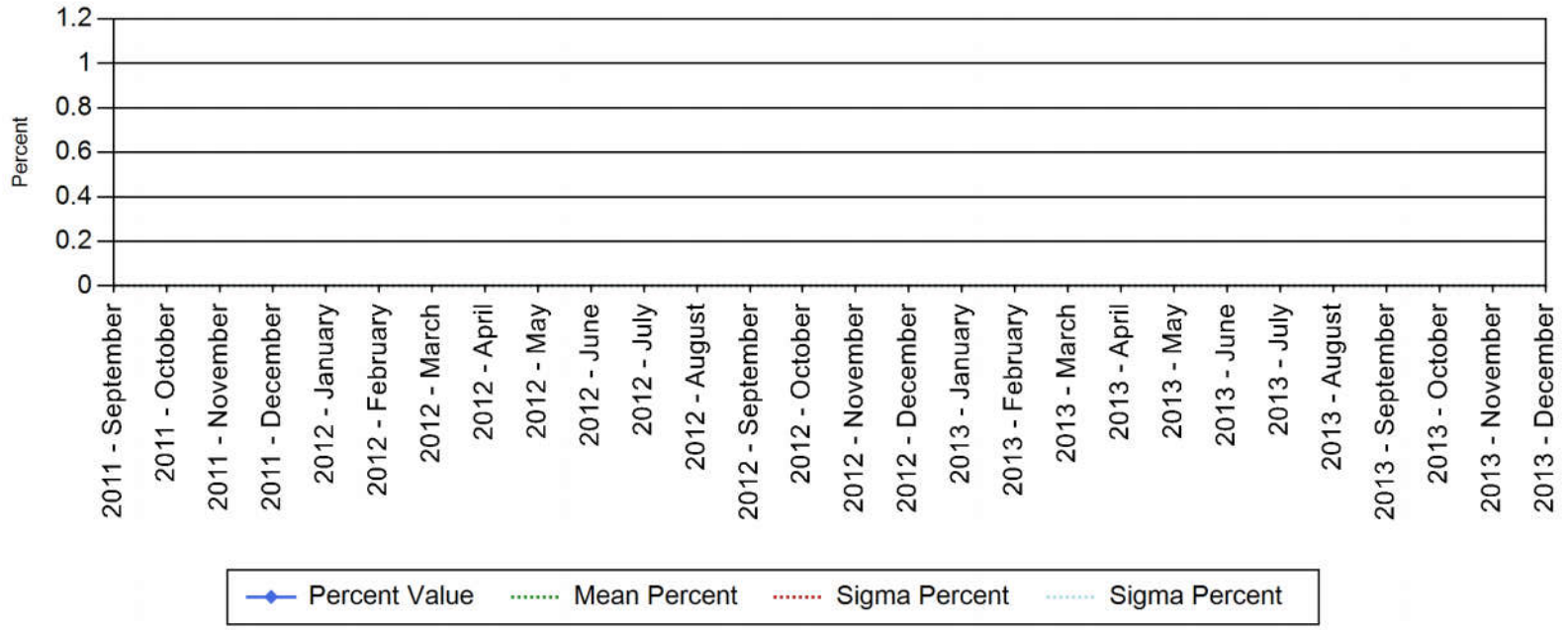
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-10 14237 Statin Prescribed at Discharge

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	0	1	0.00 %
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
	Totals:	**0**	**1**	**0.00 %**

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
	Totals:			

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
	Totals:			**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-10 14237 Statin Prescribed at Discharge

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	0	1	0.00 %
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:		**0**	**1**	**0.00 %**

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
Totals:				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-10 14237 Statin Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	18	20	90.00 %	100.00 %	100.00 %	50.00 %	12
2012	4	74	83	89.16 %	100.00 %	100.00 %	0.00 %	41
2013	1	67	74	90.54 %	100.00 %	100.00 %	0.00 %	37
2013	2	74	82	90.24 %	100.00 %	100.00 %	0.00 %	41
2013	3	58	64	90.63 %	100.00 %	100.00 %	0.00 %	30
2013	4	62	70	88.57 %	100.00 %	100.00 %	0.00 %	32
2014	1	59	64	92.19 %	100.00 %	100.00 %	0.00 %	31
2014	2	53	58	91.38 %	100.00 %	100.00 %	0.00 %	30
2014	3	55	60	91.67 %	100.00 %	100.00 %	0.00 %	32
2014	4	65	72	90.28 %	100.00 %	100.00 %	0.00 %	35
2015	1	29	29	100.00 %	100.00 %	100.00 %	100.00 %	8
2015	2	28	28	100.00 %	100.00 %	100.00 %	100.00 %	9
2015	3	25	26	96.15 %	100.00 %	100.00 %	85.71 %	9
2015	4	36	38	94.74 %	100.00 %	100.00 %	0.00 %	7
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**703**	**768**	**91.54 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-10 14237 Statin Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	90891	93778	96.92%	100.00%	100.00%	0.00%	2377
2011	2	89792	92210	97.38%	100.00%	100.00%	0.00%	2338
2011	3	86982	88949	97.79%	100.00%	100.00%	0.00%	2340
2011	4	90597	92550	97.89%	100.00%	100.00%	0.00%	2360
2012	1	93502	95332	98.08%	100.00%	100.00%	0.00%	2390
2012	2	90860	92478	98.25%	100.00%	100.00%	0.00%	2354
2012	3	88448	89874	98.41%	100.00%	100.00%	0.00%	2326
2012	4	93032	94603	98.34%	100.00%	100.00%	0.00%	2330
2013	1	93636	95075	98.49%	100.00%	100.00%	0.00%	2327
2013	2	91075	92336	98.63%	100.00%	100.00%	0.00%	2294
2013	3	88520	89679	98.71%	100.00%	100.00%	0.00%	2284
2013	4	91024	92222	98.70%	100.00%	100.00%	0.00%	2276
2014	1	91862	93048	98.73%	100.00%	100.00%	0.00%	2336
2014	2	91591	92615	98.89%	100.00%	100.00%	0.00%	2312
2014	3	89984	90938	98.95%	100.00%	100.00%	0.00%	2302
2014	4	94458	95578	98.83%	100.00%	100.00%	0.00%	2345
	Sum:	1456254	1481265	98.31%				

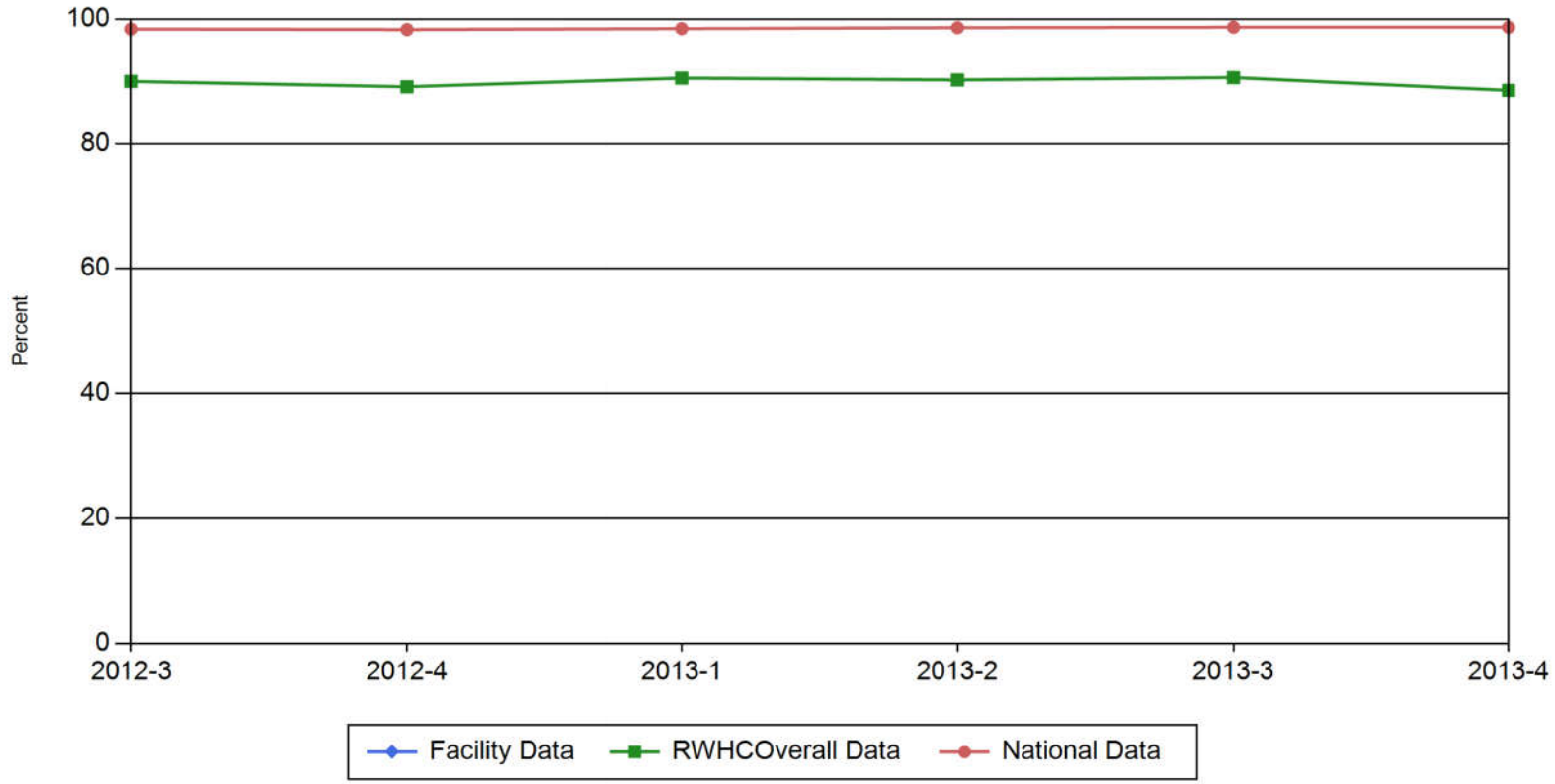
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-10 14237 Statin Prescribed at Discharge



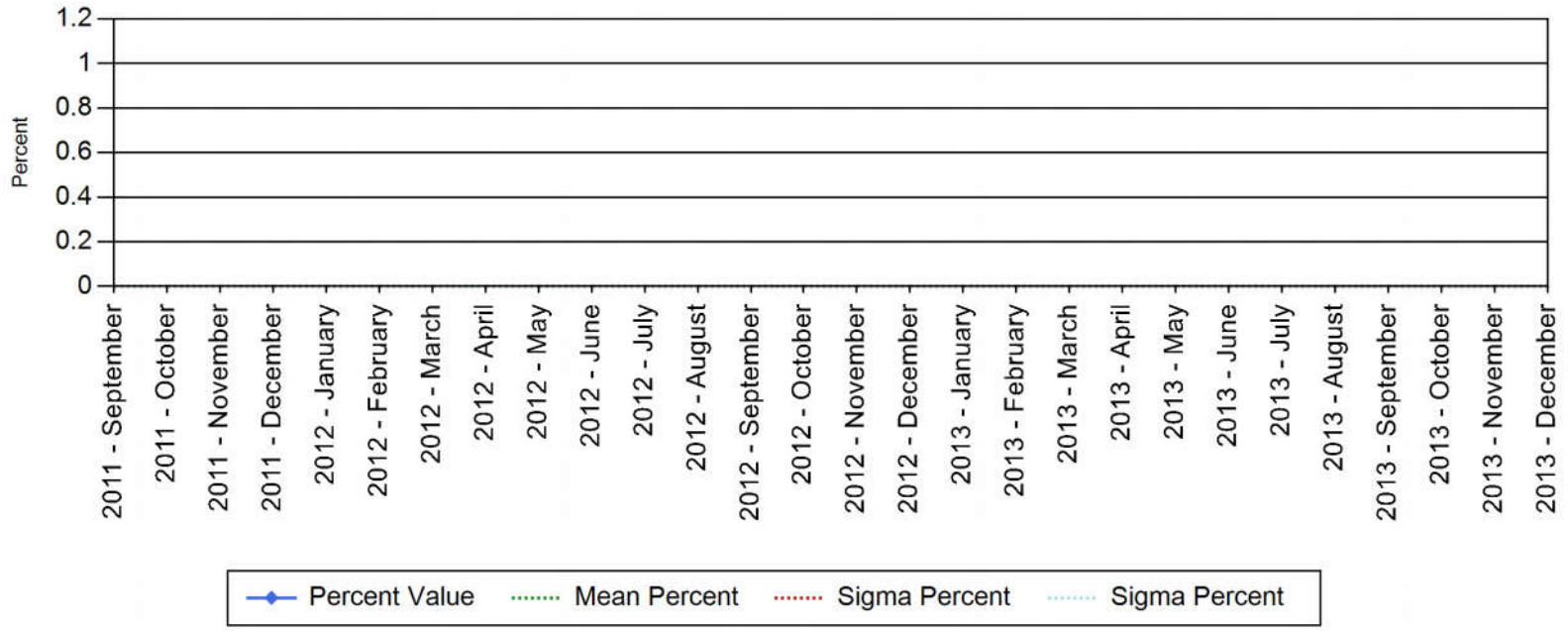
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-10 14237 Statin Prescribed at Discharge



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

RWHC Quality Indicators Program
Heart Failure Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-1 14335 Discharge Instructions

Year	Month	Num	Den	%
2011	1	2	2	100.00 %
2011	2	2	2	100.00 %
2011	3	1	3	33.33 %
2011	4	2	2	100.00 %
2011	5	1	2	50.00 %
2011	6	0	0	ND
2011	7	0	1	0.00 %
2011	8	2	2	100.00 %
2011	9	2	2	100.00 %
2011	10	3	3	100.00 %
2011	11	ND	ND	ND
2011	12	1	1	100.00 %
	Totals:	**16**	**20**	**80.00 %**

Year	Month	Num	Den	%
2012	1	2	2	100.00 %
2012	2	1	2	50.00 %
2012	3	0	1	0.00 %
2012	4	0	3	0.00 %
2012	5	1	3	33.33 %
2012	6	0	1	0.00 %
2012	7	2	3	66.67 %
2012	8	1	2	50.00 %
2012	9	0	0	ND
2012	10	3	4	75.00 %
2012	11	2	2	100.00 %
2012	12	1	1	100.00 %
	Totals:	**13**	**24**	**54.17 %**

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	1	0.00 %
2013	3	0	1	0.00 %
2013	4	0	2	0.00 %
2013	5	0	2	0.00 %
2013	6	2	2	100.00 %
2013	7	2	2	100.00 %
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	3	0.00 %
2013	11	ND	ND	ND
2013	12	0	2	0.00 %
	Totals:	**4**	**15**	**26.67 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-1 14335 Discharge Instructions

Year	Quarter	Num	Den	%
2011	1	5	7	71.43 %
2011	2	3	4	75.00 %
2011	3	4	5	80.00 %
2011	4	4	4	100.00 %
Totals:		**16**	**20**	**80.00 %**

Year	Quarter	Num	Den	%
2012	1	3	5	60.00 %
2012	2	1	7	14.29 %
2012	3	3	5	60.00 %
2012	4	6	7	85.71 %
Totals:		**13**	**24**	**54.17 %**

Year	Quarter	Num	Den	%
2013	1	0	2	0.00 %
2013	2	2	6	33.33 %
2013	3	2	2	100.00 %
2013	4	0	5	0.00 %
Totals:		**4**	**15**	**26.67 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Heart Failure Report

HF-1 14335 Discharge Instructions

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	476	579	82.21 %	100.00 %	100.00 %	0.00 %	0
2011	2	428	510	83.92 %	100.00 %	100.00 %	0.00 %	0
2011	3	410	484	84.71 %	100.00 %	100.00 %	0.00 %	0
2011	4	453	517	87.62 %	100.00 %	100.00 %	0.00 %	0
2012	1	468	557	84.02 %	100.00 %	100.00 %	0.00 %	0
2012	2	456	513	88.89 %	100.00 %	100.00 %	0.00 %	0
2012	3	431	482	89.42 %	100.00 %	100.00 %	0.00 %	0
2012	4	550	619	88.85 %	100.00 %	100.00 %	0.00 %	0
2013	1	435	492	88.41 %	100.00 %	100.00 %	0.00 %	0
2013	2	457	511	89.43 %	100.00 %	100.00 %	0.00 %	0
2013	3	367	420	87.38 %	100.00 %	100.00 %	0.00 %	0
2013	4	391	445	87.87 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**5322**	**6129**	**86.83 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Heart Failure Report

HF-1 14335 Discharge Instructions

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	134105	145505	92.17%	95.45%	100.00%	0.00%	2801
2011	2	124935	134405	92.95%	96.15%	100.00%	0.00%	2792
2011	3	112486	120245	93.55%	96.90%	100.00%	0.00%	2787
2011	4	124549	133114	93.57%	96.77%	100.00%	0.00%	2791
2012	1	130372	138683	94.01%	96.88%	100.00%	0.00%	2796
2012	2	119817	127186	94.21%	97.78%	100.00%	0.00%	2797
2012	3	110469	116995	94.42%	98.00%	100.00%	0.00%	2750
2012	4	124204	131001	94.81%	98.04%	100.00%	0.00%	2765
2013	1	129135	136122	94.87%	98.04%	100.00%	0.00%	2744
2013	2	122989	129081	95.28%	98.33%	100.00%	0.00%	2726
2013	3	111595	116980	95.40%	100.00%	100.00%	0.00%	2722
2013	4	121773	127441	95.55%	99.79%	100.00%	0.00%	2680
	Sum:	1466429	1556758	94.20%				

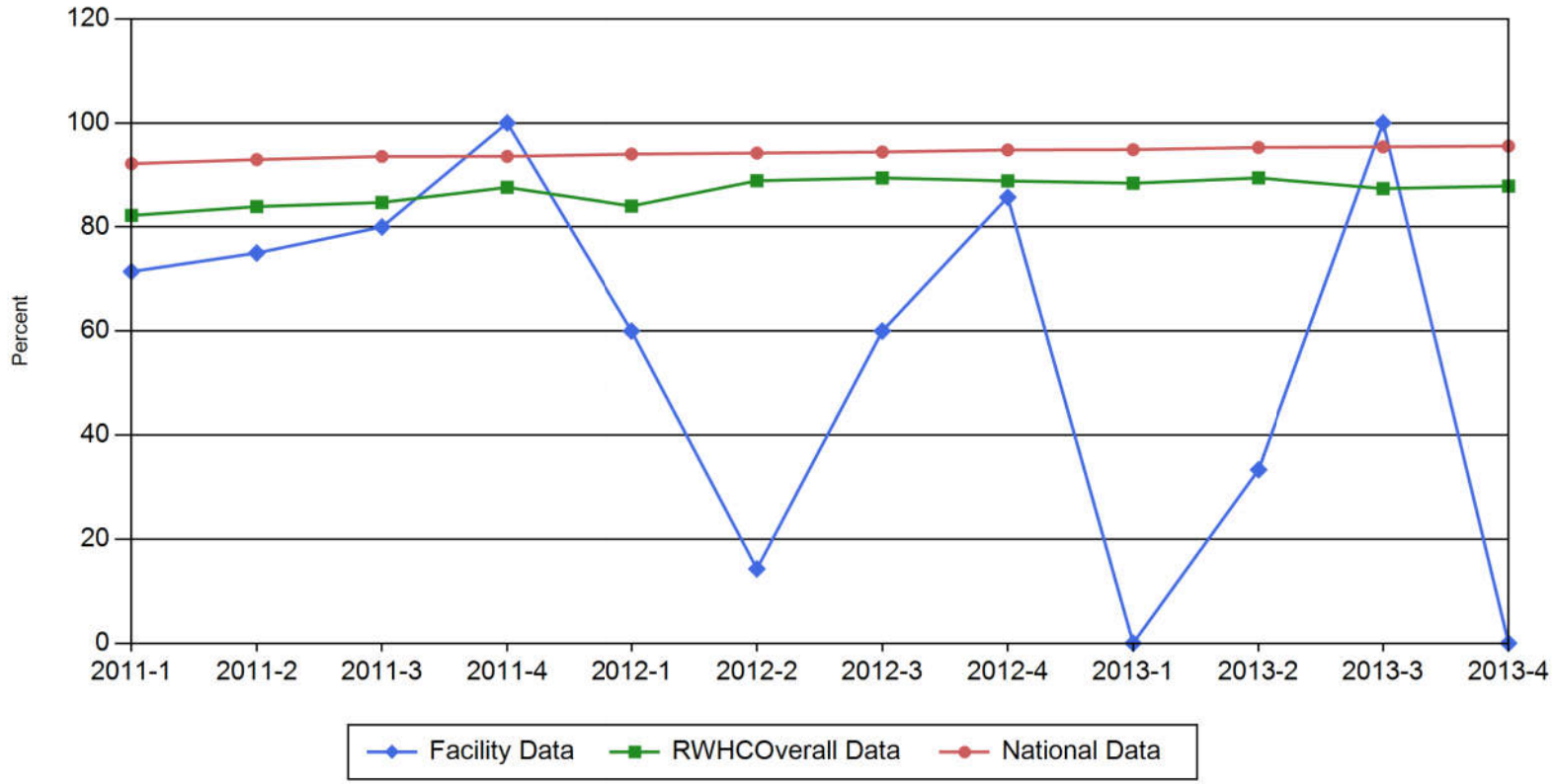
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-1 14335 Discharge Instructions



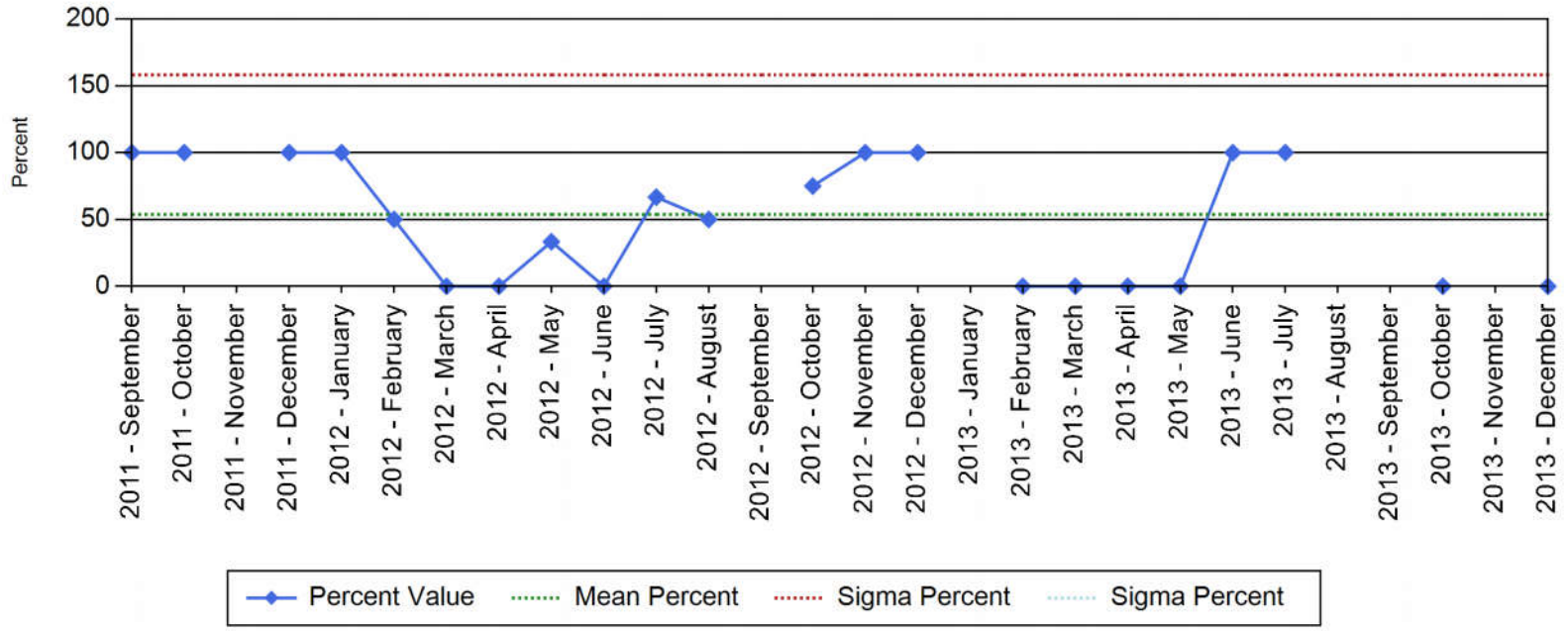
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RWHC Core Measure Program Control Chart

Heart Failure Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-1 14335 Discharge Instructions



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-2 14336 Evaluation of LVS Function

Year	Month	Num	Den	%
2011	1	3	3	100.00 %
2011	2	5	6	83.33 %
2011	3	2	3	66.67 %
2011	4	4	4	100.00 %
2011	5	2	3	66.67 %
2011	6	1	1	100.00 %
2011	7	1	2	50.00 %
2011	8	2	2	100.00 %
2011	9	2	3	66.67 %
2011	10	3	3	100.00 %
2011	11	ND	ND	ND
2011	12	1	1	100.00 %
	Totals:	**26**	**31**	**83.87 %**

Year	Month	Num	Den	%
2012	1	1	2	50.00 %
2012	2	2	3	66.67 %
2012	3	1	1	100.00 %
2012	4	3	4	75.00 %
2012	5	2	4	50.00 %
2012	6	0	1	0.00 %
2012	7	2	3	66.67 %
2012	8	1	2	50.00 %
2012	9	1	1	100.00 %
2012	10	6	6	100.00 %
2012	11	2	2	100.00 %
2012	12	2	2	100.00 %
	Totals:	**23**	**31**	**74.19 %**

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	4	4	100.00 %
2013	3	0	1	0.00 %
2013	4	2	2	100.00 %
2013	5	3	3	100.00 %
2013	6	3	3	100.00 %
2013	7	3	3	100.00 %
2013	8	1	1	100.00 %
2013	9	2	2	100.00 %
2013	10	5	6	83.33 %
2013	11	ND	ND	ND
2013	12	1	2	50.00 %
	Totals:	**24**	**27**	**88.89 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-2 14336 Evaluation of LVS Function

Year	Quarter	Num	Den	%
2011	1	10	12	83.33 %
2011	2	7	8	87.50 %
2011	3	5	7	71.43 %
2011	4	4	4	100.00 %
Totals:		**26**	**31**	**83.87 %**

Year	Quarter	Num	Den	%
2012	1	4	6	66.67 %
2012	2	5	9	55.56 %
2012	3	4	6	66.67 %
2012	4	10	10	100.00 %
Totals:		**23**	**31**	**74.19 %**

Year	Quarter	Num	Den	%
2013	1	4	5	80.00 %
2013	2	8	8	100.00 %
2013	3	6	6	100.00 %
2013	4	6	8	75.00 %
Totals:		**24**	**27**	**88.89 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Heart Failure Report

HF-2 14336 Evaluation of LVS Function

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	205	220	93.18 %	100.00 %	100.00 %	0.00 %	65
2012	4	738	805	91.68 %	100.00 %	100.00 %	0.00 %	231
2013	1	663	708	93.64 %	100.00 %	100.00 %	0.00 %	220
2013	2	655	699	93.71 %	100.00 %	100.00 %	0.00 %	216
2013	3	523	558	93.73 %	100.00 %	100.00 %	0.00 %	216
2013	4	582	627	92.82 %	100.00 %	100.00 %	0.00 %	213
2014	1	674	712	94.66 %	100.00 %	100.00 %	0.00 %	213
2014	2	603	632	95.41 %	100.00 %	100.00 %	0.00 %	215
2014	3	583	614	94.95 %	100.00 %	100.00 %	0.00 %	206
2014	4	609	652	93.40 %	100.00 %	100.00 %	0.00 %	210
2015	1	190	205	92.68 %	100.00 %	100.00 %	0.00 %	59
2015	2	180	190	94.74 %	100.00 %	100.00 %	0.00 %	58
2015	3	133	144	92.36 %	100.00 %	100.00 %	0.00 %	53
2015	4	117	127	92.13 %	100.00 %	100.00 %	0.00 %	46
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**6455**	**6893**	**93.65 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Heart Failure Report

HF-2 14336 Evaluation of LVS Function

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	179424	180946	99.16%	100.00%	100.00%	0.00%	2806
2011	2	164324	165577	99.24%	100.00%	100.00%	0.00%	2795
2011	3	147218	148275	99.29%	100.00%	100.00%	0.00%	2795
2011	4	161176	162194	99.37%	100.00%	100.00%	0.00%	2795
2012	1	170220	171256	99.40%	100.00%	100.00%	0.00%	2801
2012	2	155323	156225	99.42%	100.00%	100.00%	0.00%	2803
2012	3	143638	144385	99.48%	100.00%	100.00%	0.00%	2759
2012	4	159228	160024	99.50%	100.00%	100.00%	0.00%	2768
2013	1	168188	168996	99.52%	100.00%	100.00%	0.00%	2751
2013	2	158107	158835	99.54%	100.00%	100.00%	0.00%	2733
2013	3	143899	144509	99.58%	100.00%	100.00%	0.00%	2731
2013	4	154924	155591	99.57%	100.00%	100.00%	0.00%	2694
2014	1	167045	167701	99.61%	100.00%	100.00%	0.00%	2737
2014	2	160170	160717	99.66%	100.00%	100.00%	0.00%	2740
2014	3	145430	145987	99.62%	100.00%	100.00%	33.33%	2733
2014	4	163576	164221	99.61%	100.00%	100.00%	0.00%	2780
	Sum:	2541890	2555439	99.47%				

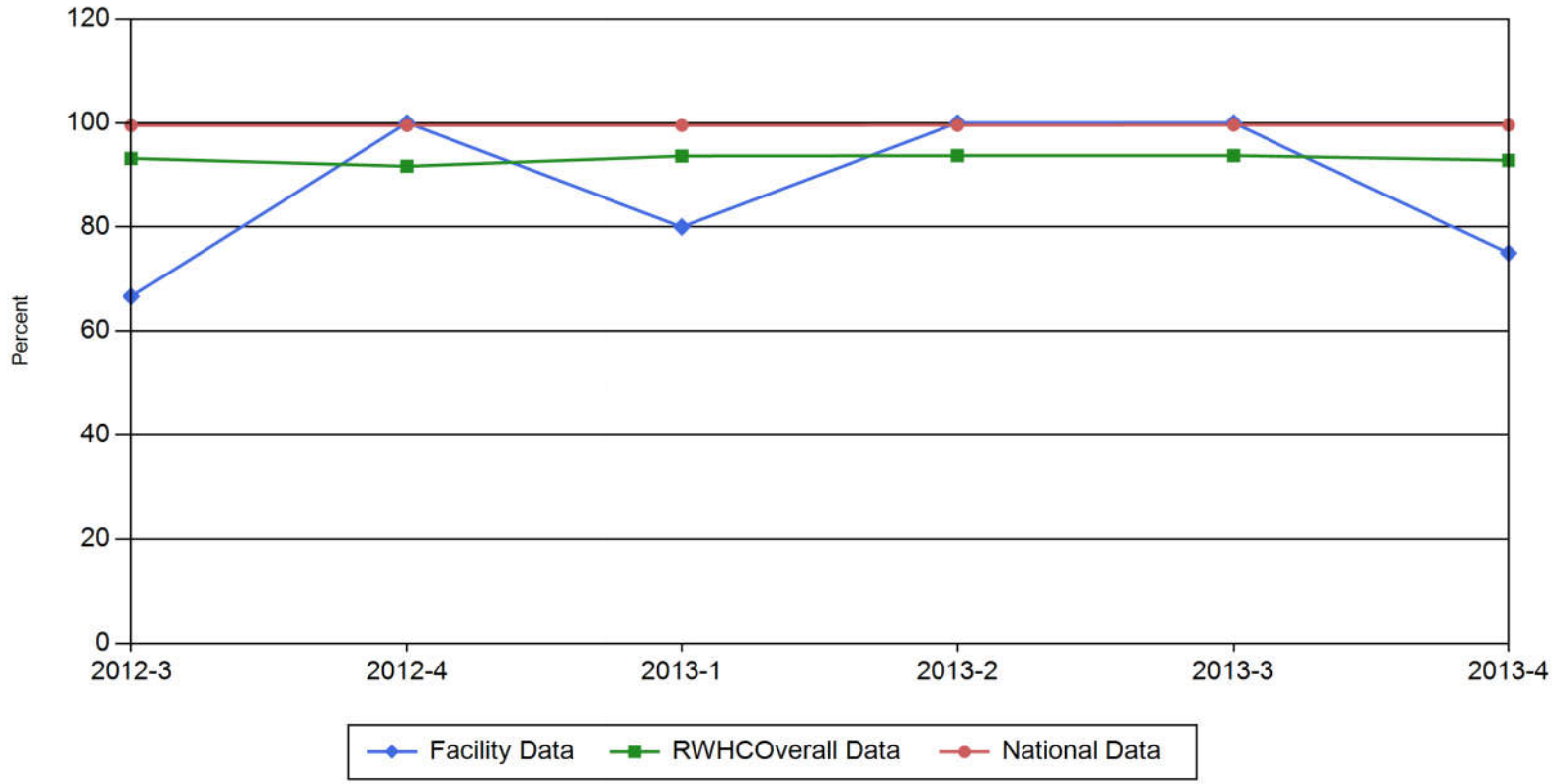
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-2 14336 Evaluation of LVS Function



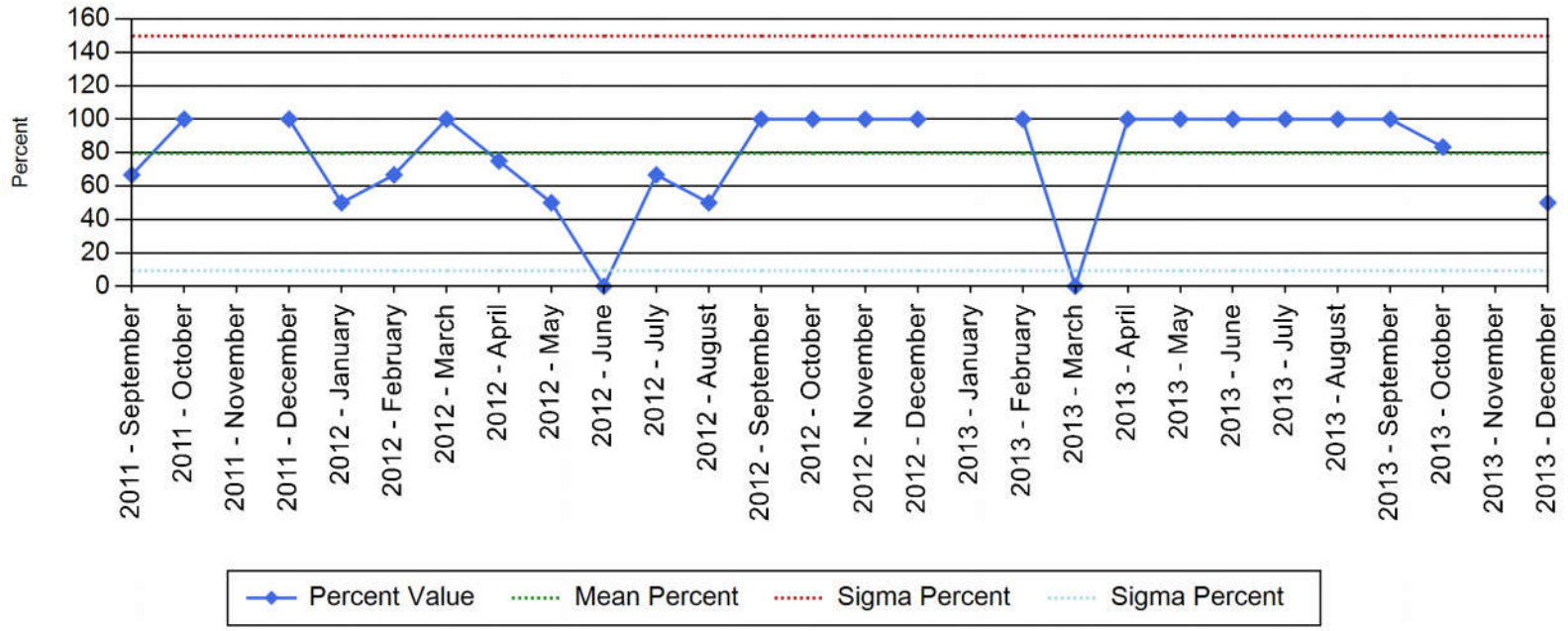
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RWHC Core Measure Program Control Chart

Heart Failure Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-2 14336 Evaluation of LVS Function



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-3 14339 ACEI or ARB for LVSD

Year	Month	Num	Den	%
2011	1	1	1	100.00 %
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	1	1	100.00 %
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	1	1	100.00 %
2011	8	0	0	ND
2011	9	1	1	100.00 %
2011	10	0	0	ND
2011	11	ND	ND	ND
2011	12	0	0	ND
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	1	1	100.00 %
2012	6	0	0	ND
2012	7	1	1	100.00 %
2012	8	1	1	100.00 %
2012	9	1	1	100.00 %
2012	10	4	5	80.00 %
2012	11	1	1	100.00 %
2012	12	0	0	ND
	Totals:	**9**	**10**	**90.00 %**

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	1	2	50.00 %
2013	3	0	1	0.00 %
2013	4	0	1	0.00 %
2013	5	0	0	ND
2013	6	1	1	100.00 %
2013	7	1	1	100.00 %
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	1	1	100.00 %
2013	11	ND	ND	ND
2013	12	1	1	100.00 %
	Totals:	**5**	**8**	**62.50 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-3 14339 ACEI or ARB for LVSD

Year	Quarter	Num	Den	%
2011	1	1	1	100.00 %
2011	2	1	1	100.00 %
2011	3	2	2	100.00 %
2011	4	0	0	ND
Totals:		**4**	**4**	**100.00 %**

Year	Quarter	Num	Den	%
2012	1	0	0	ND
2012	2	1	1	100.00 %
2012	3	3	3	100.00 %
2012	4	5	6	83.33 %
Totals:		**9**	**10**	**90.00 %**

Year	Quarter	Num	Den	%
2013	1	1	3	33.33 %
2013	2	1	2	50.00 %
2013	3	1	1	100.00 %
2013	4	2	2	100.00 %
Totals:		**5**	**8**	**62.50 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Heart Failure Report

HF-3 14339 ACEI or ARB for LVSD

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	145	171	84.80 %	100.00 %	100.00 %	0.00 %	0
2011	2	129	150	86.00 %	100.00 %	100.00 %	0.00 %	0
2011	3	129	145	88.97 %	100.00 %	100.00 %	0.00 %	0
2011	4	146	152	96.05 %	100.00 %	100.00 %	0.00 %	0
2012	1	145	162	89.51 %	100.00 %	100.00 %	0.00 %	0
2012	2	125	140	89.29 %	100.00 %	100.00 %	0.00 %	0
2012	3	133	142	93.66 %	100.00 %	100.00 %	0.00 %	0
2012	4	169	181	93.37 %	100.00 %	100.00 %	0.00 %	0
2013	1	139	160	86.88 %	100.00 %	100.00 %	0.00 %	0
2013	2	135	147	91.84 %	100.00 %	100.00 %	0.00 %	0
2013	3	107	122	87.70 %	100.00 %	100.00 %	0.00 %	0
2013	4	130	139	93.53 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**1632**	**1811**	**90.12 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Heart Failure Report

HF-3 14339 ACEI or ARB for LVSD

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	54894	57068	96.19%	100.00%	100.00%	0.00%	2731
2011	2	50036	51903	96.40%	100.00%	100.00%	0.00%	2724
2011	3	44570	46059	96.77%	100.00%	100.00%	0.00%	2702
2011	4	49205	50711	97.03%	100.00%	100.00%	0.00%	2720
2012	1	50818	52391	97.00%	100.00%	100.00%	0.00%	2718
2012	2	47049	48490	97.03%	100.00%	100.00%	0.00%	2706
2012	3	43653	44941	97.13%	100.00%	100.00%	0.00%	2656
2012	4	47558	48907	97.24%	100.00%	100.00%	0.00%	2682
2013	1	50021	51393	97.33%	100.00%	100.00%	0.00%	2672
2013	2	47328	48602	97.38%	100.00%	100.00%	0.00%	2644
2013	3	43549	44679	97.47%	100.00%	100.00%	0.00%	2628
2013	4	46195	47410	97.44%	100.00%	100.00%	0.00%	2592
2014	1	49280	50536	97.51%	100.00%	100.00%	0.00%	2649
2014	2	46858	47997	97.63%	100.00%	100.00%	0.00%	2628
2014	3	42559	43653	97.49%	100.00%	100.00%	0.00%	2637
2014	4	47173	48437	97.39%	100.00%	100.00%	0.00%	2674
	Sum:	760746	783177	97.14%				

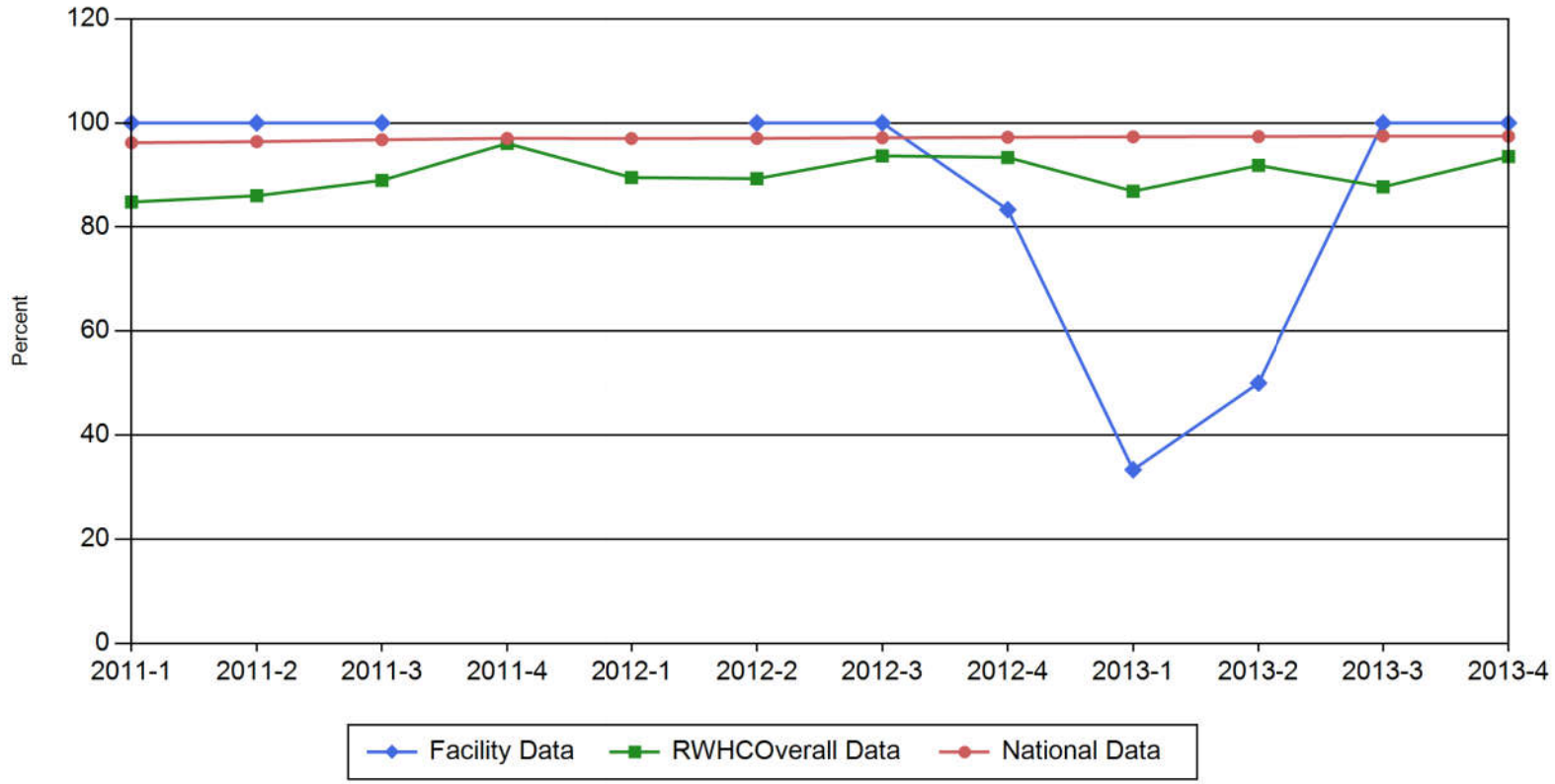
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-3 14339 ACEI or ARB for LVSD



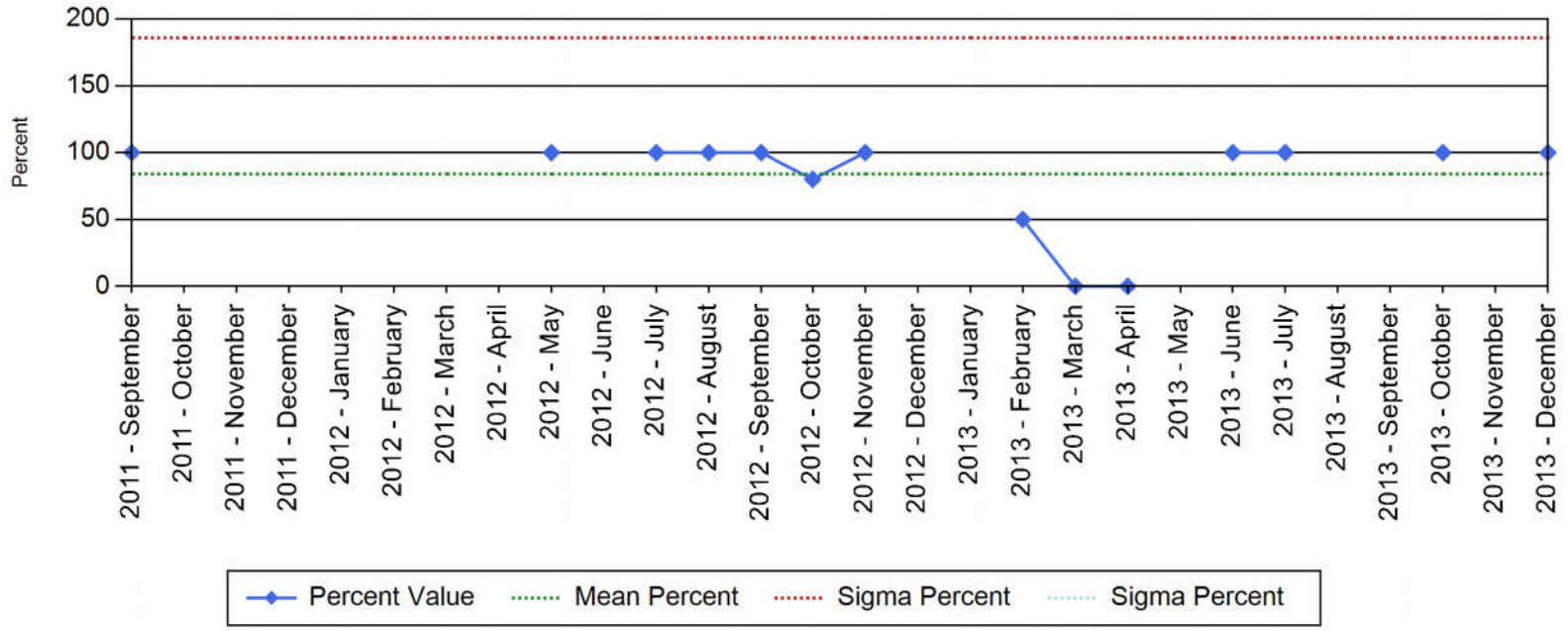
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RWHC Core Measure Program Control Chart

Heart Failure Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-3 14339 ACEI or ARB for LVSD



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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RWHC Quality Indicators Program
Heart Failure Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-1 14335 Discharge Instructions

Year	Month	Num	Den	%
2011	1	2	2	100.00 %
2011	2	2	2	100.00 %
2011	3	1	3	33.33 %
2011	4	2	2	100.00 %
2011	5	1	2	50.00 %
2011	6	0	0	ND
2011	7	0	1	0.00 %
2011	8	2	2	100.00 %
2011	9	2	2	100.00 %
2011	10	3	3	100.00 %
2011	11	ND	ND	ND
2011	12	1	1	100.00 %
	Totals:	**16**	**20**	**80.00 %**

Year	Month	Num	Den	%
2012	1	2	2	100.00 %
2012	2	1	2	50.00 %
2012	3	0	1	0.00 %
2012	4	0	3	0.00 %
2012	5	1	3	33.33 %
2012	6	0	1	0.00 %
2012	7	2	3	66.67 %
2012	8	1	2	50.00 %
2012	9	0	0	ND
2012	10	3	4	75.00 %
2012	11	2	2	100.00 %
2012	12	1	1	100.00 %
	Totals:	**13**	**24**	**54.17 %**

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	1	0.00 %
2013	3	0	1	0.00 %
2013	4	0	2	0.00 %
2013	5	0	2	0.00 %
2013	6	2	2	100.00 %
2013	7	2	2	100.00 %
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	3	0.00 %
2013	11	ND	ND	ND
2013	12	0	2	0.00 %
	Totals:	**4**	**15**	**26.67 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-1 14335 Discharge Instructions

Year	Quarter	Num	Den	%
2011	1	5	7	71.43 %
2011	2	3	4	75.00 %
2011	3	4	5	80.00 %
2011	4	4	4	100.00 %
Totals:		**16**	**20**	**80.00 %**

Year	Quarter	Num	Den	%
2012	1	3	5	60.00 %
2012	2	1	7	14.29 %
2012	3	3	5	60.00 %
2012	4	6	7	85.71 %
Totals:		**13**	**24**	**54.17 %**

Year	Quarter	Num	Den	%
2013	1	0	2	0.00 %
2013	2	2	6	33.33 %
2013	3	2	2	100.00 %
2013	4	0	5	0.00 %
Totals:		**4**	**15**	**26.67 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Heart Failure Report

HF-1 14335 Discharge Instructions

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	476	579	82.21 %	100.00 %	100.00 %	0.00 %	0
2011	2	428	510	83.92 %	100.00 %	100.00 %	0.00 %	0
2011	3	410	484	84.71 %	100.00 %	100.00 %	0.00 %	0
2011	4	453	517	87.62 %	100.00 %	100.00 %	0.00 %	0
2012	1	468	557	84.02 %	100.00 %	100.00 %	0.00 %	0
2012	2	456	513	88.89 %	100.00 %	100.00 %	0.00 %	0
2012	3	431	482	89.42 %	100.00 %	100.00 %	0.00 %	0
2012	4	550	619	88.85 %	100.00 %	100.00 %	0.00 %	0
2013	1	435	492	88.41 %	100.00 %	100.00 %	0.00 %	0
2013	2	457	511	89.43 %	100.00 %	100.00 %	0.00 %	0
2013	3	367	420	87.38 %	100.00 %	100.00 %	0.00 %	0
2013	4	391	445	87.87 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**5322**	**6129**	**86.83 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Heart Failure Report

HF-1 14335 Discharge Instructions

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	134105	145505	92.17%	95.45%	100.00%	0.00%	2801
2011	2	124935	134405	92.95%	96.15%	100.00%	0.00%	2792
2011	3	112486	120245	93.55%	96.90%	100.00%	0.00%	2787
2011	4	124549	133114	93.57%	96.77%	100.00%	0.00%	2791
2012	1	130372	138683	94.01%	96.88%	100.00%	0.00%	2796
2012	2	119817	127186	94.21%	97.78%	100.00%	0.00%	2797
2012	3	110469	116995	94.42%	98.00%	100.00%	0.00%	2750
2012	4	124204	131001	94.81%	98.04%	100.00%	0.00%	2765
2013	1	129135	136122	94.87%	98.04%	100.00%	0.00%	2744
2013	2	122989	129081	95.28%	98.33%	100.00%	0.00%	2726
2013	3	111595	116980	95.40%	100.00%	100.00%	0.00%	2722
2013	4	121773	127441	95.55%	99.79%	100.00%	0.00%	2680
	Sum:	1466429	1556758	94.20%				

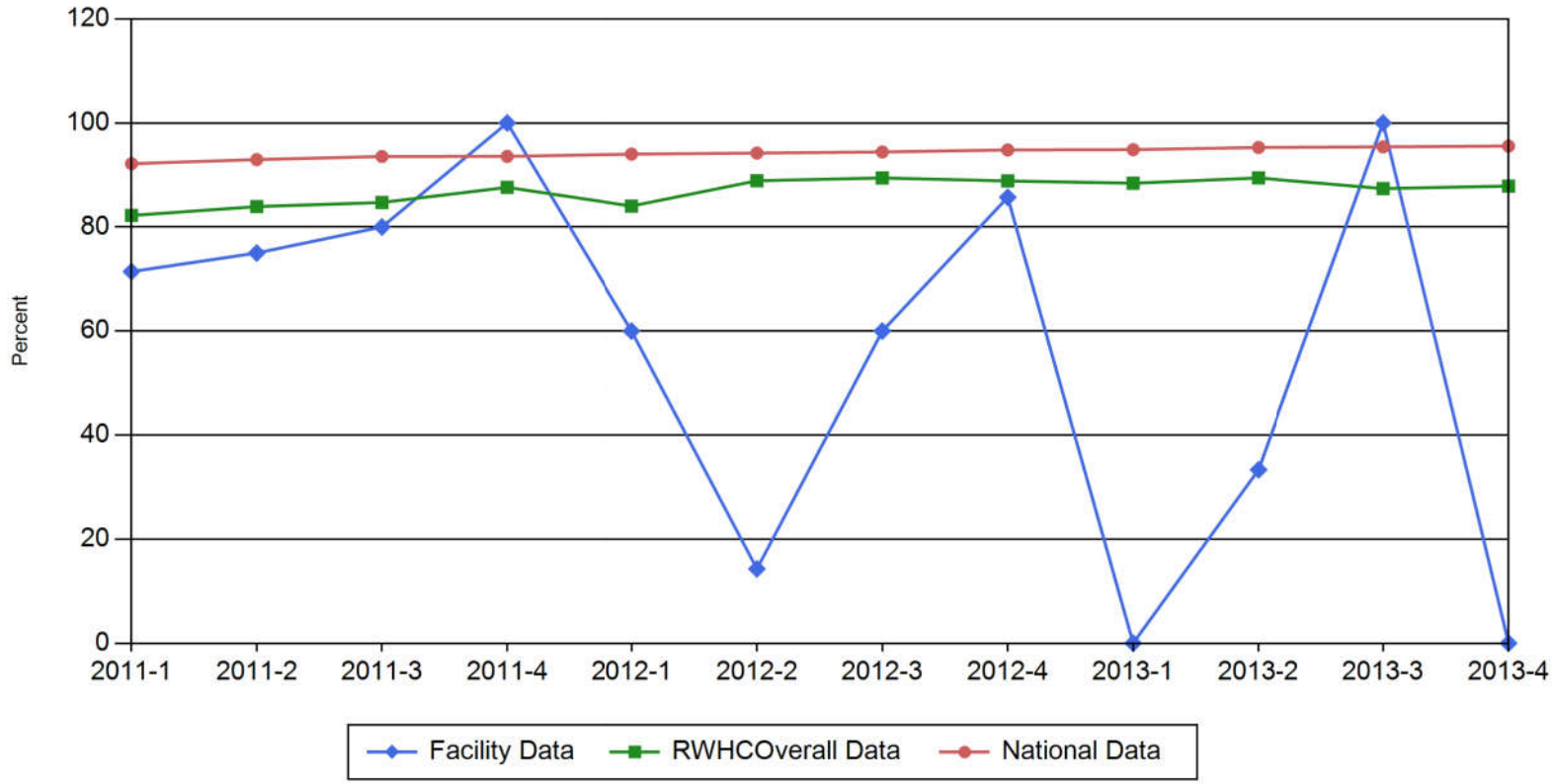
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-1 14335 Discharge Instructions



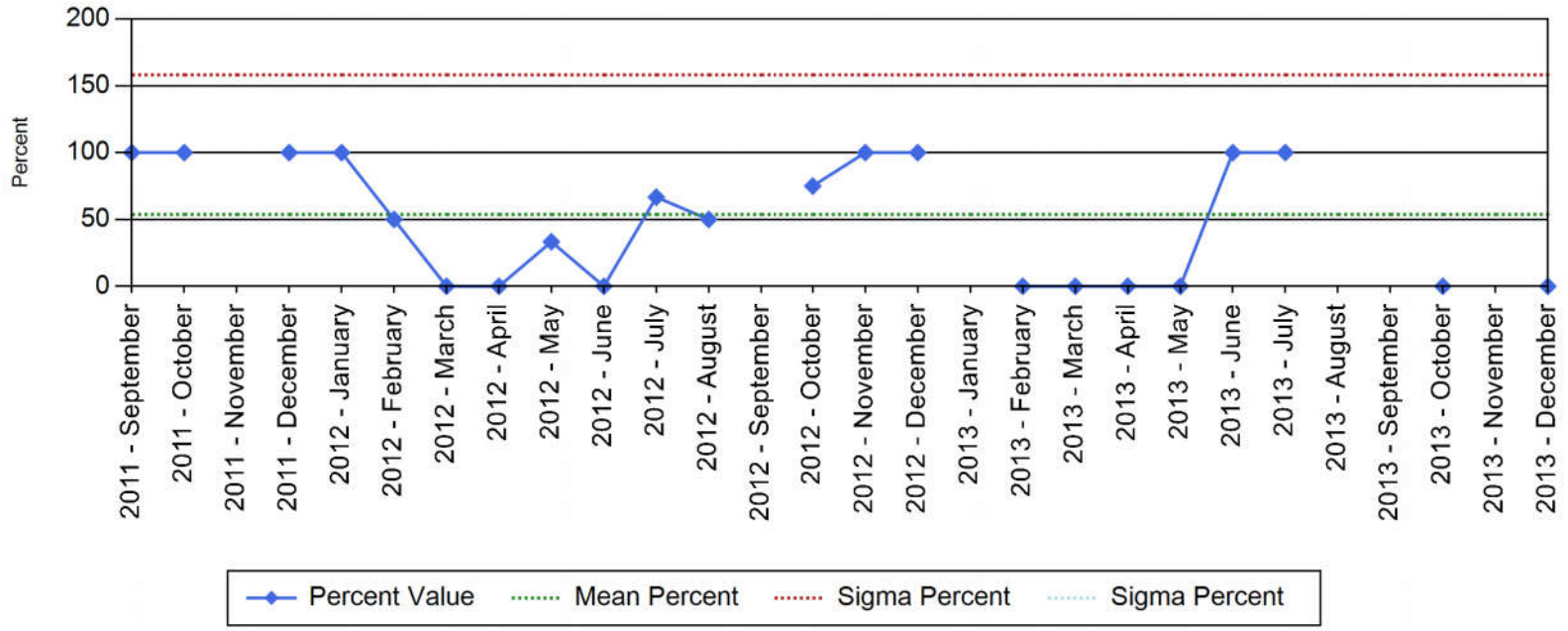
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RWHC Core Measure Program Control Chart

Heart Failure Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-1 14335 Discharge Instructions



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-2 14336 Evaluation of LVS Function

Year	Month	Num	Den	%
2011	1	3	3	100.00 %
2011	2	5	6	83.33 %
2011	3	2	3	66.67 %
2011	4	4	4	100.00 %
2011	5	2	3	66.67 %
2011	6	1	1	100.00 %
2011	7	1	2	50.00 %
2011	8	2	2	100.00 %
2011	9	2	3	66.67 %
2011	10	3	3	100.00 %
2011	11	ND	ND	ND
2011	12	1	1	100.00 %
	Totals:	**26**	**31**	**83.87 %**

Year	Month	Num	Den	%
2012	1	1	2	50.00 %
2012	2	2	3	66.67 %
2012	3	1	1	100.00 %
2012	4	3	4	75.00 %
2012	5	2	4	50.00 %
2012	6	0	1	0.00 %
2012	7	2	3	66.67 %
2012	8	1	2	50.00 %
2012	9	1	1	100.00 %
2012	10	6	6	100.00 %
2012	11	2	2	100.00 %
2012	12	2	2	100.00 %
	Totals:	**23**	**31**	**74.19 %**

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	4	4	100.00 %
2013	3	0	1	0.00 %
2013	4	2	2	100.00 %
2013	5	3	3	100.00 %
2013	6	3	3	100.00 %
2013	7	3	3	100.00 %
2013	8	1	1	100.00 %
2013	9	2	2	100.00 %
2013	10	5	6	83.33 %
2013	11	ND	ND	ND
2013	12	1	2	50.00 %
	Totals:	**24**	**27**	**88.89 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-2 14336 Evaluation of LVS Function

Year	Quarter	Num	Den	%
2011	1	10	12	83.33 %
2011	2	7	8	87.50 %
2011	3	5	7	71.43 %
2011	4	4	4	100.00 %
Totals:		**26**	**31**	**83.87 %**

Year	Quarter	Num	Den	%
2012	1	4	6	66.67 %
2012	2	5	9	55.56 %
2012	3	4	6	66.67 %
2012	4	10	10	100.00 %
Totals:		**23**	**31**	**74.19 %**

Year	Quarter	Num	Den	%
2013	1	4	5	80.00 %
2013	2	8	8	100.00 %
2013	3	6	6	100.00 %
2013	4	6	8	75.00 %
Totals:		**24**	**27**	**88.89 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Heart Failure Report

HF-2 14336 Evaluation of LVS Function

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	205	220	93.18 %	100.00 %	100.00 %	0.00 %	65
2012	4	738	805	91.68 %	100.00 %	100.00 %	0.00 %	231
2013	1	663	708	93.64 %	100.00 %	100.00 %	0.00 %	220
2013	2	655	699	93.71 %	100.00 %	100.00 %	0.00 %	216
2013	3	523	558	93.73 %	100.00 %	100.00 %	0.00 %	216
2013	4	582	627	92.82 %	100.00 %	100.00 %	0.00 %	213
2014	1	674	712	94.66 %	100.00 %	100.00 %	0.00 %	213
2014	2	603	632	95.41 %	100.00 %	100.00 %	0.00 %	215
2014	3	583	614	94.95 %	100.00 %	100.00 %	0.00 %	206
2014	4	609	652	93.40 %	100.00 %	100.00 %	0.00 %	210
2015	1	190	205	92.68 %	100.00 %	100.00 %	0.00 %	59
2015	2	180	190	94.74 %	100.00 %	100.00 %	0.00 %	58
2015	3	133	144	92.36 %	100.00 %	100.00 %	0.00 %	53
2015	4	117	127	92.13 %	100.00 %	100.00 %	0.00 %	46
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**6455**	**6893**	**93.65 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Heart Failure Report

HF-2 14336 Evaluation of LVS Function

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	179424	180946	99.16%	100.00%	100.00%	0.00%	2806
2011	2	164324	165577	99.24%	100.00%	100.00%	0.00%	2795
2011	3	147218	148275	99.29%	100.00%	100.00%	0.00%	2795
2011	4	161176	162194	99.37%	100.00%	100.00%	0.00%	2795
2012	1	170220	171256	99.40%	100.00%	100.00%	0.00%	2801
2012	2	155323	156225	99.42%	100.00%	100.00%	0.00%	2803
2012	3	143638	144385	99.48%	100.00%	100.00%	0.00%	2759
2012	4	159228	160024	99.50%	100.00%	100.00%	0.00%	2768
2013	1	168188	168996	99.52%	100.00%	100.00%	0.00%	2751
2013	2	158107	158835	99.54%	100.00%	100.00%	0.00%	2733
2013	3	143899	144509	99.58%	100.00%	100.00%	0.00%	2731
2013	4	154924	155591	99.57%	100.00%	100.00%	0.00%	2694
2014	1	167045	167701	99.61%	100.00%	100.00%	0.00%	2737
2014	2	160170	160717	99.66%	100.00%	100.00%	0.00%	2740
2014	3	145430	145987	99.62%	100.00%	100.00%	33.33%	2733
2014	4	163576	164221	99.61%	100.00%	100.00%	0.00%	2780
	Sum:	2541890	2555439	99.47%				

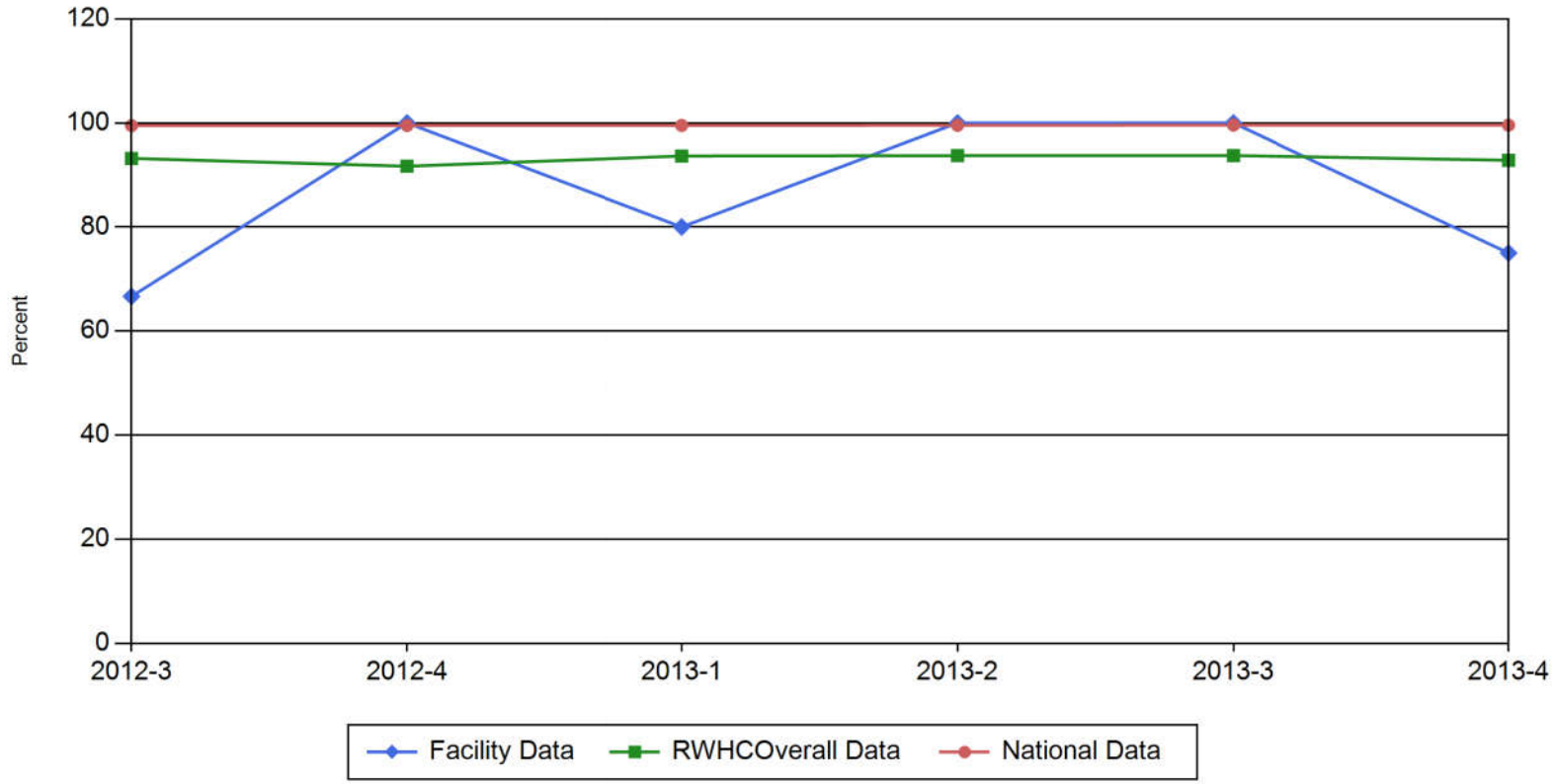
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-2 14336 Evaluation of LVS Function



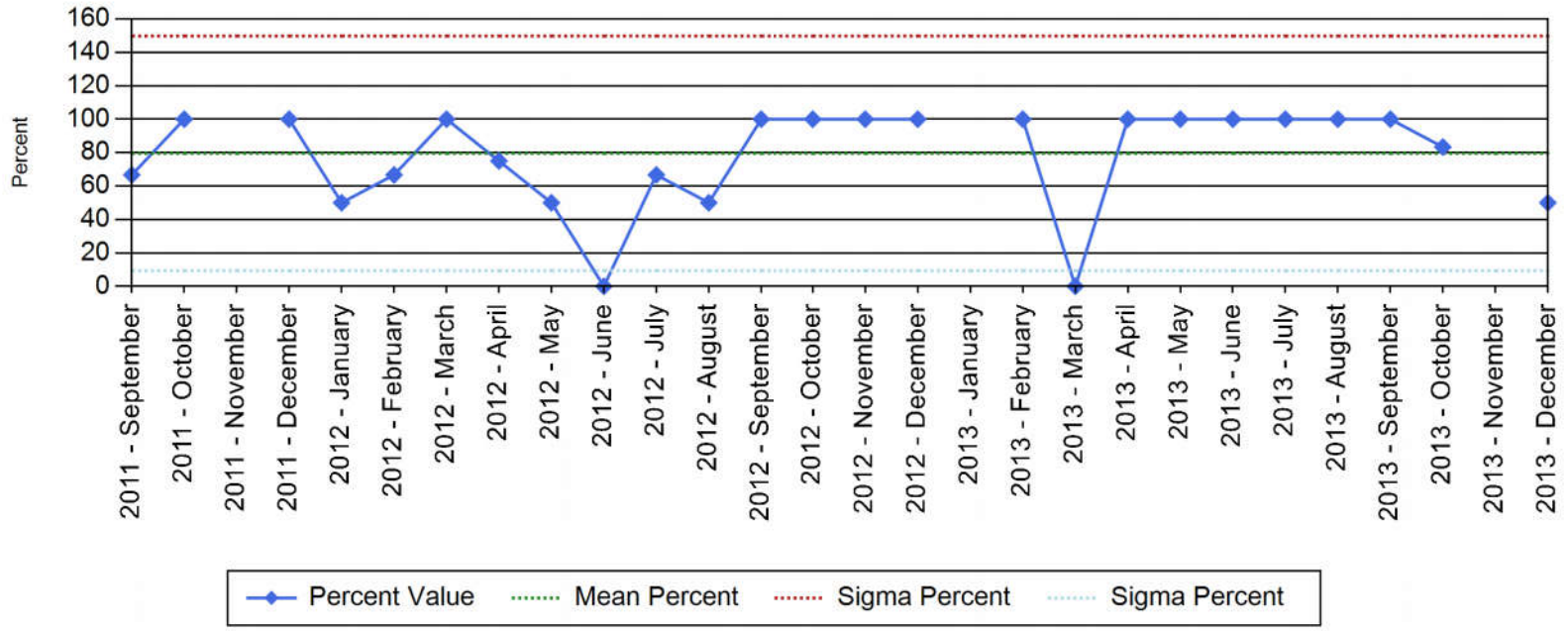
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RWHC Core Measure Program Control Chart

Heart Failure Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-2 14336 Evaluation of LVS Function



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-3 14339 ACEI or ARB for LVSD

Year	Month	Num	Den	%
2011	1	1	1	100.00 %
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	1	1	100.00 %
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	1	1	100.00 %
2011	8	0	0	ND
2011	9	1	1	100.00 %
2011	10	0	0	ND
2011	11	ND	ND	ND
2011	12	0	0	ND
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	1	1	100.00 %
2012	6	0	0	ND
2012	7	1	1	100.00 %
2012	8	1	1	100.00 %
2012	9	1	1	100.00 %
2012	10	4	5	80.00 %
2012	11	1	1	100.00 %
2012	12	0	0	ND
	Totals:	**9**	**10**	**90.00 %**

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	1	2	50.00 %
2013	3	0	1	0.00 %
2013	4	0	1	0.00 %
2013	5	0	0	ND
2013	6	1	1	100.00 %
2013	7	1	1	100.00 %
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	1	1	100.00 %
2013	11	ND	ND	ND
2013	12	1	1	100.00 %
	Totals:	**5**	**8**	**62.50 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-3 14339 ACEI or ARB for LVSD

Year	Quarter	Num	Den	%
2011	1	1	1	100.00 %
2011	2	1	1	100.00 %
2011	3	2	2	100.00 %
2011	4	0	0	ND
Totals:		**4**	**4**	**100.00 %**

Year	Quarter	Num	Den	%
2012	1	0	0	ND
2012	2	1	1	100.00 %
2012	3	3	3	100.00 %
2012	4	5	6	83.33 %
Totals:		**9**	**10**	**90.00 %**

Year	Quarter	Num	Den	%
2013	1	1	3	33.33 %
2013	2	1	2	50.00 %
2013	3	1	1	100.00 %
2013	4	2	2	100.00 %
Totals:		**5**	**8**	**62.50 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Heart Failure Report

HF-3 14339 ACEI or ARB for LVSD

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	145	171	84.80 %	100.00 %	100.00 %	0.00 %	0
2011	2	129	150	86.00 %	100.00 %	100.00 %	0.00 %	0
2011	3	129	145	88.97 %	100.00 %	100.00 %	0.00 %	0
2011	4	146	152	96.05 %	100.00 %	100.00 %	0.00 %	0
2012	1	145	162	89.51 %	100.00 %	100.00 %	0.00 %	0
2012	2	125	140	89.29 %	100.00 %	100.00 %	0.00 %	0
2012	3	133	142	93.66 %	100.00 %	100.00 %	0.00 %	0
2012	4	169	181	93.37 %	100.00 %	100.00 %	0.00 %	0
2013	1	139	160	86.88 %	100.00 %	100.00 %	0.00 %	0
2013	2	135	147	91.84 %	100.00 %	100.00 %	0.00 %	0
2013	3	107	122	87.70 %	100.00 %	100.00 %	0.00 %	0
2013	4	130	139	93.53 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**1632**	**1811**	**90.12 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Heart Failure Report

HF-3 14339 ACEI or ARB for LVSD

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	54894	57068	96.19%	100.00%	100.00%	0.00%	2731
2011	2	50036	51903	96.40%	100.00%	100.00%	0.00%	2724
2011	3	44570	46059	96.77%	100.00%	100.00%	0.00%	2702
2011	4	49205	50711	97.03%	100.00%	100.00%	0.00%	2720
2012	1	50818	52391	97.00%	100.00%	100.00%	0.00%	2718
2012	2	47049	48490	97.03%	100.00%	100.00%	0.00%	2706
2012	3	43653	44941	97.13%	100.00%	100.00%	0.00%	2656
2012	4	47558	48907	97.24%	100.00%	100.00%	0.00%	2682
2013	1	50021	51393	97.33%	100.00%	100.00%	0.00%	2672
2013	2	47328	48602	97.38%	100.00%	100.00%	0.00%	2644
2013	3	43549	44679	97.47%	100.00%	100.00%	0.00%	2628
2013	4	46195	47410	97.44%	100.00%	100.00%	0.00%	2592
2014	1	49280	50536	97.51%	100.00%	100.00%	0.00%	2649
2014	2	46858	47997	97.63%	100.00%	100.00%	0.00%	2628
2014	3	42559	43653	97.49%	100.00%	100.00%	0.00%	2637
2014	4	47173	48437	97.39%	100.00%	100.00%	0.00%	2674
	Sum:	760746	783177	97.14%				

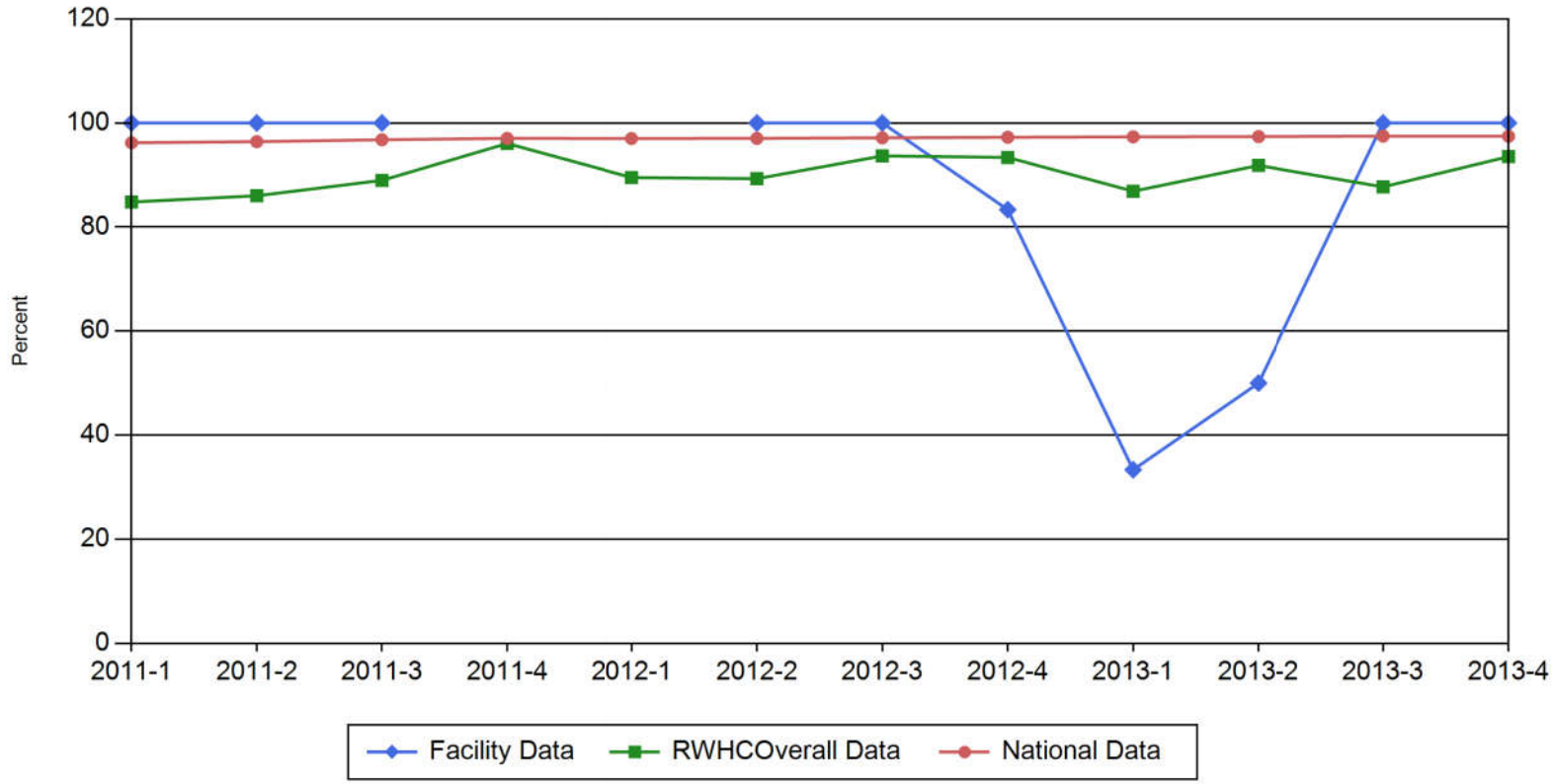
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RWHC Core Measure Program Comparison Report by Year-Quarter

Heart Failure Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-3 14339 ACEI or ARB for LVSD



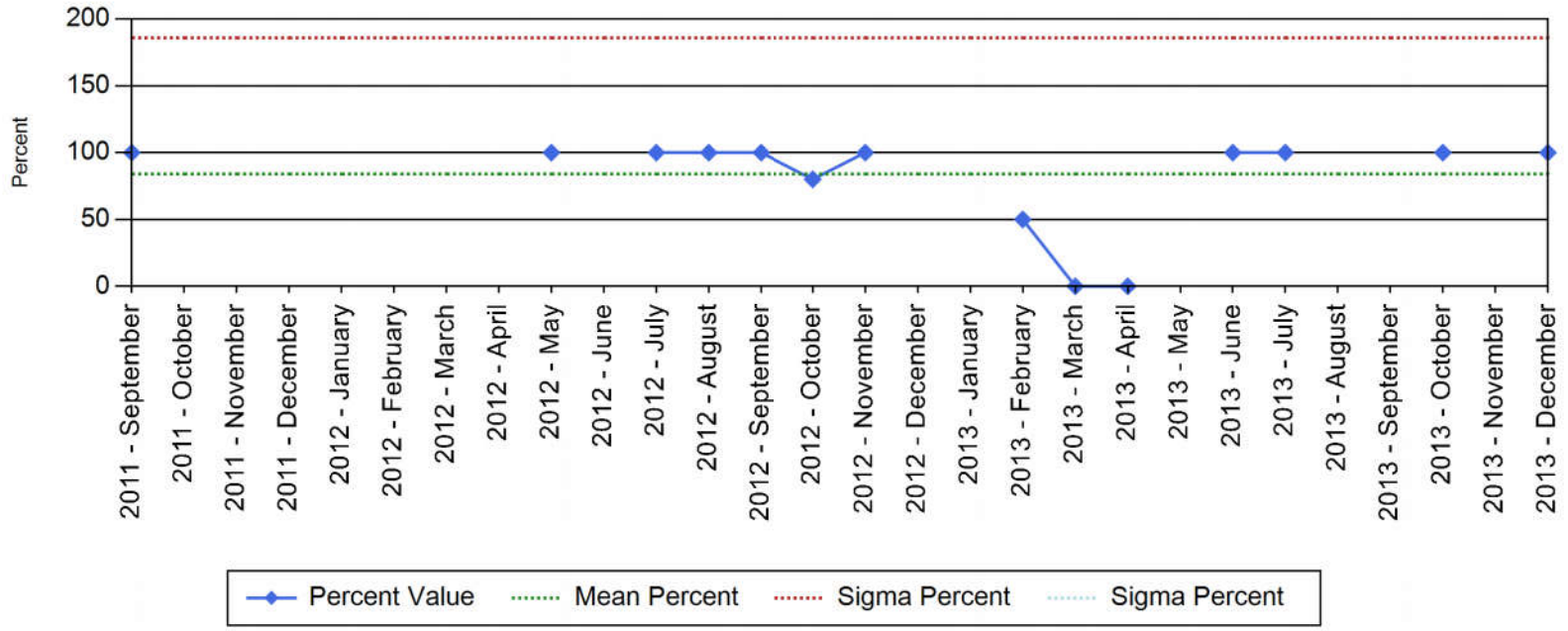
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RWHC Core Measure Program Control Chart

Heart Failure Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

HF-3 14339 ACEI or ARB for LVSD



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

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A trend of 6 consecutive data points steadily increasing or decreasing.

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RWHC Quality Indicators Program
Acute Myocardial Infarction Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	ND
2012	2	ND
2012	3	ND
2012	4	ND
2012	5	ND
2012	6	ND
2012	7	ND
2012	8	ND
2012	9	ND
2012	10	ND
2012	11	ND
2012	12	ND

Year	Month	Median
2013	1	ND
2013	2	ND
2013	3	ND
2013	4	ND
2013	5	ND
2013	6	ND
2013	7	ND
2013	8	ND
2013	9	ND
2013	10	ND
2013	11	ND
2013	12	ND

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Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	ND
2012	2	ND
2012	3	ND
2012	4	ND

Year	Quarter	Median
2013	1	ND
2013	2	ND
2013	3	ND
2013	4	ND

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	3				0
2012	4	282.00	282.00	282.00	1
2013	1				0
2013	2	41.00	41.00	41.00	1
2013	3				0
2013	4	27.00	27.00	27.00	1
2014	1				0
2014	2				0
2014	3	155.00	155.00	155.00	1
2014	4				0
2015	1				0
2015	2				0
2015	3				0
2015	4				0
2016	1				0
2016	2				0
2016	3				0
2016	4				0
	Average:	**126.25**			

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)

Year	Quarter	Median Value	Fac Count
2011	1	47.01	129
2011	2	34.31	100
2011	3	41.92	92
2011	4	45.25	101
2012	1	44.24	78
2012	2	36.70	72
2012	3	39.22	80
2012	4	47.56	69
2013	1	41.30	69
2013	2	49.66	58
2013	3	46.88	59
2013	4	39.94	47
2014	1	44.18	49
2014	2	39.17	47
2014	3	42.07	39
2014	4	52.21	48

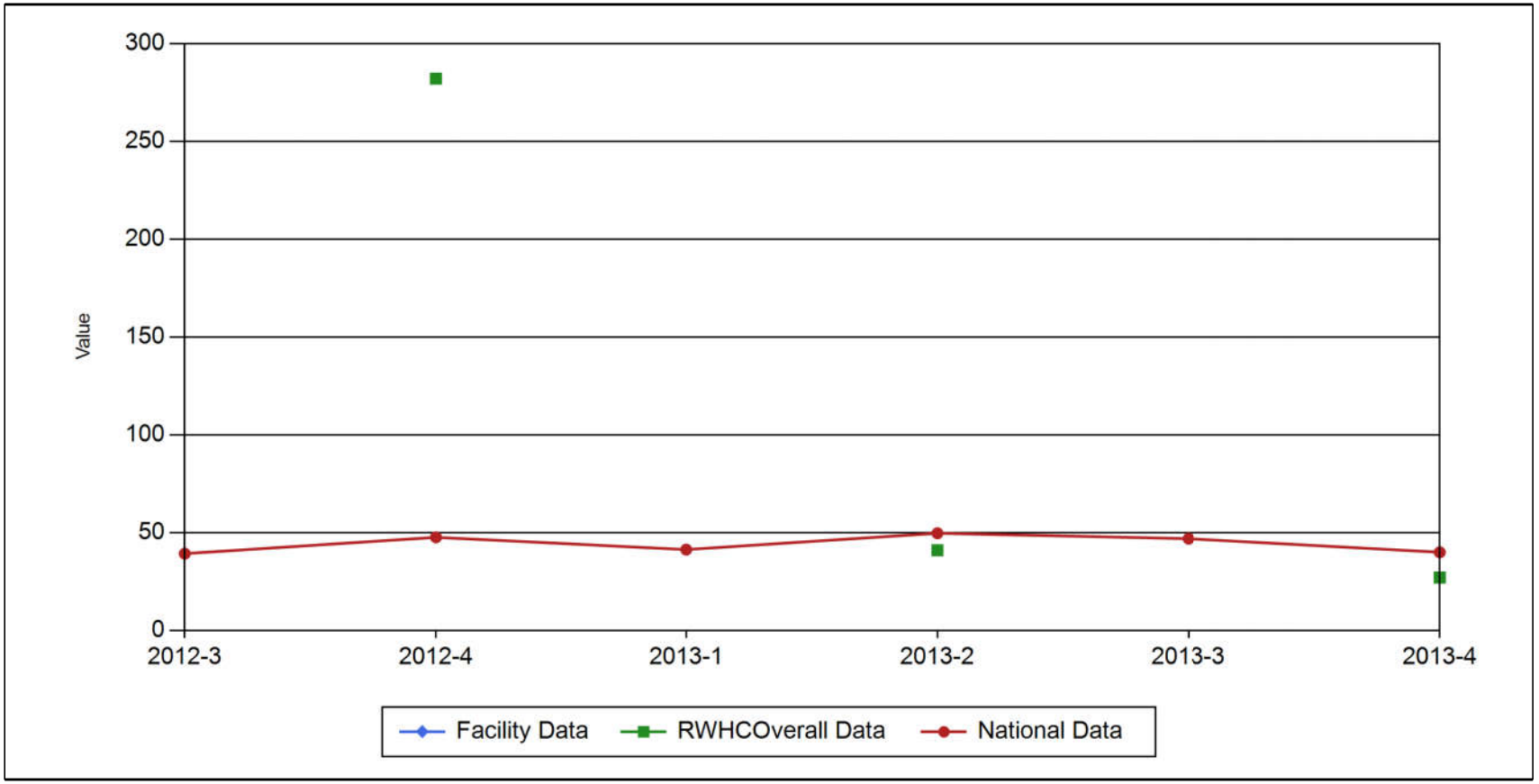
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)



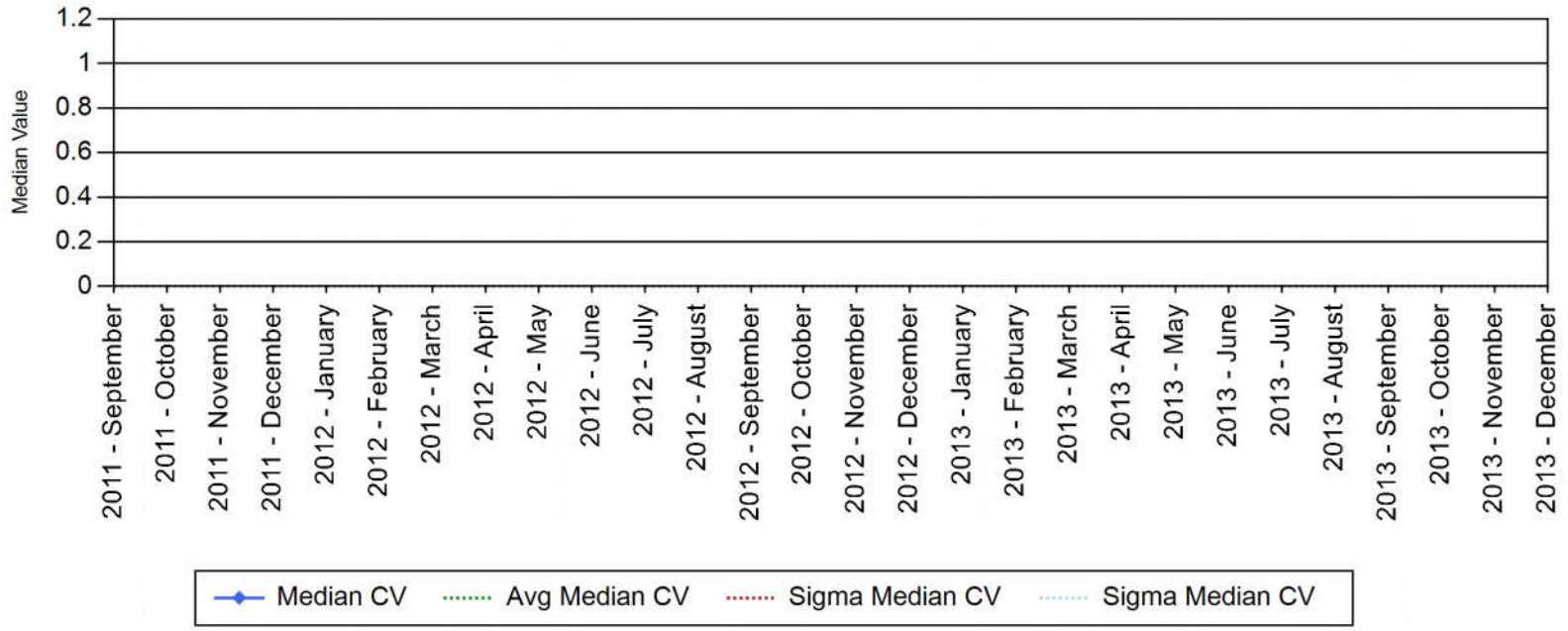
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7 14226 Median Time to Fibrinolysis (in Minutes)



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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8 14227 Median Time to Primary PCI (in Minutes)

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	ND
2012	2	ND
2012	3	ND
2012	4	ND
2012	5	ND
2012	6	ND
2012	7	ND
2012	8	ND
2012	9	ND
2012	10	ND
2012	11	ND
2012	12	ND

Year	Month	Median
2013	1	ND
2013	2	ND
2013	3	ND
2013	4	ND
2013	5	ND
2013	6	ND
2013	7	ND
2013	8	ND
2013	9	ND
2013	10	ND
2013	11	ND
2013	12	ND

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Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8 14227 Median Time to Primary PCI (in Minutes)

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	ND
2012	2	ND
2012	3	ND
2012	4	ND

Year	Quarter	Median
2013	1	ND
2013	2	ND
2013	3	ND
2013	4	ND

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-8 14227 Median Time to Primary PCI (in Minutes)

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	3	100.50	100.50	100.50	1
2012	4	57.57	67.00	29.00	4
2013	1	71.27	79.50	54.00	6
2013	2	75.83	157.00	53.00	4
2013	3	59.92	83.00	30.00	5
2013	4	56.33	96.00	29.00	6
2014	1	69.73	78.50	55.00	5
2014	2	72.57	91.00	52.00	4
2014	3	50.43	58.00	47.00	4
2014	4	79.20	85.00	70.00	3
2015	1	63.50	70.00	56.50	3
2015	2	51.00	58.50	46.00	2
2015	3	65.50	66.00	64.00	2
2015	4				0
2016	1				0
2016	2				0
2016	3				0
2016	4				0
	Average:	**67.18**			

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-8 14227 Median Time to Primary PCI (in Minutes)

Year	Quarter	Median Value	Fac Count
2011	1	63.97	1264
2011	2	62.69	1266
2011	3	62.75	1274
2011	4	61.63	1274
2012	1	61.75	1284
2012	2	61.17	1290
2012	3	60.46	1273
2012	4	61.03	1271
2013	1	60.81	1290
2013	2	59.31	1297
2013	3	59.11	1296
2013	4	60.13	1287
2014	1	59.20	1303
2014	2	59.04	1314
2014	3	59.71	1303
2014	4	59.77	1318

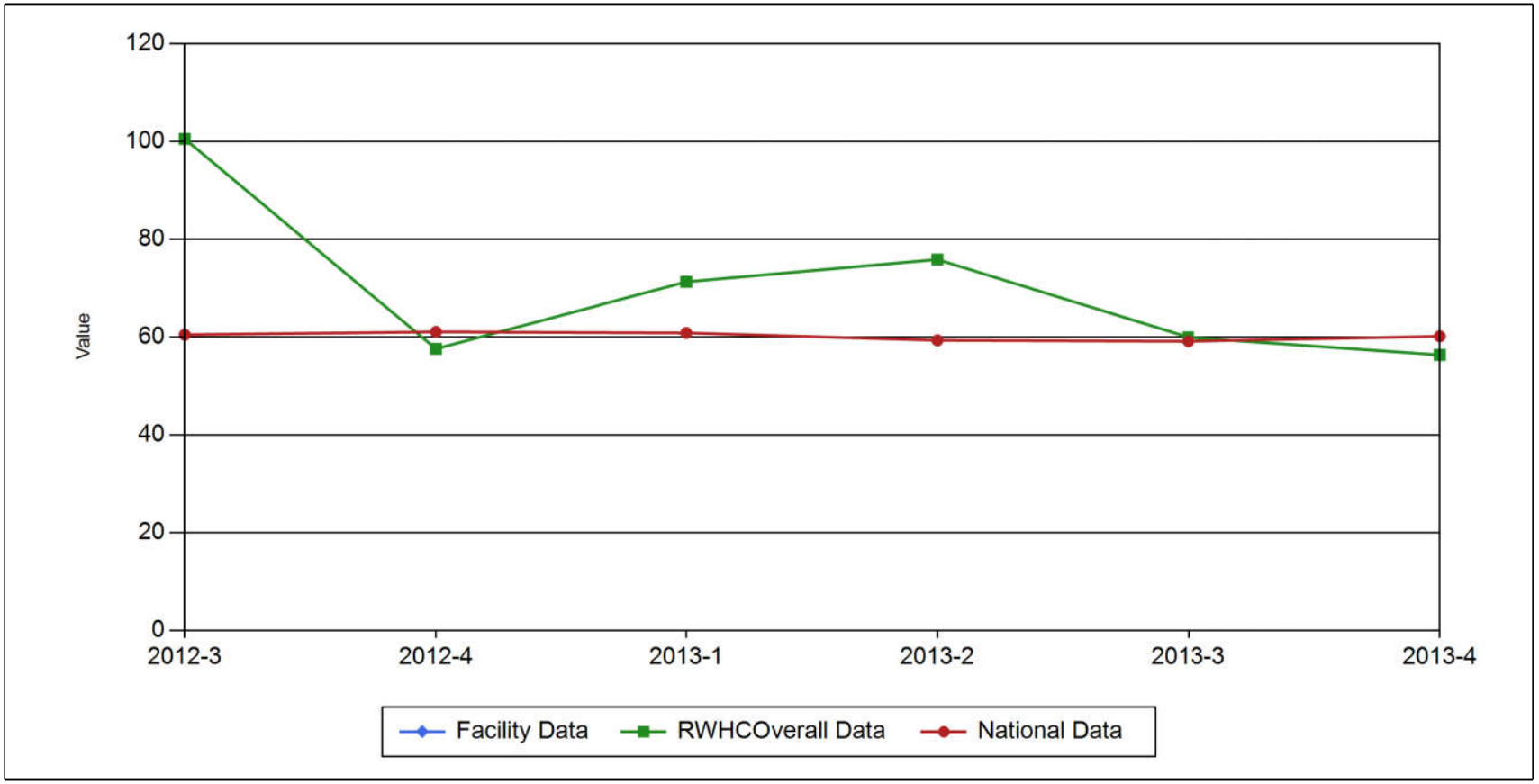
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8 14227 Median Time to Primary PCI (in Minutes)



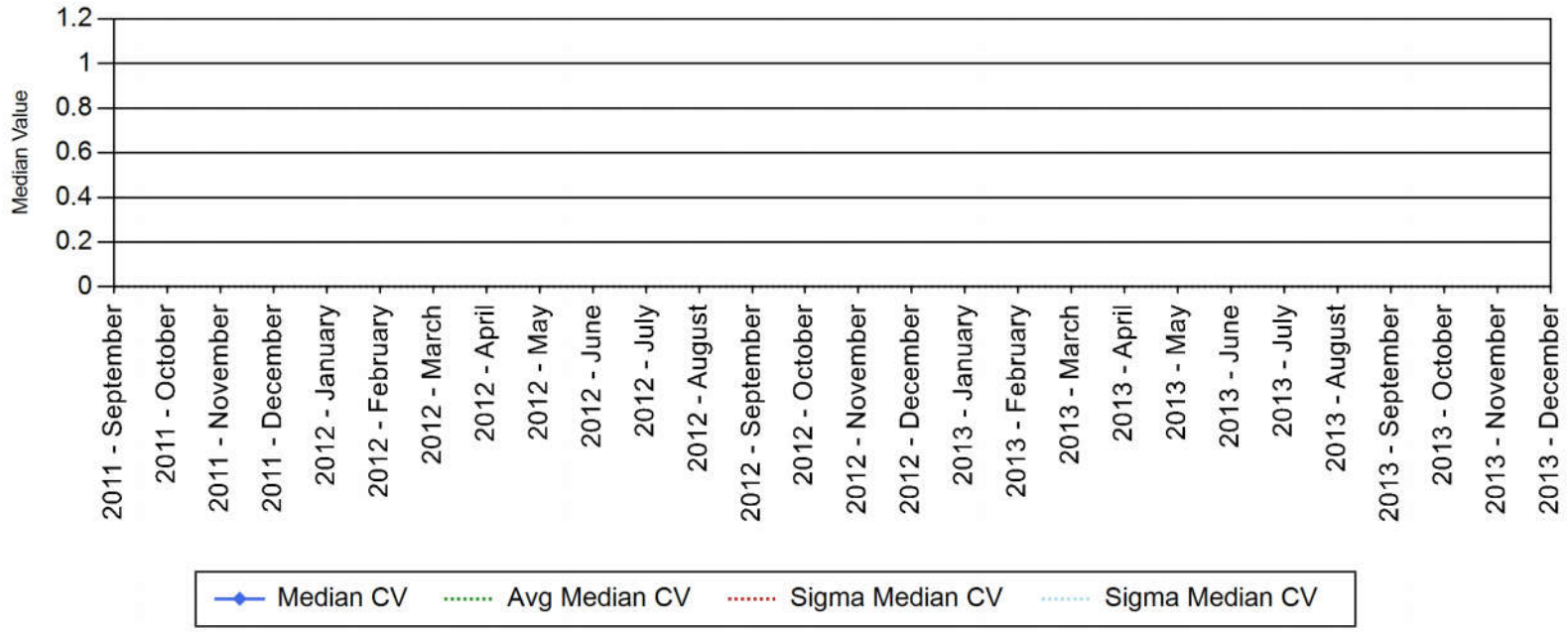
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8 14227 Median Time to Primary PCI (in Minutes)



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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-1 14229 Aspirin at Arrival

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	1	1	100.00 %
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
	Totals:	**1**	**1**	**100.00 %**

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
	Totals:			

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
	Totals:			**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-1 14229 Aspirin at Arrival

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	ND	ND	ND
2011	2	1	1	100.00 %	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	ND	ND	ND
Totals:		**1**	**1**	**100.00 %**	**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-1 14229 Aspirin at Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	97	100	97.00 %	100.00 %	100.00 %	0.00 %	0
2011	2	89	92	96.74 %	100.00 %	100.00 %	0.00 %	0
2011	3	87	90	96.67 %	100.00 %	100.00 %	0.00 %	0
2011	4	80	83	96.39 %	100.00 %	100.00 %	0.00 %	0
2012	1	90	91	98.90 %	100.00 %	100.00 %	50.00 %	0
2012	2	69	72	95.83 %	100.00 %	100.00 %	0.00 %	0
2012	3	83	84	98.81 %	100.00 %	100.00 %	75.00 %	0
2012	4	119	124	95.97 %	100.00 %	100.00 %	0.00 %	0
2013	1	111	112	99.11 %	100.00 %	100.00 %	0.00 %	0
2013	2	115	119	96.64 %	100.00 %	100.00 %	0.00 %	0
2013	3	87	89	97.75 %	100.00 %	100.00 %	0.00 %	0
2013	4	96	97	98.97 %	100.00 %	100.00 %	50.00 %	0
	Totals:	**1123**	**1153**	**97.40 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-1 14229 Aspirin at Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	110096	111161	99.04%	100.00%	100.00%	0.00%	2481
2011	2	107009	107809	99.26%	100.00%	100.00%	0.00%	2456
2011	3	103314	104029	99.31%	100.00%	100.00%	0.00%	2449
2011	4	107863	108582	99.34%	100.00%	100.00%	0.00%	2464
2012	1	111389	112195	99.28%	100.00%	100.00%	0.00%	2498
2012	2	107263	107973	99.34%	100.00%	100.00%	0.00%	2458
2012	3	103911	104507	99.43%	100.00%	100.00%	0.00%	2418
2012	4	109980	110706	99.34%	100.00%	100.00%	0.00%	2421
2013	1	110926	111651	99.35%	100.00%	100.00%	0.00%	2420
2013	2	106322	106957	99.41%	100.00%	100.00%	0.00%	2392
2013	3	103181	103743	99.46%	100.00%	100.00%	0.00%	2389
2013	4	106204	106782	99.46%	100.00%	100.00%	0.00%	2379
2014	1	107733	108312	99.47%	100.00%	100.00%	0.00%	2446
2014	2	106429	106981	99.48%	100.00%	100.00%	0.00%	2420
2014	3	104136	104680	99.48%	100.00%	100.00%	0.00%	2410
2014	4	109957	110555	99.46%	100.00%	100.00%	0.00%	2454
	Sum:	1715713	1726623	99.37%				

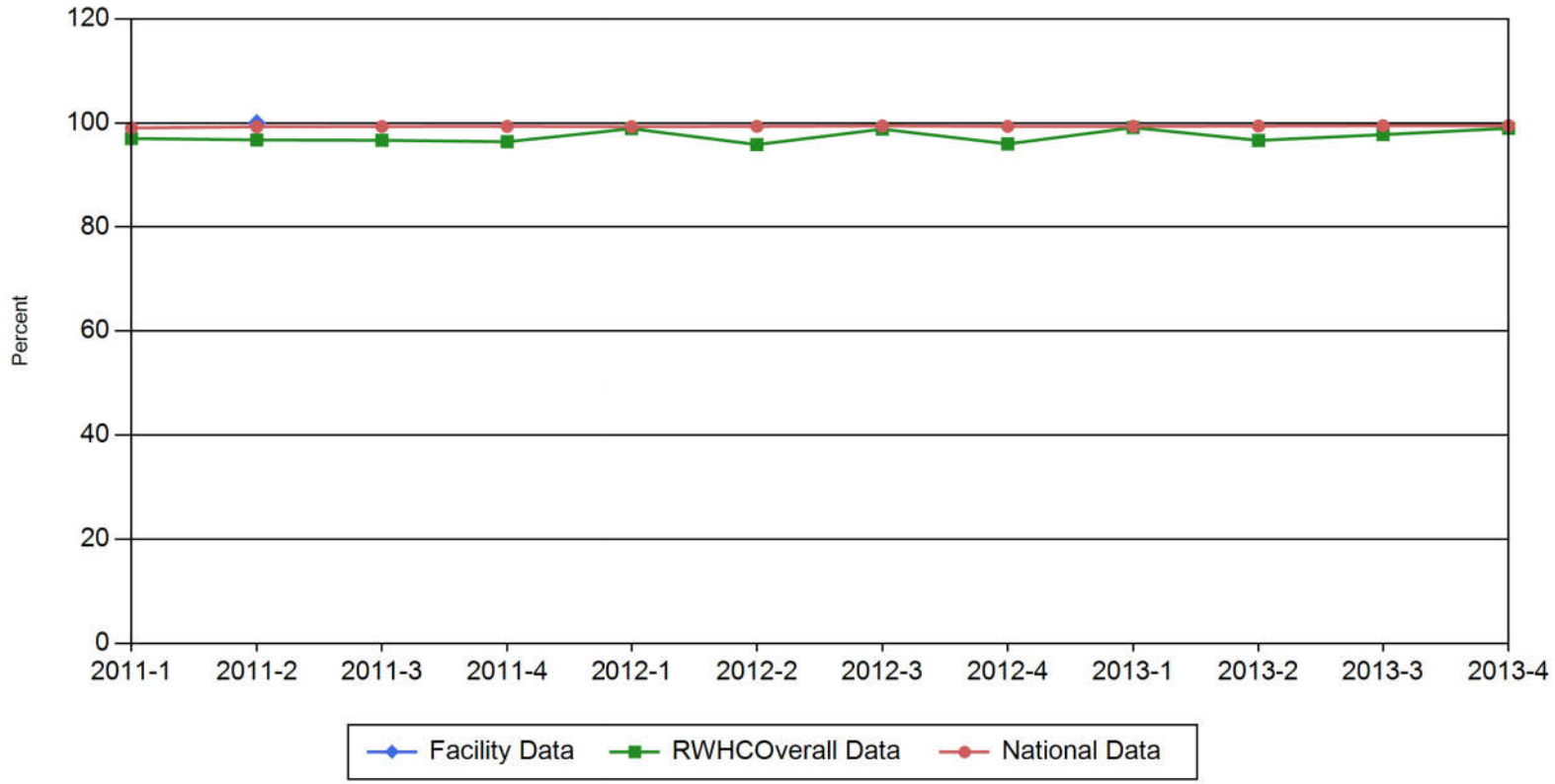
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-1 14229 Aspirin at Arrival



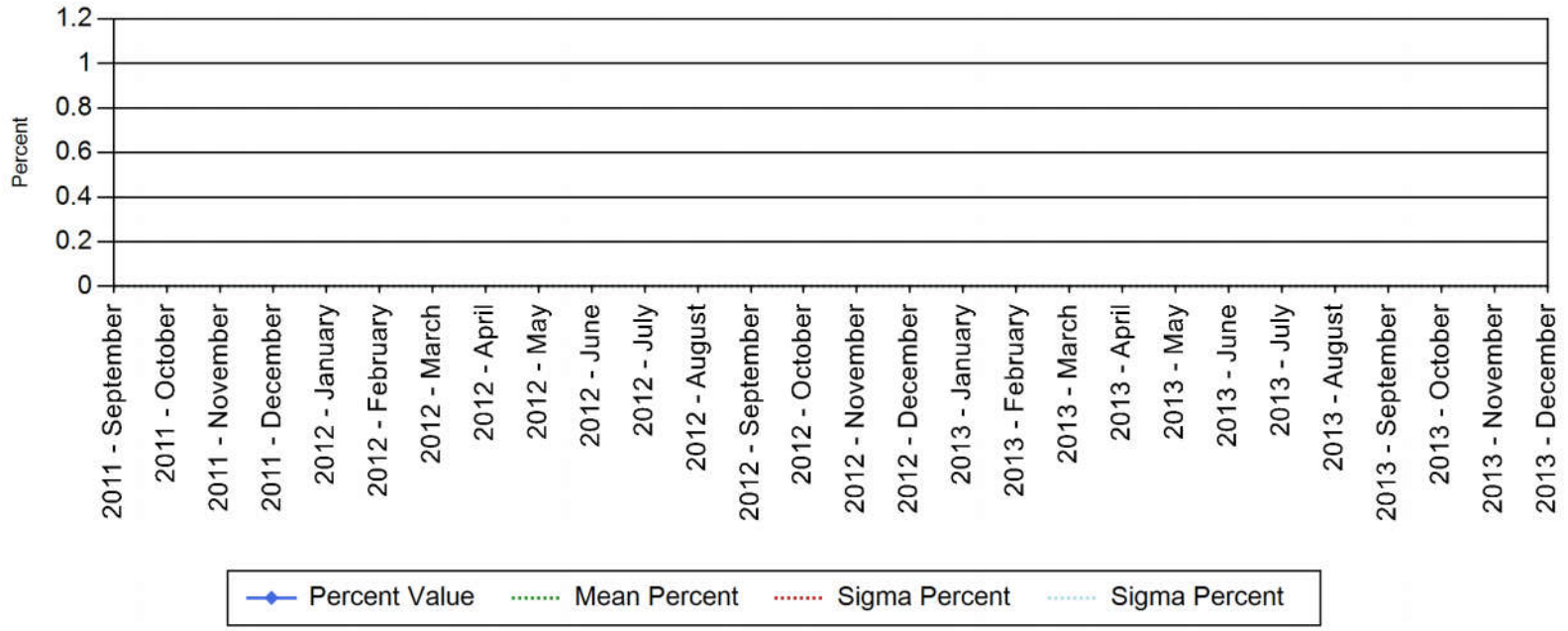
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-1 14229 Aspirin at Arrival



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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-2 14230 Aspirin Prescribed at Discharge

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	0	0	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-2 14230 Aspirin Prescribed at Discharge

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	0	0	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
Totals:				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-2 14230 Aspirin Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	22	22	100.00 %	100.00 %	100.00 %	100.00 %	11
2012	4	94	96	97.92 %	100.00 %	100.00 %	0.00 %	49
2013	1	84	86	97.67 %	100.00 %	100.00 %	0.00 %	42
2013	2	93	93	100.00 %	100.00 %	100.00 %	100.00 %	46
2013	3	69	72	95.83 %	100.00 %	100.00 %	0.00 %	35
2013	4	82	83	98.80 %	100.00 %	100.00 %	50.00 %	41
2014	1	68	68	100.00 %	100.00 %	100.00 %	100.00 %	32
2014	2	68	70	97.14 %	100.00 %	100.00 %	0.00 %	42
2014	3	62	65	95.38 %	100.00 %	100.00 %	0.00 %	36
2014	4	73	74	98.65 %	100.00 %	100.00 %	0.00 %	36
2015	1	29	29	100.00 %	100.00 %	100.00 %	100.00 %	7
2015	2	31	31	100.00 %	100.00 %	100.00 %	100.00 %	10
2015	3	27	27	100.00 %	100.00 %	100.00 %	100.00 %	9
2015	4	37	37	100.00 %	100.00 %	100.00 %	100.00 %	7
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**839**	**853**	**98.36 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-2 14230 Aspirin Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	95787	96780	98.97%	100.00%	100.00%	0.00%	2384
2011	2	94373	95206	99.13%	100.00%	100.00%	0.00%	2360
2011	3	91059	91852	99.14%	100.00%	100.00%	0.00%	2350
2011	4	94832	95576	99.22%	100.00%	100.00%	0.00%	2370
2012	1	97828	98574	99.24%	100.00%	100.00%	0.00%	2402
2012	2	94672	95425	99.21%	100.00%	100.00%	0.00%	2365
2012	3	92201	92858	99.29%	100.00%	100.00%	0.00%	2330
2012	4	96796	97497	99.28%	100.00%	100.00%	0.00%	2340
2013	1	97380	98070	99.30%	100.00%	100.00%	0.00%	2331
2013	2	94192	94768	99.39%	100.00%	100.00%	0.00%	2313
2013	3	91598	92176	99.37%	100.00%	100.00%	0.00%	2296
2013	4	93882	94512	99.33%	100.00%	100.00%	0.00%	2284
2014	1	94584	95171	99.38%	100.00%	100.00%	0.00%	2347
2014	2	94049	94646	99.37%	100.00%	100.00%	0.00%	2334
2014	3	92198	92785	99.37%	100.00%	100.00%	0.00%	2314
2014	4	96675	97287	99.37%	100.00%	100.00%	0.00%	2351
	Sum:	1512106	1523183	99.27%				

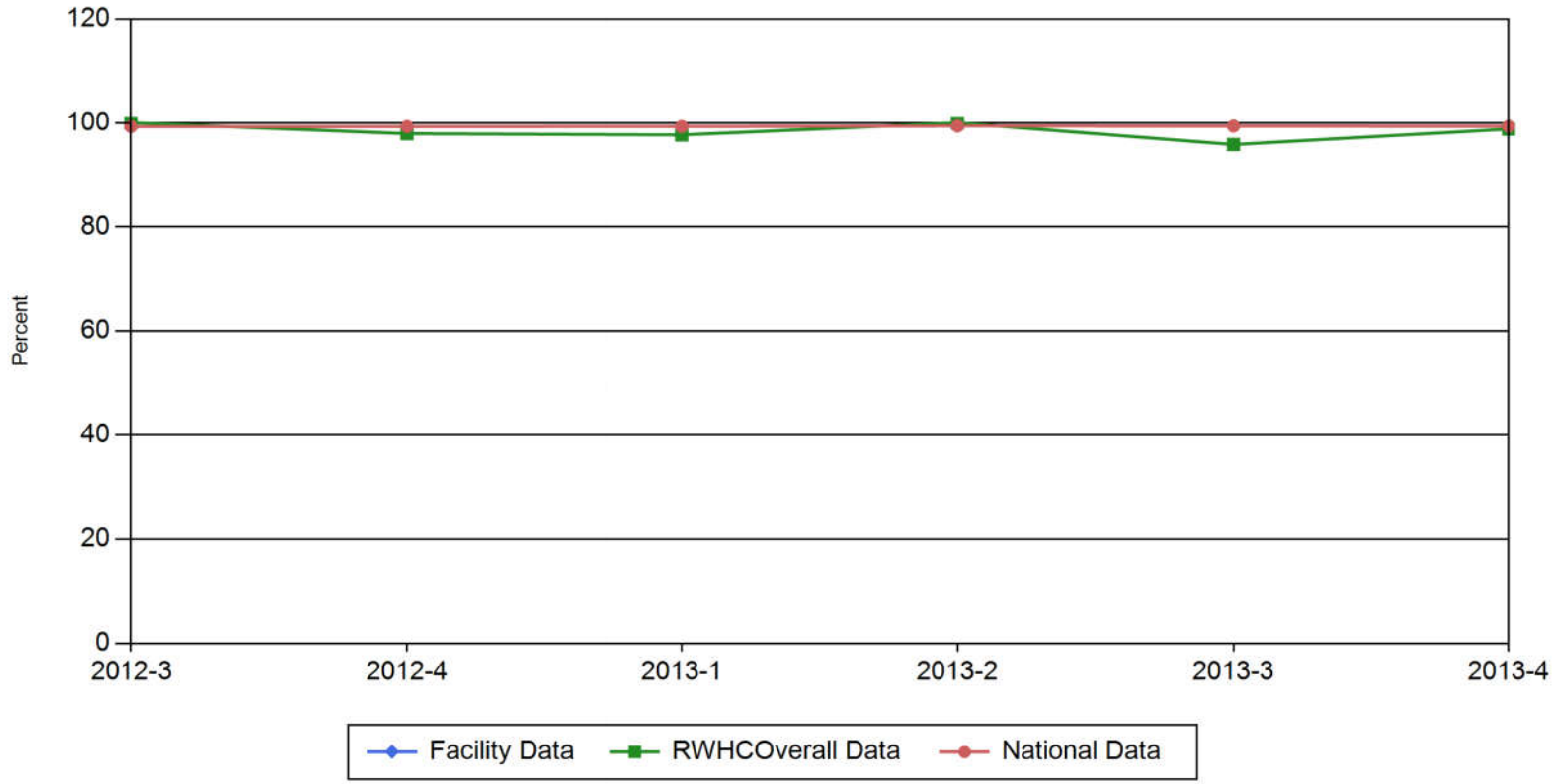
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-2 14230 Aspirin Prescribed at Discharge



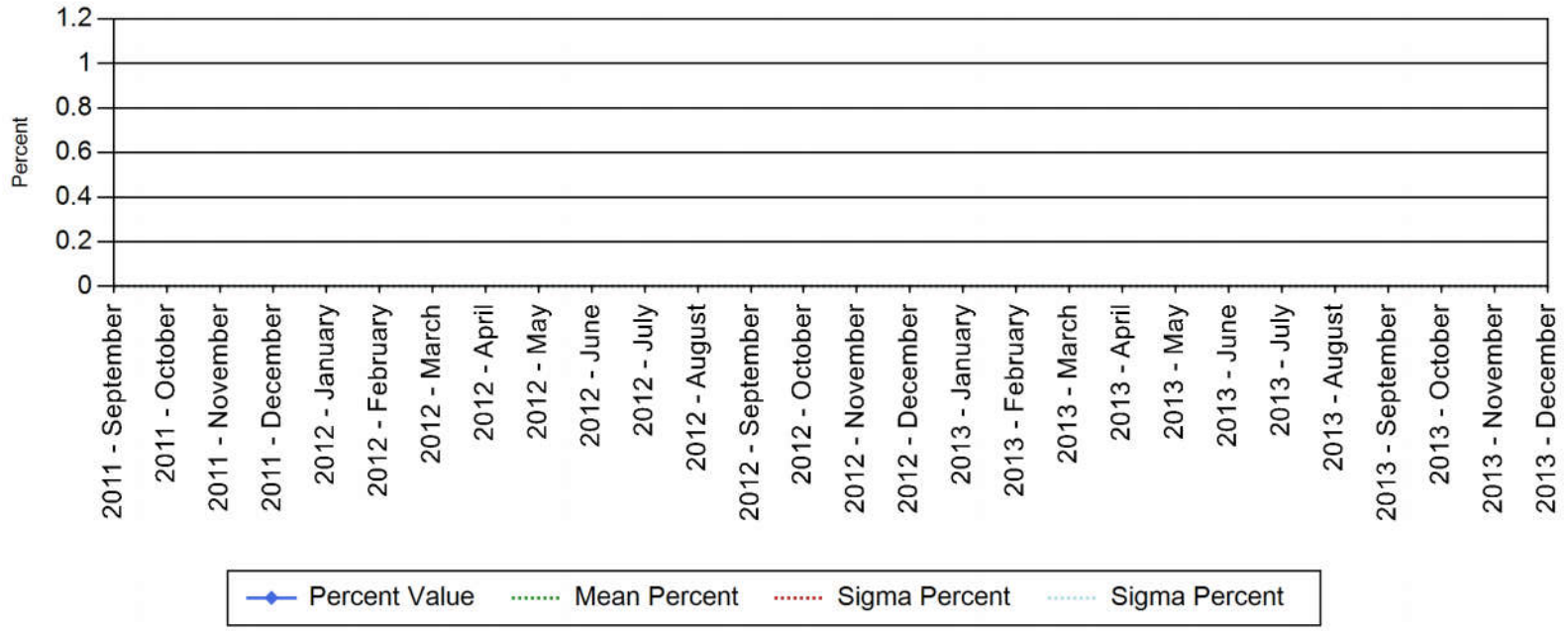
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-2 14230 Aspirin Prescribed at Discharge



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-3 14231 ACEI or ARB for LVSD

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	0	0	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-3 14231 ACEI or ARB for LVSD

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	ND	ND	ND
2011	2	0	0	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	ND	ND	ND
Totals:					**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-3 14231 ACEI or ARB for LVSD

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	19	20	95.00 %	100.00 %	100.00 %	0.00 %	0
2011	2	6	8	75.00 %	100.00 %	100.00 %	0.00 %	0
2011	3	13	14	92.86 %	100.00 %	100.00 %	0.00 %	0
2011	4	11	12	91.67 %	100.00 %	100.00 %	0.00 %	0
2012	1	7	9	77.78 %	100.00 %	100.00 %	0.00 %	0
2012	2	6	6	100.00 %	100.00 %	100.00 %	100.00 %	0
2012	3	17	17	100.00 %	100.00 %	100.00 %	100.00 %	0
2012	4	15	16	93.75 %	100.00 %	100.00 %	50.00 %	0
2013	1	16	17	94.12 %	100.00 %	100.00 %	0.00 %	0
2013	2	14	17	82.35 %	100.00 %	100.00 %	0.00 %	0
2013	3	10	11	90.91 %	100.00 %	100.00 %	0.00 %	0
2013	4	13	13	100.00 %	100.00 %	100.00 %	100.00 %	0
	Totals:	**147**	**160**	**91.88 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-3 14231 ACEI or ARB for LVSD

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	16972	17462	97.19%	100.00%	100.00%	0.00%	1953
2011	2	15994	16448	97.24%	100.00%	100.00%	0.00%	1910
2011	3	15433	15817	97.57%	100.00%	100.00%	0.00%	1902
2011	4	16311	16674	97.82%	100.00%	100.00%	0.00%	1931
2012	1	16881	17263	97.79%	100.00%	100.00%	0.00%	1989
2012	2	16066	16448	97.68%	100.00%	100.00%	0.00%	1931
2012	3	15691	16036	97.85%	100.00%	100.00%	0.00%	1911
2012	4	16421	16773	97.90%	100.00%	100.00%	0.00%	1919
2013	1	16593	16942	97.94%	100.00%	100.00%	0.00%	1944
2013	2	15884	16167	98.25%	100.00%	100.00%	0.00%	1891
2013	3	15181	15466	98.16%	100.00%	100.00%	0.00%	1882
2013	4	15800	16111	98.07%	100.00%	100.00%	0.00%	1868
2014	1	16124	16393	98.36%	100.00%	100.00%	0.00%	1929
2014	2	15700	15992	98.17%	100.00%	100.00%	0.00%	1918
2014	3	15241	15522	98.19%	100.00%	100.00%	0.00%	1884
2014	4	16085	16390	98.14%	100.00%	100.00%	0.00%	1912
	Sum:	256377	261904	97.89%				

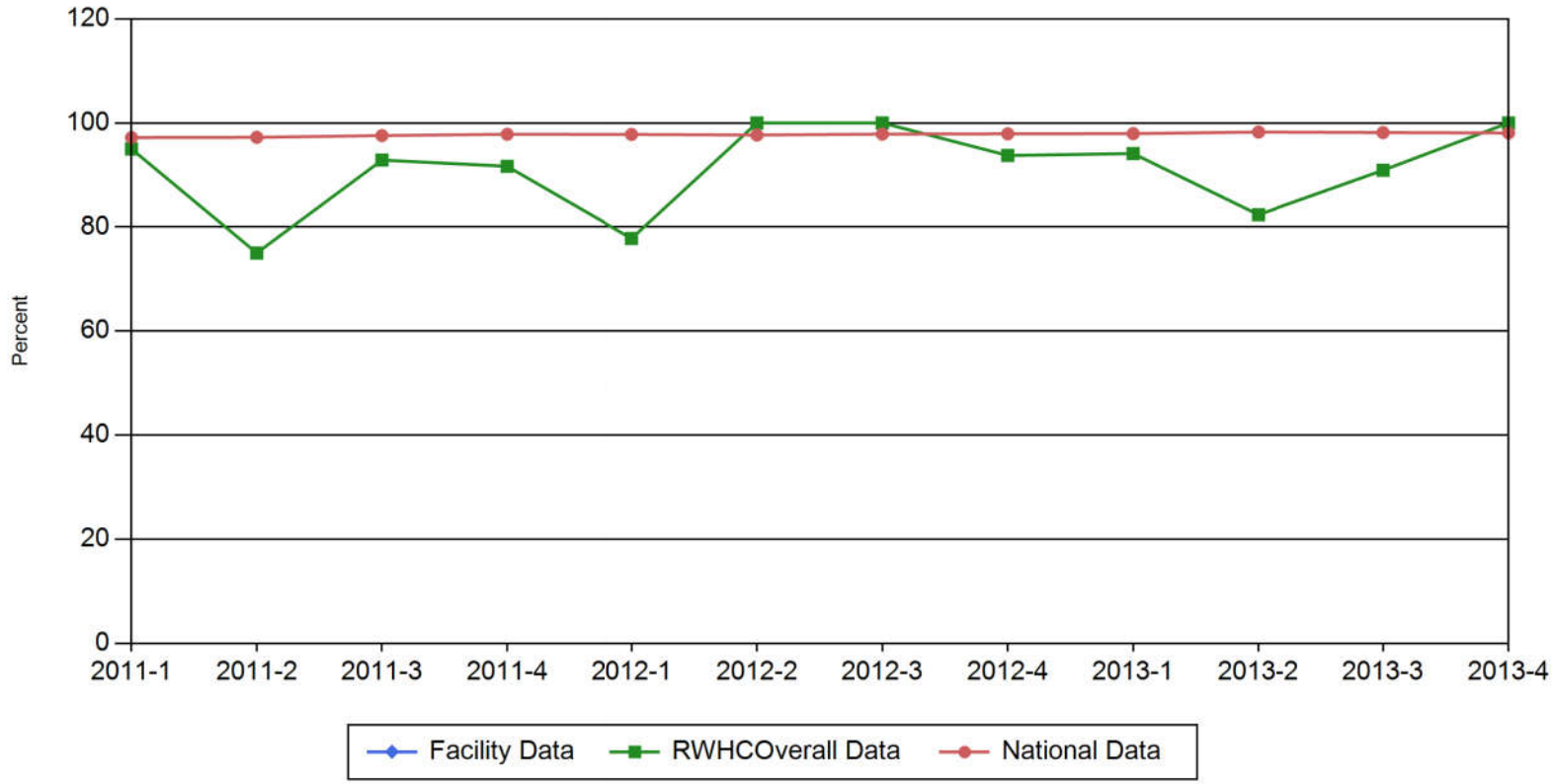
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-3 14231 ACEI or ARB for LVSD



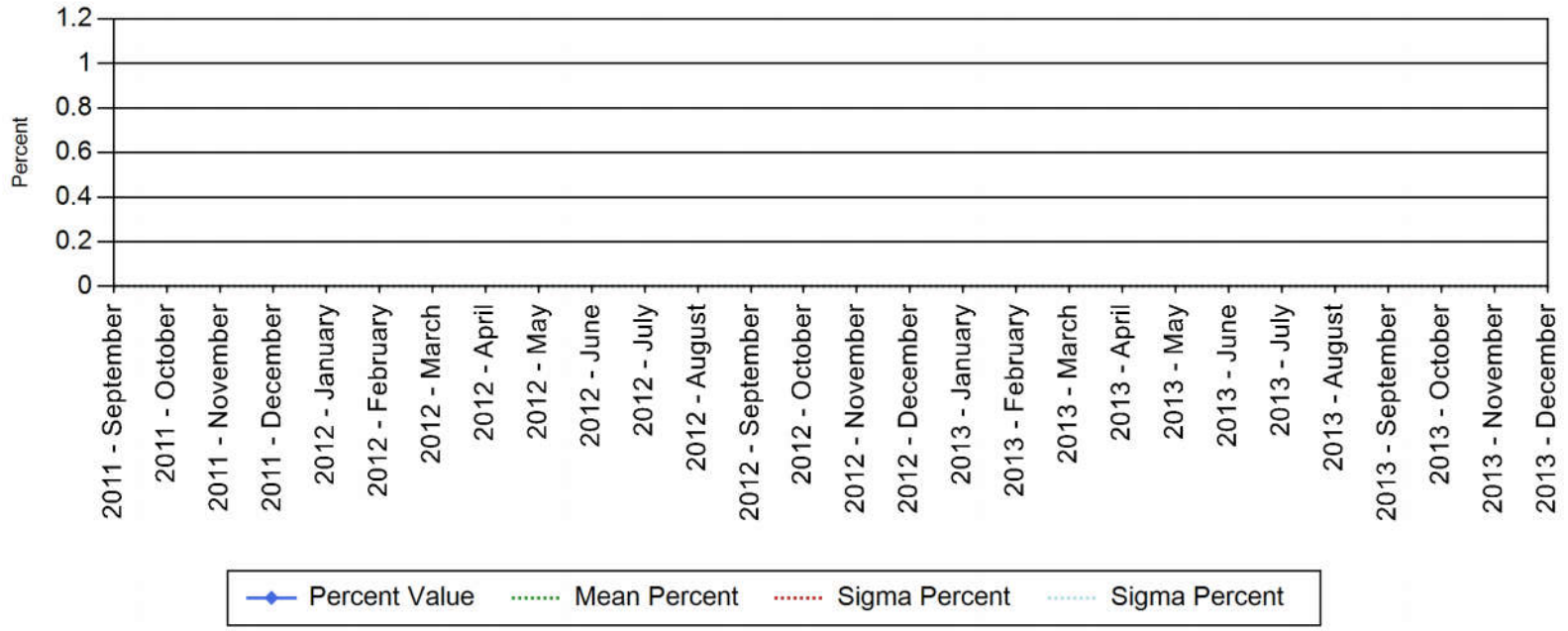
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-3 14231 ACEI or ARB for LVSD



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

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A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-5 14232 Beta-Blocker Prescribed at Discharge

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	1	1	100.00 %
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
	Totals:	**1**	**1**	**100.00 %**

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
	Totals:			

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
	Totals:			**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-5 14232 Beta-Blocker Prescribed at Discharge

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	ND	ND	ND
2011	2	1	1	100.00 %	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	ND	ND	ND
Totals:		**1**	**1**	**100.00 %**	**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-5 14232 Beta-Blocker Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	74	78	94.87 %	100.00 %	100.00 %	0.00 %	0
2011	2	64	66	96.97 %	100.00 %	100.00 %	0.00 %	0
2011	3	73	77	94.81 %	100.00 %	100.00 %	0.00 %	0
2011	4	60	62	96.77 %	100.00 %	100.00 %	0.00 %	0
2012	1	50	54	92.59 %	100.00 %	100.00 %	0.00 %	0
2012	2	51	58	87.93 %	100.00 %	100.00 %	0.00 %	0
2012	3	71	72	98.61 %	100.00 %	100.00 %	80.00 %	0
2012	4	82	91	90.11 %	100.00 %	100.00 %	0.00 %	0
2013	1	79	84	94.05 %	100.00 %	100.00 %	0.00 %	0
2013	2	83	86	96.51 %	100.00 %	100.00 %	0.00 %	0
2013	3	68	70	97.14 %	100.00 %	100.00 %	0.00 %	0
2013	4	72	76	94.74 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**827**	**874**	**94.62 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-5 14232 Beta-Blocker Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	93472	94578	98.83%	100.00%	100.00%	0.00%	2393
2011	2	91329	92306	98.94%	100.00%	100.00%	0.00%	2361
2011	3	88182	89041	99.04%	100.00%	100.00%	0.00%	2352
2011	4	92158	93026	99.07%	100.00%	100.00%	0.00%	2378
2012	1	95259	96132	99.09%	100.00%	100.00%	0.00%	2404
2012	2	92032	92817	99.15%	100.00%	100.00%	0.00%	2374
2012	3	89347	90078	99.19%	100.00%	100.00%	0.00%	2347
2012	4	94365	95140	99.19%	100.00%	100.00%	0.00%	2352
2013	1	94846	95662	99.15%	100.00%	100.00%	0.00%	2335
2013	2	91336	92035	99.24%	100.00%	100.00%	0.00%	2309
2013	3	88659	89369	99.21%	100.00%	100.00%	0.00%	2312
2013	4	91596	92278	99.26%	100.00%	100.00%	0.00%	2284
2014	1	92367	93051	99.26%	100.00%	100.00%	0.00%	2353
2014	2	91164	91877	99.22%	100.00%	100.00%	0.00%	2329
2014	3	89028	89737	99.21%	100.00%	100.00%	0.00%	2319
2014	4	94064	94841	99.18%	100.00%	100.00%	0.00%	2355
	Sum:	1469204	1481968	99.14%				

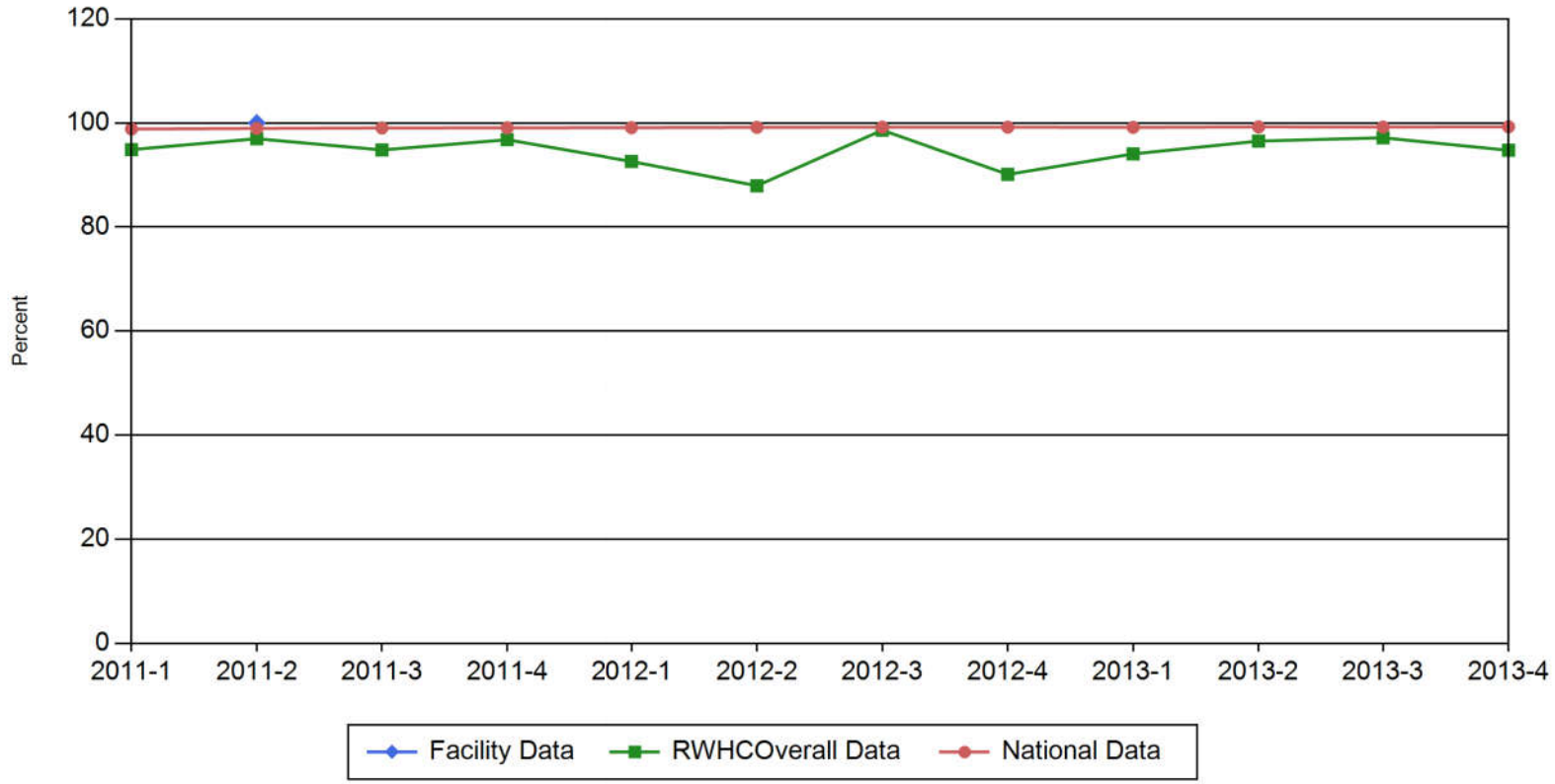
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-5 14232 Beta-Blocker Prescribed at Discharge



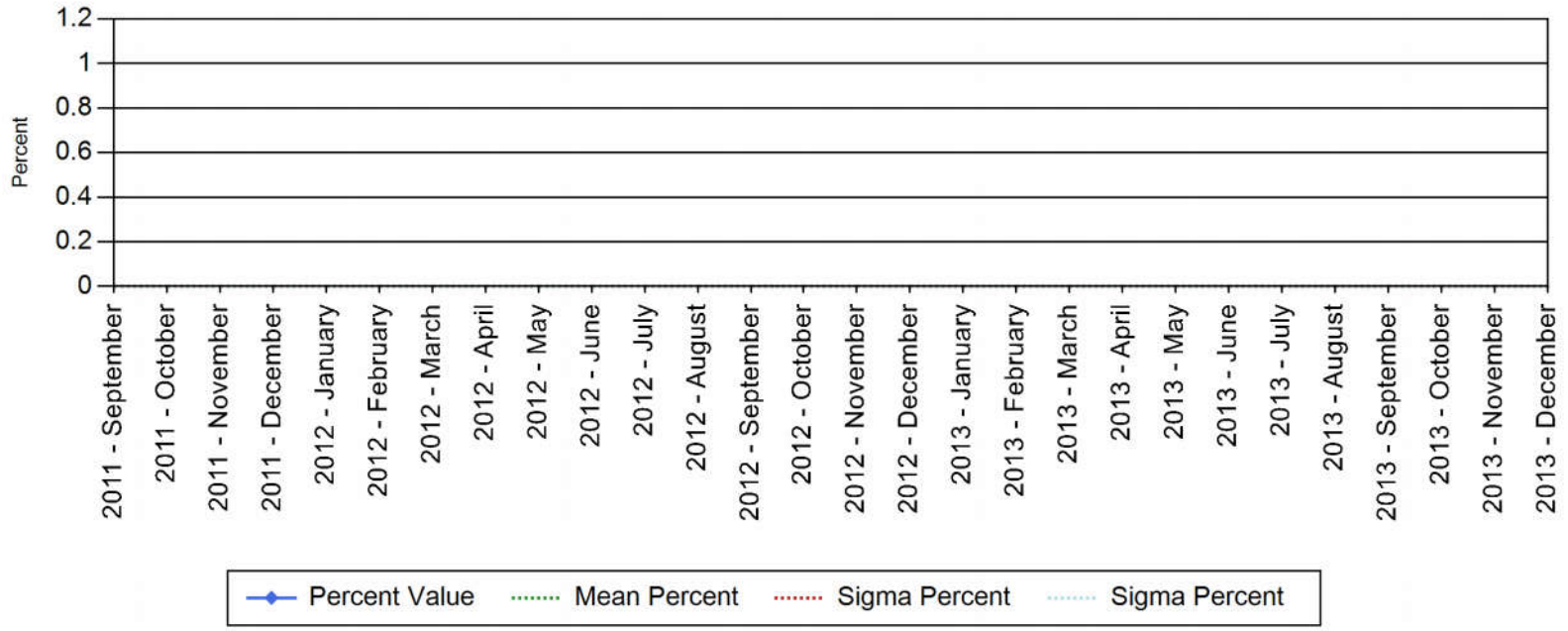
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-5 14232 Beta-Blocker Prescribed at Discharge



For presentation purposes, Y-axis may not start at 0.

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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	0	0	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	ND	ND	ND
2011	2	0	0	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	ND	ND	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	2	0.00 %	0.00 %	0.00 %	0.00 %	1
2012	4	7	7	100.00 %	100.00 %	100.00 %	100.00 %	4
2013	1	9	11	81.82 %	100.00 %	100.00 %	66.67 %	6
2013	2	5	6	83.33 %	100.00 %	100.00 %	0.00 %	4
2013	3	12	13	92.31 %	100.00 %	100.00 %	80.00 %	5
2013	4	10	12	83.33 %	100.00 %	100.00 %	0.00 %	6
2014	1	10	11	90.91 %	100.00 %	100.00 %	66.67 %	5
2014	2	6	7	85.71 %	100.00 %	100.00 %	0.00 %	4
2014	3	7	7	100.00 %	100.00 %	100.00 %	100.00 %	4
2014	4	5	5	100.00 %	100.00 %	100.00 %	100.00 %	3
2015	1	6	6	100.00 %	100.00 %	100.00 %	100.00 %	3
2015	2	4	5	80.00 %	83.33 %	100.00 %	66.67 %	2
2015	3	4	4	100.00 %	100.00 %	100.00 %	100.00 %	2
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**85**	**96**	**88.54 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	11677	12591	92.74%	100.00%	100.00%	0.00%	1265
2011	2	11993	12802	93.68%	100.00%	100.00%	0.00%	1270
2011	3	11701	12473	93.81%	100.00%	100.00%	0.00%	1276
2011	4	12029	12739	94.43%	100.00%	100.00%	0.00%	1277
2012	1	12438	13149	94.59%	100.00%	100.00%	0.00%	1285
2012	2	12484	13132	95.07%	100.00%	100.00%	0.00%	1291
2012	3	11941	12548	95.16%	100.00%	100.00%	0.00%	1278
2012	4	12246	12812	95.58%	100.00%	100.00%	0.00%	1272
2013	1	12287	12863	95.52%	100.00%	100.00%	0.00%	1290
2013	2	12448	12951	96.12%	100.00%	100.00%	0.00%	1298
2013	3	12391	12858	96.37%	100.00%	100.00%	0.00%	1297
2013	4	12324	12812	96.19%	100.00%	100.00%	0.00%	1288
2014	1	12426	12963	95.86%	100.00%	100.00%	0.00%	1304
2014	2	12406	12896	96.20%	100.00%	100.00%	0.00%	1315
2014	3	12039	12508	96.25%	100.00%	100.00%	0.00%	1305
2014	4	12421	12977	95.72%	100.00%	100.00%	0.00%	1319
	Sum:	195251	205074	95.21%				

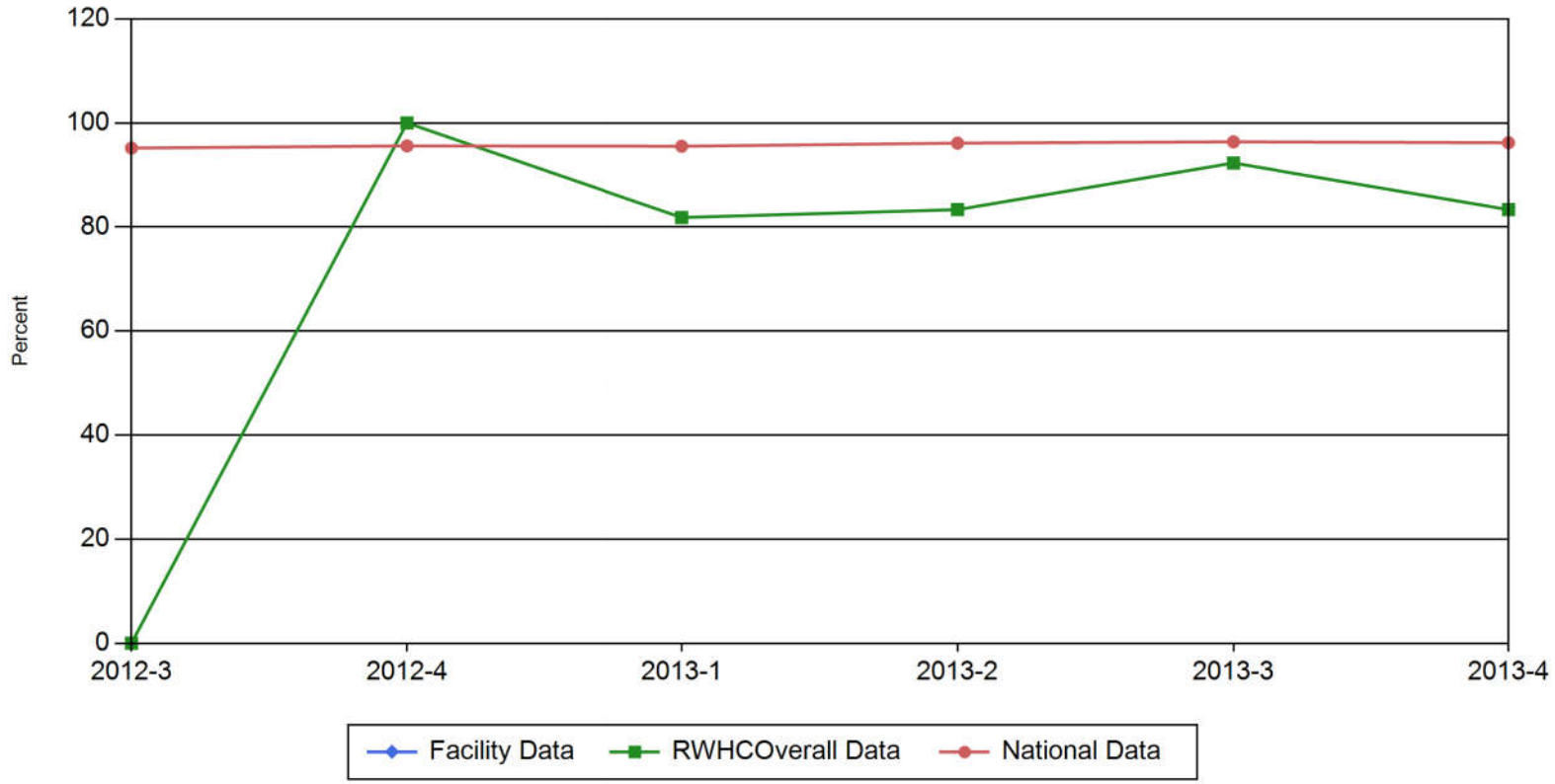
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival



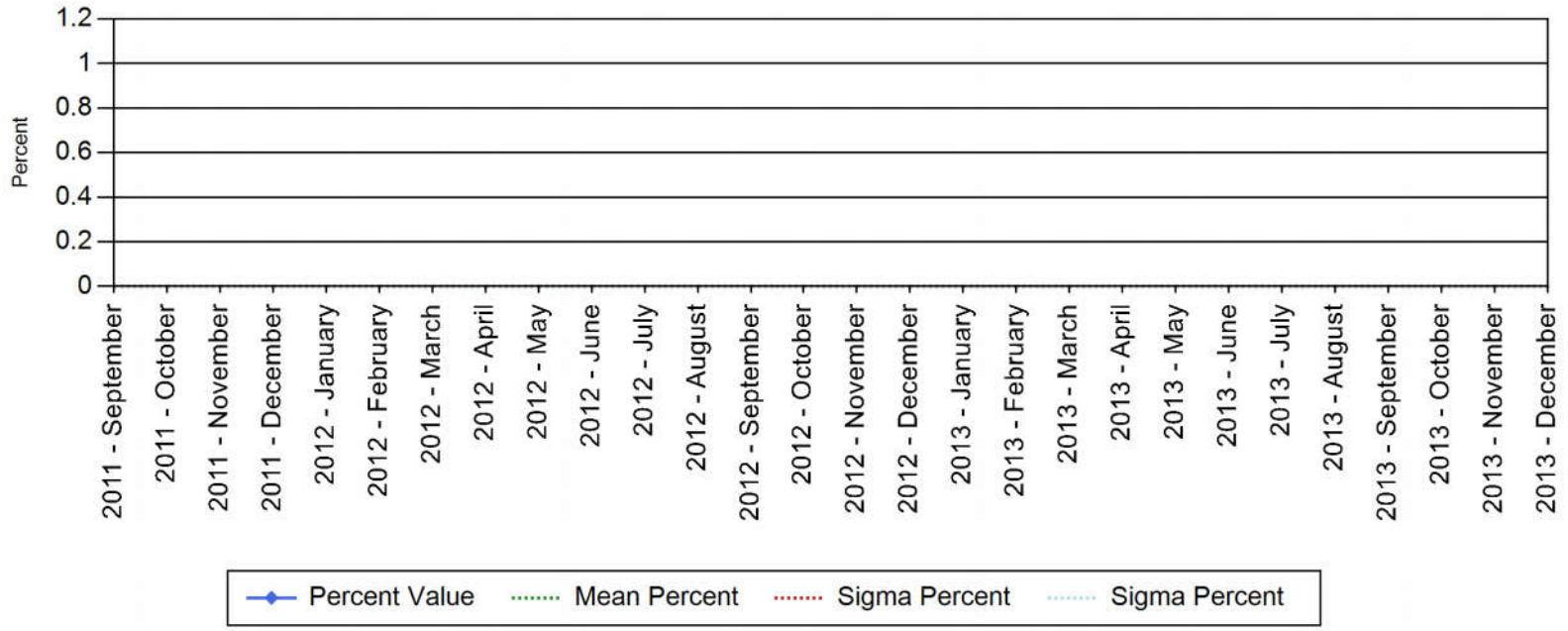
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-8a 14235 Primary PCI Received Within 90 Minutes of Hospital Arrival



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	0	0	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	ND	ND	ND
2011	2	0	0	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	ND	ND	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2013	1	0	0					0
2013	2	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2013	3	0	0					0
2013	4	1	1	100.00 %	100.00 %	100.00 %	100.00 %	1
2014	1	0	0					0
2014	2	0	0					0
2014	3	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2014	4	0	0					0
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**1**	**4**	**25.00 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	117	206	56.80%	57.14%	100.00%	0.00%	129
2011	2	119	179	66.48%	100.00%	100.00%	0.00%	102
2011	3	102	155	65.81%	100.00%	100.00%	0.00%	93
2011	4	98	177	55.37%	50.00%	100.00%	0.00%	101
2012	1	77	126	61.11%	70.83%	100.00%	0.00%	78
2012	2	84	113	74.34%	100.00%	100.00%	0.00%	72
2012	3	83	121	68.60%	100.00%	100.00%	0.00%	80
2012	4	59	104	56.73%	58.33%	100.00%	0.00%	70
2013	1	62	99	62.63%	100.00%	100.00%	0.00%	69
2013	2	50	91	54.95%	50.00%	100.00%	0.00%	61
2013	3	51	89	57.30%	80.00%	100.00%	0.00%	59
2013	4	45	68	66.18%	100.00%	100.00%	0.00%	47
2014	1	44	68	64.71%	100.00%	100.00%	0.00%	50
2014	2	43	60	71.67%	100.00%	100.00%	0.00%	47
2014	3	35	59	59.32%	66.67%	100.00%	0.00%	39
2014	4	34	66	51.52%	66.67%	100.00%	0.00%	48
2015	1	11	19	57.89%	50.00%	100.00%	0.00%	9
2015	2	6	9	66.67%	100.00%	100.00%	0.00%	7
2015	3	5	8	62.50%	100.00%	100.00%	0.00%	7
2015	4	5	10	50.00%	100.00%	100.00%	0.00%	8
	Sum:	1130	1827	61.85%				

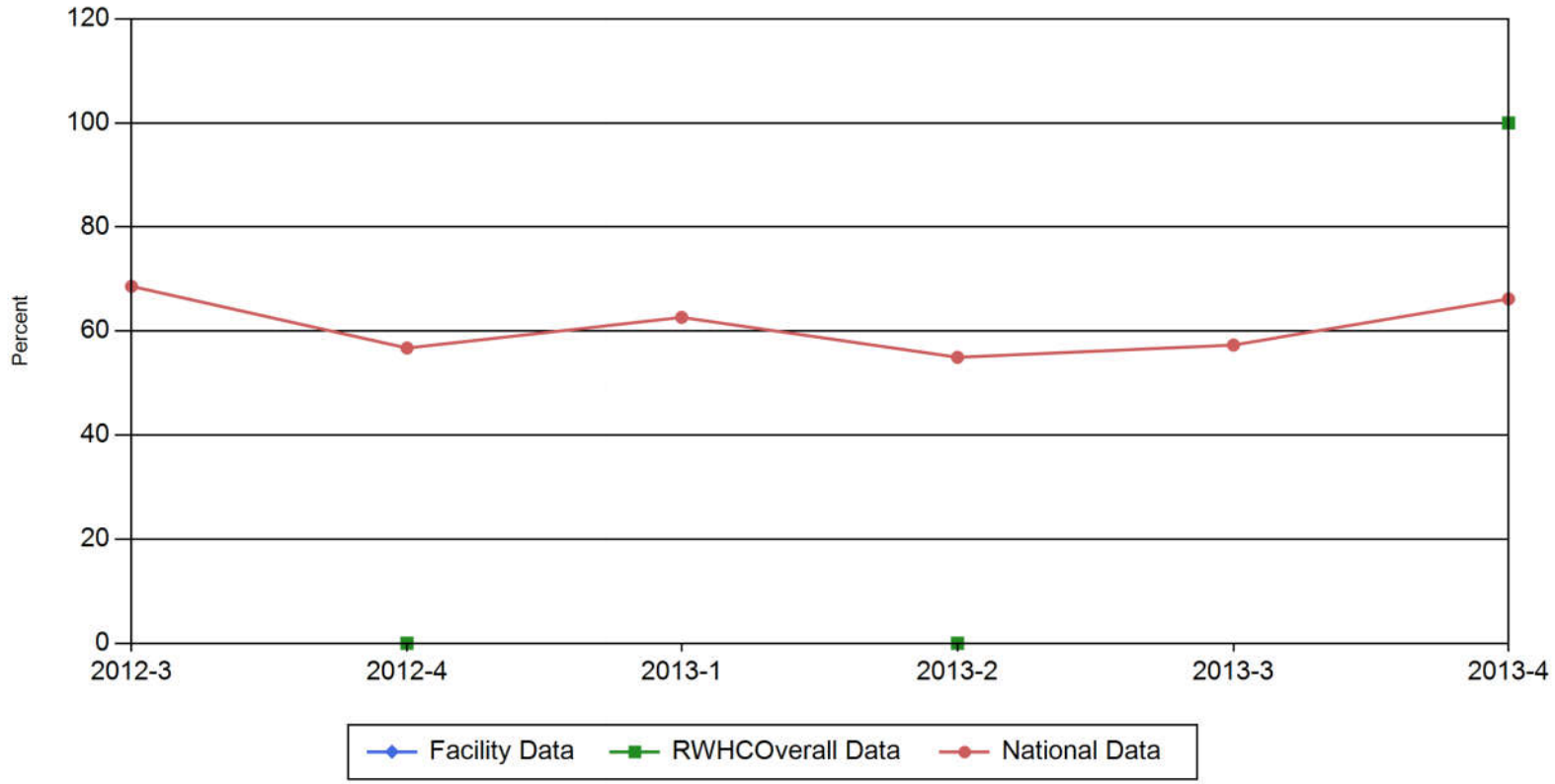
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival



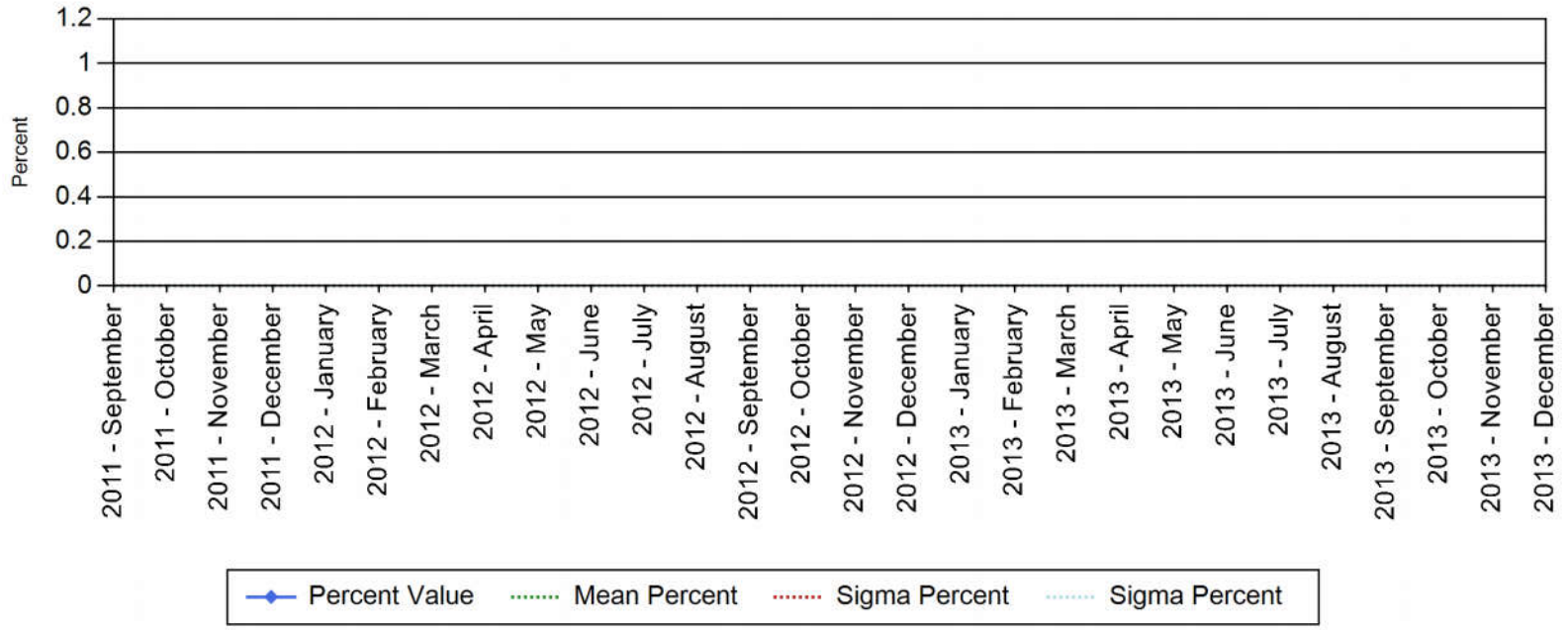
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-7a 14236 Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival



For presentation purposes, Y-axis may not start at 0.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-10 14237 Statin Prescribed at Discharge

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	0	1	0.00 %
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
	Totals:	**0**	**1**	**0.00 %**

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
	Totals:			

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	ND	ND	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
	Totals:			**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-10 14237 Statin Prescribed at Discharge

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	0	1	0.00 %
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:		**0**	**1**	**0.00 %**

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	ND	ND	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
Totals:				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Acute Myocardial Infarction Report

AMI-10 14237 Statin Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	18	20	90.00 %	100.00 %	100.00 %	50.00 %	12
2012	4	74	83	89.16 %	100.00 %	100.00 %	0.00 %	41
2013	1	67	74	90.54 %	100.00 %	100.00 %	0.00 %	37
2013	2	74	82	90.24 %	100.00 %	100.00 %	0.00 %	41
2013	3	58	64	90.63 %	100.00 %	100.00 %	0.00 %	30
2013	4	62	70	88.57 %	100.00 %	100.00 %	0.00 %	32
2014	1	59	64	92.19 %	100.00 %	100.00 %	0.00 %	31
2014	2	53	58	91.38 %	100.00 %	100.00 %	0.00 %	30
2014	3	55	60	91.67 %	100.00 %	100.00 %	0.00 %	32
2014	4	65	72	90.28 %	100.00 %	100.00 %	0.00 %	35
2015	1	29	29	100.00 %	100.00 %	100.00 %	100.00 %	8
2015	2	28	28	100.00 %	100.00 %	100.00 %	100.00 %	9
2015	3	25	26	96.15 %	100.00 %	100.00 %	85.71 %	9
2015	4	36	38	94.74 %	100.00 %	100.00 %	0.00 %	7
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**703**	**768**	**91.54 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Acute Myocardial Infarction Report

AMI-10 14237 Statin Prescribed at Discharge

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	90891	93778	96.92%	100.00%	100.00%	0.00%	2377
2011	2	89792	92210	97.38%	100.00%	100.00%	0.00%	2338
2011	3	86982	88949	97.79%	100.00%	100.00%	0.00%	2340
2011	4	90597	92550	97.89%	100.00%	100.00%	0.00%	2360
2012	1	93502	95332	98.08%	100.00%	100.00%	0.00%	2390
2012	2	90860	92478	98.25%	100.00%	100.00%	0.00%	2354
2012	3	88448	89874	98.41%	100.00%	100.00%	0.00%	2326
2012	4	93032	94603	98.34%	100.00%	100.00%	0.00%	2330
2013	1	93636	95075	98.49%	100.00%	100.00%	0.00%	2327
2013	2	91075	92336	98.63%	100.00%	100.00%	0.00%	2294
2013	3	88520	89679	98.71%	100.00%	100.00%	0.00%	2284
2013	4	91024	92222	98.70%	100.00%	100.00%	0.00%	2276
2014	1	91862	93048	98.73%	100.00%	100.00%	0.00%	2336
2014	2	91591	92615	98.89%	100.00%	100.00%	0.00%	2312
2014	3	89984	90938	98.95%	100.00%	100.00%	0.00%	2302
2014	4	94458	95578	98.83%	100.00%	100.00%	0.00%	2345
	Sum:	1456254	1481265	98.31%				

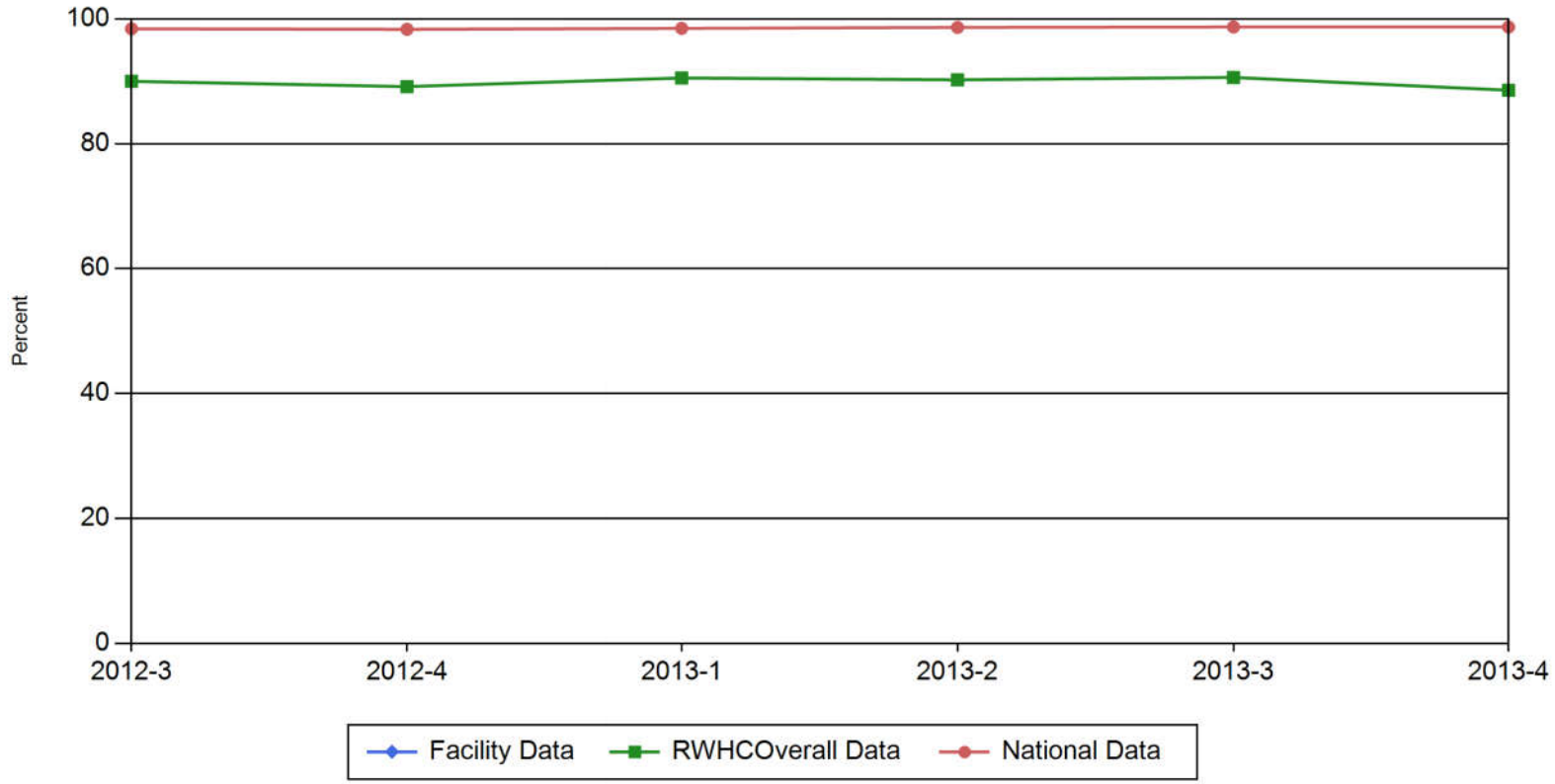
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RWHC Core Measure Program Comparison Report by Year-Quarter

Acute Myocardial Infarction Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-10 14237 Statin Prescribed at Discharge



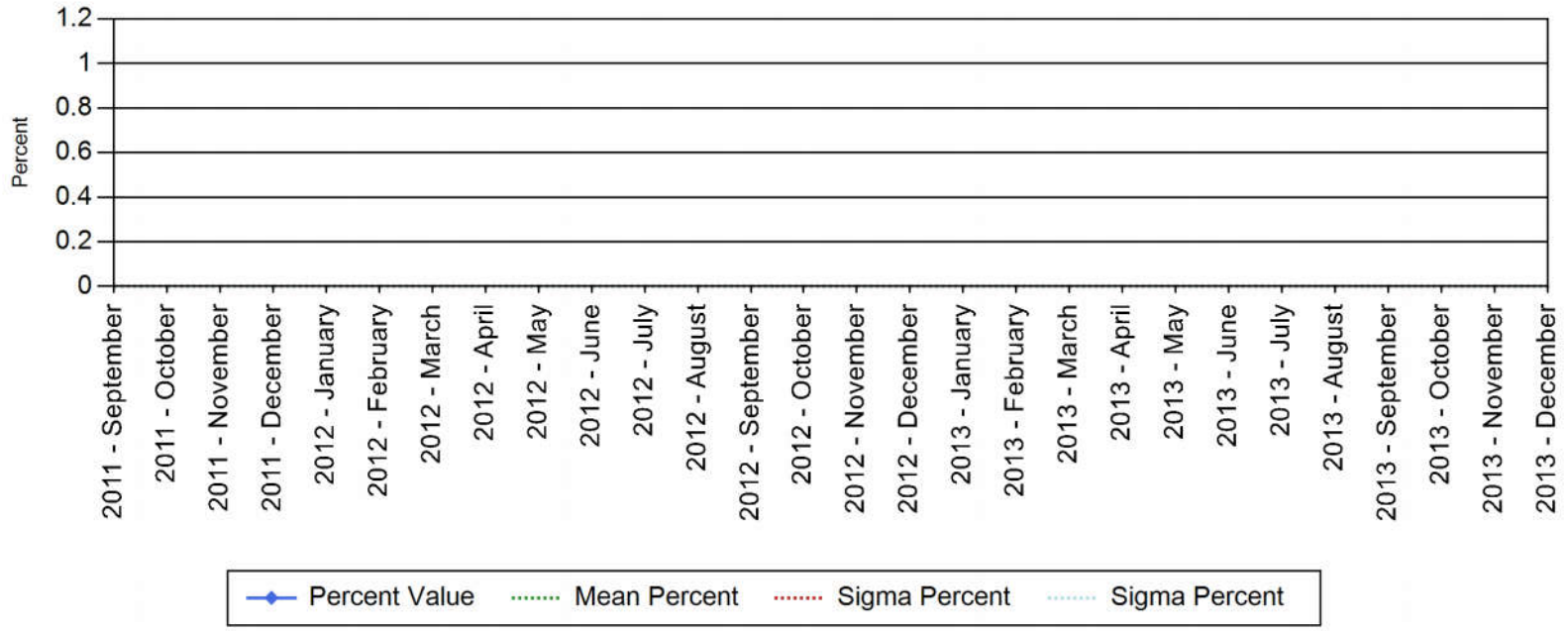
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RWHC Core Measure Program Control Chart

Acute Myocardial Infarction Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

AMI-10 14237 Statin Prescribed at Discharge



For presentation purposes, Y-axis may not start at 0.

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RWHC
Your partner. Your source.

RWHC Quality Indicators Program
ED Throughput Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1a 16215 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Overall Rate

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	191
2012	2	200
2012	3	201.5
2012	4	222
2012	5	229.5
2012	6	229
2012	7	256
2012	8	236
2012	9	220
2012	10	203
2012	11	221
2012	12	198

Year	Month	Median
2013	1	217
2013	2	226
2013	3	236.5
2013	4	233
2013	5	250
2013	6	257.5
2013	7	221
2013	8	260
2013	9	214
2013	10	212
2013	11	208.5
2013	12	204.5

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Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1a 16215 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Overall Rate

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	197
2012	2	226.5
2012	3	239.5
2012	4	207

Year	Quarter	Median
2013	1	221
2013	2	238
2013	3	227
2013	4	208

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison ED Throughput Report

ED1a 16215 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Overall Rate

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	3	217.02	321.00	96.00	53
2012	4	214.09	340.00	102.00	166
2013	1	252.88	350.00	70.00	168
2013	2	238.33	349.50	85.00	170
2013	3	235.94	374.00	90.00	168
2013	4	236.13	357.50	95.00	171
2014	1	233.21	362.00	92.00	180
2014	2	223.81	372.00	82.50	177
2014	3	234.43	363.00	115.00	173
2014	4	243.27	331.50	90.50	171
2015	1	257.98	490.00	118.00	187
2015	2	244.67	513.00	90.00	188
2015	3	233.12	367.00	97.00	187
2015	4	240.16	364.00	76.00	188
2016	1	252.71	374.50	105.00	165
2016	2	238.78	433.00	95.00	154
2016	3	255.88	420.00	126.00	35
2016	4				0
	Average:	**238.38**			

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison ED Throughput Report

ED1a 16215 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Overall Rate

Year	Quarter	Median Value	Fac Count
2012	1	283.50	68
2012	2	276.77	72
2012	3	277.40	78
2012	4	283.79	83
2013	1	299.48	94
2013	2	284.01	92
2013	3	285.04	95
2013	4	285.72	98
2014	1	290.31	536
2014	2	287.54	540
2014	3	295.57	539
2014	4	288.69	560
2015	1	324.47	2409
2015	2	305.93	2423
2015	3	302.94	2439
2015	4	302.13	2444

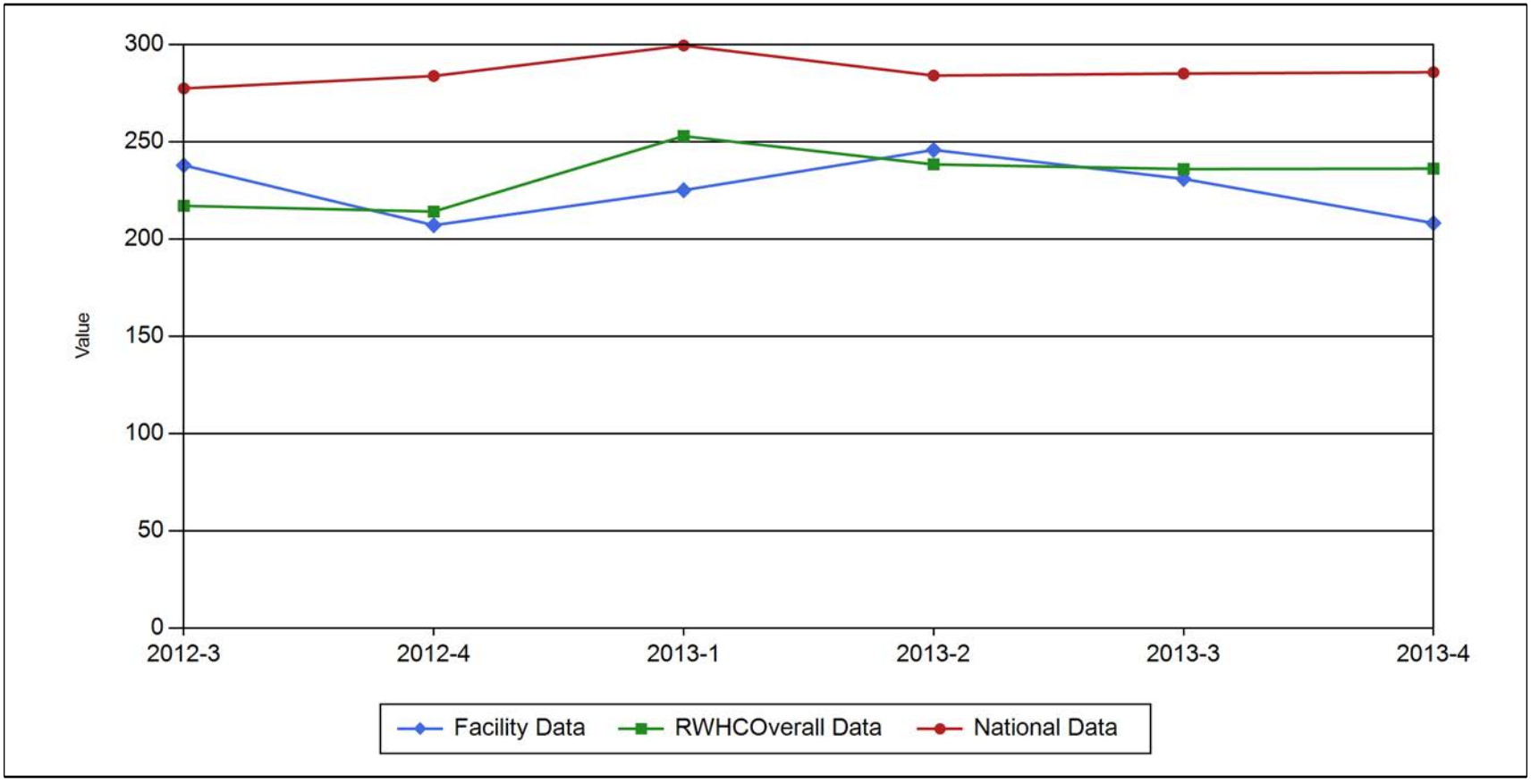
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1a 16215 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Overall Rate



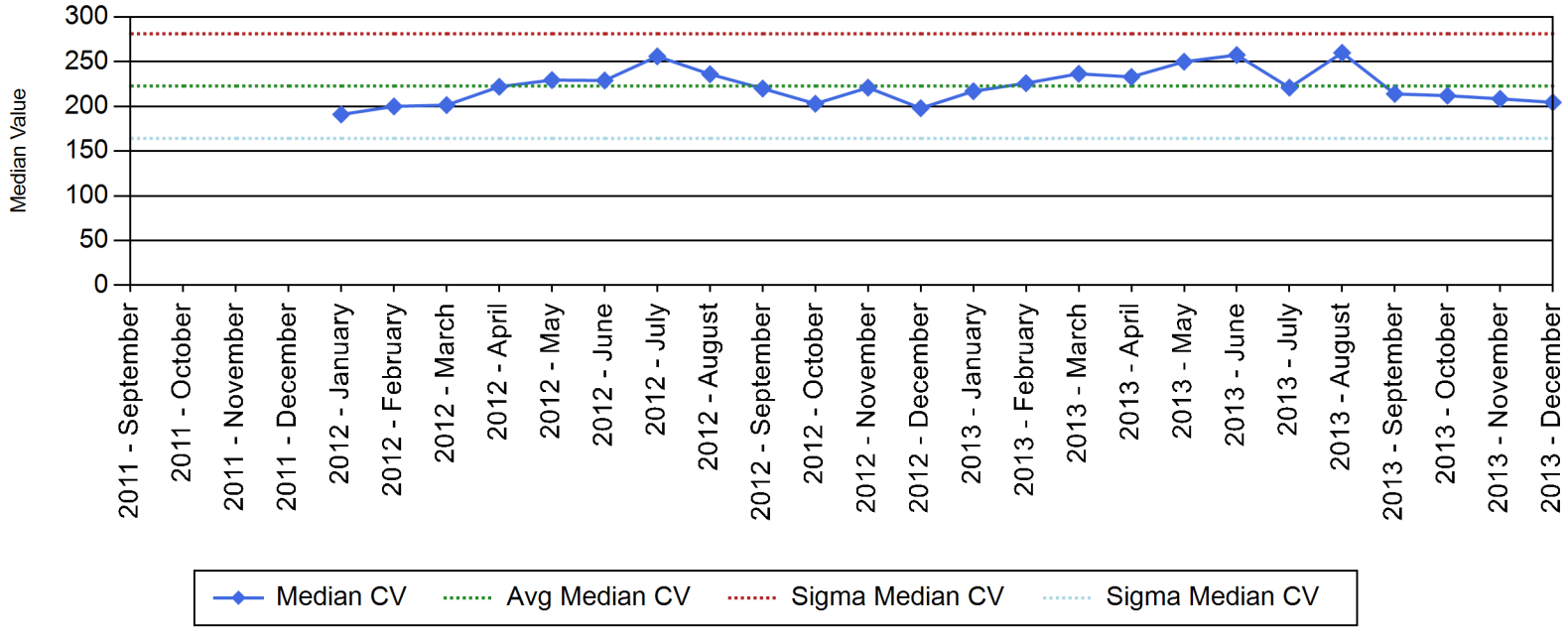
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RWHC Core Measure Program Control Chart

ED Throughput Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1a 16215 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Overall Rate



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1b 16216 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Reporting Measure

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	191
2012	2	206.5
2012	3	206
2012	4	224.5
2012	5	249
2012	6	229
2012	7	254
2012	8	240
2012	9	219
2012	10	203
2012	11	221
2012	12	198

Year	Month	Median
2013	1	215.5
2013	2	226
2013	3	236.5
2013	4	233
2013	5	248
2013	6	257.5
2013	7	208
2013	8	249
2013	9	214
2013	10	211
2013	11	207
2013	12	197

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Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1b 16216 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Reporting Measure

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	198
2012	2	229
2012	3	237.5
2012	4	205

Year	Quarter	Median
2013	1	221
2013	2	238
2013	3	226.5
2013	4	206

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison ED Throughput Report

ED1b 16216 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Reporting Measure

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	3	215.94	334.50	97.00	52
2012	4	214.15	362.00	102.00	163
2013	1	246.58	377.00	89.50	165
2013	2	231.29	352.50	85.00	168
2013	3	232.71	386.00	90.00	168
2013	4	230.89	357.50	95.00	171
2014	1	231.86	362.00	92.00	180
2014	2	222.47	372.00	82.50	177
2014	3	232.47	363.00	112.50	173
2014	4	239.35	331.50	90.50	171
2015	1	253.96	501.00	118.00	187
2015	2	241.10	513.00	87.00	188
2015	3	231.02	367.00	102.00	187
2015	4	237.68	370.00	72.00	188
2016	1	249.37	374.50	105.00	165
2016	2	235.78	433.00	95.00	154
2016	3	251.81	420.00	130.00	35
2016	4				0
	Average:	**235.20**			

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison ED Throughput Report

ED1b 16216 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Reporting Measure

Year	Quarter	Median Value	Fac Count
2012	1	283.73	67
2012	2	277.59	72
2012	3	277.89	78
2012	4	283.53	82
2013	1	301.58	93
2013	2	285.75	92
2013	3	285.84	95
2013	4	287.66	97
2014	1	290.76	536
2014	2	288.15	539
2014	3	295.98	539
2014	4	289.11	560
2015	1	323.81	2396
2015	2	304.88	2411
2015	3	301.87	2427
2015	4	301.48	2437

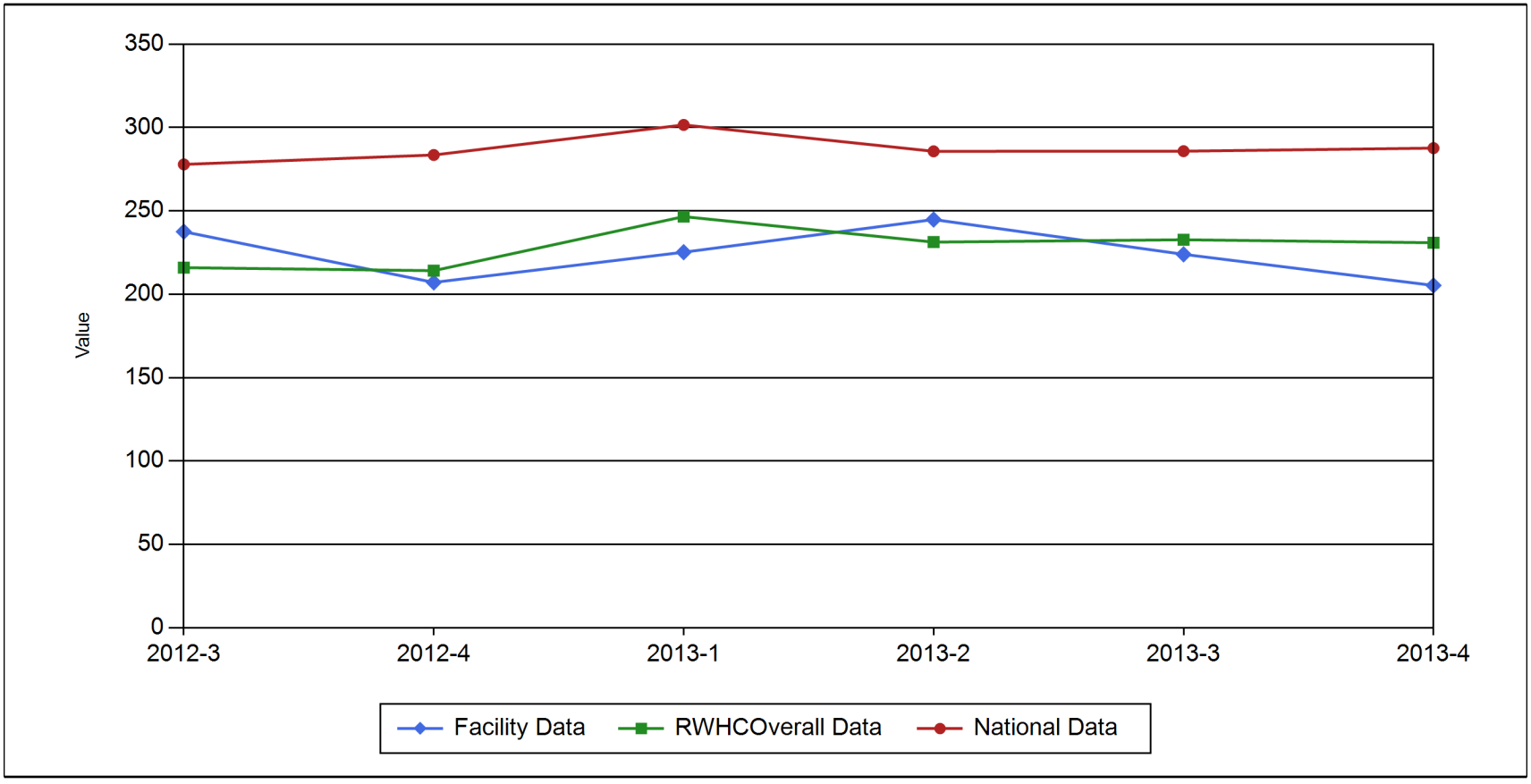
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RWHC Core Measure Program Comparison Report by Year-Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1b 16216 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Reporting Measure



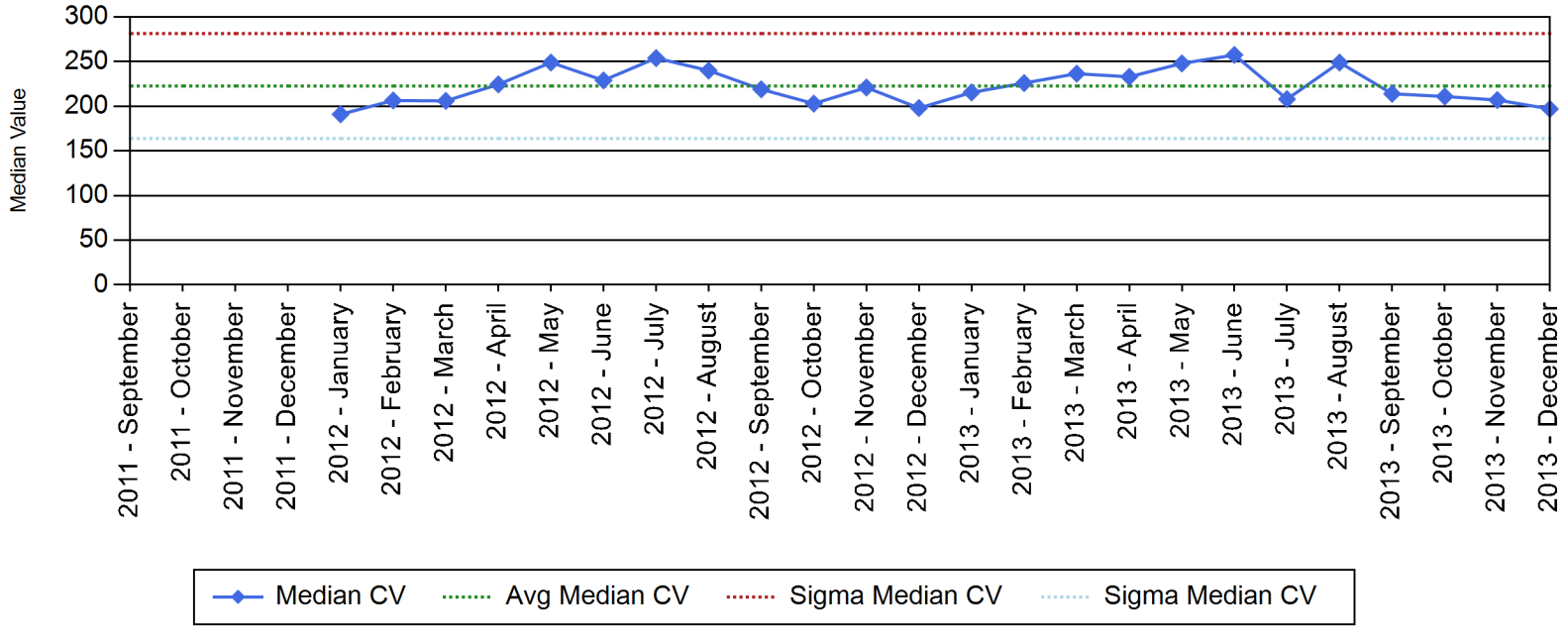
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RWHC Core Measure Program Control Chart

ED Throughput Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1b 16216 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Reporting Measure



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1c 16217 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Observation Patients

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	180
2012	2	172
2012	3	179
2012	4	206
2012	5	221
2012	6	232
2012	7	317.5
2012	8	233
2012	9	283
2012	10	263
2012	11	ND
2012	12	ND

Year	Month	Median
2013	1	237
2013	2	229.5
2013	3	ND
2013	4	226
2013	5	269
2013	6	250.5
2013	7	237
2013	8	279.5
2013	9	210.5
2013	10	234.5
2013	11	217
2013	12	233

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Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1c 16217 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Observation Patients

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	179.5
2012	2	215
2012	3	261
2012	4	263

Year	Quarter	Median
2013	1	237
2013	2	237
2013	3	237
2013	4	226

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison ED Throughput Report

ED1c 16217 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Observation Patients

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	1	220.76	963.00	81.00	0
2012	2	207.56	417.00	85.00	0
2012	3	326.51	1663.00	108.50	0
2012	4	278.34	1130.00	109.00	0
2013	1	306.14	1195.00	87.00	0
2013	2	278.07	1077.00	92.00	0
2013	3	252.39	1201.00	81.00	0
2013	4	255.14	1077.50	13.00	0
	Average:	**265.61**			

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison ED Throughput Report

ED1c 16217 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Observation Patients

Year	Quarter	Median Value	Fac Count
2012	1	265.38	42
2012	2	270.48	40
2012	3	301.33	42
2012	4	304.40	44
2013	1	295.64	70
2013	2	281.78	68
2013	3	277.58	68
2013	4	282.72	72

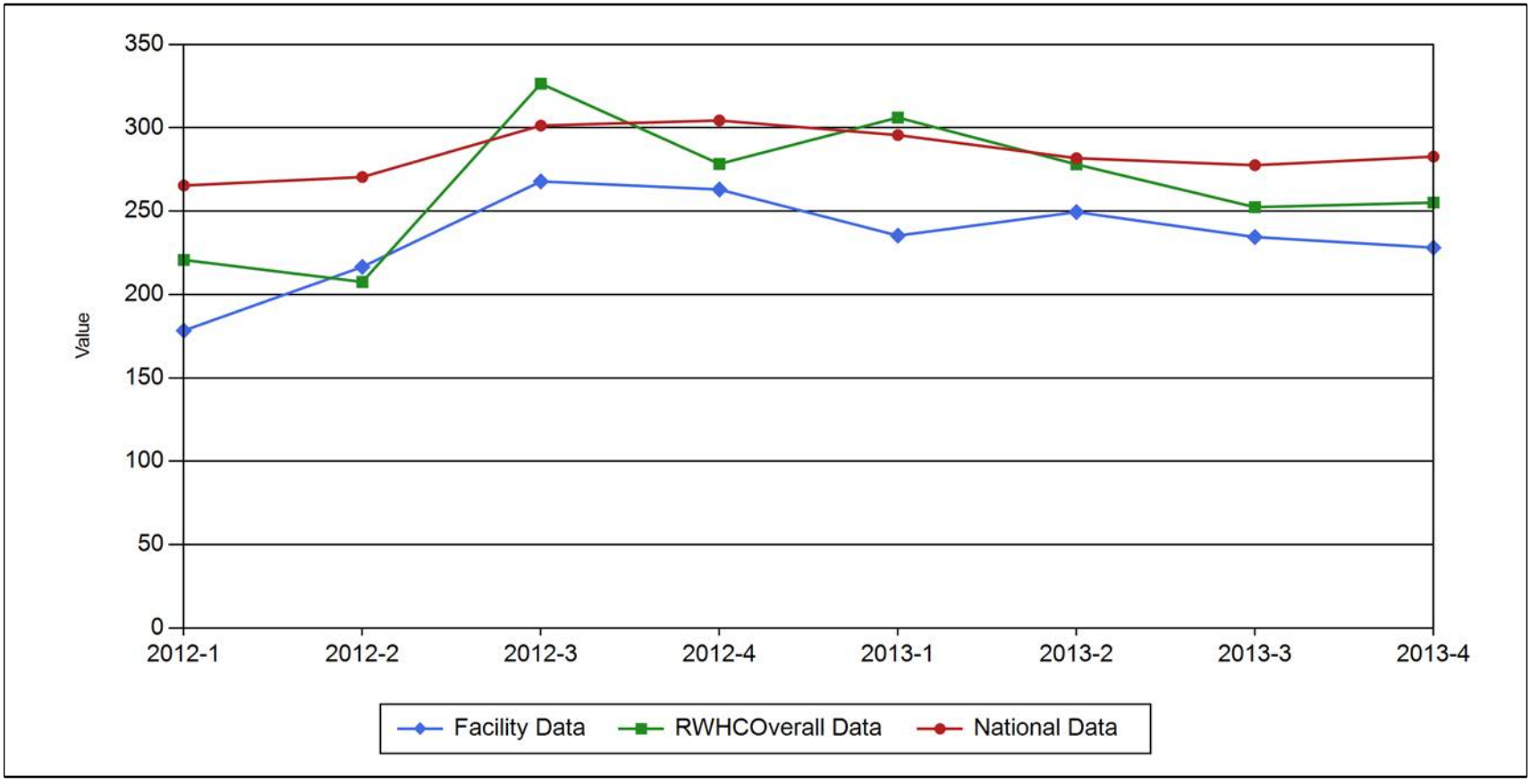
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RWHC Core Measure Program Comparison Report by Year-Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1c 16217 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Observation Patients



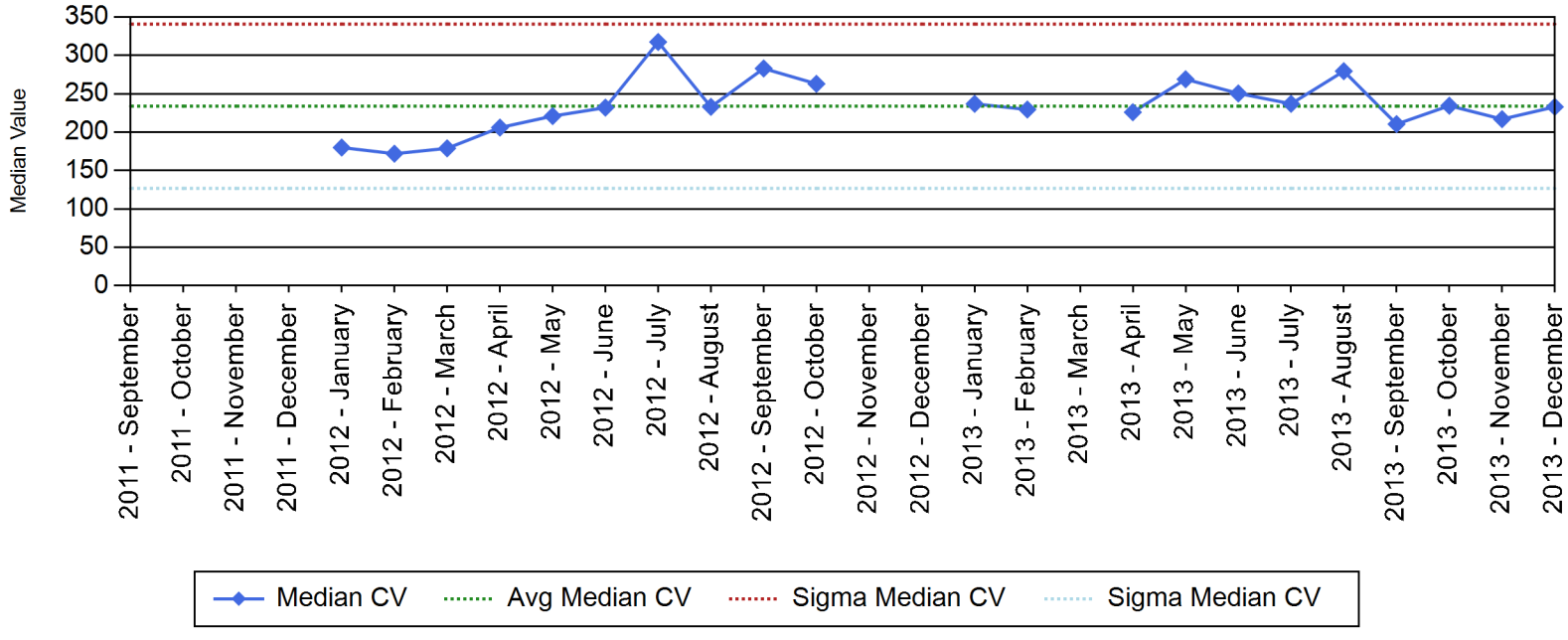
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RWHC Core Measure Program Control Chart

ED Throughput Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1c 16217 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Observation Patients



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1d 16218 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	ND
2012	2	ND
2012	3	54
2012	4	ND
2012	5	ND
2012	6	ND
2012	7	ND
2012	8	ND
2012	9	ND
2012	10	ND
2012	11	ND
2012	12	ND

Year	Month	Median
2013	1	ND
2013	2	ND
2013	3	ND
2013	4	248
2013	5	ND
2013	6	ND
2013	7	ND
2013	8	ND
2013	9	ND
2013	10	161
2013	11	ND
2013	12	ND

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1d 16218 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	54
2012	2	ND
2012	3	ND
2012	4	ND

Year	Quarter	Median
2013	1	ND
2013	2	248
2013	3	ND
2013	4	161

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison ED Throughput Report

ED1c 16218 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	3	255.09	1314.00	60.00	13
2012	4	237.86	886.00	38.00	50
2013	1	364.86	1127.00	61.00	54
2013	2	577.31	1710.00	36.00	62
2013	3	346.82	1359.00	84.50	62
2013	4	1189.80	3438.00	33.00	53
2014	1	500.33	1014.50	6.00	55
2014	2	1479.82	3928.00	80.00	69
2014	3	2288.05	7501.50	75.00	63
2014	4	2482.94	9924.00	52.00	66
2015	1	2074.32	4592.00	79.00	65
2015	2	1022.44	3119.00	41.00	75
2015	3	346.06	11289.00	60.50	80
2015	4	330.16	747.00	77.00	91
2016	1	375.34	1085.00	90.00	76
2016	2	575.54	1286.50	62.00	79
2016	3	595.52	1581.00	96.00	15
2016	4				0
	Average:	**884.84**			

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison ED Throughput Report

ED1d 16218 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients

Year	Quarter	Median Value	Fac Count
2012	1	515.40	49
2012	2	501.99	53
2012	3	368.54	51
2012	4	374.39	54
2013	1	384.66	62
2013	2	393.73	60
2013	3	438.57	61
2013	4	355.82	58
2014	1	309.47	366
2014	2	534.14	381
2014	3	316.18	376
2014	4	307.08	375
2015	1	375.95	1841
2015	2	369.53	1897
2015	3	371.05	1931
2015	4	365.74	2002

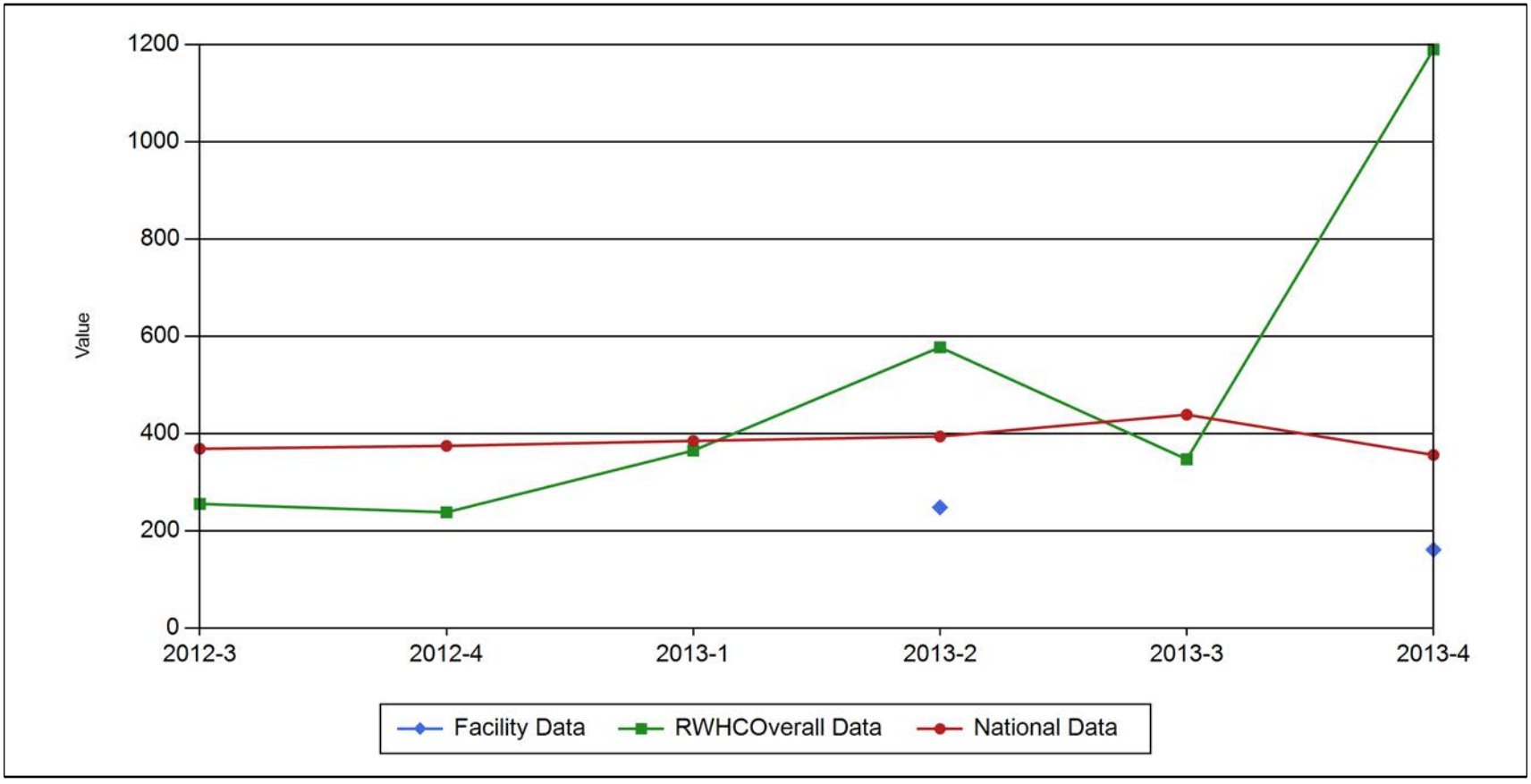
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RWHC Core Measure Program Comparison Report by Year-Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1d 16218 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients



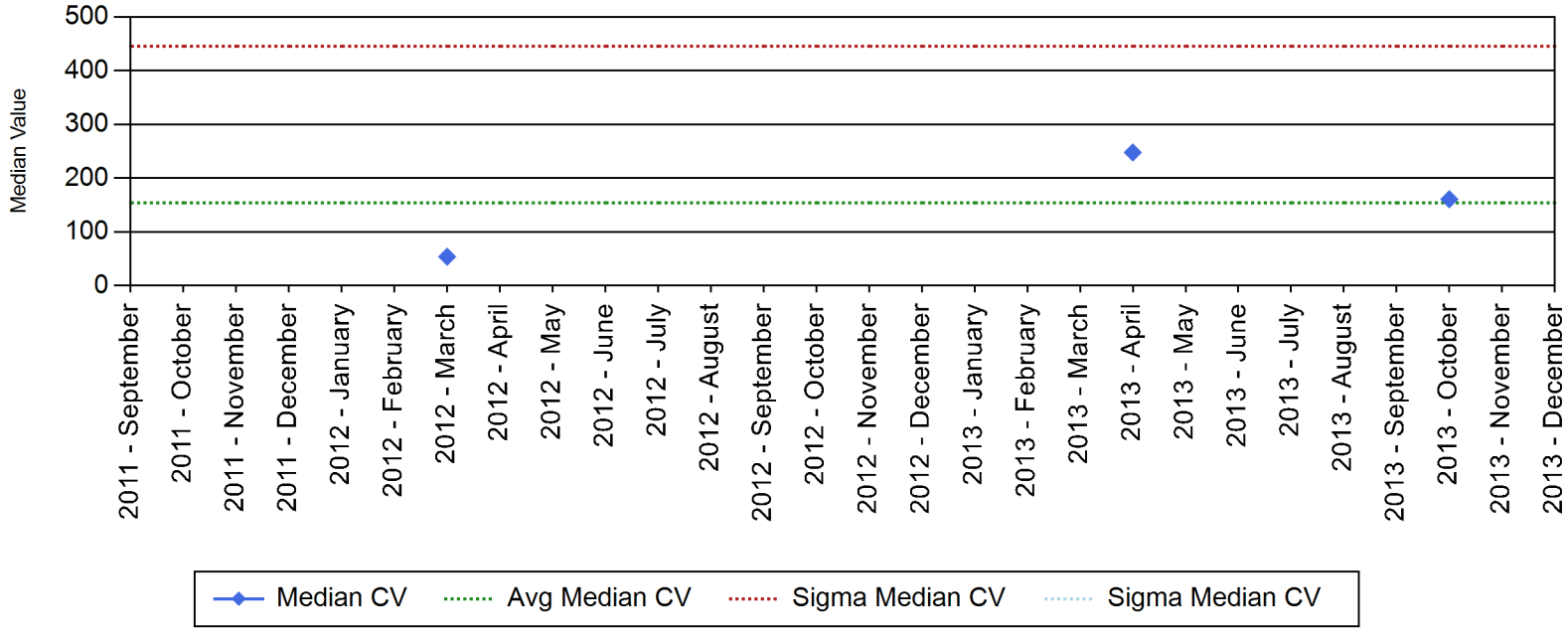
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RWHC Core Measure Program Control Chart

ED Throughput Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED1d 16218 Median Time for ED Arrival to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients



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A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2a 16219 Admit Decision Time to ED Departure Time for Admitted ED Patients - Overall Rate

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	45
2012	2	64.5
2012	3	55
2012	4	65
2012	5	55
2012	6	65
2012	7	70
2012	8	75
2012	9	85
2012	10	66
2012	11	79.5
2012	12	57.5

Year	Month	Median
2013	1	53
2013	2	62.5
2013	3	62.5
2013	4	80
2013	5	70
2013	6	65
2013	7	54
2013	8	85
2013	9	78
2013	10	83
2013	11	67.5
2013	12	70

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Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2a 16219 Admit Decision Time to ED Departure Time for Admitted ED Patients - Overall Rate

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	55
2012	2	65
2012	3	75
2012	4	70

Year	Quarter	Median
2013	1	56
2013	2	70
2013	3	70
2013	4	75

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison ED Throughput Report

ED2a 16219 Admit Decision Time to ED Departure Time for Admitted ED Patients - Overall Rate

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	3	69.04	244.00	0.00	53
2012	4	64.68	226.00	0.00	165
2013	1	88.72	240.00	0.00	165
2013	2	79.88	188.00	0.00	167
2013	3	75.82	223.00	0.00	167
2013	4	64.86	237.50	0.00	171
2014	1	54.65	208.00	0.00	180
2014	2	49.71	137.50	1.00	177
2014	3	53.87	152.50	1.00	170
2014	4	55.19	135.00	0.00	171
2015	1	65.88	150.00	0.00	187
2015	2	68.02	159.00	0.00	188
2015	3	61.74	150.00	0.00	187
2015	4	66.80	177.00	0.00	188
2016	1	69.99	151.50	3.50	166
2016	2	68.30	163.50	6.00	157
2016	3	73.61	150.00	19.00	35
2016	4				0
	Average:	**66.52**			

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison ED Throughput Report

ED2a 16219 Admit Decision Time to ED Departure Time for Admitted ED Patients - Overall Rate

Year	Quarter	Median Value	Fac Count
2012	1	114.23	68
2012	2	108.25	72
2012	3	103.63	78
2012	4	107.01	83
2013	1	118.51	94
2013	2	108.62	92
2013	3	103.96	95
2013	4	104.15	98
2014	1	105.66	534
2014	2	102.12	538
2014	3	103.69	538
2014	4	103.24	560
2015	1	132.84	2405
2015	2	119.75	2418
2015	3	115.90	2437
2015	4	117.97	2443

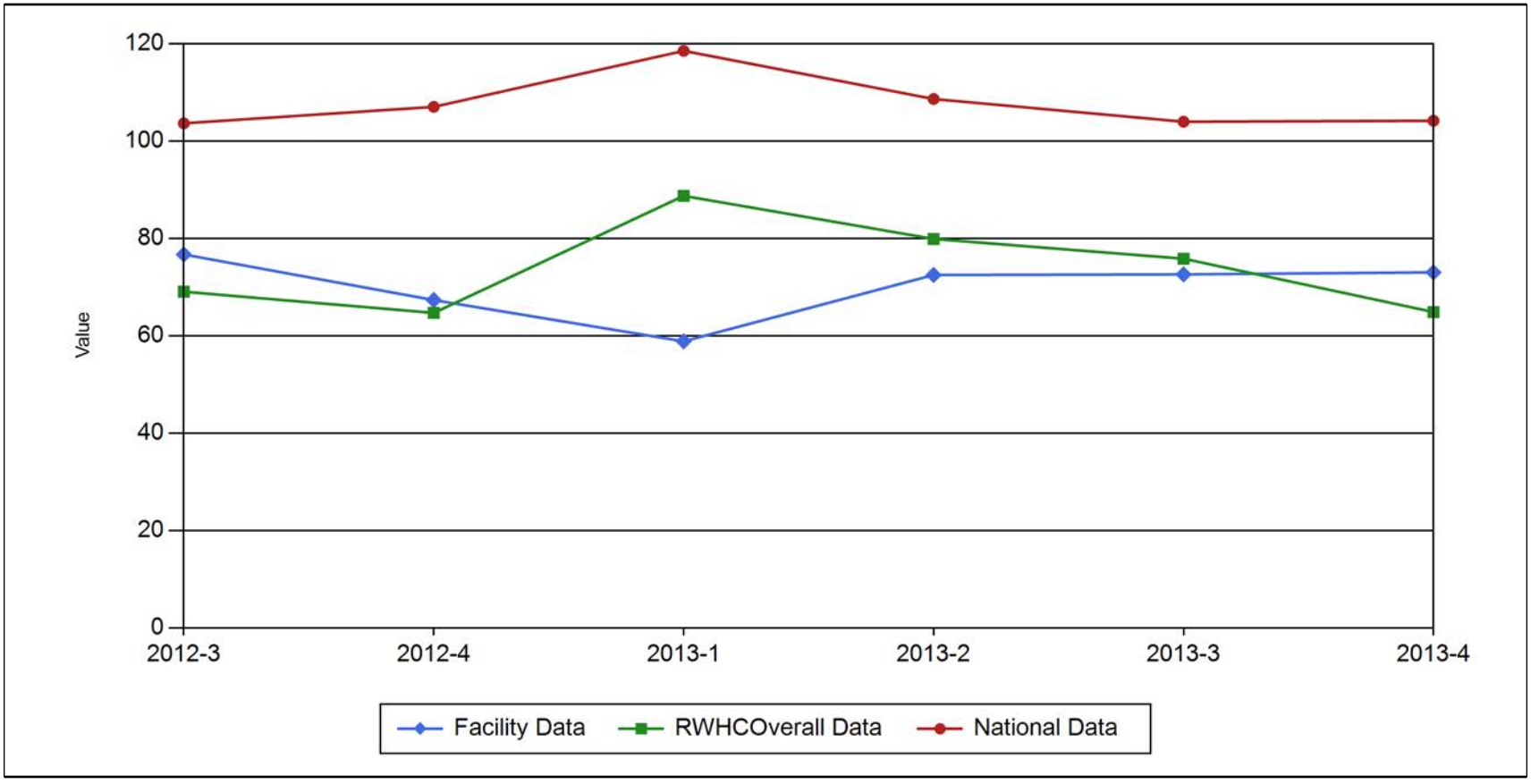
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RWHC Core Measure Program Comparison Report by Year-Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2a 16219 Admit Decision Time to ED Departure Time for Admitted ED Patients - Overall Rate



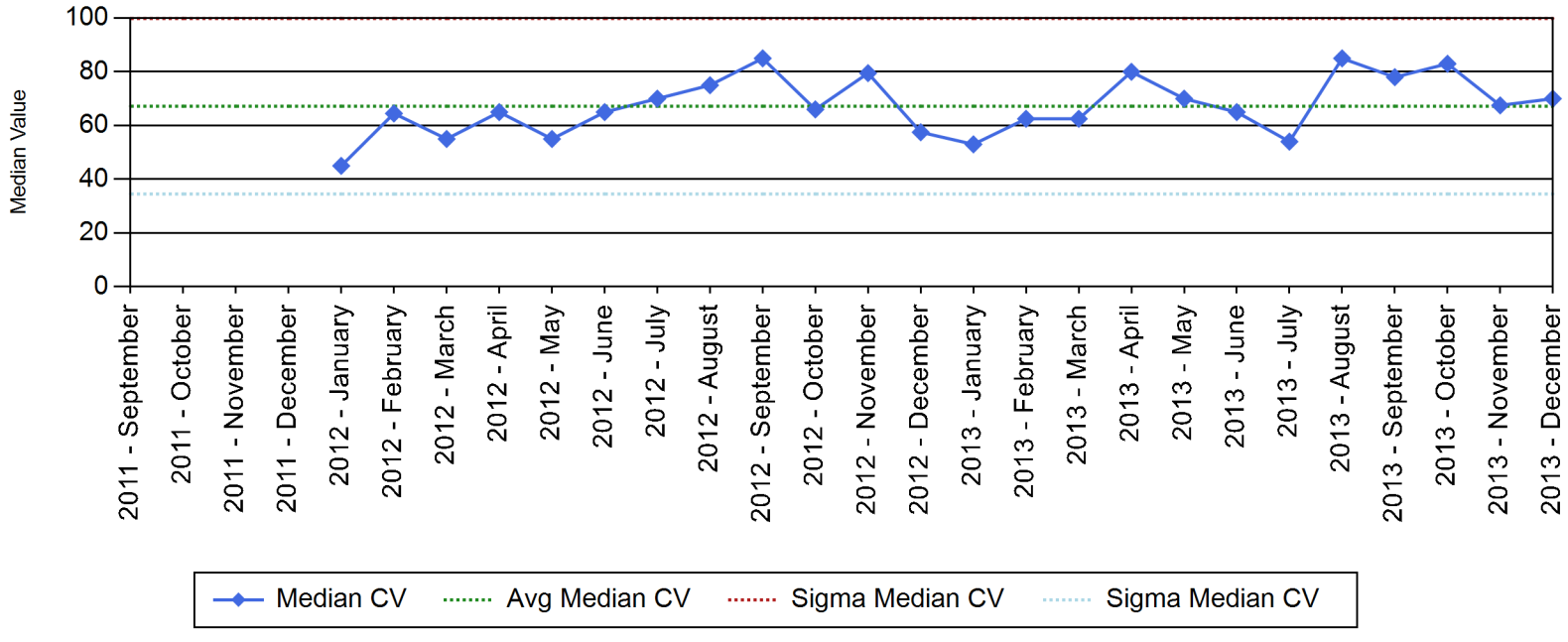
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RWHC Core Measure Program Control Chart

ED Throughput Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2a 16219 Admit Decision Time to ED Departure Time for Admitted ED Patients - Overall Rate



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2b 16220 Admit Decision Time to ED Departure Time for Admitted ED Patients - Reporting Measure

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	51.5
2012	2	62
2012	3	60
2012	4	72.5
2012	5	52.5
2012	6	65
2012	7	68.5
2012	8	72.5
2012	9	85
2012	10	62
2012	11	79.5
2012	12	57.5

Year	Month	Median
2013	1	51.5
2013	2	58
2013	3	62.5
2013	4	86
2013	5	70
2013	6	65.5
2013	7	52.5
2013	8	82
2013	9	80
2013	10	81.5
2013	11	75
2013	12	70

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Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2b 16220 Admit Decision Time to ED Departure Time for Admitted ED Patients - Reporting Measure

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	60
2012	2	65
2012	3	72
2012	4	70

Year	Quarter	Median
2013	1	54.5
2013	2	70
2013	3	65
2013	4	75

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison ED Throughput Report

ED2b 16220 Admit Decision Time to ED Departure Time for Admitted ED Patients - Reporting Measure

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	3	69.16	244.00	0.00	52
2012	4	64.31	226.00	0.00	162
2013	1	86.20	240.00	0.00	162
2013	2	77.91	202.00	0.00	165
2013	3	74.49	223.00	0.00	167
2013	4	68.77	237.50	0.00	171
2014	1	54.32	200.50	0.00	180
2014	2	49.76	137.50	1.00	177
2014	3	54.00	152.50	1.00	170
2014	4	54.54	135.00	0.00	171
2015	1	65.79	151.50	0.00	187
2015	2	67.53	159.00	0.00	188
2015	3	61.57	150.00	0.00	187
2015	4	66.28	177.00	0.00	188
2016	1	69.63	151.50	3.50	166
2016	2	67.87	163.50	5.50	157
2016	3	73.40	150.00	19.00	35
2016	4				0
	Average:	**66.21**			

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison ED Throughput Report

ED2b 16220 Admit Decision Time to ED Departure Time for Admitted ED Patients - Reporting Measure

Year	Quarter	Median Value	Fac Count
2012	1	116.40	67
2012	2	109.65	72
2012	3	104.76	78
2012	4	107.63	82
2013	1	120.96	93
2013	2	110.01	92
2013	3	104.89	95
2013	4	107.03	97
2014	1	106.08	534
2014	2	102.38	537
2014	3	103.81	538
2014	4	103.44	560
2015	1	133.04	2391
2015	2	119.64	2405
2015	3	115.71	2423
2015	4	117.80	2435

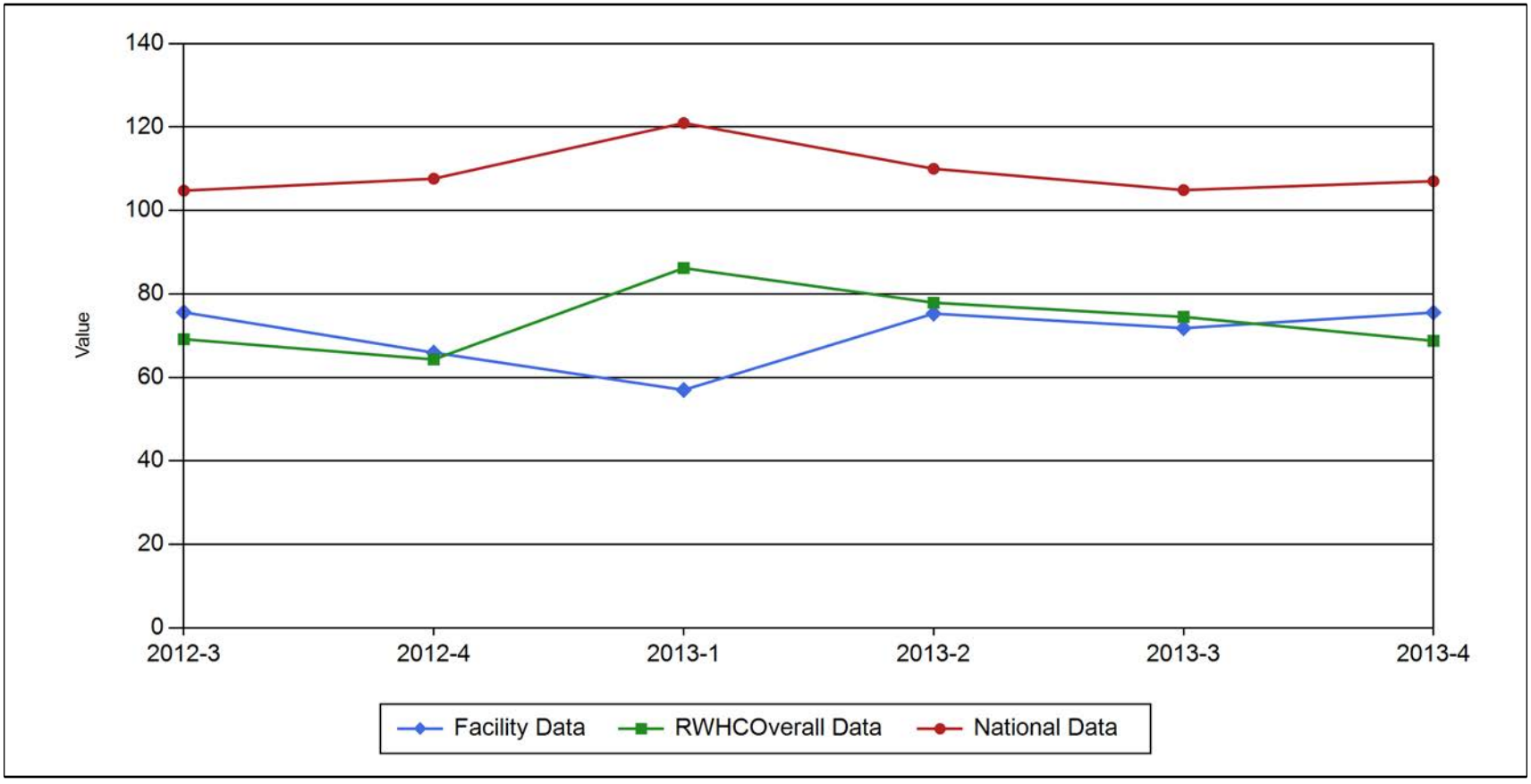
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RWHC Core Measure Program Comparison Report by Year-Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2b 16220 Admit Decision Time to ED Departure Time for Admitted ED Patients - Reporting Measure



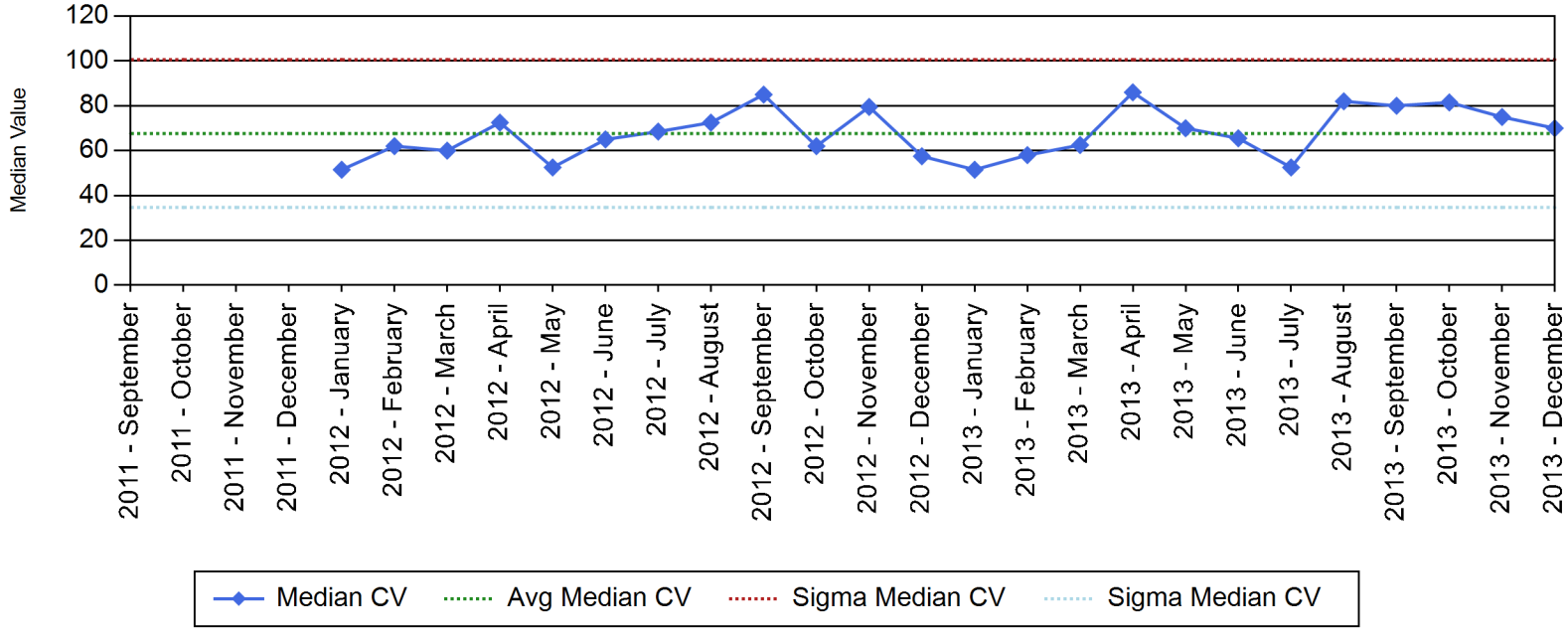
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RWHC Core Measure Program Control Chart

ED Throughput Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2b 16220 Admit Decision Time to ED Departure Time for Admitted ED Patients - Reporting Measure



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Table 1. RWHC Core Measure Program
Time Value of Events per Measure by Month

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2c 16221 Admit Decision Time to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients

Year	Month	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND
2011	5	ND
2011	6	ND
2011	7	ND
2011	8	ND
2011	9	ND
2011	10	ND
2011	11	ND
2011	12	ND

Year	Month	Median
2012	1	ND
2012	2	ND
2012	3	ND
2012	4	ND
2012	5	ND
2012	6	ND
2012	7	ND
2012	8	ND
2012	9	ND
2012	10	ND
2012	11	ND
2012	12	ND

Year	Month	Median
2013	1	ND
2013	2	ND
2013	3	ND
2013	4	75
2013	5	ND
2013	6	ND
2013	7	ND
2013	8	ND
2013	9	ND
2013	10	50
2013	11	ND
2013	12	ND

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Table 2. RWHC Core Measure Program
Time Value of Events per Measure by Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2c 16221 Admit Decision Time to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients

Year	Quarter	Median
2011	1	ND
2011	2	ND
2011	3	ND
2011	4	ND

Year	Quarter	Median
2012	1	ND
2012	2	ND
2012	3	ND
2012	4	ND

Year	Quarter	Median
2013	1	ND
2013	2	75
2013	3	ND
2013	4	50

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
RWHC Overall Comparison ED Throughput Report

ED2c 16221 Admit Decision Time to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients

Year	Quarter	Median Value	Max of the Medians	Min of the Medians	Fac Count
2012	3	62.34	238.50	32.00	11
2012	4	72.40	303.50	0.00	49
2013	1	99.55	262.50	0.00	50
2013	2	75.26	218.00	0.00	58
2013	3	78.00	336.00	25.00	61
2013	4	55.06	195.00	0.00	49
2014	1	54.76	265.00	0.00	54
2014	2	49.81	263.00	1.00	66
2014	3	48.33	250.00	5.00	60
2014	4	64.59	500.00	5.00	63
2015	1	60.70	151.00	2.00	64
2015	2	78.37	240.00	0.00	75
2015	3	72.68	299.00	0.00	79
2015	4	77.85	195.00	0.00	88
2016	1	86.71	252.00	1.00	74
2016	2	86.80	262.50	3.00	78
2016	3	70.59	136.00	1.00	14
2016	4				0
	Average:	**70.23**			

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Table 3. RWHC Core Measure Program
Time Value of Events per Measure by Quarter
National Comparison ED Throughput Report

ED2c 16221 Admit Decision Time to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients

Year	Quarter	Median Value	Fac Count
2012	1	259.72	46
2012	2	247.54	53
2012	3	123.81	48
2012	4	130.81	54
2013	1	121.97	61
2013	2	127.25	55
2013	3	148.97	61
2013	4	140.51	58
2014	1	110.76	358
2014	2	109.75	378
2014	3	114.08	372
2014	4	108.17	371
2015	1	150.32	1820
2015	2	183.54	1887
2015	3	145.94	1925
2015	4	148.88	1996

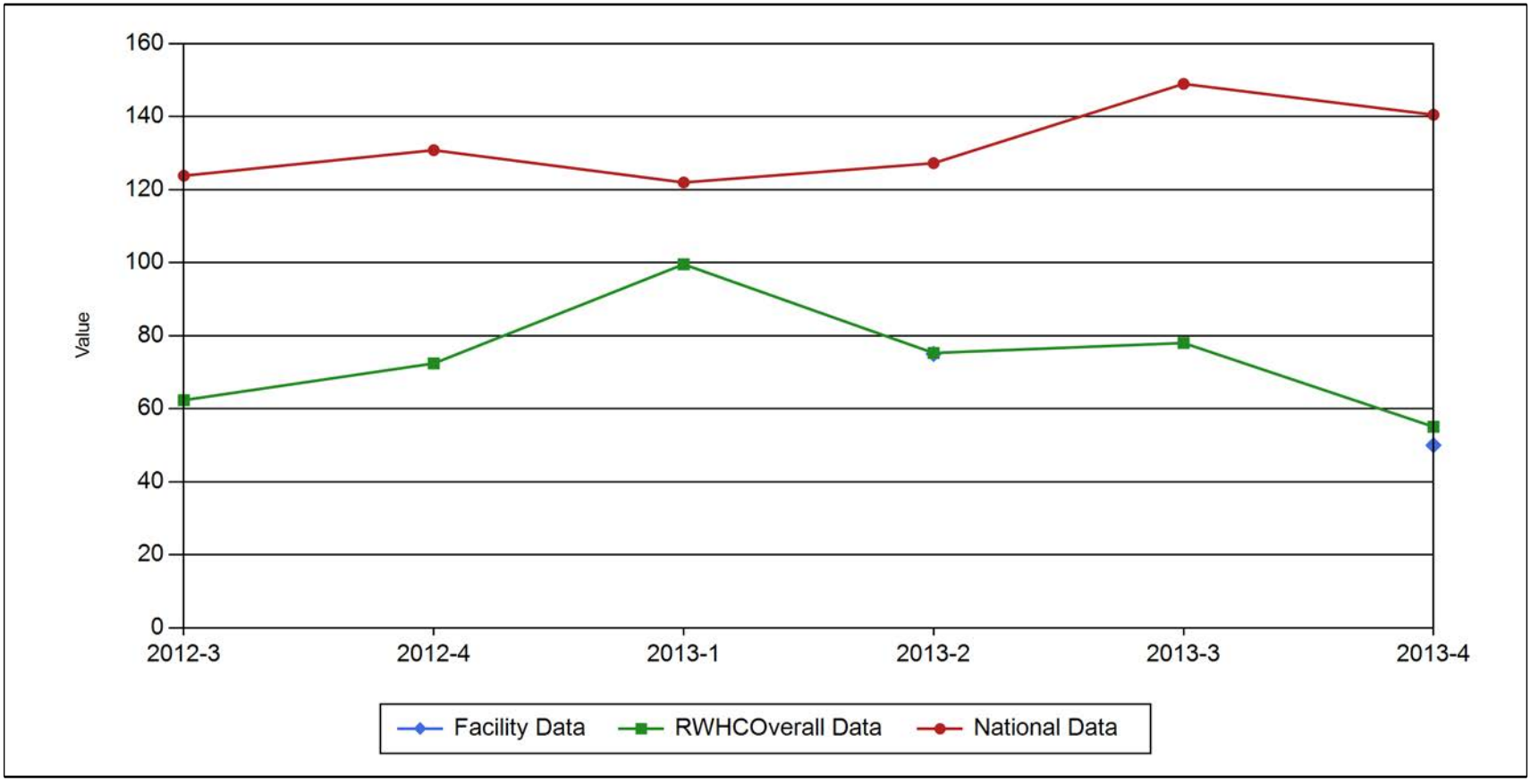
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RWHC Core Measure Program Comparison Report by Year-Quarter

ED Throughput Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2c 16221 Admit Decision Time to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients



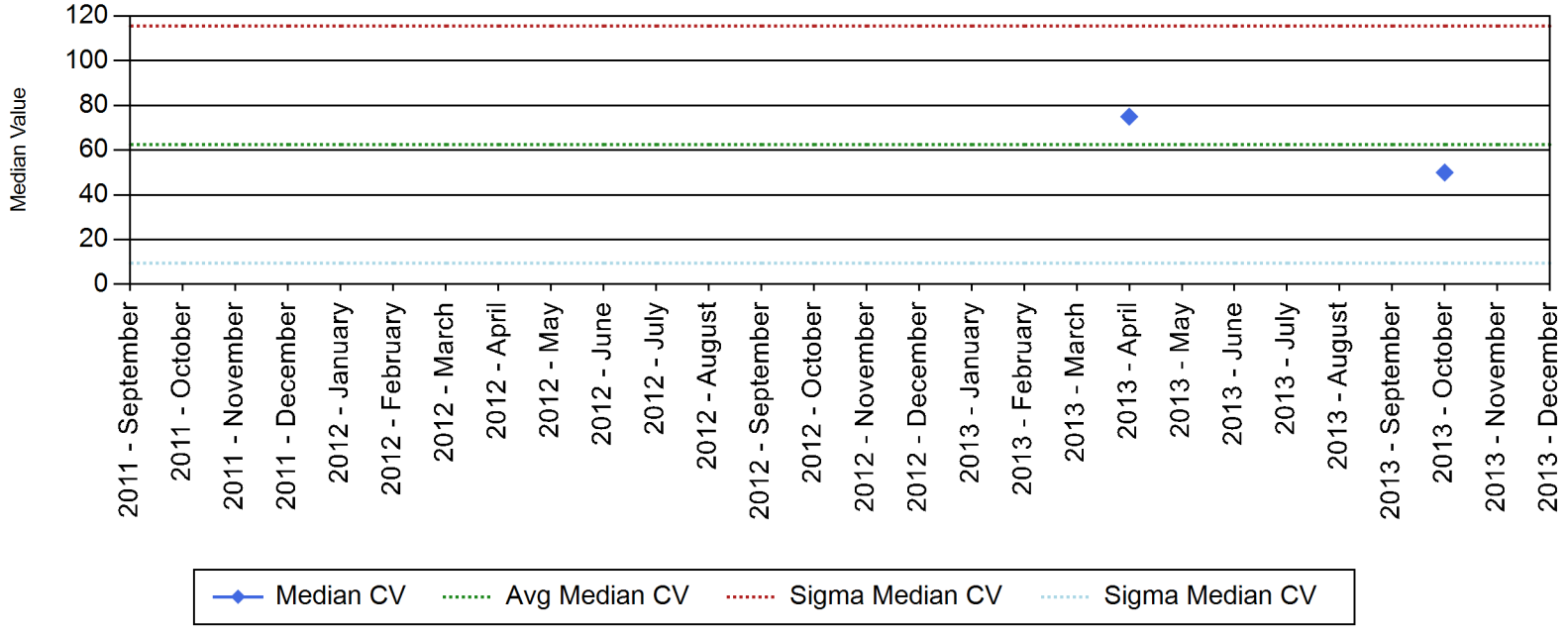
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RWHC Core Measure Program Control Chart

ED Throughput Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

ED2c 16221 Admit Decision Time to ED Departure Time for Admitted ED Patients - Psychiatric/Mental Health Patients



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RWHC Quality Indicators Program
Immunization Measures Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1a 16250 Pneumococcal Immunization - Overall Rate

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	25	55	45.45 %
2012	2	35	50	70.00 %
2012	3	28	49	57.14 %
2012	4	31	48	64.58 %
2012	5	30	47	63.83 %
2012	6	37	48	77.08 %
2012	7	35	46	76.09 %
2012	8	41	45	91.11 %
2012	9	43	49	87.76 %
2012	10	32	46	69.57 %
2012	11	29	47	61.70 %
2012	12	27	48	56.25 %
Totals:		**393**	**578**	**67.99 %**

Year	Month	Num	Den	%
2013	1	42	49	85.71 %
2013	2	32	43	74.42 %
2013	3	28	40	70.00 %
2013	4	24	54	44.44 %
2013	5	27	52	51.92 %
2013	6	24	47	51.06 %
2013	7	22	47	46.81 %
2013	8	20	47	42.55 %
2013	9	19	49	38.78 %
2013	10	25	49	51.02 %
2013	11	31	51	60.78 %
2013	12	25	52	48.08 %
Totals:		**319**	**580**	**55.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1a 16250 Pneumococcal Immunization - Overall Rate

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	88	154	57.14 %	2013	1	102	132	77.27 %
2011	2	ND	ND	ND	2012	2	98	143	68.53 %	2013	2	75	153	49.02 %
2011	3	ND	ND	ND	2012	3	119	140	85.00 %	2013	3	61	143	42.66 %
2011	4	ND	ND	ND	2012	4	88	141	62.41 %	2013	4	81	152	53.29 %
Totals:					**Totals:**		**393**	**578**	**67.99 %**	**Totals:**		**319**	**580**	**55.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Immunization Measures Report

IM1a 16250 Pneumococcal Immunization - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	5230	6004	87.11 %	87.80 %	100.00 %	45.45 %	0
2012	2	4924	5641	87.29 %	91.65 %	100.00 %	6.25 %	0
2012	3	5284	5973	88.46 %	90.12 %	100.00 %	0.00 %	0
2012	4	5553	6279	88.44 %	90.91 %	100.00 %	0.00 %	0
2013	1	5512	6095	90.43 %	92.77 %	100.00 %	16.67 %	0
2013	2	5329	5912	90.14 %	92.50 %	100.00 %	0.00 %	0
2013	3	4624	5098	90.70 %	94.12 %	100.00 %	0.00 %	0
2013	4	4675	5097	91.72 %	93.94 %	100.00 %	25.00 %	0
	Totals:	**41131**	**46099**	**89.22 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Immunization Measures Report

IM1a 16250 Pneumococcal Immunization - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	9513	10594	89.80%	90.82%	100.00%	0.00%	79
2012	2	9347	10449	89.45%	90.33%	100.00%	10.00%	83
2012	3	9515	10578	89.95%	91.40%	100.00%	0.00%	89
2012	4	10966	11862	92.45%	93.16%	100.00%	0.00%	97
2013	1	13958	15093	92.48%	94.04%	100.00%	0.00%	136
2013	2	13334	14507	91.91%	94.23%	100.00%	0.00%	135
2013	3	13439	14651	91.73%	94.83%	100.00%	0.00%	139
2013	4	15489	16737	92.54%	94.92%	100.00%	20.00%	151
	Sum:	95561	104471	91.47%				

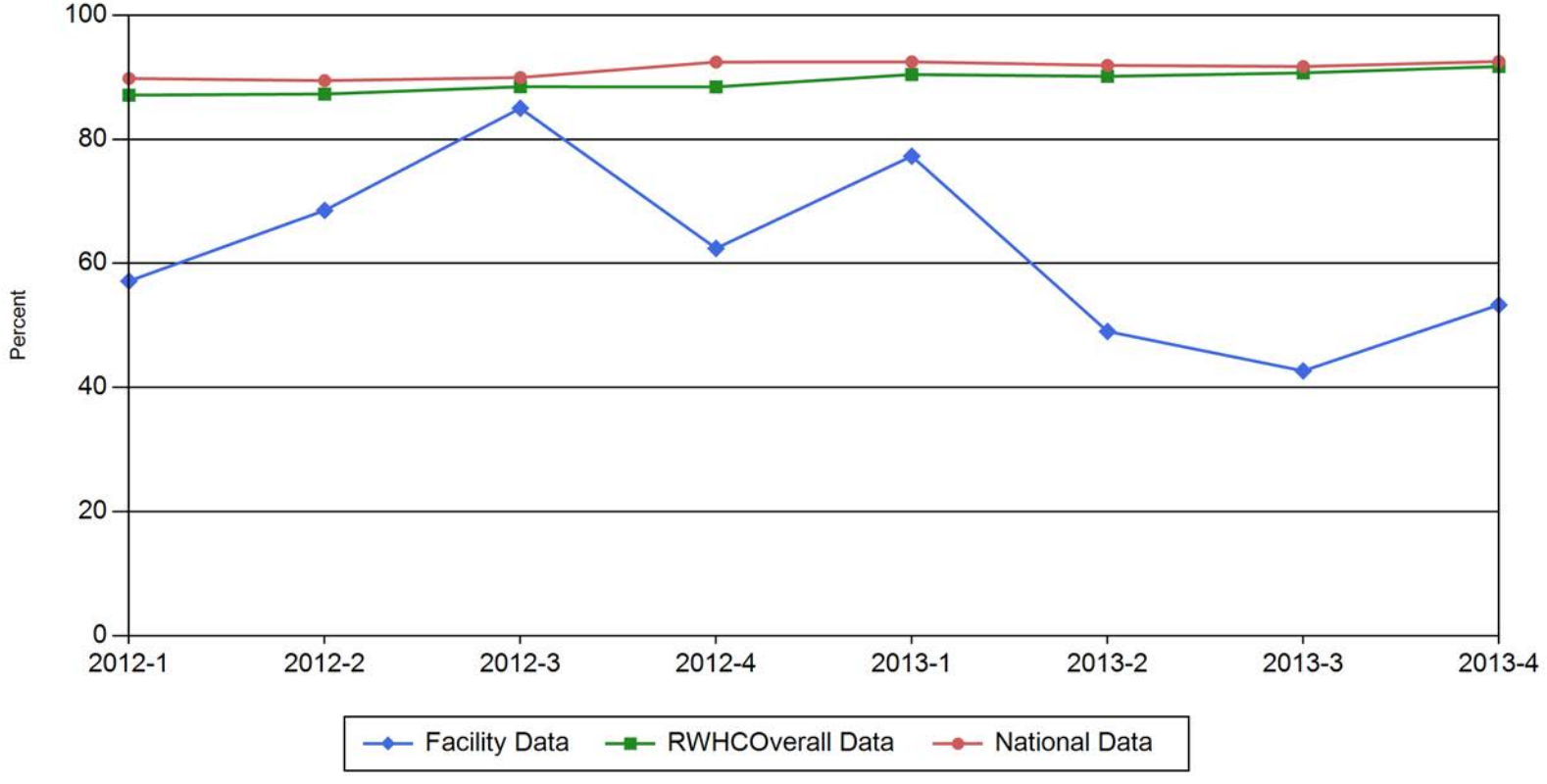
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1a 16250 Pneumococcal Immunization - Overall Rate



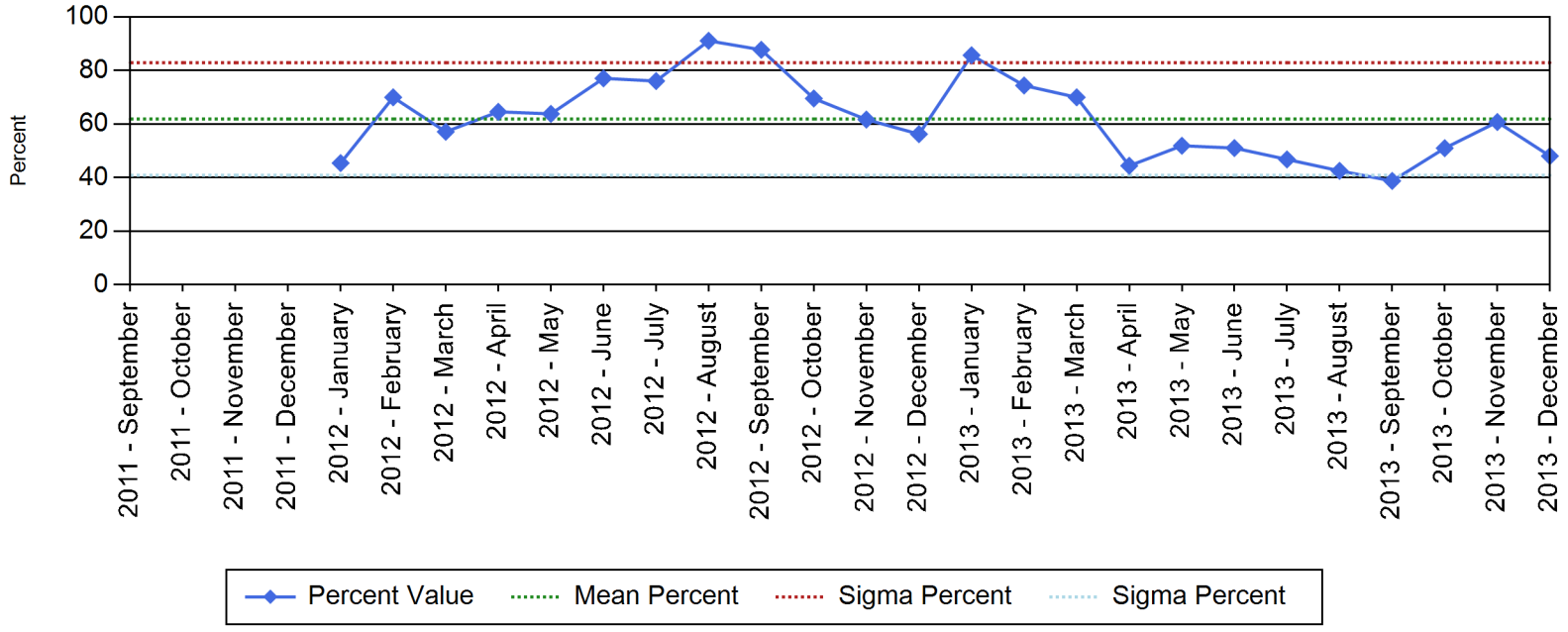
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RWHC Core Measure Program Control Chart

Immunization Measures Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1a 16250 Pneumococcal Immunization - Overall Rate



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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1b 16251 Pneumococcal Immunization - Age 65 and Older

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	25	55	45.45 %
2012	2	35	50	70.00 %
2012	3	28	48	58.33 %
2012	4	27	42	64.29 %
2012	5	23	40	57.50 %
2012	6	35	45	77.78 %
2012	7	33	44	75.00 %
2012	8	39	42	92.86 %
2012	9	42	48	87.50 %
2012	10	30	42	71.43 %
2012	11	25	42	59.52 %
2012	12	24	42	57.14 %
Totals:		**366**	**540**	**67.78 %**

Year	Month	Num	Den	%
2013	1	41	48	85.42 %
2013	2	31	42	73.81 %
2013	3	22	31	70.97 %
2013	4	22	52	42.31 %
2013	5	25	50	50.00 %
2013	6	24	46	52.17 %
2013	7	22	47	46.81 %
2013	8	20	47	42.55 %
2013	9	19	49	38.78 %
2013	10	23	46	50.00 %
2013	11	30	50	60.00 %
2013	12	24	51	47.06 %
Totals:		**303**	**559**	**54.20 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1b 16251 Pneumococcal Immunization - Age 65 and Older

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	88	153	57.52 %	2013	1	94	121	77.69 %
2011	2	ND	ND	ND	2012	2	85	127	66.93 %	2013	2	71	148	47.97 %
2011	3	ND	ND	ND	2012	3	114	134	85.07 %	2013	3	61	143	42.66 %
2011	4	ND	ND	ND	2012	4	79	126	62.70 %	2013	4	77	147	52.38 %
Totals:					**Totals:**		**366**	**540**	**67.78 %**	**Totals:**		**303**	**559**	**54.20 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Immunization Measures Report

IM1b 16251 Pneumococcal Immunization - Age 65 and Older

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	4225	4744	89.06 %	91.67 %	100.00 %	45.45 %	0
2012	2	4021	4483	89.69 %	94.67 %	100.00 %	14.29 %	0
2012	3	4295	4698	91.42 %	93.33 %	100.00 %	16.67 %	0
2012	4	4506	4979	90.50 %	94.09 %	100.00 %	33.33 %	0
2013	1	4456	4832	92.22 %	95.92 %	100.00 %	25.00 %	0
2013	2	4296	4697	91.46 %	95.45 %	100.00 %	0.00 %	0
2013	3	3703	4036	91.75 %	95.80 %	100.00 %	0.00 %	0
2013	4	3771	4067	92.72 %	96.67 %	100.00 %	0.00 %	0
	Totals:	**33273**	**36536**	**91.07 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Immunization Measures Report

IM1b 16251 Pneumococcal Immunization - Age 65 and Older

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	7320	7811	93.71%	95.98%	100.00%	25.00%	75
2012	2	7055	7570	93.20%	95.00%	100.00%	25.00%	79
2012	3	7012	7455	94.06%	96.27%	100.00%	44.44%	82
2012	4	8038	8483	94.75%	95.83%	100.00%	0.00%	93
2013	1	10161	10683	95.11%	96.43%	100.00%	0.00%	127
2013	2	9481	10024	94.58%	96.83%	100.00%	22.92%	125
2013	3	9686	10294	94.09%	96.97%	100.00%	0.00%	131
2013	4	10985	11582	94.85%	97.31%	100.00%	33.33%	142
	Sum:	69738	73902	94.37%				

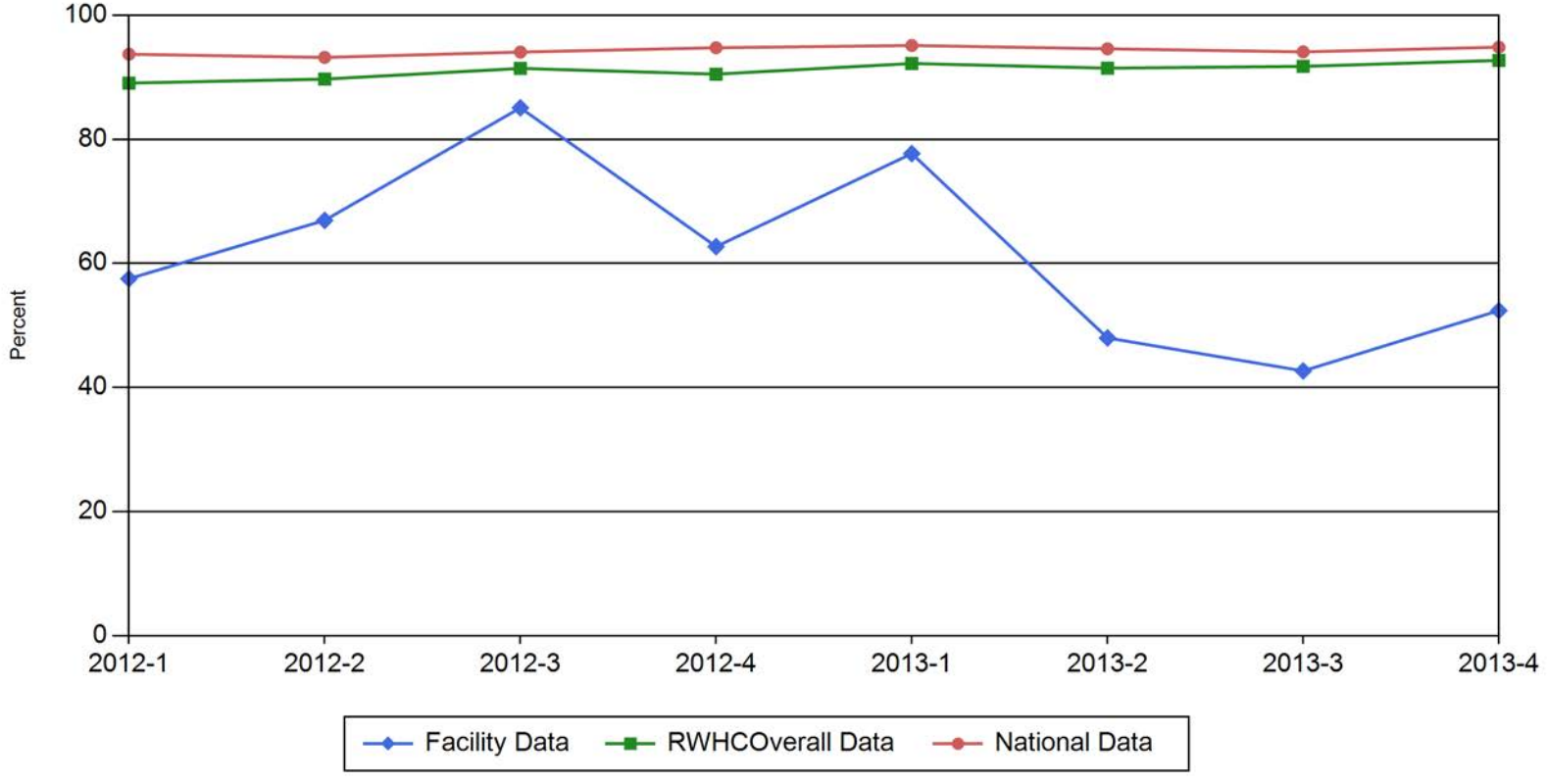
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1b 16251 Pneumococcal Immunization - Age 65 and Older



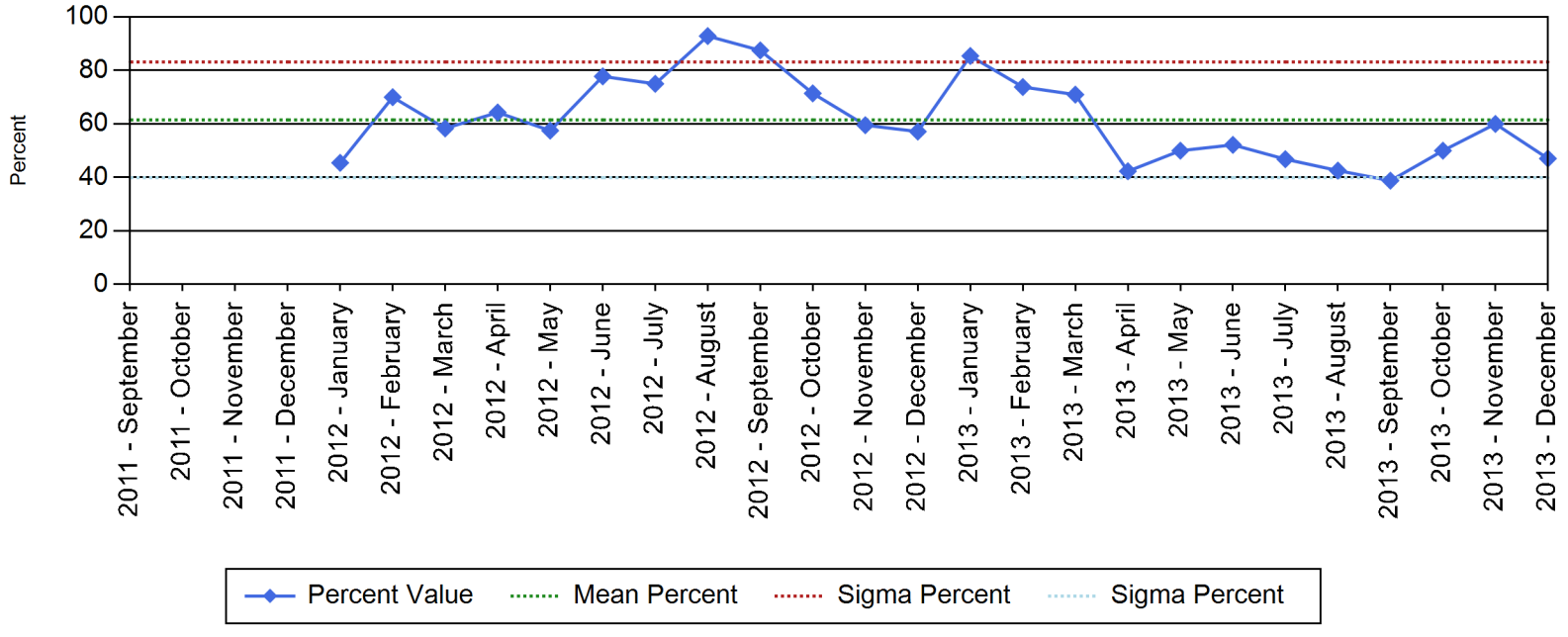
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RWHC Core Measure Program Control Chart

Immunization Measures Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1b 16251 Pneumococcal Immunization - Age 65 and Older



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	1	0.00 %
2012	4	4	6	66.67 %
2012	5	7	7	100.00 %
2012	6	2	3	66.67 %
2012	7	2	2	100.00 %
2012	8	2	3	66.67 %
2012	9	1	1	100.00 %
2012	10	2	4	50.00 %
2012	11	4	5	80.00 %
2012	12	3	6	50.00 %
Totals:		**27**	**38**	**71.05 %**

Year	Month	Num	Den	%
2013	1	1	1	100.00 %
2013	2	1	1	100.00 %
2013	3	6	9	66.67 %
2013	4	2	2	100.00 %
2013	5	2	2	100.00 %
2013	6	0	1	0.00 %
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	2	3	66.67 %
2013	11	1	1	100.00 %
2013	12	1	1	100.00 %
Totals:		**16**	**21**	**76.19 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	0	1	0.00 %	2013	1	8	11	72.73 %
2011	2	ND	ND	ND	2012	2	13	16	81.25 %	2013	2	4	5	80.00 %
2011	3	ND	ND	ND	2012	3	5	6	83.33 %	2013	3	0	0	ND
2011	4	ND	ND	ND	2012	4	9	15	60.00 %	2013	4	4	5	80.00 %
Totals:					**Totals:**		**27**	**38**	**71.05 %**	**Totals:**		**16**	**21**	**76.19 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Immunization Measures Report

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	1005	1260	79.76 %	83.33 %	100.00 %	0.00 %	0
2012	2	903	1158	77.98 %	80.91 %	100.00 %	0.00 %	0
2012	3	989	1275	77.57 %	80.00 %	100.00 %	0.00 %	0
2012	4	1047	1300	80.54 %	85.71 %	100.00 %	0.00 %	0
2013	1	1056	1263	83.61 %	88.89 %	100.00 %	0.00 %	0
2013	2	1033	1215	85.02 %	94.19 %	100.00 %	0.00 %	0
2013	3	921	1062	86.72 %	94.88 %	100.00 %	0.00 %	0
2013	4	904	1030	87.77 %	98.48 %	100.00 %	0.00 %	0
	Totals:	**7858**	**9563**	**82.17 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Immunization Measures Report

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	2193	2783	78.80%	85.48%	100.00%	0.00%	79
2012	2	2290	2877	79.60%	81.74%	100.00%	0.00%	83
2012	3	2503	3123	80.15%	83.77%	100.00%	0.00%	88
2012	4	2928	3378	86.68%	87.71%	100.00%	0.00%	97
2013	1	3797	4410	86.10%	89.74%	100.00%	0.00%	135
2013	2	3853	4483	85.95%	89.29%	100.00%	0.00%	134
2013	3	3753	4357	86.14%	90.16%	100.00%	0.00%	136
2013	4	4504	5155	87.37%	91.30%	100.00%	0.00%	151
	Sum:	25821	30566	84.48%				

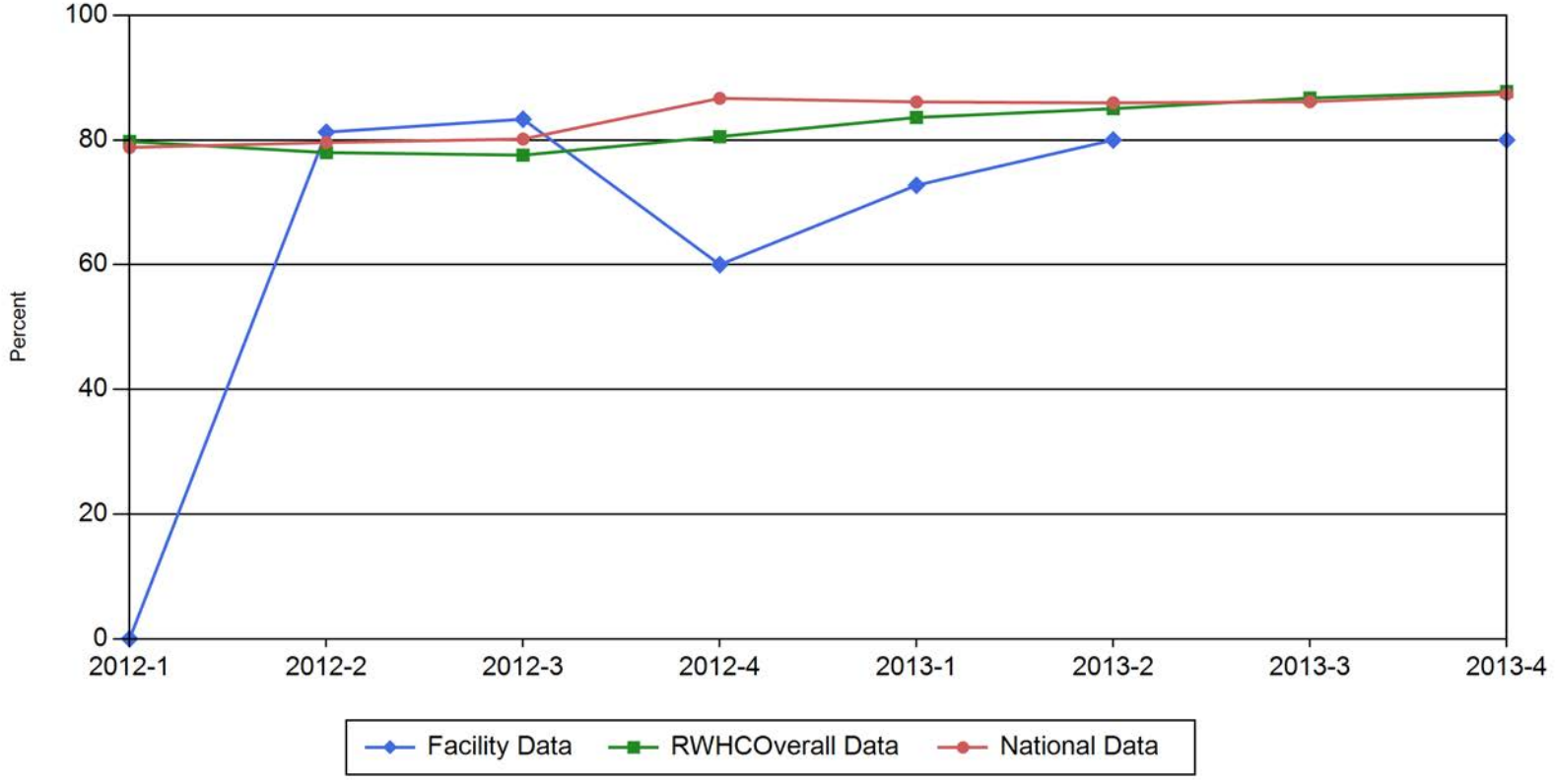
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RWHC Core Measure Program Comparison Report by Year-Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)



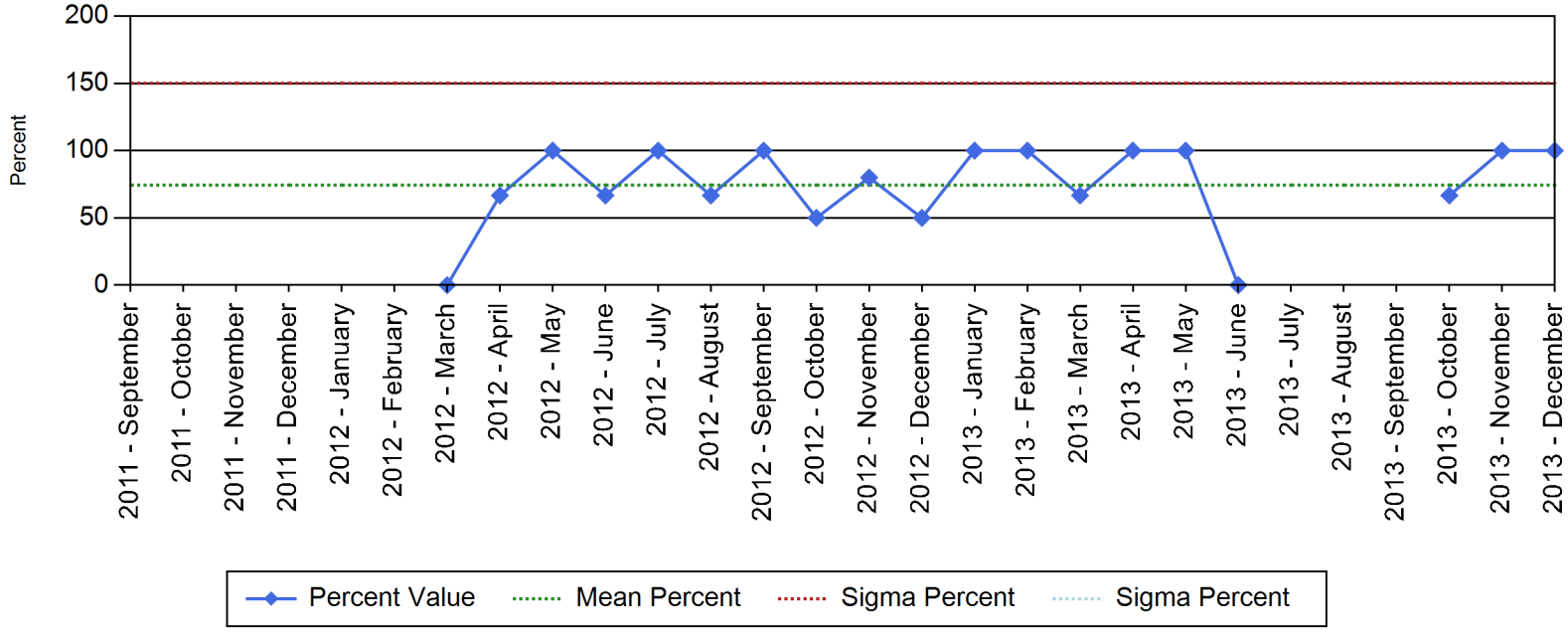
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RWHC Core Measure Program Control Chart

Immunization Measures Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM1c 16252 Pneumococcal Immunization - High Risk Populations (age 5 through 64 years)



For presentation purposes, Y-axis may not start at 0.

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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM2a 16253 Influenza Immunization

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	34	55	61.82 %
2012	2	38	49	77.55 %
2012	3	35	49	71.43 %
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	37	50	74.00 %
2012	11	33	51	64.71 %
2012	12	37	49	75.51 %
Totals:		**214**	**303**	**70.63 %**

Year	Month	Num	Den	%
2013	1	44	51	86.27 %
2013	2	43	48	89.58 %
2013	3	34	49	69.39 %
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	33	52	63.46 %
2013	11	37	53	69.81 %
2013	12	33	52	63.46 %
Totals:		**224**	**305**	**73.44 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM2a 16253 Influenza Immunization

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	107	153	69.93 %	2013	1	121	148	81.76 %
2011	2	ND	ND	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	ND	ND	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	ND	ND	ND	2012	4	107	150	71.33 %	2013	4	103	157	65.61 %
Totals:					**Totals:**		**214**	**303**	**70.63 %**	**Totals:**		**224**	**305**	**73.44 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Immunization Measures Report

IM2a 16253 Influenza Immunization

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	7793	9304	83.76 %	89.04 %	100.00 %	14.81 %	158
2013	1	8100	9064	89.36 %	93.75 %	100.00 %	12.50 %	159
2013	2	0	0					0
2013	3	0	0					0
2013	4	6949	7773	89.40 %	93.02 %	100.00 %	14.71 %	165
2014	1	7644	8401	90.99 %	96.12 %	100.00 %	8.33 %	164
2014	2	0	0					0
2014	3	0	0					0
2014	4	7038	7879	89.33 %	93.70 %	100.00 %	13.33 %	158
2015	1	8352	9114	91.64 %	95.82 %	100.00 %	5.71 %	182
2015	2	0	0					0
2015	3	0	0					0
2015	4	8046	8921	90.19 %	94.06 %	100.00 %	20.69 %	189
2016	1	9310	10122	91.98 %	96.00 %	100.00 %	36.11 %	197
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**63232**	**70578**	**89.59 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Immunization Measures Report

IM2a 16253 Influenza Immunization

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	1	14496	17339	83.60%	89.03%	99.57%	19.43%	80
2012	4	17865	20160	88.62%	90.06%	100.00%	36.70%	97
2013	1	23497	26071	90.13%	93.75%	100.00%	23.66%	137
2013	4	23233	26061	89.15%	93.05%	100.00%	20.28%	142
2014	1	188464	196485	95.92%	98.41%	100.00%	10.61%	940
2014	4	191999	203099	94.53%	97.33%	100.00%	21.82%	976
2015	1	611789	644335	94.95%	97.93%	100.00%	3.33%	2730
2015	4	601169	645166	93.18%	96.66%	100.00%	4.00%	2760
	Sum:	1672512	1778716	94.03%				

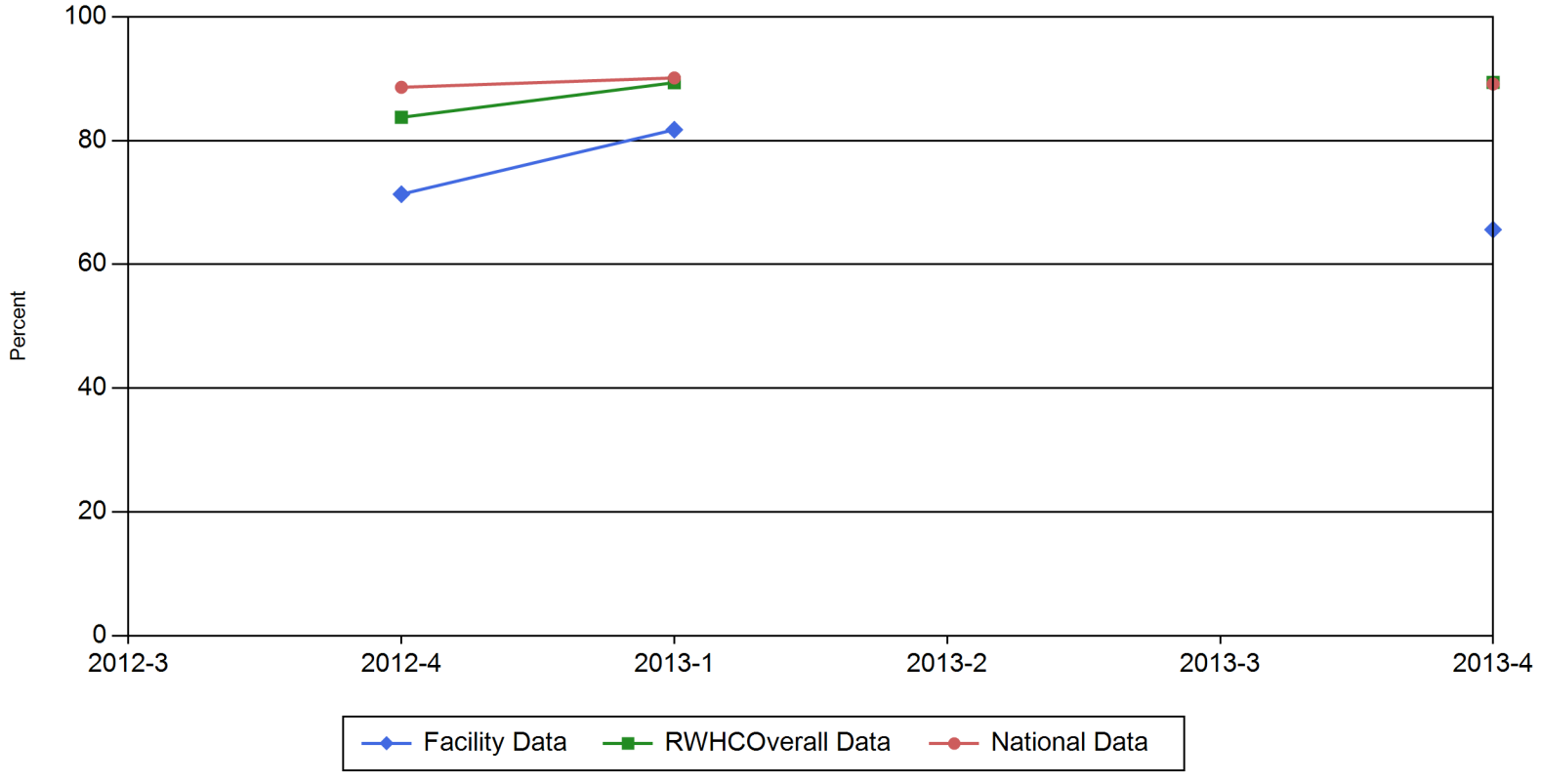
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RWHC Core Measure Program Comparison Report by Year-Quarter

Immunization Measures Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM2a 16253 Influenza Immunization



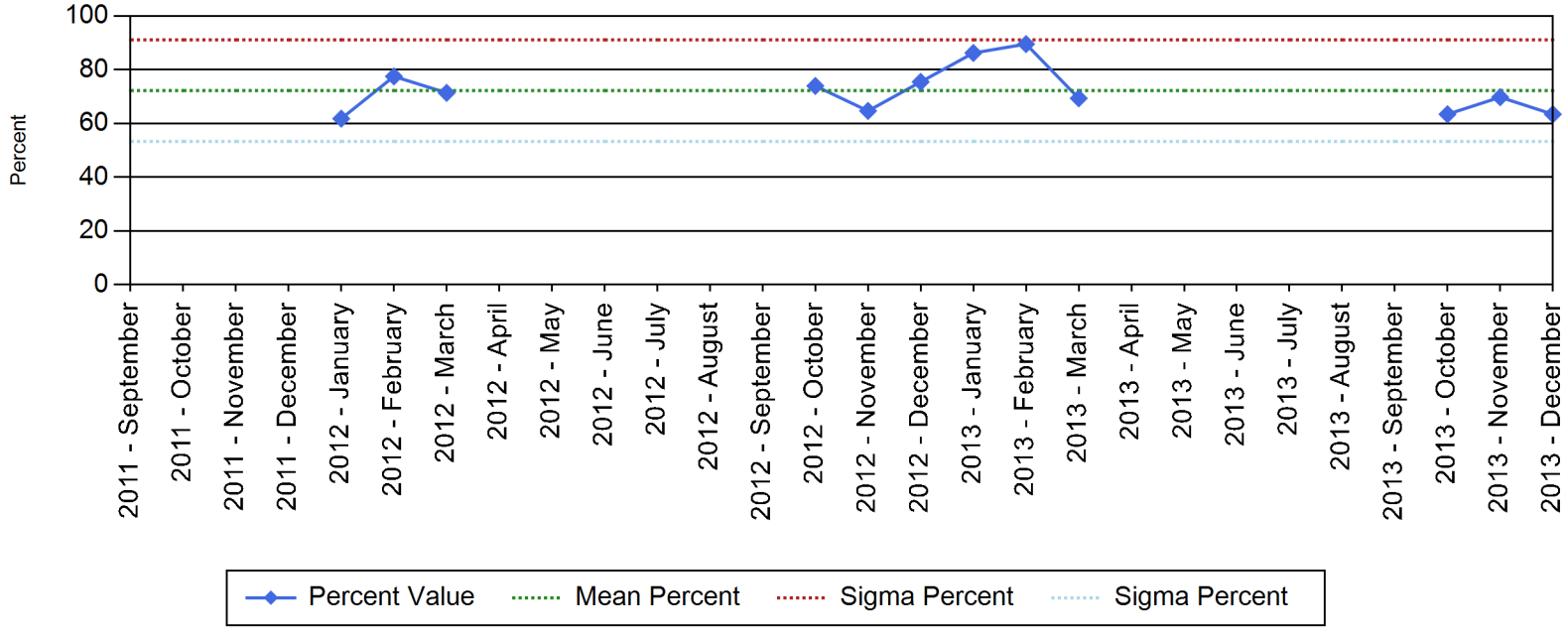
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RWHC Core Measure Program Control Chart

Immunization Measures Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

IM2a 16253 Influenza Immunization



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RWHC Quality Indicators Program
Pneumonia Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU

Year	Month	Num	Den	%
2011	1	0	1	0.00 %
2011	2	0	0	ND
2011	3	2	2	100.00 %
2011	4	0	0	ND
2011	5	1	1	100.00 %
2011	6	1	1	100.00 %
2011	7	0	0	ND
2011	8	1	1	100.00 %
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	1	1	100.00 %
2011	12	1	1	100.00 %
	Totals:	**7**	**8**	**87.50 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	1	1	100.00 %
2012	11	1	1	100.00 %
2012	12	0	0	ND
	Totals:	**2**	**2**	**100.00 %**

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	1	1	100.00 %
2013	3	0	0	ND
2013	4	2	2	100.00 %
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
	Totals:	**3**	**3**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	2	3	66.67 %	2012	1	0	0	ND	2013	1	1	1	100.00 %
2011	2	2	2	100.00 %	2012	2	0	0	ND	2013	2	2	2	100.00 %
2011	3	1	1	100.00 %	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	2	2	100.00 %	2012	4	2	2	100.00 %	2013	4	0	0	ND
Totals:		**7**	**8**	**87.50 %**	**Totals:**		**2**	**2**	**100.00 %**	**Totals:**		**3**	**3**	**100.00 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Pneumonia Report

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	8	9	88.89 %	100.00 %	100.00 %	0.00 %	8
2012	4	45	51	88.24 %	100.00 %	100.00 %	0.00 %	39
2013	1	48	64	75.00 %	100.00 %	100.00 %	0.00 %	44
2013	2	46	55	83.64 %	100.00 %	100.00 %	0.00 %	39
2013	3	26	36	72.22 %	100.00 %	100.00 %	0.00 %	29
2013	4	49	60	81.67 %	100.00 %	100.00 %	0.00 %	37
2014	1	75	81	92.59 %	100.00 %	100.00 %	0.00 %	51
2014	2	42	46	91.30 %	100.00 %	100.00 %	0.00 %	32
2014	3	32	38	84.21 %	100.00 %	100.00 %	0.00 %	27
2014	4	36	38	94.74 %	100.00 %	100.00 %	0.00 %	27
2015	1	7	9	77.78 %	100.00 %	100.00 %	0.00 %	7
2015	2	4	5	80.00 %	100.00 %	100.00 %	0.00 %	4
2015	3	5	6	83.33 %	100.00 %	100.00 %	0.00 %	4
2015	4	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**425**	**500**	**85.00 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Pneumonia Report

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	767	896	85.60%	100.00%	100.00%	0.00%	222
2011	2	484	568	85.21%	100.00%	100.00%	0.00%	179
2011	3	320	376	85.11%	100.00%	100.00%	0.00%	147
2011	4	421	489	86.09%	100.00%	100.00%	0.00%	144
2012	1	3	3	100.00%	100.00%	100.00%	100.00%	1
2013	1	9133	9901	92.24%	100.00%	100.00%	0.00%	2327
2013	2	6887	7441	92.55%	100.00%	100.00%	0.00%	2172
2013	3	5492	5904	93.02%	100.00%	100.00%	0.00%	2081
2013	4	7332	7810	93.88%	100.00%	100.00%	0.00%	2187
2014	1	9497	10118	93.86%	100.00%	100.00%	0.00%	2306
2014	2	7056	7512	93.93%	100.00%	100.00%	0.00%	2190
2014	3	5568	5942	93.71%	100.00%	100.00%	0.00%	2040
2014	4	6939	7408	93.67%	100.00%	100.00%	0.00%	2182
	Sum:	59899	64368	93.06%				

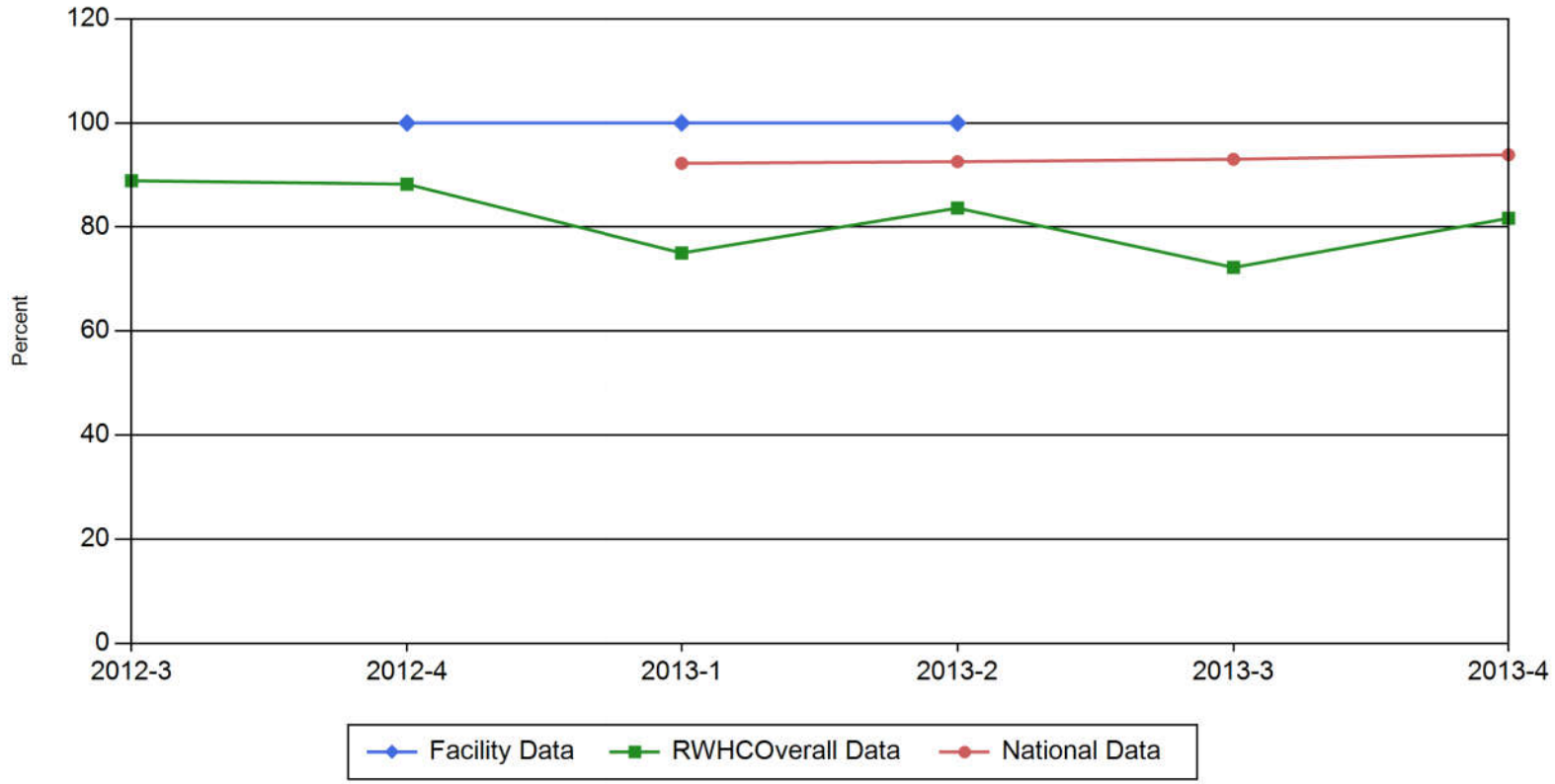
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU



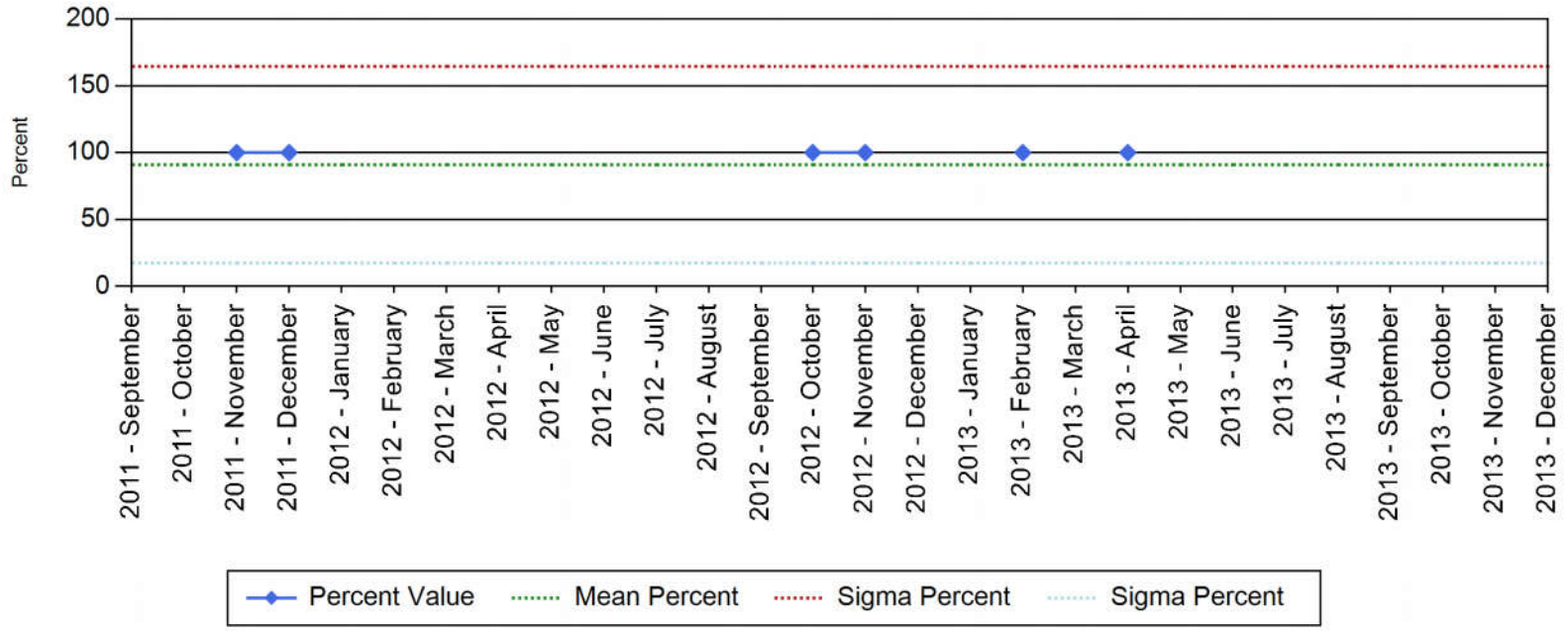
Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

RWHC Core Measure Program Control Chart

Pneumonia Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6a 14449 Initial Antibiotic Selection for Pneumonia Immunocompetent - ICU



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU

Year	Month	Num	Den	%
2011	1	2	2	100.00 %
2011	2	5	6	83.33 %
2011	3	6	8	75.00 %
2011	4	2	2	100.00 %
2011	5	4	4	100.00 %
2011	6	7	7	100.00 %
2011	7	4	4	100.00 %
2011	8	4	4	100.00 %
2011	9	4	4	100.00 %
2011	10	2	2	100.00 %
2011	11	7	8	87.50 %
2011	12	3	4	75.00 %
	Totals:	**50**	**55**	**90.91 %**

Year	Month	Num	Den	%
2012	1	3	5	60.00 %
2012	2	5	8	62.50 %
2012	3	3	6	50.00 %
2012	4	3	3	100.00 %
2012	5	5	8	62.50 %
2012	6	3	3	100.00 %
2012	7	2	2	100.00 %
2012	8	1	1	100.00 %
2012	9	4	5	80.00 %
2012	10	5	6	83.33 %
2012	11	1	1	100.00 %
2012	12	1	1	100.00 %
	Totals:	**36**	**49**	**73.47 %**

Year	Month	Num	Den	%
2013	1	2	4	50.00 %
2013	2	4	4	100.00 %
2013	3	3	3	100.00 %
2013	4	4	5	80.00 %
2013	5	2	2	100.00 %
2013	6	1	1	100.00 %
2013	7	2	2	100.00 %
2013	8	3	4	75.00 %
2013	9	3	3	100.00 %
2013	10	4	5	80.00 %
2013	11	2	3	66.67 %
2013	12	2	2	100.00 %
	Totals:	**32**	**38**	**84.21 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	13	16	81.25 %	2012	1	11	19	57.89 %	2013	1	9	11	81.82 %
2011	2	13	13	100.00 %	2012	2	11	14	78.57 %	2013	2	7	8	87.50 %
2011	3	12	12	100.00 %	2012	3	7	8	87.50 %	2013	3	8	9	88.89 %
2011	4	12	14	85.71 %	2012	4	7	8	87.50 %	2013	4	8	10	80.00 %
Totals:		**50**	**55**	**90.91 %**	**Totals:**		**36**	**49**	**73.47 %**	**Totals:**		**32**	**38**	**84.21 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Pneumonia Report

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	148	166	89.16 %	100.00 %	100.00 %	0.00 %	69
2012	4	694	761	91.20 %	100.00 %	100.00 %	0.00 %	240
2013	1	759	838	90.57 %	100.00 %	100.00 %	0.00 %	236
2013	2	631	688	91.72 %	100.00 %	100.00 %	0.00 %	223
2013	3	449	492	91.26 %	100.00 %	100.00 %	0.00 %	209
2013	4	657	724	90.75 %	100.00 %	100.00 %	0.00 %	236
2014	1	797	865	92.14 %	100.00 %	100.00 %	0.00 %	237
2014	2	703	748	93.98 %	100.00 %	100.00 %	0.00 %	229
2014	3	542	591	91.71 %	100.00 %	100.00 %	0.00 %	226
2014	4	634	680	93.24 %	100.00 %	100.00 %	0.00 %	219
2015	1	194	221	87.78 %	100.00 %	100.00 %	0.00 %	56
2015	2	153	167	91.62 %	100.00 %	100.00 %	40.00 %	51
2015	3	107	124	86.29 %	100.00 %	100.00 %	0.00 %	40
2015	4	107	114	93.86 %	100.00 %	100.00 %	0.00 %	40
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**6575**	**7179**	**91.59 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Pneumonia Report

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	77030	80186	96.06%	97.96%	100.00%	0.00%	2810
2011	2	61513	63981	96.14%	100.00%	100.00%	0.00%	2798
2011	3	47024	48845	96.27%	100.00%	100.00%	0.00%	2792
2011	4	61099	63552	96.14%	100.00%	100.00%	0.00%	2806
2012	1	70363	73055	96.32%	100.00%	100.00%	0.00%	2812
2012	2	55872	57944	96.42%	100.00%	100.00%	0.00%	2810
2012	3	46842	48556	96.47%	100.00%	100.00%	0.00%	2755
2012	4	61595	63679	96.73%	100.00%	100.00%	0.00%	2765
2013	1	72047	74283	96.99%	100.00%	100.00%	0.00%	2755
2013	2	56715	58499	96.95%	100.00%	100.00%	0.00%	2735
2013	3	44920	46341	96.93%	100.00%	100.00%	0.00%	2731
2013	4	54927	56594	97.05%	100.00%	100.00%	0.00%	2699
2014	1	68316	70220	97.29%	100.00%	100.00%	0.00%	2734
2014	2	56158	57669	97.38%	100.00%	100.00%	0.00%	2739
2014	3	46126	47335	97.45%	100.00%	100.00%	0.00%	2737
2014	4	58325	59930	97.32%	100.00%	100.00%	0.00%	2770
	Sum:	938872	970669	96.72%				

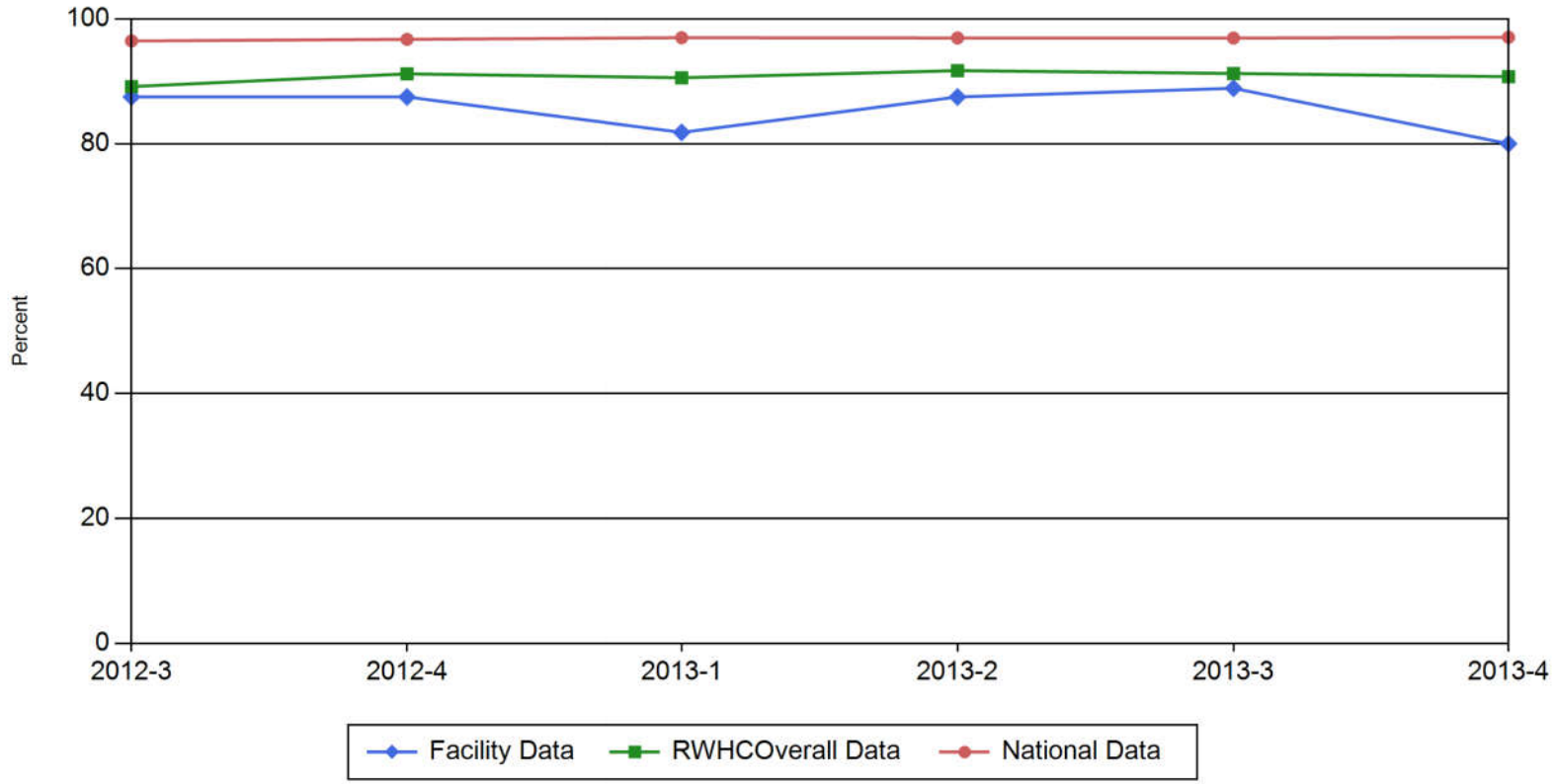
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RWHC Core Measure Program Comparison Report by Year-Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU



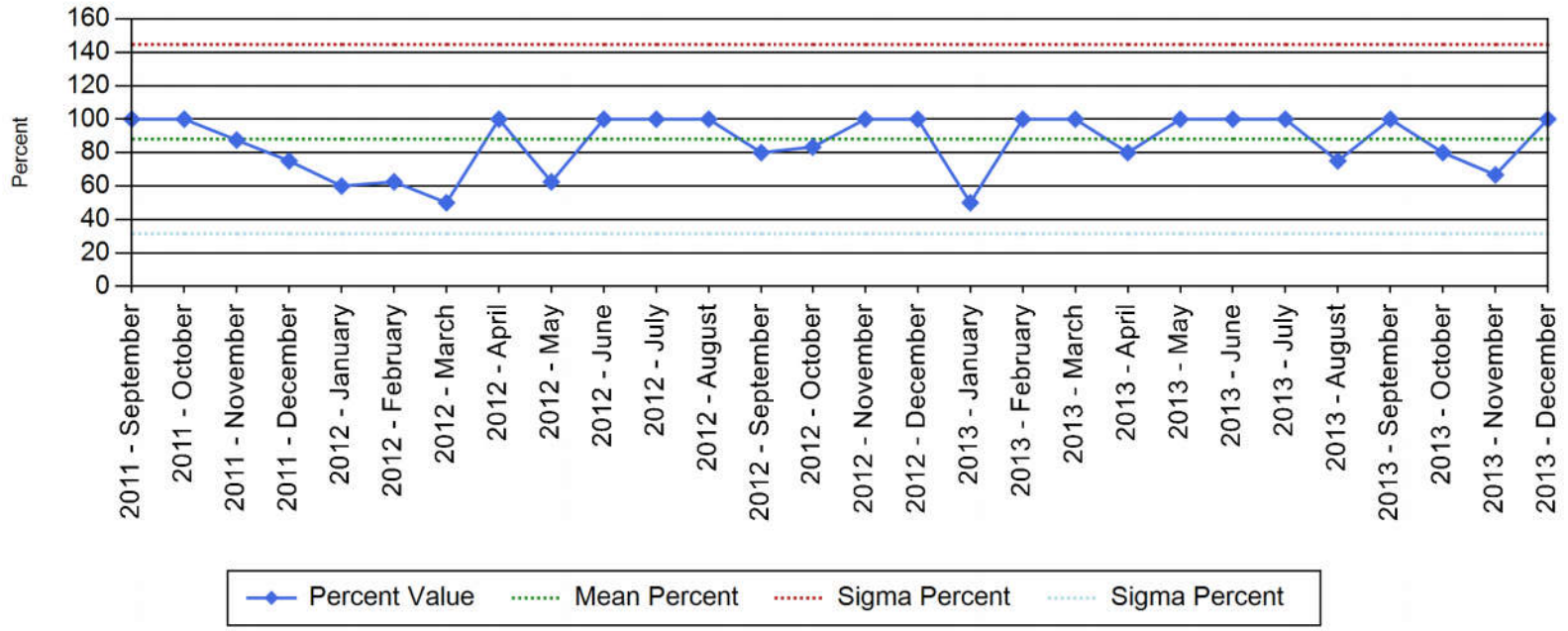
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RWHC Core Measure Program Control Chart

Pneumonia Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-6b 14450 Initial Antibiotic Selection for Pneumonia Immunocompetent - Non ICU



For presentation purposes, Y-axis may not start at 0.

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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival

Year	Month	Num	Den	%
2011	1	1	1	100.00 %
2011	2	0	0	ND
2011	3	2	2	100.00 %
2011	4	1	1	100.00 %
2011	5	1	1	100.00 %
2011	6	2	2	100.00 %
2011	7	1	2	50.00 %
2011	8	2	2	100.00 %
2011	9	1	1	100.00 %
2011	10	1	1	100.00 %
2011	11	1	1	100.00 %
2011	12	2	2	100.00 %
	Totals:	**15**	**16**	**93.75 %**

Year	Month	Num	Den	%
2012	1	2	2	100.00 %
2012	2	0	0	ND
2012	3	1	1	100.00 %
2012	4	0	0	ND
2012	5	0	1	0.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	2	2	100.00 %
2012	9	0	0	ND
2012	10	3	3	100.00 %
2012	11	4	4	100.00 %
2012	12	0	0	ND
	Totals:	**12**	**13**	**92.31 %**

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	1	1	100.00 %
2013	3	0	0	ND
2013	4	2	2	100.00 %
2013	5	1	1	100.00 %
2013	6	0	0	ND
2013	7	1	1	100.00 %
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	1	1	100.00 %
2013	11	0	0	ND
2013	12	0	0	ND
	Totals:	**6**	**6**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	3	3	100.00 %	2012	1	3	3	100.00 %	2013	1	1	1	100.00 %
2011	2	4	4	100.00 %	2012	2	0	1	0.00 %	2013	2	3	3	100.00 %
2011	3	4	5	80.00 %	2012	3	2	2	100.00 %	2013	3	1	1	100.00 %
2011	4	4	4	100.00 %	2012	4	7	7	100.00 %	2013	4	1	1	100.00 %
Totals:		**15**	**16**	**93.75 %**	**Totals:**		**12**	**13**	**92.31 %**	**Totals:**		**6**	**6**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Pneumonia Report

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	140	148	94.59 %	100.00 %	100.00 %	0.00 %	0
2011	2	129	132	97.73 %	100.00 %	100.00 %	0.00 %	0
2011	3	94	105	89.52 %	100.00 %	100.00 %	0.00 %	0
2011	4	141	149	94.63 %	100.00 %	100.00 %	0.00 %	0
2012	1	165	176	93.75 %	100.00 %	100.00 %	0.00 %	0
2012	2	103	116	88.79 %	100.00 %	100.00 %	0.00 %	0
2012	3	106	114	92.98 %	100.00 %	100.00 %	0.00 %	0
2012	4	126	137	91.97 %	100.00 %	100.00 %	0.00 %	0
2013	1	148	159	93.08 %	100.00 %	100.00 %	0.00 %	0
2013	2	110	115	95.65 %	100.00 %	100.00 %	0.00 %	0
2013	3	82	86	95.35 %	100.00 %	100.00 %	0.00 %	0
2013	4	120	130	92.31 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**1464**	**1567**	**93.43 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Pneumonia Report

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	29958	30715	97.54%	100.00%	100.00%	0.00%	2632
2011	2	25180	25723	97.89%	100.00%	100.00%	0.00%	2599
2011	3	20673	21136	97.81%	100.00%	100.00%	0.00%	2585
2011	4	24688	25191	98.00%	100.00%	100.00%	0.00%	2598
2012	1	28150	28672	98.18%	100.00%	100.00%	0.00%	2629
2012	2	23924	24365	98.19%	100.00%	100.00%	0.00%	2612
2012	3	20550	20909	98.28%	100.00%	100.00%	0.00%	2537
2012	4	25388	25841	98.25%	100.00%	100.00%	0.00%	2564
2013	1	30611	31149	98.27%	100.00%	100.00%	0.00%	2580
2013	2	24628	25024	98.42%	100.00%	100.00%	0.00%	2536
2013	3	21013	21319	98.56%	100.00%	100.00%	0.00%	2532
2013	4	24417	24781	98.53%	100.00%	100.00%	0.00%	2515
2014	1	28917	29355	98.51%	100.00%	100.00%	0.00%	2557
2014	2	24031	24437	98.34%	100.00%	100.00%	0.00%	2527
2014	3	20808	21167	98.30%	100.00%	100.00%	0.00%	2506
2014	4	24176	24617	98.21%	100.00%	100.00%	0.00%	2549
	Sum:	397112	404401	98.20%				

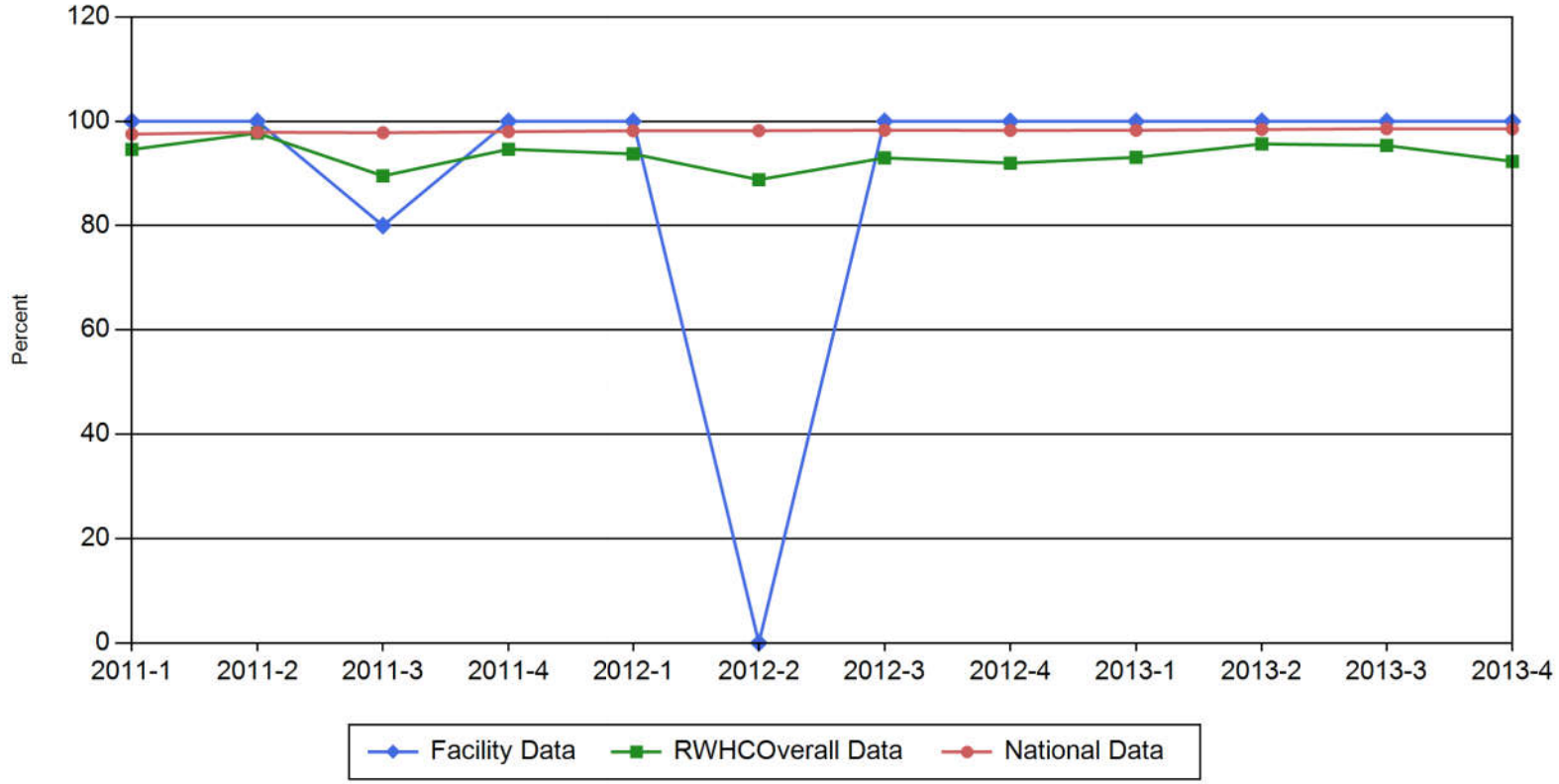
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RWHC Core Measure Program Comparison Report by Year-Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival



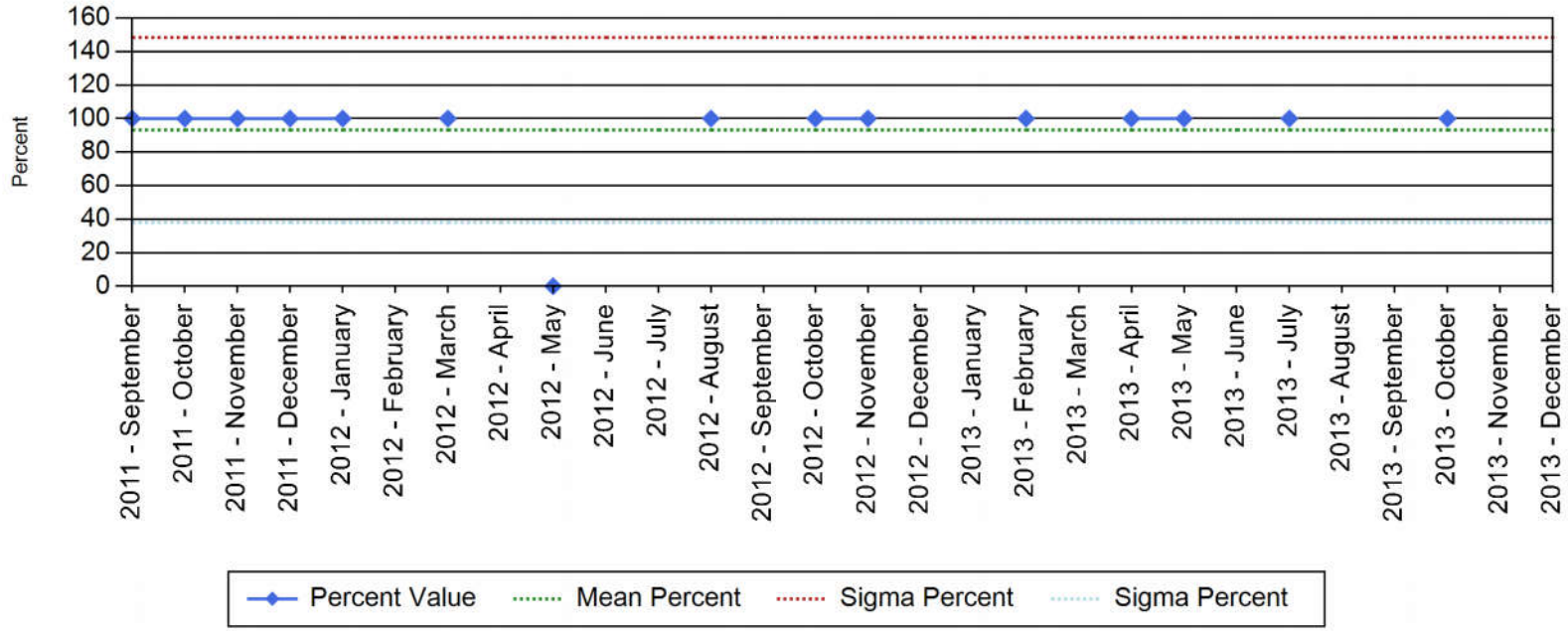
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RWHC Core Measure Program Control Chart

Pneumonia Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3a 14452 Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital

Year	Month	Num	Den	%
2011	1	3	3	100.00 %
2011	2	5	6	83.33 %
2011	3	6	6	100.00 %
2011	4	6	6	100.00 %
2011	5	5	6	83.33 %
2011	6	6	6	100.00 %
2011	7	5	5	100.00 %
2011	8	4	5	80.00 %
2011	9	3	3	100.00 %
2011	10	2	2	100.00 %
2011	11	9	10	90.00 %
2011	12	11	11	100.00 %
	Totals:	**65**	**69**	**94.20 %**

Year	Month	Num	Den	%
2012	1	7	9	77.78 %
2012	2	8	8	100.00 %
2012	3	10	10	100.00 %
2012	4	2	3	66.67 %
2012	5	4	4	100.00 %
2012	6	1	2	50.00 %
2012	7	5	5	100.00 %
2012	8	5	5	100.00 %
2012	9	6	6	100.00 %
2012	10	8	10	80.00 %
2012	11	3	4	75.00 %
2012	12	1	1	100.00 %
	Totals:	**60**	**67**	**89.55 %**

Year	Month	Num	Den	%
2013	1	3	3	100.00 %
2013	2	6	7	85.71 %
2013	3	3	5	60.00 %
2013	4	5	8	62.50 %
2013	5	1	2	50.00 %
2013	6	0	2	0.00 %
2013	7	2	4	50.00 %
2013	8	4	6	66.67 %
2013	9	1	3	33.33 %
2013	10	4	5	80.00 %
2013	11	3	5	60.00 %
2013	12	0	2	0.00 %
	Totals:	**32**	**52**	**61.54 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	14	15	93.33 %	2012	1	25	27	92.59 %	2013	1	12	15	80.00 %
2011	2	17	18	94.44 %	2012	2	7	9	77.78 %	2013	2	6	12	50.00 %
2011	3	12	13	92.31 %	2012	3	16	16	100.00 %	2013	3	7	13	53.85 %
2011	4	22	23	95.65 %	2012	4	12	15	80.00 %	2013	4	7	12	58.33 %
Totals:		**65**	**69**	**94.20 %**	**Totals:**		**60**	**67**	**89.55 %**	**Totals:**		**32**	**52**	**61.54 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Pneumonia Report

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	961	1015	94.68 %	100.00 %	100.00 %	0.00 %	0
2011	2	872	928	93.97 %	100.00 %	100.00 %	0.00 %	0
2011	3	654	679	96.32 %	100.00 %	100.00 %	0.00 %	0
2011	4	865	905	95.58 %	100.00 %	100.00 %	0.00 %	0
2012	1	997	1044	95.50 %	100.00 %	100.00 %	0.00 %	0
2012	2	762	789	96.58 %	100.00 %	100.00 %	0.00 %	0
2012	3	692	719	96.24 %	100.00 %	100.00 %	0.00 %	0
2012	4	914	968	94.42 %	100.00 %	100.00 %	0.00 %	0
2013	1	1037	1091	95.05 %	100.00 %	100.00 %	0.00 %	0
2013	2	859	902	95.23 %	100.00 %	100.00 %	0.00 %	0
2013	3	682	714	95.52 %	100.00 %	100.00 %	0.00 %	0
2013	4	882	937	94.13 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**10177**	**10691**	**95.19 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Pneumonia Report

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	134040	138487	96.79%	98.13%	100.00%	0.00%	2806
2011	2	113752	117054	97.18%	98.89%	100.00%	0.00%	2789
2011	3	91611	94097	97.36%	100.00%	100.00%	0.00%	2787
2011	4	111763	114813	97.34%	100.00%	100.00%	20.00%	2797
2012	1	127579	130686	97.62%	99.43%	100.00%	0.00%	2803
2012	2	106113	108527	97.78%	100.00%	100.00%	50.00%	2803
2012	3	91111	93110	97.85%	100.00%	100.00%	0.00%	2754
2012	4	112428	114950	97.81%	100.00%	100.00%	0.00%	2759
2013	1	132927	135744	97.92%	100.00%	100.00%	0.00%	2745
2013	2	107783	109871	98.10%	100.00%	100.00%	39.29%	2730
2013	3	89566	91238	98.17%	100.00%	100.00%	0.00%	2734
2013	4	103157	105184	98.07%	100.00%	100.00%	0.00%	2691
	Sum:	1321830	1353761	97.64%				

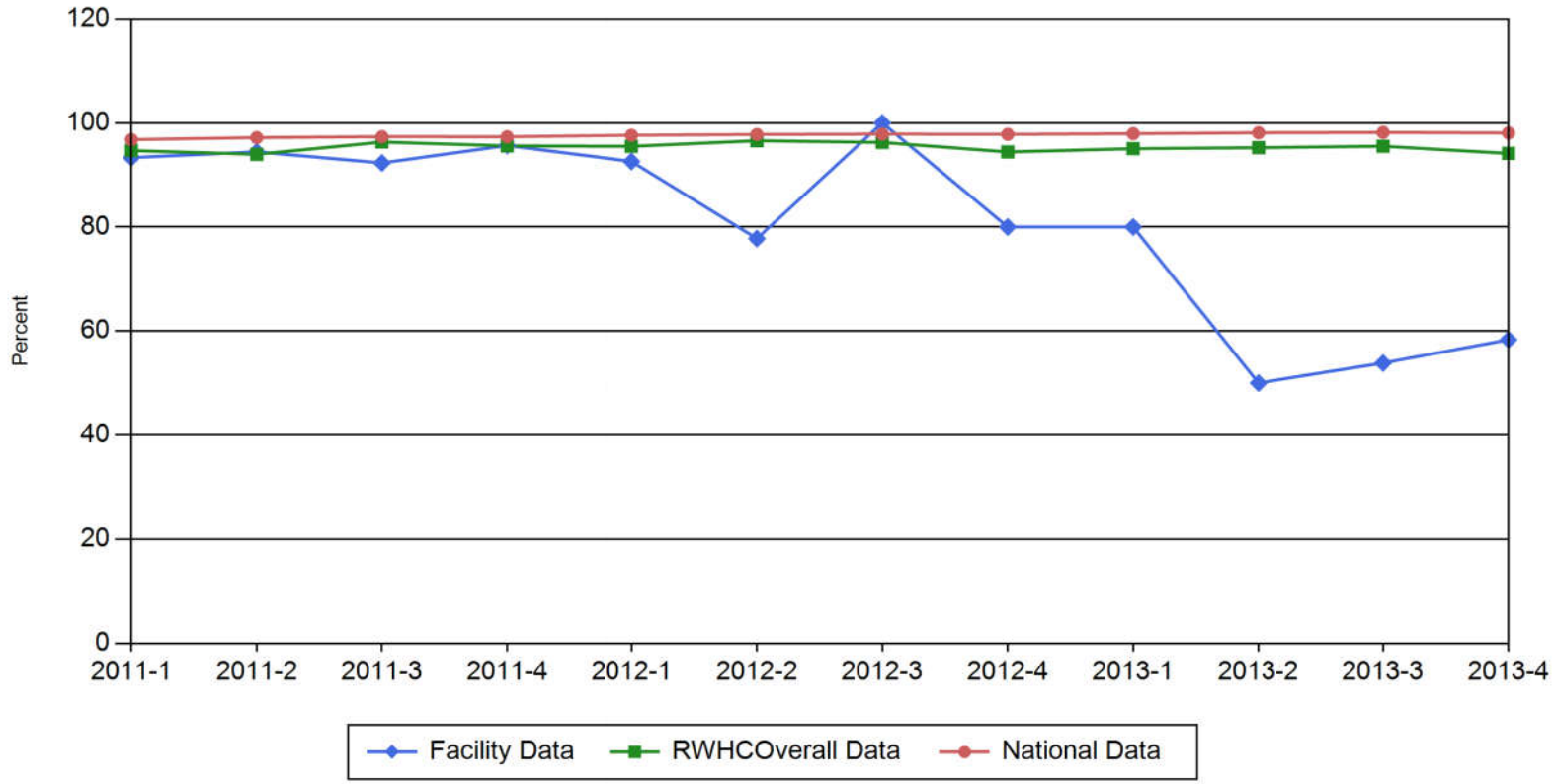
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Pneumonia Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital



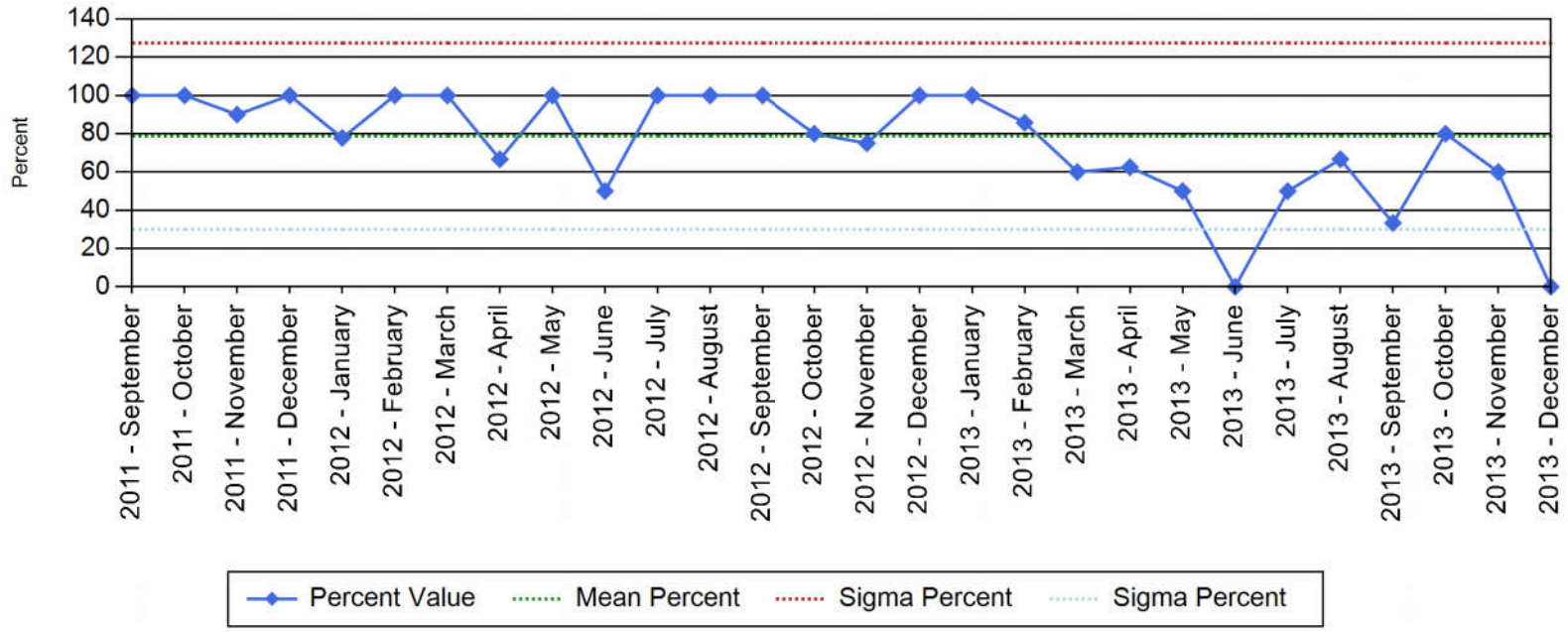
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RWHC Core Measure Program Control Chart

Pneumonia Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

PN-3b 14453 Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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RWHC Quality Indicators Program
Surgical Care Improvement Project Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate

Year	Month	Num	Den	%
2011	1	6	6	100.00 %
2011	2	3	3	100.00 %
2011	3	6	6	100.00 %
2011	4	6	6	100.00 %
2011	5	3	3	100.00 %
2011	6	11	11	100.00 %
2011	7	5	5	100.00 %
2011	8	7	7	100.00 %
2011	9	8	8	100.00 %
2011	10	10	10	100.00 %
2011	11	12	12	100.00 %
2011	12	9	9	100.00 %
	Totals:	**86**	**86**	**100.00 %**

Year	Month	Num	Den	%
2012	1	5	5	100.00 %
2012	2	7	7	100.00 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	8	8	100.00 %
2012	6	11	11	100.00 %
2012	7	7	7	100.00 %
2012	8	5	5	100.00 %
2012	9	6	6	100.00 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	5	5	100.00 %
	Totals:	**74**	**74**	**100.00 %**

Year	Month	Num	Den	%
2013	1	5	5	100.00 %
2013	2	9	9	100.00 %
2013	3	11	11	100.00 %
2013	4	3	3	100.00 %
2013	5	10	10	100.00 %
2013	6	11	11	100.00 %
2013	7	4	4	100.00 %
2013	8	8	8	100.00 %
2013	9	5	5	100.00 %
2013	10	7	7	100.00 %
2013	11	11	11	100.00 %
2013	12	9	9	100.00 %
	Totals:	**93**	**93**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	15	15	100.00 %	2012	1	17	17	100.00 %	2013	1	25	25	100.00 %
2011	2	20	20	100.00 %	2012	2	21	21	100.00 %	2013	2	24	24	100.00 %
2011	3	20	20	100.00 %	2012	3	18	18	100.00 %	2013	3	17	17	100.00 %
2011	4	31	31	100.00 %	2012	4	18	18	100.00 %	2013	4	27	27	100.00 %
Totals:		**86**	**86**	**100.00 %**	**Totals:**		**74**	**74**	**100.00 %**	**Totals:**		**93**	**93**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	356	372	95.70 %	100.00 %	100.00 %	0.00 %	58
2012	4	1374	1430	96.08 %	100.00 %	100.00 %	0.00 %	176
2013	1	1275	1316	96.88 %	100.00 %	100.00 %	0.00 %	179
2013	2	1264	1308	96.64 %	100.00 %	100.00 %	0.00 %	175
2013	3	1146	1183	96.87 %	100.00 %	100.00 %	50.00 %	160
2013	4	1337	1361	98.24 %	100.00 %	100.00 %	0.00 %	170
2014	1	1275	1298	98.23 %	100.00 %	100.00 %	0.00 %	175
2014	2	1349	1379	97.82 %	100.00 %	100.00 %	0.00 %	174
2014	3	1318	1343	98.14 %	100.00 %	100.00 %	0.00 %	173
2014	4	1524	1562	97.57 %	100.00 %	100.00 %	0.00 %	170
2015	1	524	533	98.31 %	100.00 %	100.00 %	50.00 %	51
2015	2	494	497	99.40 %	100.00 %	100.00 %	0.00 %	43
2015	3	487	498	97.79 %	100.00 %	100.00 %	0.00 %	44
2015	4	391	403	97.02 %	100.00 %	100.00 %	50.00 %	34
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**14114**	**14483**	**97.45 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	215977	220466	97.96%	98.94%	100.00%	0.00%	2620
2011	2	219495	223720	98.11%	99.16%	100.00%	0.00%	2657
2011	3	214049	217995	98.19%	99.31%	100.00%	0.00%	2671
2011	4	220316	224072	98.32%	99.59%	100.00%	0.00%	2676
2012	1	223051	226401	98.52%	100.00%	100.00%	0.00%	2700
2012	2	220286	223525	98.55%	100.00%	100.00%	0.00%	2701
2012	3	209561	212470	98.63%	100.00%	100.00%	0.00%	2655
2012	4	219495	222371	98.71%	100.00%	100.00%	0.00%	2657
2013	1	210171	212700	98.81%	100.00%	100.00%	0.00%	2648
2013	2	213156	215530	98.90%	100.00%	100.00%	0.00%	2636
2013	3	208197	210619	98.85%	100.00%	100.00%	0.00%	2644
2013	4	219575	222027	98.90%	100.00%	100.00%	0.00%	2600
2014	1	218750	220984	98.99%	100.00%	100.00%	0.00%	2685
2014	2	225519	227787	99.00%	100.00%	100.00%	0.00%	2694
2014	3	220754	222970	99.01%	100.00%	100.00%	0.00%	2700
2014	4	233325	235761	98.97%	100.00%	100.00%	0.00%	2722
	Sum:	3491677	3539398	98.65%				

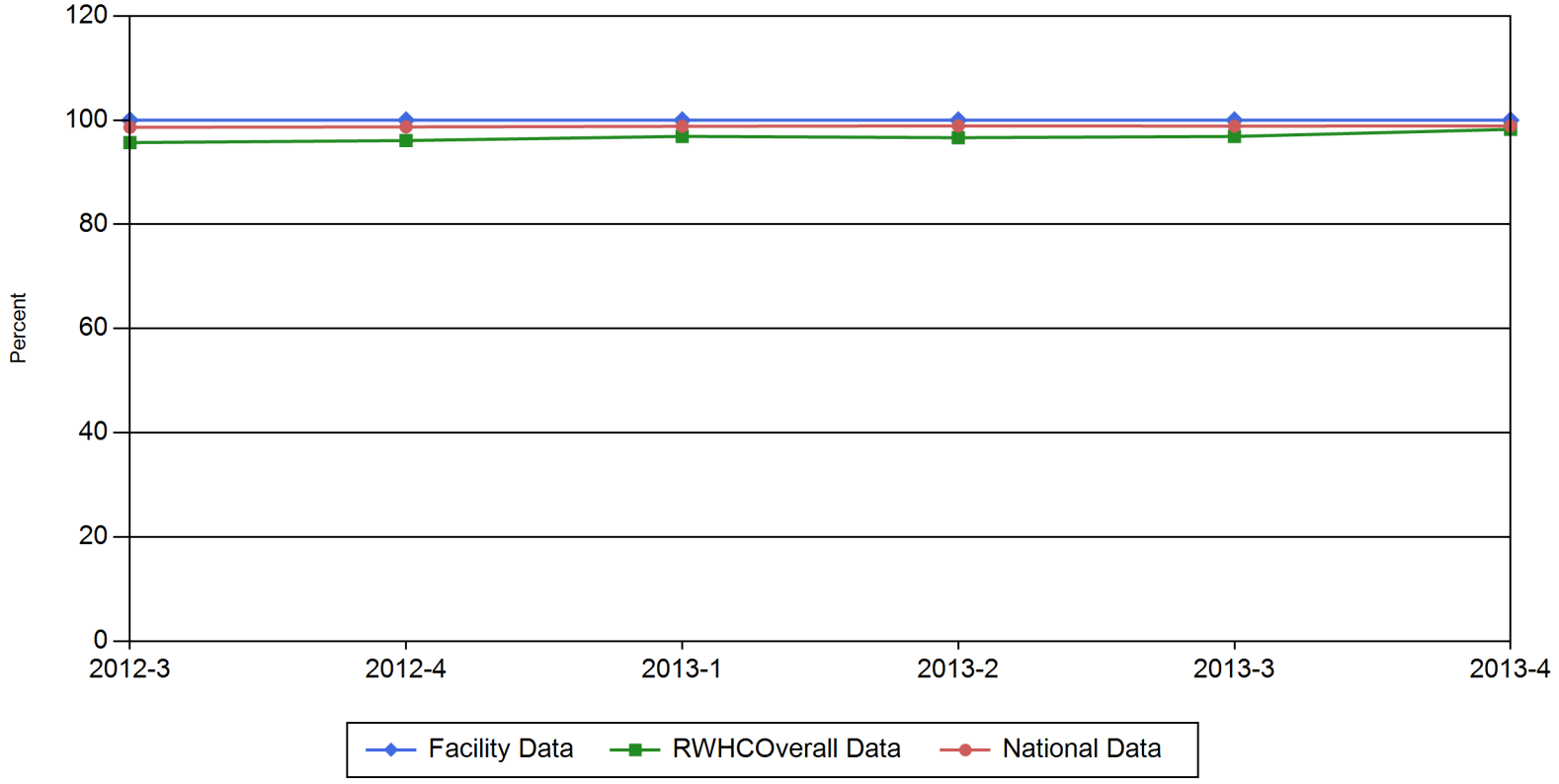
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate



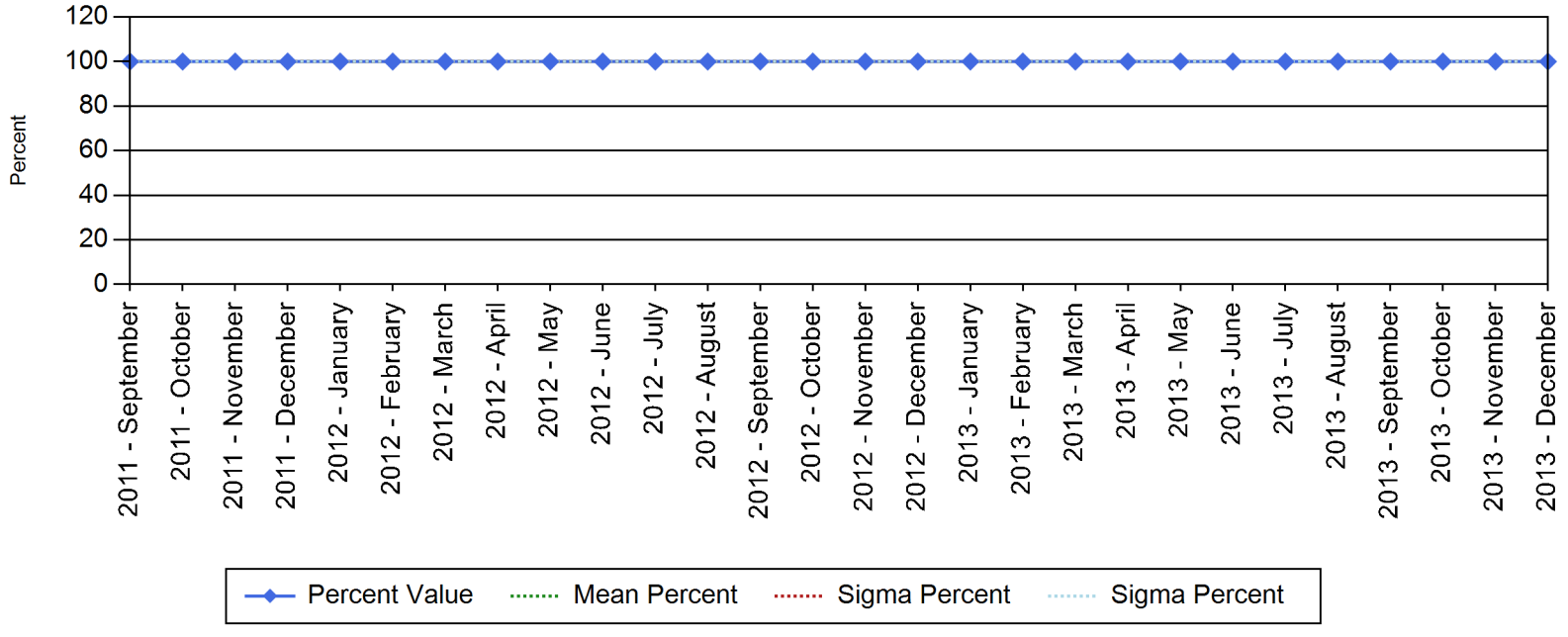
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1a 14657 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Overall Rate



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
2014	1	0	0					0
2014	2	0	0					0
2014	3	0	0					0
2014	4	0	0					0
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**0**	**0**					

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	21438	21833	98.19%	100.00%	100.00%	0.00%	982
2011	2	22275	22640	98.39%	100.00%	100.00%	50.00%	991
2011	3	20980	21307	98.47%	100.00%	100.00%	50.00%	997
2011	4	20711	21008	98.59%	100.00%	100.00%	66.67%	997
2012	1	21030	21302	98.72%	100.00%	100.00%	63.64%	1001
2012	2	21607	21834	98.96%	100.00%	100.00%	66.67%	996
2012	3	20276	20490	98.96%	100.00%	100.00%	71.43%	988
2012	4	20710	20921	98.99%	100.00%	100.00%	50.00%	990
2013	1	20446	20695	98.80%	100.00%	100.00%	0.00%	991
2013	2	21448	21663	99.01%	100.00%	100.00%	0.00%	988
2013	3	21139	21368	98.93%	100.00%	100.00%	0.00%	986
2013	4	21146	21402	98.80%	100.00%	100.00%	5.00%	979
2014	1	21540	21717	99.18%	100.00%	100.00%	57.14%	1006
2014	2	22732	22910	99.22%	100.00%	100.00%	54.05%	1016
2014	3	22088	22267	99.20%	100.00%	100.00%	50.00%	1013
2014	4	21943	22152	99.06%	100.00%	100.00%	72.73%	1016
	Sum:	341509	345509	98.84%				

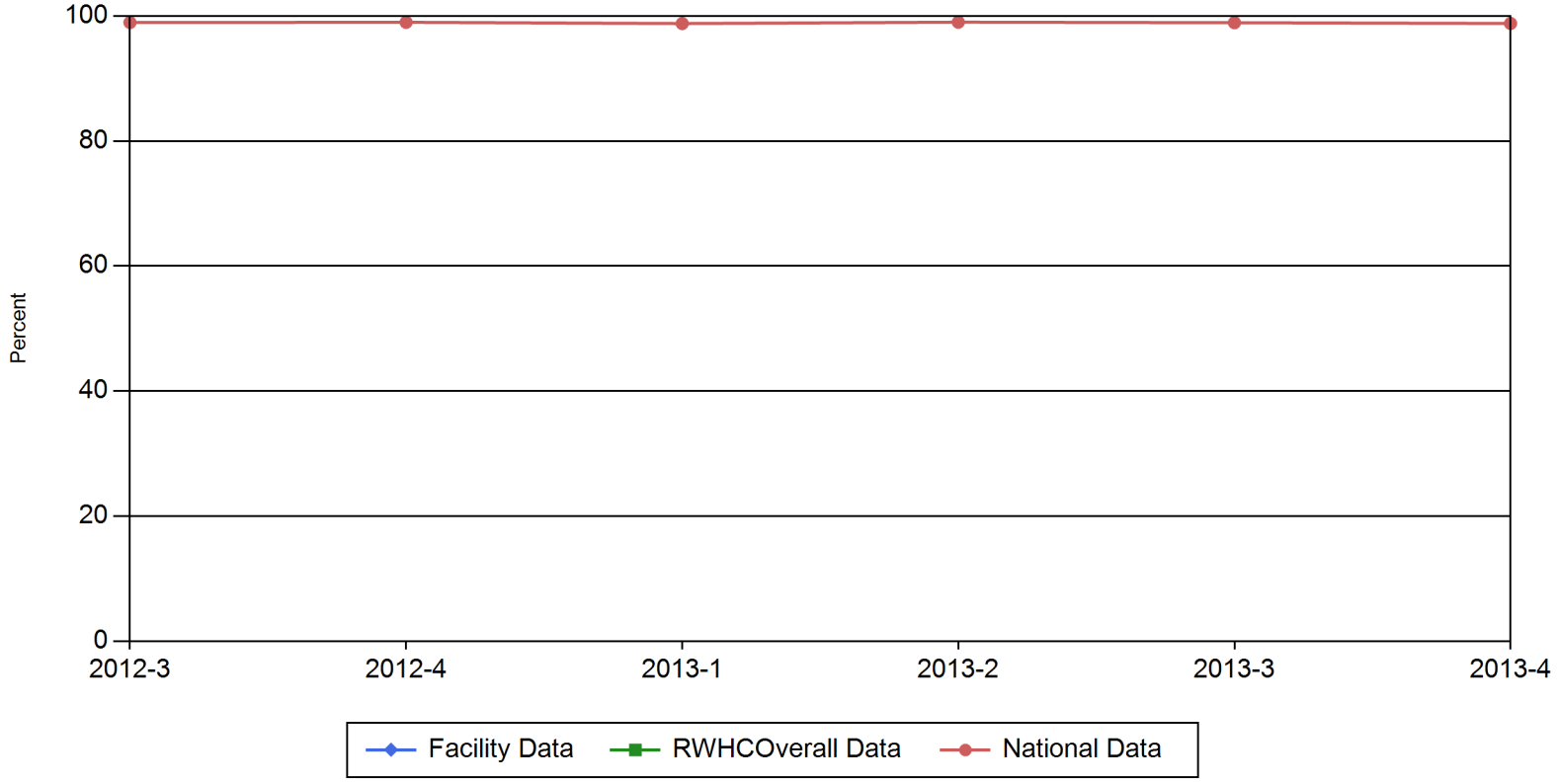
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG



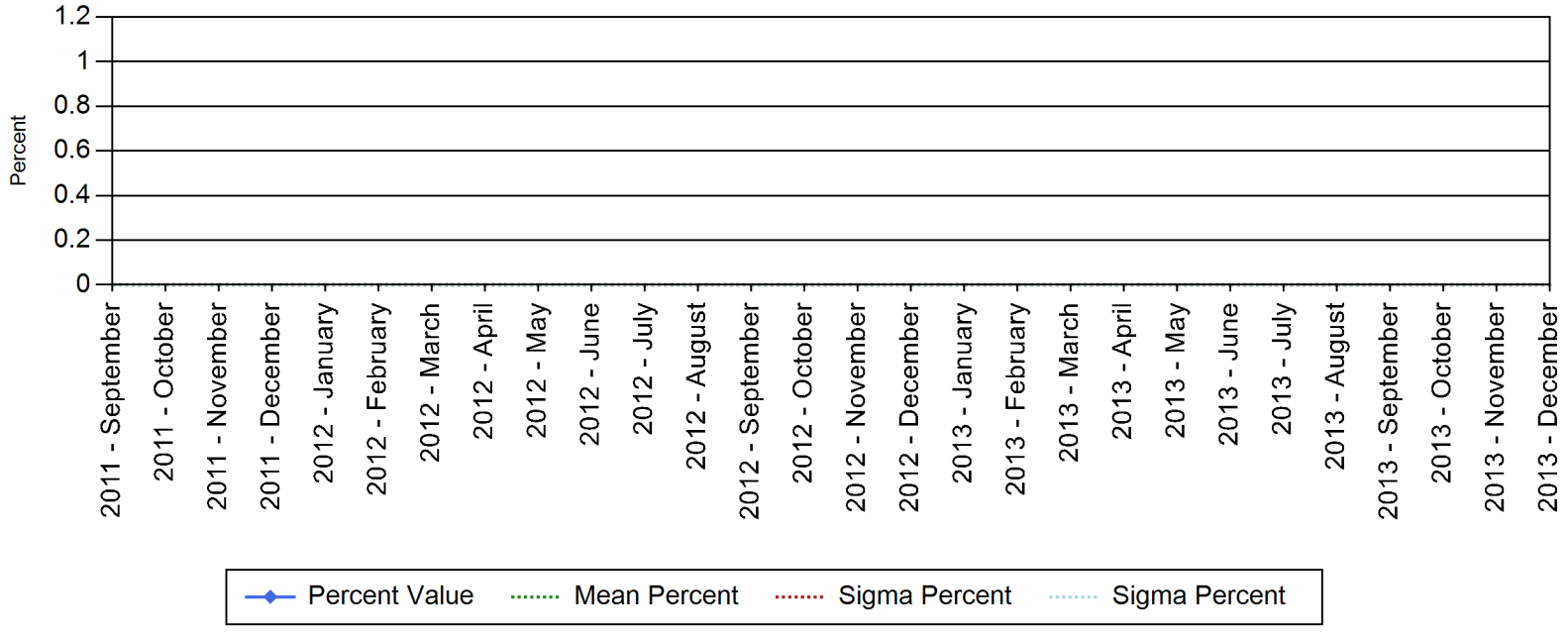
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1b 14658 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - CABG



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
2014	1	0	0					0
2014	2	0	0					0
2014	3	0	0					0
2014	4	0	0					0
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**0**	**0**					

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	11826	12043	98.20%	100.00%	100.00%	50.00%	917
2011	2	12344	12565	98.24%	100.00%	100.00%	40.00%	928
2011	3	11948	12117	98.61%	100.00%	100.00%	0.00%	925
2011	4	11695	11863	98.58%	100.00%	100.00%	54.55%	927
2012	1	12376	12531	98.76%	100.00%	100.00%	50.00%	935
2012	2	12458	12610	98.79%	100.00%	100.00%	0.00%	935
2012	3	11715	11845	98.90%	100.00%	100.00%	0.00%	921
2012	4	11985	12120	98.89%	100.00%	100.00%	40.00%	915
2013	1	10960	11085	98.87%	100.00%	100.00%	25.00%	914
2013	2	11503	11635	98.87%	100.00%	100.00%	9.52%	908
2013	3	11249	11373	98.91%	100.00%	100.00%	0.00%	910
2013	4	11319	11448	98.87%	100.00%	100.00%	0.00%	896
2014	1	11550	11645	99.18%	100.00%	100.00%	40.00%	930
2014	2	12462	12551	99.29%	100.00%	100.00%	0.00%	942
2014	3	12032	12123	99.25%	100.00%	100.00%	50.00%	929
2014	4	12275	12369	99.24%	100.00%	100.00%	0.00%	941
	Sum:	189697	191923	98.84%				

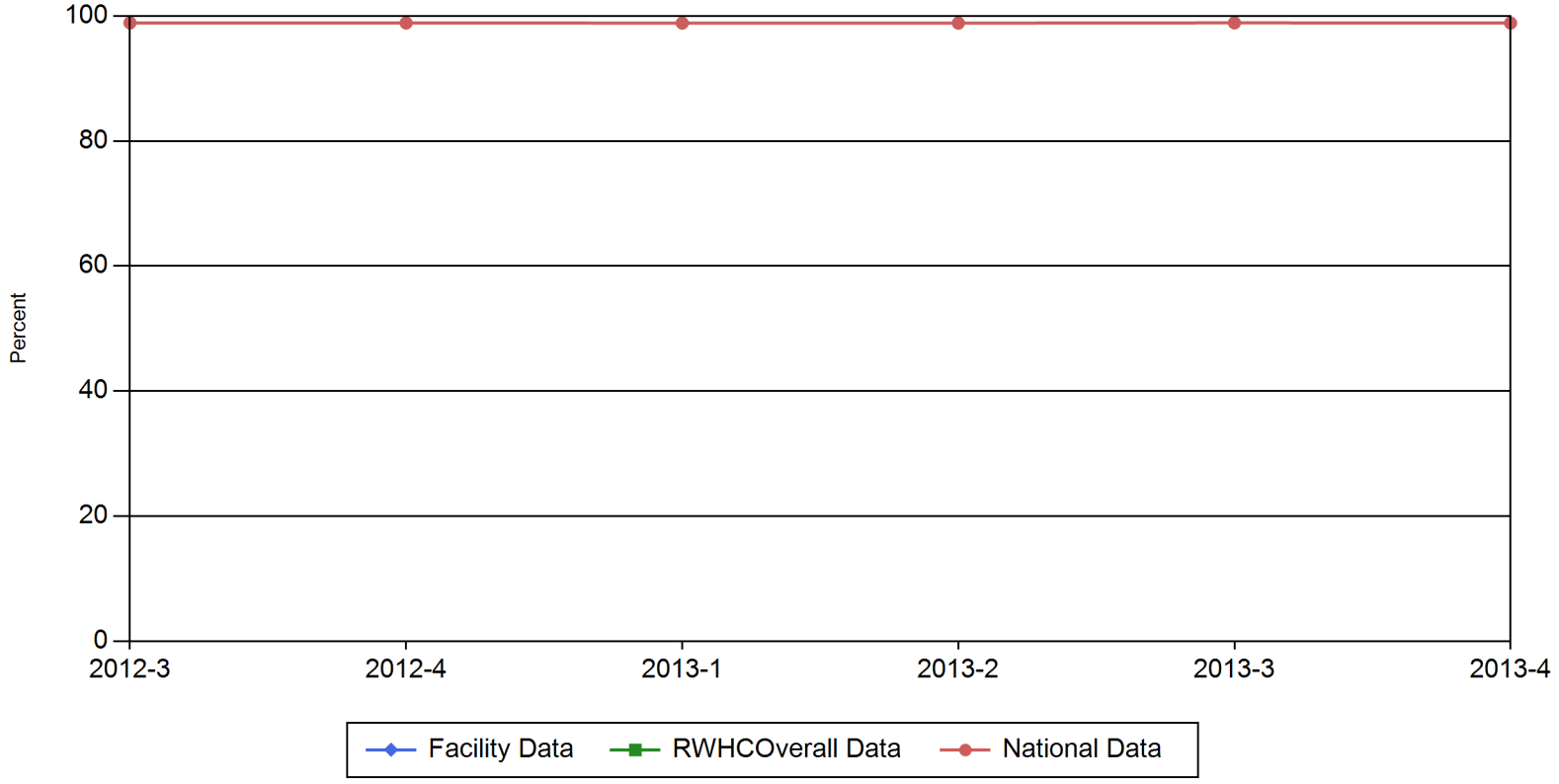
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery



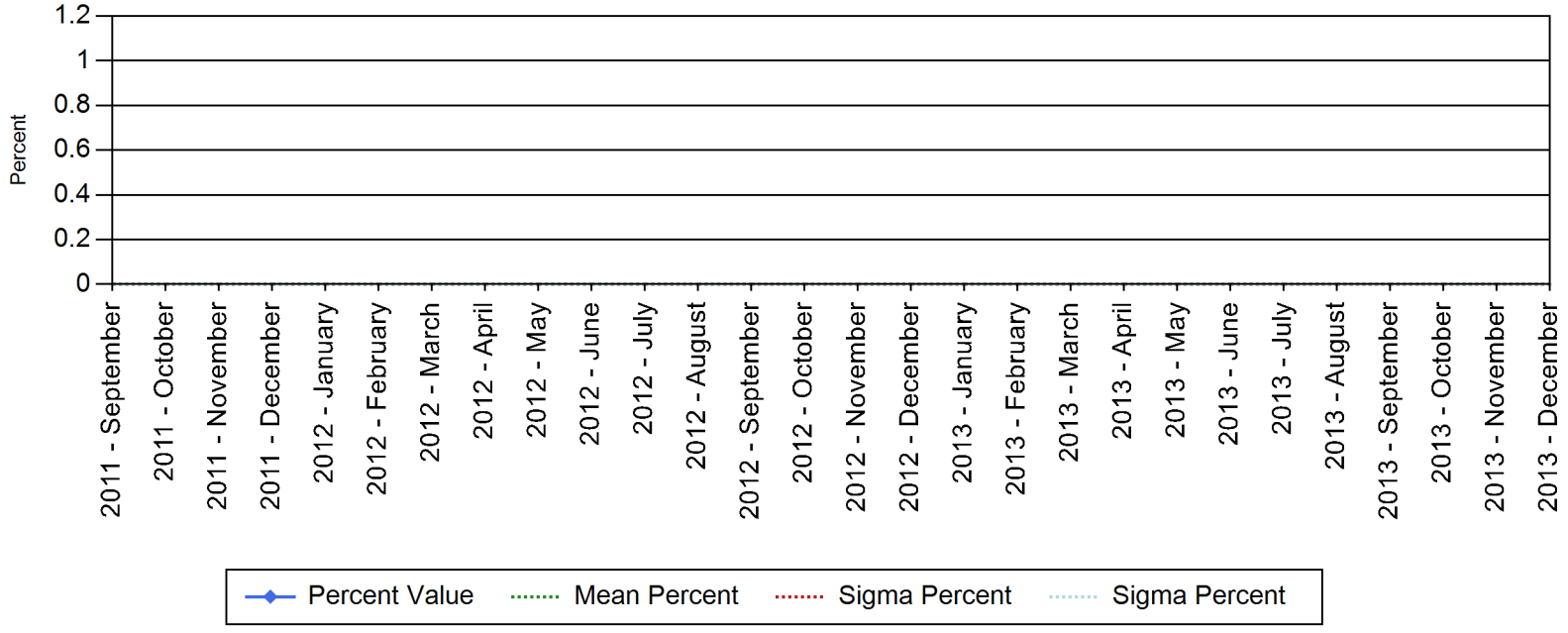
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1c 14659 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Other Cardiac Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty

Year	Month	Num	Den	%
2011	1	1	1	100.00 %
2011	2	2	2	100.00 %
2011	3	0	0	ND
2011	4	1	1	100.00 %
2011	5	1	1	100.00 %
2011	6	7	7	100.00 %
2011	7	2	2	100.00 %
2011	8	1	1	100.00 %
2011	9	3	3	100.00 %
2011	10	3	3	100.00 %
2011	11	2	2	100.00 %
2011	12	2	2	100.00 %
	Totals:	**25**	**25**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	1	1	100.00 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	2	2	100.00 %
2012	7	3	3	100.00 %
2012	8	1	1	100.00 %
2012	9	3	3	100.00 %
2012	10	0	0	ND
2012	11	3	3	100.00 %
2012	12	2	2	100.00 %
	Totals:	**15**	**15**	**100.00 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	2	2	100.00 %
2013	3	4	4	100.00 %
2013	4	0	0	ND
2013	5	3	3	100.00 %
2013	6	3	3	100.00 %
2013	7	1	1	100.00 %
2013	8	1	1	100.00 %
2013	9	1	1	100.00 %
2013	10	1	1	100.00 %
2013	11	3	3	100.00 %
2013	12	2	2	100.00 %
	Totals:	**23**	**23**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty

Year	Quarter	Num	Den	%
2011	1	3	3	100.00 %
2011	2	9	9	100.00 %
2011	3	6	6	100.00 %
2011	4	7	7	100.00 %
Totals:		**25**	**25**	**100.00 %**

Year	Quarter	Num	Den	%
2012	1	1	1	100.00 %
2012	2	2	2	100.00 %
2012	3	7	7	100.00 %
2012	4	5	5	100.00 %
Totals:		**15**	**15**	**100.00 %**

Year	Quarter	Num	Den	%
2013	1	8	8	100.00 %
2013	2	6	6	100.00 %
2013	3	3	3	100.00 %
2013	4	6	6	100.00 %
Totals:		**23**	**23**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	107	112	95.54 %	100.00 %	100.00 %	0.00 %	36
2012	4	385	401	96.01 %	100.00 %	100.00 %	0.00 %	124
2013	1	375	386	97.15 %	100.00 %	100.00 %	0.00 %	120
2013	2	302	317	95.27 %	100.00 %	100.00 %	50.00 %	106
2013	3	335	348	96.26 %	100.00 %	100.00 %	0.00 %	109
2013	4	376	385	97.66 %	100.00 %	100.00 %	0.00 %	121
2014	1	374	383	97.65 %	100.00 %	100.00 %	0.00 %	124
2014	2	408	417	97.84 %	100.00 %	100.00 %	0.00 %	127
2014	3	424	429	98.83 %	100.00 %	100.00 %	0.00 %	119
2014	4	475	484	98.14 %	100.00 %	100.00 %	0.00 %	135
2015	1	167	170	98.24 %	100.00 %	100.00 %	0.00 %	41
2015	2	143	144	99.31 %	100.00 %	100.00 %	93.75 %	29
2015	3	153	154	99.35 %	100.00 %	100.00 %	0.00 %	32
2015	4	117	122	95.90 %	100.00 %	100.00 %	50.00 %	26
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**4141**	**4252**	**97.39 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	45024	45981	97.92%	100.00%	100.00%	0.00%	2374
2011	2	45891	46708	98.25%	100.00%	100.00%	0.00%	2411
2011	3	45319	46146	98.21%	100.00%	100.00%	0.00%	2400
2011	4	47665	48483	98.31%	100.00%	100.00%	0.00%	2426
2012	1	49176	49889	98.57%	100.00%	100.00%	0.00%	2457
2012	2	49218	49881	98.67%	100.00%	100.00%	0.00%	2454
2012	3	47544	48170	98.70%	100.00%	100.00%	0.00%	2416
2012	4	51033	51713	98.69%	100.00%	100.00%	0.00%	2430
2013	1	49682	50262	98.85%	100.00%	100.00%	0.00%	2425
2013	2	50683	51218	98.96%	100.00%	100.00%	0.00%	2398
2013	3	49718	50235	98.97%	100.00%	100.00%	0.00%	2397
2013	4	52932	53436	99.06%	100.00%	100.00%	0.00%	2367
2014	1	54394	54914	99.05%	100.00%	100.00%	0.00%	2462
2014	2	55733	56260	99.06%	100.00%	100.00%	0.00%	2473
2014	3	54634	55172	99.02%	100.00%	100.00%	0.00%	2464
2014	4	58194	58710	99.12%	100.00%	100.00%	0.00%	2492
	Sum:	806840	817178	98.73%				

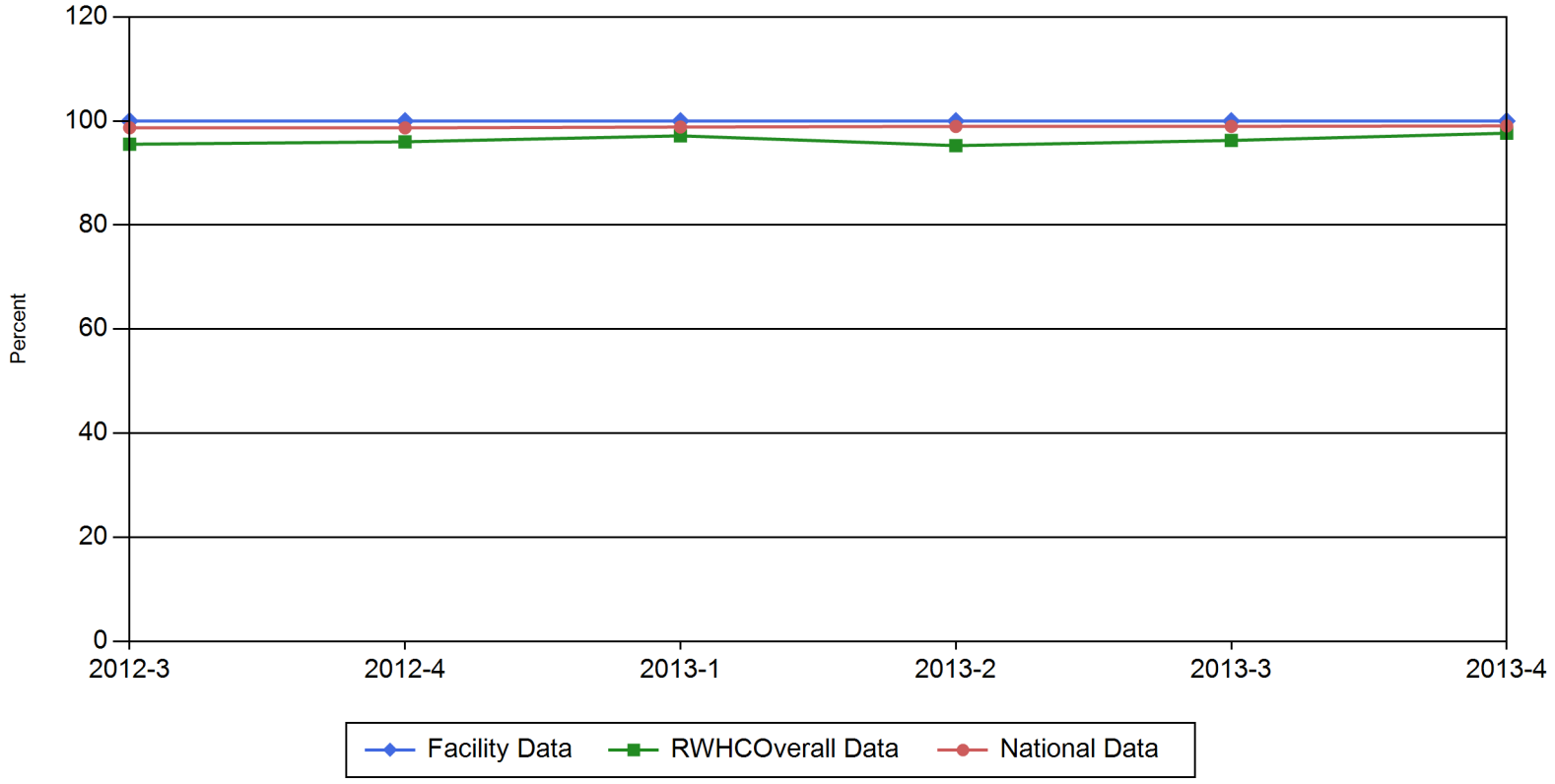
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty



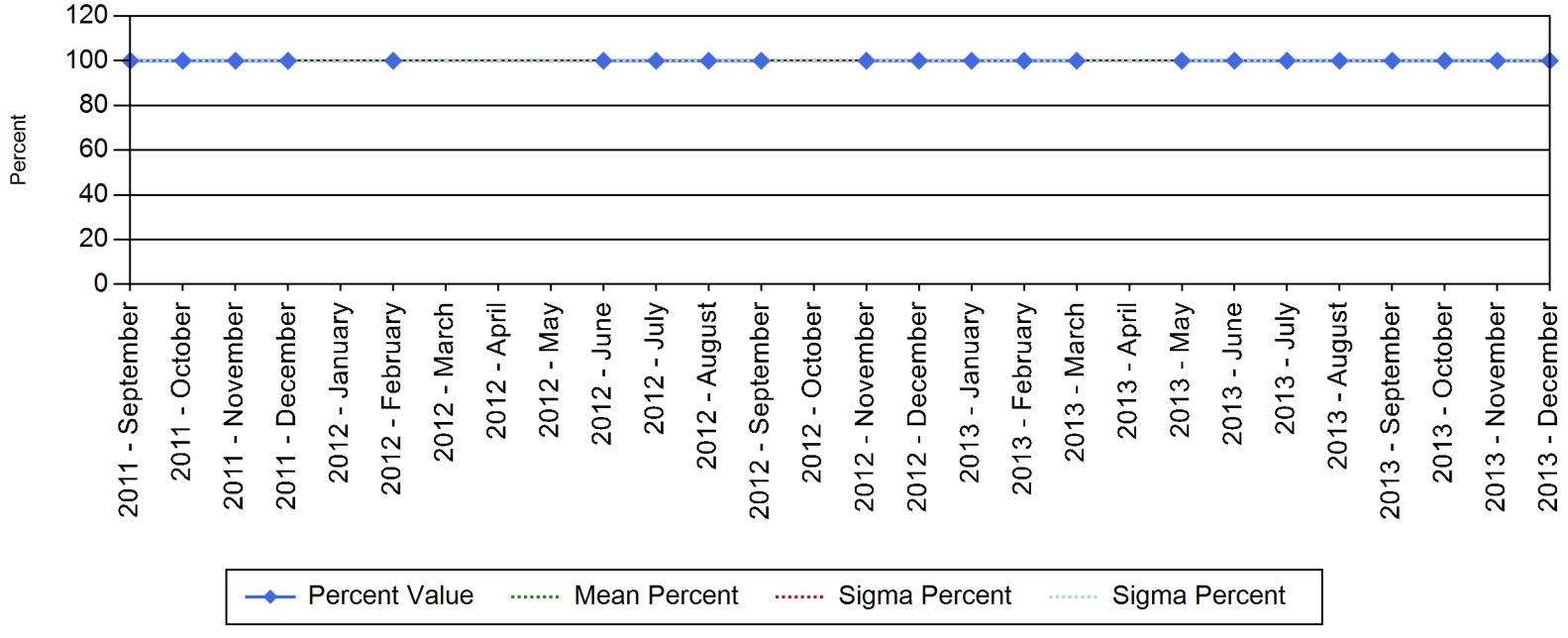
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1d 14660 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hip Arthroplasty



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty

Year	Month	Num	Den	%
2011	1	5	5	100.00 %
2011	2	1	1	100.00 %
2011	3	5	5	100.00 %
2011	4	5	5	100.00 %
2011	5	2	2	100.00 %
2011	6	3	3	100.00 %
2011	7	3	3	100.00 %
2011	8	5	5	100.00 %
2011	9	5	5	100.00 %
2011	10	7	7	100.00 %
2011	11	10	10	100.00 %
2011	12	4	4	100.00 %
	Totals:	**55**	**55**	**100.00 %**

Year	Month	Num	Den	%
2012	1	3	3	100.00 %
2012	2	2	2	100.00 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	5	5	100.00 %
2012	6	9	9	100.00 %
2012	7	4	4	100.00 %
2012	8	3	3	100.00 %
2012	9	2	2	100.00 %
2012	10	6	6	100.00 %
2012	11	4	4	100.00 %
2012	12	3	3	100.00 %
	Totals:	**48**	**48**	**100.00 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	7	7	100.00 %
2013	3	7	7	100.00 %
2013	4	3	3	100.00 %
2013	5	7	7	100.00 %
2013	6	8	8	100.00 %
2013	7	3	3	100.00 %
2013	8	7	7	100.00 %
2013	9	4	4	100.00 %
2013	10	6	6	100.00 %
2013	11	8	8	100.00 %
2013	12	6	6	100.00 %
	Totals:	**68**	**68**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	11	11	100.00 %	2012	1	10	10	100.00 %	2013	1	16	16	100.00 %
2011	2	10	10	100.00 %	2012	2	16	16	100.00 %	2013	2	18	18	100.00 %
2011	3	13	13	100.00 %	2012	3	9	9	100.00 %	2013	3	14	14	100.00 %
2011	4	21	21	100.00 %	2012	4	13	13	100.00 %	2013	4	20	20	100.00 %
Totals:		**55**	**55**	**100.00 %**	**Totals:**		**48**	**48**	**100.00 %**	**Totals:**		**68**	**68**	**100.00 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	180	185	97.30 %	100.00 %	100.00 %	0.00 %	48
2012	4	768	795	96.60 %	100.00 %	100.00 %	0.00 %	148
2013	1	705	722	97.65 %	100.00 %	100.00 %	0.00 %	145
2013	2	758	775	97.81 %	100.00 %	100.00 %	0.00 %	142
2013	3	654	674	97.03 %	100.00 %	100.00 %	0.00 %	140
2013	4	807	816	98.90 %	100.00 %	100.00 %	0.00 %	147
2014	1	739	748	98.80 %	100.00 %	100.00 %	0.00 %	143
2014	2	765	774	98.84 %	100.00 %	100.00 %	0.00 %	151
2014	3	743	755	98.41 %	100.00 %	100.00 %	0.00 %	155
2014	4	886	905	97.90 %	100.00 %	100.00 %	0.00 %	154
2015	1	331	337	98.22 %	100.00 %	100.00 %	50.00 %	48
2015	2	331	332	99.70 %	100.00 %	100.00 %	0.00 %	41
2015	3	318	328	96.95 %	100.00 %	100.00 %	0.00 %	42
2015	4	249	255	97.65 %	100.00 %	100.00 %	0.00 %	32
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**8234**	**8401**	**98.01 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	71269	72383	98.46%	100.00%	100.00%	0.00%	2369
2011	2	70875	71910	98.56%	100.00%	100.00%	0.00%	2410
2011	3	69050	70055	98.57%	100.00%	100.00%	0.00%	2425
2011	4	74179	75080	98.80%	100.00%	100.00%	0.00%	2426
2012	1	76380	77173	98.97%	100.00%	100.00%	0.00%	2470
2012	2	73449	74258	98.91%	100.00%	100.00%	0.00%	2460
2012	3	69909	70614	99.00%	100.00%	100.00%	0.00%	2419
2012	4	75992	76677	99.11%	100.00%	100.00%	0.00%	2432
2013	1	74179	74795	99.18%	100.00%	100.00%	0.00%	2413
2013	2	72958	73524	99.23%	100.00%	100.00%	0.00%	2408
2013	3	71429	72047	99.14%	100.00%	100.00%	0.00%	2405
2013	4	79968	80624	99.19%	100.00%	100.00%	0.00%	2369
2014	1	77439	77969	99.32%	100.00%	100.00%	0.00%	2445
2014	2	76823	77386	99.27%	100.00%	100.00%	33.33%	2448
2014	3	75378	75924	99.28%	100.00%	100.00%	0.00%	2464
2014	4	83105	83699	99.29%	100.00%	100.00%	0.00%	2484
	Sum:	1192382	1204118	99.03%				

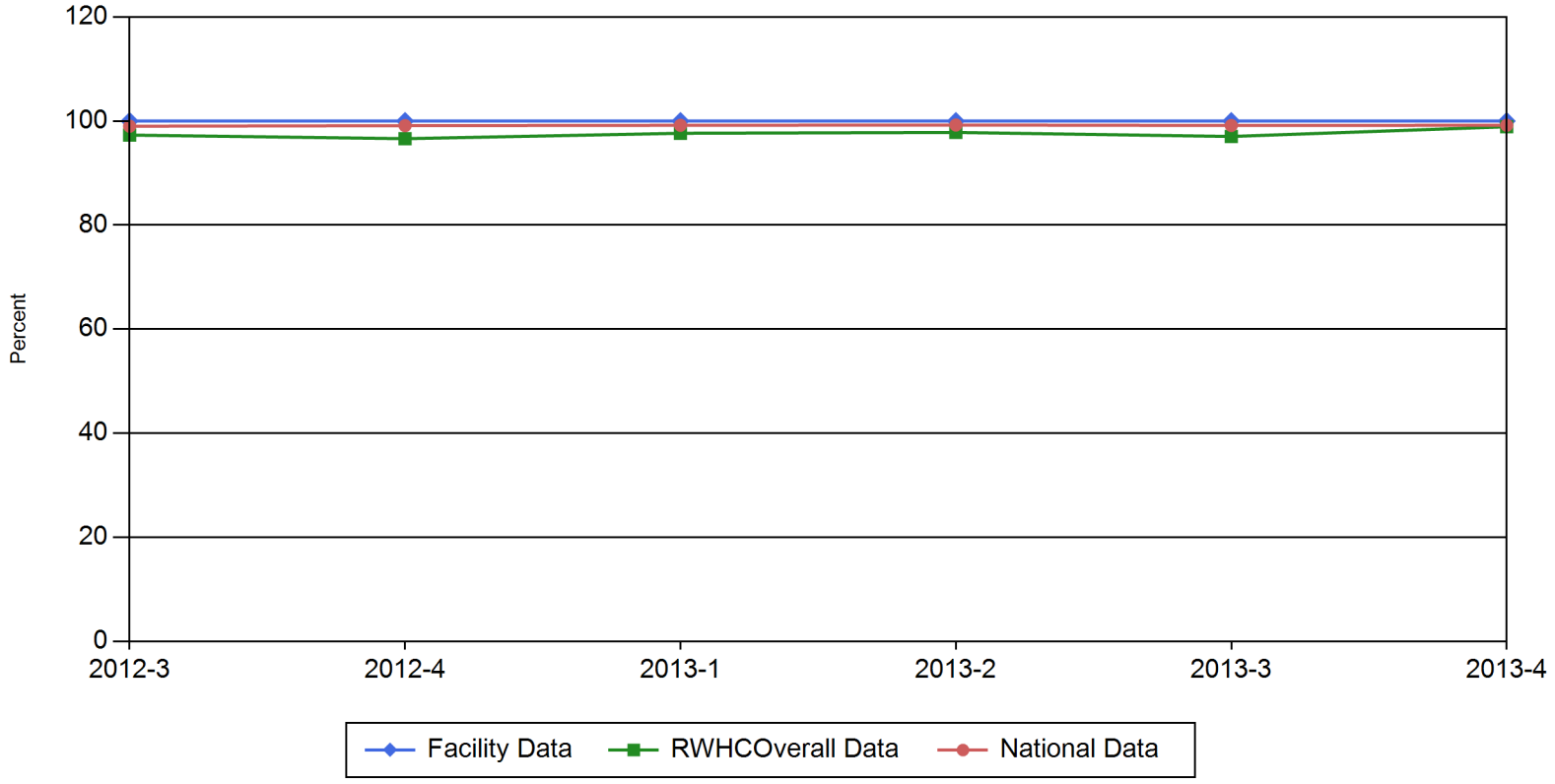
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty



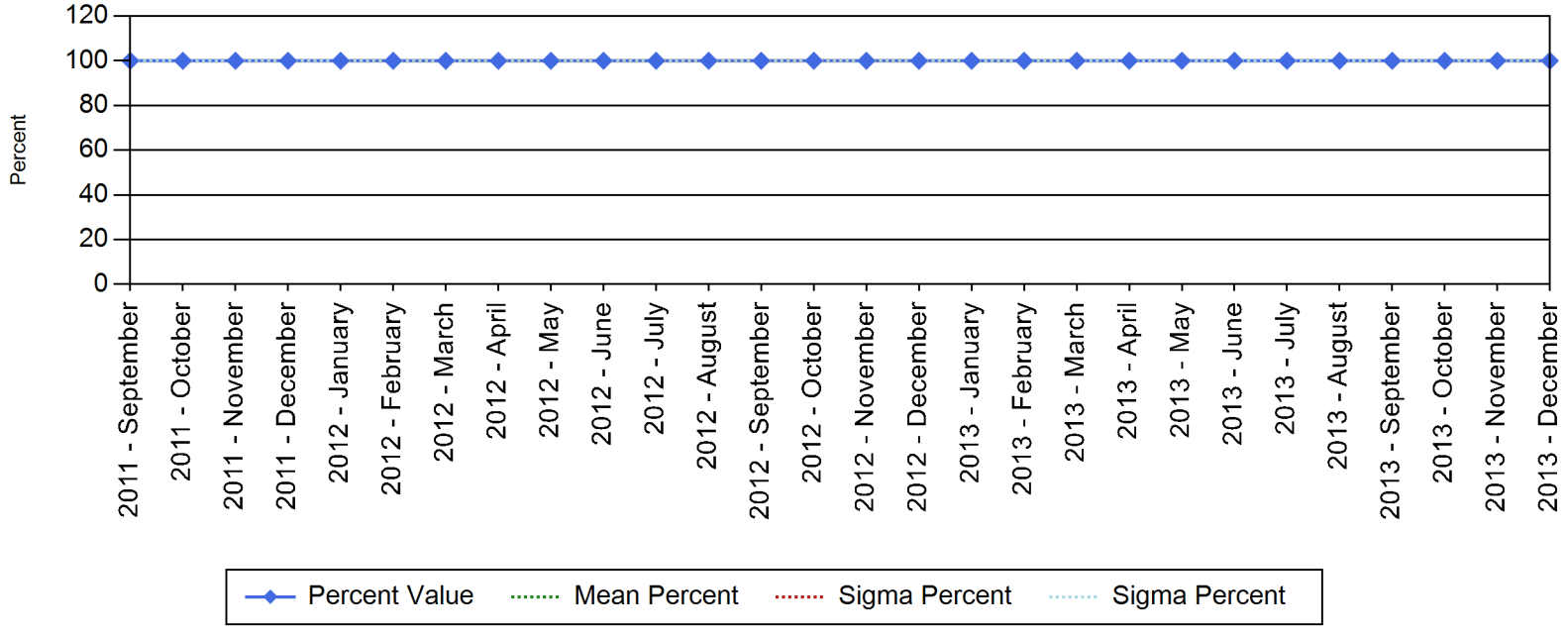
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1e 14661 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Knee Arthroplasty



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	2	2	100.00 %
	Totals:	**2**	**2**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	4	4	100.00 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	2	2	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	1	1	100.00 %
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**7**	**7**	**100.00 %**

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	1	1	100.00 %
	Totals:	**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	4	4	100.00 %	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	2	2	100.00 %	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	1	1	100.00 %	2013	3	0	0	ND
2011	4	2	2	100.00 %	2012	4	0	0	ND	2013	4	1	1	100.00 %
Totals:		**2**	**2**	**100.00 %**	**Totals:**		**7**	**7**	**100.00 %**	**Totals:**		**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	36	40	90.00 %	100.00 %	100.00 %	0.00 %	24
2012	4	101	108	93.52 %	100.00 %	100.00 %	0.00 %	76
2013	1	68	76	89.47 %	100.00 %	100.00 %	0.00 %	55
2013	2	78	86	90.70 %	100.00 %	100.00 %	0.00 %	63
2013	3	60	64	93.75 %	100.00 %	100.00 %	0.00 %	47
2013	4	70	75	93.33 %	100.00 %	100.00 %	0.00 %	57
2014	1	84	86	97.67 %	100.00 %	100.00 %	0.00 %	60
2014	2	89	98	90.82 %	100.00 %	100.00 %	0.00 %	63
2014	3	84	90	93.33 %	100.00 %	100.00 %	0.00 %	63
2014	4	86	95	90.53 %	100.00 %	100.00 %	0.00 %	67
2015	1	13	13	100.00 %	100.00 %	100.00 %	100.00 %	8
2015	2	11	11	100.00 %	100.00 %	100.00 %	100.00 %	9
2015	3	11	11	100.00 %	100.00 %	100.00 %	100.00 %	6
2015	4	10	10	100.00 %	100.00 %	100.00 %	100.00 %	6
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**801**	**863**	**92.82 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	19531	20279	96.31%	100.00%	100.00%	0.00%	2341
2011	2	20019	20811	96.19%	100.00%	100.00%	0.00%	2373
2011	3	19937	20655	96.52%	100.00%	100.00%	0.00%	2379
2011	4	19669	20334	96.73%	100.00%	100.00%	0.00%	2370
2012	1	20398	21046	96.92%	100.00%	100.00%	0.00%	2410
2012	2	20396	21033	96.97%	100.00%	100.00%	0.00%	2419
2012	3	19954	20515	97.27%	100.00%	100.00%	0.00%	2371
2012	4	19718	20220	97.52%	100.00%	100.00%	0.00%	2355
2013	1	18613	19038	97.77%	100.00%	100.00%	0.00%	2349
2013	2	19452	19862	97.94%	100.00%	100.00%	0.00%	2343
2013	3	19200	19596	97.98%	100.00%	100.00%	0.00%	2323
2013	4	19037	19437	97.94%	100.00%	100.00%	0.00%	2297
2014	1	19473	19900	97.85%	100.00%	100.00%	0.00%	2393
2014	2	20373	20805	97.92%	100.00%	100.00%	0.00%	2380
2014	3	20212	20614	98.05%	100.00%	100.00%	0.00%	2389
2014	4	20130	20591	97.76%	100.00%	100.00%	0.00%	2412
	Sum:	316112	324736	97.34%				

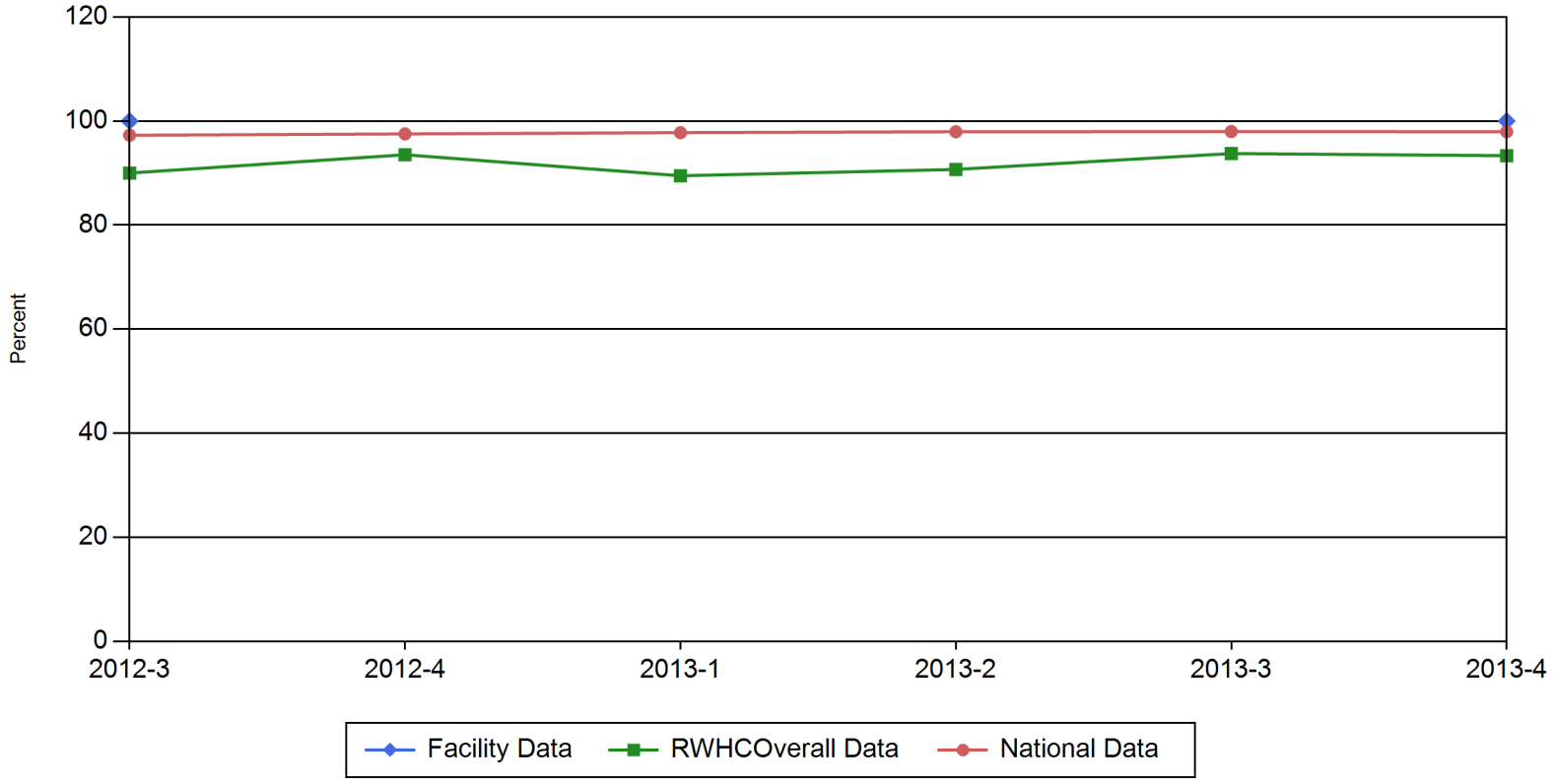
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery



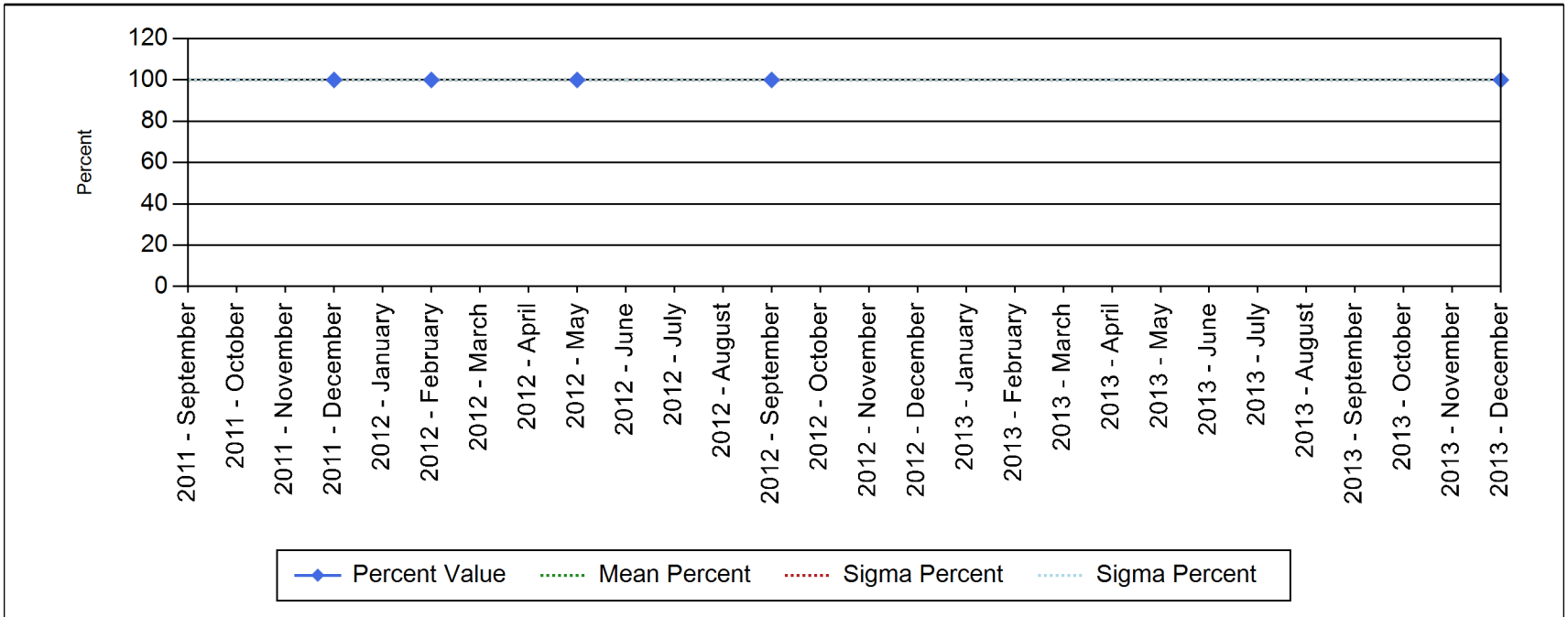
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1f 14662 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Colon Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	1	1	100.00 %
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	1	1	100.00 %
2011	7	0	0	ND
2011	8	1	1	100.00 %
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	1	1	100.00 %
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2012	1	2	2	100.00 %
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	1	1	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	1	1	100.00 %
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2013	1	1	1	100.00 %
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
	Totals:	**1**	**1**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	1	1	100.00 %	2012	1	2	2	100.00 %	2013	1	1	1	100.00 %
2011	2	1	1	100.00 %	2012	2	1	1	100.00 %	2013	2	0	0	ND
2011	3	1	1	100.00 %	2012	3	1	1	100.00 %	2013	3	0	0	ND
2011	4	1	1	100.00 %	2012	4	0	0	ND	2013	4	0	0	ND
Totals:		**4**	**4**	**100.00 %**	**Totals:**		**4**	**4**	**100.00 %**	**Totals:**		**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	31	33	93.94 %	100.00 %	100.00 %	0.00 %	19
2012	4	113	119	94.96 %	100.00 %	100.00 %	0.00 %	60
2013	1	125	130	96.15 %	100.00 %	100.00 %	0.00 %	68
2013	2	123	127	96.85 %	100.00 %	100.00 %	0.00 %	70
2013	3	92	92	100.00 %	100.00 %	100.00 %	100.00 %	53
2013	4	82	83	98.80 %	100.00 %	100.00 %	0.00 %	49
2014	1	75	78	96.15 %	100.00 %	100.00 %	0.00 %	45
2014	2	84	87	96.55 %	100.00 %	100.00 %	0.00 %	49
2014	3	63	65	96.92 %	100.00 %	100.00 %	0.00 %	42
2014	4	75	76	98.68 %	100.00 %	100.00 %	50.00 %	47
2015	1	13	13	100.00 %	100.00 %	100.00 %	100.00 %	10
2015	2	9	10	90.00 %	100.00 %	100.00 %	0.00 %	6
2015	3	5	5	100.00 %	100.00 %	100.00 %	100.00 %	2
2015	4	15	16	93.75 %	100.00 %	100.00 %	50.00 %	9
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**905**	**934**	**96.90 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	34937	35586	98.18%	100.00%	100.00%	0.00%	2294
2011	2	38028	38692	98.28%	100.00%	100.00%	0.00%	2350
2011	3	36683	37282	98.39%	100.00%	100.00%	0.00%	2351
2011	4	36821	37430	98.37%	100.00%	100.00%	0.00%	2348
2012	1	33930	34440	98.52%	100.00%	100.00%	0.00%	2362
2012	2	33172	33665	98.54%	100.00%	100.00%	0.00%	2333
2012	3	30519	30970	98.54%	100.00%	100.00%	0.00%	2301
2012	4	30647	31064	98.66%	100.00%	100.00%	0.00%	2296
2013	1	27041	27365	98.82%	100.00%	100.00%	0.00%	2251
2013	2	27609	27938	98.82%	100.00%	100.00%	0.00%	2240
2013	3	26045	26392	98.69%	100.00%	100.00%	0.00%	2212
2013	4	26125	26431	98.84%	100.00%	100.00%	0.00%	2174
2014	1	24630	24903	98.90%	100.00%	100.00%	0.00%	2229
2014	2	27361	27653	98.94%	100.00%	100.00%	0.00%	2276
2014	3	26439	26725	98.93%	100.00%	100.00%	0.00%	2266
2014	4	27716	28053	98.80%	100.00%	100.00%	0.00%	2258
	Sum:	487703	494589	98.61%				

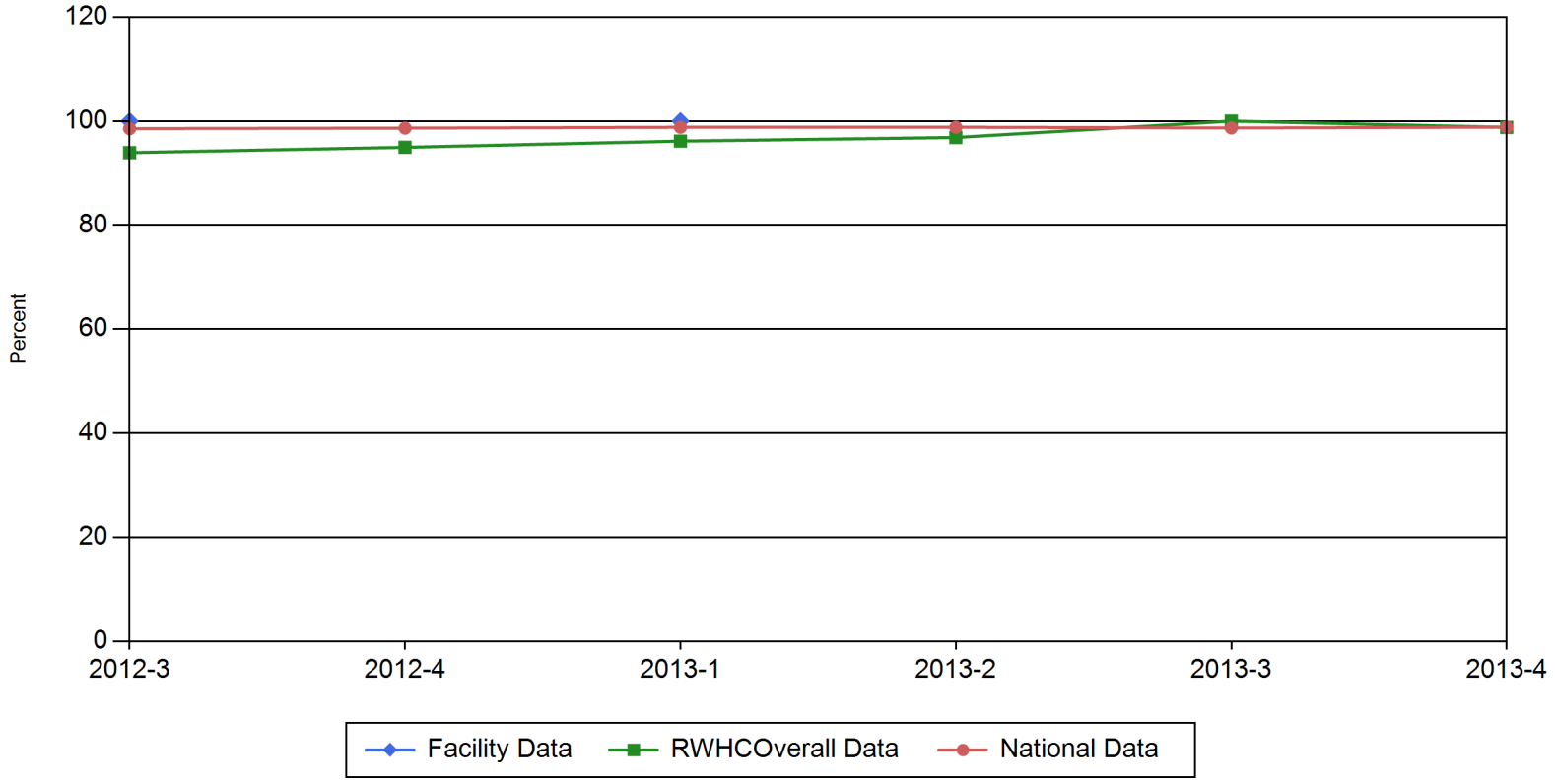
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy



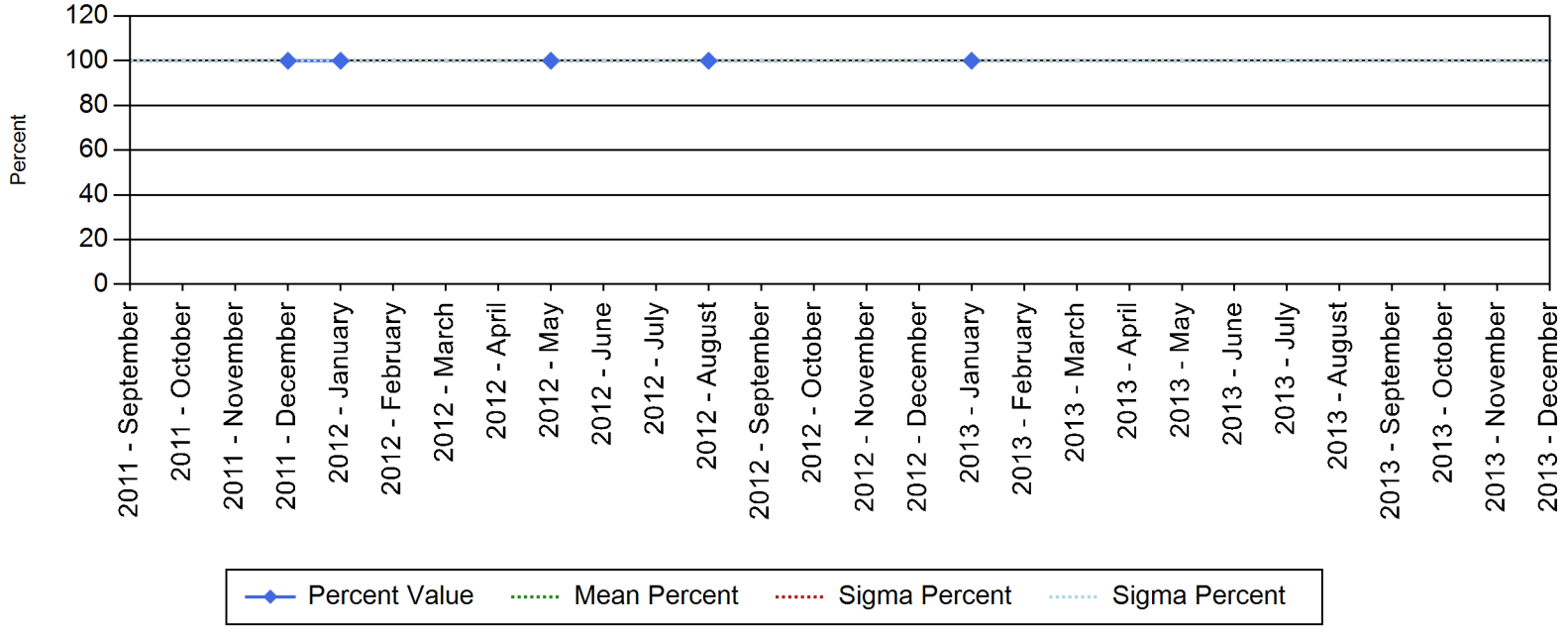
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1g 14663 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Hysterectomy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	2	2	100.00 %	100.00 %	100.00 %	100.00 %	1
2012	4	7	7	100.00 %	100.00 %	100.00 %	100.00 %	5
2013	1	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2013	2	3	3	100.00 %	100.00 %	100.00 %	100.00 %	3
2013	3	5	5	100.00 %	100.00 %	100.00 %	100.00 %	3
2013	4	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	1	3	3	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	2	3	3	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	3	4	4	100.00 %	100.00 %	100.00 %	100.00 %	3
2014	4	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**33**	**33**	**100.00 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	11242	11614	96.80%	100.00%	100.00%	0.00%	1496
2011	2	9385	9689	96.86%	100.00%	100.00%	0.00%	1475
2011	3	9544	9828	97.11%	100.00%	100.00%	0.00%	1446
2011	4	8997	9273	97.02%	100.00%	100.00%	0.00%	1438
2012	1	9125	9354	97.55%	100.00%	100.00%	0.00%	1461
2012	2	9220	9450	97.57%	100.00%	100.00%	0.00%	1461
2012	3	8893	9096	97.77%	100.00%	100.00%	0.00%	1439
2012	4	8702	8930	97.45%	100.00%	100.00%	0.00%	1406
2013	1	8668	8867	97.76%	100.00%	100.00%	0.00%	1423
2013	2	8968	9150	98.01%	100.00%	100.00%	0.00%	1418
2013	3	8859	9034	98.06%	100.00%	100.00%	0.00%	1417
2013	4	8396	8576	97.90%	100.00%	100.00%	0.00%	1375
2014	1	8927	9114	97.95%	100.00%	100.00%	0.00%	1455
2014	2	9260	9422	98.28%	100.00%	100.00%	0.00%	1435
2014	3	9211	9359	98.42%	100.00%	100.00%	0.00%	1431
2014	4	9171	9354	98.04%	100.00%	100.00%	0.00%	1397
	Sum:	146568	150110	97.64%				

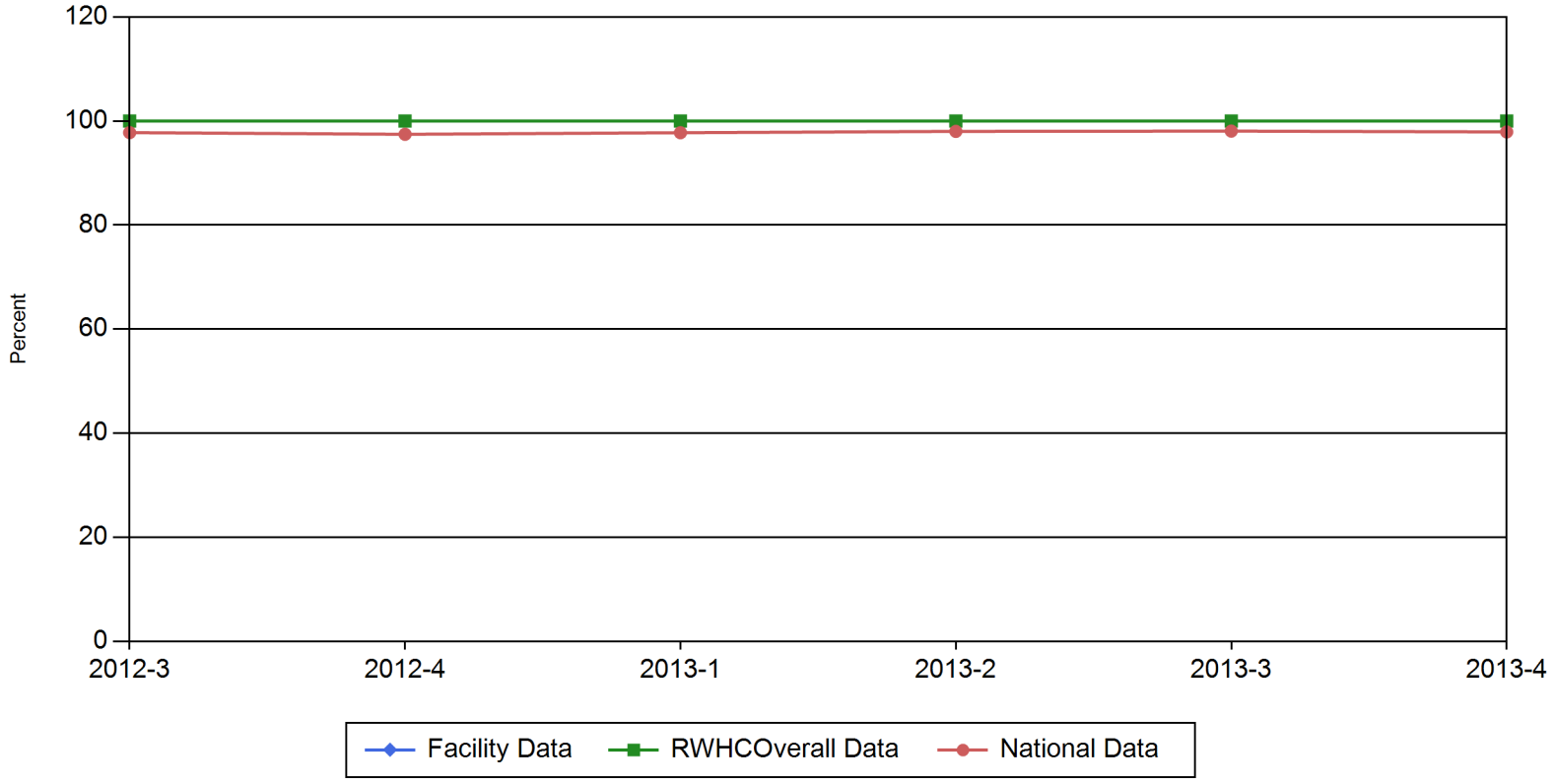
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery



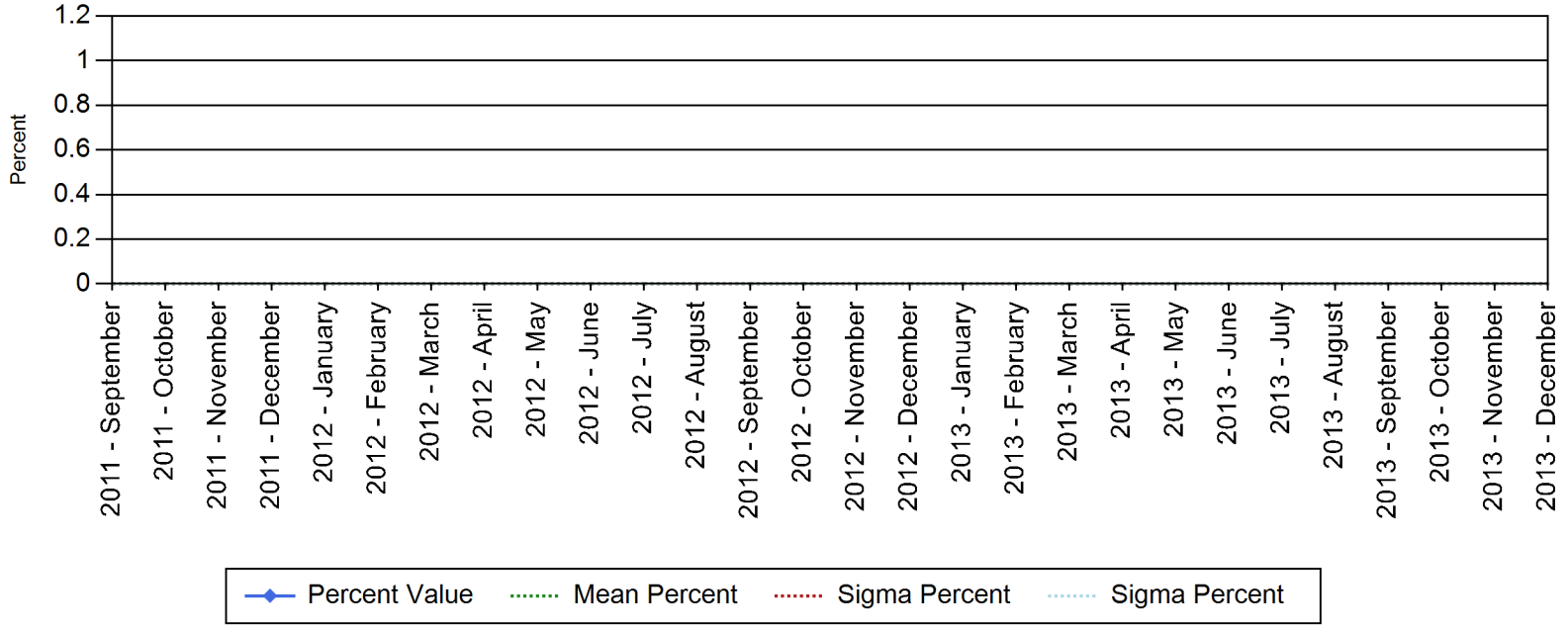
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-1h 14664 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision - Vascular Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate

Year	Month	Num	Den	%
2011	1	6	6	100.00 %
2011	2	3	3	100.00 %
2011	3	5	6	83.33 %
2011	4	6	6	100.00 %
2011	5	3	3	100.00 %
2011	6	11	11	100.00 %
2011	7	5	5	100.00 %
2011	8	7	7	100.00 %
2011	9	8	8	100.00 %
2011	10	10	10	100.00 %
2011	11	12	12	100.00 %
2011	12	10	10	100.00 %
	Totals:	**86**	**87**	**98.85 %**

Year	Month	Num	Den	%
2012	1	5	5	100.00 %
2012	2	7	7	100.00 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	8	8	100.00 %
2012	6	11	11	100.00 %
2012	7	7	7	100.00 %
2012	8	5	5	100.00 %
2012	9	6	6	100.00 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	5	5	100.00 %
	Totals:	**74**	**74**	**100.00 %**

Year	Month	Num	Den	%
2013	1	5	5	100.00 %
2013	2	9	9	100.00 %
2013	3	11	11	100.00 %
2013	4	3	3	100.00 %
2013	5	10	10	100.00 %
2013	6	11	11	100.00 %
2013	7	4	4	100.00 %
2013	8	8	8	100.00 %
2013	9	5	5	100.00 %
2013	10	7	7	100.00 %
2013	11	11	11	100.00 %
2013	12	9	9	100.00 %
	Totals:	**93**	**93**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	14	15	93.33 %	2012	1	17	17	100.00 %	2013	1	25	25	100.00 %
2011	2	20	20	100.00 %	2012	2	21	21	100.00 %	2013	2	24	24	100.00 %
2011	3	20	20	100.00 %	2012	3	18	18	100.00 %	2013	3	17	17	100.00 %
2011	4	32	32	100.00 %	2012	4	18	18	100.00 %	2013	4	27	27	100.00 %
Totals:		**86**	**87**	**98.85 %**	**Totals:**		**74**	**74**	**100.00 %**	**Totals:**		**93**	**93**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	361	369	97.83 %	100.00 %	100.00 %	0.00 %	57
2012	4	1403	1425	98.46 %	100.00 %	100.00 %	0.00 %	176
2013	1	1288	1309	98.40 %	100.00 %	100.00 %	0.00 %	178
2013	2	1277	1304	97.93 %	100.00 %	100.00 %	0.00 %	175
2013	3	1169	1182	98.90 %	100.00 %	100.00 %	50.00 %	160
2013	4	1344	1358	98.97 %	100.00 %	100.00 %	0.00 %	169
2014	1	1269	1296	97.92 %	100.00 %	100.00 %	0.00 %	175
2014	2	1353	1379	98.11 %	100.00 %	100.00 %	0.00 %	174
2014	3	1318	1342	98.21 %	100.00 %	100.00 %	0.00 %	172
2014	4	1535	1558	98.52 %	100.00 %	100.00 %	50.00 %	169
2015	1	511	515	99.22 %	100.00 %	100.00 %	50.00 %	48
2015	2	494	496	99.60 %	100.00 %	100.00 %	90.00 %	43
2015	3	490	494	99.19 %	100.00 %	100.00 %	50.00 %	44
2015	4	399	401	99.50 %	100.00 %	100.00 %	50.00 %	34
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**14211**	**14428**	**98.50 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	219248	222889	98.37%	99.02%	100.00%	0.00%	2621
2011	2	222460	226205	98.34%	99.07%	100.00%	0.00%	2657
2011	3	217122	220415	98.51%	99.19%	100.00%	0.00%	2671
2011	4	223423	226501	98.64%	99.40%	100.00%	0.00%	2677
2012	1	221483	224220	98.78%	100.00%	100.00%	0.00%	2665
2012	2	220334	223055	98.78%	100.00%	100.00%	0.00%	2701
2012	3	209725	212039	98.91%	100.00%	100.00%	0.00%	2655
2012	4	219761	221941	99.02%	100.00%	100.00%	0.00%	2655
2013	1	210393	212289	99.11%	100.00%	100.00%	0.00%	2647
2013	2	213206	215123	99.11%	100.00%	100.00%	0.00%	2636
2013	3	208547	210252	99.19%	100.00%	100.00%	33.33%	2644
2013	4	219993	221627	99.26%	100.00%	100.00%	0.00%	2599
2014	1	217749	220610	98.70%	100.00%	100.00%	0.00%	2684
2014	2	224484	227462	98.69%	100.00%	100.00%	0.00%	2694
2014	3	219795	222624	98.73%	100.00%	100.00%	0.00%	2700
2014	4	232519	235409	98.77%	100.00%	100.00%	0.00%	2722
	Sum:	3500242	3542661	98.80%				

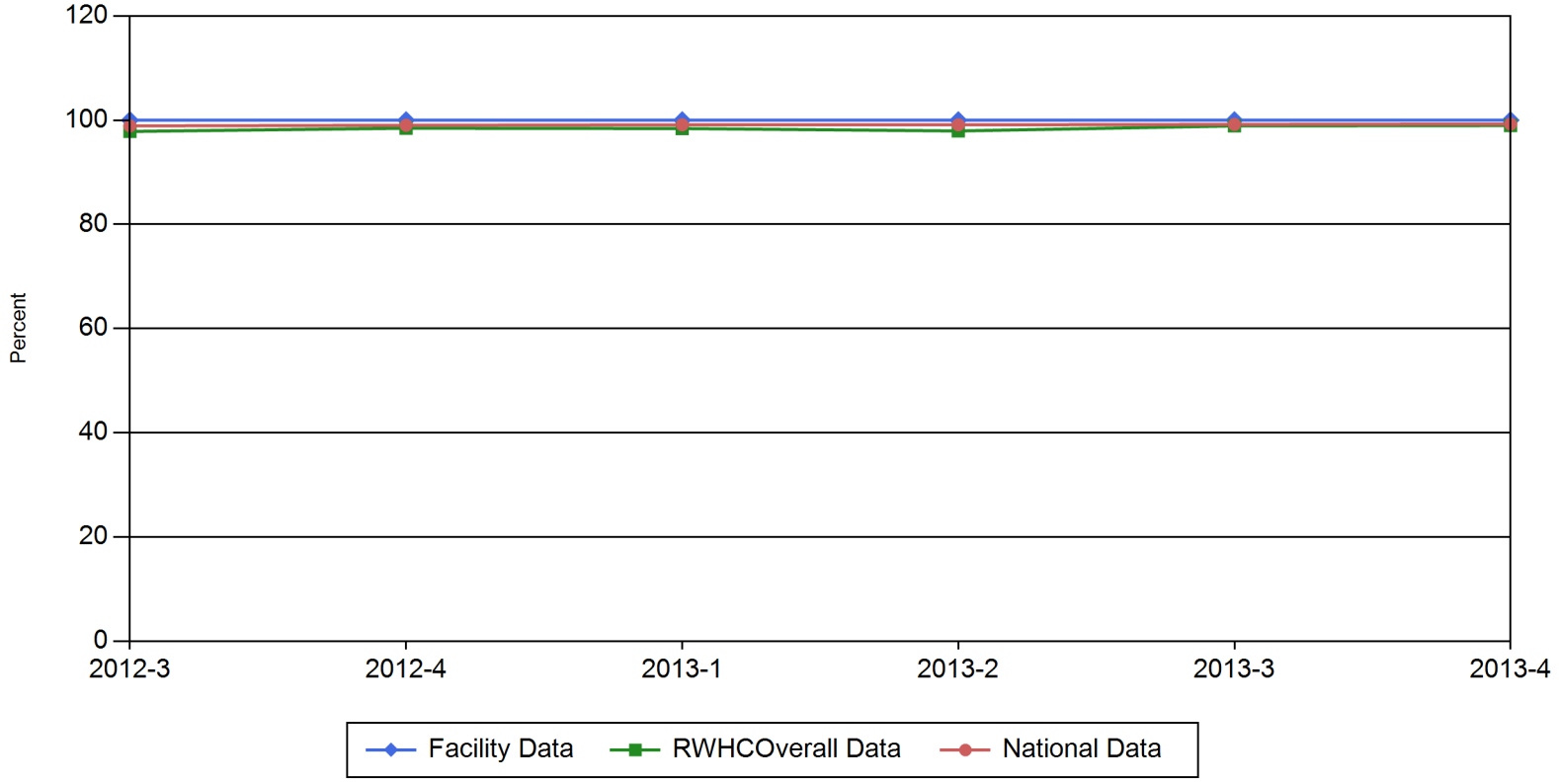
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate



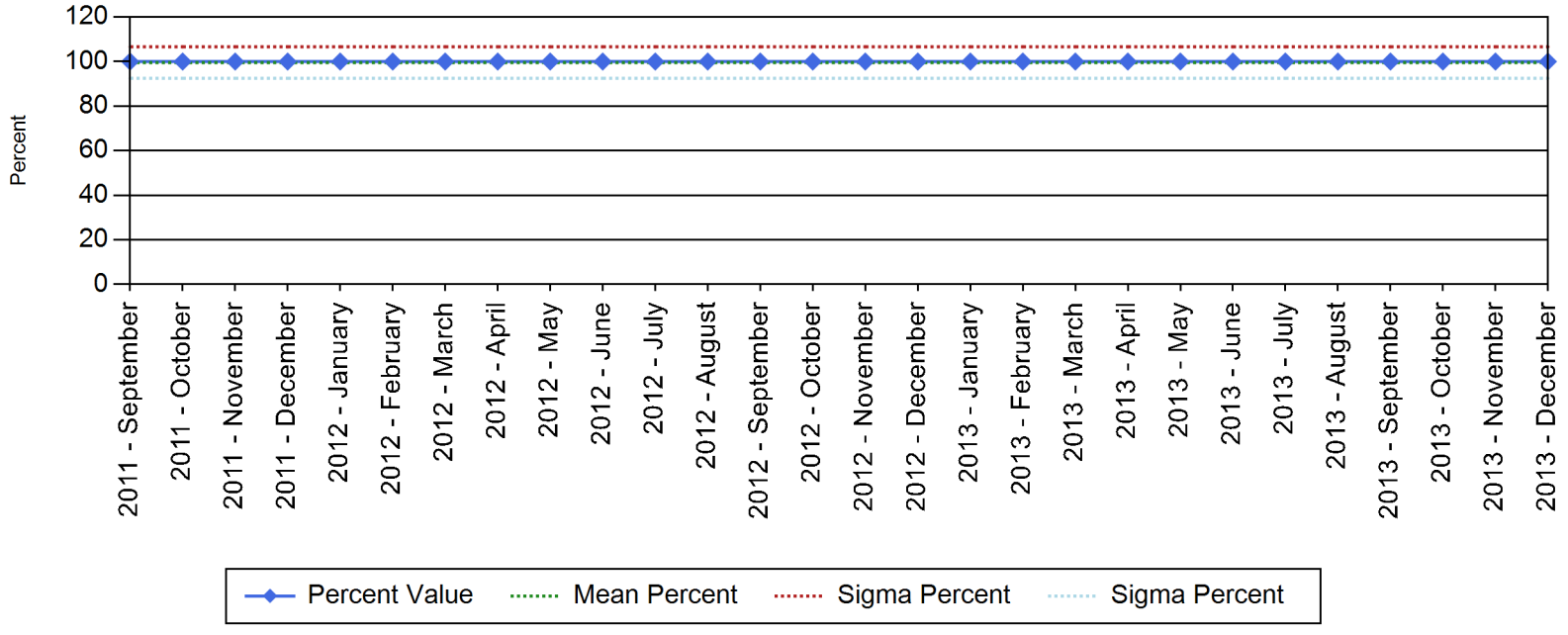
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2a 14666 Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
2014	1	0	0					0
2014	2	0	0					0
2014	3	0	0					0
2014	4	0	0					0
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**0**	**0**					

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	22277	22362	99.62%	100.00%	100.00%	61.25%	982
2011	2	23132	23212	99.66%	100.00%	100.00%	58.11%	991
2011	3	21773	21830	99.74%	100.00%	100.00%	73.97%	997
2011	4	21502	21541	99.82%	100.00%	100.00%	78.57%	997
2012	1	21084	21124	99.81%	100.00%	100.00%	0.00%	999
2012	2	21763	21785	99.90%	100.00%	100.00%	75.00%	996
2012	3	20398	20444	99.77%	100.00%	100.00%	80.00%	988
2012	4	20850	20876	99.88%	100.00%	100.00%	87.50%	990
2013	1	20603	20622	99.91%	100.00%	100.00%	50.00%	991
2013	2	21577	21594	99.92%	100.00%	100.00%	0.00%	988
2013	3	21281	21312	99.85%	100.00%	100.00%	50.00%	986
2013	4	21312	21331	99.91%	100.00%	100.00%	83.33%	979
2014	1	21570	21650	99.63%	100.00%	100.00%	75.00%	1006
2014	2	22761	22870	99.52%	100.00%	100.00%	50.00%	1016
2014	3	22132	22213	99.64%	100.00%	100.00%	52.63%	1013
2014	4	22004	22102	99.56%	100.00%	100.00%	47.37%	1016
	Sum:	346019	346868	99.76%				

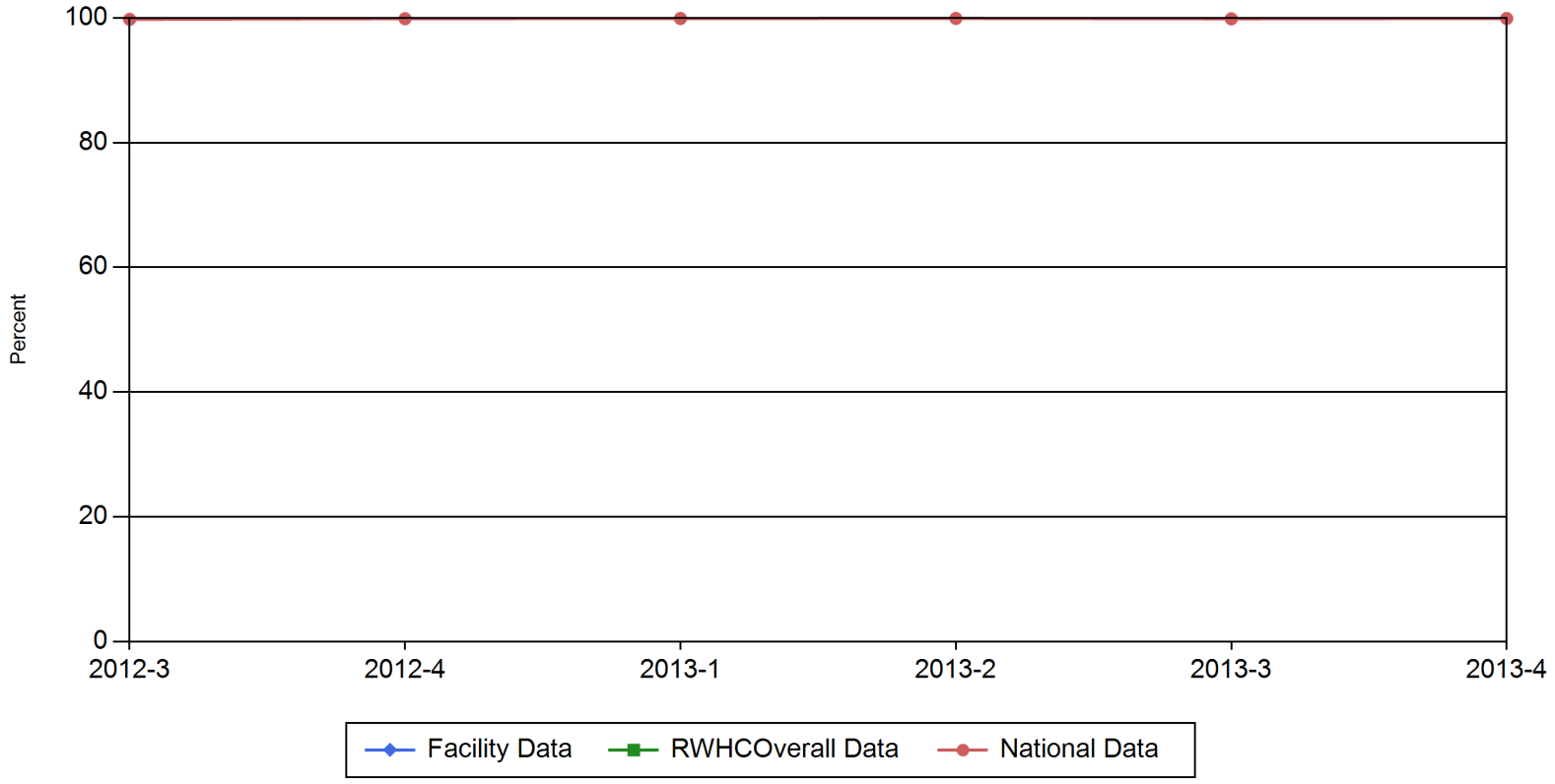
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG



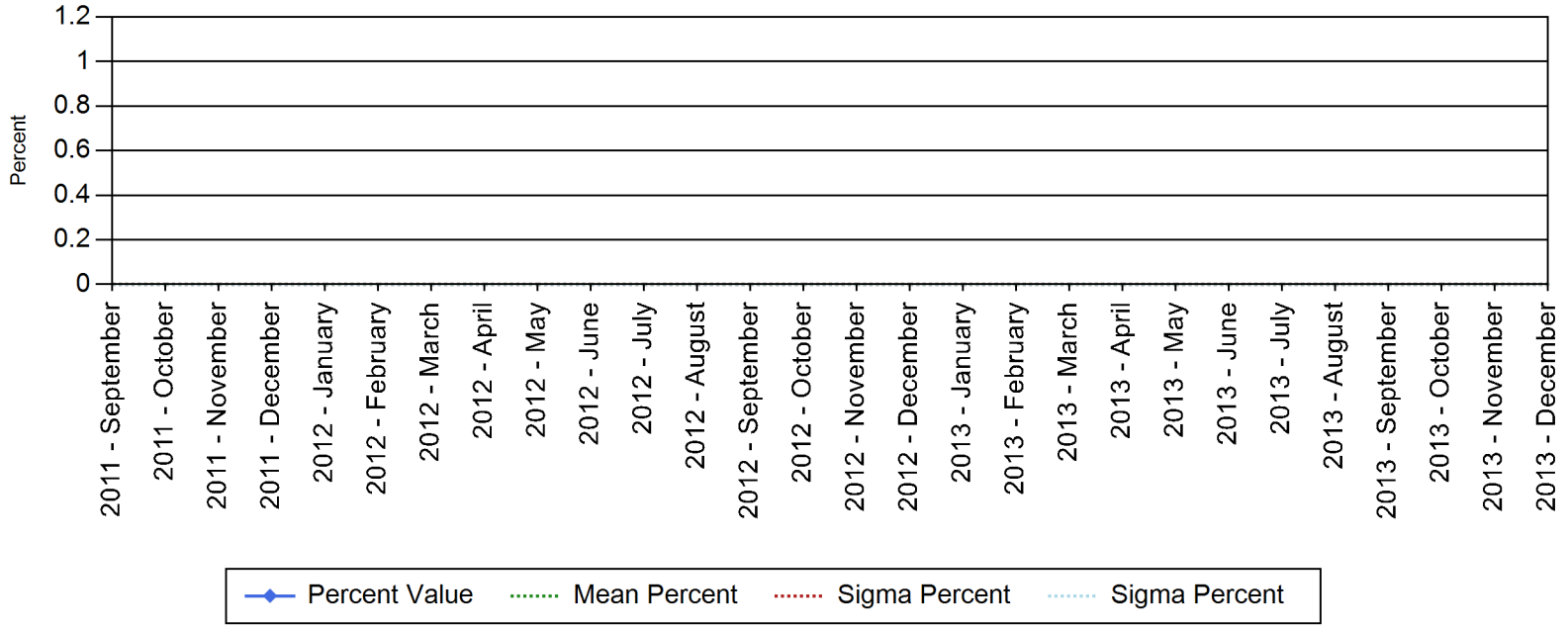
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2b 14667 Prophylactic Antibiotic Selection for Surgical Patients - CABG



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
2014	1	0	0					0
2014	2	0	0					0
2014	3	0	0					0
2014	4	0	0					0
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**0**	**0**					

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	12680	12707	99.79%	100.00%	100.00%	58.33%	924
2011	2	13198	13229	99.77%	100.00%	100.00%	62.50%	928
2011	3	12725	12749	99.81%	100.00%	100.00%	0.00%	925
2011	4	12462	12478	99.87%	100.00%	100.00%	80.00%	928
2012	1	12405	12414	99.93%	100.00%	100.00%	85.71%	932
2012	2	12532	12539	99.94%	100.00%	100.00%	91.67%	935
2012	3	11783	11789	99.95%	100.00%	100.00%	93.33%	919
2012	4	12044	12060	99.87%	100.00%	100.00%	66.67%	915
2013	1	11003	11019	99.85%	100.00%	100.00%	88.89%	914
2013	2	11554	11567	99.89%	100.00%	100.00%	50.00%	908
2013	3	11288	11297	99.92%	100.00%	100.00%	83.33%	909
2013	4	11359	11377	99.84%	100.00%	100.00%	60.00%	892
2014	1	11559	11592	99.72%	100.00%	100.00%	40.00%	929
2014	2	12475	12507	99.74%	100.00%	100.00%	0.00%	942
2014	3	12038	12072	99.72%	100.00%	100.00%	66.67%	928
2014	4	12274	12318	99.64%	100.00%	100.00%	71.43%	940
	Sum:	193379	193714	99.83%				

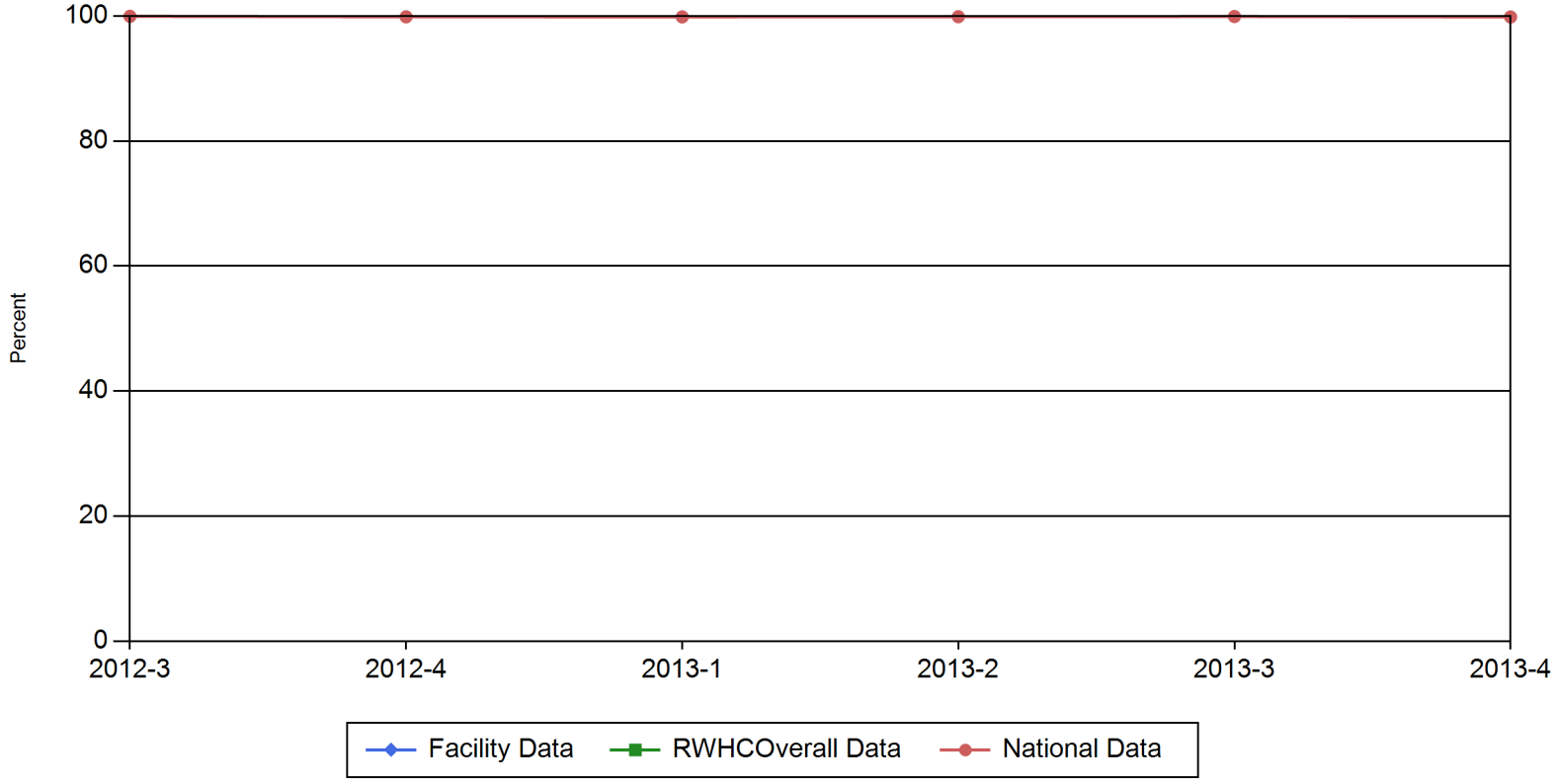
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery



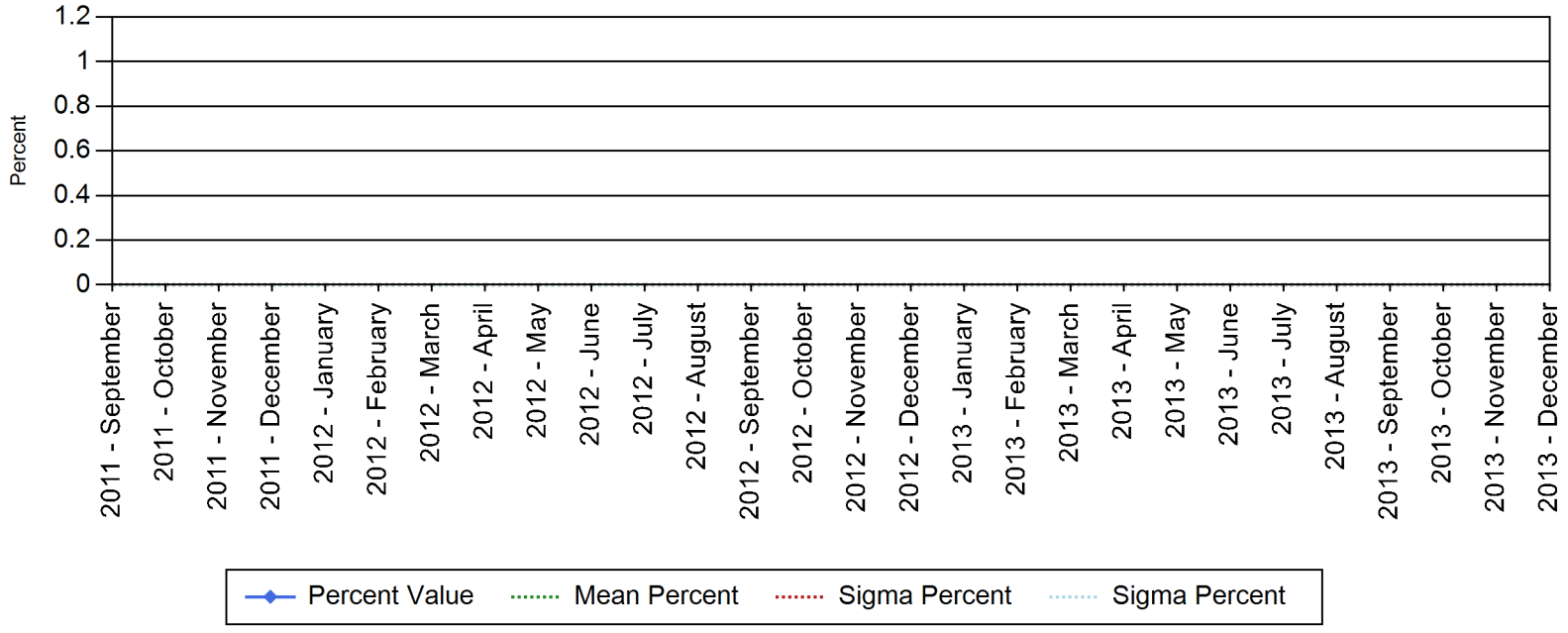
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2c 14668 Prophylactic Antibiotic Selection for Surgical Patients - Other Cardiac Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty

Year	Month	Num	Den	%
2011	1	1	1	100.00 %
2011	2	2	2	100.00 %
2011	3	0	0	ND
2011	4	1	1	100.00 %
2011	5	1	1	100.00 %
2011	6	7	7	100.00 %
2011	7	2	2	100.00 %
2011	8	1	1	100.00 %
2011	9	3	3	100.00 %
2011	10	3	3	100.00 %
2011	11	2	2	100.00 %
2011	12	2	2	100.00 %
	Totals:	**25**	**25**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	1	1	100.00 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	2	2	100.00 %
2012	7	3	3	100.00 %
2012	8	1	1	100.00 %
2012	9	3	3	100.00 %
2012	10	0	0	ND
2012	11	3	3	100.00 %
2012	12	2	2	100.00 %
	Totals:	**15**	**15**	**100.00 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	2	2	100.00 %
2013	3	4	4	100.00 %
2013	4	0	0	ND
2013	5	3	3	100.00 %
2013	6	3	3	100.00 %
2013	7	1	1	100.00 %
2013	8	1	1	100.00 %
2013	9	1	1	100.00 %
2013	10	1	1	100.00 %
2013	11	3	3	100.00 %
2013	12	2	2	100.00 %
	Totals:	**23**	**23**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	3	3	100.00 %	2012	1	1	1	100.00 %	2013	1	8	8	100.00 %
2011	2	9	9	100.00 %	2012	2	2	2	100.00 %	2013	2	6	6	100.00 %
2011	3	6	6	100.00 %	2012	3	7	7	100.00 %	2013	3	3	3	100.00 %
2011	4	7	7	100.00 %	2012	4	5	5	100.00 %	2013	4	6	6	100.00 %
Totals:		**25**	**25**	**100.00 %**	**Totals:**		**15**	**15**	**100.00 %**	**Totals:**		**23**	**23**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	111	111	100.00 %	100.00 %	100.00 %	100.00 %	36
2012	4	398	401	99.25 %	100.00 %	100.00 %	50.00 %	124
2013	1	384	386	99.48 %	100.00 %	100.00 %	50.00 %	120
2013	2	315	316	99.68 %	100.00 %	100.00 %	75.00 %	106
2013	3	347	348	99.71 %	100.00 %	100.00 %	93.33 %	109
2013	4	385	385	100.00 %	100.00 %	100.00 %	100.00 %	121
2014	1	376	383	98.17 %	100.00 %	100.00 %	50.00 %	124
2014	2	414	417	99.28 %	100.00 %	100.00 %	66.67 %	127
2014	3	428	429	99.77 %	100.00 %	100.00 %	50.00 %	119
2014	4	481	483	99.59 %	100.00 %	100.00 %	0.00 %	134
2015	1	161	161	100.00 %	100.00 %	100.00 %	100.00 %	38
2015	2	144	144	100.00 %	100.00 %	100.00 %	100.00 %	29
2015	3	154	154	100.00 %	100.00 %	100.00 %	100.00 %	32
2015	4	121	121	100.00 %	100.00 %	100.00 %	100.00 %	26
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**4219**	**4239**	**99.53 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	45888	46090	99.56%	100.00%	100.00%	0.00%	2374
2011	2	46672	46844	99.63%	100.00%	100.00%	0.00%	2411
2011	3	46103	46293	99.59%	100.00%	100.00%	0.00%	2400
2011	4	48476	48642	99.66%	100.00%	100.00%	0.00%	2426
2012	1	49236	49434	99.60%	100.00%	100.00%	0.00%	2431
2012	2	49649	49831	99.63%	100.00%	100.00%	50.00%	2453
2012	3	47986	48125	99.71%	100.00%	100.00%	0.00%	2416
2012	4	51494	51647	99.70%	100.00%	100.00%	0.00%	2430
2013	1	50019	50206	99.63%	100.00%	100.00%	0.00%	2424
2013	2	51022	51162	99.73%	100.00%	100.00%	0.00%	2397
2013	3	50073	50187	99.77%	100.00%	100.00%	0.00%	2397
2013	4	53278	53394	99.78%	100.00%	100.00%	66.67%	2367
2014	1	54481	54867	99.30%	100.00%	100.00%	0.00%	2461
2014	2	55820	56210	99.31%	100.00%	100.00%	0.00%	2473
2014	3	54778	55123	99.37%	100.00%	100.00%	0.00%	2464
2014	4	58283	58668	99.34%	100.00%	100.00%	0.00%	2492
	Sum:	813258	816723	99.58%				

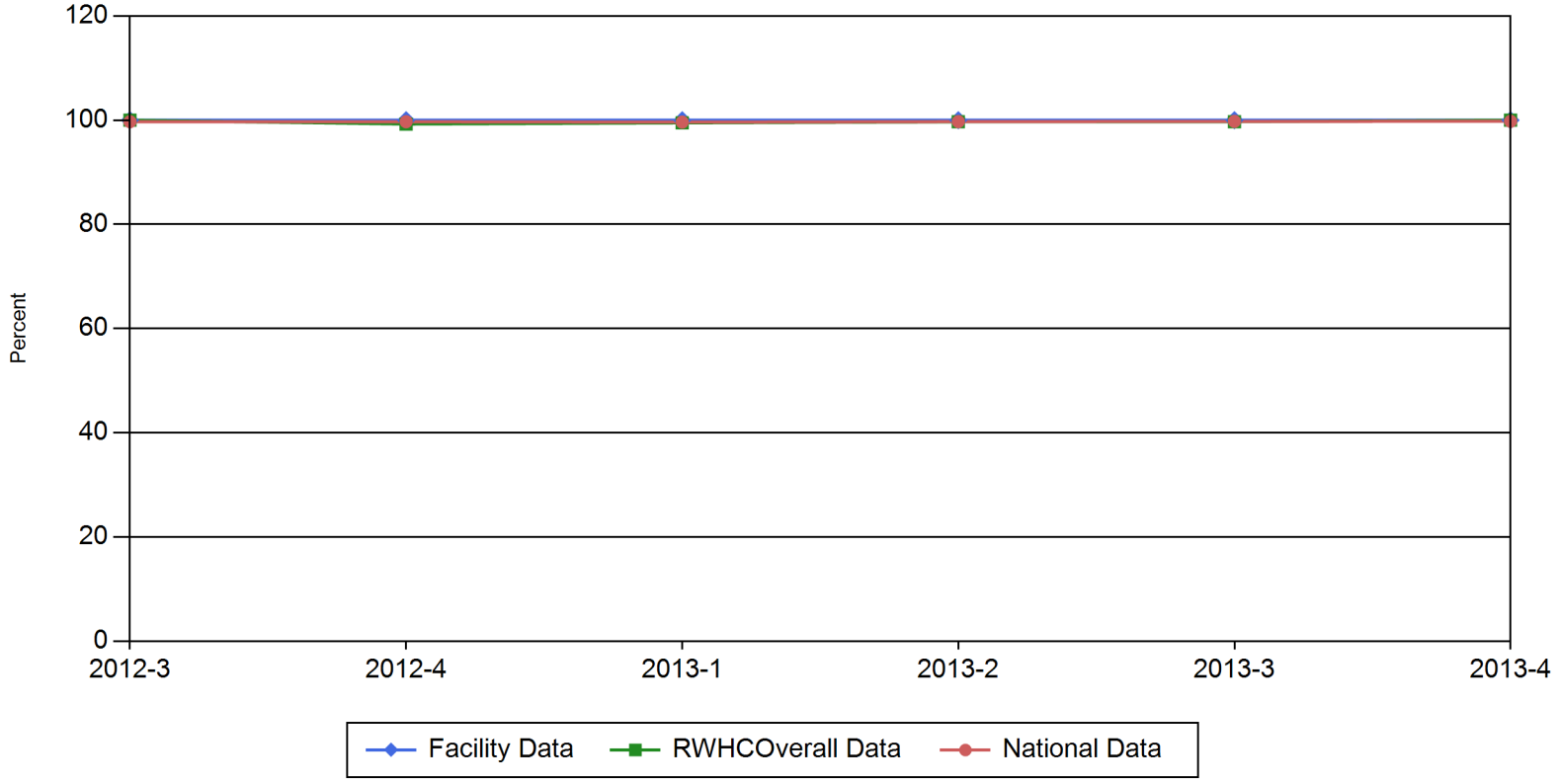
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty



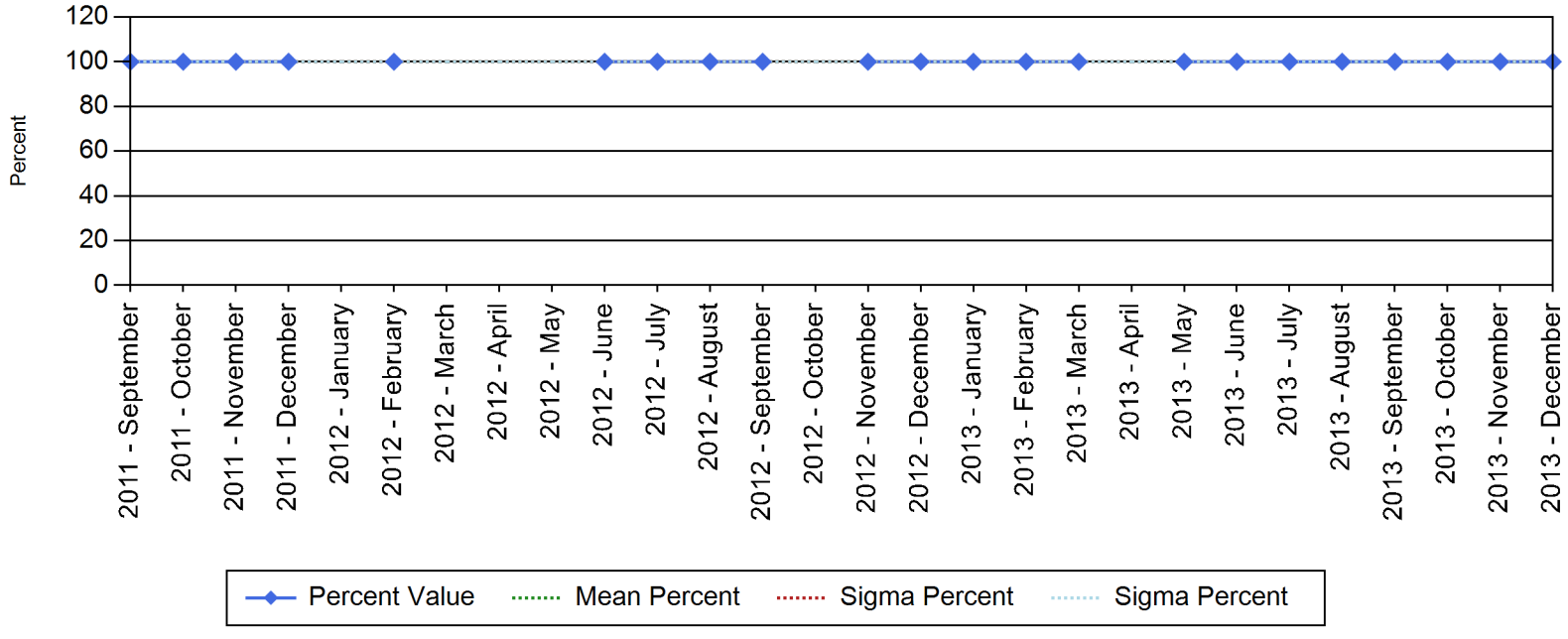
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2d 14669 Prophylactic Antibiotic Selection for Surgical Patients - Hip Arthroplasty



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty

Year	Month	Num	Den	%
2011	1	5	5	100.00 %
2011	2	1	1	100.00 %
2011	3	5	5	100.00 %
2011	4	5	5	100.00 %
2011	5	2	2	100.00 %
2011	6	3	3	100.00 %
2011	7	3	3	100.00 %
2011	8	5	5	100.00 %
2011	9	5	5	100.00 %
2011	10	7	7	100.00 %
2011	11	10	10	100.00 %
2011	12	4	4	100.00 %
	Totals:	**55**	**55**	**100.00 %**

Year	Month	Num	Den	%
2012	1	3	3	100.00 %
2012	2	2	2	100.00 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	5	5	100.00 %
2012	6	9	9	100.00 %
2012	7	4	4	100.00 %
2012	8	3	3	100.00 %
2012	9	2	2	100.00 %
2012	10	6	6	100.00 %
2012	11	4	4	100.00 %
2012	12	3	3	100.00 %
	Totals:	**48**	**48**	**100.00 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	7	7	100.00 %
2013	3	7	7	100.00 %
2013	4	3	3	100.00 %
2013	5	7	7	100.00 %
2013	6	8	8	100.00 %
2013	7	3	3	100.00 %
2013	8	7	7	100.00 %
2013	9	4	4	100.00 %
2013	10	6	6	100.00 %
2013	11	8	8	100.00 %
2013	12	6	6	100.00 %
	Totals:	**68**	**68**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	11	11	100.00 %	2012	1	10	10	100.00 %	2013	1	16	16	100.00 %
2011	2	10	10	100.00 %	2012	2	16	16	100.00 %	2013	2	18	18	100.00 %
2011	3	13	13	100.00 %	2012	3	9	9	100.00 %	2013	3	14	14	100.00 %
2011	4	21	21	100.00 %	2012	4	13	13	100.00 %	2013	4	20	20	100.00 %
Totals:		**55**	**55**	**100.00 %**	**Totals:**		**48**	**48**	**100.00 %**	**Totals:**		**68**	**68**	**100.00 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	185	185	100.00 %	100.00 %	100.00 %	100.00 %	48
2012	4	791	793	99.75 %	100.00 %	100.00 %	50.00 %	148
2013	1	719	720	99.86 %	100.00 %	100.00 %	0.00 %	145
2013	2	774	775	99.87 %	100.00 %	100.00 %	0.00 %	142
2013	3	671	673	99.70 %	100.00 %	100.00 %	90.00 %	140
2013	4	812	816	99.51 %	100.00 %	100.00 %	50.00 %	147
2014	1	743	748	99.33 %	100.00 %	100.00 %	50.00 %	143
2014	2	770	774	99.48 %	100.00 %	100.00 %	0.00 %	151
2014	3	749	754	99.34 %	100.00 %	100.00 %	50.00 %	155
2014	4	898	905	99.23 %	100.00 %	100.00 %	50.00 %	154
2015	1	328	330	99.39 %	100.00 %	100.00 %	50.00 %	45
2015	2	331	332	99.70 %	100.00 %	100.00 %	88.89 %	41
2015	3	321	324	99.07 %	100.00 %	100.00 %	0.00 %	42
2015	4	253	255	99.22 %	100.00 %	100.00 %	0.00 %	32
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**8345**	**8384**	**99.53 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	72347	72583	99.67%	100.00%	100.00%	50.00%	2367
2011	2	71894	72115	99.69%	100.00%	100.00%	25.00%	2410
2011	3	70012	70215	99.71%	100.00%	100.00%	0.00%	2425
2011	4	75082	75304	99.71%	100.00%	100.00%	50.00%	2426
2012	1	76238	76514	99.64%	100.00%	100.00%	41.67%	2444
2012	2	73970	74206	99.68%	100.00%	100.00%	0.00%	2460
2012	3	70357	70569	99.70%	100.00%	100.00%	56.25%	2419
2012	4	76423	76626	99.74%	100.00%	100.00%	25.00%	2432
2013	1	74535	74757	99.70%	100.00%	100.00%	60.00%	2413
2013	2	73320	73486	99.77%	100.00%	100.00%	50.00%	2408
2013	3	71852	72003	99.79%	100.00%	100.00%	0.00%	2405
2013	4	80386	80568	99.77%	100.00%	100.00%	0.00%	2368
2014	1	77536	77937	99.49%	100.00%	100.00%	0.00%	2444
2014	2	76917	77345	99.45%	100.00%	100.00%	33.33%	2448
2014	3	75493	75877	99.49%	100.00%	100.00%	0.00%	2464
2014	4	83209	83651	99.47%	100.00%	100.00%	0.00%	2483
	Sum:	1199571	1203756	99.65%				

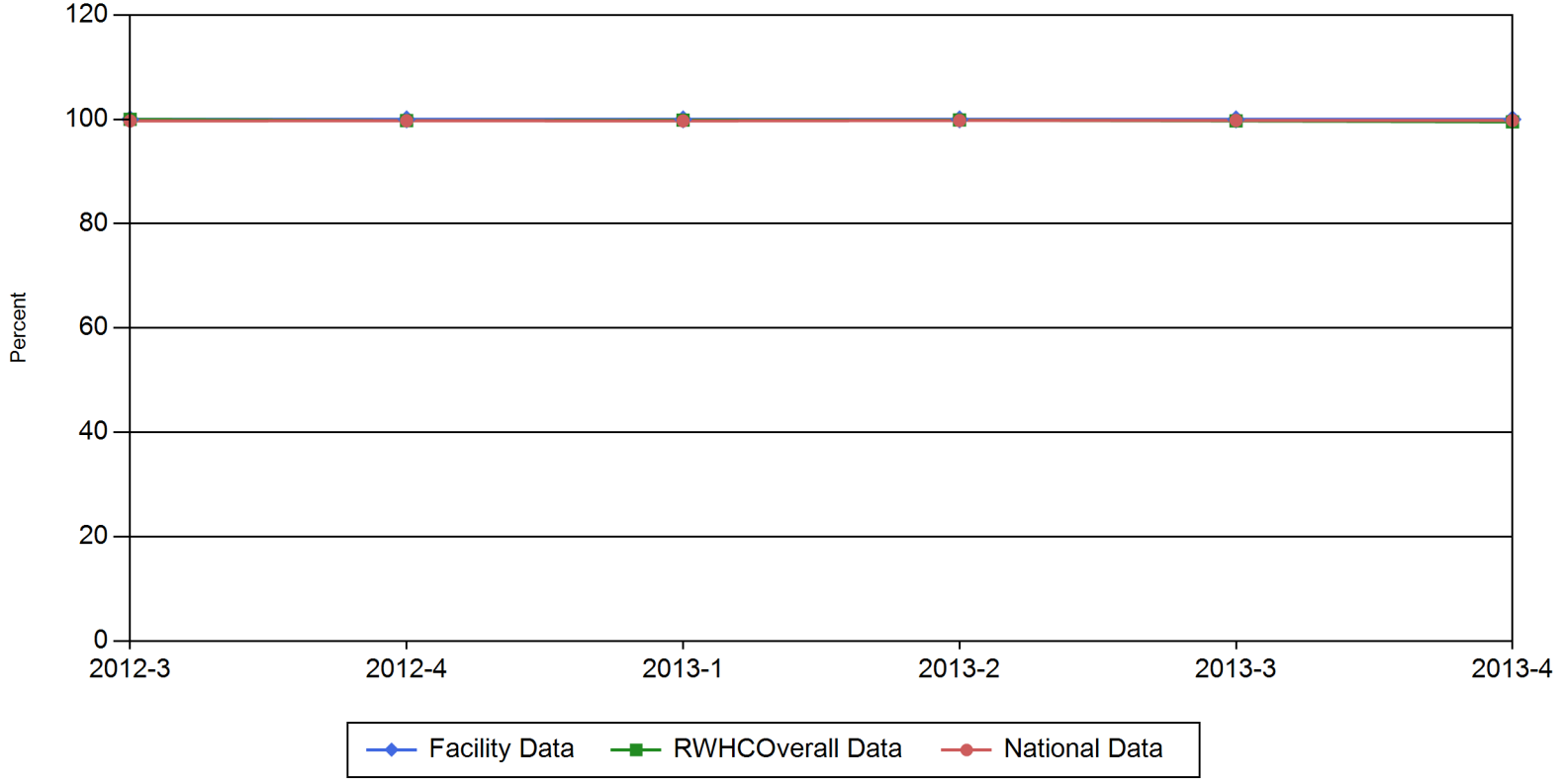
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty



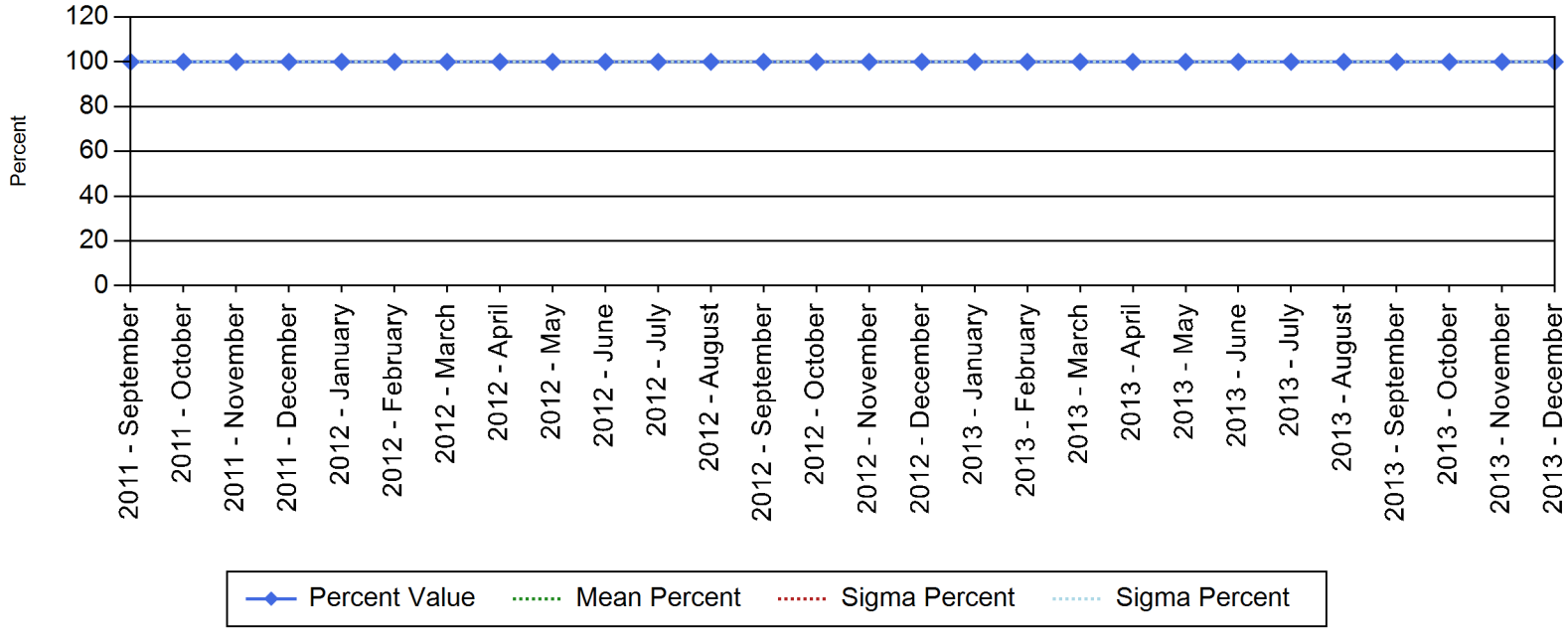
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2e 14670 Prophylactic Antibiotic Selection for Surgical Patients - Knee Arthroplasty



For presentation purposes, Y-axis may not start at 0.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	2	2	100.00 %
	Totals:	**2**	**2**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	4	4	100.00 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	2	2	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	1	1	100.00 %
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**7**	**7**	**100.00 %**

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	1	1	100.00 %
	Totals:	**1**	**1**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	4	4	100.00 %	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	2	2	100.00 %	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	1	1	100.00 %	2013	3	0	0	ND
2011	4	2	2	100.00 %	2012	4	0	0	ND	2013	4	1	1	100.00 %
Totals:		**2**	**2**	**100.00 %**	**Totals:**		**7**	**7**	**100.00 %**	**Totals:**		**1**	**1**	**100.00 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	33	39	84.62 %	100.00 %	100.00 %	0.00 %	24
2012	4	96	107	89.72 %	100.00 %	100.00 %	0.00 %	75
2013	1	64	73	87.67 %	100.00 %	100.00 %	0.00 %	53
2013	2	72	84	85.71 %	100.00 %	100.00 %	0.00 %	61
2013	3	59	64	92.19 %	100.00 %	100.00 %	0.00 %	47
2013	4	68	73	93.15 %	100.00 %	100.00 %	0.00 %	56
2014	1	75	86	87.21 %	100.00 %	100.00 %	0.00 %	60
2014	2	86	98	87.76 %	100.00 %	100.00 %	0.00 %	63
2014	3	78	90	86.67 %	100.00 %	100.00 %	0.00 %	63
2014	4	80	92	86.96 %	100.00 %	100.00 %	0.00 %	65
2015	1	9	11	81.82 %	100.00 %	100.00 %	0.00 %	7
2015	2	11	11	100.00 %	100.00 %	100.00 %	100.00 %	9
2015	3	10	11	90.91 %	100.00 %	100.00 %	66.67 %	6
2015	4	10	10	100.00 %	100.00 %	100.00 %	100.00 %	6
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**751**	**849**	**88.46 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	19145	20570	93.07%	100.00%	100.00%	0.00%	2351
2011	2	19502	21092	92.46%	100.00%	100.00%	0.00%	2374
2011	3	19577	20964	93.38%	100.00%	100.00%	0.00%	2386
2011	4	19314	20616	93.68%	100.00%	100.00%	0.00%	2377
2012	1	19754	20848	94.75%	100.00%	100.00%	0.00%	2387
2012	2	19762	20967	94.25%	100.00%	100.00%	0.00%	2420
2012	3	19479	20454	95.23%	100.00%	100.00%	0.00%	2370
2012	4	19203	20157	95.27%	100.00%	100.00%	0.00%	2351
2013	1	18177	18978	95.78%	100.00%	100.00%	0.00%	2349
2013	2	18982	19801	95.86%	100.00%	100.00%	0.00%	2344
2013	3	18776	19539	96.09%	100.00%	100.00%	0.00%	2323
2013	4	18673	19365	96.43%	100.00%	100.00%	0.00%	2297
2014	1	18651	19838	94.02%	100.00%	100.00%	0.00%	2391
2014	2	19606	20752	94.48%	100.00%	100.00%	0.00%	2379
2014	3	19363	20563	94.16%	100.00%	100.00%	0.00%	2389
2014	4	19358	20532	94.28%	100.00%	100.00%	0.00%	2413
	Sum:	307322	325036	94.55%				

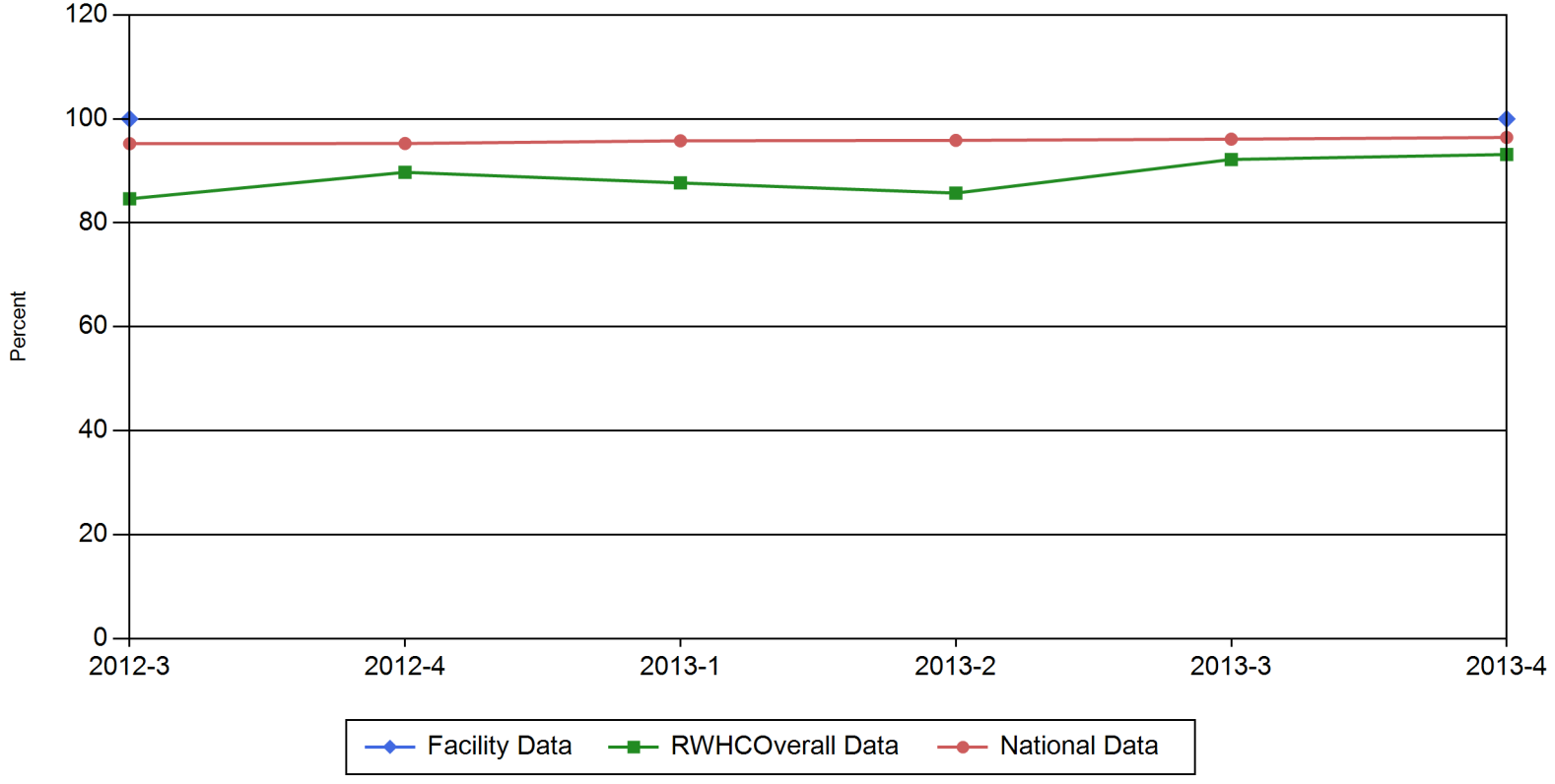
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery



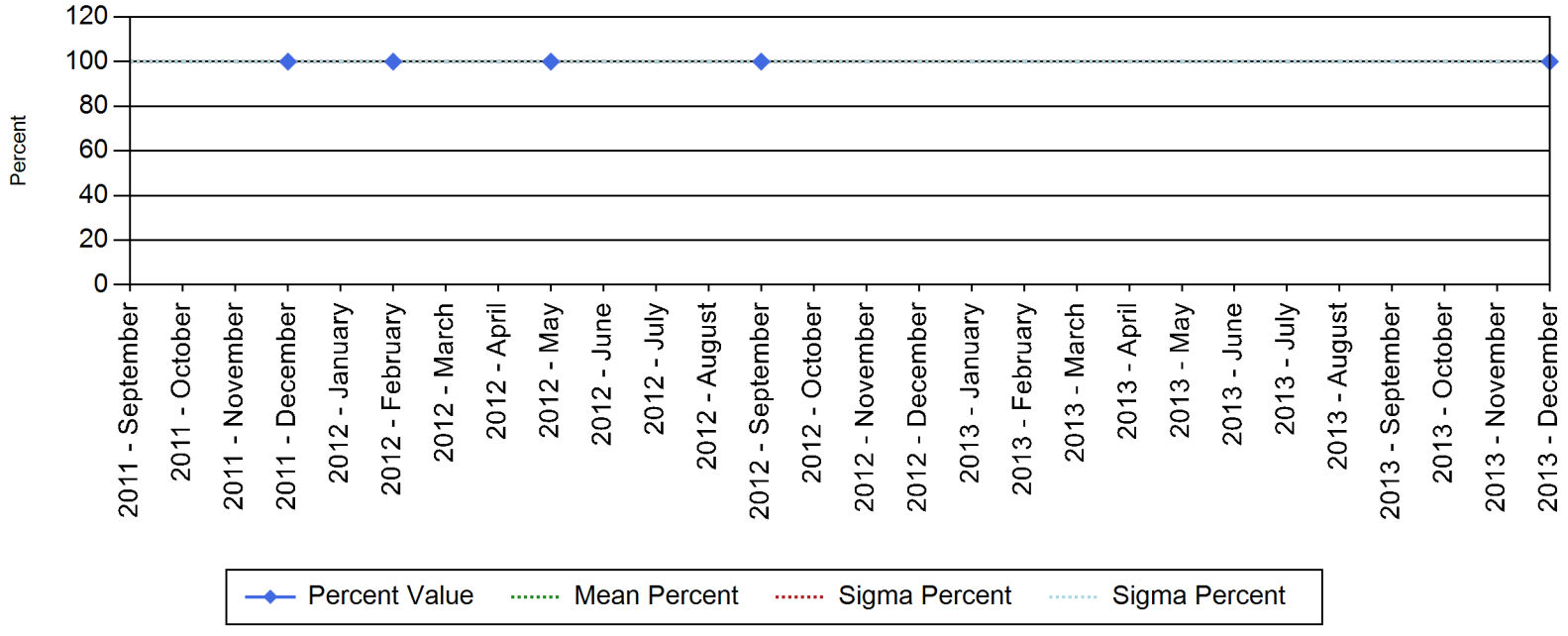
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2f 14671 Prophylactic Antibiotic Selection for Surgical Patients - Colon Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	1	0.00 %
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	1	1	100.00 %
2011	7	0	0	ND
2011	8	1	1	100.00 %
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	2	2	100.00 %
	Totals:	**4**	**5**	**80.00 %**

Year	Month	Num	Den	%
2012	1	2	2	100.00 %
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	1	1	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	1	1	100.00 %
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2013	1	1	1	100.00 %
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
	Totals:	**1**	**1**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	1	0.00 %	2012	1	2	2	100.00 %	2013	1	1	1	100.00 %
2011	2	1	1	100.00 %	2012	2	1	1	100.00 %	2013	2	0	0	ND
2011	3	1	1	100.00 %	2012	3	1	1	100.00 %	2013	3	0	0	ND
2011	4	2	2	100.00 %	2012	4	0	0	ND	2013	4	0	0	ND
Totals:		**4**	**5**	**80.00 %**	**Totals:**		**4**	**4**	**100.00 %**	**Totals:**		**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	30	32	93.75 %	100.00 %	100.00 %	0.00 %	18
2012	4	111	117	94.87 %	100.00 %	100.00 %	0.00 %	60
2013	1	119	128	92.97 %	100.00 %	100.00 %	0.00 %	66
2013	2	113	126	89.68 %	100.00 %	100.00 %	0.00 %	70
2013	3	87	92	94.57 %	100.00 %	100.00 %	0.00 %	53
2013	4	77	82	93.90 %	100.00 %	100.00 %	0.00 %	48
2014	1	72	76	94.74 %	100.00 %	100.00 %	0.00 %	44
2014	2	80	87	91.95 %	100.00 %	100.00 %	0.00 %	50
2014	3	59	65	90.77 %	100.00 %	100.00 %	0.00 %	42
2014	4	73	75	97.33 %	100.00 %	100.00 %	50.00 %	47
2015	1	13	13	100.00 %	100.00 %	100.00 %	100.00 %	10
2015	2	8	9	88.89 %	100.00 %	100.00 %	50.00 %	5
2015	3	5	5	100.00 %	100.00 %	100.00 %	100.00 %	2
2015	4	15	15	100.00 %	100.00 %	100.00 %	100.00 %	9
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**862**	**922**	**93.49 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	34322	35797	95.88%	100.00%	100.00%	0.00%	2296
2011	2	37461	38954	96.17%	100.00%	100.00%	0.00%	2351
2011	3	36243	37522	96.59%	100.00%	100.00%	0.00%	2354
2011	4	36437	37638	96.81%	100.00%	100.00%	0.00%	2351
2012	1	32993	33995	97.05%	100.00%	100.00%	0.00%	2333
2012	2	32587	33552	97.12%	100.00%	100.00%	0.00%	2333
2012	3	30026	30866	97.28%	100.00%	100.00%	0.00%	2301
2012	4	30246	30987	97.61%	100.00%	100.00%	0.00%	2295
2013	1	26736	27312	97.89%	100.00%	100.00%	0.00%	2249
2013	2	27231	27896	97.62%	100.00%	100.00%	0.00%	2239
2013	3	25812	26365	97.90%	100.00%	100.00%	0.00%	2212
2013	4	25875	26392	98.04%	100.00%	100.00%	0.00%	2174
2014	1	24236	24866	97.47%	100.00%	100.00%	0.00%	2227
2014	2	26913	27613	97.46%	100.00%	100.00%	0.00%	2277
2014	3	26034	26692	97.53%	100.00%	100.00%	0.00%	2267
2014	4	27399	28020	97.78%	100.00%	100.00%	0.00%	2257
	Sum:	480551	494467	97.19%				

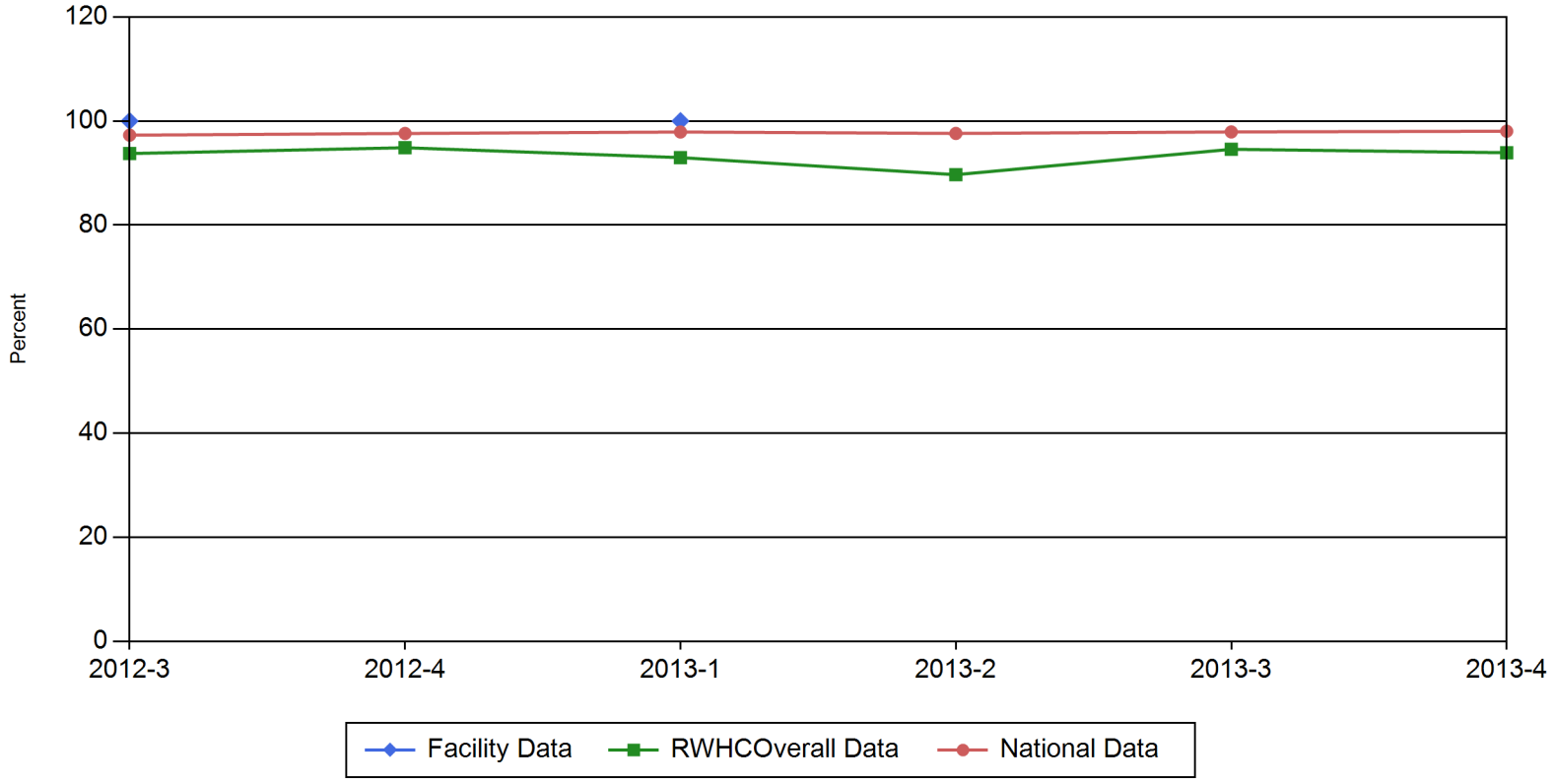
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy



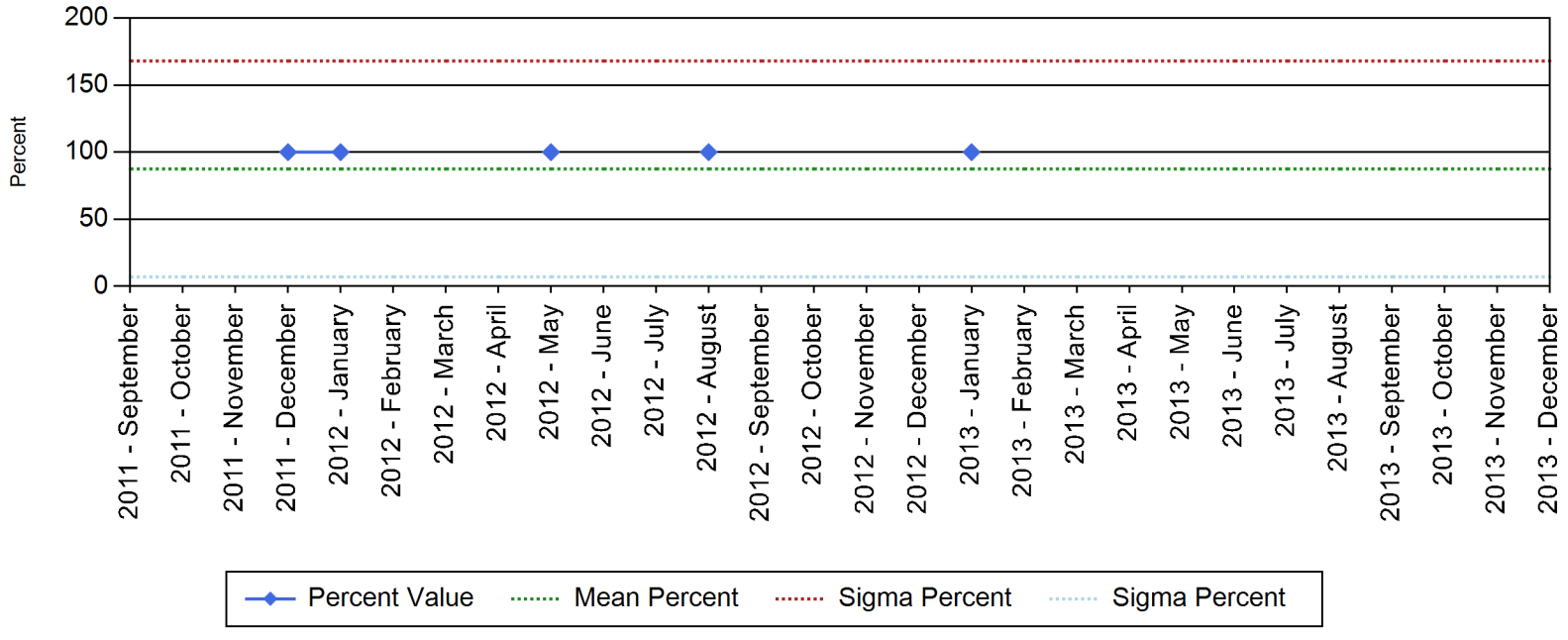
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2g 14672 Prophylactic Antibiotic Selection for Surgical Patients - Hysterectomy



For presentation purposes, Y-axis may not start at 0.

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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	2	2	100.00 %	100.00 %	100.00 %	100.00 %	1
2012	4	7	7	100.00 %	100.00 %	100.00 %	100.00 %	5
2013	1	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2013	2	3	3	100.00 %	100.00 %	100.00 %	100.00 %	3
2013	3	5	5	100.00 %	100.00 %	100.00 %	100.00 %	3
2013	4	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	1	3	3	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	2	3	3	100.00 %	100.00 %	100.00 %	100.00 %	2
2014	3	4	4	100.00 %	100.00 %	100.00 %	100.00 %	3
2014	4	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2015	1	0	0					0
2015	2	0	0					0
2015	3	0	0					0
2015	4	0	0					0
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**33**	**33**	**100.00 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	11832	12011	98.51%	100.00%	100.00%	0.00%	1501
2011	2	9895	10041	98.55%	100.00%	100.00%	0.00%	1481
2011	3	10077	10226	98.54%	100.00%	100.00%	0.00%	1455
2011	4	9537	9665	98.68%	100.00%	100.00%	0.00%	1441
2012	1	9125	9234	98.82%	100.00%	100.00%	0.00%	1453
2012	2	9292	9390	98.96%	100.00%	100.00%	0.00%	1459
2012	3	8933	9024	98.99%	100.00%	100.00%	0.00%	1437
2012	4	8781	8864	99.06%	100.00%	100.00%	0.00%	1405
2013	1	8730	8805	99.15%	100.00%	100.00%	0.00%	1422
2013	2	8990	9079	99.02%	100.00%	100.00%	0.00%	1416
2013	3	8905	8985	99.11%	100.00%	100.00%	0.00%	1416
2013	4	8455	8531	99.11%	100.00%	100.00%	0.00%	1373
2014	1	8923	9049	98.61%	100.00%	100.00%	0.00%	1452
2014	2	9253	9372	98.73%	100.00%	100.00%	0.00%	1434
2014	3	9199	9309	98.82%	100.00%	100.00%	0.00%	1428
2014	4	9195	9295	98.92%	100.00%	100.00%	0.00%	1395
	Sum:	149122	150880	98.83%				

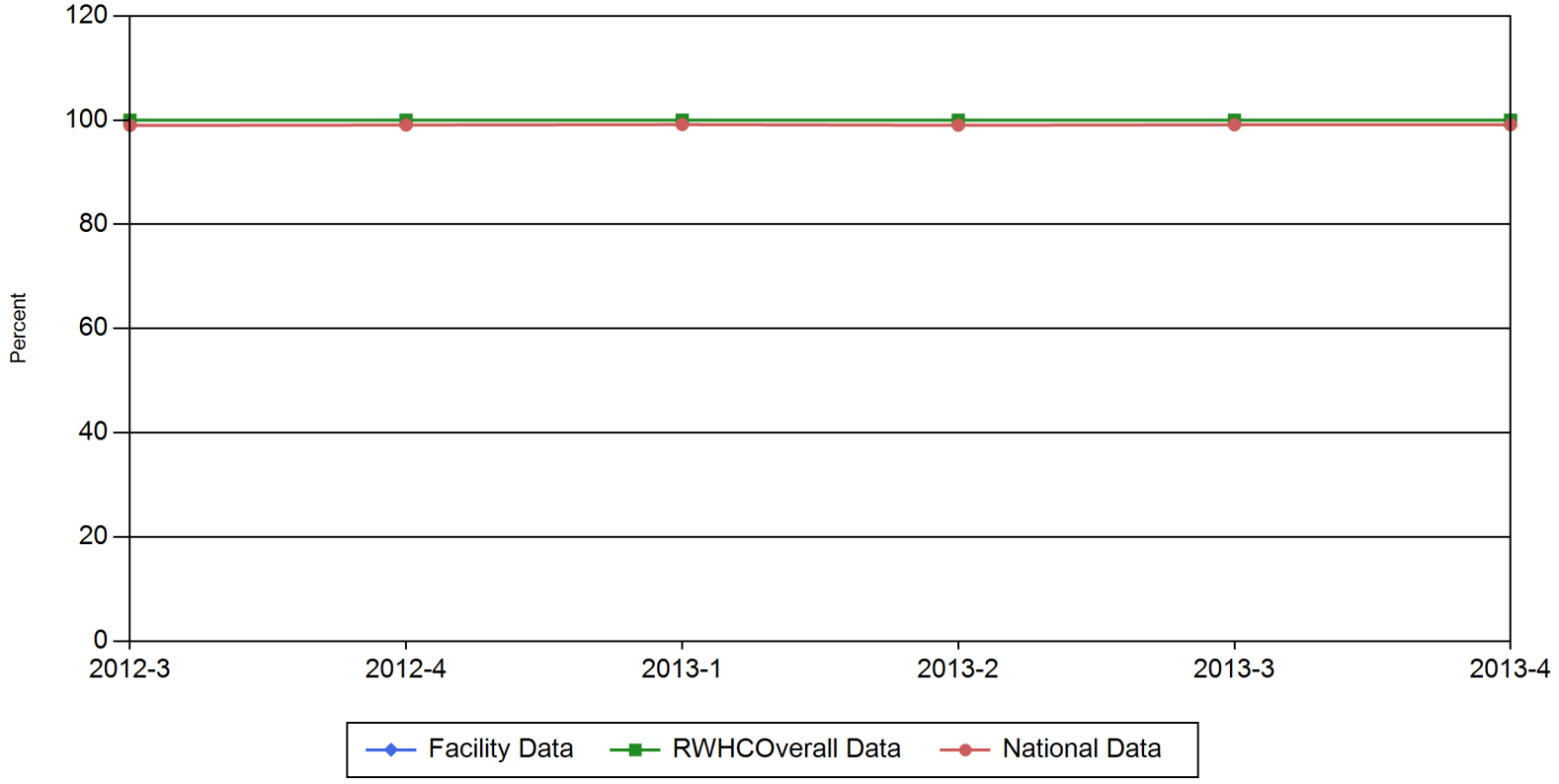
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery



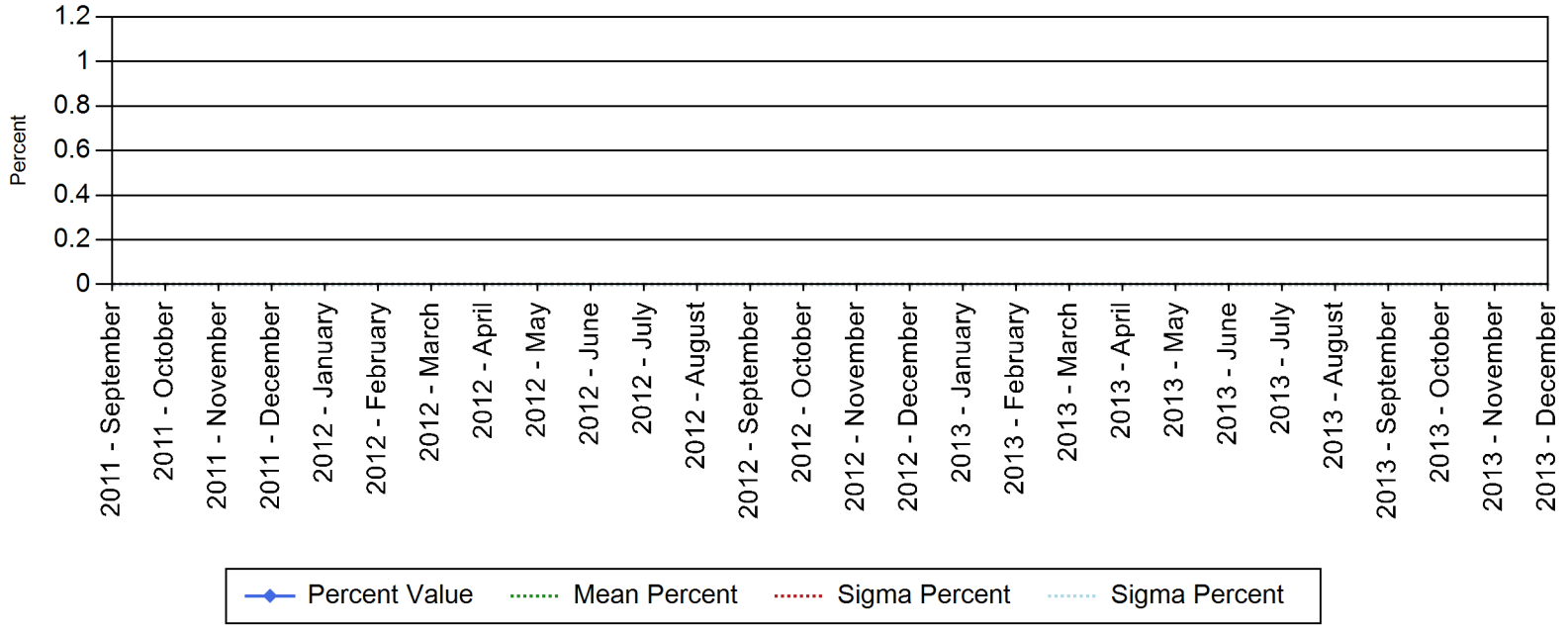
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SIP-2h 14673 Prophylactic Antibiotic Selection for Surgical Patients - Vascular Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate

Year	Month	Num	Den	%
2011	1	6	6	100.00 %
2011	2	3	3	100.00 %
2011	3	6	6	100.00 %
2011	4	6	6	100.00 %
2011	5	3	3	100.00 %
2011	6	11	11	100.00 %
2011	7	5	5	100.00 %
2011	8	7	7	100.00 %
2011	9	8	8	100.00 %
2011	10	10	10	100.00 %
2011	11	12	12	100.00 %
2011	12	9	9	100.00 %
	Totals:	**86**	**86**	**100.00 %**

Year	Month	Num	Den	%
2012	1	5	5	100.00 %
2012	2	5	6	83.33 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	6	7	85.71 %
2012	6	11	11	100.00 %
2012	7	7	7	100.00 %
2012	8	5	5	100.00 %
2012	9	5	6	83.33 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	5	5	100.00 %
	Totals:	**69**	**72**	**95.83 %**

Year	Month	Num	Den	%
2013	1	5	5	100.00 %
2013	2	9	9	100.00 %
2013	3	11	11	100.00 %
2013	4	3	3	100.00 %
2013	5	10	10	100.00 %
2013	6	11	11	100.00 %
2013	7	4	4	100.00 %
2013	8	8	8	100.00 %
2013	9	5	5	100.00 %
2013	10	7	7	100.00 %
2013	11	11	11	100.00 %
2013	12	8	9	88.89 %
	Totals:	**92**	**93**	**98.92 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	15	15	100.00 %	2012	1	15	16	93.75 %	2013	1	25	25	100.00 %
2011	2	20	20	100.00 %	2012	2	19	20	95.00 %	2013	2	24	24	100.00 %
2011	3	20	20	100.00 %	2012	3	17	18	94.44 %	2013	3	17	17	100.00 %
2011	4	31	31	100.00 %	2012	4	18	18	100.00 %	2013	4	26	27	96.30 %
Totals:		**86**	**86**	**100.00 %**	**Totals:**		**69**	**72**	**95.83 %**	**Totals:**		**92**	**93**	**98.92 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	945	1021	92.56 %	100.00 %	100.00 %	0.00 %	0
2011	2	1005	1045	96.17 %	100.00 %	100.00 %	0.00 %	0
2011	3	952	996	95.58 %	100.00 %	100.00 %	0.00 %	0
2011	4	1033	1068	96.72 %	100.00 %	100.00 %	0.00 %	0
2012	1	1026	1063	96.52 %	100.00 %	100.00 %	0.00 %	0
2012	2	1052	1101	95.55 %	100.00 %	100.00 %	0.00 %	0
2012	3	1051	1090	96.42 %	100.00 %	100.00 %	50.00 %	0
2012	4	1345	1398	96.21 %	100.00 %	100.00 %	0.00 %	0
2013	1	1248	1283	97.27 %	100.00 %	100.00 %	0.00 %	0
2013	2	1250	1285	97.28 %	100.00 %	100.00 %	0.00 %	0
2013	3	1134	1158	97.93 %	100.00 %	100.00 %	50.00 %	0
2013	4	1306	1334	97.90 %	100.00 %	100.00 %	50.00 %	0
	Totals:	**13347**	**13842**	**96.42 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	205837	213019	96.63%	97.56%	100.00%	0.00%	2619
2011	2	209565	216271	96.90%	98.08%	100.00%	0.00%	2657
2011	3	204350	210527	97.07%	98.21%	100.00%	0.00%	2670
2011	4	210806	216724	97.27%	98.46%	100.00%	0.00%	2675
2012	1	213446	218924	97.50%	98.52%	100.00%	0.00%	2697
2012	2	211026	216295	97.56%	98.68%	100.00%	0.00%	2696
2012	3	200712	205599	97.62%	98.80%	100.00%	0.00%	2654
2012	4	210470	215230	97.79%	98.81%	100.00%	0.00%	2653
2013	1	202232	206253	98.05%	99.07%	100.00%	0.00%	2644
2013	2	205150	209031	98.14%	99.29%	100.00%	0.00%	2635
2013	3	200571	204279	98.18%	99.37%	100.00%	0.00%	2640
2013	4	211891	215556	98.30%	99.32%	100.00%	0.00%	2595
2014	1	210110	213975	98.19%	99.34%	100.00%	0.00%	2682
2014	2	216890	220744	98.25%	99.28%	100.00%	0.00%	2693
2014	3	212508	216162	98.31%	99.58%	100.00%	0.00%	2693
2014	4	224987	228563	98.44%	99.43%	100.00%	33.33%	2719
	Sum:	3350551	3427152	97.76%				

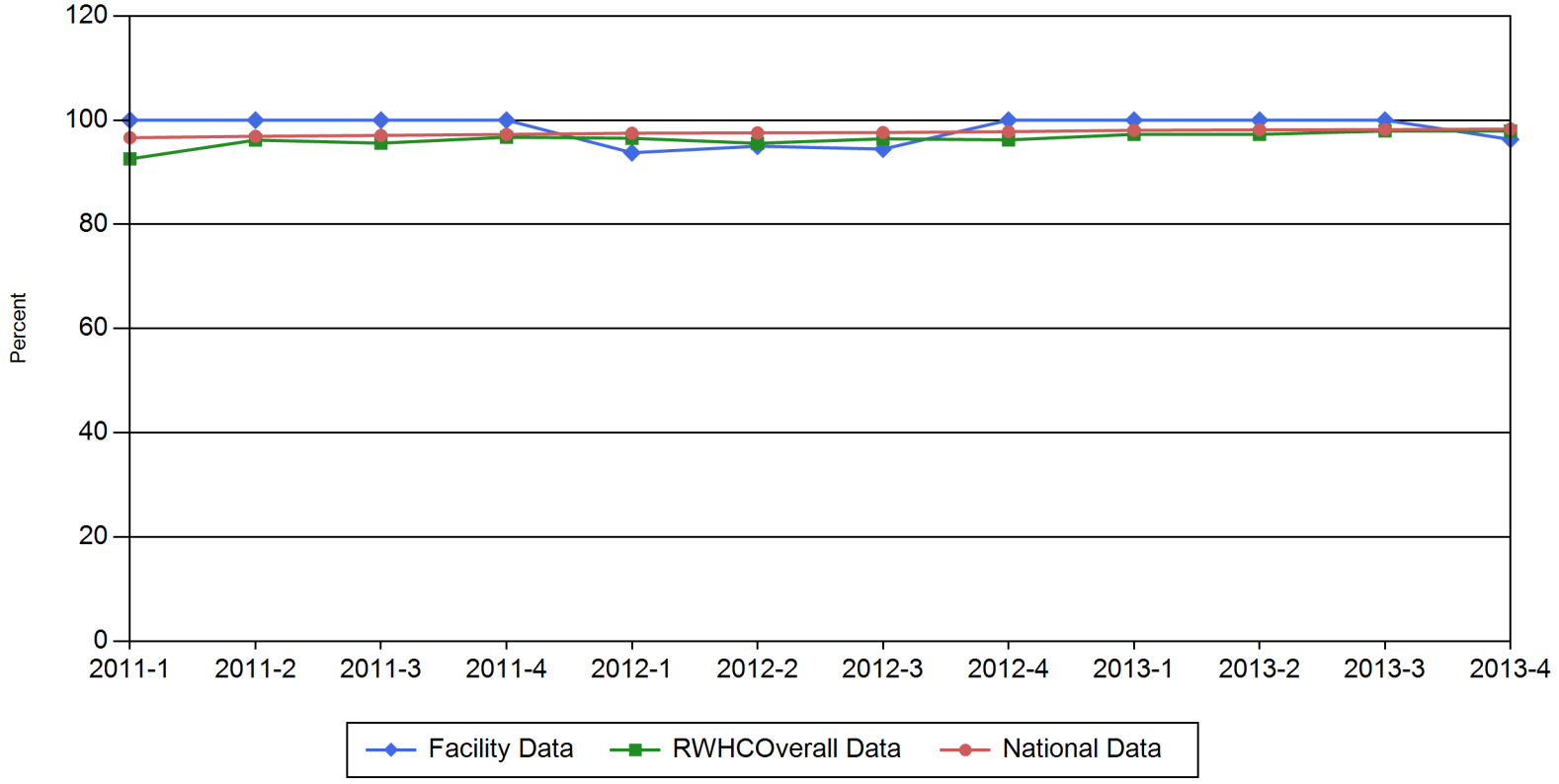
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate



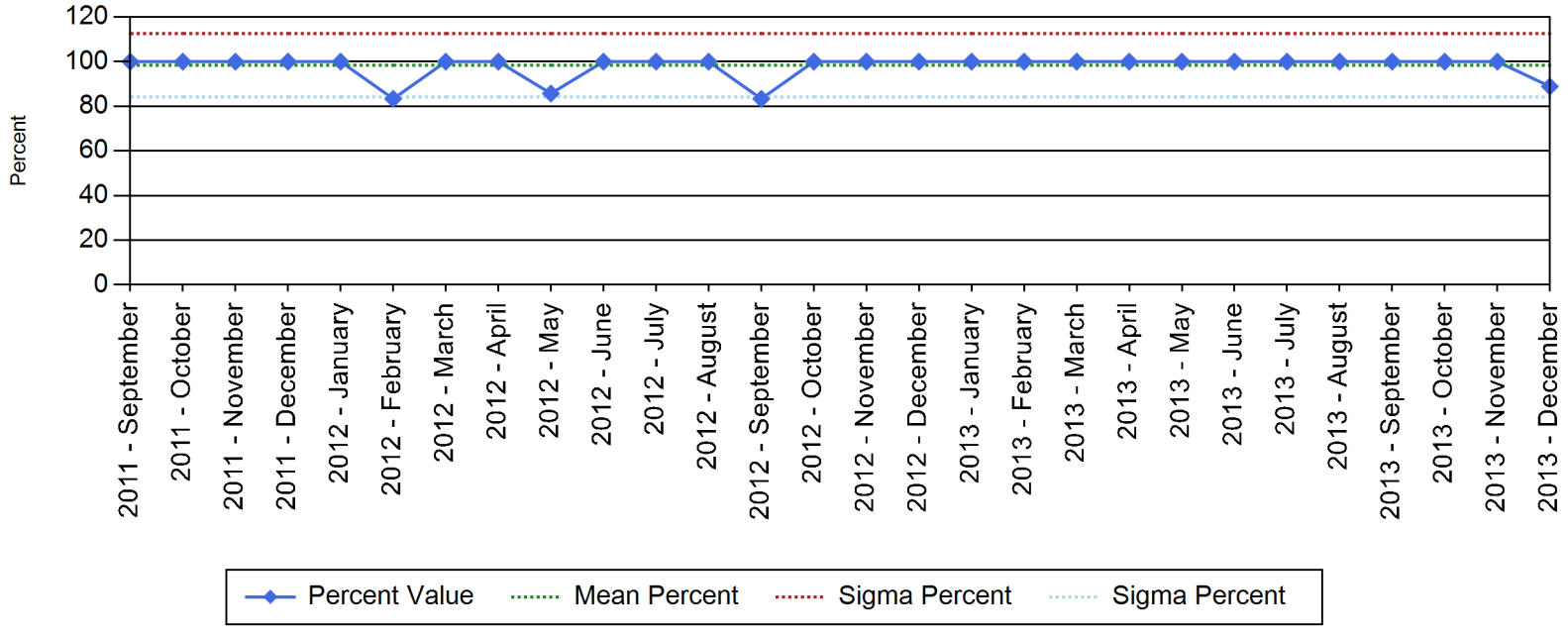
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3a 14675 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Overall Rate



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	0	0					0
2011	2	0	0					0
2011	3	0	0					0
2011	4	0	0					0
2012	1	0	0					0
2012	2	0	0					0
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
	Totals:	**0**	**0**					

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	20262	20750	97.65%	100.00%	100.00%	50.00%	982
2011	2	21189	21624	97.99%	100.00%	100.00%	0.00%	990
2011	3	19840	20247	97.99%	100.00%	100.00%	0.00%	997
2011	4	19546	19952	97.97%	100.00%	100.00%	0.00%	995
2012	1	20006	20352	98.30%	100.00%	100.00%	60.00%	1001
2012	2	20513	20868	98.30%	100.00%	100.00%	0.00%	995
2012	3	19360	19664	98.45%	100.00%	100.00%	50.00%	988
2012	4	19659	19966	98.46%	100.00%	100.00%	50.00%	988
2013	1	19439	19688	98.74%	100.00%	100.00%	69.70%	990
2013	2	20377	20637	98.74%	100.00%	100.00%	66.67%	988
2013	3	20232	20470	98.84%	100.00%	100.00%	79.31%	986
2013	4	20231	20462	98.87%	100.00%	100.00%	65.52%	979
2014	1	20507	20750	98.83%	100.00%	100.00%	71.43%	1006
2014	2	21697	21939	98.90%	100.00%	100.00%	66.67%	1016
2014	3	21176	21356	99.16%	100.00%	100.00%	0.00%	1012
2014	4	20937	21139	99.04%	100.00%	100.00%	71.43%	1016
	Sum:	324971	329864	98.52%				

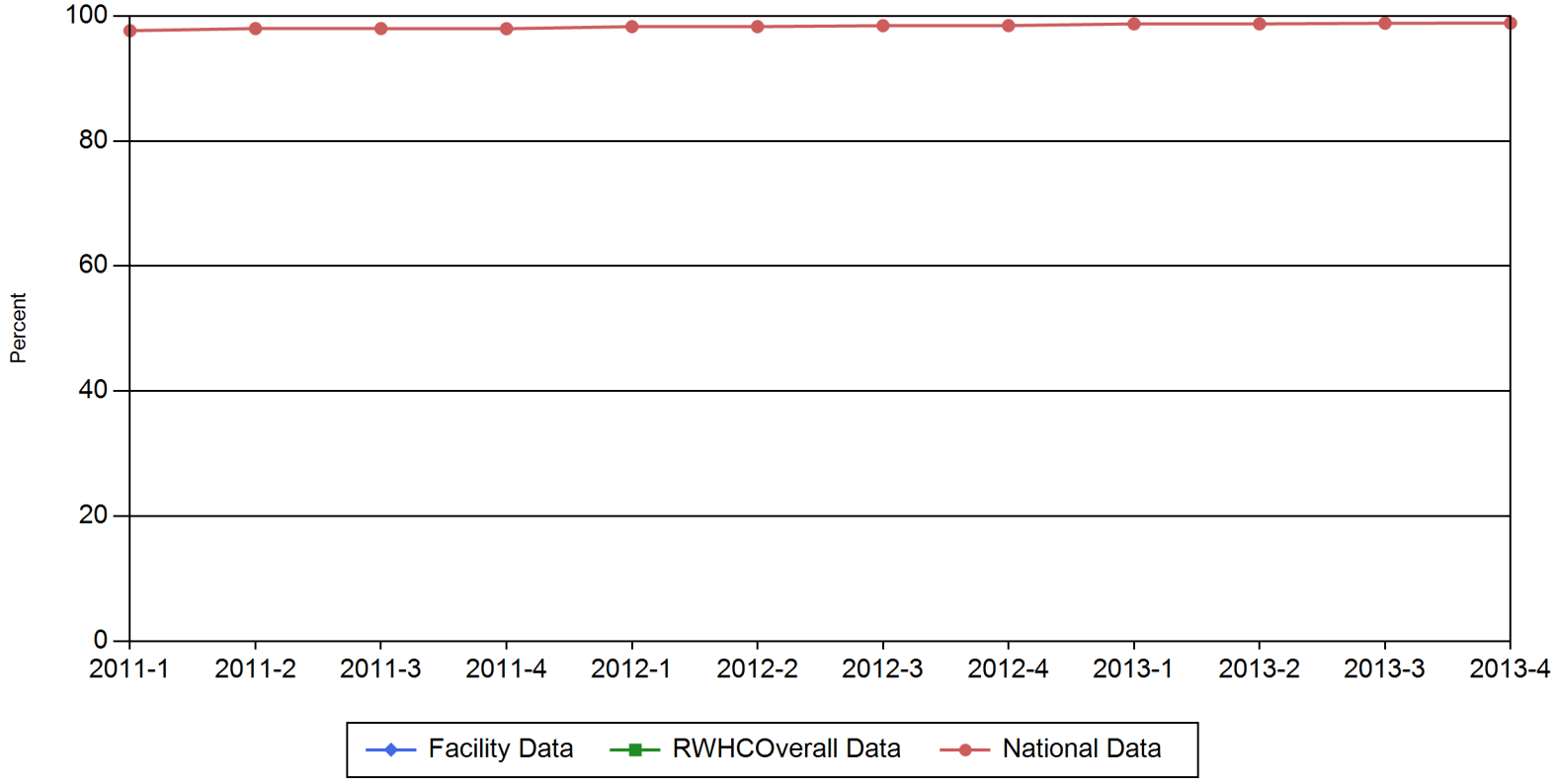
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG



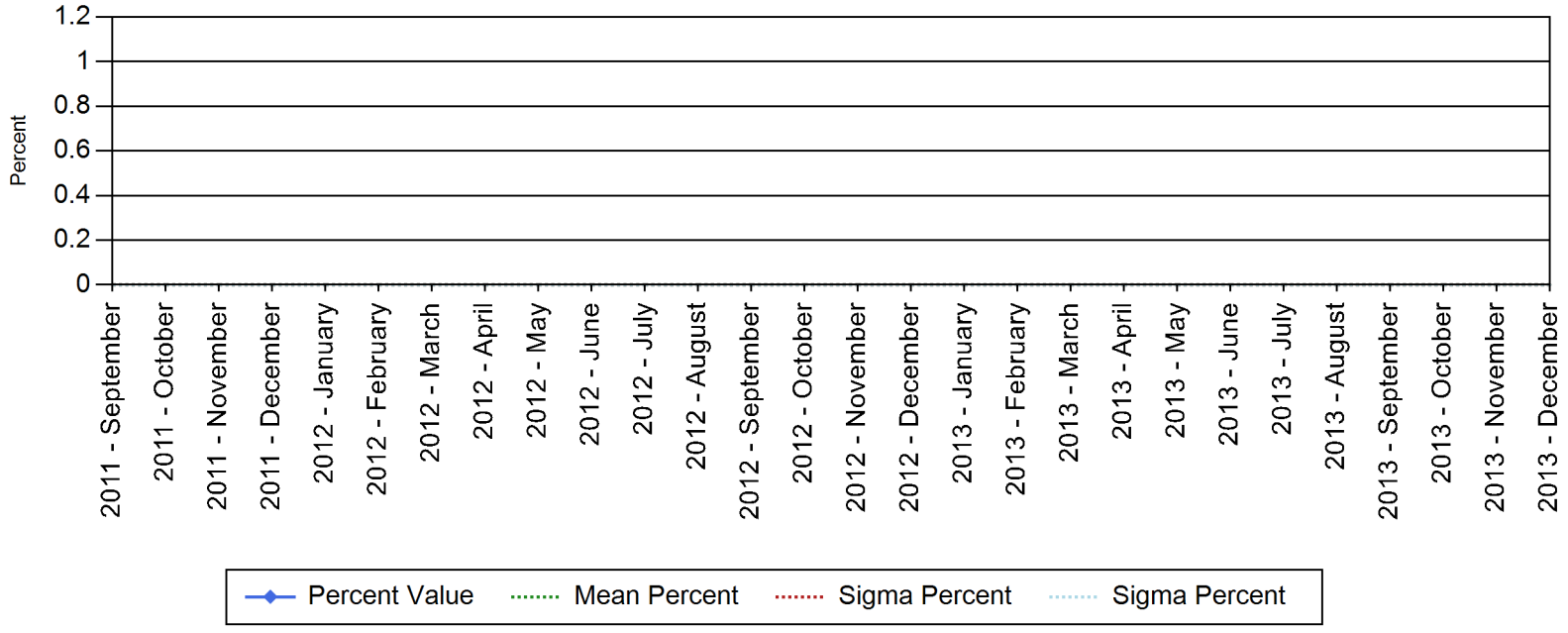
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3b 14676 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - CABG



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One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	0	0					0
2011	2	0	0					0
2011	3	0	0					0
2011	4	0	0					0
2012	1	0	0					0
2012	2	0	0					0
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
	Totals:	**0**	**0**					

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	11035	11357	97.16%	100.00%	100.00%	0.00%	915
2011	2	11551	11833	97.62%	100.00%	100.00%	0.00%	921
2011	3	11147	11402	97.76%	100.00%	100.00%	0.00%	917
2011	4	10965	11203	97.88%	100.00%	100.00%	0.00%	920
2012	1	11649	11866	98.17%	100.00%	100.00%	0.00%	932
2012	2	11737	11933	98.36%	100.00%	100.00%	0.00%	934
2012	3	11035	11255	98.05%	100.00%	100.00%	0.00%	918
2012	4	11294	11483	98.35%	100.00%	100.00%	0.00%	914
2013	1	10411	10549	98.69%	100.00%	100.00%	50.00%	908
2013	2	10906	11044	98.75%	100.00%	100.00%	50.00%	902
2013	3	10627	10768	98.69%	100.00%	100.00%	0.00%	905
2013	4	10743	10881	98.73%	100.00%	100.00%	50.00%	887
2014	1	10954	11103	98.66%	100.00%	100.00%	0.00%	924
2014	2	11764	11910	98.77%	100.00%	100.00%	0.00%	938
2014	3	11438	11555	98.99%	100.00%	100.00%	50.00%	923
2014	4	11695	11824	98.91%	100.00%	100.00%	0.00%	939
	Sum:	178951	181966	98.34%				

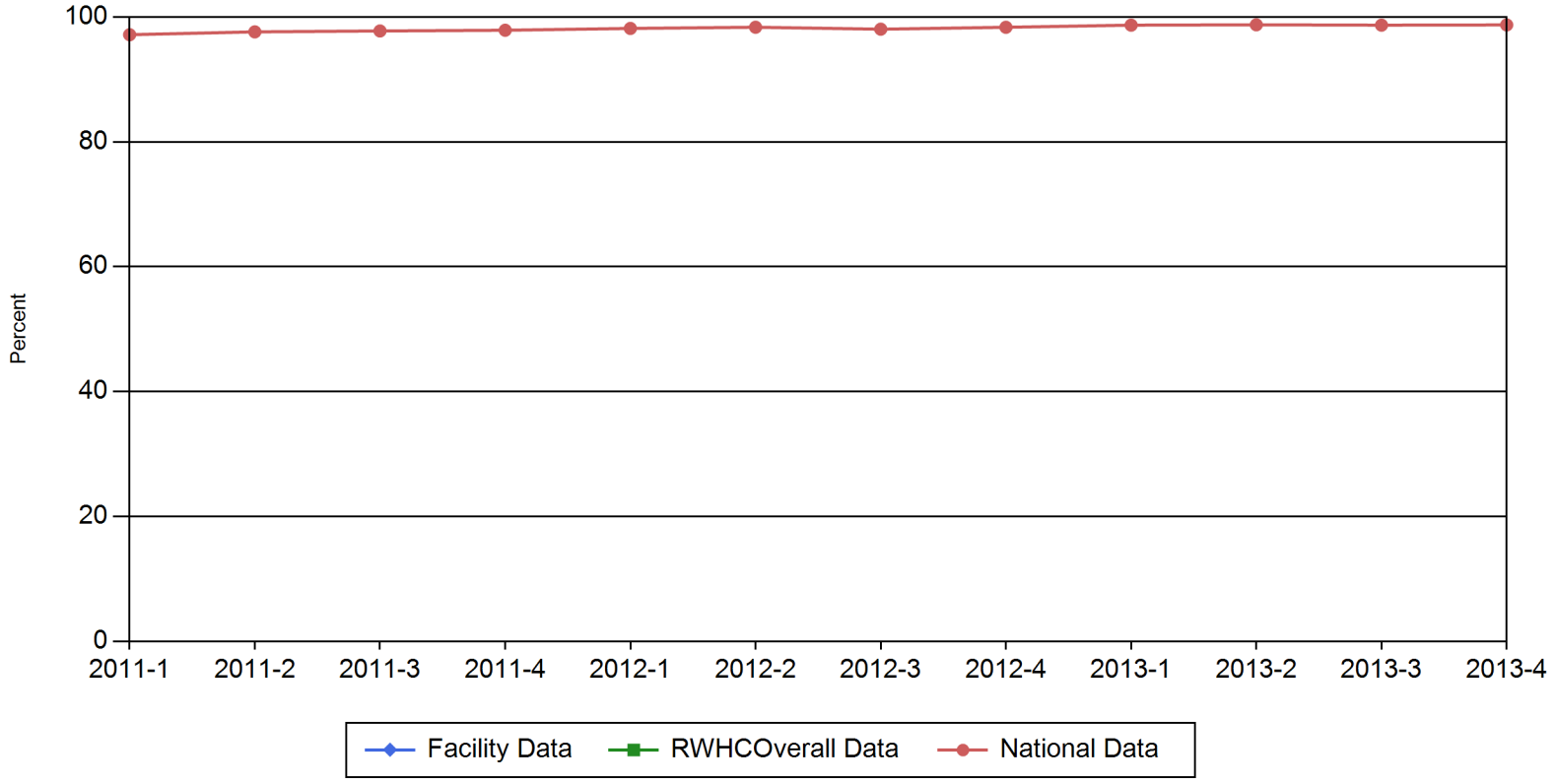
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery



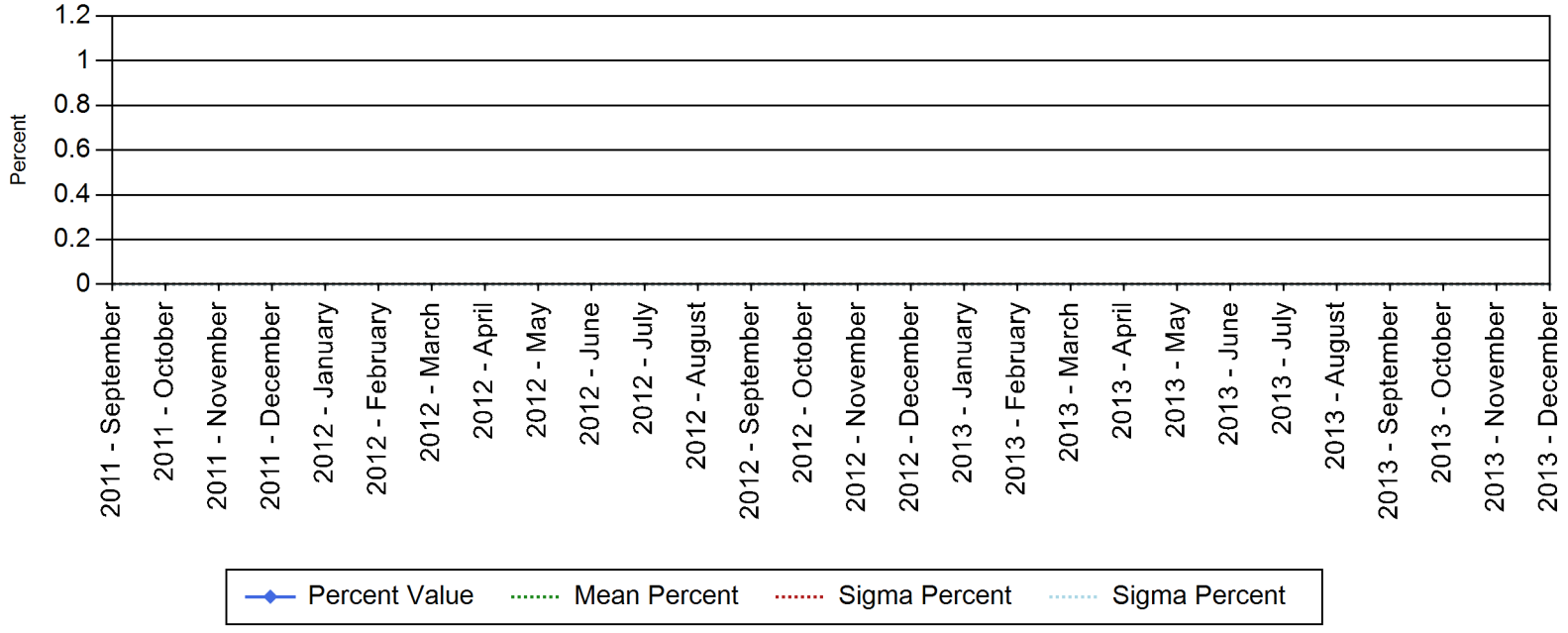
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3c 14677 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Other Cardiac Surgery



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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty

Year	Month	Num	Den	%
2011	1	1	1	100.00 %
2011	2	2	2	100.00 %
2011	3	0	0	ND
2011	4	1	1	100.00 %
2011	5	1	1	100.00 %
2011	6	7	7	100.00 %
2011	7	2	2	100.00 %
2011	8	1	1	100.00 %
2011	9	3	3	100.00 %
2011	10	3	3	100.00 %
2011	11	2	2	100.00 %
2011	12	2	2	100.00 %
	Totals:	**25**	**25**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	1	1	100.00 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	2	2	100.00 %
2012	7	3	3	100.00 %
2012	8	1	1	100.00 %
2012	9	3	3	100.00 %
2012	10	0	0	ND
2012	11	3	3	100.00 %
2012	12	2	2	100.00 %
	Totals:	**15**	**15**	**100.00 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	2	2	100.00 %
2013	3	4	4	100.00 %
2013	4	0	0	ND
2013	5	3	3	100.00 %
2013	6	3	3	100.00 %
2013	7	1	1	100.00 %
2013	8	1	1	100.00 %
2013	9	1	1	100.00 %
2013	10	1	1	100.00 %
2013	11	3	3	100.00 %
2013	12	2	2	100.00 %
	Totals:	**23**	**23**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	3	3	100.00 %	2012	1	1	1	100.00 %	2013	1	8	8	100.00 %
2011	2	9	9	100.00 %	2012	2	2	2	100.00 %	2013	2	6	6	100.00 %
2011	3	6	6	100.00 %	2012	3	7	7	100.00 %	2013	3	3	3	100.00 %
2011	4	7	7	100.00 %	2012	4	5	5	100.00 %	2013	4	6	6	100.00 %
Totals:		**25**	**25**	**100.00 %**	**Totals:**		**15**	**15**	**100.00 %**	**Totals:**		**23**	**23**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	242	262	92.37 %	100.00 %	100.00 %	0.00 %	0
2011	2	246	251	98.01 %	100.00 %	100.00 %	0.00 %	0
2011	3	253	262	96.56 %	100.00 %	100.00 %	0.00 %	0
2011	4	266	276	96.38 %	100.00 %	100.00 %	0.00 %	0
2012	1	274	283	96.82 %	100.00 %	100.00 %	0.00 %	0
2012	2	285	297	95.96 %	100.00 %	100.00 %	0.00 %	0
2012	3	291	301	96.68 %	100.00 %	100.00 %	0.00 %	0
2012	4	384	393	97.71 %	100.00 %	100.00 %	0.00 %	0
2013	1	362	375	96.53 %	100.00 %	100.00 %	0.00 %	0
2013	2	300	311	96.46 %	100.00 %	100.00 %	0.00 %	0
2013	3	330	338	97.63 %	100.00 %	100.00 %	0.00 %	0
2013	4	368	377	97.61 %	100.00 %	100.00 %	50.00 %	0
	Totals:	**3601**	**3726**	**96.65 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	42950	44334	96.88%	100.00%	100.00%	0.00%	2365
2011	2	43782	45100	97.08%	100.00%	100.00%	0.00%	2403
2011	3	43288	44532	97.21%	100.00%	100.00%	0.00%	2394
2011	4	45674	46860	97.47%	100.00%	100.00%	0.00%	2419
2012	1	47026	48139	97.69%	100.00%	100.00%	0.00%	2448
2012	2	47239	48298	97.81%	100.00%	100.00%	0.00%	2446
2012	3	45515	46581	97.71%	100.00%	100.00%	0.00%	2412
2012	4	49076	50063	98.03%	100.00%	100.00%	0.00%	2423
2013	1	47822	48743	98.11%	100.00%	100.00%	0.00%	2419
2013	2	48904	49761	98.28%	100.00%	100.00%	0.00%	2391
2013	3	47957	48747	98.38%	100.00%	100.00%	0.00%	2394
2013	4	51027	51872	98.37%	100.00%	100.00%	0.00%	2364
2014	1	52181	53142	98.19%	100.00%	100.00%	0.00%	2455
2014	2	53628	54525	98.35%	100.00%	100.00%	0.00%	2471
2014	3	52628	53474	98.42%	100.00%	100.00%	0.00%	2455
2014	4	56086	56918	98.54%	100.00%	100.00%	0.00%	2487
	Sum:	774783	791089	97.94%				

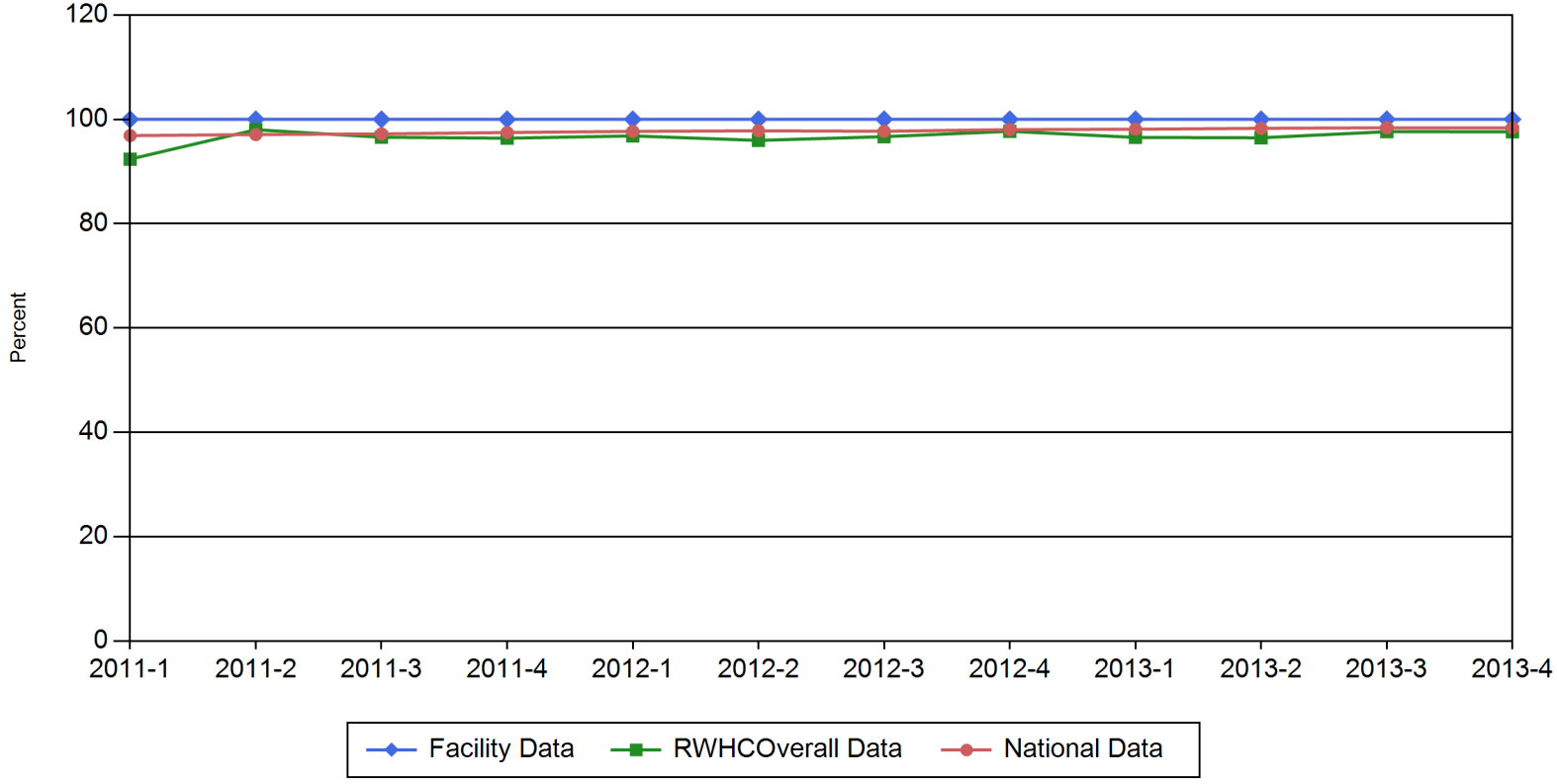
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty



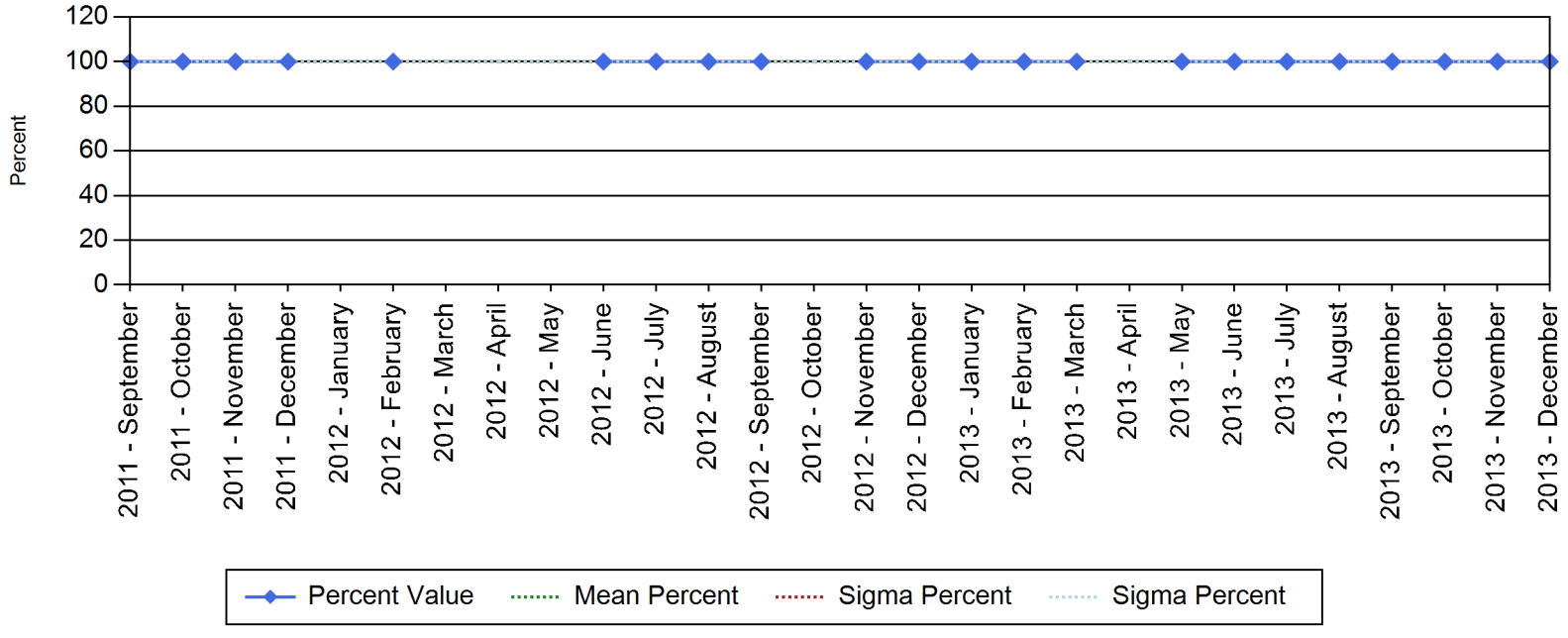
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3d 14678 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hip Arthroplasty



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty

Year	Month	Num	Den	%
2011	1	5	5	100.00 %
2011	2	1	1	100.00 %
2011	3	5	5	100.00 %
2011	4	5	5	100.00 %
2011	5	2	2	100.00 %
2011	6	3	3	100.00 %
2011	7	3	3	100.00 %
2011	8	5	5	100.00 %
2011	9	5	5	100.00 %
2011	10	7	7	100.00 %
2011	11	10	10	100.00 %
2011	12	4	4	100.00 %
	Totals:	**55**	**55**	**100.00 %**

Year	Month	Num	Den	%
2012	1	3	3	100.00 %
2012	2	2	2	100.00 %
2012	3	5	5	100.00 %
2012	4	2	2	100.00 %
2012	5	4	5	80.00 %
2012	6	9	9	100.00 %
2012	7	4	4	100.00 %
2012	8	3	3	100.00 %
2012	9	2	2	100.00 %
2012	10	6	6	100.00 %
2012	11	4	4	100.00 %
2012	12	3	3	100.00 %
	Totals:	**47**	**48**	**97.92 %**

Year	Month	Num	Den	%
2013	1	2	2	100.00 %
2013	2	7	7	100.00 %
2013	3	7	7	100.00 %
2013	4	3	3	100.00 %
2013	5	7	7	100.00 %
2013	6	8	8	100.00 %
2013	7	3	3	100.00 %
2013	8	7	7	100.00 %
2013	9	4	4	100.00 %
2013	10	6	6	100.00 %
2013	11	8	8	100.00 %
2013	12	6	6	100.00 %
	Totals:	**68**	**68**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	11	11	100.00 %	2012	1	10	10	100.00 %	2013	1	16	16	100.00 %
2011	2	10	10	100.00 %	2012	2	15	16	93.75 %	2013	2	18	18	100.00 %
2011	3	13	13	100.00 %	2012	3	9	9	100.00 %	2013	3	14	14	100.00 %
2011	4	21	21	100.00 %	2012	4	13	13	100.00 %	2013	4	20	20	100.00 %
Totals:		**55**	**55**	**100.00 %**	**Totals:**		**47**	**48**	**97.92 %**	**Totals:**		**68**	**68**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	486	528	92.05 %	100.00 %	100.00 %	0.00 %	0
2011	2	485	498	97.39 %	100.00 %	100.00 %	0.00 %	0
2011	3	448	464	96.55 %	100.00 %	100.00 %	0.00 %	0
2011	4	543	553	98.19 %	100.00 %	100.00 %	50.00 %	0
2012	1	550	562	97.86 %	100.00 %	100.00 %	0.00 %	0
2012	2	574	584	98.29 %	100.00 %	100.00 %	0.00 %	0
2012	3	560	576	97.22 %	100.00 %	100.00 %	0.00 %	0
2012	4	762	787	96.82 %	100.00 %	100.00 %	0.00 %	0
2013	1	698	712	98.03 %	100.00 %	100.00 %	0.00 %	0
2013	2	754	769	98.05 %	100.00 %	100.00 %	0.00 %	0
2013	3	656	667	98.35 %	100.00 %	100.00 %	75.00 %	0
2013	4	794	811	97.90 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**7310**	**7511**	**97.32 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	69403	71264	97.39%	100.00%	100.00%	0.00%	2365
2011	2	69140	70851	97.59%	100.00%	100.00%	0.00%	2406
2011	3	67435	68977	97.76%	100.00%	100.00%	0.00%	2424
2011	4	72449	73998	97.91%	100.00%	100.00%	0.00%	2424
2012	1	74575	76048	98.06%	100.00%	100.00%	0.00%	2468
2012	2	71759	73202	98.03%	100.00%	100.00%	0.00%	2460
2012	3	68305	69601	98.14%	100.00%	100.00%	0.00%	2413
2012	4	74278	75601	98.25%	100.00%	100.00%	0.00%	2430
2013	1	72690	73800	98.50%	100.00%	100.00%	0.00%	2412
2013	2	71524	72578	98.55%	100.00%	100.00%	0.00%	2407
2013	3	70070	71089	98.57%	100.00%	100.00%	0.00%	2405
2013	4	78630	79652	98.72%	100.00%	100.00%	0.00%	2368
2014	1	75822	76828	98.69%	100.00%	100.00%	0.00%	2444
2014	2	75198	76288	98.57%	100.00%	100.00%	0.00%	2445
2014	3	73852	74809	98.72%	100.00%	100.00%	0.00%	2462
2014	4	81588	82544	98.84%	100.00%	100.00%	0.00%	2482
	Sum:	1166718	1187130	98.28%				

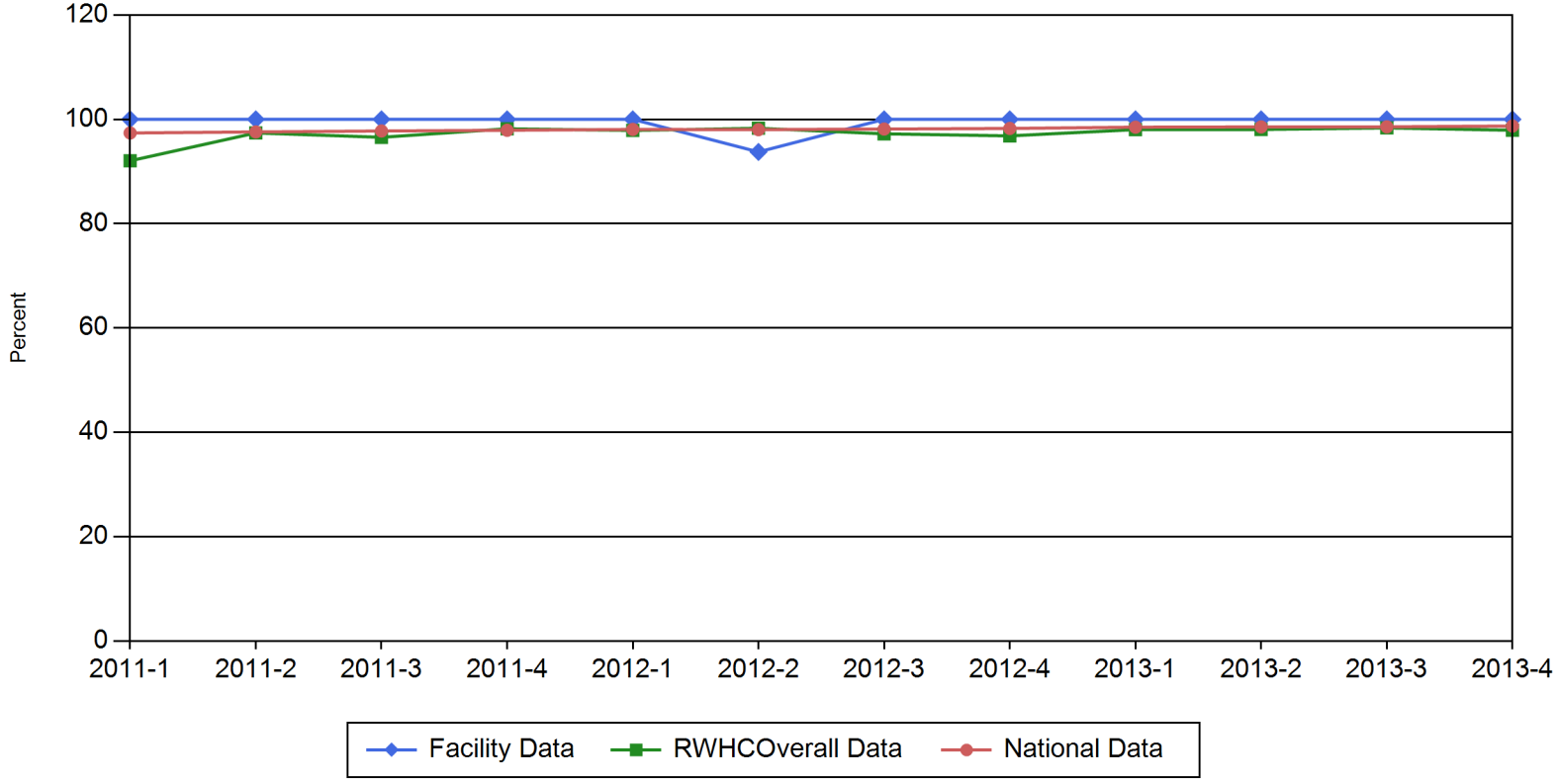
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty



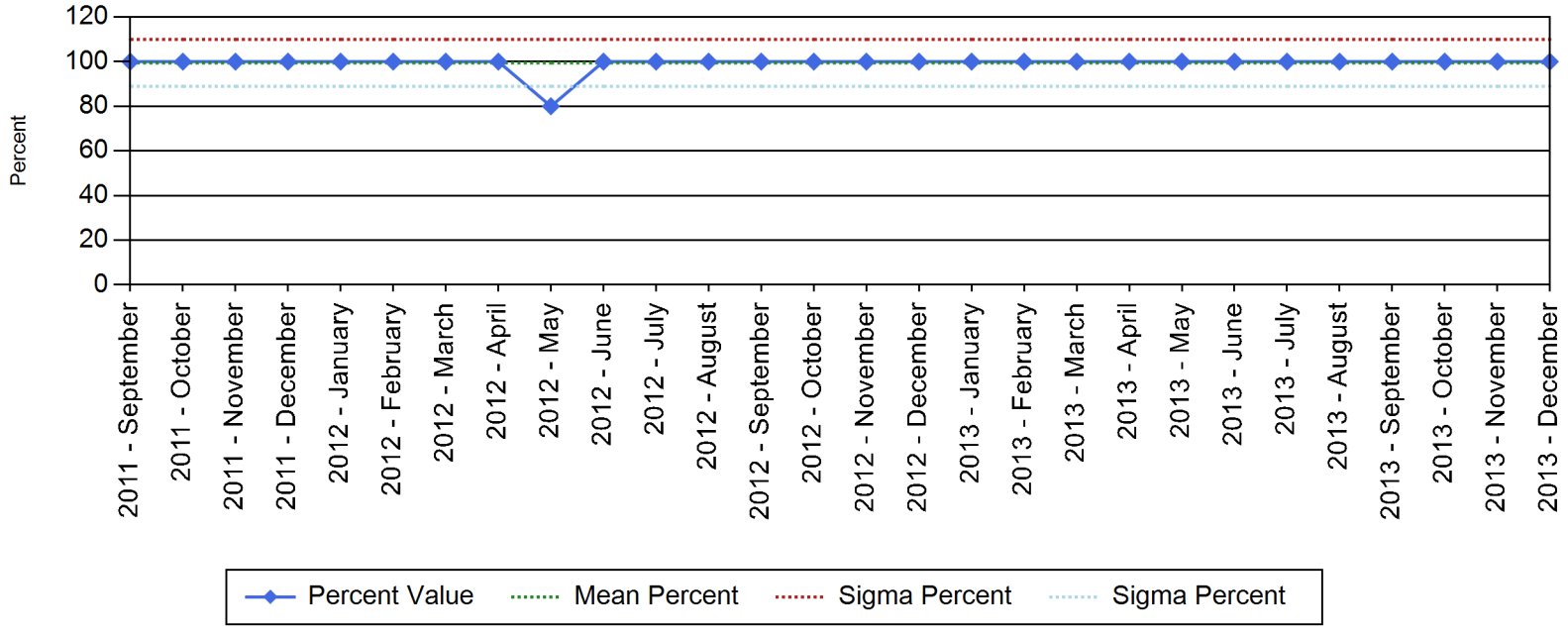
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3e 14679 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Knee Arthroplasty



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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	2	2	100.00 %
	Totals:	**2**	**2**	**100.00 %**

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	2	3	66.67 %
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	1	1	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	1	0.00 %
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**3**	**5**	**60.00 %**

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	1	0.00 %
	Totals:	**0**	**1**	**0.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	2	3	66.67 %	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	1	1	100.00 %	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	1	0.00 %	2013	3	0	0	ND
2011	4	2	2	100.00 %	2012	4	0	0	ND	2013	4	0	1	0.00 %
Totals:		**2**	**2**	**100.00 %**	**Totals:**		**3**	**5**	**60.00 %**	**Totals:**		**0**	**1**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	54	62	87.10 %	100.00 %	100.00 %	0.00 %	0
2011	2	69	80	86.25 %	100.00 %	100.00 %	0.00 %	0
2011	3	69	79	87.34 %	100.00 %	100.00 %	0.00 %	0
2011	4	49	56	87.50 %	100.00 %	100.00 %	0.00 %	0
2012	1	59	70	84.29 %	100.00 %	100.00 %	0.00 %	0
2012	2	75	93	80.65 %	100.00 %	100.00 %	0.00 %	0
2012	3	84	93	90.32 %	100.00 %	100.00 %	0.00 %	0
2012	4	86	98	87.76 %	100.00 %	100.00 %	0.00 %	0
2013	1	62	68	91.18 %	100.00 %	100.00 %	0.00 %	0
2013	2	74	79	93.67 %	100.00 %	100.00 %	0.00 %	0
2013	3	55	57	96.49 %	100.00 %	100.00 %	0.00 %	0
2013	4	63	65	96.92 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**799**	**900**	**88.78 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	17482	18834	92.82%	100.00%	100.00%	0.00%	2307
2011	2	18010	19312	93.26%	100.00%	100.00%	0.00%	2337
2011	3	17962	19136	93.86%	100.00%	100.00%	0.00%	2338
2011	4	17859	18918	94.40%	100.00%	100.00%	0.00%	2332
2012	1	18481	19550	94.53%	100.00%	100.00%	0.00%	2378
2012	2	18508	19523	94.80%	100.00%	100.00%	0.00%	2380
2012	3	18202	19037	95.61%	100.00%	100.00%	0.00%	2341
2012	4	17872	18734	95.40%	100.00%	100.00%	0.00%	2320
2013	1	17105	17817	96.00%	100.00%	100.00%	0.00%	2314
2013	2	17841	18555	96.15%	100.00%	100.00%	0.00%	2326
2013	3	17671	18313	96.49%	100.00%	100.00%	0.00%	2294
2013	4	17496	18122	96.55%	100.00%	100.00%	0.00%	2267
2014	1	17872	18532	96.44%	100.00%	100.00%	0.00%	2360
2014	2	18776	19411	96.73%	100.00%	100.00%	0.00%	2351
2014	3	18512	19247	96.18%	100.00%	100.00%	0.00%	2364
2014	4	18535	19161	96.73%	100.00%	100.00%	0.00%	2380
	Sum:	288184	302202	95.36%				

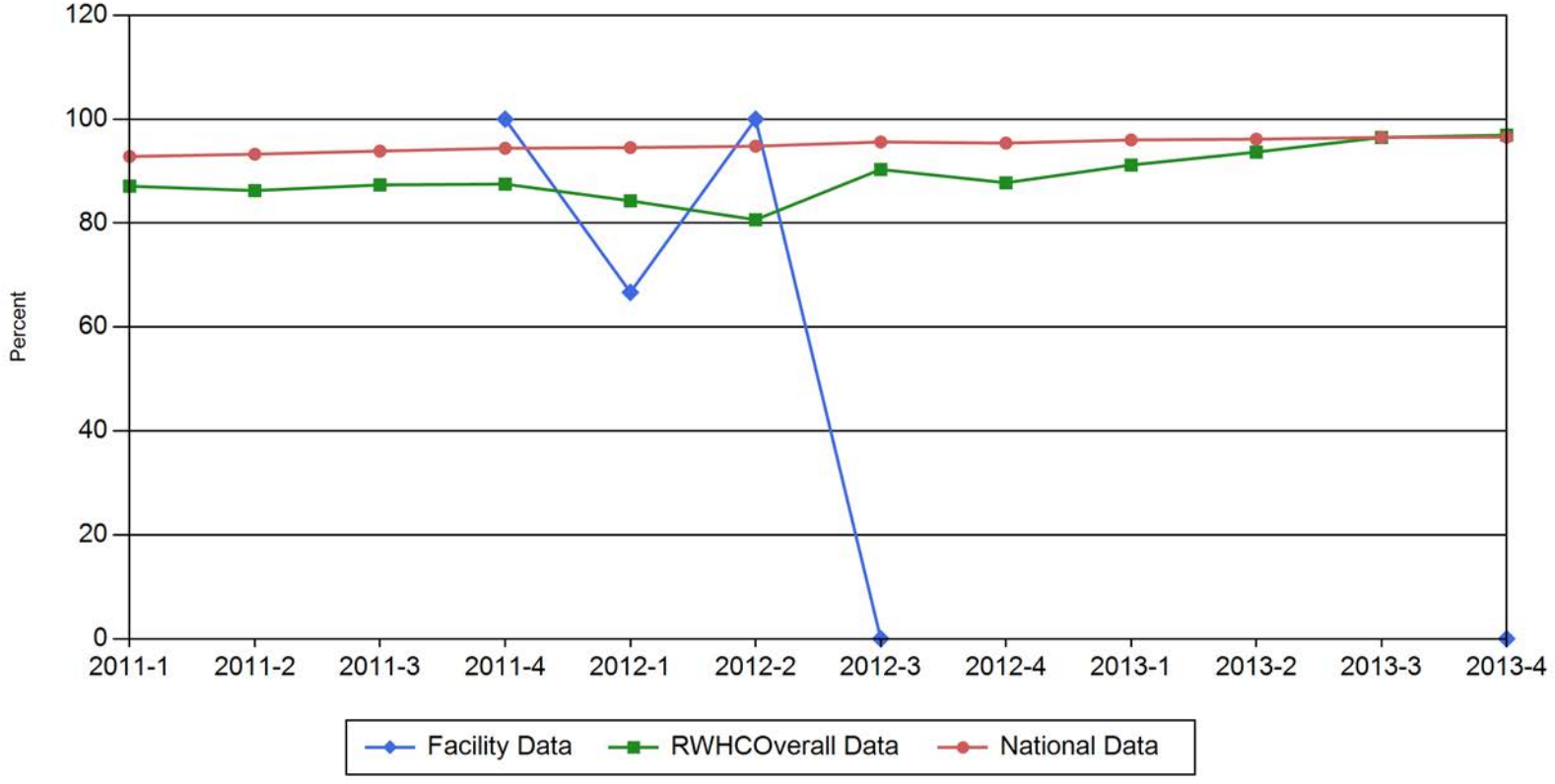
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery



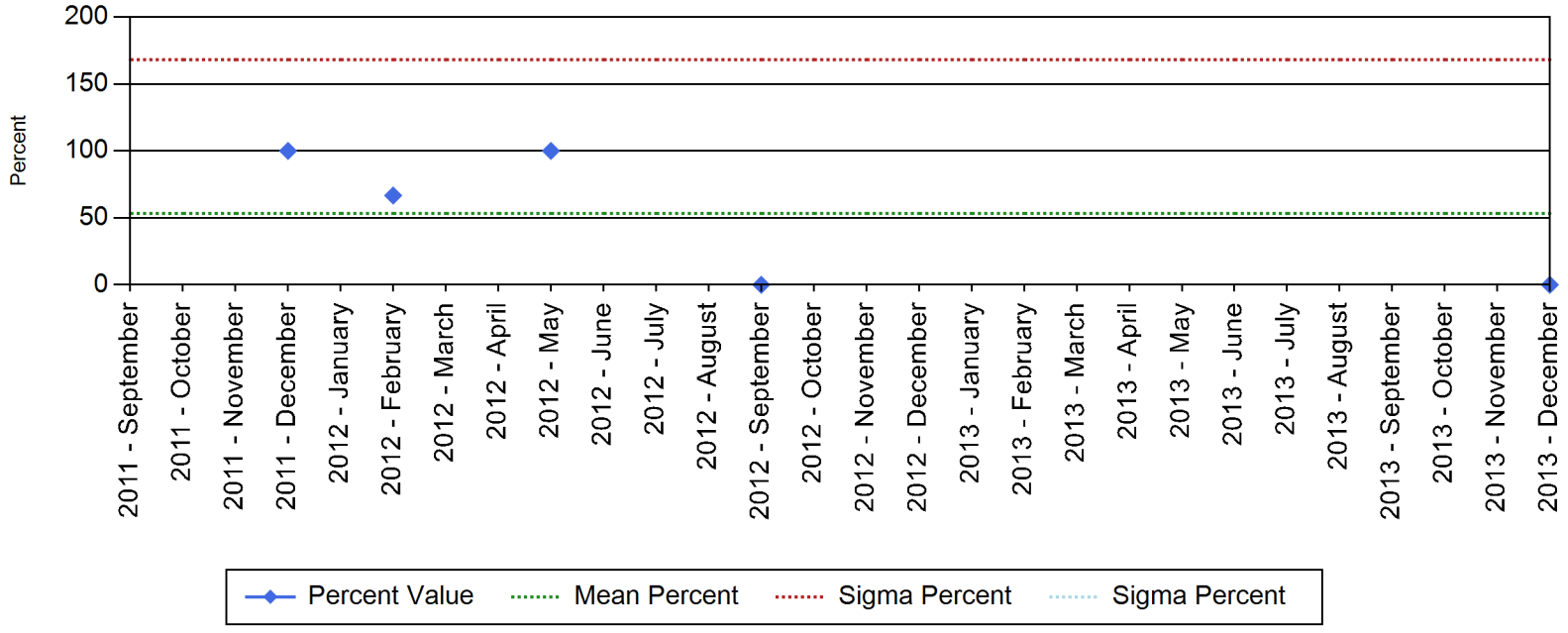
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3f 14680 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Colon Surgery



For presentation purposes, Y-axis may not start at 0.

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A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	1	1	100.00 %
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	1	1	100.00 %
2011	7	0	0	ND
2011	8	1	1	100.00 %
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	1	1	100.00 %
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2012	1	2	2	100.00 %
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	1	1	100.00 %
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	1	1	100.00 %
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
	Totals:	**4**	**4**	**100.00 %**

Year	Month	Num	Den	%
2013	1	1	1	100.00 %
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
	Totals:	**1**	**1**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	1	1	100.00 %	2012	1	2	2	100.00 %	2013	1	1	1	100.00 %
2011	2	1	1	100.00 %	2012	2	1	1	100.00 %	2013	2	0	0	ND
2011	3	1	1	100.00 %	2012	3	1	1	100.00 %	2013	3	0	0	ND
2011	4	1	1	100.00 %	2012	4	0	0	ND	2013	4	0	0	ND
Totals:		**4**	**4**	**100.00 %**	**Totals:**		**4**	**4**	**100.00 %**	**Totals:**		**1**	**1**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	158	164	96.34 %	100.00 %	100.00 %	0.00 %	0
2011	2	197	207	95.17 %	100.00 %	100.00 %	0.00 %	0
2011	3	178	186	95.70 %	100.00 %	100.00 %	0.00 %	0
2011	4	171	177	96.61 %	100.00 %	100.00 %	0.00 %	0
2012	1	118	122	96.72 %	100.00 %	100.00 %	0.00 %	0
2012	2	115	124	92.74 %	100.00 %	100.00 %	0.00 %	0
2012	3	112	115	97.39 %	100.00 %	100.00 %	0.00 %	0
2012	4	107	113	94.69 %	100.00 %	100.00 %	0.00 %	0
2013	1	124	126	98.41 %	100.00 %	100.00 %	0.00 %	0
2013	2	120	124	96.77 %	100.00 %	100.00 %	0.00 %	0
2013	3	89	91	97.80 %	100.00 %	100.00 %	50.00 %	0
2013	4	80	80	100.00 %	100.00 %	100.00 %	100.00 %	0
	Totals:	**1569**	**1629**	**96.32 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	33804	34814	97.10%	100.00%	100.00%	0.00%	2290
2011	2	36722	37776	97.21%	100.00%	100.00%	0.00%	2345
2011	3	35414	36380	97.34%	100.00%	100.00%	0.00%	2346
2011	4	35525	36498	97.33%	100.00%	100.00%	0.00%	2347
2012	1	32721	33563	97.49%	100.00%	100.00%	0.00%	2362
2012	2	32079	32821	97.74%	100.00%	100.00%	0.00%	2331
2012	3	29430	30174	97.53%	100.00%	100.00%	0.00%	2297
2012	4	29603	30301	97.70%	100.00%	100.00%	0.00%	2282
2013	1	26252	26780	98.03%	100.00%	100.00%	0.00%	2248
2013	2	26795	27328	98.05%	100.00%	100.00%	0.00%	2237
2013	3	25294	25806	98.02%	100.00%	100.00%	0.00%	2203
2013	4	25352	25825	98.17%	100.00%	100.00%	0.00%	2168
2014	1	23846	24327	98.02%	100.00%	100.00%	0.00%	2222
2014	2	26593	27060	98.27%	100.00%	100.00%	0.00%	2272
2014	3	25677	26163	98.14%	100.00%	100.00%	0.00%	2260
2014	4	26961	27424	98.31%	100.00%	100.00%	0.00%	2247
	Sum:	472068	483040	97.73%				

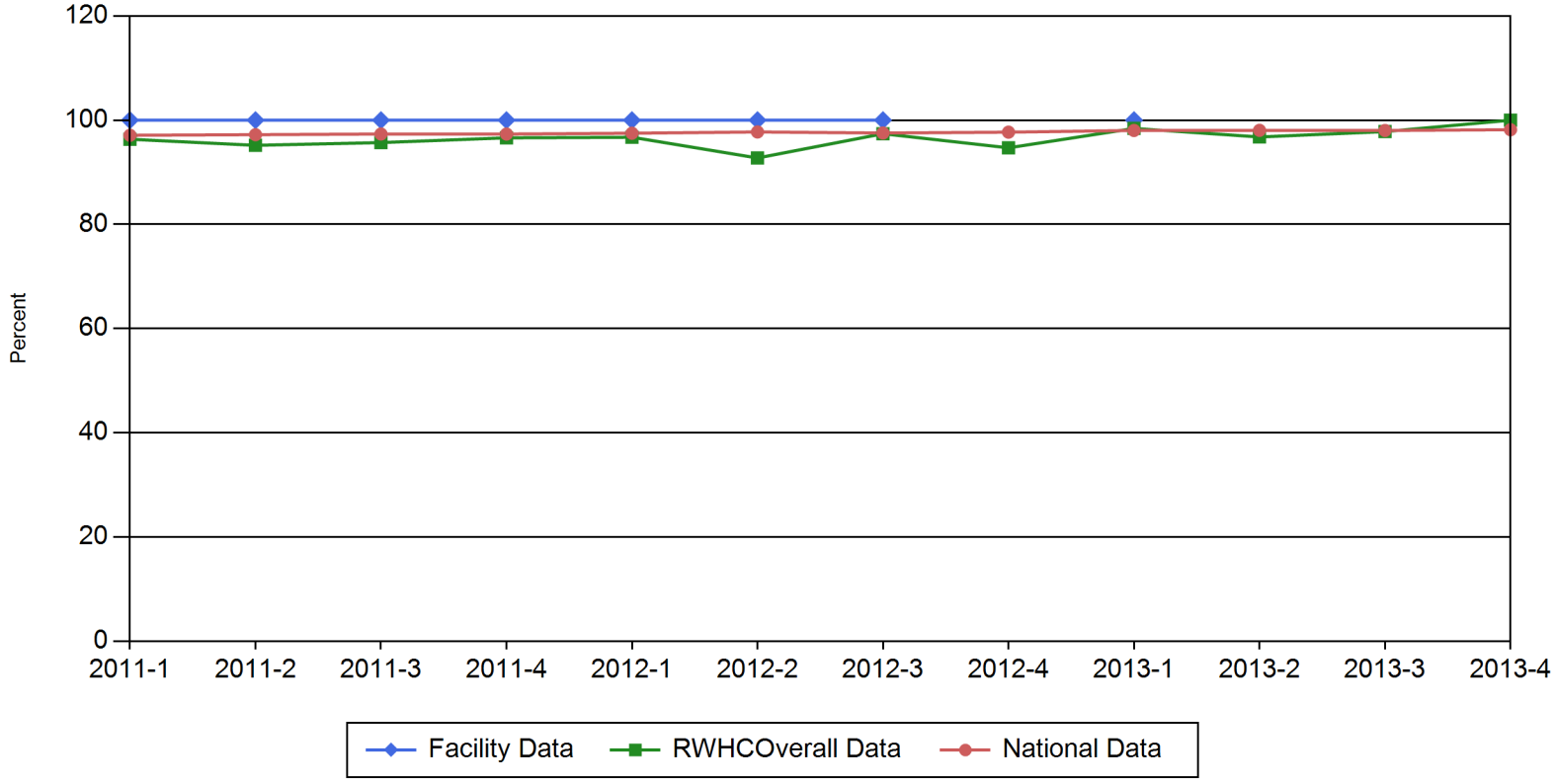
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy



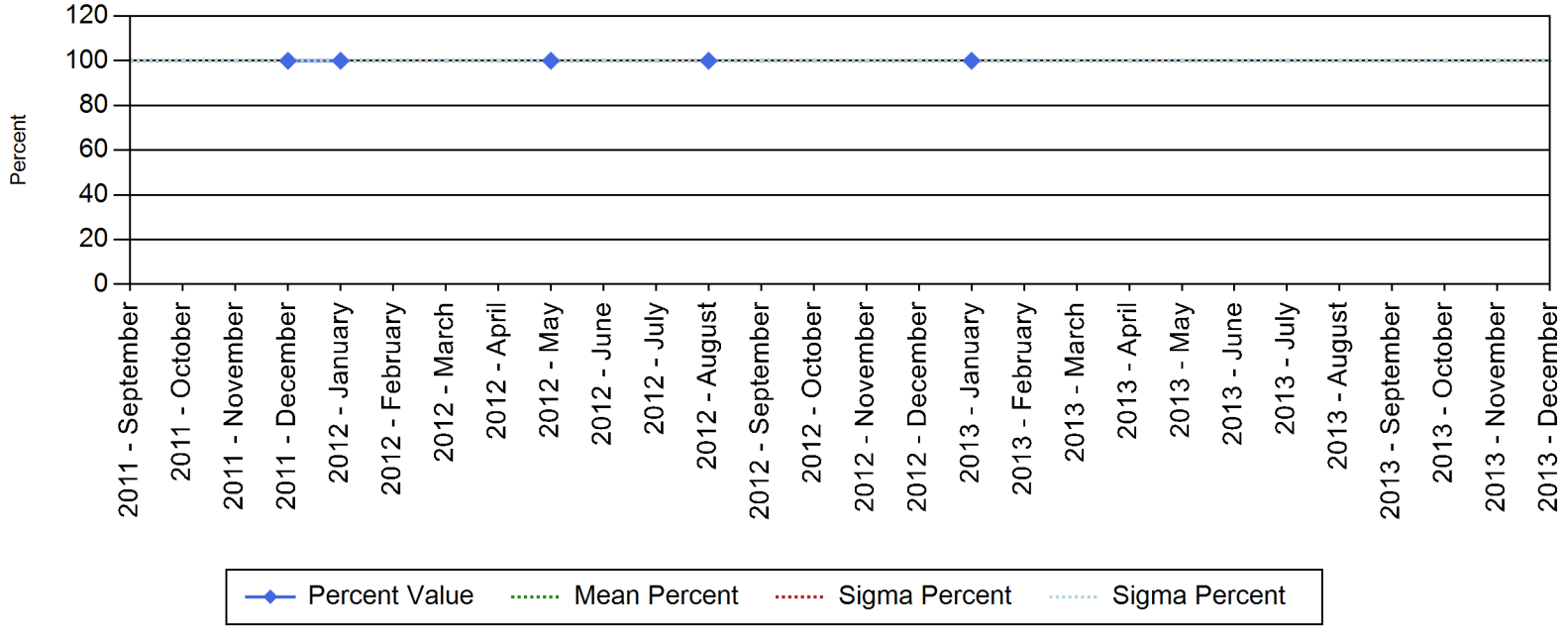
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3g 14681 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Hysterectomy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	2	2	100.00 %	100.00 %	100.00 %	100.00 %	0
2011	2	6	6	100.00 %	100.00 %	100.00 %	100.00 %	0
2011	3	2	2	100.00 %	100.00 %	100.00 %	100.00 %	0
2011	4	3	4	75.00 %	100.00 %	100.00 %	0.00 %	0
2012	1	5	5	100.00 %	100.00 %	100.00 %	100.00 %	0
2012	2	2	2	100.00 %	100.00 %	100.00 %	100.00 %	0
2012	3	4	4	100.00 %	100.00 %	100.00 %	100.00 %	0
2012	4	6	7	85.71 %	100.00 %	100.00 %	50.00 %	0
2013	1	2	2	100.00 %	100.00 %	100.00 %	100.00 %	0
2013	2	2	2	100.00 %	100.00 %	100.00 %	100.00 %	0
2013	3	4	5	80.00 %	100.00 %	100.00 %	50.00 %	0
2013	4	1	1	100.00 %	100.00 %	100.00 %	100.00 %	0
	Totals:	**39**	**42**	**92.86 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	10211	10946	93.29%	100.00%	100.00%	0.00%	1482
2011	2	8525	9108	93.60%	100.00%	100.00%	0.00%	1452
2011	3	8702	9275	93.82%	100.00%	100.00%	0.00%	1434
2011	4	8228	8719	94.37%	100.00%	100.00%	0.00%	1419
2012	1	8367	8770	95.40%	100.00%	100.00%	0.00%	1446
2012	2	8444	8888	95.00%	100.00%	100.00%	0.00%	1439
2012	3	8145	8547	95.30%	100.00%	100.00%	0.00%	1418
2012	4	7998	8381	95.43%	100.00%	100.00%	0.00%	1383
2013	1	7965	8309	95.86%	100.00%	100.00%	0.00%	1407
2013	2	8307	8611	96.47%	100.00%	100.00%	0.00%	1396
2013	3	8209	8544	96.08%	100.00%	100.00%	0.00%	1398
2013	4	7812	8090	96.56%	100.00%	100.00%	0.00%	1359
2014	1	8196	8512	96.29%	100.00%	100.00%	0.00%	1432
2014	2	8501	8841	96.15%	100.00%	100.00%	0.00%	1415
2014	3	8504	8806	96.57%	100.00%	100.00%	0.00%	1410
2014	4	8455	8769	96.42%	100.00%	100.00%	0.00%	1371
	Sum:	134569	141116	95.36%				

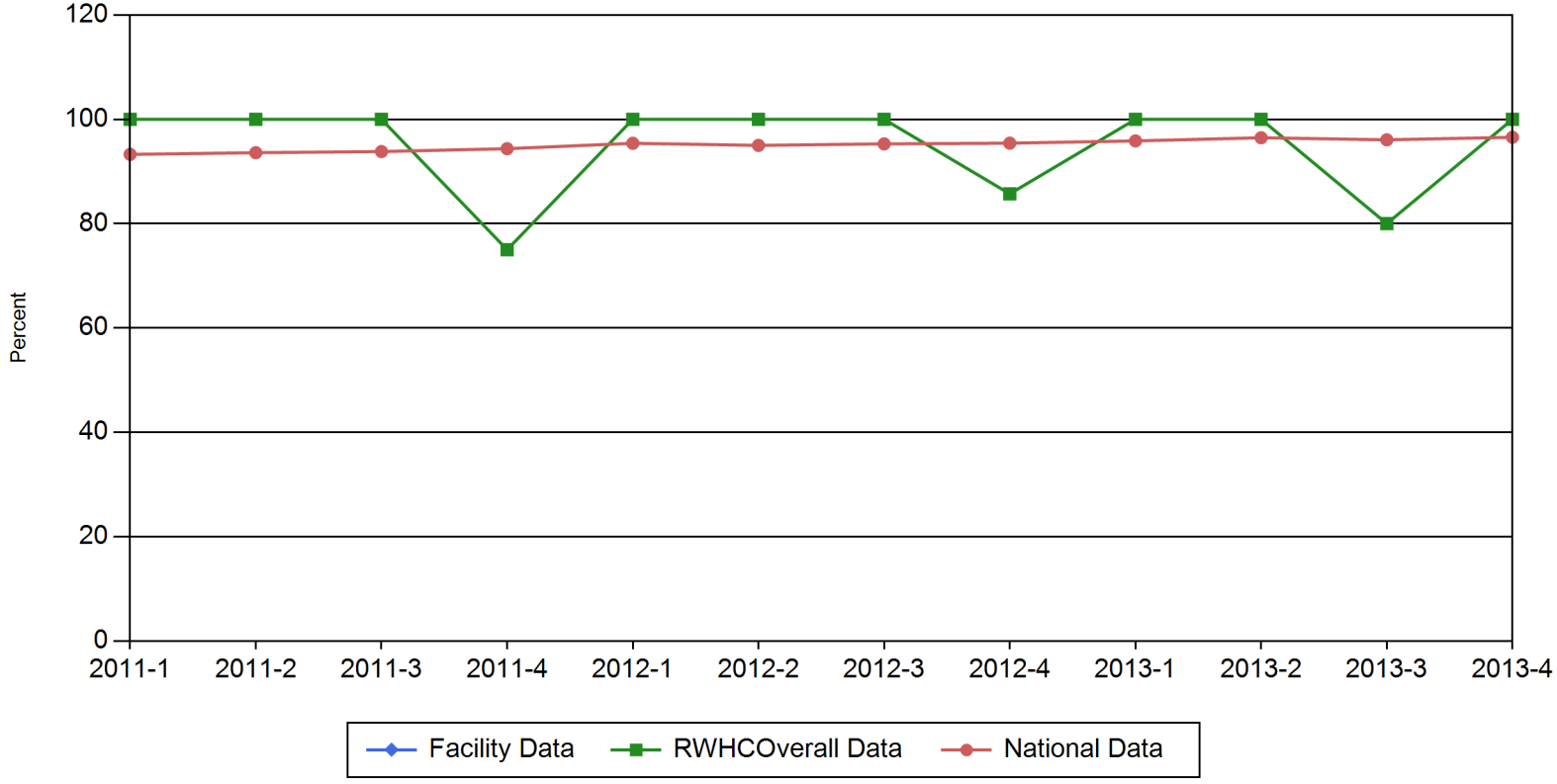
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery



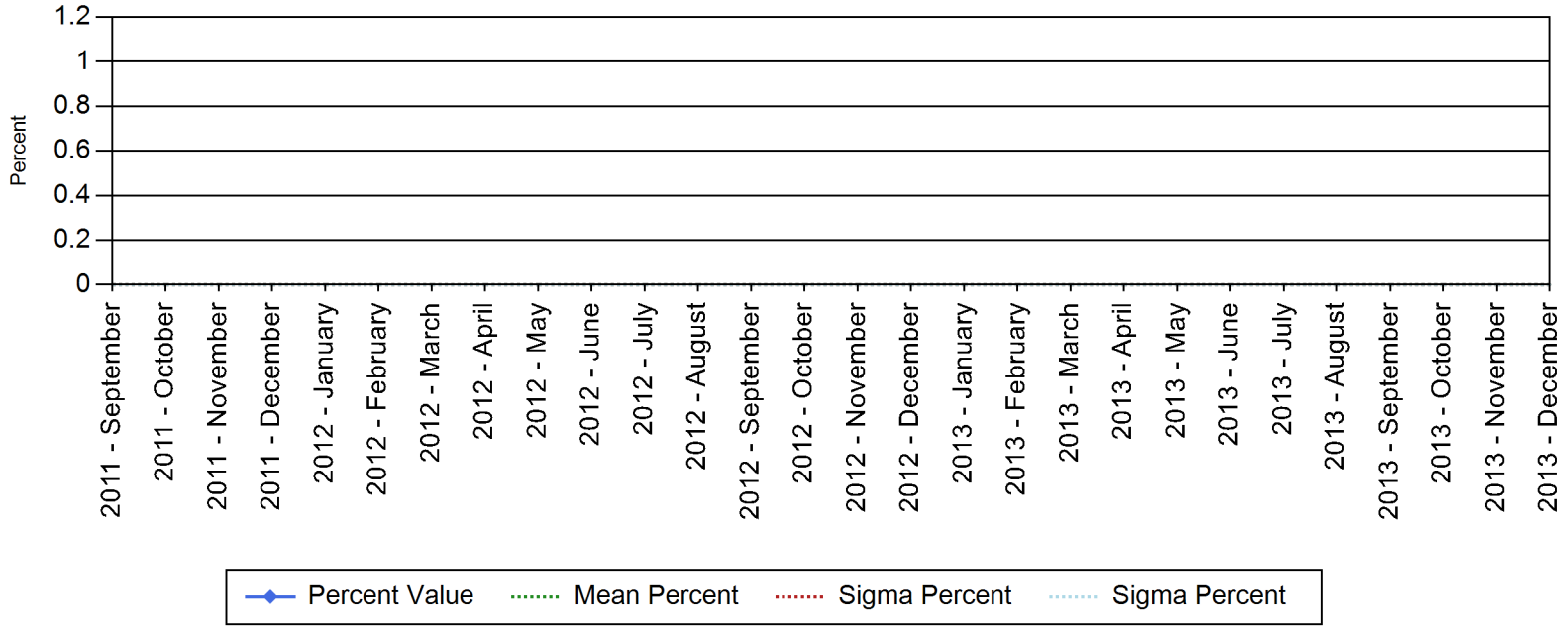
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP3h 14682 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time - Vascular Surgery



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One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
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A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose

Year	Month	Num	Den	%
2011	1	0	0	ND
2011	2	0	0	ND
2011	3	0	0	ND
2011	4	0	0	ND
2011	5	0	0	ND
2011	6	0	0	ND
2011	7	0	0	ND
2011	8	0	0	ND
2011	9	0	0	ND
2011	10	0	0	ND
2011	11	0	0	ND
2011	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2012	1	0	0	ND
2012	2	0	0	ND
2012	3	0	0	ND
2012	4	0	0	ND
2012	5	0	0	ND
2012	6	0	0	ND
2012	7	0	0	ND
2012	8	0	0	ND
2012	9	0	0	ND
2012	10	0	0	ND
2012	11	0	0	ND
2012	12	0	0	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	0	0	ND	2012	1	0	0	ND	2013	1	0	0	ND
2011	2	0	0	ND	2012	2	0	0	ND	2013	2	0	0	ND
2011	3	0	0	ND	2012	3	0	0	ND	2013	3	0	0	ND
2011	4	0	0	ND	2012	4	0	0	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	0	0					0
2011	2	0	0					0
2011	3	0	0					0
2011	4	0	0					0
2012	1	0	1	0.00 %	0.00 %	0.00 %	0.00 %	0
2012	2	0	0					0
2012	3	0	0					0
2012	4	0	0					0
2013	1	0	0					0
2013	2	0	0					0
2013	3	0	0					0
2013	4	0	0					0
	Totals:	**0**	**1**	**0.00 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	35514	37498	94.71%	96.00%	100.00%	33.33%	985
2011	2	36917	38803	95.14%	96.72%	100.00%	50.00%	993
2011	3	35044	36684	95.53%	97.06%	100.00%	37.50%	1000
2011	4	34690	36185	95.87%	96.97%	100.00%	60.00%	999
2012	1	35762	37178	96.19%	97.35%	100.00%	57.69%	1003
2012	2	36239	37635	96.29%	97.37%	100.00%	33.33%	999
2012	3	34015	35226	96.56%	97.83%	100.00%	50.00%	991
2012	4	34618	35922	96.37%	97.67%	100.00%	50.00%	990
2013	1	33528	34700	96.62%	97.92%	100.00%	0.00%	995
2013	2	35044	36208	96.79%	98.25%	100.00%	57.14%	986
2013	3	34341	35390	97.04%	98.82%	100.00%	0.00%	987
2013	4	34544	35523	97.24%	99.54%	100.00%	50.00%	978
2014	1	32660	34696	94.13%	96.08%	100.00%	29.17%	1011
2014	2	35113	36981	94.95%	96.67%	100.00%	0.00%	1017
2014	3	45	46	97.83%	97.83%	97.83%	97.83%	1
	Sum:	488074	508675	95.95%				

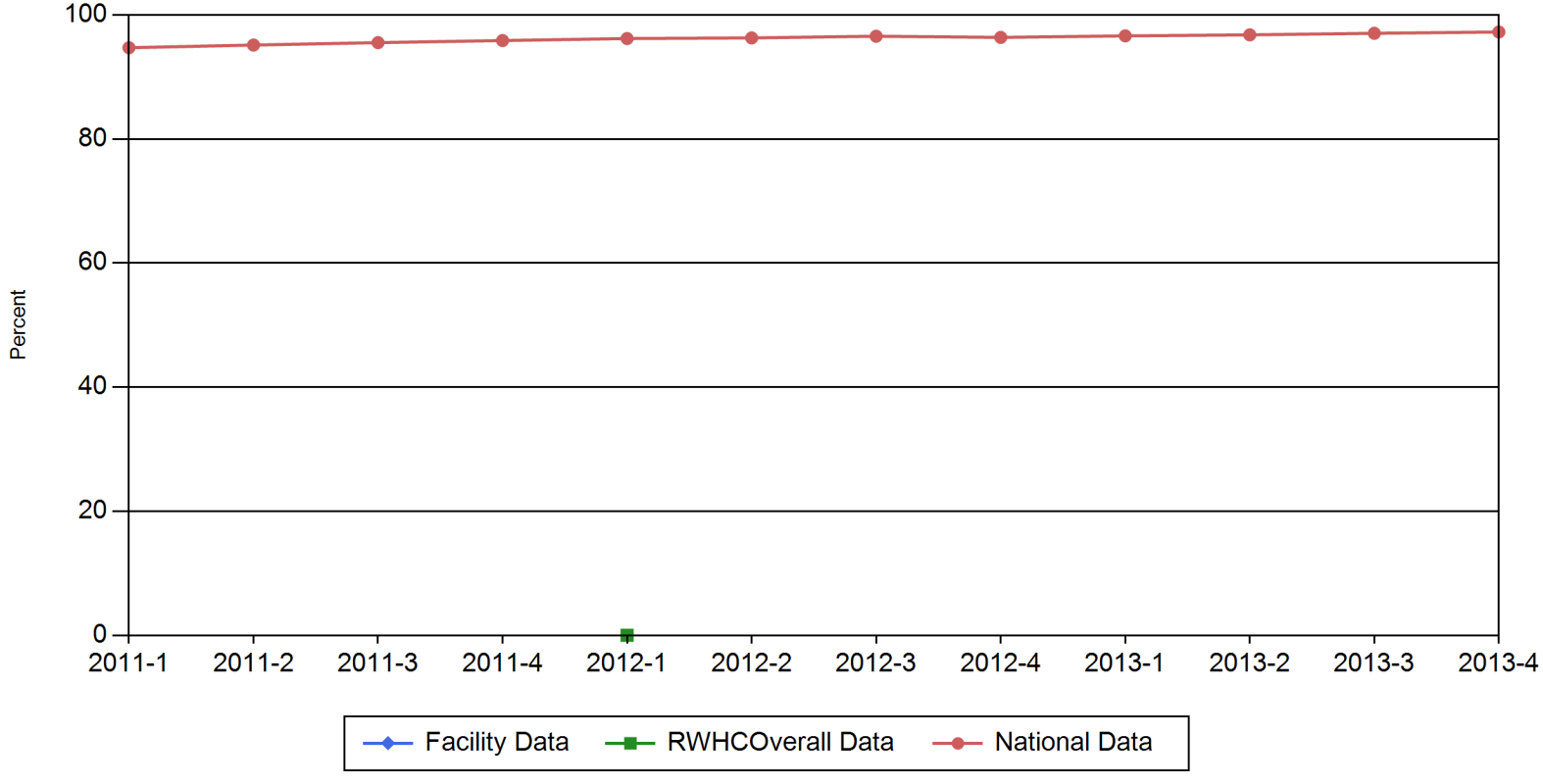
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose



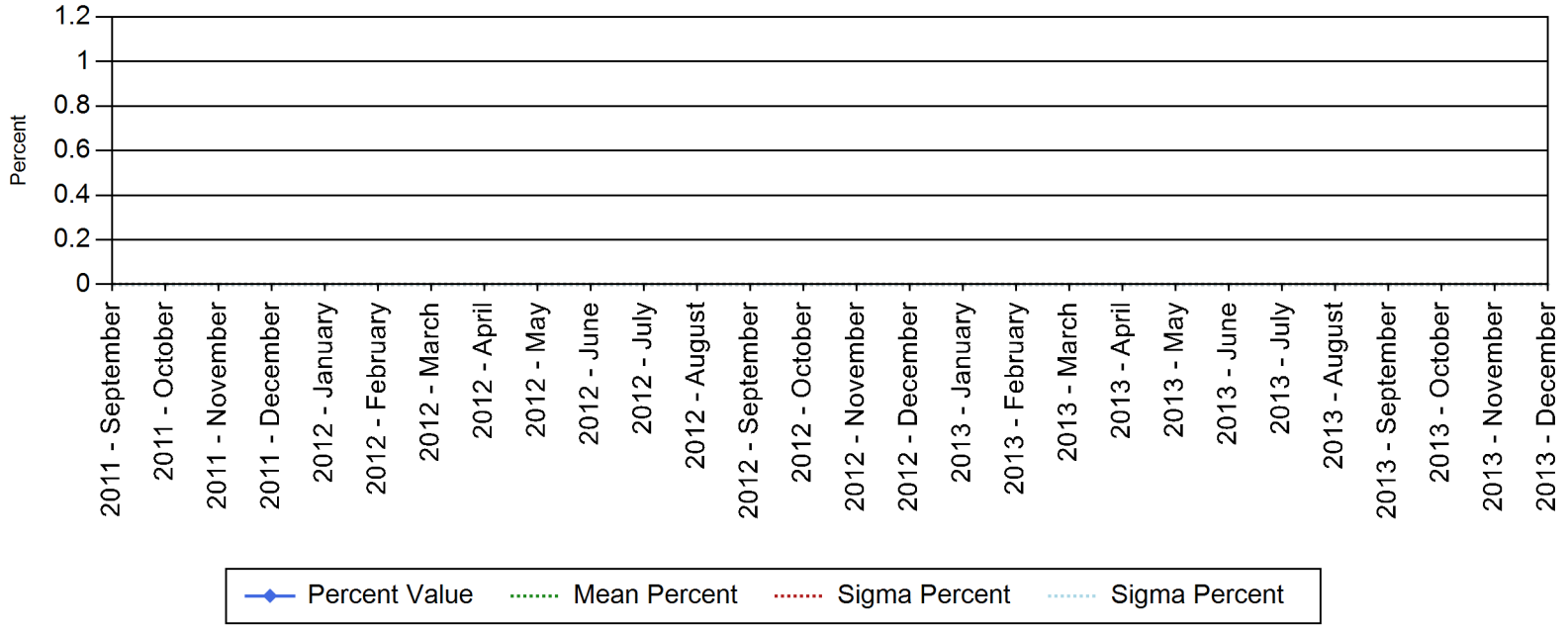
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-4 14684 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal

Year	Month	Num	Den	%
2011	1	8	8	100.00 %
2011	2	4	4	100.00 %
2011	3	7	7	100.00 %
2011	4	7	7	100.00 %
2011	5	4	4	100.00 %
2011	6	12	12	100.00 %
2011	7	6	6	100.00 %
2011	8	7	7	100.00 %
2011	9	10	10	100.00 %
2011	10	12	12	100.00 %
2011	11	13	13	100.00 %
2011	12	10	10	100.00 %
	Totals:	**100**	**100**	**100.00 %**

Year	Month	Num	Den	%
2012	1	8	8	100.00 %
2012	2	11	11	100.00 %
2012	3	6	6	100.00 %
2012	4	5	5	100.00 %
2012	5	9	9	100.00 %
2012	6	12	12	100.00 %
2012	7	8	8	100.00 %
2012	8	8	8	100.00 %
2012	9	7	7	100.00 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	6	6	100.00 %
	Totals:	**93**	**93**	**100.00 %**

Year	Month	Num	Den	%
2013	1	6	6	100.00 %
2013	2	9	9	100.00 %
2013	3	14	14	100.00 %
2013	4	6	6	100.00 %
2013	5	12	12	100.00 %
2013	6	12	12	100.00 %
2013	7	5	5	100.00 %
2013	8	9	9	100.00 %
2013	9	5	5	100.00 %
2013	10	7	8	87.50 %
2013	11	12	12	100.00 %
2013	12	12	12	100.00 %
	Totals:	**109**	**110**	**99.09 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	19	19	100.00 %	2012	1	25	25	100.00 %	2013	1	29	29	100.00 %
2011	2	23	23	100.00 %	2012	2	26	26	100.00 %	2013	2	30	30	100.00 %
2011	3	23	23	100.00 %	2012	3	23	23	100.00 %	2013	3	19	19	100.00 %
2011	4	35	35	100.00 %	2012	4	19	19	100.00 %	2013	4	31	32	96.88 %
Totals:		**100**	**100**	**100.00 %**	**Totals:**		**93**	**93**	**100.00 %**	**Totals:**		**109**	**110**	**99.09 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	1368	1371	99.78 %	100.00 %	100.00 %	50.00 %	0
2011	2	1372	1376	99.71 %	100.00 %	100.00 %	50.00 %	0
2011	3	1326	1332	99.55 %	100.00 %	100.00 %	40.00 %	0
2011	4	1427	1432	99.65 %	100.00 %	100.00 %	0.00 %	0
2012	1	1436	1443	99.51 %	100.00 %	100.00 %	50.00 %	0
2012	2	1480	1489	99.40 %	100.00 %	100.00 %	0.00 %	0
2012	3	1460	1467	99.52 %	100.00 %	100.00 %	0.00 %	0
2012	4	1818	1834	99.13 %	100.00 %	100.00 %	57.89 %	0
2013	1	1655	1661	99.64 %	100.00 %	100.00 %	0.00 %	0
2013	2	1644	1654	99.40 %	100.00 %	100.00 %	50.00 %	0
2013	3	1501	1509	99.47 %	100.00 %	100.00 %	72.22 %	0
2013	4	1755	1756	99.94 %	100.00 %	100.00 %	87.50 %	0
	Totals:	**18242**	**18324**	**99.55 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	326523	327182	99.80%	100.00%	100.00%	4.35%	2651
2011	2	329874	330577	99.79%	100.00%	100.00%	0.00%	2687
2011	3	323130	323678	99.83%	100.00%	100.00%	61.54%	2696
2011	4	330347	330952	99.82%	100.00%	100.00%	0.00%	2696
2012	1	336454	336949	99.85%	100.00%	100.00%	25.00%	2724
2012	2	329566	329943	99.89%	100.00%	100.00%	0.00%	2730
2012	3	316608	317113	99.84%	100.00%	100.00%	66.67%	2685
2012	4	328741	329182	99.87%	100.00%	100.00%	0.00%	2694
2013	1	315620	315956	99.89%	100.00%	100.00%	71.43%	2676
2013	2	317858	318162	99.90%	100.00%	100.00%	0.00%	2668
2013	3	310939	311257	99.90%	100.00%	100.00%	0.00%	2675
2013	4	323280	323600	99.90%	100.00%	100.00%	0.00%	2627
2014	1	315811	316083	99.91%	100.00%	100.00%	58.82%	2715
2014	2	324279	324626	99.89%	100.00%	100.00%	42.86%	2718
2014	3	317001	317298	99.91%	100.00%	100.00%	69.23%	2719
2014	4	330871	331180	99.91%	100.00%	100.00%	33.33%	2742
	Sum:	5176902	5183738	99.87%				

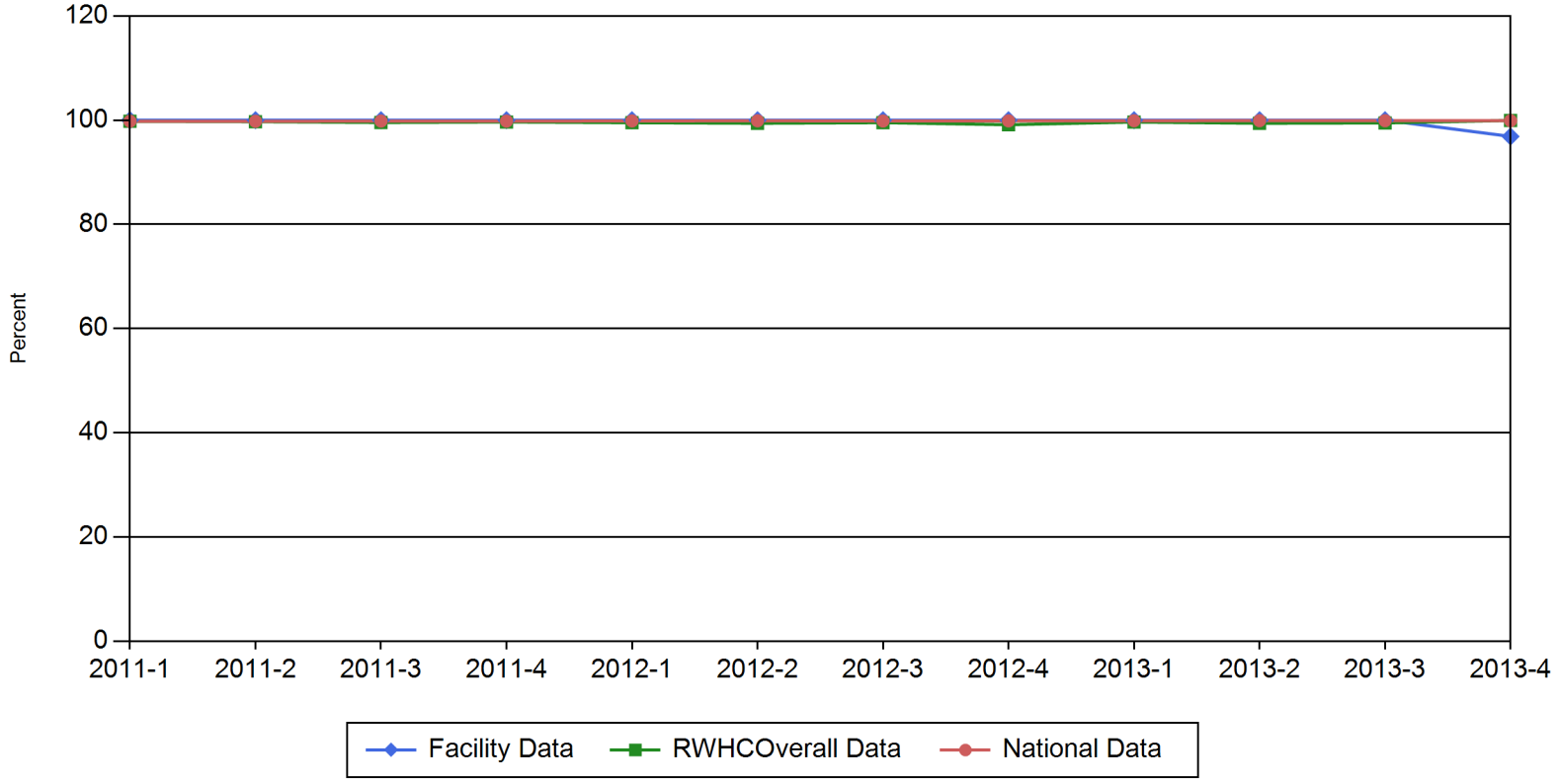
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal



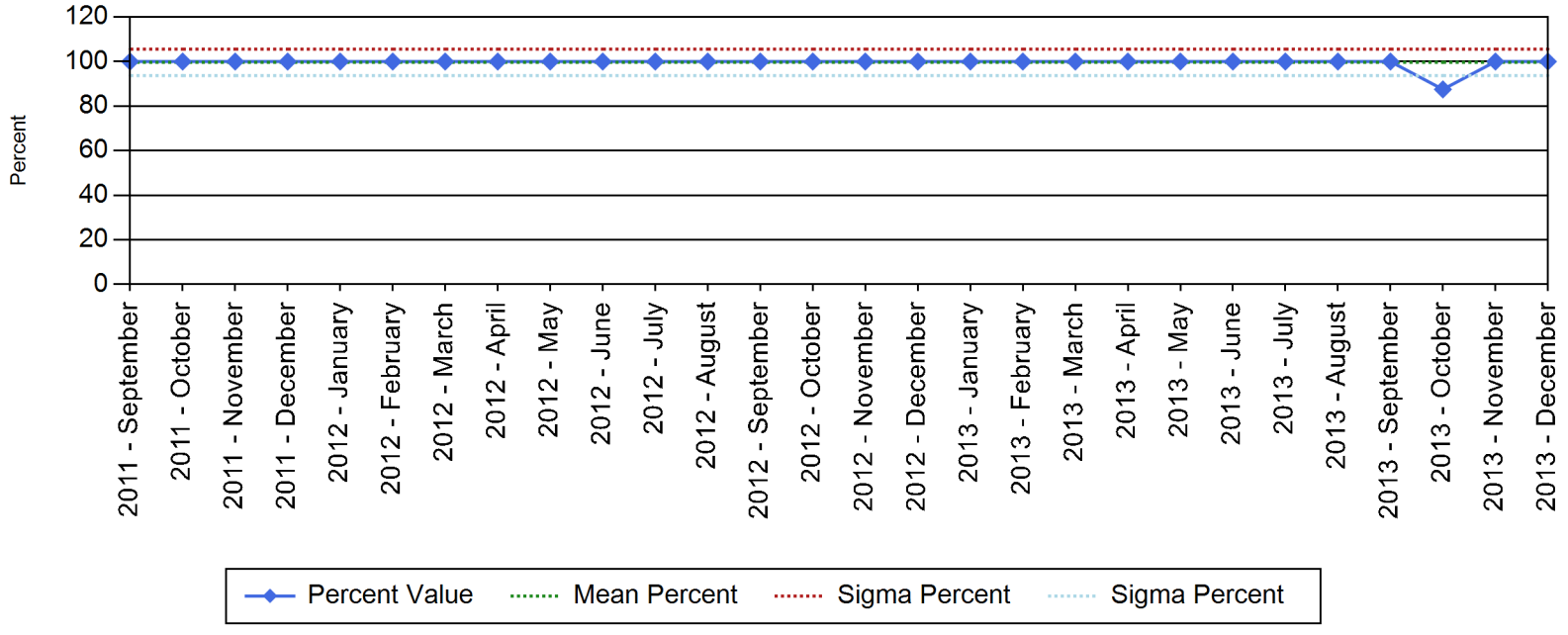
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP-6 14685 Surgery Patients with Appropriate Hair Removal



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero

Year	Month	Num	Den	%
2011	1	5	5	100.00 %
2011	2	2	2	100.00 %
2011	3	4	4	100.00 %
2011	4	5	5	100.00 %
2011	5	2	2	100.00 %
2011	6	7	7	100.00 %
2011	7	5	5	100.00 %
2011	8	4	4	100.00 %
2011	9	7	7	100.00 %
2011	10	4	5	80.00 %
2011	11	7	7	100.00 %
2011	12	4	4	100.00 %
	Totals:	**56**	**57**	**98.25 %**

Year	Month	Num	Den	%
2012	1	5	5	100.00 %
2012	2	5	5	100.00 %
2012	3	4	4	100.00 %
2012	4	4	4	100.00 %
2012	5	5	5	100.00 %
2012	6	8	8	100.00 %
2012	7	7	7	100.00 %
2012	8	3	3	100.00 %
2012	9	6	7	85.71 %
2012	10	3	6	50.00 %
2012	11	4	6	66.67 %
2012	12	4	5	80.00 %
	Totals:	**58**	**65**	**89.23 %**

Year	Month	Num	Den	%
2013	1	5	5	100.00 %
2013	2	9	9	100.00 %
2013	3	10	12	83.33 %
2013	4	2	4	50.00 %
2013	5	12	12	100.00 %
2013	6	5	12	41.67 %
2013	7	5	5	100.00 %
2013	8	7	8	87.50 %
2013	9	4	4	100.00 %
2013	10	8	8	100.00 %
2013	11	11	11	100.00 %
2013	12	9	10	90.00 %
	Totals:	**87**	**100**	**87.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	11	11	100.00 %	2012	1	14	14	100.00 %	2013	1	24	26	92.31 %
2011	2	14	14	100.00 %	2012	2	17	17	100.00 %	2013	2	19	28	67.86 %
2011	3	16	16	100.00 %	2012	3	16	17	94.12 %	2013	3	16	17	94.12 %
2011	4	15	16	93.75 %	2012	4	11	17	64.71 %	2013	4	28	29	96.55 %
Totals:		**56**	**57**	**98.25 %**	**Totals:**		**58**	**65**	**89.23 %**	**Totals:**		**87**	**100**	**87.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	212	223	95.07 %	100.00 %	100.00 %	33.33 %	55
2012	4	787	834	94.36 %	100.00 %	100.00 %	0.00 %	153
2013	1	726	759	95.65 %	100.00 %	100.00 %	0.00 %	150
2013	2	701	726	96.56 %	100.00 %	100.00 %	0.00 %	145
2013	3	652	681	95.74 %	100.00 %	100.00 %	0.00 %	139
2013	4	786	813	96.68 %	100.00 %	100.00 %	0.00 %	149
2014	1	693	712	97.33 %	100.00 %	100.00 %	0.00 %	146
2014	2	715	729	98.08 %	100.00 %	100.00 %	0.00 %	140
2014	3	711	729	97.53 %	100.00 %	100.00 %	0.00 %	141
2014	4	808	831	97.23 %	100.00 %	100.00 %	0.00 %	139
2015	1	200	203	98.52 %	100.00 %	100.00 %	0.00 %	41
2015	2	143	144	99.31 %	100.00 %	100.00 %	66.67 %	28
2015	3	156	158	98.73 %	100.00 %	100.00 %	92.86 %	32
2015	4	169	174	97.13 %	100.00 %	100.00 %	0.00 %	24
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**7459**	**7716**	**96.67 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	153016	165405	92.51%	94.44%	100.00%	0.00%	2582
2011	2	156395	166813	93.75%	95.89%	100.00%	0.00%	2629
2011	3	154760	163428	94.70%	96.97%	100.00%	0.00%	2634
2011	4	159743	167586	95.32%	97.36%	100.00%	0.00%	2638
2012	1	169004	176659	95.67%	97.50%	100.00%	0.00%	2673
2012	2	168512	175176	96.20%	98.18%	100.00%	0.00%	2689
2012	3	162750	168639	96.51%	98.39%	100.00%	0.00%	2629
2012	4	169488	174863	96.93%	98.59%	100.00%	0.00%	2643
2013	1	163227	167227	97.61%	99.35%	100.00%	0.00%	2629
2013	2	165776	169328	97.90%	100.00%	100.00%	0.00%	2617
2013	3	162886	166162	98.03%	100.00%	100.00%	0.00%	2631
2013	4	168114	171090	98.26%	100.00%	100.00%	0.00%	2581
2014	1	164360	167274	98.26%	100.00%	100.00%	0.00%	2652
2014	2	166284	168940	98.43%	100.00%	100.00%	0.00%	2659
2014	3	161613	164118	98.47%	100.00%	100.00%	0.00%	2667
2014	4	164759	167168	98.56%	100.00%	100.00%	0.00%	2676
	Sum:	2610687	2699876	96.70%				

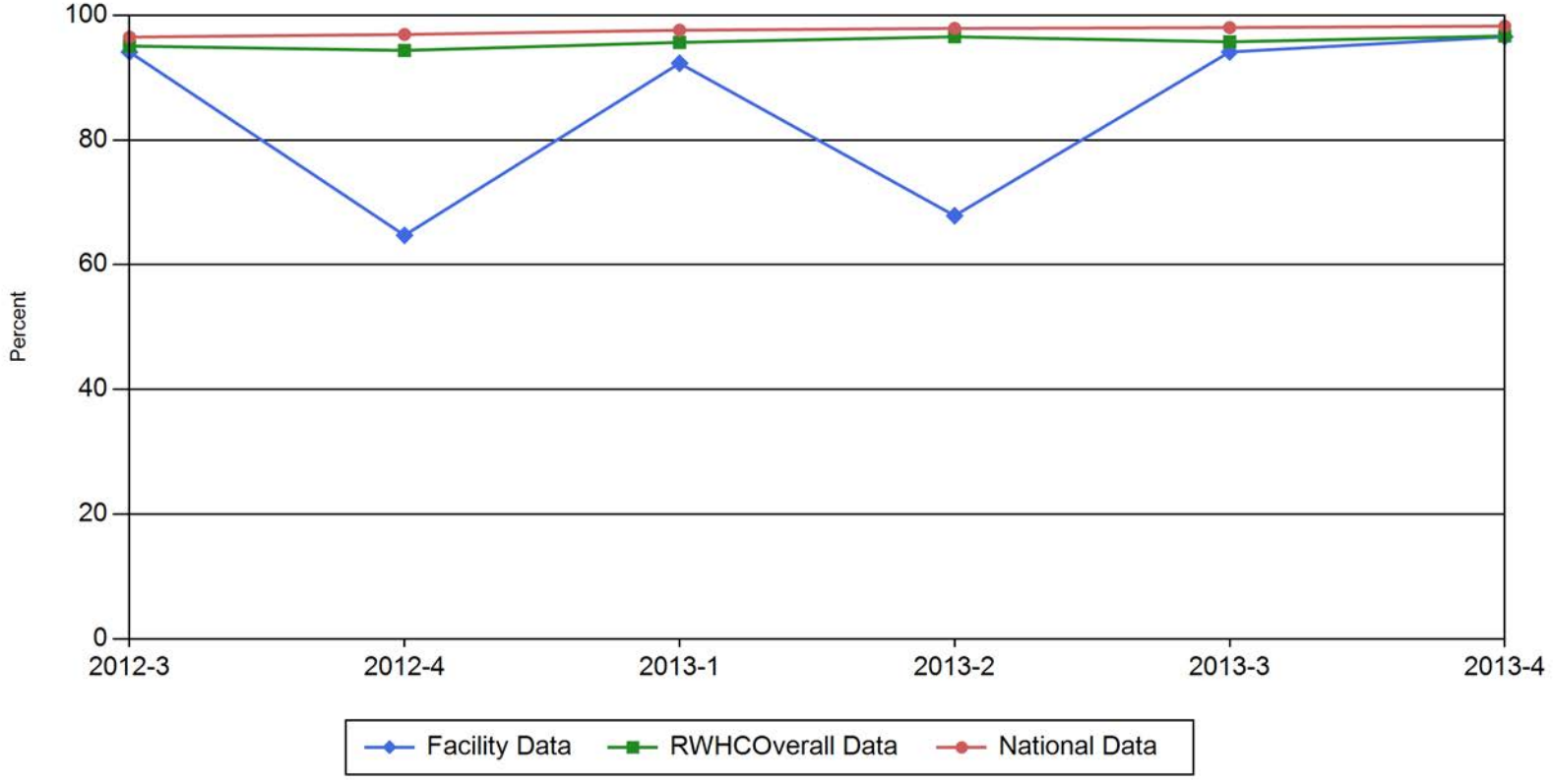
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero



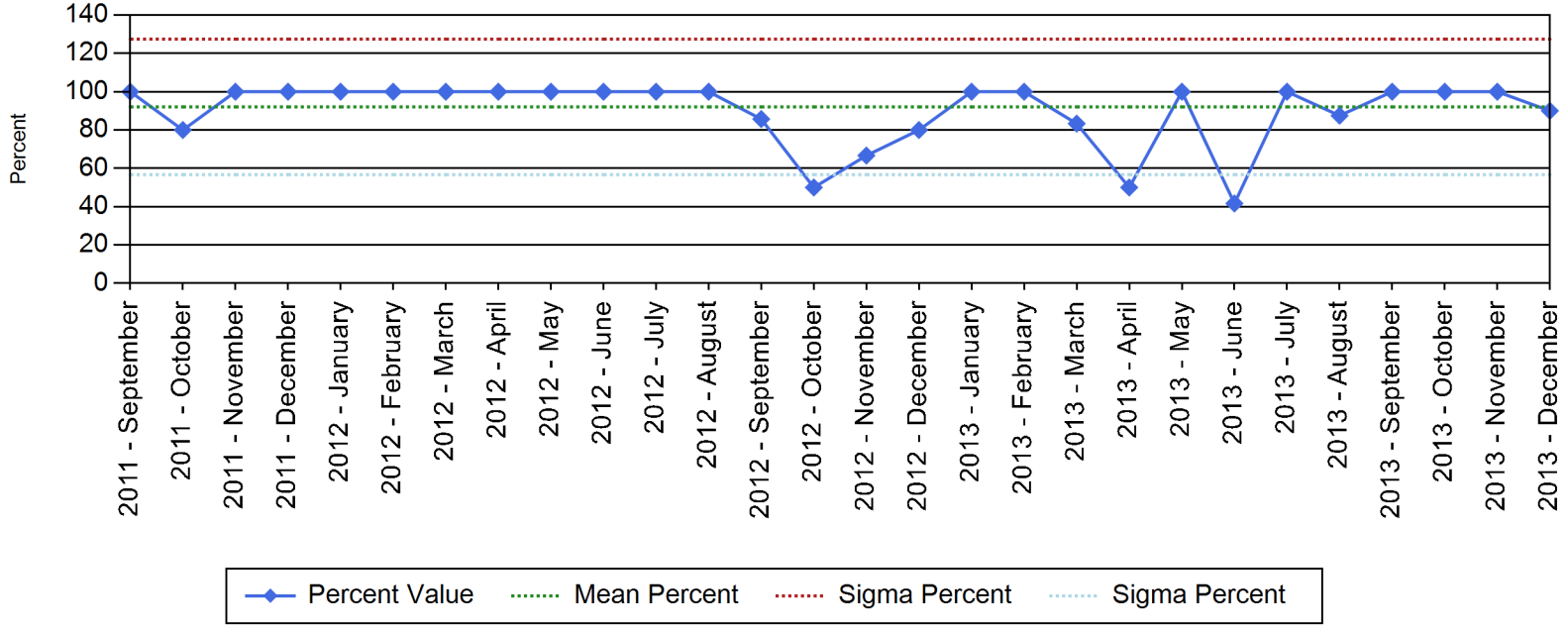
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP9 14687 Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being zero



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP CARD-2 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period
14688

Year	Month	Num	Den	%
2011	1	2	2	100.00 %
2011	2	0	0	ND
2011	3	1	1	100.00 %
2011	4	2	2	100.00 %
2011	5	3	3	100.00 %
2011	6	6	6	100.00 %
2011	7	2	2	100.00 %
2011	8	3	3	100.00 %
2011	9	3	3	100.00 %
2011	10	3	3	100.00 %
2011	11	5	5	100.00 %
2011	12	3	3	100.00 %
	Totals:	**33**	**33**	**100.00 %**

Year	Month	Num	Den	%
2012	1	2	3	66.67 %
2012	2	0	1	0.00 %
2012	3	2	2	100.00 %
2012	4	3	3	100.00 %
2012	5	2	2	100.00 %
2012	6	3	3	100.00 %
2012	7	4	4	100.00 %
2012	8	3	3	100.00 %
2012	9	5	5	100.00 %
2012	10	2	2	100.00 %
2012	11	3	3	100.00 %
2012	12	2	2	100.00 %
	Totals:	**31**	**33**	**93.94 %**

Year	Month	Num	Den	%
2013	1	3	3	100.00 %
2013	2	2	3	66.67 %
2013	3	2	3	66.67 %
2013	4	1	4	25.00 %
2013	5	1	1	100.00 %
2013	6	4	4	100.00 %
2013	7	1	2	50.00 %
2013	8	2	3	66.67 %
2013	9	1	1	100.00 %
2013	10	3	3	100.00 %
2013	11	4	6	66.67 %
2013	12	5	5	100.00 %
	Totals:	**29**	**38**	**76.32 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP CARD-2 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period
14688

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	3	3	100.00 %	2012	1	4	6	66.67 %	2013	1	7	9	77.78 %
2011	2	11	11	100.00 %	2012	2	8	8	100.00 %	2013	2	6	9	66.67 %
2011	3	8	8	100.00 %	2012	3	12	12	100.00 %	2013	3	4	6	66.67 %
2011	4	11	11	100.00 %	2012	4	7	7	100.00 %	2013	4	12	14	85.71 %
Totals:		**33**	**33**	**100.00 %**	**Totals:**		**31**	**33**	**93.94 %**	**Totals:**		**29**	**38**	**76.32 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP CARD-2 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period
14688

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	155	158	98.10 %	100.00 %	100.00 %	0.00 %	43
2012	4	484	502	96.41 %	100.00 %	100.00 %	0.00 %	132
2013	1	441	457	96.50 %	100.00 %	100.00 %	0.00 %	129
2013	2	425	441	96.37 %	100.00 %	100.00 %	0.00 %	120
2013	3	393	411	95.62 %	100.00 %	100.00 %	0.00 %	121
2013	4	432	446	96.86 %	100.00 %	100.00 %	0.00 %	122
2014	1	370	381	97.11 %	100.00 %	100.00 %	0.00 %	123
2014	2	399	409	97.56 %	100.00 %	100.00 %	0.00 %	124
2014	3	399	412	96.84 %	100.00 %	100.00 %	0.00 %	117
2014	4	431	450	95.78 %	100.00 %	100.00 %	0.00 %	126
2015	1	161	165	97.58 %	100.00 %	100.00 %	50.00 %	41
2015	2	135	141	95.74 %	100.00 %	100.00 %	0.00 %	34
2015	3	151	156	96.79 %	100.00 %	100.00 %	0.00 %	35
2015	4	77	79	97.47 %	100.00 %	100.00 %	0.00 %	23
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**4453**	**4608**	**96.64 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP CARD-2 14688 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	94216	98493	95.66%	98.29%	100.00%	0.00%	2554
2011	2	95673	99517	96.14%	98.90%	100.00%	0.00%	2589
2011	3	94061	97297	96.67%	100.00%	100.00%	0.00%	2603
2011	4	95512	98357	97.11%	100.00%	100.00%	0.00%	2604
2012	1	100518	103800	96.84%	98.80%	100.00%	0.00%	2637
2012	2	99360	102196	97.22%	100.00%	100.00%	0.00%	2644
2012	3	95449	98032	97.37%	100.00%	100.00%	0.00%	2596
2012	4	97593	99908	97.68%	100.00%	100.00%	0.00%	2614
2013	1	95103	97133	97.91%	100.00%	100.00%	0.00%	2599
2013	2	97807	99730	98.07%	100.00%	100.00%	0.00%	2586
2013	3	95554	97438	98.07%	100.00%	100.00%	0.00%	2595
2013	4	97044	98860	98.16%	100.00%	100.00%	0.00%	2548
2014	1	95962	97683	98.24%	100.00%	100.00%	0.00%	2626
2014	2	98661	100435	98.23%	100.00%	100.00%	0.00%	2620
2014	3	95287	96954	98.28%	100.00%	100.00%	0.00%	2622
2014	4	97099	98800	98.28%	100.00%	100.00%	0.00%	2639
	Sum:	1544899	1584633	97.49%				

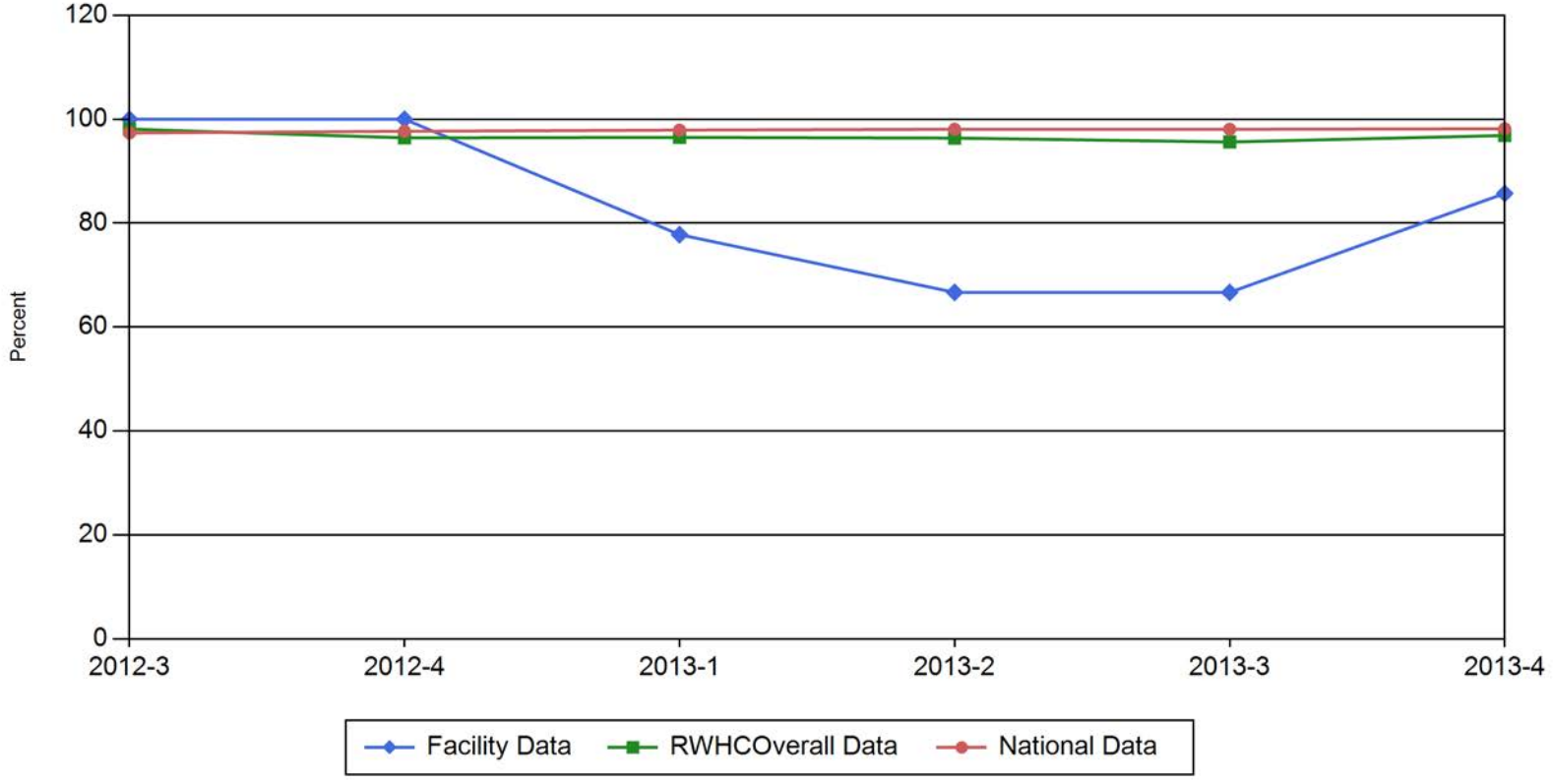
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP CARD-2 14688 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period



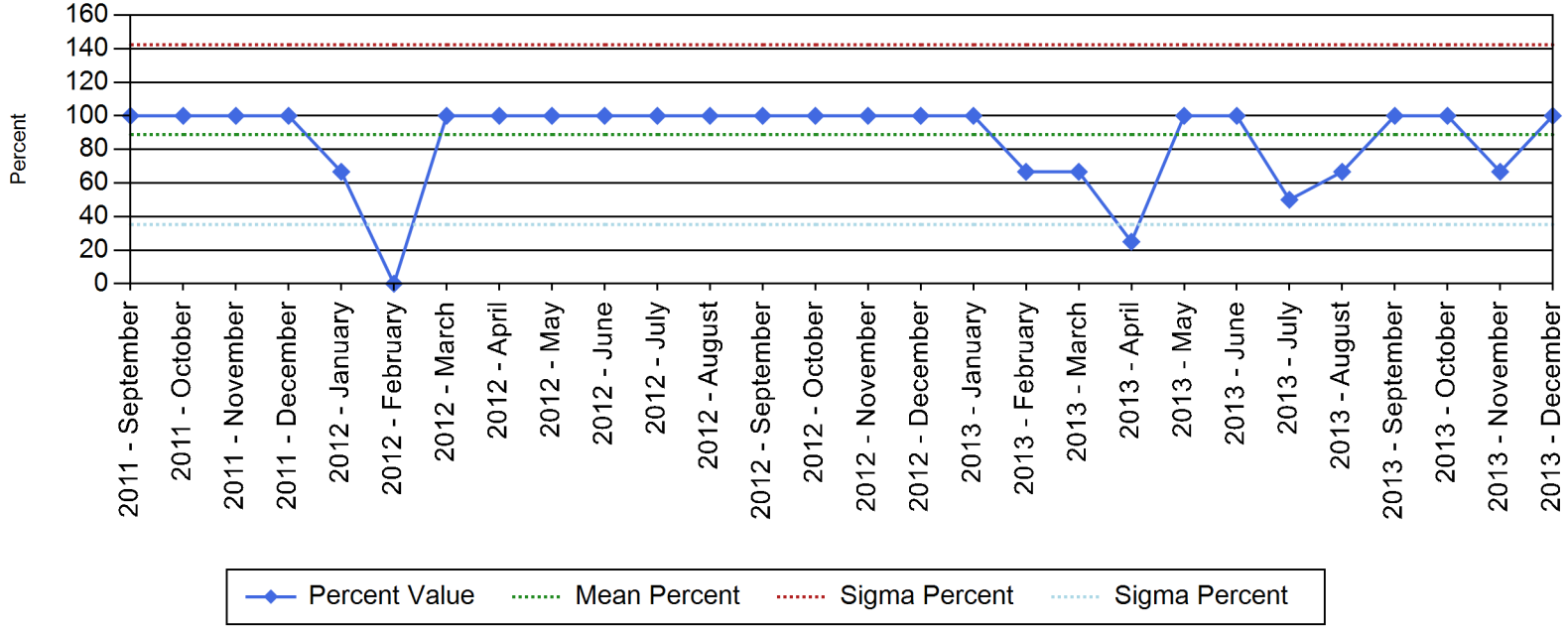
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP CARD-2 14688 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period



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One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP10 14689 Surgery Patients with Perioperative Temperature Management

Year	Month	Num	Den	%
2011	1	9	9	100.00 %
2011	2	4	4	100.00 %
2011	3	7	7	100.00 %
2011	4	7	7	100.00 %
2011	5	4	4	100.00 %
2011	6	12	12	100.00 %
2011	7	6	6	100.00 %
2011	8	7	7	100.00 %
2011	9	10	10	100.00 %
2011	10	11	11	100.00 %
2011	11	13	13	100.00 %
2011	12	10	10	100.00 %
	Totals:	**100**	**100**	**100.00 %**

Year	Month	Num	Den	%
2012	1	8	8	100.00 %
2012	2	11	11	100.00 %
2012	3	6	6	100.00 %
2012	4	5	5	100.00 %
2012	5	10	10	100.00 %
2012	6	12	12	100.00 %
2012	7	8	8	100.00 %
2012	8	8	8	100.00 %
2012	9	7	7	100.00 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	6	6	100.00 %
	Totals:	**94**	**94**	**100.00 %**

Year	Month	Num	Den	%
2013	1	6	6	100.00 %
2013	2	9	9	100.00 %
2013	3	14	14	100.00 %
2013	4	6	6	100.00 %
2013	5	12	12	100.00 %
2013	6	12	12	100.00 %
2013	7	5	5	100.00 %
2013	8	9	9	100.00 %
2013	9	5	5	100.00 %
2013	10	8	8	100.00 %
2013	11	12	12	100.00 %
2013	12	12	12	100.00 %
	Totals:	**110**	**110**	**100.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP10 14689 Surgery Patients with Perioperative Temperature Management

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	20	20	100.00 %	2012	1	25	25	100.00 %	2013	1	29	29	100.00 %
2011	2	23	23	100.00 %	2012	2	27	27	100.00 %	2013	2	30	30	100.00 %
2011	3	23	23	100.00 %	2012	3	23	23	100.00 %	2013	3	19	19	100.00 %
2011	4	34	34	100.00 %	2012	4	19	19	100.00 %	2013	4	32	32	100.00 %
Totals:		**100**	**100**	**100.00 %**	**Totals:**		**94**	**94**	**100.00 %**	**Totals:**		**110**	**110**	**100.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP10 14689 Surgery Patients with Perioperative Temperature Management

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	1410	1416	99.58 %	100.00 %	100.00 %	0.00 %	0
2011	2	1415	1426	99.23 %	100.00 %	100.00 %	0.00 %	0
2011	3	1374	1382	99.42 %	100.00 %	100.00 %	0.00 %	0
2011	4	1488	1499	99.27 %	100.00 %	100.00 %	0.00 %	0
2012	1	1453	1461	99.45 %	100.00 %	100.00 %	0.00 %	0
2012	2	1499	1517	98.81 %	100.00 %	100.00 %	0.00 %	0
2012	3	1472	1499	98.20 %	100.00 %	100.00 %	0.00 %	0
2012	4	1855	1866	99.41 %	100.00 %	100.00 %	75.00 %	0
2013	1	1705	1714	99.47 %	100.00 %	100.00 %	33.33 %	0
2013	2	1715	1726	99.36 %	100.00 %	100.00 %	50.00 %	0
2013	3	1554	1564	99.36 %	100.00 %	100.00 %	63.64 %	0
2013	4	1805	1808	99.83 %	100.00 %	100.00 %	92.86 %	0
	Totals:	**18745**	**18878**	**99.30 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP10 14689 Surgery Patients with Perioperative Temperature Management

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	297278	299023	99.42%	100.00%	100.00%	0.00%	2651
2011	2	300358	301835	99.51%	100.00%	100.00%	0.00%	2686
2011	3	296072	297429	99.54%	100.00%	100.00%	0.00%	2694
2011	4	302123	303108	99.68%	100.00%	100.00%	0.00%	2698
2012	1	298764	299585	99.73%	100.00%	100.00%	66.67%	2721
2012	2	291696	292558	99.71%	100.00%	100.00%	0.00%	2727
2012	3	281137	281901	99.73%	100.00%	100.00%	0.00%	2682
2012	4	292420	293052	99.78%	100.00%	100.00%	66.67%	2691
2013	1	279985	280566	99.79%	100.00%	100.00%	56.76%	2672
2013	2	281164	281724	99.80%	100.00%	100.00%	60.00%	2665
2013	3	275278	275851	99.79%	100.00%	100.00%	66.67%	2668
2013	4	287275	287825	99.81%	100.00%	100.00%	0.00%	2623
	Sum:	3483550	3494457	99.69%				

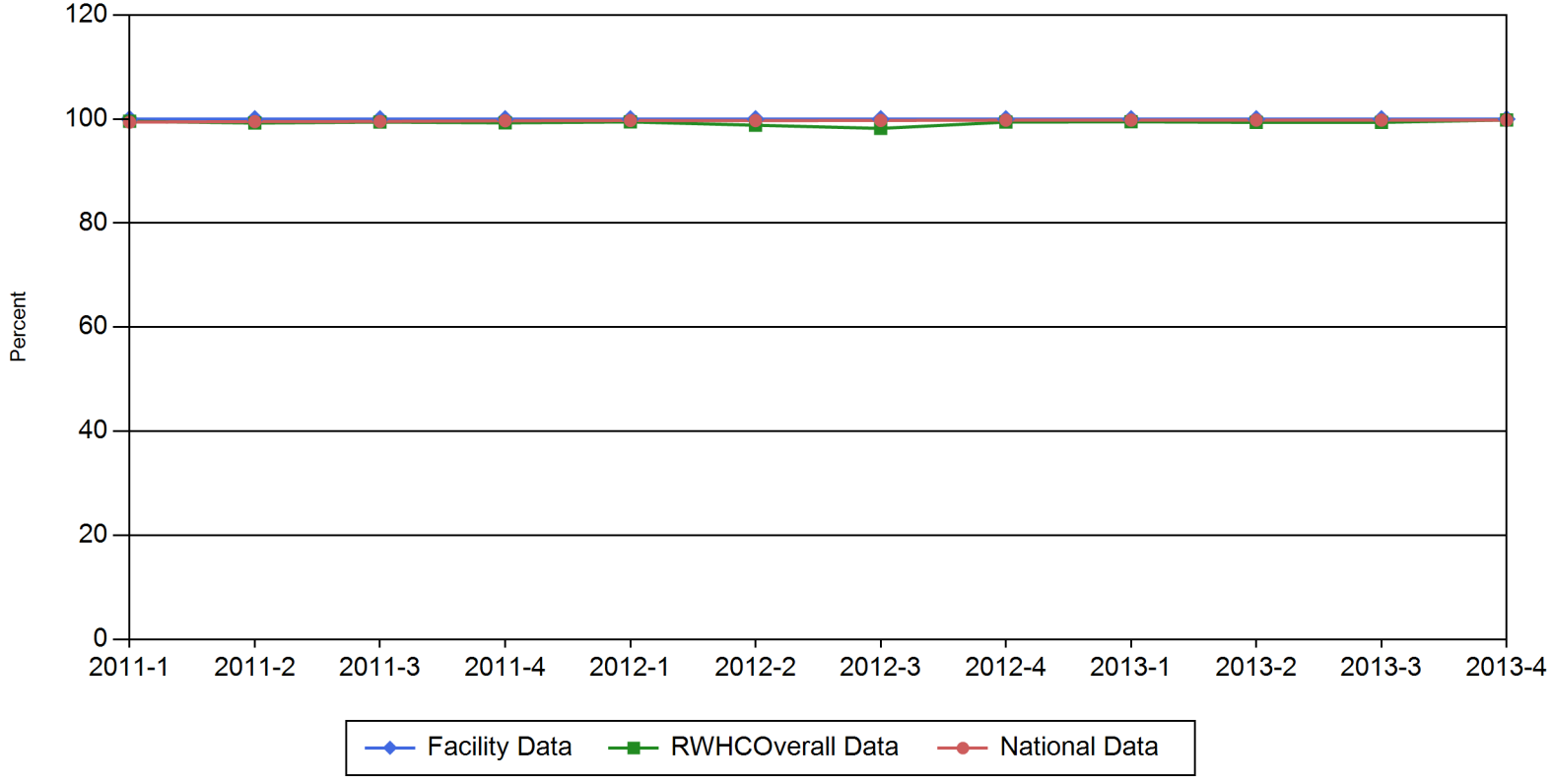
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP10 14689 Surgery Patients with Perioperative Temperature Management



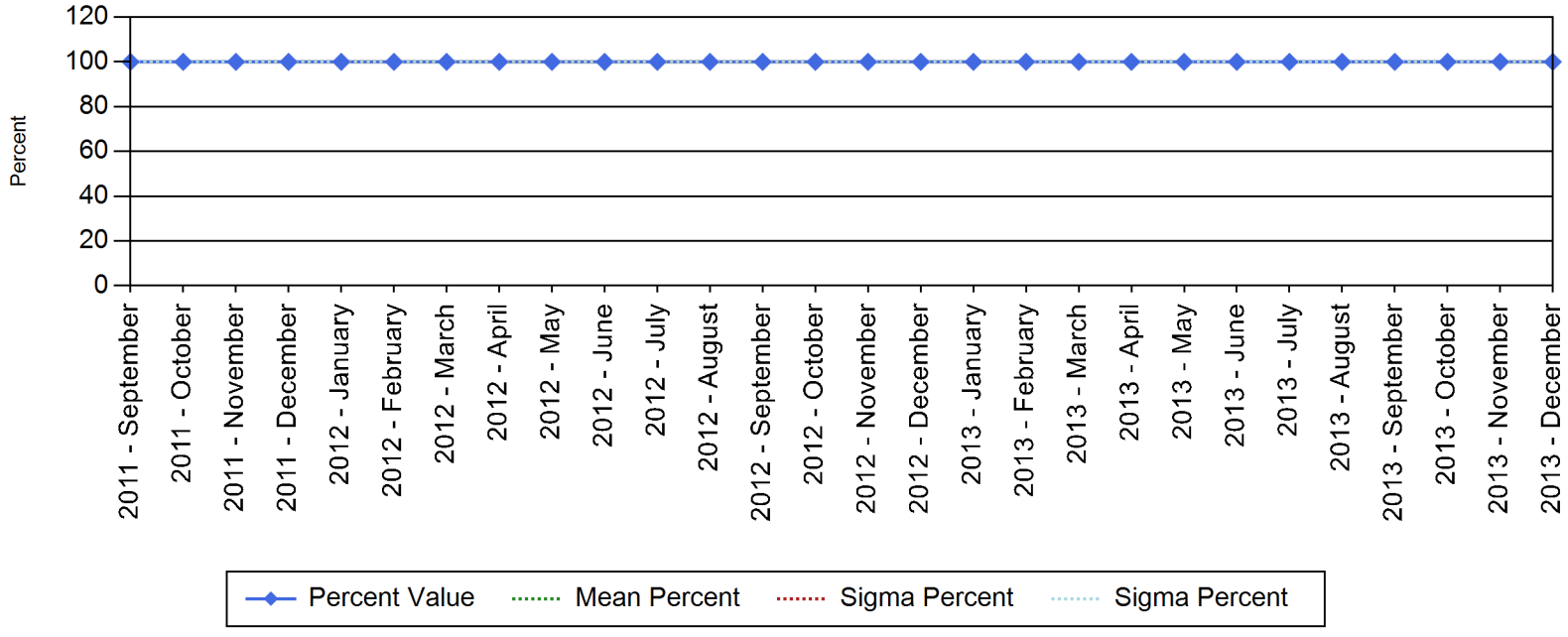
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP10 14689 Surgery Patients with Perioperative Temperature Management



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours
14691 After Surgery

Year	Month	Num	Den	%
2011	1	4	4	100.00 %
2011	2	2	2	100.00 %
2011	3	4	4	100.00 %
2011	4	7	7	100.00 %
2011	5	2	2	100.00 %
2011	6	11	11	100.00 %
2011	7	6	6	100.00 %
2011	8	7	7	100.00 %
2011	9	9	9	100.00 %
2011	10	9	9	100.00 %
2011	11	12	12	100.00 %
2011	12	7	8	87.50 %
	Totals:	**80**	**81**	**98.77 %**

Year	Month	Num	Den	%
2012	1	4	6	66.67 %
2012	2	11	11	100.00 %
2012	3	5	5	100.00 %
2012	4	3	3	100.00 %
2012	5	7	7	100.00 %
2012	6	12	12	100.00 %
2012	7	8	8	100.00 %
2012	8	7	7	100.00 %
2012	9	5	7	71.43 %
2012	10	6	6	100.00 %
2012	11	7	7	100.00 %
2012	12	6	6	100.00 %
	Totals:	**81**	**85**	**95.29 %**

Year	Month	Num	Den	%
2013	1	5	5	100.00 %
2013	2	8	9	88.89 %
2013	3	13	13	100.00 %
2013	4	4	6	66.67 %
2013	5	10	10	100.00 %
2013	6	12	12	100.00 %
2013	7	5	5	100.00 %
2013	8	8	8	100.00 %
2013	9	5	5	100.00 %
2013	10	8	8	100.00 %
2013	11	10	11	90.91 %
2013	12	8	9	88.89 %
	Totals:	**96**	**101**	**95.05 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP VTE-2 14691 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	10	10	100.00 %	2012	1	20	22	90.91 %	2013	1	26	27	96.30 %
2011	2	20	20	100.00 %	2012	2	22	22	100.00 %	2013	2	26	28	92.86 %
2011	3	22	22	100.00 %	2012	3	20	22	90.91 %	2013	3	18	18	100.00 %
2011	4	28	29	96.55 %	2012	4	19	19	100.00 %	2013	4	26	28	92.86 %
Totals:		**80**	**81**	**98.77 %**	**Totals:**		**81**	**85**	**95.29 %**	**Totals:**		**96**	**101**	**95.05 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Surgical Care Improvement Project Report

SCIP VTE-2 14691 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	484	523	92.54 %	100.00 %	100.00 %	0.00 %	0
2011	2	1138	1192	95.47 %	100.00 %	100.00 %	0.00 %	0
2011	3	1098	1150	95.48 %	100.00 %	100.00 %	0.00 %	0
2011	4	1171	1224	95.67 %	100.00 %	100.00 %	0.00 %	0
2012	1	1170	1214	96.38 %	100.00 %	100.00 %	0.00 %	0
2012	2	1220	1270	96.06 %	100.00 %	100.00 %	0.00 %	0
2012	3	1202	1239	97.01 %	100.00 %	100.00 %	0.00 %	0
2012	4	1471	1528	96.27 %	100.00 %	100.00 %	0.00 %	0
2013	1	1355	1400	96.79 %	100.00 %	100.00 %	0.00 %	0
2013	2	1344	1376	97.67 %	100.00 %	100.00 %	0.00 %	0
2013	3	1278	1300	98.31 %	100.00 %	100.00 %	0.00 %	0
2013	4	1469	1489	98.66 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**14400**	**14905**	**96.61 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Surgical Care Improvement Project Report

SCIP VTE-2 14691 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	107160	112746	95.05%	96.92%	100.00%	0.00%	2620
2011	2	231424	238717	96.94%	97.96%	100.00%	0.00%	2680
2011	3	228694	235106	97.27%	98.31%	100.00%	0.00%	2691
2011	4	236091	242162	97.49%	98.48%	100.00%	0.00%	2690
2012	1	238724	244262	97.73%	98.61%	100.00%	0.00%	2716
2012	2	233525	238752	97.81%	98.77%	100.00%	0.00%	2726
2012	3	225482	230359	97.88%	98.75%	100.00%	0.00%	2682
2012	4	235745	240580	97.99%	98.98%	100.00%	20.00%	2689
2013	1	225363	229406	98.24%	99.10%	100.00%	0.00%	2664
2013	2	225704	229467	98.36%	99.44%	100.00%	0.00%	2660
2013	3	220766	224424	98.37%	99.35%	100.00%	0.00%	2665
2013	4	230944	234456	98.50%	99.67%	100.00%	0.00%	2620
2014	1	221772	222226	99.80%	100.00%	100.00%	54.55%	2699
2014	2	227548	228035	99.79%	100.00%	100.00%	0.00%	2703
2014	3	223178	223599	99.81%	100.00%	100.00%	0.00%	2702
2014	4	232881	233310	99.82%	100.00%	100.00%	25.00%	2717
	Sum:	3545001	3607607	98.26%				

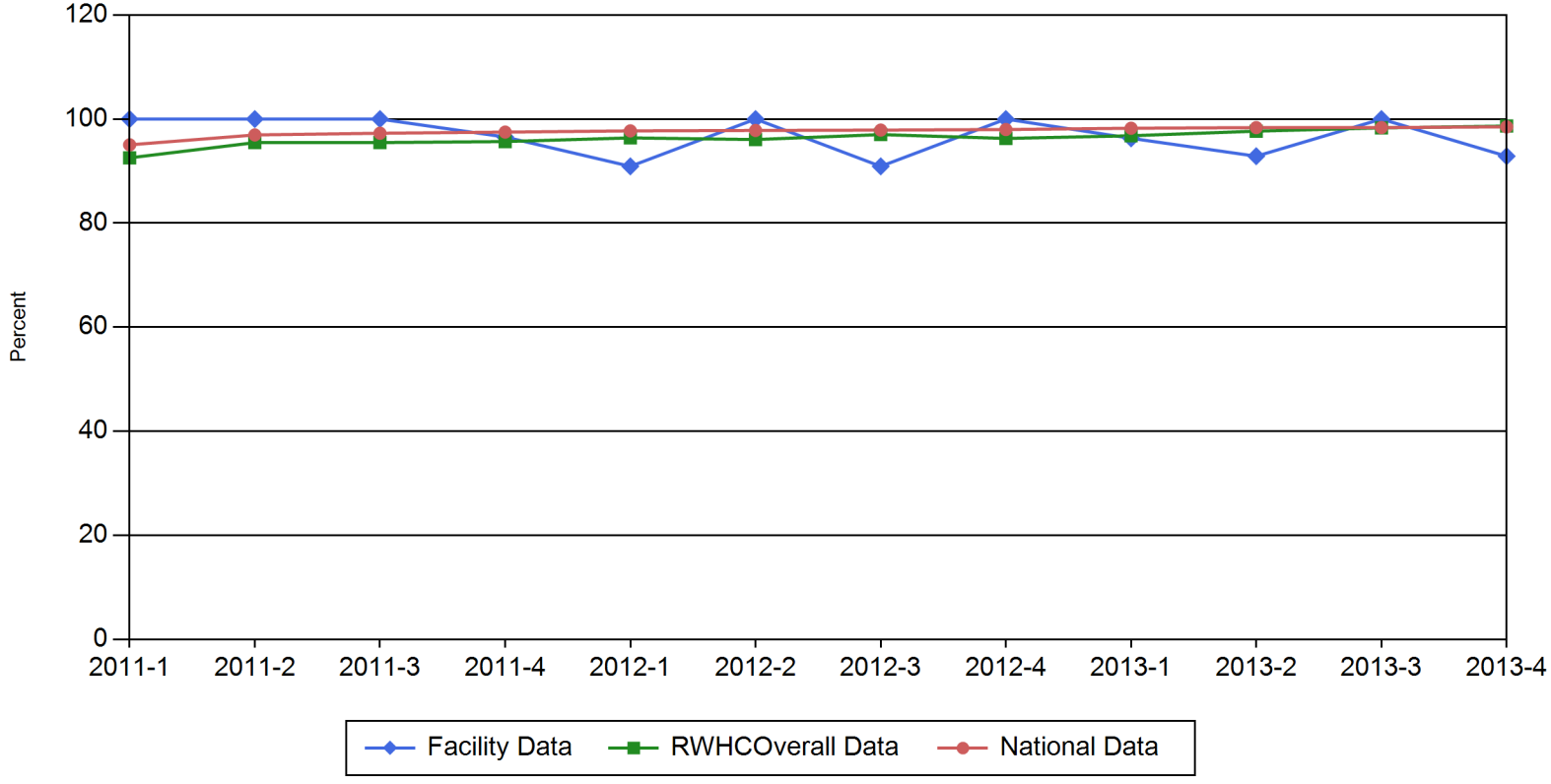
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RWHC Core Measure Program Comparison Report by Year-Quarter

Surgical Care Improvement Project Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP VTE-2 14691 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery



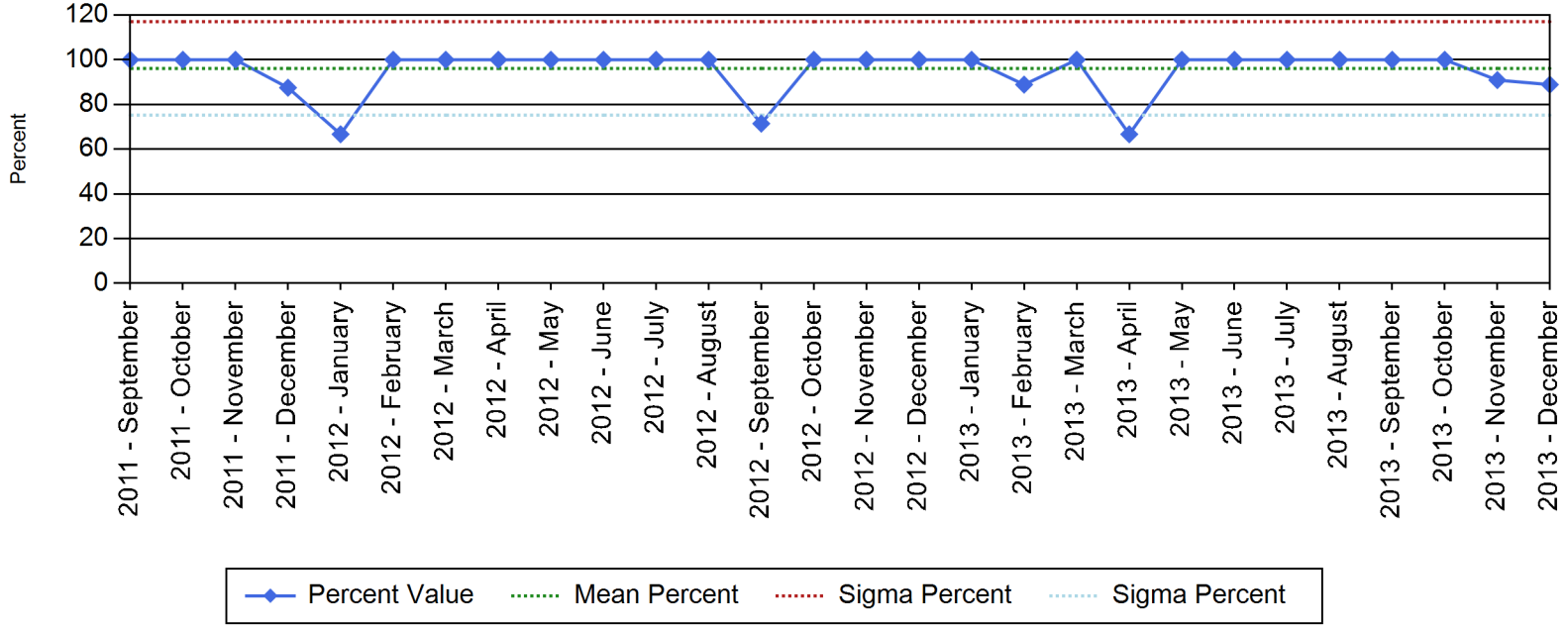
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RWHC Core Measure Program Control Chart

Surgical Care Improvement Project Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

SCIP VTE-2 14691 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

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RWHC Quality Indicators Program
Stroke Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK1 16000 Venous Thromboembolism Prophylaxis

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	1	2	50.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	1	0.00 %
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**1**	**3**	**33.33 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK1 16000 Venous Thromboembolism Prophylaxis

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	1	2	50.00 %
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	0	1	0.00 %
Totals:		**1**	**3**	**33.33 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK1 16000 Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	28	39	71.79 %	100.00 %	100.00 %	0.00 %	0
2011	2	30	47	63.83 %	100.00 %	100.00 %	0.00 %	0
2011	3	28	45	62.22 %	100.00 %	100.00 %	0.00 %	0
2011	4	39	46	84.78 %	100.00 %	100.00 %	0.00 %	0
2012	1	49	64	76.56 %	100.00 %	100.00 %	0.00 %	0
2012	2	51	68	75.00 %	100.00 %	100.00 %	0.00 %	0
2012	3	32	46	69.57 %	100.00 %	100.00 %	0.00 %	0
2012	4	54	76	71.05 %	100.00 %	100.00 %	0.00 %	0
2013	1	105	129	81.40 %	100.00 %	100.00 %	0.00 %	0
2013	2	128	150	85.33 %	100.00 %	100.00 %	0.00 %	0
2013	3	90	105	85.71 %	100.00 %	100.00 %	0.00 %	0
2013	4	102	118	86.44 %	100.00 %	100.00 %	0.00 %	0
	Totals:	**736**	**933**	**78.89 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK1 16000 Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	6997	7700	90.87%	92.74%	100.00%	0.00%	150
2011	2	6921	7507	92.19%	94.88%	100.00%	0.00%	142
2011	3	6657	7209	92.34%	94.87%	100.00%	0.00%	142
2011	4	6818	7264	93.86%	96.63%	100.00%	0.00%	143
2012	1	6953	7419	93.72%	96.30%	100.00%	0.00%	145
2012	2	6874	7310	94.04%	96.92%	100.00%	0.00%	144
2012	3	6905	7273	94.94%	97.44%	100.00%	24.44%	147
2012	4	7127	7536	94.57%	97.40%	100.00%	27.45%	147
2013	1	10160	10732	94.67%	97.44%	100.00%	0.00%	224
2013	2	10577	11015	96.02%	98.23%	100.00%	0.00%	231
2013	3	10755	11109	96.81%	100.00%	100.00%	31.82%	237
2013	4	11244	11671	96.34%	100.00%	100.00%	20.69%	252
2014	1	50366	52053	96.76%	100.00%	100.00%	0.00%	1243
2014	2	51474	52940	97.23%	100.00%	100.00%	0.00%	1256
2014	3	51550	52889	97.47%	100.00%	100.00%	0.00%	1265
2014	4	53312	54668	97.52%	100.00%	100.00%	0.00%	1280
2015	1	87707	90186	97.25%	100.00%	100.00%	0.00%	2424
2015	2	88316	90451	97.64%	100.00%	100.00%	0.00%	2438
2015	3	87059	89056	97.76%	100.00%	100.00%	0.00%	2421
2015	4	87291	89246	97.81%	100.00%	100.00%	0.00%	2407
	Sum:	655063	675234	97.01%				

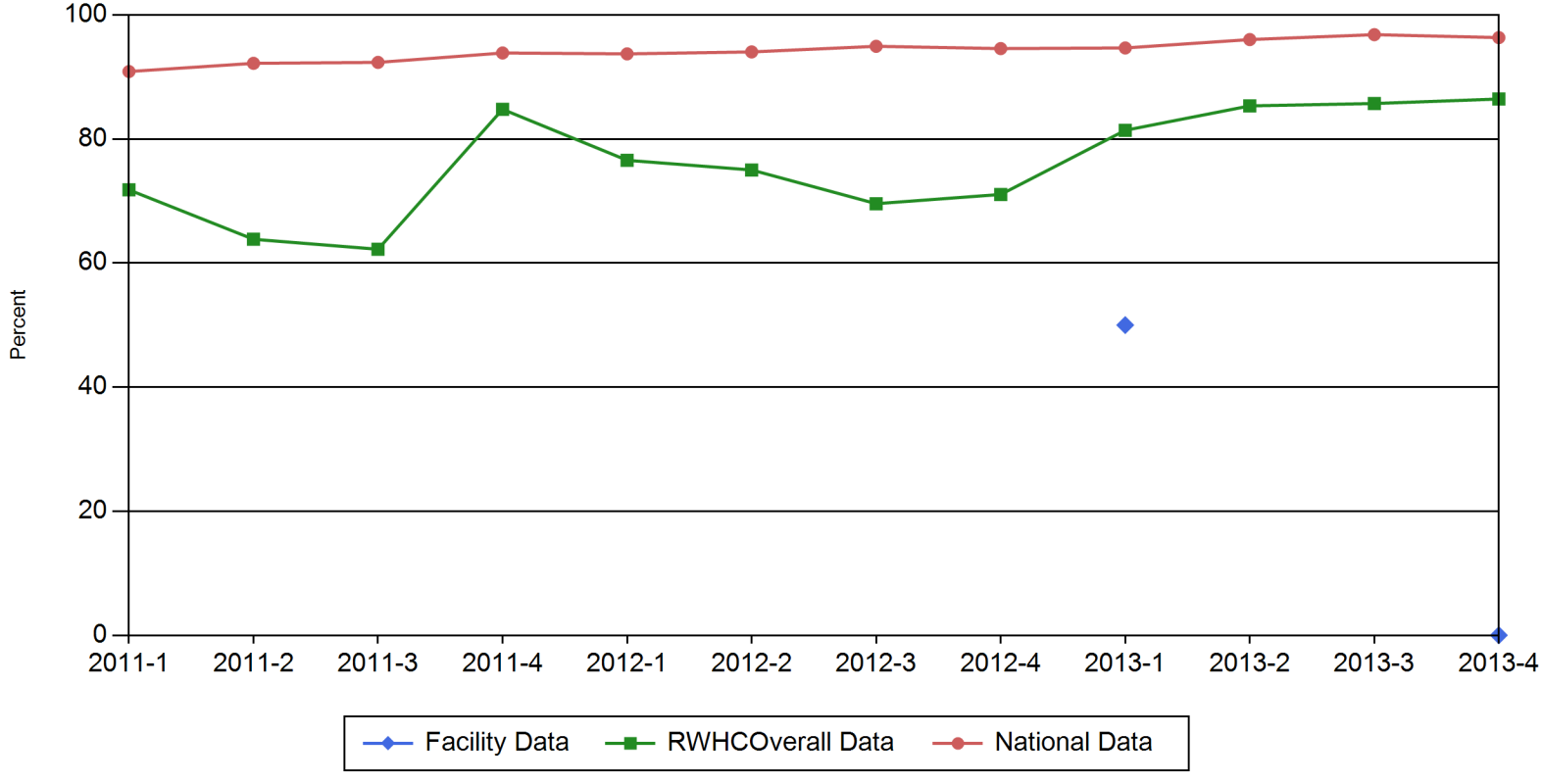
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RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK1 16000 Venous Thromboembolism Prophylaxis



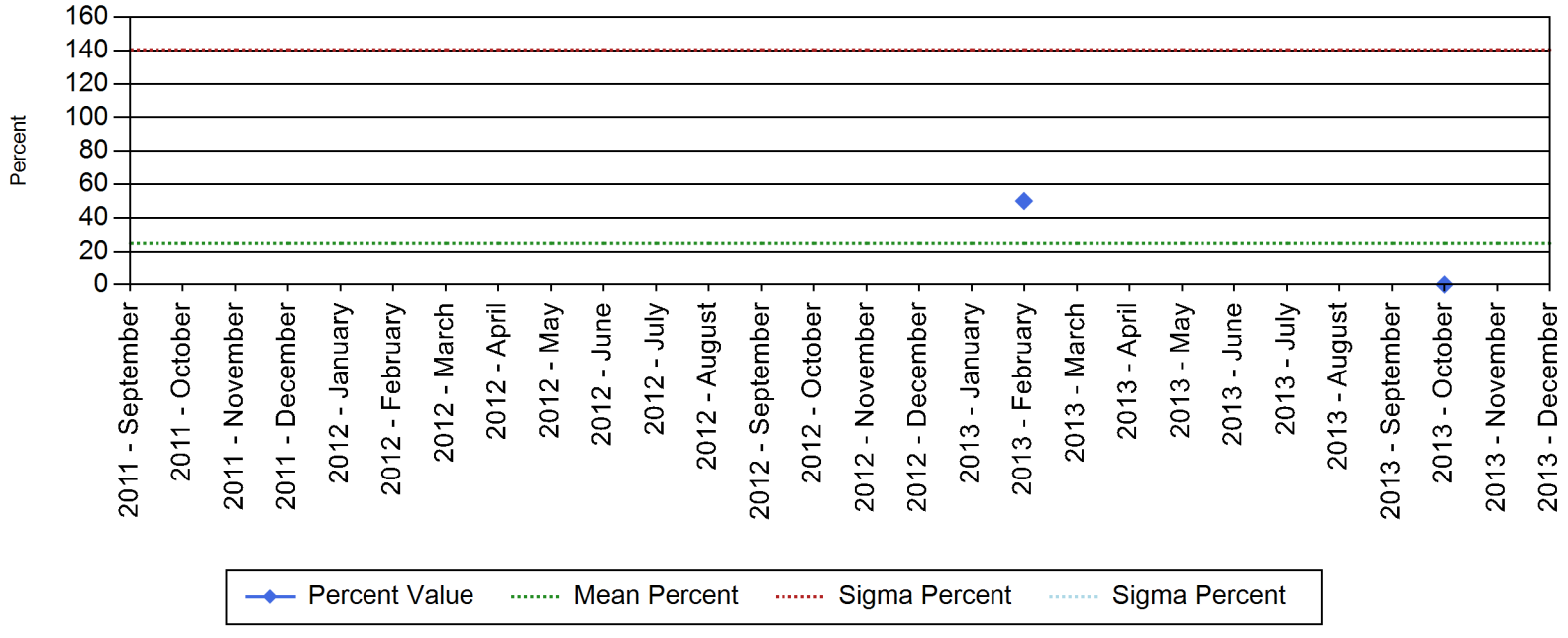
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK1 16000 Venous Thromboembolism Prophylaxis



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

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Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK2 16001 Discharged on Antithromboltic Therapy

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	2	0.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	1	0.00 %
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK2 16001 Discharged on Antithromboltic Therapy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	2	0.00 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	1	0.00 %
Totals:					**Totals:**					**Totals:**		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK2 16001 Discharged on Antithromboltic Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	13	14	92.86 %	100.00 %	100.00 %	0.00 %	11
2012	4	58	61	95.08 %	100.00 %	100.00 %	0.00 %	37
2013	1	95	103	92.23 %	100.00 %	100.00 %	0.00 %	59
2013	2	125	134	93.28 %	100.00 %	100.00 %	0.00 %	64
2013	3	87	94	92.55 %	100.00 %	100.00 %	0.00 %	54
2013	4	101	108	93.52 %	100.00 %	100.00 %	0.00 %	57
2014	1	120	126	95.24 %	100.00 %	100.00 %	0.00 %	66
2014	2	115	119	96.64 %	100.00 %	100.00 %	0.00 %	60
2014	3	116	118	98.31 %	100.00 %	100.00 %	0.00 %	60
2014	4	99	106	93.40 %	100.00 %	100.00 %	0.00 %	62
2015	1	79	83	95.18 %	100.00 %	100.00 %	0.00 %	45
2015	2	85	86	98.84 %	100.00 %	100.00 %	0.00 %	40
2015	3	85	86	98.84 %	100.00 %	100.00 %	66.67 %	40
2015	4	82	85	96.47 %	100.00 %	100.00 %	0.00 %	40
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**1260**	**1323**	**95.24 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK2 16001 Discharged on Antithromboltic Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	6022	6101	98.71%	100.00%	100.00%	0.00%	150
2011	2	6053	6109	99.08%	100.00%	100.00%	0.00%	142
2011	3	5823	5867	99.25%	100.00%	100.00%	41.67%	142
2011	4	5914	5976	98.96%	100.00%	100.00%	33.33%	142
2012	1	5961	6007	99.23%	100.00%	100.00%	33.33%	145
2012	2	6057	6106	99.20%	100.00%	100.00%	63.64%	144
2012	3	6046	6101	99.10%	100.00%	100.00%	66.67%	146
2012	4	6153	6206	99.15%	100.00%	100.00%	56.25%	147
2013	1	8788	8865	99.13%	100.00%	100.00%	75.00%	226
2013	2	9217	9291	99.20%	100.00%	100.00%	66.67%	230
2013	3	9490	9567	99.20%	100.00%	100.00%	50.00%	238
2013	4	9766	9836	99.29%	100.00%	100.00%	50.00%	250
2014	1	42738	43043	99.29%	100.00%	100.00%	0.00%	1240
2014	2	44772	45071	99.34%	100.00%	100.00%	0.00%	1250
2014	3	45414	45669	99.44%	100.00%	100.00%	0.00%	1262
2014	4	45663	45906	99.47%	100.00%	100.00%	0.00%	1275
2015	1	74911	75367	99.39%	100.00%	100.00%	0.00%	2411
2015	2	77584	78021	99.44%	100.00%	100.00%	0.00%	2424
2015	3	77066	77535	99.40%	100.00%	100.00%	0.00%	2410
2015	4	74987	75407	99.44%	100.00%	100.00%	0.00%	2391
	Sum:	568425	572051	99.37%				

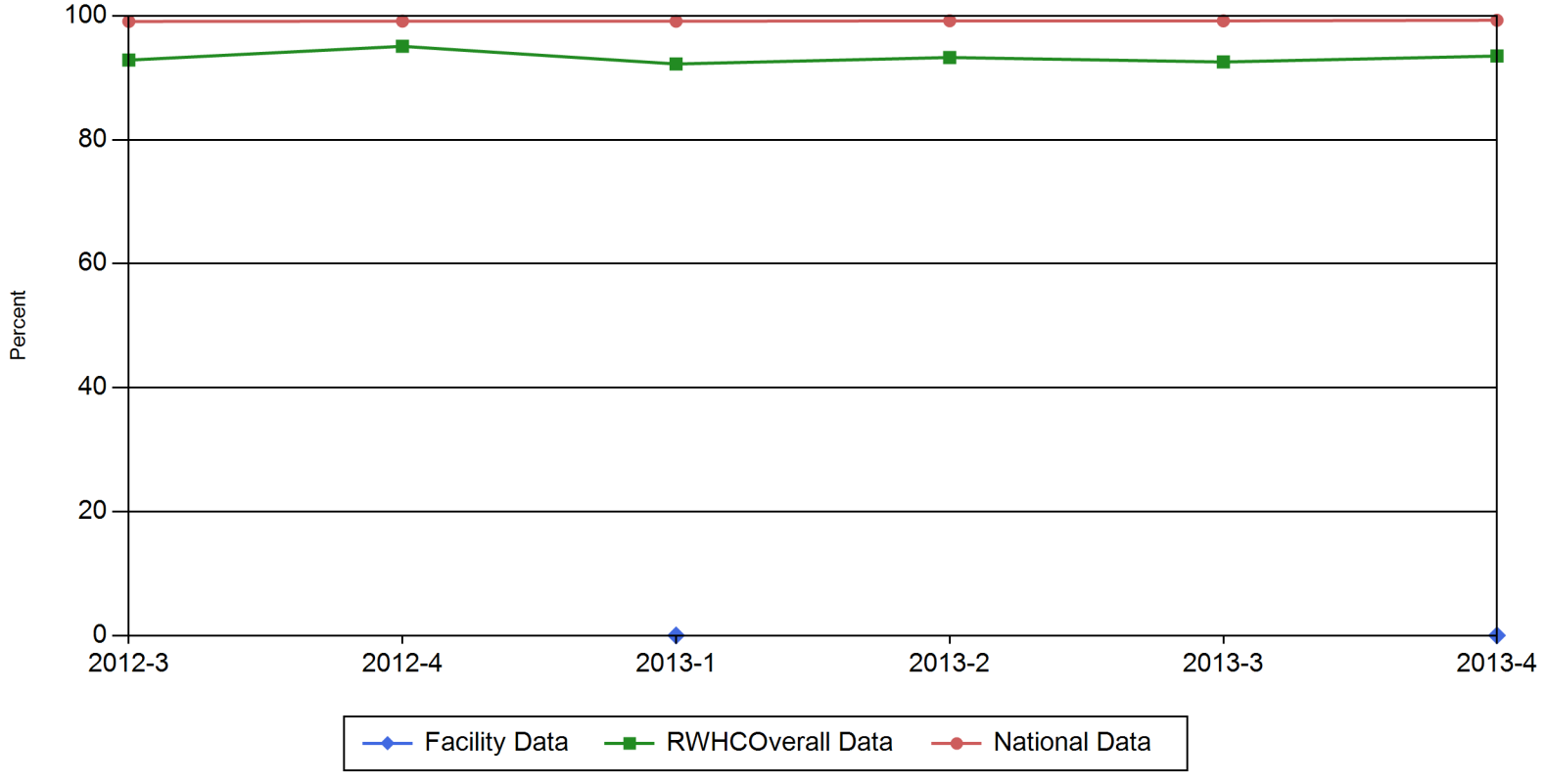
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK2 16001 Discharged on Antithromboltic Therapy



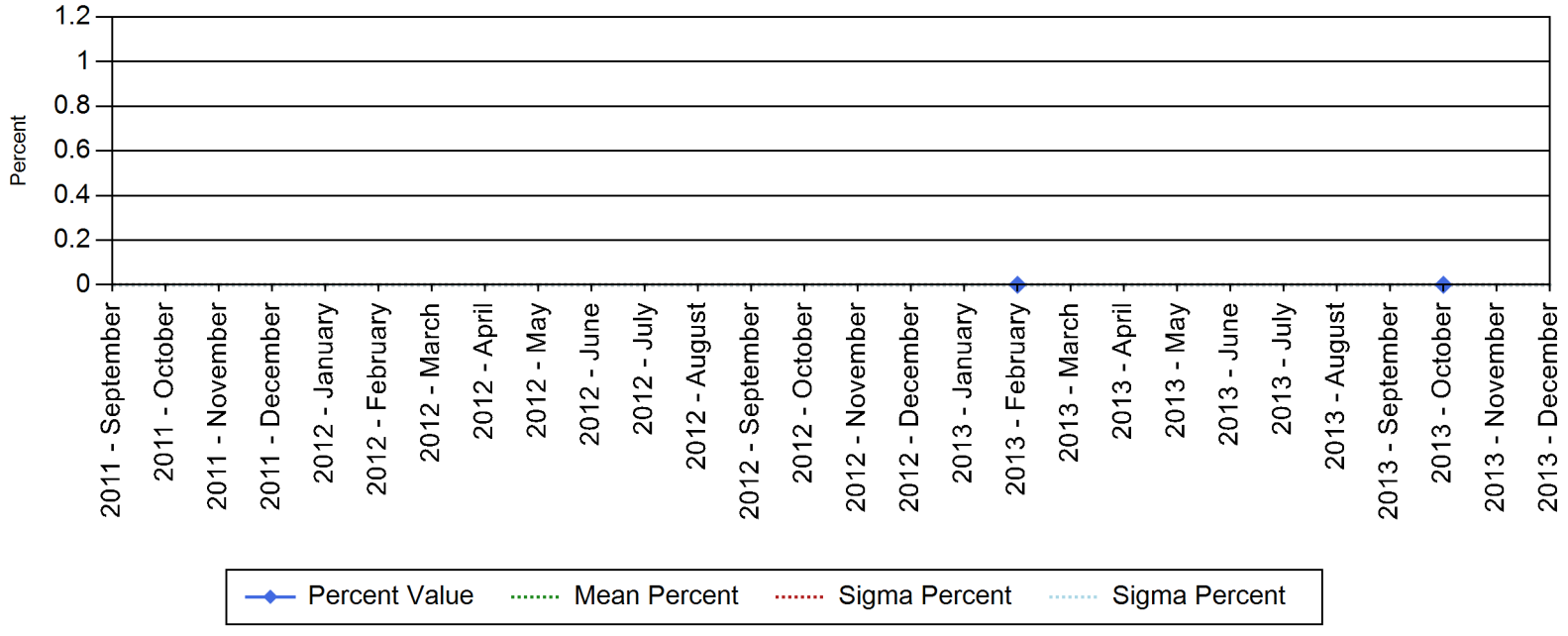
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK2 16001 Discharged on Antithromboltic Therapy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	0	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	0	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	0	ND
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	0					0
2012	4	16	20	80.00 %	100.00 %	100.00 %	0.00 %	17
2013	1	25	29	86.21 %	100.00 %	100.00 %	0.00 %	23
2013	2	19	22	86.36 %	100.00 %	100.00 %	0.00 %	20
2013	3	19	21	90.48 %	100.00 %	100.00 %	0.00 %	19
2013	4	12	13	92.31 %	100.00 %	100.00 %	0.00 %	11
2014	1	21	23	91.30 %	100.00 %	100.00 %	0.00 %	19
2014	2	14	14	100.00 %	100.00 %	100.00 %	100.00 %	11
2014	3	18	20	90.00 %	100.00 %	100.00 %	0.00 %	17
2014	4	19	21	90.48 %	100.00 %	100.00 %	0.00 %	18
2015	1	12	13	92.31 %	100.00 %	100.00 %	0.00 %	12
2015	2	16	16	100.00 %	100.00 %	100.00 %	100.00 %	12
2015	3	18	19	94.74 %	100.00 %	100.00 %	0.00 %	16
2015	4	15	17	88.24 %	100.00 %	100.00 %	0.00 %	12
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**224**	**248**	**90.32 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	836	887	94.25%	100.00%	100.00%	0.00%	138
2011	2	856	903	94.80%	100.00%	100.00%	50.00%	126
2011	3	838	878	95.44%	100.00%	100.00%	0.00%	122
2011	4	851	898	94.77%	100.00%	100.00%	0.00%	123
2012	1	882	926	95.25%	100.00%	100.00%	0.00%	124
2012	2	924	965	95.75%	100.00%	100.00%	0.00%	129
2012	3	838	877	95.55%	100.00%	100.00%	0.00%	132
2012	4	886	917	96.62%	100.00%	100.00%	0.00%	131
2013	1	1346	1392	96.70%	100.00%	100.00%	0.00%	203
2013	2	1321	1366	96.71%	100.00%	100.00%	0.00%	209
2013	3	1301	1367	95.17%	100.00%	100.00%	0.00%	213
2013	4	1441	1490	96.71%	100.00%	100.00%	0.00%	225
2014	1	6759	6976	96.89%	100.00%	100.00%	0.00%	1119
2014	2	6717	6888	97.52%	100.00%	100.00%	0.00%	1106
2014	3	6699	6891	97.21%	100.00%	100.00%	0.00%	1140
2014	4	7021	7209	97.39%	100.00%	100.00%	0.00%	1132
2015	1	11660	12009	97.09%	100.00%	100.00%	0.00%	2034
2015	2	11539	11877	97.15%	100.00%	100.00%	0.00%	2003
2015	3	11271	11586	97.28%	100.00%	100.00%	0.00%	2002
2015	4	11561	11897	97.18%	100.00%	100.00%	0.00%	1995
	Sum:	85547	88199	96.99%				

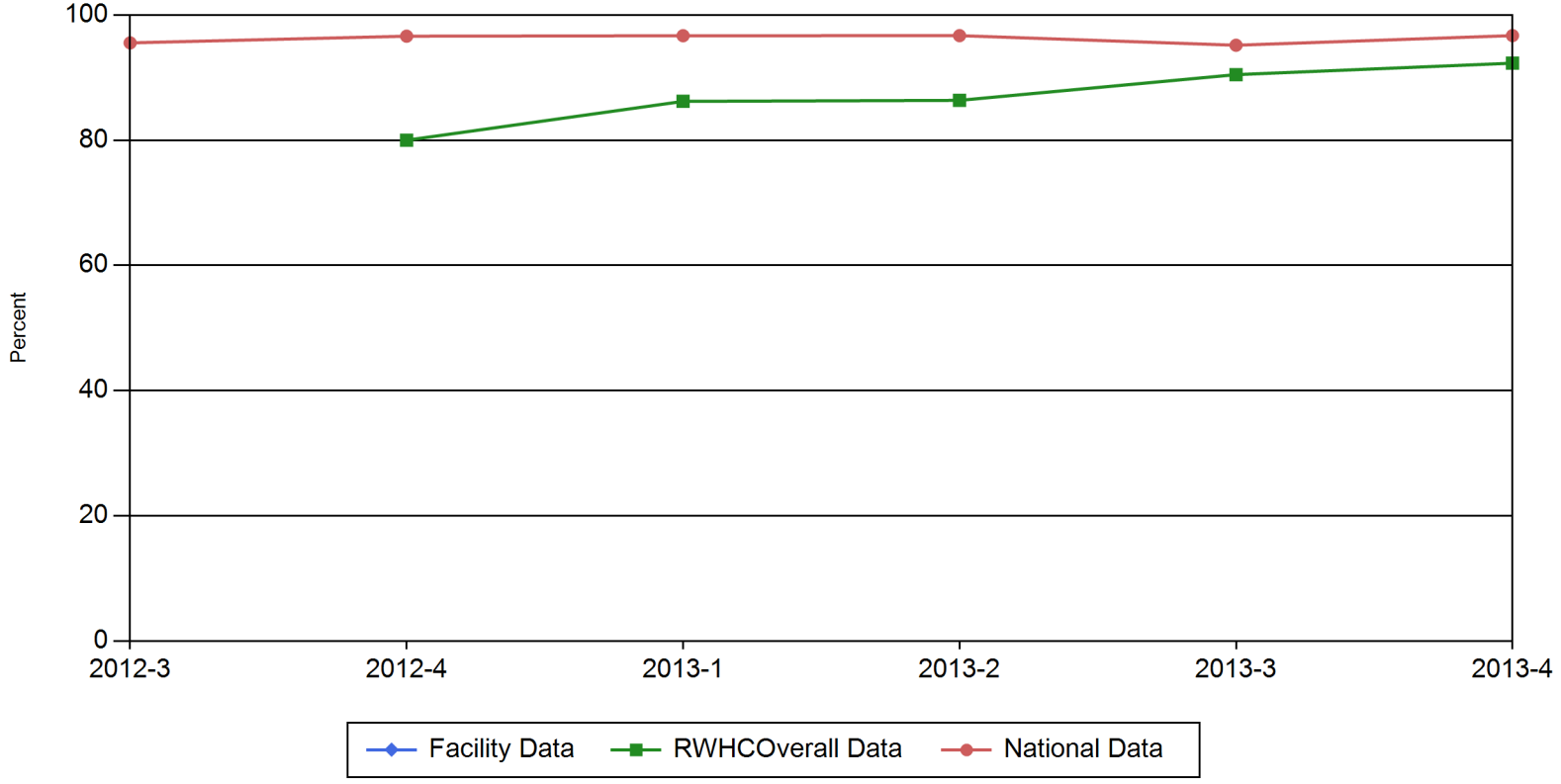
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RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy



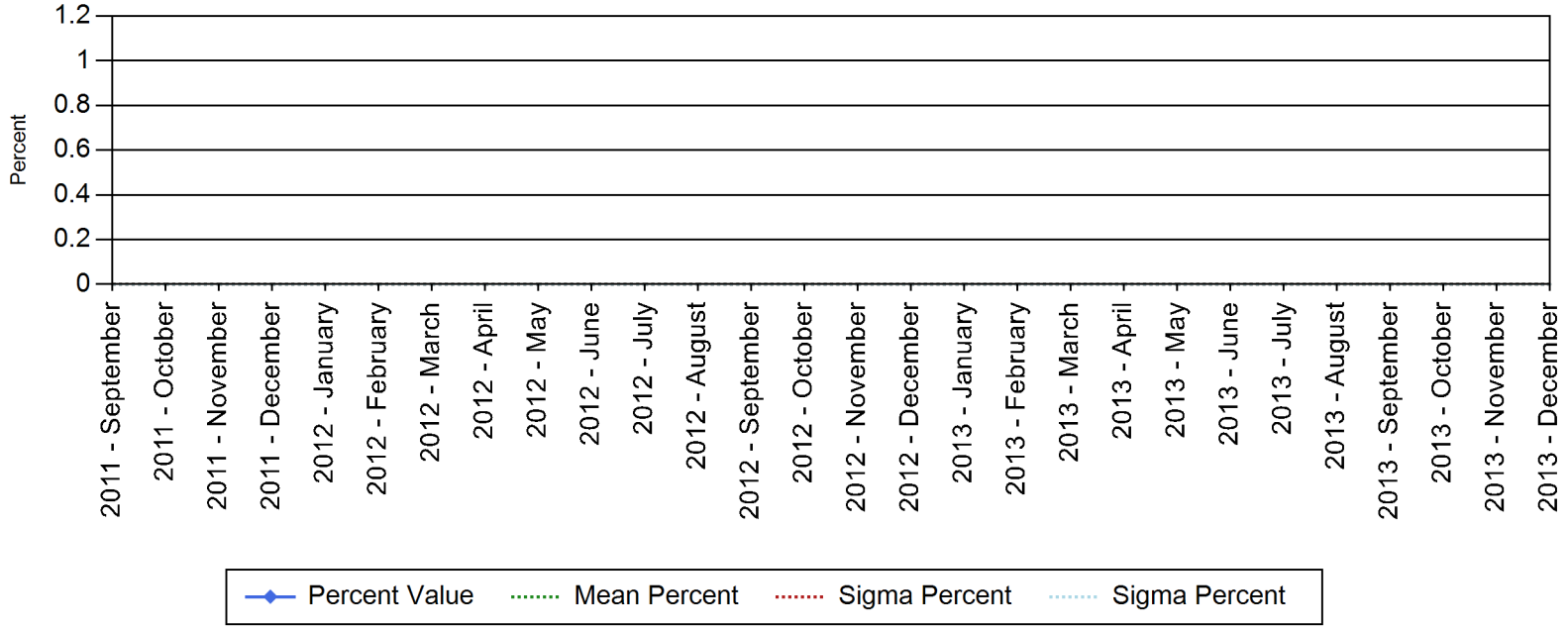
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK3 16002 Patients with Atrial Fibrillation/Flutter Receiving Anticoagulation Therapy



For presentation purposes, Y-axis may not start at 0.

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One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK4 16003 Thrombolytic Therapy

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	0	ND
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	0	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK4 16003 Thrombolytic Therapy

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	0	0	ND
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	0	0	ND
Totals:				**ND**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK4 16003 Thrombolytic Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	4	0.00 %	0.00 %	0.00 %	0.00 %	4
2012	4	0	10	0.00 %	0.00 %	0.00 %	0.00 %	7
2013	1	1	11	9.09 %	0.00 %	100.00 %	0.00 %	9
2013	2	1	20	5.00 %	0.00 %	100.00 %	0.00 %	17
2013	3	0	15	0.00 %	0.00 %	0.00 %	0.00 %	13
2013	4	0	18	0.00 %	0.00 %	0.00 %	0.00 %	12
2014	1	0	11	0.00 %	0.00 %	0.00 %	0.00 %	10
2014	2	0	9	0.00 %	0.00 %	0.00 %	0.00 %	6
2014	3	0	4	0.00 %	0.00 %	0.00 %	0.00 %	4
2014	4	0	10	0.00 %	0.00 %	0.00 %	0.00 %	7
2015	1	1	14	7.14 %	0.00 %	100.00 %	0.00 %	11
2015	2	0	5	0.00 %	0.00 %	0.00 %	0.00 %	5
2015	3	0	9	0.00 %	0.00 %	0.00 %	0.00 %	9
2015	4	2	5	40.00 %	50.00 %	100.00 %	0.00 %	3
2016	1	1	8	12.50 %	0.00 %	100.00 %	0.00 %	7
2016	2	1	4	25.00 %	0.00 %	100.00 %	0.00 %	4
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**7**	**157**	**4.46 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK4 16003 Thrombolytic Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	329	511	64.38%	80.00%	100.00%	0.00%	111
2011	2	346	516	67.05%	84.52%	100.00%	0.00%	106
2011	3	321	447	71.81%	80.00%	100.00%	0.00%	97
2011	4	337	468	72.01%	80.00%	100.00%	0.00%	104
2012	1	334	444	75.23%	84.52%	100.00%	0.00%	106
2012	2	352	449	78.40%	100.00%	100.00%	0.00%	102
2012	3	347	457	75.93%	100.00%	100.00%	0.00%	106
2012	4	360	457	78.77%	100.00%	100.00%	0.00%	108
2013	1	573	763	75.10%	100.00%	100.00%	0.00%	167
2013	2	610	773	78.91%	100.00%	100.00%	0.00%	168
2013	3	618	763	81.00%	100.00%	100.00%	0.00%	179
2013	4	681	823	82.75%	100.00%	100.00%	0.00%	184
2014	1	2975	3597	82.71%	100.00%	100.00%	0.00%	878
2014	2	3110	3714	83.74%	100.00%	100.00%	0.00%	913
2014	3	3157	3692	85.51%	100.00%	100.00%	0.00%	893
2014	4	3323	3867	85.93%	100.00%	100.00%	0.00%	886
2015	1	4962	5865	84.60%	100.00%	100.00%	0.00%	1445
2015	2	5354	6140	87.20%	100.00%	100.00%	0.00%	1464
2015	3	5300	6092	87.00%	100.00%	100.00%	0.00%	1415
2015	4	5618	6296	89.23%	100.00%	100.00%	0.00%	1427
	Sum:	39007	46134	84.55%				

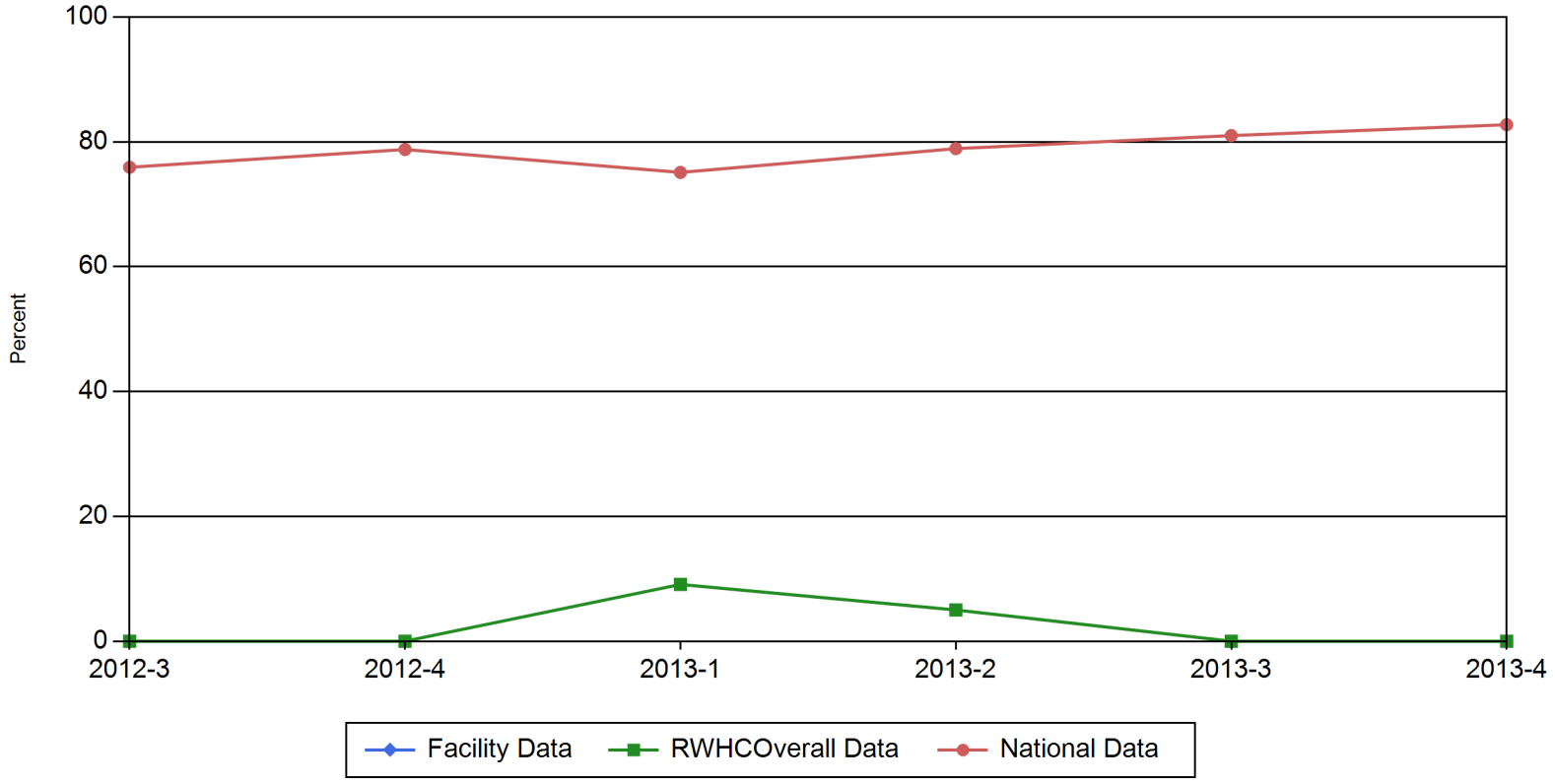
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RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK4 16003 Thrombolytic Therapy



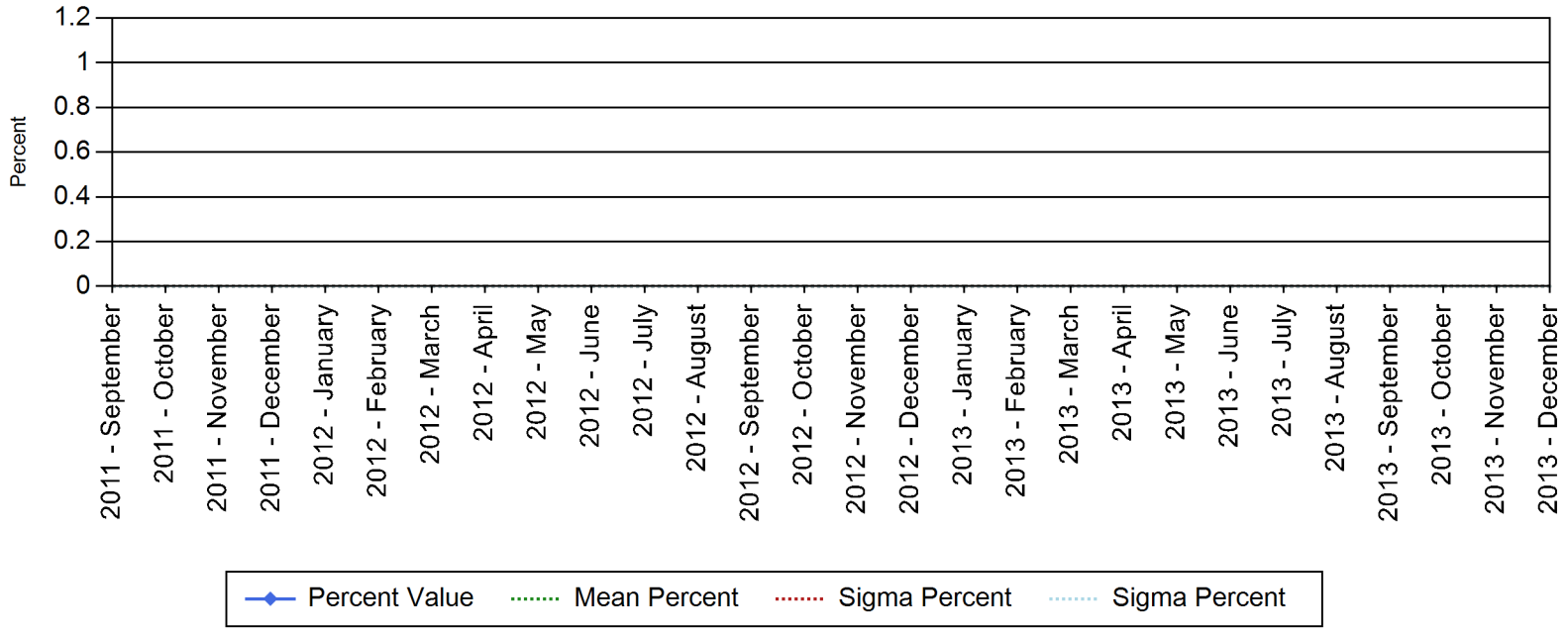
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK4 16003 Thrombolytic Therapy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	2	0.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	1	0.00 %
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	2	0.00 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	1	0.00 %
Totals:					**Totals:**					**Totals:**		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	11	12	91.67 %	100.00 %	100.00 %	0.00 %	9
2012	4	65	69	94.20 %	100.00 %	100.00 %	0.00 %	42
2013	1	93	103	90.29 %	100.00 %	100.00 %	0.00 %	58
2013	2	129	138	93.48 %	100.00 %	100.00 %	0.00 %	63
2013	3	83	90	92.22 %	100.00 %	100.00 %	0.00 %	50
2013	4	100	106	94.34 %	100.00 %	100.00 %	0.00 %	58
2014	1	120	127	94.49 %	100.00 %	100.00 %	0.00 %	66
2014	2	111	113	98.23 %	100.00 %	100.00 %	50.00 %	58
2014	3	103	108	95.37 %	100.00 %	100.00 %	0.00 %	56
2014	4	99	106	93.40 %	100.00 %	100.00 %	0.00 %	64
2015	1	85	88	96.59 %	100.00 %	100.00 %	0.00 %	49
2015	2	92	96	95.83 %	100.00 %	100.00 %	0.00 %	41
2015	3	81	85	95.29 %	100.00 %	100.00 %	0.00 %	37
2015	4	83	85	97.65 %	100.00 %	100.00 %	0.00 %	40
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**1255**	**1326**	**94.65 %**				

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	5594	5762	97.08%	100.00%	100.00%	0.00%	149
2011	2	5560	5689	97.73%	100.00%	100.00%	33.33%	142
2011	3	5266	5384	97.81%	100.00%	100.00%	50.00%	142
2011	4	5394	5493	98.20%	100.00%	100.00%	66.67%	142
2012	1	5475	5595	97.86%	100.00%	100.00%	33.33%	145
2012	2	5424	5525	98.17%	100.00%	100.00%	71.43%	143
2012	3	5406	5484	98.58%	100.00%	100.00%	50.00%	147
2012	4	5561	5654	98.36%	100.00%	100.00%	64.71%	146
2013	1	7882	8014	98.35%	100.00%	100.00%	0.00%	224
2013	2	8100	8244	98.25%	100.00%	100.00%	50.00%	231
2013	3	8371	8502	98.46%	100.00%	100.00%	0.00%	236
2013	4	8690	8801	98.74%	100.00%	100.00%	66.67%	249
2014	1	38674	39278	98.46%	100.00%	100.00%	0.00%	1243
2014	2	39970	40542	98.59%	100.00%	100.00%	0.00%	1254
2014	3	40335	40913	98.59%	100.00%	100.00%	0.00%	1263
2014	4	40525	41196	98.37%	100.00%	100.00%	0.00%	1278
2015	1	67539	68705	98.30%	100.00%	100.00%	0.00%	2416
2015	2	68038	69255	98.24%	100.00%	100.00%	0.00%	2434
2015	3	67431	68576	98.33%	100.00%	100.00%	0.00%	2408
2015	4	65463	66621	98.26%	100.00%	100.00%	0.00%	2394
	Sum:	504698	513233	98.34%				

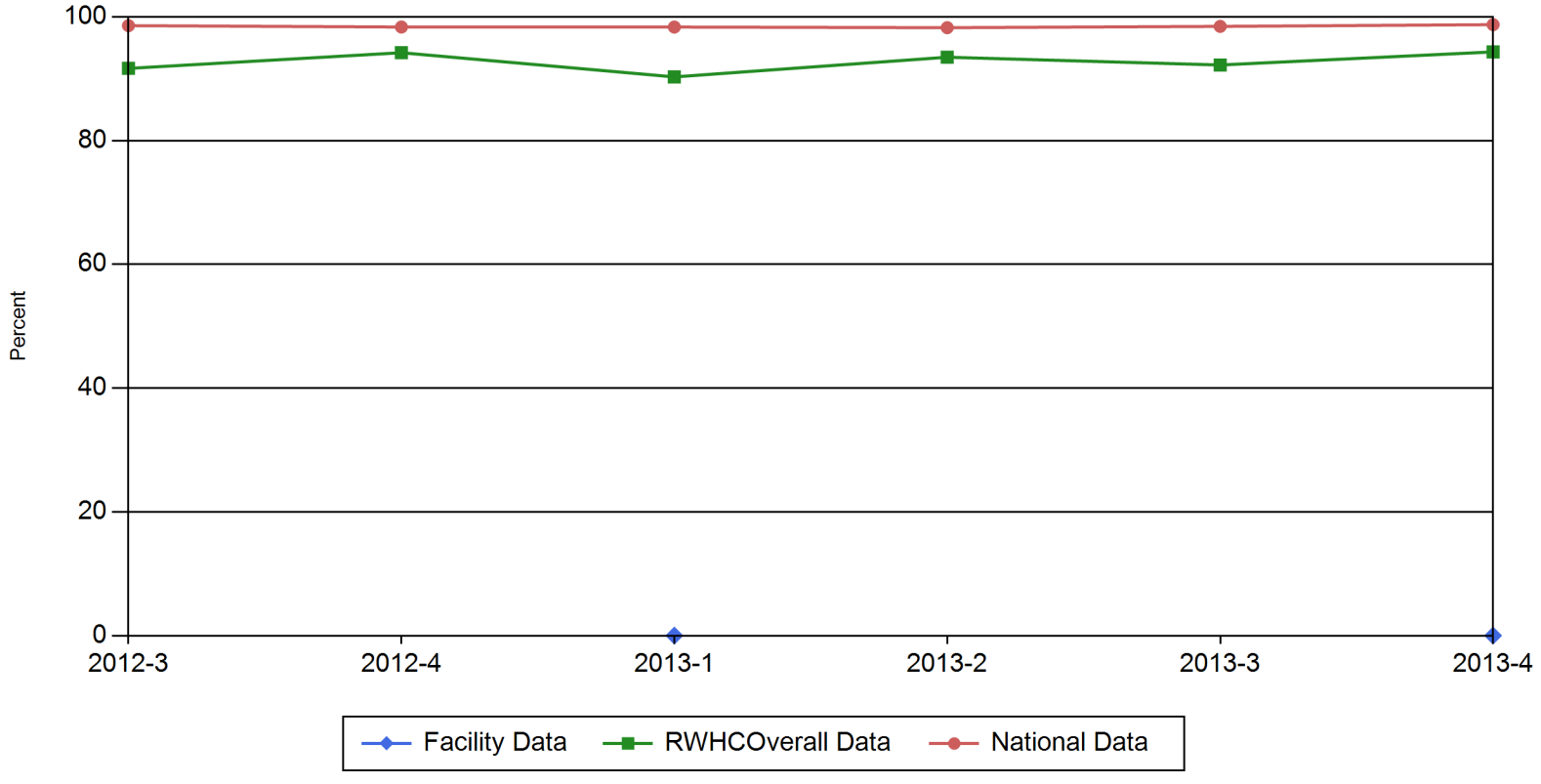
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2



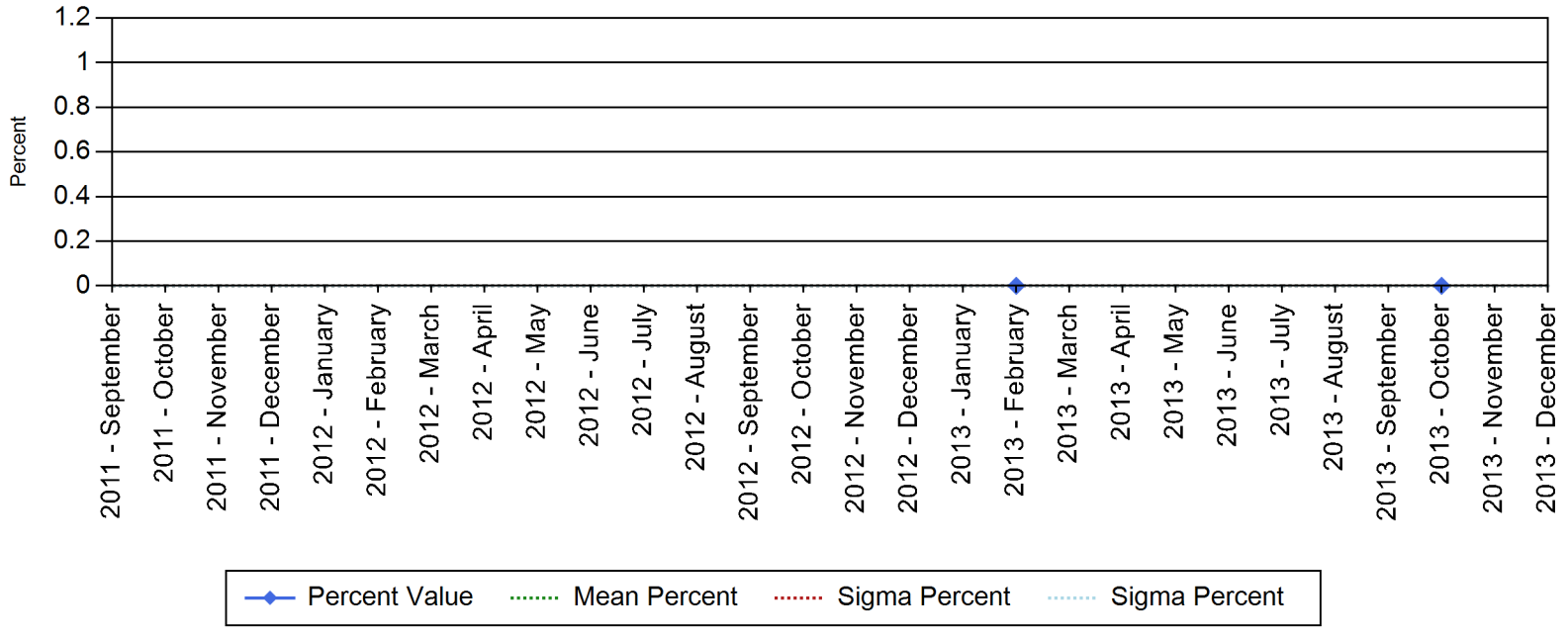
Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK5 16004 Antithrombotic Therapy by End of Hospital Day 2



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK6 16005 Discharged on Statin Medication

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	1	0.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	1	0.00 %
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**0**	**2**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK6 16005 Discharged on Statin Medication

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	1	0.00 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	ND	ND	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	ND	ND	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	1	0.00 %
Totals:					**Totals:**					**Totals:**		**0**	**2**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK6 16005 Discharged on Statin Medication

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	8	10	80.00 %	100.00 %	100.00 %	0.00 %	8
2012	4	44	59	74.58 %	100.00 %	100.00 %	0.00 %	35
2013	1	65	90	72.22 %	100.00 %	100.00 %	0.00 %	53
2013	2	75	110	68.18 %	75.00 %	100.00 %	0.00 %	55
2013	3	59	77	76.62 %	100.00 %	100.00 %	0.00 %	53
2013	4	81	98	82.65 %	100.00 %	100.00 %	0.00 %	57
2014	1	87	104	83.65 %	100.00 %	100.00 %	0.00 %	62
2014	2	87	102	85.29 %	100.00 %	100.00 %	0.00 %	54
2014	3	74	90	82.22 %	100.00 %	100.00 %	0.00 %	50
2014	4	75	86	87.21 %	100.00 %	100.00 %	0.00 %	56
2015	1	67	86	77.91 %	100.00 %	100.00 %	0.00 %	54
2015	2	93	100	93.00 %	100.00 %	100.00 %	0.00 %	55
2015	3	91	105	86.67 %	100.00 %	100.00 %	0.00 %	55
2015	4	89	103	86.41 %	100.00 %	100.00 %	0.00 %	51
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**995**	**1220**	**81.56 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK6 16005 Discharged on Statin Medication

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	4334	4691	92.39%	93.75%	100.00%	0.00%	149
2011	2	4461	4709	94.73%	96.23%	100.00%	0.00%	142
2011	3	4323	4552	94.97%	96.00%	100.00%	0.00%	141
2011	4	4394	4656	94.37%	96.67%	100.00%	33.33%	142
2012	1	4466	4675	95.53%	97.44%	100.00%	50.00%	145
2012	2	4565	4799	95.12%	97.14%	100.00%	0.00%	143
2012	3	4497	4698	95.72%	97.33%	100.00%	25.00%	145
2012	4	4637	4826	96.08%	100.00%	100.00%	40.00%	146
2013	1	6605	6838	96.59%	100.00%	100.00%	0.00%	226
2013	2	6994	7265	96.27%	98.65%	100.00%	20.00%	229
2013	3	7202	7432	96.91%	99.21%	100.00%	0.00%	237
2013	4	7494	7733	96.91%	100.00%	100.00%	25.00%	249
2014	1	32569	33696	96.66%	100.00%	100.00%	0.00%	1239
2014	2	34006	34977	97.22%	100.00%	100.00%	0.00%	1241
2014	3	34609	35426	97.69%	100.00%	100.00%	0.00%	1254
2014	4	35094	35924	97.69%	100.00%	100.00%	0.00%	1271
2015	1	57409	58932	97.42%	100.00%	100.00%	0.00%	2396
2015	2	59369	60898	97.49%	100.00%	100.00%	0.00%	2397
2015	3	59357	60787	97.65%	100.00%	100.00%	0.00%	2386
2015	4	69709	71610	97.35%	100.00%	100.00%	0.00%	2381
	Sum:	446094	459124	97.16%				

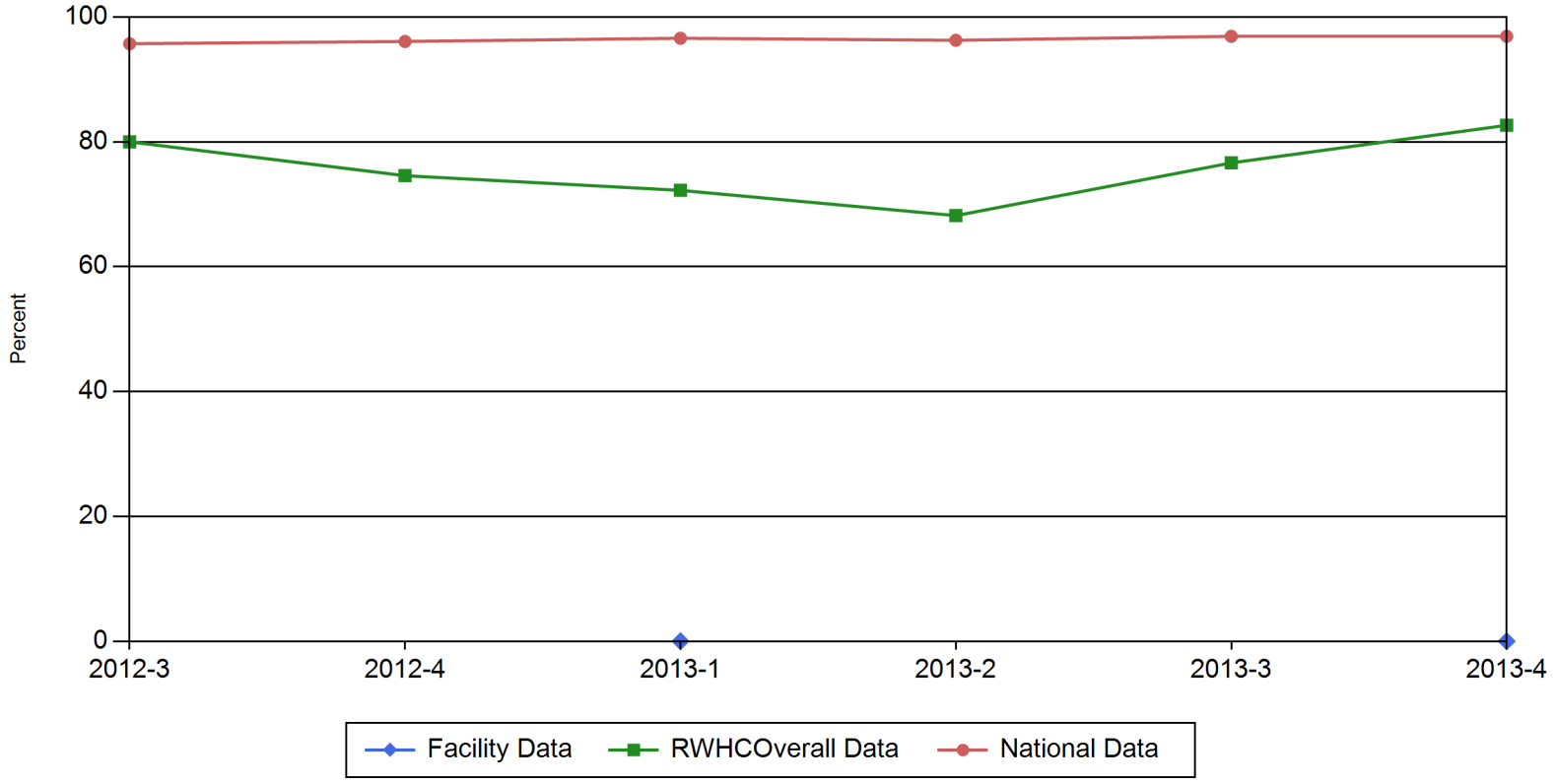
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK6 16005 Discharged on Statin Medication



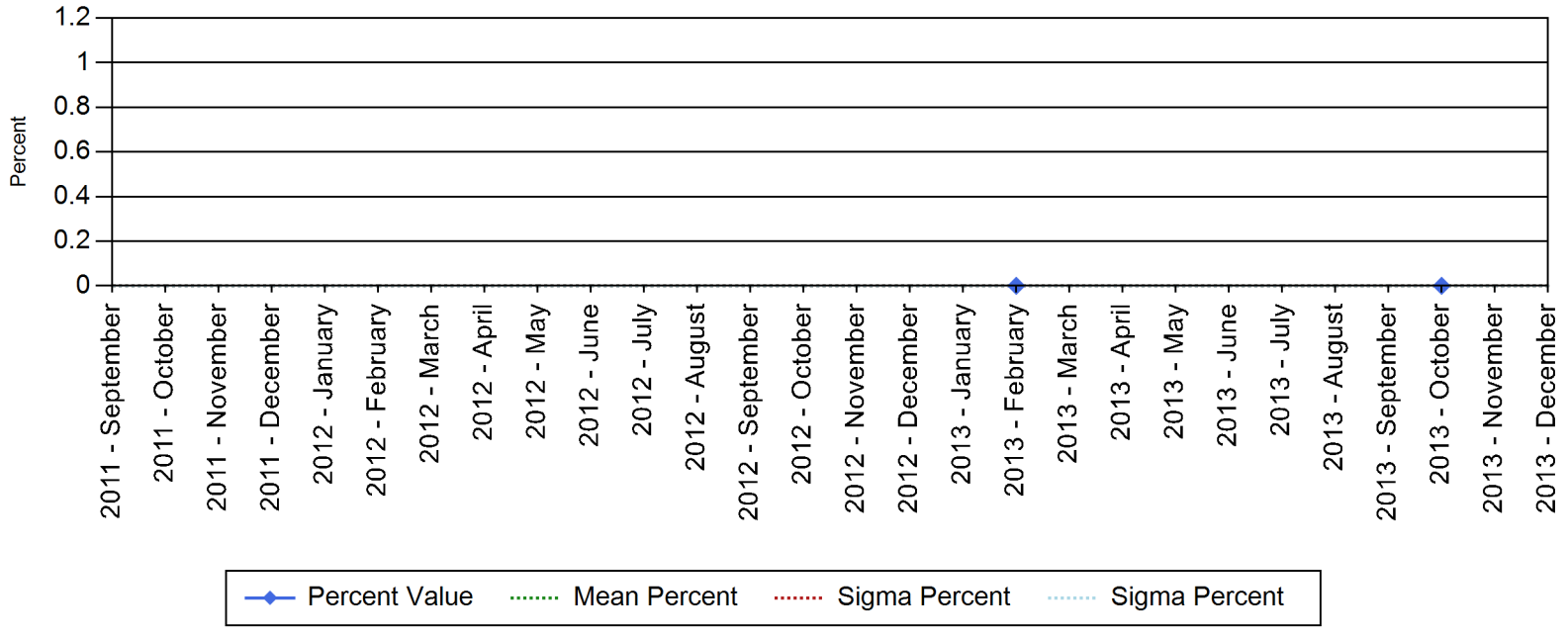
Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK6 16005 Discharged on Statin Medication



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK8 16007 Stroke Education

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	1	0.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	0	ND
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**0**	**1**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK8 16007 Stroke Education

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	0	1	0.00 %
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	0	0	ND
Totals:		**0**	**1**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK8 16007 Stroke Education

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	3	6	50.00 %	50.00 %	100.00 %	0.00 %	6
2012	4	24	30	80.00 %	100.00 %	100.00 %	0.00 %	22
2013	1	42	54	77.78 %	100.00 %	100.00 %	0.00 %	37
2013	2	36	62	58.06 %	100.00 %	100.00 %	0.00 %	35
2013	3	44	57	77.19 %	100.00 %	100.00 %	0.00 %	40
2013	4	45	56	80.36 %	100.00 %	100.00 %	0.00 %	38
2014	1	47	57	82.46 %	100.00 %	100.00 %	0.00 %	40
2014	2	54	63	85.71 %	100.00 %	100.00 %	0.00 %	40
2014	3	52	57	91.23 %	100.00 %	100.00 %	0.00 %	40
2014	4	46	55	83.64 %	100.00 %	100.00 %	0.00 %	34
2015	1	46	50	92.00 %	100.00 %	100.00 %	0.00 %	29
2015	2	54	60	90.00 %	100.00 %	100.00 %	0.00 %	39
2015	3	43	51	84.31 %	100.00 %	100.00 %	0.00 %	34
2015	4	43	50	86.00 %	100.00 %	100.00 %	0.00 %	34
2016	1	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**579**	**709**	**81.66 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK8 16007 Stroke Education

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	3147	3723	84.53%	89.47%	100.00%	0.00%	147
2011	2	3375	3799	88.84%	94.39%	100.00%	0.00%	138
2011	3	3291	3679	89.45%	95.00%	100.00%	0.00%	141
2011	4	3322	3724	89.21%	95.65%	100.00%	0.00%	142
2012	1	3506	3836	91.40%	95.83%	100.00%	0.00%	143
2012	2	3589	3934	91.23%	96.00%	100.00%	0.00%	140
2012	3	3539	3880	91.21%	96.08%	100.00%	0.00%	144
2012	4	3536	3829	92.35%	96.67%	100.00%	0.00%	146
2013	1	5134	5594	91.78%	96.21%	100.00%	0.00%	224
2013	2	5574	6000	92.90%	97.39%	100.00%	0.00%	228
2013	3	5838	6209	94.02%	100.00%	100.00%	0.00%	236
2013	4	5875	6285	93.48%	98.10%	100.00%	0.00%	248
2014	1	25008	26667	93.78%	100.00%	100.00%	0.00%	1227
2014	2	26866	28403	94.59%	100.00%	100.00%	0.00%	1229
2014	3	27281	28793	94.75%	100.00%	100.00%	0.00%	1246
2014	4	27332	28729	95.14%	100.00%	100.00%	0.00%	1261
2015	1	43740	46926	93.21%	100.00%	100.00%	0.00%	2323
2015	2	46521	49517	93.95%	100.00%	100.00%	0.00%	2341
2015	3	46547	49274	94.47%	100.00%	100.00%	0.00%	2338
2015	4	44653	47065	94.88%	100.00%	100.00%	0.00%	2307
	Sum:	337674	359866	93.83%				

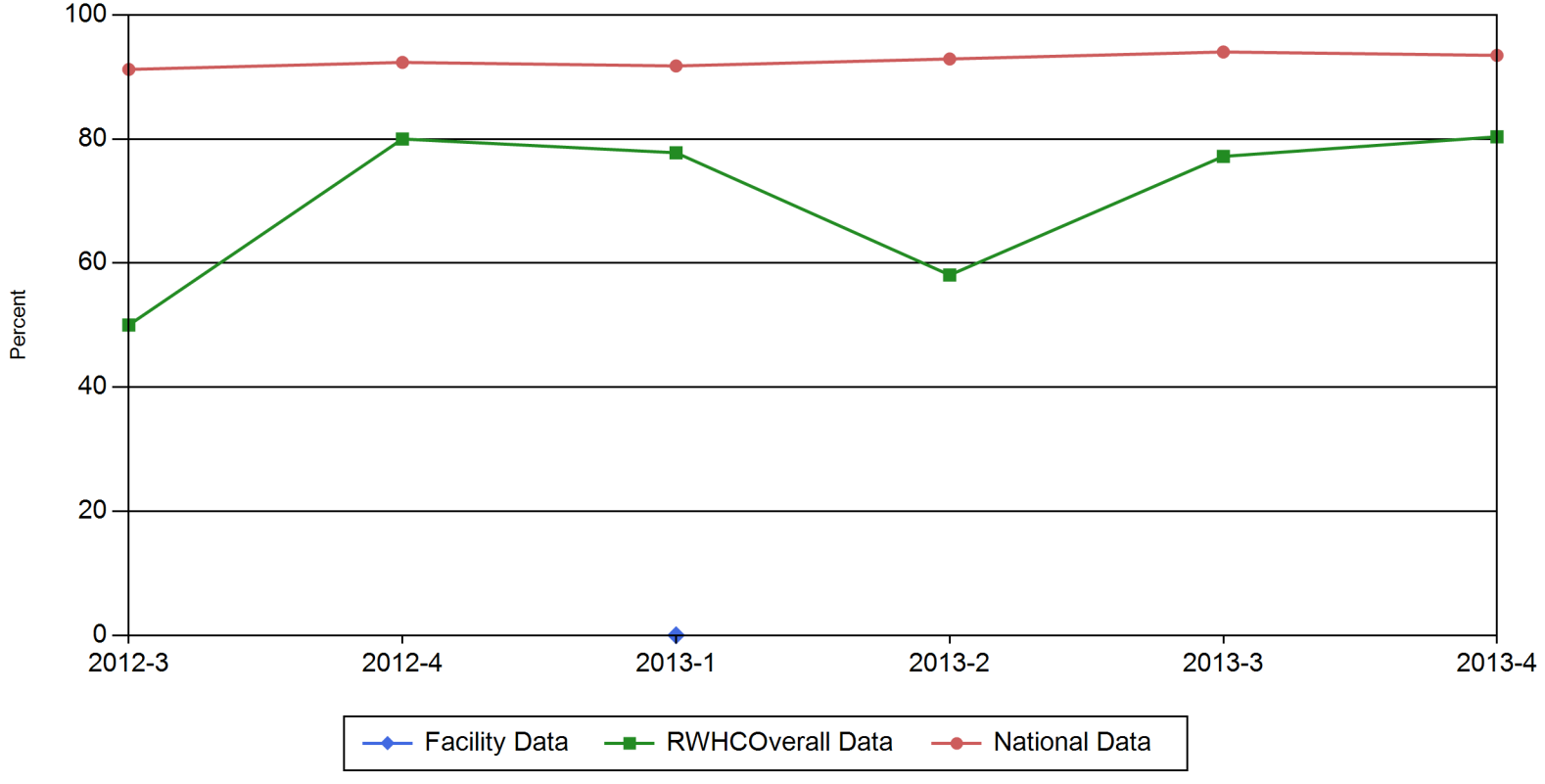
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK8 16007 Stroke Education



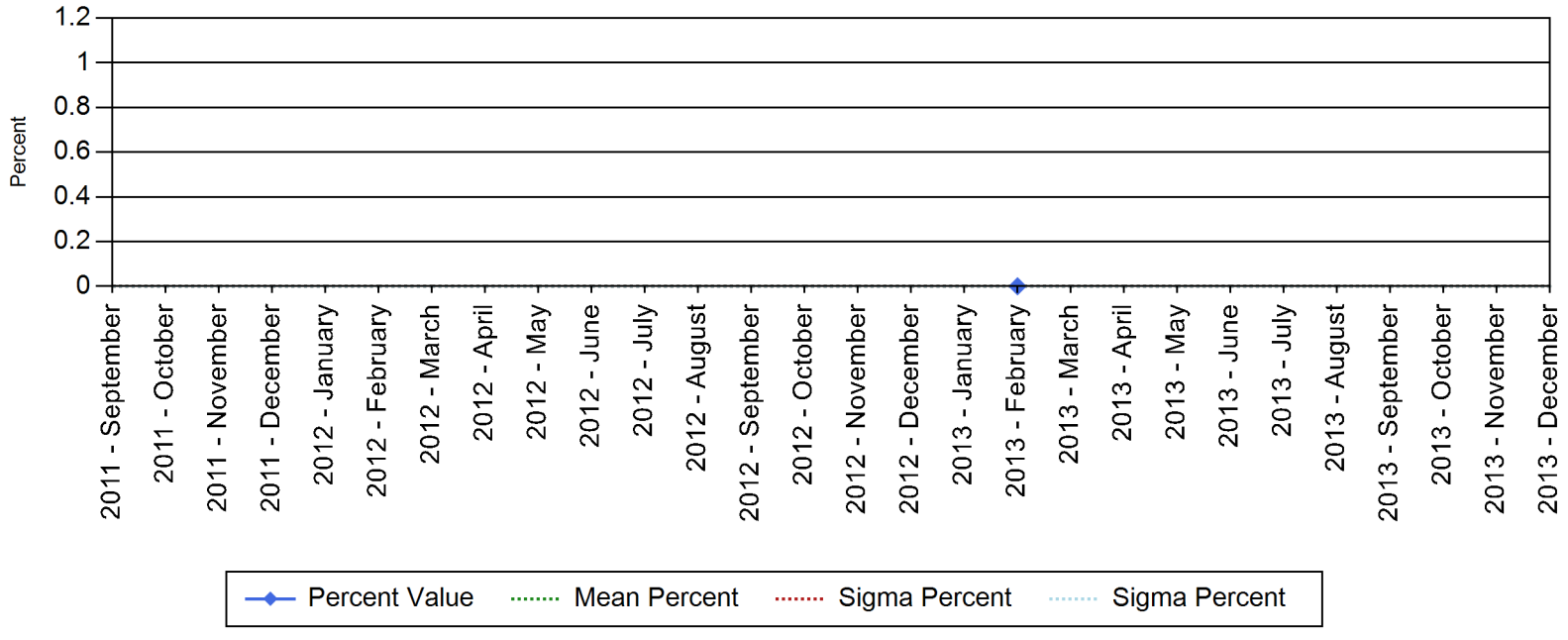
Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK8 16007 Stroke Education



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK10 16009 Assessed for Rehabilitation

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	ND	ND	ND
2013	2	0	2	0.00 %
2013	3	ND	ND	ND
2013	4	ND	ND	ND
2013	5	ND	ND	ND
2013	6	ND	ND	ND
2013	7	ND	ND	ND
2013	8	ND	ND	ND
2013	9	ND	ND	ND
2013	10	0	1	0.00 %
2013	11	ND	ND	ND
2013	12	ND	ND	ND
Totals:		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK10 16009 Assessed for Rehabilitation

Year	Quarter	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
Totals:				

Year	Quarter	Num	Den	%
2013	1	0	2	0.00 %
2013	2	ND	ND	ND
2013	3	ND	ND	ND
2013	4	0	1	0.00 %
Totals:		**0**	**3**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Stroke Report

STK10 16009 Assessed for Rehabilitation

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	12	14	85.71 %	100.00 %	100.00 %	0.00 %	11
2012	4	63	69	91.30 %	100.00 %	100.00 %	0.00 %	40
2013	1	113	120	94.17 %	100.00 %	100.00 %	0.00 %	66
2013	2	142	147	96.60 %	100.00 %	100.00 %	0.00 %	68
2013	3	96	103	93.20 %	100.00 %	100.00 %	0.00 %	57
2013	4	110	115	95.65 %	100.00 %	100.00 %	0.00 %	61
2014	1	132	136	97.06 %	100.00 %	100.00 %	0.00 %	70
2014	2	126	131	96.18 %	100.00 %	100.00 %	0.00 %	63
2014	3	121	123	98.37 %	100.00 %	100.00 %	0.00 %	62
2014	4	107	113	94.69 %	100.00 %	100.00 %	50.00 %	65
2015	1	83	90	92.22 %	100.00 %	100.00 %	0.00 %	48
2015	2	87	90	96.67 %	100.00 %	100.00 %	0.00 %	41
2015	3	89	91	97.80 %	100.00 %	100.00 %	66.67 %	41
2015	4	90	91	98.90 %	100.00 %	100.00 %	0.00 %	41
2016	1	1	1	100.00 %	100.00 %	100.00 %	100.00 %	1
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**1372**	**1434**	**95.68 %**				

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Stroke Report

STK10 16009 Assessed for Rehabilitation

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	7057	7252	97.31%	100.00%	100.00%	50.00%	150
2011	2	6997	7196	97.23%	100.00%	100.00%	33.33%	142
2011	3	6746	6916	97.54%	100.00%	100.00%	0.00%	142
2011	4	6931	7051	98.30%	100.00%	100.00%	50.00%	143
2012	1	6985	7112	98.21%	100.00%	100.00%	0.00%	145
2012	2	7044	7154	98.46%	100.00%	100.00%	50.00%	144
2012	3	7036	7169	98.14%	100.00%	100.00%	62.16%	146
2012	4	7207	7300	98.73%	100.00%	100.00%	50.00%	147
2013	1	10325	10491	98.42%	100.00%	100.00%	60.00%	226
2013	2	10783	10958	98.40%	100.00%	100.00%	60.00%	230
2013	3	10925	11134	98.12%	100.00%	100.00%	50.00%	238
2013	4	11382	11543	98.61%	100.00%	100.00%	48.08%	250
2014	1	49929	50655	98.57%	100.00%	100.00%	0.00%	1242
2014	2	51758	52465	98.65%	100.00%	100.00%	0.00%	1252
2014	3	52078	52751	98.72%	100.00%	100.00%	50.00%	1264
2014	4	53139	53789	98.79%	100.00%	100.00%	0.00%	1277
2015	1	86791	88194	98.41%	100.00%	100.00%	0.00%	2417
2015	2	89024	90333	98.55%	100.00%	100.00%	0.00%	2432
2015	3	88062	89402	98.50%	100.00%	100.00%	0.00%	2421
2015	4	87036	88154	98.73%	100.00%	100.00%	0.00%	2398
	Sum:	657235	667019	98.53%				

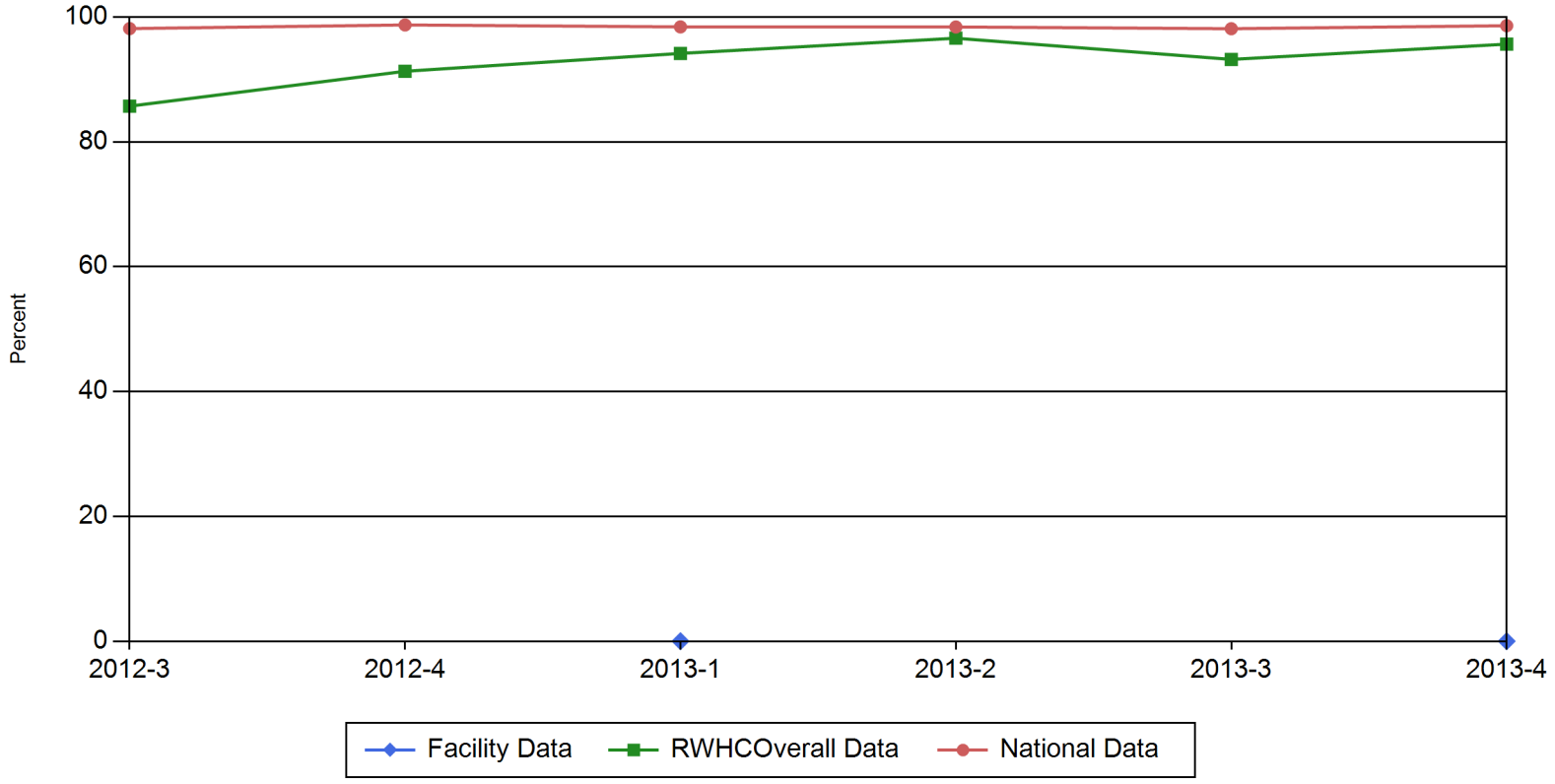
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RWHC Core Measure Program Comparison Report by Year-Quarter

Stroke Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK10 16009 Assessed for Rehabilitation



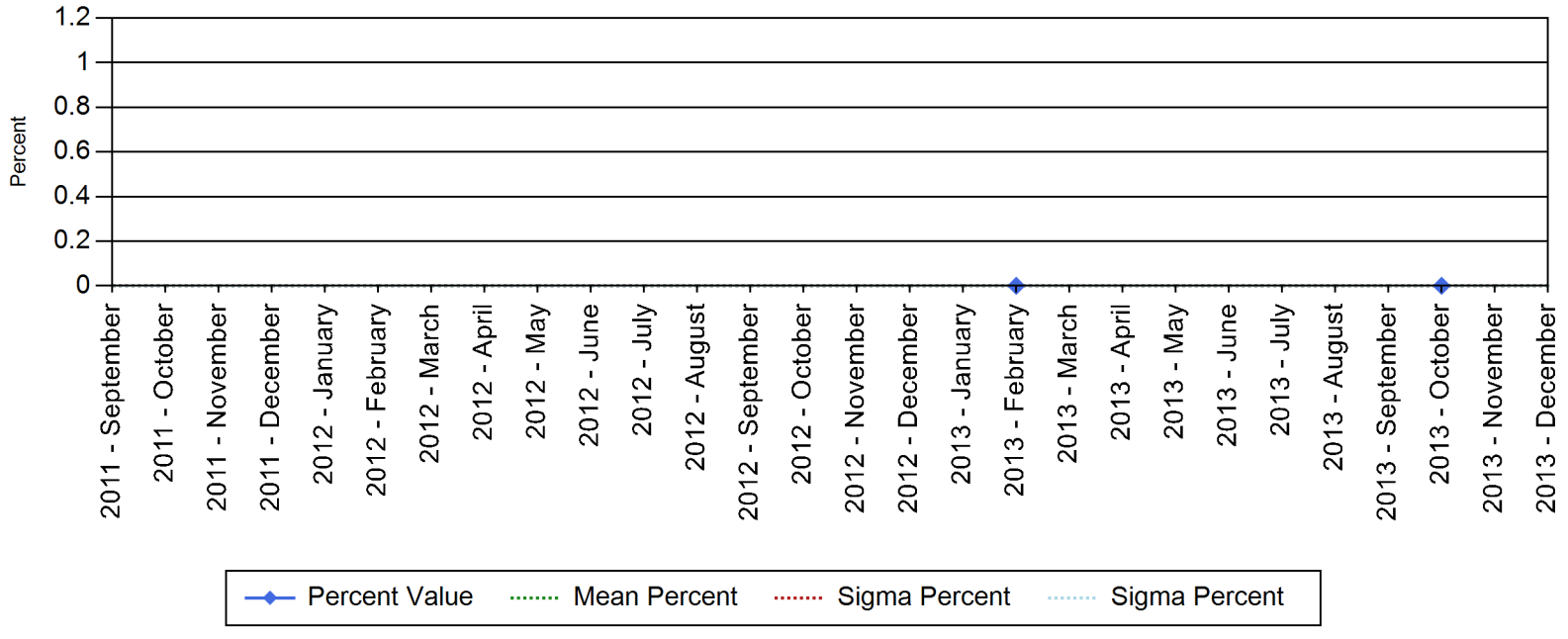
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RWHC Core Measure Program Control Chart

Stroke Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

STK10 16009 Assessed for Rehabilitation



For presentation purposes, Y-axis may not start at 0.

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A trend of 6 consecutive data points steadily increasing or decreasing.

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XVI. Additional Questions

24. Provide documents showing quality metrics for Unicoi Hospital before its acquisition by Mountain States.

Rural Wisconsin Healthcare (RWHC) is the vendor utilized by UCMH for submission of data for ORYX Core measures required by Joint Commission and CMS. RWHC was contacted and data request for all data prior to November 2013 acquisition was requested. MSHA was unable to locate any documents onsite at UCMH related to Quality for 2012 or early 2013.

RWHC Quality Indicators Program
Venous Thromboembolism Measure Set
Fourth Quarter 2013

8/25/2016

Prepared and Presented To:

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

880 Independence Lane • Sauk City, Wisconsin 53583 • (800) 225-2531 • FAX (800) 896-4233 • www.rwhc.com

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE1 15971 Venous Thromboembolism Prophylaxis

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	5	14	35.71 %
2013	2	5	15	33.33 %
2013	3	3	13	23.08 %
2013	4	3	11	27.27 %
2013	5	6	19	31.58 %
2013	6	5	13	38.46 %
2013	7	6	12	50.00 %
2013	8	2	6	33.33 %
2013	9	1	10	10.00 %
2013	10	5	12	41.67 %
2013	11	1	7	14.29 %
2013	12	1	5	20.00 %
Totals:		**43**	**137**	**31.39 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE1 15971 Venous Thromboembolism Prophylaxis

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	13	42	30.95 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	14	43	32.56 %
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	9	28	32.14 %
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	7	24	29.17 %
Totals:					**Totals:**					**Totals:**		**43**	**137**	**31.39 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE1 15971 Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	524	732	71.58 %	83.33 %	100.00 %	14.29 %	27
2012	4	1799	2407	74.74 %	87.50 %	100.00 %	0.00 %	84
2013	1	3329	4332	76.85 %	84.36 %	100.00 %	0.00 %	132
2013	2	3422	4123	83.00 %	88.89 %	100.00 %	27.27 %	136
2013	3	2869	3437	83.47 %	91.67 %	100.00 %	0.00 %	137
2013	4	2706	3189	84.85 %	94.74 %	100.00 %	0.00 %	141
2014	1	3148	3617	87.03 %	96.43 %	100.00 %	0.00 %	143
2014	2	3046	3452	88.24 %	98.33 %	100.00 %	3.57 %	141
2014	3	2814	3077	91.45 %	100.00 %	100.00 %	4.35 %	137
2014	4	2986	3204	93.20 %	100.00 %	100.00 %	3.23 %	138
2015	1	3888	4196	92.66 %	97.44 %	100.00 %	0.00 %	158
2015	2	3760	4033	93.23 %	100.00 %	100.00 %	0.00 %	162
2015	3	3501	3773	92.79 %	97.67 %	100.00 %	0.00 %	159
2015	4	3635	3909	92.99 %	97.50 %	100.00 %	0.00 %	167
2016	1	13	114	11.40 %	10.00 %	20.00 %	5.13 %	3
2016	2	11	101	10.89 %	10.26 %	15.38 %	8.33 %	3
2016	3	2	43	4.65 %	2.70 %	5.41 %	0.00 %	2
2016	4	0	0					0
	Totals:	**41453**	**47739**	**86.83 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE1 15971 Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	4613	5167	89.28%	90.00%	100.00%	38.10%	71
2011	2	3829	4298	89.09%	88.76%	100.00%	25.00%	71
2011	3	3828	4299	89.04%	93.06%	100.00%	37.50%	73
2011	4	4091	4525	90.41%	93.75%	100.00%	0.00%	71
2012	1	4883	5425	90.01%	95.18%	100.00%	40.00%	81
2012	2	4538	5031	90.20%	94.02%	100.00%	33.33%	82
2012	3	4622	5259	87.89%	94.36%	100.00%	42.86%	85
2012	4	5213	5729	90.99%	95.00%	100.00%	42.86%	87
2013	1	9603	10677	89.94%	94.49%	100.00%	0.00%	140
2013	2	8977	9705	92.50%	96.14%	100.00%	0.00%	132
2013	3	8959	9603	93.29%	97.06%	100.00%	0.00%	134
2013	4	9446	10031	94.17%	97.18%	100.00%	66.67%	139
2014	1	74675	80908	92.30%	95.65%	100.00%	0.36%	876
2014	2	74841	80178	93.34%	96.43%	100.00%	4.00%	886
2014	3	75852	80772	93.91%	96.88%	100.00%	0.00%	899
2014	4	78466	82775	94.79%	97.48%	100.00%	17.65%	911
2015	1	249282	263877	94.47%	96.91%	100.00%	2.82%	2634
2015	2	241885	254523	95.03%	97.39%	100.00%	0.00%	2648
2015	3	239467	250912	95.44%	97.60%	100.00%	0.00%	2653
2015	4	240939	251931	95.64%	97.83%	100.00%	1.39%	2656
	Sum:	1348009	1425625	94.56%				

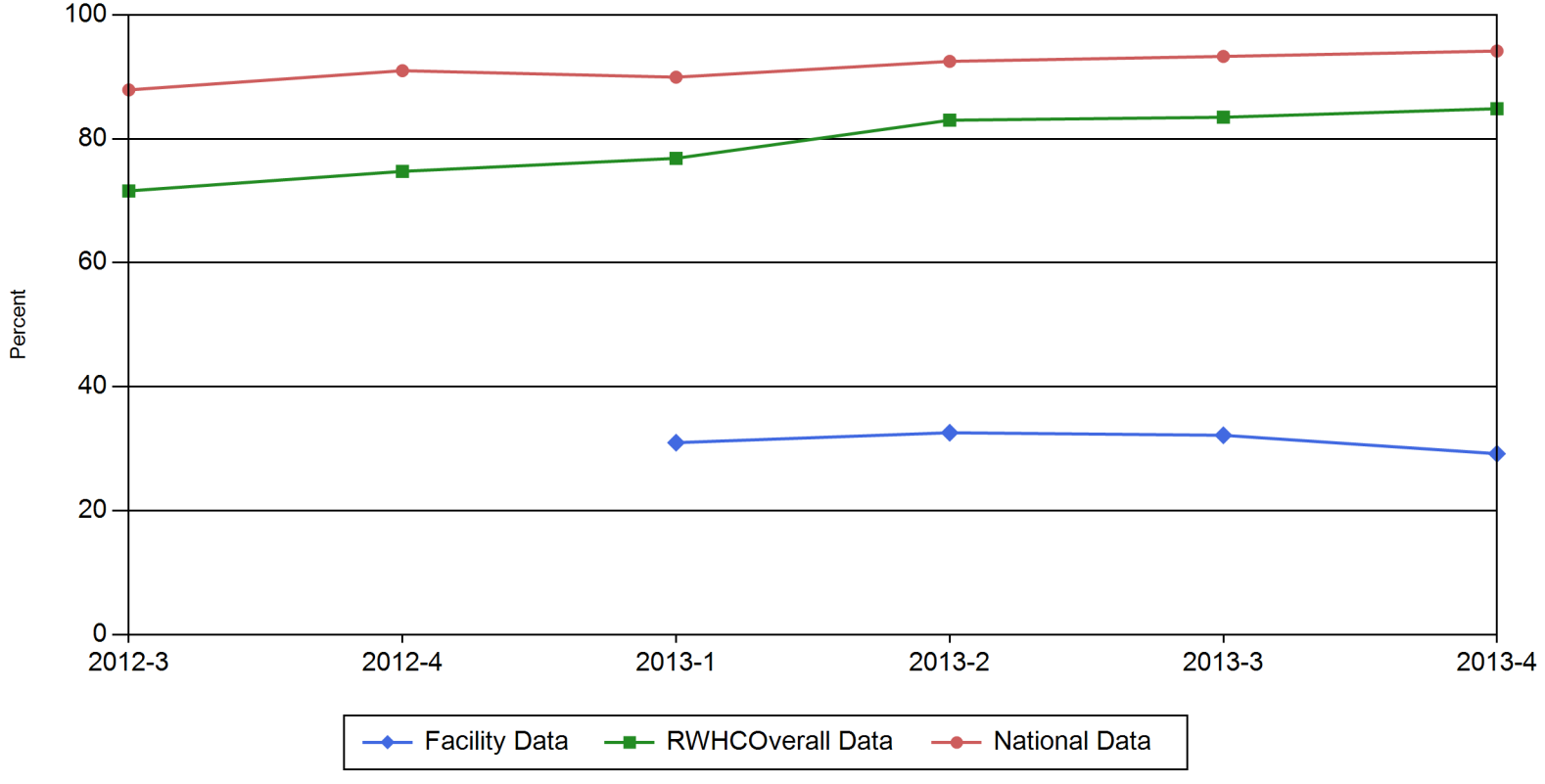
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE1 15971 Venous Thromboembolism Prophylaxis



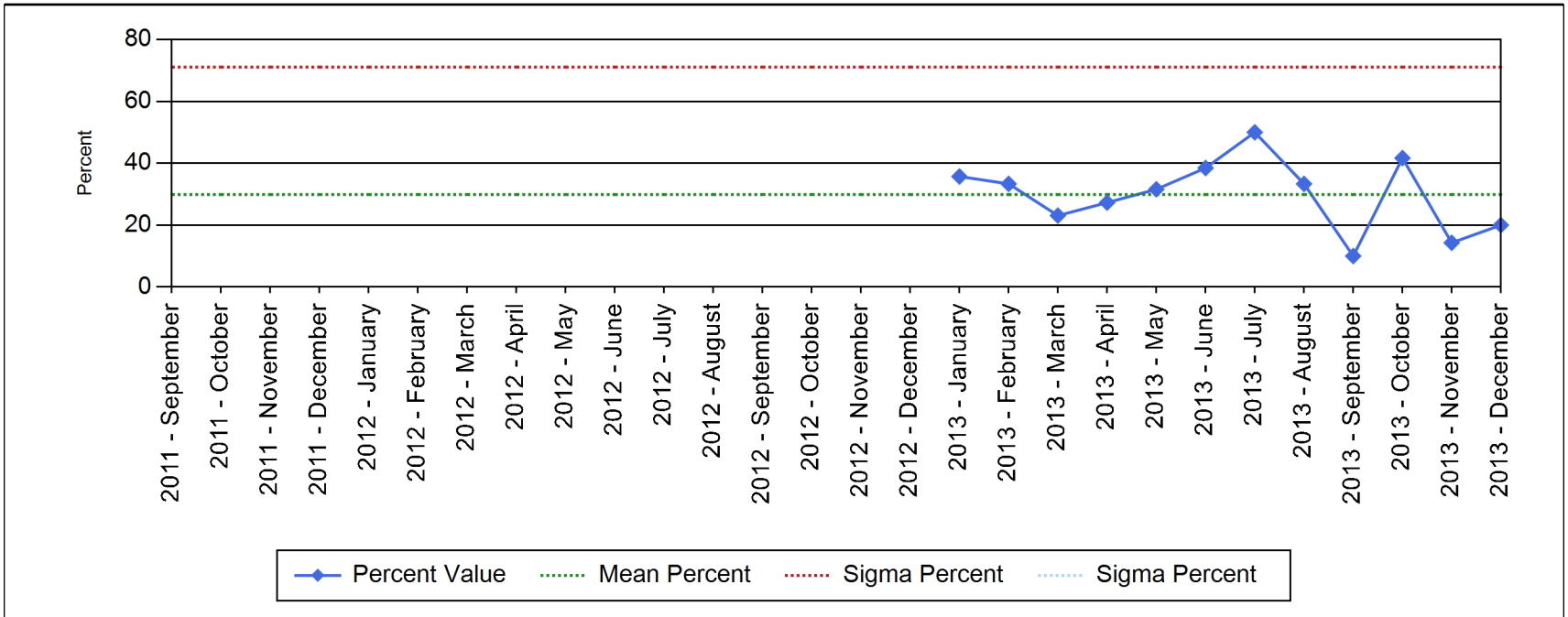
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RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE1 15971 Venous Thromboembolism Prophylaxis



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	1	0.00 %
2013	10	0	1	0.00 %
2013	11	0	0	ND
2013	12	0	0	ND
Totals:		**0**	**2**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	0	ND
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	0	0	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	0	1	0.00 %
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	1	0.00 %
Totals:					**Totals:**					**Totals:**		**0**	**2**	**0.00 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	72	81	88.89 %	100.00 %	100.00 %	40.00 %	14
2012	4	226	258	87.60 %	100.00 %	100.00 %	25.00 %	41
2013	1	556	653	85.15 %	100.00 %	100.00 %	0.00 %	77
2013	2	593	698	84.96 %	100.00 %	100.00 %	0.00 %	80
2013	3	447	534	83.71 %	100.00 %	100.00 %	0.00 %	84
2013	4	423	470	90.00 %	100.00 %	100.00 %	0.00 %	77
2014	1	517	584	88.53 %	100.00 %	100.00 %	0.00 %	88
2014	2	467	508	91.93 %	100.00 %	100.00 %	33.33 %	79
2014	3	445	474	93.88 %	100.00 %	100.00 %	0.00 %	77
2014	4	485	510	95.10 %	100.00 %	100.00 %	0.00 %	76
2015	1	529	570	92.81 %	100.00 %	100.00 %	0.00 %	84
2015	2	491	519	94.61 %	100.00 %	100.00 %	33.33 %	77
2015	3	445	469	94.88 %	100.00 %	100.00 %	0.00 %	78
2015	4	459	476	96.43 %	100.00 %	100.00 %	0.00 %	81
2016	1	14	16	87.50 %	83.33 %	100.00 %	80.00 %	3
2016	2	16	16	100.00 %	100.00 %	100.00 %	100.00 %	3
2016	3	1	2	50.00 %	50.00 %	50.00 %	50.00 %	1
2016	4	0	0					0
	Totals:	**6186**	**6838**	**90.47 %**				

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	736	793	92.81%	94.25%	100.00%	50.00%	47
2011	2	710	752	94.41%	100.00%	100.00%	66.67%	47
2011	3	686	727	94.36%	100.00%	100.00%	50.00%	47
2011	4	816	852	95.77%	100.00%	100.00%	0.00%	48
2012	1	915	982	93.18%	100.00%	100.00%	0.00%	51
2012	2	848	888	95.50%	100.00%	100.00%	67.50%	53
2012	3	828	895	92.51%	100.00%	100.00%	70.00%	57
2012	4	1033	1096	94.25%	100.00%	100.00%	57.89%	57
2013	1	2040	2176	93.75%	100.00%	100.00%	50.00%	105
2013	2	1865	1958	95.25%	100.00%	100.00%	33.33%	97
2013	3	1984	2064	96.12%	100.00%	100.00%	71.43%	100
2013	4	2128	2199	96.77%	100.00%	100.00%	50.00%	102
2014	1	18166	18961	95.81%	100.00%	100.00%	44.44%	787
2014	2	18054	18728	96.40%	100.00%	100.00%	0.00%	801
2014	3	18162	18735	96.94%	100.00%	100.00%	40.00%	803
2014	4	18571	19108	97.19%	100.00%	100.00%	0.00%	813
2015	1	58885	60692	97.02%	100.00%	100.00%	0.00%	2405
2015	2	57981	59602	97.28%	100.00%	100.00%	0.00%	2414
2015	3	57555	59020	97.52%	100.00%	100.00%	0.00%	2415
2015	4	60124	61644	97.53%	100.00%	100.00%	0.00%	2413
	Sum:	322087	331872	97.05%				

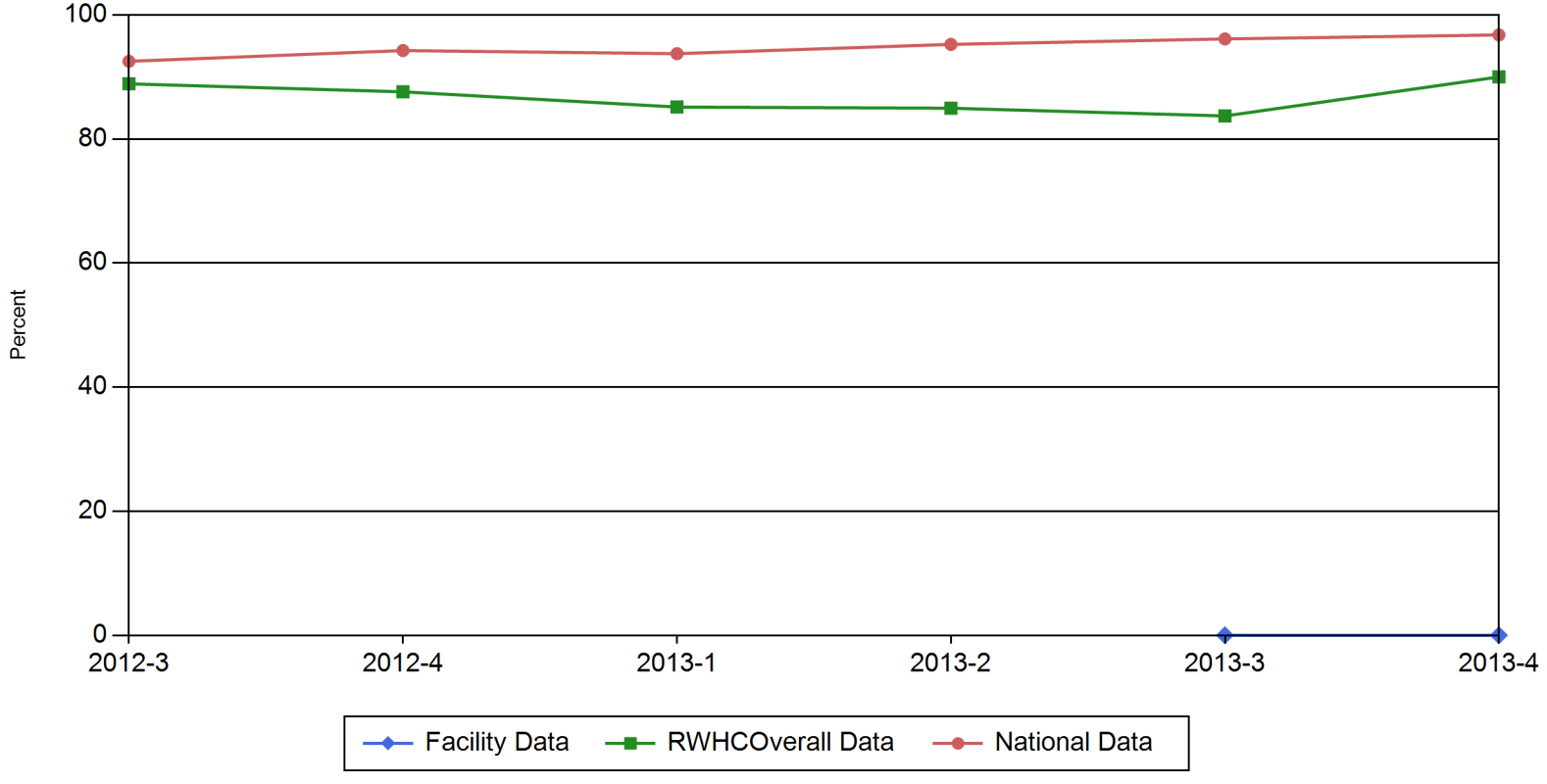
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis



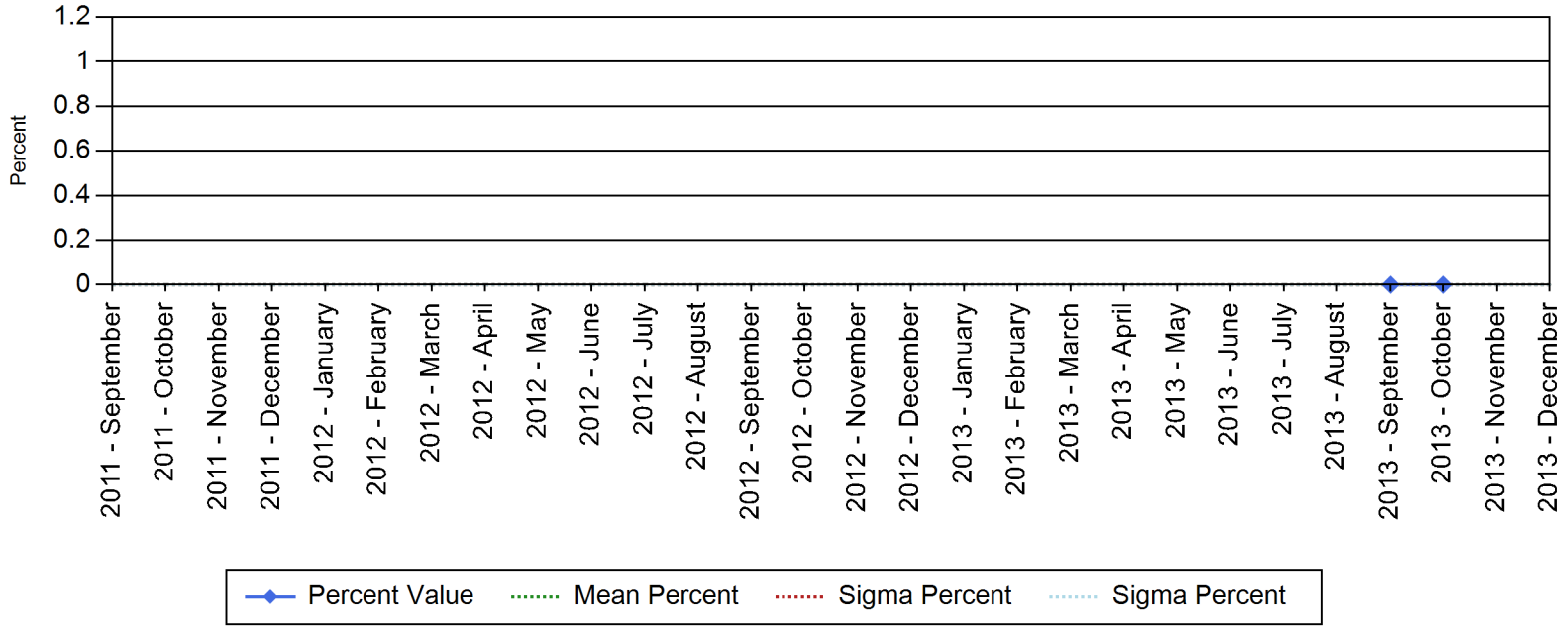
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RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE2 15972 Intensive Care Unit Venous Thromboembolism Prophylaxis



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	1	1	100.00 %
2013	2	2	4	50.00 %
2013	3	2	2	100.00 %
2013	4	4	4	100.00 %
2013	5	1	1	100.00 %
2013	6	2	2	100.00 %
2013	7	0	4	0.00 %
2013	8	1	3	33.33 %
2013	9	0	1	0.00 %
2013	10	0	1	0.00 %
2013	11	0	0	ND
2013	12	0	0	ND
Totals:		**13**	**23**	**56.52 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	5	7	71.43 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	7	7	100.00 %
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	1	8	12.50 %
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	1	0.00 %
Totals:					**Totals:**					**Totals:**		**13**	**23**	**56.52 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	10	12	83.33 %	100.00 %	100.00 %	0.00 %	10
2012	4	76	85	89.41 %	100.00 %	100.00 %	0.00 %	34
2013	1	115	135	85.19 %	100.00 %	100.00 %	0.00 %	77
2013	2	106	116	91.38 %	100.00 %	100.00 %	0.00 %	68
2013	3	98	113	86.73 %	100.00 %	100.00 %	0.00 %	71
2013	4	116	128	90.63 %	100.00 %	100.00 %	0.00 %	75
2014	1	94	104	90.38 %	100.00 %	100.00 %	0.00 %	61
2014	2	95	106	89.62 %	100.00 %	100.00 %	0.00 %	56
2014	3	67	73	91.78 %	100.00 %	100.00 %	0.00 %	41
2014	4	85	93	91.40 %	100.00 %	100.00 %	0.00 %	54
2015	1	84	92	91.30 %	100.00 %	100.00 %	0.00 %	55
2015	2	102	110	92.73 %	100.00 %	100.00 %	0.00 %	64
2015	3	104	115	90.43 %	100.00 %	100.00 %	0.00 %	61
2015	4	74	81	91.36 %	100.00 %	100.00 %	0.00 %	57
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**1226**	**1363**	**89.95 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	571	601	95.01%	100.00%	100.00%	0.00%	50
2011	2	594	621	95.65%	100.00%	100.00%	0.00%	49
2011	3	613	635	96.54%	100.00%	100.00%	0.00%	53
2011	4	551	562	98.04%	100.00%	100.00%	50.00%	51
2012	1	630	658	95.74%	100.00%	100.00%	50.00%	58
2012	2	633	669	94.62%	100.00%	100.00%	0.00%	61
2012	3	692	724	95.58%	100.00%	100.00%	50.00%	65
2012	4	655	691	94.79%	100.00%	100.00%	0.00%	62
2013	1	1856	1935	95.92%	100.00%	100.00%	0.00%	110
2013	2	1447	1510	95.83%	100.00%	100.00%	0.00%	107
2013	3	1371	1424	96.28%	100.00%	100.00%	0.00%	100
2013	4	1450	1498	96.80%	100.00%	100.00%	0.00%	106
2014	1	11764	12314	95.53%	100.00%	100.00%	0.00%	797
2014	2	10622	11098	95.71%	100.00%	100.00%	0.00%	805
2014	3	10854	11291	96.13%	100.00%	100.00%	0.00%	813
2014	4	10606	11013	96.30%	100.00%	100.00%	0.00%	815
2015	1	40089	42738	93.80%	100.00%	100.00%	0.00%	2436
2015	2	36439	38735	94.07%	100.00%	100.00%	0.00%	2430
2015	3	36439	38718	94.11%	100.00%	100.00%	0.00%	2423
2015	4	34112	36218	94.19%	100.00%	100.00%	0.00%	2400
	Sum:	201988	213653	94.54%				

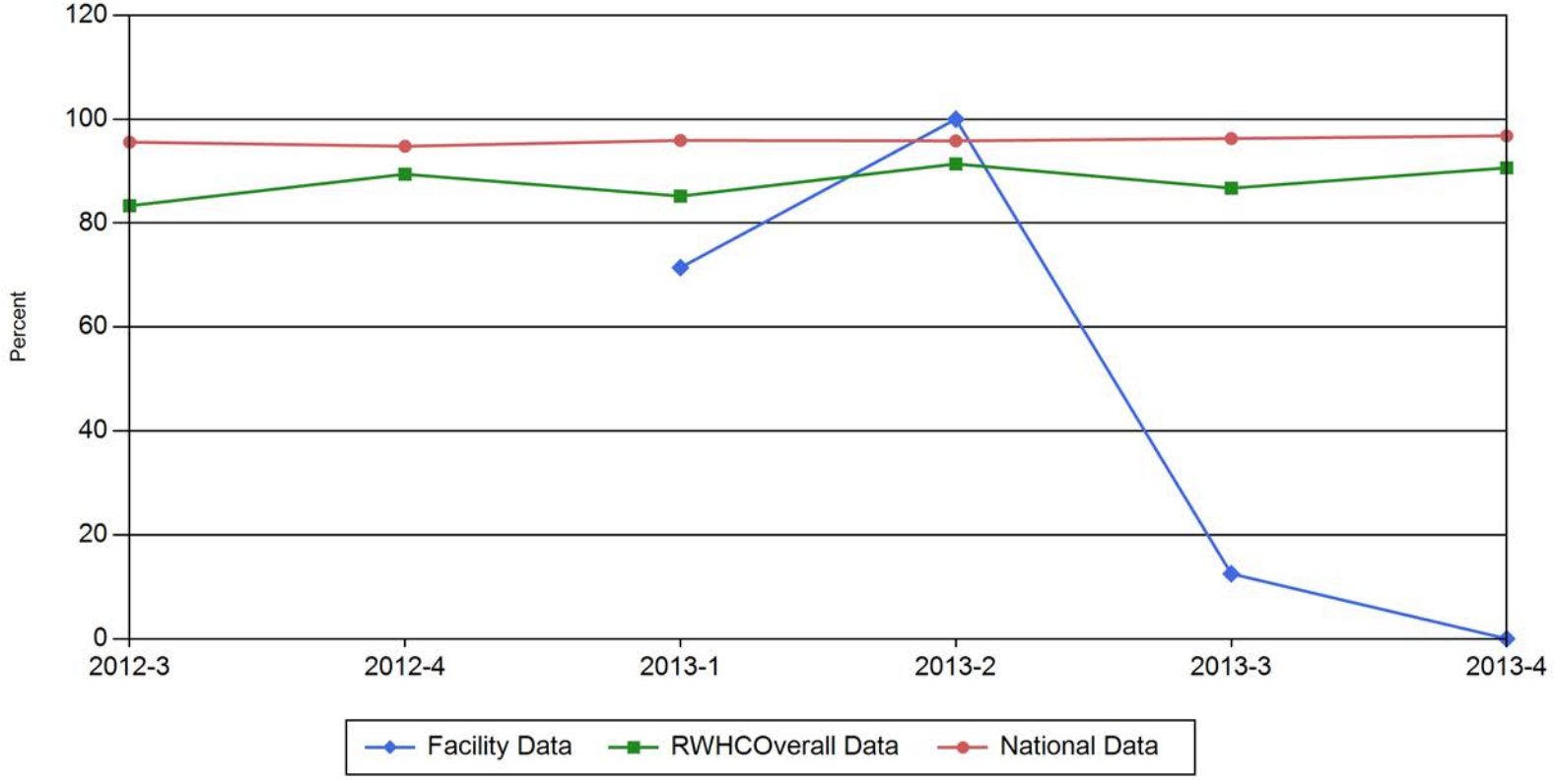
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy



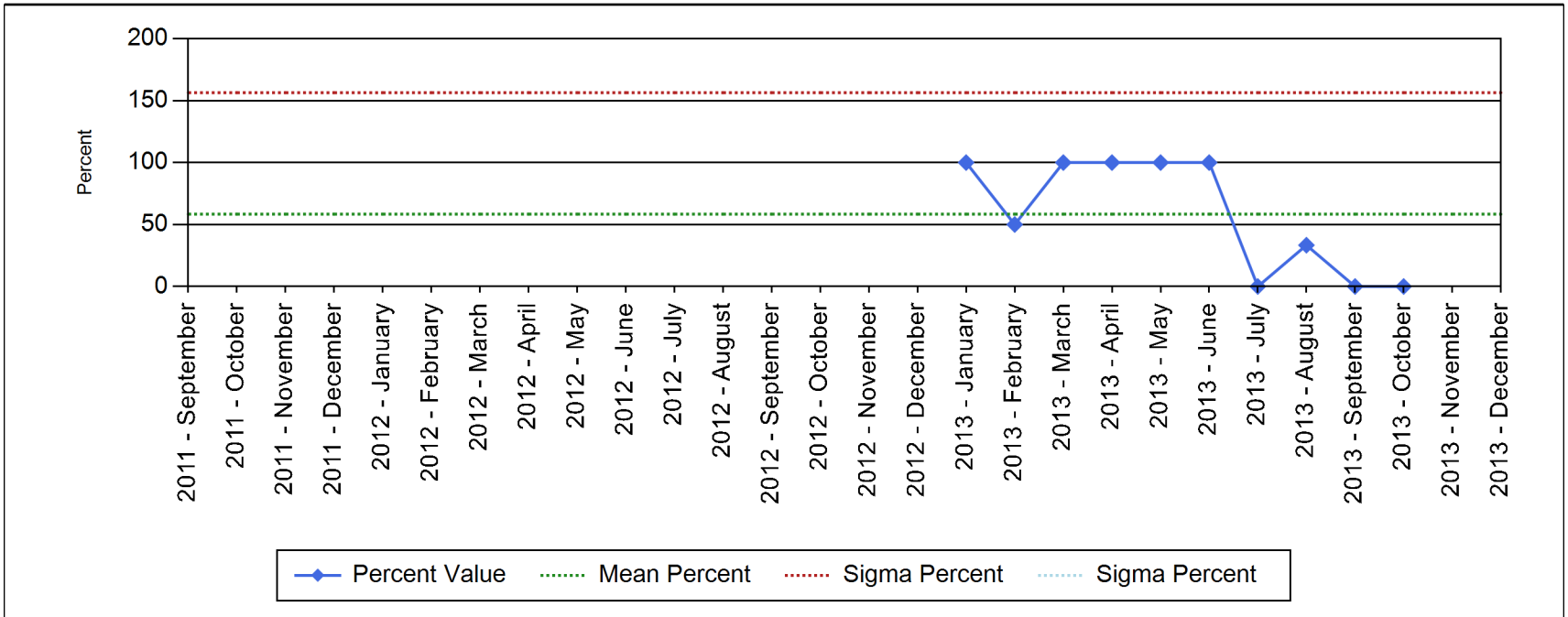
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RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE3 15973 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	0	0	ND
2013	3	0	0	ND
2013	4	0	0	ND
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:				**NaN**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	0	0	ND
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	0	0	ND
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	0	0	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**				**ND**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	2	2	100.00 %	100.00 %	100.00 %	100.00 %	2
2012	4	8	8	100.00 %	100.00 %	100.00 %	100.00 %	6
2013	1	35	38	92.11 %	100.00 %	100.00 %	0.00 %	30
2013	2	29	30	96.67 %	100.00 %	100.00 %	0.00 %	23
2013	3	19	20	95.00 %	100.00 %	100.00 %	0.00 %	17
2013	4	28	31	90.32 %	100.00 %	100.00 %	0.00 %	27
2014	1	24	24	100.00 %	100.00 %	100.00 %	100.00 %	20
2014	2	25	25	100.00 %	100.00 %	100.00 %	100.00 %	19
2014	3	20	23	86.96 %	100.00 %	100.00 %	0.00 %	19
2014	4	19	19	100.00 %	100.00 %	100.00 %	100.00 %	14
2015	1	9	9	100.00 %	100.00 %	100.00 %	100.00 %	9
2015	2	12	13	92.31 %	100.00 %	100.00 %	50.00 %	12
2015	3	5	6	83.33 %	100.00 %	100.00 %	0.00 %	6
2015	4	3	4	75.00 %	100.00 %	100.00 %	0.00 %	4
2016	1	0	0					0
2016	2	0	0					0
2016	3	0	0					0
2016	4	0	0					0
	Totals:	**238**	**252**	**94.44 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	320	332	96.39%	100.00%	100.00%	33.33%	32
2011	2	304	310	98.06%	100.00%	100.00%	76.47%	29
2011	3	314	324	96.91%	100.00%	100.00%	0.00%	34
2011	4	285	290	98.28%	100.00%	100.00%	76.19%	31
2012	1	331	342	96.78%	100.00%	100.00%	0.00%	37
2012	2	353	357	98.88%	100.00%	100.00%	0.00%	37
2012	3	305	308	99.03%	100.00%	100.00%	0.00%	36
2012	4	326	328	99.39%	100.00%	100.00%	80.00%	37
2013	1	1028	1075	95.63%	100.00%	100.00%	0.00%	79
2013	2	986	999	98.70%	100.00%	100.00%	0.00%	80
2013	3	1005	1016	98.92%	100.00%	100.00%	66.67%	78
2013	4	1060	1071	98.97%	100.00%	100.00%	50.00%	84
2014	1	7923	7997	99.07%	100.00%	100.00%	0.00%	673
2014	2	7601	7678	99.00%	100.00%	100.00%	0.00%	687
2014	3	7974	8044	99.13%	100.00%	100.00%	0.00%	701
2014	4	8316	8378	99.26%	100.00%	100.00%	0.00%	713
	Sum:	38431	38849	98.92%				

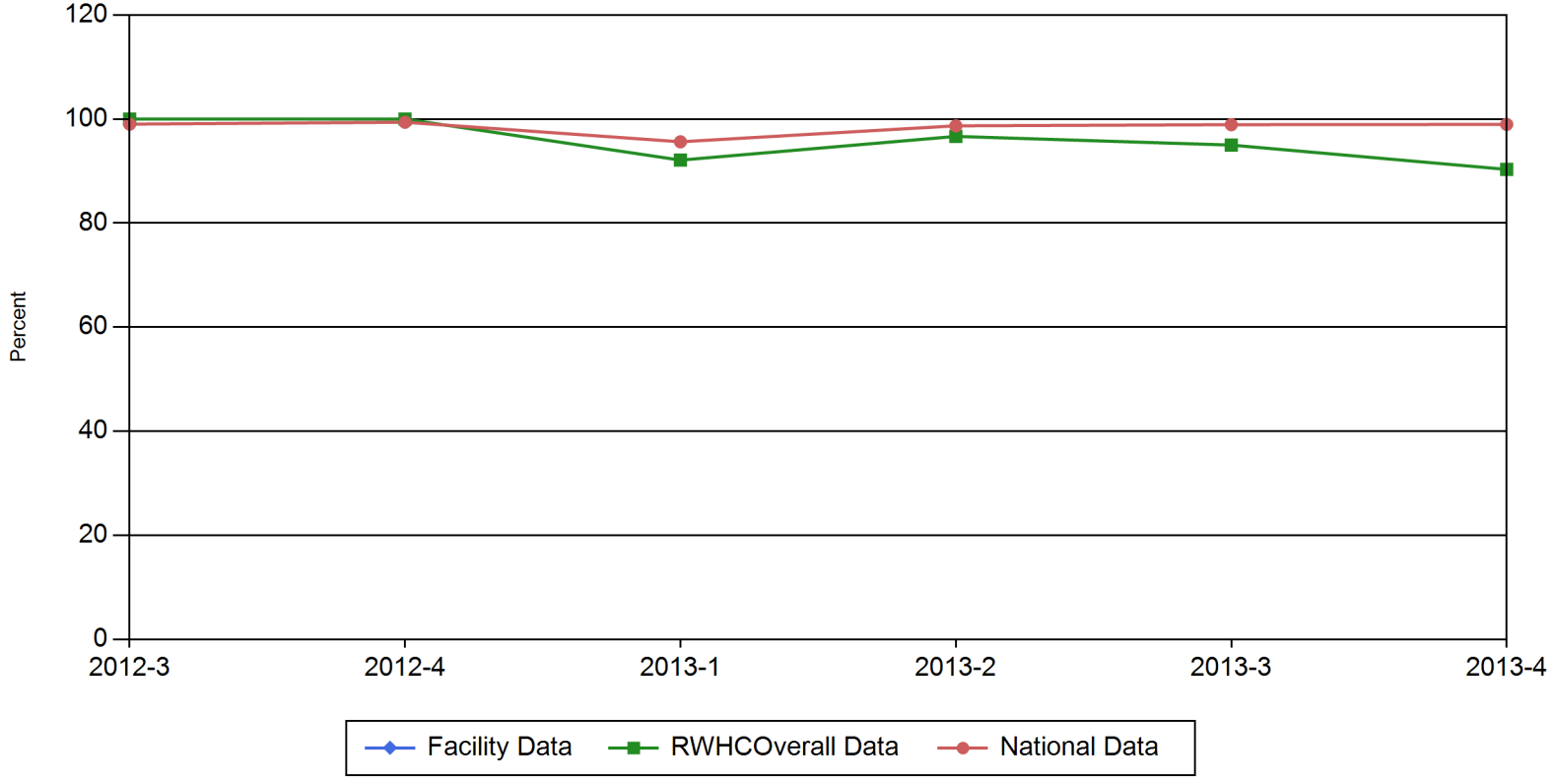
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RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram



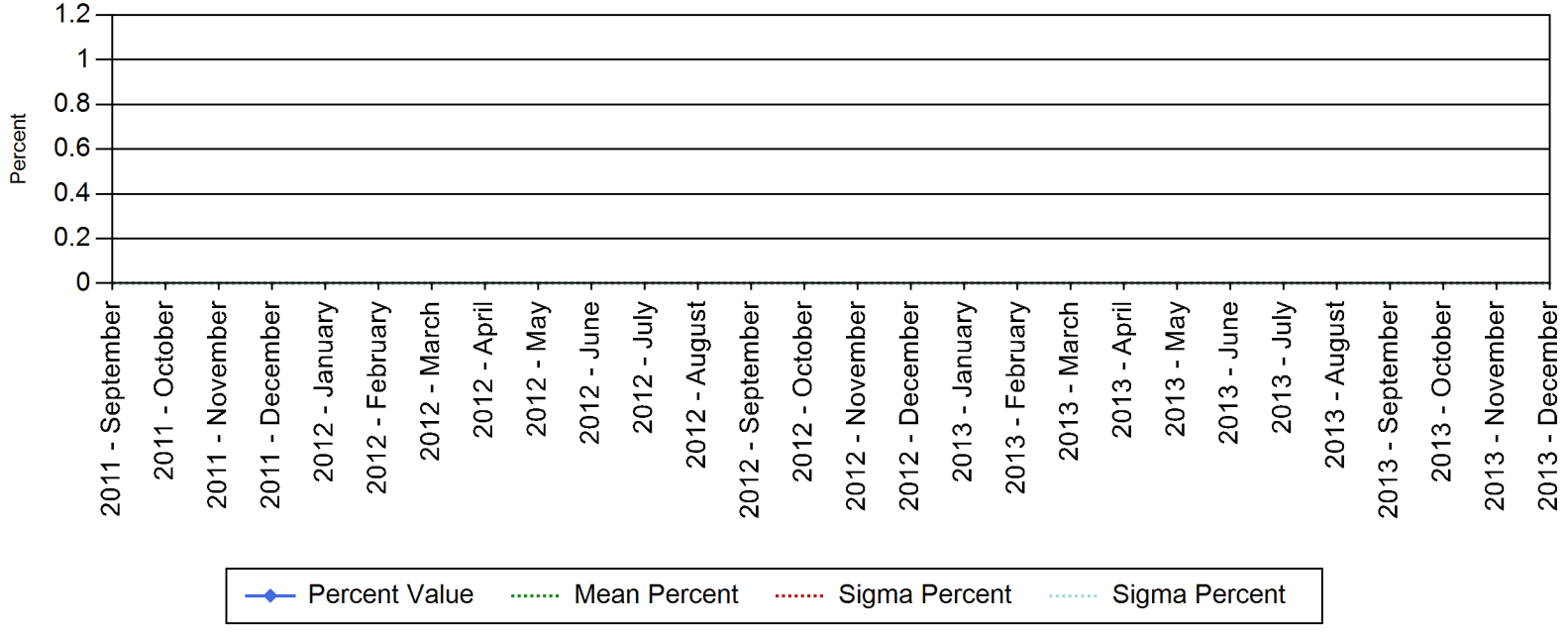
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RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE4 15974 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosage/Platelet Count Monitoring by Protocol or Nomogram



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	1	0.00 %
2013	2	1	5	20.00 %
2013	3	0	2	0.00 %
2013	4	0	4	0.00 %
2013	5	0	2	0.00 %
2013	6	0	1	0.00 %
2013	7	0	4	0.00 %
2013	8	0	3	0.00 %
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:		**1**	**22**	**4.55 %**

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	1	8	12.50 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	0	7	0.00 %
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	0	7	0.00 %
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**		**1**	**22**	**4.55 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

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Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	5	7	71.43 %	100.00 %	100.00 %	0.00 %	6
2012	4	59	72	81.94 %	100.00 %	100.00 %	0.00 %	31
2013	1	74	102	72.55 %	100.00 %	100.00 %	0.00 %	63
2013	2	74	91	81.32 %	100.00 %	100.00 %	0.00 %	55
2013	3	75	93	80.65 %	100.00 %	100.00 %	0.00 %	64
2013	4	92	99	92.93 %	100.00 %	100.00 %	0.00 %	62
2014	1	70	83	84.34 %	100.00 %	100.00 %	0.00 %	49
2014	2	78	84	92.86 %	100.00 %	100.00 %	0.00 %	51
2014	3	45	50	90.00 %	100.00 %	100.00 %	0.00 %	31
2014	4	58	64	90.63 %	100.00 %	100.00 %	0.00 %	45
2015	1	61	64	95.31 %	100.00 %	100.00 %	0.00 %	44
2015	2	72	80	90.00 %	100.00 %	100.00 %	0.00 %	53
2015	3	82	84	97.62 %	100.00 %	100.00 %	0.00 %	56
2015	4	50	53	94.34 %	100.00 %	100.00 %	0.00 %	41
2016	1	46	51	90.20 %	100.00 %	100.00 %	0.00 %	37
2016	2	37	40	92.50 %	100.00 %	100.00 %	0.00 %	28
2016	3	3	3	100.00 %	100.00 %	100.00 %	100.00 %	2
2016	4	0	0					0
	Totals:	**981**	**1120**	**87.59 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	340	493	68.97%	70.96%	100.00%	0.00%	52
2011	2	379	521	72.74%	73.91%	100.00%	0.00%	49
2011	3	422	566	74.56%	73.86%	100.00%	0.00%	50
2011	4	361	465	77.63%	84.95%	100.00%	0.00%	50
2012	1	460	558	82.44%	100.00%	100.00%	0.00%	57
2012	2	431	542	79.52%	90.00%	100.00%	0.00%	61
2012	3	482	624	77.24%	94.34%	100.00%	0.00%	62
2012	4	423	568	74.47%	94.24%	100.00%	0.00%	62
2013	1	1229	1525	80.59%	95.51%	100.00%	0.00%	106
2013	2	1010	1157	87.29%	100.00%	100.00%	0.00%	103
2013	3	959	1066	89.96%	100.00%	100.00%	0.00%	97
2013	4	991	1087	91.17%	100.00%	100.00%	0.00%	103
2014	1	7846	8625	90.97%	100.00%	100.00%	0.00%	773
2014	2	7016	7614	92.15%	100.00%	100.00%	0.00%	772
2014	3	7190	7692	93.47%	100.00%	100.00%	0.00%	784
2014	4	6961	7457	93.35%	100.00%	100.00%	0.00%	782
2015	1	25668	28015	91.62%	100.00%	100.00%	0.00%	2362
2015	2	23600	25433	92.79%	100.00%	100.00%	0.00%	2341
2015	3	23815	25527	93.29%	100.00%	100.00%	0.00%	2328
2015	4	21741	23436	92.77%	100.00%	100.00%	0.00%	2308
	Sum:	131324	142971	91.85%				

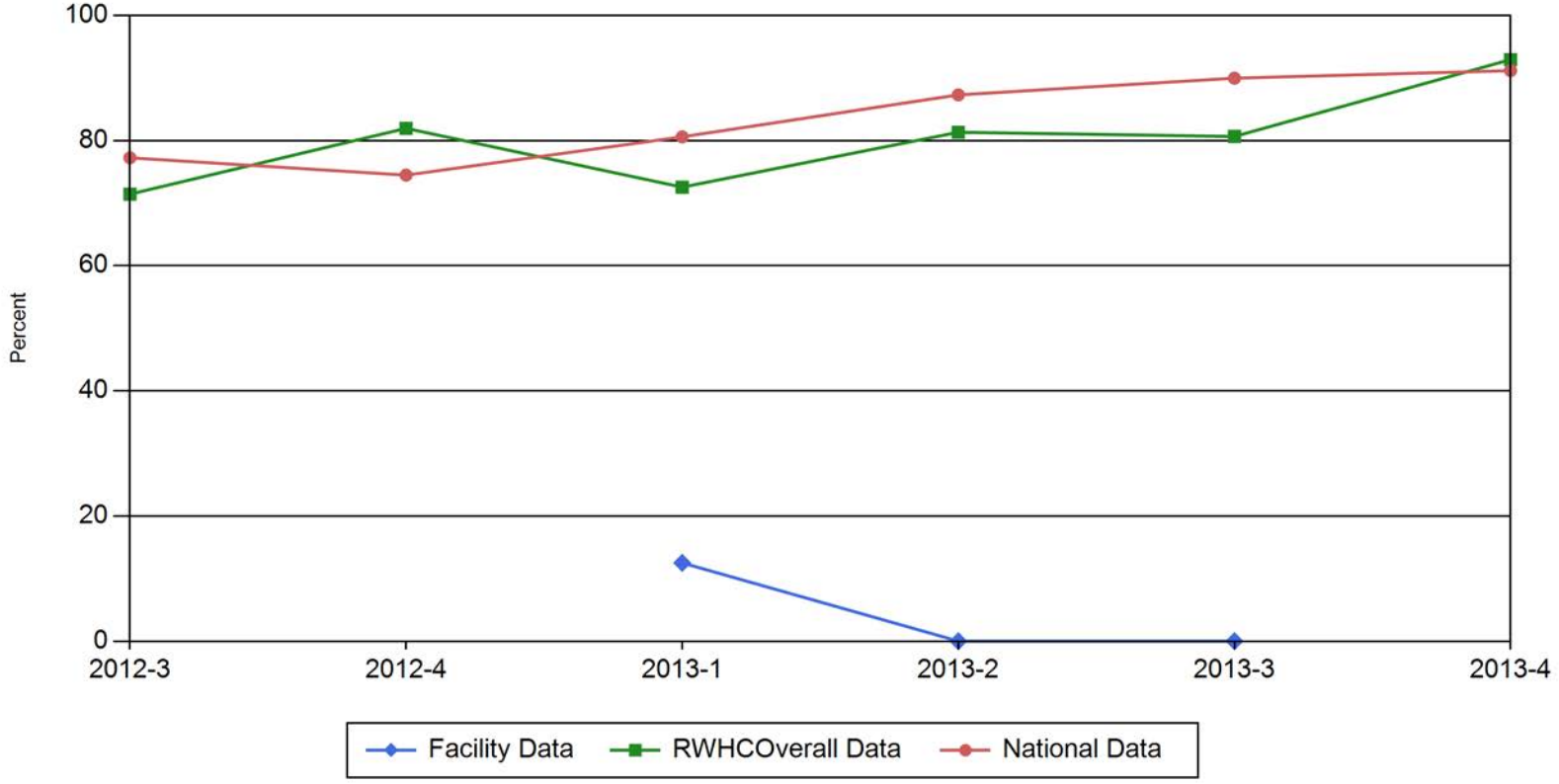
This National Comparison report will be available upon RWHC's receipt of The Joint Commission file, which occurs within 3 months following the end of a quarter; clients will be notified when this report is finalized.

RWHC Core Measure Program Comparison Report by Year-Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions



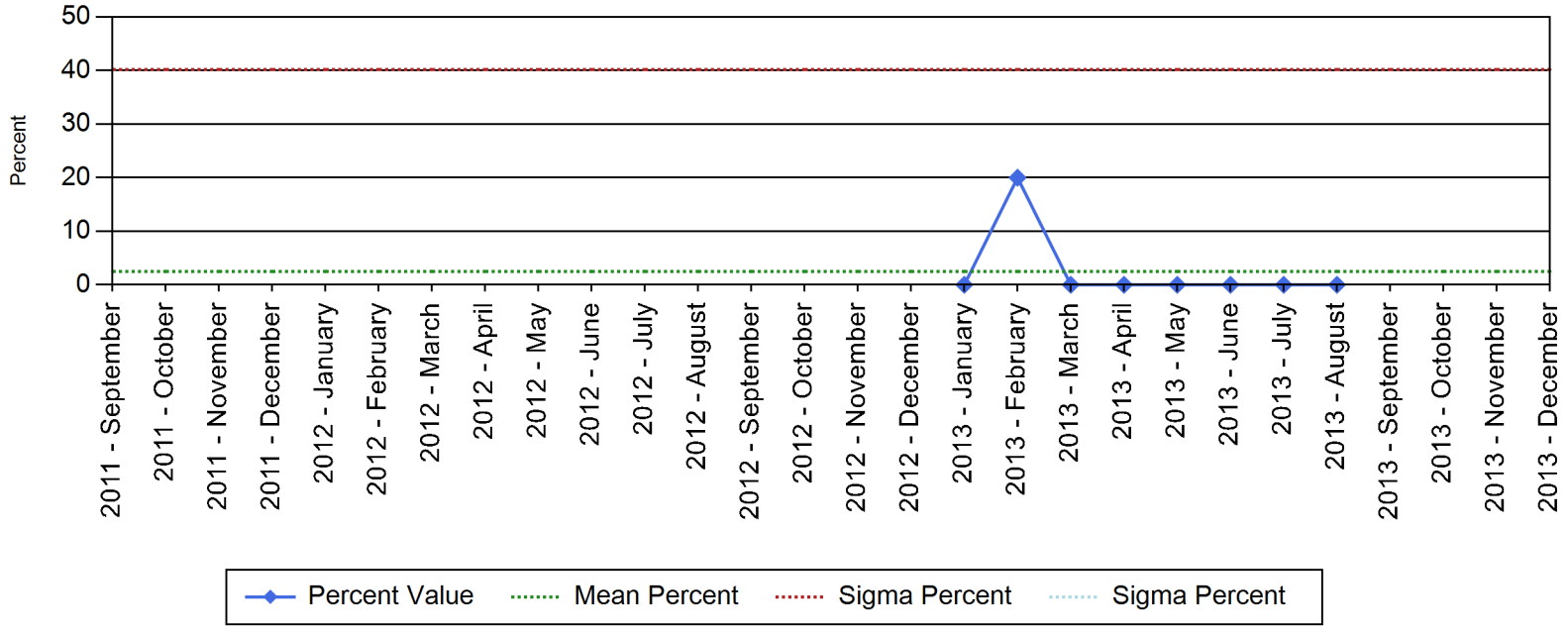
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RWHC Core Measure Program Control Chart

Venous Thromboembolism Measures

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE5 15975 Venous Thromboembolism Warfarin Therapy Discharge Instructions



For presentation purposes, Y-axis may not start at 0.

Tests for Special Causes:

One data point above or below the +/- Sigma lines (Upper and Lower Control Limits).
A run of 8 consecutive data points on one side of the center line (Mean).
A trend of 6 consecutive data points steadily increasing or decreasing.

Reports generated prior to the end of the quarter are preview and may be subject to change after routine edits and testing. Reports are finalized within 3 months following the end of each quarter; clients will be notified when reports are final.

Table 1. RWHC Core Measure Program
Number and Percent of Events per Measure by Month

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE6 15976 Hospital-Acquired Potentially-Preventable Venous Thromboembolism

Year	Month	Num	Den	%
2011	1	ND	ND	ND
2011	2	ND	ND	ND
2011	3	ND	ND	ND
2011	4	ND	ND	ND
2011	5	ND	ND	ND
2011	6	ND	ND	ND
2011	7	ND	ND	ND
2011	8	ND	ND	ND
2011	9	ND	ND	ND
2011	10	ND	ND	ND
2011	11	ND	ND	ND
2011	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2012	1	ND	ND	ND
2012	2	ND	ND	ND
2012	3	ND	ND	ND
2012	4	ND	ND	ND
2012	5	ND	ND	ND
2012	6	ND	ND	ND
2012	7	ND	ND	ND
2012	8	ND	ND	ND
2012	9	ND	ND	ND
2012	10	ND	ND	ND
2012	11	ND	ND	ND
2012	12	ND	ND	ND
Totals:				

Year	Month	Num	Den	%
2013	1	0	0	ND
2013	2	1	1	100.00 %
2013	3	0	0	ND
2013	4	0	1	0.00 %
2013	5	0	0	ND
2013	6	0	0	ND
2013	7	0	0	ND
2013	8	0	0	ND
2013	9	0	0	ND
2013	10	0	0	ND
2013	11	0	0	ND
2013	12	0	0	ND
Totals:		**1**	**2**	**50.00 %**

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Table 2. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter

Venous Thromboembolism Report

Mountain States Health Alliance d.b.a Unicoi County Memorial Hospital

VTE6 15976 Hospital-Acquired Potentially-Preventable Venous Thromboembolism

Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%	Year	Quarter	Num	Den	%
2011	1	ND	ND	ND	2012	1	ND	ND	ND	2013	1	1	1	100.00 %
2011	2	ND	ND	ND	2012	2	ND	ND	ND	2013	2	0	1	0.00 %
2011	3	ND	ND	ND	2012	3	ND	ND	ND	2013	3	0	0	ND
2011	4	ND	ND	ND	2012	4	ND	ND	ND	2013	4	0	0	ND
Totals:					**Totals:**					**Totals:**		**1**	**2**	**50.00 %**

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
RWHC Overall Comparison Venous Thromboembolism Report

VTE6 15976 Hospital-Acquired Potentially-Preventable Venous Thromboembolism

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2012	3	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2012	4	1	6	16.67 %	0.00 %	50.00 %	0.00 %	5
2013	1	3	14	21.43 %	0.00 %	100.00 %	0.00 %	13
2013	2	0	14	0.00 %	0.00 %	0.00 %	0.00 %	13
2013	3	0	9	0.00 %	0.00 %	0.00 %	0.00 %	8
2013	4	0	7	0.00 %	0.00 %	0.00 %	0.00 %	7
2014	1	1	12	8.33 %	0.00 %	100.00 %	0.00 %	10
2014	2	0	11	0.00 %	0.00 %	0.00 %	0.00 %	9
2014	3	1	17	5.88 %	0.00 %	50.00 %	0.00 %	14
2014	4	0	10	0.00 %	0.00 %	0.00 %	0.00 %	10
2015	1	0	4	0.00 %	0.00 %	0.00 %	0.00 %	4
2015	2	0	8	0.00 %	0.00 %	0.00 %	0.00 %	7
2015	3	0	7	0.00 %	0.00 %	0.00 %	0.00 %	7
2015	4	0	15	0.00 %	0.00 %	0.00 %	0.00 %	12
2016	1	1	6	16.67 %	0.00 %	100.00 %	0.00 %	6
2016	2	0	7	0.00 %	0.00 %	0.00 %	0.00 %	6
2016	3	0	1	0.00 %	0.00 %	0.00 %	0.00 %	1
2016	4	0	0					0
	Totals:	**7**	**149**	**4.70 %**				

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Table 3. RWHC Core Measure Program
Number and Percent of Events per Measure by Quarter
National Comparison Venous Thromboembolism Report

VTE6 15976 Hospital-Acquired Potentially-Preventable Venous Thromboembolism

Year	Quarter	Num (Sum)	Den (Sum)	Percent	Median	Max %	Min %	Fac Count
2011	1	9	111	8.11%	0.00%	100.00%	0.00%	20
2011	2	9	109	8.26%	0.00%	100.00%	0.00%	27
2011	3	10	104	9.62%	0.00%	100.00%	0.00%	25
2011	4	6	101	5.94%	0.00%	100.00%	0.00%	24
2012	1	3	127	2.36%	0.00%	100.00%	0.00%	31
2012	2	5	136	3.68%	0.00%	18.18%	0.00%	36
2012	3	9	117	7.69%	0.00%	100.00%	0.00%	37
2012	4	7	105	6.67%	0.00%	100.00%	0.00%	33
2013	1	35	360	9.72%	0.00%	100.00%	0.00%	70
2013	2	20	308	6.49%	0.00%	100.00%	0.00%	62
2013	3	15	294	5.10%	0.00%	100.00%	0.00%	65
2013	4	14	325	4.31%	0.00%	100.00%	0.00%	66
2014	1	156	2834	5.50%	0.00%	100.00%	0.00%	570
2014	2	116	2562	4.53%	0.00%	100.00%	0.00%	578
2014	3	121	2638	4.59%	0.00%	100.00%	0.00%	575
2014	4	102	2722	3.75%	0.00%	100.00%	0.00%	612
2015	1	231	11097	2.08%	0.00%	100.00%	0.00%	1844
2015	2	192	10490	1.83%	0.00%	100.00%	0.00%	1810
2015	3	183	10420	1.76%	0.00%	100.00%	0.00%	1773
2015	4	166	10564	1.57%	0.00%	100.00%	0.00%	1815
	Sum:	1409	55524	2.54%				

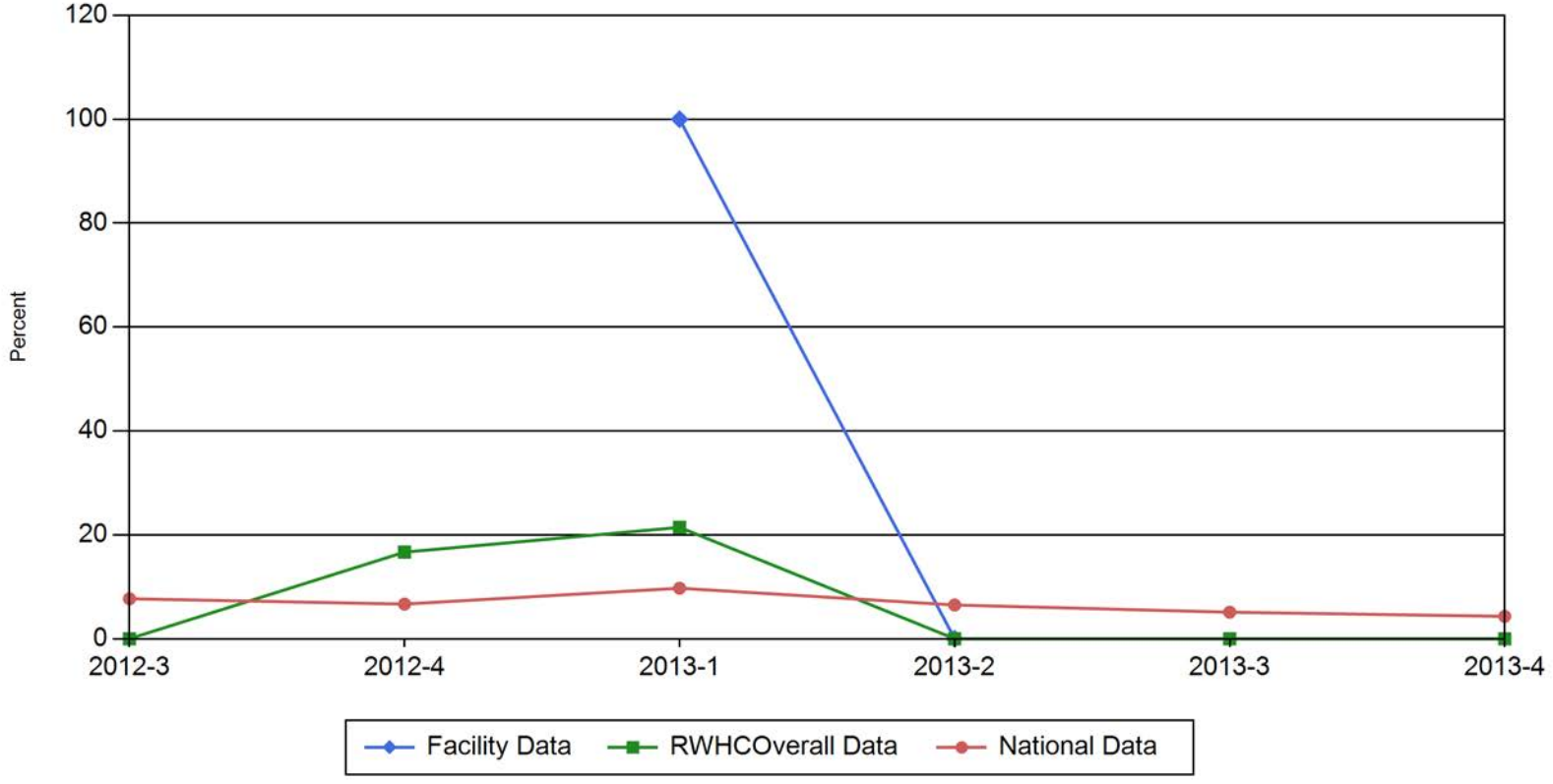
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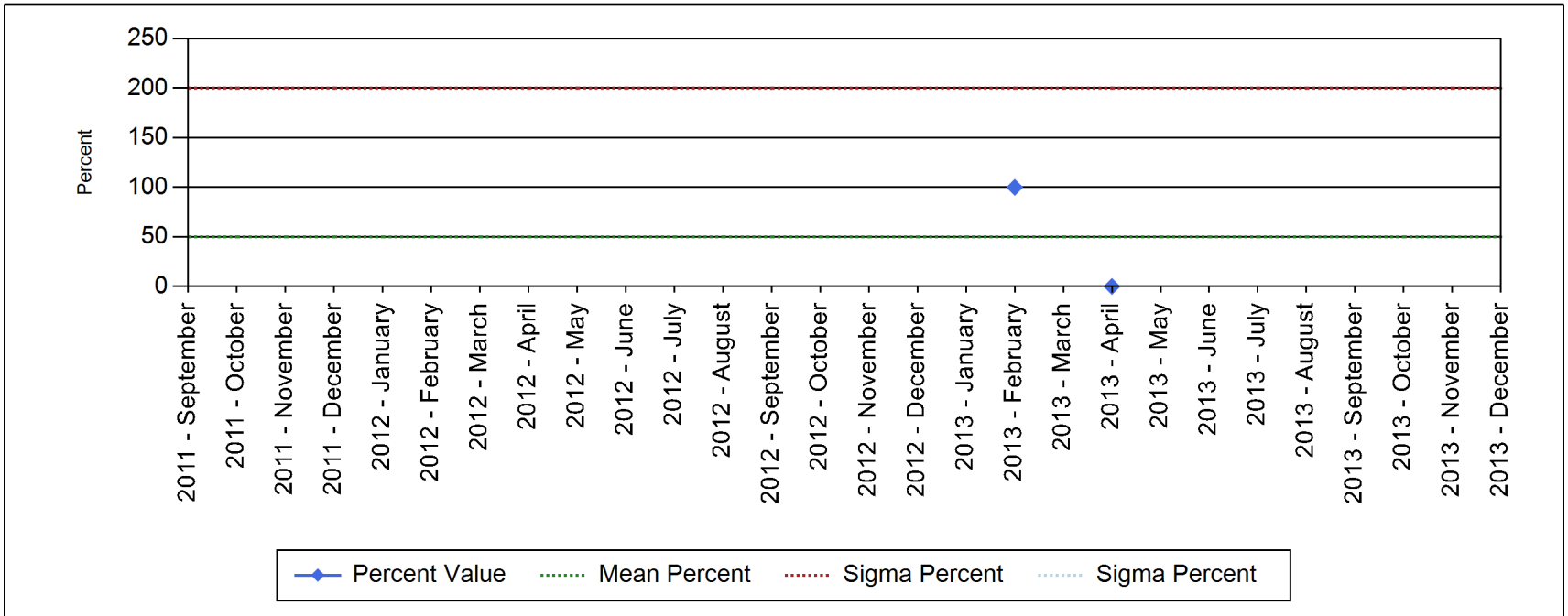
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RWHC Core Measure Program Control Chart

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