APPLICANT QUESTIONS

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen

Overall Questions

1. Please provide data on the Patient Panel[1] across the system over the most recent 36 month period, including the number of unique patients. 107,809 unique patients 5/1/2018 – 4/30/2020

2. Provide the Payer mix and APM contract percentages for Harrington Healthcare System (HHS) and Harrington Hospital using the table provided below for the most recent Fiscal Year.

APM Contract percentages (for any system-affiliated Primary Care Physicians)	**Payer Mix-List percentages** (must =100%)

• ACO and APM Contracts
• Non-ACO and Non-APM Contracts
	• Commercial
	If possible, by
	  ○ *Commercial PPO/Indemnity*
	  ○ *Commercial HMO/POS*
	• MassHealth
	• Managed Medicaid (*Private Medicaid/Medicaid MCOs)*
	• Commercial Medicare *(Private Medicare/Medicare Advantage)*
	• Medicare FFS
	• All other (e.g. HSN, self-pay, TriCare)

[1] **Patient Panel**: the total of the individual patients regardless of payer, including those patients seen within an emergency department(s) if applicable, seen over the course of the most recent complete 36-month period by the Applicant or Holder.

3. Complete data in chart below, as much as is feasible.

Table 1: Overview of HHS Patient Panel, and Harrington Hospital patient population (most recent Fiscal year)

	HHS System Patient Panel	Harrington Hospital Patient Population
YEAR	80,811	66,152
Total Unique Patients (N)		
Gender (%)		
Male	[36,944] 45.7%	[29,842] 45.1%
Female	[43,865] 54.3%	[36,308] 54.9%
Age (%)		
0-18	[13,516] 16.7%	[8,992] 13.6%
19-64	[50,376] 62.3%	[41,832] 63.2%
65+	[16,918] 20.9%	[15,327] 23.2%
Race (%)		
White	[64,583] 79.9%	[52,817] 79.8%
Black or African American	[1,014] 1.3%	[928] 1.4%
Asian	[499] 0.6%	[436] 0.7%
Hispanic/Latino	[6,636] 8.2%	[6636] 10.0%
Native Hawaiian or Other Pacific Islander	[15] 0.0%	[14] 0.0%
American Indian or Alaska Native	[137] 0.2%	[128] 0.2%
Other/Unknown	[7,934] 9.8%	[5,200] 7.9%
Patient Origin (List)		
Primary Service Area *Indicate percentage of patients that are out of state	Brimfield [1,836] 2.3% Charlton [6,610] 8.2% Dudley [5,928] 7.3% Fiskdale [1,981] 2.5% Holland [1,554] 1.9% Southbridge [14,091] 17.4% Sturbridge [4,362] 5.4% Wales [752] 0.9% Webster [9,545] 11.8% Out of State: [6,723] 8.3%	Brimfield [1,509] 2.3% Charlton [5,243] 7.9% Dudley [4,943] 7.5% Fiskdale [1,589] 2.4% Holland [1,331] 2.0% Southbridge [12,745] 19.3% Sturbridge [3,654] 5.5% Wales [638] 1.0% Webster [8,508] 12.9% Out of State: [4,647] 7.0%

Information about the Patient Panel

1. Harrington Healthcare System has multiple locations in Massachusetts with CT scanners.
    a. Provide the number of CT units in Massachusetts and their location - (1) Southbridge, MA. 100 South Street, 01550. (1) Webster, MA. 340 Thompson Rd 01570,01570
        i. Provide the annual CT volume by site and whether/if they are operating at capacity Southbridge campus May 2019-May 2020 10,572
        ii. Webster campus May 2019 – May 2020 4,678
        iii. We are not currently at full capacity on the Webster campus but very close on the Southbridge campus.
        iv. Provide current wait times for CT scans by location, and how/if this Proposed Project will affect wait times. The wait time for a CT on either campus is less than 72hours to schedule a CT.

b. Explain if/how Clinical Decision Support tools are in use by physicians ordering CTs within the System we are progressing toward a clinical support tool however at the current time the ordering of a CT is at the providers discretion based on clinical presentation.

2. Your application states that having a dedicated scanner in the ED will free up the main CT unit at the Hospital, increasing access for approximately 10,000 additional scans each year for non-ED patients. You also state that Harrington Hospital does not expect to generate more volume as part of this expansion. Explain how these additional scans do not represent additional volume for the Hospital. We currently have 2 CT scanners. One in Southbridge and one in Webster. When the CT unit malfunctions or needs maintenance, we have to go on cautionary status. All patients requiring potential CT imaging are transported to other hospitals outside of the patient's community. This is not new volume this is existing volume that is transferred out of the Harrington system. The number was incorrectly stated it will be approximately 100 patients.

3. Your application states that in the past two years, over 20,000 individual CT scans have been performed on Harrington Hospital Emergency Department patients with an 8% increase annually.
   a. To what do you attribute the 8% increase? Explain how /if the rate is increasing <u>each</u> year. The rate of CT growth over the past 2 years is related to our Low-dose Lung Screening programs growth. We have seen an increase in referrals from our Primary Care for participation. We are also increasing volume for our Firefighter program. This entails a low dose CT and Calcium scoring for high risk occupational hazards. The growth in CT volume can be attributed to preventative health.
   b. Of these 20,000 scans, it appears that only 2% is for patients with a suspected stroke. Please clarify the reasons why you state this is "unmanageable." We are significantly challenged with only having one CT scanner in both locations. As previously mentioned when the machines requires emergency maintenance or we are required to perform routine service the machine becomes out of service. It is very difficult to reschedule the volume of patients required to be rescheduled, arrange transportation to other area hospitals (ambulance service is very limited in Central MA) for urgent/emergent scans. The installation of the ED CT scanner is to prevent delays in care that can be caused by CT down time as well as transportation delays. This was identified as an issue with the Department of Public Health during a survey of our organization. The second CT scanner was approved as an action plan item to rectify the challenges of a single CT scanner hospital.

   c. Key Best Practice Strategies for the management of patients with stroke published by the American Heart Association/American Stroke Association call for
      i. CT scan (or MRI) within <u>25</u> minutes of arrival and
      ii. complete interpretation of the CT scan within 45 minutes of arrival

      You state that you measure (i). Is (ii) also measured? Please explain how you anticipate each will be improved with the proposed project.

      If our single scanner is in use, scanning, there is an interventional procedure occurring (ex: lung biopsy), down for emergent or routine maintenance the patient requiring the scan in <25 minutes may not be able to access the scanner due to the above mentioned.

      If the patient can get into the scanner in a timely manner the case can be read in less than 45 minutes and we can meet the best practice performance.

4. Your application states the expansion is solely dedicated to increasing patient safety and reducing the wait times for patient's presenting with stroke symptoms and the avoidance of the Hospital having to be on cautionary status for stroke patients that are related to the lack of redundancy.
    a. How many times have you been on Cautionary Status for stroke in the most recent fiscal year?
        i. You state that you expect such instances to be reduced by 30% or more. Explain how this was calculated. The metric was calculated by review of the data on CT down time. We evaluated the number of times that we were on Cautionary Status due to emergency down time as well as the routine maintenance down time and the hours of the day that the down times occurred. We then multiplied the average number of patients by the hours/instances to come up with the 30+%
    b. While on Cautionary Status, do you know how many potential stroke patients were sent to other hospitals from EMS and/or presenting on their own at the hospital? How do you expect these numbers to improve with the Proposed Project? We don't have the exact number of patients that were transported to other hospitals due to potential Stroke due to our notification process with OEMS via the HAN system. When the CT is not available we notify OEMS and the ambulance services are notified. If the ambulance company responds to a call for neurolologic symptoms they transport to another location.
    We anticipate the number to improve due to the close natured relationships we have with both our town EMS/Firefighters and our Private vendor in Webster. We meet with them and the issue of transfers is discussed due to the amount of time the transfers take from their ability to respond to 911 calls. They are in support and agreement that a new CT scanner is needed for them to have better performance as well.

5. Your application states that with the decline in the need to transfer patients outside the system, coordination of care and patient records will stay within the HHS system. In order to understand care coordination and continuity of care for patients receiving CT scans, describe the follow-up process for ED patients receiving CT scans, including linkages to primary care physicians.

6. Factor 1 requires an Applicant demonstrate how a Proposed Project will provide reasonable assurances of health equity.
    a. Your application states that professional medical interpreters spend 575 hours each year assisting patients at HHS campuses. Explain how Harrington Hospital provides interpretation (live or telephonic) and translation services for patients in the ED, and how those services would extend to CT. Our interpreter program has expanded by double over the past year and a half. We had previously utilized OPI and 2 FTEs for our interpreter services. We transitioned to a 24/7 electronic interpreter platform in addition to the 2 FTE in April of 2019. We utilize the Stratus Interpreter program. This program has access to over 200 languages and provides a face to face secure interaction between the care provider and the patient. We have added the capability to all areas of the organization including imaging which includes the CT unit.
    b. Describe how Harrington hospital's SDOH screening program works to screen patients in the ED and make needed referrals, especially for transportation. We are currently a member of the Boston Medical Center ACO. With this relationship we have 2 outreach community health workers and an RN that are dedicated to the care of our ACO members. They meet with the patients 1:1 and focus on their SDOH – the case worker identifies challenges with homelessness, hunger, and transportation. They focus on PT1 designation and ensuring the patients are able to attend appointments.

We are participating in a grant focused on transportation this is in an effort to have public transportation available in our area. The transportation grant would allow for patients between our Webster campus and Southbridge campus have designated stops in-between the 2 locations.

7. Your answer to F1d about consultation with all Government agencies referred to the local CHNA and your Board. Outline consultation with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project

Harrington Health Care System Inc.
DoN # HHS-20012012-RE

	Overall Questions	**Answer**	
1	**Please provide data on the Patient Panel across the system over the most recent 36 month period, including the number of unique patients. 107,809 unique patients 5/1/2018 - 4/30/2020**	Please refer to Table 1	
2	**Provide the Payer mix and APM contract percentages for Harrington Healthcare System (HHS) and Harrington Hospital using the table provided below for the most recent Fiscal Year.**	Please refer to Table 2	
3	**Overview of HHS Patient Panel, and Harrington Hospital patient population (most recent Fiscal year)**	Please refer to Table 1	
	Information about the Patient Panel		
1.a	Provide the number of CT units in Massachusetts and their location	(1) Southbridge, MA. 100 South Street, 01550 (1) Webster, MA. 340 Thompson Rd 01570	
1.a.i	Provide the annual CT volume by site and whether/if they are operating at capacity	Southbridge campus May 2019-May 2020 10,572 Webster campus May 2019 – May 2020 4,678 We are not currently at full capacity on the Webster campus but very close on the Southbridge campus.	
1.a.2	Provide current wait times for CT scans by location, and how/if this Proposed Project will affect wait times.	The wait time for a non-emergent CT in either campus is less than 72 hours. We don't expect wait times to be substantially impacted. The major impact will be on the availability of CT for emergent unscheduled cases.	
1.b	Explain if/how Clinical Decision Support tools are in use by physicians ordering CTs within the System	We are progressing toward a clinical support tool however, at the current time the ordering of a CT is at the providers discretion based on clinical presentation.	

2	**Your application states that having a dedicated scanner in the ED will free up the main CT unit at the Hospital, increasing access for approximately 10,000 additional scans each year for non-ED patients. You also state that Harrington Hospital does not expect to generate more volume as part of this expansion. Explain how these additional scans do not represent additional volume for the Hospital.**	The volume projection stated in the application was miss-stated. We expect to generate approximately 100 additional cases annually which is based on the approximate number of transfers that would stay in the system versus being transferred.	
3	**Your application states that in the past two years, over 20,000 individual CT scans have been performed on Harrington Hospital Emergency Department patients with an 8% increase annually.**		
3.a	To what do you attribute the 8% increase? Explain how /if the rate is increasing each year.	The rate of CT growth over the past 2 years is attributed to our Low-Dose Lung Screening Program. We are also increasing volume for our Firefighter screening program. This entails a low dose CT and Calcium scoring for high risk occupational hazards.	
3.b	Of these 20,000 scans, it appears that only 2% is for patients with a suspected stroke. Please clarify the reasons why you state this is "unmanageable."	There are a number of compounding factors that make the current scenario unmanageable and unsafe at times. Most acutely, when the CT is down, we are unable to perform emergency scans for potential stroke or other emergent patient scenarios. In addition, all elective cases, some which are urgent, would have to be rescheduled and/or delayed. Secondly, while the CT is operating, it serves emergency room patients, elective/scheduled scans and is used for interventional radiology procedures. If an emergent case presents and the CT is use, there could be a delay. If an interventional procedure is underway, we must go on cautionary status as the procedure cannot be stopped mid-way. During these periods, any patients with neurological symptoms must be transferred to a different facility. Given the importance of CT as a diagnostic tool for emergent cases, having a redundant unit would be a much safer and reliable scenario versus a single unit.	

3.c	Key Best Practice Strategies for the management of patients with stroke published by the American Heart Association/American Stroke Association call for i. CT scan (or MRI) within 25 minutes of arrival and ii. complete interpretation of the CT scan within 45 minutes of arrival You state that you measure (i). Is (ii) also measured? Please explain how you anticipate each will be improved with the proposed project.	Yes, we measure both door-to-CT and interpretation, by site. Generally, our measures for each metric are very good when the CT is available. However, the metrics do not reflect the number of times we are on cautionary status as those patients would be brought directly to another facility and not appear in our numbers. With that said, we do track and report these metrics regularly and they are incorporated into our quality improvement program.	
4	**Your application states the expansion is solely dedicated to increasing patient safety and reducing the wait times for patient's presenting with stroke symptoms and the avoidance of the Hospital having to be on cautionary status for stroke patients that are related to the lack of redundancy.**		
4.a	How many times have you been on Cautionary Status for stroke in the most recent fiscal year? You state that you expect such instances to be reduced by 30% or more. Explain how this was calculated.	Since November 2019 we have been on cautionary status 74 times in Southbridge and 24 times in Webster. In response to a CMS survey, regarding an EMTALA violation related to CT availability, there were a number of corrective actions we have put in place to reduce the instances cautionary status. These included upgrades to our PACS (radiology software) system and a better tracking and notification system during periods of downtime. However, the primary corrective action was to add an additional CT which will have the most impact on reducing the number of cautionary status instances. In reference to the 30% reduction - we derived this number primarily based on instances that we are on cautionary status due to interventional procedures and outpatient scans being underway. With the second scanner, these scenarios would be minimal. See Table 3 for sample logs	

4.b	While on Cautionary Status, do you know how many potential stroke patients were sent to other hospitals from EMS and/or presenting on their own at the hospital? How do you expect these numbers to improve with the Proposed Project?	We don't have the exact number of patients that were transported to other hospitals due to potential Stroke due to our notification process with OEMS via the HAN system. When the CT is not available, we notify OEMS and the ambulance services are notified. If the ambulance company responds to a call for neurologic symptoms they transport to another location. EMS would always prefer to transport to the nearest hospital, particularly for patients with stroke symptoms. The number of transfers in these scenarios should naturally reduce as the number of cautionary status instances are reduced. Furthermore, transfers impact EMS services as the distance to the next hospital is longer and therefore reduces the number of available ambulances while they are transporting. Harrington often meets with EMS services to discuss these issues and they are in full support of adding a second scanner.	
5	**Your application states that with the decline in the need to transfer patients outside the system, coordination of care and patient records will stay within the HHS system. In order to understand care coordination and continuity of care for patients receiving CT scans, describe the follow-up process for ED patients receiving CT scans, including linkages to primary care physicians.**	Harrington Healthcare, through Harrington Physician Services (HPS), employs approximately 90% of the primary care physicians in our primary service area. The EMRs in the hospital and HPS are interfaced and results are sent via interface to the patients' primary care provider for review and follow-up. Secondly, ER staff call patients with any critical results that require follow-up.	
6	**Factor 1 requires an Applicant demonstrate how a Proposed Project will provide reasonable assurances of health equity.**		

6.a	Your application states that professional medical interpreters spend 575 hours each year assisting patients at HHS campuses. Explain how Harrington Hospital provides interpretation (live or telephonic) and translation services for patients in the ED, and how those services would extend to CT.	Our interpreter program volume has doubled over the past year and a half. We had previously utilized a telephonic system and 2 FTEs for our interpreter services. We transitioned to a 24/7 electronic video interpreter platform (Stratus Video) in addition to the 2 FTEs in April of 2019. This program has access to over 200 languages and provides a face to face secure interaction between the care provider and the patient. We have implemented this system throughout the healthcare system which includes diagnostic imaging and CT.	
6.b	Describe how Harrington hospital's SDOH screening program works to screen patients in the ED and make needed referrals, especially for transportation.	We are currently a member of the Boston Medical Center ACO. With this relationship we have 2 outreach community health workers and an RN that are dedicated to the care of our ACO members. They meet with the patients 1:1 and focus on their SDOH – the case worker identifies challenges with homelessness, hunger, and transportation. They focus on PT1 designation and ensuring the patients are able to attend appointments. Similarly, we are participating in a grant funded program focused on facilitating transportation for patients in our community to provide better, more reliable, access to services.	##
7	**Your answer to F1d about consultation with all Government agencies referred to the local CHNA and your Board. Outline consultation with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project**	In addition to our Board and local CHNA, this project has been vetted by CMS and DPH. Harrington was surveyed for an EMTALA complaint regarding a patient that was inadvertently brought to our ER, via EMS, while we were on cautionary status for CT. Upon review by CMS surveyors, they strongly recommended that we add a second CT for redundancy due to the number of times we were on cautionary status. This project was part of our corrective action plan that was accepted by CMS Harrington will also undergo DPH plan review, if the DoN is approved, to ensure the facilities meet DPH requirements.	

	HHS System Patient Panel	Harrington Hospit Patient Population
YEAR	FY18-FYTD20	FY18-FYTD20
Total Unique Patients (N)	80,811	66,152
Gender (%)		
Male	[36,944] 45.7%	[29,842] 45.1%
Female	[43,865] 54.3%	[36,308] 54.9%
Age (%)		
0-18	[13,516] 16.7%	[8,992] 13.6%
19-64	[50,376] 62.3%	[41,832] 63.2%
65+	[16,918] 20.9%	[15,327] 23.2%
Race (%)		
White	[64,583] 79.9%	[52,817] 79.8%
Black or African American	[1,014] 1.3%	[928] 1.4%
Asian	[499] 0.6%	[436] 0.7%
Hispanic/Latino	[6,636] 8.2%	[6636] 10.0%
Native Hawaiian or Other Pacific Islander	[15] 0.0%	[14] 0.0%
American Indian or Alaska Native	[137] 0.2%	[128] 0.2%
Other/Unknown	[7,934] 9.8%	[5,200] 7.9%
Patient Origin (List)		
Primary Service Area *Indicate percentage of patients that are out of state	Brimfield [1,836] 2.3% Charlton [6,610] 8.2% Dudley [5,928] 7.3% Fiskdale [1,981] 2.5% Holland [1,554] 1.9% Southbridge [14,091] 17.4% Sturbridge [4,362] 5.4% Wales [752] 0.9% Webster [9,545] 11.8% Out of State: [6,723] 8.3%	Brimfield [1,509] 2.3 Charlton [5,243] 7.9 Dudley [4,943] 7.5% Fiskdale [1,589] 2.4% Holland [1,331] 2.0% Southbridge [12,745] Sturbridge [3,654] 5.5 Wales [638] 1.0% Webster [8,508] 12.9 Out of State: [4,647]

1
%
19.3%
%
%
.0%

APM Contract percentages (for any system-affiliated Primary Care Physicians)	**Payer Mix-List percentages** (must =100%)
• ACO and APM Contracts 40% • Non-ACO and Non-APM Contracts 60%	• Commercial 41% *If possible, by* ○ *Commercial PPO/Indemnity* ○ *Commercial HMO/POS* • MassHealth 4% • Managed Medicaid (*Private Medicaid/Medicaid MCOs) 17%* • Commercial Medicare *(Private Medicare/Medicare Advantage) 10%* • Medicare FFS 14% • All other (e.g. HSN, self-pay, TriCare) 14%

February 2020 Cautionary Status Log

CAUTIONARY STATUS FEBRUARY

DATE	SITE	ISSUE
3-Feb	SOUTHBRIDGE	CT DRAIN
5-Feb	SOUTHBRIDGE	
7-Feb	SOUTHBRIDGE	LUNG BX
8-Feb	SOUTHBRIDGE	GANTRY DOWN
10-Feb	SOUTHBRIDGE	PROCEDURE
12-Feb	SOUTHBRIDGE	CT DOWN
14-Feb	SOUTHBRIDGE	BIOPSY
18-Feb	SOUTHBRIDGE	PLANNED PM
24-Feb	SOUTHBRIDGE	TABLE DOWN FOR BIOPSY
27-Feb	WEBSTER	POWER OUTAGE/NETWORK DOWN
28-Feb	WEBSTER	POWER OUTAGE FIX
27-Feb	SOUTHBRIDGE	PROCEDURE
27-Feb	SOUTHBRIDGE	BIOPSY

DATE	SITE	ISSUE
3-Mar	SOUTHBRIDGE	PROCEDURE
4-Mar	SOUTHBRIDGE	BIOPSY
5-Mar	WEBSTER	POWER OUTAGE FIX
14-Mar	SOUTHBRIDGE	HIGH RISK PATIENT/CLEANING
14-Mar	SOUTHBRIDGE	PROCEDURE
16-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
16-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
16-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
17-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
17-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
17-Mar	WEBSTER	POSSIBLE COVID-19 CLEANING
18-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
23-Mar	SOUTHBRIDGE	PROCEDURE
23-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
25-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
26-Mar	SOUTHBRIDGE	PROCEDURE
26-Mar	WEBSTER	POSSIBLE COVID-19 CLEANING
27-Mar	SOUTHBRIDGE	PROCEDURE
27-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
29-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
31-Mar	SOUTHBRIDGE	POSSIBLE COVID-19 CLEANING
31-Mar	WEBSTER	POSSIBLE COVID-19 CLEANING
31-Mar	WEBSTER	POSSIBLE COVID-19 CLEANING

TIME
4:24PM-5:35PM

2:53PM-4:12PM
9:24PM-9:59PM
12:00PM-1:22PM
4:55AM-8:03AM
11:15AM-12:10PM
8:30AM-11:49AM
11:45AM-12:35PM
12:17PM-3:05PM
1:30PM-1:45PM
11:55AM-12:54PM
1:54PM-4:10PM

TIME
12:08PM-1:26PM
12:10PM-1:25PM
10:37AM-11:48AM
1:50PM-5:35PM
NO TIME RECORDED
08:45AM-10:45AM
2:50PM-6:52PM
8:13PM-12:33AM
4:35AM-8:31AM
6:26PM-7:54PM
08:58AM-12:25PM
1:50PM-5:10PM
11:20AM-12:13PM
11:36AM-3:30AM
12:12PM-152PM
9:55AM-10:41AM
11:05PM-12:24AM
1:03PM-2:52PM
5:36PM-7:59PM
3:05AM DOWN- ?
3:30AM-7:38AM
3:45AM-6:45AM
?-8AM

APPLICANT QUESTIONS

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen

1. Please provide the facility (HHS or Harrington Hospital) and year for the data provided in Table 2 on the Excel sheet.

   The data in Table 2 was derived from 2020 fiscal year to date data through May. Our fiscal year is October through September which gives us 8 months of data. The data is provided by our PHO which manages the APMs for our system affiliated primary care physicians.

2. The terms diversion and transfer have both been used in the application to describe when a patient is sent to another facility for care outside of the Harrington system. Do these terms mean the same thing?

   In general, we try not to use the word "diversion" as ERs are not permitted to divert patients by law. The diversion occurs when we are on cautionary status for CT and the EMS service, who would have otherwise brought the patient to our facility, must bring the patient to another facility that is able to treat a potential stroke patient. "Transfer" would be used in a situation where we already had a patient in-house and had to transfer them to another facility due to a CT problem or need for a higher level of care.

11/20/2020

Clarification for DoN follow-up question:

Harrington Healthcare System is comprised of two entities – Harrington Hospital and Harrington Physician Services. The payor mix percentages below reflect the hospital's data whereas the initial submission reflected Harrington Physician Service's payor mix and APM/ACO contract percentages. These percentages will be more consistent with data submitted in the DoN application

1. Provide the Payer mix and APM contract percentages for Harrington Healthcare System (HHS) and Harrington Hospital using the table provided below for the most recent Fiscal Year.

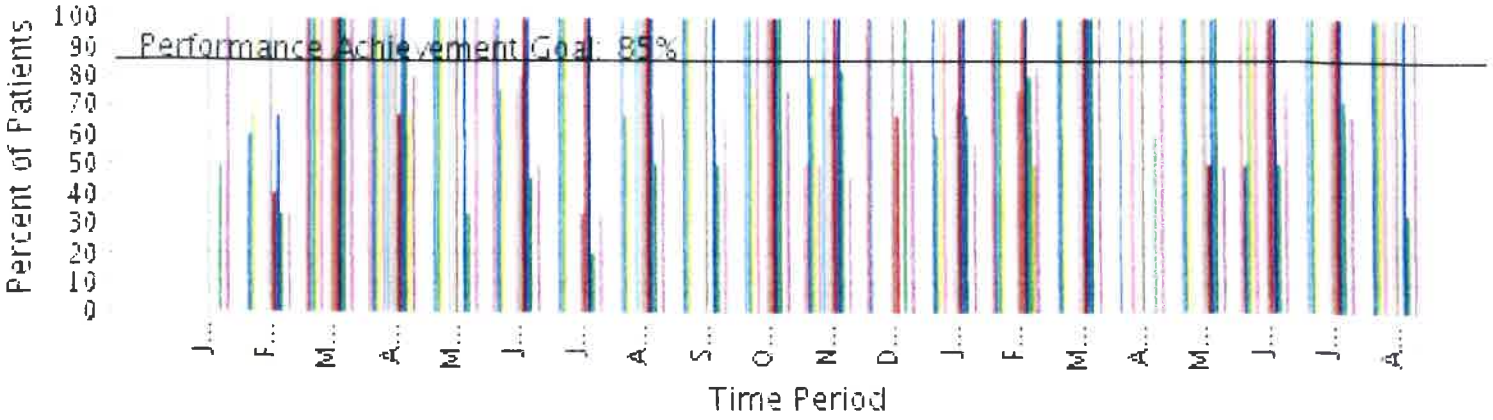
APM Contract percentages (for any system-affiliated Primary Care Physicians)	**Payer Mix-List percentages** (must =100%)
• ACO and APM Contracts 64% • Non-ACO and Non-APM Contracts 36%	• Commercial 26.7% *If possible, by* o *Commercial PPO/Indemnity – 11.5%* o *Commercial HMO/POS – 15.2%* • MassHealth 2.6% • Managed Medicaid (*Private Medicaid/Medicaid MCOs) 16.7%* • Commercial Medicare *(Private Medicare/Medicare Advantage) 22.7%* • Medicare FFS 24.9% • All other (e.g. HSN, self-pay, TriCare) 6.4%

Harry Lemieux

VP of Operations and Chief Information Officer

Harrington HealthCare System

Rate Measures



- IV thrombolytic therapy arrive by 2 hour, treat by 3 hour: My Hospital
- Early Antithrombotics: My Hospital
- VTE Prophylaxis: My Hospital
- Antithrombotics: My Hospital
- Anticoag for AFib/AFlutter: My Hospital
- Smoking Cessation: My Hospital
- LDL 100 or ND - Statin: My Hospital
- Dysphagia Screen: My Hospital
- Stroke Education: My Hospital
- Rehabilitation Considered: My Hospital
- %Door To CT <= 25min: My Hospital
- Time to Intravenous Thrombolytic Therapy - 60 min: My Hospital
- CDC/COV Defect Free: My Hospital

IV thrombolytic therapy arrive by 2 hour, treat by 3 hour

Percent of acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV thrombolytic was initiated at this hospital within 180 minutes (3 hours) of time last known well.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: IV thrombolytic therapy arrive by 2 hour, treat by 3 hour
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Mar 2019	2	2	100.0%
My Hospital	Apr 2019	3	3	100.0%
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	1	1	100.0%
My Hospital	Jul 2019	0	0	
My Hospital	Aug 2019	0	0	
My Hospital	Sep 2019	0	0	
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	1	2	50.0%
My Hospital	Dec 2019	1	1	100.0%
My Hospital	Jan 2020	0	0	

Data For: IV thrombolytic therapy arrive by 2 hour, treat by 3 hour
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Feb 2020	2	2	100.0%
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	0	0	
My Hospital	Jun 2020	1	1	100.0%

Early Antithrombotics

Percent of patients with ischemic stroke or TIA who receive antithrombotic therapy by the end of hospital day two.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: Early Antithrombotics
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Feb 2019	3	5	60.0%
My Hospital	Mar 2019	2	2	100.0%
My Hospital	Apr 2019	4	4	100.0%
My Hospital	May 2019	2	2	100.0%
My Hospital	Jun 2019	5	5	100.0%
My Hospital	Jul 2019	2	2	100.0%
My Hospital	Aug 2019	3	3	100.0%
My Hospital	Sep 2019	2	2	100.0%
My Hospital	Oct 2019	4	4	100.0%
My Hospital	Nov 2019	6	6	100.0%
My Hospital	Dec 2019	1	1	100.0%
My Hospital	Jan 2020	5	5	100.0%
My Hospital	Feb 2020	3	3	100.0%
My Hospital	Mar 2020	1	1	100.0%
My Hospital	Apr 2020	1	1	100.0%
My Hospital	May 2020	1	1	100.0%
My Hospital	Jun 2020	1	2	50.0%
My Hospital	Jul 2020	3	3	100.0%
My Hospital	Aug 2020	1	1	100.0%

VTE Prophylaxis

Percent of patients with an ischemic stroke, or a hemorrhagic stroke, or stroke not otherwise specified who receive VTE prophylaxis the day of or the day after hospital admission.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: VTE Prophylaxis
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Feb 2019	2	3	66.7%
My Hospital	Mar 2019	2	2	100.0%
My Hospital	Apr 2019	3	3	100.0%

Data For: VTE Prophylaxis

Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%				
Benchmark Group	**Time Period**	**Numerator**	**Denominator**	**% of Patients**
My Hospital	May 2019	2	2	100.0%
My Hospital	Jun 2019	3	4	75.0%
My Hospital	Jul 2019	2	2	100.0%
My Hospital	Aug 2019	2	3	66.7%
My Hospital	Sep 2019	2	2	100.0%
My Hospital	Oct 2019	4	4	100.0%
My Hospital	Nov 2019	4	5	80.0%
My Hospital	Dec 2019	0	0	
My Hospital	Jan 2020	3	5	60.0%
My Hospital	Feb 2020	3	3	100.0%
My Hospital	Mar 2020	1	1	100.0%
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	1	1	100.0%
My Hospital	Jun 2020	1	1	100.0%
My Hospital	Jul 2020	2	2	100.0%
My Hospital	Aug 2020	1	1	100.0%

Antithrombotics

Percent of patients with an ischemic stroke or TIA prescribed antithrombotic therapy at discharge.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: Antithrombotics

Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%				
Benchmark Group	**Time Period**	**Numerator**	**Denominator**	**% of Patients**
My Hospital	Feb 2019	5	5	100.0%
My Hospital	Mar 2019	3	3	100.0%
My Hospital	Apr 2019	6	6	100.0%
My Hospital	May 2019	1	1	100.0%
My Hospital	Jun 2019	5	5	100.0%
My Hospital	Jul 2019	2	2	100.0%
My Hospital	Aug 2019	2	2	100.0%
My Hospital	Sep 2019	2	2	100.0%
My Hospital	Oct 2019	3	4	75.0%
My Hospital	Nov 2019	6	6	100.0%
My Hospital	Dec 2019	3	3	100.0%
My Hospital	Jan 2020	4	4	100.0%
My Hospital	Feb 2020	3	3	100.0%
My Hospital	Mar 2020	2	2	100.0%
My Hospital	Apr 2020	1	1	100.0%
My Hospital	May 2020	2	2	100.0%
My Hospital	Jun 2020	2	2	100.0%
My Hospital	Jul 2020	3	3	100.0%
My Hospital	Aug 2020	1	1	100.0%

Anticoag for AFib/AFlutter

Percent of patients with an ischemic stroke or TIA with atrial fibrillation flutter discharged on anticoagulation therapy.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: Anticoag for AFib/AFlutter
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Mar 2019	1	1	100.0%
My Hospital	Apr 2019	1	1	100.0%
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	0	0	
My Hospital	Jul 2019	0	0	
My Hospital	Aug 2019	0	0	
My Hospital	Sep 2019	0	1	0.0%
My Hospital	Oct 2019	3	3	100.0%
My Hospital	Nov 2019	1	2	50.0%
My Hospital	Dec 2019	0	0	
My Hospital	Jan 2020	2	2	100.0%
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	1	1	100.0%
My Hospital	May 2020	0	0	
My Hospital	Jun 2020	1	1	100.0%
My Hospital	Jul 2020	0	0	
My Hospital	Aug 2020	1	1	100.0%

Smoking Cessation

Percent of patients with ischemic or hemorrhagic stroke, or TIA with a history of smoking cigarettes, who are, or whose caregivers are, given smoking cessation advice or counseling during hospital stay.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: Smoking Cessation
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Apr 2019	1	1	100.0%
My Hospital	May 2019	1	1	100.0%
My Hospital	Jun 2019	0	0	
My Hospital	Jul 2019	0	0	
My Hospital	Aug 2019	1	1	100.0%
My Hospital	Sep 2019	0	0	
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	2	2	100.0%
My Hospital	Dec 2019	0	1	0.0%

LDL 100 or ND - Statin

Percent of Ischemic stroke or TIA patients with LDL = 100, or LDL not measured, or on cholesterol-reducer prior to admission who are discharged on Statin Medication.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: LDL 100 or ND - Statin
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Feb 2019	4	5	80.0%
My Hospital	Mar 2019	3	3	100.0%
My Hospital	Apr 2019	4	4	100.0%
My Hospital	May 2019	1	1	100.0%
My Hospital	Jun 2019	3	4	75.0%
My Hospital	Jul 2019	1	1	100.0%
My Hospital	Aug 2019	2	2	100.0%
My Hospital	Sep 2019	1	1	100.0%
My Hospital	Oct 2019	3	3	100.0%
My Hospital	Nov 2019	6	6	100.0%
My Hospital	Dec 2019	3	3	100.0%
My Hospital	Jan 2020	4	4	100.0%
My Hospital	Feb 2020	3	3	100.0%
My Hospital	Mar 2020	2	2	100.0%
My Hospital	Apr 2020	1	1	100.0%
My Hospital	May 2020	2	2	100.0%
My Hospital	Jun 2020	2	2	100.0%
My Hospital	Jul 2020	2	2	100.0%
My Hospital	Aug 2020	1	1	100.0%

Dysphagia Screen

Percent of Stroke patients who undergo screening for dysphagia with an evidence-based bedside testing protocol approved by the hospital before being given any food, fluids, or medication by mouth.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: Dysphagia Screen
Note: Time periods at the end of the graph and data table have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jan 2019	2	2	100.0%
My Hospital	Feb 2019	3	3	100.0%
My Hospital	Mar 2019	3	3	100.0%
My Hospital	Apr 2019	5	5	100.0%
My Hospital	May 2019	3	3	100.0%
My Hospital	Jun 2019	4	5	80.0%
My Hospital	Jul 2019	1	3	33.3%
My Hospital	Aug 2019	3	3	100.0%
My Hospital	Sep 2019	3	3	100.0%
My Hospital	Oct 2019	4	4	100.0%
My Hospital	Nov 2019	7	10	70.0%
My Hospital	Dec 2019	3	3	100.0%
My Hospital	Jan 2020	5	7	71.4%
My Hospital	Feb 2020	3	4	75.0%
My Hospital	Mar 2020	2	2	100.0%
My Hospital	Apr 2020	1	1	100.0%

Data For: Dysphagia Screen
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	May 2020	2	2	100.0%
My Hospital	Jun 2020	2	2	100.0%
My Hospital	Jul 2020	2	2	100.0%
My Hospital	Aug 2020	1	1	100.0%

Stroke Education

Percent of patients with Stroke or TIA or their caregivers who were given education and/or educational materials during the hospital stay addressing ALL of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: Stroke Education
Note: Time periods at the beginning and end of the graph and data table
have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Feb 2019	2	5	40.0%
My Hospital	Mar 2019	2	2	100.0%
My Hospital	Apr 2019	4	6	66.7%
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	2	2	100.0%
My Hospital	Jul 2019	2	2	100.0%
My Hospital	Aug 2019	1	1	100.0%
My Hospital	Sep 2019	0	0	
My Hospital	Oct 2019	2	2	100.0%
My Hospital	Nov 2019	2	2	100.0%
My Hospital	Dec 2019	2	3	66.7%
My Hospital	Jan 2020	2	2	100.0%
My Hospital	Feb 2020	3	3	100.0%
My Hospital	Mar 2020	1	1	100.0%
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	1	2	50.0%
My Hospital	Jun 2020	1	1	100.0%
My Hospital	Jul 2020	2	2	100.0%

Rehabilitation Considered

Percent of patients with Stroke who were assessed for rehabilitation services.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: Rehabilitation Considered
Note: Time periods at the beginning and end of the graph and data table
have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Feb 2019	2	3	66.7%
My Hospital	Mar 2019	2	2	100.0%
My Hospital	Apr 2019	4	4	100.0%
My Hospital	May 2019	1	1	100.0%
My Hospital	Jun 2019	5	5	100.0%

of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: Time to Intravenous Thrombolytic Therapy - 60 min
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Mar 2019	0	2	0.0%
My Hospital	Apr 2019	2	3	66.7%
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	0	1	0.0%
My Hospital	Jul 2019	0	0	
My Hospital	Aug 2019	0	0	
My Hospital	Sep 2019	0	0	
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	0	1	0.0%
My Hospital	Dec 2019	0	1	0.0%
My Hospital	Jan 2020	0	0	
My Hospital	Feb 2020	1	2	50.0%
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	0	0	
My Hospital	Jun 2020	0	1	0.0%
My Hospital	Jul 2020	0	1	0.0%

CDC/COV Defect Free

Defect-Free Measure of the 10 Consensus CDC/COV measures

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: CDC/COV Defect Free
Note: Time periods at the end of the graph and data table have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Defect-Free Patients	Total Patients	% Defect-Free Patients
My Hospital	Jan 2019	2	2	100.0%
My Hospital	Feb 2019	2	6	33.3%
My Hospital	Mar 2019	6	6	100.0%
My Hospital	Apr 2019	8	10	80.0%
My Hospital	May 2019	3	3	100.0%
My Hospital	Jun 2019	3	6	50.0%
My Hospital	Jul 2019	1	3	33.3%
My Hospital	Aug 2019	2	3	66.7%
My Hospital	Sep 2019	2	3	66.7%
My Hospital	Oct 2019	3	4	75.0%
My Hospital	Nov 2019	5	11	45.5%
My Hospital	Dec 2019	6	7	85.7%
My Hospital	Jan 2020	4	7	57.1%
My Hospital	Feb 2020	5	6	83.3%
My Hospital	Mar 2020	2	2	100.0%
My Hospital	Apr 2020	2	2	100.0%
My Hospital	May 2020	1	2	50.0%

Data For: Rehabilitation Considered
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jul 2019	2	2	100.0%
My Hospital	Aug 2019	2	2	100.0%
My Hospital	Sep 2019	2	2	100.0%
My Hospital	Oct 2019	4	4	100.0%
My Hospital	Nov 2019	6	6	100.0%
My Hospital	Dec 2019	0	0	
My Hospital	Jan 2020	4	4	100.0%
My Hospital	Feb 2020	3	3	100.0%
My Hospital	Mar 2020	2	2	100.0%
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	2	2	100.0%
My Hospital	Jun 2020	1	1	100.0%
My Hospital	Jul 2020	2	2	100.0%
My Hospital	Aug 2020	1	1	100.0%

%Door To CT <= 25min

Percent of patients who receive brain imaging within 25 minutes of arrival

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital (34589)

Data For: %Door To CT <= 25min
Note: Time periods at the end of the graph and data table have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jan 2019	2	4	50.0%
My Hospital	Feb 2019	3	9	33.3%
My Hospital	Mar 2019	8	8	100.0%
My Hospital	Apr 2019	9	10	90.0%
My Hospital	May 2019	1	3	33.3%
My Hospital	Jun 2019	5	11	45.5%
My Hospital	Jul 2019	1	5	20.0%
My Hospital	Aug 2019	3	6	50.0%
My Hospital	Sep 2019	1	2	50.0%
My Hospital	Oct 2019	4	4	100.0%
My Hospital	Nov 2019	9	11	81.8%
My Hospital	Dec 2019	7	7	100.0%
My Hospital	Jan 2020	6	9	66.7%
My Hospital	Feb 2020	8	10	80.0%
My Hospital	Mar 2020	2	2	100.0%
My Hospital	Apr 2020	3	5	60.0%
My Hospital	May 2020	2	2	100.0%
My Hospital	Jun 2020	3	6	50.0%
My Hospital	Jul 2020	5	7	71.4%
My Hospital	Aug 2020	2	6	33.3%

Time to Intravenous Thrombolytic Therapy - 60 min

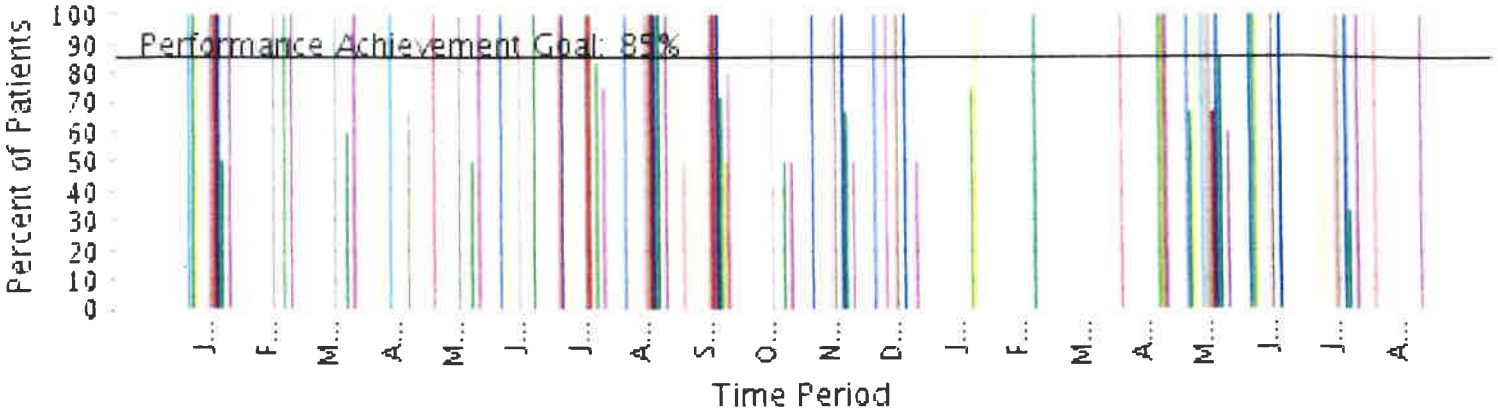
Percent of acute ischemic stroke patients receiving intravenous thrombolytic therapy during the hospital stay who have a time from hospital arrival to initiation

Data For: CDC/COV Defect Free
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Defect-Free Patients	Total Patients	% Defect-Free Patients
My Hospital	Jun 2020	3	4	75.0%
My Hospital	Jul 2020	2	3	66.7%
My Hospital	Aug 2020	1	1	100.0%

Date of report: 10/16/2020 13:41:34 GMT-04:00 run by User: jeanine alton (jalton) at Site: Harrington Memorial Hospital (34589)

Rate Measures



- IV thrombolytic therapy arrive by 2 hour, treat by 3 hour: My Hospital
- Early Antithrombotics: My Hospital
- VTE Prophylaxis: My Hospital
- Antithrombotics: My Hospital
- Anticoag for AFib/AFlutter: My Hospital
- Smoking Cessation: My Hospital
- LDL 100 or ND - Statin: My Hospital
- Dysphagia Screen: My Hospital
- Stroke Education: My Hospital
- Rehabilitation Considered: My Hospital
- %Door To CT <= 25min: My Hospital
- Time to Intravenous Thrombolytic Therapy - 60 min: My Hospital
- CDC/COV Defect Free: My Hospital

IV thrombolytic therapy arrive by 2 hour, treat by 3 hour

Percent of acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV thrombolytic was initiated at this hospital within 180 minutes (3 hours) of time last known well.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: IV thrombolytic therapy arrive by 2 hour, treat by 3 hour
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	May 2019	1	1	100.0%
My Hospital	Jun 2019	0	0	
My Hospital	Jul 2019	1	1	100.0%
My Hospital	Aug 2019	0	0	
My Hospital	Sep 2019	1	2	50.0%
My Hospital	Oct 2019	0	1	0.0%
My Hospital	Nov 2019	0	1	0.0%
My Hospital	Dec 2019	0	0	
My Hospital	Jan 2020	0	0	
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	

Data For: IV thrombolytic therapy arrive by 2 hour, treat by 3 hour
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Apr 2020	1	1	100.0%
My Hospital	May 2020	0	0	
My Hospital	Jun 2020	0	0	
My Hospital	Jul 2020	0	0	
My Hospital	Aug 2020	1	1	100.0%

Early Antithrombotics

Percent of patients with ischemic stroke or TIA who receive antithrombotic therapy by the end of hospital day two.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: Early Antithrombotics
Note: Time periods at the end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jan 2019	1	1	100.0%
My Hospital	Feb 2019	0	0	
My Hospital	Mar 2019	0	0	
My Hospital	Apr 2019	0	0	
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	1	1	100.0%
My Hospital	Jul 2019	2	2	100.0%
My Hospital	Aug 2019	1	1	100.0%
My Hospital	Sep 2019	0	0	
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	1	1	100.0%
My Hospital	Dec 2019	2	2	100.0%
My Hospital	Jan 2020	0	0	
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	4	4	100.0%
My Hospital	Jun 2020	1	1	100.0%

VTE Prophylaxis

Percent of patients with an ischemic stroke, or a hemorrhagic stroke, or stroke not otherwise specified who receive VTE prophylaxis the day of or the day after hospital admission.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: VTE Prophylaxis
Note: Time periods at the end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jan 2019	1	1	100.0%
My Hospital	Feb 2019	0	0	
My Hospital	Mar 2019	0	0	
My Hospital	Apr 2019	0	0	

Data For: VTE Prophylaxis
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%				
Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	0	0	
My Hospital	Jul 2019	0	0	
My Hospital	Aug 2019	0	0	
My Hospital	Sep 2019	0	0	
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	0	1	0.0%
My Hospital	Dec 2019	0	1	0.0%
My Hospital	Jan 2020	0	0	
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	2	3	66.7%
My Hospital	Jun 2020	1	1	100.0%

Antithrombotics

Percent of patients with an ischemic stroke or TIA prescribed antithrombotic therapy at discharge.
Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: Antithrombotics
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%				
Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jan 2019	1	1	100.0%
My Hospital	Feb 2019	0	0	
My Hospital	Mar 2019	0	0	
My Hospital	Apr 2019	1	1	100.0%
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	1	1	100.0%
My Hospital	Jul 2019	1	1	100.0%
My Hospital	Aug 2019	1	1	100.0%
My Hospital	Sep 2019	1	1	100.0%
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	1	1	100.0%
My Hospital	Dec 2019	2	2	100.0%
My Hospital	Jan 2020	0	0	
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	3	3	100.0%
My Hospital	Jun 2020	1	1	100.0%
My Hospital	Jul 2020	1	1	100.0%

Anticoag for AFib/AFlutter

Percent of patients with an ischemic stroke or TIA with atrial fibrillation/flutter discharged on anticoagulation therapy.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: Anticoag for AFib/AFlutter
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jul 2019	0	1	0.0%
My Hospital	Aug 2019	0	0	
My Hospital	Sep 2019	0	0	
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	0	0	
My Hospital	Dec 2019	1	1	100.0%
My Hospital	Jan 2020	0	0	
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	0	0	
My Hospital	Jun 2020	0	1	0.0%

Smoking Cessation

Percent of patients with ischemic or hemorrhagic stroke, or TIA with a history of smoking cigarettes, who are, or whose caregivers are, given smoking cessation advice or counseling during hospital stay.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: Smoking Cessation
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Apr 2019	1	1	100.0%
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	0	0	
My Hospital	Jul 2019	0	0	
My Hospital	Aug 2019	0	0	
My Hospital	Sep 2019	0	0	
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	0	0	
My Hospital	Dec 2019	0	0	
My Hospital	Jan 2020	0	0	
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	1	1	100.0%

LDL 100 or ND - Statin

Percent of Ischemic stroke or TIA patients with LDL = 100, or LDL not measured, or on cholesterol-reducer prior to admission who are discharged on Statin Medication.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: Dysphagia Screen
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	May 2020	5	5	100.0%
My Hospital	Jun 2020	1	1	100.0%
My Hospital	Jul 2020	2	2	100.0%

Stroke Education

Percent of patients with Stroke or TIA or their caregivers who were given education and/or educational materials during the hospital stay addressing ALL of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: Stroke Education
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jan 2019	1	1	100.0%
My Hospital	Feb 2019	0	0	
My Hospital	Mar 2019	0	0	
My Hospital	Apr 2019	0	1	0.0%
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	0	1	0.0%
My Hospital	Jul 2019	2	2	100.0%
My Hospital	Aug 2019	1	1	100.0%
My Hospital	Sep 2019	1	1	100.0%
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	0	0	
My Hospital	Dec 2019	0	0	
My Hospital	Jan 2020	0	0	
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	2	3	66.7%

Rehabilitation Considered

Percent of patients with Stroke who were assessed for rehabilitation services.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: Rehabilitation Considered
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jan 2019	1	1	100.0%
My Hospital	Feb 2019	0	0	
My Hospital	Mar 2019	0	0	
My Hospital	Apr 2019	0	0	
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	0	0	
My Hospital	Jul 2019	0	0	

Data For: LDL 100 or ND - Statin
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Performance Achievement Goal: 85%				
Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jan 2019	1	1	100.0%
My Hospital	Feb 2019	0	0	
My Hospital	Mar 2019	0	0	
My Hospital	Apr 2019	0	1	0.0%
My Hospital	May 2019	0	0	
My Hospital	Jun 2019	1	1	100.0%
My Hospital	Jul 2019	0	1	0.0%
My Hospital	Aug 2019	1	1	100.0%
My Hospital	Sep 2019	1	1	100.0%
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	1	1	100.0%
My Hospital	Dec 2019	2	2	100.0%
My Hospital	Jan 2020	0	0	
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	3	3	100.0%
My Hospital	Jun 2020	1	1	100.0%
My Hospital	Jul 2020	1	1	100.0%

Dysphagia Screen

Percent of Stroke patients who undergo screening for dysphagia with an evidence-based bedside testing protocol approved by the hospital before being given any food, fluids, or medication by mouth.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: Dysphagia Screen
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jan 2019	1	1	100.0%
My Hospital	Feb 2019	1	1	100.0%
My Hospital	Mar 2019	1	1	100.0%
My Hospital	Apr 2019	0	0	
My Hospital	May 2019	1	1	100.0%
My Hospital	Jun 2019	0	0	
My Hospital	Jul 2019	1	1	100.0%
My Hospital	Aug 2019	3	3	100.0%
My Hospital	Sep 2019	3	3	100.0%
My Hospital	Oct 2019	1	1	100.0%
My Hospital	Nov 2019	2	2	100.0%
My Hospital	Dec 2019	1	1	100.0%
My Hospital	Jan 2020	0	1	0.0%
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	

Data For: Rehabilitation Considered
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Aug 2019	1	1	100.0%
My Hospital	Sep 2019	1	1	100.0%
My Hospital	Oct 2019	0	0	
My Hospital	Nov 2019	1	1	100.0%
My Hospital	Dec 2019	1	1	100.0%
My Hospital	Jan 2020	0	0	
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	0	0	
My Hospital	May 2020	3	3	100.0%
My Hospital	Jun 2020	1	1	100.0%
My Hospital	Jul 2020	1	1	100.0%

%Door To CT <= 25min

Percent of patients who receive brain imaging within 25 minutes of arrival

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: %Door To CT <= 25min
Note: Time periods at the end of the graph and data table
have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	Jan 2019	2	4	50.0%
My Hospital	Feb 2019	1	1	100.0%
My Hospital	Mar 2019	3	5	60.0%
My Hospital	Apr 2019	2	3	66.7%
My Hospital	May 2019	1	2	50.0%
My Hospital	Jun 2019	2	2	100.0%
My Hospital	Jul 2019	5	6	83.3%
My Hospital	Aug 2019	5	5	100.0%
My Hospital	Sep 2019	5	7	71.4%
My Hospital	Oct 2019	1	2	50.0%
My Hospital	Nov 2019	2	3	66.7%
My Hospital	Dec 2019	0	3	0.0%
My Hospital	Jan 2020	3	4	75.0%
My Hospital	Feb 2020	2	2	100.0%
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	2	2	100.0%
My Hospital	May 2020	6	7	85.7%
My Hospital	Jun 2020	0	1	0.0%
My Hospital	Jul 2020	1	3	33.3%
My Hospital	Aug 2020	0	1	0.0%

Time to Intravenous Thrombolytic Therapy - 60 min

Percent of acute ischemic stroke patients receiving intravenous thrombolytic therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: Time to Intravenous Thrombolytic Therapy - 60 min
Note: Time periods at the beginning and end of the graph and data table have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Numerator	Denominator	% of Patients
My Hospital	May 2019	0	1	0.0%
My Hospital	Jun 2019	0	0	
My Hospital	Jul 2019	0	1	0.0%
My Hospital	Aug 2019	0	0	
My Hospital	Sep 2019	1	2	50.0%
My Hospital	Oct 2019	0	1	0.0%
My Hospital	Nov 2019	0	0	
My Hospital	Dec 2019	0	0	
My Hospital	Jan 2020	1	1	100.0%
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	1	1	100.0%
My Hospital	May 2020	0	0	
My Hospital	Jun 2020	0	0	
My Hospital	Jul 2020	0	0	
My Hospital	Aug 2020	0	1	0.0%

CDC/COV Defect Free

Defect-Free Measure of the 10 Consensus CDC/COV measures

Time Period: Jan 2019 - Sep 2020; Site: Harrington Memorial Hospital- Webster (49854)

Data For: CDC/COV Defect Free
Note: Time periods at the end of the graph and data table have been omitted because there were no patient records during that time.

Benchmark Group	Time Period	Defect-Free Patients	Total Patients	% Defect-Free Patients
My Hospital	Jan 2019	1	1	100.0%
My Hospital	Feb 2019	1	1	100.0%
My Hospital	Mar 2019	1	1	100.0%
My Hospital	Apr 2019	0	1	0.0%
My Hospital	May 2019	2	2	100.0%
My Hospital	Jun 2019	0	1	0.0%
My Hospital	Jul 2019	3	4	75.0%
My Hospital	Aug 2019	3	3	100.0%
My Hospital	Sep 2019	4	5	80.0%
My Hospital	Oct 2019	1	2	50.0%
My Hospital	Nov 2019	1	2	50.0%
My Hospital	Dec 2019	1	2	50.0%
My Hospital	Jan 2020	0	1	0.0%
My Hospital	Feb 2020	0	0	
My Hospital	Mar 2020	0	0	
My Hospital	Apr 2020	1	1	100.0%
My Hospital	May 2020	3	5	60.0%
My Hospital	Jun 2020	0	1	0.0%
My Hospital	Jul 2020	2	2	100.0%
My Hospital	Aug 2020	1	1	100.0%