May 19, 2021 via: UPS and Email

The Honorable Lisa Piercey, MD, MBA, FAAP
State Health Commissioner
Tennessee Department of Health
710 James Robertson Parkway
Nashville, Tennessee 37243

The Honorable M. Norman Oliver, MD, MA
State Health Commissioner
Virginia Department of Health
109 Governor Street
Richmond, VA 23219

Dear Commissioners Piercey and Oliver:

Pursuant to Section 6.04(b) of the Amended and Restated Tennessee Terms of Certification dated July 31, 2019, and to the Virginia Order and Letter Authorizing a Cooperative Agreement dated October 30, 2017, Ballad Health ("Ballad") is required to submit an annual report each year.

Typically, Ballad's Annual Report will cover an entire fiscal year (July 1 to June 30). However, the Fiscal Year 2020 Annual Report covers the timeframe of July 1, 2019 through February 29, 2020 (the "Reporting Period"), except as noted. This Reporting Period is a truncated reporting period due to the COVID-19 pandemic. On March 12, 2020, a state of emergency was declared by the governors of both Tennessee and Virginia. Subsequently, the states granted Ballad a temporary suspension of certain provisions of Tennessee's Amended and Restated Terms of Certification and the Virginia Order, including the reporting requirements set forth in Section 6.04(b) and 12 VAC 5-221-110, respectively. While the State of Emergency persists, and the reporting requirements remain temporarily suspended in both Tennessee and Virginia, Ballad agreed to submit data and deliverables, per an amended schedule, to facilitate Tennessee and Virginia's ongoing active supervision.

Pursuant to these agreements, Ballad submitted its Fiscal Year 2020 Annual Report on November 25, 2020. Since the date of that submission, Ballad has identified certain information that should be updated. Ballad hereby submits an amended Fiscal Year 2020 Annual Report (the "Amended Report") with revisions for the following reasons:

1. An error was discovered during a supplemental review of Ballad's Capital Spend for fiscal year 2020, *Section C – #1 Facility Maintenance and Capital Expenditures*. A revised data table is provided in the Amended Report. The Executive Summary has been updated to reflect these changes.

2. Subsequent to the submission of the Annual Report on November 25, 2020, it was discovered that one page from *Attachment 2 - #4 Summary of Quality Indicators* was erroneously omitted. The missing data has been included in the Amended Report.

3. Additionally, in *Attachment 4 - #4 Comparison to Similarly-Sized Systems* a Desired Performance Indicator was not listed for six Quality measures. A Desired Performance Indicator has been added for each of those measures in the Amended Report.

4. Adjustments to Confidential Attachments:
    a. *Attachment 5 – #6 Staffing Ratios - WHpU* and *Attachment 6 – #6 Staffing Ratios – RN to LPN* is being resubmitted in the Amended Report with confidential data elements redacted and the *"Confidential and Proprietary" designation has been removed*;
    b. *Attachment 7 – #7 Employee Engagement Survey* is being resubmitted in the Amended Report and the *"Confidential and Proprietary" designation has been removed*; and
    c. *Attachment 8 – #10 Equalization Plan* is being resubmitted in the Amended Report and the *"Confidential and Proprietary" designation has been removed.*

Ballad believes certain attachments of this Amended Report are proprietary, confidential and contain competitively sensitive information. As a result, Ballad respectfully requests that this information be kept confidential under Tenn. Code Ann. 68-11-1310 and Virginia Code Section 2.2-3705.6(3) (pursuant to the Virginia Commissioner's letter to Ballad leadership dated November 14, 2017). The sections and attachments that require proprietary or confidential treatment have been redacted from the Amended Report and are enclosed as a separate document. All such redactions are noted in the body of the Amended Report.

As always, we welcome any questions or comments that you may have.

Sincerely,

Karen Guske
SVP, COPA Compliance Officer
Ballad Health

cc: Herbert H. Slatery
Attorney General and Reporter
State of Tennessee

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Deputy Attorney General
State of Tennessee

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Executive Summary

In its second year of operation under active supervision by the State of Tennessee and Commonwealth of Virginia, Ballad Health has continued to make the gains envisioned by the legislatures of both states in terms of improving quality of care, improving access to care and maintaining rural health care facilities and lowering the cost of care for the citizens of the Appalachian Highlands. This report provides an overview of Ballad Health's performance and responds specifically to the annual reporting requirements required by the Terms and Conditions of the Tennessee Certificate of Public Advantage (COPA) and the Virginia Cooperative Agreement (CA).

Serving a largely rural region with low or no population growth, declining hospitalization rates and slow economic growth, Ballad Health has realigned its resources to enhance quality of care and better serve the needs of its community which suffers from high rates of diabetes, obesity, addiction and other preventable illnesses and disease. This realignment of resources has allowed Ballad Health to continue investing in necessary medical specialties, rural health services, academics and research, children's services and nursing wages.

Since the merger of Mountain States Health Alliance and Wellmont Health Systems to form Ballad Health, the total number of annual inpatient admissions to Ballad Health hospitals declined by 14,878 (14.2 percent), resulting in an estimated annual cost saving to patients, employers, government and the community as a whole totaling approximately $149 million in fiscal year 2020. In addition, the total number of emergency room visits to Ballad Health hospitals declined by 103,237 (21.7 percent), resulting in an additional estimated annual reduction in the total cost of health care of approximately $52 million. These total annual and recurring savings are a result of Ballad Health's and the physician community's highly collaborative working relationship to appropriately treat patients in lower cost settings, better manage transitions of care from the hospital to home to reduce hospital readmissions and increase preventive and primary care to avoid unnecessary ambulatory sensitive admissions in the first place. The reduction in total cost of care is a manifestation of population health measures which are demonstrably successful and a direct policy result of the legislation permitting the establishment of the COPA. Without the ability to reduce the cost of duplication, it is Ballad Health's position that these efforts, even if possible, would have rendered both legacy health systems financially insolvent. In order to achieve the population health goals which are clearly being achieved, it is necessary for the health system to reduce the fixed and variable cost of operating the assets.

Nowhere has Ballad Health's efforts to reduce the total cost of health care been more on display than with Ballad Health being recognized by the U.S. Centers for Medicare and Medicaid Services as one of only 18 Accountable Care Organizations in the nation to achieve savings for federal taxpayers in each of the years of the Medicare Shared Savings program. Ballad Health has delivered more than $50 million in savings for taxpayers while achieving quality scores in excess of 90 percent. Similar to the overall improvement in quality exhibited within this report, combined with more than $200 million in annual reduction in health care costs, Ballad is achieving better results at a lower cost for taxpayers, employers and the region's citizens.

In addition to savings generated by decreasing unnecessary or higher cost utilization of services, Ballad Health moved towards a standardized price structure across Ballad Health Medical Associates implementing a new, uniform pricing structure for all professional fees for Ballad Health physicians and

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providers. The new charge structure, effective September 1, 2019, *resulted in a 17 percent average decrease in professional fees* – *as well as a new uniform 77 percent discount (previously 25 percent in patient clinics that had been part of Mountain States Health Alliance) on these fees for patients without insurance*. This new professional fee structure has resulted in savings of approximately $1 million to the community.

Ballad Health has contributed to the region's economy through leveraging of its acquisition of services to promote job growth in the region. For instance, while occurring after the reporting period in the current fiscal year, it is notable that Ballad Health partnered with a national revenue cycle firm to acquire services, while simultaneously recruiting the firm to locate a corporate service center in the Appalachian Highlands region. This partnership came with a commitment to add up to 500 new jobs in the region – one of the largest job announcements in the region in several years. Ballad Health also partnered with 16 other health systems nationally to "onshore" the manufacturing of personal protective equipment (PPE) – a major national objective tied to reducing reliance on China for the manufacturing of medical protective devices. Ballad Health has been pleased to be one of the few health systems committing its capital and spending to this important national goal.

Ballad Health's goal is to be a zero harm organization and during this reporting period, Ballad Health made substantial progress in achieving that goal. The results for thirteen of the seventeen harm measures monitored under the COPA and CA have improved over the 2017 baseline, with reductions in harm ranging from 10 percent to 60 percent per measure. The Ballad Health Clinical Council, along with clinical leadership throughout Ballad Health, were the driving force in accomplishing these results. During this reporting period Ballad Health also established tiered safety huddle process – where safety issues identified on each hospital unit are escalated to executive management each day at 9:45am – which will further strengthen Ballad Health 's culture of safety and quality. Several of Ballad Health's hospitals have been recognized by independent organizations and insurers for outstanding quality in several service lines, and in other various measures (for instance, Blue Cross Centers of Distinction, five-star performance in patient satisfaction, etc.).

The State of Tennessee and the Commonwealth of Virginia identified the maintenance and improvement of access to care in Ballad Health's service area as a key benefit of the merger for the community. Ballad Health has achieved strong results during the reporting period by improving/maintaining on all of the seven health delivery system characteristics (such as percent of persons living within 10 miles of an emergency department), all of the appropriate use of care, screening, and infant and children metrics, and four of the seven behavioral health metrics. In addition, consumer satisfaction metrics were fully met.

During this period, Ballad Health opened an urgent care center, and began work on opening a critical access hospital in 2021, in Lee County, Virginia. Ballad Health also made significant investments in community health by investing in 10 promising community-based programs working with children and families in the region and continued funding the collaborative work on improving children's health and well-being through the STRONG Accountable Care Community which now numbers over 290 schools, businesses, health providers, government and faith based and other community organizations in the Appalachian Highlands.

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Ballad Health was named by Forbes Magazine as being the 29th "Best Employer In America for Diversity" – with Ballad Health being the only company in either Tennessee or Virginia to be recognized in the top 30. Ballad Health's ranking puts it at par with such national brands as Disney and Johnson and Johnson.

Regulations

The laws governing the Tennessee COPA and the Virginia CA, passed by the assemblies of each state and affirmed by their respective governors, define the policy permitting active supervision of the Ballad Health merger and identify the key measures of public benefit which any supervised merger should achieve. These policy priorities are embedded in Ballad Health's strategic and management action plans which are approved and monitored by the Board of Directors and leadership of Ballad Health. These policy priorities, as outlined in Tennessee and Virginia law, include:

- Enhancement of quality of hospital and hospital-related care;
- Preservation of hospital facilities in geographic proximity to the communities traditionally served by those facilities to ensure access to care;
- Demonstration of population health improvement in the region;
- Gains in the cost-efficiency and cost containment of services provided by the hospitals;
- Improvements in the utilization of hospital resources and equipment; and
- Avoidance of duplication of hospital resources.

Section 6.04 and Exhibit G of the Tennessee TOC and Virginia Code 15.2-5384.1 and 12 Virginia Administrative Code 5-221-110 requires the annual submission of certain items for use in determining continued benefit of the merger to the public. In early March of 2020, the governors of Tennessee and Virginia both declared a "State of Emergency" due to the COVID-19 pandemic. Subsequently, each Commissioner of Health notified Ballad Health of temporary suspension of select provisions of the Tennessee TOC and the Virginia CA, including the quarterly and annual reporting requirements during the State of Emergency. While the State of Emergency persists and the reporting requirements are still temporarily suspended in both Tennessee and Virginia, Ballad Health agreed to provide an Annual Report for Fiscal Year 2020 (FY20) with amended reporting requirements and covering the time period of 07/01/2019 – 02/29/2020 (the Reporting Period), except where noted. Ballad Health agreed to submit deliverables per the Annual Report Outline under an adjusted schedule to facilitate Tennessee and Virginia's ongoing requisite for active supervision.

The Process

In compiling the information and materials for this Annual Report, the Ballad Health COPA Compliance Office (CCO) identified the departments responsible for gathering and preparing the materials necessary to satisfy Section 6.04 and Exhibit G of the Tennessee TOC and Virginia Code 15.2-5384.1 and 12 Virginia Administrative Code 5-221-110. Leaders of the departments were given responsibility to submit the required materials and information (Responsible Parties). The CCO requested each of the Responsible Parties to certify, to their knowledge and belief after due inquiry, that Ballad Health is in compliance with the TOC and the CA and to the accuracy and completeness of the materials submitted per the Annual Report Outline. In instances where Responsible Parties had questions about the interpretation of the

Executive Summary

requirements or whether there might be concerns regarding compliance, they could make notes or provide qualifications.

Reporting Requirements

The reporting requirements included in the FY20 Annual Report are from the Annual Report Outline agreed to with Tennessee and Virginia. These requirements cover topics such as capital spending, career development plans, the Clinical Council and quality measures, the patient satisfaction survey, cost efficiency steps taken, Ballad Health-sponsored residency programs, academic and non-academic partnerships, comparison of financial ratios, charity care information, and plan updates. Ballad Health fulfilled all of its reporting requirements of the TOC and CA, and a detailed summary of each requirement is provided in Section C Deliverables of the FY20 Annual Report.

Notable items are listed below which contribute to the policy priorities established in law:

- The Board of Directors of Ballad Health approved a major investment of $12 million to reopen Lee County Hospital as a critical access hospital, a move that was not required in the COPA or CA.
- Ballad Health has invested heavily in its relationship with academic institutions – East Tennessee State University (ETSU) in particular - in the furtherance of training, research and health care workforce. Examples include, but are not limited to:
    - Ballad Health announced in July of 2019 a $15 million investment, over the next ten years, in the East Tennessee State University (ETSU) Center for Rural Health Research (the Center) within the School of Public Health – the largest contribution to ETSU in the history of the institution. The Governor and Legislature of Tennessee saw the promise in the creation of the Center, investing an additional $1.5 million in FY20 and $750,000 annually thereafter. In just one year, success is already being achieved, with ETSU now having been recognized by the United States Government as one of only seven rural health research centers in the nation, joining institutions such as University of North Carolina, University of Kentucky and others. ETSU is the only non-incumbent institution recognized, and the only non-land grant institution to be named. This designation came with several million dollars in additional outside grants. The Center has begun attracting notable faculty. With nearly $25 million now available to the Center over the 10 year period, the opportunity exists for ETSU to become a major national contributor to health care research. The Center's creation was the direct result of Ballad Health's vision and direct funding.
    - While occurring after the abbreviated reporting period, but during the fiscal year, Ballad Health collaborated with ETSU in the recruitment of two additional pediatric surgeons, marking for the first time three pediatric surgeons available to the region to support the needs of children, and ongoing trauma support. This investment of several million dollars over the life of the COPA and CA is a direct benefit to the children of the region.
    - In addition to keeping all residency positions in place, Ballad Health maintains 41 resident slots above the federal caps in reimbursement, and 25 residents above the adjusted caps – meaning Ballad has continued funding the cost of sustainability of residencies for which it is not directly reimbursed – a direct benefit to ETSU. Prior to the merger creating Ballad

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Health, the predecessor organization to Ballad Health was in the process of eliminating these unfunded residency positions, and some had already been eliminated as part of a five-year plan to do so. In fact, from 2014 through 2017, nine slots had been eliminated that were above the cap, with six slots being eliminated from above the adjusted cap. This process was halted in anticipation of the merger. That these residencies continue to provide training opportunities at a cost to Ballad Health is a direct benefit of the merger.

- While occurring after the abbreviated reporting period, but during the fiscal year, Ballad Health funded the Ballad Health Strong Brain Institute/Center for Trauma Informed Care at ETSU. This Center will lead national efforts in conducting research and programming in the emerging science of childhood trauma. ETSU is already emerging as a leader in this space.
- Ballad Health continues to provide more than $24 million in ongoing annual contractual compensation to ETSU for services provided by various programs at ETSU, including the Quillen College of Medicine, College of Pharmacy and College of Public Health. These investments help provide certain services and programs at Ballad Health, such as Neonatology, Trauma, Oncology and various Pediatric programs, while also assisting ETSU in funding the cost of academic training programs. While the services made available through these arrangements are commercially available, Ballad Health places a premium on its partnership with ETSU, and both organizations continue benefitting from the partnership.
- Ballad Health continues to fund the operation of the Physician Assistant training program at Milligan University, as well as the Master's program in Addiction Counseling.
- The first residents of a new Ballad Health sponsored dental residency program operating out of Johnston Memorial Hospital in Southwest Virginia began practicing in August of 2019. These residents have begun contributing to the provision of care for low income adults in Southwest Virginia.

- Ballad Health invested $141.6 million in capital improvements in FY19 and $121.1 million in FY20, a direct result of financial stewardship – ongoing capitalization while at the same time reducing the cost of health care, reducing inpatient admissions and reducing costly duplication of services while concurrently measurably improving the quality of care.
- Ballad Health's Aspiring Leaders Program had 75 future leaders participate, nearly doubling our participation rate from the prior year.
- The Ballad Health Clinical Council and its sub-committees continued its journey towards becoming a zero harm organization. As a result of the efforts of this committee in partnership with other stakeholders, hospital acquired C diff. declined by 51 percent, CAUTI by 46 percent and MRSA by 44 percent.
- Patient Satisfaction Survey Results:
  - 89.8% of patients were satisfied with access to care in owned medical practices.
  - 79.2% of patients were satisfied with access to care in emergency services.
  - 89.2% of patients were satisfied with access to care in outpatient services.
- Ballad Health achieved cost savings of $8.2 million in supplies (which were directly used to support

care for uninsured and charity patients) and $5.7 million in cost savings through insourcing laboratory services.

- Ballad Health realigned duplicative services in Wise County which improved the sustainability of health care services in the county while maintaining patients' access to care. All medical/surgical and intensive care unit services at Mountain View Hospital were consolidated with Lonesome Pine Hospital. Emergency department services at Mountain View Hospital were redirected to either Norton Community Hospital (2.4 miles away) or to Lonesome Pine Hospital. Two cancer centers, located less than two miles apart, were combined in one location. In addition, the linear accelerator at the Cancer Center was upgraded to the latest technology.
- A net 137 physicians have been added to the medical staff, thereby maintaining or enhancing access to various specialties and services.
- 99.7 percent of the Ballad Health's patient population is within 10 miles of an urgent care facility or emergency department (increased by nearly 1 percent).
- There were no changes to the Ballad Health Board of Directors during the reporting period.
- Achieved 41 of the 44 process measures identified in the FY20 Population Health Plan Implementation Roadmap.

COPA Reporting Requirements

The final reporting requirements are part of the COPA Annual Report and were certified by Ballad Health's CCO. This report covers topics such as the COPA Compliance Complaints Report, a forecast of expenses and a work plan. Ballad Health fulfilled all of the reporting requirements of the COPA Annual Report.

Notable compliance related items from this year's COPA Annual Report include:

- Ballad Health maintains a systemwide code of ethics, which requires mandatory compliance by all team members, including compliance with the section referencing the TOC and the CA. All team members are provided annual training and are required to report any non-compliance and are provided the means and mechanism by which to do so, including anonymously.
    - During the Reporting Period covered by this report, there were three COPA complaints filed with the CCO. All three of the complaints were found to be unsubstantiated, with one of the three simply being a request to add an ancillary provider to the post-acute ancillary provider list.
- During the Reporting Period, five waiver requests were submitted, four were approved and one was pending.
- Issues related to plan spend have been identified and Ballad Health is working with Tennessee and Virginia, even during the suspension, to address any potential gaps in the expected spending versus actual.
- Ballad Health spent just more than $60 million in FY20 for Charity and Unreimbursed TennCare & Medicaid. While below the projected baseline from FY17, this spending was impacted by the material decline in volumes, an increase in Medicaid reimbursement from TennCare and Virginia Medicaid, and

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the ongoing expansion of Medicaid in Virginia. The volume declines have been further accelerated by the global pandemic, which as with all payor categories, resulted in fewer charity patients in FY20. There have been no assertions or complaints that Ballad Health is not in compliance with its charity policy.

- Tennessee and Virginia were notified of a Force Majeure event resulting in a Material Adverse Event in March relating to the COVID-19 pandemic. Subsequently, select sections of the TOC and CA were temporarily suspended by both Departments of Health.

COVID-19 Pandemic Considerations

After 25 months of operation, Ballad Health had developed and integrated to the point that the organization was prepared to provide strong leadership to deal with the effects of the COVID-19 pandemic in our community that emerged after February 29, 2020. On March 10, 2020, Ballad Health executed its disaster plan in response to the COVID-19 pandemic. This included the activation of its Corporate Emergency Operations Center (CEOC) to coordinate efforts across the system and around the region to rapidly plan for, and execute, ongoing response to the issues resulting from the COVID-19 pandemic.

Ballad Health asserts that its agility and preparedness to respond to the extraordinary events is a direct benefit of the merger creating one regional health system. Due to the structure of Ballad Health, a command and control was established in partnership with medical staff leaders and outside experts and multiple health departments, and Ballad Health was able to act with speed and decisiveness in planning and responding to the changing events. It is unfathomable that, given the culture between the two legacy organizations, the response would not have been as decisive or agile but for the creation of a single system with the capabilities and resources Ballad Health has assembled. This assertion is made based upon feedback from area political, education and business leaders.

Beginning on or about March 17, 2020, Ballad Health began experiencing an organic and material slowing of elective procedures and diagnostic services. Effective March 23, Ballad Health complied with the federal and state guidance to cease all non-emergent, elective procedures. Beyond the deferral of these procedures and diagnostic testing, Ballad Health experienced a decline in other types of medical treatment similar in effect to that experienced by most health systems and physician organizations – physician practice, urgent care and other routine medical service visits declined precipitously. The financial Impacts from the pandemic are significant and still uncertain in the long-term.

Due to these unique circumstances and the material adverse effect the COVID-19 pandemic imposed on the health system, the Tennessee Department of Health and the Virginia Department of Health temporarily suspended certain provisions of the COPA and CA, respectively, providing flexibility for Ballad Health to plan for, and respond to, the various issues related to the pandemic. As a result, this annual report is for the eight months of fiscal year 2020 (July 1, 2019 through February 29, 2020).

Amended Ballad Health Annual Report

Reporting Period:
July 1, 2019 – February 29, 2020

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It's your story. We're listening.

Amended Annual Report for FY20

Covering 07/01/2019 – 02/29/2020 ("Reporting Period")

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

CERTIFICATION OF COMPLIANCE WITH THE TOC AND THE CA

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

[signature] 5-18-21

Alan Levine
Executive Chairman
Chief Executive Officer
Ballad Health

Date

[signature] 5-18-2021

Lynn Krutak
Executive Vice President
Chief Financial Officer
Ballad Health

Date

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* Confidential material is redacted from this report and submitted separately

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Ballad Health Abbreviation Key

Abbreviation	Full Name
APP	Abingdon Physician Partners
BRMC	Bristol Regional Medical Center
BRMMC	Blue Ridge Medical Management Corporation
CHC	Community Home Care
CVA	Cardiovascular Associates
DCH	Dickenson Community Hospital
DME	Durable Medical Equipment
FWCH	Franklin Woods Community Hospital
GHE	Greeneville Hospital East
GHW	Greeneville Hospital West
HCH	Hancock County Hospital
HCMH	Hawkins County Memorial Hospital
HVMC	Holston Valley Medical Center
IPH	Indian Path Hospital
ISHN	Integrated Solutions Healthcare Network
JCCH	Johnson County Community Hospital
JCMC	Johnson City Medical Center
JMH	Johnston Memorial Hospital
LMG	Laughlin Medical Group
LPH	Lonesome Pine Hospital
MSMG	Mountain State Medical Group
MVH	Mountain View Hospital
NCH	Norton Community Hospital
NCPS	Norton Community Physicians Services
RCH	Russell County Hospital
SCCH	Smyth County Community Hospital
SNF	Skilled Nursing Facility
SSH	Sycamore Shoals Hospital
UCMH	Unicoi County Memorial Hospital
WCS	Wellmont Cardiology Services
WMA	Wellmont Medical Associates

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*Confidential Attachment

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A. **Requirements.** Section 6.04 and Exhibit G of the Tennessee TOC and Virginia Code 15.2-5384.1 and 12 Virginia Administrative Code 5-221-110 requires the annual submission of certain items. In early March of 2020, the Governors of Tennessee and Virginia both declared a "State of Emergency" due to the COVID-19 Pandemic. Subsequently, each Commissioner of Health notified Ballad of temporary suspension of select provisions of the Tennessee TOC and the Virginia Order and Letter Authorizing a Cooperative Agreement (the Order), including the quarterly and annual reporting requirements during the State of Emergency. While the State of Emergency persists, and the reporting requirements remain temporarily suspended in both Tennessee and Virginia, Ballad agreed to provide an Annual Report for Fiscal Year 2020 (FY20) with amended reporting requirements and covering the time period of 07/01/2019 – 02/29/2020 (the Reporting Period), except where noted. Ballad agreed to submit deliverables per the Annual Report Outline under an adjusted schedule to facilitate Tennessee and Virginia's ongoing requisite for active supervision. See the Annual Report Outline in **(Attachment 1).**

B. **Description of Process.** In compiling the information and materials for this Annual Report, the Ballad COPA Compliance Office (CCO) identified the departments responsible for gathering and preparing these materials necessary to satisfy the amended reporting requirements. Leaders of the departments were identified and given responsibility to submit the required materials and information (Responsible Parties). The CCO requested each of the Responsible Parties to certify, to their knowledge and belief after due inquiry, that Ballad is in compliance with the TOC and the Order and to the accuracy and completeness of the materials submitted per the Annual Report Outline. In instances where Responsible Parties had questions about the interpretation of the requirements or whether there might be concerns regarding compliance, they could make notes or provide qualifications.

C. **Deliverables.** Deliverables due to the State and the Commonwealth during this Reporting Period were submitted by the required deadlines and are listed below. As part of the process described above, the Responsible Parties certified to the completion of those submissions.

ITEM	DATE SUBMITTED	PURSUANT TO TOC AND CA
Additional information on Wise County Plans	7/1/2019	Questions from VDH to Ballad on 06/21/19, CA Condition 27
Charity Care Policy Revisions	7/1/2019	TOC:4.03(e)/CA:14 and 39
Updated Plan for Trauma Centers Consolidation and Timeline	7/10/2019	TOC pre-approved the consolidation of the two Level 1 Trauma Centers
Monthly Quality Priority Metrics	7/30/2019	CA Condition 12
Ballad Physician Needs Assessment, with exhibits including recruitment plans	7/31/2019	CA Condition 32; PI 5.a

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ITEM	DATE SUBMITTED	PURSUANT TO TOC AND CA
Updates to Lists of Ancillary Services and Post-Acute Services	8/1/2019	TOC 5.04(a) CA Condition 5
Additional information on Wise County Plans	8/8/2019	CA Condition 27
Ballad Health Quarterly Report, FY19 Q3	8/13/2019	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY19 Q3	8/13/2019	TOC Exhibit F
Additional information on Wise County Plans	8/13/2019	CA Condition 27
Monthly Quality Priority Metrics	8/29/2019	CA Condition 12
Wise County Phase I follow-up	9/6/2019	CA Condition 27
Unannounced OQPS Event Letter from TJC for Holston Valley Medical Center	9/13/2019	TOC 4.02(a) CA Condition 13
Unannounced OQPS Event Letter from TJC for Indian Path Community Hospital	9/13/2019	TOC 4.02(a) CA Condition 13
Complaint Validation Survey Letter from TJC for Johnston Memorial Hospital	9/23/2019	TOC 4.02(a) CA Condition 13
Monthly Quality Priority Metrics	9/27/2019	CA Condition 12
Norton Community Hospital	9/27/2019	TOC 4.05
STRONG – Children and Families – Outlines the approach of the regional Accountable Care Community	9/30/2019	TOC 3.04 (a-e) Condition 36
Courtesy Notice – GCH-West IP Rehabilitation	10/9/2019	Not required under the TOC or CA
Request for Physician Waiver – Cardiothoracic Surgeons at BRMC	10/11/2019	Section 5.05(e)
Request for Physician Waiver – Neurosurgeon at JCMC	10/15/2019	Section 5.05(e)
Updates to Lists of Ancillary Services and Post-Acute Services	10/22/2019	TOC 5.04(a) CA Condition 5
Semi-Annual Complaints Report	10/28/2019	TOC 6.02, Exhibit F
Ballad Health's FY19 Annual Report	10/28/2019	TOC 6.04(b)
COPA Compliance Office FY19 Annual Report	10/28/2019	TOC Exhibit F

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ITEM	DATE SUBMITTED	PURSUANT TO TOC AND CA
Annual Filing Fee	10/28/2019	CA 12VAC5-221-110 (E)
Monthly Quality Priority Metrics	10/30/2019	CA Condition 12
Ballad Health Quarterly Report, FY20 Q1	11/13/2019	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY20 Q1	11/13/2019	TOC Exhibit F
COPA Compliance Office Revised FY19 Annual Report	11/20/2019	TOC Exhibit F
Ballad Health Annual Report on Addendum 1, Section 9.1(d)	11/26/2019	TOC Addendum 1, Section 9.1(d)(i-vii); CA Condition 5
Notice of Compliance with Risk-Based Model Contracting	11/26/2019	CA Condition 10
Monthly Quality Priority Metrics	11/26/2019	CA Condition 12
CMS Notification – Hancock County Hospital	12/2/2019	TOC 4.02(a)(ii) (A-C) CA Condition 13
Request for Physician Waiver – (3) Pulmonologists at BRMC/JMH	12/4/2019	Section 5.05(e)
Request for Physician Waiver – Cardiologist at HVMC	12/4/2019	Section 5.05(e)
Ballad Health's work on the Accountable Care Community and a description of the STRONG Children and Families Model for Change	12/23/2019	TOC 3.04 (a-e) Condition 36
Monthly Quality Priority Metrics	12/30/2019	CA Condition 12
Monthly Quality Priority Metrics	1/24/2020	CA Condition 12
Updates to Lists of Ancillary Services and Post-Acute Services	1/24/2020	TOC 5.04(a) CA Condition 5
Ballad Health Quarterly Report, FY20 Q2	2/13/2020	TOC 6.04(c) CA Condition 40
COPA Compliance Office Quarterly Report, FY20 Q2	2/13/2020	TOC Exhibit F
Reorganization of Cardiovascular services in Greene County	2/17/2020	TOC 4.03(c)(i) TOC 3.08(d)(ii)
Monthly Quality Priority Metrics	2/28/2020	CA Condition 12
Amended language for Item 4.G in Ballad Health Quarterly Report, FY20 Q2	2/28/2020	TOC 6.04(c)

BalladHealth

1. Facility Maintenance and Capital Expenditures – TOC Section 3.07(b)

Below is the status of implementation of the Capital Plan required by TOC 3.07(b) relating to FY20 and FY19.

Ballad Health Capital Plan

Fiscal Year 2019 and 2020 as of February 29, 2020 ($ in 000's)

	FY2019		FY2020			FY2019 & FY2020 (8 months)		
Capital Plan by Category	(A) Plan[0]	(B) Spend[1]	(C) Plan[0]	(D) Plan - 8 months	(E) Spend[1] - 8 months	(A) + (D) Plan[0]	(B) + (E) Spend[1]	Total Spend as % of Plan
IT	88,700	63,294	96,290	64,193	79,029	152,893	142,323	93%
Routine Equipment	21,166	16,470	11,100	7,400	7,321	28,566	23,791	83%
Facilities & Construction	9,977	7,196	4,000	2,667	7,296	12,644	14,492	115%
Biomedical Equipment	3,508	2,417	4,000	2,667	2,118	6,175	4,535	73%
Facility Funds	9,544	8,103	10,000	6,666	1,533	16,210	9,636	59%
Other	27,163	44,096	30,000	20,000	23,838	47,163	67,934	144%
Total[2]	160,058	141,576	155,390	103,593	121,135	263,651	262,711	100%

[0] *Per 3 Year Capital Plan (Approved January 2019)*

[1] *Spend includes: (1) Cash Paid (2) Purchase Orders - Goods & Services Received but not yet paid (3) Purchase Orders - Issued & (4) Contractual Obligations not already included in (2) or (3)*

[2] *Excludes Contingency per 3 Year Capital Plan (Approved January 2019)*

*The above capital spend includes actual and committed dollars for Lee County. Upon approval of the proposed plan amendment for Rural Health, $1.02 million will be removed from the capital spend and applied towards the plan spend.

2. Career Development Plan - Section 3.08(c) and 6.04(b)(xvii)

Progress continued to be made this year related to the execution of a comprehensive career development program for Ballad team members. The annual budget for organizational development and clinical education was $4.1 million.

New Team Member Orientation

Beginning in September 2018, all new Ballad team members participated together in a weekly, fully-integrated, all-day orientation experience. While its content is designed to meet all regulatory and safety requirements, the major focus of the training is on beginning the employee enculturation process to our organization. Ballad's mission, vision, and values takes a center stage as team members begin to better understand why our organization exists, what is most important to us as an organization, and how each of them plays a critical role in serving our patients and our community.

Starting in March 2020, the first day of Orientation was moved entirely online due to the coronavirus pandemic (COVID-19). This new process allows new hires to complete the first day requirements of orientation entirely online through HealthStream, a learning management system. The day begins with a 30-minute welcome, a virtual question and answer session, then all new hires can complete the required

training online at their own pace the remainder of the day. The remaining days of orientation following the first online day continue to be held in-person. In total, 3,071 new team members participated in this learning experience during FY20.

Ballad Leadership Development Programming

Successful organizations require a highly trained management team skilled in leadership fundamentals and, in response to rapid change and innovation in our industry, must also be highly nimble and resilient. Recognizing that building the strongest possible leadership team requires designing different programs to meet the highly-variable development needs of each leader, Ballad has adopted a tiered-approach that aligns curriculum with the unique needs of leaders at various stages of their skill development.

Aspiring Leaders Program (ALP)

Potential future leaders of Ballad are identified and selected to participate in this one day per month, 11-month long program designed to introduce fundamental leadership principles in a highly interactive and engaging learning environment. Participants later apply these principles in a project-based learning approach working closely with established Ballad leadership to complete a real-world, healthcare-specific project that will benefit our organization. This program was transitioned to a virtual classroom experience in response to the pandemic during FY20. In FY20, 75 future leaders participated in this program nearly doubling our participation rate from the prior year.

Onboarding Leader Program (OLP) – for New Leaders

Team members promoted into first-time leadership positions with Ballad and new team members hired externally into leadership positions attend this program. Over a period of eight weekly, all-day sessions these new leaders learn fundamental concepts of leadership with curriculum designed and delivered in collaboration with local universities. Ballad policies and procedures are reviewed, and participants become familiar with our systems and resources designed to facilitate their success as leaders in our organization. The program was put on hold towards the end of the third quarter of FY20 due to the COVID-19 response. In FY21 an online version of this program will premier. In FY20, 100 team members participated in this critically important training essentially equaling the number of participants in the prior year.

Health Care Advisory Board Fellowship Program

This is an 18-month program designed to accelerate the development of selected senior leaders to more effectively advance their organization's mission-critical initiatives. Cohorts of rising leaders from across the country meet in Washington D.C. to explore the most current advancements both in and out of our healthcare industry. Ballad selected a total of 12 participants in FY19, with 6 who graduated in FY19 and 6 who graduated in FY20. No new participants were selected to participate in FY20 due to the pandemic.

Physician Leadership Development

Ballad launched an updated curriculum for the highly-successful Ballad Health Physician Leadership Academy (PLA) in October 2019. The Academy consists of courses designed to train and educate physicians for leadership roles in this reforming health care environment using a variety of national and local speakers as well as education through an online segment. Pandemic challenges have extended the length of this cohort still allowing the full curriculum to be delivered. The PLA has over 140 leader graduates to date who have completed the course work and received their certificate of completion across Ballad. Cohort VIII began in FY20 with 24 additional participates who will complete the program in

FY21. The new curriculum combines four day-long live sessions throughout the course of the year with ongoing e-learning activities and discussion boards. Participants address topics designed to hone interpersonal, professional, and leadership skills. Continuing Medical Education (CME) credits are offered.

Ballad Leadership Succession Plan

A hallmark for any successful organization is a culture of ongoing planning for succession of key leaders. It is notable that Ballad has had few key positions turn over since its creation in 2018, a critical factor for its success. Ballad's leadership team, with the active support of the Board of Directors, identifies key areas and positions critical to the organization's operational activities and strategic objectives, identifies retention tools to ensure consistency in leadership, and identifies the future pool of leadership talent for development. As previously described, investment is made in ongoing training/development, and ongoing efforts are made to map the needs of the organization with the career objectives of aspiring leaders. The ongoing process involves identification of talent, assessment of competency and future growth needs, developing selected leaders in the program through providing internal and external training and mentoring opportunities.

Other Career Development Programming

Nurse Residency Program

Research indicates that intensive nurse residency programs provide much needed additional training and confidence-building for new graduates during their first year of employment as a registered nurse (RN). Turnover rates for new graduates are typically at their highest level during this first year of employment but typically, these rates decrease significantly when the nurses are engaged in a well-designed residency program during this first year. All new graduate RNs joining the organization participate in Ballad's Nurse Residency STEP (Successful Transition into Excellent Practice) Program coordinated through Clinical Education in partnership with nursing leadership. The STEP Program is a 12-month evidence-based program designed to support, encourage, and prepare the graduate nurse to be successful in establishing competent, quality patient care in the hospital environment. The program integrates a three STEP process inclusive of unit orientation, hands-on work experience, and classroom training with clinical experts and specially trained preceptors. The training and support continue throughout the year by providing mentorship, coaching, and professional development to facilitate nursing professional growth.

Certified Nurse Assistant to Registered Nurse Program

Ballad offers challenging and meaningful career opportunities while contributing to the well-being of our community. To reach under-employed and disadvantaged community members interested in beginning a health care career, Ballad offers a Certified Nurse Assistant training program and students are paid while attending the training courses.

Team Member Career Development Program

The Ballad Health Team Member Career Development program scheduled to begin in late in FY20 was placed on hold due to the pandemic response. An additional team of human resources professionals were scheduled to be hired to exclusively focus on assisting our team members in identifying future career paths and facilitate their ascension to more highly-skilled and professional positions. Team members participating in this program will learn about the healthcare careers available to them, and through testing and vocational counseling, which careers best match their interests, aptitudes, and motivation levels. Ballad will provide financial assistance to assist team members' diverse training and

educational needs. Ballad is reviewing plans to initiate some components of the program beginning in FY21.

Continued Deployment and Integration of a Single, Unified Learning Management System

To support the health system's education and training programs and meet required education tracking and regulatory requirements, Ballad implemented the HealthStream Learning Management System in late June 2019. This system enables Ballad to accomplish a number of key training objectives:

- Provides for a single platform to deliver and track all mandatory and voluntary computer-based learning programs ensuring our team members are receiving the most updated content and complying with the training requirements of our regulatory agencies and accrediting organizations.
- Through HealthStream's association with EBSCO, a leading provider of clinical research databases, our clinical team members have an extensive library of clinical content available to them online to enhance their knowledge, skills and technical competencies.
- HealthStream enables our workforce to learn of educational offerings throughout the organization and to register for classes and courses in advance. The system tracks completion of courses and assigns course credits providing all team members a transcript documenting their learning experiences.
- All team member performance appraisals are on temporary hold for FY20 due to the ongoing pandemic and its impact on our operations. However, important updates to our performance management process for FY21 have already been made which includes a streamlined clinical appraisal built on the Ballad values for all clinical team members. This update will be implemented next fiscal year.

Key Workforce Development Metrics	FY20 (through 2/29/20)	Comments
New team members completing orientation	1,739	All new team members must complete training
Leaders engaged in formal leadership programs	199	Combines totals from our four leadership programs
Scholarship recipients	34	All scholarship applicants were granted scholarships
Team members receiving tuition reimbursement	87	Twenty-six denied, primarily due to non-clinical fields of study
Team member promotions	1,045	Advanced to positions of greater responsibility/pay

3. Clinical Council – TOC Sections 4.02(b)(v); 4.02(b); and 6.04(b)(xi)

Purpose: To assist in establishing key quality and patient safety priorities considering risk, volume, propensity for problems (including incidence, prevalence, and severity), and impact on health outcomes, patient safety, and quality of care.

- FY20 activities and accomplishments of the Clinical Council (the Council) include:

- Review and update of the Ballad Health Quality Plan for FY20/21 in May 2020.
- Adoption of Ballad's "Top 15 Health System" task force – an initiative which evolved from Ballad's goal of being a top-decile, zero harm health system. A systemwide task force has been established, led by physicians in partnership with administrative leadership. This approval originated with physician leadership, and has been adopted by the Board of Directors.
- Approval by the Board of Directors to move to a high-compliance supply chain formulary. The project is a 36-month journey which consists of reviewing medical supplies and clinical preference items with a very minimal impact upon physician preference items.
- Updates regarding the success of the tiered huddle process were provided. The process focuses on process issues, recognizes team member "good catch" initiatives and individual facility needs.
- Regular updates on the number of flu and COVID-19 patients. It was noted that the key is to identify and isolate patients who are suspected to have COVID-19. Infection prevention team members are working with the Tennessee Department of Health to coordinate testing.
- Working with Ballad's Senior Vice President of Supply Chain on a recall of personal protective equipment from Cardinal Health. The recall impacted elective surgery cases across the system. A post-crisis assessment was completed in February 2020.
- Exploration of how telehealth services may support care during the pandemic and how to utilize the services in the future. Final recommendations from the Council's subcommittees will return to the full Council for review and approval, following review and approval by facility Medical Executive Committees.
- Regular updates on COVID-19 from infection prevention, the Corporate Emergency Operations Center (CEOC) and Ballad's Chief Population Health Officer COVID-19 (including modeling and health system volumes).
- Approval of the FY21 system priorities presented by Ballad's Chief Quality Officer in June 2020.

Strategic Planning and Care Transformation Subcommittee

Purpose: To provide innovative and strategic leadership to transform care delivery.

- FY20 activities and accomplishments for the subcommittee include:
  - Review of the FY20 strategic plan and its top 10 priorities with Ballad executives.
  - Identifying strategic planning goals to improve patient-centered care, continue driving for zero harm, reduce low-value care, reduce variation from best practice and improve patient and clinician experience.
  - Working to identify strategic priorities based on size/impact of change and cost.
  - Evaluation of the landscape of healthcare in a post-COVID-19 world.
  - Evaluation of the current state of telemedicine and expectations of what the practice of medicine could look like with social distancing.

High-Value Care Evidence-Based Medicine Subcommittee

Purpose: To prioritize efforts aimed at promoting high-value care that are supported by evidence, are not duplicative and are truly necessary. The subcommittee leads efforts to teach, optimize and operationalize safe clinical practice and reduce unwarranted clinical variation across Ballad.

- FY20 activities and accomplishments for the subcommittee include:

- Review and approval of the System Sepsis Committee plan and charter.
- Approval of the MRI 10/90 pilot project charter for evaluation at JCMC.
- Implementation of the Methacillin resistant staph aureus (MRSA) decolonization plan for Epic and Soarian facilities.
- Development of physician-led multidisciplinary taskforces based on the review and recommendations from the Virginia Center for Health Innovation (VCHI)/Arnold Grant:
  - Standardized review of the pressure ulcer protocol across the system;
  - Reduction of peripherally inserted central catheters (PICC) lines in patients with chronic kidney disease (CKD);
  - Reduction of inappropriate preoperative labs; and
  - Incorporation of a Best Practice Advisory for duration of central line placement.
- Streamlining PICC line order sets in Epic for CKD @ 345 (patients with CKD Stage 3 who have a glomerular filtration rate (GFR) of less than or equal to 45).
- Approving the Massive Transfusion Protocol Policy.
- Continued work by the Chair of High-Value Care and the Chief Quality Officer on Transitional Care and Continuum of Care models.

Pharmacy and Therapeutics Subcommittee

Purpose: To oversee the effective and efficient operation of the medication use process (evaluation, appraisal, selection procurement, storage, prescribing, transcription, distribution, administration, safety procedures, monitoring and use of medication) consistent with The Joint Commission Medication Management Standards and to assist in the formulation of broad professional policies relating to medications throughout Ballad to decrease variability in practice and improve patient outcomes.

- FY20 activities and accomplishments for the subcommittee include:
  - Creation of a Ballad Health Controlled Substance Management Diversion policy with each facility establishing a controlled substance diversion committee, with representation from nursing, human resources, security and facility executive leadership for standardization across the system.
  - Finalizing the Ballad Formulary encompassing all approved medications across all Ballad hospitals.

Patient, Family and Provider Experience Subcommittee

Purpose: To provide the ultimate patient experience at Ballad Health facilities and clinics.

- FY20 activities and accomplishments for the committee include:
  - Evaluation of iMedconsent and with the recommendation for further evaluation by the Epic IT team.

Opioid Task Force Subcommittee

Purpose: To provide oversight of controlled substance therapy at Ballad entities and to promote the safe use of controlled substances within the communities we serve.

- FY20 activities and accomplishments for the subcommittee include:
  - Working with a local judge on the development of the Tennessee Recovery Oriented Compliance Strategy.
  - Providing the following recommendations to the Council:

- Clinical Laboratory Improvement Amendments (CLIA), which waived structure requirements for ICup Point of Care testing in ambulatory sites.
- Best Practice Advisory in Epic for low back pain beginning piloting stages for ambulatory sites/Urgent Treatment Center (UTC) to mimic emergency department protocol.
- Working with Premier Inc. to obtain metrics for inpatient opioid utilization.
- Working with quality and Epic teams to obtain metrics for ambulatory sites.

Health Informatics Subcommittee

Purpose: To prioritize efforts aimed at improving the creation, usability, and exchange of health information through Ballad's Electronic Health Records (EHR) and related solutions.

- FY20 activities and accomplishments for the subcommittee include:
  - Incorporation of Service-ADOPT IT, which provides legacy WHS patient data in Cerner Soarian AIS Viewer for providers.
  - Providing release times for MyChart results, guiding principles of Epic, the rationale behind Specialists Training Specialists (STS), training methodology, training schedule, technology timeline, readiness teams, key Epic governance teams and team responsibilities, project communication, go-live information, executive dashboard and Epic go-live clinical metric and readiness assessment preparations.
  - MyChart went live with the recommended patient result release times on March 9, 2020 and Epic go-live for the outpatient clinics began June 1, 2020.

Medical Staff Services Subcommittee

Purpose: The medical staff subcommittee of the Council is to promote the effectiveness, efficiency and well-being of the medical staff and to identify, evaluate and make proposals for action and policy to the Council on medical staff issues.

- FY20 activities and accomplishments for the subcommittee include:
  - Revision of the Consultation of Provider policy which now includes the provision that consulting providers who supervise allied health practitioners ensure patients are seen within 24 hours of the ordering of the consultation, if the requesting physician communicates this in the consultation.
  - Review of the credentialing and primary source verification for new physician hires (with no further revisions).
  - Approval of the Organ Tissue policy for Tennessee and Virginia.
  - Development of a revised list of medical staff categories that meets regulatory compliance and the needs of all facilities to have system consistency.
  - Development and approval of the new provider orientation policy.
  - Evaluation of the following policies: co-signature, code of conduct, procedural sedation, practitioner health/impaired practitioner, new provider orientation, telemedicine, shared information, varicella and Focused Professional Privilege Education (FPPE)/Ongoing Professional Privilege Education (OPPE).
  - Recommending review of the scope of work for telemedicine as a category and privilege modality for providers.
  - Review and recommendation to the Council to endorse the Royal Canadian board certification to the list of approved boards required to apply for privileges within Ballad.

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- Recommending the addition of non-Ballad-employed providers to the HealthStream system and develop continuing medical education presentations on EMTALA, sepsis, HIPAA/corporate compliance, palliative care and opioid education.

Surgical Services/Perioperative Subcommittee

Purpose: To provide leadership and oversight in the perioperative environment. The subcommittee is a multidisciplinary team that addresses issues impacting the quality and safety of the care provided to surgical patients.

- FY20 activities and accomplishments for the subcommittee include:
  - Development of an Enhanced Recovery After Surgery (ERAS) pathway in orthopedics and cardiothoracic specialties. Three ERAS physician champions were identified for their experience in ERAS to work with other surgeons in their respective facility (BRMC, HVMC and JCMC) to provide ERAS education.
  - Review of surgical sealants, with the goal of vendors supplying the products and ensuring they are appropriate

Clinical Council Physician Roster

Abkes, Bruce MD	Kulbacki, Evan MD
Adada, Haytham MD	Luff, Matt MD
Annamaraju, Pavan MD	Misenar, Garik MD
Barklow, Thomas MD	Narayan, Rathi
Boys, John C. MD	Nida, Maurice DO
Bridges, William R. MD	Nounou, Joseph MD
Chang, Mark MD	Odeti, Shyam, MD
Combs, Landon MD	Palazzo, Anthony MD
Conrad, Ellison MD	Pickstock, Janet MD
Grunstra, Bernard MD	Stiltner, Brian DO
Hinkle, Alissa MD	Summers, Jeffrey A., MD
Holt, Steven, MD	Thibault, Lenita MD
Hoover, Randy MD	Vito Cruz, Marissa MD
Jackson, Elizabeth MD	Wayt, Marta DO
Jett, Paul MD	Wheatley, Michael MD
Kerr, John MD	Woodard, Mark MD

Legend:

EMPLOYED PHYSICIANS

4. Quality Indicators – TOC Sections 4.02(c)(ii); 6.04(b)(xi) and Exhibit K

- Summary of Quality Indicators. **(Attachment 2)**
- Comparison to Systems Methodology. **(Attachment 3)**
- Comparison to Similarly-Sized Systems. **(Attachment 4)**

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5. Patient Satisfaction Survey – TOC Sections 4.02(c)(iii); and Exhibit C

Ballad Health Patient Experience: Access

This report provides a summary of performance for patient satisfaction with access to care in the outpatient, emergency department and owned physician practice networks, with calendar year 2017 as the baseline period. The current reporting period is July 1, 2019 – February 29, 2020.

- Satisfaction with access in the owned medical practices is defined as patient satisfaction with timeliness/ease of appointment, time spent in waiting room, time spent waiting on answers and efficiency of check-in process.
- Satisfaction with access in emergency services is defined as waiting time to treatment and wait time to physician.
- Satisfaction with access in outpatient services is defined as patient satisfaction with waiting time in registration. Baseline reflects legacy Mountain States Health Alliance performance, as legacy Wellmont Health System did not measure satisfaction with access in this area.

Target Measures

MMYY	Access Area	Baseline	July 2018 - June 2019	July 2019 - Feb 2020	Status
FY2020	Satisfaction with Access to Care in Owned Medical Practices	68.35	93.3	89.8	✓
FY2020	Satisfaction with Access to Care in Emergency Services	84.25	77.3	79.23	✗
FY2020	Satisfaction with Access to Care in Outpatient Services	91.36	89.7	89.2	✗

*NOTES: All medical practices migrated to one standard survey and platform in July 2019. Prior to July 2019, surveys were handed out at specified times during the year. Surveys are now sent to a random sampling of patients in an ongoing fashion. Performance under anonymity is typically lower than person to person.

Strategic Imperatives

Improve Satisfaction with Access to Care in the Emergency Department

<u>Continued Systemwide Focus on Emergency Department Throughput</u>

- Length of Stay Management contributing to better than state and national average performance for two of three tertiary hospitals related to time from emergency room to admission, with overall time from emergency room presentation to discharge remaining near the national and state average. In all three tertiary hospitals, patients leaving without being seen is at or below the national average, and significantly below the national average in two of the three tertiary hospitals. For remaining hospitals, efforts continue to reduce times from presentation to discharge.
    - Emergency room throughput is a priority indicator for how patients perceive access to emergency care, and is also an important operational metric for Ballad. All three tertiary hospitals within Ballad are trauma centers, which adds complexity to the emergency room process. That Ballad's results are comparable to national and state averages is encouraging, given that Ballad's three trauma centers are being compared nationally with the overwhelming number of hospitals which do not operate trauma centers. The emergency room throughput metric focus is an ongoing and committed effort.

- Ballad continues to fund, at a cost of several million dollars annually, a broad spectrum of specialties to provide call coverage and services to support access to emergency care. In addition, Ballad subsidizes the cost of emergency room physicians, ensuring highly qualified and competent emergency room physicians are available in every hospital, including low-volume rural access points.

Educate the Community on Proper Access Points to Care

- Develop educational materials with placement on social media outlets
  - Ballad maintains a strong social media presence and routinely uses the medium to share educational messages. Educational materials (see below) are posted as an information point and reminder of the most effective care access point. Information is continually updated on the Ballad web site.
- Develop a media schedule promoting the use of urgent care vs. the emergency room
  - As part of its effort to reduce the total cost of health care and to reduce wait times in the emergency departments caused by lower acuity utilization, Ballad developed an awareness campaign to educate the community on proper utilization of care to appropriately channel patient volumes to the most effective care setting. This effort, combined with a reduction in the pricing for urgent care, has resulted in a shifting of volumes from the emergency department to urgent care.

Provide materials to educate patients on the Emergency Department Process

- Develop video: While You Wait
  - A short video was produced to help patients understand what to expect in their emergency room visit. The goal was to inform the patient about queuing in a triaged setting (i.e. first arrival does not always equate to first seen) and to let them know what to expect as they completed their visit.
- Develop accompanying rack card (written materials)
  - Written materials were prepared and placed in the emergency rooms as an information tool.
- Investigate use of key phrases
  - A program was developed for both training registration personnel in the use of key phrases and in securing emergency room liaisons in two of the tertiary facilities. The approaches varied, depending on the volumes in the emergency rooms and on the skill set of the liaisons. At HVMC the liaisons were non-clinical and made routine visits in the emergency rooms to check on patients. At JCMC the liaisons had limited clinical skill sets. While both were successful in reducing the numbers of complaints about the waiting process, both highlighted a greater need to alter processes in the actual care delivery workflow. Subsequent activity has been undertaken to alter care paths (providers at triage, sub-waiting rooms for test results, etc.).
- Charter rapid improvement events centered on emergency department throughput
  - Multiple improvement events were held across the system at individual emergency rooms. Among the improvements identified and in various stages of deployment include the expansion of bridge orders to expedite care from the emergency room; placement of and subsequent expansion of providers at triage, allowing more rapid treatment and, in

some cases, treating and discharging from the triage area; creating workflows in Epic designed to provide alerts to the entire care team of patients' needs; and revised cleaning processes in triage.
    - Improvements were intended to drive both satisfaction and improve throughput.
    - Satisfaction with the access metrics improved approximately two percentage points in raw score performance between FY19 and FY20. The national average for rate of improvement (reported by Press Ganey) in the emergency room setting was 0.22 points.

Complete realignment of trauma services to JCMC

- Provide education to EMS on acuity levels for various Ballad facilities
    - Materials were developed and distributed to EMS providers in the region. Subsequent visits were made to review the materials and answer questions for the providers to better equip them in transporting emergency patients to a Ballad facility.

Improve Satisfaction with Registration Process in Outpatient Services

Develop communication training

- Develop communication tips for team members
    - Communication training modules are available in the organizational development department as both in-person and virtual training via HealthStream. Additionally, a pilot was conducted at JCMC providing monthly leader training designed to provide managers with information to share with their teams.
- Review at daily huddles
    - Key throughput measures are monitored at the facility/entity level. Improvement activities have been targeted at issues identified at this level. For instance, SCCH completed an event to improve the registration process in outpatient areas. Through increasing activity in work accomplished prior to the actual patient visit, the team achieved an approximately 50 percent reduction in patients waiting more than five minutes in registration for outpatient procedures. These findings were shared through the operational excellence SharePoint site for replication across the organization.
- Provide access to team member training through organizational development
    - Communication training modules are available in organizational development as both in-person and virtual training via HealthStream. In addition to mandatory skills training and leadership training, 743 Ballad team members also accessed additional in-person classes to improve customer interactions and experiences.

Target services through organizational excellence processes

- Improve throughput reducing wait times in outpatient oncology
    - Wait times in outpatient oncology have been an area of opportunity both at the Johnston Memorial Cancer Center and at the Ballad Health Cancer Center in Kingsport. Both implemented changes designed to improve wait times. The Johnston Memorial Cancer Center held a series of events focused on accomplishing work ahead of appointments and to improve the patient experience. They decreased wait times in registration to less than six minutes and the Center's patients reported an increase in satisfaction with

registration of 7 percentile points (as of February 29, 2020). At the Ballad Health Cancer Center in Kingsport, the team engaged in process improvements with a goal of faster time to treatment area and less time in waiting areas. The result was a nearly ten percent improvement in mean score for wait times in registration and ease of registration process. Work continues as areas of opportunity are identified.

- Review centralized scheduling processes
  - The health system continues to move more procedures/visits to centralized scheduling. In facilities operating Epic, optimization efforts resulted in a reduction in average speed to answer from 256 seconds in July 2019 to 44 seconds in February 2020, and a reduction in call abandonment rate from 23 percent in July 2019 to 5.6 percent in February 2020. Ballad envisions that, with the total migration to Epic, the use of online and real-time scheduling tools will dramatically improve the patient experience.
- Equip physician liaisons with information to provide physician practices on the scheduling process
  - The physician liaisons team completed approximately 3,000 visits with education on outpatient services, including access, to physician practices during the timeframe.

6. Staffing Ratios – TOC Section 4.02(c)(iv)

- Worked Hours per Unit (WHpU) for Nursing **(Attachment 5)**
- Ratio of Registered Nurse to Licensed Practical Nurse (RN to LPN) **(Attachment 6)**

7. Staff Surveys – TOC Section 4.02(c)(v)

- Employee Engagement Survey **(Attachment 7)**

8. Patient-related Prices Charged – TOC 6.04(b)(i)

The Tennessee COPA Monitor reviewed “Patient-related Prices Charged” referenced in section 6.04(b)(i) of the Terms of Certification (TOC). The Tennessee COPA Monitor agreed with the changes and concluded the changes were consistent with Addendum One of the TOC. A full discussion of the Tennessee COPA Monitor’s review and analysis is included in an internal report submitted on November 21, 2019, to the Tennessee Deputy Attorney General and the Tennessee Director of the Division of Health Planning. The Tennessee COPA Monitor indicated he would subsequently review the January 1, 2020, chargemaster alterations to ensure compliance with the agreed-upon modifications.

- Ballad chargemasters can be found by going to the bottom of the page under CMS Price Transparency at each hospital's website: Balladhealth.org/locations

9. Cost-efficiency Steps Taken – TOC Section 6.04(b)(ii)

Contextually, the cost-efficiencies are relevant to ensure that (1) Ballad can achieve the spending commitments and (2) Ballad can generate the margin necessary to capitalize, service debt and fund the growth in annual variable cost. Ballad has been successful achieving synergies. However, it should be noted that Ballad’s efforts, in partnership with area physicians, to reduce the total cost of health care, has resulted in more than $200 million in reduced annual revenue to Ballad. The incremental cash flow impact of this reduction of revenue is likely in the range of $30 - $50 million annually. *Ballad’s investment in reducing the total cost of care is a relevant and important benefit of the merger*.

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Ballad has continued efforts to reduce unnecessary costs and improve efficiencies, during the reporting period. The table below shows the efficiencies achieved, by category, for amounts greater than $200,000. Absent these synergies, Ballad's ability to sustain its financial stability as a rural health delivery system while also continuing to sustain the facilities and associated fixed costs would certainly be in question.

FY20 Efficiency	February 29, 2020 Actual ($ in 000's)
Consolidation of Services in Greene County	$ 1,508
Laboratory Insourcing	5,726
GPO - Medical Supplies	2,057
GPO - Pharmacy Supplies	749
Anesthesia Restructuring	1,720
340B Savings	8,220
Real Estate Lease Savings	3,857
Kingsport Service Line Consolidation	3,897
Pediatric Service Line Consolidation	263
	$ 27,997

10. Equalization Plan Status – TOC Section 6.04(b)(iii) (Attachment 8)

11. Services or Functions Consolidated – TOC Section 6.04(b)(v)

During the reporting period, Ballad realized savings greater than $2 million in several areas. Laboratory services were insourced across the system, resulting in a cost reduction of $5.7 million. Ballad's group purchasing organization for med-surg and pharmacy was combined, resulting in a cost reduction of $2.8 million. The neonatal intensive care unit (NICU) and pediatric services in Kingsport were consolidated to JCMC, resulting in a $3.9 million reduction in operating costs. Access to care was not impacted because of these consolidations.

12. Changes in Volume or Availability of Inpatient or Outpatient Services – TOC Section 6.04(b)(vi)

Ballad continued to experience a decline in overall inpatient volumes, with discharges in the reporting period declining 3.5 percent over prior year. The discharge decline is being driven primarily by a reduction in lower-acuity admissions, a result of focused efforts by Ballad and primary care physician groups to reduce the total cost of care through value-based approaches, as well as a shift in surgeries from inpatient to outpatient. These efforts, when combined with no growth in population, result in a decline in overall volumes.

Ballad realigned duplicative services in Wise County, Virginia, which improved the sustainability of health care services in the county while maintaining patients' access to care. All medical/surgical and intensive care unit (ICU) services at MVH were consolidated with LPH. Emergency department services at MVH were redirected to either NCH (2.4 miles away) or to LPH. Two cancer centers, located less than two miles apart, were combined in one location.

During the reporting period, one material change was made to inpatient services in Greene County. Effective October 2019, inpatient rehabilitation services were temporarily suspended, due to the loss of a provider.

13. Summary of Ballad Sponsored Residency Programs – TOC Section 6.04(b)(vii)

Ballad has committed to improving the health and well-being of the people we have the honor to serve in Northeast Tennessee and Southwest Virginia. As a part of that mission, we are proud to be contributing to the training of the next generation of providers in the Appalachian Highlands. Ballad sponsors four Accreditation Council for Graduate Medical Education (ACGME) programs across Southwest Virginia. They are focused on primary care and hospital-based care. The four programs include: Family Medicine located in Big Stone Gap, Virginia; Family Medicine located in Abingdon, Virginia; Internal Medicine located in Norton, Virginia; and Internal Medicine located in Abingdon, Virginia. The Family Medicine programs are focused on the delivery of the full spectrum of care from pregnant mothers and their new babies, all the way through geriatrics. The Internal Medicine programs are focused on the full range of medical care including hospital-based care and sub-specialty care such as endocrinology and critical care, training in the management of the endemic ailments of the region as well as the most acutely ill.

Given the ACGME requirements of all these programs, Ballad is consistently looking at new educational experiences for its residents. In addition to new and expanded clinical rotations, Ballad is currently investing in the research experience for our residents through deployment of additional research resources to residents and the appointment of a director for resident research for the residency programs at LPH and NCH. This position leads a committee dedicated to the research effort for the residents and will be broadened to encompass all four programs in the coming months.

Access to dental care is a significant barrier in many regions of the United States. We know that a significant population in the U.S. go without adequate dental care every year. There is growing evidence that poor oral hygiene is linked to numerous systemic conditions such as heart disease, diabetes, and cancer. The Advanced Education in General Dentistry (AEGD) program initiated in Alabama and then expanded to Abingdon, Virginia, has demonstrated a solution to the access problem in rural America. The new dental residency program is designed to train the next generation of dentists in advanced care and offer those trainees an experience in the care of individuals in the rural environment we serve. The investment in oral care by Ballad has implemented a model that has demonstrated its ability to address the access issues so critical in the country and particularly in the Appalachian Highlands. In the first year of the program, created in conjunction with JMH, hundreds of patients have been cared for in its clinic and in a mini-MOM (Mission of Mercy) event.

In partnership with ETSU, Ballad committed additional financial resources to the expansion of training programs addressing the unique challenges existing within the Appalachian Highlands. In addition to the continued financial support provided to ETSU of approximately $24 million annually, Ballad has invested in the development of a new Fellowship in Addiction Medicine housed within the Department of Family Medicine at ETSU. This program will start its first class of fellows in the summer of 2020. In addition, Ballad has invested money with the Department of Psychiatry at ETSU for expansion of their residency program. They will be adding one additional resident each year for the next four years to assist in the creation of more behavioral health physicians for our region. Ballad maintains 41 resident slots above the federal caps in reimbursement, and 25 residents above the adjusted caps – meaning Ballad has continued funding the cost of sustainability of residencies for which it is not directly reimbursed – a direct benefit to ETSU.

In addition to the Graduate Medical Education commitments, Ballad has continued to support other training programs in healthcare. For example, Ballad continues to fund the operation of the Physician Assistant training program at Milligan University, as well as the Master's program in Addiction

Counseling. Ballad's commitment to Milligan for the Master's program is an example of the multi-level approach Ballad is taking to address the addiction epidemic in our region. These counselors are a vital part of the multidisciplinary approach to care that current Medication-Assisted Therapy centers require. As we learn more about addiction and its devastating effects, the social and psychological toll it takes on individuals is staggering. Working to get off the drugs is only part of the pathway to recovery. Ballad was in discussions with many other academic institutions in the Appalachian Highlands region about enhancement or development of healthcare programs prior to the pandemic.

For the below, Ballad will require the academic institution to provide their information. If the institution chooses not to provide this information, Ballad will report that to the States.

Schedule of Residency Programs						
Program	**Match Rates**	**Program Status**	**Site**	**Positions**	**Available Positions Filled**	**Board Passage Rate**
LPH Family Medicine Program	2019 Class: 100%	ACGME-Initial Accreditation	LPH	18	18	99.9%
JMH Family Medicine Program	2019 Class: 25%	ACGME-Continued Accreditation	JMH	18	15	100%
JMH Internal Medicine Program	2019 Class: 100%	ACGME-Continued Accreditation	JMH	18	16	100%
NCH Internal Medicine Program	3 year average: 43%	ACGME-Continued Accreditation	NCH	30	27	AOBIM 5-year aggregate-92.5%
JMH Dental Program	Does not participate in match	Initial Accreditation	Abingdon and Bristol, Virginia	5	4	First year class. No data
ETSU Addiction Medicine	100%	ACGME Initial Accreditation	JCMC VA	2	2	NA (New Program)
ETSU Bristol Family Medicine	100%	ACGME Continued Accreditation	BRMC	24	24	100%
ETSU Kingsport Family Medicine	100%	ACGME Continued Accreditation	HVMC	18	18	100%

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ETSU Johnson City Family Medicine	100%	ACGME Continued Accreditation	JCMC	21	18	100%
ETSU Internal Medicine	100%	ACGME Continued Accreditation	JCMC HVMC BRMC VA	80	48	95%
ETSU Cardiology	100%	ACGME Continued Accreditation	JCMC VA	9	9	100%
ETSU GI	100%	ACGME Continued Accreditation	JCMC VA	6	6	100%
ETSU Infectious Disease	100%	ACGME Continued Accreditation	JCMC VA	6	4	100%
ETSU Medical Oncology	100%	ACGME Continued Accreditation	JCMC	6	5	100%
ETSU Pulmonary Disease and Critical Care	100%	ACGME Continued Accreditation	BRMC HVMC VA JCMC	9	6	67%
ETSU Obstetrics and Gynecology	100%	ACGME Continued Accreditation	JCMC HVMC BRMC	12	12	80%
ETSU Orthopedic Surgery	100%	ACGME Initial Accreditation	JCMC HVMC	10	10	100%
ETSU Pathology - Anatomic & Clinical	100%	ACGME Continued Accreditation	JCMC VA	8	8	100%
ETSU Pediatrics	100%	ACGME Continued Accreditation	JCMC	24	21	86%
ETSU Psychiatry	100%	ACGME Continued Accreditation	VA Woodridge JCMC	25	22	75%
ETSU Surgery	100%	ACGME Continued Accreditation	JCMC VA BRMC HVMC	34	29	80%

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14. Movement of Any Residency "slots" – TOC Section 6.04(b)(vi)

Other than the creation of the dental residency, there have been no changes to the number of residency slots since the merger and no movement of residency slots. We have increased the number of residents we support at ETSU, all over the cap.

Ballad Health Sponsored Residency Programs/Slots							
Residency Specialty	**Sponsor**	**Totals Slots**	**Totals Residents**	**Specific Notes**	**Accreditation**	**Affiliation**	**Board Pass Rate**
Family Medicine	LPH	18	18		ACGME-Initial Accreditation	LMU-DCOM	99.9%
Family Medicine	JMH	18	15		ACGME-Continued Accreditation	VCOM	100%
Internal Medicine	JMH	16	16		ACGME-Continued Accreditation	VCOM	100%
Internal Medicine	NCH	30	27		ACGME-Continued Accreditation	VCO-DCOM	AOBIM 5-year aggregate 92.5%
Dentistry	JMH - Appalachian Highlands Community Dental Center	5	4	Total slots are # of residents in Alabama and Virginia. Total Residents include # of residents for JMH only. There is not a Board to pass for this program.	CODA-Initial Accreditation	JMH	100% program completion
ETSU Addiction Medicine	ETSU	2	2		ACGME-Initial Accreditation	ETSU	NA (New Program)
ETSU Bristol Family Medicine	ETSU	24	24		ACGME-Continued Accreditation	ETSU	100%
ETSU Kingsport Family Medicine	ETSU	18	18		ACGME-Continued Accreditation	ETSU	100%

ETSU Jonson City Family Medicine	ETSU	21	18		ACGME-Continued Accreditation	ETSU	100%
ETSU Internal Medicine	ETSU	80	48		ACGME-Continued Accreditation	ETSU	95%
ETSU Cardiology	ETSU	9	9		ACGME-Continued Accreditation	ETSU	100%
ETSU GI	ETSU	6	6		ACGME-Continued Accreditation	ETSU	100%
ETSU Infectious Disease	ETSU	6	4		ACGME-Continued Accreditation	ETSU	100%
ETSU Medical Oncology	ETSU	6	5		ACGME-Continued Accreditation	ETSU	100%
ETSU Pulmonary Disease and Critical Care	ETSU	9	6		ACGME-Continued Accreditation	ETSU	67%
ETSU Obstetrics and Gynecology	ETSU	12	12		ACGME-Continued Accreditation	ETSU	80%
ETSU Orthopedic Surgery	ETSU	10	10		ACGME-Initial Accreditation	ETSU	100%
ETSU Pathology - Anatomic & Clinical	ETSU	8	8		ACGME-Continued Accreditation	ETSU	100%
ETSU Pediatrics	ETSU	24	21		ACGME-Continued Accreditation	ETSU	86%
ETSU Psychiatry	ETSU	25	22		ACGME-Continued Accreditation	ETSU	75%
ETSU Surgery	ETSU	34	29		ACGME-Continued Accreditation	ETSU	80%

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15. Partnerships – TOC Section 6.04(b)(ix)

New Studies	
Cardiology	3
Neurology	1
Pediatrics	2
Pharmacy	1
Trauma	2

Total Studies Ongoing			
Behavioral Health	4	Pathology	2
Cardiology	71	Pediatrics	21
Culture	5	Pharmacy	8
Gastroenterology	3	Population Health	6
Hematology	2	Pulmonology	2
Infection Prevention	8	Radiology	2
Infectious Diseases	1	Rehabilitation	1
Neonatology	3	Stroke	3
Neurology	2	Surgical	2
OB/GYN	4	Trauma	8
Oncology	86	Urology	2
Orthopedics	4	Other	1
Pain Management	3	**Grand Total**	**254**

Research Goals, Progress Toward Those Goals, and Involvement of Academic and Community Partners:

- Develop a robust, versatile, and nimble research infrastructure.
  - The research plan was approved by senior leadership.
  - Job descriptions were created and posted.
    - Initial interviews were scheduled however they were postponed due to the pandemic response.
- Foster and support the development and implementation of new research studies and assist with the performance and oversight of these studies.
  - Discussions were held with the members of the regional consortium on development of research projects, funding of research faculty, and funding of a potential expansion of the Center for Rural Health Research at East Tennessee State University (ETSU) to the University of Virginia and the University of Virginia's College at Wise.
  - Ballad held internal discussions related to the assistance available for faculty, residents, and students to engage in research.
  - Initiated plan to realign research resources allowing for expertise to be engaged across the health system.
    - The research sub-council of the regional consortium met several times and continues to develop a priority project for the region on prioritizing social determinants of health as the foundation for a multi-institutional research project.
- Provide improved data acquisition/analysis.
  - Initiated process development within Ballad on creation of data repository that is accessible to internal and eventually external entities for research use.
  - Worked with IT and health information management on the development of de-identified data for use in research.
  - Worked with an external consultant on the development of a web portal to access data.

  - Held discussions with Vanderbilt University on the development of a global data sharing agreement.
- Facilitate outcomes research within Ballad to fulfill our COPA/CA commitments.
  - Alignment with the ETSU Center for Rural Health Research on development of ongoing research in areas such as population health including participation in grant application processes.
  - Potential hire of personnel dedicated to plan evaluation and analytics – on hold due to the pandemic response.
  - Alignment within the Academic and Research Department and the Strategic Planning Department on outcome measurements.
    - Initial discussion of gap analysis of available/needed resources.
- Foster collaboration with ETSU and the Center for Rural Health Research.
  - Completion of a Memorandum of Understanding.
  - Development and implementation of the Joint Coordinating Council where senior leadership of ETSU and Ballad work to improve communication, establish and share best practices, and build the strategy and expectations for future alignment and collaboration.
  - Development and implementation of three sub-councils of the Joint Coordinating Council:
    - Education Council – Academic leaders from ETSU and Ballad coordinating educational efforts, developing improved inter-professional opportunities and planning for future new programs and expansion of existing programs.
    - Research Council – Research leaders from ETSU and Ballad coordinating and improving the alignment of research efforts as well as developing new research studies.
    - Clinical and Community-based care and Innovation Council – ETSU and Ballad leaders are working to improve communication and transfer of care issues in addition to developing clinical protocols and innovations to deliver high-value care.
  - Conducted monthly meetings between the Director of the Center for Rural Health Research and the Chief Academic Officer.
  - Began meetings to discuss joint ETSU-Ballad work on the STRONG Starts project.
- Provide consistent systemwide IRB (Institution Review Board) process support for all of Ballad.
  - Planned expansion of the Wellmont IRB FWA to include all Ballad facilities.
  - Planned for the name change of Wellmont IRB to Ballad Health IRB.
  - Completed affiliation agreement negotiations with ETSU IRB and began planning for implementation.
- Support and collaborate with the Ballad Center for Innovation.
  - Obtained membership on the Ballad Health Innovation Council.
  - Completed monthly discussions with Chief Innovation Officer.
  - Integrated innovation agenda item into the Ballad Health Academic Council.
  - Partnered with the innovation department to develop external relationships with national innovation labs and Consortia Health.

Money Spent Funding Grants:

- ETSU Center for Rural Health Research – $1.5 million
- Ballad Health Strong Brain Institute (spring of 2020) – $250,000

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Grant Money Brought in or Assisted Others in Supporting the Region:

- New federal/state grants awarded
  - State of Tennessee Highway Safety Office Grant – $14,460
  - Tennessee Department of Health Colorectal Screening Awareness for MSSP – $10,000
  - C3Fit Research Grant with Vanderbilt University – $290,283
  - HRSA Rural Communities Opioid Response Program (RCORP) – Implementation Grant – $1,000,000 over three years
- Continuing and/or renewal federal/state grants awarded during
  - HRSA Rural Health Opioid Program (RHOP), grant year two – $242,865
  - SANE VOCA, grant year two – $198,424
  - HRSA Healthy Tomorrows Grant with East Tennessee State University, grant year five – $17,523
  - State of Tennessee State Opioid Response (SOR) Grant for Overmountain Recovery – $2,068,681
  - Tennessee Early Intervention System (TEIS) – $51,000 per year total for facilities noted below
  - CMS Accountable Health Communities Grant, grant year three – $506,234
  - Tennessee Small Hospital Improvement Program (SHIP) Grants – $11,125 each
  - Virginia Small Hospital Improvement Program (SHIP) Grants – amount still to be determined
  - State of Tennessee Perinatal Grant – $581,500
  - State of Tennessee Child Safety Funds – Amount varies based on available dollars from the State
  - State of Tennessee Psychiatric Grant – $2,944,846

Academic Research Projects:

- In conjunction with ETSU Center for Rural Health Research
  - STRONG Accountable Care Community (ACC) evaluation
    - Cross-sectional, multi-year study aimed at understanding the organizational impact of our STRONG ACC participation.
    - Determine the impact of the ACC membership on local and regional agencies and then evaluate how the STRONG ACC structure may work to improve the quality of life for individuals and communities in the Appalachian Highlands.
    - Difference-in-difference analysis to evaluate the changes in outcomes and the differences in those changes to determine the impact of the STRONG ACC on general population health, as well as specific health issues.
  - An examination and evaluation of the expansion of Project Access across the 21-county primary service area (Appalachian Highlands Care Network).
    - Evaluate the impact of the expansion through the development and application of existing and new validation methodologies.
    - Provide feedback on activities and inform any changes needed for improved impact.
  - An examination of the STRONG Starts program with an emphasis on the perinatal time and the development of a longitudinal database.
    - Inform our understanding of the causal relationships between childhood experiences and life outcomes for generations to come.

        - Add to the knowledge base and translate research into application to improve health outcomes nationally and in rural areas in the U.S.
        - Understand more about the gaps that exist in services that support families in our region and to evaluate if there are other regional or national programs that can be replicated to fill our gaps locally.
        - Evaluate Ballad patient navigation programs and determine which ones are effective for local families.

- In conjunction with Harvard Medical School, Department of Health Care Policy, Healthcare Markets and Regulation Lab:
    - An examination of the competitive dynamics of small hospital markets. Small markets are characterized as areas with relatively low population density and a small number of competing hospitals. Hospitals in these markets typically employ a substantial proportion of the local population and have a significant influence over the local economy. Recent news reports suggest that many hospitals in small markets are struggling financially and are failing to stay on pace with the adoption of the latest technology and best practices. The proposed project is focused on three areas:
        - To identify and study small markets with fewer than three hospitals and assess how these markets have evolved over time;
        - To measure service offerings and expenses in small markets and assess how these have evolved over time and learn how they are affected by a closure or merger; and
        - To engage with researchers at ETSU and support their development of research capacity.

- In conjunction with Vanderbilt University – C3Fit Stroke Research
    - PCORI grant obtained by Vanderbilt University for stroke care delivery. Evaluation of post-stroke intervention including home visits and navigation. Partnered with JCMC, which serves as a satellite facility for the grant.

Non-Academic Research:

- HRSA Rural Communities Opioid Response Program (RCORP).
    - Project focused on reducing opioid use and opioid related deaths. Community partners will work together with Ballad to implement realistic and sustainable efforts to reduce morbidity and mortality associated with opioid overdoses in high-risk rural communities. This will be accomplished through staff hired from grant funds working in tandem with a lead consortium and a network of locally empowered, multi-sector county consortia focused on prevention, treatment, and recovery across the target rural service area formed via a previously awarded FY2018 HRSA RCORP-Planning grant. Each of these partners will leverage their expertise, community contacts, and services provided to produce a multi-faceted approach, inclusive of those currently dealing with Opioid Use Disorder (OUD), to help people in the region and ensures each county is equipped to address gaps specific to their needs, while contributing to a coordinated regional effort.

- HRSA Rural Health Opioid Program (RHOP)
    - SCCH spearheaded a consortium of community organizations to develop a program to help combat the opioid crisis. The consortium represents a diverse and multifaceted approach to OUD in Smyth County, Virginia. The project will reduce morbidity and

mortality related to opioid overdoses in the community by conducting outreach to identify individuals at-risk of overdose, help guide them to recovery, and then provide the needed services to help them with recovery.

- CMS Accountable Health Communities
    - Provide screenings for Medicare/Medicaid patients in our facilities in Southwest Virginia to review social determinant of health needs of high-risk patients and provide referral services. Navigation services are provided to a randomized group of patients as determined by the Centers for Medicaid and Medicare Services (CMS).
- SAMHSA's Drug Abuse Warning Network (DAWN)
    - DAWN began in 1976 and it was reactivated in 2018. BRMC is included as one of 50 hospitals that was recruited in the initial phase of the study, with plans for additional future expansion. DAWN is a public health surveillance system that, over the years, has identified public health crises for prescription and non-prescription trends.

16. Published Reports from Research Projects – TOC Section 6.04(b)(x)

There have been no publications based on research directly related to an approved HR/GME plan. Listed below are the studies published during this annual reporting period where Ballad resources were integral.

- July 2019 – Circulation in the Journal of the American Heart Association: Cardiovascular Interventions – Pivotal Clinical Study to Evaluate the Safety and Effectiveness of the MANTA Percutaneous Vascular Closure Device.
- November 2019 – New England Journal of Medicine (NEJM): Five-Year Outcomes after Percutaneous Coronary Intervention (PCB) or Coronary-Artery bypass grafting (CABG) for Left Main Coronary Disease.
- January 2020 – Science Direct: Cardiovascular Revascularization Medicine – Acute and 30-Day Safety and Effectiveness Evaluation of Eximo Medical's B-Laser™, a Novel Atherectomy Device, in Subjects Affected With Infrainguinal Peripheral Arterial Disease: Results of the EX-PAD-03 Trial.

17. Updated Plan of Separation – TOC Section 6.04(b)(xii) and Virginia Regs

There have been no changes to the Revised Plan since reported in the FY19 Annual Report.

18. Comparison of Financial Ratios – TOC Section 6.04(b)(xiii) (Attachment 9)

19. Total Charity Care Information – TOC Sections 4.03(f); and 6.04(b)(xiv)

Ballad Health spent just more than $60 million in FY20 for Charity and Unreimbursed TennCare & Medicaid. While below the projected baseline from FY17, this significant spending was impacted by the material decline in volumes tied to efforts by Ballad and area physicians related to improving value, an increase in Medicaid reimbursement from TennCare and Virginia Medicaid, and the ongoing expansion of Medicaid in Virginia. The volume declines have been further accelerated by the global pandemic, which as with all payor categories, resulted in fewer charity patients in FY20. However, total charity awarded per patient exceeded the FY17 adjusted baseline. Also, Ballad continues to comply with its charity policy, which itself represented an expansion of access for the low-income patient population.

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Continued efforts by Ballad to improve the management of chronically ill patients will result in less cost of charity care, as additional efforts to reduce ER utilization and medical admissions benefits patients. This is a benefit of the efforts by Ballad to initiate value based initiatives, such as the recently announced Appalachian Highlands Care Network. Properly deployed, this effort will hopefully result in even more reduction in the cost of charity care – which benefits the taxpayers, the patients and the hospitals. Ballad continues discussion with the states related to the policy objectives of these initiatives.

	Base Charity	FY17 Baseline	FY17 Baseline Adjusted by FY18 HIA	FY17 Baseline Adjusted by FY19 HIA	FY17 Baseline Adjusted by FY20 HIA*	FY20 Actual as of 6/30/2020
7(a)	Charity Care	$ 35,034,403	$ 36,067,918	$ 37,204,057	$ 38,413,189	$ 24,057,056
7(b)	Unreimbursed TennCare and Medicaid	61,605,896	63,423,270	65,421,103	67,547,289	36,295,389
	Total	**$ 96,640,299**	**$ 99,491,188**	**$ 102,625,160**	**$ 105,960,478**	**$ 60,352,445**
					Variance from Baseline	**$ (45,608,033)**
	*Hospital Inflation Adjustment (HIA) = CMS		2.95%	3.15%	3.25%	

FY20 results are based on preliminary data and are subject to change until the 990 is filed.

20. Updated Organizational Chart – TOC Section 6.04(b)(xv)

Changes to the list of corporate officers are included in the Organizational Chart. **(Attachment 10)**

There have been no changes in the list of members of the Board.

21. Data; Access Measures – TOC 6.04(b)(xvi) and 12VAC5-221-120 and 110 Virginia Regs

Access Measures

Access to Care metrics are reviewed regularly with the states through the Joint Metrics Workgroup. For FY20, Ballad has internally tracked performance for 25 of the 28 access measures. There remain no agreed-upon real-time data sources for the remaining three measures: Specialist Recruitment and Retention, Personal Care Provider and Prenatal Care in the First Trimester.

Access Measure Data Table

#	Measure	Provision of Data	Baseline	FY20 (7/1/19-2/29/20) Results	Source
Characteristics of Health Delivery System					
1	Population within 10 miles of an urgent care center (%)	Ballad	80.5%	81.9% (improved)	Census + Facility Address at Census Block
2	Population within 10 miles of an urgent care center open nights and weekends (%)	Ballad	70.3%	72.1% (improved)	Census + Facility Address at Census Block

3	Population within 10 miles of an urgent care facility or Emergency Department (%)	Ballad	98.9%	99.7% (improved)	Census + Facility Address at Census Block
4	Population within 15 miles of an Emergency Department (%)	Ballad	97.3%	97.3% (maintained)	Census + Facility Address at Census Block
5	Population within 15 miles of an acute care hospital (%)	Ballad	97.3%	97.3% (maintained)	Census + Facility Address at Census Block
6	Pediatric Readiness of Emergency Department	Ballad	66.7%	72.6% (improved)	Survey tool created by NEDARC
7	Appropriate Emergency Department Wait Times (%)	Ballad	40.7%	45.7% (improved)	NHAMCS, CDC/NCHS
8	Specialist Recruitment and Retention	Ballad	Unavailable - Proposed Definition		
Utilization of Health Services					
Primary Care					
9	Personal Care Provider	TN	Unavailable		BRFSS
Appropriate Use of Care					
10	Preventable Hospitalizations – Older Adults	TN; Ballad is tracking through state database	72.2[1]	58.8 (improved)	HDDS
11	Preventable Hospitalizations – Adults	TN; Ballad is tracking through state database	25.6[1]	21.3 (improved)	HDDS
Secondary Prevention (Screenings)					
12	Screening – Breast Cancer	TN; Ballad is tracking internally	74.1%	75.6% (improved)	BRFSS (unavailable so based on Ballad BHMA data)
13	Screening – Cervical Cancer	TN; Ballad is tracking internally	63.8%	65.3% (improved)	BRFSS (unavailable so based on Ballad BHMA data)
14	Screening – Colorectal Cancer	TN; Ballad is tracking internally	46.4%	47.3% (improved)	BRFSS (unavailable so based on Ballad BHMA data)
15	Screening – Diabetes	Ballad	71.2%	72.5% (improved)	Based on Ballad BHMA data
16	Screening – Hypertension	Ballad	97.6%	99.2% (improved)	Based on Ballad BHMA data

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Infant and Children					
17	Asthma ED Visits – Age 0-4	TN; Ballad is tracking through state database	60.4	45.7 (improved)	HDDS
18	Asthma ED Visits – Age 5-14	TN; Ballad is tracking through state database	41.5	38.6 (improved)	HDDS
19	Prenatal Care in the First Trimester	TN	66.8%	Ballad has no proxy	TN Vital Statistics
Mental Health & Substance Abuse					
20	Follow-up After Hospitalization for Mental Illness – 7 days	Ballad	33.3%	30.4% (declined)	Based on MSSP and Team Member claims data
21	Follow-up After Hospitalization for Mental Illness – 7 days	Ballad	58.6%	47.2% (declined)	Based on MSSP and Team Member claims data
Antidepressant Medication Management					
22	Effective Acute Phase Treatment	Ballad	75.5%	74.2% (improved)	Based on MSSP and Team Member claims data
23	Effective Continuation Phase Treatment	Ballad	65.3%	62.5% (declined)	Based on MSSP and Team Member claims data
24	Engagement of Alcohol or Drug Treatment	Ballad	1.9%	2.8% (improved)	Based on Team Member claims data
25	Rate of SBIRT Administration – Hospital Admissions	Ballad	0.0%	0.17% (improved)	Ballad Internal Data
26	Rate of SBIRT Administration – ED Visits	Ballad	0.0%	5.62% (improved)	Ballad Internal Data
Consumer Satisfaction					
27	Patient Satisfaction and Access Surveys	Ballad	100%	100% (met)	Ballad Internal Data
28	Patient Satisfaction and Access Survey – Response Report	Ballad	100%	100% (met)	Ballad Internal Data

[1] The revisions to the preventable hospitalization baselines were a result of the following adjustments:
- Adult population definition modified (from ages 18-64, to all aged 18 and up)
- PQI definitions updated (from 2016 AHRQ PQI-90 guidelines, to 2018 AHRQ PQI-90 guidelines)
- Medicare Enrollees definition modified (from all Medicare enrollees regardless of age, to aged 65+ Medicare enrollees)

Population Health

Population Health metrics are reviewed regularly with the states through the Joint Metrics Workgroup. For Population Health, there are two components Ballad is responsible for in FY20. Detailed measures are provided below:

	Goal	Status
Investment in Population Health	Year 2 Commitment = $2 million	FY20 Spend = $2.07 million [1] (Exceeded)
Achievement of Process Measures Identified in the Population Health Plan	Achieved 41 of the 44 Process Measures Identified in the FY20 Implementation Roadmap	41 of the 44 Measures were Completed[2] (met 93%)

[1] Excludes baseline spend; through 2/29/20 (currently under review by Monitor)

[2] There were two metrics that were met after 2/29/20 which would have been completed if the pandemic had not occurred

22. Actions Taken in Furtherance of CA Commitments

Description of actions taken in furtherance of the commitments and activities conducted pursuant to the CA not provided elsewhere.

- CA Condition 12 – Through clinical leadership and participation by physicians and team members throughout the system, Ballad exceeded the 2017 baseline in 13 of 17 key quality measures as of February 29, 2020. Under the leadership of Amit Vashist, MD, Senior Vice President and Chief Clinical Officer, the organization continues towards its goal of a zero harm culture within the system. The health system achieved reductions in the following metrics for FY20: 87 percent in post-operative acute kidney injuries requiring dialysis across the system; 41 percent in CAUTI infections; 49 percent in-hospital falls with hip fracture rate, and 26 percent in postoperative respiratory failure rates.

- CA Condition 12 – National recognition for quality improvements (highlights):
  U.S. News and World Report named BRMC, HVMC and JCMC as top-performing hospitals in Tennessee. HVMC was identified as a top-performer in Heart Failure, Abdominal Aortic Aneurysm Repair, and Knee Replacement. JCMC was identified as a top-performing hospital in Heart Failure, Hip Replacement and COPD. BRMC was identified as a top-performer in Heart Failure and COPD.

- CA Condition 26 – The conversion to the Epic electronic health record in legacy Mountain States Health Alliance practices completed as of June 2020.

- CA Condition 27 – The health system opened a new Ballad Urgent Care Center in Lee County, Virginia, to provide access until the previously closed Lee County Hospital renovations are completed and the hospital reopens.

- CA Condition 27, 33, 35 – Expansion of telehealth including online scheduling. Telehealth is not just being used for primary care visits but also specialty care (e.g. pain management, neurology, cardiology, and pediatric endocrinology) and behavioral health.

BalladHealth

23. Updates to and Implementation Achieved on the Following Plans – TOC Sections 6.04(b)(iv); 3.05(c); 3.02(a); 3.02(b); 3.02(c)

Population Health 3-year Plan Overview

Overall Strategies
a. Develop Population Health Infrastructure within the Health System and the Community
b. Position Ballad as a Community Improvement Organization
c. Enable Community Resources and Sound Health Policy

a. Develop Population Health Infrastructure within the Health System and the Community

- A director of marketing and communications was hired to help increase the communication capabilities of the community engagement specialists to support community activation.
- The system established our relationship with the ETSU Center for Rural Health Research for program evaluation and intervention design support.
- The Population Health Clinical Committee conducted two quality improvement events to evaluate transitions of care and medication reconciliation to guide quality improvement efforts for the system and with community providers.
- The STRONG ACC support by Ballad expanded the ACC membership to over 290 organizational members; hosted multiple leadership committee and sector meetings; launched a social media presence, activated television commercials and a website; underwent governance evaluation from FSG consulting; completed a four-year strategic plan and prioritized the ACC's initiatives.
- STRONG Kids hosted four training events and continued to spur cross agency collaboration and understanding, serving over 300 individuals with a membership of 75 unique agencies and 19 community members.

b. Position Ballad as Community Health Improvement Organization

- The launch of the Hospital Quality and Efficiency Program partnership with State of Franklin Health Associates was delayed due to the pandemic but completed after the end of the fiscal year.
- Ballad's Medicare Shared Savings Program (AnewCare) was expanded to include legacy WMA providers; AnewCare renewed its contract with CMS to continue and expand this quality and value improvement program for Medicare recipients.
- During the pandemic the health system proceeded with the build of Epic for legacy Mountain States Health Alliance ambulatory sites and acute care facilities.
- Human resources and Ballad's population health services organization (Integrated Solution Health Network) evaluated current disease management and health coaching programs and made enhancements to engage additional Ballad team members.
- Hosted National Diabetes Prevention Program (DPP) training and trained 20 staff, designed DPP program for team members, and launched the first cohorts.
- Ballad launched B-Well, an internal well-being initiative, for team members consisting of four foundation areas: B-Informed, B-Well Fueled, B-Active and B-Mentally Well. Ballad also activated a Million Mile Health System Challenge, enacted 18 B-Well Champion teams,

developed reports showing baseline for all eight B-Well attributes and presented the program to all the teams and over 800 members of the Ballad management team.
- Ballad engaged the Cleveland Clinic to provide a supportive environment assessment for B-Well and incorporated their findings into the "Ballad as an Example" strategic framework.

c. Enable Community Resources and Sound Health Policy

- Invested in ten pilot programs with community organizations focused on children and family well-being to test organizational capacity and affirm best practices. This allowed these organizations to increase service offerings to more people, expand to new locations, or implement new programs to serve children and families in the Appalachian Highlands.
- Supported the Second Harvest Food Bank data collection/community referral technology, Sullivan County Opioid Crisis Response Team and Mt. Rogers Harm Reduction site.
- Invested in a regional United Way literacy project that reached over 65,000 students.
- Finalized the Appalachian Highlands Care Network, a program designed to support a vulnerable population, established Ballad teams and solidified our community partners. Due to the pandemic, the launch was postponed until September 2020.
- Hosted a Business Health collaborative forum, identified two focus areas (Substance Use and Primary Source of Care) which were assigned to two subcommittees.
- Worked with Tennessee and Virginia to evaluate the possibility of applying for INK and MOM federal programming focused on maternal child health.
- Prioritized best practice policies and models for maternal health, early childhood development, and parenting success for communication and sharing with agencies and legislators.
- Supported the tobacco age increase legislation in Virginia.
- Met with Virginia DMAS and other agencies in the Commonwealth to discuss maternal and child health and substance using mothers.
- Completed significant planning steps for the STRONG Starts intervention and the longitudinal study – details provided below in the three-year approach.

Ballad has been working with Tennessee and Virginia to align its Population Health plan with both the health improvement priorities of the regional STRONG ACC and the state health plans. The STRONG Children and Families plans referenced below seek to address the interconnected relationship across the lifespan between educational, economic, and health outcomes.

STRONG Children & Families

Vision

Ballad's long-term vision for population health improvement embraces a lifespan approach for each individual. This aligns with the vision of the STRONG ACC to prevent adversity, build resilience, and ensure the educational, economic, and health success of every child in our region. We want to support an ideal community environment where:

- Every child has a strong start in life.
- Every family is supported and connected to the appropriate community resources.
- Every child enters school ready to learn.

- Every child has the best opportunity to achieve educational benchmarks and adopt healthy behaviors.
- Every young person is college- or career-ready.
- Every adult achieves educational, economic, and health success.

Essential Program Elements

To accomplish the vision, Ballad is working to optimize both clinical and community assets as follows:

- STRONG Accountable Care Community (ACC): A growing 290-member regional multi-sector collective impact model made up of organizations working on a common agenda to improve the ability for children in the Appalachian Highlands to become college- and career-ready, and better position them for optimal health outcomes.
- STRONG Starts universal screening and navigation: Ballad's central intervention to optimize the clinical environment to assess all families for adverse childhood experiences (ACEs), environmental, and social needs risk and navigate them effectively to best practice community based interventions.
- Increased access to prenatal care: Ballad will partner with regional obstetric practices and other clinical partners to increase access to prenatal care, especially for mothers who may lack access, and to increase the number of group prenatal care offerings in the region.
- Community resource referral platform: For closed-loop navigation of individuals to services which meet their health related social needs, and to create a longitudinal record of navigation that integrates with Epic and supports effectiveness research, Ballad will invest in a referral platform such as Unite Us, Aunt Bertha or Now Pow. This tool will house a robust regional inventory of organizations that can meet individuals' needs by category and geography, not only allowing Ballad to refer patients to community-based services, but also allowing community and other participating organizations to refer clients and beneficiaries among themselves. Such a platform will support STRONG Starts, the Accountable Health Communities grant, value-based care programs such as the AnewCare MSSP and Appalachian Highlands Care Network for the uninsured.
- Recovery Center/Programs for pregnant and parenting women with substance use disorder: This program in Greeneville to support recovery, parenting, and economic supports for women and families will serve as an intensive and essential component of the STRONG Children & Families model.
- Research and Longitudinal Database: Ballad has funded the creation of the Center for Rural Health Research at ETSU and the Ballad Academics and Research program to ensure that our investments in population health will contribute to the evidence based on interventions that improve health outcomes nationally, especially in rural areas.
- Long-term community based program investments: Ballad will invest in regional programs which offer best practice interventions needed to support parenting success, meet social needs, and improve child development outcomes. These are programs which Ballad cannot deliver, but which are essential to STRONG Starts success.

Programs are Selected Based on Their Ability to Address the Following:

- Preventing unwanted pregnancies and those that are high-risk because of maternal substance use.
- Improving birth outcomes through access to high quality, early prenatal care and behavioral risk reduction including maternal substance use.

- Supporting essential parenting and caregiver skills and prevent abuse and neglect.
- Reducing the risk of ACEs, meet social needs, and build resilience.
- Enhancing child care quality and access and support kindergarten readiness.
- Supporting resilience, early education and bolster key learning skills which directly support achievement of educational benchmarks.

Health Research/Graduate Medical Education (HR/GME) 3-year Plan Overview

Overall Strategies
a. Establish the Tennessee Virginia Regional Health Sciences Consortium (TVRHSC)
b. Identify Targeted Hiring Needs to Build Research Capacity and Academic Program Growth
c. Develop & Operationalize Consortium Research Infrastructure to Support Health Research in the Region
d. Develop and Operationalize an Education and Training Infrastructure to Support the Region

a. **Establish the Tennessee Virginia Regional Health Sciences Consortium (TVRHSC)**
   - Consortium and subcommittees established
   - Defined areas for focused work at the subcommittee level
     i. The Research Department is evaluating the social determinants of health and areas for overlap and internal expertise.
     ii. The Academic Council is looking at retention of talent in the region.

b. **Identify Targeted Hiring Needs to Build Research Capacity and Academic Program Growth**
   - Established dialogue with academic partners in the region; exploring potential support from Ballad for development of programs to improve the health and quality of life in the region.
   - Initiated regional workforce analysis focused on business and industry with Mercer Consulting.

c. **Develop & Operationalize Consortium Research Infrastructure to Support Health Research in the Region**
   - Completed the inventory of research infrastructure in the region and gap analysis.
   - Designed research infrastructure plan for Ballad; research priority area identified in conjunction with ETSU, Humana, Harvard University, Vanderbilt University and Ballad providers.

d. **Develop and Operationalize an Education and Training Infrastructure to Support the Region**
   - Workforce analysis referenced under strategy (b). will be used to inform areas of focus.
   - Established Office of Health Professions Education; recruiting for key positions.
   - Developed the dental residency program in Abingdon, Virginia and started seeing patients.
   - Increased stipend support for residencies.
   - Established improved relationships with mental health programs in Southwest Virginia.
   - Hired physician in Southwest Virginia to initiate analysis of needs within Southwest Virginia for a second Addiction Medicine program in the region.

BalladHealth

Health Information Exchange (HIE) 3-year Plan Overview

Overall Strategies
a. Establish Ballad HIE Steering Committee
b. Conduct Geographic Service Area Interoperability Research
c. Identify Optimal Portfolio of Interoperability and Assemble Deployment Strategies
d. Develop an HIE Recruitment and Support Plan
e. Participate in Connect-Virginia's HIE and Associated Programs

a. Establish Ballad HIE Steering Committee

- An Interoperability Steering Committee was established with internal and external representation and first meeting was held in December 2019.
- Steering committee reviewed draft charter.
- Drafted job description for HIE director.

b. Conduct Geographic Service Area Interoperability Research

- Engaged Impact Advisors to conduct a community/market survey and drafted survey content and approach for delivery and follow-up. The survey was placed on hold due to the pandemic.

c. Identify Optimal Portfolio of Interoperability and Assemble Deployment Strategies

- Initiated analysis on cost model for community connect.

d. Develop an HIE Recruitment and Support Plan

- No activity as this is dependent on results of strategy (c).

e. Participate in Connect-Virginia's HIE and Associated Programs

- All seven Ballad Virginia emergency departments participate in ConnectVirginia EDCC program.
- All seven Ballad Virginia emergency departments participate in ConnectVirginia PDMP program.
- All seven Ballad Virginia emergency departments participate in Virginia Immunization program.
- All Ballad hospitals and clinics participate in other Tennessee and Virginia regulatory programs.

Importantly, Ballad has deployed a common information technology platform, investing more than $200 million in this effort. This technology platform will standardize the connectivity between Ballad and area physicians, making health care information more portable and useful to caregivers. Also, this platform enables Ballad to have unprecedented connectivity with patients. This benefit will enable patients to have better real-time access to their health information, scheduling and physician contact. The data tools made available by this common platform will enable Ballad to successfully implement regional initiatives to improve chronic care management, and address social determinants.

BalladHealth

Behavioral Health 3-year Plan Overview

Overall Strategies
a. Develop the Ballad Health Behavioral Services Infrastructure
b. Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care
c. Supplement Existing Regional Crisis System – For Youth and Adults
d. Develop Enhanced and Expanded Resources for Addiction Treatment

a. Develop the Ballad Health Behavioral Services infrastructure

- Solidified leadership team with the hiring of the Chief Medical Officer, Chief Financial Officer and Chief Nursing Officer for the behavioral health division.
- Other key positions filled included the Director of Quality, Education and Accreditation, SBIRT community navigator, and Director of Program Outreach.

b. Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care

- Hired additional behavioral health navigators within targeted primary care practices.
- Reviewed FY19 data on the current Primary Care Behavioral Health Integration (PCBHI) model, identified future expansion plans, including additional behavioral health resources at the Rural Health Clinics in Lebanon, Virginia and St. Paul, Virginia and evaluated the primary care location in Greeneville, Tennessee.
- Identified potential telebehavioral health vendors to support PCBHI (providing staffing resources while leveraging the existing Ballad systemwide telehealth platform of VisuWell)
- Approximately 1,100 patients were treated by a Ballad PCBHI program during this time. frame, with a 94.4 percent patient satisfaction rate for the practices. Approximately 230 referrals were made from a Ballad PCBHI program to a behavioral health specialist (per Frontier Health data).

c. Supplement Existing Regional Crisis System – For Youth and Adults

- Expanded SBIRT (Screening, Brief Intervention, and Referral to Treatment) screening for a total of 12 sites across Ballad (hospital emergency departments); over 15,500 screenings conducted during this time period.
- Expanding respond behavioral health assessment program across both Tennessee and Virginia. The Respond network is evolving into a "one call center" for the region. In response to the pandemic, the Respond telephone number was distributed to both healthcare workers and the public to help navigate stress due to the pandemic and/or connect to services if needed. Preparations are being made to roll-out the new telehealth systemwide platform, VisuWell, to Respond.
- Added two vans to support behavioral health transports to internal resources as well as community resources; the transport team completed nearly 3,500 transfers during this time.
- Initiated school-based behavioral health pilot in Bristol, Tennessee, with Frontier Health. Over 330 visits occurred in person with embedded support and telehealth was initiated.
- REACH education provided for physicians in December 2019 to better equip primary care physicians (both family medicine and pediatrics) to care for behavioral health issues in the pediatric primary care setting.
- Trauma informed care education curriculum developed and deployed to front line team members.

d. Develop Enhanced and Expanded Resources for Addiction Treatment

- Planning for residential addiction treatment started with visioning committee and work groups in Greeneville, Tennessee.
- Continued financial support of Frontier Health's residential addiction treatment center expansion.
- Promoted provider education related to medication assisted treatment utilizing the existing VCU ECHO training and provider clinical support system.
- Hired three certified peer recovery specialists (in partnership with Population Health).
- Expanded treatment options at OverMountain Recovery treatment center now offering both buprenorphine and methadone.

Children's Health 3-year Plan Overview

Overall Strategies
a. Develop Necessary Ballad Children's Health Services Infrastructure
b. Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol
c. Develop Telemedicine and Rotating Specialty Clinics in Rural Hospitals
d. Recruit and Retain Subspecialists
e. Develop CRPC Designation at Niswonger Children's Hospital

a. Develop Necessary Ballad Children's Health Services Infrastructure

- Hired dedicated Chief Medical Officer.
- The Pediatric Advisory Council focused on a plan for pediatric asthma care.
- Developed a pediatric visioning committee to assess a long-term vision for pediatric care within Ballad; substantial progress was made on potential plan modifications based on committee's input.

b. Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol

- Treatment protocols finalized for pediatric emergency department care at BRMC.
- Significant progress on construction of pediatric emergency department at BRMC.
- Completed NICU consolidation and delivery coverage model for both Kingsport and Bristol markets (see teleneonatology noted below).

c. Develop Telemedicine and Rotating Specialty Clinics in Rural Hospitals

- Established telehealth for neonatology in Kingsport and Bristol.
- Refer to Behavioral Health plan success on school-based behavioral health services in Bristol, Tennessee.
- Established school-based telemedicine urgent care services in Lee County, Virginia.

d. Recruit and Retain Subspecialists

- Successfully recruited the following specialists:
    - i. Pediatric Gastroenterology
    - ii. Pediatric Intensive Care
    - iii. Pediatric Hospitalist
    - iv. Pediatric Surgery
    - v. Pediatric Neurology
    - vi. Pediatric Hematology/Oncology

- Significant progress on relationships with strategic partners to support pediatrics subspecialty coverage with ETSU and East Tennessee Children's Hospital.

e. Develop CRPC Designation at Niswonger Children's Hospital

- Completed multi-pronged gap analysis which included assessments of the following:
  - i. Child abuse services across the region
  - ii. Behavioral health services in pediatric settings
  - iii. Formalized pediatric trauma structure
  - iv. Pediatric emergency department facility trauma care needs
  - v. Provider needs for trauma program

Rural Health 3-year Plan Overview

Overall Strategies	
a.	**Expand Access to Primary Care through additions of Primary Care Physicians and Mid-Levels to Practices in Counties of Greatest Need**
b.	**Recruitment of Physician Specialists to Meet Rural Access Needs**
c.	**Implement Team-Based Care Models to Support Primary Care Providers, Beginning with Pilots in High Need Counties**
d.	**Develop and Deploy Virtual Care Services**

a. Expand Access to Primary Care through additions of Primary Care Physicians and Mid-Levels to Practices in Counties of Greatest Need

- Recruited one net new nurse practitioner for Norton, Virginia.
- Recruited one new physician in Lee County, Virginia.
- Recruited one new physician in Big Stone Gap, Virginia.
- Recruited one net new nurse practitioner for Greeneville, Tennessee.
- Reviewed mid-level performance based on access metrics and implemented action items related to opportunities identified.
- Evaluated new primary care access model.
- Completed primary care market retreats to further address gaps.

b. Recruitment of Physician Specialists to Meet Rural Access Needs

- Recruited one Pulmonologist for Norton, Virginia.
- Initiated recruitment for one Psychiatrist in Russell County, Virginia.
- Provided recruitment assistance for one pediatric hospitalist in Abingdon, Virginia.
- Reviewed specialist performance based on access metrics and implemented action items related to opportunities identified.

c. Implement Team-Based Care Models to Support Primary Care Providers, Beginning with Pilots in High Need Counties

- Over 4,600 patients reached by the team-based care model.
- Expanded team-based care team to include one additional clinical pharmacist and two behavioral health navigators.
- Based on the number of lives being managed by this model, duties were restructured/realigned to maximize staffing capacity and further improve patient outcomes.
- Identified additional resources needed to initiate operations for a second enhanced team-based care model.

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d. Develop and Deploy Virtual Care Services

- Deployed virtual health across Ballad Health Medical Associated through a standard platform, VisuWell.
- Identified Vanderbilt University and the University of Virginia as teleneurology partners for resource support.
- Initiated purchase and roll-out of new virtual health carts for all emergency departments across Ballad.
- Initiated teleneonatology (as referenced in the Children's Health plan); school-based teleurgent care in Lee Co, Virginia (as referenced in the Children's Health plan); school-based telebehavioral health pilot in Bristol, Tennessee (as referenced in the Behavioral Health plan).

24. Recruitment and Retention of Physicians and Advanced Practice Providers – TOC Sections 4.03(a)(ii); 3.02(b-c); and Exhibit C (Marked Confidential) **(Attachment 11)**

25. Recruitment and Retention of Nurses – (Marked Confidential) **(Attachment 12)**

BalladHealth

ATTACHMENT 1

FY20 Annual Report Outline

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Ballad Health FY20 Annual Report Contents

NOTE 1: Ballad Health's FY 2020 Report is expected to be on the first eight (8) months of fiscal year.

NOTE 2: Where numerical data are requested, provide data for the year under review (or partial year as relevant) and the 2 prior years (if previously reported).

Requirement	Pursuant to
1. Facility Maintenance and Capital Expenditures. - Schedule of all maintenance and repair expenses and capital expenditures during the year *(template proposed)*; - Report whether met or exceeded aggregate capital expenditure spending commitments (board approved capital budget) for three years per Capital Plan.	Section 3.07(b)
2. Career Development Plan. Report any updates to the implementation and results of the Career Development Plan. Include the following: a. A summary of workforce development program including budget commitment; b. An explanation of how programs meet the strategic needs of Ballad; c. A list of training programs/career development programs; d. Provide percentages as well as counts on Key Workforce Development Metrics. *(template proposed)*	Section 3.08(c) and 6.04(b)(xvii)
3. Clinical Council. Provide: - Council roster indicating which members are employed versus independent providers. - Updates on sub-committee work and initiatives. - Narrative or documentation, as applicable, on changes to the following: a. common standard of care; b. credentialing standards; c. consistent multidisciplinary peer review; and d. best practices.	Section 4.02(b)(v) Section 4.02(b); Section 6.04(b)(xi)
4. Quality Indicators. - FY 20 Report same Quality Measures as in FY19	Section 4.02(c)(ii) and Section 6.04(b)(xi) Exhibit K
5. Patient Satisfaction Survey. - Provide results of the patient satisfaction surveys for three years; - Provide a copy of the plan to address deficiencies and opportunities for improvement related to perceived access to care services; and - Document satisfactory progress toward the prior year's plan.	Section 4.02(c)(iii) and Exhibit C

6. Staffing Ratios. (Marked Confidential) Provide:
- For Bristol Regional Medical Center, Holston Valley Medical Center, Johnson City Medical Center, Indian Path Community Hospital**,** Johnston Memorial Hospital, and Norton Community Hospital
    - Worked hours per unit (WHpU) for nursing centric departments identified as (i) Progressive Care/Intermediate Care Units, (ii) Intensive Care Units, and (iii) Medical/Surgical Units, with the weighted average by volume for the hospitals listed above, and comparisons to the 25th percentile benchmark (as determined by the Premier Global Opportunity Report) for any one quarter in the fiscal year under review and the same quarter in the prior fiscal year;
    - ratio of RN to LPN for the same nursing centric departments and a weighted average by volume for the hospitals listed above for the same one quarter in the fiscal year under review and the same quarter in the prior fiscal year;
- an explanation of changes in staffing ratios for RN to LPN for the year in review that exceed 10%.
	Section 4.02(c)(iv)

7. Staff Surveys. (Marked Confidential) Provide results of the every 3-year survey of
- Employee Engagement Survey for the system, as well as for Bristol Regional Medical Center, Holston Valley Medical Center, Johnson City Medical Center, Johnston Memorial Hospital, and Norton Community Hospital consisting of the following:
    a. average employee satisfaction score for
        i. the organization,
        ii. managers, and
        iii. employees;
    b. participation percentage; and
    c. comparison between recent survey results and previous results.
	Section 4.02(c)(v)

8. Patient-related prices charged
- For years in which the COPA Monitor drafts a report on Ballad's prices charged for the Fiscal Year in review, Ballad shall reference the COPA Monitor's conclusions and provide either an electronic copy (Excel) of or link to the most currently applicable chargemaster(s) online (as long as such chargemaster is in an Excel file); **OR**
- Provide
    a. a complete explanation of any material pricing changes to the chargemaster(s) during the year in review (in such categories as are specified by the Department);
    b. an electronic copy of or link to the most currently applicable chargemaster(s); and
    c. A summary of any changes to commercial insurance or managed care contracts in which rates are negotiated (Marked Confidential)
	Section 6.04(b)(i)

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9. Cost-efficiency steps taken. Provide, per year, for the three years: - a list of efficiencies achieved, by category, for amounts greater than $200,000; (*template proposed*)	Section 6.04(b)(ii)
10. Equalization Plan status; (Marked Confidential) Provide: - Summary of salary and benefit equalization steps taken in the last fiscal year, - Schedule of FTEs (to include contract labor) per adjusted occupied bed for the system, as well as for Bristol Regional Medical Center, Holston Valley Medical Center, Johnson City Medical Center, Indian Path Community Hospital, Johnston Memorial Hospital, and Norton Community Hospital individually for the fiscal year under review and the prior two fiscal years. (Adjustments may be made to the metrics to ensure the metric is comparable for the 3 (three) years.)	Section 6.04(b)(iii)
11. Services or Functions Consolidated; List or describe any services or functions that were consolidated during the year in review that resulted in cost savings in excess of Two Million Dollars ($2,000,000).	Section 6.04(b)(v)
12. Changes in volume or availability of inpatient or outpatient services; List or describe any material changes in volume or availability of any inpatient or outpatient services offered during the year in review.	Section 6.04(b)(vi)
13. Summary of residency program; Provide: a. summary of Ballad's residency and fellowship programs and Ballad's goals related to each (those who train/work predominantly in Ballad facilities); b. summary of activities and progress toward goals; c. residency program data to include: i. Name of Program; ii. Match rates; iii. Program status; iv. Site; v. Positions; vi. Available positions filled; and vii. Board Passage rate. (Ballad will require the academic institution to provide the requested information on their residency programs. If an institution chooses not to, Ballad will report that to the State.) (*template proposed*)	Section 6.04(b)(vii)

14. Movement of any residency "slots"; Provide: - data on residency "slots" for residency programs sponsored by Ballad Health (# of slots on the Closing Date and for the current year) and - a description of any affiliation agreements moving resident "slots" from one COPA Hospital to another pursuant to Medicare rules, - a description of any resident programs moved from one COPA Hospital to another, and - a description of any new programs started. (*template proposed*)	Section 6.04(b)(viii)
15. Partnerships; - Regarding Academic partnerships, provide: a. a table summarizing research activities; b. a summary of (i) the NHS' research goals, (ii) research activities and progress toward goals, (iii) involvement of academic and community partners, (iv) money spent funding grants (if any), (v) grant money the NHS brought in or assisted others in bringing into the region (if any); c. A narrative highlighting two to five Ballad Health research projects. d. Regarding non-Academic partnerships, a narrative highlighting two to five federal or state research projects Ballad is engaged in that are relevant to Ballad's HIE, population health, rural health, behavioral health, and children's health goals (e.g., AHC, HRSA, etc.).	Section 6.04(b)(ix)
16. Published reports from research projects. Provide copies of or links to any published reports from research projects conducted by Ballad and its academic partners pursuant to an approved HR/GME Plan;	Section 6.04(b)(x)
17. Updated Plan of Separation.	Section 6.04(b)(xii) Virginia regs
18. Comparison of NHS financial ratios; Provide: - A comparison of Ballad Health's financial ratios to the median of similarly rated health systems where available from the rating agencies – Fitch, S&P, and Moody's - ratio of salaries and benefits to net patient revenue, - ratio of operating EBITDA to net revenue, - ratio of operating income to net revenue, - ratio of capital expenditures to depreciation, - ratio of net income to net revenue (excess margin), - days of cash on hand, - days of net patient revenue outstanding, - ratio of long term debt to capitalization,	Section 6.04(b)(xiii)

- ratio of unrestricted reserves to long term debt and debt service coverage ratio, and - a schedule of values for each component required to make the various ratio calculations for Ballad; 6.04(b)(xiii); and - audited financials.	
19. Total Charity Care information Provide: - A table for the three most recent fiscal years on (i) charity care provided by NHS, (ii) unreimbursed TennCare and Medicaid. - A narrative on, as applicable, any (i) decreases in charity care over prior years, (ii) adjustments made to calculations, and (iii) changes in state or federal policies impacting charity care.	Section 4.03(f); Section 6.04(b)(xiv)
20. Updated NHS organizational chart Provide a chart with listing of corporate officers and members of the Board.	Section 6.04(b)(xv).
21. Data; Provide: - FY 20 Report same Measures as in FY19	Section 6.04(b)(xvi) 12VAC5-221-120 and 110 Virginia Regs
22. Information expressly required for the Annual Report pursuant to any other section of Tennessee's Terms of Certification, the COPA Act, or the Virginia Order, Regs, code, or 12VAC5-221-120. Include: - (for VDH) Description of actions taken in furtherance of the Commitments and activities conducted pursuant to the cooperative agreement (reference applicable condition). - (for VDH) Information reflecting the contracted rates negotiated with non-physician providers, allied health professionals, and others - (for VDH) The VDH commissioner may require the parties to supplement the annual report with additional information to the extent necessary to ensure compliance with the cooperative agreement and the letter authorizing cooperative agreement. - (for VDH) All annual reports submitted pursuant to this section shall be certified audited by a third- party auditor. - (for VDH) The fee due with the filing of the annual report shall be $20,000. If the commissioner should determine that the actual cost incurred by the department is greater than $20,000, the parties shall pay any additional amounts due as instructed by the department. The annual filing fee shall not exceed $75,000.	TOC TN Hospital Cooperation Act COPA Rules Virginia code Virginia Regs 12VAC5-221-110
23. Updates to and implementation achieved on the following plans: - the Population Health Plan (Including updates to and implementation achieved on the Striving Toward Resilience and Opportunity for the Next Generation (STRONG) Longitudinal Study) - the HR/GME Plan; - the HIE Plan;	Section 6.04(b)(iv) Section 3.05(c) Section 3.02(a) Section 3.02(b) Section 3.02(c)

- the Behavioral Health Plan; - the Children's Health Plan; - the Rural Health Plan.	
24. Recruitment and retention of physicians and advanced practice providers. (Marked Confidential) Provide: - A schedule that includes for the year in review, as well as the two prior years (For FY20 include FY20 and FY19): a. number of physicians and extenders with medical staff privileges or employed (combined) at the beginning of the fiscal year broken down by (i) total specialists, (ii) total Primary Care Providers; b. number of physicians and extenders with medical staff privileges or employed (combined) newly hired in the GSA broken down by (i) total specialists, (ii) total Primary Care Providers; c. number of physicians and extenders with medical staff privileges or employed (combined) who have newly stopped practicing in the GSA broken down by (i) total specialists, (ii) total Primary Care Providers; d. subtotal for Ballad's Virginia facilities; e. subtotal for Ballad's Tennessee facilities; and f. Grand Total for the region. - A narrative describing the actions taken by Ballad to bring physicians and extenders to the region. - A narrative describing the actions taken by Ballad to retain physicians and extenders.	(Section 4.03(a)(ii)): 3.02(b-c); Exhibit C
25. Recruitment and retention of nurses. (Marked Confidential) - A schedule that includes for the year in review, as well as the two prior years (For FY20 include FY20 and FY19): a. number of nurses working in a Ballad acute care inpatient facility at the beginning of the fiscal year broken down by (i) licensed and (ii) unlicensed; b. number of nurses newly hired by Ballad in an acute care inpatient facility broken down by (i) licensed and (ii) unlicensed; c. number of Ballad acute care inpatient facility nurses who have newly stopped working in the GSA broken down by (i) licensed and (ii) unlicensed; d. subtotal for Ballad's Virginia facilities; e. subtotal for Ballad's Tennessee facilities; and f. Grand Total for the region. - A narrative describing the actions taken by Ballad to bring nurses to the region. - A narrative describing the actions taken by Ballad to retain nurses.	

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<u>26.</u> <u>Information related to compliance with Addendum 1</u> to be submitted in an electronic format annually, by November 30.	Addendum 1
i. A list of any new Payors which executed Managed Care Contracts for the first time during each fiscal year and a verified certification from the New Health System Chief Financial Officer that the pricing for such contracts complies with Addendum 1; and	Addendum 1
ii. A summary of all value-based and risk-based payments at the health system level, including a comparison of such payments to the prior Contract Year's value-based payments.	Addendum 1

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ATTACHMENT 2

#4 Summary of Quality Indicators

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Summary of Quality Indicators

Report summary: This report provides a summary of performance for quality indicators submitted via the Ballad Health Quality Metrics Scorecard as of fiscal year end February 29, 2020. Metrics include the COPA target measures and the COPA monitoring measures. Fiscal Year 20 performance compared to the established baseline of Hospital Compare, posted in July 2017. The targets for Ballad's second year is to at least maintain or improve over the established baseline.

- Ballad Health met 76% (13/17) of the target measures at or above baseline.
- Opportunities for improvement include Pressure Ulcer Rate, SSI Colon, SSI Hysterectomy and MRSA.

Target Measures:

Desired Performance	Quality Target Measures	Baseline	FY19	FYTD20
↓	Pressure Ulcer Rate	0.29	0.53	0.31
↓	Iatrogenic Pneumothorax Rate	0.38	0.13	0.13
↓	In Hospital Fall with Hip Fracture Rate	0.10	0.08	0.05
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	4.20	1.41	1.40
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	1.02	1.28	0.51
↓	PSI 11 Postoperative Respiratory Failure Rate	14.40	7.56	5.83
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	5.35	3.16	3.71
↓	PSI 13 Postoperative Sepsis Rate	6.16	4.03	4.66
↓	PSI 14 Postoperative Wound Dehiscence Rate	2.20	1.48	1.59
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	0.90	0.27	0.67
↓	CLABS	0.774	0.616	0.680
↓	CAUTI	0.613	0.895	0.589
↓	SSI COLON Surgical Site Infection	1.166	2.285	2.500
↓	SSI HYST Surgical Site Infection	0.996	0.000	1.030
↓	MRSA	0.040	0.090	0.057
↓	CDIFF	0.585	0.352	0.330
↑	SMB: Sepsis Management Bundle	62.8%[1]	62.7%	64.4%

[1]No baseline available, uses internal target

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Desired Performance	Quality Monitoring Measures	Baseline	FY19	FYTD20
⬆	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	79.2%	80.8%
⬇	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.6%	14.7%	14.8%
⬆	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.6%	6.1%	4.4%
⬇	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	79.7%	79.4%
⬇	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.9%	14.0%	15.2%
⬇	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.9%	6.3%	5.6%
⬇	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.8%	64.6%	71.5%
⬆	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	20.6%	24.4%	20.3%
⬆	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.6%	11.1%	8.4%
⬇	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Suspended	74.1%	--	--
⬇	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Suspended	19.6%	--	--
⬆	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Suspended	6.3%	--	--
⬆	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.1%	62.5%	64.9%
⬇	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	15.9%	16.4%	16.2%
⬇	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	21.1%	19.2%
⬆	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	87.0%	83.4%
⬇	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.8%	13.0%	16.6%
⬇	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	47.2%	46.6%
⬇	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.8%	43.1%	44.4%
⬇	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	4.8%	5.4%	4.7%

BalladHealth

Desired Performance	Quality Monitoring Measures	Baseline	FY19	FYTD20
⬆	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.9%	70.1%	77.4%
⬇	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	17.2%	18.0%	13.8%
⬆	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.5%	61.4%	62.4%
⬇	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	26.9%	28.1%	27.4%
⬇	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.6%	10.6%	10.2%
⬇	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.8%	10.6%	8.2%
⬇	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.9%	21.1%	21.1%
⬆	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.3%	68.3%	70.7%
⬆	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	73.7%	68.3%	69.2%
⬇	HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	24.7%	25.2%
⬇	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	4.1%	3.2%
⬆	OP29 Avg Risk Polyp Surveillance	76.1%	81.6%	97.0%
⬆	OP30 High risk Polyp Surveillance -- RETIRED	77.7%	84.0%	RETIRED
⬇	OP3b Median Time to Transfer AMI --- RETIRED	47.50	RETIRED	RETIRED
⬇	OP5 Median Time to ECG AMI and Chest Pain RETIRED	5.22	RETIRED	RETIRED
⬆	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	0.97	RETIRED	RETIRED
⬇	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.29	229.80	242.00
⬇	ED2b ED Decision to Transport	69.00	84.80	74.00
⬇	Median Time from ED Arrival to Departure for Outpatients (18b)	124.50	123.00	136.00
⬇	OP20 Door to Diagnostic Evaluation RETIRED	15.09	RETIRED	RETIRED
⬇	OP21 Time to pain medication for long bone fractures RETIRED	37.84	RETIRED	RETIRED
⬇	OP22 Left without being seen	0.9%	0.9%	1.4%

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Desired Performance	Quality Monitoring Measures	Baseline	FY19	FYTD20
⬆	OP23 Head CT stroke patients	84.7%	76.8%	66.3%
⬆	IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	97.0%	99.5%	--
⬇	VTE6 HAC VTE	0.02	0.01	0.00
⬇	PC01 Elective Delivery	0.56%	2.00%	3.06%
⬇	Hip and Knee Complications	0.029	0.023	0.002
⬇	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.60	149.69	172.30
⬇	PSI90 Complications / patient safety for selected indicators	0.83	0.91	1.05
⬇	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	12.0%	14.6%
⬇	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	8.9%	10.5%
⬇	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	17.8%	19.0%
⬇	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	3.5%	3.9%
⬇	READM30 HOSPWIDE 30day hospital wide all cause unplanned readmission	12.0%	11.0%	12.1%
⬇	READM30 STK Stroke 30day readmission rate	9.0%	10.0%	9.4%
⬇	READM30HF Heart Failure 30Day readmissions rate	20.5%	19.9%	20.5%
⬇	READM30PN Pneumonia 30day readmission rate	17.7%	14.3%	15.4%
⬇	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	1.8%	3.4%
⬇	MORT30 COPD 30day mortality rate COPD patients	1.8%	2.3%	3.0%
⬇	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	3.9%	6.2%
⬇	MORT30HF Heart failure 30day mortality rate	3.9%	3.5%	4.3%
⬇	MORT30PN Pneumonia 30day mortality rate	4.7%	4.4%	4.5%
⬇	MORT30STK Stroke 30day mortality rate	8.2%	5.4%	8.8%

BalladHealth

ATTACHMENT 3

#4 Comparison to Systems Methodology

Methodology for Selection of Comparison Systems

This report provides a summary of the methodology for selection of "similarly-sized" hospital system as established in the TN Terms of Certification 4.02(c)(ii), Exhibit G. ***As indicated in last year's report, there are significant challenges with the selection of "similarly-sized" hospital systems, as "size" of the system, even with some of the factors taken into consideration, is not a standard for comparison in the industry without appropriate adjustment for scope of services, community characteristics, revenue impact of federal reimbursements (i.e. Ballad hospitals have historically had among the 2nd lowest Medicare Area Wage Index in the United States), payer mix (i.e. Ballad hospitals have a payer mix which approximately 75 percent government payer and charity/uninsured), and the general rural nature of the Ballad service area compared to the more urban and suburban nature of the comparison hospitals. Based on these factors, there are significant differences in resources available and there is no standard for adjustment based on the differences. Ballad Health cautions against any conclusions based on these comparisons.***

In order to maintain consistent comparisons from last year, the same hospitals have been used for the attached report. Aurora Health consists of 27 hospitals within their system. Mercy Health, who merged with Bon Secours in 2018, now has a system of 43 hospitals. It was noted in the report last year that UnityPoint Health and Sanford Health signed a letter of intent to merge by the end of 2019, however, the merger did not take place. Therefore, we continue to use UnityPoint Health as a comparison for FY20. Following implementation of a single quality platform with Premier in FY21, we plan to review, in collaboration with Tennessee and Virginia, for new comparison organizations for the FY21 report.

Selection criteria ranked by priority:

- Not-for-profit
- Net revenue
- Aligned with Premier as quality partner – *allows for better benchmarking and best practice sharing*
- Bed size and number of hospitals
- Rural hospitals and similar services
- Location – *allows for travel for site visits*
- Epic HER
- Top performers

$ in billions	Aurora Health	Baptist Memorial	Carillion Clinic	Mercy Health	Texas Health	UnityPoint Health
Net Revenue	$12.8	$2.13	$1.3	$10.0	$2.33	$3.7
Bed Size – Staffed	2,936	3,541	1,200	3281	3,355	3707
# of Hospitals	28	22	8	48	14	22
Location	Milwaukee, WI	Memphis, TN	Roanoke, VA	Cincinnati, OH	Arlington, TX	Des Moines, IA
Ranking	#10	#24	NA	#15	#22	#19

Five of the six selected healthcare systems rank in the top 25 of the largest non-profit hospital systems in America. The sixth selection is a Virginia-based hospital system that meets most of the criteria, located close to Ballad. Having a Tennessee- and Virginia –based system was important in the selection process for comparisons and benchmarking purposes.

- All selected healthcare organizations are not-for-profit systems, utilize Premier as the quality advisory vendor and utilize Epic as the electronic health record.
- All selected systems include rural hospitals and similar services.

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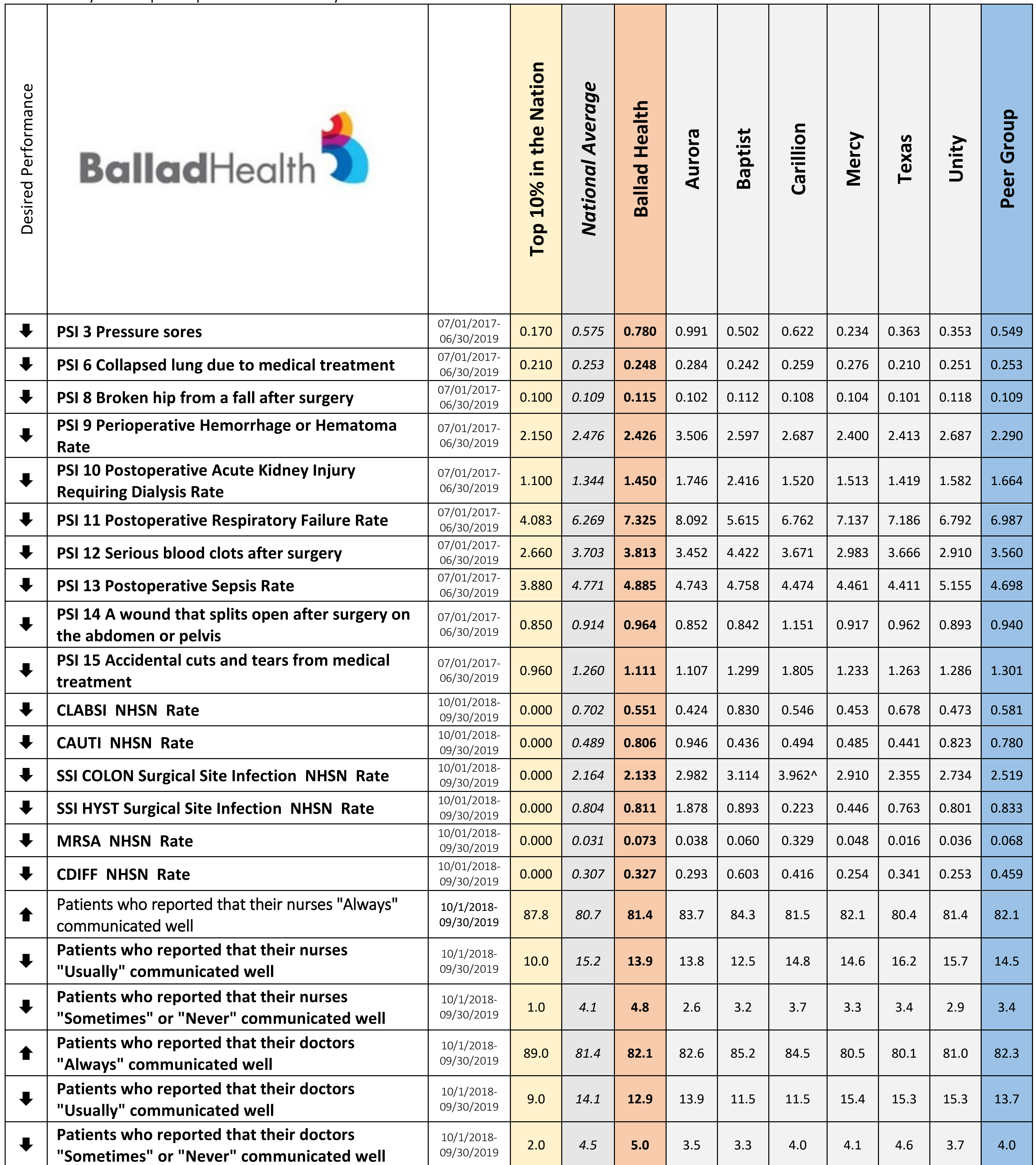
ATTACHMENT 4

#4 Comparison to Similarly-Sized Systems

-- no or insufficient information data
^ only one hospital reported in its' health system

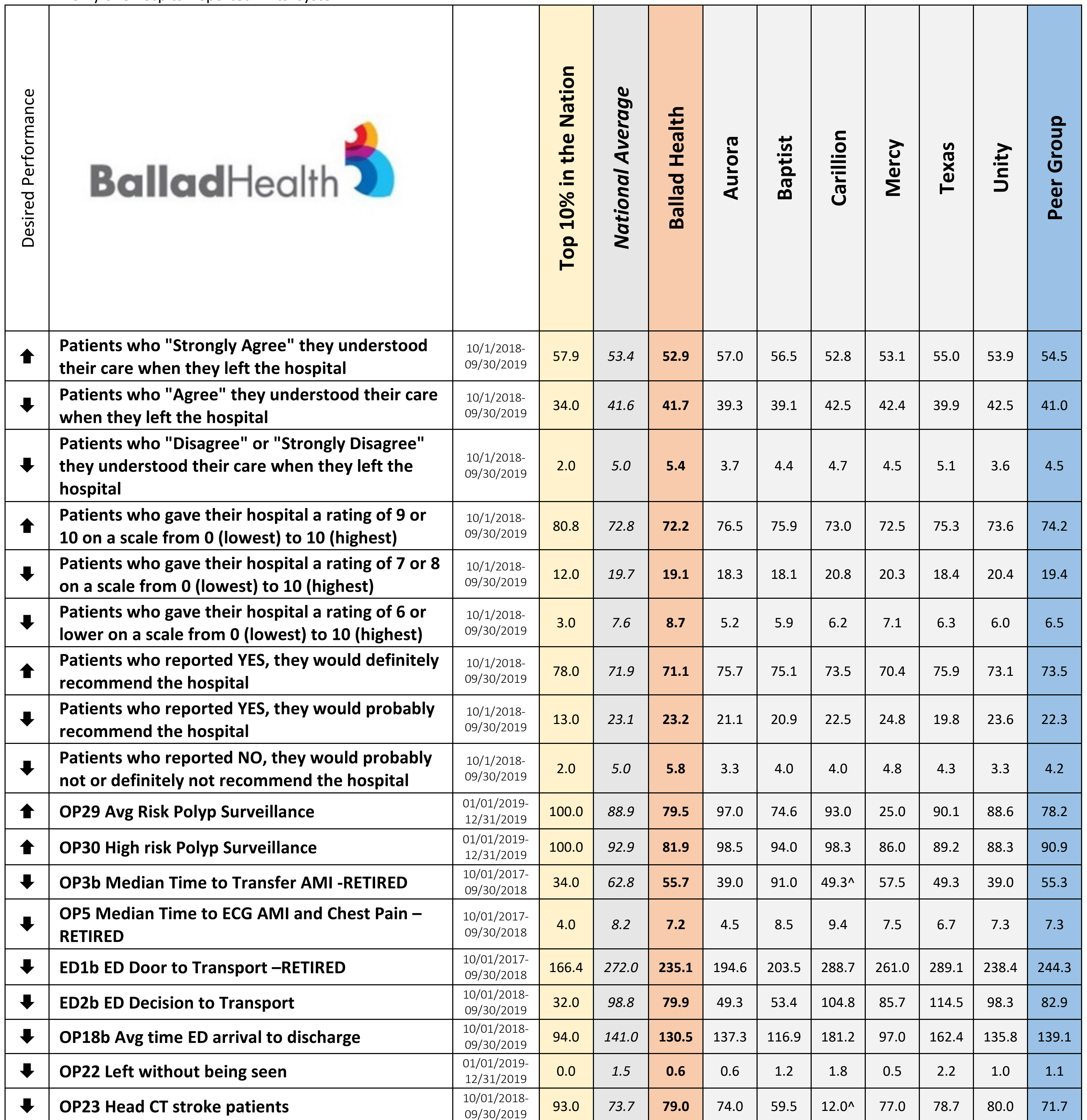


Desired Performance	BalladHealth		Top 10% in the Nation	*National Average*	**Ballad Health**	Aurora	Baptist	Carillion	Mercy	Texas	Unity	Peer Group
↓	**PSI 3 Pressure sores**	07/01/2017-06/30/2019	0.170	*0.575*	**0.780**	0.991	0.502	0.622	0.234	0.363	0.353	0.549
↓	**PSI 6 Collapsed lung due to medical treatment**	07/01/2017-06/30/2019	0.210	*0.253*	**0.248**	0.284	0.242	0.259	0.276	0.210	0.251	0.253
↓	**PSI 8 Broken hip from a fall after surgery**	07/01/2017-06/30/2019	0.100	*0.109*	**0.115**	0.102	0.112	0.108	0.104	0.101	0.118	0.109
↓	**PSI 9 Perioperative Hemorrhage or Hematoma Rate**	07/01/2017-06/30/2019	2.150	*2.476*	**2.426**	3.506	2.597	2.687	2.400	2.413	2.687	2.290
↓	**PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate**	07/01/2017-06/30/2019	1.100	*1.344*	**1.450**	1.746	2.416	1.520	1.513	1.419	1.582	1.664
↓	**PSI 11 Postoperative Respiratory Failure Rate**	07/01/2017-06/30/2019	4.083	*6.269*	**7.325**	8.092	5.615	6.762	7.137	7.186	6.792	6.987
↓	**PSI 12 Serious blood clots after surgery**	07/01/2017-06/30/2019	2.660	*3.703*	**3.813**	3.452	4.422	3.671	2.983	3.666	2.910	3.560
↓	**PSI 13 Postoperative Sepsis Rate**	07/01/2017-06/30/2019	3.880	*4.771*	**4.885**	4.743	4.758	4.474	4.461	4.411	5.155	4.698
↓	**PSI 14 A wound that splits open after surgery on the abdomen or pelvis**	07/01/2017-06/30/2019	0.850	*0.914*	**0.964**	0.852	0.842	1.151	0.917	0.962	0.893	0.940
↓	**PSI 15 Accidental cuts and tears from medical treatment**	07/01/2017-06/30/2019	0.960	*1.260*	**1.111**	1.107	1.299	1.805	1.233	1.263	1.286	1.301
↓	**CLABSI NHSN Rate**	10/01/2018-09/30/2019	0.000	*0.702*	**0.551**	0.424	0.830	0.546	0.453	0.678	0.473	0.581
↓	**CAUTI NHSN Rate**	10/01/2018-09/30/2019	0.000	*0.489*	**0.806**	0.946	0.436	0.494	0.485	0.441	0.823	0.780
↓	**SSI COLON Surgical Site Infection NHSN Rate**	10/01/2018-09/30/2019	0.000	*2.164*	**2.133**	2.982	3.114	3.962^	2.910	2.355	2.734	2.519
↓	**SSI HYST Surgical Site Infection NHSN Rate**	10/01/2018-09/30/2019	0.000	*0.804*	**0.811**	1.878	0.893	0.223	0.446	0.763	0.801	0.833
↓	**MRSA NHSN Rate**	10/01/2018-09/30/2019	0.000	*0.031*	**0.073**	0.038	0.060	0.329	0.048	0.016	0.036	0.068
↓	**CDIFF NHSN Rate**	10/01/2018-09/30/2019	0.000	*0.307*	**0.327**	0.293	0.603	0.416	0.254	0.341	0.253	0.459
↑	Patients who reported that their nurses "Always" communicated well	**10/1/2018-09/30/2019**	87.8	*80.7*	**81.4**	83.7	84.3	81.5	82.1	80.4	81.4	82.1
↓	**Patients who reported that their nurses "Usually" communicated well**	10/1/2018-09/30/2019	10.0	*15.2*	**13.9**	13.8	12.5	14.8	14.6	16.2	15.7	14.5
↓	**Patients who reported that their nurses "Sometimes" or "Never" communicated well**	10/1/2018-09/30/2019	1.0	*4.1*	**4.8**	2.6	3.2	3.7	3.3	3.4	2.9	3.4
↑	**Patients who reported that their doctors "Always" communicated well**	10/1/2018-09/30/2019	89.0	*81.4*	**82.1**	82.6	85.2	84.5	80.5	80.1	81.0	82.3
↓	**Patients who reported that their doctors "Usually" communicated well**	10/1/2018-09/30/2019	9.0	*14.1*	**12.9**	13.9	11.5	11.5	15.4	15.3	15.3	13.7
↓	**Patients who reported that their doctors "Sometimes" or "Never" communicated well**	10/1/2018-09/30/2019	2.0	*4.5*	**5.0**	3.5	3.3	4.0	4.1	4.6	3.7	4.0

-- no or insufficient information data
^ only one hospital reported in its' system

Desired Performance	BalladHealth		Top 10% in the Nation	*National Average*	**Ballad Health**	Aurora	Baptist	Carillion	Mercy	Texas	Unity	Peer Group
⬆	**Patients who reported that they "Always" received help as soon as they wanted**	10/1/2018-09/30/2019	81.0	*69.5*	**72.1**	70.4	71.6	68.3	67.2	69.3	66.7	69.4
⬇	**Patients who reported that they "Usually" received help as soon as they wanted**	10/1/2018-09/30/2019	13.0	*22.0*	**19.8**	23.3	20.2	23.5	24.6	23.1	25.8	22.9
⬇	**Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted**	10/1/2018-09/30/2019	3.0	*8.4*	**8.1**	6.3	8.2	8.2	8.2	7.6	7.5	7.7
⬆	**Patients who reported that staff "Always" explained about medicines before giving it to them**	10/1/2018-09/30/2019	62.3	*65.7*	**64.8**	68.4	68.8	65.2	65.0	64.5	64.2	65.8
⬇	**Patients who reported that staff "Usually" explained about medicines before giving it to them**	10/1/2018-09/30/2019	13.0	*17.3*	**16.2**	16.8	14.7	17.8	17.3	16.6	19.5	17.0
⬇	**Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them**	10/1/2018-09/30/2019	10.0	*16.9*	**19.0**	14.8	16.5	17.0	17.6	18.9	16.3	17.2
⬆	**Patients who reported that their room and bathroom were "Always" clean**	10/1/2018-09/30/2019	80.8	*75.3*	**76.4**	78.8	74.7	80.7	73.1	75.0	74.1	76.1
⬇	**Patients who reported that their room and bathroom were "Usually" clean**	10/1/2018-09/30/2019	10.0	*17.2*	**15.1**	15.6	16.6	13.2	18.1	17.5	18.3	16.3
⬇	**Patients who reported that their room and bathroom were "Sometimes" or "Never" clean**	10/1/2018-09/30/2019	3.0	*7.6*	**8.5**	5.7	8.6	6.2	8.8	7.5	7.6	7.6
⬆	**Patients who reported that the area around their room was "Always" quiet at night**	10/1/2018-09/30/2019	76.0	*61.6*	**64.8**	61.8	73.4	57.5	56.7	67.2	59.9	63.0
⬇	**Patients who reported that the area around their room was "Usually" quiet at night**	10/1/2018-09/30/2019	20.0	*28.8*	**27.2**	30.2	21.9	33.5	33.8	26.4	30.8	29.1
⬇	**Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night**	10/1/2018-09/30/2019	3.0	*9.6*	**8.0**	8.1	4.7	9.0	9.5	6.5	9.3	7.9
⬆	**Patients who reported that YES, they were given information about what to do during their recovery at home**	10/1/2018-09/30/2019	90.9	*87.0*	**86.6**	91.0	85.4	87.3	88.0	87.3	89.6	87.9
⬇	**Patients who reported that NO, they were not given information about what to do during their recovery at home**	10/1/2018-09/30/2019	8.0	*13.0*	**13.4**	9.0	14.6	12.7	12.0	12.7	10.4	12.1

-- no or insufficient information data
^ only one hospital reported in its' system



Desired Performance	BalladHealth		Top 10% in the Nation	*National Average*	**Ballad Health**	Aurora	Baptist	Carillion	Mercy	Texas	Unity	Peer Group
⬆	**Patients who "Strongly Agree" they understood their care when they left the hospital**	10/1/2018-09/30/2019	57.9	*53.4*	**52.9**	57.0	56.5	52.8	53.1	55.0	53.9	54.5
⬇	**Patients who "Agree" they understood their care when they left the hospital**	10/1/2018-09/30/2019	34.0	*41.6*	**41.7**	39.3	39.1	42.5	42.4	39.9	42.5	41.0
⬇	**Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital**	10/1/2018-09/30/2019	2.0	*5.0*	**5.4**	3.7	4.4	4.7	4.5	5.1	3.6	4.5
⬆	**Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)**	10/1/2018-09/30/2019	80.8	*72.8*	**72.2**	76.5	75.9	73.0	72.5	75.3	73.6	74.2
⬇	**Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)**	10/1/2018-09/30/2019	12.0	*19.7*	**19.1**	18.3	18.1	20.8	20.3	18.4	20.4	19.4
⬇	**Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)**	10/1/2018-09/30/2019	3.0	*7.6*	**8.7**	5.2	5.9	6.2	7.1	6.3	6.0	6.5
⬆	**Patients who reported YES, they would definitely recommend the hospital**	10/1/2018-09/30/2019	78.0	*71.9*	**71.1**	75.7	75.1	73.5	70.4	75.9	73.1	73.5
⬇	**Patients who reported YES, they would probably recommend the hospital**	10/1/2018-09/30/2019	13.0	*23.1*	**23.2**	21.1	20.9	22.5	24.8	19.8	23.6	22.3
⬇	**Patients who reported NO, they would probably not or definitely not recommend the hospital**	10/1/2018-09/30/2019	2.0	*5.0*	**5.8**	3.3	4.0	4.0	4.8	4.3	3.3	4.2
⬆	**OP29 Avg Risk Polyp Surveillance**	01/01/2019-12/31/2019	100.0	*88.9*	**79.5**	97.0	74.6	93.0	25.0	90.1	88.6	78.2
⬆	**OP30 High risk Polyp Surveillance**	01/01/2019-12/31/2019	100.0	*92.9*	**81.9**	98.5	94.0	98.3	86.0	89.2	88.3	90.9
⬇	**OP3b Median Time to Transfer AMI -RETIRED**	10/01/2017-09/30/2018	34.0	*62.8*	**55.7**	39.0	91.0	49.3^	57.5	49.3	39.0	55.3
⬇	**OP5 Median Time to ECG AMI and Chest Pain – RETIRED**	10/01/2017-09/30/2018	4.0	*8.2*	**7.2**	4.5	8.5	9.4	7.5	6.7	7.3	7.3
⬇	**ED1b ED Door to Transport –RETIRED**	10/01/2017-09/30/2018	166.4	*272.0*	**235.1**	194.6	203.5	288.7	261.0	289.1	238.4	244.3
⬇	**ED2b ED Decision to Transport**	10/01/2018-09/30/2019	32.0	*98.8*	**79.9**	49.3	53.4	104.8	85.7	114.5	98.3	82.9
⬇	**OP18b Avg time ED arrival to discharge**	10/01/2018-09/30/2019	94.0	*141.0*	**130.5**	137.3	116.9	181.2	97.0	162.4	135.8	139.1
⬇	**OP22 Left without being seen**	01/01/2019-12/31/2019	0.0	*1.5*	**0.6**	0.6	1.2	1.8	0.5	2.2	1.0	1.1
⬇	**OP23 Head CT stroke patients**	10/01/2018-09/30/2019	93.0	*73.7*	**79.0**	74.0	59.5	12.0^	77.0	78.7	80.0	71.7

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Desired Performance	BalladHealth		Top 10% in the Nation	*National Average*	**Ballad Health**	Aurora	Baptist	Carillion	Mercy	Texas	Unity	Peer Group
⬆	**IMM2 Immunization for Influenza**	10/01/2018-09/30/2019	100.0	*91.0*	**98.4**	97.6	90.3	97.2	90.8	98.7	93.4	95.6
⬆	**IMM3OP27 FACADHPCT HCW Influenza Vaccination**	10/01/2018-09/30/2019	99.0	*88.9*	**98.3**	98.4	95.8	97.2	68.3	91.3	93.8	91.1
⬇	**VTE6 HAC VTE-RETIRED**	10/01/2017-09/30/2018	0.0	*3.0*	**1.0**	0.8	1.0	18.0	4.1	4.0	4.5	4.8
⬇	**PC01 Elective Delivery**	10/01/2018-09/30/2019	0.00	*1.70*	**2.56**	2.50	0.11	0.00	--	2.43	2.73	1.64
⬇	**Hip and Knee Complications**	04/01/2016-03/31/2019	1.90	*2.46*	**2.40**	2.48	2.55	2.04	2.54	2.16	2.34	2.36
⬇	**PSI 4 Deaths among Patients with Serious Treatable Complications after Surgery**	07/01/2017-06/30/2019	140.4	*164.4*	**177.7**	159.3	170.4	205.4	150.3	168.2	178.1	172.8
⬇	**PSI 90 Serious complications**	07/01/2017-06/30/2019	0.81	*0.99*	**0.99**	1.04	0.98	0.95	0.90	0.92	0.94	0.96
⬇	**READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate**	07/01/2016-06/30/2019	9.88	*12.75*	**12.57**	11.77	13.62	11.30	13.40	12.87	10.38	12.27
⬇	**READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate**	07/01/2016-06/30/2019	17.30	*19.67*	**19.63**	19.28	19.91	19.22	19.85	19.59	19.29	19.54
⬇	**READM30 HIPKNEE 30day readmission rate following elective THA / TKA**	07/01/2016-06/30/2019	2.90	*4.01*	**4.01**	3.92	4.12	3.70	4.14	4.08	4.02	4.00
⬇	**READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate**	07/01/2016-06/30/2019	13.70	*16.20*	**16.48**	15.49	15.74	16.05	16.37	16.11	15.49	15.96
⬇	**READM30HF Heart Failure 30Day readmissions rate**	07/01/2016-06/30/2019	18.30	*22.02*	**23.32**	20.13	22.24	21.25	22.09	21.90	21.62	21.79
⬇	**READM30PN Pneumonia 30day readmission rate**	07/01/2016-06/30/2019	14.10	*16.70*	**17.41**	15.87	16.83	16.68	16.72	16.66	16.37	16.65
⬇	**READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission**	07/01/2016-06/30/2019	13.40	*15.63*	**15.88**	14.89	15.69	14.97	15.63	15.15	15.10	15.33
⬇	**MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate**	07/01/2016-06/30/2019	2.2	*3.1*	**3.7**	2.1	4.3	2.1	3.3	3.0	3.1	3.1
⬇	**MORT30 COPD 30day mortality rate COPD patients**	07/01/2016-06/30/2019	7.1	*8.5*	**8.7**	8.0	8.3	8.0	7.9	8.7	9.3	8.4
⬇	**MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate**	07/01/2016-06/30/2019	11.4	*12.6*	**12.4**	12.7	12.8	12.4	12.7	13.0	12.6	12.7
⬇	**MORT30HF Heart failure 30day mortality rate**	07/01/2016-06/30/2019	9.2	*11.4*	**11.6**	11.2	11.4	12.0	10.1	11.1	13.2	11.5
⬇	**MORT30PN Pneumonia 30day mortality rate**	07/01/2016-06/30/2019	12.9	*15.6*	**16.5**	14.5	15.5	16.0	14.3	15.8	16.3	15.6
⬇	**MORT30STK Stroke 30day mortality rate-RETIRED**	07/01/2016-06/30/2019	11.7	*13.6*	**15.9**	14.2	13.2	15.2	12.7	13.5	13.6	14.0

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Desired Performance	BalladHealth		Top 10% in the Nation	*National Average*	Ballad Health	Aurora	Baptist	Carillion	Mercy	Texas	Unity	Peer Group
⬆	**OP8- MRI Lumbar Spine for Low Back Pain**	07/01/2017-06/30/2018	24.8	*38.7*	**38.1**	39.3	43.7	31.0	35.2	42.2	30.6	37.2
⬇	**OP9- Mammography Follow-up Rates**	07/01/2017-06/30/2018	1.7	*8.9*	**7.2**	6.1	8.7	8.0	8.6	7.3	9.1	7.9
⬇	**OP10- Abdomen CT Use of Contrast Material**	07/01/2017-06/30/2018	0.0	*6.9*	**6.5**	7.5	7.2	6.9	5.4	9.0	4.2	6.7
⬇	**OP11 -Thorax CT Use of Contrast Material**	07/01/2017-06/30/2018	0.0	*1.4*	**0.8**	0.4	3.0	1.3	1.6	4.6	1.2	1.8
⬆	**OP13- Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery**	07/01/2017-06/30/2018	0.0	*4.7*	**4.0**	6.1	5.4	5.2	5.0	4.5	3.7	4.8
⬇	**OP14- Outpatients with brain CT scans who got a sinus CT scan at the same time**	07/01/2017-06/30/2018	0.0	*1.2*	**0.8**	1.0	0.9	0.9	1.0	1.0	0.7	0.9

BalladHealth

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Desired Performance	BalladHealth		Top 10% in the Nation	National Average	JOHNSON CITY MEDICAL CENTER /Woodridge, Niswonger Children's Hospital	HOLSTON VALLEY MEDICAL CENTER	BRISTOL REGIONAL MEDICAL CENTER	JOHNSTON MEMORIAL HOSPITAL	INDIAN PATH COMMUNITY HOSPITAL	FRANKLIN WOODS COMMUNITY HOSPITAL	LONESOME PINE HOSPITAL /Mountain View Regional Medical Center
⬇	**PSI 3 Pressure sores**	07/01/2017-06/30/2019	0.170	*0.575*	0.070	2.150	1.360	0.140	0.250	0.320	0.410
⬇	**PSI 6 Collapsed lung due to medical treatment**	07/01/2017-06/30/2019	0.210	*0.253*	0.240	0.230	0.220	0.290	0.330	0.280	0.240
⬇	**PSI 8 Broken hip from a fall after surgery**	07/01/2017-06/30/2019	0.100	*0.109*	0.110	0.110	0.120	0.130	0.110	0.120	0.110
⬇	**PSI 9 Perioperative Hemorrhage or Hematoma Rate**	07/01/2017-06/30/2019	2.150	*2.476*	2.200	2.240	3.000	2.390	2.380	2.290	2.450
⬇	**PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate**	07/01/2017-06/30/2019	1.100	*1.344*	1.820	1.430	1.140	1.600	1.310	1.200	1.350
⬇	**PSI 11 Postoperative Respiratory Failure Rate**	07/01/2017-06/30/2019	4.083	*6.269*	6.880	7.990	7.790	6.080	6.070	8.410	5.740
⬇	**PSI 12 Serious blood clots after surgery**	07/01/2017-06/30/2019	2.660	*3.703*	4.560	3.160	3.790	3.890	4.080	3.030	3.550
⬇	**PSI 13 Postoperative Sepsis Rate**	07/01/2017-06/30/2019	3.880	*4.771*	4.590	5.610	4.390	4.210	5.570	4.060	4.630
⬇	**PSI 14 A wound that splits open after surgery on the abdomen or pelvis**	07/01/2017-06/30/2019	0.850	*0.914*	0.860	0.850	1.220	1.010	0.900	0.890	0.910
⬇	**PSI 15 Accidental cuts and tears from medical treatment**	07/01/2017-06/30/2019	0.960	*1.260*	1.120	1.350	0.840	1.020	1.160	1.300	1.220
⬇	**CLABSI NHSN Rate**	10/01/2018-09/30/2019	0.000	*0.702*	2.599	0.305	1.189	0.431	0.878	0.000	1.316
⬇	**CAUTI NHSN Rate**	10/01/2018-09/30/2019	0.000	*0.489*	1.202	0.683	0.393	0.000	0.000	0.000	0.000
⬇	**SSI COLON Surgical Site Infection NHSN Rate**	10/01/2018-09/30/2019	0.000	*2.164*	3.226	4.865	1.734	0.000	3.030	1.681	0.000
⬇	**SSI HYST Surgical Site Infection NHSN Rate**	10/01/2018-09/30/2019	0.000	*0.804*	0.000	0.946	0.000	2.439	0.000	0.000	0.000
⬇	**MRSA NHSN Rate**	10/01/2018-09/30/2019	0.000	*0.031*	0.101	0.106	0.079	0.035	0.000	0.000	0.000
⬇	**CDIFF NHSN Rate**	10/01/2018-09/30/2019	0.000	*0.307*	0.329	0.416	0.280	0.223	0.546	0.445	0.207
⬆	Patients who reported that their nurses "Always" communicated well	**10/1/2018-09/30/2019**	87.8	*80.7*	75.0	73.0	77.0	77.0	78.0	80.0	78.0
⬇	**Patients who reported that their nurses "Usually" communicated well**	10/1/2018-09/30/2019	10.0	*15.2*	17.0	19.0	16.0	18.0	17.0	16.0	17.0
⬇	**Patients who reported that their nurses "Sometimes" or "Never" communicated well**	10/1/2018-09/30/2019	1.0	*4.1*	8.0	8.0	7.0	5.0	5.0	4.0	5.0

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Desired Performance	BalladHealth		Top 10% in the Nation	National Average	JOHNSON CITY MEDICAL CENTER /Woodridge, Niswonger Children's Hospital	HOLSTON VALLEY MEDICAL CENTER	BRISTOL REGIONAL MEDICAL CENTER	JOHNSTON MEMORIAL HOSPITAL	INDIAN PATH COMMUNITY HOSPITAL	FRANKLIN WOODS COMMUNITY HOSPITAL	LONESOME PINE HOSPITAL /Mountain View Regional Medical Center
⬆	**Patients who reported that their doctors "Always" communicated well**	10/1/2018-09/30/2019	89.0	*81.4*	75.0	76.0	78.0	79.0	81.0	82.0	80.0
⬇	**Patients who reported that their doctors "Usually" communicated well**	10/1/2018-09/30/2019	9.0	*14.1*	18.0	17.0	15.0	17.0	14.0	13.0	15.0
⬇	**Patients who reported that their doctors "Sometimes" or "Never" communicated well**	10/1/2018-09/30/2019	2.0	*4.5*	7.0	7.0	7.0	4.0	5.0	5.0	5.0
⬆	**Patients who reported that they "Always" received help as soon as they wanted**	10/1/2018-09/30/2019	81.0	*69.5*	61.0	60.0	65.0	58.0	58.0	67.0	74.0
⬇	**Patients who reported that they "Usually" received help as soon as they wanted**	10/1/2018-09/30/2019	13.0	*22.0*	27.0	25.0	23.0	28.0	31.0	23.0	19.0
⬇	**Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted**	10/1/2018-09/30/2019	3.0	*8.4*	12.0	15.0	12.0	14.0	11.0	10.0	7.0
⬆	**Patients who reported that staff "Always" explained about medicines before giving it to them**	10/1/2018-09/30/2019	62.3	*65.7*	58.0	60.0	65.0	57.0	61.0	66.0	64.0
⬇	**Patients who reported that staff "Usually" explained about medicines before giving it to them**	10/1/2018-09/30/2019	13.0	*17.3*	16.0	18.0	17.0	22.0	17.0	19.0	17.0
⬇	**Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them**	10/1/2018-09/30/2019	10.0	*16.9*	26.0	22.0	18.0	21.0	22.0	15.0	19.0
⬆	**Patients who reported that their room and bathroom were "Always" clean**	10/1/2018-09/30/2019	80.8	*75.3*	66.0	61.0	64.0	75.0	81.0	79.0	73.0
⬇	**Patients who reported that their room and bathroom were "Usually" clean**	10/1/2018-09/30/2019	10.0	*17.2*	21.0	23.0	23.0	16.0	15.0	14.0	18.5
⬇	**Patients who reported that their room and bathroom were "Sometimes" or "Never" clean**	10/1/2018-09/30/2019	3.0	*7.6*	13.0	16.0	13.0	9.0	4.0	7.0	8.5
⬆	**Patients who reported that the area around their room was "Always" quiet at night**	10/1/2018-09/30/2019	76.0	*61.6*	47.0	54.0	58.0	62.0	61.0	71.0	62.5
⬇	**Patients who reported that the area around their room was "Usually" quiet at night**	10/1/2018-09/30/2019	20.0	*28.8*	35.0	31.0	31.0	30.0	30.0	25.0	29.0
⬇	**Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night**	10/1/2018-09/30/2019	3.0	*9.6*	18.0	15.0	11.0	8.0	9.0	4.0	8.5

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⬆	**Patients who reported that YES, they were given information about what to do during their recovery at home**	10/1/2018-09/30/2019	90.9	*87.0*	84.0	85.0	86.0	89.0	87.0	86.0	83.5
⬇	**Patients who reported that NO, they were not given information about what to do during their recovery at home**	10/1/2018-09/30/2019	8.0	*13.0*	16.0	15.0	14.0	11.0	13.0	14.0	16.5
⬆	**Patients who "Strongly Agree" they understood their care when they left the hospital**	10/1/2018-09/30/2019	57.9	*53.4*	44.0	49.0	51.0	47.0	49.0	56.0	47.0
⬇	**Patients who "Agree" they understood their care when they left the hospital**	10/1/2018-09/30/2019	34.0	*41.6*	48.0	45.0	44.0	48.0	45.0	40.0	47.0
⬇	**Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital**	10/1/2018-09/30/2019	2.0	*5.0*	8.0	6.0	5.0	5.0	6.0	4.0	6.0
⬆	**Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)**	10/1/2018-09/30/2019	80.8	*72.8*	59.0	63.0	66.0	67.0	68.0	76.0	70.5
⬇	**Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)**	10/1/2018-09/30/2019	12.0	*19.7*	26.0	25.0	22.0	22.0	24.0	17.0	20.5
⬇	**Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)**	10/1/2018-09/30/2019	3.0	*7.6*	15.0	12.0	12.0	11.0	8.0	7.0	9.0
⬆	**Patients who reported YES, they would definitely recommend the hospital**	10/1/2018-09/30/2019	78.0	*71.9*	55.0	66.0	68.0	64.0	72.0	79.0	70.0
⬇	**Patients who reported YES, they would probably recommend the hospital**	10/1/2018-09/30/2019	13.0	*23.1*	35.0	26.0	25.0	29.0	21.0	17.0	24.0
⬇	**Patients who reported NO, they would probably not or definitely not recommend the hospital**	10/1/2018-09/30/2019	2.0	*5.0*	10.0	8.0	7.0	7.0	7.0	4.0	6.0
⬆	**OP29 Avg Risk Polyp Surveillance**	01/01/2019-12/31/2019	100.0	*88.9*	--	82.0	53.0	100.0	--	65.0	84.0
⬆	**OP30 High risk Polyp Surveillance**	01/01/2019-12/31/2019	100.0	*92.9*	67.0	95.0	65.0	100.0	91.0	73.0	58.0
⬇	**OP3b Median Time to Transfer AMI -RETIRED**	10/01/2017-09/30/2018	34.0	*62.8*	--	--	--	--	--	53.0	--
⬇	**OP5 Median Time to ECG AMI and Chest Pain – RETIRED**	10/01/2017-09/30/2018	4.0	*8.2*	--	--	--	4.0	7.0	8.0	6.0

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↓	**ED1b ED Door to Transport –RETIRED**	10/01/2017-09/30/2018	166.4	*272.0*	275.0	421.0	282.0	246.0	211.0	241.0	244.0
↓	**ED2b ED Decision to Transport**	10/01/2018-09/30/2019	32.0	*98.8*	100.0	242.0	108.0	119.0	73.0	82.0	68.0
↓	**OP18b Avg time ED arrival to discharge**	10/01/2018-09/30/2019	94.0	*141.0*	183.0	187.0	165.0	160.0	137.0	150.0	121.0
↓	**OP22 Left without being seen**	01/01/2019-12/31/2019	0.0	*1.5*	1.0	2.0	1.0	1.0	1.0	1.0	0.0
↓	**OP23 Head CT stroke patients**	10/01/2018-09/30/2019	93.0	*73.7*	--	53.0	100.0	88.0	--	--	--
↑	**IMM2 Immunization for Influenza**	10/01/2018-09/30/2019	100.0	*91.0*	98.0	99.0	98.0	96.0	100.0	100.0	99.0
↑	**IMM3OP27 FACADHPCT HCW Influenza Vaccination**	10/01/2018-09/30/2019	99.0	*88.9*	96.0	99.0	100.0	99.0	98.0	98.0	100.0
↓	**VTE6 HAC VTE-RETIRED**	10/01/2017-09/30/2018	0.0	*3.0*	0.0	3.0	0.0	--	--	--	--
↓	**PC01 Elective Delivery**	10/01/2018-09/30/2019	0.00	*1.70*	0.00	0.00	0.00	6.00	10.00	4.00	3.00
↓	**Hip and Knee Complications**	04/01/2016-03/31/2019	1.90	*2.46*	2.50	2.30	2.10	2.90	3.30	--	--
↓	**PSI 4 Deaths among Patients with Serious Treatable Complications after Surgery**	07/01/2017-06/30/2019	140.4	*164.4*	192.3	154.7	195.9	164.8	--	--	--
↓	**PSI 90 Serious complications**	07/01/2017-06/30/2019	0.81	*0.99*	0.93	1.48	1.21	0.87	0.96	0.91	0.91
↓	**READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate**	07/01/2016-06/30/2019	9.88	*12.75*	12.20	13.00	12.50	--	--	--	--
↓	**READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate**	07/01/2016-06/30/2019	17.30	*19.67*	18.10	20.30	20.40	19.90	18.70	19.00	18.60
↓	**READM30 HIPKNEE 30day readmission rate following elective THA / TKA**	07/01/2016-06/30/2019	2.90	*4.01*	4.20	4.50	3.70	3.70	4.00	--	--
↓	**READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate**	07/01/2016-06/30/2019	13.70	*16.20*	16.50	16.40	18.20	16.00	15.30	--	--
↓	**READM30HF Heart Failure 30Day readmissions rate**	07/01/2016-06/30/2019	18.30	*22.02*	21.70	23.00	23.30	27.90	22.50	23.30	24.20
↓	**READM30PN Pneumonia 30day readmission rate**	07/01/2016-06/30/2019	14.10	*16.70*	18.10	17.10	19.60	18.40	17.10	16.10	17.10
↓	**READM30 HOSPWIDE 30day hospital wide all cause unplanned readmission**	07/01/2016-06/30/2019	13.40	*15.63*	15.80	15.30	16.10	16.00	15.90	15.30	15.70

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^ only one hospital reported in its' system

Desired Performance			Top 10% in the Nation	*National Average*	JOHNSON CITY MEDICAL CENTER /Woodridge, Niswonger Children's Hospital	HOLSTON VALLEY MEDICAL CENTER	BRISTOL REGIONAL MEDICAL CENTER	JOHNSTON MEMORIAL HOSPITAL	INDIAN PATH COMMUNITY HOSPITAL	FRANKLIN WOODS COMMUNITY HOSPITAL	LONESOME PINE HOSPITAL /Mountain View Regional Medical Center
⬇	**MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate**	07/01/2016-06/30/2019	2.2	*3.1*	3.7	4.3	3.3	--	--	--	--
⬇	**MORT30 COPD 30day mortality rate COPD patients**	07/01/2016-06/30/2019	7.1	*8.5*	9.7	9.0	8.3	9.2	8.3	7.5	9.1
⬇	**MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate**	07/01/2016-06/30/2019	11.4	*12.6*	11.8	12.8	12.3	12.6	12.9	--	13.5
⬇	**MORT30HF Heart failure 30day mortality rate**	07/01/2016-06/30/2019	9.2	*11.4*	14.3	9.7	9.2	11.3	11.0	11.7	12.6
⬇	**MORT30PN Pneumonia 30day mortality rate**	07/01/2016-06/30/2019	12.9	*15.6*	18.9	18.1	15.5	16.9	13.1	17.1	17.0
⬇	**MORT30STK Stroke 30day mortality rate-RETIRED**	07/01/2016-06/30/2019	11.7	*13.6*	18.8	13.2	17.1	12.2	--	--	--
⬆	**OP8- MRI Lumbar Spine for Low Back Pain**	07/01/2017-06/30/2018	24.8	*38.7*	35.0	40.7	36.3	39.6	--	--	32.7
⬇	**OP9- Mammography Follow-up Rates**	07/01/2017-06/30/2018	1.7	*8.9*	4.9	3.7	10.1	2.7	6.0	--	7.7
⬇	**OP10- Abdomen CT Use of Contrast Material**	07/01/2017-06/30/2018	0.0	*6.9*	8.3	11.1	5.5	2.1	7.3	15.6	5.2
⬇	**OP11 -Thorax CT Use of Contrast Material**	07/01/2017-06/30/2018	0.0	*1.4*	0.3	0.0	0.8	0.3	0.0	0.0	0.6
⬆	**OP13- Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery**	07/01/2017-06/30/2018	0.0	*4.7*	2.8	3.9	5.5	5.9	4.7	7.3	0.0
⬇	**OP14- Outpatients with brain CT scans who got a sinus CT scan at the same time**	07/01/2017-06/30/2018	0.0	*1.2*	1.7	1.2	0.8	0.7	0.4	--	1.2

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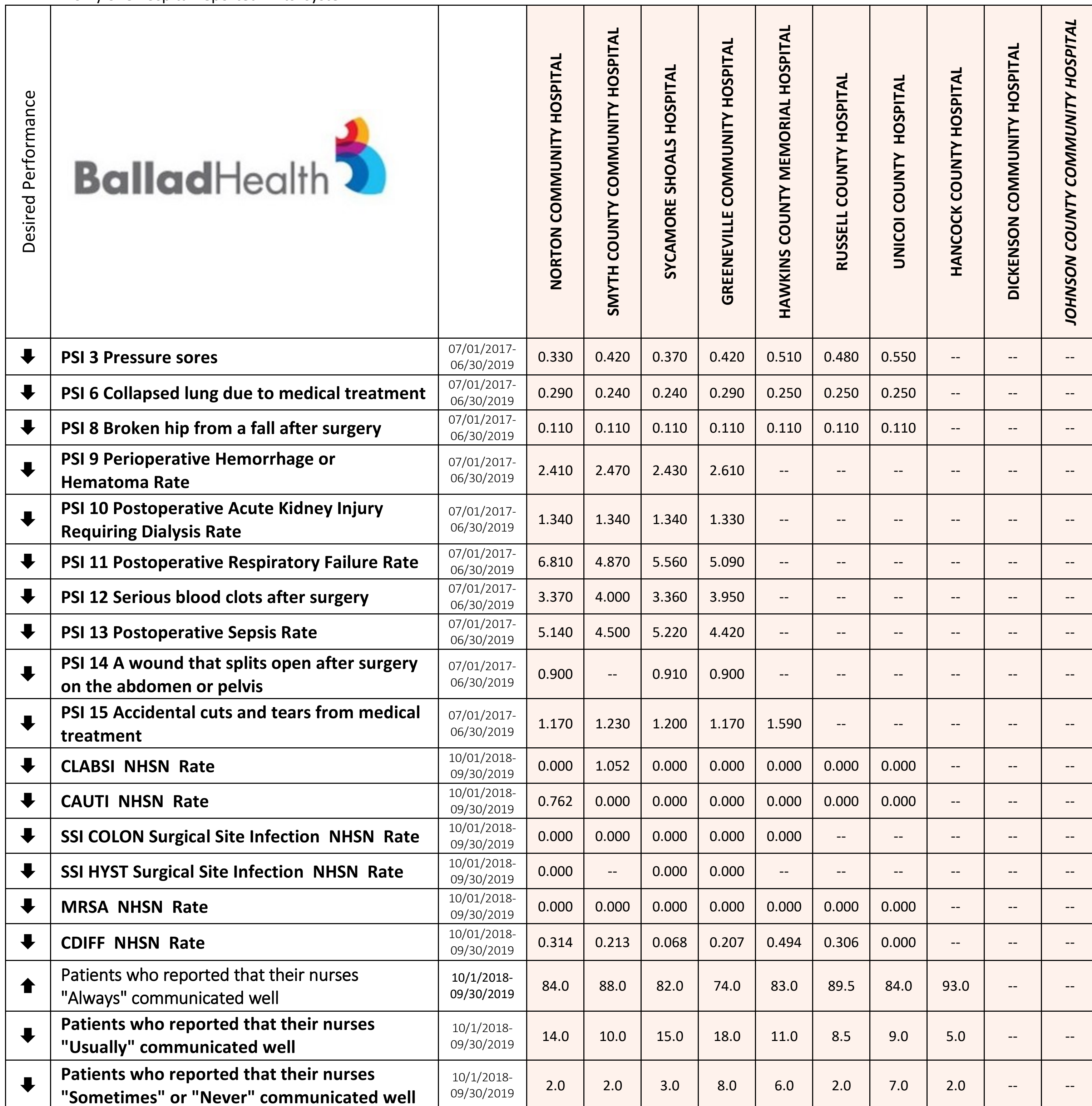

Desired Performance	BalladHealth		NORTON COMMUNITY HOSPITAL	SMYTH COUNTY COMMUNITY HOSPITAL	SYCAMORE SHOALS HOSPITAL	GREENEVILLE COMMUNITY HOSPITAL	HAWKINS COUNTY MEMORIAL HOSPITAL	RUSSELL COUNTY HOSPITAL	UNICOI COUNTY HOSPITAL	HANCOCK COUNTY HOSPITAL	DICKENSON COMMUNITY HOSPITAL	*JOHNSON COUNTY COMMUNITY HOSPITAL*
↓	**PSI 3 Pressure sores**	07/01/2017-06/30/2019	0.330	0.420	0.370	0.420	0.510	0.480	0.550	--	--	--
↓	**PSI 6 Collapsed lung due to medical treatment**	07/01/2017-06/30/2019	0.290	0.240	0.240	0.290	0.250	0.250	0.250	--	--	--
↓	**PSI 8 Broken hip from a fall after surgery**	07/01/2017-06/30/2019	0.110	0.110	0.110	0.110	0.110	0.110	0.110	--	--	--
↓	**PSI 9 Perioperative Hemorrhage or Hematoma Rate**	07/01/2017-06/30/2019	2.410	2.470	2.430	2.610	--	--	--	--	--	--
↓	**PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate**	07/01/2017-06/30/2019	1.340	1.340	1.340	1.330	--	--	--	--	--	--
↓	**PSI 11 Postoperative Respiratory Failure Rate**	07/01/2017-06/30/2019	6.810	4.870	5.560	5.090	--	--	--	--	--	--
↓	**PSI 12 Serious blood clots after surgery**	07/01/2017-06/30/2019	3.370	4.000	3.360	3.950	--	--	--	--	--	--
↓	**PSI 13 Postoperative Sepsis Rate**	07/01/2017-06/30/2019	5.140	4.500	5.220	4.420	--	--	--	--	--	--
↓	**PSI 14 A wound that splits open after surgery on the abdomen or pelvis**	07/01/2017-06/30/2019	0.900	--	0.910	0.900	--	--	--	--	--	--
↓	**PSI 15 Accidental cuts and tears from medical treatment**	07/01/2017-06/30/2019	1.170	1.230	1.200	1.170	1.590	--	--	--	--	--
↓	**CLABSI NHSN Rate**	10/01/2018-09/30/2019	0.000	1.052	0.000	0.000	0.000	0.000	0.000	--	--	--
↓	**CAUTI NHSN Rate**	10/01/2018-09/30/2019	0.762	0.000	0.000	0.000	0.000	0.000	0.000	--	--	--
↓	**SSI COLON Surgical Site Infection NHSN Rate**	10/01/2018-09/30/2019	0.000	0.000	0.000	0.000	0.000	--	--	--	--	--
↓	**SSI HYST Surgical Site Infection NHSN Rate**	10/01/2018-09/30/2019	0.000	--	0.000	0.000	--	--	--	--	--	--
↓	**MRSA NHSN Rate**	10/01/2018-09/30/2019	0.000	0.000	0.000	0.000	0.000	0.000	0.000	--	--	--
↓	**CDIFF NHSN Rate**	10/01/2018-09/30/2019	0.314	0.213	0.068	0.207	0.494	0.306	0.000	--	--	--
↑	Patients who reported that their nurses "Always" communicated well	**10/1/2018-09/30/2019**	84.0	88.0	82.0	74.0	83.0	89.5	84.0	93.0	--	--
↓	**Patients who reported that their nurses "Usually" communicated well**	10/1/2018-09/30/2019	14.0	10.0	15.0	18.0	11.0	8.5	9.0	5.0	--	--
↓	**Patients who reported that their nurses "Sometimes" or "Never" communicated well**	10/1/2018-09/30/2019	2.0	2.0	3.0	8.0	6.0	2.0	7.0	2.0	--	--

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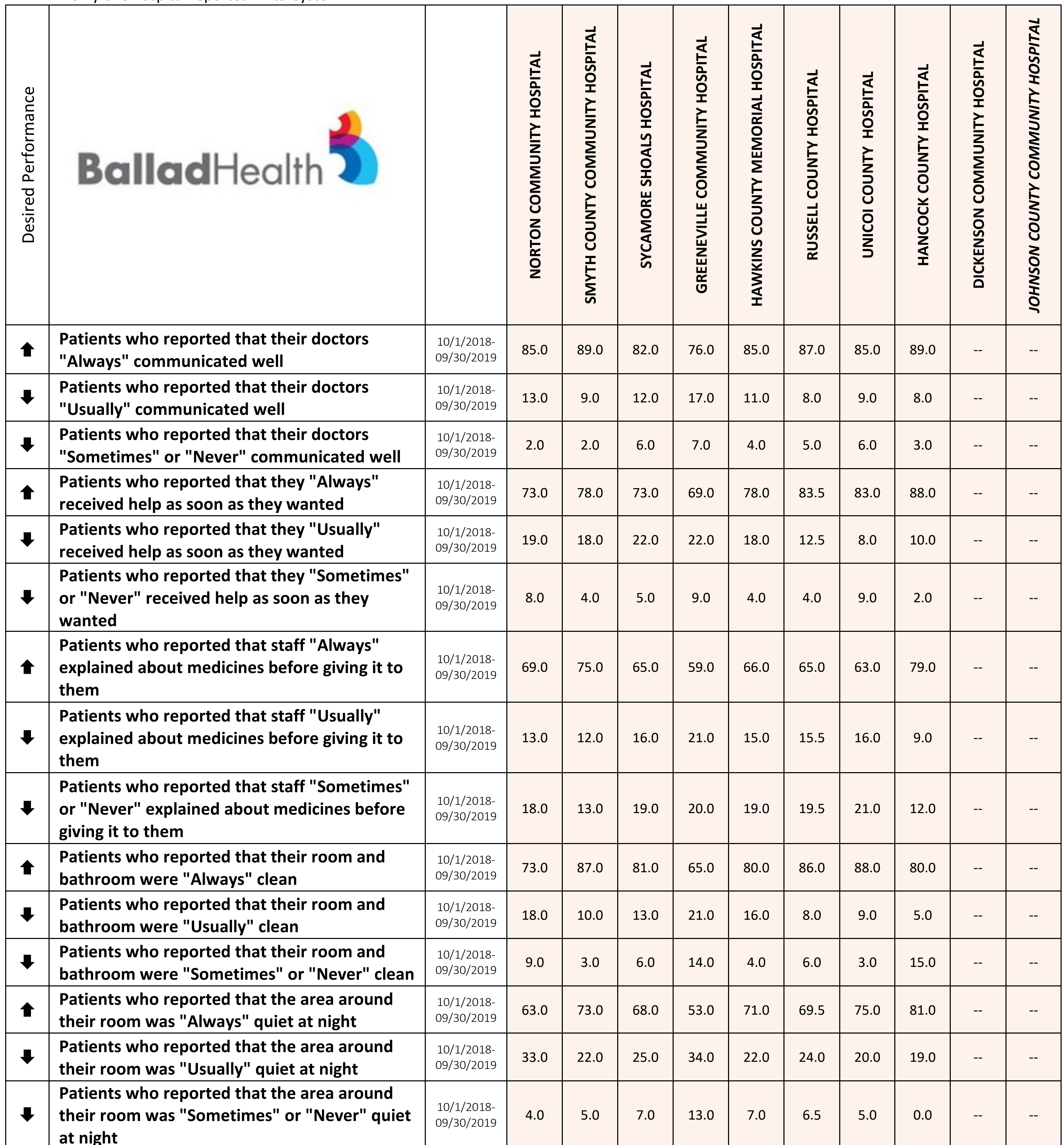

Desired Performance	BalladHealth		NORTON COMMUNITY HOSPITAL	SMYTH COUNTY COMMUNITY HOSPITAL	SYCAMORE SHOALS HOSPITAL	GREENEVILLE COMMUNITY HOSPITAL	HAWKINS COUNTY MEMORIAL HOSPITAL	RUSSELL COUNTY HOSPITAL	UNICOI COUNTY HOSPITAL	HANCOCK COUNTY HOSPITAL	DICKENSON COMMUNITY HOSPITAL	*JOHNSON COUNTY COMMUNITY HOSPITAL*
↑	**Patients who reported that their doctors "Always" communicated well**	10/1/2018-09/30/2019	85.0	89.0	82.0	76.0	85.0	87.0	85.0	89.0	--	--
↓	**Patients who reported that their doctors "Usually" communicated well**	10/1/2018-09/30/2019	13.0	9.0	12.0	17.0	11.0	8.0	9.0	8.0	--	--
↓	**Patients who reported that their doctors "Sometimes" or "Never" communicated well**	10/1/2018-09/30/2019	2.0	2.0	6.0	7.0	4.0	5.0	6.0	3.0	--	--
↑	**Patients who reported that they "Always" received help as soon as they wanted**	10/1/2018-09/30/2019	73.0	78.0	73.0	69.0	78.0	83.5	83.0	88.0	--	--
↓	**Patients who reported that they "Usually" received help as soon as they wanted**	10/1/2018-09/30/2019	19.0	18.0	22.0	22.0	18.0	12.5	8.0	10.0	--	--
↓	**Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted**	10/1/2018-09/30/2019	8.0	4.0	5.0	9.0	4.0	4.0	9.0	2.0	--	--
↑	**Patients who reported that staff "Always" explained about medicines before giving it to them**	10/1/2018-09/30/2019	69.0	75.0	65.0	59.0	66.0	65.0	63.0	79.0	--	--
↓	**Patients who reported that staff "Usually" explained about medicines before giving it to them**	10/1/2018-09/30/2019	13.0	12.0	16.0	21.0	15.0	15.5	16.0	9.0	--	--
↓	**Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them**	10/1/2018-09/30/2019	18.0	13.0	19.0	20.0	19.0	19.5	21.0	12.0	--	--
↑	**Patients who reported that their room and bathroom were "Always" clean**	10/1/2018-09/30/2019	73.0	87.0	81.0	65.0	80.0	86.0	88.0	80.0	--	--
↓	**Patients who reported that their room and bathroom were "Usually" clean**	10/1/2018-09/30/2019	18.0	10.0	13.0	21.0	16.0	8.0	9.0	5.0	--	--
↓	**Patients who reported that their room and bathroom were "Sometimes" or "Never" clean**	10/1/2018-09/30/2019	9.0	3.0	6.0	14.0	4.0	6.0	3.0	15.0	--	--
↑	**Patients who reported that the area around their room was "Always" quiet at night**	10/1/2018-09/30/2019	63.0	73.0	68.0	53.0	71.0	69.5	75.0	81.0	--	--
↓	**Patients who reported that the area around their room was "Usually" quiet at night**	10/1/2018-09/30/2019	33.0	22.0	25.0	34.0	22.0	24.0	20.0	19.0	--	--
↓	**Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night**	10/1/2018-09/30/2019	4.0	5.0	7.0	13.0	7.0	6.5	5.0	0.0	--	--

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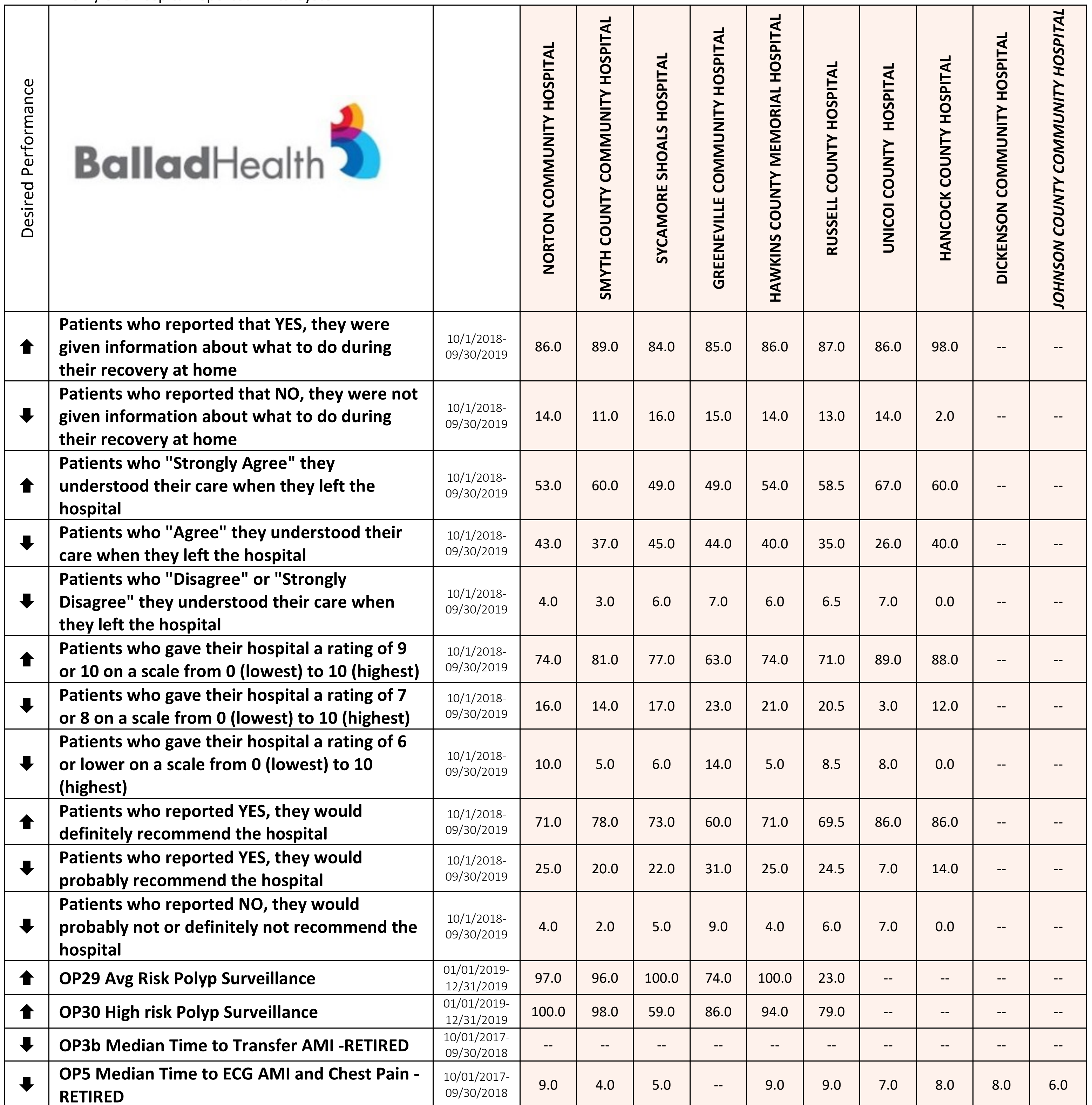

Desired Performance			NORTON COMMUNITY HOSPITAL	SMYTH COUNTY COMMUNITY HOSPITAL	SYCAMORE SHOALS HOSPITAL	GREENEVILLE COMMUNITY HOSPITAL	HAWKINS COUNTY MEMORIAL HOSPITAL	RUSSELL COUNTY HOSPITAL	UNICOI COUNTY HOSPITAL	HANCOCK COUNTY HOSPITAL	DICKENSON COMMUNITY HOSPITAL	*JOHNSON COUNTY COMMUNITY HOSPITAL*
↑	**Patients who reported that YES, they were given information about what to do during their recovery at home**	10/1/2018-09/30/2019	86.0	89.0	84.0	85.0	86.0	87.0	86.0	98.0	--	--
↓	**Patients who reported that NO, they were not given information about what to do during their recovery at home**	10/1/2018-09/30/2019	14.0	11.0	16.0	15.0	14.0	13.0	14.0	2.0	--	--
↑	**Patients who "Strongly Agree" they understood their care when they left the hospital**	10/1/2018-09/30/2019	53.0	60.0	49.0	49.0	54.0	58.5	67.0	60.0	--	--
↓	**Patients who "Agree" they understood their care when they left the hospital**	10/1/2018-09/30/2019	43.0	37.0	45.0	44.0	40.0	35.0	26.0	40.0	--	--
↓	**Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital**	10/1/2018-09/30/2019	4.0	3.0	6.0	7.0	6.0	6.5	7.0	0.0	--	--
↑	**Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)**	10/1/2018-09/30/2019	74.0	81.0	77.0	63.0	74.0	71.0	89.0	88.0	--	--
↓	**Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)**	10/1/2018-09/30/2019	16.0	14.0	17.0	23.0	21.0	20.5	3.0	12.0	--	--
↓	**Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)**	10/1/2018-09/30/2019	10.0	5.0	6.0	14.0	5.0	8.5	8.0	0.0	--	--
↑	**Patients who reported YES, they would definitely recommend the hospital**	10/1/2018-09/30/2019	71.0	78.0	73.0	60.0	71.0	69.5	86.0	86.0	--	--
↓	**Patients who reported YES, they would probably recommend the hospital**	10/1/2018-09/30/2019	25.0	20.0	22.0	31.0	25.0	24.5	7.0	14.0	--	--
↓	**Patients who reported NO, they would probably not or definitely not recommend the hospital**	10/1/2018-09/30/2019	4.0	2.0	5.0	9.0	4.0	6.0	7.0	0.0	--	--
↑	**OP29 Avg Risk Polyp Surveillance**	01/01/2019-12/31/2019	97.0	96.0	100.0	74.0	100.0	23.0	--	--	--	--
↑	**OP30 High risk Polyp Surveillance**	01/01/2019-12/31/2019	100.0	98.0	59.0	86.0	94.0	79.0	--	--	--	--
↓	**OP3b Median Time to Transfer AMI -RETIRED**	10/01/2017-09/30/2018	--	--	--	--	--	--	--	--	--	--
↓	**OP5 Median Time to ECG AMI and Chest Pain - RETIRED**	10/01/2017-09/30/2018	9.0	4.0	5.0	--	9.0	9.0	7.0	8.0	8.0	6.0

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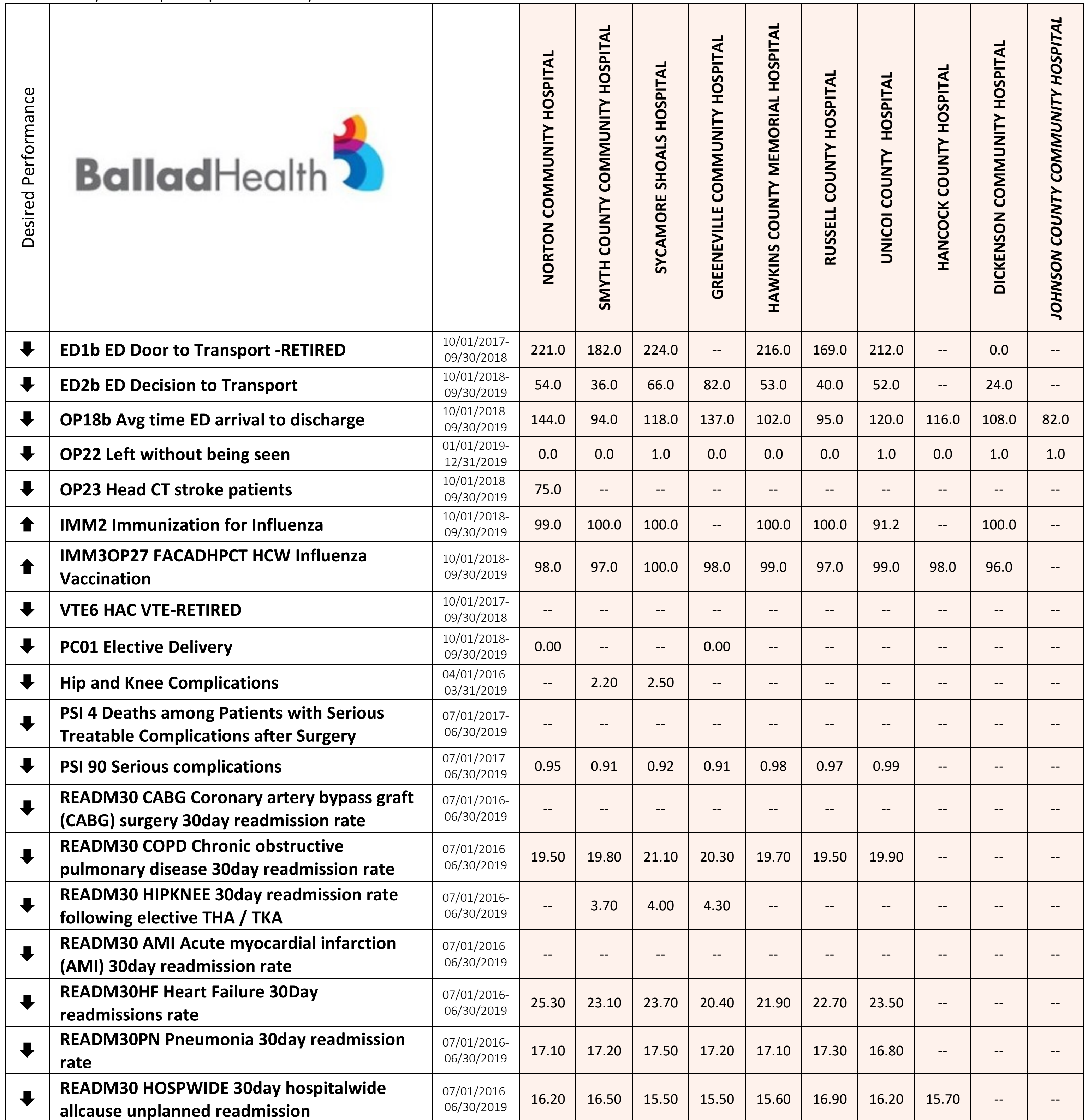

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↓	**ED1b ED Door to Transport -RETIRED**	10/01/2017-09/30/2018	221.0	182.0	224.0	--	216.0	169.0	212.0	--	0.0	--
↓	**ED2b ED Decision to Transport**	10/01/2018-09/30/2019	54.0	36.0	66.0	82.0	53.0	40.0	52.0	--	24.0	--
↓	**OP18b Avg time ED arrival to discharge**	10/01/2018-09/30/2019	144.0	94.0	118.0	137.0	102.0	95.0	120.0	116.0	108.0	82.0
↓	**OP22 Left without being seen**	01/01/2019-12/31/2019	0.0	0.0	1.0	0.0	0.0	0.0	1.0	0.0	1.0	1.0
↓	**OP23 Head CT stroke patients**	10/01/2018-09/30/2019	75.0	--	--	--	--	--	--	--	--	--
↑	**IMM2 Immunization for Influenza**	10/01/2018-09/30/2019	99.0	100.0	100.0	--	100.0	100.0	91.2	--	100.0	--
↑	**IMM3OP27 FACADHPCT HCW Influenza Vaccination**	10/01/2018-09/30/2019	98.0	97.0	100.0	98.0	99.0	97.0	99.0	98.0	96.0	--
↓	**VTE6 HAC VTE-RETIRED**	10/01/2017-09/30/2018	--	--	--	--	--	--	--	--	--	--
↓	**PC01 Elective Delivery**	10/01/2018-09/30/2019	0.00	--	--	0.00	--	--	--	--	--	--
↓	**Hip and Knee Complications**	04/01/2016-03/31/2019	--	2.20	2.50	--	--	--	--	--	--	--
↓	**PSI 4 Deaths among Patients with Serious Treatable Complications after Surgery**	07/01/2017-06/30/2019	--	--	--	--	--	--	--	--	--	--
↓	**PSI 90 Serious complications**	07/01/2017-06/30/2019	0.95	0.91	0.92	0.91	0.98	0.97	0.99	--	--	--
↓	**READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate**	07/01/2016-06/30/2019	--	--	--	--	--	--	--	--	--	--
↓	**READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate**	07/01/2016-06/30/2019	19.50	19.80	21.10	20.30	19.70	19.50	19.90	--	--	--
↓	**READM30 HIPKNEE 30day readmission rate following elective THA / TKA**	07/01/2016-06/30/2019	--	3.70	4.00	4.30	--	--	--	--	--	--
↓	**READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate**	07/01/2016-06/30/2019	--	--	--	--	--	--	--	--	--	--
↓	**READM30HF Heart Failure 30Day readmissions rate**	07/01/2016-06/30/2019	25.30	23.10	23.70	20.40	21.90	22.70	23.50	--	--	--
↓	**READM30PN Pneumonia 30day readmission rate**	07/01/2016-06/30/2019	17.10	17.20	17.50	17.20	17.10	17.30	16.80	--	--	--
↓	**READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission**	07/01/2016-06/30/2019	16.20	16.50	15.50	15.50	15.60	16.90	16.20	15.70	--	--

BalladHealth

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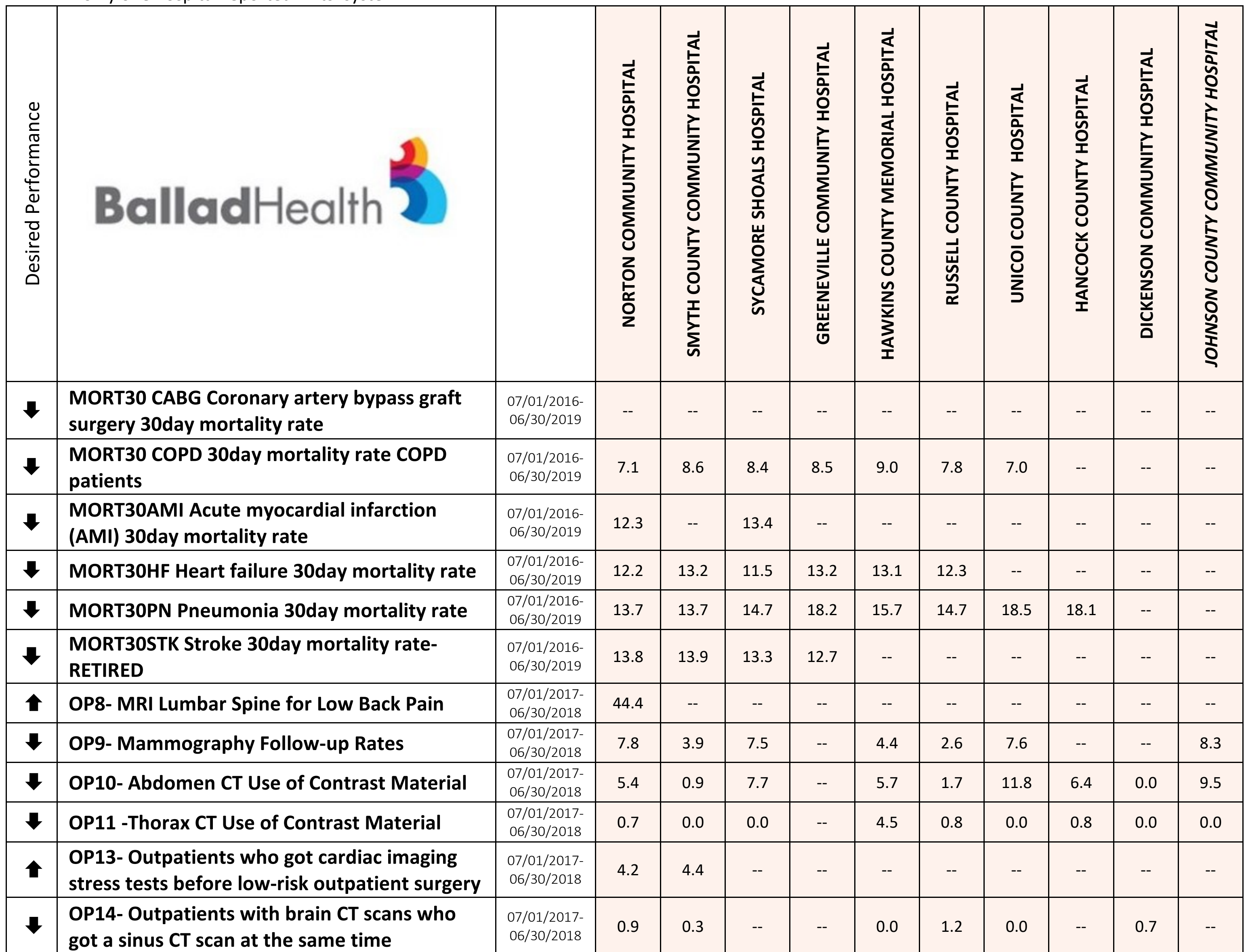

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⬇	**MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate**	07/01/2016-06/30/2019	--	--	--	--	--	--	--	--	--	--
⬇	**MORT30 COPD 30day mortality rate COPD patients**	07/01/2016-06/30/2019	7.1	8.6	8.4	8.5	9.0	7.8	7.0	--	--	--
⬇	**MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate**	07/01/2016-06/30/2019	12.3	--	13.4	--	--	--	--	--	--	--
⬇	**MORT30HF Heart failure 30day mortality rate**	07/01/2016-06/30/2019	12.2	13.2	11.5	13.2	13.1	12.3	--	--	--	--
⬇	**MORT30PN Pneumonia 30day mortality rate**	07/01/2016-06/30/2019	13.7	13.7	14.7	18.2	15.7	14.7	18.5	18.1	--	--
⬇	**MORT30STK Stroke 30day mortality rate- RETIRED**	07/01/2016-06/30/2019	13.8	13.9	13.3	12.7	--	--	--	--	--	--
⬆	**OP8- MRI Lumbar Spine for Low Back Pain**	07/01/2017-06/30/2018	44.4	--	--	--	--	--	--	--	--	--
⬇	**OP9- Mammography Follow-up Rates**	07/01/2017-06/30/2018	7.8	3.9	7.5	--	4.4	2.6	7.6	--	--	8.3
⬇	**OP10- Abdomen CT Use of Contrast Material**	07/01/2017-06/30/2018	5.4	0.9	7.7	--	5.7	1.7	11.8	6.4	0.0	9.5
⬇	**OP11 -Thorax CT Use of Contrast Material**	07/01/2017-06/30/2018	0.7	0.0	0.0	--	4.5	0.8	0.0	0.8	0.0	0.0
⬆	**OP13- Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery**	07/01/2017-06/30/2018	4.2	4.4	--	--	--	--	--	--	--	--
⬇	**OP14- Outpatients with brain CT scans who got a sinus CT scan at the same time**	07/01/2017-06/30/2018	0.9	0.3	--	--	0.0	1.2	0.0	--	0.7	--

Measure set	Data sources
Timely and effective care: sepsis, cancer, cataract surgery, colonoscopy follow-up, heart attack, emergency department throughput, preventative care, blood clot prevention, pregnancy and delivery care	Data submitted by hospitals to CMS' Clinical Data Warehouse through the CMS Abstraction and Reporting Tool (CART)- Opens in a new window External Link icon or vendors
	Clinical Quality Measures are reviewed and monitored through special clinical studies, Joint Commission facility reviews, and Health Plan performance oversight.
Timely and effective care: healthcare worker influenza vaccination	The Centers for Disease Control and Prevention (CDC) collects data from hospitals via the National Healthcare Safety Network (NHSN).
Timely and effective care: use of medical imaging	Medicare enrollment and claims data
Surgical complications, death rates, and unplanned hospital visits	Medicare enrollment and claims data.
Complications: infections	The Centers for Disease Control and Prevention (CDC) collects data from hospitals via the National Healthcare Safety Network (NHSN).
Psychiatric unit services	Medicare claims data and psychiatric hospital and psychiatric unit chart data
Patients' survey	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey conducted by hospitals.
Medicare payment	Medicare enrollment and claims data.

Source: Hospital Compare July 2019

-- no or insufficient information data
^ only one hospital reported in its' system

ATTACHMENT 5

#6 Staffing Ratios – WHpU

BalladHealth

Summary - Work Hours Per Unit

WHpU by Facility

	FY20-Q1 July2019-Sept2019		FY19-Q1 July2018-Sept2018	
Facility	Ballad-WHpU	Peer-WHpU[2]	Ballad-WHpU	Peer-WHpU[2]
BRMC [1]	11.2512	11.1770		
HVMC [1]	11.2430	11.5320		
IPCH	7.8367	10.0054	9.7238	9.9990
JCMC	10.6002	11.1538	9.4590	11.1798
JMH	9.6505	10.4497	14.0773	11.3118
NCH	9.5164	11.8051	9.6128	12.1665
Combined Total	10.7049	11.1713	10.0153	11.1909

WHpU by Unit Type

	FY20-Q1		FY19-Q1	
Unit Type	Ballad-WHpU	Peer-WHpU[2]	Ballad-WHpU	Peer-WHpU [2]
M-S	9.4766	9.7261	9.5146	9.9651
PCU	9.8732	10.9026	8.6648	10.4859
ICU	17.7810	17.8699	17.3269	18.4959
Combined Total	10.7049	11.1713	10.0153	11.1909

Ballad and Facility WHpU averages were weighted based on volume

Footnotes:

[1] BRMC and HVMC prior year data unavailable as they were not participating facilities in the Premier Operational Advisor contract until 01/01/2019

[2] Premier Benchmark Percentile Opportunity - at 25th Percentile for all departments

BalladHealth

WHpU Detail by Facility

Facility	Premier Unit Description	Unit Type	WHpU FY20-Q1 July2019-Sept2019 Ballad-WHpU	Peer-WHpU[2]	WHpU FY19-Q1 July2018-Sept2018 Ballad-WHpU	Peer-WHpU[2]
	Combined Wtd Avg					
BRMC Wtd Avg						
BRMC[1]	Surgical Units	M-S				
BRMC[1]	Orthopedic Units	M-S				
BRMC[1]	Neurology Units	M-S				
BRMC[1]	Intensive Care Unit	ICU				
BRMC[1]	Prog Care/Intermediate Care Units	PCU				
HVMC Wtd Avg						
HVMC[1]	Combined Medical/Surgical Units	M-S				
HVMC[1]	Orthopedic / Neurosurgical Unit	M-S				
HVMC[1]	Intensive Care Unit	ICU				
HVMC[1]	Prog Care/Intermediate Care Units	PCU				
IPCH Wtd Avg						
IPCH	Combined Medical/Surgical Units	M-S				
JCMC Wtd Avg						
JCMC	Combined Medical/Surgical Units	M-S				
JCMC	Orthopedic Units	M-S				
JCMC	Intensive Care Unit	ICU				
JCMC	Open Heart Intensive Care Units	ICU				
JCMC	Prog Care/Intermediate Care Units	PCU				
JMH Wtd Avg						
JMH	Combined Medical/Surgical Units	M-S				
JMH	Intensive Care Unit	ICU				
JMH	Prog Care/Intermediate Care Units	PCU				
NCH Wtd Avg						
NCH	Combined Medical/Surgical Units	M-S				
NCH	Intensive Care Unit	ICU				

Ballad and Facility WHpU averages were weighted based on volume

Foot notes:

[1] BRMC and HVMC prior year data unavailable as they were not participating facilities in the Premier Operational Advisor contract until 01/01/2019

[2] Premier Benchmark Percentile Opportunity - at 25th Percentile for all departments

BalladHealth

WHpU Detail by Unit Type

Facility	Unit Type	Premier Unit Description	WHpU FY20-Q1 July2019-Sept2019 Ballad-WHpU	FY20-Q1 Peer-WHpU[2]	FY19-Q1 July2018-Sept2018 Ballad-WHpU	FY19-Q1 Peer-WHpU[2]
		Combined Wtd Avg	**10.7049**	**11.1713**	**10.0153**	**11.1909**
	M-S Wtd Avg		**9.4766**	**9.7261**	**9.5146**	**9.9651**
BRMC[1]	M-S	Surgical Units	9.7813	9.3162		
BRMC[1]	M-S	Orthopedic Units	10.4512	9.7177		
BRMC[1]	M-S	Neurology Units	10.2490	9.8898		
HVMC[1]	M-S	Combined Medical/Surg Units	9.7583	9.7503		
HVMC[1]	M-S	Orthopedic / Neurosurgical Unit	9.1581	10.1620		
IPCH	M-S	Combined Medical/Surg Units	7.8367	10.0054	9.7238	9.9990
JCMC	M-S	Combined Medical/Surg Units	9.7480	9.4985	8.2171	9.7230
JCMC	M-S	Orthopedic Units	9.5146	9.7573	8.4144	10.2055
JMH	M-S	Combined Medical/Surg Units	8.6272	9.7480	14.4522	10.0883
NCH	M-S	Combined Medical/Surg Units	8.7318	10.4222	8.7847	10.4561
	PCU Wtd Avg		**9.8732**	**10.9026**	**8.6648**	**10.4859**
BRMC[1]	PCU	Prog Care/Intermediate Care Units	9.2646	11.2327		
HVMC[1]	PCU	Prog Care/Intermediate Care Units	11.4294	11.0778		
JCMC	PCU	Prog Care/Intermediate Care Units	9.5446	10.7247	8.4366	10.4273
JMH	PCU	Prog Care/Intermediate Care Units	11.1079	11.4636	11.7682	11.2833
	ICU Wtd Avg		**17.7810**	**17.8699**	**17.3269**	**18.4959**
BRMC[1]	ICU	Intensive Care Unit	19.2597	17.9752		
HVMC[1]	ICU	Intensive Care Unit	16.5106	17.7374		
JCMC	ICU	Intensive Care Unit	18.2693	17.1952	17.7962	18.1940
JCMC	ICU	Open Heart Intensive Care Units	18.4929	19.3557	18.0735	19.8132
JMH	ICU	Intensive Care Unit	20.3531	17.7423	17.2761	16.8963
NCH	ICU	Intensive Care Unit	13.1340	18.1811	12.9651	19.0907

Ballad and Facility WHpU averages were weighted based on volume

Footnotes:

[1] BRMC and HVMC prior year data unavailable as they were not participating facilities in the Premier Operational Advisor contract until 01/01/2019

[2] Premier Benchmark Percentile Opportunity - at 25th Percentile for all departments

BalladHealth

ATTACHMENT 6

#6 Staffing Ratios – RN to LPN

BalladHealth

Summary - Staffing Ratios

Skill Mix Ratios by Facility

	FY20-Q1 July2019-Sept2019			FY19-Q1 July2018-Sept2018			
Facility	Ballad-RN	Ballad-LPN	RN:LPN Ratio	Ballad-RN	Ballad-LPN	RN:LPN Ratio	YoY % Var in RN:LPN Ratio
BRMC [1]	246.10	4.10	60.02				
HVMC [1]	267.00	-	n/a				
IPCH	21.40	0.80	26.75	20.60	2.00	10.30	159.71%
JCMC	361.10	24.10	14.98	321.30	25.50	12.60	18.92%
JMH	94.60	11.30	8.37	71.70	11.90	6.03	38.94%
NCH	31.60	2.20	14.36	29.70	3.00	9.90	45.09%
Combined Total	1,021.80	42.50	24.04	443.30	42.40	10.46	129.96%

Skill Mix Ratios by Unit Type

	FY20-Q1 July2019-Sept2019			FY19-Q1 July2018-Sept2018			
Unit Type	Ballad-RN	Ballad-LPN	RN:LPN Ratio	Ballad-RN	Ballad-LPN	RN:LPN Ratio	YoY % Var in RN:LPN Ratio
M-S	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
PCU	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
ICU	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Combined Total	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Footnotes:

[1] BRMC and HVMC prior year data unavailable as they were not participating facilities in the Premier Operational Advisor contract until 01/01/2019

Ballad Health

Skill Mix Ratio Detail by Facility

Facility	Unit Type	Premier Unit Description	FY20-Q1 July2019-Sept2019			FY19-Q1 July2018-Sept2018			
			Ballad-RN	Ballad-LPN	RN:LPN Ratio	Ballad-RN	Ballad-LPN	RN:LPN Ratio	YoY % Var in RN:LPN Ratio
		Combined Total							
BRMC [1] Total									
BRMC	M-S	Surgical Units							
BRMC	M-S	Orthopedic Units							
BRMC	M-S	Neurology Units							
BRMC	ICU	Intensive Care Unit							
BRMC	PCU	Prog Care/Intermediate Care Units							
HVMC [1] Total									
HVMC	M-S	Combined Medical/Surgical Units							
HVMC	M-S	Orthopedic / Neurosurgical Unit							
HVMC	ICU	Intensive Care Unit							
HVMC	PCU	Prog Care/Intermediate Care Units							
IPCH Total									
IPCH	M-S	Combined Medical/Surgical Units							
JCMC Total									
JCMC	M-S	Combined Medical/Surgical Units							
JCMC	M-S	Orthopedic Units							
JCMC	ICU	Intensive Care Unit							
JCMC	ICU	Open Heart Intensive Care Units							
JCMC	PCU	Prog Care/Intermediate Care Units							
JMH Total									
JMH	M-S	Combined Medical/Surgical Units							
JMH	ICU	Intensive Care Unit							
JMH	PCU	Prog Care/Intermediate Care Units							
NCH Total									
NCH	M-S	Combined Medical/Surgical Units							
NCH	ICU	Intensive Care Unit							

Footnotes:

BalladHealth

Skill Mix Ratio Detail Type

Facility	Unit Type	Premier Unit Description	FY20-Q1 July2019-Sept2019			FY19-Q1 July2018-Sept2018			
Facility	Unit Type	Premier Unit Description	Ballad-RN	Ballad-LPN	RN:LPN Ratio	Ballad-RN	Ballad-LPN	RN:LPN Ratio	YoY % Var in RN:LPN Ratio
		Combined Total	█	█	█	█	█	█	█
	M-S Total		█	█	█	█	█	█	█
BRMC [1]	M-S	Surgical Units	█	█	█				█
BRMC [1]	M-S	Orthopedic Units	█	█	█				█
BRMC [1]	M-S	Neurology Units	█	█	█				█
HVMC [1]	M-S	Combined Medical/Surgical Units	█	█	█				█
HVMC [1]	M-S	Orthopedic / Neurosurgical Unit	█	█	█				█
IPCH	M-S	Combined Medical/Surgical Units	█	█	█	█	█	█	█
JCMC	M-S	Combined Medical/Surgical Units	█	█	█	█	█	█	█
JCMC	M-S	Orthopedic Units	█	█	█	█	█	█	█
JMH	M-S	Combined Medical/Surgical Units	█	█	█	█	█	█	█
NCH	M-S	Combined Medical/Surgical Units	█	█	█	█	█	█	█
	PCU Total		█	█	█	█	█	█	█
BRMC [1]	PCU	Prog Care/Intermediate Care Units	█	█	█				█
HVMC [1]	PCU	Prog Care/Intermediate Care Units	█	█	█				█
JCMC	PCU	Prog Care/Intermediate Care Units	█	█	█	█	█	█	█
JMH	PCU	Prog Care/Intermediate Care Units	█	█	█	█	█	█	█
	ICU Total		█	█	█	█	█	█	█
BRMC [1]	ICU	Intensive Care Unit	█	█	█				█
HVMC [1]	ICU	Intensive Care Unit	█	█	█				█
JCMC	ICU	Intensive Care Unit	█	█	█	█	█	█	█
JCMC	ICU	Open Heart Intensive Care Units	█	█	█	█	█	█	█
JMH	ICU	Intensive Care Unit	█	█	█	█	█	█	█
NCH	ICU	Intensive Care Unit	█	█	█	█	█	█	█

Please see "Facilities - Skill Mix Ratio Detail" for variance explanations.

Footnotes:

[1] BRMC and HVMC prior year data unavailable as they were not participating facilities in the Premier Operational Advisor contract until 01/01/2019

BalladHealth

ATTACHMENT 7

#7 Employee Engagement Survey

Partnering with Press-Ganey Associates, Ballad Health's first Team Member Engagement Survey was launched in October of 2019. A strong survey participation rate of 69% was achieved with 9,670 team members actively participating. Results were communicated in January, 2020 and serve as an initial baseline for our engagement improvement efforts.

Current Employee Engagement Survey						
	Ballad Health	**BRMC**	**HVMC**	**JCMC**	**JMH**	**NCH**
Score for the organization	3.65	3.51	3.39	3.38	3.54	3.98
Score for managers	4.13	4.18	3.95	4.03	4.13	4.60
Score for employees	3.58	3.45	3.32	3.31	3.48	3.90
Participation %	69%	69%	58%	63%	73%	72%

Prior Employee Engagement Surveys							
	L-WHS	**L-MSHA**	**BRMC[1]**	**HVMC[1]**	**JCMC[2]**	**JMH[2]**	**NCH[2]**
Participation %	69%	90%	65%	62%	88%	96%	99%

[1] Legacy Wellmont Health System (L-WHS) - 2017

[2] Legacy Mountain States Health Alliance (L-MSHA) - 2015

ATTACHMENT 8

#10 Equalization Plan

Pay Equalization Update

The final step in the pay equalization plan was to review average rate of pay by job (excluding executives and physicians/providers) and compare team members from legacy systems to ensure that their pay was equitable within each job. Based on that information, Ballad compared market information, turnover rates and vacancy rates by each job code to prioritize areas of opportunity. This work was conducted during FY20 and found that there were negligible differences in the average rate of pay differences by legacy system. However, after reviewing market data, turnover and vacancy rates, Ballad made market adjustments to 26 different job codes affecting 983 team members for a total annual spend of $1.6 million. These dollars in addition to the nursing specific adjustments that occurred in FY20 bring the grand total of new dollars to $8.8 million, which positively impacted the base rates of 5,664 team members. During FY20, 40 percent of our workforce received a market adjustment.

Over the past two fiscal years, Ballad has equalized benefit and retirement contributions, resolved disparate pay practices, standardized job codes, job descriptions and pay ranges. In the future, market increases will continue to be applied utilizing the methodology of reviewing market data, turnover and vacancy rate statistics by job code to determine areas of opportunity.

BalladHealth

ATTACHMENT 9

#18 Comparison Summary of Financial Ratios

Key Operating Indicators
For the Eight Months Ended February 29, 2020

	Eight Months Year to Date Actual
Operating Statistics (excl Long-Term Care)	
Average Daily Census	1,172
Occupancy Percent	43.9%
Patient Days	286,037
Discharges	63,371
Observation Visits	21,969
Observation Visits (excl OB)	18,927
Acute Discharges and Observation Visits (excl OB)	76,643
Obs Visits (excl OB) % of Obs Visits (excl OB) & Acute Disch	24.7%
Observation (excl OB) % of Occupancy	4.0%
Adjusted Patient Days	715,403
Adjusted Discharges	158,496
Outpatient Visits	2,277,338
Urgent Care Visits	188,909
ED Visits	276,816
Home Health Episodes	1,843
IP Surgery Cases	12,844
OP Surgery Cases	24,843
ASC Surgery Cases	5,507
Revenue by Source	
Medicare Revenue	25.0%
Medicare Managed Care	28.9%
Medicaid/TennCare	14.6%
Managed Care	22.2%
Self Pay	4.9%
Other	4.4%
Total Gross Patient Revenue	100.0%
Operating Indicators (excl Long-Term Care)	
IP Revenue per Patient Day	$9,585
OP Revenue per Outpatient Visit	$1,807
Operating Revenue per Adjusted Patient Day	$1,992
Operating Expense per Adjusted Patient Day	$1,974
Operating Revenue per Adjusted Discharge	$8,991
Operating Expense per Adjusted Discharge	$8,909
Net Revenue % of Gross Revenue	20.0%
Net Revenue per Adjusted Discharge	$8,657

Labor Management (excl Long-Term Care)	
Employed Full Time Equivalents	12,120
Contract Full Time Equivalents	221
Total Full Time Equivalents (excl Providers)	12,341
Employed Provider Full Time Equivalents	767
Contract Provider Full Time Equivalents	53
Total Provider Full Time Equivalents	821
Full Time Equivalents	13,162
FTEs per Adjusted Occupied Bed (incl Cont Lbr)	4.42
Man Hours per Adjusted Discharge (incl Cont Lbr)	113.6
Average Hourly Rate (excl Providers & Cont Lbr)	$25.48
Salary Expense per FTE (excl Providers & Cont Lbr)	$53,067
Labor Exp (excl Providers) per Adjusted Discharge	$3,715
Labor Exp % of Net Revenue	50.9%
Patient Resource Management	
Overall Medicare Average Length of Stay	4.65
Overall Average Length of Stay	4.51
Acute Medicare Average Length of Stay	4.28
Acute Medicare Average Length of Stay - Acuity Adjusted	2.59
Acute Overall Average Length of Stay	4.25
Acute Overall Average Length of Stay - Acuity Adjusted	2.63
Observation Average Length of Stay	1.37
Overall Medicare Case Mix Index	1.63
Overall Case Mix Index	1.55
Acute Medicare Case Mix Index	1.65
Acute Overall Case Mix Index	1.61
Supply Expense % of Net Revenue	21.7%
Supply Expense per Adjusted Discharge	$1,875
Operating Statistics (Long-Term Care)	
Nursing Home Patient Days	79,715
Nursing Home Discharges	647
Nursing Home Full Time Equivalents	333

Statement of Revenue and Expense
For the Eight Months Ended February 29, 2020

		Eight Months Year to Date Actual
Patient Revenue		
Inpatient		2,770,591,972
Outpatient		4,115,840,269
Total Patient Revenue	**$**	**6,886,432,241**
Deductions From Revenue		
Revenue Deductions		5,212,157,334
Charity		93,256,918
Uninsured Discounts		188,449,744
Total Deductions	**$**	**5,493,863,996**
Net Patient Revenue	**$**	**1,392,568,245**
Other Operating Revenue		53,059,381
Total Operating Revenue	**$**	**1,445,627,626**
Operating Expenses		
Salaries & Wages		439,193,036
Provider Salaries		125,618,515
Contract Labor - Providers		17,199,108
Contract Labor - Other		20,759,827
Employee Benefits		114,156,218
Fees		159,100,137
Drugs & Supplies		293,693,151
Other Expense		138,271,503
Depreciation & Amortization		93,997,485
Interest & Taxes		30,806,327
Total Operating Expense	**$**	**1,432,795,307**
Net Operating Income before Support Allocation	**$**	**12,832,319**
Support Allocation - Salaries, Contract Labor & Benefits		-
Support Allocation - Other		-
Net Operating Income after Support Allocation	**$**	**12,832,319**
Net Investment Income		14,981,573
Realized Gain on Investments		11,564,841
Gain / (Loss) from Affiliates		1,069,245
Gain / (Loss) on Discontinued Operations & Disposal		3,192,383
Minority Interest		(8,006,990)
Incentive Pay		(6,374,059)
Other Non Operating Income / (Expense)		(3,660,143)

Total Non Operating Income / (Expense)	$	12,766,850
Total Revenue Over Expense Before CFV of Derivatives	**$**	**25,599,168**
Change in Fair Value of Interest Rate Swaps		(2,302,779)
Total Excess Revenue Over Expense	**$**	**23,296,389**
Net Unrealized Gain / (Loss) on Investments		(14,009,579)
Increase in Unrestricted Net Assets	**$**	**9,286,810**
EBITDA (Operations)	**$**	**137,636,131**
EBITDA (Operations) as % of Net Patient Revenue		9.9%
Operating Margin		0.9%
EBITDA	**$**	**150,402,981**
EBITDA as % of Net Patient Revenue		10.8%
Total Margin		1.8%

Balance Sheet
As of February 29, 2020

		February 29 2020
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	$	66,139,955
Current Portion AW UIL		4,939,420
Accounts Receivable (Net)		316,010,135
Other Receivables		54,046,967
Due From Affiliates		563,712
Due From Third Party Payors		-
Inventories		49,492,951
Prepaid Expense		24,305,992
	$	515,499,132
ASSETS WHOSE USE IS LIMITED	$	57,746,328
OTHER INVESTMENTS	$	1,280,484,179
PROPERTY, PLANT AND EQUIPMENT		
Land, Buildings and Equipment		3,283,437,138
Less Allowances for Depreciation		2,006,705,593
	$	1,276,731,545
OTHER ASSETS		
Pledges Receivable		155,267
Long Term Compensation Investment		32,906,819
Investments in Unconsolidated Subsidiaries		19,250,986
Land / Equipment Held for Resale		3,028,830
Assets Held for Expansion		11,268,702
Investments in Subsidiaries		-
Goodwill		209,381,219
Deferred Charges and Other		40,710,749
	$	316,702,572
TOTAL ASSETS	$	3,447,163,756
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable and Accrued Expense		145,278,355
Accrued Salaries, Benefits, and PTO		112,768,201
Claims Payable		-
Accrued Interest		12,084,374
Due to Affiliates		-
Due to Third Party Payors		17,953,989

Call Option Liability		-
Current Portion of Long Term Debt		43,926,147
	$	332,011,066
<u>OTHER NON CURRENT LIABILITIES</u>		
Long Term Compensation Payable		16,467,370
Long Term Debt		1,334,416,276
Estimated Fair Value of Interest Rate Swaps		1,748,797
Deferred Income		23,026,649
Professional Liability Self-Insurance and Other		62,256,323
	$	1,437,915,415
<u>TOTAL LIABILITIES</u>	$	1,769,926,481
<u>NET ASSETS</u>		
Restricted Net Assets		36,004,963
Unrestricted Net Assets		1,373,035,019
Noncontrolling Interests in Subsidiaries		268,197,293
	$	1,677,237,275
<u>TOTAL LIABILITIES AND NET ASSETS</u>	$	3,447,163,756

BalladHealth

Comparison of Ballad to the Median of Similarly Rated Health Systems

	2018 Fitch Median[1]	2018 S&P Median[2]	2018 Moody's Median[3]	FY20 Eight Months YTD Total
Total Margin[4]	4.9%	3.2%	2.6%	1.8%
Operating Margin	2.4%	1.5%	0.7%	0.9%
EBITDA to Revenue	11.3%	9.6%	9.3%	10.4%
Current Ratio	N/A	N/A	2.1	1.6
Days in Patient A/R	45.8	45.1	45.1	54.8
Avg Payment Period	59.8	N/A	58.7	60.3
Total Days Cash on Hand	236.7	179.2	184.6	245
LT Debt to Capitalization	32.2%	35.1%	40.0%	44.8%
Cash Flow to Total Debt[5]	29.4%	N/A	26.3%	13.0%
Debt Service Coverage	4.1	2.4	3.1	3.6
FTEs per AOB[6]	N/A	N/A	N/A	4.42
Labor Exp/Net Patient Rev[7]	56.2%	58.4%	N/A	50.9%

Notes:

1 Source: Fitch - Median Ratios for Nonprofit Hospitals and Healthcare Systems (September 2019)
2 Source: S&P - US Not-for-Profit Health Care System Median Ratios (September 2019)
3 Source: Moody's - Not-for-Profit Hospital Medians (September 2019)
4 Excludes Loss on Extinquishment of LTD
5 Excludes Loss on Extinquishment of LTD
6 Includes Contract Labor and Excludes Nursing Homes
7 Excludes Nursing Homes

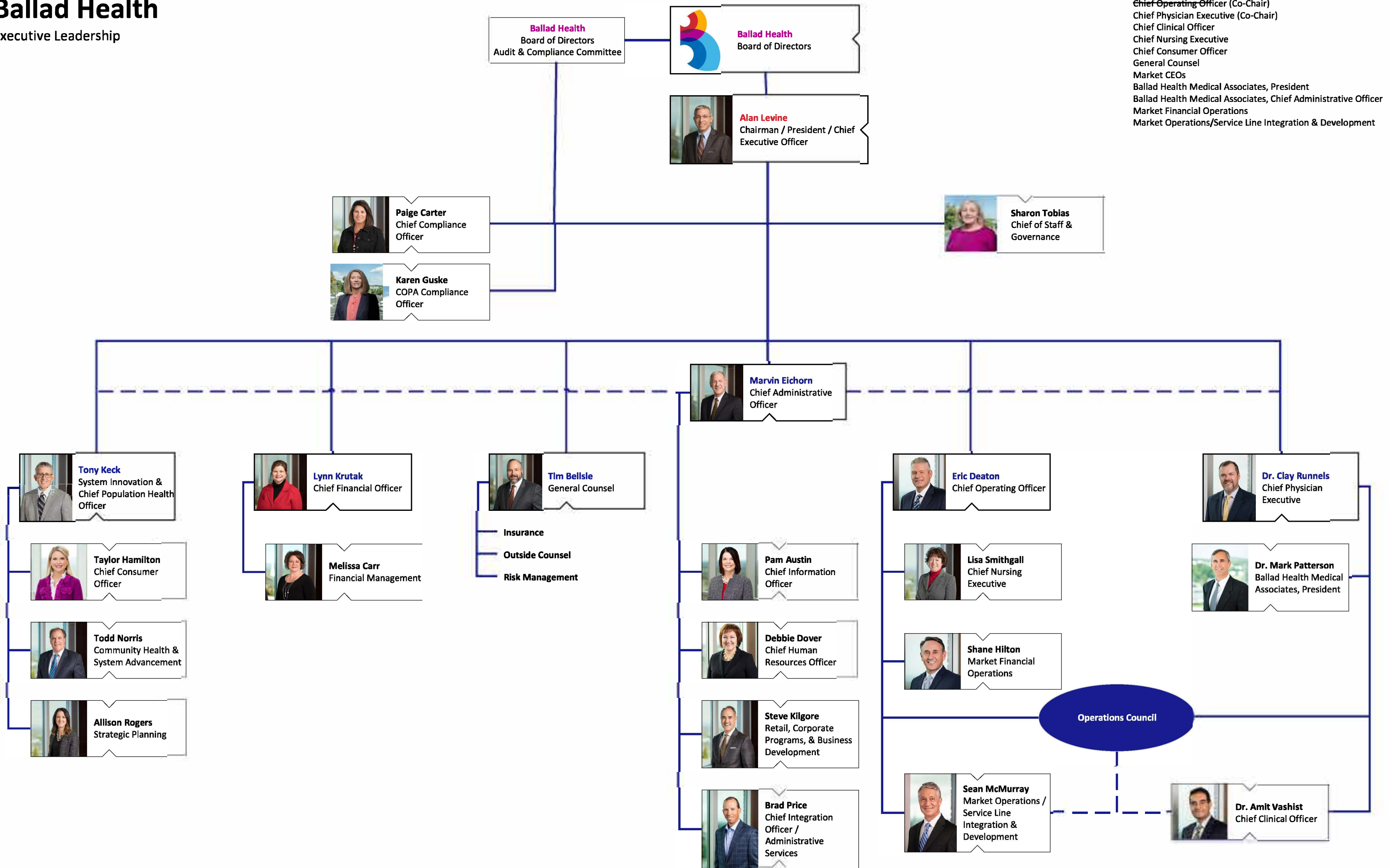
BalladHealth

ATTACHMENT 10

#20 Ballad Health Organizational Chart

Ballad Health

Executive Leadership



Operations Council
~~Chief Operating Officer~~ (Co-Chair)
Chief Physician Executive (Co-Chair)
Chief Clinical Officer
Chief Nursing Executive
Chief Consumer Officer
General Counsel
Market CEOs
Ballad Health Medical Associates, President
Ballad Health Medical Associates, Chief Administrative Officer
Market Financial Operations
Market Operations/Service Line Integration & Development

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ATTACHMENT 11

#24 Recruitment and Retention of Physicians and Advanced Practice Providers

Ballad Health requests the information in this Attachment to be treated as confidential and proprietary. For that reason, this Attachment is being submitted separately.

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ATTACHMENT 12

#25 Recruitment and Retention of Nurses

Ballad Health requests the information in this Attachment to be treated as confidential and proprietary. For that reason, this Attachment is being submitted separately.