



## **Executive Summary**

In its fourth year of operation under active supervision by the State of Tennessee and the Commonwealth of Virginia, Ballad Health has continued to make the gains envisioned by the legislatures of both states by improving quality of care, improving access to care, maintaining rural healthcare facilities and lowering the cost of care for the citizens of the Appalachian Highlands. These gains have occurred despite the burden of COVID-19 in the community during fiscal year 2022 being even greater than the previous year. This report provides an overview of Ballad Health's performance and responds specifically to the annual reporting requirements required by the Terms and Conditions (TOC) of the Tennessee Certificate of Public Advantage (COPA) and the Virginia Cooperative Agreement (CA).

The effect of the COVID-19 pandemic intensified in the Appalachian Highlands during the fiscal year 2022 (FY22) reporting period from July 1, 2021, through June 30, 2022 (the Reporting Period). During this time, 180,088 cases of COVID-19 were reported in Ballad Health's service area. 8,433 patients were hospitalized and discharged from Ballad Health hospitals and 2,576 patients in the region died because of the coronavirus.

Ballad Health and community physicians continue to aggressively reduce the cost of care to patients, employers and government payors through value-based care. Even with the excess hospitalizations related to COVID-19, inpatient discharges decreased by 0.8 percent over the prior year and resumed a steady decline that was interrupted last fiscal year by a slight increase in inpatient volumes.

Inpatient surgeries also declined (3.3 percent) as cases migrated to less costly ambulatory settings. In addition to limited growth in population, Ballad Health recorded an ongoing payor mix shift from traditional Medicare to managed Medicare (32.0 percent in FY21 vs. 33.5 percent in FY22) which typically drives lower inpatient utilization. Additionally, salary costs per full-time equivalent team member increased by 9.9 percent between FY21 and FY22. These shifts contributed to an overall decline in the health system's operating margin from 1.3 percent in FY21 to 1.1 percent in FY22.

Despite this strain on hospital and physician clinic resources, Ballad Health continued to make new investments of approximately \$30 million in rural health access, behavioral health, children's health, population health, clinical training and research. The system also continued investing in annual team member salary and wages (\$125 million over and above increases reported last year) and in organizational development and clinical education (a 20 percent increase over FY21 to \$4.9 million annually) necessary to remain competitive with other local, regional and national employers.

Ballad Health improved over baseline or met target on 20 of 25 Access to Care metrics tracked during the Reporting Period and continued to add new access points and expand on those launched in the previous year. For example, Lee County Community Hospital and Bristol Regional Medical Center Pediatric Emergency Department – both launched in FY21 – saw 11,812 and 3,584 emergency department visits, respectively, in FY22. Construction on a third pediatric emergency department, located in Kingsport, began in FY22 with an expected launch of services in early fall 2022.

The Strong Futures program, which opened at the end of FY21, served 239 unduplicated families



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during FY22 and the living center was fully occupied at the close of the Reporting Period. In FY22, the health system also continued to expand other behavioral health offerings by adding three new outpatient behavioral health clinics in Greeneville and Rogersville, Tennessee, and Big Stone Gap, Virginia, to serve both the community and Ballad Health team members (under the Employee Assistance Program). Construction also began on a new 24-hour behavioral health crisis walk-in center on the campus of Woodridge Hospital with an expected launch date of November 2022.

Since the time that the Ballad Health board of directors committed the health system to a culture of zero harm and top decile clinical quality, several relevant quality measures have improved to place the system in the top decile of the nation. In FY22, the work of the Clinical Council, implementation of systemwide tiered safety huddles and bold, ambitious initiatives like “30 in 90” – reducing infections by 30 percent over 90 days – that target hospital-acquired infections like *Clostridioides difficile* (C. diff), Catheter-Associated Urinary Tract Infections (CAUTI), surgical site infections and others. For example, not only did Ballad Health achieve its goal of reducing the number of C. diff cases by 30 percent within 90 days, but the reduction in C. diff cases has also continued as Ballad Health has now reduced C. diff cases by 70 percent since the program’s inception. To further institutionalize these and future improvements, in FY22 the Ballad Health board of directors approved the creation of the Center for Clinical Transformation and Outcomes Optimization. The Center is led by a System Medical Director for Clinical Transformation who reports directly to Ballad Health’s Chief Clinical Officer, is supported by the Quality and Safety department, and works closely with departments of Data and Analytics, Operational Excellence and Enterprise Project Management.

Coordinating with the Ballad Health Clinical Council, the Center’s roles and responsibilities are to: 1. identify and select best clinical practices for standardization and disseminate these practices system-wide; 2. remove unwarranted clinical variation across different geographical areas/service lines of Ballad Health by optimizing care pathways, clinical protocols and order sets; 3. collaborate with the Chief Experience Officer to improve caregiver communication, improve patient experience and address clinician burnout; 4. work with pertinent stakeholders to help execute and improve on COPA Quality metrics; and 5. further Ballad Health’s work in sustaining a high reliability, zero harm and just culture.

While scoring, including on quality measures, was suspended under the COPA for the Reporting Period, the health system continued to track and post Ballad Health facility-specific Quality Target and Priority measures to the Ballad Health internet site on a quarterly basis to allow public access to the health system’s quality data. Ballad Health worked with both state departments of health to reset all 2017 quality baselines in FY22 to allow for a direct comparison with over 4,000 hospitals in the Premier database.

Notably, several Ballad Health hospitals appear on U.S. News & World Report’s Best Hospitals list. Holston Valley Medical Center received a Best Regional Hospitals Award (#9 in Tennessee). Bristol Regional Medical Center, Holston Valley Medical Center, Johnson City Medical Center and Johnston



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Memorial Hospital were recognized with High Performing Hospital Awards, including in various aspects of cardiac and pulmonary care.

The health system continued to address the cost of care in the region. For example, Ballad Health successfully managed the care of thousands of COVID-19 patients in their homes through the “Safe at Home” program. The program served 5,654 patients and saved millions of dollars in potential hospitalization costs and freed up hospital capacity for the most seriously ill patients. Based on the strength of this program, Ballad Health’s Hospital at Home waiver was approved by the Centers for Medicare and Medicaid Services (CMS) for Ballad Health’s Bristol Regional Medical Center, Holston Valley Medical Center and Johnson City Medical Center. This waiver will allow Ballad Health to provide hospital-level care at home for Medicare patients who traditionally qualify for hospital admission. Early results from similar programs around the country indicate high patient satisfaction and quality outcomes at a lower cost than traditional inpatient hospitalization.

The Appalachian Highlands Care Network doubled the number of uninsured individuals with high medical need enrolled in the program from approximately 1,700 in FY21 to more than 3,400 in FY22. Over 2,000 of those patients receive complex care support. The program provides free ongoing prevention, primary care, diagnostics, emergency and inpatient services to enrolled members who are identified by care navigators embedded in community clinics, emergency departments and other care sites throughout the region.

Ballad Health also expanded its medical-legal partnership with the Appalachian School of Law and Virginia Tech to all hospitals within the health system. The partnership pairs law students with patients to help address legal issues such as insurance, benefit denials, guardianship disputes, housing instability and other social needs that drive poor health and contribute to population health inequities.

The dental residency program sponsored by Ballad Health at the Appalachian Highlands Community Dental Clinic also continued to expand. In calendar year 2021, this clinic for low-income and uninsured individuals saw 3,348 patients. In the nine months to date in calendar year 2022, the clinic has served 3,468 patients, exceeding the number of patients seen the entire previous year.

Ballad Health expanded current programs and funded new programs to improve population health, meeting 35 of 35 agreed-upon process measures and exceeding its FY22 spending commitment of \$6,667,000 by \$234,000. The Ballad Health Niswonger Children’s Network Strong Pregnancies program, providing pre-natal community navigation by community health workers, screened 3,400 pregnant women for social and behavioral risk factors and enrolled nearly 1,500 women in care navigation in FY22. 380 “graduates” from Strong Pregnancies were enrolled in Strong Starts, a program that includes navigation for up to five years post-partum by community health workers using a whole-family approach, during the same year. By the end of FY22 all seven labor and delivery units in the Ballad Health system were providing screenings, and three new OB/GYN practices were added as screening sites for a total of six practices.



## **Executive Summary**

A smoking cessation counselor was hired and over 100 participants were provided cessation services. The health system continued to expand the reach of the UniteUS social needs referral platform by increasing the number of networked community partner organizations from 43 at the end of FY21 to 125 at the end of FY22. Ballad Health also increased its financial support to \$2.8 million for 28 of these community partner organizations to expand their best practice services for issues such as neonatal abstinence syndrome, access to early prenatal care, smoking cessation in mothers, drug deaths, teen births, kindergarten readiness and third grade reading.

### **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, Virginia Code 15.2-5384.1 and Title 12 Virginia Administrative Code 5-221-110 require submission of an annual report 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 certain reporting requirements during the State of Emergency, allowing Ballad Health leadership and team members to focus on the pandemic response. Temporary suspension of several items continued into FY22.

### **The Process**

In compiling the information and materials for this Annual Report, the Ballad Health COPA Compliance Office identified the departments responsible for gathering and preparing these materials. Leaders of the departments (Responsible Parties) were identified and given responsibility to submit the required materials and information. The COPA Compliance Office requested each of the Responsible Parties to certify, to their knowledge and belief after due inquiry, that Ballad Health was in compliance with the TOC and CA for their areas of responsibility



## Executive Summary

for the Reporting Period and that any materials they provided for inclusion in this report were complete.

### Reporting Requirements

The annual reporting requirements in this report cover topics such as 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 other reporting requirements of the TOC and CA, and a summary of those submissions is provided in the COPA Compliance Office FY22 Annual Report.

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

- Ballad Health reopened Lee County Hospital on July 1, 2021; it was designed a Critical Access Hospital shortly thereafter.
- 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 healthcare workforce. Examples include, but are not limited to:
  - **ETSU Center for Rural Health Research** – \$1.5 million. Part of a 10-year commitment by Ballad Health and supported in part with an additional recurring grant from the State of Tennessee. The Center has come to be a nationally known resource in rural public health, including the designation as a Rural Health Equity Research Center by the Health Resources and Services Administration (HRSA) and securing over \$8 million in additional grants.
  - **Ballad Health Strong Brain Institute** – \$250,000. This Center has initiated two certificate programs in Trauma-Informed awareness and Adverse Childhood Experiences (ACE). The work of this Center in its advocacy and research is gaining momentum addressing the endemic problem of ACEs in the Appalachian Highlands.
  - **Medical Legal Partnership (MLP)** – \$500,000. In its first full year of existence, this program has handled over 1,500 client referrals and has been instrumental in addressing needs in many aspects of the social determinants of health the pervade our region. MLP representatives now work across the entire Ballad Health system and partner with the social workers and case managers to provide the free service to those in need. In addition, the Poverty in Health and Law class at Appalachian School of Law continues to be very popular. It is offered to medical residents across our system and to Pamplin School of Business students at Virginia Tech University.
  - **Appalachian Highlands Center for Nursing Advancement** – \$ 1,667,000. This is a new project, funded by Ballad Health, seeking to address the region’s nursing crisis.

## Executive Summary

Housed at ETSU, the Center is charged with studying and proposing plans to address all aspects of nursing today including pipeline development, scopes of nursing duty and advocacy in key aspects affecting the nursing profession. Less than a year old, this Center has already gained the attention of the State of Tennessee which has invested millions in co-locating the Tennessee Center for Nursing advancement at ETSU.

- The annual budget for organizational development and clinical education increased nearly 20 percent to almost \$5 million annually since our last report, reflecting an even greater investment in resources related to developing our workforce.
- The Ballad Health Clinical Council and its nine sub-committees were active in prioritizing quality; service and safety improvement activities; establishing clear expectations to promote and improve health outcomes and patient safety; promoting high-value care supported by evidence; and promoting a transparent and non-punitive environment for reporting and evaluating patient safety and harm incidents.
- 81.1 percent of Ballad Health's patient population (percentage of women Ballad Health Medical Associates patients aged 50-74 who had a mammogram at a Ballad Health facility, or reported having a mammogram, within the past two years) increased by 7 percent over baseline and nearly 2 percent over prior year.
- Quality Target Measures were again met with significant challenges due to the continuation of COVID-19. In addition to exceedingly high numbers of COVID-19 admissions, the system struggled with diminished supplies and staffing which impacted our quality outcomes.
- Ballad Health is meeting the CMS hospital price transparency requirements under section 2718(e) of the Public Health Service Act. As such, Ballad gross charges are publicly available on our website. <https://www.balladhealth.org/patients-visitors/price-estimator-standard-charges>
- Ballad Health achieved a cost savings of \$10 million in supplies (which were directly used to support care for uninsured and charity patients) and over \$10 million through consolidation of provider contracts.
- There were no changes to the Ballad Health Board of Directors during the Reporting Period.
- Ballad Health spent nearly \$7 million on investment in Population Health and achieved 35 of 35 process measures identified in the FY22 Population Health Plan Implementation Roadmap.



## **Executive Summary**

### **COPA Reporting Requirements**

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

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

- Tennessee and Virginia were notified of a Force Majeure event resulting in a Material
- Adverse Event in March 2020 relating to the COVID-19 pandemic. Subsequently, select sections of the TOC and CA were temporarily suspended by both Departments of Health. Several of those temporary suspensions remained in effect for at least a portion of the Reporting Period.
- 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, 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 there was one COPA complaint filed with the COPA Compliance Office. That complaint was found to be unsubstantiated.
- Ballad notified the Departments that the plan spend in FY22 is forecast to be below commitment in two of the six plans (Behavioral Health and HIE). Ballad will provide TDH and VDH staff with final numbers as soon as they are available.
- Ballad Health spent nearly \$73 million in FY22 for Charity and Unreimbursed TennCare and Medicaid. While below the projected baseline from fiscal year 2017, this significant spending was impacted by the material decline in volumes tied to efforts by Ballad Health and area physicians to improve 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 COVID-19 pandemic. Ballad Health will review the detailed information with the COPA monitor and request a formal waiver of noncompliance per Section 4.03(f)(vi). There have been no assertions or complaints that Ballad Health is not in compliance with its charity policy.

# Ballad Health Annual Report

Reporting Period:  
July 1, 2021 – June 30, 2022





**Annual Report for Fiscal Year 2022**

**Covering 07/01/2021 – 06/30/2022 (“Reporting Period”)**

Submitted pursuant to the Third Amended and Restated Terms of Certification (July 1, 2022) 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 (the “TOC”) and the Virginia Order and Letter (October 30, 2017) Authorizing a Cooperative Agreement (the “CA”).

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

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

  
\_\_\_\_\_

**Alan Levine**  
Chairman, President and CEO  
Ballad Health

10-21-22

Date

  
\_\_\_\_\_

**Lynn Krutak**  
Executive Vice President  
Chief Financial Officer  
Ballad Health

10-21-2022

Date

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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
GCH	Greeneville 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 Community Hospital
ISHN	Integrated Solutions Healthcare Network
JCCH	Johnson County Community Hospital
JCMC	Johnson City Medical Center
JMH	Johnston Memorial Hospital
LCCH	Lee County Community Hospital
LMG	Laughlin Medical Group
LPH	Lonesome Pine Hospital
MSMG	Mountain State Medical Group
MVRH	Mountain View Regional Hospital
NsCH	Niswonger Children's 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
WH.	Woodridge Hospital
WMA	Wellmont Medical Associates



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## ANNUAL REPORT

Requirements. Section 6.04 and Exhibit G of the Tennessee TOC<sup>1</sup> and Virginia Code 15.2-5384.1 and Title 12 Virginia Administrative Code 5-221-110 require Ballad Health (Ballad) to submit an annual report determining continued benefit of the merger to the public. In Tennessee, Ballad is scored annually to determine continued public benefit. Scoring under section 7.01. Index and Sub-Indices of the TOC was suspended during the COVID-19 public health emergency. Scoring resumes on July 1, 2022. In Virginia the letter authorizing cooperative agreement provides that the Commissioner evaluates Ballad against the Virginia CA Conditions<sup>2</sup> as to whether the benefits of the merger outweigh the possible disadvantages.

Description of Process. In compiling the information and materials for this Annual Report, the Ballad Health COPA Compliance Office identified the departments responsible for gathering and preparing these materials. Leaders of the departments (Responsible Parties) were identified and given the responsibility to submit the required materials and information. The COPA Compliance Office requested each of the Responsible Parties to certify, to their knowledge and belief after due inquiry, that Ballad was in compliance with the TOC and CA for their areas of responsibility for the Reporting Period and that any materials they provided for inclusion in this report were complete.

### Deliverables.

#### **A. Facility Maintenance and Capital Expenditures – TOC Section 3.07(b), Exhibit G**

Activity under this item was suspended during the Reporting Period. Ballad will report on this activity during the next reporting cycle.

#### **B. Career Development Plan – TOC Section 3.08(c), 6.04(b)(xvii) and Exhibit G / CA: Condition 22**

This item was suspended through December 31, 2021; however, Ballad wishes to highlight the following activity during the entire Reporting Period for the Department’s visibility and information.

Progress continues to be made in executing of a comprehensive career development program for Ballad team members. The annual budget for organizational development and clinical education has increased nearly 20% to \$4.9 million since our last report reflecting even greater investment in resources related to developing our workforce.

#### **New Team Member Orientation**

Starting in March 2020, the first day of orientation was moved entirely online due to the coronavirus pandemic (COVID-19). This process allows new hires to complete the first day orientation requirements online through HealthStream, our unified learning management system. The day begins with a 30-minute welcome and a virtual question and answer session, and then all new hires can complete the required training online at their own pace throughout the remainder of the day. The remaining days of orientation following the first online day are held in person.

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<sup>1</sup> <https://www.tn.gov/health/health-program-areas/health-planning/certificate-of-public-advantage.html>

<sup>2</sup> <https://www.vdh.virginia.gov/licensure-and-certification/cooperative-agreement/>



We anticipate returning to live, the in-person first day of orientation, in the second half of the Fiscal Year 2023 (FY23).

Fiscal Year	Ballad Health TM's	Contract TM's & Students	Total Hires
FY22	3437	4274	7711
FY21	2826	4563	7389
FY20	2422	2672	5094
FY19	2410	1651	4061

### 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 each leader’s highly variable development needs, 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, 5-month 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 FiscalY20. In Fiscal Year 2020 (FY20), 75 future leaders participated in this program, nearly doubling our participation rate from the prior year. Recognizing and supporting staffing challenges during the COVID-19 response, ALP was placed on hold. We anticipate that a new ALP cohort will be able to begin again in the second half of FY23.

#### 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 weekly, all-day sessions these new leaders learn fundamental leadership concepts with a 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. This program was also suspended towards the end of the third quarter of FY20 due to resource needs related to our COVID-19 response. In Fiscal Year 2021 (FY21), an online version of this program premiered, with 100 successful program graduates during that year. In Fiscal Year 2022 (FY22), the Onboarding Leader Program returned to live in-person instruction with 97 Ballad leaders.



### Developing Leader Program (DLP)

Designed to support Ballad's leadership competencies, managers with at least five years' experience, directors, or rising executives are chosen by the Leadership Academy Advisory Committee for this immersive experience in next-level leadership. Sixteen participants completed the program in FY21. In FY22, four additional leaders completed the program.

### Health Care Advisory Board Fellowship Program

This is an 18-month program designed to accelerate the development of selected senior leaders to advance their organization's mission-critical initiatives more effectively. Cohorts of rising leaders from across the country meet in Washington DC, to explore the most current advancements in and out of our healthcare industry. Seventeen Ballad leaders have successfully graduated from this training since 2018, including five in FY22. A new cohort of leaders began the program in September of 2022.

### Physician Leadership Development

Ballad launched an updated curriculum for the highly successful Ballad Health Physician Leadership Academy (PLA) in October 2019 and continued offerings through early 2021. The Academy consists of courses designed to train and educate physicians for leadership roles in this reforming healthcare environment using a variety of national and local speakers and education through an online segment. Pandemic challenges have extended the length of this cohort still allowing the entire curriculum to be delivered. The PLA has over 160 leader graduates who have completed the coursework and received their certificate of completion across Ballad. The updated curriculum was developed and placed on hold due to pandemic demands. Interim activities include an innovative partnership with The Middle Tennessee Chapter of the American College of Healthcare Executives providing a shortened curriculum over nine weeks, one evening per week. This virtual program offers access to a broad range of subject matter experts and includes group learning and exercise with physicians from across the state. Continuing Medical Education (CME) credits are offered. The Ballad Health Physician Leadership Academy will be re-evaluated with the normalization of operations post pandemic.

### Ballad Leadership Succession Plan

A hallmark of any successful organization is a culture of ongoing planning for the succession of key leaders. With the active support of the Board of Directors, Ballad's leadership team 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 organization's needs with the career objectives of aspiring leaders. The ongoing process involves identifying talent, assessing competency and future growth needs and developing selected leaders in the program through providing internal and external training and mentoring opportunities. Ballad is taking a phased approach to the succession planning process with the first year completed with 37 Senior Leader participants going through an assessment, reviewing the results of that assessment with their direct report and ongoing monthly career development support meetings with an external vendor providing these services.





## **Other Career Development Programming**

### Nurse Residency Program

Research indicates that intensive nurse residency programs provide additional training and confidence-building for new graduates during their first year as registered nurses (RN). Turnover rates for recent graduates are typically at their highest level during this first year of employment. Still, 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 successfully establish competent, quality patient care in the hospital environment. The program integrates a three STEP processes 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 healthcare career, Ballad offers a Certified Nurse Assistant (CNA) training program. Students are paid while attending the training courses. Ballad significantly increased CNA training year over year and, in FY22, held 18 on site classes and implemented an online option for the theoretical classwork portion of the CNA training program. This 38% increase in CNA course offerings in FY22 over FY21 resulted in a rise in CNA graduates at 209 (16% increase year over year). The Ballad Health CNA Educator team has implemented multiple initiatives to engage and enroll individuals in the CNA training program, including collaboration with regional high schools, colleges and universities, and public recruitment fairs.

### Tuition Reimbursement and Scholarship Offerings

To support team members' career opportunities, Ballad offers tuition reimbursement for continuing education related to their current job or to prepare them for another position. Ongoing participation averages 150 team members in various progression points toward graduation and illustrates an annual financial commitment of \$2,500 per year for each team member enrolled.

Fully funded scholarship opportunities (dependent on the educational institution attended, amounts will vary and there may be a cap) increase nursing graduates available to community members and team members. The scholarships are not only an effort to ensure a constant pipeline of graduate nurses but also to support our regional educational partners with program attendance. Currently 38 students are actively enrolled and receiving scholarship dollars with graduation dates ranging from December 2022 to May 2024. Enrollment in scholarship opportunities is ongoing.

### 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 several key training objectives: HealthStream provides a single platform to deliver and track all mandatory and voluntary computer-based learning



programs ensuring our team members receive the most updated content and comply with the training requirements of our regulatory agencies and accrediting organizations. All mandatory and voluntary learning assignments have transitioned to delivery and tracking in HealthStream.

HealthStream provides a single clinical competency validation tracking platform, whereas we have historically managed these through multiple processes. Ballad is transitioning all inpatient nursing competency processes to HealthStream and will eventually administer all clinical competencies through HealthStream.

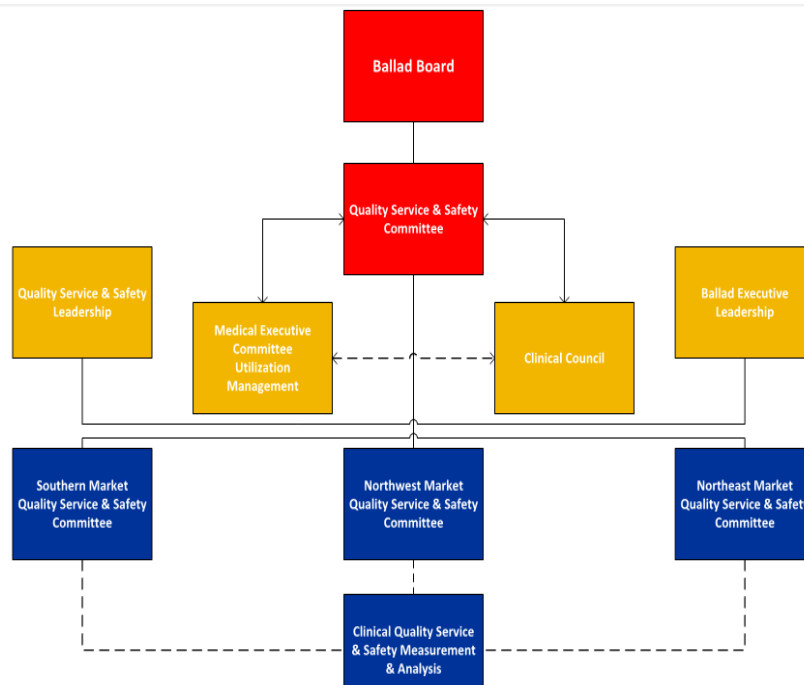
Through HealthStream's association with a leading provider of clinical research databases, our clinical team members have an extensive library of clinical content available to them online to enhance their knowledge, skills, and technical competencies.

Our learning management system also enables our workforce to learn of educational offerings throughout the organization and to register for classes and courses in advance. The system tracks the completion of courses and assigns course credits providing all team members with a transcript documenting their learning experiences.

HealthStream also enables Ballad to provide single-source employee performance management. Team member appraisals were placed on temporary hold for FY20 due to the COVID-19 pandemic and its impact on our operations. The annual performance appraisal process was reimplemented in FY21 and is currently in process for FY22.

#### **C. Clinical Council – TOC Section 4.02(b), 4.02(b)(v), 6.04(b)(xi) and Exhibit G / CA: Condition 45**

- FY22 accomplishments for the Committee include:
- The Clinical Council is responsible for the following:
  - Promoting and ensuring a culture of collaborative, evidence-based care.
  - Prioritizing quality, service and safety improvement activities and establishing clear expectations to promote and improve health outcomes and patient safety.
  - Promoting high-value care that is supported by the evidence and not duplicative
  - Promoting a transparent and non-punitive environment for reporting and evaluating patient safety and harm incidents
  - Giving guidance to the Quality, Service and Safety Committee regarding credentialing and privileging.
- The Clinical Council is aligned with the Ballad Health Board and the Board's Quality, Service and Safety Committee. The Council assisted 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.
- The Clinical Council supports Tiered Safety Huddles. The purpose of the Huddles is to establish a communication process at all levels of the organization to improve transparency in resolving patient harm and safety concerns. This tiered huddle process enables corporate leaders to strategize and implement solutions that address safety and other concerns. Engaging leaders at all levels helps develop a culture of safety and zero harm.



- The Quality, Safety and Service Committee clinical priorities set for FY22, along with the 17 quality target measures established by the conditions of participation, are:
  - Quality: Sepsis, Emergency Department Throughput, Readmissions – Heart Failure and Pneumonia, Mortality – Heart Failure and Pneumonia, focus on 1-2 of our priorities per meeting, including metrics for IBM Watson that are not included
  - Safety: C. diff, CAUTI, CLABSI, MRSA, Surgical Safety
  - Service: HCAHPS metrics
- FY22 accomplishments for the Clinical Council include:
  - An update was provided on changes to MD Link and the Transfer Center by implementing a systems-level “Wait List”. Patient care continues at the referring facility until a bed is available. It was also noted that information from the Transfer Center would be shared daily during safety huddles.
  - An update was provided to the Council on the recent Emergency Temporary Standards set forth by OSHA that apply to healthcare facilities. It was noted that Ballad updated its badge policy for any employee or credentialed provider working within our facilities. It was noted that the Delta Variant of COVID-19 is now the dominant strain.
  - The Ballad Health Chief Operations Officer (COO) shared an update on COVID-19 and the Delta Variant. He asked the clinical Council to encourage patients and fellow providers to be vaccinated. Masking is again required in all Ballad Health facilities, inpatient and outpatient.
  - The Ballad Health Chief Nursing Officer (CNO) reported that flex positions were created and an initiative to employ retired RNs and licensed practical nurses (LPNs) to relieve part of the burden from frontline staff.

- The Ballad Health CEO provided a system update for the Clinical Council to include vaccine mandate rules related to the Medicare Conditions of Participation, requiring all employees to be vaccinated. The mandate is now on hold. He also spoke to the group regarding staffing shortages in nursing, lab, and radiology, increasing wait times.
- The Ballad Health Chief Clinical Officer (CCO) reported that the Strategic Planning Subcommittee has been discussing the overwhelming impact on the frontline providers' emotional and mental health due to the pandemic. It was noted that access to the Employee Assistance Program (EAP) had been expanded for team members to make the program available to providers. Services are confidential and provided at no cost to Ballad-insured team members.
- The HAI Action Plan was presented to the Committee, including the effect of the pandemic on HAIs, Ballad HAIs (house-wide infections), the current pandemic state, infection prevention demands, and action plans.
- The Ballad Health CNO provided an update concerning the Ethics Committee – Consultations. A Corporate Board Ethics policy was developed for Ballad Health early in the pandemic when the Scarce Resource Allocation policy was created. This new policy defines the process for beginning an Ethics consult and will be presented to the Policy and Procedure committee for approval.
- The Ballad Health Chief Infection Prevention Officer provided an update of data for the Fall/Winter 2020, Summer/Fall 2021, Winter 2021 COVID Surge, and Holiday Surge Comparison, based on the Ballad COVID Census for the 2020 and 2021 holiday seasons.
- The Ballad Health COO provided an update for the group concerning COVID. The Ballad Health Chief Physician Executive shared that the monoclonal antibody supplies used to treat previous variants were not effective with Omicron. The federal government cut the supplies and withdrew as an option to treat.
- The Ballad Health COO spoke about the Helping Hands program which allows team members to volunteer from non-clinical areas to support facilities within the system to assist the frontlines.
- The Ballad Health COO provided the Council with an update concerning COVID including the Safer at Home Program. It was noted that Safer at Home is averaging ~140 patients/day over the prior week and continuing to decline from a peak of 300~400+/day in mid-late January. He also reported that the monoclonal antibody administrations continue to be given at a significantly lower rate in recent weeks, mostly due to the change in supply availability and fewer MABs working effectively against Omicron and qualification criteria.
- The Ballad Health COO provided an update, including stats about the status of COVID case growth. He also shared the COVID modeling from December 27 – March 10, 2022. It was also noted that visitation restrictions had been lifted.
- The Ballad Health CCO and the Ballad Health Chief Experience Officer delivered a presentation concerning Ballad Health's High Reliability Organization (HRO) Journey Kick off. We want to move to this journey because harm happens on our watch, in our health system. Serious harm events are preventable and a continuous journey towards ZERO is the only acceptable goal.
- A briefing was provided to the Council on Hospital at Home. A four-condition type pilot will focus on Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Cellulitis

and Community-acquired pneumonia. Bristol Regional Medical Center is being considered as the pilot location.

- The Ballad Health Chief Quality Officer presented the draft FY23 Ballad Health Quality Plan to the Clinical Council. The motion was made to approve the FY23 Ballad Health Quality Plan.

The established subcommittees of the Clinical Council are:

High Value Care/Evidence Based Medicine Subcommittee

Purpose: To prioritize efforts to promote high-value care supported by evidence that is not duplicative and is truly necessary. The subcommittee will lead efforts to teach, optimize and operationalize safe clinical practice and reduce unwarranted clinical variation across Ballad Health.

- FY22 accomplishments for the subcommittee include:
  - CLABSI reduction-task force: Rolling up under the 30-90 system initiative
  - PICC line reduction in  $\geq$  stage 3 CKD – completed
  - Drop the Preop: multidisciplinary team working on standardizing; Surgical Services Subcommittee working on this now
  - Transitions/Continuum of Care: working on Hospital at Home, expansion of TCC clinics into more markets, patient transportation strategy, remote patient monitoring, and expansion of disease navigators
  - Sepsis: Improved bundle compliance needed, data analytics tools development in Epic
  - Draw the Line: working with facility-specific physician champions to promote the program, developing dashboards and reporting to physician group leaders
  - iCough: the goal is to roll out to high-risk medical patients in addition to surgical patients
  - High-Value Subcommittee Dashboard: Being developed to follow lab utilization at first with comparison to benchmarks.
  - PICC line reduction in  $\geq$  stage 3 CKD –renewing education plans. The goal was to achieve at least a 25% reduction of inappropriate PICC lines in kidney disease patients compared to a historical baseline. Order set revisions were made and will be executed in a nurse driven protocol.
  - The Centers have approved a Hospital at Home waiver for Medicare and Medicaid Services (CMS) for Ballad Health Bristol Regional Medical Center, Holston Valley Medical Center and Johnson City Medical Center
  - Insulin and point of care (POC) glucose testing: Patient safety project to standardize insulin order sets, times of glucose testing, and insulin administration to reduce hypoglycemic events to improve control. Evaluations and implementation for the use of Glucomander across the system are ongoing.
  - Choosing Wisely for System Service Lines: Identify key service lines and align system expectations with Specialty Specific Choosing Wisely Campaign Initiatives
  - A lab utilization scorecard has been developed.
  - Insulin and point of care (POC) glucose testing: Patient safety project to standardize insulin order sets, time of glucose testing and insulin administration to reduce hypoglycemic events, improve control
  - The report provided about the revision and standardization of insulin administration order sets and point of care (POC) glucose check timing; endorsement of glycemic

control and the underlying initiatives towards improving glycemic management; and implementation of a new system alert notification for critical hypoglycemic values of 54 instead of 40

#### Women's and Children's Subcommittee/Opioid Task Force

Purpose: To develop a formalized structure for collaboration across Ballad Health that fosters a data driven, multidisciplinary approach to improving clinical care while also addressing the regional challenges that negatively impact the health of our community.

- FY22 accomplishments for the subcommittee include:
  - Development of a Pediatric Advisory Council
  - Women's Health Advisory Council (Maternal)
  - Population and Behavioral Health Overview
  - Obstetrics and Pediatrics Dashboard
  - Examining data from Population Health to inform the overall strengths, weaknesses, and opportunities to improve the health of our communities
  - Quality & Safety Improvement Projects developed regarding Evidence Based Practice for Asthma, Child Abuse Prevention and Identification, Epidurals, Standardizing Newborn/Peripartum Care
  - Working toward a new structure to include more OB physicians across the region
  - The Niswonger Chief Medical Officer (CMO) provided an update regarding the Pediatric Advisory Council, Women's Advisory Council, and Population and Behavioral Health Overview and reviewed the Obstetrics and Pediatrics Dashboard
  - The Niswonger CMO reviewed the vision of the subcommittee goals for the Pediatric Advisory Council, Women's Advisory Council and Peer Review
  - The Niswonger CEO reported that the subcommittee is working toward a new structure to include more OB physicians across the region. She plans to share progress results concerning clinical standards for delivery services in the coming months.

#### 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 as consistent with The Joint Commission Medication Management Standards; and to assist in the formulation of comprehensive professional policies relating to medications throughout Ballad Health to decrease variability in practice and improve patient outcomes.

- FY22 accomplishments for the subcommittee include:
  - Formulary Decision
    - Reviewed 43 drug monographs and 151 drug formulations
    - 61 drugs were approved for use
    - 28 meds or specific doses were approved with restrictions for use
  - Annual Update:
    - Plant-based alternatives for enteral nutrition added
    - Heparin MUE (Medication Use Evaluation)
    - Two new MUEs approved: Cangrelor and Epoprostenol

- Hydromorphone for Meperidine interchange approved
- Pediatric crash cart standardization
- Heparin and Hydromorphone approved for ECMO
- Statin warning for pregnancy removed per the Food and Drug Administration (FDA)
- Fiscal Annual Report:
  - Reviewed 43 drug monographs and 151 drug formulations
  - 61 drugs were approved for use
  - 28 meds or specific doses were approved with restrictions for use
  - The subcommittee reviewed drug shortages, adverse events, and FDA safety alerts and developed responses as necessary.
- Approved a measure to reduce duplicative antibiotic exposure to patients. Pharmacists will be allowed to remove duplicate coverage.
- Focused presentation on COVID Treatment Update and Pre-Exposure Prophylaxis MAB
- Omnicell upgrade providing XT 2-cell Integrated Cabinet; Anesthesia Workstations
- The Central Fill Services Expansion includes XR2 Robot, Omnicell Carousel and Omnicell IVX Robot.
- Approved a measure to reduce duplicative antibiotic exposure to patients. Pharmacists will be allowed to remove duplicate coverage.

#### Patient, Family and Provider Experience Subcommittee

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

- FY22 accomplishments for the subcommittee include:
  - Working on patient throughput and expedited processes for emergency treatment
  - Continue to make improvements in patient/provider communication
  - Mobilizing efforts to improve provider-to-provider communication
  - Working with the Emergency Physicians Group to ease emergency department waiting issues
  - Distribution of Communication Tips Pocket Cards
  - Patient Handoffs from the emergency department to identified patient
  - Presentation delivered to the Council on Provider Burnout and Resiliency
  - Information was presented on the Hospitalist’s efforts using AIDET and RESPECT tools in their patient interactions.
  - It was reported that the Committee continues to work on the After Visit Summary (AVS), Epic Secure chat, Distribution of Communication Tips pocket cards and patient handoffs from emergency department to inpatient services

#### Medical Staff Services Subcommittee

Purpose: The medical staff subcommittee of the Clinical 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 Clinical Council on medical staff issues.

- FY22 accomplishments for the subcommittee include:
  - Completion of the Standardized Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation (OPPE/FPPE) Policy



- Telemedicine in an inpatient setting was completed with system-level criteria for staff category to allow physicians to be granted telemedicine privileges without medical staff membership; credentialing threshold criteria were established; a policy was developed to give autonomy to each Medical Staff to approve telemedicine modality privilege for active, consulting and coverage staff by specialty based upon facility needs.
- Development of a Clinical Shadowing policy to guide the process for applicants for hospital privileges to orient with a provider(s) with hospital privileges while the credentialing and privileging application is in process and pending approval.
- Procedural Sedation Competency Exam Revisions in process
- New Procedures/Techniques/Technology Policies developed
- Bylaws project in process – Task Force developed plans and scope
- Maintenance of Certification discussions initiated and carried forward. It was passed by the subcommittee and sent to local Medical Executive Committees
- Policy approved to allow Medical Executive Committees to consider Telemedicine Modality Privilege for Allied Health Providers
- Under TN Statutes, Allied Health Providers are not permitted to write do-not-resuscitate (DNR) orders. The Medical Staff Services Subcommittee is seeking clarification from the state to prompt revisions to the current statute hoping to align with the VA Statute.
- Maintenance of Certification for Reappointment – of the 3% not certified, temporary waivers have been granted to all for re-certification, or the grandfather clause was applied.
- Evaluating Consultation Policy revisions related to consultation types, the process for communicating when a consult is requested, the timeframe to respond, and definitions of attached and unattached patients
- Telemedicine for Allied Health Professionals moved forward to the Board
- The Procedural Sedation Exam was approved.
- The Ballad CCO provided an update related to the Bylaws Task Force
- The Maintenance of Certification was passed by the subcommittee and sent to the local Medical Executive Committees.

#### Surgical/Perioperative Services 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.

- FY22 accomplishments for the subcommittee include:
  - Membership Diversification and Creation of Ad Hoc Committees
  - Enhanced Recovery After Surgery (ERAS) Program Development and Expansion
  - Policy Draft Review – Informed Consent, Intravenous – PCA, and Epidural/Intrathecal Analgesia
  - Perioperative Process/Supply Standardization
  - Formulation of an Anesthesia Service Line with leaders from Pharmacy, Supply Chain and Policy, which will allow more involvement from the different anesthesia groups servicing Ballad Health facilities
  - Electronic consent moving forward



- Quality Target Measures – Ballad Health is in the 90<sup>th</sup> percentile in four of seven perioperative Patient Safety indicators for July 2021
- DaVinci Robotic Program -each market now has 5Xi/1Si robots; the Orpheus Tele-mentoring System is coming
- The subcommittee’s strategic plan is to achieve a world-class robotic program
- Additional projects by the Subcommittee: ERAS Epic Pathway/Order set, Imaging accessibility, Informed Consent project, Preference card update, and SURPASS initiatives
- Potential 2022 initiatives include Anesthesia Service Line across the system, Anesthesia workstations, and Pre-habilitation for surgery patients
- Standardization of pre-op testing/Drop the Preop
- ERAS – Expansion to additional specialties and engaging ERAS Champions
- Evaluating the DNR policy and timeout procedures
- Preoperative testing/Drop the Pre-op testing should be based on medical history, planned procedure, and if the test result will change the management or reduce the risk.
- Preparing to launch the next ERAS specialty – Orthopedics
- The subcommittee is forming smaller workgroups to evaluate the DNR policy and timeout procedures

#### Clinical Informatics Subcommittee

Purpose: To prioritize efforts to improve the creation, usability, and exchange of health information through Ballad Health’s EHRs and related solutions.

- FY22 accomplishments for the subcommittee include:
  - Review of the Strategic Focus and Roles and Responsibilities
  - A separate Task Force work group was developed to focus on the AVS and opportunities for improvement with focus a on the AVS for acute patients discharged home.
  - Hospital Outpatient Surgery- In a Bed – workflow approved.
  - Approval of a 2-day limit on the availability of signed and held orders for Phase II and Post-Acute Care Unit (PACU) orders
  - Code Status Improvements were approved
  - Best Practice Advisory (BPA) additions for Pediatric orders for Continuous Pulse oximetry
  - A resident column was added to the Unit Patient Lists as a choice if it is desired to be added.
  - A new Epic Blood Transfusion Order was implemented for red blood cell (RBC) transfusions.
  - An order module was added to existing order sets for bundling COVID testing with all transesophageal echocardiogram (TEE) orders.
  - COVID-19 Vaccination Status was approved to be added to the Storyboard.
  - Radiology Tech was added to the Med List Status from Radiology per TJC recommendations.
  - Several labs and Vancomycin Peak and Trough were approved to be added to the Patient Summary – Fever Report.

- The pre-op MRSA Decolonization Plan was approved, along with a recommendation to work with the order set team to develop inpatient order sets/preference lists to add to the order sets.
- Approved Pre-Checks on Admission Order panels
- The Clinical Informatics Subcommittee Charter was reviewed, and all noted changes were approved.
- Epic Secure Chat will be deployed on December 15, 2021, with an Epic upgrade; physician orders will not be placed using Secure Chat.
- An addendum to the Clinical Informatics Council Charter was approved to include the Clinical Informatics Corporate Director.
- A working group has been assigned to look at the current AVS for opportunities to improve the informational output.
- “Sign and Held Phase II” and “PACU Only” orders will be discontinued after two days.
- An additional BPA for DNAR/Cardiac Medications only will be implemented, and a hyperlink to an educational video on Code Status orders will be available.
- Approval was given for a new BPA for Continuous Pulse Oximetry in Pediatric patients on tube feeding
- The CIC is evaluating the way RBC transfusions are ordered in Epic.
- Bundling COVID testing with all TEE orders was approved
- Approval was granted for several labs and Vancomycin Peak and trough to be added to the Patient Summary – Fever Report
- The Non-Weight Bearing order set was approved for removal to help prevent confusion since the updates requested were already in the Weight-Bearing Order.

#### Opioid Task Force Subcommittee

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

- FY22 accomplishments for the subcommittee include:
  - The subcommittee chair proposed the dissolution of the Task Force as a subcommittee of the Clinical Council. With the approval of the dissolution of the Task Force:
    - Shift of focus to SUD/Greeneville Initiative (Strong Futures)
    - Development of Behavioral Health Service Line
    - Duplicity of Subcommittees/non-actionable report structure
    - Subcommittee members encouraged to participate in the Women’s and Children’s Committee or CSAC

#### Strategic Planning/Care Transformation Subcommittee

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

- FY22 accomplishments for the subcommittee include:
  - Reorganized Structure and Subcommittee members
  - Reviewed the Management Action Plan (MAP) with members of the subcommittee
  - Reviewed (FY22 Strategies) to monitor, anticipate and prepare for additional changes in volumes, reimbursement, and market conditions in the future.
  - Be Financially Successful – Financially stabilize and reset the organization.



- Be Transformative – Build robust digital connection with our patients and develop an impenetrable relationship between Ballad and patients.
- Be There – Support each other and the community during these stressful and unprecedented times.
- Exploring various avenues to improve the quality of life for Ballad Health employees, including medical staff, and improving employee wellness

**D. Integrated Delivery System Measures/Data – TOC Section 4.02, 4.02(c)(i), 3.02(d), 6.04(b)(xvi) and Exhibit G / CA: Condition 33, 36**

These items were suspended for a portion of the Reporting Period; however, Ballad wishes to highlight the following Access and Population Health Measures activity during the entire Reporting Period for the Department’s visibility and information.

**FY22 Access Measures**

The Access to Care and Population Health metrics have been the subject of ongoing discussion with the states through the joint Metrics Workgroup. In the meantime, Ballad continued to internally track performance for 25 of the 28 access measures. No agreed-upon real-time data sources exist for three of the measures: Specialist Recruitment and Retention (this was proposed in the Physician’s Need Assessment (PNA) supplemental information provided on July 31, 2019), Personal Care Provider, and Prenatal Care in the First Trimester.

**Access Measure Data Table**

#	Measure	Provision of Data	Baseline	FY22 Results	Source
<b>Characteristics of Health Delivery System</b>					
1	Population within 10 miles of an urgent care center (%)	Ballad	80.5%	80.1% (declined)	Census + Facility Address at Census Block
2	Population within 10 miles of an urgent care center open nights and weekends (%)	Ballad	70.3%	69.4% (declined)	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%	98.1% (improved)	Census + Facility Address at Census Block
5	Population within 15 miles of an acute care hospital (%)	Ballad	97.3%	98.1% (improved)	Census + Facility Address at Census Block

6	Pediatric Readiness of emergency department	Ballad	66.7%	73.0% (improved)	Survey tool created by NEDARC
7	Appropriate Emergency Department Wait Times (%)	Ballad	40.7%	42.7% (improved)	NHAMCS, CDC/NCHS
8	Specialist Recruitment and Retention	Ballad	Unavailable - Proposed Definition		
<b>Utilization of Health Services</b>					
<b>Primary Care</b>					
9	Personal Care Provider	TN	Unavailable		BRFSS
<b>Appropriate Use of Care</b>					
10	Preventable Hospitalizations – Older Adults	TN: Ballad is tracking through the state database	72.2	36.7 (improved)	HDDS
11	Preventable Hospitalizations –Adults	TN: Ballad is tracking through the state database	25.6	17.2 (improved)	HDDS
<b>Secondary Prevention (Screenings)</b>					
12	Screening – Breast Cancer	TN: Ballad is tracking internally	74.1%	81.1% (improved)	BRFSS (unavailable so based on Ballad BHMA data)
13	Screening – Cervical Cancer	TN: Ballad is tracking internally	63.8%	70.7% (improved)	BRFSS (unavailable so based on Ballad BHMA data)
14	Screening – Colorectal Cancer	TN: Ballad is tracking internally	46.4%	67.9% (improved)	BRFSS (unavailable so based on Ballad BHMA data)
15	Screening – Diabetes	Ballad	71.2%	85.7% (improved)	Based on Ballad BHMA data
16	Screening - Hypertension	Ballad	97.6%	98.7% (improved)	Based on Ballad BHMA data
<b>Infant and Children</b>					
17	Asthma ED Visits – Age 0-4	TN: Ballad is tracking	60.4	34.2 (improved)	HDDS

		through the state database			
18	Asthma ED Visits – Age 5-14	TN: Ballad is tracking through the state database	41.5	25.5 (improved)	HDDS
19	Prenatal Care in the First Trimester	TN	66.8%	Ballad has no proxy	TN Vital Statistics
<b>Mental Health &amp; Substance Abuse</b>					
20	Follow-up After Hospitalization for Mental Illness – 7 days	Ballad	33.3%	25.3% (declined)	Based on MSSP and Team Member claims data
21	Follow-up After Hospitalization for Mental Illness – 7 days	Ballad	58.6%	37.3% (declined)	Based on MSSP and Team Member claims data
<b>Antidepressant Medication Management</b>					
22	Effective Acute Phase Treatment	Ballad	75.5%	82.2% (improved)	Based on MSSP and Team Member claims data
23	Effective Continuation Phase Treatment	Ballad	65.3%	62.1% (declined)	Based on MSSP and Team Member claims data
24	Engagement of Alcohol or Drug Treatment	Ballad	1.9%	6.6% (improved)	Based on Team Member claims data
25	Rate of SBIRT Administration – Hospital Admissions	Ballad	0.0%	0.05% (improved)	Ballad Internal Data
26	Rate of SBIRT Administration – ED Visits	Ballad	0.0%	10.14% (improved)	Ballad Internal Data
<b>Consumer Satisfaction</b>					
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



## FY22 Population Health

As noted in the previous section, the Access to Care and Population Health metrics are being discussed with the states through the Metrics Workgroup. Regarding Population Health, there are two components Ballad is responsible for in FY22. Detail measures are attached.

	Goal	Status
Investment in Population Spend	FY22 Commitment = \$6,667,000 <sup>1</sup>	FY22 Spend = \$6,901,261 <sup>2</sup> (met)
Achievement of Process Measures Identified in the Population Health Plan	Achieve 35 of the 35 Process Measures Identified in the FY22 Implementation Roadmap	35 of the 35 Measures were Completed (met 100%)

<sup>1</sup>Based on revised Exhibit B approved on December 22, 2021

<sup>2</sup>Excludes baseline spend

### E. Quality Indicators – TOC Section 4.02(c)(ii), 6.04(b)(xi) and Exhibit K / CA: Condition 12

- Summary of Quality Indicators (**Attachment 1**)
- Comparison to Similarly Sized Systems (**Attachment 2**)
- Comparison of Ballad Health Facilities to National Averages (**Attachment 3**)

### F. Patient Satisfaction Survey – TOC Section 4.02(c)(iii) and Exhibit C

Patient Experience: Access

This report summarizes performance for patient satisfaction with access to care in the outpatient, emergency department and owned physician practice networks as represented in the calendar year January 1, 2017 – December 31, 2017, for the baseline period. Activity under this requirement was suspended during the first half of the Reporting Period. Ballad is therefore reporting on patient experience for January 1, 2022 – June 30, 2022.

- Satisfaction with access is defined as overall access (ease of contacting and ease of scheduling appointments). The survey vendor dropped other efficiency measures with survey updates. (time in waiting room and efficiency of check-in process)
- Satisfaction with access in emergency services is defined as waiting time to treatment, wait time to physician
- Satisfaction with access in outpatient services is defined as patient satisfaction with waiting time in registration. Baseline performance is rated on legacy Mountain States only as legacy Wellmont did not measure satisfaction with access with express survey.

### Target Measures

Access Area	Baseline	Jan 2022 - June 2022	Status
Satisfaction with Access to Care in Owned Medical Practices	68.35	92.7	✓
Satisfaction with Access to Care in Emergency Services	84.25	69.03	✗
Satisfaction with Access to Care in Outpatient Services	91.36	87.23	✗

\*NOTES: All medical practices migrated to one standard survey and platform July 2019. Under the old survey, the survey was 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.

Press Ganey, a national provider of consumer research and experience, administers this survey at the majority of the nation's healthcare institutions. They monitor industry trends noting a drop in emergency room satisfaction of approximately 3.2 percentage points over the past two years – primarily driven by the impact of the pandemic.

### **Strategic Imperatives**

#### **Improve Satisfaction with Access to Care in the Emergency Department**

##### Educate the Community on Proper Access Points to Care

1. Ballad continued using campaigns promoting urgent care as an alternative for less serious health concerns. The pandemic created significant fear in the provider community and the community, and the emergency room became an access point by default. Visitor restrictions were put in place, further frustrating patients, and family members. Information, on accessing care in the appropriate setting, including drive-through testing sites, was provided. Staffing shortages and team members out with COVID increased wait times in the emergency department.

##### Education materials for patients in the Emergency Department Process

1. A short video "While You Wait" continued to be shared 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., the first arrival does not always equate to first seen) and to let them know what to expect as they completed their visit.
2. Materials were redesigned for distribution in the emergency room upon registration, which provided updated process flows. Innovative process changes to expedite care were deployed throughout Ballad including "vertical" or "chair care," returning patients to a sub-waiting area or back to the main waiting room while awaiting test results, and the development of Hospital at Home care for appropriate COVID-positive patients.
3. Provider training for Patient Experience was developed. Ballad partnered with a leading patient experience company to provide physician and mid-level staffing in the emergency departments. The emergency department team meets routinely to review patient experience performance and comments and discuss interventions. Ballad's partner has developed mandated patient experience training modules used locally to train providers.
4. Rapid improvement events continued across the system at the individual emergency rooms level as time allowed, given pandemic crisis staffing needs.

#### **Improve Satisfaction with the Registration Process in Outpatient Services**

##### Communication Training

1. Communication tips were developed for team members during pandemic operations. Ballad partners with Ensemble for the registration process. They provide customer service training to their team through online and preceptor activities. The pandemic created challenges both in



high staff turnover and altered registration process. Ballad moved many activities online to expedite the registration process. The patient was often asked to remain in their car until the team was ready for their care.

Technology Enhancements

1. Centralized scheduling continues to be a work in progress across the system moving as many procedures/visits as possible to centralized scheduling.
2. Materials are continually being provided to physician liaisons to equip them with information on providers in the region.

Improve Satisfaction with Access to Medical Practice

Several efforts have been underway to increase access and satisfaction with Ballad’s owned medical practice network. Activities have included:

- Online scheduling
- Expanding virtual visits
- Urgent Care same day appt scheduling
- Expanded team-based care models to Support Primary Care Providers
- Opened additional Primary Care clinic in Johnson City (Med Tech)
- Continued work to establish specialty clinics in various specialties

**G. Staffing Ratios – TOC Section 4.02(c)(iv)**

This item was suspended during the first six months of the Reporting Period. Ballad is below providing the information required for January 1, 2022 to June 30, 2022.

Average nursing hours per patient =	8.066
RN to LPN =	15.40
RN to Unlicensed =	2.76

**H. Staff Survey – TOC Section 4.02(c)(v)**

- The Employee Satisfaction Survey was not required to be completed during the Reporting Period but will be completed and reported in the Fiscal Year 2025 Annual Report.
- The Physician Satisfaction Survey was not required to be completed during the Reporting Period but will be completed and reported in the FY23 Annual Report.

**I. Patient-related Prices Charged – TOC Section 6.04(b)(i)**

Ballad is meeting the CMS hospital price transparency requirements under section 2718(e) of the Public Health Service Act. As such, Ballad gross charges are publicly available on our website.

<https://www.balladhealth.org/patients-visitors/price-estimator-standard-charges>





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

FY22 Efficiency	June 30, 2022 Actual (\$ in 000's)
GPO - Medical Supplies	\$10,115
Discontinuation of Clinical Information Systems	\$7,758
Consolidation of ED Provider Contracts	\$6,561
Consolidation of Hospitalist Contracts	\$4,613
GPO - Pharmacy Supplies	\$1,850
Clinics - Physician Contract Labor Usage	\$1,816
Pain Management Consolidation (Wise County)	\$720
	\$33,434

**K. Equalization Plan Status – TOC Section 3.08(b) and 6.04(b)(iii)**

Pay Equalization Update

Since the original equalization of disparate pay practices, standardized job codes and pay grades and standardization of benefit and retirement plans, significant investments in market adjustments have also continued. Since FY20, more than \$73 million (FY20, FY21 and FY22) has been applied to market adjustments for Ballad team members. This does not include any overtime, premium pay or incentives. Annually positions are compared to market data, priority jobs are identified using a variety of metrics, including vacancy and turnover rates, and, when operationally feasible, adjustments are given.

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

Activity under this item was suspended during the Reporting Period. Ballad will report on this activity during the next reporting cycle.

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

Inpatient discharges decreased by 0.8% in the Reporting Period over the prior year. COVID discharges increased to an estimated 8,433 in FY21 from 6,880 in FY21. Ballad attributes most volume and revenue volatility to the uncertainty in the market and the impact related to COVID-19. Some outpatient diagnostic volume is impacted by payer decisions to direct volumes away from hospital-based diagnostic centers, and continued efforts by Ballad and its physician partners to succeed in value-based arrangements continue to impact lower acuity admissions as previously reported. In addition to limited growth in population, Ballad continued to experience a shift from traditional to managed Medicare, which typically has lower utilization in the inpatient setting.

Ballad continued to utilize the system-wide incident command to redistribute resources to align with COVID demand.

**N. Summary of Ballad Sponsored Residency Programs – TOC Section 3.03(d), 6.04(b)(vii) / CA: Condition 24**

This item was suspended during the Reporting Period; however, Ballad wishes to provide the following schedule of residency programs from the suspension period for the Department’s visibility and information.

Schedule of Residency Programs FY22						
Program	Match Rates (%) 2021 Class	Program Status	Site	ACGME Approved Positions	Available Positions Filled	Board Passage Rate (%)
JMH Family Medicine	100	ACGME Continued Accreditation	JMH	18	15	75
JMH Internal Medicine	100	ACGME Continued Accreditation	JMH	18	15	TBD
Norton Internal Medicine	44 (Class filled in secondary match)	ACGME Continued Accreditation	Norton, VA	30	27	86
Lonesome Pine Family Medicine	67 (class filled in secondary match)	ACGME Continued Accreditation	Lonesome Pine/Norton, VA	18	18	100
JMH Dental Residency	100	CODA Accreditation	JMH	12	12	100
ETSU Addiction Medicine	100	ACGME Continued Accreditation	JCMC VA	2	2	TBD
ETSU Bristol Family Medicine	100	ACGME Continued Accreditation	BRMC	24	24	100
ETSU Kingsport Family Medicine	100	ACGME Continued Accreditation	HVMC	18	18	90
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	42	TBD

ETSU Cardiology	100	ACGME Continued Accreditation	JCMC VA	9	9	TBD
ETSU GI	100	ACGME Continued Accreditation	JCMC VA	6	6	TBD
ETSU Infectious Disease	100	ACGME Continued Accreditation	JCMC VA	6	4	TBD
ETSU Medical Oncology	100	ACGME Continued Accreditation	JCMC	6	5	TBD
ETSU Pulmonary Disease and Critical Care	100	ACGME Continued Accreditation	BRMC HVMC VA JCMC	9	6	TBD
ETSU Obstetrics and Gynecology	100	ACGME Continued Accreditation	JCMC HVMC BRMC	13	13	TBD
ETSU Orthopedic Surgery	100	ACGME Continued Accreditation Without Outcomes	JCMC HVMC	10	10	TBD
ETSU Pathology - Anatomic & Clinical	100	ACGME Continued Accreditation	JCMC VA	8	8	TBD
ETSU Pediatrics	100	ACGME Continued Accreditation	JCMC	24	21	TBD
ETSU Psychiatry	100	ACGME Continued Accreditation	VA Woodridge JCMC	25	22	TBD
ETSU Surgery	100	ACGME Continued Accreditation	JCMC VA BRMC HVMC	34	31	TBD



**O. Movement of any Residency “slots” – TOC Section 6.04(b)(viii) / CA: Condition 24**

This item was suspended during the Reporting Period; however, Ballad wishes to provide the following schedule of sponsored residency programs/slots from the suspension period for the Department’s visibility and information

There were increases in resident training slots in Dental (+2) and Obstetrics (+1) compared to FY21. Ballad is continuing to work with our academic partners to find areas where we can invest in the future of our healthcare workforce, particularly in critical areas.

Sponsored Residency Programs/Slots FY22						
Program	Sponsor	Program Status	Affiliation	ACGME Approved Positions	Available Positions Filled	Board Passage Rate (%)
JMH Family Medicine	JMH	ACGME Continued Accreditation	VCOM	18	15	75
JMH Internal Medicine	JMH	ACGME Continued Accreditation	VCOM	18	15	TBD
Norton Internal Medicine	NCH	ACGME Continued Accreditation	LMU-DCOM	30	27	86
Lonesome Pine Family Medicine	LPH	ACGME Continued Accreditation	LMU-DCOM	18	18	100
JMH Dental Residency	JMH	CODA Accreditation	JMH	12	12	100
ETSU Addiction Medicine	ETSU	ACGME Continued Accreditation	ETSU	2	2	TBD
ETSU Bristol Family Medicine	ETSU	ACGME Continued Accreditation	ETSU	24	24	100
ETSU Kingsport Family Medicine	ETSU	ACGME Continued Accreditation	ETSU	18	18	90

ETSU Johnson City Family Medicine	ETSU	ACGME Continued Accreditation	ETSU	21	18	100
ETSU Internal Medicine	ETSU	ACGME Continued Accreditation	ETSU	80	42	TBD
ETSU Cardiology	ETSU	ACGME Continued Accreditation	ETSU	9	9	TBD
ETSU GI	ETSU	ACGME Continued Accreditation	ETSU	6	6	TBD
ETSU Infectious Disease	ETSU	ACGME Continued Accreditation	ETSU	6	4	TBD
ETSU Medical Oncology	ETSU	ACGME Continued Accreditation	ETSU	6	5	TBD
ETSU Pulmonary Disease and Critical Care	ETSU	ACGME Continued Accreditation	ETSU	9	6	TBD
ETSU Obstetrics and Gynecology	ETSU	ACGME Continued Accreditation	ETSU	13	13	TBD
ETSU Orthopedic Surgery	ETSU	ACGME Continued Accreditation	ETSU	10	10	TBD
ETSU Pathology - Anatomic & Clinical	ETSU	ACGME Continued Accreditation	ETSU	8	8	TBD
ETSU Pediatrics	ETSU	ACGME Continued Accreditation	ETSU	24	21	TBD
ETSU Psychiatry	ETSU	ACGME Continued Accreditation	ETSU	25	22	TBD
ETSU Surgery	ETSU	ACGME Continued Accreditation	ETSU	34	31	TBD

**P. Partnerships – TOC Section 6.04(b)(ix) / CA: Condition 25**

**New and ongoing clinical studies in FY22**

This item was suspended during the Reporting Period; however, Ballad wishes to highlight the following clinical studies activity during the suspension period for the Department’s visibility and information.

New		Ongoing	
Cardiology	14	Cardiology	33
Oncology	6	Oncology	77
Pharmacy	15	Obstetrics/Gynecology	1
Pediatrics	10	Orthopedic	3
Nursing	2	Pharmacy	10
Gastroenterology	1	Trauma	7
Trauma	13	Nursing	1
Pulmonology	2	Pain Management	2
Infectious Disease	1	Pediatric	4
Vascular Medicine	1	Osteo	1
		Radiation Oncology	2
		Public Health	1
<b>Total</b>	<b>65</b>	<b>Total</b>	<b>142</b>

These items were suspended during the Reporting Period; however, Ballad wishes to highlight the following activity during the suspension period for the Department’s visibility and information.

**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 re-invigorated including hiring a consultant to appraise our current state and make recommendations for the growth and development of the Ballad research effort.
  - The corporate Director of Research resigned. The position was posted again without success in recruitment.
  - Other positions in research were also posted. There are challenges in hiring qualified persons coming out of the pandemic and with the changing landscape of remote work.
- Foster and support the development and implementation of new research studies and assist with the performance and oversight of these studies.
  - All discussions related to research activities in the regional consortium were restarted with the integration of the consortium into the STRONG Accountable Care Community (ACC).
    - This has afforded the regional consortium members the structure of the ACC and access to members of the community.
    - We are expanding the membership of the consortium (now rebranded the Academics and Research subcommittee of the ACC) to include local school superintendents and other leaders.

- Ballad continued to support faculty, residents, and students engaged in research.
  - Movement on an improved process for requesting data from Epic
  - Providing statistical support for researchers.
  - Developed a process for read-only access to charts in case researchers need to abstract from the provider notes.
- Provide improved data acquisition/analysis.
  - Completed development within Ballad on creation of various databases in support of academics and research.
    - Student tracker database deployed.
    - Research compliance database deployed.
  - STRONG LINK database work continued.
    - Initiated the process within Ballad to bring in REDCap.
    - Initiated Institution Review Board (IRB) applications at East Tennessee State University (ETSU) and Ballad.
- Facilitate outcomes research within Ballad to fulfill our TOC/CA commitments.
  - We continued to support the ETSU Center for Rural Health Research in developing ongoing research in areas such as population health, including participation in grant application processes.
  - Measures of outcome related to the STRONG programs were initiated.
- Operationalize the program supported by the Claude Moore Foundation
  - Hire Program Manager
  - Create Advisory Committee.
  - Develop internship opportunities within Ballad for CNA students.
  - Managed healthcare experiences for middle school students in Wise County and the City of Norton.
- Foster collaboration with ETSU and the Center for Rural Health Research (CRHR).
  - Committees formed by the Memorandum of Understanding between ETSU, and Ballad continued on hold due to the pandemic.
  - Continued discussions and planning occurred between ETSU and Ballad in the area of GME and Nursing.
  - Ballad is working to address the nursing shortage with ETSU.
  - Continued virtual meetings to discuss joint ETSU CRHR-Ballad work on the STRONG LINK project.
  - Numerous discussions on potential joint grant and study opportunities between Ballad and the CRHR.
- Develop increased shadowing and observation opportunities in conjunction with regional high schools.
  - Create a pathway for employment of students in their last year of high school.
  - Create opportunities for Health Science teachers and Career Technical teachers to come to Ballad and experience what their students will do during their clinical rotations.
- Develop an internal workgroup within Ballad to align outreach and recruitment efforts in the region
  - Membership includes Nursing leadership, Human Resources, Recruitment, and Academics.

- Provide consistent system-wide IRB process support for all of Ballad.
  - Began the policy revision and alignment process in anticipation of Association for Accreditation of Human Research Protection Programs (AAHRPP) accreditation.
- Support and develop the Gatton College of Pharmacy Center for Pharmacy Education, Advocacy, and Outreach (the Center).
  - Initiate operationalizing the Center.
  - Begin joint operations in support of the Center (Educational offerings, development of outreach tools, innovation in educational curricula).
- Support and develop Appalachian Highlands Center for Nursing Advancement.
  - Participate in operations Committee
  - Assist in the development of plans for the implementation of the Center
- Support and collaborate with the Ballad Center for Innovation.
  - Continued to work with the innovation department to develop potential external relationships.

**Money Spent Funding Grants:**

- ETSU Center for Rural Health Research– \$1.5 million
- Ballad Health Strong Brain Institute– \$250,000
- Medical Legal Partnership- \$500,000
- ETSU Gatton College of Pharmacy- \$700,000
- Appalachian Highlands Center for Nursing Advancement- \$ 1,667,000
- King University- \$50,000
- Emory & Henry- \$316,800
- STREAMWORKS- \$150,000

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

- New grants awarded
  - Claude Moore Foundation- \$70,000
  - State Opioid Response Grant for Overmountain Recovery- \$1,046,503
  - Dollar General Literacy Foundation- \$3,000
  - Virginia Healthcare and Hospital Association (VHHA)/Center for Disease Control (CDC) for Community Health Workers- \$133,200
  - Speedway Children’s Charities- \$7,000
  - VHHA Community Health Worker Mini-Grant- \$22,500
  - Genan Foundation- \$679,642
  - Aflac Grief Camp for Children- \$2,500
  - USDA DLT (US Department of Agriculture Distance Learning and Telemedicine) FY22 Funding Cycle—Behavioral Health, Medical Specialty, and Urgent Care expansion- \$298,100
  - Workforce Opportunity for Rural Communities (WORC)- \$180,496
- Continuing grants
  - Temporary Assistance for Needy Families (TANF) Community Innovation Grant- \$7,000,000
  - Child Safety Fund- \$16,620
  - Virginia Health Care Foundation RxRelief Virginia Initiative- \$50,000



- Health Resources and Services Administration (HRSA) Rural Healthcare Opioid Program- \$247,415
- First Horizon (formerly First Tennessee Bank Foundation)- \$200,000
- RCORP (Rural Communities Opioid Response Program)—Implementation- \$1,000,000
- SANE VOCA (Sexual Assault Nurse Examiner Victims Of Crime Act)- \$198,343
- Tennessee Highway Safety Office for Car Seats- \$31,029
- Rapha Foundation- \$35,600
- HRSA Rural Communities Opioid Program for Psychostimulant Support- \$500,000
- Submitted grants
  - Tennessee Opportunity Pilot Initiative/TANF Opportunity Act (TOA)- Submitted

### Academic Research Projects:

These studies are continuations of prior years' work.

- In conjunction with ETSU Center for Rural Health Research
  - STRONG Accountable Care Community evaluation
    - A 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, and 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 of any changes needed for improved impact.
  - An examination of the STRONG pregnancy, STRONG Starts, and STRONG LINK programs.
    - 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 the application to improve health outcomes nationally and in rural areas in the US.
    - Understand more about the gaps in services that support families in our region and evaluate if other regional or national programs can be replicated to fill our gaps locally.
    - Completion of a retrospective study examining the information collected in the medical record around key clinical and social factors impacting health births in our region.
      - Revealing the elements that do not exist currently.
      - Allows for the planning of information desired in the STRONG LINK initiative.

- 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:
  - Though delayed by the pandemic, Ballad and Harvard have met to discuss the progress and outline the intent of the final project. The project still is intent on the original three goals:
    - Identify and study small markets with fewer than three hospitals and assess how these markets have evolved.
    - To measure service offerings and expenses in small markets, assess how these have evolved and learn how they are affected by a closure or merger.
    - To engage with researchers at ETSU and support their development of research capacity.

#### **Non-Academic Research:**

- HRSA Rural Communities Opioid Response Program (RCORP).
  - The project focused on reducing opioid use and opioid related deaths. Community partners will collaborate 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 FY18 HRSA RCORP-Planning grant. Each of these partners will leverage their expertise, community contacts, and services provided to produce a multifaceted 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)
  - Smyth County Community Hospital 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 provide the needed services to help them recover.
- CMS Accountable Health Communities
  - Provide screenings for Medicare/Medicaid patients in our facilities in Southwest Virginia to review social determinants 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 CMS.
- SAMHSA's (Substance Abuse and Mental Health Services Administration) Drug Abuse Warning Network (DAWN)
  - DAWN began in 1976, and it was reactivated in 2018. BRMC is included as one of 50 hospitals that were 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.



**Q. Published Reports from Research Projects – TOC Section 6.04(b)(x) / CA: Condition 25 (Attachment 4)**

**R. Updated Plan of Separation – TOC Section 6.04(b)(xii)**

There have been no changes to the Revised Plan since reported in the Fiscal Year 2019 Annual Report.

**S. Comparison of NHS Financial Ratios – TOC Section 6.04(b)(xiii) (Attachment 5)**

**T. Total Charity Care Information – TOC Section 4.03(f), 6.04(b)(xiv) / CA: Condition 14**

Ballad spent almost \$73 million in FY22 for Charity and Unreimbursed TennCare and Medicaid. While below the projected baseline from the fiscal year 2017, 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 COVID-19 pandemic has further accelerated the volume declines.

Also, Ballad continues to comply with its Financial Assistance Policy (FAP) adopted upon the merger's closing, representing an expansion of access for the low-income patient population. Individuals having an annual household income below 225% of the Federal Poverty Guidelines are eligible for 100% financial assistance. Individuals having an annual household income between 225% and 450% of the Federal Poverty Guidelines (taking into account family size according to the US Census Bureau and the number of dependents per Internal Revenue Service rules) may be eligible for a partial discount, based on a sliding scale of income.

Ballad complies with the rules and regulations of Section 501 (r) of the Internal Revenue Code, including charge limits for all FAP- eligible patients. Ballad makes efforts to determine whether an individual is eligible for financial assistance and assists patients in the application process. As a courtesy to patients, Ballad also deploys presumptive eligibility processes to proactively identify patients needing financial assistance before they submit a financial assistance application. Ballad also seeks to connect eligible patients to insurance coverage when possible.

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 benefit patients. This is a benefit of efforts by Ballad to initiate value-based initiatives, such as the Appalachian Highlands Care Network (AHCN). AHCN connects uninsured patients and their families with free or low-cost clinics, dental services, financial counseling, and preventative care services. AHCN consists of and partners with a variety of local organizations, outpatient clinics and hospitals that are working together to deliver a better, more supportive system of care for the uninsured population. These efforts reduce in the cost of charity care – which benefits the taxpayers, the patients, and the hospitals. Ballad continues the discussion with the states related to the policy objectives of these initiatives.



	FY2017 Baseline	FY2017 Baseline Adjusted by FY2018 HIA*	FY2017 Baseline Adjusted by FY2019 HIA*	FY2017 Baseline Adjusted by FY2020 HIA*	FY2017 Baseline Adjusted by FY2021 HIA*	FY2017 Baseline Adjusted by FY2022 HIA*	FY2022 Actual as of 6/30/2022**
<b>Base Charity</b>							
7(a) Charity Care	\$ 35,034,403	\$ 36,067,918	\$ 37,204,057	\$ 38,413,189	\$ 39,431,139	\$ 40,594,357	\$ 21,678,321
7(b) Unreimbursed TennCare and Medicaid	61,605,896	63,423,270	65,421,103	67,547,289	69,337,292	71,382,742	50,999,268
<b>Total</b>	<b>\$ 96,640,299</b>	<b>\$ 99,491,188</b>	<b>\$ 102,625,160</b>	<b>\$ 105,960,478</b>	<b>\$ 108,768,431</b>	<b>\$ 111,977,099</b>	<b>\$ 72,677,589</b>
					Variance from Baseline		<b>\$ (39,299,510)</b>

*Hospital Inflation Adjustment (HIA)	2.95%	3.15%	3.25%	2.65%	2.95%
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*\*\*FY2022 actual results are based on preliminary data and are subject to change with the 990 filing.  
Ballad Health will disclose any material deviations once the IRS Form 990s are filed.*

**U. Updated Organizational Chart – TOC Section 6.04(b)(xv) (Attachment 6)**

**V. Updates to and Implementation Achieved on the Health Plans – TOC Section 6.04(b)(iv), 3.05(c), 3.02(a), 3.02(b), 3.02(c) / CA: Cond. 3, 8, 9, 23, 32, 33, 34, 35, 36**

Ballad meets with both states every quarter to share progress against the metrics for all six plans, along with the status of incremental spend on the plans and spend versus the various baselines.

**Behavioral Health FY22 Plan Overview**

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

1. Develop the Ballad Health Behavioral Services Infrastructure
  - Turnover in RN Clinical Educator; position remains posted
  - Hired Director of Case Management for Behavioral Health (Tennessee)
  - Hired Operational Excellence / Project Manager
  - Chief Medical Officer transitioning to Population Health; replacement position posted (0.6 FTE)
2. Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care
  - Backfilled Advanced Practice Practitioner in Lebanon, Virginia
  - Telehealth stakeholder team established with an ongoing cadence of meetings – identified needed resources, received quotes from outside vendors – cost determined to be unsustainable
  - Positions were posted at four new locations after the tele-vendor option was deemed unviable
    - Family Medicine Clinic in Rural Retreat, Virginia – Psychiatric Mental Health Nurse Practitioner hired
    - Family Medicine Clinic in Norton, Virginia - Psychiatric Mental Health Nurse Practitioner position posted
    - Family Medicine Clinic in Elizabethton, Tennessee - Psychiatric Mental Health Nurse Practitioner position posted



- Pediatric Clinic in Greeneville, Tennessee – Licensed Clinical Social Worker position posted
3. Supplement Existing Regional Crisis System – For Youth and Adults
    - Further expansion of Respond services to Virginia
    - Three additional Outpatient and Employee Assistance Program clinics opened – 400 new visits
      - Greeneville, Tennessee (October 2021)
      - Rogersville, Tennessee (March 2022)
      - Big Stone Gap, Virginia (June 2022)
    - 24-hour Walk-In Service construction began on a delayed schedule due to supply chain issues – estimated opening November 2022
    - Continued service of Ballad Health Transport – 3,733 behavioral health patient transports
    - Maintained Screening, Brief Intervention and Referral to Treatment (SBIRT) platform at existing locations
      - 40,956 offered screenings
      - 39,666 completed screenings
    - Added a 2<sup>nd</sup> Therapists to the telehealth program and expanded into multiple schools
      - Six school systems in Tennessee
      - One school system in Virginia
      - Limited utilization of services under contracted vendor; vendor canceled contract (April 2022)
  4. Develop Enhanced and Expanded Resources for Addiction Treatment
    - Continued operation and growth of the Strong Futures program
      - 239 unduplicated families served
      - 30 individuals utilized Living Center during FY22
    - Purchased Van for transport of housing residents (June 2022)
      - 49 transports completed
    - Explored partnership opportunities for a residential recovery center for pregnant and parenting women with substance use needs in Virginia

**Rural Health FY22 Plan Overview**

Overall Strategies
1. Expand Access to Primary Care Practices Through Additions of Primary Care Physicians and Mid-Levels to Practices in Counties of Greatest Need
2. Recruitment of Physician Specialists to Meet Rural Access Needs
3. Implement Team-Based Care Models to Support Primary Care Providers, Beginning with Pilots in High Need Counties
4. Develop and Deploy Virtual Care Services
5. Coordinate Preventive Health Care Services

1. Expand Access to Primary Care Practices Through Additions of Primary Care Physicians and Mid-Levels to Practices in Counties of Greatest Need
  - Hired eight new and/or replacement primary care providers



- Pennington Gap, Virginia
  - Clintwood, Virginia (2)
  - Erwin, Tennessee
  - Sneedville, Tennessee
  - Mountain City, Tennessee
  - Home-based clinicians (2)
2. Recruitment of Physician Specialists to Meet Rural Access Needs
    - Hired Gastroenterologist Advanced Practice Provider (APP) in Abingdon, Virginia
    - Hired Pulmonary APP in Wise County, Virginia
    - Funded cardiac monitors for northeast Tennessee and southwest Virginia EMS
  3. Implement Team-Based Care Models to Support Primary Care Providers, Beginning with Pilots in High-Need Counties
    - Hired clinical pharmacist
    - Hired behavioral health care navigator
  4. Develop and Deploy Virtual Care Services
    - Optimized usage of the Visuwell platform among Ballad providers
    - Implemented a virtual urgent care strategy that leveraged POC testing in the physical urgent care locations
    - Extended behavioral health virtual services to provide weekend coverage
  5. Coordinate Preventive Health Care Services
    - Held 21 Health Fairs across the service area with a focus on diabetic eye exams, colorectal screening education and annual wellness visits

**Children’s Health FY22 Plan Overview**

Overall Strategies
1. Develop Necessary Ballad Children’s Health Services Infrastructure
2. Establish ED Capabilities and Pediatric Specialty Centers in Bristol (complete) and Kingsport
3. Develop Telemedicine and Rotating Specialty Clinics in Rural Hospitals
4. Recruit and Retain Subspecialists
5. Assess, Align and Continuously Develop Pediatric Trauma Needs Across the System

1. Develop Necessary Ballad Children’s Health Services Infrastructure
  - Secured project management support
  - Hired several key positions (clinical coordinator, pediatric operating room manager, health promotion coordinator for southwest Virginia, two complex care coordinators)
  - Formulated physician champions and project team for the Center for Women and Babies in Kingsport
2. Establish ED Capabilities and Pediatric Specialty Centers in Bristol and Kingsport
  - Established project team to establish emergency department capabilities in Kingsport
  - Group defined its scope and developed a service plan and identified facility needs.
3. Develop Telemedicine and Rotating Specialty Clinics in Rural Hospitals
  - Completed evaluations for telehealth support for radiology and anesthesia coverage

- Continued work to expand school-based telehealth
- Continued work to expand telehealth to support subspecialty care
- Evaluated partnership opportunities for telehealth support with the University of Virginia and Cincinnati Children’s Hospital
- 4. Recruit and Retain Subspecialists based on Updated Needs
  - Hired pediatric endocrinologist
  - Recruitment efforts on track for pediatric pulmonology, nephrology support and neurology
- 5. Assess, Align and Continuously Develop Pediatric Trauma Needs Across the System
  - Evaluated pediatric trauma services based on state and ACS criteria
  - Worked with adult trauma services on the level of care for pediatrics
  - Solidified approach to child abuse prevention
  - Explored means for virtual support
  - Aligning with local non-profit organizations to assist with gaps

**Health Information Exchange (HIE) FY22 Plan Overview**

<b>Overall Strategies</b>
1. Establish Ballad Health HIE Steering Committee
2. Conduct Geographic Service Area Interoperability Research
3. Identify Optimal Portfolio of Interoperability and Assemble Deployment Strategies
4. Develop an HIE Recruitment and Support Plan
5. Participate in ConnectVirginia’s HIE and Other TN/VA Regulatory Programs

- 1. Establish Ballad Health HIE Steering Committee
  - The strategy was previously completed.
- 2. Conduct Geographic Service Area Interoperability Research
  - Initiated Health Link Advisors’ engagement to survey existing providers regarding access to Ballad’s patient data
- 3. Identify Optimal Portfolio of Interoperability and Assemble Deployment Strategies
  - Continued to expand EpicCare Link to community providers
  - Continued to provide a data feed to OnePartner
  - Enabled Epic’s FHIR capabilities to align with the ONC’s continued support for a nationwide health information exchange network
- 4. Develop an HIE Recruitment and Support Plan
  - Focused on leveraging existing deployment strategies noted above specific to EpicCare Link, OnePartner, and Epic’s FHIR capabilities
- 5. Participate in ConnectVirginia’s HIE and Other TN/VA Regulatory Programs
  - Continued to participate in these programs





**Population Health FY22 Plan Overview**

Overall Strategies
1. Develop Population Health Infrastructure within the Health System and the Community <i>*Develop the Ballad Health Population Health Department</i> <i>*Create and Activate an Accountable Care Community (ACC)</i>
2. Position Ballad Health as a Community Improvement Organization <i>*Self management and development of personal skills</i>
3. Enable Community Resources and Sound Health Policy <i>*Strengthen community action</i> <i>*Create supportive environments</i> <i>*Build Healthy Public Policy</i>

1. Develop Population Health Infrastructure within the Health System and the Community
  - Worked to operationalize a social needs referral platform and created a Community Partner Referral Network
    - Socialized United Us technology to ACC members
    - Expanded the number of networked partners to 125 organizations representing over 260 programs
    - Embedded prioritized community resource inventory
  - Developed Ballad social needs system-of-care plan
  - Creating and implementing a population health longitudinal database and research studies
    - Produced retrospective study report and findings
    - Implemented screening and navigation intervention study
    - Created longitudinal study and database plan
  - Supported maternal cessation by hiring and training a counselor and promoting cessation services to over 100 participants
  - Assessed hospitals’ mPinc standards of care and made improvement recommendations
  - Completed Ballad collective impact activation plan and member activations plans
2. Position Ballad Health as a Community Improvement Organization
  - Continued implementation of the B Well Team Member Program
    - Re-engaged facility champion teams
    - Launched ShareCare
  - Continued to build and implement Strong Pregnancies and Starts screening and navigation
    - Initiated screenings in all Ballad Obstetrics practices and hospitals (for individuals without prenatal care) and screened nearly 3,400 women; enrolled nearly 1,500 in Strong pregnancies and nearly 400 in Strong Starts
    - Trained select Strong community navigators as prenatal access navigators
    - Promoted prenatal navigation services
  - Build and implement Appalachian Highlands Care Network (AHCN)
    - Identified eligible enrollees based on internal data
    - Increased enrollment to over 3,400 patients; 2,800 received care coordination services; over 2,000 received complex care support; 86% now aligned with primary care



3. Enable Community Resources and Sound Health Policy
  - Strengthened community action through community-based program investments
    - Conducted program evaluations
    - Invested almost \$3 million dollars in 30 best-practice Community Health Improvement sites
  - Continued creating supportive environments within STRONG ACC
    - Initiated first workgroup meetings for each area of strategic focus
    - Developed focus area workgroup plans
  - Continued to engage with regional and state leaders to advance health policy that supports the STRONG model
    - Supported efforts of Tennessee for Quality Early Education (TQEE) and Virginia Early Childhood Foundation (VECF) at the state and regional level
    - Communicated STRONG plans to state and local officials for advocacy support

**Health Research (HR)/Graduate Medical Education (GME) FY22 Plan Overview**

Overall Strategies
1. Establish the Tennessee Virginia Regional Health Sciences Consortium (TVRHSC)
2. Identify Targeted Hiring Needs to Build Research Capacity and Academic Program Growth
3. Develop and Operationalize Consortium Research Infrastructure to Support Health Research in the Region
4. Develop and Operationalize an Education and Training Infrastructure to Support the Region

1. Establish the Tennessee Virginia Regional Health Sciences Consortium (TVRHSC)
  - Integrated TVRHSC into the ACC education subcommittee
  - Expanded membership
2. Identify Targeted Hiring Needs to Build Research Capacity and Academic Program Growth
  - Initiated regional workforce analysis
  - Funded a program manager for the Claude Moore project
3. Develop and Operationalize Consortium Research Infrastructure to Support Health Research in the Region
  - Began the selection process for a clinical trials management system
  - Worked on policy and procedures for data sharing, monetization and de-identification
  - Developed a partnership with Virginia Commonwealth University on the STRONG Starts longitudinal study
  - Continued partnership with ETSU’s Center for Rural Health Research, including the development of data use agreements
  - Completed reliance agreement with ETSU IRB
  - Completed consultant review of the Ballad research endeavor
  - Funded ETSU Appalachian Highlands Center for Nursing Advancement
  - Funded ETSU Center for Pharmacy Education, Advocacy and Outreach
4. Develop and Operationalize an Education and Training Infrastructure to Support the Region
  - Expanded medical-legal partnership across all Ballad hospitals
  - Funded simulation lab at King University

- Updated resident clinical learning environments
- Evaluated CME technology solution for expansion of Ballad accredited educational offerings
- Funded two additional resident positions at ETSU
- Funded Emory & Henry Nursing program
- Funded STREAMWORKS program

## **W. Virginia Specific Reporting**

**Conditions 5-7, 29-31, 42, 43** – Ballad was in compliance with Article V and Addendum I (pricing limitations) under the Tennessee TOC for FY21. The Tennessee COPA Monitor is reviewing FY22 and will issue his report in early calendar year 2023.

**Condition 10** – This Condition was suspended for a period of 17 months starting in March of 2020. All of the dates in this condition after January 1, 2020, moved back 17 months. As a result, the second new risk-based contract with a Large Payer was to have commenced no later than June 1, 2022. Ballad met this requirement by implementing the Blue Cross Blue Shield of Tennessee Medicare Advantage risk model with the Ballad Health Blue Ridge Physician Group. Ballad met the requirement to have at least 30% of total patient revenue coming from risk-based model contracts by June 1, 2022.

**Condition 11** – Virginia DMAS has instructed Ballad Health to work through the Virginia Medicaid Managed Care Organizations to implement risk-based models. Ballad Health is in discussions with Anthem and Optima about entering into risk-based models relative to their Virginia Medicaid plans.

**Condition 13** – All Ballad Health hospitals were fully accredited by the Joint Commission on Accreditation of Healthcare Organizations during the Reporting Period and maintained compliance with the Medicare Conditions of Participation at all times. Ballad had no immediate jeopardy findings during the Reporting Period.

**Condition 16** – Ballad was not in default on any debt during the Reporting Period

**Condition 17** – Ballad sent a Notice of Material Adverse Event to the Virginia Department of Health on August 19, 2021, requesting that the Department acknowledge that the continuing pandemic constitutes a “Material Adverse Event” as that term is defined in Condition 17.

**Condition 21** – Activity under this Condition was suspended through January 1, 2022, unless there was a reduction in force of more than 50 people. Ballad did not have such a reduction during the covered period and was in compliance with Condition 21 from January 1, 2022, through June 30, 2022.

**Condition 26** – Ballad adopted Epic as the common clinical IT platform and went live for all system hospitals and practices on October 1, 2020, and June 1, 2020, respectively. Ballad has made access to Epic available to all area providers free of charge through EpicCare Link.

**Condition 27** – Reinstated January 1, 2022. Ballad was in full compliance with this condition during the Reporting Period. Ballad opened Lee County Community Hospital on July 1, 2021.

**Condition 37** – Ballad submitted payment to the Southwest Virginia Health Authority for \$75,000, as invoiced for FY22.

**Condition 44** – There was no project with the Virginia DMAS ARTS Program during the Reporting Period. As Ballad rolls out Strong Futures and Medication Assisted Treatment (MAT) initiation in the emergency departments, Ballad will work collaboratively with the ARTS program.



**Condition 47** – Ballad executives frequently engage with various DMAS programs consistent with those outlined in Condition 47. The frequency of initial teleconferences was reduced to allow for broader executive engagement with subject matter experts in DMAS and Ballad to ensure strong alignment with DMAS programs.

**ATTACHMENT 1**

**Summary of Quality Indicators**

**Summary of Quality Indicators Report summary:**

This item was suspended during the first half of the reporting period, however Ballad wishes to provide the entire year of the following Quality Target Measures for the Department’s visibility and information.

This report provides a summary of performance for quality indicators submitted via the Ballad Health Quality Metrics Scorecard as of fiscal year end June 30, 2022. Metrics include the COPA target measures for FY22, HCAHPS, and the COPA monitoring measures. The performance comparison baseline for Target Measures for FY22 was reset in May, 2021. The original baseline data for Quality metrics was based on fiscal year while the new baseline is calendar year utilizing Premier and EPIC as the source of all data for all Ballad quality data submissions going forward. All Ballad Health facilities were converted to EPIC as our official Electronic Health Record (EHR) and Premier as our quality platform, enabling this change. This significant conversion allowed the quality department to work with Premier to reset all 2017 baselines utilizing more than 4,000 + hospitals/systems for peer comparisons. The baseline restructure was presented to the States and approved as the official Ballad Health Baseline for Target Measures beginning with FY22.

Ballad Health’s quality metrics continued to decline in FY22 due to continued stress on the system treating COVID patients as well as staffing shortages. As we attempt to recover from the pandemic and decreased resources, the Corporate Quality Department is now holding monthly meetings involving facility administrative leaders, facility quality leaders, as well as representatives from CDI and Coding to conduct deep dives into the measure that are not meeting baseline for each region.

- Ballad Health met 29% (5/17) of the target measures at or above baseline.
- Opportunities for improvement include: Postoperative Acute Kidney Injury Requiring Dialysis, CLABSI, CAUTI, SSI Colon, SSI HYST, MRSA, and Sepsis Management Bundle

An executive summary reflecting Ballad Health as well as facility-specific Quality Target and Priority measures are posted to the Ballad Health internet site on a quarterly basis to allow public access to our quality data results. The link for public access is [www.BalladHealth.org](http://www.BalladHealth.org), under “About Us”.

**Target Measures:**

Desired Performance	Quality Target Measures	Reset Baseline	FY22
↓	Pressure Ulcer Rate	1.07	0.20
↓	Iatrogenic Pneumothorax Rate	0.25	0.25
↓	In Hospital Fall with Hip Fracture Rate	0.06	0.03
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.86
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	2.13
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	12.88
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	4.86

↓	PSI 13 Postoperative Sepsis Rate	3.58	5.06
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.88
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.29
↓	CLABSI	0.711	1.336
↓	CAUTI	0.558	1.107
↓	SSI COLON Surgical Site Infection	2.13	2.14
↓	SSI HYST Surgical Site Infection	0.71	2.542
↓	MRSA	0.047	0.141
↓	CDIFF	0.671	0.181
↑	SMB: Sepsis Management Bundle	56.9%	53.8%

Desired Performance	Quality Monitoring Measures	Baseline	FY22
↑	HCOMP1A P Patients who reported that their nurses “Always” communicated well	82.8%	74.7%
↓	HCOMP1U P Patients who reported that their nurses “Usually” communicated well	13.6%	16.1%
↓	HCOMP1 SNP Patients who reported that their nurses “Sometimes” or “Never” communicated well	3.6%	9.1%
↑	HCOMP2A P Patients who reported that their doctors “Always” communicated well	84.1%	75.6%
↓	HCOMP2U P Patients who reported that their doctors “Usually” communicated well	11.9%	15.6%
↓	HCOMP2 SNP Patients who reported that their doctors “Sometimes” or “Never” communicated well	3.9%	8.8%
↑	HCOMP3A P Patients who reported that they “Always” received help as soon as they wanted	72.8%	59.7%
↓	HCOMP3U P Patients who reported that they “Usually” received help as soon as they wanted	20.6%	25.2%
↓	HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	6.6%	15.2%
↑	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%	57.9%
↓	HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	15.9%	16.7%
↓	HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	16.0%	25.4%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	84.4%

Desired Performance	Quality Monitoring Measures	Baseline	FY22
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.8%	15.6%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital	54.5%	46.2%
↓	HCOMP7A Patients who “Agree” they understood their care when they left the hospital	40.8%	46.5%
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	4.8%	7.4%
↑	HCLEAN HSPAPP Patients who reported that their room and bathroom were “Always” clean	73.9%	61.7%
↓	HCLEAN HSPUPP Patients who reported that their room and bathroom were “Usually” clean	17.2%	19.3%
↓	HCLEAN HSP SNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	8.9%	19.0%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	66.5%	58.6%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	26.9%	28.6%
↓	HQUIETHSP SNPP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	6.6%	12.8%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.8%	14.7%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.9%	23.9%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.3%	61.4%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	73.7%	61.6%



Desired Performance	Quality Monitoring Measures	Baseline	FY22
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	28.1%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	10.2%
↓	OP29 Avg Risk Polyp Surveillance	76.1%	97.0%
↓	OP30 High risk Polyp Surveillance -- RETIRED	77.7%	--
↓	OP3b Median Time to Transfer AMI --- RETIRED	47.5	--
↓	OP5 Median Time to ECG AMI and Chest Pain RETIRED	5.22	--
↑	OP4 Aspirin at Arrival AMI Chest Pain -- RETIRED	0.97	--
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.3	460.1
↓	ED2b ED Decision to Transport	69.0	217.6
↓	Median Time from ED Arrival to Departure for Outpatients(18b)	124.5	158.4
↓	OP20 Door to Diagnostic Evaluation RETIRED	15.09	--
↓	OP21 Time to pain medication for long bone fractures RETIRED	37.84	--
↓	OP22 Left without being seen	0.9%	2.5%
↑	OP23 Head CT stroke patients	84.7%	65.0%
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination - SEASONAL	97.0%	98.5%
↓	VTE6 HACVTE	0.02	--
↓	PC01 Elective Delivery	0.56%	6.77%
↓	Hip and Knee Complications	0.029	0.000
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.6	189.7
↓	PSI90 Complications / patient safety for selected indicators	0.83	0.95
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	13.3%
↓	READM30 CABG Coronary artery bypassgraft (CABG) surgery 30day readmission rate	8.9%	12.9%
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	19.9%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	5.3%

Desired Performance	Quality Monitoring Measures	Baseline	FY22
↓	READM30 HOSPWIDE 30day hospitalwide all cause unplanned readmission	12.0%	14.3%
↓	READM30 STK Stroke 30day readmission rate	9.0%	11.3%
↓	READM30HFHeart Failure 30Day readmissions rate	20.5%	23.9%
↓	READM30PN Pneumonia 30day readmission rate	17.7%	18.0%
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.0%
↓	MORT30 COPD 30day mortality rate COPD patients	1.8%	6.6%
↓	MORT30AMI Acute myocardialinfarction (AMI) 30day mortality rate	4.7%	7.4%
↓	MORT30HFHeart failure 30day mortality rate	3.9%	5.1%
↓	MORT30PN Pneumonia 30day mortality rate	4.7%	7.4%
↓	MORT30STK Stroke 30day mortality rate	8.2%	7.3%

**ATTACHMENT 2**

**Comparison to Similarly-Sized Systems**

## Methodology for Selection of Comparison Systems

This report provides a summary of the methodology for selection of “similarity-sized” hospital system as established in the TN Terms of Certification 4.02(c)(ii), Exhibit G. ***As indicated in the 2020 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 score of services, community characteristics, revenue impact of federal reimbursements (i.e. Ballad Health hospitals have historically had among the 2<sup>nd</sup> lowest Medicare Area Wage Index in the United States), payer mix (i.e. Ballad Health hospitals have a payer mix which approximately 70 percent government payer and charity/uninsured), and the general rural nature of the Ballad Health 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 prior years, the same hospitals have been used for the attached report. Advocate Aurora Health and Atrium Health announced plans to merge May, 2022, however, the board in Illinois requested additional information. As of mid-September 2022, the merger of a 67-hospital system is delayed. Mercy Health who merged with Bon Secours in 2018, now has a system of 38 hospitals. It was noted in the previous report that Unity Point 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 Unity Point System as a comparison for FY22 as well. New comparison organizations will be selected for next year in collaboration with Tennessee and Virginia as Ballad Health works with Premier to determine the appropriate health systems for comparison.

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	Unity Point Health
Net Revenue	\$3.5	\$2.6	\$1.0	\$5.0	\$4.8	\$5.0
Bed Size – Staffed	2,695	2,300	1,026	3132	4,000	4205
# of Hospitals	16	14	8	38	27	39
Location	Milwaukee, WI	Memphis, TN	Roanoke, VA	Cincinnati, OH	Arlington, TX	Des Moines, IA
Ranking	#25	#24	NA	#15	#22	#19

System Comparison FY22 Report

		Top 10% in the Nation	National Average	Ballad Health	Aurora	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group
<b>Quality Target Measures</b>											
↓ PSI 3 Pressure Ulcer Rate	7/1/2018 - 12/31/2019	0.19	0.59	0.59	1.12	0.28	0.62	0.26	0.31	0.35	0.50
↓ PSI 6 Iatrogenic Pneumothorax Rate	7/1/2018 - 12/31/2019	0.20	0.23	0.23	0.25	0.23	0.17	0.25	0.20	0.21	0.22
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	7/1/2018 - 12/31/2019	0.09	0.10	0.10	0.09	0.09	0.09	0.09	0.09	0.10	0.09
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	7/1/2018 - 12/31/2019	2.18	2.55	2.35	3.40	2.26	2.82	2.42	2.42	2.44	2.59
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	7/1/2018 - 12/31/2019	1.21	1.42	1.54	1.77	1.55	1.38	1.42	1.61	1.59	1.55
↓ PSI 11 Postoperative Respiratory Failure Rate	7/1/2018 - 12/31/2019	3.75	5.03	5.27	5.56	5.33	6.98	5.57	5.53	5.59	5.69
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7/1/2018 - 12/31/2019	2.61	3.63	3.35	3.29	3.77	4.14	3.00	3.53	3.25	3.48
↓ PSI 13 Postoperative Sepsis Rate	7/1/2018 - 12/31/2019	4.05	4.90	5.06	4.67	5.40	4.87	4.64	4.39	4.88	4.84
↓ PSI 14 Postoperative Wound Dehiscence Rate	7/1/2018 - 12/31/2019	0.79	0.86	0.94	0.81	0.83	0.94	0.84	0.84	0.85	0.86
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	7/1/2018 - 12/31/2019	0.92	1.20	1.12	1.04	1.15	1.95	1.14	1.27	1.15	1.26
↓ CLABSI Rate	10/1/2020 - 9/30/2021	0.000	0.430	1.261	0.744	0.789	0.365	1.279	1.073	0.873	0.912
↓ CAUTI Rate	10/1/2020 - 9/30/2021	0.000	0.441	1.043	1.302	0.660	1.122	1.078	0.386	0.812	0.915
↓ SSI COLON Surgical Site Infection Rate	10/1/2020 - 9/30/2021	0.00	1.11	2.20	3.13	2.70	4.26	4.25	2.79	1.45	2.97
↓ SSI HYST Surgical Site Infection Rate	10/1/2020 - 9/30/2021	0.00	0.00	1.45	0.99	0.98	1.30	0.93	1.04	0.59	1.04
↓ MRSA Rate	10/1/2020 - 9/30/2021	0.000	0.011	0.125	0.037	0.064	0.067	0.077	0.042	0.066	0.068
↓ CDIFF Rate	10/1/2020 - 9/30/2021	0.000	0.174	0.174	0.324	0.322	0.345	0.211	0.314	0.262	0.279
↑ SMB: Sepsis Management Bundle	10/1/2020 - 9/30/2021	79.0%	57.0%	55.0%	77.3%	57.2%	13.3%	49.7%	71.1%	55.9%	59.1%

\*CMS rule suspends January 2020 - June 2020 timeframe from datasets.  
 ++ CMS has metric data unavailable in latest Hospital Compare data files.  
 CAH- Critical Access Hospital  
 -- insufficient cases or does not apply

System Comparison FY22 Report


												
		Top 10% in the Nation	National Average	Ballad Health	Aurora	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group	

Survey of Patient's Experience

↑	Patients who reported that their nurses "Always" communicated well	10/1/2020 - 9/30/2021	87.0%	80.0%	78.5%	81.1%	79.4%	80.8%	79.9%	78.5%	80.6%	79.8%
↓	Patients who reported that their nurses "Usually" communicated well	10/1/2020 - 9/30/2021	11.0%	15.0%	15.8%	15.5%	16.2%	16.0%	16.1%	16.6%	16.3%	16.1%
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/1/2020 - 9/30/2021	2.0%	5.0%	5.7%	3.5%	4.3%	3.2%	4.0%	4.9%	3.1%	4.1%
↑	Patients who reported that their doctors "Always" communicated well	10/1/2020 - 9/30/2021	88.0%	80.0%	79.2%	80.5%	79.8%	80.8%	78.3%	77.9%	78.9%	79.3%
↓	Patients who reported that their doctors "Usually" communicated well	10/1/2020 - 9/30/2021	10.0%	15.0%	14.8%	15.6%	15.7%	15.3%	16.6%	16.2%	16.5%	15.8%
↓	Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/1/2020 - 9/30/2021	2.0%	5.0%	6.1%	3.8%	4.6%	3.8%	5.1%	5.9%	4.6%	4.8%
↑	Patients who reported that they "Always" received help as soon as they wanted	10/1/2020 - 9/30/2021	80.0%	67.0%	65.8%	65.2%	62.1%	64.7%	64.1%	65.2%	63.1%	64.3%
↓	Patients who reported that they "Usually" received help as soon as they wanted	10/1/2020 - 9/30/2021	16.0%	23.0%	23.1%	26.4%	27.4%	25.8%	25.6%	24.8%	27.3%	25.8%
↓	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/1/2020 - 9/30/2021	4.0%	10.0%	11.1%	8.4%	10.4%	9.5%	10.2%	10.1%	9.6%	9.9%
↑	Patients who reported that staff "Always" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	73.0%	63.0%	61.9%	62.9%	59.6%	62.0%	61.2%	59.9%	62.0%	61.4%
↓	Patients who reported that staff "Usually" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	16.0%	18.0%	17.5%	19.2%	18.6%	19.2%	19.0%	18.6%	19.3%	18.8%
↓	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	11.0%	19.0%	20.6%	17.8%	21.9%	18.8%	19.8%	21.4%	18.7%	19.9%
↑	Patients who reported that their room and bathroom were "Always" clean	10/1/2020 - 9/30/2021	83.0%	73.0%	70.6%	73.8%	70.8%	75.5%	70.0%	71.3%	72.8%	72.1%
↓	Patients who reported that their room and bathroom were "Usually" clean	10/1/2020 - 9/30/2021	13.0%	18.0%	17.3%	18.7%	19.1%	17.0%	19.1%	18.9%	19.7%	18.5%
↓	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/1/2020 - 9/30/2021	4.0%	9.0%	12.2%	7.5%	10.1%	7.5%	11.0%	9.8%	7.5%	9.4%
↑	Patients who reported that the area around their room was "Always" quiet at night	10/1/2020 - 9/30/2021	75.0%	63.0%	62.2%	61.9%	61.0%	62.0%	58.9%	66.5%	60.6%	61.9%
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/1/2020 - 9/30/2021	22.0%	27.0%	27.8%	29.7%	30.8%	29.8%	31.0%	25.6%	30.5%	29.3%
↓	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/1/2020 - 9/30/2021	3.0%	10.0%	10.1%	8.4%	8.2%	8.2%	10.1%	7.8%	8.9%	8.8%


\*CMS rule suspends January 2020 - June 2020 timeframe from datasets.  
 ++ CMS has metric data unavailable in latest Hospital Compare data files.  
 CAH- Critical Access Hospital  
 -- insufficient cases or does not apply

System Comparison FY22 Report

		Top 10% in the Nation	National Average	Ballad Health	Aurora	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group	
↑	Patients who reported that YES, they were given information about what to do during their recovery at home	10/1/2020 - 9/30/2021	91.0%	86.0%	85.4%	89.8%	88.1%	86.7%	87.3%	86.2%	89.1%	87.5%
↓	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/1/2020 - 9/30/2021	9.0%	14.0%	14.6%	10.2%	11.9%	13.3%	12.7%	13.8%	10.9%	12.5%
↑	Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021	61.0%	52.0%	49.9%	54.5%	52.4%	49.8%	50.7%	52.4%	52.7%	51.8%
↓	Patients who "Agree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021	36.0%	42.0%	44.0%	40.8%	41.9%	45.3%	43.7%	40.8%	42.6%	42.7%
↓	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021	3.0%	6.0%	6.1%	4.7%	5.7%	4.8%	5.6%	6.8%	4.6%	5.5%
↑	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021	84.0%	72.0%	67.3%	74.0%	73.8%	72.8%	72.0%	75.1%	72.7%	72.5%
↓	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021	13.0%	20.0%	21.3%	19.2%	19.3%	19.7%	19.8%	17.0%	20.1%	19.5%
↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021	3.0%	8.0%	11.5%	6.8%	6.9%	7.5%	8.2%	7.9%	7.2%	8.0%
↑	Patients who reported YES, they would definitely recommend the hospital	10/1/2020 - 9/30/2021	83.0%	71.0%	68.4%	71.8%	72.8%	72.2%	68.3%	74.8%	70.4%	71.2%
↓	Patients who reported YES, they would probably recommend the hospital	10/1/2020 - 9/30/2021	15.0%	23.0%	24.3%	23.7%	22.8%	23.5%	26.1%	19.9%	25.1%	23.6%
↓	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2020 - 9/30/2021	2.0%	6.0%	7.3%	4.5%	4.4%	4.3%	5.6%	5.3%	4.4%	5.1%
<b>Colonoscopy Followup %</b>												
↑	OP29 Avg Risk Polyp Surveillance*	1/1/2020 - 12/31/2020	100.0%	90.0%	89.1%	98.3%	91.9%	96.0%	94.0%	91.7%	92.6%	93.8%
↑	OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--	--
<b>Stroke Care %</b>												
↑	STK4 Thrombolytic Therapy	RETIRED	--	--	--	--	--	--	--	--	--	--
<b>Heart Attack</b>												
↑	OP2 Fibrinolytic Therapy 30 minutes	RETIRED	--	--	--	--	--	--	--	--	--	--
↓	OP3b Median Time to Transfer AMI	RETIRED	--	--	--	--	--	--	--	--	--	--

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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Ballad Health	Aurora	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group
↓	OP4 Aspirin at Arrival AMI Chest Pain	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain	RETIRED	--	--	--	--	--	--	--	--	--

**Emergency Department Throughput**

↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	RETIRED	--	--	--	--	--	--	--	--	--	
↓	ED2b ED Decision to Transport	RETIRED	--	--	--	--	--	--	--	--	--	
↓	OP18b Avg time ED arrival to discharge	10/1/2020 - 9/30/2021	100.0	155.0	157.8	147.5	192.6	200.7	151.3	163.1	143.5	159.1
↓	OP20 Door to Diagnostic Evaluation	RETIRED	--	--	--	--	--	--	--	--	--	
↓	OP21 Time to pain medication for long bone fractures	RETIRED	--	--	--	--	--	--	--	--	--	
↓	OP22 Left without being seen*	1/1/2020 - 12/31/2020	0.00	2.00	1.27	0.62	2.11	2.50	1.10	2.63	1.40	1.65
↑	OP-23 Head CT results	10/1/2020 - 9/30/2021	93.0%	71.0%	70.2%	73.3%	66.5%	16.0%	57.3%	68.3%	72.6%	64.8%

**Preventive Care %**

↑	IMM-3 Healthcare workers given influenza vaccination	10/1/2020 - 3/31/2021	99.0%	86.0%	98.4%	96.8%	92.8%	97.8%	74.8%	84.1%	86.7%	86.4%
↑	IMM-2 Influenza immunization	10/1/2020 - 3/31/2021	100.0%	79.0%	90.5%	--	78.0%	86.0%	80.5%	98.5%	87.5%	86.6%

**Blood Clot Prevention/Treatment**

↓	VTE5 Warfarin Therapy at Discharge - Voluntary Reporting	RETIRED	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE - Retired	RETIRED	--	--	--	--	--	--	--	--	--

**Pregnancy and Delivery Care %**


↓	PC-01 Elective Delivery	10/1/2020 - 9/30/2021	0.0%	2.0%	2.6%	0.3%	1.8%	1.5%	2.5%	3.2%	1.5%	1.9%
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**Surgical Complications Rate**

\*CMS rule suspends January 2020 - June 2020 timeframe from datasets.  
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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Ballad Health	Aurora	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group
↓	Hip and Knee Complications*	4/1/2018-3/31/2021	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	7/1/2018 - 12/31/2019	137.4	159.0	173.6	149.7	169.0	212.7	147.5	167.3	173.5
↓	PSI90 Complications / patient safety for selected indicators	7/1/2018 - 12/31/2019	0.83	1.00	0.97	1.04	0.96	0.99	0.90	0.92	0.95

**Readmissions 30 Days Rate%**

↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate*	7/1/2018-6/30/2021	13.9%	15.0%	15.8%	14.4%	14.9%	14.2%	15.4%	15.0%	15.1%	15.0%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate*	7/1/2018-6/30/2021	10.5%	11.9%	12.2%	11.6%	11.7%	10.6%	12.5%	11.7%	10.7%	11.6%
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate*	7/1/2018-6/30/2021	18.6%	19.8%	19.7%	19.5%	19.5%	19.5%	20.0%	19.7%	19.9%	19.7%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA*	7/1/2018-6/30/2021	3.5%	4.1%	4.3%	4.1%	4.1%	3.5%	4.2%	4.1%	4.0%	4.0%
↓	READM30HF Heart Failure 30Day readmissions rate*	7/1/2018-6/30/2021	19.6%	21.3%	22.4%	20.2%	20.6%	20.9%	21.3%	21.2%	20.7%	21.0%
↓	READM30PN Pneumonia 30day readmission rate++	7/1/2018-6/30/2021	--	--	--	--	--	--	--	--	--	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	7/1/2020 - 6/30/2021	14.0%	15.0%	15.6%	14.2%	14.4%	14.3%	15.3%	14.5%	14.0%	16.6%


**Mortality 30 Days Death Rate %**

↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate*	7/1/2018-6/30/2021	11.1%	12.4%	13.1%	12.1%	13.2%	12.3%	12.3%	12.3%	12.6%	12.5%
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate*	7/1/2018-6/30/2021	2.2%	2.9%	3.5%	2.6%	2.7%	2.7%	3.6%	3.2%	3.5%	3.1%
↓	MORT30 COPD 30day mortality rate COPD patients*	7/1/2018-6/30/2021	7.1%	8.4%	8.9%	8.6%	9.1%	7.8%	8.2%	8.3%	9.1%	8.6%
↓	MORT30HF Heart failure 30day mortality rate*	7/1/2018-6/30/2021	9.2%	11.3%	12.7%	11.6%	12.3%	12.6%	10.7%	11.5%	12.2%	11.9%
↓	MORT30PN Pneumonia 30day mortality rate++	7/1/2018-6/30/2021	--	--	--	--	--	--	--	--	--	--
↓	MORT30STK Stroke 30day mortality rate*	7/1/2018-6/30/2021	11.4%	13.6%	15.1%	12.8%	14.1%	16.4%	13.5%	13.5%	14.6%	14.3%

**Use of Medical Imaging Outpatient**

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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Ballad Health	Aurora	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group
<b>OP-8 MRI Lumbar Spine for Low Back Pain</b>	7/1/2020 - 6/30/2021	0.37	0.45	0.53	0.45	0.44	0.46	0.42	0.53	0.53	0.48
<b>OP-10 Abdomen CT Use of Contrast Material</b>	7/1/2019 - 12/31/2019	0.30	0.06	0.05	0.12	0.05	0.05	0.04	0.05	0.05	0.06
<b>OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery</b>	7/1/2020 - 6/30/2021	1.30	0.04	0.04	0.04	0.03	0.02	0.04	0.04	0.04	0.03

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Measure set	Data sources
Timely and effective care: sepsis, cancer, colonoscopy follow-up, emergency department throughput, preventative care, pregnancy and delivery care	<p>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</p> <p>Clinical Quality Measures are reviewed and monitored through special clinical studies, Joint Commission facility reviews, and Health Plan performance oversight.</p>
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 2021



**ATTACHMENT 3**

**Comparison of Ballad Health Facilities to National Averages**

System Comparison FY22 Report



Top 10% in the Nation

National Average

Johnson City Medical Center

Holston Valley Medical Center

Bristol Regional Medical Center

Johnston Memorial Hospital

Indian Path Community Hospital

Greeneville Community Hospital

Sycamore Shoals Hospital

Quality Target Measures

↓ PSI 3 Pressure Ulcer Rate	7/1/2018 - 12/31/2019	0.19	0.59	0.11	1.99	0.31	0.21	0.34	0.42	0.42
↓ PSI 6 Iatrogenic Pneumothorax Rate	7/1/2018 - 12/31/2019	0.20	0.23	0.23	0.18	0.29	0.24	0.26	0.22	0.22
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	RETIRED	--	--	--	--	--	--	--	--	--
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	7/1/2018 - 12/31/2019	0.09	0.10	0.10	0.09	0.09	0.12	0.09	0.10	0.09
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	7/1/2018 - 12/31/2019	2.18	2.55	1.94	2.69	2.40	2.34	2.47	2.68	2.50
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	7/1/2018 - 12/31/2019	1.21	1.42	1.95	1.25	1.56	1.38	1.40	1.39	1.42
↓ PSI 11 Postoperative Respiratory Failure Rate	7/1/2018 - 12/31/2019	3.75	5.03	5.14	5.31	5.77	4.33	4.56	4.54	4.88
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7/1/2018 - 12/31/2019	2.61	3.63	3.12	2.47	4.40	3.92	3.22	4.92	3.29
↓ PSI 13 Postoperative Sepsis Rate	7/1/2018 - 12/31/2019	4.05	4.90	4.43	6.05	4.49	5.09	4.70	5.21	4.83
↓ PSI 14 Postoperative Wound Dehiscence Rate	7/1/2018 - 12/31/2019	0.79	0.86	0.81	0.81	1.25	0.99	0.84	0.84	0.85
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	7/1/2018 - 12/31/2019	0.92	1.20	0.88	1.18	1.41	1.00	1.10	1.09	1.15
↓ CLABSI Rate	10/1/2020 - 9/30/2021	0.000	0.430	2.418	0.800	1.571	1.330	0.000	0.000	2.433
↓ CAUTI Rate	10/1/2020 - 9/30/2021	0.000	0.441	2.292	0.945	1.568	0.203	0.000	0.175	0.000
↓ SSI COLON Surgical Site Infection Rate	10/1/2020 - 9/30/2021	0.00	1.11	2.33	1.49	1.29	3.57	3.33	0.00	0.00
↓ SSI HYST Surgical Site Infection Rate	10/1/2020 - 9/30/2021	0.00	0.00	0.00	2.13	2.08	0.00	0.00	--	0.00
↓ MRSA Rate	10/1/2020 - 9/30/2021	0.000	0.011	0.160	0.135	0.195	0.072	0.000	0.050	0.000


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CAH- Critical Access Hospital

-- insufficient cases or does not apply

System Comparison FY22 Report


		Top 10% in the Nation	National Average	Johnson City Medical Center	Holston Valley Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Indian Path Community Hospital	Greenville Community Hospital	Sycamore Shoals Hospital
										
↓ CDIFF Rate	10/1/2020 - 9/30/2021	0.000	0.174	0.238	0.226	0.083	0.075	0.553	0.104	0.068
↑ SMB: Sepsis Management Bundle	10/1/2020 - 9/30/2021	79.0%	57.0%	41.0%	53.0%	49.0%	51.0%	65.0%	35.0%	56.0%

Survey of Patient's Experience

↑ Patients who reported that their nurses "Always" communicated well	10/1/2020 - 9/30/2021	87.0%	80.0%	74.0%	73.0%	71.0%	80.0%	80.0%	76.0%	78.0%
↓ Patients who reported that their nurses "Usually" communicated well	10/1/2020 - 9/30/2021	11.0%	15.0%	18.0%	17.0%	20.0%	14.0%	16.0%	17.0%	16.0%
↓ Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/1/2020 - 9/30/2021	2.0%	5.0%	8.0%	10.0%	9.0%	6.0%	4.0%	7.0%	6.0%
↑ Patients who reported that their doctors "Always" communicated well	10/1/2020 - 9/30/2021	88.0%	80.0%	73.0%	77.0%	74.0%	78.0%	82.0%	76.0%	78.0%
↓ Patients who reported that their doctors "Usually" communicated well	10/1/2020 - 9/30/2021	10.0%	15.0%	19.0%	16.0%	17.0%	15.0%	14.0%	16.0%	17.0%
↓ Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/1/2020 - 9/30/2021	2.0%	5.0%	8.0%	7.0%	9.0%	7.0%	4.0%	8.0%	5.0%
↑ Patients who reported that they "Always" received help as soon as they wanted	10/1/2020 - 9/30/2021	80.0%	67.0%	58.0%	58.0%	58.0%	60.0%	63.0%	64.0%	66.0%
↓ Patients who reported that they "Usually" received help as soon as they wanted	10/1/2020 - 9/30/2021	16.0%	23.0%	29.0%	23.0%	25.0%	25.0%	30.0%	22.0%	22.0%
↓ Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/1/2020 - 9/30/2021	4.0%	10.0%	13.0%	19.0%	17.0%	15.0%	7.0%	14.0%	12.0%
↑ Patients who reported that staff "Always" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	73.0%	63.0%	55.0%	59.0%	58.0%	59.0%	59.0%	62.0%	62.0%
↓ Patients who reported that staff "Usually" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	16.0%	18.0%	18.0%	18.0%	19.0%	16.0%	17.0%	19.0%	16.0%
↓ Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	11.0%	19.0%	27.0%	23.0%	23.0%	25.0%	24.0%	19.0%	22.0%
↑ Patients who reported that their room and bathroom were "Always" clean	10/1/2020 - 9/30/2021	83.0%	73.0%	61.0%	57.0%	54.0%	78.0%	81.0%	53.0%	72.0%

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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Johnson City Medical Center	Holston Valley Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Indian Path Community Hospital	Greeneville Community Hospital	Sycamore Shoals Hospital	
↓	Patients who reported that their room and bathroom were "Usually" clean	10/1/2020 - 9/30/2021	13.0%	18.0%	22.0%	21.0%	24.0%	15.0%	13.0%	24.0%	15.0%
↓	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/1/2020 - 9/30/2021	4.0%	9.0%	17.0%	22.0%	22.0%	7.0%	6.0%	23.0%	13.0%
↑	Patients who reported that the area around their room was "Always" quiet at night	10/1/2020 - 9/30/2021	75.0%	63.0%	50.0%	53.0%	56.0%	64.0%	62.0%	53.0%	68.0%
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/1/2020 - 9/30/2021	22.0%	27.0%	33.0%	31.0%	31.0%	26.0%	29.0%	31.0%	23.0%
↓	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/1/2020 - 9/30/2021	3.0%	10.0%	17.0%	16.0%	13.0%	10.0%	9.0%	16.0%	9.0%
↑	Patients who reported that YES, they were given information about what to do during their recovery at home	10/1/2020 - 9/30/2021	91.0%	86.0%	83.0%	84.0%	85.0%	89.0%	83.0%	84.0%	86.0%
↓	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/1/2020 - 9/30/2021	9.0%	14.0%	17.0%	16.0%	15.0%	11.0%	17.0%	16.0%	14.0%
↑	Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021	61.0%	52.0%	44.0%	48.0%	44.0%	49.0%	53.0%	47.0%	49.0%
↓	Patients who "Agree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021	36.0%	42.0%	47.0%	45.0%	49.0%	44.0%	43.0%	46.0%	45.0%
↓	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021	3.0%	6.0%	9.0%	7.0%	7.0%	7.0%	4.0%	7.0%	6.0%
↑	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021	84.0%	72.0%	59.0%	62.0%	62.0%	68.0%	70.0%	59.0%	73.0%
↓	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021	13.0%	20.0%	24.0%	24.0%	23.0%	19.0%	21.0%	25.0%	18.0%
↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021	3.0%	8.0%	17.0%	14.0%	15.0%	13.0%	9.0%	16.0%	9.0%


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↑	Patients who reported YES, they would definitely recommend the hospital	10/1/2020 - 9/30/2021	83.0%	71.0%	58.0%	63.0%	61.0%	63.0%	74.0%	55.0%	72.0%
↓	Patients who reported YES, they would probably recommend the hospital	10/1/2020 - 9/30/2021	15.0%	23.0%	31.0%	27.0%	28.0%	30.0%	21.0%	34.0%	21.0%
↓	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2020 - 9/30/2021	2.0%	6.0%	11.0%	10.0%	11.0%	7.0%	5.0%	11.0%	7.0%
<b>Colonoscopy Followup %</b>											
↑	OP29 Avg Risk Polyp Surveillance*	1/1/2020 - 12/31/2020	100.0%	90.0%	--	100.0%	88.0%	100.0%	--	100.0%	87.0%
↑	OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--
<b>Stroke Care %</b>											
↑	STK4 Thrombolytic Therapy	RETIRED	--	--	--	--	--	--	--	--	--
<b>Heart Attack</b>											
↑	OP2 Fibrinolytic Therapy 30 minutes	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP3b Median Time to Transfer AMI	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP4 Aspirin at Arrival AMI Chest Pain	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain	RETIRED	--	--	--	--	--	--	--	--	--
<b>Emergency Department Throughput</b>											
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	RETIRED	--	--	--	--	--	--	--	--	--
↓	ED2b ED Decision to Transport	RETIRED	--	--	--	--	--	--	--	--	--

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↓	OP18b Avg time ED arrival to discharge	10/1/2020 - 9/30/2021	100.0	155.0	181.0	215.0	193.0	216.0	152.0	208.0	169.0
↓	OP20 Door to Diagnostic Evaluation	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP21 Time to pain medication for long bone fractures	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP22 Left without being seen*	1/1/2020 - 12/31/2020	0.00	2.00	1.00	1.00	2.00	2.00	2.00	3.00	1.00
↑	OP-23 Head CT results	10/1/2020 - 9/30/2021	93.0%	71.0%	--	87.0%	78.0%	86.0%	--	8.0%	--
<b>Preventive Care %</b>											
↑	IMM-3 Healthcare workers given influenza vaccination	10/1/2020 - 3/31/2021	99.0%	86.0%	99.0%	98.0%	99.0%	98.0%	98.0%	98.0%	99.0%
↑	IMM-2 Influenza immunization	10/1/2020 - 3/31/2021	100.0%	79.0%	93.0%	--	100.0%	--	--	--	84.0%
<b>Blood Clot Prevention/Treatment</b>											
↓	VTE5 Warfarin Therapy at Discharge - Voluntary Reporting	RETIRED	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE - Retired	RETIRED	--	--	--	--	--	--	--	--	--
<b>Pregnancy and Delivery Care %</b>											
↓	PC-01 Elective Delivery	10/1/2020 - 9/30/2021	0.0%	2.0%	0.0%	--	0.0%	8.0%	3.0%	0.0%	--
<b>Surgical Complications Rate</b>											
↓	Hip and Knee Complications*	4/1/2018 - 3/31/2021	0.02	0.02	0.02	0.02	0.02	0.03	--	--	0.02
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	7/1/2018 - 12/31/2019	137.4	159.0	177.7	166.2	190.4	151.8	--	--	--
↓	PSI90 Complications / patient safety for selected indicators	7/1/2018 - 12/31/2019	0.83	1.00	0.82	1.38	0.99	0.89	0.88	1.01	0.92


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**Readmissions 30 Days Rate%**

↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate*	7/1/2018-6/30/2021	13.9%	15.0%	16.1%	15.4%	16.0%	15.5%	--	--	--
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate*	7/1/2018-6/30/2021	10.5%	11.9%	12.2%	13.1%	11.2%	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate*	7/1/2018-6/30/2021	18.6%	19.8%	18.6%	19.1%	21.8%	20.3%	19.8%	20.4%	18.9%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA*	7/1/2018-6/30/2021	3.5%	4.1%	4.2%	3.6%	4.3%	4.8%	--	--	4.5%
↓ READM30HF Heart Failure 30Day readmissions rate*	7/1/2018-6/30/2021	19.6%	21.3%	22.1%	20.2%	24.2%	23.2%	22.0%	22.5%	22.9%
↓ READM30PN Pneumonia 30day readmission rate++	7/1/2018-6/30/2021	--	--	--	--	--	--	--	--	--
↓ READM30 HOSP WIDE 30day hospitalwide allcause unplanned readmission	7/1/2020 - 6/30/2021	14.0%	15.0%	16.7%	15.8%	16.6%	15.5%	14.7%	15.7%	15.2%

**Mortality 30 Days Death Rate %**


↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate*	7/1/2018-6/30/2021	11.1%	12.4%	13.2%	13.1%	13.9%	12.1%	--	--	13.3%
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate*	7/1/2018-6/30/2021	2.2%	2.9%	3.2%	3.7%	3.7%	--	--	--	--
↓ MORT30 COPD 30day mortality rate COPD patients*	7/1/2018-6/30/2021	7.1%	8.4%	9.9%	9.9%	10.8%	8.6%	8.2%	7.9%	8.2%
↓ MORT30HF Heart failure 30day mortality rate*	7/1/2018-6/30/2021	9.2%	11.3%	14.2%	13.4%	13.3%	12.6%	11.9%	16.1%	11.9%
↓ MORT30PN Pneumonia 30day mortality rate++	7/1/2018-6/30/2021	--	--	--	--	--	--	--	--	--
↓ MORT30STK Stroke 30day mortality rate*	7/1/2018-6/30/2021	11.4%	13.6%	19.0%	12.5%	16.7%	13.5%	--	14.0%	--

**Use of Medical Imaging Outpatient**

OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2020 - 6/30/2021	0.37	0.45	0.49	0.59	0.51	0.48	0.00	0.57	0.00
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<b>OP-10 Abdomen CT Use of Contrast Material</b>	7/1/2019 - 12/31/2019	0.30	0.06	0.06	0.07	0.04	0.03	0.05	0.08	0.06
<b>OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery</b>	7/1/2020 - 6/30/2021	1.30	0.04	0.04	0.03	0.06	0.03	0.00	0.03	0.00

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Quality Target Measures

↓ PSI 3 Pressure Ulcer Rate	7/1/2018 - 12/31/2019	0.19	0.59	0.36	0.43	0.45	0.51	0.53	0.56	--
↓ PSI 6 Iatrogenic Pneumothorax Rate	7/1/2018 - 12/31/2019	0.20	0.23	0.26	0.23	0.23	0.23	0.23	0.23	--
↓ PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	RETIRED	--	--	--	--	--	--	--	--	--
↓ PSI 8 In Hospital Fall with Hip Fracture Rate	7/1/2018 - 12/31/2019	0.09	0.10	0.09	0.10	0.09	0.10	0.10	0.10	--
↓ PSI 9 Perioperative Hemorrhage or Hematoma Rate	7/1/2018 - 12/31/2019	2.18	2.55	2.35	2.50	2.52	--	--	--	--
↓ PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	7/1/2018 - 12/31/2019	1.21	1.42	1.35	1.41	1.41	--	--	--	--
↓ PSI 11 Postoperative Respiratory Failure Rate	7/1/2018 - 12/31/2019	3.75	5.03	4.88	5.84	4.79	--	--	--	--
↓ PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7/1/2018 - 12/31/2019	2.61	3.63	4.20	3.41	3.34	--	--	--	--
↓ PSI 13 Postoperative Sepsis Rate	7/1/2018 - 12/31/2019	4.05	4.90	4.70	5.42	4.83	--	--	--	--
↓ PSI 14 Postoperative Wound Dehiscence Rate	7/1/2018 - 12/31/2019	0.79	0.86	0.83	0.84	--	--	--	--	--
↓ PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	7/1/2018 - 12/31/2019	0.92	1.20	0.99	1.14	1.17	--	1.20	--	--
↓ CLABSI Rate	10/1/2020 - 9/30/2021	0.000	0.430	0.000	0.000	0.000	0.000	0.000	0.000	--
↓ CAUTI Rate	10/1/2020 - 9/30/2021	0.000	0.441	0.000	0.302	0.000	1.020	0.000	0.000	--
↓ SSI COLON Surgical Site Infection Rate	10/1/2020 - 9/30/2021	0.00	1.11	3.85	--	0.00	--	--	--	--
↓ SSI HYST Surgical Site Infection Rate	10/1/2020 - 9/30/2021	0.00	0.00	0.00	--	--	--	--	--	--
↓ MRSA Rate	10/1/2020 - 9/30/2021	0.000	0.011	0.000	0.083	0.000	0.192	0.000	0.000	--


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↓ CDIFF Rate	10/1/2020 - 9/30/2021	0.000	0.174	0.170	0.086	0.000	0.192	0.000	0.000	--
↑ SMB: Sepsis Management Bundle	10/1/2020 - 9/30/2021	79.0%	57.0%	54.0%	46.0%	73.0%	63.0%	70.0%	67.0%	--

Survey of Patient's Experience

↑ Patients who reported that their nurses "Always" communicated well	10/1/2020 - 9/30/2021	87.0%	80.0%	80.0%	75.0%	87.0%	83.0%	--	85.0%	--
↓ Patients who reported that their nurses "Usually" communicated well	10/1/2020 - 9/30/2021	11.0%	15.0%	17.0%	19.0%	11.0%	12.0%	--	13.0%	--
↓ Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/1/2020 - 9/30/2021	2.0%	5.0%	3.0%	6.0%	2.0%	5.0%	--	2.0%	--
↑ Patients who reported that their doctors "Always" communicated well	10/1/2020 - 9/30/2021	88.0%	80.0%	79.0%	79.0%	86.0%	86.0%	--	82.0%	--
↓ Patients who reported that their doctors "Usually" communicated well	10/1/2020 - 9/30/2021	10.0%	15.0%	16.0%	13.0%	11.0%	9.0%	--	14.0%	--
↓ Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/1/2020 - 9/30/2021	2.0%	5.0%	5.0%	8.0%	3.0%	5.0%	--	4.0%	--
↑ Patients who reported that they "Always" received help as soon as they wanted	10/1/2020 - 9/30/2021	80.0%	67.0%	63.0%	69.0%	67.0%	73.0%	--	91.0%	--
↓ Patients who reported that they "Usually" received help as soon as they wanted	10/1/2020 - 9/30/2021	16.0%	23.0%	27.0%	16.0%	28.0%	21.0%	--	9.0%	--
↓ Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/1/2020 - 9/30/2021	4.0%	10.0%	10.0%	15.0%	5.0%	6.0%	--	0.0%	--
↑ Patients who reported that staff "Always" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	73.0%	63.0%	61.0%	64.0%	68.0%	59.0%	--	77.0%	--
↓ Patients who reported that staff "Usually" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	16.0%	18.0%	20.0%	14.0%	18.0%	16.0%	--	19.0%	--
↓ Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	11.0%	19.0%	19.0%	22.0%	14.0%	25.0%	--	4.0%	--
↑ Patients who reported that their room and bathroom were "Always" clean	10/1/2020 - 9/30/2021	83.0%	73.0%	69.0%	74.0%	82.0%	75.0%	--	91.0%	--


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↓	Patients who reported that their room and bathroom were "Usually" clean	10/1/2020 - 9/30/2021	13.0%	18.0%	20.0%	19.0%	14.0%	14.0%	--	6.0%	--
↓	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/1/2020 - 9/30/2021	4.0%	9.0%	11.0%	7.0%	4.0%	11.0%	--	3.0%	--
↑	Patients who reported that the area around their room was "Always" quiet at night	10/1/2020 - 9/30/2021	75.0%	63.0%	70.0%	72.0%	66.0%	62.0%	--	70.0%	--
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/1/2020 - 9/30/2021	22.0%	27.0%	24.0%	22.0%	27.0%	29.0%	--	27.0%	--
↓	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/1/2020 - 9/30/2021	3.0%	10.0%	6.0%	6.0%	7.0%	9.0%	--	3.0%	--
↑	Patients who reported that YES, they were given information about what to do during their recovery at home	10/1/2020 - 9/30/2021	91.0%	86.0%	88.0%	82.0%	91.0%	90.0%	--	80.0%	--
↓	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/1/2020 - 9/30/2021	9.0%	14.0%	12.0%	18.0%	9.0%	10.0%	--	20.0%	--
↑	Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021	61.0%	52.0%	52.0%	52.0%	59.0%	49.0%	--	53.0%	--
↓	Patients who "Agree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021	36.0%	42.0%	45.0%	39.0%	34.0%	46.0%	--	45.0%	--
↓	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021	3.0%	6.0%	3.0%	9.0%	7.0%	5.0%	--	2.0%	--
↑	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021	84.0%	72.0%	76.0%	60.0%	79.0%	68.0%	--	71.0%	--
↓	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021	13.0%	20.0%	17.0%	25.0%	15.0%	25.0%	--	19.0%	--
↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021	3.0%	8.0%	7.0%	15.0%	6.0%	7.0%	--	10.0%	--


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↑	Patients who reported YES, they would definitely recommend the hospital	10/1/2020 - 9/30/2021	83.0%	71.0%	78.0%	70.0%	75.0%	66.0%	--	86.0%	--
↓	Patients who reported YES, they would probably recommend the hospital	10/1/2020 - 9/30/2021	15.0%	23.0%	19.0%	23.0%	20.0%	27.0%	--	10.0%	--
↓	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2020 - 9/30/2021	2.0%	6.0%	3.0%	7.0%	5.0%	7.0%	--	4.0%	--
<b>Colonoscopy Followup %</b>											
↑	OP29 Avg Risk Polyp Surveillance*	1/1/2020 - 12/31/2020	100.0%	90.0%	--	41.0%	97.0%	65.0%	100.0%	--	--
↑	OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--
<b>Stroke Care %</b>											
↑	STK4 Thrombolytic Therapy	RETIRED	--	--	--	--	--	--	--	--	--
<b>Heart Attack</b>											
↑	OP2 Fibrinolytic Therapy 30 minutes	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP3b Median Time to Transfer AMI	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP4 Aspirin at Arrival AMI Chest Pain	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain	RETIRED	--	--	--	--	--	--	--	--	--
<b>Emergency Department Throughput</b>											
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	RETIRED	--	--	--	--	--	--	--	--	--
↓	ED2b ED Decision to Transport	RETIRED	--	--	--	--	--	--	--	--	--


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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Franklin Woods Community Hospital	Lonesome Pine Hospital	Smyth County Community Hospital	Russell County Hospital	Hawkins County Memorial Hospital	Unicoi County Hospital	Lee County Community Hospital -CAH	
↓	OP18b Avg time ED arrival to discharge	10/1/2020 - 9/30/2021	100.0	155.0	192.0	157.0	111.0	125.0	96.0	133.0	--
↓	OP20 Door to Diagnostic Evaluation	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP21 Time to pain medication for long bone fractures	RETIRED	--	--	--	--	--	--	--	--	--
↓	OP22 Left without being seen*	1/1/2020 - 12/31/2020	0.00	2.00	2.00	1.00	0.00	1.00	0.00	1.00	--
↑	OP-23 Head CT results	10/1/2020 - 9/30/2021	93.0%	71.0%	--	92.0%	--	--	--	--	--
<b>Preventive Care %</b>											
↑	IMM-3 Healthcare workers given influenza vaccination	10/1/2020 - 3/31/2021	99.0%	86.0%	98.0%	99.0%	99.0%	66.0%	98.0%	97.0%	--
↑	IMM-2 Influenza immunization	10/1/2020 - 3/31/2021	100.0%	79.0%	--	--	--	--	--	--	--
<b>Blood Clot Prevention/Treatment</b>											
↓	VTE5 Warfarin Therapy at Discharge - Voluntary Reporting	RETIRED	--	--	--	--	--	--	--	--	--
↓	VTE6 HAC VTE - Retired	RETIRED	--	--	--	--	--	--	--	--	--
<b>Pregnancy and Delivery Care %</b>											
↓	PC-01 Elective Delivery	10/1/2020 - 9/30/2021	0.0%	2.0%	0.0%	7.0%	--	--	--	--	--
<b>Surgical Complications Rate</b>											
↓	Hip and Knee Complications*	4/1/2018 - 3/31/2021	0.02	0.02	--	--	0.03	--	--	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	7/1/2018 - 12/31/2019	137.4	159.0	--	--	--	--	--	--	--
↓	PSI90 Complications / patient safety for selected indicators	7/1/2018 - 12/31/2019	0.83	1.00	0.94	0.97	0.93	0.98	0.98	0.99	--

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 CAH- Critical Access Hospital  
 -- insufficient cases or does not apply



System Comparison FY22 Report

		Top 10% in the Nation	National Average	Franklin Woods Community Hospital	Lonesome Pine Hospital	Smyth County Community Hospital	Russell County Hospital	Hawkins County Memorial Hospital	Unicoi County Hospital	Lee County Community Hospital -CAH
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**Readmissions 30 Days Rate%**

↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate*	7/1/2018-6/30/2021	13.9%	15.0%	--	--	--	--	--	--	--
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate*	7/1/2018-6/30/2021	10.5%	11.9%	--	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate*	7/1/2018-6/30/2021	18.6%	19.8%	19.6%	19.6%	19.2%	19.5%	--	--	--
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA*	7/1/2018-6/30/2021	3.5%	4.1%	--	--	4.4%	--	--	--	--
↓ READM30HF Heart Failure 30Day readmissions rate*	7/1/2018-6/30/2021	19.6%	21.3%	22.1%	21.9%	22.0%	24.0%	21.2%	22.2%	--
↓ READM30PN Pneumonia 30day readmission rate++	7/1/2018-6/30/2021	--	--	--	--	--	--	--	--	--
↓ READM30 HOSP WIDE 30day hospitalwide allcause unplanned readmission	7/1/2020 - 6/30/2021	14.0%	15.0%	16.3%	14.7%	13.9%	17.6%	14.7%	14.8%	--

**Mortality 30 Days Death Rate %**


↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate*	7/1/2018-6/30/2021	11.1%	12.4%	--	--	--	--	--	--	--
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate*	7/1/2018-6/30/2021	2.2%	2.9%	--	--	--	--	--	--	--
↓ MORT30 COPD 30day mortality rate COPD patients*	7/1/2018-6/30/2021	7.1%	8.4%	8.2%	8.3%	8.8%	8.6%	--	--	--
↓ MORT30HF Heart failure 30day mortality rate*	7/1/2018-6/30/2021	9.2%	11.3%	9.8%	12.5%	12.6%	13.6%	11.4%	11.2%	--
↓ MORT30PN Pneumonia 30day mortality rate++	7/1/2018-6/30/2021	--	--	--	--	--	--	--	--	--
↓ MORT30STK Stroke 30day mortality rate*	7/1/2018-6/30/2021	11.4%	13.6%	--	--	--	--	--	--	--

**Use of Medical Imaging Outpatient**

OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2020 - 6/30/2021	0.37	0.45	0.00	0.00	0.54	0.00	0.00	0.00	--
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 CAH- Critical Access Hospital  
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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Franklin Woods Community Hospital	Lonesome Pine Hospital	Smyth County Community Hospital	Russell County Hospital	Hawkins County Memorial Hospital	Unicoi County Hospital	Lee County Community Hospital -CAH
<b>OP-10 Abdomen CT Use of Contrast Material</b>	7/1/2019 - 12/31/2019	0.30	0.06	0.07	0.15	0.02	0.03	0.02	0.07	--
<b>OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery</b>	7/1/2020 - 6/30/2021	1.30	0.04	0.04	0.00	0.06	0.00	0.00	0.00	--

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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH	
Quality Target Measures							
↓	PSI 3 Pressure Ulcer Rate	7/1/2018 - 12/31/2019	0.19	0.59	--	--	--
↓	PSI 6 Iatrogenic Pneumothorax Rate	7/1/2018 - 12/31/2019	0.20	0.23	--	--	--
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	RETIRED	--	--	--	--	--
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	7/1/2018 - 12/31/2019	0.09	0.10	--	--	--
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	7/1/2018 - 12/31/2019	2.18	2.55	--	--	--
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	7/1/2018 - 12/31/2019	1.21	1.42	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate	7/1/2018 - 12/31/2019	3.75	5.03	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7/1/2018 - 12/31/2019	2.61	3.63	--	--	--
↓	PSI 13 Postoperative Sepsis Rate	7/1/2018 - 12/31/2019	4.05	4.90	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate	7/1/2018 - 12/31/2019	0.79	0.86	--	--	--
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	7/1/2018 - 12/31/2019	0.92	1.20	--	--	--
↓	CLABSI Rate	10/1/2020 - 9/30/2021	0.000	0.430	--	--	--
↓	CAUTI Rate	10/1/2020 - 9/30/2021	0.000	0.441	--	--	--
↓	SSI COLON Surgical Site Infection Rate	10/1/2020 - 9/30/2021	0.00	1.11	--	--	--
↓	SSI HYST Surgical Site Infection Rate	10/1/2020 - 9/30/2021	0.00	0.00	--	--	--
↓	MRSA Rate	10/1/2020 - 9/30/2021	0.000	0.011	--	--	--


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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH	
↓	CDIFF Rate	10/1/2020 - 9/30/2021	0.000	0.174	--	--	--
↑	SMB: Sepsis Management Bundle	10/1/2020 - 9/30/2021	79.0%	57.0%	--	--	--
<b>Survey of Patient's Experience</b>							
↑	Patients who reported that their nurses "Always" communicated well	10/1/2020 - 9/30/2021	87.0%	80.0%	--	--	--
↓	Patients who reported that their nurses "Usually" communicated well	10/1/2020 - 9/30/2021	11.0%	15.0%	--	--	--
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/1/2020 - 9/30/2021	2.0%	5.0%	--	--	--
↑	Patients who reported that their doctors "Always" communicated well	10/1/2020 - 9/30/2021	88.0%	80.0%	--	--	--
↓	Patients who reported that their doctors "Usually" communicated well	10/1/2020 - 9/30/2021	10.0%	15.0%	--	--	--
↓	Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/1/2020 - 9/30/2021	2.0%	5.0%	--	--	--
↑	Patients who reported that they "Always" received help as soon as they wanted	10/1/2020 - 9/30/2021	80.0%	67.0%	--	--	--
↓	Patients who reported that they "Usually" received help as soon as they wanted	10/1/2020 - 9/30/2021	16.0%	23.0%	--	--	--
↓	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/1/2020 - 9/30/2021	4.0%	10.0%	--	--	--
↑	Patients who reported that staff "Always" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	73.0%	63.0%	--	--	--
↓	Patients who reported that staff "Usually" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	16.0%	18.0%	--	--	--
↓	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/1/2020 - 9/30/2021	11.0%	19.0%	--	--	--
↑	Patients who reported that their room and bathroom were "Always" clean	10/1/2020 - 9/30/2021	83.0%	73.0%	--	--	--


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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH
↓	Patients who reported that their room and bathroom were "Usually" clean	10/1/2020 - 9/30/2021 13.0%	18.0%	--	--	--
↓	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/1/2020 - 9/30/2021 4.0%	9.0%	--	--	--
↑	Patients who reported that the area around their room was "Always" quiet at night	10/1/2020 - 9/30/2021 75.0%	63.0%	--	--	--
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/1/2020 - 9/30/2021 22.0%	27.0%	--	--	--
↓	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/1/2020 - 9/30/2021 3.0%	10.0%	--	--	--
↑	Patients who reported that YES, they were given information about what to do during their recovery at home	10/1/2020 - 9/30/2021 91.0%	86.0%	--	--	--
↓	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/1/2020 - 9/30/2021 9.0%	14.0%	--	--	--
↑	Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021 61.0%	52.0%	--	--	--
↓	Patients who "Agree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021 36.0%	42.0%	--	--	--
↓	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2020 - 9/30/2021 3.0%	6.0%	--	--	--
↑	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021 84.0%	72.0%	--	--	--
↓	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021 13.0%	20.0%	--	--	--
↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2020 - 9/30/2021 3.0%	8.0%	--	--	--


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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH	
↑	Patients who reported YES, they would definitely recommend the hospital	10/1/2020 - 9/30/2021	83.0%	71.0%	--	--	--
↓	Patients who reported YES, they would probably recommend the hospital	10/1/2020 - 9/30/2021	15.0%	23.0%	--	--	--
↓	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2020 - 9/30/2021	2.0%	6.0%	--	--	--
<b>Colonoscopy Followup %</b>							
↑	OP29 Avg Risk Polyp Surveillance*	1/1/2020 - 12/31/2020	100.0%	90.0%	--	--	--
↑	OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--
<b>Stroke Care %</b>							
↑	STK4 Thrombolytic Therapy	RETIRED	--	--	--	--	--
<b>Heart Attack</b>							
↑	OP2 Fibrinolytic Therapy 30 minutes	RETIRED	--	--	--	--	--
↓	OP3b Median Time to Transfer AMI	RETIRED	--	--	--	--	--
↓	OP4 Aspirin at Arrival AMI Chest Pain	RETIRED	--	--	--	--	--
↓	OP5 Median Time to ECG AMI and Chest Pain	RETIRED	--	--	--	--	--
<b>Emergency Department Throughput</b>							
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	RETIRED	--	--	--	--	--
↓	ED2b ED Decision to Transport	RETIRED	--	--	--	--	--


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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH	
↓	OP18b Avg time ED arrival to discharge	10/1/2020 - 9/30/2021	100.0	155.0	130.0	98.0	116.0
↓	OP20 Door to Diagnostic Evaluation	RETIRED	--	--	--	--	--
↓	OP21 Time to pain medication for long bone fractures	RETIRED	--	--	--	--	--
↓	OP22 Left without being seen*	1/1/2020 - 12/31/2020	0.00	2.00	1.00	1.00	1.00
↑	OP-23 Head CT results	10/1/2020 - 9/30/2021	93.0%	71.0%	--	--	--
<b>Preventive Care %</b>							
↑	IMM-3 Healthcare workers given influenza vaccination	10/1/2020 - 3/31/2021	99.0%	86.0%	98.0%	--	99.0%
↑	IMM-2 Influenza immunization	10/1/2020 - 3/31/2021	100.0%	79.0%	--	--	85.0%
<b>Blood Clot Prevention/Treatment</b>							
↓	VTE5 Warfarin Therapy at Discharge - Voluntary Reporting	RETIRED	--	--	--	--	--
↓	VTE6 HAC VTE - Retired	RETIRED	--	--	--	--	--
<b>Pregnancy and Delivery Care %</b>							
↓	PC-01 Elective Delivery	10/1/2020 - 9/30/2021	0.0%	2.0%	--	--	--
<b>Surgical Complications Rate</b>							
↓	Hip and Knee Complications*	4/1/2018 - 3/31/2021	0.02	0.02	--	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	7/1/2018 - 12/31/2019	137.4	159.0	--	--	--
↓	PSI90 Complications / patient safety for selected indicators	7/1/2018 - 12/31/2019	0.83	1.00	--	--	--

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System Comparison FY22 Report

		Top 10% in the Nation	National Average	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH
<b>Readmissions 30 Days Rate%</b>						
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate*	7/1/2018-6/30/2021	13.9%	15.0%	--	--	--
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate*	7/1/2018-6/30/2021	10.5%	11.9%	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate*	7/1/2018-6/30/2021	18.6%	19.8%	--	--	--
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA*	7/1/2018-6/30/2021	3.5%	4.1%	--	--	--
↓ READM30HF Heart Failure 30Day readmissions rate*	7/1/2018-6/30/2021	19.6%	21.3%	--	--	--
↓ READM30PN Pneumonia 30day readmission rate++	7/1/2018-6/30/2021	--	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	7/1/2020 - 6/30/2021	14.0%	15.0%	--	--	--
<b>Mortality 30 Days Death Rate %</b>						
↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate*	7/1/2018-6/30/2021	11.1%	12.4%	--	--	--
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate*	7/1/2018-6/30/2021	2.2%	2.9%	--	--	--
↓ MORT30 COPD 30day mortality rate COPD patients*	7/1/2018-6/30/2021	7.1%	8.4%	--	--	--
↓ MORT30HF Heart failure 30day mortality rate*	7/1/2018-6/30/2021	9.2%	11.3%	--	--	--
↓ MORT30PN Pneumonia 30day mortality rate++	7/1/2018-6/30/2021	--	--	--	--	--
↓ MORT30STK Stroke 30day mortality rate*	7/1/2018-6/30/2021	11.4%	13.6%	--	--	--
<b>Use of Medical Imaging Outpatient</b>						
OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2020 - 6/30/2021	0.37	0.45	0.00	0.00	0.00

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		Top 10% in the Nation	National Average	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH
<b>OP-10 Abdomen CT Use of Contrast Material</b>	7/1/2019 - 12/31/2019	0.30	0.06	0.00	0.00	0.00
<b>OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery</b>	7/1/2020 - 6/30/2021	1.30	0.04	0.00	0.00	0.00

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Measure set	Data sources
Timely and effective care: sepsis, cancer, colonoscopy follow-up, emergency department throughput, preventative care, pregnancy and delivery care	<p>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</p> <p>Clinical Quality Measures are reviewed and monitored through special clinical studies, Joint Commission facility reviews, and Health Plan performance oversight.</p>
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 2021

**ATTACHMENT 4**

**Published Reports from Research Projects**

### Published Reports from Research Projects - Section 6.04(b)(x)

In FY 22 there have been no publications based on research directly related to an approved HR/GME plan. Listed below are studies published during this period where Ballad resources were integral.

1. 2022 July - Sadigh G, Coleman D, Switchenko JM, Hopkins JO, Carlos RC. Treatment out-of-pocket cost communication and remote financial navigation in patients with cancer: a feasibility study. Support Care Cancer. 2022 Jul 7. doi: 10.1007/s00520-022-07270-5. Epub ahead of print. PMID: 35796885. [Treatment of Out-of-Pocket Cost Communication](#)
2. 2022 April - Holt MF, Fortmann J, Testerman GM. Trauma Surgeon-Led and Funded Injury Prevention Program Decreases Number of All-Terrain Vehicle-Related Admissions. Am Surg. 2022 Apr;88(4):638-642. doi: 10.1177/00031348211050815. Epub 2022 Jan 3. PMID: 34978213. [All-Terrain Vehicle-Related Admissions](#)
3. 2022 Mar - Holt MF, Testerman GM. Midlevel Providers Focusing on Geriatrics Improve Care and Outcomes of Fall-Related Injuries Among the Elderly. Am Surg. 2022 Mar;88(3):360-363. doi: 10.1177/00031348211050821. Epub 2021 Nov 18. PMID: 34791900. [Improve Care and Outcomes of Fall-Related Injuries Among the Elderly](#)
4. 2022 April - Holt MF, Testerman GM. Trauma Surgeon-Led and Funded Injury Prevention Program Decreases Admission for Motorcycle Crash Injuries. Am Surg. 2022 Apr;88(4):740-745. doi: 10.1177/00031348211050837. Epub 2021 Nov 15. PMID: 34779261. [Injury Prevention Program Decreases Admission for Motorcycle Crash Injuries](#)
5. 2021 July - Mhadgut H, Manthri S, Youssef B, Jaishankar D. The Rarest of the Rare: A Case of Primary Cardiac Osteosarcoma With a Review of the Literature. Cureus. 2021 Jul 19;13(7):e16492. doi: 10.7759/cureus.16492. PMID: 34430107; PMCID: PMC8373439. [A Case of Primary Cardiac Osteosarcoma](#)
6. 2020 Feb - Manthri S, Sharma P, Mejbil HA, Singal S, Jaishankar D. Third Line Eribulin for Triple-negative Metastatic Breast Ductal Carcinoma Resulting in Extended Progression-free Survival of 57 Months. Cureus. 2020 Feb 13;12(2):e6980. doi: 10.7759/cureus.6980. PMID: 32201658; PMCID: PMC7075509. [Third Line Eribulin for Triple-Negative Metastatic Breast Ductal Carcinoma](#)
7. 2021 Aug - Hajihossainlou B, Vasileva A, Manthri S, Chakraborty K. Myasthenia gravis induced or exacerbated by immune checkpoint inhibitors: a rising concern. BMJ Case Rep. 2021 Aug 23;14(8):e243764. doi: 10.1136/bcr-2021-243764. PMID: 34426425; PMCID: PMC8383870. [Myasthenia Gravis Induced or Exacerbated by Immune Checkpoint Inhibitors](#)
8. 2021 Dec - Patel NJ, Jameson M, Leonard M, Burns B Jr. Two Cases of Respiratory Insufficiency Secondary to Pre-procedural Nerve Blocks for Upper Extremity Injuries. Cureus. 2021 Dec 19;13(12):e20511. doi: 10.7759/cureus.20511. PMID: 35070548; PMCID: PMC8764970. [Two Cases of Respiratory Insufficiency Secondary to Pre-Procedural Nerve Blocks for Upper Extremity Injuries](#)
9. 2022 Feb - Gammel LB, Leonard M, Wheeler H, Linh H, Burns B Jr. Controlled Substance Use and Clinical Outcomes of Elderly Patients After a Fall. Cureus. 2022 Feb 18;14(2):e22356. doi: 10.7759/cureus.22356. PMID: 35371671; PMCID: PMC8938238. [Controlled Substance Use and Clinical Outcomes of Elderly Patients After a Fall](#)
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**ATTACHMENT 5**

**Comparison of Financial Ratios**



**Statement of Revenue and Expense  
For the Month Ended June 30, 2022**

	<b>FY22 Total</b>
<b>Patient Revenue</b>	
Inpatient	4,556,029,496
Outpatient	6,215,860,567
<b>Total Patient Revenue</b>	<b>10,771,890,062</b>
<b>Deductions From Revenue</b>	
Revenue Deductions	8,208,531,068
Charity	123,616,493
Uninsured Discounts	264,931,842
<b>Total Deductions</b>	<b>8,597,079,403</b>
<b>Net Patient Revenue</b>	<b>2,174,810,660</b>
Other Operating Revenue	138,081,355
Hospital Support Revenue	0
<b>Total Operating Revenue</b>	<b>2,312,892,015</b>
<b>Operating Expense</b>	
Salaries & Wages	679,165,166
Provider Salaries	177,291,931
Contract Labor - Providers	26,614,511
Contract Labor - Other	122,448,646
Team Member Benefits	133,374,702
Professional Fees	300,086,857
Drugs & Supplies	464,524,729
Other Expense	195,041,486
Depreciation & Amortization	145,225,989
Interest & Taxes	42,768,878
<b>Total Operating Expense</b>	<b>2,286,542,895</b>
<b>Net Operating Income before Support Allocation</b>	<b>26,349,120</b>
Support Allocation - Labor Expense	(0)
Support Allocation - Other	0
<b>Net Operating Income after Support Allocation</b>	<b>26,349,120</b>

Net Investment Income	40,340,842
Realized Gain on Investments	78,285,632
Gain / (Loss) from Affiliates	2,853,712
Gain / (Loss) on Discontinued Operations & Disposal	(2,035,923)
Loss on Extinguishment of LTD / Derivatives	(190,605)
Minority Interest	(326,276)
Other Non Operating Income / (Expense)	9,536,957
<b>Total Non Operating Income / (Expense)</b>	<b>128,464,339</b>
<b>Total Revenue Over Expense Before CFV of Derivatives</b>	<b>154,813,459</b>
Change in Fair Value of Interest Rate Swaps	(4,731,812)
<b>Total Excess Revenue Over Expense</b>	<b>150,081,647</b>
Net Unrealized Gain / (Loss) on Investments	(273,766,648)
<b>Increase in Unrestricted Net Assets</b>	<b>(123,685,001)</b>
<b>EBITDA (Operations)</b>	<b>214,343,987</b>
EBITDA (Operations) as % of Net Patient Revenue	9.9%
Operating Margin	1.1%
<b>EBITDA</b>	<b>342,998,932</b>
EBITDA as % of Net Patient Revenue	15.8%
Total Margin	6.7%

**Key Operating Indicators  
For the Period Ended June 30, 2022**

	<b>FY22 Total</b>
<b>Operating Statistics</b>	
Average Daily Census (Hospitals)	1,235
Occupancy Percent (Hospitals)	48.6%
Patient Days (Hospitals)	450,806
Discharges (Hospitals)	88,666
Observation Visits	16,340
Observation Visits (excl OB)	16,212
Acute Discharges and Observation Visits (excl OB)	98,858
Obs Visits (excl OB) % of Obs Visits (excl OB) & Acute Disch	16.4%
Observation (excl OB) % of Occupancy	0.2%
Outpatient Visits	2,996,770
Telehealth Visits	41,030
Urgent Care Visits	231,304
Emergency Department Visits	371,384
Surgery Cases - Inpatient	15,993
Surgery Cases - Outpatient	31,423
Surgery Cases - ASC	3,180
<b>Revenue by Source</b>	
Medicare	21.3%
Managed Medicare	33.5%
Medicaid/TennCare	15.5%
Managed Care	21.1%
Self Pay	4.8%
Other	3.7%
<b>Labor Management</b>	
Employed Full Time Equivalents	10,197
Contract Full Time Equivalents	550
Total Full Time Equivalents (excl Providers)	10,747
Employed Provider Full Time Equivalents	766
Contract Provider Full Time Equivalents	43
Total Provider Full Time Equivalents	809
Full Time Equivalents	11,556
Average Hourly Rate (excl Providers & Cont Lbr)	\$31.93
Salary Expense per FTE (excl Providers & Cont Lbr)	\$66,603
<b>Patient Resource Management</b>	
Overall Medicare Average Length of Stay	5.17
Overall Average Length of Stay	5.08
Acute Medicare Average Length of Stay - Acuity Adjusted	2.82
Acute Overall Average Length of Stay - Acuity Adjusted	2.90
Observation Average Length of Stay	1.17
Acute Medicare Case Mix Index	1.75
Acute Overall Case Mix Index	1.70

**Balance Sheet**

**For the Period Ended June 30, 2022**

**June 30 2022**

**ASSETS****Current Assets**

Cash and Cash Equivalents	148,295,541
Board Designated Funds COPA	0
Board Designated Funds Cooperative Agreement	8,725,346
Current Portion AWUIL	7,103,980
Accounts Receivable (Net)	243,991,766
Other Receivables	67,539,602
Due From Affiliates	0
Due From Third Party Payors	(0)
Inventories	49,568,072
Prepaid Expense	12,721,069
	<u>537,945,375</u>

**Assets Whose Use is Limited**

251,372,725

**Other Investments**

1,200,286,347

**Property, Plant, and Equipment**

Land, Buildings, and Equipment	3,244,240,078
Less Allowances for Depreciation	<u>(2,088,563,353)</u>
	<u>1,155,676,725</u>

**Other Assets**

Pledges Receivable	4,566,339
Long Term Compensation Investment	32,722,659
Investments in Unconsolidated Subsidiaries	17,495,086
Assets Held for Resale / Expansion	14,297,532
Investments in Subsidiaries	0
Goodwill	206,027,773
Deferred Charges and Other	35,415,846
	<u>310,525,235</u>

**TOTAL ASSETS****3,455,806,407**

**LIABILITIES AND NET ASSETS****Current Liabilities**

Accounts Payable and Accrued Expense	161,143,079
Accrued Salaries, Benefits, and PTO	146,847,891
Accrued Interest	20,035,027
Due to Affiliates	0
Due to Third Party Payors	83,661,706
Current Portion of Long Term Debt	64,278,703
	<u>475,966,406</u>

**Other Non-Current Liabilities**

Long Term Compensation Payable	16,333,213
Long Term Debt	1,421,387,576
Estimated Fair Value of Interest Rate Swaps	5,390,394
Deferred Income	603,501
Professional Liability Self-Insurance and Other	62,753,015
	<u>1,506,467,698</u>

**TOTAL LIABILITIES****1,982,434,104****Net Assets**

Restricted Net Assets	44,308,403
Unrestricted Net Assets	1,427,657,188
Noncontrolling Interests in Subsidiaries	1,406,712
	<u>1,473,372,303</u>

**TOTAL LIABILITIES AND NET ASSETS****3,455,806,407**

## Comparison of Ballad Health to the Median of Similarly Rated Health Systems

	2021 Fitch Median <sup>1</sup>	2021 S&P Median <sup>2</sup>	2020 Moody's Median <sup>3</sup>	FY22 Total
<b>Profitability Ratios</b>				
Total Margin <sup>5</sup>	5.5%	4.0%	2.8%	6.7%
Operating Margin	2.8%	1.4%	0.1%	1.1%
EBITDA to Revenue	11.3%	10.3%	12.0%	14.8%
<b>Liquidity Ratios<sup>7</sup></b>				
Current Ratio <sup>6</sup>	N/A	N/A	1.5	1.2
Days in Patient A/R	48.2	44.6	42.9	40.9
Avg Payment Period <sup>6</sup>	84.4	N/A	88.9	76.7
Total Days Cash on Hand	247.5	215.8	232.8	231.4
<b>Capital Ratios<sup>7</sup></b>				
LT Debt to Capitalization <sup>6</sup>	34.9%	41.0%	37.4%	46.9%
Cash Flow to Total Debt <sup>5,6</sup>	31.3%	N/A	27.0%	23.0%
Debt Service Coverage	4.7	2.2	3.8	4.6
<b>Productivity Ratios</b>				
FTEs per AOB	N/A	N/A	N/A	3.10
Labor Exp / Net Patient Rev	54.9%	57.4%	N/A	52.4%

### Notes

<sup>1</sup> Source: Fitch - Median Ratios for Nonprofit Hospitals and Healthcare Systems (August 2022)

<sup>2</sup> Source: S&P - US Not-for-Profit Health Care System Median Ratios (August 2022)

<sup>3</sup> Source: Moody's - Not-for-Profit Hospital Medians (September 2021)

<sup>5</sup> Excludes Loss on Extinguishment of LTD

<sup>6</sup> Norton Community Hospital and Johnston Memorial Hospital Debt is excluded

<sup>7</sup> Liquidity and Capital Ratios use a rolling 12 for income statement components

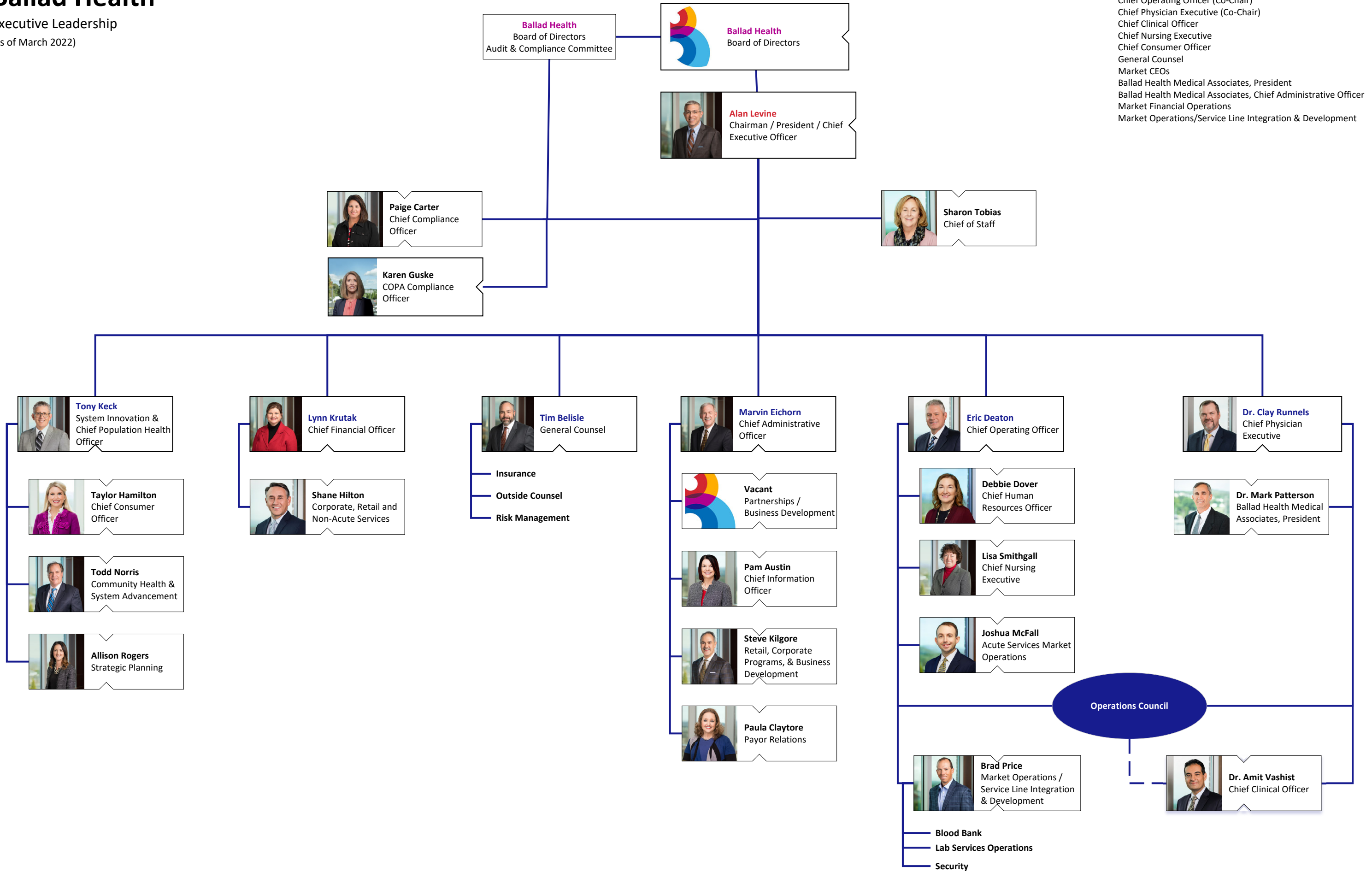


**ATTACHMENT 6**

**Ballad Health Organizational Chart**

# Ballad Health

Executive Leadership  
(as of March 2022)



- 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



**COPA Compliance Office – Annual Report for Fiscal Year 2022**

**Covering 07/01/2021 – 06/30/2022 “Reporting Period”**

Submitted pursuant to the Third Amended and Restated Terms of Certification (July 1, 2022) 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 (the “TOC”) and the Virginia Order and Letter (October 30, 2017) Authorizing a Cooperative Agreement (the “CA”).

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

Pursuant to section 6.04(a) of the TOC, the undersigned hereby certifies 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.



**Karen Guske**  
Senior Vice President  
COPA Compliance Officer  
Ballad Health

10/28/22  
Date

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## **COPA COMPLIANCE OFFICE - ANNUAL REPORT**

**Covering 07/01/2021 – 06/30/2022 (Fiscal Year 2022)**

### **1. Requirements**

Exhibit F, section 2 of the TOC requires an annual submission as follows: Prepare and submit the COPA Compliance Office (CCO) Annual Report, which shall include an account of the activities of the Office, including the number and nature of complaints, identification of any potential violations of the COPA and the TOC, and other items as identified by the Department. The CCO Annual Report shall be submitted, if not sooner, according to the same time frame applicable to the submission of the Annual Report of the New Health System. See Section 6.04(b) of the TOC.

### **2. Reporting Requirements**

#### **A. COPA Compliance Complaints Report (TOC Exhibit F, Section 2, bullet 5)**

- i. Ballad Health maintains a system-wide Code of Ethics,<sup>1</sup> which represents a policy of Ballad Health. This policy requires mandatory compliance by all associates, including with the section referencing the COPA and the Letter Authorizing the CA. All associates are required to report any non-compliance and are provided the means and mechanism by which to do so, including anonymously. The CCO has established a process for all COPA and CA (COPA) related complaints to be documented. All Ballad Health Team Members have access to an AlertLine that they may call anonymously to register complaints or concerns, 1-800-535-9057. Additionally, a description of the CCO and the process for filing complaints is maintained on the Ballad Health external website<sup>2</sup> and includes a link to an email address for COPA Compliance, [copa.compliance@balladhealth.org](mailto:copa.compliance@balladhealth.org).

A log documenting all complaints is maintained by the CCO. Once a complaint is received it is reviewed. When appropriate, the complaint is investigated to ascertain the facts. If a violation of the COPA has occurred, corrective action is recommended. Any complaints that cannot be resolved by the CCO will be referred to the Audit and Compliance Committee of the Board for direct resolution.

- ii. During the COPA Compliance Office Reporting Period covered by this report there was one COPA Complaint filed with the CCO.

1. Complainant – Former Employed Physician

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<sup>1</sup> <https://www.balladhealth.org/sites/default/files/documents/Ballad-Health-Code-of-Ethics-180510.pdf>

<sup>2</sup> <https://www.balladhealth.org/copa>

- a. Date received – 12/2/2021;
- b. Date of incident – unknown;
- c. Classification of complaint – Data Collection; Reports to the Department;
- d. General complaint – According to the complaint, a post-merger physician satisfaction survey was completed, but results were never released;
- e. Investigation – The TOC requirement under section 4.02(c)(v) is for an employee and physician survey to be completed every 3 years. The employee satisfaction survey was completed prior to the pandemic but the physician survey had not yet been completed. The requirement was then suspended on March 1, 2020, due to the pandemic and is now to be completed and reported in fiscal year 2023. Because the survey was not yet required or performed there was no violation of the COPA.
- f. Status – Complaint closed with communication to complainant summarizing findings on 1/11/2022.

iii. Update on Previously Reported, Pending or Closed, COPA Complaints – During the Reporting Period covered by this report there were no follow-up items to report.

**B. COPA Compliance Office Account of Activities (TOC Exhibit F, Section 2, bullet 7)**

- i. A complete listing of deliverables that were due to, and permanent waivers that were requested from, the state and the commonwealth during this Reporting Period were submitted by the required dates and are listed below:

<b>CORRESPONDENCE</b>	<b>DATE SUBMITTED</b>	<b>PURSUANT TO TOC AND CA</b>
Request to modify the Population Health Plan - \$500,000 Lee County Community Fund	8/19/2021	TOC 3.04(b); CA Condition 4
Physician waiver request to the Tennessee Department of Health (TDH) – PM&R (Physiatrist) / Sullivan County, Tennessee	8/25/2021	TOC 5.05(e)
Requesting modification of Exhibit B	11/5/2021	TOC 3.06(c) and Condition 4
Request to modify the Children’s Health Plan – Women’s and Newborn Center Kingsport	11/11/2021	TOC 3.03; 3.06(c); CA Condition 4
Physician waiver request to TDH – Neurology / Washington County, Tennessee	11/12/2021	TOC 5.05(e)
Physician waiver request to TDH – Vascular Surgery / Washington County, Tennessee	11/13/2021	TOC 5.05(e)
Request to modify the HR/GME Plan – Research Consultant	11/17/2021	TOC 3.03; 3.06(c); CA Condition 4
Request to modify the HR/GME Plan – ETSU Ballad Nursing Center	11/17/2021	TOC 3.03; 3.06(c); CA Condition 4
Request to modify the HR/GME Plan – STREAMWORKS	11/17/2021	TOC 3.03; 3.06(c); CA Condition 4
Request to modify the HR/GME Plan – Emory and Henry College BSN Program	11/17/2021	TOC 3.03; 3.06(c); CA Condition 4
Request to modify the HR/GME Plan – Gatton Pharmacy Center	11/17/2021	TOC 3.03; 3.06(c); CA Condition 4
Ballad Health’s FY21 Addendum 1 Annual Report	11/30/2021	TOC Addendum 1; Condition 5

CORRESPONDENCE	DATE SUBMITTED	PURSUANT TO TOC AND CA
Physician waiver request to TDH for Restatement of Original 1/31/18 Physician Waiver	3/3/2022	TOC 5.05(e)
Notification of Entry into an Agreement for the Continuation of Post-Acute Services at Laughlin Healthcare Center and Care Centers	3/14/2022	TOC 4.03(c)(i)
Request to modify the Behavioral Health Plan – Strong Futures Living Center in Greeneville, Tennessee	3/23/2022	TOC 3.02(c); CA Condition 4
Draft FY23-25 of New Health Plans Submission	3/31/2022	TOC 3.06(b); CA Condition 4
Request to modify the Rural Health Plan – Outpatient Diagnostic Center in Greeneville, Tennessee	4/10/2022	TOC 3.02(c); CA Condition 4
Semi-Annual Complaints Report - April 2022	4/12/2022	TOC 6.02, Exhibit F
2022 Bonds Notice	5/26/2022	TOC 4.05(a)(b)
Physician waiver request to TDH – Cardiology / Washington County, Tennessee	6/3/2022	TOC 5.05(e)
Fiscal Year 2023 proposed process measures for the Population Health Plan submitted to TDH	6/17/2022	TOC Exhibit G
Physician waiver request to TDH – Gynecological Oncologist / Sullivan County, Tennessee	6/23/2022	TOC 5.05(e)

- ii. Waivers and Modifications – Ballad Health is committed to operating the organization in compliance with the Tennessee TOC and Virginia CA and to identifying our legal responsibilities and conducting our business practices accordingly. When management identifies changes in circumstances that would require a modification or waiver of the terms of the TOC or CA, the organization needs to submit requests to the states. Accordingly, the COPA Compliance Office in conjunction with the Ballad Health Legal Department has developed a process to submit requests for determinations from the state and commonwealth. When developing each request, comprehensive, situation specific information, and data is elicited from the affected internal staff/service line.

During the Reporting Period one waiver request that was pending at the end of FY21 was approved, seven waiver requests were submitted and six were approved in the period. There was one waiver request pending when the FY22 COPA Compliance Office report was submitted on October 28, 2022.

**Follow-up on Previous Pending Waiver from FY21 COPA Compliance Office Report**

- **Topic:** Ballad Health Cardiology Program
  - **Request:** 2/18/2021 – New information was submitted and Ballad requested two waivers regarding the Cardiology Program:
    - Waiver to allow certain cardiologists affiliated with CVA Heart Institute (CVA) to see their patients at Johnson City Medical Center (JCMC).

- The hiring by Ballad Health Medical Associates Heart and Vascular Care (BHMA) of one electrophysiologist (EP) in Johnson City and the granting of privileges to practice at JCMC.
- **Outcome:** 9/14/2021 – TDH approval received.

### **Waivers Requested**

- **Topic:** Psychiatrist – Physical Medicine & Rehab (PM&R)
  - **Request:** 8/25/2021 – Waiver request to add 1 FTE (Psychiatrist) to Sullivan County, Tennessee
  - **Outcome:** 9/14/2021 – TDH approval received.
- **Topic:** Neurology
  - **Request:** 11/12/2021 – Waiver request to add 1 FTE (Neurologist) and retroactive approval to move Dr. Niebauer from Abingdon, Virginia to Washington County, Tennessee
  - **Outcome:** 12/15/2021 – TDH approval received.
- **Topic:** Vascular Surgery
  - **Request:** 11/12/2021 – Waiver request to add 2.0 FTE vascular surgeons to Washington County, Tennessee and to remove that same 2.0 FTE vascular surgeons from Sullivan County, Tennessee
  - **Outcome:** 3/22/2022 – TDH approval received.
- **Topic:** Restated 35% Waiver
  - **Request:** 3/3/2022 – Waiver request to restate the original 35% waiver
  - **Outcome:** 4/19/2022 – TDH approval received.
- **Topic:** Lease Agreement with Care Centers Management Consulting, Inc.
  - **Request:** 3/14/2022 – Request to enter into partnership lease agreement with Care Centers Management Consulting, Inc. (Christian Care) for Laughlin Healthcare Center.
  - **Outcome:** 4/19/2022 – TDH approval received.
- **Topic:** Cardiologists
  - **Request:** 6/3/2022 – Waiver request for Cardiologists in Washington County, Tennessee.
  - **Outcome:** Pending with TDH.
- **Topic:** Gynecological Oncologist
  - **Request:** 6/23/2022 – Waiver request for gynecologist oncologist in Sullivan County, Tennessee.
  - **Outcome:** 8/1/2022 – TDH approval received.

During the Reporting Period two modification requests that were pending at the end of FY20 were denied and one was approved. Ten modification requests were submitted in FY22, seven of which were approved and three which were denied. There was one modification request from FY21 still pending at the end of the FY22 Reporting Period, the Rural Health plan modification request for Lee County Community Hospital.

### **Follow-up on Previous Pending Modifications/Extensions from FY21 COPA Compliance Office Report**

- **Topic:** Modification to the Rural Health Plan

- **Request:** 1/8/2021 – Amendment request to modify the previously approved Rural Health plan to provide financial support to Northeast Tennessee and Southwest Virginia Emergency Medical Services (EMS) to acquire new cardiac monitors.
- **Outcome:** 7/27/2021 – TDH approval received.  
9/13/2021 – VDH approval received.
- **Topic:** Modification to the HR/GME Plan
  - **Request:** 3/5/2021 – Amendment request to modify the previously approved HR/GME Plan to add relocation of the family practice residency clinic to the Norton Community Hospital campus.
  - **Outcome:** 9/27/2021 – VDH denial received.  
10/6/2021 – TDH denial received.
- **Topic:** Modification to the HR/GME Plan
  - **Request:** 3/17/2021 – Amendment request to modify the previously approved HR/GME Plan to add grant to Milligan University Addictions Counseling Program to the Milestones and Metrics.
  - **Outcome:** 9/27/2021 – VDH denial received.  
9/28/2021 – TDH denial received.

#### **Modifications/Extensions Requests**

- **Topic:** Modification to the Population Health Plan
  - **Request:** 8/19/2021 – Amendment request to modify the previously approved Population Health Plan to include Lee County Community Fund Spend of \$500,000.
  - **Outcome:** 11/3/2021 – VDH approval received.  
11/8/2021 – TDH approval received.
- **Topic:** Proposal for modification of Exhibit B
  - **Request:** 11/5/2021 – As agreed with TDH and VDH, Ballard provided a proposal to modify timing of the spend as outlined in Exhibit B of the Terms of Certification (TOC) and Condition 4 of the Virginia Order.
  - **Outcome:** 12/21/2021 – TDH and VDH approvals received.
- **Topic:** Modification to the Children’s Health Plan
  - **Request:** 11/11/2021 – Amendment request to modify the previously approved Children’s Health Plan to add funding to create the Regional Women’s and Newborn Center at Indian Path Community Hospital.
  - **Outcome:** 3/3/2022 – VDH denial received.  
3/30/2022 – TDH denial received.
- **Topic:** Modification to the HR/GME Plan
  - **Request:** 11/17/2021 – Amendment request to modify the previously approved HR/GME Plan to add funding of consultant for assessment of the Ballard Research program.
  - **Outcome:** 12/1/2021 – COPA Monitor approval received.  
12/6/2021 – VDH approval received.
- **Topic:** Modification to the HR/GME Plan

- **Request:** 11/17/2021 – Amendment request to modify the previously approved HR/GME Plan to include support of a Regional Center for Nursing Professional Advancement for the Appalachian Highlands that will be housed at East Tennessee State University (ETSU).
- **Outcome:** 3/1/2022 – TDH and VDH approvals received.
- **Topic:** Modification to the HR/GME Plan
  - **Request:** 11/17/2021 – Amendment request to modify the previously approved HR/GME Plan to include funding for STREAMWORKS, a non-profit organization committed to facilitating relevant extracurricular activities and initiatives into school systems and communities to help prepare K-12 students for (and college) for a successful and meaningful career in the 21<sup>st</sup> Century Workforce.
  - **Outcome:** 3/2/2022 – VDH approval received.  
3/22/2022 – TDH approval received.
- **Topic:** Modification to the HR/GME Plan
  - **Request:** 11/17/2021 – Amendment request to modify the previously approved HR/GME Plan to add funding of the Emory and Henry Bachelor of Science in Nursing program.
  - **Outcome:** 3/1/2022 – TDH approval received.  
3/29/2022 – VDH approval received.
- **Topic:** Modification to the HR/GME Plan
  - **Request:** 11/17/2021 – Amendment request to modify the previously approved HR/GME Plan to add funding of the Gatton College of Pharmacy Center for Pharmacy Education, Advocacy and Outreach.
  - **Outcome:** 3/22/2022 – TDH approval received.  
3/29/2022 – VDH approval received.
- **Topic:** Modification to the Behavioral Health Plan
  - **Request:** 3/23/2022 – Request to modify the previously approved Behavioral Health Plan to add capital funding for a replacement Strong Futures Living Center in Greeneville, Tennessee.
  - **Outcome:** 6/2/2022 – TDH denial received.
- **Topic:** Modification to the Rural Health Plan
  - **Request:** 4/10/2022 – Amendment request to modify the previously approved Rural Health Plan to add capital funding costs for the development of a Greeneville Outpatient Diagnostic Center.
  - **Outcome:** 6/2/2022 – TDH denial received.

C. COPA Compliance Report on Potential Violations of the TOC or CA (TOC Exhibit, Section 2, bullet 7). The following issues of non-compliance or potential non-compliance that occurred during the Reporting Period covered by this CCO Report have been identified:

POTENTIAL NON-COMPLIANCE	DATE SUBMITTED	PURSUANT TO TOC AND CA
FY22 Underspend Notification – Year 4 Monetary Commitment	6/29/2022	TOC 3.06(b); CA Condition 17



**Plan Spend**

- i. FY22 Plan Spend – Ballard notified the Departments that the plan spend is forecast to be below commitment in two of the six plans (Behavioral Health and HIE). Ballard will provide TDH and VDH staff with final numbers as soon as they are available.

As part of an ongoing process, the Internal Audit Department of the Office of Corporate Compliance conducts a review of the system’s spending as measured against the spending requirements by the TOC. The review is intended to ensure Ballard spend is appropriate under the requirements set forth in the TOC. As of the submission date of this Report, the review is underway, but has not been completed for FY22 plan spend.

**Charity Care**

- i. Ballard Health spent almost \$73 million in FY22 for Charity and Unreimbursed TennCare & Medicaid. While below the projected baseline from fiscal year 2017, this significant spending was impacted by the material decline in volumes, 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 COVID-19 pandemic. Ballard Health will review the detailed information with the COPA monitor and request a formal waiver of noncompliance per Section 4.03(f)(vi). There have been no assertions or complaints that Ballard Health is not in compliance with its charity policy.

**D. COPA Compliance Report on the Joint Commission (TJC) and Centers for Medicaid and Medicare Services (CMS) Immediate Jeopardy (TOC 4.02 (a)(ii) and CA Condition 13)**

- i. All Ballard Health hospitals have been surveyed and are deemed eligible for participation in Medicare and Medicaid. Ballard Health facilities are subject to periodic complaint surveys initiated either by patient complaints or through self-reported events established through a process utilized by the Joint Commission or state survey agencies on behalf of CMS. If there is a situation where an immediate jeopardy is issued, the CCO reports the event as required. Ballard Health is in compliance with these provisions.

**E. COPA Compliance State Notification of Material Adverse Event (TOC 6.04 (d)(i) and CA Condition 17)**

- i. Ballard continued to operate in FY22 with select sections of the TOC and CA temporarily suspended due to the COVID Force Majeure event reported in the fiscal year 2020 Annual Report. Following is a summary of the actions taken by Ballard as a result of COVID-19 during FY22 which lead to formal communication to the TDH or VDH.

<b>TEMPORARY WAIVERS REQUESTED</b>	<b>DATE SUBMITTED</b>	<b>PURSUANT TO TOC AND CA</b>
Ballad Request of Re-Suspension to VDH	8/19/2021	CA Condition 17
Ballad Health Request RE Suspension of Certain Cooperative Agreement Conditions	12/9/2021	CA Condition 12, Condition 40 Quantitative Measures

- F. COPA Compliance Office Forecast of Expenses (TOC Exhibit F, Section 2, bullet 9). Below is a forecast of expenses which supports only the functions of the COPA Compliance Office for FY2023. There are significant additional costs related to compliance, including staff costs and other direct costs of compliance. Ballard will provide those estimates upon request.

<b>COPA Compliance Department FY2023 Projected Expenses</b>	
Operating Expenses (Salaries, Benefits, Office Supplies & Education)	\$ 480,000
Projected TN COPA Fees	565,000
Projected VA Cooperative Agreement Fees	375,000
Legal Fees	400,000
<b>TOTAL</b>	<b>\$ 1,820,000</b>

G. COPA Compliance Plan and Work Plan (TOC Exhibit F, Section 2)

- i. During the Reporting Period the COPA Compliance Office updated the COPA Compliance Plan and Work Plan that details the structure and elements of the COPA Compliance Program and this document was approved by the Audit and Compliance Committee of the Ballad Health Board of Directors.