Executive Summary

INTRODUCTION
Ballad Health (Ballad) is in its fifth year of operation under active supervision by the State of Tennessee and the Commonwealth of Virginia. Ballad is providing the benefits as prescribed in the statute – including maintaining and expanding access to needed care and services, delivering high quality of care and reducing the cost of care for the people we are entrusted to serve. This executive summary provides an overview of Ballad's performance during fiscal year 2023 (FY23), reporting period from July 1, 2022, through June 30, 2023 (the Reporting Period). The annual report specifically addresses reporting requirements required by the Terms of Certification (TOC) of the Tennessee Certificate of Public Advantage (COPA) and the Virginia Cooperative Agreement (CA) to determine the ongoing benefit of the merger to the public.

FY23 RURAL HEALTHCARE LANDSCAPE
During FY23, the healthcare industry endured a range of challenges against the backdrop of a softening economy, which had a disproportionate effect on rural health systems. These challenges include:

- **COVID-19**: While the ramifications of the COVID-19 pandemic lessened in FY23 compared to the year before, the lasting impact on the Appalachian Highlands region continued to negatively affect measures such as patient health outcomes and public health improvement. It has been widely reported, including in the federal register (as reported by the monitor for the Southwest Virginia Health Authority) that hospital quality measures fell throughout the nation during the pandemic. Ballad experienced similar setbacks, although the data demonstrates that Ballad has recovered faster, with the majority of Patient Safety Indicators, as measured under the COPA, now reporting better results than 90% of Americas hospitals. This is a compelling result.
- **Increased losses from serving patients:** Medicare, Medicaid, and commercial insurance payments have failed to keep up with the massive inflationary pressure experienced due to the national labor shortages and inflationary effect on supply and other costs. Consistent with most rural regions, Ballad has an extremely high mix of Medicare, Medicaid and uninsured, with only 21% of our patients having private commercial coverage. This puts enormous pressure on rural health systems, almost all of which are now experiencing material losses.
- **Staffing Shortages**: Workforce shortages, particularly among nurses, continued to be a top concern, both nationally and locally, prompting an industry-wide effort to address wages, benefits, and workforce development despite limited resources. Again, Ballad seems to be recovering faster, with nursing turnover now below 15%, while national averages for nursing turnover remain over 20%.

BALLAD FY23 PROGRESS SUMMARY
Ballad is committed to meeting the requirements outlined by the TOC and CA. Progress in the various areas is documented in the accompanying annual report. In addition, Ballad achieved several notable accomplishments, which were not requirements of the COPA, but are direct benefits of the merger and further evidence of Ballad's benefit to the communities it serves.

At a Glance
In FY23, Ballad continued to demonstrate its commitment to improving the health of the Appalachian Highlands region through investments in its people, COPA Plan spending commitments, and capital. These investments include:

- On top of as much as 40% increases in nursing hire-in wages in the prior year, Ballad has also invested in a 4% increase in salary and wages for all team members (applied in January 2023), double that of the prior year. These investments, annualized, amount to more than $100 million, when also including other adjustments for areas such as lab services, radiology, respiratory therapy, and other areas where special market adjustments were made in order to remain competitive and sustain team member retention.
- Over $43 million in new investments for rural health, behavioral health, children's health, population health, health research and graduate medical education, and health information exchange.
- Capital spend of over $93 million, investing in information technology, new diagnostic and treatment technology, new medication dispensing (improving patient safety), facility upgrades and the commencement of the expansion of children's services at Niswonger Children's Hospital.

Awards and Designations

Ballad hospitals were named among the top performers in the nation by multiple respected national organizations, such as U.S. News & World Report, Quantros Inc's CareChex awards, the American College of Cardiology, and the American Heart Association. Additionally, Blue Cross and Blue Shield of America named several Ballad Hospitals as Blue Centers of Distinction in various services, highlighting Ballad's quality and lower cost of care. Noted areas of excellence for specific hospitals included overall hospital care, patient safety, trauma and orthopedic care, cardiovascular care, neurological care, surgical care, and pulmonary care. Additionally, every hospital due for triennial accreditation surveys by the Joint Commission were reaccredited with excellent outcomes.

Patient Volume (compared to FY22)

- Inpatient discharges increased by 2.9%.
- COVID discharges decreased to an estimated 3,993 compared to 8,433.
- Outpatient visits decreased by 0.4%.
- Inpatient and outpatient surgeries increased by 11.4% and 12.4%, respectively.
- Emergency Department visits increased by 4.5% while Urgent Care visits decreased by 3.3%.

As previously reported, some decreases in outpatient diagnostic volume and lower acuity admissions are the result of deliberate efforts by Ballad, partnering with physician partners, to implement value-based care models under risk-based arrangements. Also, several provider-owned diagnostic centers are now operational, with physicians self-referring patients to their centers. Ballad notes the self-referral patterns of provider-owned facilities results in more commercial and insured patients being referred to the provider-owned facilities, while Ballad continues to provide charity care to those referred by the providers to Ballad facilities. This payer mix deterioration contributes to financial challenges for rural hospitals as commercially insured patients are steered toward provider-owned facilities. This is validated by the Tennessee Joint Annual Reports (JARs) data.

Charity Care Update

Although not required by the COPA, Ballad maintained increased patient eligibility for charity care at 225% of the federal poverty guidelines (up from 200% before the merger in 2018). Ballad spent over $74 million in FY23 for Charity and Unreimbursed TennCare and Medicaid. Notably, the weighted average median income in the region is approximately $47,000 (lower in some communities), while Ballad's threshold for charity care is approximately $47,000 – indicating one of the most generous charity care policies in the nation.

Additionally, continued efforts by Ballad to provide care to chronically ill uninsured and underinsured patients had the desired result in reducing the cost of care, lower charity care costs, and thus savings to taxpayers who help subsidize the cost of charity care through state and federal programs. Reducing the number of preventable hospitalizations and emergency room visits results in lower costs of charity care and improves patient safety. This is a benefit of efforts by Ballad to initiate value-based initiatives, such as the Appalachian Highlands Care Network (AHCN). The AHCN connects uninsured patients and their families with free or low-cost clinics, dental services, financial counseling, and preventative care services. The AHCN is a national model for partnership programs between a health system and local organizations, outpatient clinics and providers that are working together to deliver a better, more supportive system of care for the uninsured population. These efforts reduce the cost of charity care – which benefits the taxpayers, the patients, and the hospitals. The AHCN had almost 5,700 uninsured enrollees by the end of the Reporting Period.

Progress in Target Areas

Ballad achieved improvements in the target areas of expanding access to care, improving quality of care, and lowering the cost of care.

I. **Expanding Access to Care & Population Health**
    a. *Access to Care Metrics:* Ballad achieved results over the baseline for 21 of 25 access measures. Notable areas of improvement included percentage of population within 10 miles of an urgent care and/or emergency room, appropriate emergency room wait times, preventable care screenings, and preventable hospitalizations in adults and older adults. Notably, while officially rolled out in FY24, with the FY23 investment in technology, anyone with access to a smart phone or internet can now access Ballad's urgent care from anywhere in the region or world. Ballad is the only provider in the region which currently provides this service.

    b. *Population Health Measures:* Ballad achieved all Process Evaluation Measures (15 out of 15) for FY23. Ballad also exceeded its FY23 Population Health Plan Spend commitment of $11 million with an additional $800,000 investment over its required spend.

II. **Improving Quality of Care, Patient Experience & Staff Experience**
    Quality data in almost every hospital in the nation declined during the pandemic. According to Premier – the nation's largest aggregator of quality data for hospitals – "*Ballad Health's quality has recovered faster than any of the thousands of hospitals in its database.*"

    a. *Quality of Care Metrics:* Ballad publishes its quality data in accordance with the COPA requirements on its website. Notable highlights include the following:
        i.   For FY23, Ballad performed in the top 10% of hospitals in the nation on seven of ten COPA patient safety indicators (PSIs).
        ii. Among the hospital infection indicators, Ballad is performing better than expected or meeting every measure when using the Centers for Disease Control and Prevention's recommended adjustment methodology accounting for differences in patient population.

    b. *Clinical Council:* The Clinical Council (the Council) is aligned with the Ballad Health Board of Directors and the Board's Quality, Service and Safety Committee (QSSC). During FY23, the Council was comprised of 37 physicians from many backgrounds and

specialties. Of those physicians, 19 were employed by Ballad. The Council continued to assist in establishing key quality and patient safety priorities with consideration to risk, volume, propensity for problems (including incidence, prevalence, and severity), impact on health outcomes, patient safety and quality across all areas of care. Key accomplishments in FY23 included:

    i. improvements in the usage of electronic health records,
    ii. standardization of a variety of high-value care initiatives,
    iii. updates to medication use processes, and
    iv. improvements to children's and women's care standards.

c. *Patient Experience:* In the aggregate, 89% of patients surveyed by Press-Ganey, the nation's most credible patient data firm which tracks patient and employee experience, would recommend Ballad's hospitals. In some Ballad hospitals, as many as 96% of patients would recommend their hospital. While wait times, specifically for the Emergency Department, are too long as a result of the staffing shortages, it should be noted that the metrics for Ballad's tertiary hospitals outperform the national averages, and some of America's, Tennessee's and Virginia's most well-respected health systems, in areas such as patients who leave without being seen, time from presentation to discharge, and patients who present with stroke symptoms that receive their brain scans within 45 minutes. Ballad's results are as good as, or better than, Vanderbilt, University of Tennessee, University of Virginia, Cleveland Clinic, Carilion, and other well-respected providers. This data is publicly reported on the hospital-compare website.

d. *Staff Experience:*

    i. *Ballad Health Physician Survey:* Ballad conducted its first physician engagement survey in May 2023, utilizing Press Ganey, the leading hospital team member, physician, and hospital services survey company. Participation was higher than in previous legacy organizations and valuable feedback was obtained. Data from this survey are used to reinforce that which are strengths, and to focus on areas where our physicians suggest we can improve.

    ii. *Pay Equalization Update:* Since the original equalization of pay practices between the legacy systems, standardized job codes and pay grades and standardization of benefit and retirement plans have been implemented. Since, there have been numerous wage and benefit enhancements impacting team members regardless of which legacy system they originated from.

    iii. *Workforce and Career Development:* Ballad has added new programs and enhanced existing programs since its last report, reflecting a significant investment in workforce development resources to equip Ballad team members to deliver the best experience for patients and each other. These programs include enhanced new team member orientations, robust tiered leadership programs, a healthcare advisory program, advanced nurse training and residency programs, an improved online learning management system, and tuition reimbursement and scholarships.

III.   **Lowering Cost of Care**
Ballad and community physicians continue to reduce the cost of care to patients, employers and government payors through value-based care.

a. *Price Transparency:* Ballad continued to meet the Centers for Medicare & Medicaid Services hospital price transparency requirements under section 2718(e) of the Public Health Service Act. As such, Ballad's gross charges, discounted cash prices, payer-specific negotiated charges (rates), and de-identified minimum and maximum negotiated charges (rates) for all hospital items and services as well as a consumer-friendly estimator tool and other pricing information are publicly available on its website.

b. *Cost-Efficiency Measures:* According to countyhealthrankings.org, Ballad Health and community physicians have reduced preventable hospitalizations in our region by 50% since 2017. This has resulted in hundreds of millions of dollars of savings to taxpayers, employers, and patients. Our region's preventable hospitalization rate is as low, or lower than, communities like Nashville – a stunning result given the magnitude of resources available in those communities due to substantially higher commercially insured populations. In FY23, Ballad saw more than $11.5M (for projects greater than $200,000) in savings due to cost-efficiency measures taken across the areas of supplies, productivity, labor, and contract consolidation.

Through the work of the AHCN, Ballad has helped reduce preventable hospitalizations for the uninsured population, reducing the cost to taxpayers of charity care, and improving patient safety by avoidance of hospitalization.

Partnership & Research Highlights
Ballad has made progress toward its involvement with its academic and community partners and its research goals. Highlights include a multifaceted academic partnership with East Tennessee State University's (ETSU) Center for Rural Health and Research, as well as initiating studies with Harvard Medical School's Department of Health Care Policy.

Non-academic research included work with the Health Resources and Services Administration's (HRSA) efforts to combat opioid usage in rural communities, and the Centers for Medicaid and Medicare Services (CMS) Accountable Health Communities. Ballad also funded a myriad of initiatives across a broad spectrum of research.

- Ballad and its partners had 176 new and ongoing clinical studies in FY23.
- Ballad spent a total of $5.9 million in grant funding and brought in (or assisted others in bringing in) a total of $16.6 million in new grants.

FY23 Health Plan Progress
Ballad continued to make notable progress on its health plans:

a. *Behavioral Health Highlights:*
o   100% success rate in avoidance of neonatal abstinence syndrome for women who participated in Strong Futures and completed the program – a major improvement in

the lives of the babies and mothers, and savings of millions of dollars to taxpayers for avoidance of NICU level of care
- o Filled key leadership positions
- o Improved behavioral health workforce retention and development
- o Continued developing an integrated approach to behavioral health and primary care
- o Supplemented the existing regional crisis system for youth and adults
- o Expanded resources for addiction treatment and launched a behavioral health telehealth program

b. *Rural Health Highlights:*
- o Expanded access to primary care practices with new hires
- o Recruited physician specialists to meet rural access needs
- o Launched a remote patient monitoring pilot to support Primary Care Providers
- o Prepared for the implementation of 24/7 Urgent Care
- o Coordinated preventative health care services

c. *Children's Health Highlights:*
- o Improved staffing for children's health infrastructure
- o Created a pediatric complex care program
- o Continued growth of telemedicine in local school systems
- o Hired a variety of pediatric subspecialists
- o Developed pediatric quality improvement dashboards to track progress

d. *Population Health Highlights:*
- o Continued to develop the population health infrastructure within the community, including implementing universal social screenings to support patient social needs and other technological advancements to improve its ability to scale and monitor services
- o Expanded its work as a Community Improvement Organization, launching new Strong Start sites and groups, enrolling more participants in the Appalachian Highlands Care Network, growing its tobacco cessation services and launching a new mobile women's health unit
- o There are now numerous examples of how Ballad's community health worker/navigation program has assisted people with social determinant challenges – from providing assistance with housing needs, social services, food insecurity, limited transportation, etc. These stories are compelling, and underscore the evolution of Ballad toward becoming a health improvement organization.

REPORTING REQUIREMENTS, PROCESS & COPA COMPLIANCE

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 merger and identify the key measures of public benefit which any supervised merger should achieve. These policy priorities are embedded in Ballad's strategic and management action plans which are approved and monitored by the Board of Directors and leadership of Ballad. 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.

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 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.

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:
- Ballad 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 were two COPA complaints filed with the COPA Compliance Office. Those complaints were found to be unsubstantiated.

- Ballad is in discussions with the Tennessee Department of Health and the Virginia Department of Health regarding FY23 plan spend, given the disruption that has occurred due to COVID-19 and based upon the shifting needs of the population. While not final, Ballad has notified the Departments that incremental plan spend in FY23 is expected to be below the commitment in two of the six plans (Behavioral Health and HIE), even as spending in some other plans exceeded the commitment.

- Ballad spent or committed $160,681,000 of capital, which includes $93,391,000 of FY23 capital and $64,153,000 related to prior year budgeted capital. Planned expenditures for several large multi-year capital projects slated in FY23 did not occur due to construction or other delays. The plain language of the TOC requires 3-year plans, largely due to the typical multi-year nature of capital spending on large projects. Due to the mutual agreement of the parties to utilize a one-year plan for FY23 related to the financial uncertainties created by the COVID-19 pandemic, and to the fact the TOC does not contain provisions for a one-year plan, the parties must reach agreement on how to reset the forward looking capital planning process related to the TOC.

- Ballad Health spent over $74 million in FY23 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. Ballad Health will review the detailed information with the COPA monitor and request a formal waiver per Section 4.03(f)(vi). There have been no assertions or complaints that Ballad Health is not in compliance with its charity policy, and Ballad's charity policy is among the most generous in the nation.

Ballad Health Annual Report

Reporting Period:
July 1, 2022 – June 30, 2023

BalladHealth™

It's your story. We're listening.

Annual Report for Fiscal Year 2023

Covering 07/01/2022 – 06/30/2023 ("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.

_____   ____10/28/2023_____
Alan Levine   Date
Executive Chairman
Chief Executive Officer
Ballad Health

_____   ____10/28/2023_____
Lynn Krutak   Date
Executive Vice President
Chief Financial Officer
Ballad Health

List of Attachments

ANNUAL REPORT

Requirements. Section 6.04 and Exhibit G of the Tennessee TOC[1] 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 resumed on July 1, 2022. In Virginia the letter authorizing cooperative agreement provides that the Commissioner evaluates Ballad against the Virginia CA Conditions[2] 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

Ballad Health Maintenance and Repairs Summary

	FY23
Maintenance	$ 74,877,444.22
Repairs	$ 17,986,622.42
Total	**$ 92,864,066.64**

Below is the status of implementation of the Capital Plan required by TOC 3.07(b) relating to FY23.

Ballad Health Capital Plan

Fiscal Year 2023 ($ in 000'S)

	FY23	FY23
Capital Plan by Category	Plan	Spend*
Technology	$ 32,249	$ 27,793
Equipment Replacement	43,802	22,360
Construction & Renovations	9,045	2,740
Facilities	10,500	6,512
Other	4,500	30,944
Contingency	10,000	3,042
Total	**$ 110,096**	**$ 93,391**

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

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[1] https://www.tn.gov/health/health-program-areas/health-planning/certificate-of-public-advantage.html
[2] https://www.vdh.virginia.gov/licensure-and-certification/cooperative-agreement/

Per the audited Statement of Cash Flows for FY23, Ballad invested $125,855,000 in property, plant, and equipment.

In FY23, Ballad spent or committed $160,681,000 of capital, which includes the above $93,391,000 of FY23 capital and $64,153,000 related to prior year budgeted capital.

The expenditures listed in the table above relate only to the FY23 Plan. Planned expenditures for several large multi-year capital projects slated in FY23 did not occur due to construction or other delays. The plain language of the TOC requires 3-year plans, largely due to the typical multi-year nature of capital spending on large projects. Due to the mutual agreement of the parties to utilize a one-year plan for FY23 related to the financial uncertainties created by the COVID-19 pandemic, and to the fact the TOC does not contain provisions for a one-year plan, the parties must reach agreement on how to reset the forward looking capital planning process related to the TOC, and should consider the 3-5 year financial projections of Ballad and industry trends.

Other capital spend includes $10,925,000 to acquire property in Johnson City, $2,232,000 for the implementation of new pediatric emergency services in Kingsport, $1,331,000 for information technology archiving projects, $1,031,000 for the renovation of the emergency department at Lonesome Pine Hospital, and $10,354,000 in prior year funded projects in amounts below $1,000,000 for each project. The remaining approximate $6,000,000 in capital spend are current year projects below $1,000,000 for each project.

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

Progress continues to be made related to the execution of a comprehensive career development program for Ballad team members. New programs have been added and existing programs have increased since our last report reflecting an 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). We returned to live, in-person first day of orientation on July 10, 2023. During the three-year period that the first day of orientation was online, the process allowed new hires to safely complete the first day requirements 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. Ballad continues to offer an online first day orientation option for the convenience of contract nursing, contract team members, and team members engaged in hybrid and remote work assignments.

Fiscal Year	Ballad Health TM's	Contract TM's & Students	Total Hires
FY23	3161	5234	8395
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, they must also be nimble in their approach and demonstrate resiliency to those they lead.

Recognizing that building the strongest possible leadership team requires designing different programs to meet the highly variable development needs of each leader, Ballad has adopted a tiered-approach that aligns curriculum with the unique training needs of leaders at various stages of their skill development.

<u>Aspiring Leaders Program (ALP)</u>

Potential future leaders of Ballad are identified and selected to participate in this every other week, 6-month long program designed to introduce fundamental leadership principles in a highly interactive and engaging learning environment. Participants later apply these principles in a project-based learning approach working closely with established Ballad leadership to complete a real-world, healthcare-specific project that will benefit our organization. This program was transitioned to a virtual classroom experience in Fiscal Year 2020 (FY20) due to the COVID-19 pandemic but recognizing and supporting staffing challenges during the COVID-19 response, this program was suspended. We were able to transition back to in-person learning in the spring of 2023. For Fiscal Year 2024 (FY24), we anticipate approximately 35 future leaders will graduate from this program.

<u>Onboarding Leader Program (OLP) – for New Leaders</u>

Team members promoted into first-time leadership positions with Ballad and new team members recruited externally into leadership positions engage in this training experience. Over a period of weekly, all-day sessions these new leaders learn fundamental concepts of leadership with curriculum designed and delivered in collaboration with local universities. Ballad policies and procedures are reviewed, and participants become familiar with our policies, 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 graduates of the program during that year.

In Fiscal Year 2022 (FY22) the Onboarding Leader Program returned to live in-person instruction, 97 Ballad leaders participated, an additional 68 leaders completed the program in Fiscal Year 2023 (FY23).

<u>Developing Leader Program (DLP)</u>

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 into next-level leadership. Since the launch in FY21, a total of 30 participants have completed the program, 10 in FY23.

<u>5-Minute Skill Builder Microlearning</u>

In an effort to offer additional educational options for all team members, Ballad developed nine innovative microlearning offerings in FY23 that provided quick, easily accessed, soft skills development training. The content is completed on-demand at the convenience of our busy work force and takes no more than five minutes to complete. During FY23, 206 team members took advantage of these trainings. Topics developed and implemented in FY23 include:

1. Phone etiquette
2. Email etiquette
3. Three Good Things
4. Managing a Remote Team
5. The Power of First Impressions
6. Five Ways to Run a Successful Virtual Meeting
7. Bring the Energy: Engaging Virtual Meetings

8. Active Listening
9. Service Recovery

Additional microlearning topics will continue to be developed and rolled out in FY24.

Health Care Advisory Board Fellowship Program

This is an 18-month program designed to accelerate the development of selected leaders to advance their organization's mission-critical initiatives. Cohorts of rising leaders from across the country meet in Washington D.C. to explore the most current advancements in and out of our healthcare industry. Twenty-two Ballad leaders have successfully graduated from this training since 2018. Two new cohorts of Ballad leaders participated in the program this year (12 leaders) with graduations expected in September 2023 and 2024.

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. The PLA has over 160 leader graduates to date who have completed the course work and received their certificate of completion across Ballad. Recognizing the challenges facing providers with scheduling, etc., an innovative partnership with The Middle Tennessee Chapter of the American College of Healthcare Executives providing a shortened curriculum over a 9-week period one evening per week has been developed. This virtual program provides access to a broad range of subject matter experts and incudes group learning and exercise with physicians from across the state. Continuing Medical Education (CME) credits are offered. Due to the success of this program, the PLA will continue to partner on this program. Five physicians completed the program last year.

Ballad Health Senior Leadership Development and Succession Planning Process

FY23 saw the full launch of the B-Kinetic program, supporting our senior leaders by connecting them to resources such as leadership development training, life coaching and counseling. The focus is both on increasing and strengthening the competencies needed for their own career progression and on the well-being and balance of our senior leaders to keep up with the challenges of working in the current healthcare environment.

We realized such great success with phase 1 of the succession planning process for senior leaders during FY22 that instead of continuing the phased approach originally planned over the next 2 fiscal years, we finished the process with an additional 100 senior leaders. This process includes: completing a leadership competency assessment, reviewing the results of that assessment with their supervisor and ongoing monthly career development support meetings with an external vendor providing these services. To date all senior leaders have completed this review and are working on their personal career development plans as a result of the data provided in the assessment and conversations with their coach and supervisor. This work supports a leader in their desire to progress in the organization to other positions or further strengthen their existing leadership competencies.

Other Career Development Programming

Nurse Residency Program

The Ballad Nurse Residency program implementation was significantly modified during FY23 based on the feedback from the new registered nurse graduates entering the workforce in addition to the

documented impact of the pandemic on the academic program education and clinical exposure of these same individuals.

Specifically, the nurse graduates entering the workforce in FY23 demonstrated significantly reduced exposure to clinical training with actual patients and more simulation laboratory training than previous graduates related to modification during the pandemic throughout their nursing program tenure. As a result, the Ballad nurse residency STEP (Successful Transition into Excellent Practice) program was modified this fiscal year to include a skill-based and population specific approach to initial education and orientation. This approach addresses gaps in the academic process and assures clinical nursing skill acquisition for optimal transition to independent licensed nursing practice. The additional STEP program nurse resident course components were offered over the first year of employment monthly as electives for the graduate/newly licensed nurse to attend and complete as desired individually.

The modified nurse residency program includes the intensive skill-based required education for competency completion, hands-on work experience/orientation in their employed patient care department, and classroom training with clinical experts and specially trained preceptors.

The Ballad nurse residency is currently being re-evaluated to identify the optimal program content and delivery to support newly licensed nurse graduate transition to practice and optimal skill and professional development.

Certified Nurse Assistant Program

Ballad offers challenging and meaningful career opportunities while contributing to the well-being of our community. To reach under-employed and disadvantaged community members interested in beginning a health care career, Ballad offers a Certified Nurse Assistant (CNA) training program. Students are paid while attending the training courses. Ballad significantly increased CNA training year over year and, in FY23, demonstrated a 64% increase in the number of individuals who completed and achieved CNA certification in Tennessee (TN) and a 9% increase in Virginia (VA). The 64% increase in TN equates to 251 CNAs completing the program in FY23. The on-line option for the theoretical classwork portion of the CNA training program developed in FY22 contributed to the significant increase in TN CNA program graduates by facilitating increased access to the program content. Ballad is in the process of seeking approval from VA for an online CNA program. The Ballad 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.

Nursing Leadership Development Program

With the pandemic impact to nursing turnover, overall nursing leadership was also impacted. Many Ballad nursing leaders are first time leaders and have not been in a nursing leadership role outside the pandemic. A Nursing Leadership Development Program is being finalized to promote professional nursing leadership development across Ballad and provide for optimal leadership in the challenging post-pandemic healthcare environment.

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 points of progression toward graduation and illustrates an annual financial commitment of $2,500 per year for each team member enrolled.

Scholarship opportunities were increased during FY23 to include not only nursing but other patient care positions such as all modalities of imaging (MRI, CT and Rad Techs), cath lab and surgical technologists, and lab and respiratory therapists. With the increasing competition for corporate support departments

we added information technology and finance positions as well. These scholarship opportunities are available to both community members and team members. This is not only an effort to ensure a constant pipeline of graduates but also to support our regional educational partners with program attendance. Students on scholarships increased from 38 in FY22 to 51 during FY23 with graduation dates ranging from December 2023 to May 2026. Enrollment in scholarship opportunities is ongoing.

Human Resources dedicated two full-time equivalent team members as Academic Liaison's, working with our scholarship recipients, recruiting new recipients and present at all area higher education institutions, both in our geographic footprint and outside of that, to increase the pipeline of new graduates.

Online Learning Management System

To support the health system's education and training programs and meet required education tracking and regulatory requirements, Ballad continues to use an online learning management system. In addition to providing the required training, this system also provides additional options for all skill levels and interests. Many of the offerings meet continuing education requirements to assist team members with maintaining any licensure or certification, as well as, expanding their knowledge base.

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

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 Council is aligned with the Ballad Health Board of Directors (the Board) and the Board's Quality, Service and Safety Committee (QSSC). During FY23, the Council was comprised of 37 independent and employed physicians from many backgrounds and specialties and from throughout the region. Roughly half of the membership are not employed by Ballad. The Council continues to assist in establishing key quality and patient safety priorities with consideration to risk, volume, propensity for problems (including incidence, prevalence, and severity), impact on health outcomes, patient safety and quality of care.

The Council continues to support Tiered Safety Huddles as it establishes a communication process at all levels of the organization. The overall goal is to ensure transparency in identifying and mitigating any patient harm or safety concerns. The tiered huddle process allows the leaders to engage, strategize, and implement solutions to address concerns in real time while developing a culture of safety and zero harm.
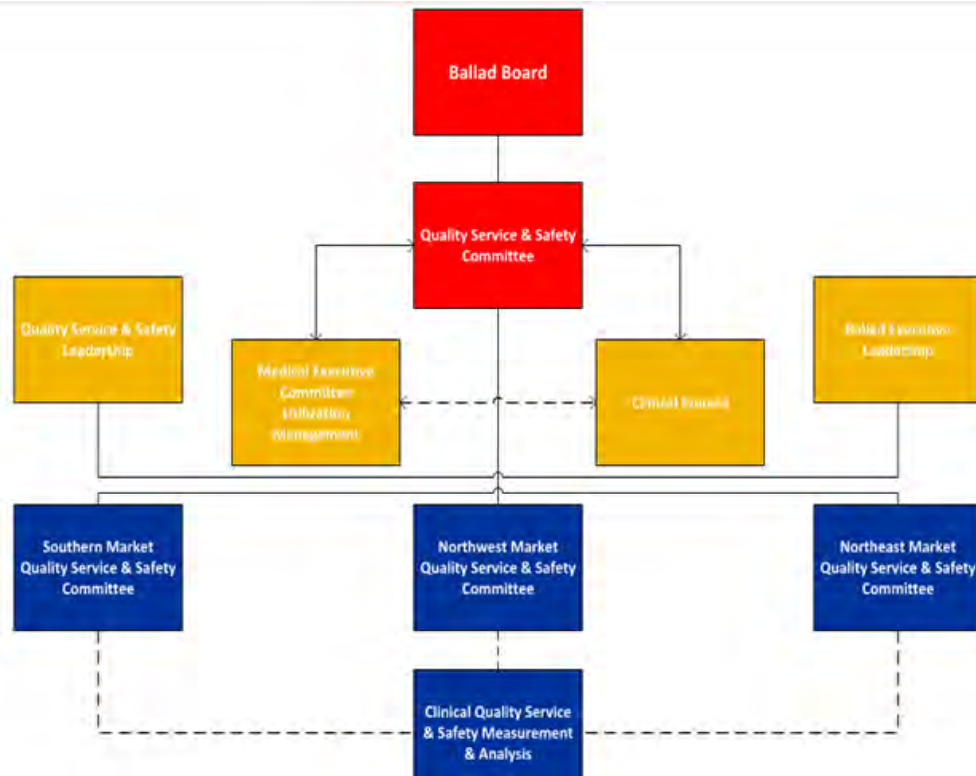
The Quality, Safety, and Service Committee clinical priorities set for FY23, along with the Quality Monitoring Measures established by the conditions of participation are provided below:

- **Quality:** Patient Safety Indicators 3, 6, 8-15, Sepsis Management Bundle, Emergency Department Throughput, Readmissions (Heart Failure, Pneumonia), Mortality (Sepsis, Heart Failure, and Pneumonia).
- **Safety:** Clostridioides Difficile (C. diff), Catheter-Associated Urinary Tract Infection (CAUTI), Central Line-Associated Bloodstream Infection (CLABSI), Methicillin-resistant Staphylococcus Aureus (MRSA), Surgical Site Infection (SSI) Hysterectomy and Colon
- **Service:** Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) Patient Experience

The Regional Quality and Safety Metric meetings have continued a systematic approach by allowing discussions with stakeholders regarding opportunities identified as well as sharing successes among our organization.

FY23 accomplishments for the Clinical Council include:

- The Clinical Council (the Council) Chair adopted a revised meeting format to enhance communication between Council representatives to the Medical Executive Committees (MEC) they represent. Members who have ideas for improvements or projects will use a bi-directional approach for implementation. Topics will then be brought to the Council for evaluation and routed to appropriate sub-committee for further review.
- The Managing Director of the Ballad Health Innovation Center and Ballad Ventures introduced to the Council recent programs consisting of Innovation, Operational Excellence, Enterprise Program Management, Inside/Out Innovation (Commercialization), Outside/In Innovation, and Entrepreneurial and Ecosystem Development. Discussion around the opportunities using innovation and partnerships with various companies to aid in the transformation in clinical care

within the Ballad region and in the industry. Ballad Ventures will focus on the innovative ideas which transform the health care experience, cost, access, and outcomes while driving our mission, vision, and strategic initiatives of the organization.

- The Chief Medical Officer of Women's and Children's Service line shared and presented an update about non-accidental trauma workup standardization build. This will include order sets for Pediatrics of all ages in the emergency department setting. This build was vetted by multiple pediatric subspecialists and was unanimously agreed upon through the Woman and Childrens Service line collaborative. Information on Operative Vaginal Delivery was also discussed to include the background and implementation of a dot phrase within Epic for Council review and approval.

- The Chair of High Value Care Committee presented an update to the Council about Laboratory and Testing Utilization to bring to light overutilization of laboratory testing. The cycle methodology for decreasing the use of unnecessary laboratory testing was reviewed as well as metrics for each facility in relation to Premier Hospitals.

- The Chief Medical Director of the Emergency Department at Holston Valley Medical Center and Indian Path Community Hospital gave an update on Virtual Sepsis Unit, to include the Situation, Background, Assessment, and Recommendation (SBAR), and Concept Demonstration. The Council received information about the background, assessment of current state, benefits, return on investment and cost related to the project. A Council recommendation was made to deploy a Virtual Sepsis Unit Pilot Project.

- The Chief Clinical Officer supplied an update to the Council on the High Reliability Organization (HRO). The update included the progress made, High Reliability Organization Driver Diagram, and current next steps on the continuous journey towards ZERO harm.

- The System Medical Director of Clinical Transformation and Outcomes Optimization presented an update to the Council on the Advisory Group inaugural meeting and upcoming projects such as Glucommander and Telemetry Utilization.

- The Chair of the Medical Staff Services Subcommittee presented to the Council details about the Bylaws alignment development and approvals to include alignment of process, consultation Rules and Regulations, the policy on Aging Physician and On-Call Requirements, and On-Call Policy proposed revisions. Guiding principles and recommended revisions were given and discussed with next steps outlined. Phase 1 of the Bylaws Project including all policies related to Peer Review, were approved, and implemented at the beginning of 2023.

- The Ballad Health President and Chief Executive Officer (CEO) supplied an update to the Council about retainment and retention efforts for team members.

- The System Medical Director of Surgical Services presented an update to the Council about the Surgical Pre-habilitation Clinics. Current clinics are set up in Abingdon, VA, Johnson City, TN, and Kingsport, TN with a potential referral from any surgeon operating within a Ballad facility. Targeted co-morbidities (smoking cessation, nutrition, weight loss, and diabetes management) were presented as well as future steps of the clinic.

- The Chief Medical Officer of Behavioral Health Service Line presented an update to the Council related to Behavioral Health locations and services offered. Opportunities reviewed related to national, local, and regional needs, data, and patient experience. Key strategies were reviewed, and assistance was requested for tele-psychiatry services that are currently being provided by a tele-vendor. For this to occur, recommendations were made and endorsed by facilities MEC to allow tele-medicine privilege for Behavioral Health Nurse Practitioners.

- The Digital Care Strategy Officer presented to the Council the Patient Flow Center (Centralized Bed Placement). Opportunities regarding process flow affecting patient safety, experience, and quality of care were reviewed. Projected improvements, standardization, infrastructure, and a

timeline of a phased approach for roll out was reviewed. The implementation of this new system will account for a reduction of 7.2 hours in patient flow and a 16:58 minute reduction in transfer time. Additional research data will be disseminated to the Council members for review.

The established Subcommittees of the Council are:

Clinical Informatics Subcommittee:

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

- **FY23 accomplishments for the subcommittee include:**
    - Upgraded Epic Best Practice Advisories (BPA) to comply with new prescription requirements in Tennessee and Virginia.
    - Modified the Epic medication lists in hospitals to assist outpatient providers to have an accurate knowledge of medication history, refill and follow ups.
    - Implemented the 21st Century Cures Act by October 5, 2022, in which patients will be able to view various parts of their health record immediately upon completion of an encounter (Information blocking, from a clinical perspective, will only be permissible under two circumstances; 1) by patient or legal representative request under HIPPA laws, or 2) on the rare occasion in which release of certain information would result in risk to the life or safety of the patient or another person).
    - Modified the Telemetry Order set in Epic to move the number of selective buttons from 3 to 6 and to include a drop down for "other reasons".
    - Revised oxygen Epic order sets to include the start time of the order,
    - Revised dietary Epic order sets so they can quickly be resumed in the perioperative and postoperative period.
    - Revised Epic information process as one patient moves to another facility the electronic record will follow without issues.

High Value Care/Evidence Based Medicine Subcommittee

Purpose: To prioritize efforts to promote high-value care supported and guided by evidence-based practice. The subcommittee will lead efforts to teach, optimize, and operationalize safe, clinical practice and reduce unwarranted clinical variations across the health system.

- **FY23 accomplishments for the subcommittee include:**
    - Revised project planning process of the High Value Care Committee to include identifying barriers, implementation timelines, monitoring, and data analyzation.
    - Developed Chronic Kidney Disease screening task force in the outpatient setting by Ballad Health Medical Associates (BHMA).
    - Revised Glucommander order set and protocol, upgraded 2023 system, and rolled out to Legacy Mountain States Facilities (provides personalized insulin dosing. recommendations to maximize workflow efficiency throughout the organization)
    - Completed Virtual Sepsis Unit SBAR, submitted financial plan, and approved.
    - Deployed a system-level strategy of quality monitoring and intervention for Sepsis Care Management through remote RN lead Virtual Sepsis Unit.
    - Updated Epic Sepsis monitoring worklist to allow display of all acute hospital patients with a sepsis score greater than or equal to 5.
    - Developed Hospital at Home Policy to include standard of care, risk assessments, and remote monitoring.

o Developed a Blood Transfusion task force to determine appropriate use and criteria (vetted by general surgery, cardiovascular, and gastrointestinal specialists).
o Worked with High Value Care and Anticoagulation Committee on reducing the use of Heparin and prevention of errors.
o Standardized Insulin order sets throughout the organization.
o Standardized Telemetry order sets and workflow.

Medical Staff Services Subcommittee:

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

- **FY23 accomplishments for the subcommittee include:**
    o Revised maintenance, certification, and application fee process, and aligned the system.
    o Revised the Do Not Resuscitate (DNR) orders policy pertaining to Tennessee Advanced Practice Providers.
    o Developed the Consultations Policy for emergent and routine consultations as well as communication to the Clinical Command Center.
    o Merged the application fee policy to allow for system alignment.
    o Reviewed and revised the transfer process to address attached versus unattached patients and the effect on internal patient movement.
    o Aligned credentialing criteria (system standards) across organization.
    o Completed Medical Staff Bylaws Project Phase I, Executive Summary of Professional Practice Evaluation (PPE) for Acute Care Hospitals within the organization including various revisions of policies and processes to promote resolution of System/Process issues.
    o Developed a Medical Staff Leadership Advisory Committee (MSLA) for the purpose of facilitating shared information and expertise among various entities within the organization.
    o Revised the MEC and Medical Staff Subcommittee (MSS) interaction and response: Implemented a 60-day review/comment period on all issues related to Credentialing, Privileging and Governance.
    o Reviewed and revised policies on Consultations including, Consultation Rules and Regulations, Aging Physician and On-Call Requirements, On-Call Policy, and On- Call Policy Proposal-Elective Surgery/Procedures while On-Call.
    o Increased Behavioral Health Services bandwidth to all emergency rooms and some inpatient consultations by using Iris Group for tele-psychiatry consults.

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.

- **FY23 accomplishments for the subcommittee include:**
    o Developed new BPAs in Epic to comply with new prescription requirements concerning Opioids in Tennessee and Virginia.

Patient, Family, and Provider Experience Subcommittee:

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

- **FY23 accomplishments for the subcommittee include:**

- Completed provider survey, reviewed opportunities, and determined a plan of correction.
- Reorganized providers per specialty cohorts such as Hospitalist, Emergency, and BHMA Providers to streamline work on Patient and Family Engagement.
- Rolled out High Reliability Organization (HRO) with a focus on engagement and resiliency in everything we do across the organization.
- Restructured Providers Patient and Family Engagement Committee
- Provided tools in Epic to assist with identifying workloads to help prevent or minimize physician burnout.
- Developed and deployed Nurse Communication Bundle and Physician Communication Bundle.
- Implemented Discharge Folders to include After Visit Summary (AVS), follow-up care appointments, etc.
- Partnered with the Schumacher Clinical Partners (SCP) group for the provisions of Physician and mid-level staffing in the emergency departments. They deployed mandated patient experience training modules for Provider Education on HCAHPS Patient Experience.
- Partnered with High Value Care Committee to revise the patient AVS.
- Partnered with Nursing to promote Bedside Shift Report.
- Communicated expectations for Physician Rounding with a Nurse, when possible, to ensure everyone is on the same plan of care.
- Redesigned the Emergency Department Process Brochure for updated flow (distributed upon registration).
- Deployed Innovative process changes to expedite care throughout Ballad to include "vertical" or "chair care" returning patients to a sub-waiting area while awaiting testing results.
- Completed rapid improvement events at the emergency room level to focus on throughput resulting in overall decrease in time in the waiting room and time to treatment.
- Increased satisfaction with improved access to Ballad medical practice network through online scheduling, expanding virtual visits, same-day appointment scheduling, and expanded team-based care models to support the Primary Care Providers.

Pharmacy and Therapeutics Subcommittee:

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

- **FY23 accomplishments for the subcommittee include:**
  - Upgraded Omnicell Anesthesia Workstation and Cabinet across the organization.
  - Revised acceptable override list in the Pre-Admission, Holding, and Post Anesthesia Care Unit areas.
  - Reviewed the clinical success rate of using daptomycin in the treatment of bacteremia and ineffective endocarditis.
  - Performed Medication Evaluation Use on Inpatient Sodium Ferric Gluconate at Bristol Regional Medical Center to evaluate the current restriction criteria of ordering

intravenous iron replacement therapy as currently established for hematology, oncology, and nephrology providers.
- o Performed Medication Evaluation Use on Molecular and Biomarker Analysis Among Lung Cancer Patients to assess the frequency with which biomarker testing is ordered, current documentation practices of ordered testing, and time to receive results.
- o Performed Medication Evaluation Use on Amiodarone Initiation to assess adherence to current dosing standards for amiodarone initiation after reports of several interventions to reduce the duration of an amiodarone load.
- o Performed Medication Evaluation Use Four-Factor Prothrombin Complex Concentrate(4F-PCC) or Kcentra to assess the removal of Andexxa from the formulary (Kcentra is the primary reversal agent for oral anticoagulants) and evaluated its use, time, and order set/panel usage to determine opportunities.
- o Revised order sets to include amiodarone, digoxin for rate control, and Wernicke encephalopathy.

Strategic Planning/Care Transformation Subcommittee:

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

- **FY23 accomplishments for the subcommittee include:**
  - o Finalized FY23-FY24 Management Action Plan for Ballad.

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.

- **FY23 accomplishments for the subcommittee include:**
  - o Developed Total Care Pathway for Orthopedic Subcommittees as a collaborative effort to focus on optimizing patients prior to joint replacement procedures. We note that all three Ballad tertiary hospitals are now certified with the Gold Standard certification for achieving high clinical standards from the Joint Commission for Joint Replacements.
  - o Combined over 50 legacy Wellmont and Mountain States policies to create system-wide Ballad Health Policies, and 113 policy revisions regarding Endoscopy and Sterilization of Equipment.
  - o Started the Drop the Preop initiative to standardize preoperative testing and other diagnostics across the organization, reducing unnecessary or wasteful testing that adds cost with no value.
  - o Established the "Caprini" Project to ensure consistent best practice for post-operative Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE), improve patient outcomes, and ensure clear ownership of post-operative anticoagulation recommendations.
  - o Opened pre-habilitation clinics in Abingdon, VA, Johnson City, TN, and Kingsport, TN, to allow surgeons within Ballad Facilities to refer patients for surgical optimization, including weight loss/management, smoking cessation, exercise, diabetes management, behavioral health services, and to the Appalachian Highlands Care Network.
  - o Established a Culture of Safety Quality/Risk rounding in the Operating Rooms across the System.
  - o Developed Anesthesia workstations.
  - o Streamlined DNR status for patients who are critically ill versus not critically ill.
  - o Expanded the Enhanced Recovery After Surgery (ERAS) program into Hip and Knee Replacement specialty.

o   Standardized utilization of Cefazolin to reduce the potential for Beta-lactam allergies.
o   Worked on standardization of system-wide credentialing for robotics.
o   Expanded the Robotics program to JCMC and IPCH.
o   Consolidated facility-specific colorectal pathways into one system pathway.
o   Formed a physician task force to focus on Patient Safety Indicator 10 Postoperative Acute Kidney Injury Requiring Dialysis.

Women's and Children's Subcommittee:

Purpose: To develop a formalized structure for collaboration across Ballad 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.

- **FY23 accomplishments for the subcommittee include:**
  o   Defined consistent Level 1 Newborn criteria for safe care of the newborn to include Hypoglycemia, Neonatal Abstinence, Respiratory Distress, and Late Preterm conditions.
  o   Standardized Obstetric Patient Body Mass Index (BMI) treatment and protocols for high body mass index pregnancies to decrease variation regarding the cutoff, potential transfer, and safe delivery at every facility.
  o   Added preadmission locations for Obstetrical patients to Bristol, Greeneville, and Norton for those patients with a BMI of fifty or greater or other high-risk conditions.
  o   Supported Antimicrobial Stewardship across the Niswonger Network concerning upper respiratory illnesses.
  o   Standardized Child Abuse/Non-Accidental Trauma order sets to include labs and diagnostics.
  o   Standardized Operative Vaginal Deliveries to include documentation and use of "dot phrase" in Epic.
  o   Revised Ballad Health Abortion Policy, with the legal department's assistance, to reflect the new TN state Statute and development of "Dot Phrase" to assist providers with documentation.
  o   Developed Higher Level of Care Transfer Criteria for Level II or III Neonatal Intensive Care Unit (NICU).
  o   Established "talking points" for patient transfer education so the patient can understand the "why" behind the need to transfer.

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**

FY23 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	FY23 Results	Source
Characteristics of Health Delivery System					
1	Population within 10 miles of an urgent care center (%)	Ballad	80.5%	82.9% (improved)	Census + Facility Address at Census Block
2	Population within 10 miles of an urgent care center open nights and weekends (%)	Ballad	70.3%	54.7%* (declined) Ballad established 24/7 virtual urgent care, increasing access to everyone in the region – the only provider to do so. See * footnote below	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%	74.1% (improved)	Survey tool created by NEDARC
7	Appropriate Emergency Department Wait Times (%)	Ballad	40.7%	44.9% (improved)	NHAMCS, CDC/NCHS
8	Specialist Recruitment and Retention	Ballad	Unavailable - Proposed Definition		
Utilization of Health Services					
Primary Care					
9	Personal Care Provider	TN	Unavailable		BRFSS
Appropriate Use of Care					
10	Preventable Hospitalizations – Older Adults	TN; Ballad is tracking through state database	72.2	34.6 (improved)	HDDS
11	Preventable Hospitalizations –Adults	TN; Ballad is tracking	25.6	16.3 (improved)	HDDS

		through state database			
Secondary Prevention (Screenings)					
12	Screening – Breast Cancer	TN; Ballad is tracking internally	74.1%	82.4% (improved)	BRFSS (unavailable so based on Ballad BHMA data)
13	Screening – Cervical Cancer	TN; Ballad is tracking internally	63.8%	70.0% (improved)	BRFSS (unavailable so based on Ballad BHMA data)
14	Screening – Colorectal Cancer	TN; Ballad is tracking internally	46.4%	67.3% (improved)	BRFSS (unavailable so based on Ballad BHMA data)
15	Screening – Diabetes	Ballad	71.2%	86.0% (improved)	Based on Ballad BHMA data
16	Screening - Hypertension	Ballad	97.6%	98.4% (improved)	Based on Ballad BHMA data
Infant and Children					
17	Asthma ED Visits – Age 0-4	TN; Ballad is tracking through state database	60.4	42.7 (improved)	HDDS
18	Asthma ED Visits – Age 5-14	TN; Ballad is tracking through state database	41.5	28.4 (improved)	HDDS
19	Prenatal Care in the First Trimester	TN	66.8%	Ballad has no proxy	TN Vital Statistics
Mental Health & Substance Abuse					
20	Follow-up After Hospitalization for Mental Illness – 7 days	Ballad	33.3%	21.2% (declined)	Based on MSSP and Team Member claims data
21	Follow-up After Hospitalization for Mental Illness – 7 days	Ballad	58.6%	48.1% (declined)	Based on MSSP and Team Member claims data
Antidepressant Medication Management					
22	Effective Acute Phase Treatment	Ballad	75.5%	83.9% (improved)	Based on MSSP and

					Team Member claims data
23	Effective Continuation Phase Treatment	Ballad	65.3%	63.9% (declined)	Based on MSSP and Team Member claims data
24	Engagement of Alcohol or Drug Treatment	Ballad	1.9%	10.1% (improved)	Based on Team Member claims data
25	Rate of SBIRT Administration – Hospital Admissions	Ballad	0.0%	0.01% (improved)	Ballad Internal Data
26	Rate of SBIRT Administration – ED Visits	Ballad	0.0%	13.59% (improved)	Ballad Internal Data
Consumer Satisfaction					
27	Patient Satisfaction and Access Surveys	Ballad	100%	100% (met)	Ballad Internal Data
28	Patient Satisfaction and Access Survey – Response Report	Ballad	100%	100% (met)	Ballad Internal Data

*Due to operational and staffing considerations, BHMA adjusted the posted closing times of multiple Ballad urgent care locations from 8:00 pm to 7:30 pm during the weekdays. Any patients arriving before 7:30 pm are still treated and the centers are operated until 8:00 pm. However, this posting adjustment does not meet the specific definition of "nights" as agreed to by Ballad and TDH and reflected in the data dictionary. This definition technically reads "open at least three (3) hours after 5pm Monday to Friday and open at least five (5) hours on Saturday and Sunday." As such there was a decline reflected in this metric. It should also be noted that 24/7 virtual urgent care has been made an option for patients during and after hours. This increased access is not accounted for in this metric as it is not a physical location, but rather a virtual option. Based on these factors, Ballad does not believe this decline compared to baseline is representative of a true decline of access to urgent care services.

FY23 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 FY23.

	Goal	Status
Investment in Population Spend	FY23 Commitment = $11,000,000[1]	FY23 Spend = $11,810,020[2] (met)
Achievement of Process Measures Identified in the Population Health Plan	Achieve 15 of the 15 Process Measures Identified in the FY23 Implementation Roadmap	15 of the 15 Measures were Completed (met 100% - detailed below)

[1]Based on revised Exhibit B approved on December 22, 2021
[2]Excludes baseline spend

Process Measures Identified in the Population Health Plan for COPA Scorecard

Strategy	Key Action Step	Process KPI
1	Communicate Ballad's ACC activation plan across system	Produce communication checklist and complete communications
1	Coordinate with chief analytics officer to add pop health data capacity	Operational guideline report completed with analytics
1	Develop mPINC system guidebook	Guidebook produced and distributed

1	Socialize contraceptive health plan internally and externally for input and buy-in	Produce tactical activation report
1	Maintain current staffing and operations	Maintain 10 carryover positions
1	Train internal department and service line teams and develop workflows for use of USS	4 facilities activated
2	Train additional early prenatal care navigator	Training complete
2	Launch cessation CME	CME launched
2	Add sites to AHCN network	10 new sites
2	Add STRONG LINK enrollment sites	Add 4 enrollment sites
2	Add new pediatric STRONG Starts sites	Add 3 sites
3	Integrate universal social screener in FCN program	Screener integrated
3	Identify additional promising and best practices	RFPs issued and partnerships evaluated
3	Launch new mobile health unit	Unit launched and first women served
3	Launch process improvement initiatives directed at decreasing mortality and morbidity	Develop 1 improved process each in heart, cancer, and trauma
		Percent Complete: 100%

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. For FY22, reporting activity was suspended during the first half of the reporting period, therefore reporting on patient experience for that period includes January 1, 2022 – June 30, 2022. The current FY23 reporting period is July 1, 2022 – June 30, 2023.

- 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 reflective of dramatic change in baseline to current)
- Satisfaction with access to emergency services is defined as waiting time for treatment and wait time to a physician. Ballad notes that industry metrics for emergency department (ED) satisfaction have declined materially. When comparing major ED metrics of left without treatment (LWOT), time from presentation to discharge and percent of patients presenting with stroke symptoms who receive brain scan within 45 minutes, Ballad's tertiary (high volume) hospitals performed at or better than the national average, and outperformed other notable peer health systems, including Vanderbilt, University of Tennessee Medical Center, Carilion, UVA Medical Center and Cleveland Clinic. This data was confirmed on the hospital-compare website.
- Satisfaction with access to 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 the express survey.

Measure Type: Access
FY22-Suspended July 1, 2021-December 31, 2021
FY23-July 1, 2022-June 31, 2023

Desired Performance	Access Area	Baseline	FY22	FY23	Status
⬆	**Satisfaction with Access to Care in Owned Medical Practices**	**68.35**	**92.7**	**92.7**	🟩
⬆	**Satisfaction with Access to Care in Emergency Services**	**84.25**	**69.03**	**68.05**	🟥
⬆	**Satisfaction with Access to Care in Outpatient Services**	**91.36**	**87.23**	**88.45**	🟥

NOTES: All medical practices migrated to one standard survey and platform in July 2019. Under the old survey, a 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 surveys at most 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 – driven largely by the impact of the pandemic.

Ballad - Patient Experience Access Strategic Imperatives

Improve Satisfaction with Access to Care in the Emergency Department

- Improve appropriate ED Utilization
  - Ballad continued using campaigns promoting urgent care as an alternative for less serious health concerns. A significant number of patients continue to seek care in the emergency department as their default place for care. Staffing shortages continued but are improving in the Ballad emergency departments.
  - The underlying cause for longer ED wait times is the national labor shortage impacting the nursing profession. Despite the ongoing national shortages, Ballad's efforts to reduce nursing turnover have been successful, with Ballad's nursing turnover materially decreasing to below pre-COVID levels, and below the national average. Patient satisfaction trends are improving as the turnover has decreased. The issue presenting now is the lack of an adequate pipeline of newly trained nurses from the systems of higher education – leaving significant vacancies which need to be filled. The replacement of more experienced nurses with less experienced new-graduates, combined with the ongoing shortages, creates a necessity for the continued use of contract labor as the newly hired nurses are onboarded and oriented. Ballad's expenditures for contract labor exceed $100 million annualized. While many health systems are reporting accelerated reductions in contract labor in order to save money, Ballad's approach, in order to sustain quality of care and continue improving service levels, is to more slowly decrease the use of contract labor to avoid overburdening the full-time nurses, and creating longer wait times. The cost of this commitment to quality and service is a direct contributor to Ballad's financial results.

Education materials for patients in the Emergency Department Process

- Welcome Video in Emergency Departments
  - A short video 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., first arrival does not always equate to first seen) and to let them know what to expect as they completed their visit.
- Redesign of Emergency Room Materials
  - Materials were redesigned and will be housed at the registration area to provide patients with updated information on 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.

Development of Provider Training for Patient Experience

- Ballad partnered with SCP for the provision of physician and mid-level staffing in the emergency departments. That team meets routinely to review patient experience, performance comments, and discuss interventions. SCP has developed mandated patient experience training modules nationally that are used locally to train providers. The pandemic has created multiple challenges including unrealistic expectations on the part of the consumer.
- Rapid Improvement Events centered on ED Throughput continued.
- Multiple improvement events continued across the system at the individual emergency room level as time allowed, given the pandemic crisis staffing needs.

Operational Throughput Improvements

- Chartered improvement teams to streamline throughput process decreasing time in waiting room and time to treatment. The organization achieved a reduction in throughput times in those facilities with the implementation of a discharge unit.

Improve Satisfaction with the Registration Process in Outpatient Services

- **Communication Training**

  o Ballad continued communication training for team members.
  o Ballad partners with Ensemble for the registration process. They provide customer service training to their team through a series of online and preceptor activities.

- **Technology Enhancements**

  o Work continued on development of the Consumer Call Center and centralized scheduling processes.
  o Centralized scheduling continues to be a work in progress across the system moving as many procedures/visits as possible to centralized scheduling.
  o Ballad continued work with e-check-in.
  o Materials are continually being provided to physician liaisons to equip them with information for providers in the region.

Improve Satisfaction with Access to Medical Practice

- Efforts have been underway to increase access and satisfaction access to Ballad's owned medical practice network. Activities have included:
  o Online scheduling,
  o Expanding virtual visits,
  o Urgent Care same-day appointment scheduling, and
  o Expanded team-based care models to support primary care providers.

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

Average Nursing Hours per Patient =	8.529
RN to LPN =	16.89 : 1
RN to Unlicensed =	2.63 : 1

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

The Employee Satisfaction Survey was not required to be completed during the Reporting Period. However, Ballad conducted a survey through the use of Press Ganey, with the results demonstrating improvement since the 2019 survey on almost every question on the survey. Overall industry trends within the Press Ganey database demonstrate that industry staff satisfaction has declined, while Ballad's has improved over the same time period. The reporting will be contained within the 2025 Annual Report in order to comport with the required timing of the survey. Ballad's nursing turnover is now lower than the national average and is at the lowest levels Ballad has experienced since before COVID. This combined with the results of the survey demonstrate that Ballad is outperforming the industry in terms of its trends.

Ballad Health Physician Survey

Ballad conducted a physician engagement survey in May 2023, utilizing Press Ganey, the leading hospital team member, physician, and hospital services survey company. The timing of this survey was deliberate, as Ballad wanted to get a perspective from the physicians as we emerge from the COVID pandemic. A national challenge is physician burnout and an acceleration in the number of physicians who choose to retire – creating major shortages, especially in rural America. While Ballad engages extensively with the physician community through the Clinical Counsel, through regular interactivity with the elected leadership of each hospital medical staff and through physician self-governance of Ballad Health Medical Associates, it is important we get broad input on the areas of strength and where there are opportunities for improved engagement based on the current environment Ballad and the physician community are navigating. The opinions of the physicians as we navigate our path forward is critical. The participation rate on this survey was higher than any survey previously conducted in either legacy organization. Valuable feedback was obtained in four domains – organization (degree to physicians and advance practice providers are aligned with the organization, have ease of use of med rec, recognize quality in the organization, etc.), leadership (communication and involvement), department (satisfaction with hospital-based services), and staff (satisfaction with hospital services). The overall mean score was 3.44 on a 1-5 scale.

Where there are areas of identified strength, Ballad plans to reinforce those activities. Just as Ballad has recognized the impact of the national shortage of nursing and clinical professionals, so, too, does this issue impact physician perspectives. The flight of experienced clinical staff has put strain on the entire health delivery system, and as efforts to replace the staff are undertaken, additional effort must be focused on helping newly trained staff develop professionally. For example, during COVID, nursing students could barely meet live in classrooms. They could not do clinical rotations in hospitals or nursing homes. And all many of them have known is the high acuity and specialized nature of the COVID crisis. As these cohorts are graduating, and entering the workforce, they are at a disadvantage relative to nurses who trained before COVID, particularly in terms of soft skills of communication and patient experience. This has had an impact on physicians, who rely heavily on the skills and experience of bedside staff. Ballad shares this priority, and also the need for communicating our efforts to the medical community as we help each other recover.

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

Ballad complied with the CMS requirements on price transparency. This includes the following:
- Establish (and update) and make public a yearly list of the hospital's standard charges for items and services provided by the hospital, including for diagnosis related groups established under section 1886(d)(4) of the Social Security Act.

- Make public a machine-readable file online that includes all standard charges (including gross charges, discounted cash prices, payer-specific negotiated charges (rates), and de-identified minimum and maximum negotiated charges (rates) for all hospital items and services.
- Make public discounted cash prices, payer-specific negotiated charges (rates), and de-identified minimum and maximum negotiated charges (rates) for at least three hundred (300) 'shoppable' services (70 CMS specified and 230 hospital-selected) that are displayed and packaged in a consumer-friendly manner – Estimator Tool available on Ballad External Website:

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

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

Ballad continued its efforts for seeking ongoing efficiencies, during the Reporting Period. The table below shows the efficiencies achieved, by category, for amounts greater than $200,000.

FY23 Efficiency	June 30, 2023 Actual ($ in 000's)
Medical Supplies	$5,423
Physician Productivity Efficiency	$1,907
Pharmacy Supplies	$1,904
Contract Labor Efficiency	$1,572
Consolidation of Hospitalist Contracts	$517
Clinics - Physician Contract Labor Usage	$219
	$11,541

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. In addition to the 4% annual increase applied in January 2023 (previously the increase has been 2%), since FY20 more than $100 million (FY21, 22 and 23) has been applied to market adjustments for Ballad team members. This does not include any planned annual increases, 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)

During the reporting period, no services or functions were consolidated for which Ballad realized savings greater than $2 million.

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

Inpatient discharges increased by 2.9% in the Reporting Period over the prior year. COVID discharges decreased to an estimated 3,993 in FY23 from 8,433 in FY22. Outpatient visits decreased slightly by 0.4%. Inpatient and outpatient surgeries increased over the prior year by 11.4% and 12.4%, respectively. Emergency department visits increased by 4.5% with Urgent Care visits decreasing by 3.3%. Some outpatient diagnostic volume is impacted by deliberate efforts of Ballad, partnering with physician partners, to implement value-based care models under risk-based arrangements. Also, several provider-owned diagnostic centers are now operational, with physicians self-referring patients to their centers. Ballad notes the self-referral patterns of provider-owned facilities results in more commercial and insured patients being referred to the provider-owned facilities, while Ballad continues to provide

charity care to those referred by the providers to Ballad facilities. This payer mix deterioration contributes to financial challenges for rural hospitals as commercially insured patients are steered toward provider-owned facilities. This is validated by the Tennessee Joint Annual Reports (JARs) data.

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

Schedule of Residency Programs FY23						
Program	**Match Rates (%) 2022 Class**	**Program Status**	**Site**	**ACGME Approved Positions**	**Available Positions Filled**	**Board Passage Rate (%)**
JMH Family Medicine	20 (4 of 5 in the secondary match)	ACGME Continued Accreditation	JMH	18	16	100
JMH Internal Medicine	43 (4 of 7 in the secondary match)	ACGME Continued Accreditation	JMH	18	18	TBD
Norton Internal Medicine	100	ACGME Continued Accreditation	Norton, VA	30	27	87
Lonesome Pine Family Medicine	67 (class filled in secondary match)	ACGME Continued Accreditation	Lonesome Pine/Norton, VA	18	17	100
JMH Dental Residency	100	CODA Accreditation	JMH	12	12	100
ETSU Addiction Medicine	100	ACGME Continued Accreditation	JCMC VA	2	2	100
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	92

ETSU Cardiology	100	ACGME Continued Accreditation	JCMC VA	9	9	67
ETSU GI	100	ACGME Continued Accreditation	JCMC VA	6	6	50
ETSU Infectious Disease	100	ACGME Continued Accreditation	JCMC VA	6	3	100
ETSU Medical Oncology	100	ACGME Continued Accreditation	JCMC	6	5	100
ETSU Pulmonary Disease and Critical Care	100	ACGME Continued Accreditation	BRMC HVMC VA JCMC	9	6	100
ETSU Obstetrics and Gynecology	100	ACGME Continued Accreditation	JCMC HVMC BRMC	13	12	100
ETSU Orthopedic Surgery	100	ACGME Continued Accreditation Without Outcomes	JCMC HVMC	10	10	100
ETSU Pathology - Anatomic & Clinical	100	ACGME Continued Accreditation	JCMC VA	8	8	100
ETSU Pediatrics	100	ACGME Continued Accreditation	JCMC	24	23	57
ETSU Psychiatry	100	ACGME Continued Accreditation	VA Woodridge JCMC	29	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

There were no additions or deletions in residency slots in FY23.

Sponsored Residency Programs/Slots FY23						
Program	Sponsor	Program Status	Affiliation	ACGME Approved Positions	Available Positions Filled	Board Passage Rate (%)
JMH Family Medicine	JMH	ACGME Continued Accreditation	VCOM	18	16	100
JMH Internal Medicine	JMH	ACGME Continued Accreditation	VCOM	18	18	TBD
Norton Internal Medicine	NCH	ACGME Continued Accreditation	LMU-DCOM	30	27	87
Lonesome Pine Family Medicine	LPH	ACGME Continued Accreditation	LMU-DCOM	18	17	100
JMH Dental Residency	JMH	CODA Accreditation	JMH	12	12	100
ETSU Addiction Medicine	ETSU	ACGME Continued Accreditation	ETSU	2	2	100
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	92
ETSU Cardiology	ETSU	ACGME Continued Accreditation	ETSU	9	9	67
ETSU GI	ETSU	ACGME Continued Accreditation	ETSU	6	6	50

ETSU Infectious Disease	ETSU	ACGME Continued Accreditation	ETSU	6	3	100
ETSU Medical Oncology	ETSU	ACGME Continued Accreditation	ETSU	6	5	100
ETSU Pulmonary Disease and Critical Care	ETSU	ACGME Continued Accreditation	ETSU	9	6	100
ETSU Obstetrics and Gynecology	ETSU	ACGME Continued Accreditation	ETSU	13	12	100
ETSU Orthopedic Surgery	ETSU	ACGME Continued Accreditation	ETSU	10	10	100
ETSU Pathology - Anatomic & Clinical	ETSU	ACGME Continued Accreditation	ETSU	8	8	100
ETSU Pediatrics	ETSU	ACGME Continued Accreditation	ETSU	24	23	57
ETSU Psychiatry	ETSU	ACGME Continued Accreditation	ETSU	29	22	100
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 FY23

Clinical Studies	New	Ongoing	Total at end of FY23 (New + Ongoing)
OB/GYN	4	0	4
Oncology	5	58	63
Cardiology	16	24	40
Pediatrics	10	1	11
Pharmacy	5	1	6
Trauma	16	2	18
Infectious Disease/COVID	0	0	0
Nursing	4	0	4
Pulmonology	0	0	0
Public Health	1	1	2
Radiation Oncology	1	2	3
Orthopedics	1	1	2
Pathology	0	0	0
Sleep Med	0	0	0

Pain Management	0	0	0
Gastroenterology	1	1	2
Vascular Medicine	2	1	3
Anesthesiology	1	0	1
Behavioral Health	1	0	1
Endocrinology	2	0	2
Gastroenterology	1	0	1
Genetics	6	0	6
Immunohistochemistry	1	0	1
Microbiology	1	1	2
Ophthalmology	1	0	1
Surgery	3	0	3
Osteo	0	0	0
Total	83	93	176

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

- Continuing to develop a robust, versatile, and nimble research infrastructure.
    - Re-invigorated the research plan including hiring a consultant to appraise our current state and make recommendations for the growth and development of the Ballad research effort.
    - Success in recruitment of a VP of Research Operations.
    - Posted other positions in research. 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.
    - Continued to work with the STRONG Accountable Care Community (ACC).
    - Ballad continued to support faculty, residents, and students engaged in research.
        - Received positive feedback on improved process for requesting data from Epic/Ballad from researchers.
        - Provided statistical support for researchers.
        - Developed process for read-only access to charts in cases were 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.
        - Deployed student tracker database.
        - Progressed on modernizing the IRB with new data platform.
    - STRONG LINK database work continued.
        - Activated REDCap within Ballad.
            - Currently there are numerous use cases.
        - Continued communications and coordination with East Tennessee State University (ETSU) IRB.
- Facilitate outcomes research within Ballad to fulfill our COPA/CA commitments.
    - Continued to support the ETSU Center for Rural Health Research on development of ongoing research in areas such as population health including participation in grant application processes.
    - Continued measuring outcomes related to the STRONG programs.

- Operationalize the program supported by the Claude Moore Foundation
  - Program Manager continues to actively manage this program.
  - Advisory Committee engaged and participating in recurring meetings.
  - Developed internship opportunities within Ballad for CNA students.
  - Managed healthcare experiences for the middle school students in Wise County and City of Norton.
  - Actively expanding the program to other counties within southwest Virginia.
- Foster collaboration with ETSU and the Center for Rural Health Research (CRHR).
  - Committees formed by the Memorandum of Understanding between ETSU and Ballad continued.
  - Continued discussions and planning occurred between ETSU and Ballad in the area of GME and Nursing.
  - Continued virtual meetings to discuss joint ETSU CRHR-Ballad work on the STRONG LINK project.
  - Held 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.
  - Active participation and sponsorship of the regional Learning Together day.
  - Create opportunities for Health Science teachers and Career Technical teachers to come to Ballad and experience what their student will do during their clinical rotations.
  - Expanding the opportunities for students to experience healthcare.
    - Bedside and non-patient care professions
  - Invested in EQUIP program for High School students interested in medical careers.
  - Working with VA's Comprehensive Instructional Program, TN's Comprehensive Educational Resources and the Niswonger Foundation to provide teacher learning days and resources to expand curriculum.
  - Assisted with the coordination of Educators in the Workplace through the United Way of Southwest VA.
- Develop 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 (Institution Review Board) process support for all of Ballad.
  - Continue process of policy revision and alignment in anticipation of AAHRPP accreditation.
  - Active expansion of the membership of the IRB.
  - Developed system for board member compensation.
- Support and develop the Gatton College of Pharmacy Center for Pharmacy Education, Advocacy, and Outreach.
  - Continued 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.
  - Participated in operations committee.
  - Assisted in development of plans for implementation of Center Ballad working to address the nursing shortage with ETSU.
  - Completed first annual summit.
  - Executive Director resigned.

- 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- $1,500,000
- Ballad Health STRONG Brain Institute- $200,000
- Medical Legal Partnership- $500,000
- ETSU Gatton College of Pharmacy- $747,368
- ETSU Addiction Medicine Fellowship- $657,261
- Appalachian Highlands Center for Nursing Advancement- $ 1,667,000
- Emory & Henry- $316,800
- STREAMWORKS- $150,000
- Southwest Virginia Community College- $192,604

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

- New grants awarded FY23.
  - State Opioid Response Grant for Overmountain Recovery- $1,412,115
  - American Cancer Society Lodging Grant- $20,000
  - TN Breast and Cervical Screening – Patient Navigation- $ 58,780
  - RORP Implementation 4- Peer Help- Year 1 $333,333 (3-year grant $1,000,000)
  - Speedway Children's Charities- $8,000
  - American Cancer Society Transportation Grant- $20,000
  - American Cancer Society Wig Gift Cards- $5,000
  - Blue Care Maternity Event- $1,000
  - SANE Virginia VSDVVF Grant- $105,257
  - Tennessee Opportunity Pilot Initiative/TANF Opportunity Act (TOA)- Year 1 $4,063,522 (3-year grant $13,334,758)
  - Healthy Tomorrows Partnership for Children Program- $50,000
  - CACV Virginia Cancer Plan Implementation FY23 Mini-Grant- $4,997
  - TN SANE VOCA- Year 1 $198,343 (3-year contract $595,029)

- Continuing grants
  - Virginia Health Care Foundation RxRelief Virginia Initiative- $55,000
  - VHSO Car Seat Safety- $27,203
  - THSO Car Seat Safety- $50,000
  - Komen Blue Ridge- $43,580
  - Aflac Grief Camp for Children- $2,987.60
  - Claude Moore Foundation- Year 2 $70,000
  - State Opioid Response Grant for Overmountain Recovery- SOR II HUB Year 3 - $1,424,542
  - Comprehensive Cancer Control – Palliative Care Year 3- $16,000
  - Virginia Healthcare and Hospital Association (VHHA)/Center for Disease Control (CDC) for Community Health Workers- $133,200
  - VHHA Community Health Worker Mini-Grant- $22,500
  - Genan Foundation- Year 2 $106,722
  - Workforce Opportunity for Rural Communities (WORC)- Year 3 $225,479
  - USDA DLT FY2022 Funding Cycle—Behavioral Health, Medical Specialty, and Urgent Care expansion- $298,100

- o HRSA (Health Resources and Services Administration) Rural Healthcare Opioid Program RCORP I- Year 3 $567,075
- o First Horizon (formerly First Tennessee Bank Foundation)- $200,000
- o Tennessee Highway Safety Office for Car Seats- $31,029
- o Rapha Foundation- Year 2 $69,104.56
- o HRSA Rural Communities Opioid Program for Psychostimulant Support- Year 2 $160,586

Academic Research Projects:

The studies are continuations of prior years' work.

- In conjunction with ETSU Center for Rural Health Research
  - o STRONG Accountable Care Community (ACC) 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, as well as specific health issues.
  - o An examination and evaluation of the expansion of Project Access across the 21-county primary service area (Appalachian Highlands Care Network).
    - Evaluate the impact of the expansion through the development and application of existing and new validation methodologies.
    - Provide feedback on activities and inform any changes needed for improved impact.
  - o 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 application to improve health outcomes nationally and in rural areas in the U.S.
    - Understand more about the gaps that exist in services that support families in our region and to evaluate if there are other regional or national programs that can be replicated to fill our gaps locally.
    - Completion of 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 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:
  - o Ballad and Harvard have partnered to create a project focusing on three goals:
    - Identify and study small markets with fewer than three hospitals and assess how these markets have evolved over time.
    - Measure service offerings and expenses in small markets and assess how these have evolved over time and learn how they are affected by a closure or merger.

- Engage with researchers at ETSU and support their development of research capacity.

Non-Academic Research:

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

- HRSA Rural Health Opioid Program (RHOP)
  - SCCH spearheaded a consortium of community organizations to develop a program to help combat the opioid crisis. The consortium represents a diverse and multifaceted approach to OUD in Smyth County, Virginia. The project will reduce morbidity and mortality related to opioid overdoses in the community by conducting outreach to identify individuals at-risk of overdose, help guide them to recovery, and then provide the needed services to help them with recovery.

- CMS Accountable Health Communities
  - Provide screenings for Medicare/Medicaid patients in our facilities in Southwest Virginia to review social determinant of health needs of high-risk patients and provide referral services. Navigation services are provided to a randomized group of patients as determined by the Centers for Medicaid and Medicare Services (CMS).

- SAMHSA's Drug Abuse Warning Network (DAWN)
  - DAWN began in 1976 and it was reactivated in 2018. BRMC is included as one of 50 hospitals that was recruited in the initial phase of the study, with plans for additional future expansion. DAWN is a public health surveillance system that, over the years, has identified public health crises for prescription and non-prescription trends.

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) (Attachment 5)

The Tennessee Department of Health regulations provide that the plan of separation be updated annually. A provision has been added to the Third Revised Plan of Separation that if no modifications are warranted, the plan may be affirmed by written attestation that it has been reviewed and that no modifications are proposed.

S. Comparison of Financial Ratios – TOC Section 6.04(b)(xiii) (Attachment 6)

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

Ballad spent $74.2 million in FY23 for Charity and Unreimbursed TennCare and Medicaid. While below the projected baseline from the fiscal year 2017, this significant spending was impacted by an increase in Medicaid reimbursement from TennCare and Virginia Medicaid, and the ongoing expansion of Medicaid in Virginia.

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 resulted in less cost of charity care, as additional efforts to reduce ER utilization and medical admissions benefited 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 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.

Base Charity	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*	FY2017 Baseline Adjusted by FY2023 HIA*	FY2023 Actual as of 6/30/2023**
7(a) Charity Care	$ 35,034,403	$ 36,067,918	$ 37,204,057	$ 38,413,189	$ 39,431,139	$ 40,594,357	$ 42,360,212	$ 21,115,394
7(b) Unreimbursed TennCare and Medicaid	61,605,896	63,423,270	65,421,103	67,547,289	69,337,292	71,382,742	74,487,891	53,118,937
Total	$ 96,640,299	$ 99,491,188	$ 102,625,160	$ 105,960,478	$ 108,768,431	$ 111,977,099	$ 116,848,103	$ 74,234,331
					Variance from Baseline			$ (42,613,773)

| *Hospital Inflation Adjustment (HIA) | | 2.95% | 3.15% | 3.25% | 2.65% | 2.95% | 4.35% | |

*__**FY2023 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. Organizational Chart and Board of Directors – TOC Section 6.04(b)(xv) (Attachment 7)

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 FY23 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
5. Behavioral Health Telehealth Implementation

1. Develop the Ballad Health Behavioral Services Infrastructure:
   o Filled service line leadership positions.
     - Refilled open clinical educator role.
     - Chief Medical Officer open position refilled by Dr. Keith White.

   o Focused on workforce retention and development for healthcare community.
     - Child and Adolescent Psychiatry Fellowship- plan developed with timeline for implementation in FY24 for ACGME application.
     - Completed inventory of mental health professional programs and collaborated with local colleges and universities for student placement opportunities.
     - Expanded Addiction Medicine Fellowship program by adding 1 Addictionologist, 1 Case Manager, and 1 Certified Peer Recovery Specialist.
     - Successfully executed 5 academic scholarships for mental health therapy students.
     - Continuing to plan implementation of Schwartz Rounds program for FY24.

2. Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care:
   o Open positions hired from FY22 plan:
     - Family Medicine Clinic in Rural Retreat, Virginia- Psychiatric Mental Health Nurse Practitioner hired August 2022
     - Family Medicine Clinic in Norton, Virginia- Psychiatric Mental Health Nurse Practitioner hired and scheduled to begin Fall 2023
     - Family Medicine Clinic in Elizabethton, Tennessee- Psychiatric Mental Health Nurse Practitioner position posted and currently interviewing candidates
     - Pediatric Clinic in Greeneville, Tennessee- Licensed Clinical Social Worker hired March 2023

3. Supplement Existing Regional Crisis System – For Youth and Adults:
   o Maintained ongoing operations of Respond services, completing 3,750 crisis assessments and handling 51,434 calls in FY23.
   o 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)
   o Construction completed on 24-hour Crisis Walk-In Center, opening new services to the community in December 2022. The new clinic served 828 patients in FY23.
   o Continued service of Ballad Health Transport – Ballad purchased a new van to support services, hired 2 new full-time equivalent team members, and completed 3,408 behavioral health patient transports in the region.
   o Maintained Screening, Brief Intervention and Referral to Treatment (SBIRT) services at existing locations and added services at Johnson City Medical Center.

- o Hired 2 Care Coordinators to support post discharge follow up activities.
- o Created critical incident stress management response team. Implemented pilot site for Stress Relief Lounges (middle and high schools) in a TN school district and trained 184 students and volunteers on coping and resilience.
- o Opened two new Outpatient Behavioral Health clinics to serve the communities of Rogersville, Tennessee and Big Stone Gap, Virginia.
- o Hired a Board-Certified Child psychiatrist. Ongoing planning to open a new Child/Adolescent OP clinic and new expanded Adult OP clinic in FY24.

4. Develop Enhanced and Expanded Resources for Addiction Treatment:
   - o Continued operation and growth of the STRONG Futures program.
     - Served 372 unduplicated families since opening.
     - Fifty-four individuals utilized the Living Center since its opening in FY22.
   - o Overmountain Recovery (OMR) grew patient panel by 18% over FY22.
   - o Pushed MAT Initiation pilot in the ED to FY24.
   - o Embedded a Peer Recovery Specialist at Woodridge Psychiatric Hospital.
   - o Developed a Recovery Housing report for the Ballad service area.

5. Behavioral Health Telehealth Implementation:
   - o Served 1,222 patients after Psychiatric Consult Liaison program Go-Live with Tele Vendor in November, 2022.
   - o Completed pilot for telehealth school-based services in a TN school district.

Rural Health FY23 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:
   - o Hired 2 new and/or replacement primary care providers:
     - Smyth County, Virginia (Glade Springs) - Dr. Jeff Blackwell and Emily Leidig, NP
     - Washington County, Virginia - Dr. Selena Payne (PCC)

2. Recruitment of Physician Specialists to Meet Rural Access Needs:
   - o Hired Women's Health Advanced Practice Providers (APP) in Wise County, Virginia.
   - o Hired second Pulmonary APP for Abingdon and Lebanon Virginia in Q4.
   - o Hired Behavioral Health Chief Medical Officer (CMO), Keith White, MD as 0.6 full-time equivalent in Q1 *(included in the Behavioral Health plan/spend).*
   - o Hired Pediatric Pulmonologist who started in September 2023 *(included in the Children's Health plan/spend).*

3. Implement Team-Based Care Models to Support Primary Care Providers, Beginning with Pilots in High Need Counties:
   - o Launched a remote patient monitoring pilot focused on a small population with congestive heart failure and chronic obstructive pulmonary disease (COPD).

- o Ballad Health CVA Heart Institute implemented Cardiovascular Navigation with one RN Navigation Manager and three LPN Navigators. The program was initiated in November 2022 with a staged rollout though April 2023. This program assists patients with follow-up information and questions regarding cardiovascular testing and procedures, social needs assessment and connection with available resources.

4. Develop and Deploy Virtual Care Services:
   - o Prepared for implementation of 24/7 Urgent Care with service initiated in September 2023.

5. Coordinate Preventive Health Care Services:
   - o Held 20 Health Fairs across the service area that were able to reach close to 450 patients with a focus on diabetic eye exams, colorectal screening education and mammography.

Children's Health FY23 Plan Overview

Overall Strategies
1. Develop Necessary Ballad Children's Health Services Infrastructure
2. Create Care Environments for Children that Promote a Family Centered Approach to Delivery and that Help Alleviate Healthcare Burden
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:
   - o Recruited and filled several key positions including data analytics, AVP of Child Health Programs, Children's Hospital Director of Clinical Services, Medical Social Worker, Nursing Supervisor, and NICU Clinical Specialist.
   - o Hired and onboarded a Medical Director for Quality to lead physician quality efforts across the region.
   - o Investment made in Miracle Field, serving thousands of special needs children.

2. Create Care Environments for Children that Promote a Family Centered Approach to Delivery and that Help Alleviate Healthcare Burden:
   - o Created a Pediatric Complex Care program to service patients requiring two or more pediatric subspecialists. Team is in place and has enrolled over 115 patients.

3. Develop Telemedicine and Rotating Specialty Clinics in Rural Hospitals:
   - o Continued growth in school-based telehealth.
   - o Continued work to expand telehealth to support subspecialty care.
   - o Evaluated partnership opportunities for tele-radiology support.
   - o Expanded neonatal telehealth capabilities to 3 sites, evaluating need and ability to serve additional sites.

4. Recruit and Retain Subspecialists based on Updated Needs:
   - o Hired pediatric pulmonologist, rheumatologist, and genetics.
   - o Recruitment efforts on track for pediatric neurology, radiology, and APP support.

5. Assess, Align and Continuously Develop Pediatric Trauma Needs Across the System:
   - o Developed plan for pediatric quality improvement with dashboards being created for tracking of project progress and metric monitoring.
   - o Worked to provide educational resources for trauma prevention through community education efforts and our Children's Resource Center.

o Improved care for non-accidental trauma patients through NAT order set formation, education on process for DCS referrals, and simulation training on shaken baby.
o Maintained trauma infrastructure of management and trauma coordination for the region.

Health Information Exchange (HIE) FY23 Plan Overview

Overall Strategies
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:
   o The strategy was previously completed.

2. Conduct Geographic Service Area Interoperability Research:
   o The strategy was previously completed.
      • Completed assessment from HealthLink Advisors and provided to Monitors.

3. Identify Optimal Portfolio of Interoperability and Assemble Deployment Strategies:
   o The strategy was previously completed.
      • Examples of on-going efforts:
         • Continued to expand EpicCare Link to community providers.
         • Continued to provide a data feed to OnePartner.
         • Deployment of Epic's Community Connect, starting with ETSU Medical, planned for 2025.

4. Develop an HIE Recruitment and Support Plan:
   o The strategy was previously completed.
   o Continued to leverage existing deployment strategies noted above specific to EpicCare Link and OnePartner.
   o Continued on-going efforts with recruiting new Community Connect clients.

5. Participate in ConnectVirginia's HIE and Other TN/VA Regulatory Programs:
   o Continued to participate in these programs.

Population Health FY23 Plan Overview

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

1. Develop Population Health Infrastructure within the Health System and the Community:
   o Continue and Build Population Health Infrastructure:
      • Since its founding, Ballad has worked to become a community health improvement organization—working inside and outside the walls of the system to enact generational health improvement and meet the health-related social needs of those it serves.
      • While maintaining current staffing and core operations, evaluated needs for growth and prepared a needs assessment to confirm sufficient staffing and structure.

- o Expand Social Care Integration/System Care Management Through Needs Referral Platform, Community Partner Referral Network and Social Care/Care Management Workforce:
    - Supported the network so that Ballad patients are screened for social needs such as housing, transportation, food, and personal safety which can support or diminish access to care and health improvement along with other barriers to care and supported by unified and comprehensive care management processes.
    - Integrated the Universal Social Screening into Epic to support patient social needs and position for scaling of social needs resources.
    - Hired social care navigators.
    - Trained departmental and service line teams who will help complete screenings based on developed workflows.
    - Increased the number of Unite Us referral platform users to 187 organizations— including 432 programs and 1,025 users.
- o Advance and Maintain mPINC:
    - Ensured that Maternity Practices in Infant Nutrition and Care are national best practice standards which help to ensure critical patterns of health immediately after birth.
    - Developed a system guidebook to enhance efforts.
    - Socialized the guidebook with all labor and delivery leaders.
    - Completed the CDC 2022 survey of effectiveness.
    - Identified improvement strategies through listening sessions with labor and delivery staff.
- o Continue to Serve and Expand STRONG Accountable Care Community (ACC) Backbone Services:
    - Communicated Ballad's activation plan for support of STRONG ACC strategies and priorities to system leaders.
    - Continued to fund backbone services for the organization, including staff positions and the provision of operational funding.
    - Provided additional staffing resources to support ACC growth.
- o Build a Comprehensive Contraceptive Health Strategy, Special Focus on Vulnerable Populations:
    - Helping to support intended pregnancies is a critical first step to ensuring healthy beginnings and positive early life experiences for the region's children.
    - Conducted an assessment of current contraceptive health activities and programs internally and with community partners.
    - Created a strategic plan with results from the assessment which was socialized with key stakeholders for buy-in and support.
- o Expand Our Population Health Data Capacity and Capability Including Epic's Healthy Planet and Compass Rose:
    - These new technological capabilities allow Ballad to better support the comprehensive needs of patients within its hospitals and clinics as well as in their homes and communities by better understanding whole person needs, connecting people with community resources, and supporting their ability to manage their health conditions and chronic diseases.
    - Implemented and began using Healthy Planet for social care integration and care management work.
    - Hired a population health data manager and a new analyst; coordinating work with Ballad's new Chief Data and Analytics Officer to add population health data capacity.

2. Position Ballad Health as a Community Improvement Organization:
   o Expand STRONG Pregnancies and STRONG Starts:
     - This program focuses on maternal-child and family resource needs by screening to understand the unique challenges families face and the unique developmental and support needs of every child, navigators and community health workers can be assigned to partner with families to connect them with community resources offering assistance which helps to ensure that the region's children experience safe, stable, nurturing early life experiences which support later success in life.
     - Added 6 new STRONG Start sites.
     - Added a new STRONG support group to enhance shared experiences with participants.
     - Conducted 5,760 STRONG Pregnancies social needs/family needs screenings.
     - Enrolled 2,739 families in STRONG Starts.
     - Hired 18 new staff members to support this growing program.
   o Expand Appalachian Highlands Care Network:
     - This program serves the region's low-income uninsured individuals by understanding needs and connecting them with community resources and free healthcare and care management services offered by Ballad, regional free clinics, health departments, Project Access, and a network of specialty care providers.
     - Increased enrollment to 5,698.
     - Enrolled 2,889 in complex care management.
     - Added 22 new sites to the network.
     - Hired 27 new FTEs to support program growth.
   o Expand STRONG LINK (longitudinal study):
     - This program aims to study and research the impacts of Ballad programs such as STRONG Starts to understand the long-term impact on health, education, social, and economic outcomes.
     - Added 4 new enrollment sites to support study enrollment.
   o Expand Cessation Services:
     - Tobacco cessation services are offered to Ballad patients and the community to reduce tobacco use and the associated risk of heart disease, cancer and other lung disease—among the leading causes of death.
     - Added 4 new cessation counselors to support program growth.
     - Enrolled 673 participants.
     - Developed a continuing medical education training course and launched to enhance providers ability to support cessation and refer to the program.
   o Expand Early Prenatal Care Services:
     - Connecting women with early prenatal care services is essential to supporting healthy pregnancies and birth outcomes.
     - Added 10 new referral partners.
     - Added an additional navigator to support connection to early prenatal care.

3. Enable Community Resources and Sound Health Policy:
   o Strengthen community action through Ballad and community-based program investments:
     - Ballad makes annual investments in organizations and associated programs which support a host of aligned efforts—including many elements of this population health plan.
     - Community partners conduct efforts and reach populations that Ballad would have

trouble reaching on its own and can also support and recognize where good work is happening and provide funding to advance it.
- Conducted site evaluations with all 28 funded organizations and held sessions to identify and share best and promising practices.
- Issued new RFPs for new rounds of funding.
- Expand mobile services to at-risk women and disparate groups:
  - To reduce health disparity, Ballad uses mobile services to conduct outreach, especially important in certain rural parts of the region.
  - Launched the new mobile women's health unit and began seeing patients.
  - Began work with the first 10 site partners, including free clinics and others.
- Support Ballad efforts on prevention, early detection and intervention aimed at reducing leading causes of mortality and morbidity:
  - Ballad is working to understand leading causes of early life lost and reduce the burden through prevention, early detection, and effective intervention/treatment (includes many community partners).
  - Established new partnerships outside Ballad to launch new community-based initiatives, with initial work focused on increased access to naloxone to prevent accidental overdoses.
  - Worked with internal partners to develop improved processes to decrease mortality and morbidity in heart, cancer, and trauma programs—focusing initially on increasing access for uninsured individuals and improved accident-avoidance safety education.
- Expand Faith Community Nursing:
  - This program supports placement of nurses in a variety of community and faith-based settings so that nurses may engage these communities to support health information needs and encourage and educate on resources for better health.
  - Added an additional site in Virginia.
  - Integrated the social needs screening process into the Faith Community Nursing environments to support the social needs of those served.

Health Research (HR)/Graduate Medical Education (GME) FY23 Plan Overview

Overall Strategies
1. Expand Ballad Academic Infrastructure to Support Regional Academic Programs
2. Expand Ballad Research Infrastructure to Support Regional Research Programs
3. Develop and Support Regional Research and Academic Programs

1. Expand Ballad Academic Infrastructure to Support Regional Academic Programs:
   - Instituted student tracking program to improve coordination across the system.
   - Completed assessment of Ballad-wide preceptors.
   - Achieved 88% of new preceptor recruitment goal.
   - Operationalized a recognition program with standardized practice visits monthly.
   - Developed an onboarding booklet for preceptors.
   - Completed materials for mentoring program.
   - Offered over 130 educational courses with over 1,900 attendees.
   - Developed three new course materials for secondary school students.
   - Participated in over 320 recruiting events.
   - Developed and distributed over 1,000 career information materials to regional students.

2. Expand Ballad Research Infrastructure to Support Regional Research Programs:

- o   Recruited a VP for Research Operations.
- o   Improved process for investigator data acquisition.
- o   Deployed REDCap across the Ballad system.
- o   Expanded STRONG LINK enrollment.
- o   Engaged in over 170 new and ongoing research projects across the system.
- o   Provided statistical support for researchers across the region.
- o   Expanded the IRB membership.
- o   Continued the AAHRPP accreditation journey.
- o   Completed licensing agreement with Epic for Cosmos research functionality.

3. Develop and Support Regional Research and Academic Programs:
- o   ETSU Center for Rural Health Research- continuing strides in research of the key issues impacting the health and wellbeing of the people of the Appalachian Highlands
- o   Ballad Health STRONG Brain Institute- working on trauma-informed education
- o   Medical Legal Partnership- addressing the needs of our low-income population while providing education and research opportunities across the region
- o   ETSU Gatton College of Pharmacy- enhancing education and outreach
- o   ETSU Addiction Medicine Fellowship
- o   Harvard University economic impact study- investigating the economic impact of healthcare in rural America
- o   Appalachian Highlands Center for Nursing Advancement- addressing the challenging issues facing the nursing profession today
- o   Emory & Henry- School of Nursing BSN program
- o   STREAMWORKS- STEM opportunities for children across the region
- o   Southwest Virginia Community College- Ultrasonography training 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 FY23. The Tennessee COPA Monitor is reviewing FY23 and will issue his report in early calendar year 2024.

Condition 10 – For FY23, the third new risk contract with a Large Payer was to have commenced by no later than June 1, 2023. Ballad met this requirement by implementing the United Healthcare behavioral value-based contract with Woodridge. Ballad had previously met the requirement to have at least 30% of total patient revenue coming from risk-based models by June 1, 2022.

Condition 11 – Virginia DMAS has instructed Ballad to work through the Virginia Medicaid Managed Care Organizations to implement risk-based models. In FY23, Ballad implemented a risk-based model with Optima related to their Virginia Medicaid plan.

Condition 13 – Ballad 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.

In May of 2023, Holston Valley Medical Center received notice from the State of Tennessee Health Facilities Commission and CMS that a deficiency had been identified with respect to Holston Valley Medical Center's compliance with a provision of the Medicare Conditions of Participation. The Chief Compliance Officer of Ballad Health promptly reported the notice of deficiency to the Tennessee Department of Health. The Health Facilities Commission and CMS requested that Ballad submit a plan of correction with information on how Holston Valley Medical Center had addressed the deficiency. Ballad timely submitted its plan of correction with the requested information. On-site revisits concluded on

July 19th and Ballad received confirmation from the Health Facilities Commission on August 7th that Holston Valley Medical Center was as of June 24th in substantial compliance with all participation requirements and received confirmation from CMS on August 8th that Holston Valley Medical Center was in compliance with the Medicare Conditions of Participation. Holston Valley Medical Center maintains its full accreditation and has received several special certifications for programs in Joint replacement and Stroke care.

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

Condition 17 – Ballad is in discussions with the Tennessee Department of Health and the Virginia Department of Health regarding FY23 plan spend. While not final, Ballad has notified the Departments that incremental plan spend in FY23 is expected to be below the annual commitment in two of the six plans (Behavioral Health and HIE), while Ballad's spend in other plans has exceeded the commitments.

Condition 21 – Ballad did not have such a reduction during the covered period and was in compliance with Condition 21 from July 1, 2022, through June 30, 2023.

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 – 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 FY23.

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:

This report provides a summary of performance for quality indicators submitted via the Ballad Health Quality Metrics Scorecard as of the fiscal year end June 30, 2023. Metrics include:

- *COPA Target Measures*
- *HCAHPS*
- *Quality Monitoring Measures*

Ballad Health's quality metrics improved in FY23 as we have attempted to recover from the system impact of COVID-19. The Corporate Quality Department is now holding monthly regional meetings involving facility stakeholders, administrative leaders, facility quality leaders, as well as representatives from CDI and Coding to conduct deep dives into measures that are not meeting the baseline. This has allowed for the sharing of opportunities, resources, and successes throughout the organization and has made a direct impact on the success of our metrics.

- Ballad met 53% (9/17) of the target measures at or above baseline for FY23. In comparison to FY22 at 29% (5/17), an overall 24% improvement over last fiscal year.
- Opportunities for improvement include: Postoperative Acute Kidney Injury Requiring Dialysis (PSI10), In Hospital Fall with Hip Fracture Rate (PSI8), Postoperative Wound Dehiscence Rate (PSI14), CLABSI, CAUTI, SSI Colon, SSI HYST, and MRSA.

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 Quality Reporting at Ballad Health | Ballad Health or COPA & Cooperative Agreement | Ballad Health Merger.

FY23 (July 1, 2022-June 30, 2023)

Quality Indicators:

Desired Performance	--Insufficient cases or does not apply	Ballad Health Baseline	Ballad Health FY23
	Quality Target Measures		
⬇	PSI 3 Pressure Ulcer Rate	1.07	0.10
⬇	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.06
⬇	PSI 8 In-Hospital Fall with Hip Fracture Rate	0.06	0.09
⬇	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.46
⬇	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate	0.76	2.40
⬇	PSI 11 Postoperative Respiratory Failure Rate	9.24	5.30
⬇	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.51
⬇	PSI 13 Postoperative Sepsis Rate	3.58	3.17
⬇	PSI 14 Postoperative Wound Dehiscence Rate	0.83	2.14
⬇	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.62
⬇	CLABSI	0.711	1.037
⬇	CAUTI	0.558	0.729
⬇	SSI COLON Surgical Site Infection	2.13	2.94
⬇	SSI HYST Surgical Site Infection	0.71	1.47
⬇	MRSA	0.047	0.080
⬇	CDIFF	0.671	0.182
⬆	SMB: Sepsis Management Bundle	56.9%	59.2%

FY23 (July 1, 2022-June 30, 2023)

Desired Performance	--Insufficient cases or does not apply	Ballad Health Baseline	Ballad Health FY23
	Monitoring Measures-General Information-Structural Measures		
YES	ACS Registry- Retired	YES	--
YES	SMPART GENSURG General Surgery Registry- Retired	YES	--
YES	SMPART NURSE Nursing Care Registry-Retired	YES	--
YES	SMSSCHECK Safe Surgery Checklist-Retired	YES	--
YES	OP 12 HIT Ability electronically receive lab results-Retired	YES	--
YES	OP 17 Tracking Clinical Results Between Visits-Retired	YES	--
YES	OP 25 Outpatient Safe Surgery Checklist-Retired	YES	--
	Monitoring Measures- Survey of Patient's Experience* **Data had adjustments enabled, phone calibration, and skip logic applied**		
⬆	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	75.7%
⬇	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.6%	16.2%
⬇	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.6%	8.1%
⬆	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	76.9%
⬇	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.9%	15.4%
⬇	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.9%	7.7%
⬆	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.8%	59.9%
⬇	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	20.6%	25.1%
⬇	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.6%	15.0%
⬆	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%	58.6%
⬇	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	15.9%	16.8%

FY23 (July 1, 2022-June 30, 2023)

Desired Performance	--*Insufficient cases or does not apply*	Ballad Health Baseline	Ballad Health FY23
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	24.6%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	85.2%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.8%	10.3%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	46.7%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.8%	45.4%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	4.8%	7.9%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.9%	62.8%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	17.2%	19.8%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	8.9%	17.4%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.5%	59.1%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	26.9%	27.5%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.6%	13.4%
↓	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%	23.0%
↑	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%	61.4%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	27.6%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	11.0%
	Monitoring Measures-Cataract Surgery Outcome Percentage		
	OP31 Cataracts Improvement-Voluntary Reporting	--	--
	Monitoring Measures- Colonoscopy Follow-up%		
↑	OP29 Avg Risk Polyp Surveillance	76.1%	93.0%
↑	OP30 High-risk Polyp Surveillance - Retired	77.7%	--

Desired Performance	--*Insufficient cases or does not apply*	Ballad Health Baseline	Ballad Health FY23
	Monitoring Measures-Stroke Care %		
⬆	STK4 Thrombolytic Therapy-Retired	83.0%	--
	Monitoring Measures-Heart Attack		
⬇	OP4 Aspirin at Arrival AMI Chest Pain - Retired	0.97	--
⬆	OP3b Median Time to Transfer AMI - Retired	47.50	--
	OP5 Median Time to ECG AMI and Chest Pain - Retired	5.22	--
	Monitoring Measures- Emergency Department Throughput		
	EDV Emergency Department Volume-Please refer to **"Attachment 3"** for facility results	--	--
⬇	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.3	644.6
⬇	ED2b ED Decision to Transport	69.0	236.4
⬇	Median Time from ED Arrival to Departure for Outpatients (18b)	124.5	159.6
⬇	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%	1.4%
⬆	OP23 Head CT stroke patients	84.7%	67.9%
	Monitoring Measures- Preventive Care %		
⬆	IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal	97.0%	98.5%
⬆	IMM2 Immunization for Influenza-Retired	97.4%	--
	Monitoring Measures- Blood Clot Prevention/Treatment		
	VTE5 Warfarin Therapy at Discharge-Retired	--	--
⬇	VTE6 HAC VTE - Retired	0.02	--
	Monitoring Measures- Pregnancy and Delivery Care %		
⬇	PC01 Elective Delivery	0.56%	7.25%
	Monitoring Measures- Surgical Complications Rate		
⬇	Hip and Knee Complications	0.03	0.00
⬇	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.60	156.98
⬇	PSI90 Complications/patient safety for selected indicators	0.83	0.87
	Monitoring Measures- Readmissions 30 Days Rate%		
⬇	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	13.7%
⬇	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	11.3%
⬇	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	20.7%
⬇	READM30HF Heart Failure 30Day readmissions rate	20.5%	24.2%
⬇	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	6.6%
⬇	READM30 HOSPWIDE 30day hospital-wide all-cause unplanned readmission	12.0%	14.5%

Desired Performance	--*Insufficient cases or does not apply*	Ballad Health Baseline	Ballad Health FY23
⬇	READM30PN Pneumonia 30day readmission rate	17.7%	18.4%
⬇	READM30 STK Stroke 30day readmission rate	9.0%	13.2%
	Monitoring Measures- Mortality 30 Days Death Rate %		
⬇	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	6.0%
⬇	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.5%
⬇	MORT30 COPD 30day mortality rate COPD patients	1.8%	3.0%
⬇	MORT30HF Heart failure 30day mortality rate	3.9%	3.6%
⬇	MORT30PN Pneumonia 30day mortality rate	4.7%	5.0%
⬇	MORT30STK Stroke 30day mortality rate	8.2%	5.5%
	Monitoring Measures-Use of Medical Imaging Outpatient		
	OP8 MRI Lumbar Spine for Low Back Pain-Annual	0.41	0.36
	OP10 Abdomen CT Use of Contrast Material-Annual	0.06	0.05
	OP13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery-Annual	0.04	0.03
	OP9 Mammography Follow-up Rates-Retired	0.07	--
	OP11 Thorax CT Use of Contrast Material-Retired	0.01	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time-Retired	0.02	--

ATTACHMENT 2

Comparison to Similarly Sized Systems

Methodology for Selection of Comparison Systems:

This report supplies a summary of methodology for selection of "similar-sized" hospital systems as established in the TN Terms of Certification 4.02(c)(ii), Exhibit G.

Background: As indicated in previous reports, there are significant challenges with the selection of "similarly-sized" hospital systems, as the "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 the scope of services, community characteristics, the revenue impact of federal reimbursements (i.e. Ballad Health hospitals have historically had the second lowest Medicare Area Wage Index in the United States), payer mix (i.e. Ballad Health hospitals have a payer mix which is approximately 75% 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 available resources and no standard for adjustment based on the differences. Ballad Health cautions against any conclusions based on these comparisons.

To keep comparisons consistent with prior years, the same hospitals have been used for the attached report. Advocate and Aurora Health merged in 2018. Atrium and the new Advocate Aurora Health announced plans to merge in May of 2022. As of December 4, 2022, the merger became final creating Advocate Health, a 67 hospital system. Mercy Health merged with Bon Secours at the end of 2018, creating an organization of 35 hospitals. Unity Point Health announced in March of 2023 a signed letter of intent to merge with Presbyterian Healthcare. No date of completion has been projected. Therefore, we continued to use these organizations as a comparison for FY23. Texas Health and Carillion Clinic have had no changes at the time of this report. Our goal will be to collaborate with our Premier vendor to determine six new comparisons of similar-sized systems to Tennessee and Virginia for approval with a target date of December 31, 2023.

Selection criteria ranked by priority:

• Not-for-profit
• Net revenue
• Aligned with Premier as a 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 Electronic Health Record
• Top performers

Organization Comparison						
$ in billions	**Aurora/ Advocate Health**	**Baptist Memorial**	**Carilion Clinic**	**Mercy Health/Bon Secours**	**Texas Health**	**Unity Point Health**
Net Revenue	$27	$2.6	$2.0	$5.5	$3.7	$4.9
Bed Size-Staffed	n/a	2499	992	7116	3154	3225
# of Hospitals	67	9	6	35	20	39
Location	IL, W, NC, SC, GA, ALA	Memphis, TN	Roanoke, VA	OH, VA, KY, SC	Arlington, TX	IA, IL, WI
Ranking	#3	#24	N/A	#15	#22	#19

Quality Target Measures

Desired Performance			Top 10% in the Nation	National Average	Ballad Health	Aurora	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group
↓	PSI 3 Pressure Ulcer Rate*	7/1/2019 - 6/30/2021	0.07	0.59	0.60	0.66	0.51	1.10	0.23	0.28	0.37	0.37
↓	PSI 6 Iatrogenic Pneumothorax Rate*	7/1/2019 - 6/30/2021	0.16	0.18	0.18	0.16	0.20	0.15	0.21	0.18	0.19	0.18
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--
↓	PSI 8 In Hospital Fall with Hip Fracture Rate*	7/1/2019 - 6/30/2021	0.05	0.08	0.06	0.08	0.06	0.04	0.07	0.05	0.07	0.07
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate*	7/1/2019 - 6/30/2021	2.05	2.37	2.01	2.90	2.05	2.79	2.43	2.31	2.16	2.34
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis*	7/1/2019 - 6/30/2021	0.69	0.91	1.01	1.00	0.93	1.41	0.87	1.06	1.08	0.71
↓	PSI 11 Postoperative Respiratory Failure Rate*	7/1/2019 - 6/30/2021	3.35	6.55	7.16	8.33	4.99	7.27	7.93	7.66	7.19	5.36
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate*	7/1/2019 - 6/30/2021	2.63	3.37	3.18	3.35	3.31	3.93	2.98	3.48	3.15	3.27
↓	PSI 13 Postoperative Sepsis Rate*	7/1/2019 - 6/30/2021	3.18	4.10	4.43	2.85	4.45	4.98	3.80	3.26	3.91	3.95
↓	PSI 14 Postoperative Wound Dehiscence Rate*	7/1/2019 - 6/30/2021	0.67	0.80	0.77	0.79	0.85	0.89	0.91	0.76	0.74	0.77
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate*	7/1/2019 - 6/30/2021	0.76	1.04	1.01	0.89	0.99	1.01	0.97	1.13	0.87	0.99
↓	CLABSI Rate	10/1/2021 - 9/30/2022	0.000	0.337	1.210	0.615	1.055	0.691	1.056	0.707	1.284	0.945
↓	CAUTI Rate	10/1/2021 - 9/30/2022	0.000	0.399	0.862	1.183	1.291	1.212	1.067	0.539	0.757	1.026
↓	SSI COLON Surgical Site Infection Rate	10/1/2021 - 9/30/2022	0.00	1.27	2.62	3.86	3.15	1.83	3.58	1.69	1.96	2.67
↓	SSI HYST Surgical Site Infection Rate	10/1/2021 - 9/30/2022	0.00	0.00	2.58	1.83	0.88	0.31	2.58	0.91	--	1.39
↓	MRSA Rate	10/1/2021 - 9/30/2022	0.000	0.000	0.115	0.035	0.054	0.104	0.049	0.033	0.043	0.062
↓	CDIFF Rate	10/1/2021 - 9/30/2022	0.000	0.174	0.198	0.230	0.327	0.325	0.173	0.330	0.261	0.263
↑	SMB: Sepsis Management Bundle	10/1/2021- 9/30/2022	78.0%	57.8%	55.7%	77.1%	58.2%	13.7%	44.4%	70.3%	52.9%	57.9%

Survey of Patient's Experience

Desired Performance			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 their nurses "Always" communicated well	10/1/2021- 9/30/2022	86.0%	43.1%	78.1%	79.5%	78.1%	79.0%	78.3%	77.5%	77.3%	78.2%

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

Comparison to Similarly Sized Systems

Desired Performance			Top 10% in the Nation	National Average	Ballad Health	Auroa	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group
↓	Patients who reported that their nurses "Usually" communicated well	10/1/2021-9/30/2022	2.0%	50.6%	16.0%	16.5%	17.3%	17.2%	17.1%	17.5%	18.4%	17.1%
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated	10/1/2021-9/30/2022	12.0%	6.3%	5.9%	4.0%	4.6%	3.8%	4.7%	5.1%	4.3%	4.6%
↑	Patients who reported that their doctors "Always" communicated well	10/1/2021-9/30/2022	87.0%	9.4%	78.7%	78.5%	78.8%	80.7%	76.7%	77.2%	76.8%	78.2%
↓	Patients who reported that their doctors "Usually" communicated well	10/1/2021-9/30/2022	3.0%	69.9%	15.6%	17.1%	15.9%	15.2%	17.6%	16.8%	17.5%	16.5%
↓	Patients who reported that their doctors "Sometimes" or "Never" communicated	10/1/2021-9/30/2022	10.0%	20.8%	5.7%	4.5%	5.3%	4.2%	5.7%	6.1%	5.7%	5.3%
↑	Patients who reported that they "Always" received help as soon as they wanted	10/1/2021-9/30/2022	79.0%	6.5%	64.7%	63.2%	60.4%	64.3%	61.3%	65.9%	59.8%	62.8%
↓	Patients who reported that they "Usually" received help as soon as they wanted	10/1/2021-9/30/2022	17.0%	60.8%	23.0%	27.9%	28.6%	24.8%	27.5%	24.1%	28.9%	26.4%
↓	Patients who reported that they "Sometimes" or "Never" received help as	10/1/2021-9/30/2022	4.0%	14.4%	12.3%	8.8%	11.0%	10.8%	11.2%	10.0%	11.3%	10.8%
↑	HCOMP 4A Patients who reported pain was "always" well controlled	Suspended	--	--	--	--	--	--	--	--	--	--
↓	HCOMP 4A Patients who reported pain was "Usually" well controlled	Suspended	--	--	--	--	--	--	--	--	--	--
↓	HCOMP 4A Patients who reported pain was "sometimes" well controlled	Suspended	--	--	--	--	--	--	--	--	--	--
↑	Patients who reported that staff "Always" explained about medicines before giving it	10/1/2021-9/30/2022	72.0%	20.6%	60.5%	60.8%	60.0%	60.8%	59.2%	57.8%	58.3%	59.7%
↓	Patients who reported that staff "Usually" explained about medicines before giving it	10/1/2021-9/30/2022	12.0%	60.8%	17.6%	20.5%	17.9%	20.7%	19.7%	18.4%	19.9%	19.2%
↓	Patients who reported that staff "Sometimes" or "Never" explained about	10/1/2021-9/30/2022	16.0%	18.6%	21.8%	18.7%	22.1%	18.5%	21.1%	23.7%	21.8%	21.1%
↑	Patients who reported that their room and bathroom were "Always" clean	10/1/2021-9/30/2022	83.0%	78.3%	67.2%	71.6%	69.6%	72.2%	67.5%	72.2%	69.6%	70.0%
↓	Patients who reported that their room and bathroom were "Usually" clean	10/1/2021-9/30/2022	13.0%	16.6%	19.3%	19.8%	20.2%	17.5%	20.5%	17.7%	20.9%	19.4%
↓	Patients who reported that their room and bathroom were "Sometimes" or "Never"	10/1/2021-9/30/2022	4.0%	5.1%	13.5%	8.6%	10.2%	10.3%	12.0%	10.1%	9.5%	10.6%
↑	Patients who reported that the area around their room was "Always" quiet at night	10/1/2021-9/30/2022	75.0%	71.2%	61.5%	59.7%	60.3%	59.2%	57.1%	67.3%	58.6%	60.5%
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/1/2021-9/30/2022	22.0%	18.6%	27.4%	31.0%	30.6%	30.2%	32.5%	25.4%	32.0%	29.9%
↓	Patients who reported that the area around their room was "Sometimes" or "Never"	10/1/2021-9/30/2022	3.0%	10.1%	11.1%	9.3%	9.1%	10.7%	10.4%	7.3%	9.4%	9.6%
↑	Patients who reported that YES, they were given information about what to do during	10/1/2021-9/30/2022	91.0%	28.9%	85.8%	89.6%	86.9%	86.0%	86.7%	85.6%	87.9%	86.9%
↓	Patients who reported that NO, they were not given information about what to do	10/1/2021-9/30/2022	9.0%	10.3%	14.2%	10.4%	13.1%	14.0%	13.3%	14.4%	12.1%	13.1%

*CMS rule suspended January 2020-June 2020 timeframe from datasets

++ CMS has metric data unavailable in latest Hospital Compare data files

--Insufficient cases or does not apply

CAH-Critical Access Hospital

Comparison to Similarly Sized Systems

		Top 10% in the Nation	National Average	Ballad Health	Aurora	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group
⬆ Patients who "Strongly Agree" they understood their care when they left the	10/1/2021-9/30/2022	60.0%	15.6%	49.6%	52.8%	52.1%	50.3%	49.3%	51.1%	50.1%	50.8%
⬇ Patients who "Agree" they understood their care when they left the hospital	10/1/2021-9/30/2022	37.0%	78.8%	44.5%	42.2%	42.0%	44.3%	44.3%	42.3%	44.4%	43.4%
⬇ Patients who "Disagree" or "Strongly Disagree" they understood their care when	10/1/2021-9/30/2022	3.0%	5.6%	5.9%	4.9%	5.9%	5.3%	6.4%	6.6%	5.5%	5.8%
⬆ Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10	10/1/2021-9/30/2022	82.0%	24.7%	66.0%	71.2%	72.0%	69.2%	68.8%	73.1%	70.8%	70.2%
⬇ Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10	10/1/2021-9/30/2022	14.0%	11.1%	21.7%	20.8%	19.8%	22.0%	22.2%	18.3%	20.8%	20.8%
⬇ Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10	10/1/2021-9/30/2022	4.0%	64.2%	12.3%	7.9%	8.2%	8.8%	9.1%	8.6%	8.4%	9.1%
⬆ Patients who reported YES, they would definitely recommend the hospital	10/1/2021-9/30/2022	82.0%	68.6%	65.5%	69.5%	71.0%	68.8%	65.7%	73.4%	68.2%	68.9%
⬇ Patients who reported YES, they would probably recommend the hospital	10/1/2021-9/30/2022	16.0%	25.0%	26.3%	25.4%	24.0%	26.3%	27.8%	20.7%	26.0%	25.2%
⬇ Patients who reported NO, they would probably not or definitely not recommend	10/1/2021-9/30/2022	2.0%	85.6%	8.2%	5.1%	5.0%	4.8%	6.5%	5.9%	5.8%	5.9%
Colonoscopy Follow up %											
⬆ OP29 Avg Risk Polyp Surveillance*	1/1/2021-12/31/2021	100	90.734	97.833	98.308	92.75	93	93.188	93.2	91.182	94.892
⬆ OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--	--
Stroke Care %											
⬆ STK4 Thrombolytic Therapy	RETIRED	--	--	--	--	--	--	--	--	--	--
Heart Attack											
⬆ 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	--	--	--	--	--	--	--	--	--	--
Emergency Department Throughput											
EDV Emergency Department Volume	1/1/21-12/31/21	--	--	--	--	--	--	--	--	--	--
⬇ 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	10/1/2021 - 9/30/2022	100.0	160.0	164.6	158.8	204.0	205.0	157.6	168.0	159.6	168.7

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Comparison to Similarly Sized Systems

Desired Performance			Top 10% in the Nation	National Average	Ballad Health	Aurora	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group
↓	**OP20 Door to Diagnostic Evaluation**	RETIRED	--	--	--	--	--	--	--	--	--	--
↓	**OP21 Time to pain medication for long bone fractures**	RETIRED	--	--	--	--	--	--	--	--	--	--
↓	**OP22 Left without being seen***	1/1/2021 - 12/31/2021	0.00	3.00	2.19	2.15	2.89	2.83	2.32	3.21	2.67	2.67
↑	**OP-23 Head CT results**	10/1/2021- 9/30/2022	92.0%	70.1%	78.3%	70.8%	52.7%	--	46.0%	71.4%	72.5%	64.0%
	Preventive Care %											
↑	**IMM-3 Healthcare workers given influenza vaccination**	10/1/2021- 9/30/2022	97.0%	99.0%	98.6%	99.0%	99.0%	98.0%	82.9%	82.9%	93.6%	97.0%
↑	**IMM-2 Influenza immunization**	RETIRED	--	--	--	--	--	--	--	--	--	--
	Blood Clot Prevention/Treatment											
↓	**VTE5 Warfarin Therapy at Discharge -Retired**	RETIRED	--	--	--	--	--	--	--	--	--	--
↓	**VTE6 HAC VTE - Retired**	RETIRED	--	--	--	--	--	--	--	--	--	--
	Pregnancy and Delivery Care %											
↓	**PC-01 Elective Delivery**	10/1/2021- 9/30/2022	0.0%	2.4%	8.9%	2.4%	1.0%	0.0%	1.6%	1.7%	3.5%	2.0%
	Surgical Complications Rate											
↓	**Hip and Knee Complications***	4/1/2019- 3/31/2022	0.03	0.03	0.03	0.04	0.03	0.03	0.03	0.03	0.03	0.03
↓	**PSI4SURG COMP Death rate among surgical patients with serious treatable**	7/1/2019 - 6/30/2021	133.9	143.52	171.21	131.56	151.74	183.97	134.69	169.59	151.28	149
↓	**PSI90 Complications / patient safety for selected indicators***	7/1/2019 - 6/30/2021	0.80	0.97	0.90	0.93	0.93	1.02	0.83	0.94	0.91	0.96
	Readmissions 30 Days Rate %											
↓	**READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate***	7/1/2019- 6/30/2022	12.9%	14.1%	15.2%	13.6%	14.0%	13.6%	14.8%	14.1%	13.8%	14.0%
↓	**READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission**	7/1/2019- 6/30/2022	9.9%	11.0%	11.5%	11.3%	10.8%	10.9%	11.3%	10.6%	10.3%	11.0%
↓	**READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate***	7/1/2019- 6/30/2022	18.0%	19.3%	19.1%	18.8%	19.0%	19.0%	19.0%	19.5%	19.1%	19.2%
↓	**READM30 HIPKNEE 30day readmission rate following elective THA / TKA***	7/1/2019- 6/30/2022	3.7%	4.3%	4.7%	4.5%	4.5%	3.3%	4.4%	4.3%	4.2%	4.2%

Desired Performance	BalladHealth It's your story. We're listening.		Top 10% in the Nation	National Average	Ballad Health	Aurora	Baptist Health	Carilion	Mercy Health	Texas Health	Unity Point	Peer Group
⬇	READM30HF Heart Failure 30Day readmissions rate*	7/1/2019-6/30/2022	18.7%	20.3%	20.9%	19.5%	19.5%	20.5%	20.3%	20.2%	19.6%	20.2%
⬇	READM30PN Pneumonia 30day readmission rate*	7/1/2019-6/30/2022	15.8%	16.9%	17.6%	16.3%	16.2%	16.9%	17.0%	16.7%	16.3%	16.8%
⬇	READM30 HOSPWIDE 30day hospital wide all cause unplanned readmission*	7/1/2019-6/30/2022	13.7%	14.6%	14.7%	13.9%	14.3%	14.5%	14.5%	14.5%	14.0%	14.5%
Mortality 30 Days Death Rate %												
⬇	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate*	7/1/2019-6/30/2022	11.2%	12.5%	14.0%	12.0%	13.5%	11.9%	12.4%	12.9%	0.0%	12.5%
⬇	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate*	7/1/2019-6/30/2022	2.2%	3.0%	3.1%	2.5%	2.8%	2.3%	3.4%	3.3%	3.1%	2.9%
⬇	MORT30 COPD 30day mortality rate COPD patients*	7/1/2019-6/30/2022	7.6%	9.2%	9.7%	9.1%	9.9%	9.0%	9.1%	9.1%	10.0%	9.1%
⬇	MORT30HF Heart failure 30day mortality rate*	7/1/2019-6/30/2022	9.5%	11.8%	13.8%	11.9%	13.0%	12.7%	11.5%	12.6%	13.2%	11.8%
⬇	MORT30PN Pneumonia 30day mortality rate*	7/1/2019-6/30/2022	14.8%	18.3%	18.7%	16.9%	20.0%	19.2%	16.8%	18.2%	18.4%	17.6%
⬇	MORT30STK Stroke 30day mortality rate*	7/1/2019-6/30/2022	11.6%	13.8%	15.6%	12.9%	13.9%	16.1%	13.6%	14.3%	15.0%	13.6%
Use of Medical Imaging Outpatient												
	OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2021 - 6/30/2022	31.00	0.38	0.36	0.37	0.33	0.37	0.43	--	0.34	0.37
	OP-10 Abdomen CT Use of Contrast Material	7/1/2021 - 6/30/2022	1.40	0.06	0.05	0.08	0.06	0.07	0.05	0.07	0.04	0.06
	OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient	7/1/2021 - 6/30/2022	1.40	0.04	0.03	0.05	0.04	0.02	0.03	0.02	0.03	0.03
	OP9 Mammography Follow-up Rates-Retired	Retired	--	--	--	--	--	--	--	--	--	--
	OP11 Thorax CT Use of Contrast Material-Retired	Retired	--	--	--	--	--	--	--	--	--	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time-Retired	Retired	--	--	--	--	--	--	--	--	--	--

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--Insufficient cases or does not apply

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

Source: Hospital Compare July 2023

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CAH-Critical Access Hospital

ATTACHMENT 3

Comparison of Ballad Health Facilities to National Averages

Comparison of Ballad Health Facilities to National Averages

Desired Performance			Top 10% in the Nation	National Average	Ballad Health	Johnson City Medical Center/Woodridge/NsCH	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***	7/1/2019 - 6/30/2021	0.07	0.59	0.60	0.57	1.57	0.35	0.09	0.28	0.17	0.26
↓	**PSI 6 Iatrogenic Pneumothorax Rate***	7/1/2019 - 6/30/2021	0.16	0.18	0.18	0.16	0.20	0.21	0.17	0.18	0.18	0.18
↓	**PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired**	RETIRED	--	--	--	--	--	--	--	--	--	--
↓	**PSI 8 In Hospital Fall with Hip Fracture Rate***	7/1/2019 - 6/30/2021	0.05	0.08	0.06	0.04	0.04	0.05	0.06	0.07	0.24	0.07
↓	**PSI 9 Perioperative Hemorrhage or Hematoma Rate***	7/1/2019 - 6/30/2021	2.05	2.37	2.01	1.62	1.72	2.56	2.24	2.35	2.73	2.60
↓	**PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis***	7/1/2019 - 6/30/2021	0.69	0.91	1.01	1.74	0.55	0.91	0.87	0.90	0.87	0.90
↓	**PSI 11 Postoperative Respiratory Failure Rate***	7/1/2019 - 6/30/2021	3.35	6.55	7.16	--	4.08	5.70	7.67	5.66	4.42	5.59
↓	**PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate***	7/1/2019 - 6/30/2021	2.63	3.37	3.18	3.60	2.48	2.95	3.68	3.24	3.87	3.20
↓	**PSI 13 Postoperative Sepsis Rate***	7/1/2019 - 6/30/2021	3.18	4.10	4.43	6.34	3.85	3.00	5.23	--	4.49	3.92
↓	**PSI 14 Postoperative Wound Dehiscence Rate***	7/1/2019 - 6/30/2021	0.67	0.80	0.77	0.98	0.69	0.69	0.73	0.78	0.75	0.79
↓	**PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate***	7/1/2019 - 6/30/2021	0.76	1.04	1.01	0.73	0.76	1.64	0.89	0.97	0.92	1.01
↓	**CLABSI Rate**	10/1/2021 - 9/30/2022	0.000	0.337	1.210	1.529	1.080	0.782	1.342	0.000	1.339	0.000
↓	**CAUTI Rate**	10/1/2021 - 9/30/2022	0.000	0.399	0.862	1.450	0.673	0.837	0.604	0.000	1.848	0.450
↓	**SSI COLON Surgical Site Infection Rate**	10/1/2021 - 9/30/2022	0.00	1.27	2.62	3.91	2.56	3.00	3.13	5.17	2.30	0.00

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CAH-Critical Access Hospital

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↓	SSI HYST Surgical Site Infection Rate	10/1/2021 - 9/30/2022	0.00	0.00	2.58	0.00	7.14	0.00	5.00	0.00	0.00	0.00
↓	MRSA Rate	10/1/2021 - 9/30/2022	0.000	0.000	0.115	0.158	0.117	0.117	0.113	0.094	0.093	0.062
↓	CDIFF Rate	10/1/2021 - 9/30/2022	0.000	0.174	0.198	0.177	--	0.316	0.078	0.338	0.241	0.186
↑	SMB: Sepsis Management Bundle	10/1/2021- 9/30/2022	78.0%	57.8%	55.7%	49.0%	47.0%	47.0%	58.0%	57.0%	47.0%	47.0%
Survey of Patient's Experience												
↑	Patients who reported that their nurses "Always" communicated well (1A)	10/1/2021- 9/30/2022	86.0%	43.1%	78.1%	74.0%	73.0%	71.0%	80.0%	80.0%	76.0%	78.0%
↓	Patients who reported that their nurses "Usually" communicated well (1U)	10/1/2021- 9/30/2022	2.0%	50.6%	16.0%	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 (1S)	10/1/2021- 9/30/2022	12.0%	6.3%	5.9%	8.0%	10.0%	9.0%	6.0%	4.0%	7.0%	6.0%
↑	Patients who reported that their doctors "Always" communicated well (2A)	10/1/2021- 9/30/2022	87.0%	9.4%	78.7%	73.0%	77.0%	74.0%	78.0%	82.0%	76.0%	78.0%
↓	Patients who reported that their doctors "Usually" communicated well (2U)	10/1/2021- 9/30/2022	3.0%	69.9%	15.6%	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 (2S)	10/1/2021- 9/30/2022	10.0%	20.8%	5.7%	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 (3A)	10/1/2021- 9/30/2022	79.0%	6.5%	64.7%	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 (3U)	10/1/2021- 9/30/2022	17.0%	60.8%	23.0%	29.0%	23.0%	25.0%	25.0%	30.0%	22.0%	22.0%

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Desired Performance			Top 10% in the Nation	National Average	Ballad Health	Johnson City Medical Center/Woodridge/NsCH	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 they "Sometimes" or "Never" received help as soon as they wanted (3S)	10/1/2021-9/30/2022	4.0%	14.4%	12.3%	13.0%	19.0%	17.0%	15.0%	7.0%	14.0%	12.0%
↑	HCOMP 4A Patients who reported pain was "always" well controlled	Suspended	--	--	--	--	--	--	--	--	--	--
↓	HCOMP 4A Patients who reported pain was "Usually" well controlled	Suspended	--	--	--	--	--	--	--	--	--	--
↓	HCOMP 4A Patients who reported pain was "Sometimes or Never" well controlled	Suspended	--	--	--	--	--	--	--	--	--	--
↑	Patients who reported that staff "Always" explained about medicines before giving it to them (5A)	10/1/2021-9/30/2022	72.0%	20.6%	60.5%	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 (5U)	10/1/2021-9/30/2022	12.0%	60.8%	17.6%	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 (5S)	10/1/2021-9/30/2022	16.0%	18.6%	21.8%	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 (HSPAP)	10/1/2021-9/30/2022	83.0%	78.3%	67.2%	61.0%	57.0%	54.0%	78.0%	81.0%	53.0%	72.0%
↓	Patients who reported that their room and bathroom were "Usually" clean (HSPAP)	10/1/2021-9/30/2022	13.0%	16.6%	19.3%	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 (HSPAP)	10/1/2021-9/30/2022	4.0%	5.1%	13.5%	17.0%	22.0%	22.0%	7.0%	6.0%	23.0%	13.0%

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⬆	Patients who reported that the area around their room was "Always" quiet at night AP	10/1/2021-9/30/2022	75.0%	71.2%	61.5%	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 UP	10/1/2021-9/30/2022	22.0%	18.6%	27.4%	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 SP	10/1/2021-9/30/2022	3.0%	10.1%	11.1%	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 (6Y)	10/1/2021-9/30/2022	91.0%	28.9%	85.8%	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 (6N)	10/1/2021-9/30/2022	9.0%	10.3%	14.2%	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 (7SA)	10/1/2021-9/30/2022	60.0%	15.6%	49.6%	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 (7A)	10/1/2021-9/30/2022	37.0%	78.8%	44.5%	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 (7D)	10/1/2021-9/30/2022	3.0%	5.6%	5.9%	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)	10/1/2021-9/30/2022	82.0%	24.7%	66.0%	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)	10/1/2021-9/30/2022	14.0%	11.1%	21.7%	24.0%	24.0%	23.0%	19.0%	21.0%	25.0%	18.0%

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↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2021-9/30/2022	4.0%	64.2%	12.3%	17.0%	14.0%	15.0%	13.0%	9.0%	16.0%	9.0%
↑	Patients who reported YES, they would definitely recommend the hospital	10/1/2021-9/30/2022	82.0%	68.6%	65.5%	58.0%	63.0%	61.0%	63.0%	74.0%	55.0%	72.0%
↓	Patients who reported YES, they would probably recommend the hospital	10/1/2021-9/30/2022	16.0%	25.0%	26.3%	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	10/1/2021-9/30/2022	2.0%	85.6%	8.2%	11.0%	10.0%	11.0%	7.0%	5.0%	11.0%	7.0%
Colonoscopy Follow-up %												
↑	OP29 Avg Risk Polyp Surveillance*	1/1/2021-12/31/2021	100	90.73	97.83	--	95	--	100	--	100	100
↑	OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--	--
Stroke Care %												
↑	STK4 Thrombolytic Therapy	RETIRED	--	--	--	--	--	--	--	--	--	--
Heart Attack												
↑	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	--	--	--	--	--	--	--	--	--	--
Emergency Department Throughput												
	EDV Emergency Department Volume	1/1/21-12/31/21	--	--	--	High	High	High	Medium	Medium	Medium	Low
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	RETIRED	--	--	--	--	--	--	--	--	--	--

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⬇	**ED2b ED Decision to Transport**	RETIRED	--	--	--	--	--	--	--	--	--	--
⬇	**OP18b Avg time ED arrival to discharge**	10/1/2021 - 9/30/2022	100.0	160.0	164.6	195.0	205.0	223.0	230.0	194.0	178.0	204.0
⬇	**OP20 Door to Diagnostic Evaluation**	RETIRED	--	--	--	--	--	--	--	--	--	--
⬇	**OP21 Time to pain medication for long bone fractures**	RETIRED	--	--	--	--	--	--	--	--	--	--
⬇	**OP22 Left without being seen***	1/1/2021 - 12/31/2021	0.00	3.00	2.19	2.00	2.00	3.00	4.00	4.00	3.00	4.00
⬆	**OP-23 Head CT results**	10/1/2021- 9/30/2022	92.0%	70.1%	78.3%	--	--	92.0%	96.0%	--	--	--
	Preventive Care %											
⬆	**IMM-3 Healthcare workers given influenza vaccination**	10/1/2021- 9/30/2022	97.0%	99.0%	98.6%	72.3%	99.0%	98.0%	63.0%	98.0%	99.0%	100.0%
⬆	**IMM-2 Influenza immunization**	RETIRED	--	--	--	--	--	--	--	--	--	--
Blood Clot Prevention/Treatment												
⬇	**VTE5 Warfarin Therapy at Discharge -Retired**	RETIRED	--	--	--	--	--	--	--	--	--	--
⬇	**VTE6 HAC VTE - Retired**	RETIRED	--	--	--	--	--	--	--	--	--	--
Pregnancy and Delivery Care %												
⬇	**PC-01 Elective Delivery**	10/1/2021- 9/30/2022	0.0%	2.4%	8.9%	7.0%	--	--	18.0%	0.0%	0.0%	--
Surgical Complications Rate												
⬇	**Hip and Knee Complications***	4/1/2019- 3/31/2022	0.03	0.03	0.03	0.03	0.03	0.03	--	--	--	0.04
⬇	**PSI4SURG COMP Death rate among surgical patients with serious treatable complications***	7/1/2019 - 6/30/2021	133.9	143.5	171.2	185.6	170.7	151.6	148.7	--	--	--
⬇	**PSI90 Complications / patient safety for selected indicators***	7/1/2019 - 6/30/2021	0.80	0.97	0.90	1.27	0.95	0.83	1.00	0.93	0.96	0.94

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Readmissions 30 Days Rate %												
⬇	**READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate***	7/1/2019-6/30/2022	12.9%	14.1%	15.2%	16.6%	14.4%	14.2%	15.5%	--	--	--
⬇	**READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate***	7/1/2019-6/30/2022	9.9%	11.0%	11.5%	12.8%	11.3%	10.3%	--	--	--	--
⬇	**READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate***	7/1/2019-6/30/2022	18.0%	19.3%	19.1%	17.6%	17.9%	20.3%	19.8%	--	20.1%	18.1%
⬇	**READM30 HIPKNEE 30day readmission rate following elective THA / TKA***	7/1/2019-6/30/2022	3.7%	4.3%	4.7%	4.9%	4.1%	4.5%	--	--	--	4.9%
⬇	**READM30HF Heart Failure 30Day readmissions rate***	7/1/2019-6/30/2022	18.7%	20.3%	20.9%	21.7%	19.8%	24.4%	19.3%	20.6%	21.9%	20.8%
⬇	**READM30PN Pneumonia 30day readmission rate***	7/1/2019-6/30/2022	15.8%	16.9%	17.6%	19.8%	16.9%	18.2%	17.4%	17.1%	17.1%	18.8%
⬇	**READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission***	7/1/2019-6/30/2022	13.7%	14.6%	14.7%	16.1%	13.7%	15.0%	14.9%	14.3%	15.0%	14.9%
Mortality 30 Days Death Rate %												
⬇	**MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate***	7/1/2019-6/30/2022	11.2%	12.5%	14.0%	13.9%	13.2%	14.8%	13.9%	--	--	--
⬇	**MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate***	7/1/2019-6/30/2022	2.2%	3.0%	3.1%	2.2%	3.1%	3.9%	--	--	--	--
⬇	**MORT30 COPD 30day mortality rate COPD patients***	7/1/2019-6/30/2022	7.6%	9.2%	9.7%	10.2%	11.1%	11.4%	10.3%	8.2%	8.8%	8.7%
⬇	**MORT30HF Heart failure 30day mortality rate***	7/1/2019-6/30/2022	9.5%	11.8%	13.8%	16.5%	14.5%	16.7%	11.7%	11.9%	15.2%	11.3%

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CAH-Critical Access Hospital

Comparison of Ballad Health Facilities to National Averages

Desired Performance	BalladHealth It's your story. We're listening.		Top 10% in the Nation	National Average	Ballad Health	Johnson City Medical Center/Woodridge/NsCH	Holston Valley Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Indian Path Community Hospital	Greeneville Community Hospital	Sycamore Shoals Hospital
⬇	MORT30PN Pneumonia 30day mortality rate*	7/1/2019-6/30/2022	14.8%	18.3%	18.7%	21.2%	19.2%	21.5%	18.4%	17.6%	19.7%	19.5%
⬇	MORT30STK Stroke 30day mortality rate*	7/1/2019-6/30/2022	11.6%	13.8%	15.6%	19.9%	13.6%	15.0%	15.1%	--	14.3%	--
Use of Medical Imaging Outpatient												
	OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2021 - 6/30/2022	31.00	0.38	0.36	0.00	0.34	0.34	0.00	0.00	0.40	0.00
	OP-10 Abdomen CT Use of Contrast Material	7/1/2021 - 6/30/2022	1.40	0.06	0.05	0.04	0.04	0.07	0.04	0.04	0.08	0.11
	OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	7/1/2021 - 6/30/2022	1.40	0.04	0.03	0.02	0.03	0.02	0.04	0.00	0.04	0.03
	OP9 Mammography Follow-up Rates-Retired	Retired	--	--	--	--	--	--	--	--	--	--
	OP11 Thorax CT Use of Contrast Material-Retired	Retired	--	--	--	--	--	--	--	--	--	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time-Retired	Retired	--	--	--	--	--	--	--	--	--	--

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Quality Target Measures														
↓	PSI 3 Pressure Ulcer Rate*	7/1/2019 - 6/30/2021	0.07	0.59	0.60	0.16	0.35	0.36	0.33	0.52	0.53	--	--	--	--
↓	PSI 6 Iatrogenic Pneumothorax Rate*	7/1/2019 - 6/30/2021	0.16	0.18	0.18	0.18	0.18	0.18	0.18	0.19	0.19	--	--	--	--
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--	--
↓	PSI 8 In Hospital Fall with Hip Fracture Rate*	7/1/2019 - 6/30/2021	0.05	0.08	0.06	0.06	0.17	0.07	0.07	0.07	0.07	--	--	--	--
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate*	7/1/2019 - 6/30/2021	2.05	2.37	2.01	2.21	2.37	2.37	--	--	--	--	--	--	--
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis*	7/1/2019 - 6/30/2021	0.69	0.91	1.01	0.84	--	0.91	--	--	--	--	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate*	7/1/2019 - 6/30/2021	3.35	6.55	7.16	6.18	--	5.74	--	--	--	--	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate*	7/1/2019 - 6/30/2021	2.63	3.37	3.18	3.83	3.36	4.31	--	--	--	--	--	--	--
↓	PSI 13 Postoperative Sepsis Rate*	7/1/2019 - 6/30/2021	3.18	4.10	4.43	4.51	--	4.02	--	--	--	--	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate*	7/1/2019 - 6/30/2021	0.67	0.80	0.77	0.74	--	--	--	--	--	--	--	--	--

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Comparison of Ballad Health Facilities to National Averages

Desired Performance		Date Range	Top 10% in the Nation	National Average	Ballad Health	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	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate*	7/1/2019 - 6/30/2021	0.76	1.04	1.01	0.83	1.03	1.03	--	--	--	--	--	--	--
↓	CLABSI Rate	10/1/2021 - 9/30/2022	0.000	0.337	1.210	1.078	3.672	0.000	4.367	0.000	0.000	--	0.000	--	--
↓	CAUTI Rate	10/1/2021 - 9/30/2022	0.000	0.399	0.862	0.386	0.295	0.000	0.000	0.000	5.405	--	0.000	--	--
↓	SSI COLON Surgical Site Infection Rate	10/1/2021 - 9/30/2022	0.00	1.27	2.62	1.52	0.00	0.00	--	--	--	--	--	--	--
↓	SSI HYST Surgical Site Infection Rate	10/1/2021 - 9/30/2022	0.00	0.00	2.58	0.00	0.00	--	--	--	0.66	--	--	--	--
↓	MRSA Rate	10/1/2021 - 9/30/2022	0.000	0.000	0.115	0.000	0.211	0.000	0.202	0.000	0.000	--	0.000	--	--
↓	CDIFF Rate	10/1/2021 - 9/30/2022	0.000	0.174	0.198	0.080	0.148	0.000	0.000	0.000	0.000	--	0.000	--	--
↑	SMB: Sepsis Management Bundle	10/1/2021- 9/30/2022	78.0%	57.8%	55.7%	61.0%	59.0%	82.0%	70.0%	58.0%	55.0%	--	57.0%	--	--
Survey of Patient's Experience															
↑	Patients who reported that their nurses "Always" communicated well (1A)	10/1/2021- 9/30/2022	86.0%	43.1%	78.1%	80.0%	75.0%	87.0%	83.0%	--	85.0%	--	--	--	--
↓	Patients who reported that their nurses "Usually" communicated well (1U)	10/1/2021- 9/30/2022	2.0%	50.6%	16.0%	17.0%	19.0%	11.0%	12.0%	--	13.0%	--	--	--	--
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated well (1S)	10/1/2021- 9/30/2022	12.0%	6.3%	5.9%	3.0%	6.0%	2.0%	5.0%	--	2.0%	--	--	--	--

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⬆	Patients who reported that their doctors "Always" communicated well (2A)	10/1/2021-9/30/2022	87.0%	9.4%	78.7%	79.0%	79.0%	86.0%	86.0%	--	82.0%	--	--	--	--
⬇	Patients who reported that their doctors "Usually" communicated well (2U)	10/1/2021-9/30/2022	3.0%	69.9%	15.6%	16.0%	13.0%	11.0%	9.0%	--	14.0%	--	--	--	--
⬇	Patients who reported that their doctors "Sometimes" or "Never" communicated well (2S)	10/1/2021-9/30/2022	10.0%	20.8%	5.7%	5.0%	8.0%	3.0%	5.0%	--	4.0%	--	--	--	--
⬆	Patients who reported that they "Always" received help as soon as they wanted (3A)	10/1/2021-9/30/2022	79.0%	6.5%	64.7%	63.0%	69.0%	67.0%	73.0%	--	91.0%	--	--	--	--
⬇	Patients who reported that they "Usually" received help as soon as they wanted (3U)	10/1/2021-9/30/2022	17.0%	60.8%	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 (3S)	10/1/2021-9/30/2022	4.0%	14.4%	12.3%	10.0%	15.0%	5.0%	6.0%	--	0.0%	--	--	--	--
⬆	HCOMP 4A Patients who reported pain was "always" well controlled	Suspended	--	--	--	--	--	--	--	--	--	--	--	--	--
⬇	HCOMP 4A Patients who reported pain was "usually" well controlled	Suspended	--	--	--	--	--	--	--	--	--	--	--	--	--

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⬇	**HCOMP 4A Patients who reported pain was "Sometimes or Never" well controlled**	Suspended	--	--	--	--	--	--	--	--	--	--	--	--	--
⬆	**Patients who reported that staff "Always" explained about medicines before giving it to them (5A)**	10/1/2021-9/30/2022	72.0%	20.6%	60.5%	61.0%	64.0%	68.0%	59.0%	--	77.0%	--	--	--	--
⬇	**Patients who reported that staff "Usually" explained about medicines before giving it to them**	10/1/2021-9/30/2022	12.0%	60.8%	17.6%	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	10/1/2021-9/30/2022	16.0%	18.6%	21.8%	19.0%	22.0%	14.0%	25.0%	--	4.0%	--	--	--	--
⬆	**Patients who reported that their room and bathroom were "Always" clean**	10/1/2021-9/30/2022	83.0%	78.3%	67.2%	69.0%	74.0%	82.0%	75.0%	--	91.0%	--	--	--	--
⬇	Patients who reported that their room and bathroom were "Usually" clean	10/1/2021-9/30/2022	13.0%	16.6%	19.3%	20.0%	19.0%	14.0%	14.0%	--	6.0%	--	--	--	--
⬇	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/1/2021-9/30/2022	4.0%	5.1%	13.5%	11.0%	7.0%	4.0%	11.0%	--	3.0%	--	--	--	--

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⬆	Patients who reported that the area around their room was "Always" quiet at night	10/1/2021-9/30/2022	75.0%	71.2%	61.5%	70.0%	72.0%	66.0%	62.0%	--	70.0%	--	--	--	--
⬇	Patients who reported that the area around their room was "Usually" quiet at night	10/1/2021-9/30/2022	22.0%	18.6%	27.4%	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	10/1/2021-9/30/2022	3.0%	10.1%	11.1%	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	10/1/2021-9/30/2022	91.0%	28.9%	85.8%	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	10/1/2021-9/30/2022	9.0%	10.3%	14.2%	12.0%	18.0%	9.0%	10.0%	--	20.0%	--	--	--	--
⬆	Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2021-9/30/2022	60.0%	15.6%	49.6%	52.0%	52.0%	59.0%	49.0%	--	53.0%	--	--	--	--
⬇	Patients who "Agree" they understood their care when they left the hospital	10/1/2021-9/30/2022	37.0%	78.8%	44.5%	45.0%	39.0%	34.0%	46.0%	--	45.0%	--	--	--	--

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⬇	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2021-9/30/2022	3.0%	5.6%	5.9%	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)	10/1/2021-9/30/2022	82.0%	24.7%	66.0%	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)	10/1/2021-9/30/2022	14.0%	11.1%	21.7%	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)	10/1/2021-9/30/2022	4.0%	64.2%	12.3%	7.0%	15.0%	6.0%	7.0%	--	10.0%	--	--	--	--
⬆	Patients who reported YES, they would definitely recommend the hospital	10/1/2021-9/30/2022	82.0%	68.6%	65.5%	78.0%	70.0%	75.0%	66.0%	--	86.0%	--	--	--	--
⬇	Patients who reported YES, they would probably recommend the hospital	10/1/2021-9/30/2022	16.0%	25.0%	26.3%	19.0%	23.0%	20.0%	27.0%	--	10.0%	--	--	--	--

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⬇	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2021-9/30/2022	2.0%	85.6%	8.2%	3.0%	7.0%	5.0%	7.0%	--	4.0%	--	--	--	--
Colonoscopy Follow up %															
⬆	OP29 Avg Risk Polyp Surveillance*	1/1/2021-12/31/2021	100	90.73	97.83	--	92	100	--	--	--	--	--	--	--
⬆	OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--	--
Stroke Care %															
⬆	STK4 Thrombolytic Therapy	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--	--
Heart Attack															
⬆	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	--	--	--	--	--	--	--	--	--	--	--	--	--
Emergency Department Throughput															
	EDV Emergency Department Volume	1/1/21-12/31/21	--	--	--	Med	Low	Low	Low	Low	Low	Low	Low	Low	Low
⬇	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	10/1/2021 - 9/30/2022	100.0	160.0	164.6	199.0	153.0	129.0	128.0	98.0	146.0	132.0	120.0	107.0	120.0
⬇	OP20 Door to Diagnostic Evaluation	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--	--
⬇	OP21 Time to pain medicaton for long bone fractures	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--	--
⬇	OP22 Left without being seen*	1/1/2021 - 12/31/2021	0.00	3.00	2.19	3.00	1.00	1.00	1.00	1.00	1.00	4.00	0.00	1.00	1.00
⬆	OP-23 Head CT results	10/1/2021- 9/30/2022	92.0%	70.1%	78.3%	--	--	83.0%	--	--	--	--	--	--	--
Preventive Care %															
⬆	IMM-3 Healthcare workers given influenza vaccination	10/1/2021- 9/30/2022	97.0%	99.0%	98.6%	98.0%	100.0 %	99.0%	93.6%	99.0%	98.0%	99.0%	--	89.7%	98.0%
⬆	IMM-2 Influenza immunization	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--	--
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	10/1/2021- 9/30/2022	0.0%	2.4%	8.9%	14.0%	12.0%	--	--	--	--	--	--	--	--
Surgical Complications Rate															
⬇	Hip and Knee Complications*	4/1/2019- 3/31/2022	0.03	0.03	0.03	--	--	0.03	--	--	--	--	--	--	--

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Desired Performance			Top 10% in the Nation	National Average	Ballad Health	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	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH
⬇	PSI4SURG COMP Death rate among surgical patients with serious treatable complications*	7/1/2019 - 6/30/2021	133.9	143.5	171.2	--	--	--	--	--	--	--	--	--	--
⬇	PSI90 Complications / patient safety for selected indicators*	7/1/2019 - 6/30/2021	0.80	0.97	0.90	0.96	0.98	1.02	--	1.00	--	--	--	--	--
Readmissions 30 Days Rate %															
⬇	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate*	7/1/2019- 6/30/2022	12.9%	14.1%	15.2%	--	--	--	--	--	--	--	--	--	--
⬇	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate*	7/1/2019- 6/30/2022	9.9%	11.0%	11.5%	--	--	--	--	--	--	--	--	--	--
⬇	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate*	7/1/2019- 6/30/2022	18.0%	19.3%	19.1%	19.1%	19.4%	18.7%	20.0%	--	--	--	--	--	--
⬇	READM30 HIPKNEE 30day readmission rate following elective THA / TKA*	7/1/2019- 6/30/2022	3.7%	4.3%	4.7%	--	--	5.3%	--	--	--	--	--	--	--
⬇	READM30HF Heart Failure 30Day readmissions rate*	7/1/2019- 6/30/2022	18.7%	20.3%	20.9%	19.9%	19.8%	19.2%	22.8%	--	--	--	--	--	--

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

Comparison of Ballad Health Facilities to National Averages

Desired Performance			Top 10% in the Nation	National Average	Ballad Health	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	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH
↓	READM30PN Pneumonia 30day readmission rate*	7/1/2019-6/30/2022	15.8%	16.9%	17.6%	17.8%	16.4%	16.6%	18.0%	--	16.8%	--	--	--	--
↓	READM30 HOSPWIDE 30day hospital wide all cause unplanned readmission*	7/1/2019-6/30/2022	13.7%	14.6%	14.7%	14.2%	14.6%	14.4%	15.0%	14.4%	14.9%	--	--	--	--
Mortality 30 Days Death Rate %															
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate*	7/1/2019-6/30/2022	11.2%	12.5%	14.0%	--	--	--	--	--	--	--	--	--	--
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate*	7/1/2019-6/30/2022	2.2%	3.0%	3.1%	--	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients*	7/1/2019-6/30/2022	7.6%	9.2%	9.7%	9.4%	7.9%	--	9.7%	--	--	--	--	--	--
↓	MORT30HF Heart failure 30day mortality rate*	7/1/2019-6/30/2022	9.5%	11.8%	13.8%	11.0%	13.1%	12.7%	15.0%	11.4%	--	--	--	--	--
↓	MORT30PN Pneumonia 30day mortality rate*	7/1/2019-6/30/2022	14.8%	18.3%	18.7%	17.0%	16.8%	15.8%	18.5%	--	19.2%	--	--	--	--
↓	MORT30STK Stroke 30day mortality rate*	7/1/2019-6/30/2022	11.6%	13.8%	15.6%	--	--	--	--	--	--	--	--	--	--
Use of Medical Imaging Outpatient															
	OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2021 - 6/30/2022	31.00	0.38	0.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*CMS rule suspended January 2020-June 2020 timeframe from datasets

++ CMS has metric data unavailable in latest Hospital Compare data files

--Insufficient cases or does not apply

CAH-Critical Access Hospital

Comparison of Ballad Health Facilities to National Averages

Desired Performance			Top 10% in the Nation	National Average	Ballad Health	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	Hancock County Hospital-CAH	Johnson County Community Hospital-CAH	Dickenson Community Hospital-CAH
	OP-10 Abdomen CT Use of Contrast Material	7/1/2021 - 6/30/2022	1.40	0.06	0.05	0.08	0.08	0.01	0.03	0.06	0.04	0.01	0.03	0.07	0.02
	OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	7/1/2021 - 6/30/2022	1.40	0.04	0.03	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	OP9 Mammography Follow-up Rates-Retired	Retired	--	--	--	--	--	--	--	--	--	--	--	--	--
	OP11 Thorax CT Use of Contrast Material-Retired	Retired	--	--	--	--	--	--	--	--	--	--	--	--	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time-Retired	Retired	--	--	--	--	--	--	--	--	--	--	--	--	--

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

ATTACHMENT 4

Published Reports from Research Projects

In FY23 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. Edwards C, Franklin E. Vestibular Rehabilitation. 2023 May 23. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan–. PMID: 34283519. [Vestibular Rehabilitation](#)

2. Franklin E, Anjum F. Incentive Spirometer and Inspiratory Muscle Training. 2023 Apr 27. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan–. PMID: 34283480. [Incentive Spirometer and Inspiratory Muscle Training](#)

3. Edwards C, Fortingo N, Franklin E. Ergonomics. 2022 Jul 28. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan–. PMID: 35593858. [Ergonomics](#)

4. Grandhe S, Babos M. Antisialagogues. 2023 May 23. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan–. PMID: 31194356. [Antisialagogues](#)

5. Smith BP, Babos M. Sildenafil. 2023 Feb 14. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan–. PMID: 32644404. [Sildenafil](#)

6. Patel PH, Mirabile VS, Sharma S, Marr C. Wheezing (Nursing). 2023 May 1. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan–. PMID: 33760497. [Wheezing (Nursing)](#)

7. Justice HC. The heart of the issue. JAAPA. 2023 Jan 1;36(1):1. doi: 10.1097/01.JAA.0000902900.22244.8f. PMID: 36573819. [The heart of the issue](#)

8. Baumrucker SJ, VandeKieft G, Smith ER, Stolick M, Jefferson V, Boyles SP, Thatcher KL, Leach RJ. Ethics Roundtable: Advance Directives, Autonomy, and Gastrostomy Placement. Am J Hosp Palliat Care. 2022 Nov 12:10499091221139823. doi: 10.1177/10499091221139823. Epub ahead of print. PMID: 36373275. [Ethics Roundtable: Advance Directives, Autonomy, and Gastrostomy Placement](#)

9. Schweitzer GG, Beckner DC, Smith GI, Klein S. Short-term Intensive Lifestyle Therapy in a Worksite Setting Improves Cardiometabolic Health in People With Obesity. J Endocr Soc. 2023 Apr 20;7(6):bvad048. doi: 10.1210/jendso/bvad048. PMID: 37153109; PMCID: PMC10161138. [Short-term Intensive Lifestyle Therapy in a Worksite Setting Improves Cardiometabolic Health in People With Obesity](#)

10. Al Omari O, Khalaf A, Al Sabei S, Wynaden D, Ballad CA, Al Dameery K, Al Qadire M. Associated factors of stigma toward people with mental illness among university and school students. Perspect Psychiatr Care. 2022 Oct;58(4):1736-1743. doi: 10.1111/ppc.12982. Epub 2021 Dec 5. PMID: 34866189. [Associated factors of stigma toward people with mental illness among university and school students](#)

11. Carroll CE, Landrum MB, Wright AA, Keating NL. Adoption of Innovative Therapies Across Oncology Practices-Evidence From Immunotherapy. JAMA Oncol. 2023 Mar 1;9(3):324-333. doi: 10.1001/jamaoncol.2022.6296. PMID: 36602811; PMCID: PMC9857528. [Adoption of Innovative Therapies Across Oncology Practices-Evidence From Immunotherapy](#)

12. Mannino EA, Byrnes KA, Smith LM, Hopkins SP. Surgical Repair of Idiopathic Mid-Forearm Radial Artery Aneurysm Using a Reversed Greater Saphenous Vein Interposition Graft. Am Surg. 2023 May 12:31348231175093. doi: 10.1177/00031348231175093. Epub ahead of print. PMID: 37177809. [Surgical Repair of Idiopathic Mid-Forearm Radial Artery Aneurysm Using a Reversed Greater Saphenous Vein Interposition Graft](#)

13. Jagadish A, Hiremagalur S. Global Pseudo-Atrial Flutter on Electrocardiogram and the Importance of Clinical Correlation. Cureus. 2023 Mar 10;15(3):e35982. doi: 10.7759/cureus.35982. PMID: 37050977; PMCID: PMC10085459. [Global Pseudo-Atrial Flutter on Electrocardiogram and the Importance of Clinical Correlation](#)

14. Moore LM, Brouner JM, Grigorian N, Leach RJ, Baumrucker SJ. Case Report: Syndrome of Remitting Seronegative Symmetrical Synovitis with Pitting Edema-A Rare but Treatable Condition in Palliative Medicine. Palliat Med Rep. 2022 Dec 26;3(1):322-325. doi: 10.1089/pmr.2021.0070. PMID: 36636613; PMCID: PMC9811826. [Case Report: Syndrome of Remitting Seronegative Symmetrical Synovitis with Pitting Edema-A Rare but Treatable Condition in Palliative Medicine](#)

15. Lyden SP, Metzger DC, Henao S, Noor S, Barleben A, Henretta JP, Kirksey L. One-year safety and effectiveness of the Alto abdominal stent graft in the ELEVATE IDE trial. J Vasc Surg. 2023 Feb;77(2):446-453.e3. doi: 10.1016/j.jvs.2022.08.016. Epub 2022 Aug 24. PMID: 36028158. [One-year safety and effectiveness of the Alto abdominal stent graft in the ELEVATE IDE trial](#)

16. Holden A, Takele E, Hill A, Sakhuja R, Metzger C, Gray BH, Cavadino A. Long- Term Follow-up of Subjects With Iliac Occlusive Disease Treated With the Viabahn VBX Balloon-Expandable Endoprosthesis. J Endovasc Ther. 2023 Apr 19:15266028231165723. doi: 10.1177/15266028231165723. Epub ahead of print. PMID: 37073512. [Long-Term Follow-up of Subjects with Iliac Occlusive Disease](#)

17. Shahim B, Redfors B, Stuckey TD, Liu M, Zhou Z, Witzenbichler B, Weisz G, Rinaldi MJ, Neumann FJ, Metzger DC, Henry TD, Cox DA, Duffy PL, Brodie BR, Srdanovic I, Madhavan MV, Mazzaferri EL Jr, Mehran R, Ben-Yehuda O, Kirtane AJ, Stone GW. On-Treatment Platelet Reactivity and Ischemic Outcomes in Patients With Diabetes Mellitus: Two-Year Results From ADAPT-DES. J Am Heart Assoc. 2023 Jan 3;12(1):e026482. doi: 10.1161/JAHA.122.026482. Epub 2022 Dec 24. PMID: 36565189; PMCID: PMC9973569. [On-Treatment Platelet Reactivity and Ischemic Outcomes in Patients With Diabetes Mellitus: Two-Year Results From ADAPT-DES](#)

ATTACHMENT 5

Revised Plan of Separation

Third Revised Plan of Separation of Ballad Health
Pursuant to Grant of Certificate of Public Advantage by the Tennessee Commissioner of Health

This Third Revised Plan of Separation ("the Revised Plan") is prepared as part of the annual update required by the Certificate of Public Advantage ("COPA") and Terms of Certification issued by the Tennessee Department of Health ("the Department") in permitting the creation of Ballad Health ("Ballad"). The Third Revised Plan is intended to set out the process by which Ballad Health would affect an orderly return to a competitive market for the region served by the new, integrated health system, created under the COPA in the event that the Department determines that it is necessary to terminate the COPA previously granted to Ballad, as set forth in T.C.A. section 68-11-1303(g).

1. Overview. The purpose of this plan of separation is to comply with Tenn. Comp. Rules & Regulations 1200-38-01-.02(2)(a) (17).

2. Purpose. Re-establish a competitive dynamic to the market in the event of termination of the COPA.

3. Plan of Separation.

    a. Overview. The plan of separation would be implemented if the Department terminates the COPA after determining that the benefits of the merger no longer outweigh the disadvantages by clear and convincing evidence. Due to the difficulty of predicting the health care environment in the long term, the plan of separation of necessity is a description of a process for deciding how to re-establish a competitive dynamic in the market served by Ballad.

    b. The Process:

        i. Upon receipt of written notice from the Department that the COPA has been terminated and after all permitted appeals are exhausted, Ballad will retain a qualified consultant ("the Consultant").

        ii. The Consultant will assist Ballad in complying with the written notice that the COPA has been terminated by analyzing competitive conditions in the markets subject to the Department's written notice and identifying the specific steps necessary to return the subject markets to a competitive state.

Ballad will submit a plan of separation to the Department (the "Proposed Plan"). The Proposed Plan will address each of the following substantive elements: (a) Governance, (b) Management, (c) Financial Separation, (d) Employees, (e) Employee Benefits, (f) Clinical Services, (g) Information Technology, (h) Payers, and (i) Physicians and will be accompanied by a written report from the Consultant concerning the suitability of the Proposed Plan in addressing the competitive deficiencies that resulted in the termination of the COPA.

4. The Proposed Plan shall be submitted within 180 days of exhaustion of all permitted appeals of the decision to terminate the COPA. The Proposed Plan shall include a timetable for action which shall be approved by the Department. Upon the Department's approval of the Proposed Plan (or of any plan that contains revisions thereto) (the "Final Plan"), Ballad will implement the Final Plan within the timetable prescribed in the Final Plan. The Final Plan will provide that the Department may require that an independent third-party health care expert serve as a monitor ("the Monitor") to oversee the process of implementing the Final Plan. Ballad will pay the fees and expenses of the Monitor.

5. Non-Exclusive Plan. To the extent Ballad reasonably determines (based upon the current facts and circumstances) that a competitive dynamic may be restored in another, more efficient or effective means, Ballad may submit a new plan of separation different from the pre-submitted plan. In such event, the amended plan of separation must receive the Department's approval prior to its implementation.

6. Annual Update. Department regulations provide that the plan of separation be updated annually. The annual update will address each of the following elements as appropriate and possible considering the then-existing facts and circumstances: (a) Governance, (b) Management, (c) Financial Separation, (d) Employees, (e) Employee Benefits, (f) Clinical Services, (g) Information Technology, (h) Payers, and (i) Physicians. If no modifications to the plan of separation are warranted, the Third Revised Plan of Separation may be affirmed by written attestation that it has been reviewed and that no modifications are proposed.

ATTACHMENT 6

Comparison of Financial Ratios

Ballad Health

Statement of Revenue and Expense - Unaudited

For the Year Ended June 30, 2023

	FY23 Total
Patient Revenue	
Inpatient	4,817,221,272
Outpatient	6,720,099,310
Total Patient Revenue	**11,537,320,582**
Deductions From Revenue	
Revenue Deductions	8,891,116,883
Charity	138,799,484
Uninsured Discounts	235,421,525
Total Deductions	**9,265,337,892**
Net Patient Revenue	**2,271,982,690**
Other Operating Revenue	80,941,417
Total Operating Revenue	**2,352,924,107**
Operating Expense	
Salaries & Wages	690,726,908
Provider Salaries	183,624,454
Contract Labor - Providers	30,924,513
Contract Labor - Other	130,417,709
Team Member Benefits	140,672,240
Professional Fees	324,568,026
Drugs & Supplies	482,117,549
Other Expense	208,352,145
Depreciation & Amortization	145,590,395
Interest & Taxes	55,934,556
Total Operating Expense	**2,392,928,495**
Net Operating Income before Support Allocation	**(40,004,388)**
Support Allocation - Labor Expense	(0)
Support Allocation - Other	(0)
Net Operating Income after Support Allocation	**(40,004,388)**
Net Investment Income	36,356,513
Realized Gain on Investments	12,603,082
Gain / (Loss) from Affiliates	2,593,405
Gain / (Loss) on Discontinued Operations & Disposal	(62,835)
Gain / (Loss) on Extinguishment of LTD / Derivatives	10,107,005
Minority Interest	176,569
Other Non Operating Income / (Expense)	2,291,286

Total Non Operating Income / (Expense)	**64,065,024**
Total Revenue Over Expense Before CFV of Derivatives	**24,060,636**
Change in Fair Value of Interest Rate Swaps	(1,469,823)
Total Excess Revenue Over Expense	**22,590,813**
Net Unrealized Gain / (Loss) on Investments	33,058,021
Increase in Unrestricted Net Assets	**55,648,834**
EBITDA (Operations)	**161,520,563**
EBITDA (Operations) as % of Net Patient Revenue	7.1%
Operating Margin	(1.7%)
EBITDA	**215,478,582**
EBITDA as % of Net Patient Revenue	9.5%
Total Margin	0.6%

Ballad Health

Key Operating Indicators
For the Year Ended June 30, 2023

	FY23 Total
Operating Statistics	
Average Daily Census (Hospital)	1,183
Occupancy Percent (Hospital)	46.6%
Patient Days (Hospital)	431,663
Discharges (Hospital)	84,555
Observation Visits	21,718
Observation Visits (excl OB)	21,594
Acute Discharges and Observation Visits (excl OB)	100,282
Obs Visits (excl OB) % of Obs Visits (excl OB) & Acute Disch	21.5%
Observation (excl OB) % of Occupancy	2.0%
Outpatient Visits	2,986,407
Telehealth Visits	40,591
Urgent Care Visits	223,638
Emergency Department Visits	388,129
Surgery Cases - Inpatient	17,815
Surgery Cases - Outpatient	35,323
Surgery Cases - ASC	3,047
Revenue by Source	
Medicare	20.3%
Managed Medicare	35.7%
Medicaid/TennCare	15.4%
Managed Care	21.2%
Self Pay	4.1%
Other	3.3%
Labor Management	
Employed Full Time Equivalents	10,120
Contract Full Time Equivalents	629
Total Full Time Equivalents (excl Providers)	10,750
Employed Provider Full Time Equivalents	779
Contract Provider Full Time Equivalents	48
Total Provider Full Time Equivalents	827
Full Time Equivalents	**11,576**
Average Hourly Rate (excl Providers & Cont Lbr)	$32.72
Salary Expense per FTE (excl Providers & Cont Lbr)	$68,252
Patient Resource Management	
Overall Medicare Average Length of Stay	5.09
Overall Average Length of Stay	5.11
Acute Medicare Average Length of Stay - Acuity Adjusted	2.77
Acute Overall Average Length of Stay - Acuity Adjusted	2.98

Observation Average Length of Stay	0.85
Acute Medicare Case Mix Index	1.75
Acute Overall Case Mix Index	1.66

Ballad Health

Balance Sheet - Unaudited

As of June 30, 2023

	June 30, 2023
ASSETS	
Current Assets	
Cash and Cash Equivalents	56,885,027
Board Designated Funds COPA	0
Board Designated Funds Cooperative Agreement	2,599,775
Current Portion AWUIL	9,141,232
Accounts Receivable (Net)	248,709,318
Other Receivables	64,128,738
Due From Affiliates	76,476
Due From Third Party Payors	(0)
Inventories	51,043,690
Prepaid Expense	17,498,734
	450,082,991
Assets Whose Use is Limited	207,815,873
Other Investments	1,280,118,699
Propery, Plant, and Equipment	
Land, Buildings, and Equipment	3,322,493,704
Less Allowances for Depreciation	(2,203,821,170)
	1,118,672,534
Other Assets	
Pledges Receivable	4,470,299
Long Term Compensation Investment	32,680,209
Investments in Unconsolidated Subsidiaries	23,863,501
Assets Held for Resale / Expansion	14,239,897
Investments in Subsidiaries	0
Goodwill	206,027,773
Deferred Charges and Other	29,871,273
	311,152,952
TOTAL ASSETS	**3,367,843,048**
LIABILITIES AND NET ASSETS	
Current Liabilities	
Accounts Payable and Accrued Expense	172,711,168
Accrued Salaries, Benefits, and PTO	133,309,050
Accrued Interest	16,917,034
Due to Affiliates	0
Due to Third Party Payors	29,463,976
Current Portion of Long Term Debt	65,331,967
	417,733,196
Other Non-Current Liabilities	
Long Term Compensation Payable	19,044,402
Long Term Debt	1,333,475,937
Estimated Fair Value of Interest Rate Swaps	6,789,100
Deferred Income	5,359,816
Professional Liability Self-Insurance and Other	54,210,098
	1,418,879,353
TOTAL LIABILITIES	**1,836,612,549**
Net Assets	
Restricted Net Assets	33,626,247
Unrestricted Net Assets	1,496,417,367
Noncontrolling Interests in Subsidiaries	1,186,886
	1,531,230,500
TOTAL LIABILITIES AND NET ASSETS	**3,367,843,048**

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

	Fitch Median[1]	S&P Median[2]	Moody's Median[3]	FY23 Total[4]
Profitability Ratios				
Total Margin[5]	5.5%	4.0%	5.4%	0.6%
Operating Margin	2.8%	1.4%	2.3%	-1.7%
EBITDA to Revenue	11.3%	10.3%	11.0%	9.2%
Liquidity Ratios[7]				
Current Ratio[6]	N/A	N/A	1.5	1.1
Days in Patient A/R	48.2	44.6	45.4	40.0
Avg Payment Period	84.4	N/A	90.9	67.8
Total Days Cash on Hand	247.5	215.8	234.2	217.6
Capital Ratios[7]				
LT Debt to Capitalization[6]	34.9%	41.0%	34.5%	44.5%
Cash Flow to Total Debt[5,6]	31.3%	N/A	31.3%	12.8%
Debt Service Coverage	4.7	2.2	4.8	2.9
Productivity Ratios				
FTEs per AOB	N/A	N/A	N/A	3.23
Labor Exp / Net Patient Rev	54.9%	57.4%	N/A	51.8%

Notes

[1] Source: Fitch - Median Ratios for Nonprofit Hospitals and Healthcare Systems (August 2022)

[2] Source: S&P - US Not-for-Profit Health Care System Median Ratios (August 2022)

[3] Source: Moody's - Not-for-Profit Hospital Medians (September 2022)

[4] Source: 2023 Operating Budget

[5] Excludes Loss on Extinquishment of LTD

[6] Norton Community Hospital and Johnston Memorial Hospital Debt is excluded

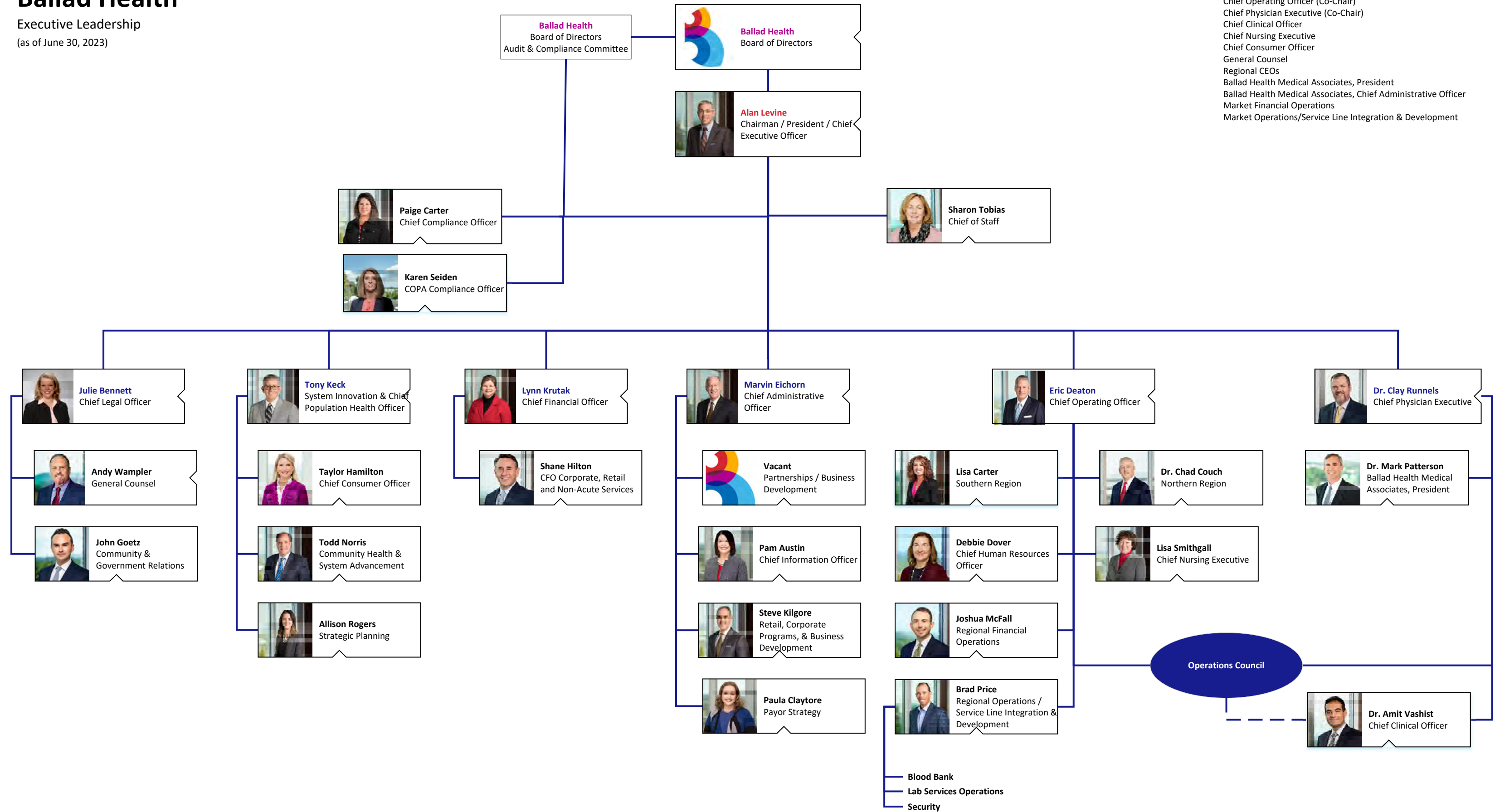[7] Liquidity and Capital Ratios use a rolling 12 for income statement components

ATTACHMENT 7

Ballad Health Organizational Chart and Board of Directors

Ballad Health

Executive Leadership

(as of June 30, 2023)

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

Ballad Health
Board of Directors
Audit & Compliance Committee

Ballad Health
Board of Directors

Alan Levine
Chairman / President / Chief Executive Officer

Paige Carter
Chief Compliance Officer

Sharon Tobias
Chief of Staff

Karen Seiden
COPA Compliance Officer

Julie Bennett
Chief Legal Officer

Tony Keck
System Innovation & Chief Population Health Officer

Lynn Krutak
Chief Financial Officer

Marvin Eichorn
Chief Administrative Officer

Eric Deaton
Chief Operating Officer

Dr. Clay Runnels
Chief Physician Executive

Andy Wampler
General Counsel

Taylor Hamilton
Chief Consumer Officer

Shane Hilton
CFO Corporate, Retail and Non-Acute Services

Vacant
Partnerships / Business Development

Lisa Carter
Southern Region

Dr. Chad Couch
Northern Region

Dr. Mark Patterson
Ballad Health Medical Associates, President

John Goetz
Community & Government Relations

Todd Norris
Community Health & System Advancement

Pam Austin
Chief Information Officer

Debbie Dover
Chief Human Resources Officer

Lisa Smithgall
Chief Nursing Executive

Allison Rogers
Strategic Planning

Steve Kilgore
Retail, Corporate Programs, & Business Development

Joshua McFall
Regional Financial Operations

Operations Council

Paula Claytore
Payor Strategy

Brad Price
Regional Operations / Service Line Integration & Development

Dr. Amit Vashist
Chief Clinical Officer

Blood Bank

Lab Services Operations

Security

FY2023

Ballad Health Board of Directors

1. Alan Levine, Chair
2. Dr. Brian Noland, Vice/Chair Lead Independent Director as of 2/1/2023
3. David Golden
4. Dr. Doug Springer
5. David Lester – Virginia – Treasurer
6. Dr. David May
7. Scott Niswonger – At Large
8. Aldo Noseda
9. Gary Peacock – Virginia
10. Julie Bennett, Vice/Chair Lead Independent Director 7/1/2022 – 1/31/2023
11. Dr. Marta Wayt 2/1/2023 – to current
12. Keith Wilson – Virginia – Secretary