Executive Summary

INTRODUCTION

Ballad Health is in its sixth full year of operation under active supervision by the State of Tennessee and the Commonwealth of Virginia. Ballad Health 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 Health's performance during fiscal year 2024 (FY24), reporting period from July 1, 2023, through June 30, 2024 (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.

FY24 RURAL HEALTHCARE LANDSCAPE

During FY24, the healthcare industry endured a range of challenges against the backdrop of a highly inflationary economy, which had a disproportionate effect on rural health systems like Ballad Health. Specifically, as a result of the labor shortages resulting from the COVID-19 pandemic, which have been memorialized in national media, hospitals in rural and non-urban communities have struggled to provide the full complement of staffing, which, in many cases, have resulted in service disruption, closure of services and even closures of hospitals. Other challenges include:

- **Disproportionate impact due to social determinant issues:** Rural communities tend to have disproportionate rates of chronic illness and poverty. Further, the population in rural communities are shifting older in terms of the age cohorts. The combination of these factors puts pressure on a rural health system and the providers who seek to serve it. The region served by Ballad Health has not been immune to these challenges.
- **Disproportionally poor payer mix and inability of payer system to keep up with inflationary pressure:** Ballad Health's payer mix continues to be heavily reliant on Medicare, Medicaid and uninsured populations, with only 21% of inpatients having commercial insurance coverage – making the region one of the more challenged in the nation. Medicare and Medicaid have historically paid below cost, a problem made worse by the rapid nature of the inflationary pressure on hospitals. Even if Ballad were to receive substantial increases in reimbursement from the commercial payers (something it is limited in its ability to do), the low volume of commercially insured patients would not provide enough revenue to cover the increasing losses from Medicare and Medicaid. Other hospitals and health systems with even better payer mix than Ballad have reported losses, and these challenges have been well-reported on.

- **Staffing Shortages**: Workforce shortages, particularly among nurses and a wide range of clinical staff, 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. Ballad Health has made significant efforts in these areas resulting in continued improvement in Ballad Health's nursing turnover reflected in a 13.8% turnover rate for FY24, while national averages for nursing turnover remain closer to 20%.

BALLAD HEALTH FY24 PROGRESS SUMMARY
Ballad Health 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 Health achieved several notable accomplishments, which were not requirements of the COPA, but are direct benefits of the merger and further evidence of Ballad Health's benefit to the communities it serves.

At a Glance
In FY24, Ballad Health 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:

- Over $67 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 $91 million, investing in information technology, new diagnostic and treatment technology, facility upgrades and the continued expansion of Niswonger Children's Hospital.

Quality of Care – Recognition from Independent Organizations:
Ballad Health 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, and the American Heart Association. Noted areas of excellence for specific hospitals included overall hospital care, trauma and orthopedic care, cardiovascular care, neurological care, surgical care, pulmonary care, and gastrointestinal care. Additionally, zero deficiencies were found across all Ballad Health trauma centers by state surveyors. Their report found that Johnson City Medical Center "demonstrated an outstanding commitment to care for the injured patient." Blue Cross and Blue Shield of America has designated Ballad Hospitals as "Blue Centers of Distinction" in services such as cardiology and maternity care. In fact, Blue Cross highlights only five hospitals in Tennessee as "Blue Centers of Distinction in Quality and Value" for cardiology services, with two of the five hospitals being Ballad Health facilities.

Patient Volume (compared to FY23)

- Inpatient discharges increased by 3.2%.
- COVID discharges decreased to 2,585 compared to 3,993.
- Outpatient visits increased by 1.7%.
- Inpatient surgeries increased by 1.4% while outpatient surgeries decreased by 5.8%.
- Emergency Department visits were relatively unchanged with urgent care visits decreasing by 0.9%

As previously reported, some decreases in outpatient diagnostic volume and lower acuity admissions are the result of deliberate efforts by Ballad Health, partnering with physician partners, to implement value- based care models under risk-based arrangements. In fact, in the two largest counties in Ballad's footprint, preventable hospital admissions have decreased by as much as 50%, leading to a major reduction in the cost of health care and a related reduction in risk to patients. Also, numerous provider-owned diagnostic and surgery centers are now operational, with physicians self-referring patients to their centers. Ballad Health notes the self-referral patterns of provider-owned facilities results in more commercially insured patients being referred to the provider-owned facilities, while Ballad Health continues to provide care to uninsured and charity patients referred by those same providers to Ballad Health facilities. This payer mix deterioration contributes to financial challenges for rural hospitals. The above information is validated by the Tennessee Joint Annual Reports (JARs) data.

Charity Care Update
Although not required by the COPA, Ballad Health maintained increased patient eligibility for charity care at 225% of the federal poverty guidelines (up from 200% before the merger in 2018). Ballad Health spent over $106 million in FY24 for Charity and Unreimbursed TennCare and Medicaid, the most ever as a merged entity. Notably, the weighted average median household income in the region is approximately $46,800 (lower in some communities), while Ballad Health's threshold for free charity care for a family of 2.5 people is approximately $52,000 (225% of the Federal Poverty Level) – indicating one of the most generous charity care policies in the nation.

Additionally, continued efforts by Ballad Health to provide care to chronic uninsured and underinsured patients had the desired result in reducing the cost of care, lowering charity care costs, and savings to employers, payers, and individuals 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 Health 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 taxpayers, patients, and hospitals. The AHCN had over 8,500 uninsured enrollees by the end of the Reporting Period.

Progress in Target Areas
Ballad Health 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 Health achieved results over the pre-merger baseline for 21 of 25 access measures. Notable areas of improvement included appropriate emergency department wait times, asthma emergency department visits, antidepressant medication management for both acute and continuation phase, engagement of alcohol or drug treatment and rate of SBIRT administration during emergency department visits. Notably, while officially rolled out in FY24, with the FY23 investment in technology, anyone with access to a smart phone or the internet can now access Ballad Health's urgent care from anywhere in the region or world. Ballad Health is the only provider in the region which currently provides this service.

    b. *Population Health Measures:* Ballad Health achieved all Process Measures (15 out of 15) for FY24. Ballad Health also exceeded its FY24 Population Health Plan Spend commitment of $11 million with an additional $7 million 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 Health publishes its quality data in accordance with the COPArequirements on its website. Notable highlights include the following:
        i. Ballad Health improved results in 11 of the 17 target measures for FY24 compared to FY23.
        ii. Likewise, Ballad Health improved in 8 out of the 10 patient experience monitoring measures for FY24 compared to FY23.
        iii. Among the hospital infection indicators, Ballad Health is performing better than expected or meeting the measure in all but one 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 FY24, the Council was comprised of 30 physicians from many backgrounds and specialties. Of those physicians, 16 were employed by Ballad Health. 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 FY24 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, 90% of patients surveyed by Press-Ganey, the nation's most credible patient data firm which tracks patient and employee experience, would recommend Ballad Health's hospitals. In some Ballad Health hospitals, as many as 98% of patients would recommend their hospital. While wait times, specifically for the emergency department, are too long as a result of staffing shortages, it should be noted that the metrics for Ballad Health's tertiary hospitals outperform 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 sepsis care. Ballad Health's results are as good as, or better than, Vanderbilt, University of Tennessee, University of Virginia, Cleveland Clinic, Carilion, and otherwell-respected providers. This data is publicly reported on the hospital-compare website.

d. *<u>Workforce and Career Development:</u>* Ballad Health has added programs and enhanced existing programs since its last report, reflecting a significant investment in workforce development resources to equip Ballad Health team members to deliver the best experience for patients and each other. These programs include the return of in-person orientation, onboarding programs for new leaders as well as tiered leadership programs, the healthcare advisory program, and tuition reimbursement and scholarships.
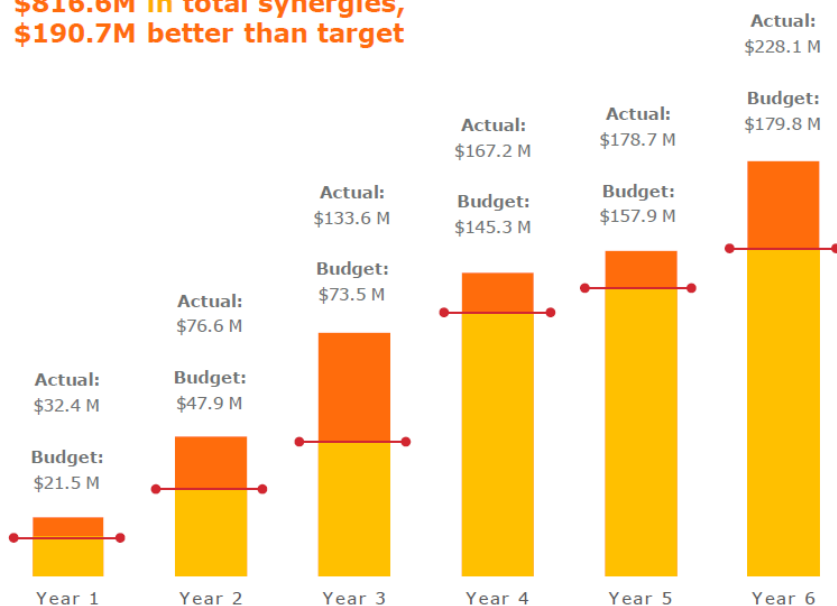
III. **Lowering Cost of Care**
Ballad Health and community physicians continue to reduce the cost of

care to patients, employers and government payors through value-based care.

    a. *Price Transparency:* Ballad Health 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 Health's gross charges, discounted cash prices, payer- specific negotiated rates, and de-identified minimum and maximum negotiated 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 over $200 million 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. In FY24, Ballad Health saw more than $50.3 million (for projects greater than $200,000) in savings due to cost-efficiency measures taken across the areas of labor, and contract consolidation, productivity, and supplies.

First six years realized $816.6M in total synergies, $190.7M better than target

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Actual:	$32.4 M	$76.6 M	$133.6 M	$167.2 M	$178.7 M	$228.1 M
Budget:	$21.5 M	$47.9 M	$73.5 M	$145.3 M	$157.9 M	$179.8 M

Through the work of the AHCN, Ballad Health 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 Health has made progress toward its involvement with its academic and community partners and its research goals. Highlights include receiving a grant from the Bloomberg Foundation to develop the Ballad Health Academy, a multifaceted academic partnership with East Tennessee State University's (ETSU) Center for Rural Health and Research, as well as continuing 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 Health also funded a myriad of initiatives across a broad spectrum of research.

- Ballad Health and its partners had 135 new and ongoing clinical studies in FY24.
- Ballad Health spent a total of $8.5 million in grant funding.

FY24 Health Plan Progress

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

a. *Behavioral Health Highlights:*
   o Provided community access through 7,716 completed visits at integrated sites
   o Provided 4,449 crisis assessments and managed 39,012 calls
   o Opened the first dedicated Child/Adolescent Outpatient Behavioral Health clinic in Johnson City, Tennessee
   o Continued operation and growth of the STRONG Futures program in Greeneville, Tennessee with plans to bring the program to Virginia
   o Improved behavioral health workforce retention and development

b. *Rural Health Highlights:*
   o Expanded access to primary care practices with new hires
   o Recruited physician specialists to meet rural access needs
   o Implementation of 24/7 Urgent Care
   o Coordinated preventative health care services
   o Implementation of robotic surgery in Greeneville, Tennessee
   o ER renovation/expansion in Greeneville, Tennessee

c. *Children's Health Highlights:*
   o Opened 4 new Centers for Early Learning development
   o Maintained infrastructure to support the Niswonger Network
   o Maintained a pediatric complex care program
   o Continued growth of telemedicine in local school systems
   o Hired a variety of pediatric subspecialists

BalladHealth

d. *Population Health Highlights:*
   o Continued to develop the population health infrastructure within the community, including supporting the UniteUs Network
   o Completed implementation of Healthy Planet within Epic allowing better and more integrated social need screening and navigation along with improved care management process and transitions of care
   o Expanded its work as a Community Improvement Organization, launching new Strong Start sites, enrolling more families in STRONG Starts, and enrolling more participants in the Appalachian Highlands Care Network
   o Supported Ballad Health efforts on prevention, early detection, and intervention aimed at reducing leading causes of mortality and morbidity

Focus on Growth | Behavioral Health

BalladHealth

Ballad Health expanding access to behavioral health as part of $80 million commitment:

Ballad Health is expanding access to behavioral health services in the Appalachian Highlands through new outpatient clinics for children, adolescents, and adults with complex needs.

- **New Clinics:**
  – Child and Adolescent Outpatient Services at 701 Med Tech Parkway, Johnson City, providing care for kids ages 6 to 18, including intensive outpatient programs for ages 9 and up.
  – Adult Outpatient Services relocated within the same building, expanding to include intensive outpatient programming for patients 18 and older.
  – Designed for patient safety and comfort, offering evidence-based therapies and tailored support.

Ballad Health expands telehealth for mental health services:

- Patients can connect with mental health specialists, therapists and psychiatrists from home, improving accessibility to quality care.
- Outpatient behavioral health conditions treated include anxiety, depression, PTSD, OCD, and more, through licensed therapists and psychiatrists.
- This service has also expanded to select schools in the Ballad Health service area.
- Access Anytime, Anywhere: Flexible connections via smartphones, tablets, or computers.

"We shouldn't wait for a crisis to provide treatment."

![Ballad Health logo]

Focus on Growth | Strong Futures

Serving pregnant, post-partum or parenting women who suffer from addiction:

Strong Futures Program

- The Strong Futures team provides a broad array of services for families in Northeast Tennessee, including intensive outpatient and general outpatient services. The program offers transitional living housing for qualified mothers and their children.

- Located in Greeneville, Tennessee with plans to open a second location offering expanded services in Norton, Virginia.

Since opening:

513 unduplicated families served

95% of pregnant mothers who completed the program delivered Non-NAS babies

62% of clients involved in the judicial system received jail diversion, totaling 6,255 days

Ballad Health has employed 3 Strong Futures graduates as Certified Peer Recovery Specialists

Blake, Strong Futures graduate and Ballad Health team member

Focus on Growth | Strong Starts

Supporting mothers and infants for optimal growth and development from conception through early childhood:

Strong Starts Program

- The program is offered to all pregnant women, families and caregivers with children up to five years of age

- Strong Starts works with Ballad Health and partnering obstetric offices, pediatric offices, birthing centers and community partner locations to provide health-related social needs screening and navigation services along with referrals for medical and behavioral health needs.

- Through whole family services, Strong Starts works to ensure children develop optimally and enter kindergarten ready to learn.

To date, **22,000**+ screened | **13,000**+ enrolled

REPORTING REQUIREMENTS, PROCESS & COPA COMPLIANCE

Regulations

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

- Enhancement of quality of hospital and hospital-related care;
- Preservation of hospital facilities in geographic proximity to the communities traditionallyserved 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 VirginiaAdministrative Code 5-221-110 require submission of an annual report determining continuedbenefit 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 responsibilityto submit the required materials and information. The COPA Compliance Office requested each of the Responsible Parties to certify, to their knowledge and belief after due inquiry, that Ballad Health was incompliance 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 awork plan.

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

- Ballad Health maintains a systemwide code of ethics, which requires mandatory compliance by all team members, including compliance with the section referencing the TOC and the CA.All team members are

provided annual training, are required to report any non- compliance and are provided the means and mechanism by which to do so, including anonymously.

- o During the Reporting Period there was one COPA complaint filed with the COPA Compliance Office. That complaint was found to be unsubstantiated.

- In the Tennessee Department of Health's Certificate of Public Advantage Department Annual Report for FY23, issued after Ballad Health's FY23 Annual Report, the Department determined that Ballad Health met the Employee Pay/Benefits Equalization obligation, under TOC Section 3.08(b).

- Ballad Health continues to be in discussions with the states regarding treatment of Plan Spend from prior years. Ballad Health notified TDH and VDH throughout the year of potential shortfalls in FY24 spend including in the formal notice letter submitted on 5/15/2024 where it provided that FY24 plan spend was expected to be below commitment for the year in only one of the six plans (HIE). Ballad Health reported it expected to continue in a cumulative underspend position for Behavioral Health at the end of FY24 but made significant progress during the year.

- Ballad Health spent $106.6 million in FY24 for Charity and Unreimbursed TennCare and Medicaid. While below the projected baseline from the fiscal year 2017, this was an increase of over $30 million from FY23, and the highest post-merger. Ballad Health's Charity and Unreimbursed TennCare and Medicaid spend continued to be impacted by an increase in Medicaid reimbursement from TennCare and Virginia Medicaid, and the ongoing expansion of Medicaid in Virginia. Additional details are provided in Ballad Health's Annual Report. Ballad Health will review the detailed information with the COPA monitor and request a formal waiver of noncompliance per Section 4.03(f)(vi). There have been no assertions or complaints that Ballad Health is not in compliance with its charity policy.

Ballad Health Annual Report

Reporting Period:
July 1, 2023 – June 30, 2024

BalladHealth™

It's your story. We're listening.

Annual Report for Fiscal Year 2024

Covering 07/01/2023 – 06/30/2024 ("Reporting Period")

Submitted pursuant to the Fourth Amended and Restated Terms of Certification (July 1, 2023) 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.

_____   11/25/2024
Alan Levine   **Date**
Executive Chairman
Chief Executive Officer
Ballad Health

_____   11/25/2024
Shane Hilton   **Date**
Executive Vice President
Chief Financial Officer
Ballad Health

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List of Attachments

Community Benefit

Fiscal year **2024**

Total benefit **$169,200,000**

$1,700,000
Contributions to health promotion programs

$23,800,000
Subsidized health services

$6,300,000
Community health improvement services

$60,000,000
Charity care and uninsured discounts

$2,900,000
Research

$46,200,000
Unreimbursed care

$28,300,000
Health profession education

Franklin Woods Community Hospital distinguished as Center of Excellence in Robotics Surgery

Franklin Woods Community Hospital has been recognized as a Center of Excellence in Robotics Surgery, demonstrating Ballad Health's commitment to advanced patient care.

Ballad Health offers robotic-assisted surgery at multiple locations across Northeast Tennessee and Southwest Virginia, with over 16,000 procedures performed since 2008. Bristol Regional Medical Center and Holston Valley Medical Center are also working toward becoming Centers of Excellence in Robotics.

Newsweek named two Ballad Health nursing homes/post-acute facilities as among the best in America

Ballad Health's Wexford House in Kingsport was named one of the top 5 nursing homes in Tennessee and one of the best in America by Newsweek, in the category for nursing homes with over 150 beds.

Francis Marion Manor Health & Rehabilitation in Smyth County was also recognized as one of the best in America, ranked among the top 7 nursing homes in Virginia for facilities with 100-150 beds.

These rankings are based on performance data, peer recommendations, and resident satisfaction.

Johnson City Medical Center

Trauma Center of Excellence

 Zero deficiencies found across all Ballad Health trauma centers

Within the past year, a state survey team of trauma experts and physicians has visited all three of Ballad Health's trauma centers and recommended a full certification, citing numerous accomplishments and strengths.

The Level 1 Trauma Center at Johnson City Medical Center had its survey in August and found zero deficiencies, saying the center has "demonstrated an outstanding commitment to care for the injured patient."

Similarly, the Level 3 Trauma Center at Holston Valley Medical Center and the Level 3 Trauma Center at Bristol Regional Medical Center were also surveyed in August and no deficiencies were found.

This is no easy task, and we are extremely proud of our team members that do a great job providing care to trauma patients.

Focus on Growth | Physician Clinics

Over the past 18 months...

27
new provider clinics

- **11** Behavioral Health
- **3** Sports Medicine
- **3** Urology
- **3** Wound Care
- **2** Gastroenterology
- **2** General Surgery
- **1** Comprehensive Weight Management
- **1** Internal Medicine
- **1** Palliative Care

Significant Project Go-Lives in FY24

Epic

Cosmos – Implemented Cosmos, which is the largest integrated database of clinical information in the United States that combines billions of clinical data points from contributing health systems. The integrated data set allows for diverse, integrated and representative data to be used and shared to advance research, and support clinical studies.

Healthy Planet – Implemented Healthy Planet for accountable care and population management software system for managing populations across the continuum of care. Healthy Planet is designed to provide healthcare systems, accountable care organizations (ACOs), and care management teams with tools needed to effectively manage populations. This software aggregates patient data across multiple health information systems into a single actionable patient record.

Hello World (Phase 1 & 2) – Epic's communication platform that helps you connect with your patients using their preferred communication methods.

Hyperdrive – Implemented Epic Hyperdrive, which is the front-end web-based browser built on a chromium platform that allows clinicians and staff to access Epic modules and integrations faster and more efficiently. This web enabled version of Epic offers a modern user interface, streamlined workflows, productivity gains, and more efficiencies with the upgrade process.

Image Exchange through Care Everywhere – Implemented Care Everywhere Image Exchange and Happy Together Imaging, which allows retrieval of PDF documents, scans, or medical images from other organizations and allows other organizations to retrieve files from our organization. Happy Together Imaging allows sending and receiving discrete imaging procedures and results through Care Everywhere and incorporates the data into the Imaging tab of Chart Review.

Pre-Registration for MyChart - Implemented pre-registration workflow for patients for future diagnostic appointments via MyChart and to have the pre-registration status updated within Epic.

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 to submit an annual report determining continued benefit of the merger to the public. In Tennessee, Ballad Health 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 Health 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 Health 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 accurate and complete.

Deliverables.

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

Ballad Health Maintenance and Repairs Summary

	Fiscal Year 2024 (FY24)
Maintenance	$71,850,727
Repairs	$20,635,061
Total	**$92,485,788**

Below is the status of implementation of the Capital Plan required by TOC 3.07(b) relating to Fiscal Year 2024 (FY24) of the FY24-FY26 Capital Plan.

Ballad Health Capital Plan
Fiscal Year 2024 ($ in 000'S)

	FY24	FY24
Capital Plan by Category	**Plan**	**Spend***
IT	$ 27,609	$ 24,336
Routine Equipment	32,009	14,717
Facilities & Construction	21,475	13,440
Biomedical Equipment	2,500	1,554
Facility Funds	7,500	5,977
Other	9,192	31,022
Total*	**$ 100,285**	**$ 91,046**

*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 FY24, Ballad Health invested $107,155,257 in property, plant, and equipment.

In FY24, Ballad Health spent or committed $198,211,624 of capital, which includes the above $91,046,458 of FY24 capital and $59,500,928 related to prior year budgeted capital.

Other capital spend includes $2,557,000 for Epic electronic medical record (EMR) replacement, $1,904,000 for women and children services in Kingsport, Tennessee, $2,452,000 for Johnson City Medical Center air and plumbing replacement, $1,132,000 for information technology archiving projects, $1,045,000 for printer equipment refresh, $1,028,000 for Bristol Regional Medical Center CT Scanner, and $9,802,000 in prior year funded projects in amounts below $1,000,000 for each project. The remaining approximately $5,000,000 in other 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

Career Development programming today at Ballad Health has continued to reflect the organization's significant commitment in supporting and promoting the learning, growth, and advancement of its team members. The program today is even more diverse and robust than in our recent past with significant program design and content enhancements to better meet the needs of our workforce and that of our health system.

New Team Member Orientation

Your Story Begins Here – Day 1 Orientation

We believe that first impressions matter in building the right team – a team that devotes itself to continuous improvement, service excellence, and providing the highest-quality care. Therefore, Ballad Health leadership was eager to return to a live, in-person orientation for new team members in FY24, after three years of providing new team member orientation online. Senior leadership approved a capital investment of nearly $100,0000 in technology to support a return to in-person orientation. Organizational development began facilitating Day 1 new team member orientation in-person beginning July 2023 at our Bristol Regional Medical Center on a weekly basis. It was then relocated to our newly created Training and Education Center in Blountville, Tennessee, in January 2024.

Overall Content Covered at Day 1 Orientation includes:
- Sr. Executive Welcome and introduction to Ballad Health
- Introduction to Ballad Health's Mission, Vision, and Values and the Team Member Experience
- Human Resources
- Benefit Plan Options
- Compliance (including HIPAA and COPA)
- Fire Safety
- Bloodborne Pathogens
- Patient Experience
- Introduction to Ballad Health Intranet and Learning Management System

For FY24, Ballad Health onboarded a total of **3,189** new team members through Day 1 Orientation. An additional **5,324** contractors and students were onboarded through online orientation in our Learning Management System, HealthStream.

Onboarded

Fiscal Year	Ballad Health TM's	Contract TM's & Students	Total Hires
FY24	3189	5324	**8513**
FY23	3161	5234	**8395**
FY22	3437	4274	**7711**
FY21	2826	4563	**7389**
FY20	2422	2672	**5094**
FY19	2410	1651	**4061**

Facility Orientation

Site HR leaders facilitate this orientation event every other Thursday of the month (or the first Thursday of the month for smaller, rural hospitals). Content in Facility Orientation includes an introduction to key departments such as facility administration, team member health, spiritual health services, volunteer services, and facility management. Human Resources also discusses key company policies, patient experience expectations, and OSHA regulations with these new team members before giving them a tour of the facility.

Ballad Health Leadership Development Programs

Exceptional leadership is essential to the long-term success and growth of Ballad Health – both through title and in influence. Strong leaders lead engaged teams, driving better performance results. To that end, the organizational development team fosters talent growth and assists in minimizing skills gaps for both current and future leaders. Purposeful leadership experiences include cohort leadership programs, stand-alone offerings, and specialized e-learnings options.

Aspiring Leader Program (ALP)

For FY24, Ballad Health saw **32** high potential future leaders graduate from the Aspiring Leader Program. Of the total participants in FY24, five team members were promoted into leadership positions within the system.

The intent of the Aspiring Leader Program is to develop a pipeline of talent for future opportunities within Ballad Health. Seats are limited in this program and a nomination is required before a team member can participate. Team members must have a demonstrated record of high performance and aptitude in their current role to be considered. The program is designed to introduce and enhance introductory leadership skills for those who aspire to advance within the organization. Upon successful completion of the program, current individual contributors will develop a broad set of skills bridging the gap to future leaders.

Target Audience:	Program Requirements:	Program Length:
High performing, front line team members. Following completion of the program, this positions team members well for roles of greater responsibility or advancement. High performing is defined as producing superior results consistently over time.	In order to participate, team members must be nominated by a current leader in the organization. The program requires a participation commitment by the aspiring leader nominee and his or her supervisor.	The program spans a five-month period and consists of in person classroom training.

Aspiring Leader Program Curriculum Components:
• Creating a Culture of Trust • Managing Conflicts and Differing Personalities • Effective Communication • Operational Excellence Lean Training • Time Management • Peer Today, Boss Tomorrow & Overcoming Imposter Syndrome • The Ultimate Guide to Engaging Presentations • Individualized Development Plan • Final presentation by program participant on specific content area

In FY25, we anticipate approximately **24** participants will enroll in the Aspiring Leader Program. Further elevating the Aspiring Leader program, Crucial Learning's *Getting Things Done®* will be added to the curriculum. This internationally recognized program focuses on improved performance, time-management, efficiency, and engagement.

Onboarding Leader Program

For FY24, organizational development welcomed **135** recently promoted or newly hired leaders to participate in the Onboarding Leader Program.

This five-week program provides meaningful insights, tools, resources, and networking opportunities to strengthen their management acumen. The results provide Ballad Health with confident, effective, and successful leaders. The Onboarding Leader Program focuses not only on administrative functions but also on developing an influential leader. In turn, these engaged leaders influence their teams to perform better, communicate effectively, and recognize their own value to the system.

Target Audience:	Program Requirements:	Program Length:
New Leaders	Mid-level leaders who manage direct reports and/or programs	The program requires a commitment to 40 in-class hours over a five-week period

Onboarding Leader Program Curriculum Components:
• Promotion of Ballad Health mission, vision, and values
• Introduction to human resources IS technology
• Healthcare finance and operating budgets
• Labor management tools and strategies
• Payroll and accounts payable
• Legal aspects of human resources management
• Human resources policies discussion and application
• Performance management strategies
• Leadership strategies for building a culture of engagement and trust
• Crucial Learning's *Crucial Accountability®*

Choose Your Own Adventure

All Ballad Health team members are encouraged to keep their interpersonal skills sharp for patients and colleagues. Organizational development has established a variety of training opportunities perfect for any team member, offered in classroom style instruction and webinar format.

Career Development: Choose Your Own Adventure	
Two-hour in-person	**One-hour In-person and webinar options**
• Creating a Culture of Engagement • Creating a Culture of Trust • Creating a Culture for Managing Change • Creating a Culture for Results (new FY25) • Trauma-informed Care and Resiliency (new FY25)	• The Secret to Getting Along: Conflict Resolution • Civility in the Workplace • Emotional Intelligence • Managing Stress and Burnout • Servant-First Leadership • Time Management

Healthcare Advisory Board Fellowship Program

An 18-month program designed to accelerate the development of selected leaders to advance their organization's mission-critical initiatives, The Healthcare Advisory Board assembles national research and lecturers to further develop leadership in healthcare. 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. **Thirty-four** Ballad Health leaders have successfully graduated from this training since 2018. A new cohort of **six** leaders is beginning September 2024.

Physician Leadership Development

Ballad Health partnered with the Middle Tennessee Chapter of the American College of Healthcare Executives to develop a physician leadership program targeted at new to mid-career physician leaders. **Three** executives from Ballad Health are among the faculty members providing didactic instruction on key leadership traits alongside nationally recognized speakers in the field for their virtual physician leadership academy. To date, **nine** physicians from Ballad Health have completed the program since 2022. Continuing medical education credits as well as American College of Healthcare Executives education credits are offered through the program.

Ballad Health Senior Leadership Development and Succession Planning Process

Now hard wired with all new senior leadership hires, senior leaders participate in the succession planning process by taking the leadership assessment and reviewing the results with their supervisor to create developmental goals. The results and continued development plans are used to build our leadership bench strength and map potential career progression, so we are able to effectively identify successors as needs arise. Executive leadership reviews this information on an annual basis and makes any necessary adjustments to succession mapping and to identify potential gaps.

The challenge of working in healthcare during FY24 has not decreased, so providing the senior leadership with confidential and non-biased support on how to work better together as a team, accomplish strategies, personal counseling, and professional career development has been an important support program in the well-being and retention of our senior leaders. During FY24 we rolled this program out to all **135** senior leaders. Through the B-Kinetic program, at least monthly, senior leaders have an opportunity to discuss any topic with external organizational psychologists who are equipped to handle both personal and professional issues and offer topic specific resources. As well, utilizing the leadership assessment results, tailor specific career development plans to provide guidance on how to get to the next steps in their desired career path.

Other Career Development Programming

Nurse Residency Program/Graduate Nursing Onboarding

Ballad Health nursing leadership continually evaluate the onboarding of new licensed practical nurse (LPN) and registered nurse (RN) graduates. While Ballad Health still offers its Nurse Residency STEP (Successful Transition into Excellent Practice) Program, which provides course electives over the course of the first year of employment, most newly hired graduate RNs do not choose to participate in the year-long residency program. Orientation of all new nurse graduates includes the clinical orientation expectations with the 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. Those new graduates interested in formal enrollment in the Nurse Residency Program will apply for the program that will be offered twice per year following May and December graduations. Graduate RNs in the Nurse Residency Program will be clinically oriented on a dedicated education unit for the first four weeks of clinical orientation with no additional classes scheduled during this period. Ongoing evaluation of this Nurse Residency Program method will identify the need for revision and/or the capacity to expand with increased interest from the new graduate RN hires.

Nurse Fellowship Program

Ballad Health nursing leadership and clinical education created a new Nurse Fellowship Program for roll out FY25 in the fall of 2024. Application eligibility for this dedicated program is for nursing students in their last semester of their formal academic nursing program when the senior nursing student has committed to be hired at Ballad Health post-graduation as a paid position. This **160**-hour program provides the nurse fellow with employment in an unlicensed nursing role where they partner with a licensed nurse preceptor across multiple nursing clinical areas to shadow and work with the nurse. This program's dedicated paid clinical patient care experience supports their academic nursing program in preparation for graduation and transition to professional practice post-graduation.

Certified Nurse Assistant Program

Ballad Health 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 Health offers a Certified Nurse Assistant (CNA) training program. Students are paid while attending the training courses. We significantly increased CNA training year over year and, in FY24, demonstrated a 15% increase in the number of individuals who completed and achieved CNA certification in Tennessee and Virginia. The 15% increase equates to **322** CNAs completing the program in FY24. The on-line option for the theoretical classwork portion of the CNA training program developed in FY22 continues to contribute to the higher numbers in Tennessee CNA program graduates by facilitating increased access to the program content. Ballad Health continues to actively work on the process of seeking approval from Virginia for an online CNA program, but this program is not yet approved. We are hopeful to attain the Virginia online CNA program approval in FY25. The Ballad Health CNA Educator team engages and enrolls individuals in the CNA training program through 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 Health nursing leaders are first time leaders and have not been in a nursing leadership role outside the pandemic. A Nursing Leadership Development Program Plan has been implemented to promote professional nursing leadership development across Ballad Health and provide for optimal leadership in the challenging post-pandemic healthcare environment. Day long educational content was provided every four months starting in December 2023 for nursing leaders in Assistant Nurse Manager, Nurse Manager, Director, and Chief Nursing Officer roles. Course content includes leadership education, professional development, and other relevant nursing professional education with active participation for knowledge development and adoption into practice.

Scholarship and Tuition Assistance Programs

Scholarship opportunities were increased during FY23 to include not only nursing but many other patient care positions such as all modalities of imaging (MRI, CT and Rad Techs), cath lab, surgical technologists, lab, and respiratory therapists. For FY24, scholarships were added for behavioral health therapists and polysomnography technologists in an effort to help source additional candidates for these roles. With the increasing competition for corporate support positions, 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 participants in FY22 to 51 during FY23. Scholarship program participants increased again in FY24 with **61** program participants across all areas. Graduation dates range from December 2024 to May 2026. Enrollment in scholarship opportunities is ongoing.

FY24 Scholarship Participants

- Respiratory Therapists, 3
- Diagnostic Imaging, 1
- Behavioral Health, 3
- Lab Techs, 4
- LPN, 6
- RN, 44

Legend: RN, LPN, Lab Techs, Behavioral Health, Respiratory Therapists, Diagnostic Imaging
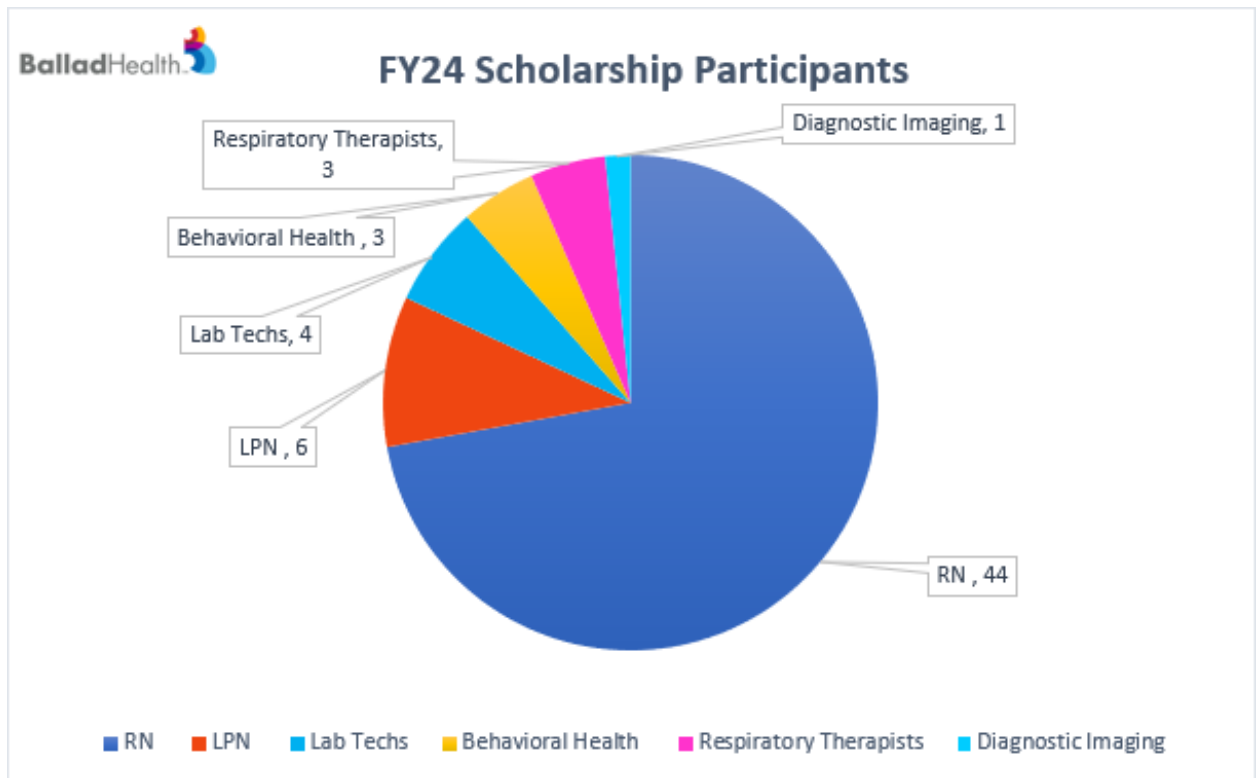
Ballad Health continues to utilize two full-time equivalent team members working in the role of Academic Recruitment Liaison. They both work with our current scholarship recipients and focus on recruiting new scholarship recipients. They present information pertaining to Ballad Health career opportunities and how we can provide financial support to students as they strive to reach their career related goals at all area higher education institutions both inside and outside of our geographic footprint. In addition, our Academic Recruitment Liaisons are engaged with area high schools to meet with students enrolled in healthcare related classes like CNA, CMA, Pharmacy Technician, LPN, etc., and present information about our career opportunities. During these presentations, our liaisons inform these students on the ways Ballad Health can help to provide resources to offset the cost of their education as they graduate from high school and move on to college. These efforts have helped to broaden our pipeline of new graduates who begin their chosen careers with Ballad Health.

Online Learning Management System (LMS)

To support the health system's education and training programs and meet required education tracking and regulatory requirements. Ballad Health continues to use an online learning management system (LMS). In addition to providing the required training, the 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. The organizational development department's LMS team works closely with valued stakeholders to develop clinical competencies, build and assign them utilizing the LMS, and provide detailed reporting on clinical competency completion.

Organizational development creates and regularly reviews performance appraisal templates and administers and tracks completion of annual performance appraisals. We utilize an industry-leading course creation platform to create engaging e-learning on a variety of topics, both clinical and non-clinical in nature. The platform also provides a library of templates, characters, assets, videos, icons and more for workplace training. Our LMS provides a video server that allows for storage of training videos used in computer-based learning courses and houses select marketing-produced videos.

Organizational development began using a new authoring tool in January 2024 to design its e-learning modules. The authoring tool that is now in use is Articulate 360, which is one of the leading technology tools for e-learning development within the training and development industry. This new tool provides Ballad Health with options to create more engaging and interactive e-learning modules to improve learner knowledge retention.

Total new e-learning courses developed in FY24 – **665**

Total Video minutes viewed in Learning Management System – **1,425,175** minutes viewed

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 a culture of safety, collaboration, and evidence-based care while promoting transparency and a non-punitive environment for reporting.
- Prioritizing quality, service, and safety improvement activities while establishing clear expectations to promote, improve, and sustain patient safety and health outcomes.
- Promoting efficient, high-value care that is not duplicative and is supported by evidence-based practice.
- Advising on relevant clinical issues, including but not limited to patient clinical pathways, services, and system improvements.
- Ensuring patient safety and addressing potential incidents that could result in harm.
- Guiding the Quality, Service, and Safety Committee on matters regarding credentialing and privileging.

The Clinical Council is aligned with the Ballad Health Board of Directors (the Board) and the Board's Quality, Service, and Safety Committee (QSSC). Closing FY24, the Clinical Council comprised **30** esteemed physicians from many backgrounds and specialties. Of those physicians, **16** were employed by Ballad Health, **12** were independent, with two open seats.

Independent Providers		Ballad Health Employed Providers	
Dr. Bruce Abkes, MD	Dr. Eric Fish, DO	Dr. Haytham Adada, MD	Dr. Rasmiyah Jastan, MD
Dr. Thomas Barklow, MD	Dr. Sherri Holmes, MD	Dr. Leon Bass, MD	Dr. Paul Jett, MD
Dr. Philip Benfield, MD	Dr. Steven Holt, MD	Dr. Jill Couch, DO	Dr. Keel Trent, DO
Dr. Aaron Clampitt, MD	Dr. James Kneff, MD	Dr. Saad Ghumman, MD	Dr. Melanie Leight, MD
Dr. Matthew Clark, MD	Dr. Evan Kulbacki, MD	Dr. Tom Helton, DO	Dr. Kate Molony, DO
Dr. Mark Dalle-Ave, MD	Dr. Lauren Selzer, DO	Dr. Howard Herrell, MD	Dr. Mihir Patel, MD
		Dr. Elizabeth Jackson, MD	Dr. Brian Stiltner, DO
		Dr. Stevenson Howard, DO	Dr. Marta Wayt, DO

Potential Clinical Council members, independent providers, or Ballad Health Providers are nominated by the Medical Executive Committees (MEC), which decides autonomously on who to nominate to the Clinical Council. The nomination choice is based on who can best represent their facility and its needs. The nominee is elected to the Clinical Council for five years unless they resign. The Council continues to assist in establishing essential quality and patient safety priorities, considering risk, volume, and propensity for problems (including incidence, prevalence, and severity) and the impact on health outcomes, patient safety, and quality of care.

The Clinical Council has been pivotal in supporting Ballad Health's rollout of the High Reliability Organization (HRO) journey. This included supporting the daily Tiered Safety Huddles as it establishes a communication process at all levels of the organization. The goal is to improve transparency in resolving patient harm and safety concerns. The daily tiered huddle process allows leaders to engage, strategize, and implement solutions to resolve problems in real-time while developing a culture of safety and zero harm.
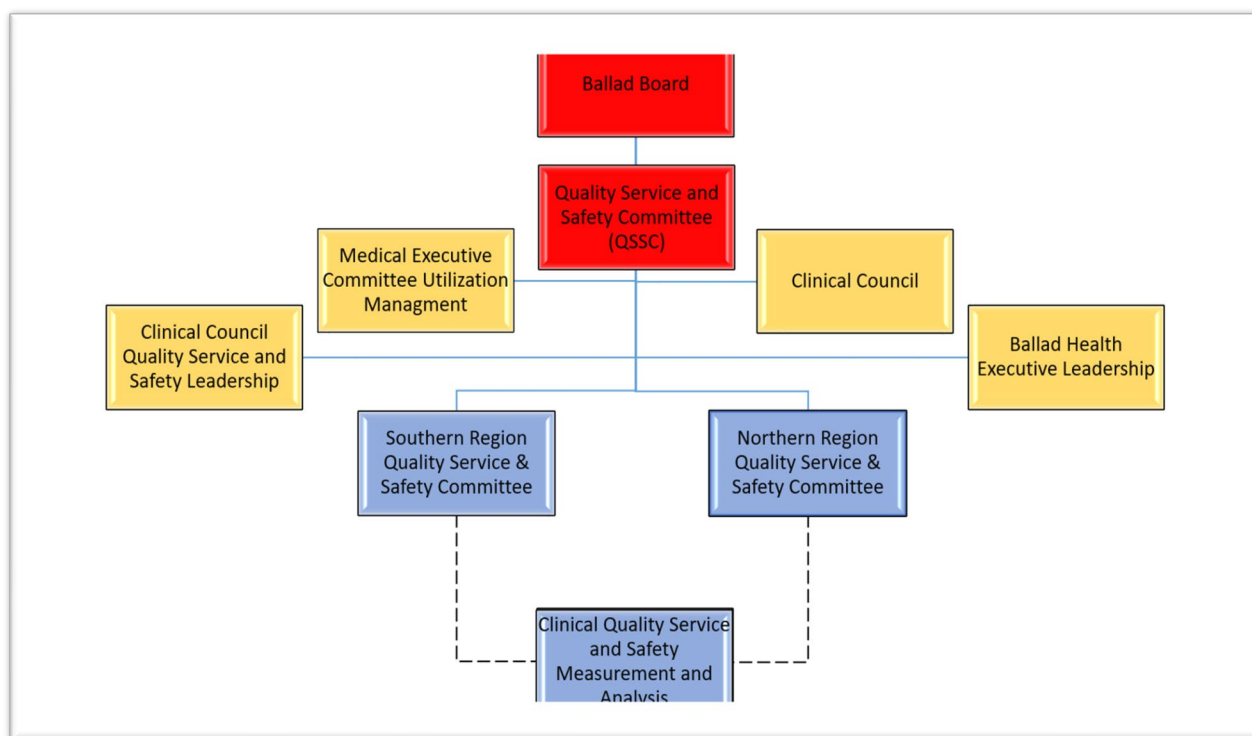
The Quality, Safety, and Service Committee clinical priorities set for FY24, along with the Quality Monitoring Measures established by the conditions of participation, are provided below:

Quality	Safety	Service
Patient Safety Indicator 3- Pressure Ulcer Rate	Clostridioides Difficile (C. diff)	Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) Patient Experience
Patient Safety Indicator 8- In Hospital fall-Associated Fracture Rate	Catheter-Associated Urinary Tract Infection (CAUTI)	
Patient Safety Indicator 10- Postoperative Acute Kidney Injury Requiring Dialysis Rate	Central Line-Associated Bloodstream Infection (CLABSI)	
Patient Safety Indicator 11- Postoperative Respiratory Failure Rate	Methicillin-resistant Staphylococcus Aureus (MRSA)	
Patient Safety Indicator 13- Postoperative Sepsis Rate	Surgical Site Infection (SSI) Hysterectomy and Colon	
Emergency Department Throughput		
Readmissions-Heart Failure, Pneumonia		
Mortality-Sepsis, Heart Failure, Pneumonia		

The format of the Regional Quality and Safety Metric meetings has been updated. Each region will hold and conduct meetings to systematically discuss opportunities identified within the region with stakeholders. Quarterly, participants in the regional meetings, including executive leadership, will discuss opportunities and identify successes and barriers to success for resolution.

FY24 accomplishments and activities of the Clinical Council include:

- Ballad Health's Assistant Vice President (AVP) of Pharmacy presented an update on the requirements of the Medication Reconciliation program. Research shows that medication errors represent the most common patient safety error. More than forty percent of medication errors are believed to result from inadequate reconciliation in handoffs during admission, transfer, and discharge of patients.
- The Ballad Health Vice President (VP) and System Medical Director (MO) for Clinical Transformation and Outcomes Optimization provided updates on the implementation of Glucommander v3.5 Subcutaneous. The implementation timeline, engagement approach, Glycemic Systemization Steering Committee, and Clinical Core Team were all reviewed.
- Ballad Health's Chief Medical Officer (CMO) of the Women's and Children Service line provided an update regarding the Tennessee and Virginia Abortion Policy revisions. The policy was revised to comply with Tennessee law, which prohibits abortions except in very limited circumstances. Virginia law continues to be less restrictive, however, Virginia's policy reflects Ballad Health's position of performing elective abortions only when there is a medical need. Additional updates were provided to the Clinical Council on Elevated Maternal Body Mass Index (BMI) Care Standardization, in which patients with a BMI of sixty or higher will be referred for transfer to a higher level of care. This will decrease variation and allow for a safe delivery. Additional improvements were anesthesia pre-admission visits as well as care pathways for sleep medicine intervention.

- Ballad Health's Executive Vice President (EVP) and Chief Physician Executive provided an update on staffing related to gastrointestinal services throughout the region. Services to include the use of locums and explore the possibility of gastrointestinal hospitalist and tele-GI services until a permanent solution is in place.
- The CMO of the Digital Health and Hospital Based Programs at Ballad Health provided an update on bed placement, department integration, and patient flow in both the inpatient and outpatient settings. Implementation of a Centralized Bed Placement program will reduce variation, decrease delays throughout the hospital, and overall increase patient safety and experience. Implementation was a phasic approach and was completed by the end of calendar year 2023.
- Ballad Health's Chief Clinical Officer (CCO) supplied an update on the implementation of a High Reliability Organization. This information included the Triple Opportunity in which leaders; 1) set a high-reliability mindset at the "blunt end", 2) find and fix problems that impact safe and reliable performance, and 3) reinforce and build accountability at the "sharp end". Reliability leadership skills, message on mission, and the three-part structure of a mission statement were reviewed.
- A Ballad Health Corporate Clinical Pharmacist Specialist in Anticoagulation presented updates on the Continuous Heparin IDEA/Project. The pilot phase will be implemented at Franklin Woods Community Hospital by the Spring of 2024.
- Ballad Health's AVP and Chief Infection Prevention Officer supplied an update on COVID and Flu throughout the organization. All facilities activated surge plans, and urgent care providers are encouraged to test patients for flu and COVID-19 to determine the best treatment plan and to alleviate patients presenting to the emergency departments.
- Ballad Health's VP and System Medical Director (MO) for Clinical Transformation and Outcomes Optimization in collaboration with the Chief Experience Officer, reviewed Ballad Health's Universal Skills necessary to achieve a High Reliability Organization. These skills consist of attention to task, compassionate connection, clear communication, questioning mindset, and ownership and accountability. High Reliability timeline was reviewed, as well as the basics of a just culture.
- Ballad Health's EVP, Chief Physician Executive, and Chief Medical Officer discussed Ballad Health trauma facilities to establish a systematic approach to trauma activation criteria. This will assist triage in determining the care pathway needed, including a CT scan with delayed imaging. Surgeons and the trauma team met with radiology to develop criteria and how best to identify patients who would best fit the criteria for having delayed scans.
- Ballad Health's CCO, in collaboration with the VP and MO for Clinical Transformation and Outcomes Optimization, presented on clinical documentation improvements. These improvements accurately reflect the patient's condition in the medical record. Examples of specific and accurate documentation versus non-specific, vague documentation were discussed. Additional tools that can be utilized to assist the clinician with having the most accurate medical record were reviewed.
- Ballad Health's CCO, VP, and MO for Clinical Transformation and Outcomes Optimization, in collaboration with the VP of Supply Chain, shared information pertaining to Analyzing Equipment and Supply Chain Executive Steering Committee. This workgroup identified opportunities in clinical quality and safety and made recommendations for new products, technologies, and services to improve clinical outcomes, all while adhering to evidence-based practices. The voting membership process, new product/technology request process, and how the Emergency Care Research Institute (ECRI) can assist with this process were reviewed.

- The CMO of the Digital Health and Hospital Based Programs and the Digital Care Strategy Officer presented an update on the tele-neurology and tele-cardiology services. This update consisted of a resource guide and physician memo, as well as the expansion timeline. The utilization of telecardiology will expedite access to patients in rural facilities to experience the services of cardiology that may not be in their area, therefore saving travel time and the expense of transferring a patient to a higher level of care.

The established Subcommittees of the Clinical Council are:

Behavioral Health Recovery 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.

- **FY24 accomplishments for the subcommittee include:**
  - Accomplished target goals surrounded addiction recovery prevention and treatment space, Narcan distribution strategy, and Screening, Brief intervention, and Referral to Treatment (SBIRT) initiative expansion.
  - Developed a charter for the subcommittee; reviewed and approved through the Clinical Council.
  - Developed a pilot program around medication-assisted treatment for opioid use disorder that was implemented at Johnson City Medical Center. This is offered in the emergency department and will allow a broad Narcan distribution strategy through community partnerships.
  - Expansion of inpatient and outpatient treatment sites, including an outpatient clinic for children, adolescents, and eventually adults in Johnson City.
  - Expanded medication-assisted treatment for opioid use disorder in the emergency department.
  - Established 24/7 behavioral telehealth coverage and worked with population health on a stigma reduction campaign.
  - Established a process with the pharmacy to distribute take-home packets of Narcan to select patients.
  - Phased expansion of medication-assisted treatment in the emergency department and go live of Narcan take-home packs.
  - Coordinated Ballad Health Recovery Symposium scheduled for fall of 2024.
  - Worked with population health to create a new alert for case managers and discharging physicians in the emergency department and acute care sites for substance use follow-up appointments on day 7 and day 34.

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.

- **FY24 accomplishments for the subcommittee include:**
  - Revised the oxygen order set to include a start time.
  - Revised the dietary order set so they can quickly be resumed in the perioperative and postoperative period.
  - Revised the Blood Administration, Glucommander, and Telemetry order sets.

- Instituted an auto-populated length of stay section in the admission order bundle, which is different from the two-midnight rule. This assists case management, nursing, and centralized bed placement in predicting, evaluating, and allocating resources.
- Created and implemented best practice advisory (BPA) for outside-the-country travel for Candida Auras screening.
- Revised the Rapid Response Protocol order set, along with the deterioration index scoring calculations with limitations.
- Created a length of stay admission order bundle to populate upon patient admission to estimate length of stay.
- Made Nova Note Review with fishbone visualizations available in Epic.
- Approved creation of "Admit for Inpatient Post Acute for LTC" order, which will be used for available beds system wide. This includes swing beds, skilled nursing facilities, and long-term care needs. In addition, the original admit to inpatient order will be restricted to exclude the long-term care departments.
- Changed committee structure to include multiple focus groups to tackle the large amount of business handled by the subcommittee.
- Established e-signature verbiage established to include "electronically signed by".
- Approved Adult to Adult Proxy Enhancement Access to allow clinical signoff on building enhancement access within MyChart.
- Discontinued use of Hill-Rom Specialty bed order set.
- Added a hard stop to rehabilitation therapies.

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.

- **FY24 accomplishments for the subcommittee include:**
  - Worked in conjunction with the Pharmacy and Therapeutics Subcommittee to reduce the utilization of heparin and prevention of errors throughout the system. In favor of practices/processes that encourage the use of low molecular weight heparin and oral anticoagulants.
  - Revised the system telemetry utilization process by developing an evidence-driven standard of care for the initiation, continuation, and discontinuation pathways.
  - Standardized insulin order sets and implemented phasic roll-out of Glucommander use.
  - Implemented Virtual Sepsis Monitoring in Bristol Regional Medical Center, Holston Valley Medical Center, and Indian Path Community Hospital emergency departments effective June 18, 2024.
  - Started a Transfusion Initiative on the utilization of blood and blood products.
  - Evaluated the reduction of PICC line utilization in chronic kidney disease, stage 3, 4, or 5 patients.
  - Reduced inappropriate use of advanced imaging.
  - Launched the Disposition Optimization Taskforce to address concerns about skilled nursing facilities, reimbursement changes, and physical therapy implications. Their work is in progress.
  - Created an initiative to establish The Heparin Calculator with a timeline to come.

Medical Staff Services Subcommittee:

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

- **FY24 accomplishments for the subcommittee include:**
  o Standardized behavioral health consults through the Iris group.
  o Finalized the Credentials Policy and medical staff glossary for the acute care areas, to include board certification requirements, telemedicine, and coverage staff.
  o Concurrently updating ongoing work on the Bylaws Project as it is nearing completion of Bylaws Rules & Regulations which will then be sent to the Medical Executive Committees and then back to the Clinical Council for final approval.
  o Finalized the Credentials Policy and medical staff glossary for the acute care areas, to include board certification requirements, telemedicine, and coverage staff.
  o Revised the application of health attestation questions to remove the stigma associated with health conditions.
  o Implemented new telemedicine modalities to include cardiology and neurology, along with standardization of request forms to utilize modalities.

Patient, Family, and Provider Experience Subcommittee:

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

- **FY24 accomplishments for the subcommittee include:**
  o Established the High-Reliability Organization deployment plan to include leadership teams, frontline staff, mid-level managers, and medical staff.
  o Initiated a pilot program around discharge professionals teaching appropriate discharge instructions to patients at Holston Valley Medical Center.
  o Established a meeting series for medical staff leaders experiencing burnout, practice issues, etc.
  o Established care pathway with dietary, diagnostic imaging, cardiology, and anesthesia departments related to meal trays and "nothing by mouth" (NPO status).
  o Implemented bedside shift reports for clinical staff.
  o Initiated physician and nurse rounding.
  o Revised the patient after-visit summaries to include pertinent information related to discharge.
  o Endorsed facility implementation of the standard of work for patients being held in the emergency department for over four hours. The patient will now be seen by a hospitalist to initiate more timely evaluation and management of the patient.
  o Introduced Schwartz Rounds at Johnson City Medical Center and will expand where appropriate.
  o Established system wide handoff between emergency department providers and hospitalists of admitted patients boarding for four hours or more in the emergency department.
  o Partnered with the Virginia Hospital & Healthcare Association (VHHA) and the Lorna Breen Foundation to support resiliency and provider safety in obtaining behavioral health assistance

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 Health to decrease variability in practice and improve patient outcomes.

- **FY24 accomplishments for the subcommittee include:**
  - Revised the amiodarone, digoxin, and Wernicke encephalopathy order sets.
  - Added Intravenous Acetaminophen to the formulary with restrictions to Patent Ductus Arteriosus closure in infants with Necrotizing Enterocolitis (NEC).
  - Conducted Medication Use Evaluation (MUE) for Nitrous Oxide to examine the safety and efficacy of inhaled use during labor. This was explained across the organization to offer additional pain modalities during labor.
  - Added Nirsevimab to the inpatient and outpatient formulary and built within Epic an order question prompting the provider to screen maternal vaccine history before signing off the order.
  - Standardized dialysis solutions across the organization.
  - Updated Epic order panel for ferric gluconate to include dosing options for patients with heart failure with reduced ejection fraction.
  - Approved adjusting ceftriaxone dose to reflect the current recommended dose for serious infections and to hold oral methotrexate use during admission to the hospital.
  - Added alteplase to the formulary for specific indications, and updated order sets and concentrations for sodium bicarbonate.
  - Standardized Tranexamic Acid for the treatment of post-partum hemorrhage to include an order panel to guide clinicians on proper dosing and exclusion criteria.
  - Reviewed and approved Adult and Pediatric Hypoglycemia Management and order sets.
  - Built a Rapid Sequence Intubation bundle panel in Epic that will include medications with appropriate dosing in one place.

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.

- **FY24 accomplishments for the subcommittee include:**
  - Completed de-labeling of beta-lactam allergies to reduce perioperative and postoperative orthopedic infections by promoting the standard utilization of Cefazolin.
  - Expanded Enhanced Recovery After Surgery (ERAS): to include, orthopedics, cardiothoracic, as well as the Norton location. In addition, the colorectal pathway was aligned with ERAS Society and TSQC.
  - Expanded the pre-habilitation clinic to Norton, Virginia, and Greeneville, Tennessee, to include the STRONG Mom's Program from population health.
  - Established a workgroup for the Acute Kidney Injury Requiring Dialysis (Patient Safety Indicator 10) multidisciplinary team to review previous cases for trends and to determine appropriate pathways.

- Established the Perioperative Culture of Safety to drive perioperative services toward zero harm, high-reliability organization.
- Established system anesthesia team to promote standardization and reduction of inappropriate preop lab testing.
- Implemented pre-habilitation clinic services for obstetrical and gynecological patients in collaboration with the women and children's service line.
- Installed ION Robotics at Johnston Memorial Hospital and Johnson City Medical Center to assist with navigation biopsies and lung mass procedures.
- Created preoperative clear liquid meal trays for patients waiting for inpatient and elective surgeries in collaboration with Patient Family/Provider Experience.
- Established a workgroup to monitor delayed contrast CT scans in trauma patients to drive best practices and systemization.
- Developed Surgical Liaisons for Infection Prevention. Surgeons are now serving as surgical infection prevention liaison with the infection prevention team. The first initiative is to educate the emergency departments on infections, etc.
- Endorsed the use of ERAS elements in all surgical patients.
- Developed a system approach to add on/emergent cases by developing a color-coded grid displaying the breakdown of threat to life or limb (red), flexible but care is needed within one to two hours (yellow).
- Established a Standard of Work for clinicians on informed consent documents to ensure they are signed, timed, and dated appropriately.

Women's and Children's Subcommittee:

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

- **FY24 accomplishments for the subcommittee include:**
  - Implemented, in collaboration with Surgical/Perioperative Subcommittee, prehab clinic services in Bristol and Greenville, Tennessee, and Norton, Virginia.
  - Established a consistent care pathway for the obstetrical patient with a high BMI.
  - Aligned policy alignment with the Tennessee and Virginia statutes on abortion.
  - Standardized anesthesia consultation documentation process.
  - Developed a Pediatric Task Force as part of the subcommittee to assist with pathways around the specific patient population.
  - Developed consistent obstetrical care pathways with anesthesia for "Plan for Delivery", as well as sleep medicine intervention and BMI
  - Established a taskforce to determine ways to decrease the clinical variation in the "margin of viability" for expectant mothers.
  - Completed inventory review of pediatric surgery locations and surgery leaders based on a specialty to include ear, nose, and throat, orthopedic, general surgery, anesthesia, and pediatric surgical.
  - Review and revised hypertension guidelines review and order set revision.
  - Reviewed and approved Women and Children's Subcommittee Charter.

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

FY24 Access Measures

Both the Access to Care and Population Health metrics have been the subject of ongoing discussion with the states. In the meantime, Ballad Health continued to internally track performance for 25 of the 28 access measures compared to baseline. No agreed-upon real-time data sources exist for three of the measures: Specialist Recruitment and Retention (this was proposed in the 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	FY24 Results	Source
Characteristics of Health Delivery System					
1	Population within 10 miles of an urgent care center (%)	Ballad Health	80.5%	82.7% (improved)	Census + Facility Address at Census Block
2	Population within 10 miles of an urgent care center open nights and weekends (%)	Ballad Health	70.3%	56.6%* (declined) In FY23 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 Health	98.9%	99.7% (improved)	Census + Facility Address at Census Block
4	Population within 15 miles of an emergency department (%)	Ballad Health	97.3%	98.1% (improved)	Census + Facility Address at Census Block
5	Population within 15 miles of an acute care hospital (%)	Ballad Health	97.3%	98.1% (improved)	Census + Facility Address at Census Block
6	Pediatric Readiness of emergency department	Ballad Health	66.7%	75.3% (improved)	Survey tool created by NEDARC
7	Appropriate emergency department Wait Times (%)	Ballad Health	40.7%	50.5% (improved)	NHAMCS, CDC/NCHS
8	Specialist Recruitment and Retention	Ballad Health	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 Health is tracking through state database	72.2	37.7 (improved)	HDDS
11	Preventable Hospitalizations – Adults	TN; Ballad Health is tracking through state database	25.6	17.8 (improved)	HDDS
		Secondary Prevention (Screenings)			
12	Screening – Breast Cancer	TN; Ballad Health is tracking internally	74.1%	82.4% (improved)	BRFSS (unavailable so based on BHMA data)
13	Screening – Cervical Cancer	TN; Ballad Health is tracking internally	63.8%	66.4% (improved)	BRFSS (unavailable so based on BHMA data)
14	Screening – Colorectal Cancer	TN; Ballad Health is tracking internally	46.4%	64.1% (improved)	BRFSS (unavailable so based on BHMA data)
15	Screening – Diabetes	Ballad Health	71.2%	83.5% (improved)	Based on BHMA data
16	Screening – Hypertension	Ballad Health	97.6%	98.2% (improved)	Based on BHMA data
		Infant and Children			
17	Asthma ED Visits – Age 0-4	TN; Ballad Health is tracking through state database	60.4	35.9 (improved)	HDDS
18	Asthma ED Visits – Age 5-14	TN; Ballad Health is tracking through state database	41.5	28.1 (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 Health	33.3%	20.8% (declined)	Based on MSSP and Team Member claims data

21	Follow-up After Hospitalization for Mental Illness – 7 days	Ballad Health	58.6%	39.6% (declined)	Based on MSSP and Team Member claims data
Antidepressant Medication Management					
22	Antidepressant Medication Management – Effective Acute Phase Treatment	Ballad Health	75.5%	85.9% (improved)	Based on MSSP and Team Member claims data
23	Antidepressant Medication Management – Effective Continuation Phase Treatment	Ballad Health	65.3%	64.4% (declined)	Based on MSSP and Team Member claims data
24	Engagement of Alcohol or Drug Treatment	Ballad Health	1.9%	12.1% (improved)	Based on Team Member claims data
25	Rate of SBIRT Administration – Hospital Admissions	Ballad Health	0.0%	0.01% (improved)	Ballad Health Internal Data
26	Rate of SBIRT Administration – ED Visits	Ballad Health	0.0%	35.24% (improved)	Ballad Health Internal Data
Consumer Satisfaction					
27	Patient Satisfaction and Access Surveys	Ballad Health	100%	100% (met)	Ballad Health Internal Data
28	Patient Satisfaction and Access Survey – Response Report	Ballad Health	100%	100% (met)	Ballad Health Internal Data

*Due to operational and staffing considerations, BHMA adjusted the posted closing times of multiple Ballad Health 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 Health 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 Health does not believe this decline compared to baseline is representative of a true decline of access to urgent care services.

Of the **25** access metrics Ballad Health is tracking, the FY24 results of **21** of those met or outperformed baseline. Accounting for the varying weights per metric, this results in a performance level of **86.34%**. Given access is worth **30%** of the overall sub-index, Ballad Health earned **25.90%** of the **30%** eligible in FY24.

Of notable improvement since FY23, are the results of the following metrics.

Access Metric	FY23 Results	FY24 Results	Comments
Appropriate ED Wait Times	44.9%	50.5%	Ballad Health has undertaken a series of Operational and Clinical Process Improvement activities to improve wait times in the ED. Improved staffing levels and streamlined workflows are supporting these improvements.

Asthma ED Visits – Age 5-14	42.7	35.9	Ballad Health has enhanced its Asthma Action Plan which helps ensure families receive medications from the Ballad Health pharmacies before they are discharged and they also have a plan for their use to prevent serious exacerbation which could require hospitalization. Additionally, Ballad Health has brought in 2 pediatric pulmonologists over the past two years. This has enhanced family support if an emergency occurs.
Antidepressant Medication Management – Effective Acute Phase	83.9%	85.9%	Ballad Health Medical Associates has made a concerted effort to educate its primary care physicians on the importance and historical performance of these metrics.
Antidepressant Medication Management – Effective Continuation Phase	63.9%	64.4%	
Engagement of Alcohol or Drug Treatment	10.1%	12.1%	Ballad Health implemented a flag in the Electronic Health Record upon new diagnosis to refer to treatment. Additionally, the system has been heavily promoting internally and externally outpatient behavioral health counseling to support both team members and contracted employer programs as well as Overmountain Recovery Center. This has led to more patients receiving access to services.
Rate of SBIRT Administration – ED Visits	13.59%	35.24%	Ballad Health hired additional community health navigators to aid in this process in select emergency departments. The organization also implemented standard work and monthly meetings targeted improvement efforts with emergency department leadership, behavioral health leadership and community health navigators. Program dashboards were also developed and shared with additional leadership to show progress as well as opportunities.

FY24 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 Health is responsible for in FY24.

	Goal	Status
Investment in Population Spend	FY24 Commitment = $11,000,000[1]	FY24 Spend = $17,977,547[2] (met)
Achievement of Process Measures Identified in the Population Health Plan	Achieve 15 of the 15 Process Measures Identified in the	15 of the 15 Measures were Completed (met 100%)

	FY23 Implementation Roadmap		

Process Measures Identified in the Population Health Plan for COPA Scorecard

Strategy	Population Health Plan	Process KPI	Timing	KPI Status (at-risk, on-track, complete)
1	Provide operational funding to ACC	$80,000 provided	6/30/2024	Complete
2	Increase enrollment	7,000 enrolled	6/30/2024	Complete
2	Explore community breastfeeding supports for increased access	Inventory completed	12/31/2023	Complete
2	Explore purchase and provision of NRT therapies for clients	Purchase and cost analysis completed	12/31/2023	Completed
3	RFPs issued and sites selected for funding and partnership based on an objective rubric and approval by the CHI Advisory Committee and the Community Benefits Boards	Issued and completed	6/30/2024	Complete
1	Implement contraceptive health supports across the region and internally guided by strategic plan	Convene community stakeholders to implement supports	9/30/2024	Complete
1	Begin using Healthy Planet for social care integration/care management	Health Planet scaled system-wide for social care integration/care management	6/30/2024	Complete
2	Add enrollment sites	3 new sites	6/30/2024	Complete
3	Expand mobile services with free clinics and other partners	Mobile services will be provided to residents from every county in Ballad Health's GSA	6/30/2024	Complete
1	Conduct internal mPINC survey with all L&Ds based on CDC survey	Survey completed	12/31/2023	Complete
1	Maintain current staffing	10 carry over positions	6/30/2024	Complete
1	Implement Health Planet client management system across social care programs	Healthy Planet CMS adopted by 2 social care programs	3/31/2024	Complete

2	Expand # of Unite Us community organizations	205 in-network	6/30/2024	Complete
2	Add new pediatric STRONG Starts sites	3 new sites	6/30/2024	Complete
3	Identify initiatives internally and externally that align with reduction of mortality and morbidity and coordinate and support	External partnership inventory complete	12/31/2023	Complete
			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 provides a summary of 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. The current FY24 reporting period is July 1, 2023 – June 30, 2024.

- Satisfaction with access is defined as overall access (ease of contacting and ease of scheduling appointment). 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 in emergency services is defined as waiting time to treatment, wait time to physician.
- Satisfaction with access in outpatient services is defined as patient satisfaction with waiting time in registration. Baseline performance is rated on legacy Mountain States only as legacy Wellmont did not measure satisfaction with access with express survey.

Measure Type: Access

Desired Performance	Access Area	Baseline	FY23	FY24	Status
⬆	**Satisfaction with Access to Care in Owned Medical Practices**	68.35	92.7	93.05	
⬆	**Satisfaction with Access to Care in Emergency Services**	84.25	68.05	72.84	
⬆	**Satisfaction with Access to Care in Outpatient Services**	91.36	88.45	94.41	

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 and note a drop in emergency department satisfaction of over 3 percentage points during FY21 and FY22 – driven largely by the impact of the pandemic.
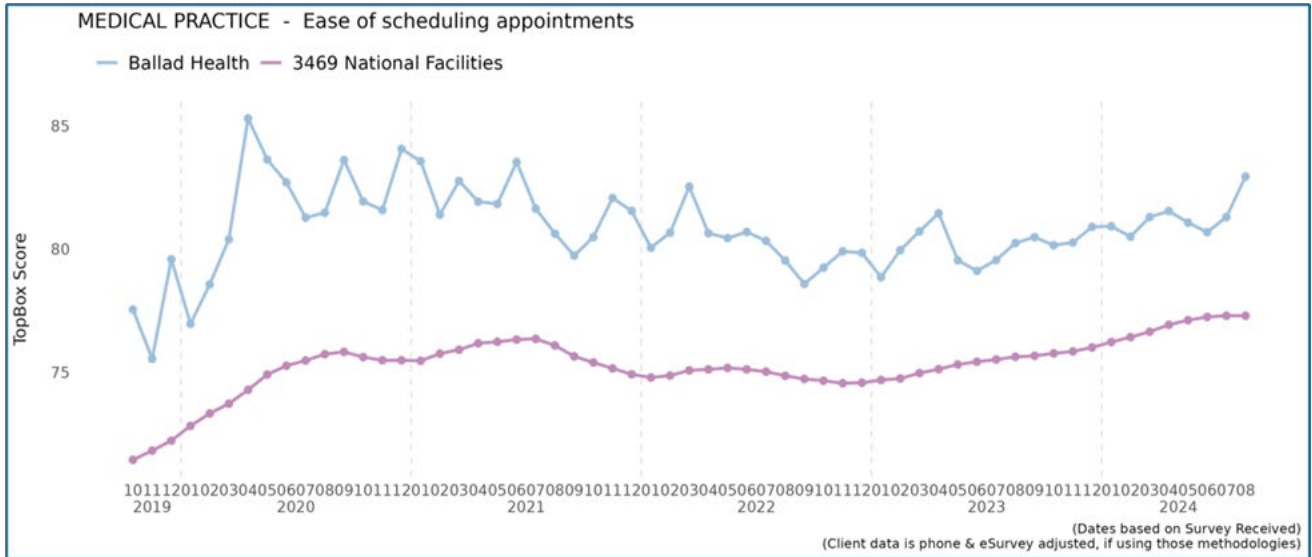
Patients at Ballad Health Medical Associates' practices rate ease of scheduling appointments consistently above the national benchmark for top box (highest ratings).
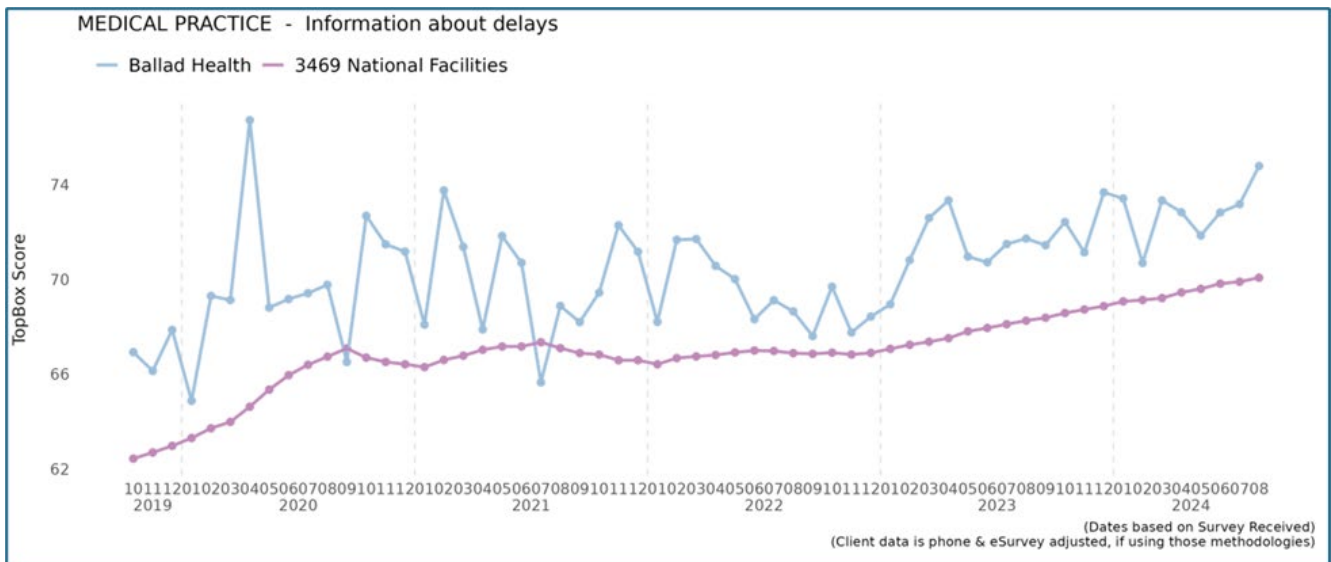
A common dissatisfier in medical practices is lack of information about delays. Ballad Health Medical Associates continues to outpace the percentage of highest rating (top box) in providing information about delays and the care process.

OUTPATIENT - Waiting time in registration
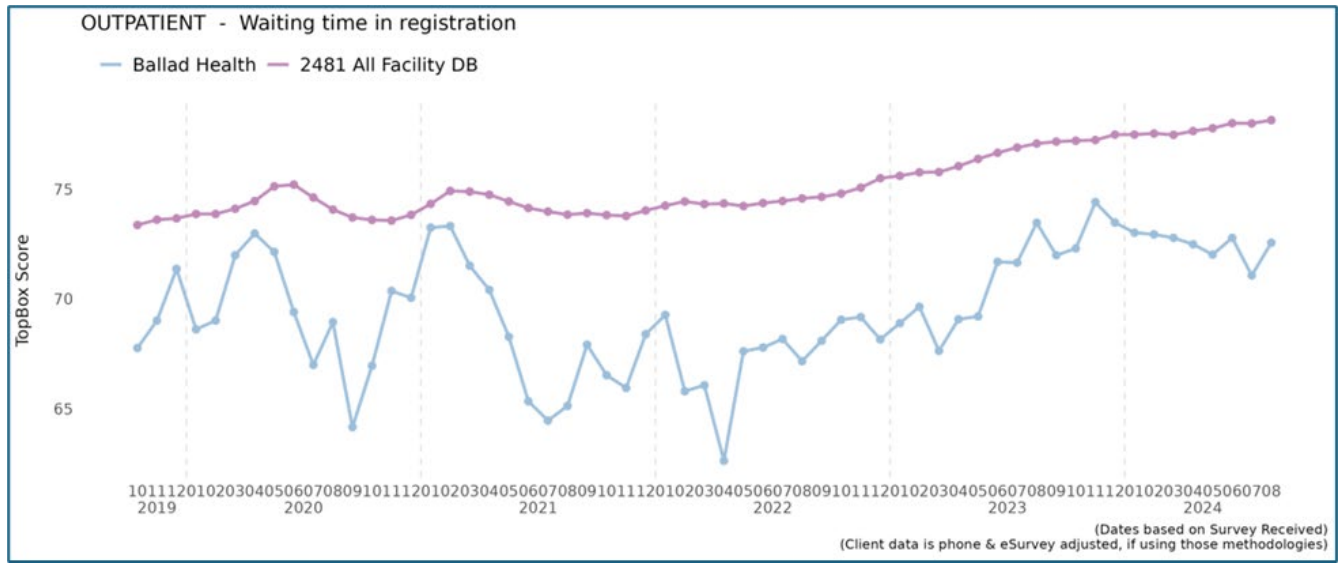
Wait times in registration continue to be a challenge as many outpatient procedures are performed in inpatient settings. Ballad Health made strides in streamlining the registration process to reduce wait times in registration.

EMERGENCY DEPARTMENT - Waiting time to treatment area
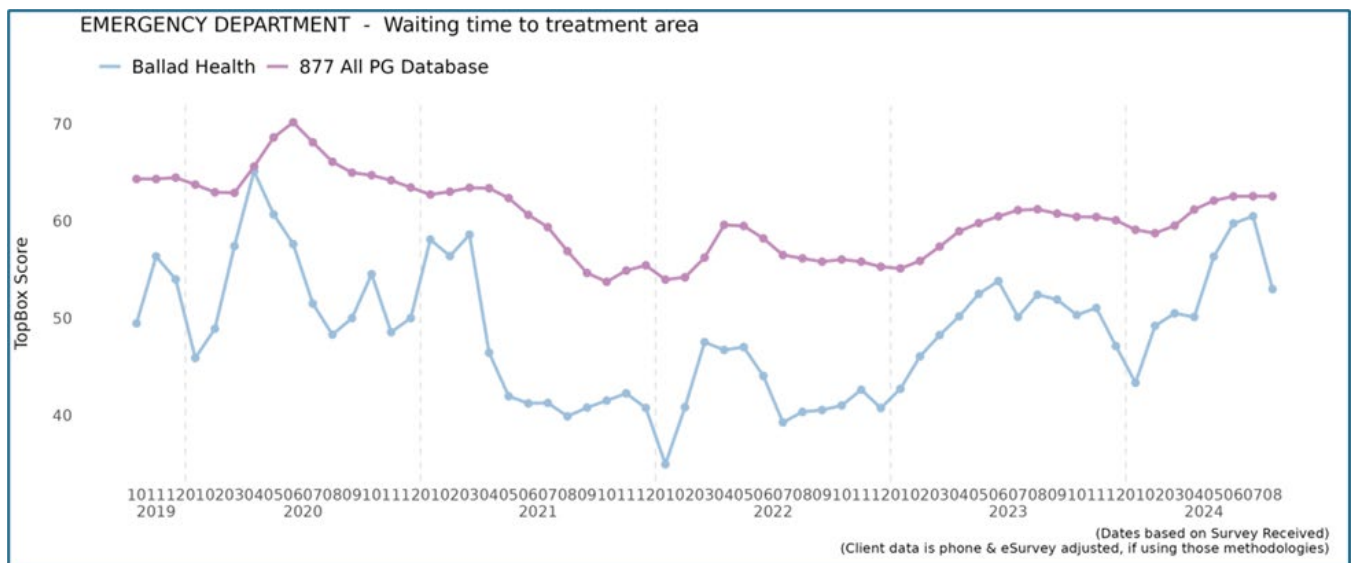
Ballad Health continues to improve wait times to treatment area in the emergency department. Strategies to address capacity challenges are underway with positive improvements post pandemic.

Ballad Health - Patient Experience Access Strategic Imperatives

Improve Satisfaction with Access to Care in the Emergency Department

- **Educate the Community on Proper Access Points to Care**
  - Continued use of campaigns promoting urgent care as an alternative for less serious health concerns. Ballad Health continues to enroll patients in MyChart, Ballad Health's patient portal. MyChart activation grew by nearly **10%** in FY24.

- o   Ballad Health launched a 24-hour Virtual Urgent Care program in FY24 with resounding success.
- o   Asynchronous visits grew by **99%** FY23 to FY24.

Asynchronous Volume and Revenue FY22 – FY24

Visit Totals

Nov-22: 221, Dec-22: 267, Jan-23: 270, Feb-23: 344, Mar-23: 389, Apr-23: 309, May-23: 284, Jun-23: 210, Jul-23: 243, Aug-23: 247, Sep-23: 259, Oct-23: 259, Nov-23: 345, Dec-23: 460, Jan-24: 398, Feb-24: 390, Mar-24: 466, Apr-24: 486, May-24: 525, Jun-24: 482
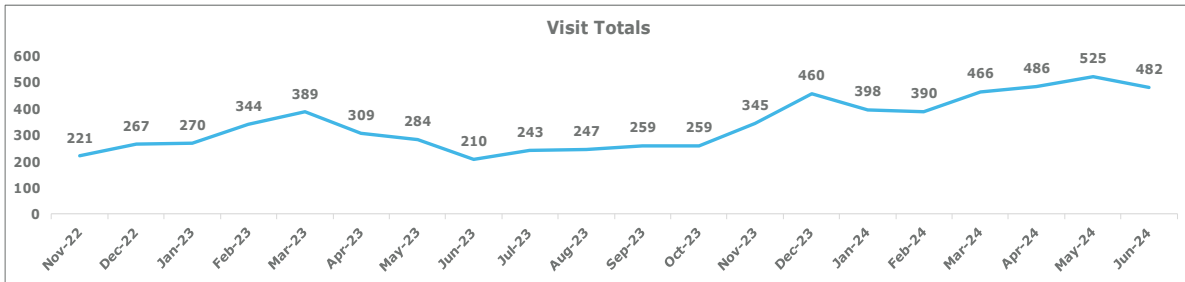
Fiscal Year	Total Asynchronous Visit Volume
FY22	N/A
FY23	2,294
FY24	4,560
% of Change from FY23 to FY24	99%

➢ Asynchronous Visits ("store-and-forward", *online chat*) became available November 2023, part-way through FY23, and since the implementation many patients are benefitting from this service. In 2023 asynchronous visits accounted for **27%** of completed ambulatory virtual visits compared to **8%** seen in the AVIA Network.

*Provided by the AVIA Benchmarking 2024 Health System Report (definition: # of virtual visits completed asynchronously / # of completed ambulatory synchronous + asynchronous virtual visits)

1

Education materials for patients on the Emergency Department Process

- **Continued use of Welcome Materials in Emergency Departments.**
  - o   Continued use of welcome materials to help patients understand what to expect in their emergency department 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.
- **Continued Partnership Provider Training for Patient Experience.**
  - o   Ballad Health partnered with Schumacher Clinical Partners (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.

Operational Throughput Improvements

- Chartered improvement teams to streamline the throughput process decreasing time in waiting room and time to treatment. The organization achieved a reduction in throughput times in all facilities with significant improvement in the larger facilities. The implementation of a discharge unit for patients awaiting final discharge information has improved our ability to get new patients to the units faster. For instance, Johnson City Medical Center realized a decrease in wait times through efforts focused on Rapid Triage with additional licensed personnel.

Improve Satisfaction with Registration Process in Outpatient Services
Communication Training

- **Continued Communication Training for Team Members.**
  - o Ballad Health partners with Ensemble for the registration process. They provide customer service training to their team through a series of on-line and preceptor activities.

Technology Enhancements

- Continued development of 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.
- Continued work with e-check-in.
- Equip physician liaisons with information to provide to physician practices on streamlined registration processes and appropriate preparation for outpatient procedures.

Improve Satisfaction with Access to Medical Practice

A number of efforts have been underway to increase access and satisfaction with that access to Ballad Health's owned medical practice network. Activities have included:

- Online scheduling growth,
- Expanding virtual visits and improving virtual health capabilities to include 24-hour virtual urgent care,
- Urgent care same-day appointment scheduling,
- Expanded team-based care models to support primary care providers,
- Marketing campaigns for primary care and virtual urgent care, and
- Strong focus on annual wellness visits with an **18%** increase in participation.

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

	Ratio
Average Nursing Hours per Patient =	**9.364**
RN to LPN =	16.91: 1
RN to Unlicensed =	2.49: 1

Ballad Health has spent significant time and resources in order to increase the availability of nursing resources for the health system. This has been accomplished through wage increases and reduction in team member turnover and retention efforts. Through these efforts, Ballad Health has been able to increase the average nursing hours per patient from **8.529** hours in FY23 to **9.364** hours in FY24. This is a significant year-over-year increase of **9.8%** in the time spent on a per patient basis.

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

The Employee Satisfaction Survey and the Physician Survey were not required to be completed during the Reporting Period. The next Employee Satisfaction Survey will be completed in FY24 and contained within the FY25 Annual Report, and the next Physician Survey will be completed in FY25 and contained within the FY26 Annual Report in order to comport with the required timing of the surveys. Ballad Health's nursing turnover of **13.8%** for FY24 was lower than the national average and the lowest since the formation of Ballad Health.

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

Ballad Health complied with the Centers for Medicaid and Medicare Services (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 the Ballad Health External Website:

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

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

Ballad Health 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**.

FY24 Efficiency	June 30, 2024 Actual ($ in 000's)
Contract Labor Efficiency	$26,419
NW Region Labor Efficiency	$6,869
Physician Productivity Efficiency	$5,557
GPO - Medical Supplies	$3,851
Physician Contract Labor	$3,740
GPO - Pharmacy Supplies	$2,630
ICU Consolidation Efficiency	$1,191
	$50,257

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

Section 3.08(b) of the TOC required Ballad Health to prepare an Equalization Plan in order "to eliminate differences in salary/pay rates and employee benefit structures" among Ballad Health employees. In the Tennessee Department of Health's Certificate of Public Advantage Department Annual Report for FY23, the Department determined that Ballad Health met the Employee Pay/Benefits Equalization obligation, under TOC Section 3.08(b).

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

During the reporting period, no services or functions were consolidated for which Ballad Health realized savings greater than **$2,000,000**.

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

Inpatient discharges increased by **3.2%** in FY24 over the prior fiscal year. COVID discharges decreased to **2,585** in FY24 from **3,993** in prior fiscal year. Outpatient visits increased by **1.7%** over the prior fiscal year. Inpatient surgeries increased over the prior year by **1.4%** while Outpatient surgeries decreased by **5.8%**. Some outpatient diagnostic volume is impacted by payer decisions to direct volumes away from hospital-based diagnostic centers, and continued efforts by Ballad Health and its physician partners to succeed in value-based arrangements continue to impact lower acuity admissions as previously reported. Emergency department visits increased slightly by **0.1%** with urgent care visits decreasing by **0.9%** over the prior fiscal year.

Some outpatient diagnostic volume is impacted by deliberate efforts of Ballad Health, 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 Health 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 Health continues to provide charity care to those referred by the providers to Ballad Health 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 Health Sponsored Residency Programs – TOC Section 3.03(d), 6.04(b)(vii) / CA: Condition 24

Ballad Health offers the following update on the outcomes of our Graduate Medical Education training programs in southwest Virginia. All other Graduate Medical Education programs are sponsored by East Tennessee State University (ETSU) and not subject to direct management or control by Ballad Health. Ballad Health is engaged with the ETSU training programs through partnering to provide the clinical environment, some preceptors, and funding to the ETSU programs.

Schedule of Residency Programs FY24						
Program	**Match Rates (%) 2022 Class**	**Program Status**	**Site**	**ACGME Approved Positions**	**Available Positions Filled**	**Board Passage Rate (%)**
JMH Family Medicine	67 (2 of 6 in the secondary match)	ACGME Continued Accreditation	JMH	18	16	100
JMH Internal Medicine	33 (4 of 6 in the secondary match)	ACGME Continued Accreditation	JMH	18	17	75

		Schedule of Residency Programs FY24				
Program	**Match Rates (%) 2022 Class**	**Program Status**	**Site**	**ACGME Approved Positions**	**Available Positions Filled**	**Board Passage Rate (%)**
Norton Internal Medicine	100 (One added in transfer, Dec. 2024)	ACGME Continued Accreditation	Norton, VA	30	28	86 for ABIM 89 for AOBIM
Lonesome Pine Family Medicine	83 (1/6 in secondary match)	ACGME Continued Accreditation	Lonesome Pine/Norton, VA	18	17	100
JMH Dental Residency	100	CODA Accreditation	JMH	14	14	100
ETSU Addiction Medicine	100	ACGME Continued Accreditation	JCMC VA	3	3	100
ETSU Bristol Family Medicine	100	ACGME Continued Accreditation	BRMC	24	24	100
ETSU Kingsport Family Medicine	100	ACGME Continued Accreditation	HVMC	18	18	100
ETSU Johnson City Family Medicine	100	ACGME Continued Accreditation	JCMC	21	18	100
ETSU Internal Medicine	100	ACGME Continued Accreditation	JCMC HVMC BRMC VA	50	46	100
ETSU Cardiology	100	ACGME Continued Accreditation	JCMC VA	9	9	100
ETSU GI	100	ACGME Continued Accreditation	JCMC VA	6	6	100
ETSU Infectious Disease	100	ACGME Continued Accreditation	JCMC VA	6	3	0
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	50

Schedule of Residency Programs FY24						
Program	Match Rates (%) 2022 Class	Program Status	Site	ACGME Approved Positions	Available Positions Filled	Board Passage Rate (%)
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	24	100
ETSU Psychiatry	100	ACGME Continued Accreditation	VA Woodridge JCMC	29	24	60
ETSU Surgery	100	ACGME Continued Accreditation	JCMC VA BRMC HVMC	34	34	100

ETSU provided the following information on their programs. All programs filled to their planned National Resident Matching Program complement except for Infectious Disease. Infectious Disease in not a desired fellowship at this time, programs across the country are going unfilled. Internal Medicine did have an ACGME-approved complement of **80** but has chosen to contract the program over the last few years. They are now back up to an approved complement of **50** but chose to only match **46** this year. Pulmonary Disease and Psychiatry have always filled to **100%** to match the funding, ETSU does not have approved funding for **9** Pulmonary/Critical Carr fellows, only **6.5**, and Psych has funding for **27.5** residents, not the **29** ACGME approved slots.

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

Ballad Health offers the following update on the outcomes of our Graduate Medical Education (GME) training programs in southwest Virginia. All other GME programs are sponsored by ETSU and not subject to direct management or control by Ballad Health. Ballad Health is engaged with the ETSU training programs through partnering to provide the clinical environment, some preceptors, and funding to the ETSU programs.

Sponsored Residency Programs/Slots FY24						
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	17	75
Norton Internal Medicine	NCH	ACGME Continued Accreditation	LMU-DCOM	30	28	86 for ABIM 89 for AOBIM
Lonesome Pine Family Medicine	LPH	ACGME Continued Accreditation	LMU-DCOM	18	17	100
JMH Dental Residency	JMH	CODA Accreditation	JMH	14	14	100
ETSU Addiction Medicine	ETSU	ACGME Continued Accreditation	ETSU	3	3	100
ETSU Bristol Family Medicine	ETSU	ACGME Continued Accreditation	ETSU	24	24	100
ETSU Kingsport Family Medicine	ETSU	ACGME Continued Accreditation	ETSU	18	18	100
ETSU Johnson City Family Medicine	ETSU	ACGME Continued Accreditation	ETSU	21	18	100
ETSU Internal Medicine	ETSU	ACGME Continued Accreditation	ETSU	50	46	100
ETSU Cardiology	ETSU	ACGME Continued Accreditation	ETSU	9	9	100
ETSU GI	ETSU	ACGME Continued Accreditation	ETSU	6	6	100
ETSU Infectious Disease	ETSU	ACGME Continued Accreditation	ETSU	6	3	0
ETSU Medical Oncology	ETSU	ACGME Continued Accreditation	ETSU	6	5	100
ETSU Pulmonary Disease and Critical Care	ETSU	ACGME Continued Accreditation	ETSU	9	6	50
ETSU Obstetrics and Gynecology	ETSU	ACGME Continued Accreditation	ETSU	13	12	100
ETSU Orthopedic Surgery	ETSU	ACGME Continued Accreditation	ETSU	10	10	100

Sponsored Residency Programs/Slots FY24						
Program	**Sponsor**	**Program Status**	**Affiliation**	**ACGME Approved Positions**	**Available Positions Filled**	**Board Passage Rate (%)**
ETSU Pathology - Anatomic & Clinical	ETSU	ACGME Continued Accreditation	ETSU	8	8	100
ETSU Pediatrics	ETSU	ACGME Continued Accreditation	ETSU	24	24	100
ETSU Psychiatry	ETSU	ACGME Continued Accreditation	ETSU	29	24	60
ETSU Surgery	ETSU	ACGME Continued Accreditation	ETSU	34	34	100

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

New and ongoing clinical studies in FY24

Clinical Studies	New	Ongoing	Total at end of FY24 (New + Ongoing)
Biospecimen Collection (Multidisciplinary)	0	2	2
Oncology	8	26	34
Cardiology	2	19	21
Total:	**10**	**47**	**57**

New and ongoing research projects in FY24

Clinical Studies	New	Ongoing	Total at end of FY24 (New + Ongoing)
OB/GYN	2	0	2
Oncology	3	51	54
Cardiology	8	24	32
Pediatrics	3	5	8
Pharmacy	3	1	4
Trauma	7	9	16
Infectious Disease/COVID	0	0	0
Internal Medicine	1	1	2
Nursing	1	3	4
Public Health	0	1	1
Radiation Oncology	1	3	4
Orthopedics	1	1	2
Pathology	0	1	1
Gastroenterology	1	3	4
Vascular Medicine	0	1	1
Total:	**31**	**104**	**135**

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

- Continuing to develop a robust, versatile, and nimble research infrastructure.
  - Launched the Ballad Health Research Strategic Plan, Vision for Superior Discovery. The Plan is a five-year plan which charts the direction of the research enterprise with three strategic themes: a) research culture with enterprise integration, b) research compliance with policy and practice, and c) research growth both financially and in terms of medical advancements.
  - Re-organized the Office of Research Operations to consolidate the human research protections program, data analysis and communication of COPA outcomes, grant writing, business development, and clinical trial coordination. The re-organization has further enhanced research administrative infrastructure and increased awareness across the Ballad Health enterprise, clinical research industry and the community.
- Provide consistent system-wide Institution Review Board (IRB) process support for all of Ballad Health.
  - Developed a comprehensive Human Research Protections Program (HRPP). The HRPP is comprised of the IRB as well as the other entities throughout Ballad Health which contribute to the protection of human research subjects; e.g., compliance, legal, information technology, and finance
  - Submitted Step One in the Association for the Accreditation of Human Research Protection Programs (AAHRPP) accreditation process. Queries from AAHRPP during Step One are being reflected accordingly in real-time policy revision.
  - The IRB onboarded one new member. IRB member recruitment is ongoing with special focus of IRB members who represent community stakeholders which are currently unrepresented; e.g., K-12 community, clergy, Black and Latino communities.

- o Created a part-approval monitoring mechanism to ensure research projects are being conducted per approved IRB protocols. Two compliance reviews per month are to be scheduled based on an audit calendar and for cause audits will be performed as needed to ensure expectations for compliance continue to be met.
- Foster and support the development and implementation of new research studies and assist with the performance and oversight of these studies.
  - o Continued to work with the STRONG Accountable Care Community (ACC).
  - o Ballad Health continued to support faculty, residents, and students engaged in research.
    - ▪ Improved processes for accessing data from Epic/Ballad Health from researchers to include more utilization of tools at the department level and engaging more research staff in support related to data requests.
    - ▪ Enhanced the use of slicer-dicer and Cosmos for research purposes. These Epic tools provide a tremendous opportunity for Ballad Health to impact the region with rigorous analysis of its robust EMR.
- Provide improved data acquisition/analysis.
  - o Continued development within Ballad Health on creation of databases in support of academics and research.
    - ▪ Student tracker database expanded to include Advance Practice Provider (APP) students.
  - o STRONG LINK database work continued.
    - ▪ REDCap active within Ballad Health
      - • Numerous use cases currently.
    - ▪ Continued communications and coordination with ETSU IRB.
- Facilitate outcomes research within Ballad Health to fulfill our COPA/CA commitments.
  - o 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.
  - o Continued measuring outcomes related to the STRONG programs.
- Implement the Ballad Health Academy
  - o Ballad Health has received a grant from the Bloomberg Foundation to develop the Ballad Health Academy. This is an employer-led program focusing on developing young people to be able to have a "career by senior year" in healthcare.
    - ▪ The foundation of the Academy is our ability to work closely with our school districts, Tennessee College of Applied Technology (TCAT), regional Community Colleges and Ballad Health personnel and facilities across our region to:
      - • Expose middle and high school students to the opportunities available in healthcare,
      - • Increase interest in healthcare,
      - • Accelerate the process of earning a credential or degree in healthcare by allowing students to complete the three trimester TCAT program prior to graduating high school,
      - • Accelerate the process of gaining employment in a high wage, in-demand healthcare field,
      - • Provide ongoing supports and opportunities for professional development and career advancement, and
      - • Develop and sustain a skilled workforce pipeline to fill critical roles at Ballad Health across the Northeast Tennessee and Southwest Virginia region.

- Academy coursework is designed to allow students to take all courses required for high school graduation, but also provide students with important resources and hands-on experiences to work and learn as they progress at an accelerated pace through the nursing program. Best of all, support and resources for all Ballad Health Academy students to enroll, prepare, participate and graduate from the program are free!
- 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.
  - Hosted an employment fair for students and their parents in Norton.
  - Managed healthcare experiences for the middle school students in Wise County and City of Norton.
  - Enrolled 484 additional students in the program this year.
- Foster collaboration with ETSU and the Center for Rural Health Research (CRHR).
  - Committees formed by the Memorandum of Understanding between ETSU and Ballad Health continued.
  - Continued discussions and planning occurred between ETSU and Ballad Health in the area of GME and nursing.
  - Continued virtual meetings to discuss joint ETSU CRHR-Ballad Health work on the STRONG LINK project.
  - Held numerous discussions on potential joint grant and study opportunities between Ballad Health and the CRHR.
- Develop increased shadowing and observation opportunities in conjunction with regional high schools.
  - Create pathways 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 Health 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 Virginia's Comprehensive Instructional Program, Tennessee'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 Virginia.
- Develop internal workgroup within Ballad Health to align outreach and recruitment efforts in the region.
  - Membership includes nursing leadership, human resources, recruitment, and academics.
- Support and develop the Gatton College of Pharmacy Center for Pharmacy Education, Advocacy, and Outreach.
  - Continued joint operations in support of this Center (Educational offerings, development of outreach tools, innovation in educational curricula).
- Support and develop Appalachian Highlands Center for Nursing Advancement.
  - Participated in operations committee.

- o Assisted in development of plans for implementation of the Appalachian Highlands Center for Nursing Advancement as Ballad Health is working to address the nursing shortage with ETSU.
  - o Completed annual summit.
- Support and collaborate with the Ballad Health Center for Innovation.
  - o Continued to work with the innovation department to develop potential external relationships.
  - o The Office of Research Operations has initiated discussions around providing support for clinical trial coordination including initial discussion around the establishment of a Contract Research Organization (CRO).

Money Spent Funding Grants:

- ETSU Center for Rural Health and Research- **$1,500,000**
- Ballad Health Strong Brain Institute- **$200,000**
- Medical Legal Partnership- **$500,000**
- ETSU Gatton College of Pharmacy- **$1,007,815**
- ETSU Addiction Medicine Fellowship- **$468,733**
- Appalachian Highlands Center for Nursing Advancement- **$1,667,000**
- Emory & Henry- **$575,280**
- STREAMWORKS- **$150,000**
- Southwest Virginia Community College- **$54,648**
- TCAT Phlebotomy Basics and Lab Training- **$9,375**
- Kingsport City Schools CCMA program- **$19,500**
- Virginia Highlands Simulation Lab- **$100,000**
- Milligan Simulation Lab- **$250,000**
- ETSU GME Support- **$2,000,000**

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

- New grants awarded FY24
  - o Speedway Children's Charities FY24- **$8,000**
  - o Jeffress Trust Medical Legal Partnership- **$175,000**
  - o Workforce Opportunity for Rural Communities (WORC 5)- Year 1 **$31,137** (3-year grant $359,763)
  - o Feeding SW VA Oncology Grant (free boxes of food for cancer patients)
  - o Safe Kids Worldwide Gun Lock Distribution Grant- **$200**
  - o JG Hawkins Community Health & Wellness Transportation Grant- **$20,000**
- Continuing Grants
  - o State Opioid Response Grant for Overmountain Recovery- Year 2 **$2,935,265** (3-year contract $3,436,365)
  - o American Cancer Society Lodging Grant- **$10,000**
  - o RCORP Implementation 4- Peer Help – Year 2 **$330,703** (3-year grant $1,000,000)
  - o American Cancer Society Transportation Grant- **$15,000**
  - o SANE Virginia VSDVVF Grant- **$105,257**
  - o Tennessee Opportunity Pilot Initiative/TANF Opportunity Act (TOA)- Year 2 **$4,526,194** (multi-year grant, total award **$13,334,758**)
  - o Healthy Tomorrows Partnership for Children Program- **$50,000**

- o TN SANE VOCA- Year 2 **$198,343** (3-year contract $595,029)
- o Virginia Health Care Foundation RxRelief Virginia Initiative- **$55,000**
- o VHSO Car Seat Safety- **$27,203**
- o THSO Car Seat Safety- **$50,000**
- o Komen Blue Ridge- **$43,580**
- o Claude Moore Foundation- Year 3 **$120,000** (5-year grant $500,000)Virginia Healthcare and Hospital Association (VHHA)/Center for Disease Control (CDC) for Community Health Workers- **$133,200**
- o Genan Foundation- Year 3 **$106,722** (3-year grant $332,640)
- o Workforce Opportunity for Rural Communities (WORC)- Year 3 (NCE) **$540,456**
- o USDA DLT FY2022 Funding Cycle—Behavioral Health, Medical Specialty, and Urgent Care expansion- **$298,1003**
- o HRSA (Health Resources and Services Administration) Rural Healthcare Opioid Program RCORP I- Year 3 **$342,463** (3-year grant- $1,000,000)
- o First Horizon (formerly First Tennessee Bank Foundation)- **$200,000**
- o Tennessee Highway Safety Office Child Safety Funds- **$15,907**
- o Rapha Foundation- Year 3 **$65,000** (3-year grant $164,800)
- o HRSA Rural Communities Opioid Program for Psychostimulant Support- Year 3 **$163,006** (3-year grant $500,000)

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
    - 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 Health 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 Health and Harvard have partnered to create a project focusing on three goals:
        - To identify and study small markets with fewer than three hospitals and assess how these markets have evolved over time.
        - To measure service offerings and expenses in small markets and assess how these have evolved over time and learn how they are affected by a closure or merger.
        - To engage with researchers at ETSU and support their development of research capacity.

Non-Academic Research:

- HRSA Rural Communities Opioid Response Program (RCORP).
    o Project focused on reducing opioid use and opioid related deaths. Community partners will work together with Ballad Health 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)
    o Smith County Community Hospital spearheaded a consortium of community organizations to develop a program to help combat the opioid crisis. The consortium represents a diverse and multifaceted approach to OUD in Smyth County, Virginia. The project will reduce morbidity and mortality related to opioid overdoses in the community by conducting outreach to identify individuals at-risk of overdose, help guide them to recovery, and then provide the needed services to help them with recovery.
- CMS Accountable Health Communities
    o 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 CMS.
- SAMHSA's Drug Abuse Warning Network (DAWN)

- DAWN began in 1976 and it was reactivated in 2018. Bristol Regional Medical Center is included as one of fifty 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)

The Third Revised Plan of Separation was reviewed, and no modifications were proposed during the Reporting Period.

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

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

Ballad Health spent **$106,611,413** in FY24 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 Health 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 Health complies with the rules and regulations of Section 501(r) of the Internal Revenue Code, including charge limits for all FAP- eligible patients. Ballad Health 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 Health also deploys presumptive eligibility processes to proactively identify patients needing financial assistance before they submit a financial assistance application. Ballad Health also seeks to connect eligible patients to insurance coverage when possible.

Continued efforts by Ballad Health to improve the management of chronically ill patients resulted in less cost of charity care, as additional efforts to reduce emergency department utilization and medical admissions benefited patients. This is a benefit of efforts by Ballad Health 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 Health 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*	FY2017 Baseline Adjusted by FY2024 HIA*	FY2024 Actual as of 6/30/2024**
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	$ 43,863,999	$ 60,363,255
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	77,132,211	46,248,158
Total	$ 96,640,299	$ 99,491,188	$102,625,160	$105,960,478	$ 108,768,431	$ 111,977,099	$ 116,848,103	$ 120,996,211	$106,611,413
								Variance from Baseline	$ (14,384,797)

*Hospital Inflation Adjustment (HIA)	2.95%	3.15%	3.25%	2.65%	2.95%	4.35%	3.55%

**FY2024 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.
Uninsured discounts are included in the charity care calculation to align with reporting on the 990.

U. Organizational Chart and Board of Directors – TOC Section 6.04(b)(xv) (Attachment 6)

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

Behavioral Health FY24 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:
   - **Service Line Leadership**
     o Maintained current staffing and operations.
     o Posted and filled marketing, data analyst, and outreach manager positions.
     o Engaged with reimbursement consultant to review and optimize current processes, including contracting/coding/billing, to help build sustainability of service delivery.
     o Completed annual needs evaluation of infrastructure to develop FY25 plan.
   - **Workforce Development**
     o Child and Adolescent Psychiatry Fellowship- plan initiated, clinic location identified, acute care training locations identified with the Accreditation Council for Graduate Medical Education (ACGME) application to be submitted Q2 of FY25.
     o Expanded Addiction Medicine Fellowship program by moving to a new office location and adding **2** nurses, **1** therapist, **1** front office staff, and **1** additional faculty member.
     o Successfully executed **5** academic scholarships for mental health therapy students.
     o Implemented Schwartz Rounds pilot program at Johnson City Medical Center with the first session held May 2024 with **103** participants.

2. Develop a Comprehensive Approach to the Integration of behavioral health and primary care:
   - **Hired new Team Members:**
     o LPN for Lebanon, Virginia
     o Psychiatric nurse practitioner for Abingdon and Lebanon, Virginia, and Rural Health Clinic (RHC)
     o Fellowship trained child/adolescent psychiatrist to serve Southwest Virginia (SWVA) (practice

site rotates between Abingdon and Lebanon)
- o Opened an integrated site in Elizabethton, Tennessee, February of 2024.
- o Provided community access through **7,716** completed visits at integrated sites in FY24.

3. Supplement Existing Regional Crisis System – For Youth and Adults:
    - Maintained ongoing operations of Respond services, providing **4,449** crisis assessments and managing **39,012** calls.
    - Ballad Health's **24**-hour Crisis Walk-In Center opened new services to the community in December 2022.

- o The Crisis Walk-In Center served **1,769** patients. Door to admission times for patients presenting to the Walk-In Crisis Center was **5** hours versus door to admission times for patients who presented to the emergency department of **24** hours.
- o Hired **4.0** full time equivalents (FTEs) for walk-in staff.
    - Continued service of Ballad Health Transport, completing **2,761** behavioral health patient transports in the region.
    - Maintained Screening, Brief Intervention, and Referral to Treatment (SBIRT) services, increasing the number of screenings by **41%** over prior year.
    - Care coordinators continued to support post discharge follow up activities, identifying barriers patients have in relation to completing **7**-day and **30**-day post discharge follow-up appointments.
    - The critical incident stress management (CISM) response team completed **93** total incident responses (internal and external) within our service region.
    - Implemented Relief Lounges (Reset Rooms) at **2** middle schools and **1** high school in Tennessee and trained **421** students and volunteers on coping and resilience. Signed a contract with Russell County schools in Virginia to launch services at the beginning of the 2024-2025 school year.
    - Maintained Sexual Assault Nurse Examiner (SANE) program, serving both Tennessee and Virginia residents.
    - Partnered with Frontier Health to provide Intensive Treatment Team services for people who

frequently present to the emergency department and inpatient mental health services. The team served a total of **16** patients, decreasing emergency department visits for enrollees by **20%** and decreasing inpatient psychiatric hospitalizations for enrollees by **18%**.

- Maintained staffing and operations at new and incremental outpatient clinics opened during previous plan years. These **4** clinics provided community access through **10,378** visits.
- Opened the first dedicated Child/Adolescent Outpatient Behavioral Health clinic in Johnson City, Tennessee, in February 2024, providing care through **1,112** visits. This clinic provided intensive outpatient, outpatient, and parent/child interactive therapy services for the community. The following staff provided services:
  - Fellowship trained child/adolescent psychiatrist
  - Psychiatric nurse practitioner
  - Therapists **(2)**
  - Clinic support staff **(4)**
- Opened newly expanded Adult Outpatient Behavioral Health clinic in Johnson City, Tennessee, in February 2024, providing increased capacity with new intensive outpatient services and Transcranial Magnetic Stimulation (TMS) services which will launch in FY25. The clinic experienced a **40%** increase in volumes over FY22.
  - Hired **2** psychiatric nurse practitioners
  - Hired **1** additional therapist
  - Hired clinic support staff

To tour Ballad Health's Child/Adolescent and Adult Outpatient Behavioral Health Clinics: Click here: [Johnson City, Tennessee, Outpatient Behavioral Health's Clinics](#)

4. Develop Enhanced and Expanded Resources for Addiction Treatment:
   - Continued operation and growth of the STRONG Futures program in Greeneville, Tennessee.

513 Unduplicated families served	30 Unduplicated mothers utilized the center	12 Unduplicated children utilized the center

- Strong Futures purchased a house in Greeneville to relocate the Living Center component of the program due to the upcoming lease expiration at the former Takoma Regional Hospital location. Began architectural design/renovations with anticipated opening in Q3 of FY25.

To see one mother's story, click here: **One mother's story**

- Overmountain Recovery (OMR) hired a second Addiction Medicine physician and grew clinic volumes by **26%** over the FY23 baseline.
- Initiated Medical Assisted Treatment (MAT) pilot in the emergency department at Johnson City Medical Center and scaled to other emergency departments throughout the year. Developed the Epic order set and went live for all sites.
- Discharged **22** patients from the emergency department with a bridge order for suboxone.
- Naloxone take home pack process rolled out to all emergency departments in early June with **15** kits distributed by the end of the fiscal year.

- Maintained embedded peer recovery specialists at Woodridge and Ridgeview
- Inpatient psychiatric settings.
- Awarded **$100,000** to community organizations to support Recovery Housing.
  - **$50,000** to Fairview Housing to support a recovery house for women in Johnson City, Tennessee.
  - **$50,000** to Recovery Recourses to support a recovery house for men in Gate City, Virginia.
- Planned for an upcoming Recovery Symposium event focused on prevention, addiction treatment, and recovery ecosystem scheduled for September 30, 2024.

5. Behavioral Health Telehealth Implementation:
- Maintained Psychiatric Consult Liaison Services which are available to all Ballad Health hospitals.
- Telehealth implemented in all behavioral health outpatient clinics with **6,086** visits completed.
- Maintained one part-time staff member to support Unicoi County Schools school-based services:
  - **28** students served onsite
  - **10** students serviced via telehealth

Children's Health FY24 Plan Overview

Overall Strategies
1. Develop Necessary Ballad Health 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 Health Children's Health Services Infrastructure:
- Childcare Expansion - Continued progress is being made on Center for Early Learning development.
  - **4** New centers opened:
    - Greeneville, Tennessee
    - ETSU in Johnson City, Tennessee
    - Lebanon, Virginia
    - Norton, Virginia (July 1, 2024)
  - **2** New centers opening in FY25
    - Kingsport, Tennessee
    - Abingdon, Virginia

  Additional sites are being planned in Bristol, Tennessee, Marion, Virginia, Pennington Gap, Virginia and Rogersville, Tennessee. More than **400** children are enrolled in Ballad Health centers with that number expected to double in the next year. The majority of growth over the next year will be seen at ETSU, Norton, Kingsport, and Abingdon centers.
- Niswonger Network - Maintained infrastructure to support the Children's Hospital and Children's Network, leading to **315** education sessions provided, **132** community outreach events, and **37** metrics monitored. Examples include system wide obstetric orientation program, pediatric, emergency department, and obstetric skills fairs, leadership collaboration, support and education for urgent care, and pediatric simulation education across the system.

- Regional Quality Efforts – Made Improvements in treatment pathways for hyperbilirubinemia, Neonatal Abstinence Syndrome (NAS), and Pediatric Sepsis.

2. Create Care Environments for Children that Promote a Family Centered Approach to Delivery and that Help Alleviate Healthcare Burden:
   - Maintained Pediatric Complex Care program servicing patients requiring two or more pediatric subspecialists. Currently serving **216** active patients and having served **237** since inception.

3. Develop Telemedicine and Rotating Specialty Clinics in Rural Hospitals:
   - Continued growth in school-based telehealth, adding two additional school systems, bringing us to **12** systems and **124** individual schools.
   - Completed a Telehealth gap analysis with plans in place to expand pediatric subspecialty coverage. Conducted **1,500** subspecialty visits via telehealth.

4. Recruit and Retain Subspecialists based on Updated Needs:
   - Successful recruitment of new pediatric neurologist, pediatric pulmonologist, and pediatric intensivist.
   - Recruitment efforts on track for pediatric anesthesiology, radiology, and APP support.

5. Assess, Align and Continuously Develop Pediatric Trauma Needs Across the System:
   - Detailed plan in place for pediatric quality improvement with dashboards for tracking of project progress and metric monitoring.
   - Provided educational resources for trauma prevention through community education efforts and our Children's Resource Center. Focus areas included car seat and motor vehicle collision injury prevention, and bicycle and ATV safety initiatives.
   - Improved care for non-accidental trauma patients through non accidental trauma order set formation, education on process for Department of Children's Services referrals, and simulation

training on shaken baby.
- Maintained trauma infrastructure of management and trauma coordination for the region.

Health Information Exchange (HIE) FY24 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:
   - The strategy was previously completed.

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

3. Identify Optimal Portfolio of Interoperability and Assemble Deployment Strategies:
   - 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 with ETSU Medical, planned for 2025.
       - Currently in discussion with additional practices considering Community Connect.
       - Provided access to Healthy Planet Link as part of Population Health efforts.
       - Ballad Health is one of **50** health systems representing **291** hospitals and **4,561** clinics live on Trusted Exchange Framework and Common Agreement (TEFCA) through Epic's Qualified Health Information Network (QHIN). TEFCA + Epic together - TEFCA is a government-sponsored exchange framework for healthcare data interoperability that provides a streamlined connection for secure data exchange.

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

5. Participate in ConnectVirginia's HIE and Other TN/VA Regulatory Programs:
   - Continued to participate in these programs.
   - Collective Medical Technologies/Emergency Department Information Exchange (EDIE) access.

Population Health FY24 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:
   - Continue and Build Population Health Infrastructure:
     - o Since its founding, Ballad Health 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 to remove barriers to care.
     - o While maintaining current staffing and core operations, we evaluate needs for growth annually and prepared a needs assessment to confirm sufficient staffing and structure.
   - Expand Social Care Integration/System Care Management Through Needs Referral Platform, Community Partner Referral Network and Social Care/Care Management Workforce:
     - o Supported the UniteUs network so that Ballad Health 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. The network is supported by unified and comprehensive care management processes.
     - o Integrated the Universal Social Screening into the Epic electronic medical record system to support patient social needs; completed implementation of Healthy Planet and substantially implemented Compass Rose. These systems within Epic allow better and more integrated social need screening and navigation along with improved care management process and transitions of care.
     - o Launched a social care system hub to navigate those we serve to community-based resources for social needs and supportive healthcare resources.
     - o Built universal screening workflow for outpatient sites to expand social care offerings beyond the inpatient environment.
     - o Integrated the Unite Us resource directory into Epic. Customized resources now display on the After Visit Summary for all patients so they can better access supportive resources to meet social needs.
     - o Increased the number of Unite Us referral platform users to **261** organizations—including **531** programs and **2,400** users. This allows those users to refer people to one another to meet a variety of health and social needs and to ensure those needs are being reliably met.
   - Advance and Maintain mPINC:
     - o Ensured that national standards for Maternity Practices in Infant Nutrition and Care (mPINC) are in place within Ballad Health to ensure families and babies are fully supported.
     - o Created data packages for each facility to drive any needed improvement.
     - o Completed the Center for Disease Control (CDC) 2024 survey of effectiveness for mPINC.
     - o Identified improvement strategies through listening sessions with labor and delivery staff.
   - Continue to Serve and Expand STRONG Accountable Care Community (ACC) Backbone Services:
     - o Communicated Ballad Health'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 in-kind resources such as marketing, data, human resources, finance, web support, and information technology to support ACC growth.

To see the STRONG ACC: [Building resilient children](#)

- 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.
  - Created a strategic plan with results from an internal and external assessment which was socialized with key stakeholders for buy-in and support.
  - Completed a product expense plan to guide purchasing and coverage.
- Expand Our Population Health Data Capacity and Capability Including Epic's Healthy Planet and Compass Rose:
  - These new technological capabilities allow Ballad Health to better support the comprehensive needs of patients within hospitals, clinics, homes, and community settings by better understanding whole person needs, connecting people with community resources, and supporting their ability to manage their health conditions and chronic diseases.
  - Expanded use of Healthy Planet for social care integration and care management work.
  - Began implementation of Compass Rose care coordination in Epic.

2. Position Ballad Health as a Community Improvement Organization:
   - 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 are 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 **7** new STRONG Start sites.
     - Conducted **15,468** STRONG Pregnancies social needs/family needs screenings.
     - Enrolled **6,495** families in STRONG Starts.
   - 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 Health, regional free clinics, health departments, Project Access, and a network of specialty care providers.
     - Increased enrollment to **8,528**.
     - Enrolled **3,544** in complex care management.
   - Expand STRONG LINK (longitudinal study):
     - This program aims to study and research the impacts of Ballad Health programs such as STRONG Starts to understand the long-term impact on health, education, social, and economic outcomes.
     - Added **5** new enrollment sites to support study enrollment.

- o Enrolled **428** participants since inception.
- Expand Cessation Services:
  - o Tobacco cessation services are offered to Ballad Health 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.
  - o Added **3** new cessation counselors to support program growth.
  - o Enrolled **1,616** participants since launched.
  - o Developed a comprehensive cost analysis to guide purchasing of cessation products for the uninsured and vulnerable populations.

For more information on Ballad Health's cessation services, click here:

3. Enable Community Resources and Sound Health Policy:
- Strengthen community action through Ballad Health and community-based program investments:
  - o Ballad Health makes annual investments in organizations and associated programs which support a host of aligned efforts—including many elements of this population health plan.
  - o Community partners conduct efforts and reach populations that Ballad Health would have trouble reaching on its own and can also support and recognize where good work is happening and provide funding to advance it.
  - o Conducted site evaluations with all **33** funded sites and held sessions to identify and share best and promising practices.
  - o Requested proposals for new rounds of funding.
  - o Provided **$3.9 million** to support **40** partnering organizations.
- Expand mobile services to at-risk women and disparate groups:
  - o To reduce health disparity, Ballad Health uses mobile services to conduct outreach, especially important in certain rural parts of the region. Outreach includes mammography services, primary care, women's health, and social care.
  - o Provided mobile services in every county across Ballad Health's primary geographic service area.

- Support Ballad Health efforts on prevention, early detection and intervention aimed at reducing leading causes of mortality and morbidity:
  - The rate of early death is higher in our region than in other parts of the states we serve and the U.S. overall. This is largely due to higher rates of cancer, heart disease, lung disease, accidents and accidental overdoses, suicides, and infant mortality. Ballad Health is focused on reducing early death in the region by implementing targeted programs and partnerships.
  - Completed an external and internal partner inventory to better understand how to leverage opportunities across the system and in the community.
  - 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.
- Launched **3** campaigns; expand naloxone distribution, increase low-dose CT, and provide fecal blood testing kits through Appalachian Highlands Care Network partners.

Health Research/Graduate Medical Education (HR/GME) FY24 Plan Overview

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

1. Expand Ballad Health Academic Infrastructure to Support Regional Academic Programs:
   - Expanded student tracking program to improve coordination across the system.
   - Achieved **>100%** of new preceptor recruitment goal.
   - Expanded a recognition program with standardized practice visits monthly.
   - Increased clinical rotations for APPs, Allied Health, High school, and Observation students with no decrease in medical student rotations.

Healthcare Workbased Learning
- Health Science Clinical Placements
- Dobyns Bennett
- Daniel Boone
- Sullivan East
- Science Hill
- Cherokee
- Tennessee High School
- Elizabethon High School
- Hancock

Career Exploration Programs

- Southwest Virginia Healthcare Excellence Academy Lab School
- UPWARD BOUND ETSU
- UPWARD BOUND TUSCULUM
- Dobyns Bennett Leadership Students
- Bristol Chamber Leadership Students
- Virginia Middle 21st Century Community Learning Center Grant
- Virginia Middle Career Café

Certification Programs

- Pharmacy Tech
- Surgical Tech
- Certified Medical Assistant
- Dietary Certification

Training Programs and Initiatives

- Dobyns Bennett Transition to Work Student | Morrisons
- Carter County Transition to Work Students | Morrisons
- Dobyns Bennett Jobs for America's Grads | Job Shadow Placements
- Dobyns Bennett Jobs for America's Grads | Dietary Certification
- Science Hill Project Search
- West Ridge | Transition to Work Students | Holston Valley Medical Center Transport

Healthcare Speaker Series and Center Exploration

- Dobyns Bennett Health Science Speaker Series
- Sevier Middle School Speaker Series
- Tri-Cities Christian Explore Day
- Bristol Virginia Public School Career Explore Day

- Events Attended
  - Jobs For America's Grads Signing Ceremony: Formal agreements and milestones in Jobs for America's Graduates.
  - Transition To Work Graduation: Successful completion of Transition To Work programs and student graduations.
- Program Development & Support
  - Participated in collaborative efforts with Dobyns Bennett Leaders, Goodwill, Holston Valley and Indian Path Administration to establish Project Reach in Kingsport.
  - Teamed up with Science Hill Career and Technical Leaders to develop a Healthcare Job

Shadowing Work-Based Learning Program for students who are not enrolled in Health Science Classes to begin January 2025.

- Healthcare Events and Activities
  - Holston Valley Medical Center Surgery Camp
  - Bristol Regional Medical Center Open House
  - ETSU Rural High School Career Fair
  - Career Fair in Wise County
  - Learning Together Day
  - Science Hill Health Occupation Students of America (HOSA) Week
- Advisory Committees & Community Service
  - West Ridge Career and Technical Advisory Committee
  - Dobyns Bennett Health Science Advisory Committee
  - Dobyns Bennett Jobs for America's Grads Advisory Committee
  - Dobyns Bennett Leadership Community Project Board
  - Science Hill Health Science Advisory Board
  - Carter County Career and Technical Advisory Committee
  - Kingsport Chamber of Commerce
- Offered over **45** professional educational courses with over **725** attendees.
- Increased total course offerings by **5%**.
- Increased new course offerings by **15%**.
- Participated in over **300** recruiting events.
- Developed and distributed over **13,500** career information materials to regional students.

2. Expand Ballad Health Research Infrastructure to Support Regional Research Programs:
- Completed new vision for research infrastructure across the system.
- Expanded STRONG LINK enrollment to over 380 persons a **94%** increase.
- Increased clinical trials by **4%**.
- Increased number of research subjects by **13%**.
- Provided statistical support for researchers across the region.
- Expanded the Institutional Review Board (IRB) membership by **7**.
- Completed application for Association for Accreditation of Human Research Protection Programs (AAHRPP) accreditation.
- Completed licensing agreement with Epic for Cosmos research functionality.

3. Develop and Support Regional Research and Academic Programs:
- 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.
- Ballad Health STRONG Brain Institute- working on trauma-informed education.
- Medical Legal Partnership- addressing the needs of our low-income population while providing education and research opportunities across the region.
- ETSU Gatton College of Pharmacy- enhancing education and outreach.
- ETSU Addiction Medicine Fellowship- expanded to three fellows.
- Harvard University economic impact study- investigating the economic impact of healthcare in rural America generating 2 papers and 3 presentations.

- Appalachian Highlands Center for Nursing Advancement- addressing the challenging issues facing the nursing profession today.
- Emory & Henry- School of Nursing BSN program- first graduating class next year.
- STREAMWORKS- STEM opportunities for children across the region.
- Southwest Virginia Community College- Ultrasonography training program.
- Tennessee College of Applied Technology- established new phlebotomy program.
- Dobyns Bennett High School- created additional Certified Clinical Medical Assistant (CCMA) program.
- Funded new simulation labs at Virginia Highland Community College and Milligan University
- Funded **$2,000,000** in GME support to ETSU.
  - o Initiated Ballad Health Academy- creating new pathway to a career in healthcare by graduation.

Rural Health FY24 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:
   - Virginia recruitment complete:
     - o Retained **2** replacement primary care providers:
       - Smyth County, Virginia (Glade Springs) - Dr. Jeff Blackwell and Emily Leidig, NP
       - Washington County, Virginia - Dr. Selena Payne (PCC)
     - o Retained existing recruits in Virginia Glade Springs resulting in a **56%** increase in encounters from FY23.
   - Tennessee recruitment:
     - o Completed recruitment in key focus areas:
       - Dr. Herrell in Morristown, Tennessee
     - o Continued focus on Hawkins and Cocke County, Tennessee.

2. Recruitment of Physician Specialists to Meet Rural Access Needs:
   - Retained Women's Health APP in Wise County, Virginia to ensure continued access.
   - Hired second pulmonary APP for Abingdon and Lebanon, Virginia, in Q4.
   - Hired **2** pulmonologists in Abingdon, Virginia, that started in FY25.
   - Expanded Greeneville, Tennessee, cardiology presence resulting in a **46%** visit volume increase in a year.

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

- Launched a remote patient monitoring pilot focused on a small population with congestive heart failure and chronic obstructive pulmonary disease (COPD) with **50** kits to be utilized.
- Expanded remote patient monitoring to **135** kits available adding patients with diabetes and hypertension.
- 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:
   - Launched a consolidated tele-neurology platform averaging **250** consults per month.
   - Launched tele-cardiology across all facilities to reduce transfers.
   - Continued growth of tele-ICU services in Greeneville Community Hospital.

5. Coordinate Preventive Health Care Services:
   - Held **18** Health Fairs across the service area that were able to reach 341 patients with a focus on diabetic eye exams, colorectal screening education and mammography.

W. Virginia Specific Reporting -

Conditions 5-7, 29-31, 42, 43 – Ballad Health was in compliance with Article V and Addendum I (pricing limitations) under the Tennessee TOC for FY24. The Tennessee COPA Monitor is reviewing FY24 and will issue his report in early calendar year 2025.

Condition 10 – For FY24, the fourth new risk contract with a Large Payer was to have commenced by no later than June 1, 2024. Ballad Health met this requirement by converting its Medicare Shared Savings Program contract into a downside risk contract. Ballad Health 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 Health to work through the Virginia Medicaid Managed Care Organizations to implement risk-based models. In FY24, Ballad Health implemented risk-based models with all of the Virginia Medicaid plans.

Condition 13 – Ballad Health facilities are subject to periodic complaint surveys initiated either by patient complaints or through self-reported events established through a process utilized by the Joint Commission or state survey agencies on behalf of CMS. If there is a situation where an immediate jeopardy is issued, the CCO reports the event as required.

In August of 2024, Johnson City Medical Center received notice from the State of Tennessee Health Facilities Commission and CMS that deficiencies had been identified with respect to Johnson City Medical Center's compliance with a provision of the Medicare Conditions of Participation (failing to ensure Protected Health Information (PHI) was protected). Ballad Health, through the CCO, promptly reported the notice of deficiencies to the Tennessee and Virginia Departments of Health. The Health Facilities Commission and CMS requested that Ballad Health submit a plan of correction with information on how Johnson City Medical Center had addressed the deficiencies. Ballad Health timely submitted its plan of correction with the requested information. On-site revisits concluded on October 30th and Ballad Health

received confirmation from the Health Facilities Commission on November 7th that Johnson City Medical Center was in substantial compliance with all participation requirements as of September 27th. Ballad Health received confirmation from CMS on November 14th that Johnson City Medical Center was once again in compliance with the Medicare Conditions of Participation.

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

Condition 17 – Ballad Health is in discussions with the Tennessee Department of Health and the Virginia Department of Health regarding FY24 plan spend. While not final, Ballad Health notified the Departments that incremental plan spend in FY24 is expected to be below the annual commitment in only one of the six plans (HIE). HIE is expected to be below both the annual commitment, due to baseline, and on a cumulative basis. Behavioral Health is expected to meet the annual commitment but is expected to be below on a cumulative basis. Ballad Health's spend in other plans is expected to exceed the commitments.

Condition 21 – Ballad Health did not have such a reduction during the covered period and was in compliance with Condition 21 from July 1, 2023, through June 30, 2024.

Condition 26 – Ballad Health 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 Health has made access to Epic available to all area providers free of charge through EpicCare Link.

Condition 27 – Ballad Health was in full compliance with this condition during the Reporting Period.

Condition 37 – Ballad Health submitted payment to the Southwest Virginia Health Authority for **$75,000**, as invoiced for FY24.

Condition 44 – There was no direct project with the Virginia DMAS ARTS Program during the Reporting Period. Ballad Health met with DMAS and ARTS representatives to provide updates on our participation with the VHHA grant rolling out Medication Assisted Treatment in the Emergency Department (Johnston Memorial Hospital is the pilot site), and the intent to open a Strong Futures program with expanded services, residential and outpatient, in Virginia.

Condition 47 – Ballad Health 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 Health to ensure strong alignment with DMAS programs. Ballad Health plans to meet with DMAS, the Virginia Department of Health, and with the Virginia Attorney General staff to discuss proposed initiatives related to the Virginia Medicaid program.

ATTACHMENT 1

Summary of Quality Indicators

Summary of Quality Indicators Report:

This report provides a performance summary for quality indicators submitted via the Ballad Health Quality Metrics Scorecard as of the fiscal year ending June 30, 2024. Metrics include:

- COPA Target Measures
- HCAHPS
- Quality Monitoring Measures

COPA Target Measures

Ballad Health met nine of the seventeen target measures in FY24, resulting in 53% of target measures being at or above the baseline in the green. While Ballad Health is at or above baseline in nine of those metrics for FY24, there remain opportunities in eight metrics not meeting the baseline in red.

Compared to FY23, in FY24 Ballad Health improved in eleven of the seventeen target measures overall. Of those eleven improved rates, significant improvement was noted in the PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration, PSI 14 Postoperative Wound Dehiscence, PSI 8a In-Hospital Fall with Other Fracture, PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis, MRSA, and CDIFF. Opportunities remain with six of the seventeen measures to include CAUTI, SSI Colon and SSI HYST.

Desired Performance		Ballad Health Baseline	Ballad Health FY23	Ballad Health FY24
	Quality Target Measures			
↓	PSI 3 Pressure Ulcer Rate	1.07	0.10	0.36
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.06	0.05
↓	PSI 8a In-Hospital Fall with Hip Fracture Rate	0.06	0.09	0.05
↓	PSI 8b In-Hospital Fall with Other Fracture Rate	--	--	0.23
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.46	1.43
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	2.40	1.58
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	5.30	4.14
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.51	3.06
↓	PSI 13 Postoperative Sepsis Rate	3.58	3.17	3.99
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	2.14	1.29
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.62	0.09
↓	CLABSI	0.711	1.037	0.782
↓	CAUTI	0.558	0.729	0.821
↓	SSI COLON Surgical Site Infection	2.13	2.94	3.70
↓	SSI HYST Surgical Site Infection	0.71	1.47	3.37
↓	MRSA	0.047	0.080	0.051
↓	CDIFF	0.671	0.182	0.110
↑	SMB: Sepsis Management Bundle	56.9%	59.2%	62.9%

In FY24, Ballad improved three of the six HAIs with significant improvements in C-diff, MRSA, and CLABSI compared to FY23. Opportunities exist in three HAIs, CAUTI, SSI Colon, and SSI Hysterectomy.

SIRS with Statistical Significance Approach

SIRS (Standardized Infection Ratio) is a statistically significant methodology to compare hospital and hospital system results (for Hospital Acquired Infections- HAIs) across all hospitals. Ballad improved 3 of the 6 HAI's in FY24 as compared to FY23. In addition, Ballad Health performed significantly better than 1 in 3 of the metrics and were not significantly different than 1 for the other 2 metrics.

Metric	Baseline	FY18	FY19	FY20	FY21	FY22	FY23	FY24
CLABSI	0.70	0.65	0.57	0.63	1.02	1.33	1.05	0.79
CAUTI	0.51	0.57	0.82	0.45	0.73	1.02	0.65	0.73
SSI COLON	0.78	0.70	0.87	0.91	0.85	0.84	0.99	1.35
SSI HYST	0.86	0.71	0.00	1.10	1.21	2.91	1.82	3.84
MRSA	0.67	0.74	1.20	0.80	1.37	2.07	1.04	0.64
CDIFF	1.10	0.96	0.54	0.53	0.39	0.40	0.39	0.26

significantly better than 1
significantly worse than 1
not significantly different than 1

Baseline – January 2017 – December 2017
FY18 – July 2017 – June 2018
FY19 – July 2018 – June 2019
FY20 – July 2019 – June 2020
FY21 – July 2020 – June 2021
FY22 – July 2021 – June 2022
FY23 – July 2022 – June 2023
FY24 – July 2023 – June 2024

** SIRS is not calculated when the predicted values is less than 1
*** CDIFF not reported per NHSN workflow

Using the Statistical Significance of a p-value by calculating the specific infection metric SIR to the standardized infection ratio of 1. A p-value of less than 0.05 shows the significance of either improvement or decline of the standard risk-adjusted ratio.

Standardized Infection Ratio = Observed HAIs/ Predicted HAIs

HCAHPS
Ballad Health improved in seven of the ten HCAHPS patient experience measure sets compared to FY23. Significant improvements were noted in the HCOMP1 and HCLEAN measure set, while opportunities remain to achieve at or above baselines with all HCAHPS metrics.

Quality Monitoring Measures
Emergency Department Throughput metrics have improved compared to FY23, with significant improvements for FY24 in "OP22 Left without being seen," "Median time from ED Arrival to Transport for Admitted Patients (ED1)," and "ED2b ED Decision to Transport." Work continues to bring these metrics at or below baseline.

Readmission 30-day Rate Percentage has had a significant decrease in READM30 STK Stroke 30-day readmission rate, which is now at baseline in the green. Additional notable improvements are Acute Myocardial Infarction, Coronary Artery Bypass graft CABG, Heart Failure, Hospital-wide all-cause, and Pneumonia rates. Opportunities with COPD Chronic Obstructive Pulmonary Disease and Elective THA/TKA as rates increased from FY23.

Mortality 30-day Death Rate Percentage, although not meeting at or below baseline, has made improvements in all six of the metrics with significant improvements in Acute Myocardial Infarction and Chronic Obstructive Pulmonary Disease.

The Corporate Quality Department continues to hold monthly regional meetings to keep our focus on opportunities and sustainment. The format of the Regional Quality and Safety Metric meetings has been updated. Each region, including the Northern and Southern regions, will hold and conduct meetings to systematically discuss opportunities identified within the region with stakeholders.

These stakeholders include, but are not limited to, facility quality leaders, the Chief Executive Officer, the Chief Operating Officer, the Chief Medical Officer, the Chief Nursing Officer, representatives from CDI and Coding, and quarterly participants in the system meetings, including executive leadership, who discuss opportunities and identify successes and barriers to a successful resolution.

An executive summary reflecting Ballad Health, as well as facility-specific Quality Target and Monitoring Measures, are posted to the Ballad Health website quarterly to allow the public to access our quality data results.

The links for public access is noted below:

[COPA & Cooperative Agreement | Ballad Health](#)

[Quality Reporting at Ballad Health | Ballad Health](#)

At or above baseline
Below baseline

Desired Performance		Ballad Health Baseline	Ballad Health FY23	Ballad Health FY24
	Quality Target Measures			
⬇	PSI 3 Pressure Ulcer Rate	1.07	0.10	0.36
⬇	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.06	0.05
⬇	PSI 8a In Hospital Fall with Hip Fracture Rate	0.06	0.09	0.05
⬇	PSI 8b In Hospital Fall with Other Fracture Rate	--	--	0.23
⬇	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.46	1.43
⬇	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	2.40	1.58
⬇	PSI 11 Postoperative Respiratory Failure Rate	9.24	5.30	4.14
⬇	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis	3.31	2.51	3.06
⬇	PSI 13 Postoperative Sepsis Rate	3.58	3.17	3.99
⬇	PSI 14 Postoperative Wound Dehiscence Rate	0.83	2.14	1.29
⬇	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.62	0.09
⬇	CLABSI	0.711	1.037	0.782
⬇	CAUTI	0.558	0.729	0.821
⬇	SSI COLON Surgical Site Infection	2.13	2.94	3.70
⬇	SSI HYST Surgical Site Infection	0.71	1.47	3.37
⬇	MRSA	0.047	0.080	0.051
⬇	CDIFF	0.671	0.182	0.110
⬆	SMB: Sepsis Management Bundle	56.9%	59.2%	62.9%
	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	OP12 HIT Ability electronically receive lab results - Retired	YES	--	--
YES	OP17 Tracking Clinical Results Between Visits - Retired	YES	--	--
YES	OP25 Outpatient Safe Surgery Checklist - Retired	YES	--	--
	Monitoring Measures - Survey of Patient's Experience			
⬆	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	75.7%	76.8%
⬇	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.6%	16.2%	16.0%
⬇	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.6%	8.1%	7.2%
⬆	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	76.9%	77.2%
⬇	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.9%	15.4%	15.7%
⬇	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.9%	7.7%	7.1%
⬆	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.8%	59.9%	60.2%
⬇	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	20.6%	25.1%	25.4%

-- Insufficient cases or does not apply
JCMC includes NsCH/WPH, LPH includes MVRMC
Target Measures Baseline Period: Calendar Year 2017 All Payer Premier, Inc.
HAIs/Monitor Measures Baseline Period: Hospital Compare Posting July 2017

![Ballad Health logo]

Desired Performance		Ballad Health Baseline	Ballad Health FY23	Ballad Health FY24
⬇	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.6%	15.0%	14.4%
⬆	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Paused	74.1%	--	--
⬇	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Paused	19.6%	--	--
⬇	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Paused	6.3%	--	--
⬆	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.1%	58.6%	59.6%
⬇	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	15.9%	16.8%	17.5%
⬇	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	24.6%	23.0%
⬆	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	85.2%	85.9%
⬇	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%	14.1%
⬆	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	46.7%	47.6%
⬇	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.8%	45.4%	44.8%
⬇	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	4.8%	7.9%	7.6%
⬆	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.9%	62.8%	68.3%
⬇	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	17.2%	19.8%	18.6%
⬇	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	8.9%	17.4%	13.1%
⬆	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.5%	59.1%	58.5%
⬇	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	26.9%	27.5%	29.4%
⬇	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.6%	13.4%	12.1%
⬇	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%	15.0%
⬇	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%	23.3%
⬆	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%	61.7%

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Target Measures Baseline Period: Calendar Year 2017 All Payer Premier, Inc.
HAIs/Monitor Measures Baseline Period: Hospital Compare Posting July 2017

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Desired Performance		Ballad Health Baseline	Ballad Health FY23	Ballad Health FY24
⬆	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	73.7%	61.4%	60.5%
⬇	HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	27.6%	29.3%
⬇	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	11.0%	10.2%
	Monitoring Measures - Cataract Surgery Outcome %			
	OP31 Cataracts Improvement - Minimal Cases	--	--	--
	Monitoring Measures - Colonoscopy Follow %			
⬆	OP29 Avg Risk Polyp Surveillance	76.1%	93.0%	66.1%
⬆	OP30 High risk Polyp Surveillance - Retired	77.7%	--	--
	Monitoring Measures - Heart Attack			
⬆	OP2 Fibrinolytic Therapy 30 minutes - Too Few Cases to Report	--	--	--
⬆	OP3b Median Time to Transfer AMI - Retired	47.5	--	--
⬇	OP4 Aspirin at Arrival AMI Chest Pain - Retired	97.0%	--	--
	OP5 Median Time to ECG AMI and Chest Pain - Retired	5.22	--	--
	Monitoring Measures - Stroke Care %			
	STK4 Thrombolytic Therapy - Retired	83.0%	--	--
	Monitoring Measures - Emergency Department (ED) Throughput			
	EDV Emergency Department Volume	--	--	--
⬇	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.29	644.6	423.0
⬇	ED2b ED Decision to Transport	69.0	236.4	160.0
⬇	Median Time from ED Arrival to Departure for Outpatients (18b)	124.5	159.6	152.0
⬇	OP20 Door to Diagnostic Evaluation - Retired	15.09	--	--
⬇	OP21 Time to pain medicaton for long bone fractures - Retired	37.84	--	--
⬇	OP22 Left without being seen	0.90%	1.37%	0.83%
⬆	OP23 Head CT stroke patients	84.7%	67.9%	71.0%
	Monitoring Measures - Preventive Care %			
⬆	IMM2 Immunization for Influenza - Retired	97.4%	--	--
⬆	IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal	97.0%	98.5%	95.0%
	Monitoring Measures - Pregnancy and Delivery Care %			
⬇	PC01 Elective Delivery - Retired	0.56%	7.25%	7.00%
	Monitoring Measures - Surgical Complications Rate			
⬇	Hip and Knee Complications	2.9%	0.0%	0.0%
⬇	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.6	157.0	166.9
⬇	PSI90 Complications / patient safety for selected indicators	0.83	0.87	0.93
	Monitoring Measures - Readmissions 30 Days Rate %			
⬇	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	13.7%	13.1%

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Target Measures Baseline Period: Calendar Year 2017 All Payer Premier, Inc.
HAIs/Monitor Measures Baseline Period: Hospital Compare Posting July 2017

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Desired Performance		Ballad Health Baseline	Ballad Health FY23	Ballad Health FY24
⬇	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	11.3%	10.4%
⬇	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	20.7%	22.9%
⬇	READM30HF Heart Failure 30Day readmissions rate	20.5%	24.2%	24.1%
⬇	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	6.6%	8.0%
⬇	READM30 HOSPWIDE 30day hospital-wide all-cause unplanned readmission	12.0%	14.5%	14.3%
⬇	READM30PN Pneumonia 30day readmission rate	17.7%	18.4%	18.0%
⬇	READM30 STK Stroke 30day readmission rate	9.0%	13.2%	9.0%
	Monitoring Measures - Mortality 30 Days Death Rate %			
⬇	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	6.0%	5.1%
⬇	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.5%	2.3%
⬇	MORT30 COPD 30day mortality rate COPD patients	1.8%	3.0%	2.5%
⬇	MORT30HF Heart failure 30day mortality rate	3.9%	3.6%	3.2%
⬇	MORT30PN Pneumonia 30day mortality rate	4.7%	5.0%	4.5%
⬇	MORT30STK Stroke 30day mortality rate	8.2%	5.5%	5.2%
	Monitoring Measures - Blood Clot Prevention and Treatment			
	VTE5 Warfarin Therapy at Discharge - Retired	--	--	--
⬇	VTE6 HAC VTE - Retired	1.50%	--	--
	Monitoring Measures - Use of Medical Imaging Treatment			
	OP8 MRI Lumbar Spine for Low Back Pain	38.0%	36.1%	39.4%
	OP9 Mammography Followup Rates - Retired	6.5%	--	--
	OP10 Abdomen CT Use of Contrast Material	6.0%	4.9%	4.8%
	OP11 Thorax CT Use of Contrast Material - Retired	1.0%	--	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	3.0%	2.8%	3.5%
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Retired	2.0%	--	--

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Measure Set	Data Sources
• Hospital Acquired Infections (HAI 1-6) ○ CLABSI, CAUTI, SSI Colon, SSI HYST, MRSA, CDIFF • IMM30P27 Influenza Vaccination	The Centers for Disease Control and Prevention (CDC) collects data from hospitals via the National Healthcare Safety Network (NHSN)
• Survey of Patients Experience	Hospitals - Survey of patients' experiences (HCAHPS) | Provider Data Catalog (cms.gov)
• Patient Safety Indicators • Sepsis Management Bundle • OP29 Avg Risk Polyp Surveillance • Timely and Effective Care-ED Throughput • Median Time from ED Arrival to Transport for Admitted Patients (ED1) • ED2b ED Decision to Transport • Median Time from ED Arrival to Departure for Outpatients (18b) • OP 23 Head CT Stroke • PC01 Elective Delivery • Hip and Knee Complications • Surgical Complications • Readmission 30-Day Rate • Mortality 30-Day Death Rate	Premier (all payors)
• OP 31 Cataracts Improvement • EDV Emergency Department Volume • OP 8 MRI Lumbar Spine for Low Back Pain • OP10 Abdomen CT use of Contrast Material • OP 13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	Hospital Compare (MDC FFS)
• OP22 Left without being seen	EPIC

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Target Measures Baseline Period: Calendar Year 2017 All Payer Premier, Inc.
HAIs/Monitor Measures Baseline Period: Hospital Compare Posting July 2017

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ATTACHMENT 2

Comparison to Similarly-Sized Systems

Methodology for Selection of Comparison Systems:

This report summarizes the methodology for selecting "similar-sized" hospital systems as established in the TN Terms of Certification 4.02(c)(ii), Exhibit G. Given the impact of merger activity in the Healthcare industry, Ballad Health collaborated with our Premier vendor to determine more appropriate similar organizations for comparison. Ballad Health submitted a proposal to the Tennessee Department of Health (TDH) in January 2024 to change the comparison systems to align more with the organization size, case mix index, rural versus urban hospitals, and bed size. The proposal was accepted with the addition of Methodist Le Bonheur Healthcare for comparison. Since there is no scientific process to compare systems, the below selection criteria were developed.

Selection criteria ranked by priority:
- Not for Profit
- Net revenue
- Aligned with Premier as a quality partner – allows for benchmarking and best practice sharing
- Bed size, type, and number of hospitals
- Rural hospitals and similar services
- Case mix index
- Location – allows for travel for site visits
- Epic Electronic Health Record

Organization Comparisons for Annual Report FY24 *Information retrieved from Premier Organization Profile FY23 data. ** Information retrieved from the Organization's website/internet								
Selection Criteria	*Ballad Health*	*Avera Health*	*Baptist Memorial Health CORP*	*Carilion*	*Hospital Sisters*	*Methodist Le Bonheur Healthcare*	*Unity Point Health*	*OSF Healthcare*
*Not for Profit**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
*Net Revenue FY23 **	$2.3 B	$1.4 B	$3.6 B	$1.4 B	$4 B	$3.5 B	$4.8 B	$4.1 B
Aligned with Premier	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
*Bed Size**	2540	965	3325	1026	2521	1632	4032	2067
*Psych/NICU PICU/Peds Beds**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
*Number of Hospitals**	20	8	18	**6	15	6	18	15
*Rural vs Urban**	11/9	11/1	12/6	**3/3	7/8	0/6	5/13	8/7
*Case Mix Index**	1.66	1.21	1.37	**2.19	1.34	1.74	1.30	1.42
*Location**	TN, VA	MN, SD, NE, IA	MS, TN, AR	VA	IL, WI	TN	IA, IL, WI	IL, MI
*EPIC EMR**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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CAH- Critical Access Hospital
Note: Comparison reports are calculated from Hospital Compare flat files.
-- Insufficient cases or does not apply
*Percentile rankings (10th,50th,75th,90th) discontinued in 2015 after national transition to SIRS

Desired Performance	BalladHealth It's your story. We're listening.	Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Avera Health	Baptist Health	Carilion	Hospital Sisters	Methodist Le Bonheur Health	Unity Point	OSF HealthCare	Peer Group
	Quality Target Measures												
⬇	**PSI 3 Pressure Ulcer Rate**	7/1/2020 - 6/30/2022	0.20	0.58	0.32	0.64	0.54	0.83	1.15	0.25	0.44	0.32	0.56
⬇	**PSI 6 Iatrogenic Pneumothorax Rate**	7/1/2020 - 6/30/2022	0.21	0.25	0.25	0.22	0.24	0.20	0.29	0.26	0.25	0.25	0.25
⬇	**PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired**	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇	**PSI 8 In Hospital Fall with Hip Fracture Rate**	7/1/2020 - 6/30/2022	0.08	0.09	0.08	0.09	0.08	0.07	0.09	0.09	0.09	0.09	0.09
⬇	**PSI 9 Perioperative Hemorrhage or Hematoma Rate**	7/1/2020 - 6/30/2022	2.06	2.51	2.23	2.55	2.06	2.69	2.61	2.04	2.16	2.27	2.33
⬇	**PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis**	7/1/2020 - 6/30/2022	1.26	1.59	1.45	1.71	1.84	2.01	1.92	2.27	1.92	1.58	1.87
⬇	**PSI 11 Postoperative Respiratory Failure Rate**	7/1/2020 - 6/30/2022	5.25	7.49	8.40	7.50	7.13	9.85	12.64	9.45	11.22	7.87	9.26
⬇	**PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate**	7/1/2020 - 6/30/2022	2.78	3.60	3.59	3.01	3.76	2.82	4.23	4.17	3.64	3.80	3.63
⬇	**PSI 13 Postoperative Sepsis Rate**	7/1/2020 - 6/30/2022	4.26	5.25	5.36	5.19	5.35	6.50	6.03	4.50	5.23	5.39	5.44
⬇	**PSI 14 Postoperative Wound Dehiscence Rate**	7/1/2020 - 6/30/2022	1.72	2.01	2.02	2.29	2.29	2.82	2.01	1.89	1.81	1.92	2.13
⬇	**PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate**	7/1/2020 - 6/30/2022	0.82	1.01	0.95	1.07	0.85	1.00	1.27	1.11	1.10	1.01	1.05
⬇	**CLABSI Rate***	10/1/2022 - 9/30/2023	0.000	0.000	1.023	1.307	0.685	0.548	0.474	0.428	0.978	0.541	0.748
⬇	**CAUTI Rate***	10/1/2022 - 9/30/2023	0.000	0.263	0.812	0.781	0.847	0.902	0.348	0.422	0.630	0.943	0.711
⬇	**SSI COLON Surgical Site Infection Rate***	10/1/2022 - 9/30/2023	0.00	1.34	2.85	1.72	3.12	1.75	0.18	1.74	2.25	3.90	2.19
⬇	**SSI HYST Surgical Site Infection Rate***	10/1/2022 - 9/30/2023	0.00	0.00	1.06	0.91	0.87	0.32	0.78	0.35	0.65	3.03	1.00
⬇	**MRSA Rate***	10/1/2022 - 9/30/2023	0.000	0.000	0.058	0.041	0.049	0.077	0.032	0.043	0.034	0.049	0.048
⬇	**CDIFF Rate***	10/1/2022 - 9/30/2023	0.000	0.144	0.162	0.288	0.135	0.321	0.152	0.055	0.265	0.174	0.194

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Desired Performance	BalladHealth It's your story. We're listening.	Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Avera Health	Baptist Health	Carilion	Hospital Sisters	Methodist Le Bonheur Health	Unity Point	OSF HealthCare	Peer Group
⬆	**SMB: Sepsis Management Bundle**	10/1/2022-9/30/2023	81%	60%	62%	69%	60%	27%	66%	58%	57%	63%	58%
	Monitoring Measures-Survey of Patient's Experience												
⬆	**Patients who reported that their nurses "Always" communicated well**	10/1/2022-9/30/2023	87.0%	42.7%	79.0%	84.5%	79.8%	80.3%	80.7%	78.3%	78.1%	80.2%	80.1%
⬇	**Patients who reported that their nurses "Usually" communicated well**	10/1/2022-9/30/2023	11.0%	51.4%	15.8%	13.5%	16.3%	15.8%	15.9%	16.0%	18.1%	15.8%	15.9%
⬇	**Patients who reported that their nurses "Sometimes" or "Never" communicated well**	10/1/2022-9/30/2023	2.0%	5.9%	5.2%	2.0%	3.9%	3.8%	3.4%	5.7%	3.9%	3.9%	4.0%
⬆	**Patients who reported that their doctors "Always" communicated well**	10/1/2022-9/30/2023	88.0%	8.7%	79.2%	85.3%	79.9%	80.0%	79.2%	80.3%	78.2%	77.8%	80.0%
⬇	**Patients who reported that their doctors "Usually" communicated well**	10/1/2022-9/30/2023	10.0%	70.9%	15.3%	11.8%	15.3%	15.0%	16.3%	14.7%	17.0%	16.4%	15.2%
⬇	**Patients who reported that their doctors "Sometimes" or "Never" communicated well**	10/1/2022-9/30/2023	2.0%	20.4%	5.5%	2.9%	4.8%	5.0%	4.5%	5.0%	4.8%	5.8%	4.8%
⬆	**Patients who reported that they "Always" received help as soon as they wanted**	10/1/2022-9/30/2023	81.0%	6.1%	66.5%	76.3%	62.0%	65.3%	63.2%	60.0%	58.7%	62.9%	64.4%
⬇	**Patients who reported that they "Usually" received help as soon as they wanted**	10/1/2022-9/30/2023	16.0%	61.1%	23.5%	18.9%	28.0%	26.0%	28.2%	27.0%	31.0%	28.1%	26.3%
⬇	**Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted**	10/1/2022-9/30/2023	3.0%	13.9%	9.9%	4.9%	10.0%	8.7%	8.6%	13.0%	10.3%	9.0%	9.3%
⬆	**Patients who reported that staff "Always" explained about medicines before giving it to them**	10/1/2022-9/30/2023	72.0%	20.1%	61.2%	68.0%	60.2%	60.3%	60.9%	58.3%	58.1%	63.6%	61.4%
⬇	**Patients who reported that staff "Usually" explained about medicines before giving it to them**	10/1/2022-9/30/2023	17.0%	61.0%	19.6%	18.9%	19.9%	20.0%	21.1%	18.3%	20.9%	18.8%	19.7%
⬇	**Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them**	10/1/2022-9/30/2023	11.0%	18.8%	19.2%	13.1%	19.9%	19.7%	18.0%	23.3%	21.0%	17.5%	19.0%
⬆	**Patients who reported that their room and bathroom were "Always" clean**	10/1/2022-9/30/2023	85.0%	79.0%	72.0%	76.8%	70.7%	73.2%	71.6%	69.0%	69.0%	75.2%	72.2%
⬇	**Patients who reported that their room and bathroom were "Usually" clean**	10/1/2022-9/30/2023	12.0%	16.4%	17.4%	16.1%	20.2%	19.7%	19.8%	19.0%	20.6%	17.0%	18.7%
⬇	**Patients who reported that their room and bathroom were "Sometimes" or "Never" clean**	10/1/2022-9/30/2023	3.0%	4.6%	10.6%	7.1%	9.1%	7.2%	8.5%	12.0%	10.4%	7.8%	9.1%

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Desired Performance	BalladHealth It's your story. We're listening.	Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Avera Health	Baptist Health	Carilion	Hospital Sisters	Methodist Le Bonheur Health	Unity Point	OSF HealthCare	Peer Group
↑	Patients who reported that the area around their room was "Always" quiet at night	10/1/2022-9/30/2023	76.0%	72.6%	63.9%	71.0%	59.8%	58.3%	65.2%	67.7%	58.4%	62.3%	63.3%
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/1/2022-9/30/2023	21.0%	18.1%	27.1%	24.3%	31.9%	31.7%	28.2%	25.0%	33.2%	28.5%	28.7%
↓	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/1/2022-9/30/2023	3.0%	9.4%	9.0%	4.7%	8.3%	10.0%	6.6%	7.3%	8.4%	9.2%	8.0%
↑	Patients who reported that YES, they were given information about what to do during their recovery at home	10/1/2022-9/30/2023	91.0%	29.3%	86.9%	88.4%	87.8%	87.5%	88.8%	83.7%	87.6%	87.0%	87.2%
↓	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/1/2022-9/30/2023	90.0%	9.7%	13.1%	11.6%	12.2%	12.5%	11.2%	16.3%	12.4%	13.0%	12.8%
↑	Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2022-9/30/2023	62.0%	15.5%	49.9%	56.5%	52.6%	53.2%	51.7%	48.7%	50.6%	50.8%	51.7%
↓	Patients who "Agree" they understood their care when they left the hospital	10/1/2022-9/30/2023	35.0%	79.3%	43.5%	40.5%	42.6%	42.3%	43.9%	44.3%	44.1%	43.7%	43.1%
↓	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2022-9/30/2023	3.0%	5.2%	6.5%	3.1%	4.9%	4.5%	4.4%	7.0%	5.3%	5.5%	5.2%
↑	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/1/2022-9/30/2023	84.0%	24.8%	70.4%	80.0%	73.7%	72.8%	71.5%	72.0%	70.2%	71.5%	72.8%
↓	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/1/2022-9/30/2023	13.0%	10.1%	19.5%	15.6%	19.0%	19.7%	21.2%	20.0%	22.3%	20.2%	19.7%
↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2022-9/30/2023	3.0%	65.1%	10.1%	4.4%	7.3%	7.5%	7.3%	8.0%	7.5%	8.4%	7.6%
↑	Patients who reported YES, they would definitely recommend the hospital	10/1/2022-9/30/2023	83.0%	69.2%	68.0%	77.8%	72.7%	72.8%	68.1%	71.3%	68.6%	66.5%	70.7%
↓	Patients who reported YES, they would probably recommend the hospital	10/1/2022-9/30/2023	15.0%	24.7%	25.2%	20.2%	22.7%	22.0%	27.2%	23.3%	26.6%	28.0%	24.4%
↓	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2022-9/30/2023	2.0%	6.1%	6.8%	2.0%	4.7%	5.2%	4.7%	5.3%	4.7%	5.5%	4.9%
	Monitoring Measures-Colonoscopy Followup %												
↑	OP29 Avg Risk Polyp Surveillance	1/1/2022-12/31/2022	100.0	91.3	75.8	98.5	95.2	96.3	94.0	99.0	95.6	99.0	94.2
↑	OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--	--	--

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-- Insufficient cases or does not apply
*Percentile rankings (10th,50th,75th,90th) discontinued in 2015 after national transition to SIRS

Desired Performance	BalladHealth It's your story. We're listening.	Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Avera Health	Baptist Health	Carilion	Hospital Sisters	Methodist Le Bonheur Health	Unity Point	OSF HealthCare	Peer Group
Monitoring Measures-Stroke Care %												
⬆ STK4 Thrombolytic Therapy	RETIRED	--	--	--	--	--	--	--	--	--	--	--
Monitoring Measures-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	--	--	--	--	--	--	--	--	--	--	--
Monitoring Measures-Emergency Department Throughput												
⬇ Median Time from ED Arrival to Transport for Admitted Patients (ED1)	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇ ED2b ED Decision to Transport	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇ OP18b Avg time ED arrival to discharge	10/1/2022 - 9/30/2023	101.0	163.0	159.0	116.0	193.9	216.3	147.2	218.7	165.4	160.8	172.2
⬇ OP20 Door to Diagnostic Evaluation	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇ OP21 Time to pain medicaton for long bone fractures	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇ OP22 Left without being seen	1/1/2022 - 12/31/2022	0.00	3.00	1.69	0.08	3.11	2.17	1.54	5.67	4.73	3.00	2.75
⬆ OP-23 Head CT results	10/1/2022- 9/30/2023	92.0%	70.7%	62.8%	75.0%	65.4%	71.0%	78.5%	85.0%	71.6%	79.0%	73.5%
Monitoring Measures-Preventive Care %												
⬆ IMM-3 Healthcare workers given influenza vaccination	10/1/2022- 9/30/2023	97%	78%	97%	90%	89%	97%	84%	94%	87%	72%	89%

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Desired Performance		Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Avera Health	Baptist Health	Carilion	Hospital Sisters	Methodist Le Bonheur Health	Unity Point	OSF HealthCare	Peer Group
⬆	IMM-2 Influenza immunization	RETIRED	--	--	--	--	--	--	--	--	--	--	--
	Monitoring Measures-Blood Clot Prevention/Treatment												
⬇	VTE5 Warfarin Therapy at Discharge - Voluntary Reporting	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇	VTE6 HAC VTE - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--	--
	Monitoring Measures-Pregnancy and Delivery Care %												
⬇	PC-01 Elective Delivery	10/1/2022-9/30/2023	0.0%	2.6%	7.1%	5.8%	1.4%	0.0%	1.1%	2.3%	4.1%	1.0%	2.9%
	Monitoring Measures-Surgical Complications Rate												
⬇	**Hip and Knee Complications**	7/1/2020-3/31/2023	0.03	0.04	0.04	0.03	0.04	0.03	0.04	0.03	0.03	0.04	0.03
⬇	**PSI4SURG COMP Death rate among surgical patients with serious treatable complications**	7/1/2020 - 6/30/2022	147.29	162.69	203.16	181.76	184.71	214.75	186.12	161.04	176.53	180.23	186.04
⬇	PSI90 Complications / patient safety for selected indicators	7/1/2020 - 6/30/2022	0.82	1.00	0.93	0.93	0.94	0.99	1.16	0.90	0.98	0.93	0.97
	Monitoring Measures-Readmissions 30 Days Rate%												
⬇	**READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate**	7/1/2020-6/30/2023	12.6%	13.7%	14.5%	13.3%	13.0%	13.4%	13.4%	13.7%	13.6%	14.5%	13.7%
⬇	**READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate**	7/1/2020-6/30/2023	9.7%	10.7%	11.1%	10.9%	10.4%	9.9%	10.3%	10.9%	10.1%	11.0%	10.6%
⬇	**READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate**	7/1/2020-6/30/2023	17.4%	18.5%	18.4%	18.1%	18.6%	17.9%	19.1%	18.5%	18.2%	18.6%	18.4%
⬇	**READM30 HIPKNEE 30day readmission rate following elective THA / TKA**	7/1/2020-6/30/2023	3.8%	4.5%	4.7%	4.3%	5.2%	3.8%	5.6%	4.4%	4.4%	4.9%	4.6%
⬇	**READM30HF Heart Failure 30Day readmissions rate**	7/1/2020-6/30/2023	18.3%	19.8%	20.5%	19.0%	18.8%	20.0%	19.7%	18.7%	19.2%	20.3%	19.5%
⬇	**READM30PN Pneumonia 30day readmission rate**	7/1/2020-6/30/2023	15.3%	16.4%	17.1%	16.2%	15.9%	15.9%	16.0%	16.2%	16.0%	16.6%	16.2%

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Desired Performance	BalladHealth It's your story. We're listening.	Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Avera Health	Baptist Health	Carilion	Hospital Sisters	Methodist Le Bonheur Health	Unity Point	OSF HealthCare	Peer Group
⬇	**READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission**	7/1/2020-6/30/2023	13.8%	14.6%	14.8%	14.4%	14.3%	14.1%	14.7%	14.7%	14.4%	15.1%	14.5%
	Monitoring Measures-Mortality 30 Days Death Rate %												
⬇	**MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate**	7/1/2020-6/30/2023	11.0%	12.6%	14.1%	12.3%	13.5%	12.3%	12.8%	12.7%	12.5%	12.9%	12.9%
⬇	**MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate**	7/1/2020-6/30/2023	2.1%	2.8%	3.6%	2.8%	2.8%	2.4%	2.7%	3.4%	3.1%	4.1%	3.1%
⬇	**MORT30 COPD 30day mortality rate COPD patients**	7/1/2020-6/30/2023	7.6%	9.4%	10.0%	9.9%	9.6%	9.4%	9.9%	9.4%	10.4%	10.0%	9.8%
⬇	**MORT30HF Heart failure 30day mortality rate**	7/1/2020-6/30/2023	9.3%	11.8%	14.5%	11.7%	12.7%	12.2%	12.6%	12.5%	13.6%	13.2%	12.9%
⬇	**MORT30PN Pneumonia 30day mortality rate**	7/1/2020-6/30/2023	14.2%	11.9%	18.9%	17.8%	19.6%	17.9%	17.2%	19.3%	18.0%	18.3%	18.4%
⬇	**MORT30STK Stroke 30day mortality rate**	7/1/2020-6/30/2023	11.5%	17.9%	15.3%	12.5%	13.6%	15.9%	13.6%	15.2%	14.8%	13.4%	14.3%
	Monitoring Measures-Use of Medical Imaging Outpatient												
	OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2022 - 6/30/2023	29.7%	36.2%	39.4%	34.8%	31.4%	33.2%	38.3%	36.8%	37.7%	43.2%	37.0%
	OP-10 Abdomen CT Use of Contrast Material	7/1/2022 - 6/30/2023	1.4%	58.0%	4.8%	6.0%	7.0%	5.1%	6.4%	6.9%	4.2%	5.7%	6.0%
	OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	7/1/2022 - 6/30/2023	1.4%	37.0%	3.5%	4.2%	3.3%	3.2%	3.7%	1.4%	3.2%	4.0%	3.0%

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ATTACHMENT 3

Comparison of Ballad Health Facilities to National Averages

Desired Performance		Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Johnson City Medical Center	Holston Valley Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Indian Path Community Hospital	Greeneville Community Hospital	Sycamore Shoals Hospital	Franklin Woods Community Hospital	Lonesome Pine Hospital
Quality Target Measures														
↓	PSI 3 Pressure Ulcer Rate	7/1/2020 - 6/30/2022	0.20	0.58	0.32	0.38	0.26	0.28	0.23	0.52	0.32	0.35	0.33	0.40
↓	PSI 6 Iatrogenic Pneumothorax Rate	7/1/2020 - 6/30/2022	0.21	0.25	0.25	0.26	0.25	0.23	0.22	0.24	0.31	0.24	0.27	0.24
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	7/1/2020 - 6/30/2022	0.08	0.09	0.08	0.08	0.08	0.08	0.09	0.09	0.11	0.09	0.09	0.10
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	7/1/2020 - 6/30/2022	2.06	2.51	2.23	1.68	1.60	3.62	2.28	2.47	2.66	2.80	2.25	2.47
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	7/1/2020 - 6/30/2022	1.26	1.59	1.45	1.75	1.09	1.57	1.46	1.55	1.53	1.55	1.43	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	7/1/2020 - 6/30/2022	5.25	7.49	8.40	12.61	5.81	6.78	16.92	8.36	7.76	7.98	5.79	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7/1/2020 - 6/30/2022	2.78	3.60	3.59	3.87	2.97	4.22	3.31	3.53	3.49	3.34	3.02	3.48
↓	PSI 13 Postoperative Sepsis Rate	7/1/2020 - 6/30/2022	4.26	5.25	5.36	6.41	5.11	4.41	6.45	0.00	4.95	5.07	4.83	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	7/1/2020 - 6/30/2022	1.72	2.01	2.02	3.20	1.77	1.70	1.83	1.96	1.84	1.97	1.83	1.96
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	7/1/2020 - 6/30/2022	0.82	1.01	0.95	1.03	0.80	1.01	0.93	1.05	0.97	1.06	0.83	1.06
↓	CLABSI Rate*	10/1/2022 - 9/30/2023	0.000	0.000	1.023	1.468	1.114	0.808	0.718	0.000	1.168	0.973	0.708	0.978
↓	CAUTI Rate*	10/1/2022 - 9/30/2023	0.000	0.263	0.812	1.036	0.955	1.047	0.963	0.000	0.000	0.000	0.000	0.000
↓	SSI COLON Surgical Site Infection Rate*	10/1/2022 - 9/30/2023	0.00	1.34	2.85	5.48	4.69	1.89	1.23	1.61	0.93	5.88	0.99	9.30
↓	SSI HYST Surgical Site Infection Rate*	10/1/2022 - 9/30/2023	0.00	0.00	1.06	0.00	1.75	0.00	0.00	0.00	0.00	5.88	0.00	0.00
↓	MRSA Rate*	10/1/2022 - 9/30/2023	0.000	0.000	0.058	0.061	0.074	0.096	0.035	0.102	0.049	0.000	0.000	0.000
↓	CDIFF Rate*	10/1/2022 - 9/30/2023	0.000	0.144	0.162	0.136	0.245	0.192	0.107	0.000	0.204	0.236	0.081	0.075

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Desired Performance	BalladHealth It's your story. We're listening.	Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Johnson City Medical Center	Holston Valley Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Indian Path Community Hospital	Greeneville Community Hospital	Sycamore Shoals Hospital	Franklin Woods Community Hospital	Lonesome Pine Hospital
⬆	**SMB: Sepsis Management Bundle**	10/1/2022-9/30/2023	81%	60%	62%	44%	52%	52%	62%	77%	58%	65%	63%	61%
	Monitoring Measures-Survey of Patient's Experience													
⬆	Patients who reported that their nurses "Always" communicated well	10/1/2022-9/30/2023	87.0%	42.7%	79.0%	73.0%	73.0%	72.0%	76.0%	80.0%	73.0%	79.0%	81.0%	77.0%
⬇	Patients who reported that their nurses "Usually" communicated well	10/1/2022-9/30/2023	11.0%	51.4%	15.8%	20.0%	20.0%	20.0%	18.0%	15.0%	19.0%	15.0%	14.0%	20.0%
⬇	Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/1/2022-9/30/2023	2.0%	5.9%	5.2%	7.0%	7.0%	8.0%	6.0%	5.0%	8.0%	6.0%	5.0%	3.0%
⬆	Patients who reported that their doctors "Always" communicated well	10/1/2022-9/30/2023	88.0%	8.7%	79.2%	72.0%	76.0%	76.0%	79.0%	80.0%	76.0%	79.0%	80.0%	76.0%
⬇	Patients who reported that their doctors "Usually" communicated well	10/1/2022-9/30/2023	10.0%	70.9%	15.3%	20.0%	18.0%	17.0%	16.0%	14.0%	17.0%	15.0%	15.0%	22.0%
⬇	Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/1/2022-9/30/2023	2.0%	20.4%	5.5%	8.0%	6.0%	7.0%	5.0%	6.0%	7.0%	6.0%	5.0%	2.0%
⬆	Patients who reported that they "Always" received help as soon as they wanted	10/1/2022-9/30/2023	81.0%	6.1%	66.5%	58.0%	57.0%	59.0%	57.0%	68.0%	63.0%	66.0%	66.0%	67.0%
⬇	Patients who reported that they "Usually" received help as soon as they wanted	10/1/2022-9/30/2023	16.0%	61.1%	23.5%	28.0%	29.0%	27.0%	28.0%	22.0%	27.0%	22.0%	24.0%	31.0%
⬇	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/1/2022-9/30/2023	3.0%	13.9%	9.9%	14.0%	14.0%	14.0%	15.0%	10.0%	10.0%	12.0%	10.0%	2.0%
⬆	Patients who reported that staff "Always" explained about medicines before giving it to them	10/1/2022-9/30/2023	72.0%	20.1%	61.2%	54.0%	54.0%	56.0%	61.0%	60.0%	54.0%	61.0%	63.0%	49.0%
⬇	Patients who reported that staff "Usually" explained about medicines before giving it to them	10/1/2022-9/30/2023	17.0%	61.0%	19.6%	18.0%	21.0%	20.0%	18.0%	16.0%	20.0%	17.0%	18.0%	32.0%
⬇	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/1/2022-9/30/2023	11.0%	18.8%	19.2%	28.0%	25.0%	24.0%	21.0%	24.0%	26.0%	22.0%	19.0%	19.0%
⬆	Patients who reported that their room and bathroom were "Always" clean	10/1/2022-9/30/2023	85.0%	79.0%	72.0%	57.0%	66.0%	59.0%	76.0%	75.0%	63.0%	72.0%	61.0%	70.0%
⬇	Patients who reported that their room and bathroom were "Usually" clean	10/1/2022-9/30/2023	12.0%	16.4%	17.4%	22.0%	21.0%	20.0%	17.0%	17.0%	20.0%	18.0%	23.0%	18.0%
⬇	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/1/2022-9/30/2023	3.0%	4.6%	10.6%	21.0%	13.0%	21.0%	7.0%	8.0%	17.0%	10.0%	16.0%	12.0%

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Desired Performance		Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Johnson City Medical Center	Holston Valley Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Indian Path Community Hospital	Greeneville Community Hospital	Sycamore Shoals Hospital	Franklin Woods Community Hospital	Lonesome Pine Hospital
↑	Patients who reported that the area around their room was "Always" quiet at night	10/1/2022-9/30/2023	76.0%	72.6%	63.9%	49.0%	56.0%	58.0%	64.0%	64.0%	54.0%	67.0%	70.0%	60.0%
↓	Patients who reported that the area around their room was "Usually" quiet at night	10/1/2022-9/30/2023	21.0%	18.1%	27.1%	33.0%	33.0%	30.0%	29.0%	28.0%	30.0%	28.0%	25.0%	28.0%
↓	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/1/2022-9/30/2023	3.0%	9.4%	9.0%	18.0%	11.0%	12.0%	7.0%	8.0%	16.0%	5.0%	5.0%	12.0%
↑	Patients who reported that YES, they were given information about what to do during their recovery at home	10/1/2022-9/30/2023	91.0%	29.3%	86.9%	82.0%	85.0%	87.0%	88.0%	82.0%	86.0%	81.0%	86.0%	89.0%
↓	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/1/2022-9/30/2023	90.0%	9.7%	13.1%	18.0%	15.0%	13.0%	12.0%	18.0%	14.0%	19.0%	14.0%	11.0%
↑	Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2022-9/30/2023	62.0%	15.5%	49.9%	42.0%	46.0%	48.0%	48.0%	49.0%	44.0%	49.0%	52.0%	50.0%
↓	Patients who "Agree" they understood their care when they left the hospital	10/1/2022-9/30/2023	35.0%	79.3%	43.5%	48.0%	46.0%	45.0%	45.0%	43.0%	48.0%	46.0%	42.0%	45.0%
↓	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2022-9/30/2023	3.0%	5.2%	6.5%	10.0%	8.0%	7.0%	7.0%	8.0%	8.0%	5.0%	6.0%	5.0%
↑	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/1/2022-9/30/2023	84.0%	24.8%	70.4%	54.0%	63.0%	61.0%	68.0%	67.0%	58.0%	71.0%	74.0%	76.0%
↓	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/1/2022-9/30/2023	13.0%	10.1%	19.5%	26.0%	24.0%	25.0%	20.0%	21.0%	28.0%	19.0%	19.0%	19.0%
↓	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2022-9/30/2023	3.0%	65.1%	10.1%	20.0%	13.0%	14.0%	12.0%	12.0%	14.0%	10.0%	7.0%	5.0%
↑	Patients who reported YES, they would definitely recommend the hospital	10/1/2022-9/30/2023	83.0%	69.2%	68.0%	52.0%	61.0%	61.0%	64.0%	73.0%	53.0%	65.0%	78.0%	69.0%
↓	Patients who reported YES, they would probably recommend the hospital	10/1/2022-9/30/2023	15.0%	24.7%	25.2%	35.0%	29.0%	30.0%	28.0%	19.0%	34.0%	29.0%	17.0%	30.0%
↓	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2022-9/30/2023	2.0%	6.1%	6.8%	13.0%	10.0%	9.0%	8.0%	8.0%	13.0%	6.0%	5.0%	1.0%
	Monitoring Measures-Colonoscopy Followup %													
↑	**OP29 Avg Risk Polyp Surveillance**	1/1/2022-12/31/2022	100.0	91.3	75.8	8.0	86.0	56.0	100.0	--	100.0	97.0	47.0	100.0
↑	**OP30 High risk Polyp Surveillance**	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--

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-- Insufficient cases or does not apply

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Desired Performance	BalladHealth It's your story. We're listening.	Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Johnson City Medical Center	Holston Valley Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Indian Path Community Hospital	Greeneville Community Hospital	Sycamore Shoals Hospital	Franklin Woods Community Hospital	Lonesome Pine Hospital
	Monitoring Measures-Stroke Care %													
⬆	**STK4 Thrombolytic Therapy**	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
	Monitoring Measures-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	--	--	--	--	--	--	--	--	--	--	--	--
	Monitoring Measures-Emergency Department Throughput													
⬇	**Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
⬇	**ED2b ED Decision to Transport**	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
⬇	**OP18b Avg time ED arrival to discharge**	10/1/2022 - 9/30/2023	101.0	163.0	159.0	210.0	211.0	194.0	216.0	160.0	177.0	174.0	193.0	149.0
⬇	**OP20 Door to Diagnostic Evaluation**	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
⬇	**OP21 Time to pain medicaton for long bone fractures**	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
⬇	**OP22 Left without being seen**	1/1/2022 - 12/31/2022	0.00	3.00	1.69	1.00	1.00	3.00	2.00	2.00	2.00	4.00	2.00	2.00
⬆	**OP-23 Head CT results**	10/1/2022- 9/30/2023	92.0%	70.7%	62.8%	27.0%	86.0%	83.0%	84.0%	0.0%	47.0%	0.0%	0.0%	50.0%
	Monitoring Measures-Preventive Care %													
⬆	**IMM-3 Healthcare workers given influenza vaccination**	10/1/2022- 9/30/2023	97%	78%	97%	100%	97%	99%	97%	98%	96%	100%	98%	97%

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Desired Performance		Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	Johnson City Medical Center	Holston Valley Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Indian Path Community Hospital	Greeneville Community Hospital	Sycamore Shoals Hospital	Franklin Woods Community Hospital	Lonesome Pine Hospital
⬆	IMM-2 Influenza immunization	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
	Monitoring Measures-Blood Clot Prevention/Treatment													
⬇	VTE5 Warfarin Therapy at Discharge - Voluntary Reporting	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
⬇	VTE6 HAC VTE - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
	Monitoring Measures-Pregnancy and Delivery Care %													
⬇	PC-01 Elective Delivery	10/1/2022-9/30/2023	0.0%	2.6%	7.1%	18.0%	0.0%	14.0%	9.0%	4.0%	0.0%	0.0%	0.0%	5.0%
	Monitoring Measures-Surgical Complications Rate													
⬇	Hip and Knee Complications	7/1/2020-3/31/2023	0.03	0.04	0.04	0.03	0.03	0.03	0.00	0.00	0.00	0.05	0.00	0.00
⬇	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	7/1/2020 - 6/30/2022	147.29	162.69	203.16	224.88	195.00	189.46	173.87	0.00	0.00	0.00	0.00	0.00
⬇	PSI90 Complications / patient safety for selected indicators	7/1/2020 - 6/30/2022	0.82	1.00	0.93	1.11	0.74	0.86	1.15	0.95	0.89	0.89	0.78	0.96
	Monitoring Measures-Readmissions 30 Days Rate%													
⬇	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	7/1/2020-6/30/2023	12.6%	13.7%	14.5%	15.2%	13.8%	13.7%	15.3%	--	--	--	--	--
⬇	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	7/1/2020-6/30/2023	9.7%	10.7%	11.1%	12.5%	10.3%	10.4%	--	--	--	--	--	--
⬇	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	7/1/2020-6/30/2023	17.4%	18.5%	18.4%	18.7%	17.6%	18.9%	17.9%	--	19.2%	17.7%	18.4%	18.7%
⬇	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7/1/2020-6/30/2023	3.8%	4.5%	4.7%	4.7%	4.6%	4.0%	--	--	--	5.3%	--	--
⬇	READM30HF Heart Failure 30Day readmissions rate	7/1/2020-6/30/2023	18.3%	19.8%	20.5%	20.4%	18.7%	23.7%	18.6%	--	23.0%	20.0%	19.9%	19.3%
⬇	READM30PN Pneumonia 30day readmission rate	7/1/2020-6/30/2023	15.3%	16.4%	17.1%	18.2%	15.3%	18.5%	17.0%	17.4%	17.7%	19.1%	16.9%	16.2%

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↓	**READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission**	7/1/2020-6/30/2023	13.8%	14.6%	14.8%	15.5%	14.5%	15.7%	14.8%	14.6%	15.0%	14.7%	14.7%	14.5%
	Monitoring Measures-Mortality 30 Days Death Rate %													
↓	**MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate**	7/1/2020-6/30/2023	11.0%	12.6%	14.1%	15.6%	12.3%	15.3%	15.0%	0.0%	12.4%	0.0%	0.0%	0.0%
↓	**MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate**	7/1/2020-6/30/2023	2.1%	2.8%	3.6%	2.8%	3.4%	4.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓	**MORT30 COPD 30day mortality rate COPD patients**	7/1/2020-6/30/2023	7.6%	9.4%	10.0%	9.8%	12.6%	10.7%	10.3%	0.0%	8.8%	10.1%	10.7%	8.9%
↓	**MORT30HF Heart failure 30day mortality rate**	7/1/2020-6/30/2023	9.3%	11.8%	14.5%	16.2%	15.5%	16.5%	14.0%	0.0%	16.1%	12.8%	11.0%	13.2%
↓	**MORT30PN Pneumonia 30day mortality rate**	7/1/2020-6/30/2023	14.2%	11.9%	18.9%	21.9%	19.4%	23.6%	18.3%	17.5%	18.6%	18.7%	17.7%	16.2%
↓	**MORT30STK Stroke 30day mortality rate**	7/1/2020-6/30/2023	11.5%	17.9%	15.3%	18.5%	14.7%	13.9%	15.8%	0.0%	13.5%	0.0%	0.0%	0.0%
	Monitoring Measures-Use of Medical Imaging Outpatient													
	OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2022 - 6/30/2023	29.7%	36.2%	39.4%	0.0%	42.9%	32.1%	0.0%	0.0%	43.2%	0.0%	0.0%	0.0%
	OP-10 Abdomen CT Use of Contrast Material	7/1/2022 - 6/30/2023	1.4%	58.0%	4.8%	3.5%	3.5%	7.6%	3.5%	5.6%	4.5%	8.8%	6.7%	7.1%
	OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	7/1/2022 - 6/30/2023	1.4%	37.0%	3.5%	4.4%	2.2%	3.2%	1.4%	0.0%	3.3%	5.1%	2.1%	4.0%

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	Quality Target Measures												
↓	**PSI 3 Pressure Ulcer Rate**	7/1/2020 - 6/30/2022	0.20	0.58	0.32	0.47	0.48	0.58	0.57	--	0.00	0.00	0.00
↓	**PSI 6 Iatrogenic Pneumothorax Rate**	7/1/2020 - 6/30/2022	0.21	0.25	0.25	0.24	0.24	0.25	0.25	--	0.00	0.00	0.00
↓	**PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired**	RETIRED	--	--	--	--	--	--	--	--	--	--	--
↓	**PSI 8 In Hospital Fall with Hip Fracture Rate**	7/1/2020 - 6/30/2022	0.08	0.09	0.08	0.09	0.09	0.09	0.09	--	0.00	0.00	0.00
↓	**PSI 9 Perioperative Hemorrhage or Hematoma Rate**	7/1/2020 - 6/30/2022	2.06	2.51	2.23	2.49	0.00	0.00	0.00	--	0.00	0.00	0.00
↓	**PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis**	7/1/2020 - 6/30/2022	1.26	1.59	1.45	1.57	0.00	0.00	0.00	--	0.00	0.00	0.00
↓	**PSI 11 Postoperative Respiratory Failure Rate**	7/1/2020 - 6/30/2022	5.25	7.49	8.40	8.56	0.00	0.00	0.00	--	0.00	0.00	0.00
↓	**PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate**	7/1/2020 - 6/30/2022	2.78	3.60	3.59	3.97	0.00	0.00	0.00	--	0.00	0.00	0.00
↓	**PSI 13 Postoperative Sepsis Rate**	7/1/2020 - 6/30/2022	4.26	5.25	5.36	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00
↓	**PSI 14 Postoperative Wound Dehiscence Rate**	7/1/2020 - 6/30/2022	1.72	2.01	2.02	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00
↓	**PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate**	7/1/2020 - 6/30/2022	0.82	1.01	0.95	1.08	0.00	0.00	0.00	--	0.00	0.00	0.00
↓	**CLABSI Rate***	10/1/2022 - 9/30/2023	0.000	0.000	1.023	0.000	0.000	0.000	0.000	--	--	--	--
↓	**CAUTI Rate***	10/1/2022 - 9/30/2023	0.000	0.263	0.812	0.000	1.271	0.000	0.000	--	--	--	--
↓	**SSI COLON Surgical Site Infection Rate***	10/1/2022 - 9/30/2023	0.00	1.34	2.85	--	--	--	--	--	--	--	--
↓	**SSI HYST Surgical Site Infection Rate***	10/1/2022 - 9/30/2023	0.00	0.00	1.06	--	--	--	--	--	--	--	--
↓	**MRSA Rate***	10/1/2022 - 9/30/2023	0.000	0.000	0.058	0.000	0.000	0.000	0.000	--	--	--	--
↓	**CDIFF Rate***	10/1/2022 - 9/30/2023	0.000	0.144	0.162	0.000	0.000	0.000	0.000	--	--	--	--

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⬆	**SMB: Sepsis Management Bundle**	10/1/2022-9/30/2023	81%	60%	62%	87%	65%	66%	52%	0%	0%	0%	0%
	Monitoring Measures-Survey of Patient's Experience												
⬆	**Patients who reported that their nurses "Always" communicated well**	10/1/2022-9/30/2023	87.0%	42.7%	79.0%	78.0%	91.0%	81.0%	93.0%	--	--	--	--
⬇	**Patients who reported that their nurses "Usually" communicated well**	10/1/2022-9/30/2023	11.0%	51.4%	15.8%	17.0%	8.0%	15.0%	5.0%	--	--	--	--
⬇	**Patients who reported that their nurses "Sometimes" or "Never" communicated well**	10/1/2022-9/30/2023	2.0%	5.9%	5.2%	5.0%	1.0%	4.0%	2.0%	--	--	--	--
⬆	**Patients who reported that their doctors "Always" communicated well**	10/1/2022-9/30/2023	88.0%	8.7%	79.2%	80.0%	91.0%	78.0%	87.0%	--	--	--	--
⬇	**Patients who reported that their doctors "Usually" communicated well**	10/1/2022-9/30/2023	10.0%	70.9%	15.3%	14.0%	7.0%	14.0%	10.0%	--	--	--	--
⬇	**Patients who reported that their doctors "Sometimes" or "Never" communicated well**	10/1/2022-9/30/2023	2.0%	20.4%	5.5%	6.0%	2.0%	8.0%	3.0%	--	--	--	--
⬆	**Patients who reported that they "Always" received help as soon as they wanted**	10/1/2022-9/30/2023	81.0%	6.1%	66.5%	66.0%	83.0%	81.0%	74.0%	--	--	--	--
⬇	**Patients who reported that they "Usually" received help as soon as they wanted**	10/1/2022-9/30/2023	16.0%	61.1%	23.5%	25.0%	13.0%	13.0%	17.0%	--	--	--	--
⬇	**Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted**	10/1/2022-9/30/2023	3.0%	13.9%	9.9%	9.0%	4.0%	6.0%	9.0%	--	--	--	--
⬆	**Patients who reported that staff "Always" explained about medicines before giving it to them**	10/1/2022-9/30/2023	72.0%	20.1%	61.2%	58.0%	75.0%	71.0%	80.0%	--	--	--	--
⬇	**Patients who reported that staff "Usually" explained about medicines before giving it to them**	10/1/2022-9/30/2023	17.0%	61.0%	19.6%	21.0%	12.0%	29.0%	13.0%	--	--	--	--
⬇	**Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them**	10/1/2022-9/30/2023	11.0%	18.8%	19.2%	21.0%	13.0%	0.0%	7.0%	--	--	--	--
⬆	**Patients who reported that their room and bathroom were "Always" clean**	10/1/2022-9/30/2023	85.0%	79.0%	72.0%	85.0%	71.0%	90.0%	91.0%	--	--	--	--
⬇	**Patients who reported that their room and bathroom were "Usually" clean**	10/1/2022-9/30/2023	12.0%	16.4%	17.4%	13.0%	23.0%	6.0%	8.0%	--	--	--	--
⬇	**Patients who reported that their room and bathroom were "Sometimes" or "Never" clean**	10/1/2022-9/30/2023	3.0%	4.6%	10.6%	2.0%	6.0%	4.0%	1.0%	--	--	--	--

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⬆	Patients who reported that the area around their room was "Always" quiet at night	10/1/2022-9/30/2023	76.0%	72.6%	63.9%	71.0%	71.0%	67.0%	80.0%	--	--	--	--
⬇	Patients who reported that the area around their room was "Usually" quiet at night	10/1/2022-9/30/2023	21.0%	18.1%	27.1%	23.0%	24.0%	24.0%	17.0%	--	--	--	--
⬇	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/1/2022-9/30/2023	3.0%	9.4%	9.0%	6.0%	5.0%	9.0%	3.0%	--	--	--	--
⬆	Patients who reported that YES, they were given information about what to do during their recovery at home	10/1/2022-9/30/2023	91.0%	29.3%	86.9%	89.0%	92.0%	92.0%	91.0%	--	--	--	--
⬇	Patients who reported that NO, they were not given information about what to do during their recovery at home	10/1/2022-9/30/2023	90.0%	9.7%	13.1%	11.0%	8.0%	8.0%	9.0%	--	--	--	--
⬆	Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2022-9/30/2023	62.0%	15.5%	49.9%	52.0%	60.0%	49.0%	60.0%	--	--	--	--
⬇	Patients who "Agree" they understood their care when they left the hospital	10/1/2022-9/30/2023	35.0%	79.3%	43.5%	42.0%	37.0%	44.0%	35.0%	--	--	--	--
⬇	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2022-9/30/2023	3.0%	5.2%	6.5%	6.0%	3.0%	7.0%	5.0%	--	--	--	--
⬆	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/1/2022-9/30/2023	84.0%	24.8%	70.4%	75.0%	78.0%	81.0%	89.0%	--	--	--	--
⬇	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/1/2022-9/30/2023	13.0%	10.1%	19.5%	17.0%	17.0%	10.0%	9.0%	--	--	--	--
⬇	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2022-9/30/2023	3.0%	65.1%	10.1%	8.0%	5.0%	9.0%	2.0%	--	--	--	--
⬆	Patients who reported YES, they would definitely recommend the hospital	10/1/2022-9/30/2023	83.0%	69.2%	68.0%	73.0%	78.0%	67.0%	90.0%	--	--	--	--
⬇	Patients who reported YES, they would probably recommend the hospital	10/1/2022-9/30/2023	15.0%	24.7%	25.2%	22.0%	19.0%	28.0%	8.0%	--	--	--	--
⬇	Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2022-9/30/2023	2.0%	6.1%	6.8%	5.0%	3.0%	5.0%	2.0%	--	--	--	--
	Monitoring Measures-Colonoscopy Followup %												
⬆	OP29 Avg Risk Polyp Surveillance	1/1/2022-12/31/2022	100.0	91.3	75.8	--	--	88.0	--	--	--	--	--
⬆	OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--	--	--

JCMC includes NsCH/WPH, LPH includes NCH/MVRM

CAH- Critical Access Hospital

Note: Comparison reports are calculated from Hospital Compare flat files.

-- Insufficient cases or does not apply

*Percentile rankings (10th,50th,75th,90th) discontinued after national transition to SIRS

Desired Performance		Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	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
	Monitoring Measures-Stroke Care %												
⬆	**STK4 Thrombolytic Therapy**	RETIRED	--	--	--	--	--	--	--	--	--	--	--
	Monitoring Measures-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	--	--	--	--	--	--	--	--	--	--	--
	Monitoring Measures-Emergency Department Throughput												
⬇	**Median Time from ED Arrival to Transport for Admitted Patients (ED1)**	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇	**ED2b ED Decision to Transport**	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇	**OP18b Avg time ED arrival to discharge**	10/1/2022 - 9/30/2023	101.0	163.0	159.0	139.0	131.0	102.0	139.0	116.0	119.0	127.0	118.0
⬇	**OP20 Door to Diagnostic Evaluation**	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇	**OP21 Time to pain medicaton for long bone fractures**	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇	**OP22 Left without being seen**	1/1/2022 - 12/31/2022	0.00	3.00	1.69	2.00	2.00	1.00	1.00	2.00	0.00	1.00	1.00
⬆	**OP-23 Head CT results**	10/1/2022- 9/30/2023	92.0%	70.7%	62.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Monitoring Measures-Preventive Care %												
⬆	**IMM-3 Healthcare workers given influenza vaccination**	10/1/2022- 9/30/2023	97%	78%	97%	95%	94%	95%	96%	0%	97%	0%	97%

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Desired Performance	BalladHealth It's your story. We're listening.	Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	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
⬆	IMM-2 Influenza immunization	RETIRED	--	--	--	--	--	--	--	--	--	--	--
	Monitoring Measures-Blood Clot Prevention/Treatment												
⬇	VTE5 Warfarin Therapy at Discharge - Voluntary Reporting	RETIRED	--	--	--	--	--	--	--	--	--	--	--
⬇	VTE6 HAC VTE - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--	--
	Monitoring Measures-Pregnancy and Delivery Care %												
⬇	PC-01 Elective Delivery	10/1/2022-9/30/2023	0.0%	2.6%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Monitoring Measures-Surgical Complications Rate												
⬇	Hip and Knee Complications	7/1/2020-3/31/2023	0.03	0.04	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
⬇	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	7/1/2020 - 6/30/2022	147.29	162.69	203.16	0.00	0.00	0.00	0.00	--	0.00	0.00	0.00
⬇	PSI90 Complications / patient safety for selected indicators	7/1/2020 - 6/30/2022	0.82	1.00	0.93	0.97	0.00	0.00	0.00	--	0.00	0.00	0.00
	Monitoring Measures-Readmissions 30 Days Rate%												
⬇	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	7/1/2020-6/30/2023	12.6%	13.7%	14.5%	--	--	--	--	--	--	--	--
⬇	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	7/1/2020-6/30/2023	9.7%	10.7%	11.1%	--	--	--	--	--	--	--	--
⬇	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	7/1/2020-6/30/2023	17.4%	18.5%	18.4%	17.9%	19.3%	--	--	--	--	--	--
⬇	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7/1/2020-6/30/2023	3.8%	4.5%	4.7%	--	--	--	--	--	--	--	--
⬇	READM30HF Heart Failure 30Day readmissions rate	7/1/2020-6/30/2023	18.3%	19.8%	20.5%	19.0%	21.9%	--	--	--	--	--	--
⬇	READM30PN Pneumonia 30day readmission rate	7/1/2020-6/30/2023	15.3%	16.4%	17.1%	15.6%	17.3%	--	16.3%	--	--	--	--

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-- Insufficient cases or does not apply

*Percentile rankings (10th,50th,75th,90th) discontinued after national transition to SIRS

Desired Performance	BalladHealth It's your story. We're listening.	Discharge Dates	Top 10% in the Nation	National Average	Ballad Health	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
⬇ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission		7/1/2020-6/30/2023	13.8%	14.6%	14.8%	14.5%	15.4%	14.4%	14.1%	--	--	--	--
Monitoring Measures-Mortality 30 Days Death Rate %													
⬇ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate		7/1/2020-6/30/2023	11.0%	12.6%	14.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
⬇ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate		7/1/2020-6/30/2023	2.1%	2.8%	3.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
⬇ MORT30 COPD 30day mortality rate COPD patients		7/1/2020-6/30/2023	7.6%	9.4%	10.0%	8.0%	10.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
⬇ MORT30HF Heart failure 30day mortality rate		7/1/2020-6/30/2023	9.3%	11.8%	14.5%	13.9%	15.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
⬇ MORT30PN Pneumonia 30day mortality rate		7/1/2020-6/30/2023	14.2%	11.9%	18.9%	16.5%	19.0%	0.0%	19.4%	0.0%	0.0%	0.0%	0.0%
⬇ MORT30STK Stroke 30day mortality rate		7/1/2020-6/30/2023	11.5%	17.9%	15.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Monitoring Measures-Use of Medical Imaging Outpatient													
OP-8 MRI Lumbar Spine for Low Back Pain		7/1/2022 - 6/30/2023	29.7%	36.2%	39.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
OP-10 Abdomen CT Use of Contrast Material		7/1/2022 - 6/30/2023	1.4%	58.0%	4.8%	2.1%	3.5%	4.9%	2.8%	3.6%	0.0%	7.3%	2.1%
OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery		7/1/2022 - 6/30/2023	1.4%	37.0%	3.5%	5.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

JCMC includes NsCH/WPH, LPH includes NCH/MVRM

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-- Insufficient cases or does not apply

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ATTACHMENT 4

Published Reports from Research Projects

In FY24 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, Fortingo N, Franklin E. Ergonomics. 2024 Feb 12. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan–. PMID: 35593858. [Ergonomics](#)

2. Alhajj M, Babos M. Physiology, Salivation. 2023 Jul 24. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan–. PMID: 31194408. [Physiology, Salivation](#)

3. Varcoe RL, DeRubertis BG, Kolluri R, Krishnan P, Metzger DC, Bonaca MP, Shishehbor MH, Holden AH, Bajakian DR, Garcia LA, Kum SWC, Rundback J, Armstrong E, Lee JK, Khatib Y, Weinberg I, Garcia-Garcia HM, Ruster K, Teraphongphom NT, Zheng Y, Wang J, Jones-McMeans JM, Parikh SA; LIFE-BTK Investigators. Drug- Eluting Resorbable Scaffold versus Angioplasty for Infrapopliteal Artery Disease. N Engl J Med. 2024 Jan 4;390(1):9-19. doi: 10.1056/NEJMoa2305637. Epub 2023 Oct 25. PMID: 37888915. [Drug-Eluting Resorbable Scaffold versus Angioplasty for Infrapopliteal Artery Disease](#)

4. Knisley C, Baumrucker SJ. Eleology- A Modest Proposal. Am J Hosp Palliat Care. 2024 Jun;41(6):581-582. doi: 10.1177/10499091231198215. Epub 2023 Sep 13. PMID: 37703334. [Eleology- A Modest Proposal](#)

5. Singh S, Peshin S, Larsen A, Gowin K. Optimizing Care: Integrative Oncology in Myeloproliferative Neoplasm. Curr Oncol Rep. 2024 Jul 5. doi: 10.1007/s11912-024-01568-9. Epub ahead of print. PMID: 38967863. [Optimizing Care: Integrative Oncology in Myeloproliferative Neoplasm](#)

6. Zaskey M, Seely KD, Hansen M, Collins HE, Burns A, Burns B. Outcomes after stairway falls in a rural Appalachian trauma center. Surgery. 2023 Sep;174(3):626-630. doi: 10.1016/j.surg.2023.05.006. Epub 2023 Jun 27. Erratum in: Surgery. 2024 Aug;176(2):549. doi: 10.1016/j.surg.2024.05.022. PMID: 37380572. [Outcomes After Stairway Falls in a Rural Appalachian Trauma Center](#)

7. 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. 2023 Nov;40(11):1285-1291. doi: 10.1177/10499091221139823. Epub 2022 Nov 12. PMID: 36373275. [Ethics Roundtable: Advance Directives, Autonomy, and Gastrostomy Placement](#)

8. Lanier C, Melton TC. Oteseconazole for the Treatment of Recurrent Vulvovaginal Candidiasis: A Drug Review. Ann Pharmacother. 2024 Jun;58(6):636-644. doi: 10.1177/10600280231195649. Epub 2023 Aug 31. PMID: 37650387. [Oteseconazole for the Treatment of Recurrent Vulvovaginal Candidiasis: A Drug Review](#)

9. Stone GW, Kereiakes DJ, Gori T, Metzger DC, Stein B, Erickson M, Torzewski J, Kabour A, Piegari G, Cavendish J, Bertolet B, Stockelman KA, West NEJ, Ben- Yehuda O, Choi JW, Marx SO, Spertus JA, Ellis SG; ABSORB IV Investigators. 5-Year Outcomes After Bioresorbable Coronary Scaffolds Implanted With Improved Technique. J Am Coll Cardiol. 2023 Jul 18;82(3):183-195. doi: 10.1016/j.jacc.2023.05.003. Epub 2023 May 17. PMID: 37207924. [5-Year Outcomes After Bioresorbable Coronary Scaffolds Implanted With Improved Technique](#)

10. Archer AD, McBride ME, Fullagar TM, Burns JB, Lawson CM. Sunken Skin Flap Syndrome: Neurological Dysfunction After Decompressive Craniectomy. Am Surg. 2023 Jul;89(7):3267-3269. doi: 10.1177/00031348231157907. Epub 2023 Feb 23. PMID: 36815669. [Sunken Skin Flap Syndrome: Neurological Dysfunction After Decompressive Craniectomy](#)

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. Wang Y, Wang Y, Plummer E, Chernew ME, Anderson G, Bai G. Facility Fees for Colonoscopy Procedures at Hospitals and Ambulatory Surgery Centers. JAMA Health Forum. 2023 Dec 1;4(12):e234025. doi: 10.1001/jamahealthforum.2023.4025. PMID: 38100094; PMCID: PMC10724760. Facility Fees for Colonoscopy Procedures at Hospitals and Ambulatory Surgery Centers

13. Musick AN, Kim DY, Baumrucker SJ. Post-radiation lichen planus: a case report and review of the literature. J Med Case Rep. 2024 Mar 31;18(1):195. doi: 10.1186/s13256-024-04389-3. PMID: 38555437; PMCID: PMC10981816. Post-radiation lichen planus: a case report and review of the literature

14. Goldsmith N, Sullivan M, Cole SW, Mathen G, Polis N, Sisodiya D, Tanner T, Wagner J, Flynn AJ. A facility-level self-assessment of Autonomous Pharmacy Framework levels. Am J Health Syst Pharm. 2024 Apr 19;81(9):e240-e248. doi: 10.1093/ajhp/zxad329. PMID: 38146919. A facility-level self-assessment of Autonomous Pharmacy Framework levels

15. Al Qadire M, Ballad CAC, Aljezawi M, Al Omari O, Alaloul F, Musa A, Al Sabei S, Khalaf A. Nurses' knowledge of chemotherapy-induced neutropenia and its management: a cross-sectional survey. J Cancer Res Clin Oncol. 2023 Jul;149(7):2893-2901. doi: 10.1007/s00432-022-04140-9. Epub 2022 Jul 12. PMID: 35819525; PMCID: PMC10314866. Nurses' knowledge of chemotherapy-induced neutropenia and its management: a cross-sectional survey

16. Heard MA, Suresh S, Leonard M, Burns JB. Poor Outcomes of Patients From Delayed Care After Ground Level Falls. Am Surg. 2023 Jul;89(7):3153-3156. doi: 10.1177/00031348231161706. Epub 2023 Mar 6. PMID: 36876596. Poor Outcomes of Patients From Delayed Care After Ground Level Falls

17. Jagadish A, Hiremagalur S, Khan A. A Case of Saphenous Vein Graft Aneurysm Treated With Percutaneous Coiling. Cureus. 2023 Nov 22;15(11):e49262. doi: 10.7759/cureus.49262. PMID: 38143671; PMCID: PMC10746493. A Case of Saphenous Vein Graft Aneurysm Treated With Percutaneous Coiling

18. 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

19. Sonar N, Sadiq Z, Kaur G, Pervaze S, Cook N. A Case of Budd-Chiari Syndrome Secondary to Tumor Thrombosis. Cureus. 2024 Mar 1;16(3):e55330. doi: 10.7759/cureus.55330. PMID: 38562314; PMCID: PMC10982124. A Case of Budd-Chiari Syndrome Secondary to Tumor Thrombosis

20. Holder MW, Leonard MA, Collins HW, Brogan AA, Burns JB. Impact of Trauma Resuscitation Emergency Care Nurse Deployment in Trauma Activations in a Rural Trauma Center. J Trauma Nurs. 2023 Jul-Aug 01;30(4):228-234. doi: 10.1097/JTN.0000000000000733. PMID: 37417674. Impact of Trauma Resuscitation Emergency Care Nurse Deployment in Trauma Activations in a Rural Trauma Center

21. Lanier C, Melton T, Salwan A, Jenkins M, Morelock R, Allen C, Stewart D. Describing the decision process of post-operative opioid and pain prescribing patterns in orthopedic and general surgeons. J Opioid Manag. 2023 Jul-Aug;19(4):301-311. doi: 10.5055/jom.2023.0787. PMID: 37644788. Describing the decision process of post-operative opioid and pain prescribing

patterns in orthopedic and general surgeons

22. Schult RF, Maynard KM, Corvelli JM, Rappaport S, McKinney B, Clarkson T, Wiegand TJ, Malcho J, Acquisto NM. Low-dose Initiation of Buprenorphine in Hospitalized Patients on Full Agonist Opioid Therapy: A Retrospective Observational Study. J Addict Med. 2023 Nov-Dec 01;17(6):685-690. doi: 10.1097/ADM.0000000000001214. Epub 2023 Aug 18. PMID: 37934532. Low-dose Initiation of Buprenorphine in Hospitalized Patients on Full Agonist Opioid Therapy: A Retrospective Observational Study

23. 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 Sep;89(9):3906-3907. doi: 10.1177/00031348231175093. Epub 2023 May 12. PMID: 37177809. Surgical Repair of Idiopathic Mid-Forearm Radial Artery Aneurysm Using a Reversed Greater Saphenous Vein Interposition Graft

24. Hale N, Dehlendorf C, Smith MG, Stapleton J, McCartt P, Khoury AJ. Contraceptive counseling, method satisfaction, and planned method continuation among women in the U.S. southeast. Contraception. 2024 Apr;132:110365. doi: 10.1016/j.contraception.2024.110365. Epub 2024 Jan 11. PMID: 38215919. Contraceptive counseling, method satisfaction, and planned method continuation among women in the U.S. southeast

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26. Kobayashi T, Secemsky EA, Klein AJ, Faintuch S, Bulman JC, Weinstein JL, Bitton-Faiwiszewski Y, Bisharat M, Metzger DC, Rosenberg RD, Weinberg I, Vadlamudi V, Matthai WH Jr, Saleh A, Cristea E, Lansky AJ, Giri J. A Safety and Feasibility Single-Arm Study of a Novel Catheter Thrombectomy Device for the Treatment of Pulmonary Embolism (ENGULF). J Soc Cardiovasc Angiogr Interv. 2024 May 3;3(6):102049. doi: 10.1016/j.jscai.2024.102049. PMID: 39132596; PMCID: PMC11307881. A Safety and Feasibility Single-Arm Study of a Novel Catheter Thrombectomy Device for the Treatment of Pulmonary Embolism (ENGULF)

27. Amin R, Mansabdar A, Gu H, Gangineni B, Mehta N, Patel H, Patel N, Laller S, Vinayak S, Abdulqader MA, Jain H, Rekhraj AS, Adimoulame H, Singh G, Moonjely Davis J, Patel U, Gill H. Mucosa-Associated Lymphoid Tissue Surgeries as a Possible Risk for Inflammatory Bowel Disease: A Systematic Review and Meta- Analysis. Gastroenterology Res. 2024 Apr;17(2):90-99. doi: 10.14740/gr1672. Epub 2024 Apr 30. PMID: 38716286; PMCID: PMC11073456. Mucosa-Associated Lymphoid Tissue Surgeries as a Possible Risk for Inflammatory Bowel Disease: A Systematic Review and Meta-Analysis

28. Brahmbhatt VV, Leonard M, Burns B. Evaluating Staffing Guidelines Using Trauma Volume by Season, Day, and Time of Day at a Level 1 Trauma Center in Rural Appalachia. Cureus. 2024 May 31;16(5):e61429. doi: 10.7759/cureus.61429. PMID: 38953080; PMCID: PMC11215934. Evaluating Staffing Guidelines Using Trauma Volume by Season, Day, and Time of Day at a Level 1 Trauma Center in Rural Appalachia

ATTACHMENT 5

Comparison of Financial Ratios

Ballad Health

Consolidated
Statement of Revenue and Expense
For the Month Ended June 30, 2024

	FY24 Total
Patient Revenue	
Inpatient	5,270,985,176
Outpatient	6,947,098,743
Total Patient Revenue	**12,218,083,920**
Deductions From Revenue	
Revenue Deductions	9,437,490,841
Charity	135,574,266
Uninsured Discounts	243,527,418
Total Deductions	**9,816,592,524**
Net Patient Revenue	**2,401,491,396**
Other Operating Revenue	120,134,702
Total Operating Revenue	**2,521,626,098**
Operating Expense	
Salaries & Wages	759,501,581
Provider Salaries	188,046,322
Contract Labor - Providers	41,852,320
Contract Labor - Other	99,533,814
Team Member Benefits	150,443,347
Professional Fees	356,336,798
Drugs & Supplies	506,197,233
Other Expense	219,667,613
Depreciation & Amortization	142,691,755
Interest & Taxes	55,083,155
Total Operating Expense	**2,519,353,938**
Net Operating Income before Support Allocation	**2,272,160**
Support Allocation - Labor Expense	(0)
Support Allocation - Other	0
Net Operating Income after Support Allocation	**2,272,160**
Net Investment Income	38,668,229
Realized Gain on Investments	34,879,853
Gain / (Loss) from Affiliates	4,131,114
Gain / (Loss) on Discontinued Operations & Disposal	792,328
Gain / (Loss) on Extinguishment of LTD / Derivatives	13,163
Minority Interest	129,758

Other Non Operating Income / (Expense)	(3,658,895)
Total Non Operating Income / (Expense)	**74,955,551**
Total Revenue Over Expense Before CFV of Derivatives	**77,227,711**
Change in Fair Value of Interest Rate Swaps	2,503,838
Total Excess Revenue Over Expense	**79,731,548**
Net Unrealized Gain / (Loss) on Investments	62,769,194
Increase in Unrestricted Net Assets	**142,500,742**
EBITDA (Operations)	**200,047,070**
EBITDA (Operations) as % of Net Patient Revenue	8.3%
Operating Margin	0.1%
EBITDA	**274,989,458**
EBITDA as % of Net Patient Revenue	11.5%
Total Margin	3.1%

Ballad Health
Consolidated
Key Operating Indicators
For the Month Ended June 30, 2024

	Year to Date Actual
Operating Statistics	
Average Daily Census (Hospital)	1,162
Occupancy Percent (Hospital)	45.7%
Patient Days (Hospital)	425,229
Discharges (Hospital)	87,280
Observation Visits	22,594
Observation Visits (excl OB)	22,462
Acute Discharges and Observation Visits (excl OB)	104,032
Obs Visits (excl OB) % of Obs Visits (excl OB) & Acute Disch	21.6%
Observation (excl OB) % of Occupancy	1.8%
Outpatient Visits	3,035,782
Telehealth Visits	43,067
Urgent Care Visits	221,674
Emergency Department Visits	388,535
Surgery Cases - Inpatient	18,059
Surgery Cases - Outpatient	33,274
Surgery Cases - ASC	2,853
Revenue by Source	
Medicare	19.0%
Managed Medicare	37.1%
Medicaid/TennCare	14.9%
Managed Care	21.7%
Self Pay	4.0%
Other	3.3%
Labor Management	
Employed Full Time Equivalents	10,435
Contract Full Time Equivalents	530
Total Full Time Equivalents (excl Providers)	10,964
Employed Provider Full Time Equivalents	787
Contract Provider Full Time Equivalents	59
Total Provider Full Time Equivalents	846
Full Time Equivalents	**11,810**
Average Hourly Rate (excl Providers & Cont Lbr)	$34.80
Salary Expense per FTE (excl Providers & Cont Lbr)	$72,787
Patient Resource Management	
Overall Medicare Average Length of Stay	4.80
Overall Average Length of Stay	4.87

Acute Medicare Average Length of Stay - Acuity Adjusted	2.67
Acute Overall Average Length of Stay - Acuity Adjusted	2.92
Observation Average Length of Stay	0.77
Acute Medicare Case Mix Index	1.71
Acute Overall Case Mix Index	1.62

Ballad Health
Consolidated
Comparative Balance Sheet
As of June 30, 2024

	June 30, 2024
ASSETS	
Current Assets	
Cash and Cash Equivalents	67,332,448
Board Designated Funds COPA	0
Board Designated Funds Cooperative Agreement	1,367,613
Current Portion AWUIL	5,512,844
Accounts Receivable (Net)	290,084,547
Other Receivables	74,777,706
Due From Affiliates	982
Due From Third Party Payors	0
Inventories	52,882,767
Prepaid Expense	18,748,191
	510,707,096
Assets Whose Use is Limited	183,941,314
Other Investments	1,412,517,960
Propery, Plant, and Equipment	
Land, Buildings, and Equipment	3,231,077,906
Less Allowances for Depreciation	(2,150,259,115)
	1,080,818,791
Other Assets	
Pledges Receivable	2,357,444
Long Term Compensation Investment	32,184,150
Investments in Unconsolidated Subsidiaries	16,426,556
Assets Held for Resale / Expansion	14,239,897
Investments in Subsidiaries	0
Goodwill	206,027,773
Deferred Charges and Other	40,784,552
	312,020,371
TOTAL ASSETS	**3,500,005,532**

LIABILITIES AND NET ASSETS	
Current Liabilities	
Accounts Payable and Accrued Expense	180,181,919
Accrued Salaries, Benefits, and PTO	157,174,111
Accrued Interest	19,078,489
Due to Affiliates	0
Due to Third Party Payors	28,719,602
Current Portion of Long Term Debt	67,219,741
	452,373,862
Other Non-Current Liabilities	
Long Term Compensation Payable	15,771,937
Long Term Debt	1,281,388,509
Estimated Fair Value of Interest Rate Swaps	4,213,950
Deferred Income	9,475,253
Professional Liability Self-Insurance and Other	46,971,718
	1,357,821,367
TOTAL LIABILITIES	**1,810,195,229**
Net Assets	
Restricted Net Assets	40,531,999
Unrestricted Net Assets	1,648,268,995
Noncontrolling Interests in Subsidiaries	1,009,309
	1,689,810,303
TOTAL LIABILITIES AND NET ASSETS	**3,500,005,532**

Ballad Health

Consolidated
Financial Performance Indicators
For the Period Ended June 30, 2024

	Fitch Median[1]	S&P Median[2]	Moody's Median[3]	FY24 Total
Profitability Ratios				
Total Margin[5]	1.7%	1.7%	2.4%	3.1%
Operating Margin	0.4%	0.4%	0.5%	0.1%
EBITDA to Revenue	7.9%	6.4%	7.5%	10.9%
Liquidity Ratios[7]				
Current Ratio[6]	N/A	N/A	1.8	1.2
Days in Patient A/R	45.4	43.7	48.6	44.2
Avg Payment Period	57.3	N/A	60.6	67.5
Total Days Cash on Hand	218.0	168.0	150.2	228.1
Capital Ratios[7]				
LT Debt to Capitalization[6]	36.7%	40.2%	35.3%	41.6%
Cash Flow to Total Debt[5,6]	20.4%	N/A	25.6%	18.1%
Debt Service Coverage	3.7	2.7	3.7	3.8
Productivity Ratios				
FTEs per AOB	N/A	N/A	N/A	3.47
Labor Exp / Net Patient Rev	56.0%	57.1%	N/A	51.6%

Notes
[1] Source: Fitch - Median Ratios for Nonprofit Hospitals and Healthcare Systems (August 2024)
[2] Source: S&P - US Not-for-Profit Health Care System Median Ratios (August 2024)
[3] Source: Moody's - Not-for-Profit Hospital Medians (August 2024)
[4] Source: 2025 Operating Budget
[5] Excludes Loss on Extinquishment of LTD
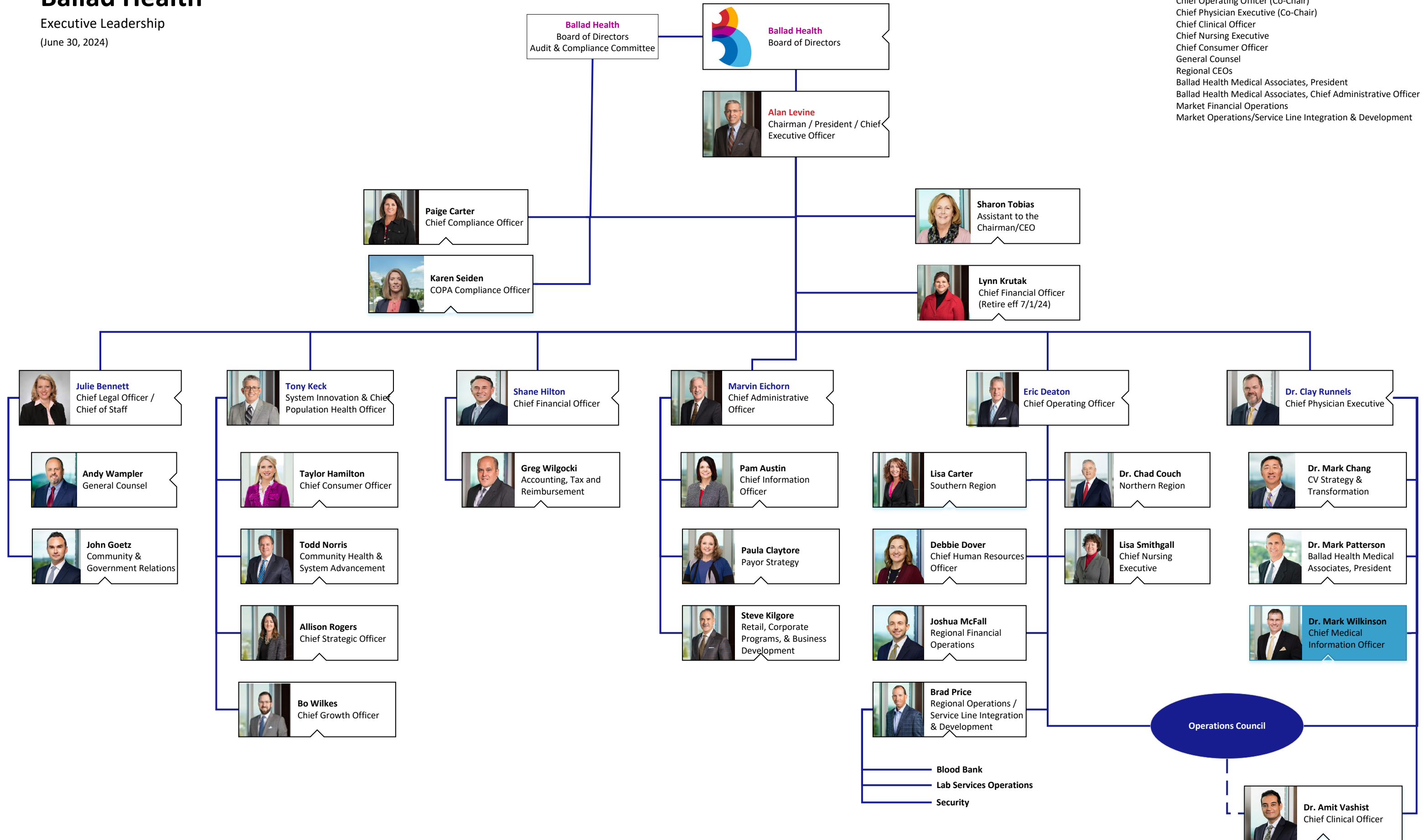[6] Norton Community Hospital and Johnston Memorial Hospital Debt is excluded

ATTACHMENT 6

Ballad Health Organizational Chart and Board of Directors

Ballad Health

Executive Leadership

(June 30, 2024)

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
Assistant to the Chairman/CEO

Karen Seiden
COPA Compliance Officer

Lynn Krutak
Chief Financial Officer
(Retire eff 7/1/24)

Julie Bennett
Chief Legal Officer / Chief of Staff

Tony Keck
System Innovation & Chief Population Health Officer

Shane Hilton
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

Greg Wilgocki
Accounting, Tax and Reimbursement

Pam Austin
Chief Information Officer

Lisa Carter
Southern Region

Dr. Chad Couch
Northern Region

Dr. Mark Chang
CV Strategy & Transformation

John Goetz
Community & Government Relations

Todd Norris
Community Health & System Advancement

Paula Claytore
Payor Strategy

Debbie Dover
Chief Human Resources Officer

Lisa Smithgall
Chief Nursing Executive

Dr. Mark Patterson
Ballad Health Medical Associates, President

Allison Rogers
Chief Strategic Officer

Steve Kilgore
Retail, Corporate Programs, & Business Development

Joshua McFall
Regional Financial Operations

Dr. Mark Wilkinson
Chief Medical Information Officer

Bo Wilkes
Chief Growth Officer

Brad Price
Regional Operations / Service Line Integration & Development

Operations Council

Blood Bank

Lab Services Operations

Security

Dr. Amit Vashist
Chief Clinical Officer

FY2024

Ballad Health Board of Directors

1. Alan Levine, Chair
2. Dr. Brian Noland, Vice/Chair Lead Independent Director
3. David Golden
4. Martin Kent
5. David Lester – Virginia – Treasurer
6. Dr. David May
7. Scott Niswonger – At Large
8. Aldo Noseda
9. Mike Quillen – Virginia
10. Dr. Marta Wayt
11. Keith Wilson – Virginia