

Executive Summary

INTRODUCTION

Ballad Health is in its seventh full year of operation under active supervision by the State of Tennessee and the Commonwealth of Virginia. Fiscal Year 2025 (FY25), covering the period from July 1, 2024, through June 30, 2025 (the Reporting Period), was marked by resilience, innovation, and a deepened commitment to improving health outcomes across Northeast Tennessee and Southwest Virginia.

Throughout this Reporting Period, Ballad Health continued to deliver the benefits prescribed in the statute, including maintaining and expanding access to essential care and services, delivering high quality 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 the Reporting Period. The annual report specifically addresses reporting requirements of the Terms of Certification (TOC) of the Tennessee Certificate of Public Advantage (COPA) and the Virginia Cooperative Agreement (CA).

Over the past seven years, Ballad Health has made significant strides in regional healthcare. The organization successfully reopened a previously closed hospital in Southwest Virginia, invested capital in critical infrastructure, expanded services where needed, and consolidated others where appropriate. We met the challenges of a global pandemic that claimed thousands of lives in our region and severely disrupted hospital operations. We coordinated care in the wake of Hurricane Helene and its devastating aftermath and worked closely with both the Tennessee Department of Health and Virginia Department of Health to respond to the evolving needs of the region. Notable examples include investments in mental health services, the opening of high-quality childcare centers, the creation of the Quillen Center for Urological Services, and the launch of a new dental clinic that has served thousands of uninsured Virginians.

Ballad Health has achieved these milestones while navigating national challenges, often responding faster and more effectively than other well-regarded hospitals and health systems. Current Google patient reviews reflect this performance, often surpassing those of institutions such as UVA, Carilion, University of Tennessee, Vanderbilt, Duke, and even Cleveland Clinic. Similarly, our emergency department performance outpaces those same hospitals on publicly reported metrics. Furthermore, a recent independent evaluation of physician access revealed that, while the rest of the nation has experienced a decline in physician supply, Ballad Health's rural region has either maintained or improved access in many specialties. This success is attributed to the organizations scale and ability to strategically target

needed specialties and populations. While national team member engagement scores in health care have declined in recent years, Ballad Health's scores have improved in a material way. This improvement may help explain why our nursing turnover is now at its lowest in history at 12.6%, below the national averages. These objective data points, taken individually are impressive. Together, they demonstrate a clear and measurable advantage for the communities we serve, particularly when evaluated against the benefits enumerated in law.

FY25 RURAL HEALTHCARE LANDSCAPE

During FY25, the healthcare industry continued to endure a range of challenges against the backdrop of a highly inflationary economy, which had a disproportionate effect on rural health systems like Ballad Health. New federal legislation signed on July 4, 2025, includes future funding cuts that are expected to further strain rural providers. These challenges include:

- **Disproportionate impact due to social determinant issues:** Rural communities tend to experience higher rates of chronic illness and poverty. Additionally, 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.
- **Disproportionately 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 22% of inpatients covered by commercial insurance coverage, making the region one of the more financially challenged in the nation. Medicare and Medicaid have historically reimbursed below the actual cost of care, a problem exacerbated by the rapid inflationary pressures affecting hospitals. Even if Ballad Health 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 generate sufficient revenue to offset the growing losses from Medicare and Medicaid. Other hospitals and health systems with stronger payer mixes than Ballad Health have reported losses, and these challenges have been widely documented.
- **Staffing Challenges:** Workforce shortages, particularly among nurses and a wide range of clinical staff, continued to be a top concern, both nationally and locally. Ballad Health took decisive action on wages and benefits last year and has maintained a strong focus on workforce development. These efforts have led to continued improvement in Ballad Health's nursing retention, reflected in a 12.6% turnover rate for FY25, compared to national averages that remain closer to 15%.

BALLAD HEALTH FY25 SUMMARY

Ballad Health is committed to meeting the requirements outlined by the TOC and CA.

Progress in these areas is documented in the accompanying annual report. In addition, Ballad Health achieved several notable accomplishments, that while not required under the COPA, are direct benefits of the merger and further evidence of Ballad Health's benefit to the communities it serves.

At a Glance

In FY25, 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 included:

- Partnering with the Tennessee Center for Nursing Advancement, the ETSU Research Corporation, East Tennessee State University (ETSU) College of Nursing, and StoryCollab on the Nursing Narrative Initiative. This project highlights the voices and experiences of nurses across the region, aiming to inspire future professionals and support current staff through storytelling and reflection. Additionally, investing in Ballad Health team members by launching B Excellent to strengthen our culture through continuous learning, skill-building, and team member engagement.
- More than \$65 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 \$128 million, the highest level in our history. This included investments in new diagnostic and treatment technology, equipment upgrades, facility improvements, information technology, and the continued expansion of Niswonger Children's Hospital.

Hurricane Helene

Hurricane Helene tragically struck on September 27, 2024, causing catastrophic flooding throughout the Appalachian Highlands. Floodwaters from Hurricane Helene permanently destroyed Unicoi County Hospital and caused significant disruption to several other facilities. At Greeneville Community Hospital, Sycamore Shoals Hospital, Johnson County Hospital and Laughlin Healthcare services had to be suspended and patients relocated due to flood-related damage and safety concerns. Thanks to Ballad Health's integrated system, coordinated emergency response, and the dedication of our team members, all patients were safely evacuated to other facilities.

In response, Ballad Health quickly established a 24/7 advanced urgent care clinic in Erwin, Tennessee, to ensure continued access to critical healthcare services for the community.

Building the Next Generation of Healthcare Leaders

In 2024, Ballad Health partnered with Bloomberg Philanthropies, local schools and colleges to launch the first-of-its-kind Ballad Health Academy, designed to address the

national healthcare workforce shortage while creating new opportunities for Appalachian Highlands students. Through the innovative “school-within-a-school” model, recently highlighted in national media including the Wall Street Journal, high school students can graduate as Licensed Practical Nurses (LPNs), positioning them for high-paying jobs immediately after graduation while also earning college credit toward advanced degrees.

In FY25, the program’s first year, 218 students enrolled across seven schools in six districts throughout the Appalachian Highlands, exceeding the initial grant goal to enroll 125 students. With a \$15 million investment from Bloomberg Philanthropies as part of a broader \$250 million national initiative, Ballad Health serves as the rural pilot for one of only 10 projects nationwide.

Ballad Health Academy plans to expand to additional schools and career pathways, including healthcare technology and finance, creating a scalable model that is drawing national attention and helping to secure the region’s healthcare future.

Strengthening Rural Access Through Strategic Workforce Planning

Ballad Health is taking a proactive approach to protecting care in rural Appalachia. To guide this effort, Ballad Health engaged PYA, a nationally recognized healthcare consulting firm, to conduct a detailed provider needs assessment. This process closely examines the supply and demand for physicians and advanced practice providers in the region and helps guide recruitment where shortages are most severe, and ensures we meet federal requirements.

Nationally, the projected shortage of primary care physicians by 2030 ranges from 27,300 to 40,300, According to the Association of American Medical Colleges (AAMC) and other workforce studies. This makes Ballad Health’s forward-looking strategy especially critical for rural regions.

Since 2018, Ballad Health has recruited more than 800 providers, including 100 in primary care, helping to close important gaps across the region. Between 2022 and 2025, general primary care adequacy improved from 62% to 72%, and eight of 12 specialties also showed measurable progress.

Ballad Health’s access and quality metrics now outperform many national peers. Only 1% of emergency room patients leave before being seen, compared to 6 to 8% at other emergency rooms. Discharge times are up to 100 minutes faster than leading academic medical centers and sepsis care compliance ranks among the best in the country.

These results show Ballad Health’s commitment to listening to our communities, recruiting where it matters most, and building the strong healthcare workforce the Appalachian Highlands relies on.

The Nurse Narratives Initiative

The Nurse Narratives Initiative was launched in June 2024 through a partnership between Ballad Health, the Tennessee Center for Nursing Advancement, the ETSU Research Corporation, ETSU College of Nursing, and StoryCollab. The initiative was developed in direct response to the ongoing challenges affecting the nursing workforce, including high turnover, pandemic-related training gaps, and compassion fatigue.

Using trauma-informed digital storytelling and structured reflection, the initiative provides opportunities for nurses, faculty, and students to share their experiences, process stress, and build resilience. Its overarching goal is to embed empathy and reflective practice as core competencies in nursing education and healthcare delivery, while creating a library of authentic first-person digital stories that can enhance recruitment.

Program components include digital storytelling workshops, online reflection sessions, faculty and empathy-based curriculum development, the production of a documentary film, and the creation of asynchronous resources and discussion guides for hospital teams to use.

Links to a sample of stories made in the workshops:

[My Calling, by Mandy Rust](#) (Ballad Health nurse, Bristol Regional)

[Redefining Purpose, by Amber Arsenault](#) (ETSU faculty)

Quality of Care – Recognition from Independent Organizations:

Ballad Health hospitals achieved national recognition for quality and safety from several respected national organizations, including U.S. News & World Report, the American Medical Association, and the American Heart Association. The Blue Cross and Blue Shield Association designated multiple Ballad Health hospitals as “Blue Distinction Centers” in service areas such as cardiology, hip and knee replacement, and maternity care. In addition, they highlight only five hospitals in Tennessee as “Blue Distinction Centers in Quality and Value” for cardiology services, with two of the five hospitals being Ballad Health facilities.

Leading Innovation in Physician Well-Being

Ballad Health Medical Associates has earned bronze-level national recognition from the American Medical Association as a Joy in Medicine® Health System organization for taking meaningful steps to address physician burnout and promote well-being across the Appalachian Highlands. Ballad Health Medical Associates is the only organization in Tennessee to receive Joy in Medicine recognition for the 2025-2026 cycle, with only four organizations in Virginia achieving this distinction.

This recognition reflects Ballad Health’s commitment to creating a supportive and efficient work environment for physicians and advanced practice providers, an essential strategy for improving care quality and access in rural communities.

Cardiovascular Excellence Continues to Set National Standards

Holston Valley Medical Center continues to lead the nation in cardiovascular care, cementing Ballad Health's reputation as a destination for exceptional cardiac treatment. For 2025, Healthgrades named Holston Valley one of America's 50 Best Hospitals for Vascular Surgery for the sixth consecutive year and ranked it No. 1 in Tennessee for vascular surgery. Holston Valley also earned the Vascular Surgery Excellence Award™ and received five-star ratings for several critical procedures, including abdominal aorta repair, carotid surgery (achieving this distinction for the 16th year in a row), and peripheral vascular bypass.

Holston Valley and Bristol Regional Medical Center earned the Platinum Performance Achievement Award from the American College of Cardiology (ACC) for excellence in heart attack care through the chest pain, MI Registry. Johnston Memorial Hospital received the Silver Performance Achievement Award, recognizing its commitment to evidence-based care and improved outcomes for patients experiencing acute myocardial infarction.

These honors reflect the dedication of Ballad Health's clinical teams to consistently deliver high-quality, guideline-driven care that improves survival rates and long-term outcomes for heart patients across the Appalachian Highlands.

Recognition Spanning Our Entire Health System

U.S. News & World Report 2025–2026 National and Regional Distinctions:

- Holston Valley Medical Center named a "Best Regional Hospital" and ranked No. 9 in Tennessee, earning "high performing" distinctions in 10 different clinical areas.
- Bristol Regional Medical Center, Indian Path Community Hospital, and Johnson City Medical Center were recognized for excellence in cardiac, pulmonary, and surgical care.
- Specific clinical honors include high-performance ratings in hip fracture and hip replacement care, gynecological cancer treatment, aortic valve surgery, abdominal aortic aneurysm repair, pacemaker implantation, pneumonia care, spinal fusion, colon cancer surgery, transcatheter aortic valve replacement, and diabetes care.

Patient Volume (compared to FY24)

- Inpatient discharges increased by 0.8%.
- COVID discharges decreased to 1,884 compared to 2,585.
- Outpatient visits increased by 1.8%.
- Inpatient surgeries increased by 3.5% while outpatient surgeries decreased by 0.6%.
- Emergency Department visits decreased by 1.6% while urgent care visits decreased by 6.6%.

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 Health's footprint, preventable hospital admissions have decreased by as much as 50%, leading to a significant reduction in the cost of health care and a related reduction in risk to patients.

Additionally, numerous provider-owned diagnostic and surgery centers are now operational, with physicians self-referring patients to their own centers. Ballad Health notes this self-referral pattern results in more commercially insured patients being referred to provider-owned facilities, while Ballad Health continues to provide care to uninsured and charity patients referred by those same providers. This payer mix deterioration contributes to ongoing financial challenges for rural hospitals. The above information is validated by the Tennessee Joint Annual Reports (JARs) data.

Charity Care Update

Ballad Health maintained increased patient eligibility for charity care at 225% of the federal poverty guidelines (up from 200% before the merger in 2018). In FY25, Ballad Health provided over \$65 million for charity care, the highest since its formation.

Notably, the weighted average median household income in the region is approximately \$51,000 with some communities falling below that level. Ballad Health's threshold for free charity care for a family of 2.5 people is approximately \$54,000 based on 225% of the Federal Poverty Level. This positions Ballad Health as having one of the most generous charity care policies in the nation.

Ballad Health continued its efforts to reduce the number of preventable hospitalizations and emergency department visits. Ballad Health also remained committed to advancing 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 recognized as a national model for partnership programs between a health system and local organizations, outpatient clinics and providers working together to deliver a more supportive system of care for the uninsured population.

These efforts to provide cost efficient care benefit the taxpayers, patients, and hospitals. By the end of the Reporting Period, the AHCN had enrolled over 11,100 uninsured individuals, demonstrating its growing impact across the Appalachian Highlands.

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 improvements in 20 of 25 access measures over the pre-merger baseline. Notable areas of improvement since FY24 include appropriate emergency department wait times, asthma emergency department visits, diabetes screening, and rate of SBIRT administration during emergency department visits. The virtual urgent care platform is available 24/7 and accessible via smartphone or internet, and Ballad Health is the only regional provider offering this service.
- b. **Population Health Measures:** Ballad Health exceeded its FY25 Population Health Plan Spend commitment of \$11 million with an additional \$4 million over its required spend.

II. Improving Quality of Care, Patient Experience & Staff Experience

In response to the profound disruptions caused by the COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS) reset the baseline year for its quality and performance measures to 2022. The pandemic significantly altered healthcare delivery patterns, patient volumes, and outcomes, making pre-pandemic data unrepresentative of current realities. By shifting the baseline to 2022, CMS aims to establish benchmarks that reflect a more stable post-pandemic healthcare environment, allowing for fairer comparisons and more accurate assessments of provider performance. This change acknowledges the extraordinary circumstances of the pandemic and supports a more equitable framework for evaluating care quality in a transformed system. These new baselines are not reflected in the current year's reporting but will be reflected in FY26.

- a. **Quality of Care Metrics:** Ballad Health publishes its quality data in accordance with the COPA requirements on its website. The currently reported baselines are pre-COVID. Notable highlights include the following:
 - i. Ballad Health improved in 10 of the 17 target measures for FY25 using the pre-COVID baselines.
 - ii. Emergency Department throughput metrics have shown improvement. Notably, *OP22 Left Without Being Seen* decreased by 33.8% compared to FY24. The median time from ED arrival to transport for admitted patients and the ED2b ED Decision to Transport (ED1) also improved.
 - iii. Ballad Health implemented a standardized mortality case review process, supported by predictive analytic tools to help caregivers identify and act on early signs of deterioration. These efforts contributed to

measurable reductions in mortality from FY23 to FY25, across various conditions, including Heart Failure (25%), Pneumonia (18%), and Sepsis (14%).

- iv. Among the hospital infection indicators, Ballad Health is performing as 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 FY25, the Council was comprised of 27 physicians from many backgrounds and specialties. Of those physicians, nearly half were independent. 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 FY25 included:
 - i. enhancements in electronic health record workflows,
 - ii. standardization of a variety of high-value care initiatives,
 - iii. implementation of projects for provider wellbeing and workforce support,
 - iv. updates to medication use processes, and
 - v. 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 firm for tracking patient and employee experience, would recommend Ballad Health’s hospitals. In some Ballad Health hospitals, that number reaches as high as 97%. While emergency department wait times remain a concern, it should be noted that the metrics for Ballad Health 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, the University of Tennessee, the University of Virginia, Cleveland Clinic, Carilion, and other well-respected providers. These data points are publicly reported on the hospital-compare website.

- d. **Workforce and Career Development:** Ballad Health has added programs and enhanced existing ones since its last report, reflecting a

significant investment in workforce development resources. These efforts are designed to equip Ballad Health team members to deliver the best experience for both patients and colleagues. Programs include B Excellent, onboarding programs for new leaders, tiered leadership development tracks, the Healthcare Advisory Program, and expanded tuition reimbursement and scholarship opportunities.

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 annual recurring 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 FY25, Ballad Health saw more than \$45 million (for projects greater than \$200,000) in savings due to cost-efficiency measures taken across the areas of contract labor, supplies, and pharmacy efficiency.

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.

FY25 Partnership & Research Highlights

Ballad Health has made significant strides in advancing academics and research in rural Appalachia through strengthened collaboration with its academic and community partners.

- Ballad Health spent a total of \$9.6 million in grant funding during FY25.
- The Ballad Health Academy enrolled 218 students and held “Signing Day” activities after just last year receiving one of only 10 grants in the U.S.

from the Bloomberg Foundation for the initiative dedicated to accelerating pathways into healthcare careers.

- Ballad Health continued its multifaceted academic partnership with the ETSU Center for Rural Health and Research, supporting joint initiatives in rural health innovation and entrepreneurship.
- Filled all slots in the match process, a testament to the progress we are making in our training programs given the challenges of recruiting residents to independent, rural residencies.
- Ballad Health also continued its research collaboration with Harvard Medical School's Department of Health Care Policy, focusing on rural hospital competition, closures, and service delivery.

In addition to academic research, Ballad Health participated in federally supported studies, including work with the Health Resources and Services Administration's (HRSA) to combat opioid use in rural communities and with the Centers for Medicaid and Medicare Services (CMS) Accountable Health Communities Model, which addressed health-related social needs through clinical-Community partnerships. Ballad Health also funded a myriad of initiatives across a broad spectrum of research.

- Ballad Health and its partners had 132 new and ongoing clinical studies in FY25, with new studies focused on trauma, oncology, and cardiology.

FY25 Health Plan Progress

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

a. Behavioral Health Highlights:

- Provided community access through 10,590 completed visits at integrated sites, a 37% increase over FY24
- Provided 4,014 crisis assessments and managed 35,053 calls
- Served 1,854 patients at the 24-hour Walk-in Crisis Center in Johnson City, Tennessee, providing needed care to these patients and lessening the burden on the emergency departments
- Served 6,384 patients in the Child/Adolescent Outpatient Behavioral Health clinic in Johnson City, Tennessee, a 474% increase over FY24
- Continued operation and growth of the STRONG Futures program in Greeneville, Tennessee and began work to bring the program to Virginia
- Hosted a Recovery Symposium with ETSU focusing on prevention, addiction treatment, and the recovery ecosystem

b. Population Health Highlights:

- Continued to develop the population health infrastructure within the community, including supporting the Unite Us Network
- Increased the number of Unite Us platform users to 283 in-network

- organizations including 535 programs and 2,823 users
- Expanded the use of Healthy Planet and Compass Rose for social care integration and care management work
- Expanded its work as a Community Improvement Organization, enrolling more families in STRONG Starts, and enrolling more participants in the Appalachian Highlands Care Network (AHCN) (Reached 9,986 families enrolled in STRONG Starts and increased AHCN enrollment to 11,129 with 4,141 enrolled in complex care management)
- Supported efforts on prevention, early detection, and intervention aimed at reducing leading causes of mortality and morbidity

Although Ballad Health met its 10-year spending commitment ahead of schedule for the Rural Health Plan and Children’s Health Plan, it continued to invest nearly \$20 million in these areas.

c. Rural Health Highlights:

- Expanded access to primary care practices through new hires
- Recruited physician specialists to address rural access needs
- Continued 24/7 Urgent Care with 18% growth
- Launched a consolidated tele-neurology platform averaging 250 consults per month
- Coordinated preventative health care services across rural communities

d. Children’s Health Highlights:

- Opened one new Center for Early Learning development, with nine centers now serving 724 children
- Continued growth in the number and impact of Niswonger Network sites, with 39 Affiliate and Care Sites onboarded, a total of 588 education sessions provided, and 140 Community Outreach events occurring at these sites
- Maintained a pediatric complex care program with 379 active enrollees
- Hired a variety of pediatric subspecialists including radiology, anesthesia, orthopedics, surgery, neonatology, and clinical psychology

Continuing Care after Hurricane Helene

Thanks to our integrated system, coordinated emergency response and the dedication of our team members, care never stopped.

In the days that followed, Ballad Health teams, partnering with the American Red Cross, Frontier Health, local leaders and other organizations, delivered medical, financial and behavioral health support to schools, churches, shelters and first responders. Mobile behavioral health teams provided counseling while staff – even those who had lost their homes – continued to show up for patients and volunteer in community recovery efforts. The resilience of Appalachia was on full display. Ballad Health continues to work with FEMA, TEMA, and other partners on the long-term rebuilding of Unicoi County Hospital, ensuring sustainable care for the community.



Nurse Narratives Initiative

Nurse Narratives Initiative has convened digital storytelling workshops for 90 Ballad Health nurses, faculty, students and patients—each creating a personal, 2–4-minute story.

An additional 140 Ballad nurses have participated in 90-minute online story-sharing sessions. Community premieres drew 200 attendees (nurse stories) and 120 attendees (student & faculty stories). Within academia, over 35% of ETSU faculty have participated in a digital storytelling workshop, an empathy-based curriculum development workshop, and are now committed to implementation across the curriculum.

"Sharing my story reminded me why I became a nurse. It gave me back my purpose and helped me connect with my colleagues in a deeper way."

Across the Ballad footprint, and beyond, NNI is turning lived experience into learning. Nurses describe reduced isolation and renewed purpose; faculty report improved morale, and collaboration; students practice reflective and compassionate communication skills they can carry into clinicals; and patients see their experiences shaping care. What began as stories is becoming a systemwide practice for building empathy, improving communication, and supporting workforce well-being.



"Telling my story made me pause and really reflect on why I chose this path... it reminded me of the values I want to carry with me as a nurse."



Awards and Recognitions

- U.S. News & World Report, the American Medical Association, and the American Heart Association have recognized Ballad Health hospitals for quality and safety. The Blue Cross and Blue Shield Association has designated several Ballad hospitals as “Blue Distinction Centers” in services such as cardiology, hip and knee replacement, and maternity care.
- Ballad Health Medical Associates has earned bronze-level national recognition from the American Medical Association as a Joy in Medicine® Health System organization for taking meaningful steps to address physician burnout and well-being in our region.
- Holston Valley Medical Center continues to lead the nation in cardiovascular care, cementing Ballad Health’s reputation as a destination for exceptional cardiac treatment. At the same time, Johnston Memorial Hospital received the Silver Performance Achievement Award.



Innovative Cardiac Care

- Holston Valley Medical Center (HVMC) performed its first EVOQUE tricuspid valve replacement in April of 2025 - the very first in East Tennessee.
- HVMC has long been recognized for its excellence in cardiovascular care. Just one more way we’re bringing the latest, minimally-invasive treatments to our community here in the Appalachian Highlands.



Listening and Learning through Google Reviews

	Hospital Rating	Emergency Dept. Rating
Bristol Regional Medical Center	4.5	2.9
Dickenson Community Hospital	3.5	NA
Franklin Woods Community Hospital	4.0	4.1
Greenville Community Hospital	4.0	3.8
Hancock County Hospital	4.5	NA
Hawkins County Memorial Hospital	4.2	3.9
Holston Valley Medical Center	3.8	3.6
Indian Path Community Hospital	4.2	4.2
Johnson County Community Hospital	4.1	NA
Johnson City Medical Center	3.5	3.2
Johnston Memorial Hospital	3.9	3.8
Lee County Community Hospital	4.2	NA
Lonesome Pine Hospital	4.1	4.1
Norton Community Hospital	3.8	4.0
Niswonger Children's Hospital	4.0	4.4
Russell County Hospital	4.2	4.4
Smyth County Community Hospital	4.1	4.1
Sycamore Shoals Hospital	4.2	4.0

	Hospital Rating	Emergency Dept. Rating
UVA Health University Medical Center	3.1	2.2
Carilion Clinic Memorial Hospital	2.9	2.8
University of Tennessee Medical Center	2.9	2.1
Vanderbilt University Medical Center	3.2	2.1
Duke University Hospital	3.2	1.6
Cleveland Clinic Main Campus	3.4	2.1

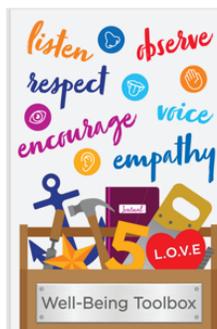
Google Reviews serve as a transparent, publicly accessible record of patient sentiment—unfiltered, uneditable, and influential in shaping healthcare perception.

Data as of 10.8.2025

Behavioral Health | School-Based Services

Goals & Objectives

- Promote Mental Wellness
- Early Identification and Intervention
- Increase Access to Services
- Improve Academic Performance
- Develop Social and Emotional Skills
- Foster Positive Relationships
- Reduce Behavioral Problems
- Support Families
- Continuity of Care



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Grounding Technique

Ease your state of mind in stressful moments.

- Acknowledge **5** things you can see around you.
- Acknowledge **4** things you can touch around you.
- Acknowledge **3** things you can hear around you.
- Acknowledge **2** things you can smell around you.
- Acknowledge **1** thing you can taste around you.

REPORTING REQUIREMENTS, PROCESS & COPA COMPLIANCE

Regulations

The laws governing the Tennessee COPA and the Virginia CA, passed by the assemblies of each state and affirmed by their respective governors, define the policy permitting active supervision of the Ballad 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 Ballad Health Board of Directors and leadership of Ballad Health. These policy priorities, as outlined in Tennessee and Virginia law, include:

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

Section 6.04 and Exhibit G of the Tennessee TOC, Virginia Code 15.2-5384.1 and Title 12 Virginia Administrative Code 5-221-110 require submission of an annual report determining continued benefit of the merger to the public.

The Process

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

COPA Reporting Requirements

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

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

- Ballad 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.

- No COPA Complaints were filed with the COPA Compliance Office during the Reporting Period.
- FY 25 Plan Spend is not yet finalized, but Ballad Health believes it met spend and baseline commitments for all Plans. Ballad Health remains in a cumulative underspend position for the Behavioral Health Plan, though progress was made during the year.
- On October 2, 2024, Ballad Health provided notification under Article 1 of the TOC and Condition 17 of the CA of a force majeure resulting in a material adverse event due to the unimaginable destruction and disruption from Hurricane Helene. As a result, both the TDH and the VDH granted a 30-day extension for submission of the FY24 annual report and the FY25 first quarter report. On December 9, 2024, Ballad Health notified both the TDH and the VDH of its return to normal operations, except for Unicoi County Hospital in Tennessee, which was a total loss. Ballad Health continues to provide updates to both Departments regarding plans to rebuild the Unicoi County Hospital.

Ballad Health Annual Report – FY 2025

Reporting Period:

July 1, 2024 – June 30, 2025



Annual Report for Fiscal Year 2025

Covering 07/01/2024 – 06/30/2025 (“Reporting Period”)

Submitted pursuant to the Fifth Amended and Restated Terms of Certification (January 1, 2025) Governing the Certificate of Public Advantage Issued to Ballad Health Pursuant to the Master Affiliation Agreement and Plan of Integration by and between Wellmont Health System and Mountain States Health Alliance (the “TOC”) and the Virginia Order and Letter (October 30, 2017) Authorizing a Cooperative Agreement (the “CA”).

CERTIFICATION OF COMPLIANCE WITH THE TOC AND THE CA

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

Alan Levine
Executive Chairman
Chief Executive Officer
Ballad Health

11-18-2025

Date

Shane Hilton
Executive Vice President
Chief Financial Officer
Ballad Health

11-18-2025

Date

Table of Contents

List of Attachments.....	5
ANNUAL REPORT	6
1. Facility Maintenance and Capital Expenditures – TOC Section 3.07(b), 6.04(b)(1) Exhibit G	6
2. Career Development Plan – TOC Section 3.08(c), 6.04(b)(2) and Exhibit G / CA: Condition 22	7
3. Clinical Council – TOC Section 4.02(b), 4.02(b)(v), 6.04(b)(3) and Exhibit G / CA: Condition 45	17
4. Quality Indicators – TOC Section 4.02(c)(ii), 6.04(b)(4) and Exhibit K / CA: Condition 12	28
5. Patient Satisfaction Survey – TOC Section 4.02(c)(iii), 6.04(b)(5) and Exhibit C	28
6. Staffing Levels – TOC Section 4.02(c)(iv) and 6.04(b)(6)	33
7. Staff Survey – TOC Section 4.02(c)(v) and 6.04(b)(7)	33
8. Patient-related Prices Charged – TOC Section 6.04(b)(8).....	33
9. Cost-efficiency Steps Taken – TOC Section 6.04(b)(9)	34
10.Equalization Plan Status – TOC Section 6.04(b)(10)	34
11.Services or Functions Consolidated – TOC Section 6.04(b)(11)	34
12.Changes in Volume of Availability of Inpatient or Outpatient Services – TOC Section 6.04(b)(12)	34
13. Summary of Ballad Health Sponsored Residency Programs – TOC Section 3.03(d), 6.04(b)(13) / CA: Condition 24.....	35
14.Movement of any Residency “slots” – TOC Section 6.04(b)(14) / CA: Condition 24.....	37
15.Partnerships – TOC Section 6.04(b)(15) / CA: Condition 25.....	37
16.Published Reports from Research Projects – TOC Section 6.04(b)(16) / CA: Condition 25	52
17.Updated Plan of Separation – TOC Section 6.04(b)(17)	52
18.Comparison of Financial Ratios – TOC Section 6.04(b)(18).....	52
19.Total Charity Care Information – TOC Section 4.03(f), 6.04(b)(19) / CA: Condition 14.....	53
20.Organizational Chart and Board of Directors – TOC Section 6.04(b)(20)	53
21. Data – Data for Access Sub-Index and Population Health Sub-Index – TOC Section 6.04(b)(21) (CA: Condition 33,36).....	53
22. Information Expressly Required for the Annual Report Pursuant to any Other Section of Tennessee’s Terms of Certification, the COPA Act, or the Virginia Order, Regs., Code or 12VAC5-221-120 – TOC Section 6.04(b)(22).....	58
23. Updates to and Implementation Achieved on the Health Plans – TOC Section 6.04(b)(23), 3.02, 3.03, 3.04, 3.05 and 4.03(e)(v) / CA: Cond. 3, 8, 9, 23, 32, 33, 34, 35, 36	59



24. Recruitment and Retention of Physicians and Advanced Practice Providers – TOC 4.03(a)(ii), 302(b-c), 6.04(b)(24) and Exhibit C 76

25. Recruitment and Retention of Nurses – TOC Section 6.04(b)(25) 76



List of Attachments

1. Summary of Quality Indicators	77
2. Comparison to Similarly Sized Systems	86
3. Comparison of Ballad Health Facilities to National Averages.....	93
4. Staffing Levels*	104
5. Staff Surveys*	105
6. Published Reports from Research Projects.....	106
7. Comparison of Financial Ratios.....	111
8. Organizational Chart and Board of Directors.....	117
9. Recruitment and Retention of Physicians and Advanced Practice Providers*	120
10. Recruitment and Retention of Nurses*	121

***Confidential Attachment**



ANNUAL REPORT

Requirements.

Section 6.04 and Exhibit G of the Tennessee Terms of Certification¹ (the TOC) along with 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 public benefit of the merger.

In Tennessee, Ballad Health is scored annually to determine whether the merger continues to provide public benefit. Due to a comprehensive revision of the scoring structure, no numerical score will be calculated for fiscal year 2025 (FY25). Instead, compliance with the governing COPA statutes and TOC will be assessed through a narrative report rather than a numerical score.

In Virginia, the letter authorizing cooperative agreement provides that the State Health Commissioner evaluates Ballad Health’s performance against the Virginia CA Conditions² to determine 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 the required content. Department Leaders (Responsible Parties) were identified and engaged to submit the necessary materials and information.

Each Responsible Party certified, to the best of their knowledge and belief after due inquiry, that Ballad Health was in compliance with the TOC and CA for their respective areas during the Reporting Period. They also affirmed that any materials they provided for inclusion in this report were accurate and complete.

Deliverables.

1. Facility Maintenance and Capital Expenditures – TOC Section 3.07(b), 6.04(b)(1) Exhibit G

Ballad Health Maintenance and Repairs Summary

	Fiscal Year 2025 (FY25)	Fiscal Year 2024 (FY24)	Fiscal Year 2023 (FY23)
Maintenance	\$75,392,588	\$71,850,727	\$74,877,444
Repairs	\$22,042,056	\$20,635,061	\$17,986,622
Total	\$97,434,644	\$92,485,788	\$92,864,066

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/>



Below is the status of implementation of the Capital Plan required by TOC 3.07(b) relating to FY25, the second year of the FY24-FY26 Capital Plan.

Ballad Health Capital Plan Fiscal Year 2025 (\$ in 000'S)

	FY24	FY24	FY25	FY25		FY24-26	FY24-25
Capital Plan by Category	Plan	Spend*	Plan	Spend*		3 Yr Plan	Spend*
IT	\$27,609	\$24,336	\$20,260	\$9,959		\$68,069	\$34,295
Routine Equipment	32,009	14,717	20,867	47,411		69,993	62,128
Facilities & Construction	21,475	13,441	8,800	26,959		35,725	40,400
Biomedical Equipment	2,500	1,554	2,500	2,943		7,500	4,497
Facility Funds	7,500	5,977	5,000	5,991		17,500	11,968
Other	9,192	31,022	9,879	35,030		27,506	66,052
Total*	\$100,285	\$91,047	\$67,306	\$128,293		\$226,293	\$219,340

*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)

Ballad Health is only **two** years into its **three**-year capital plan. The above does not include any spend for FY26. Ballad Health expects to spend to plan for FY26, which would lead to Ballad Health exceeding the plan for FY24-FY26.

In FY25, Ballad Health’s capital spend excluding COPA plan spend was **\$128,292,609** in property, plant, and equipment. The total capital spend for the year was **\$242,535,778**, which includes the above **\$128,292,609** and **\$65,287,628** related to prior year budgeted capital. All spend amounts include cash paid, purchase orders and contractual obligations.

Other capital spend includes **\$2,223,000** for Epic electronic medical record (EMR) replacement, **\$2,165,000** Johnson City Cancer Center expansion, **\$2,078,000** Johnson City Medical Center infrastructure improvements, **\$1,420,000** for printer equipment refresh, **\$1,331,000** Bristol Regional Medical Center recapping and striping, **\$1,052,000** Johnson City Medical Center CT Scanner replacement, and **\$14,693,000** of prior year funded projects in amounts below **\$1,000,000** each. The remaining approximately **\$4,500,000** in other capital spend is current-year projects below **\$1,000,000** each.

2. Career Development Plan – TOC Section 3.08(c), 6.04(b)(2) and Exhibit G / CA: Condition 22

Building on its role as the region’s largest employer, Ballad Health invested over **\$300,000,000** since 2022 in wage and benefit increases, retention efforts including childcare centers, and workforce development across the organization. To further support the onboarding, experience, and retention of new nurses, Ballad Health made the decision to maintain staffing levels using contract labor throughout the pandemic and continued this investment post-pandemic for a total of **\$425,000,000** since 2022. This while many systems were decreasing contract labor at a significant pace. While the **\$425,000,000** is not directly related to career development, Ballad Health believes some significant portion of that provided for appropriate staffing levels to reduce stress and burnout of new nurses. These strategic investments have contributed to a reduction in registered nurse turnover to **12.6%**—well below the national average.

Ballad Health’s career development programs continued to grow and expand to meet the needs of the organization, with programs that are designed to meet compliance requirements, introduce new hires to the organization, provide personal and professional opportunities for development of both front-line team



members and separate programs designed specifically for leadership. This year also saw us implement new mediums for reaching our audiences through weekly communication, podcasts, and additional virtual trainings.

New Team Member Orientation

Your Story Begins Here – Day 1 Orientation

First impressions and effective onboarding are critical in healthcare, where the quality of care and patient experience depend on team members who feel engaged, competent, and supported. Ballad Health is committed to the long-term success of our team members, as demonstrated by our orientation experience provided on their first day of employment. New team members are initially welcomed to Ballad Health by Organizational Development staff and introduced to a variety of people resources throughout their day. Organizational Development arranges for rotating members of the Senior Executive Team to greet new team members in the morning, followed by presentations from Human Resources (HR) leadership, HR Benefits Coordinator, Retirement Specialist, Foundation Representative, and Patient Experience.

Day 1 Orientation Content includes:

- Senior Executive Welcome and introduction to Ballad Health
- Introduction to Ballad Health’s Mission, Vision, and Values and the Team Member Experience
- Introduction to the B Excellent Journey
- Human Resources
- Benefit Plan Options
- HIPAA (including HIPAA Privacy and Security and COPA)
- Fire Safety
- Bloodborne Pathogens
- Patient Experience
- Introduction to Ballad Health Intranet, IT Password Requirements, and our Learning Management System

For FY25, Ballad Health onboarded a total of **3,244** new team members through Day 1 Orientation. An additional **6,497** contractors and students onboarded via online orientation in our Learning Management System, HealthStream. New team members are invited to submit a post-class survey at the end of orientation. The survey was updated in FY25 to include a Likert scale question that measured satisfaction with the onboarding process. A target score of 4.75 out of 5.0 was established for new team member engagement. Our current 90-day trend shows a score of **4.67**, indicating strong satisfaction levels. Survey results are shared with Senior HR leadership.

Ballad Health Development Training Programs (For Front-Line and Leaders)

At Ballad Health, we understand that effective leaders not only influence through their titles but also inspire and engage their teams, driving stronger performance and better outcomes. Exceptional leadership is vital to the long-term success of our organization.

To support a culture of exceptional leadership, Human Resources, Senior Leadership, and the Organizational Development team continually evaluate skill gaps among current and emerging leaders. Leadership programming is intentional and multi-faceted, including cohort-based experiences like our Onboarding Leader Program (OLP) and Aspiring Leader Program (ALP), as well as One-on-One Leader Coaching and the newly developed Food for Thought webinar series.

Onboarding Leader Program

The OLP is a long-standing, flagship development program for newly hired and promoted leaders at Ballad Health. The five-week program equips leaders with practical tools, resources, and peer connections to strengthen their leadership effectiveness. By combining administrative knowledge with leadership development, OLP prepares participants to confidently guide teams, foster engagement, and drive organizational success.

In October 2025, the Organizational Development team celebrated the retirement of a long-serving training leader. During the transition, the program was temporarily paused to allow a new training specialist to become familiar with its components. As a result, **80** leaders graduated from OLP in FY25 compared to **135** the previous fiscal year.

Onboarding Leader Program Curriculum Components:

- Promotion of Ballad Health’s 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*®
- *DISC*® for Managers Personality Assessment

The program components remained mostly unchanged in FY25 compared to the previous fiscal year. However, there will be changes to content areas in FY26, including the introduction of a 360-degree assessment as part of the program.

Beginning in January 2025, each graduating cohort began completing pre- and post-class surveys to measure knowledge transfer. From January through July 2025, participants demonstrated an average **33%** increase in knowledge, indicating strong program effectiveness.

Aspiring Leader Program

Providing front-line team members with a pathway to leadership is critical to Ballad Health’s success in identifying strong candidates for leadership roles. The ALP prepares high potential front-line team members for future career growth through foundational leadership skills, practical experience, and peer connections.

Seats are limited in this five-month cohort style program. Nomination by a participant’s immediate supervisor is required to be considered for the program. In FY25, Ballad Health ran one ALP cohort, graduating **17** future leaders. Of those, **two** team members were promoted into leadership positions with the system during FY25.

Aspiring Leader Program Curriculum Components:

- Creating a Culture of Trust
- Managing Conflicts and Differing Personalities
- Effective Communication
- Operational Excellence Lean Training
- Peer Today, Boss Tomorrow & Overcoming Imposter Syndrome
- The Ultimate Guide to Engaging Presentations
- Individualized Development Plan
- Crucial Learning's *Getting Things Done*®
- Final presentation - Specific Content Area

At program completion, each graduate delivers a final presentation to a panel of Senior Leaders and their immediate supervisor. The panel provides coaching feedback to support the graduate's leadership journey.

The curriculum remained mostly unchanged in FY25. However, FY26 will see the removal of *Getting Things Done*®, which will be replaced with content from a new partner, Franklin Covey.

One-on-One Leader Coaching

In FY25, the Organizational Development Department team upskilled its team members to deliver coaching services using the Association for Talent Development (ATD) coaching model. Coaching relationships were established with roughly a dozen leaders ranging from front-line to junior executives.

Coaching agreements can be established for up to six months of individualized, one-on-one coaching where the leader has access to coaching services provided by Organizational Development. The coaching focuses on helping motivated leaders maximize their potential and achieve specific goals, such as improved team collaboration, successful change management, and critical thinking.

Food for Thought: Leader Webinar Series

Launched in FY25 the *Food for Thought webinar series* is held on the first Thursday of each month. These one-hour sessions provide practical skill building and refresh concepts from prior development programs. Led by subject matter experts in a Socratic discussion format, the series fosters peer learning, networking, and the exchange of best practices.

In addition to our excellent leadership education, Ballad Health offers non-clinical skills development training to front-line team members through targeted workshops, stand-alone offerings (Choose Your Own Adventure), B Excellent, and new communication pathways.

Targeted Workshops

In FY25, the Organizational Development team continued to respond to intake requests and facilitate in-person training for departments across the system. Training Specialists delivered sessions to both small and large groups/departments on topics such as team dynamics, personality style inventories, communication training, interviewing skills for managers, and some technical skills training (i.e., some Microsoft applications and Learning Management System training).

The intent of these sessions was to improve collaboration, trust, communication, and technical skills among colleagues, ultimately enhancing team efficiency.



Career Development: Choose Your Own Adventure

The Organizational Development team continued to offer its *Choose Your Own Adventure* sessions to all team members in FY25. Content was delivered on a rotating schedule in both classroom and webinar formats to meet organizational needs. Content areas included:

Career Development: Choose Your Own Adventure	
Two-hour in-person	One-hour In-person and webinar options
<ul style="list-style-type: none"> • Creating a Culture of Engagement • Creating a Culture of Trust • Creating a Culture for Managing Change • Creating a Culture for Results • Creating a Culture for Effective Teams 	<ul style="list-style-type: none"> • The Secret to Getting Along: Conflict Resolution • Civility in the Workplace • Emotional Intelligence • Managing Stress and Burnout • Servant-First Leadership • Time Management

Late in FY25, the Organizational Development department partnered with internal stakeholders to certify its *Creating a Culture...* series for Continuing Nurse Education (CNE) credit. All **five** courses in the series now offer **2.0** CNE hours per course.

B Excellent

Using Ballad Health values as the foundation, B Excellent is Ballad Health’s systemwide commitment to strengthening our culture through continuous learning, skill-building, and team member engagement. As part of this effort, our journey to become a High-Reliability Organization (HRO) is embedded within B Excellent, ensuring that the skills we develop together lead to measurable improvements in patient satisfaction, provider engagement, and leadership effectiveness.

This journey is strengthened by our investment in *Practicing Excellence*, a proven partner in helping health care professionals improve patient connection, collaboration with colleagues, and leadership effectiveness. B Excellent is a comprehensive, skill-building initiative that has successfully impacted team member’s well-being, patient experience, and culture.

The program was launched to all leaders in November 2024, and to all team members in February 2025. Starting in February, all team members began to receive weekly tips and skill builder content through a phone app or desktop interface, allowing **five** minutes of on-demand coaching each week tailored to busy professionals. Each team member is preregistered for the relevant programs within the platform.

B Excellent uses a *Learn, Try, Share* model to make the skills we learn actionable. The model involves learning new concepts, applying them daily, and sharing insights with colleagues. By keeping these skill-builders short, easy to access, and interactive, Ballad Health team members are able to easily integrate them into their routines and create lasting impact. These weekly touchpoints are paired with live conversations with leaders and peers. This allows team members to focus on applying learned skills in the workplace to foster meaningful collaboration and positive change.

We set an internal goal of 70% participation by June 30, 2025, and exceeded it, finishing the fiscal year at **72%** with nearly **700,000** tips watched to date. In addition to the regular content, team members and



leaders alike can explore the platform’s library for practical tips tailored to their situations – making B Excellent a virtual coach in their pocket.

This and many other programs were developed in response to team member survey feedback indicating interest in opportunities to influence their work environment and grow professionally.

New communication pathways: Podcasting and Tuesday Tips

The B Excellent program is Ballad Health’s systemwide effort to strengthen teamwork, improve patient care, and foster a culture grounded in our values. Program content focuses on practical skills like communication, collaboration, empathy, and leadership, delivered through short weekly “Tuesday Tips”. This has become a familiar and trusted communication tool across the organization, with team members looking forward to it each week.

Recognizing that email is not always an effective communication method for clinical team members who may not be at a computer, Ballad Health also uses push notifications through the Ballad Health app and reminders during the daily huddle and leadership rounding to ensure visibility and engagement.

To complement this learning, the B Excellent Podcast, hosted and produced by Organizational Development in partnership with Human Resources and Patient Experience, brings the tips to life. Episodes feature Ballad Health leaders and team members who share their backgrounds, describe their roles in the organization, and discuss how they apply the tips in real-world situations.

Already viewed almost **3,100** times, the podcast is distributed through the Practicing Excellence app, Apple Podcasts, and Spotify, making it easy for Ballad Health team members to listen and learn wherever they are.

Online Learning Management System

Ballad Health’s online learning management system (LMS), HealthStream, supports systemwide education, training, and regulatory compliance. In addition to required learning, the LMS offers a wide range of courses for all skill levels and interests. Many courses fulfill Continuing Education (CE) requirements, helping team members maintain licensure or certification while expanding their knowledge. Ballad Health contracts with HealthStream for their CE Unlimited courseware which includes **1,800+** multi-disciplinary CE courses, **40+** Specialty certification prep programs, and **20+** immersive microsimulations. Additional contracted courseware includes:

- Essentials of Pediatric Critical Care Orientation (EPCCO): Developed in collaboration with Pediatric Learning Solutions’ Neonatal Advisory Committee and subject matter experts, EPCCO courseware bridges the gap between academic training and the clinical expectations of caring for critically ill infants. These CE-approved courses provide evidence-based, standardized education that is continually reviewed and updated to reflect current best practices. Ballad Health has contracted this courseware specifically for the Niswonger Pediatrics team.
- EBSCO Dynamic Health: A real-time clinical decision support tool that enhances critical thinking, accelerates decision-making, and improves patient outcomes. All Clinical team members at Ballad Health have access to this clinical tool.
- The S.T.A.B.L.E. Program provides standardized education for a coordinated approach to neonatal care and is recognized as the leading neonatal training program focused on post-resuscitation and pre-transport stabilization of sick infants. Built around an easy-to-remember mnemonic, S.T.A.B.L.E. covers six essential care areas of care: Sugar, Temperature, Airway, Blood Pressure, Lab Work, and Emotional



Support—with a seventh module on Quality Improvement to promote ongoing clinical excellence. Ballad Health provides this content to the perinatal center at Johnson City Medical Center.

- HealthStream Quality Manager: Quality Manager (formerly known as abaqis®) is a flexible quality management tool designed specifically for Skilled Nursing Facilities (SNFs). It provides data-driven guidance and adaptable tools to help facilities to maintain regulatory compliance, improve care quality, and build community trust within the communities they serve. Four of Ballad Health’s long-term care facilities utilized this tool until the sale of these locations in late FY25.

The Organizational Development LMS team works with stakeholders to create, assign, and track both initial and ongoing clinical competencies.

The team also uses Articulate 360, a leading e-learning authoring tool, to enhance the design of interactive and engaging modules that improve knowledge retention. With this platform, the team leverages templates, multi-media elements, and a video server to support computer-based training and advance Ballad Health’s learning goals.

FY25 LMS Metrics:

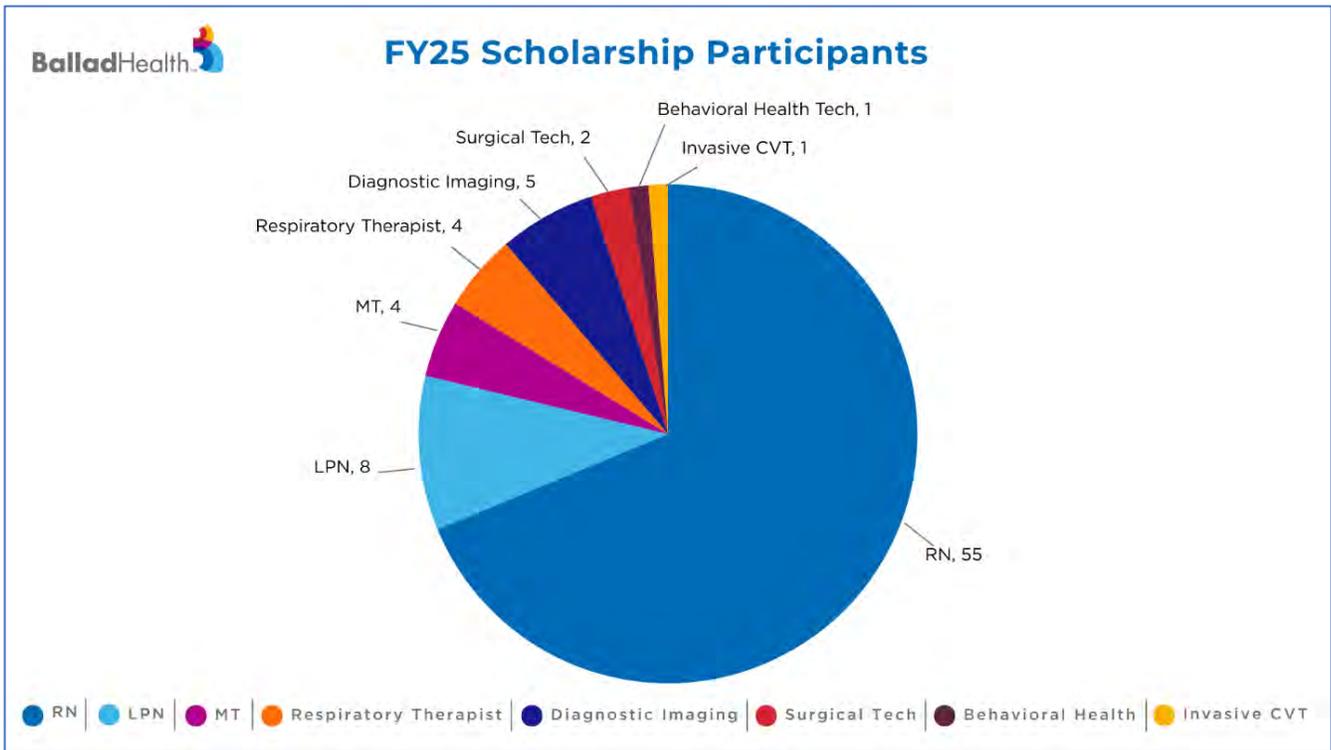
Total new e-learning courses developed in FY25 – **656**

Total Video minutes viewed in Learning Management System – **579,570**

Scholarship and Tuition Assistance Programs

In recent years we have expanded our scholarships beyond nursing to include other patient care fields such as diagnostic imaging, catheter lab, lab services, surgical technology and respiratory therapy. More recently, we added scholarships for behavioral health therapy, sleep studies, phlebotomy and medical assisting to help attract more candidates to these roles. These opportunities are open to both community members and team members. The goal is to keep a steady pipeline of graduates while supporting enrollment in our regional education programs.

Participation has grown alongside these expansions, increasing from **38** students in FY22, to **51** in FY23, **61** in FY24, and reaching **80** students in FY25 - a **31%** year-over-year increase from FY24 to FY25. In FY25, **88%** of those that applied for a scholarship were awarded one. Graduation dates for the FY25 participants range from August 2024 to May 2027. Enrollment in scholarship opportunities is ongoing.



Ballad Health Human Resources employs two full-time Academic Recruitment Liaisons who focus on building a strong talent pipeline. In FY25 they conducted **332** recruitment meetings and school visits, supporting current scholarship recipients and recruiting new ones. They share information about Ballad Health careers and financial support options for students pursuing higher education both within and beyond our region.

The liaisons also visit area high schools and meet with students in healthcare classes such as CNA, CMA, Pharmacy Technician, and LPN programs. They explain how Ballad Health can help cover education costs as students move from high school to college. These efforts strengthen our connection with schools and grow the number of graduates who begin their careers at Ballad Health.

Clinical Education and Development

Certified Nurse Assistant Program

As a starting point for internal team members and external community members, Ballad Health offers a Certified Nurse Assistant (CNA) training program. Students are paid while attending the training courses. Ballad Health significantly increased CNA training year over year and, in FY25, we trained **362** people, an increase of over **12%** from the prior year. 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 FY26. The 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.

FY	Number of Classes Offered	Total CNA Students Graduated	Number Ballad Health TMs (prior to taking class)	State Certification Pass Rate	State Average Pass Rate (All Programs)	Number of Students Hired	Hire Rate
FY 2021	13	180	25	93%	74%	139	77%
FY 2022	18 + Online	209	65	95%	75%	153	73%
FY 2023	21 + Online	228	88	96%	76%	146	64%
FY 2024	22 + 6 Online Cohorts	322	71	95% YTD	78% YTD	176	61% YTD
FY 2025	23 (including 5 online cohorts)	362	90	97% YTD	80% YTD	205	56%
Year over year increase	^5	^40	^19	^2%	^2%	^29	^5%
Planned Recruiting/Retention Initiatives							
Rounding for CNAs/NA's on units for encouragement, mentorship, and educational support (ongoing)							
Booths at regional events, i.e. CareerQuest, High School career fairs, etc. (ongoing)							
Participation in HR Career & Recruitment Events (ongoing as scheduled permit)							
Additional streamlining of the CNA Class application and process							
Participation in area high school college fairs (ongoing as scheduled permit)							
Online program continuing							

Phlebotomy Program

As another pathway into a healthcare career or as a steppingstone for internal team members to grow into a higher paid position, Ballad Health developed the Phlebotomy Program, similar in design to the successful CNA training course. Those selected into the program would be paid during their training and participants who successfully complete the course will meet the qualifications to complete the national phlebotomy certification exam, at no cost.

While most programs only offer classroom (didactic) education, we also give students the opportunity to fulfill their clinical requirements – something that often holds people back from receiving their phlebotomy certification. Classes are held in the Blountville, Tennessee, training center and students perform their clinical experience hours at one of the Ballad Health facilities in Northeast Tennessee and Southwest Virginia. As of the end of the fiscal year, **one** class had been completed, **seven** participants were hired, and **nine** others were finishing their didactic studies or their clinicals.

Nursing Student Career Ladder

Both Registered Nurse (RN) and Licensed Practical Nurse (LPN) students have **three** growth pathways to support them as they continue their education and get ready to sit for their licensure exams:

- Nurse Intern – After successfully completing the Fundamentals of Nursing course, students can apply for a paid nurse intern position, similar to a nursing assistant role.
- Nurse Fellowship – Designed to prepare nursing students to enter the workforce as a new graduate. During the last semester of school, fellows will follow a nurse preceptor on their assigned unit and collaborate with interdisciplinary teams. The goal of this program is to develop critical thinking, sharpen specialized skills, and establish time management techniques.
- Nurse Residency – This program eases the transition from novice to professional nurse by providing specialized orientation and individual support throughout the first year of employment.

Nurse Mentorship Program

This structured nursing specific mentorship program pairs new nurses with experienced mentors to help build confidence, sharpen skills, and navigate the challenges of modern healthcare, while offering personalized guidance, encouragement, and opportunities for professional growth.

Nursing Leadership Development

In FY25, Ballad Health continued the previous nursing leadership development education. In addition, in late summer 2024, **five** Nurse Managers participated in the “Nurse Lead” program for Practicing Excellence, a **six**-month program with instructor led and peer participation and support while addressing multiple leadership topics impacting the front-line nurse leader. Results from this first cohort were excellent, demonstrating significant personal growth and the participating individuals reported improvement in their nursing leadership. In February 2025, the program was brought on-site for the initial session with virtual sessions for the remaining **five** months in July 2025, **18** additional leaders graduated from the program, representing **16%** of the nursing leader’s system wide. Similar results were documented from the second cohort of nursing leaders with all participants reporting value in the program to enhance their nursing leadership development. With the proven results and outcomes, Ballad Health will continue to invest in this training for our nursing leadership and have already started our third cohort of **30** nursing leaders in July 2025.

Physician/Provider Development

Ballad Health continues to invest in physician leadership development through active involvement with both local and national chapters of the American College of Healthcare Executives. Physicians regularly participate in local educational panels held **six** times a year and attend the national Congress annually, gaining valuable insights on leadership and healthcare management. **Three** Ballad Health executives serve on the faculty of the Middle Tennessee Chapter’s Physician Development Program and help lead statewide education committees.

Through the B Excellent program, all medical staff members have access to the Practicing Excellence development curriculum and its full training library.

After reviewing local and national physician leadership demographics, Ballad Health identified a need to expand opportunities for female providers. In response, a new year-long program was launched for **14** female physicians and advanced practice providers interested in strengthening leadership skills, learning about system operations, or preparing for future leadership roles. Each participant was paired with an executive mentor and took part in monthly training sessions covering topics such as personality assessment, feedback, communication, influence, the realities of physician leadership, and professional networking. Participant feedback was highly positive and will guide future program development.

Ballad Health Senior Leadership Development and Succession Planning

Ballad Health continues to strengthen its leadership pipeline through a structured succession planning process and targeted development programs. Senior leaders participate in a formal assessment process, followed by collaborative goal setting with their supervisors. These assessments inform individual development plans and support long-term succession planning, allowing the organization to identify and prepare potential successors for critical roles. Executive leadership reviews this information annually to monitor progress, address gaps, and ensure a strong bench of future leaders.

To further enhance leadership capacity and retention, Ballad Health has expanded its portfolio of development programs:

- B-Kinetic Program: Now embedded across the senior leadership team (**135** leaders), this program provides confidential, one-on-one coaching with external organizational psychologists. Leaders use assessment results to craft personalized development plans while also accessing confidential support for professional growth, leadership effectiveness, and personal well-being.
- Physician Leadership Group: Created to expand and diversify the physician leadership pipeline, this program identifies and prepares female physicians for future executive roles. Participants receive targeted development to build leadership skills, broaden their understanding of the organization, and prepare for higher levels of responsibility.
- Executive Women’s Group: This curated program supports the advancement and retention of female executives by fostering camaraderie, peer learning, and focused leadership development in a supportive community.

Together, these initiatives reflect Ballad Health’s ongoing commitment to developing leaders at all levels, supporting well-being, and ensuring a sustainable leadership pipeline to meet the health system’s current and future needs.

During FY25, the spend on career development exceeded **\$4.8** million, primarily focusing on team member skills building, leadership development, and ensuring an ongoing pipeline of nursing graduates. These areas of focused support not only prepare our team members for additional opportunities but build our bench strength for the future.

3. Clinical Council – TOC Section 4.02(b), 4.02(b)(v), 6.04(b)(3) and Exhibit G / CA: Condition 45

Membership and Role

The Clinical Council serves as a vital advisory body within Ballad Health, advancing patient safety, quality of care, and system-wide alignment.

Responsibilities

The Council’s key responsibilities include:

- Promoting a culture of safety grounded in collaboration, transparency, evidence-based care, and a non-punitive environment for reporting.
- Prioritizing quality, service, and safety improvement initiatives while setting expectations that support sustained improvements in health outcomes.
- Supporting delivery of efficient, high-value care that avoids duplication and remains rooted in evidence-based practice.
- Advising on clinical issues such as patient care pathways, service delivery, and system-wide improvement opportunities.
- Ensuring patient safety through proactive identification and response to potential incidents that may result in harm.
- Providing guidance to the Quality, Service, and Safety Committee (QSSC) on matters related to credentialing and privileging.

Membership

Potential members, whether independent providers or Ballad Health-employed physicians, are nominated by their facility’s Medical Executive Committee (MEC). Each MEC independently selects representatives to meet its facility’s specific needs. Members serve five-year terms unless they choose to resign. At the end of FY25, the Clinical Council consisted of **27** physicians.

Independent Physician	Ballad Health-Employed Physicians
Dr. Bruce Abkes, MD	Dr. Haytham Adada, MD
Dr. Thomas Barklow, MD	Dr. Ahmad Albalbissi, MD
Dr. Charles Brauchla, MD	Dr. Saad Ghumman, MD
Dr. Jill Couch, DO	Dr. Tom Helton, DO
Dr. Aaron Clampitt, MD	Dr. Stevenson Howard, DO
Dr. Mark Dalle-Ave, MD	Dr. Elizabeth Jackson, MD
Dr. Sherri Holmes, MD	Dr. Rasmiyah Jastan, MD
Dr. Steven Holt, MD	Dr. Donovan Mabe, MD
Dr. Matthew Hubbard, MD	Dr. Kate Malony, DO
Dr. Sam Huddleston, MD	Dr. Brian Stiltner, DO
Dr. Andrew Gibson, MD	Dr. Howard Herrell, MD
Dr. James Kneff, MD	Dr. Holly Vicars, DO
Dr. Evan Kulbacki, MD	
Dr. Lauren Selzer, DO	
Dr. Michael Sutherland, DO	

Total Members: 27 (15 Ballad Health, 12 Independent) | Seats Open: 3

System Impact

The Clinical Council plays a key role in shaping system-wide quality and safety priorities, guided by factors such as risk, volume, incidence, prevalence, severity, and overall impact on outcomes.

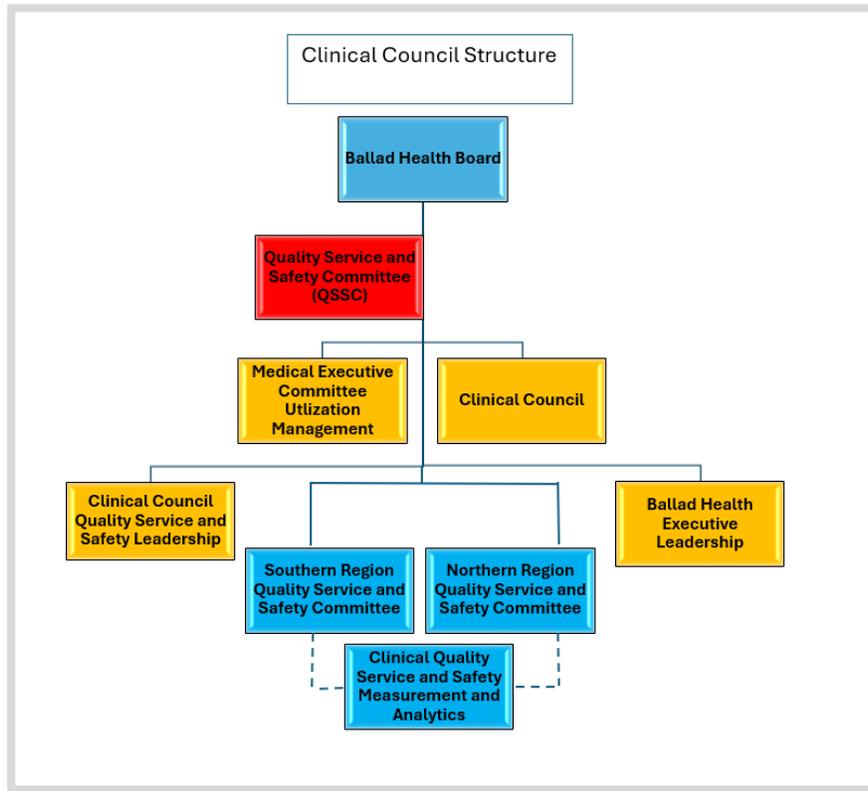
The Council has played a pivotal role in advancing Ballad Health’s journey toward becoming a High-Reliability Organization (HRO). Key contributions include:

- Supporting system-wide daily Tiered Safety Huddles: A structured daily communication process that connects all levels of the organization to report issues such as falls and hospital-acquired infections, enabling real-time action to prevent harm and improve safety.
- Establishing the B Excellent curriculum, which focuses on High Reliability for all team members, including the Quality Board, to enhance knowledge, transparency, and the culture of safety.
- The council has decisional and actionable authority over practice decisions within the parameters of accountability, unlike other committees, which only advise.

Through these efforts, the Council fosters a professional learning environment of collaboration and shared commitment to zero harm.

Alignment

The Council works closely with the Ballad Health Board of Directors and the Board Quality, Service, and Safety Committee (QSSC). The structure is noted below:



FY25 Clinical Priorities

The QSSC clinical priorities for FY25, are outlined below:

Quality
Patient Safety Indicator (PSI) 3 – Pressure Ulcer Rate
PSI 8 – In-Hospital Fall-Associated Fracture Rate
PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis
PSI 11 – Postoperative Respiratory Failure Rate
PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
PSI 13 – Postoperative Sepsis Rate
SMB: Sepsis Management Bundle
Safety
Catheter-Associated Urinary Tract Infection (CAUTI)
Central Line-Associated Bloodstream Infection (CLABSI)
Surgical Site Infection (Hysterectomy and Colon)
Methicillin-resistant Staphylococcus aureus (MRSA)
Clostridioides difficile (C. diff)
Service
Mortality – Sepsis, Heart Failure, Pneumonia
Readmissions – Sepsis, Heart Failure, Pneumonia

HCAHPS Patient Experience

Emergency Department Throughput

Regional and System Quality and Safety Collaboration

The format of Regional Quality and Safety Metric Meetings has been revised to strengthen collaboration, accountability, and system-wide improvement.

Each region conducts monthly meetings with key stakeholders to review locally identified opportunities and assess performance on quality and safety metrics.

On a quarterly basis, findings from the regions are cascaded upward into a system-level quality deep dive with executive leadership. These sessions are designed to identify patterns, trends, and commonalities across the enterprise, spotlight areas of opportunity, and advance actionable solutions.

The overarching intent of this structure is to promote collaboration, shared learning, and systemness, ensuring that local insights translate into broader system improvement and continuous progress.

Spotlight Activities for the Clinical Council:

In FY25, Ballad Health’s Clinical Council advanced a wide range of initiatives that strengthened clinical quality, patient safety, provider support, system preparedness, and services across the organization.

Educational and Clinical Symposia

- Ballad Health Medical Associates’ Spine and Rehabilitation provider announced the Oncology Symposium, held in August at Bristol Regional Medical Center. Neuroendocrine Tumor experts participated in post-symposium discussions.

Women’s and Children’s Services

- The Chief Medical Officer (CMO) of Women’s and Children’s Services presented updates on Maternal Fetal Medicine, Neonatology, and Pediatric subspecialties, including post-natal delivery plans and designated infant delivery locations. Epic banners and Perinatal Plan Summary Notes were introduced to ensure proper identification of maternal concerns and delivery planning.
- The CMO also presented a position statement on previable resuscitation at 22–24 weeks’ gestational age. Best practice recommendations were endorsed following legal review, establishing consensus on the margin of viability.

Emergency Preparedness and Response

- The Executive Vice President (EVP) and Chief Physician Executive reported on the national intravenous (IV) fluid shortage following Hurricane Helene, outlining supply chain conservation measures and revised anesthesia and surgical guidelines.
- The EVP and Chief Operating Officer provided situational updates from the Corporate Emergency Operations Center (CEOC) regarding Hurricane Helene’s impact on Unicoi County Hospital, Sycamore Shoals Hospital, Greeneville Community Hospital, and Laughlin Healthcare Center. Team members and patients were safely evacuated with the assistance of state and federal agencies, while patient relocations and elective procedure postponements were coordinated across the system.

Digital Care and Innovation

- The Digital Care Strategy Officer introduced a change management and communication plan for telemedicine, emphasizing projected improvements and a phased rollout of video integration across outpatient clinics, school-based programs, inpatient services, and virtual care initiatives.
- The Chief Clinical Officer of Quality unveiled Quality Dashboard 2.0, a leadership tool incorporating speedometers, trendlines, and drill-down capabilities to support real-time data review and decision-making.
- The Regional Chief Nursing Officer and Senior Director of Clinical Informatics presented the Nurse Communication Project Plan, designed to improve patient safety and provider communication through enhanced Epic workflows, secure chat utilization, and targeted education.

Clinical Quality and Safety Initiatives

- The Infection Prevention Officer and Regional Chief Nursing Officer introduced the Catheter-Associated Urinary Tract Infection (CAUTI) Initiative, forming a steering committee to address diagnostic stewardship, documentation practices, and nursing-driven catheter protocols. Findings and final interventions were escalated to the High Value Care Committee and Clinical Council.
- The Chair of the Pharmacy and Therapeutics (P&T) Committee and Corporate Clinical Pharmacy Specialist for Anticoagulation presented updates on Kcentra (prothrombin complex concentrate) utilization, with an emphasis on dosing accuracy, turnaround times, and evidence-based prescribing supported by Phase 1 goals and the Heparin calculator.

Provider Wellbeing and Workforce Support

- The Chair of the Medical Staff Services Committee introduced Ballad Health's implementation of the Lorna Breen Foundation initiative. This effort, aligned with national organizations and state medical boards, reduces stigma associated with seeking behavioral health support by eliminating intrusive mental health questions from credentialing applications. Ballad Health is recognized as a Wellbeing First Champion for Credentialing.

Subcommittee of the Clinical Council

To support Ballad Health's mission, the Clinical Council has established a series of focused subcommittees that address priority areas of care. The following sections outline the purpose and detailed accomplishments of each subcommittee for FY25. Collectively, these achievements reflect Ballad Health's commitment to evidence-based practice, high-value care, patient- and family-centered services, and the continuous pursuit of clinical excellence across the organization.

Behavioral Health Recovery Subcommittee FY25 Accomplishments:

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.

- Education and Community Engagement
 - Hosted the Regional Recovery Symposium at Bristol Regional Medical Center on September 30, 2024, free of charge to participants. The event featured nationally recognized speakers, continuing medical education (CME) credits through East Tennessee State University, and strong regional participation.
 - Partnered with Population Health to launch a stigma reduction campaign focused on behavioral health awareness.

- Access to Care and Treatment Expansion
 - Expanded inpatient and outpatient treatment sites, including the opening of a new outpatient clinic in Johnson City serving children, adolescents, and adults.
 - Expanded medication-assisted treatment (MAT) for Opioid Use Disorder to emergency departments and Emergency Medical Services.
 - Established 24/7 Behavioral Telehealth coverage, strengthening access to care across the system.
- Patient Safety and Harm Reduction
 - Collaborated with Pharmacy to implement take-home Narcan packets, available to patients at the time of discharge.
 - Developed and implemented a new alert system in the electronic health record for case managers and discharging physicians, prompting substance use follow-up appointments at day seven and day thirty-four post-discharge.

Clinical Informatics Subcommittee FY25 Accomplishments:

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

- Clinical Decision Support and Best Practices
 - Established a decision tree panel with required documentation for vascular access consults to ensure appropriate placement of periphery inserted central catheter (PICC) or Mid-Line lines.
 - Developed a Best Practice Advisory (BPA) for vascular access specific to Total Parenteral Nutrition (TPN) for central or PICC line insertions.
 - Created a BPA for international travel requiring Candida auris screening.
 - Reviewed and revised post-operative vital sign order sets to align with evidence-based guidelines.
 - Conducted a review of Rapid Response Protocol order sets, including evaluation of deterioration index scoring limitations.
- Documentation and Information Access
 - Formed a multidisciplinary team to review advance directive documentation with emphasis on safety, efficiency, and accessibility.
 - Approved a new admission order option “Admit for Inpatient Post-Acute for LTC,” allowing appropriate system-wide placement in swing beds, Skilled Nursing Facilities, and long-term care settings. Original inpatient admission orders were restricted to exclude long-term care departments.
 - Instituted an auto-populated length-of-stay section in admission order bundles to support case management, nursing, and bed placement teams with resource prediction and allocation.
 - Enhanced Nova Note Review by adding fishbone visualizations within Epic.
- Pharmacy and Nursing Informatics
 - Collaborated with Pharmacy to update and retire outdated drug allergen listings in Epic.
 - Reviewed default intravenous fluid duration settings to improve standardization.
 - Monitored nursing communication usage in Epic workflows, with continued oversight planned.
- Governance and Structure
 - Reviewed and implemented a revised committee structure beginning in FY25, creating multiple focus groups to manage the large volume of subcommittee business more effectively.

High Value Care/Evidence-Based Medicine Subcommittee FY25 Accomplishments:

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.

- Sepsis & Infection Prevention
 - Developed a workgroup to address CAUTI prevention and Foley catheter utilization in emergency departments.
 - Presented an update on the Virtual Sepsis Monitoring pilot at Bristol Regional Medical Center, Holston Valley Medical Center, and Indian Path Community Hospital emergency departments, including Epic and workflow enhancements.
 - Reviewed organizational and community Sepsis Awareness activities during September.
- Vascular Access & Imaging
 - Revised and approved the CORTRAK External Access System policy.
 - Presented national standards on ultrasound-guided intravenous insertion; established a workgroup to reduce PICC line use in CKD stage 3–5 patients.
 - Continued evaluation of inappropriate use of advanced imaging.
- Laboratory & Diagnostic Utilization
 - Established a steering team to examine troponin utilization in emergency departments.
 - The Troponin Taskforce presented emergency department utilization data and proposed next steps and long-term goals.
- Medication Safety
 - Collaborated with Pharmacy and Nursing Leadership to revise Epic vaccine screening/administration workflows and reviewed pneumococcal vaccine utilization.
 - The Anticoagulant Committee revised order sets to standardize heparin use, integrate a calculator, and reduce dosing errors and nursing interpretation burden.
- Clinical Monitoring & Disposition
 - The Telemetry Taskforce developed a system-wide standard of care for initiation, continuation, and discontinuation of telemetry, supported by evidence-based guidelines, project management, and purchase of additional devices.
 - The Disposition Optimization Taskforce reviewed inpatient rehabilitation utilization and identified opportunities within IPR and skilled nursing facility transitions. Goals included addressing reimbursement changes and physical therapy.
- Governance
 - Revised the High-Value Care Subcommittee charter to include voting membership.

Medical Staff Services Subcommittee FY25 Accomplishments:

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.

- Credentialing & Reappointment
 - Established a credentialing and reappointment model aligned with recommendations from the Lorna Breen Foundation, revising questions to eliminate behavioral health attestations and reduce stigma around health conditions.
 - Reviewed and revised reappointment application questions; presented for approval with additional edits received and adopted.
 - Discussed reappointment fees, CBL modules, and new provider orientation to reduce the burden of additional costs and requirements at reappointment.
- Policies & Governance
 - Presented and received approval for a proposed Conflict of Interest Policy and revised Conflict of Interest Statement.
 - Reviewed and approved the Medical Staff Services Committee charter.
 - Advanced the Bylaws Rules and Regulations Project to near completion, with revisions sent to Medical Executive Committees and Clinical Council for final approval.
 - Finalized the Credentials Policy and Medical Staff Glossary for Acute Care, including board certification requirements, telemedicine, and coverage staff.
- Education & Training
 - Reviewed and deployed preeclampsia training for Medical Staff Services.
- Telemedicine & Consults
 - Established new telemedicine modalities in Cardiology and Neurology; standardized request forms to streamline utilization.
 - Standardized the behavioral health consults process across the Iris group.

Patient, Family, and Provider Experience Subcommittee FY25 Accomplishments:

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

- Patient Care Improvements
 - Launched the “Nothing by Mouth” (NPO) Pilot at Indian Path Community Hospital to reduce unnecessary NPO time before procedures and ensure emergency department wait times are considered when ordering food trays. Once validated, the pilot will be scaled system wide.
 - Established a system-wide Dietary Team to review and align menus across facilities, improving patient satisfaction.
 - Implemented bedside shift report and initiated provider-nurse rounding, with ongoing education, reporting, and sharing of best practices.
- Communication & Transitions of Care
 - Created a standard reporting process between emergency physicians and hospitalists for admitted patients held in the emergency department for four hours or more.
 - Received Clinical Council endorsement for a standard of work requiring hospitalist evaluation of patients held in the emergency department beyond four hours.
 - Continued work on standardizing handoffs between emergency department providers and hospitalists for admitted patients boarding in the emergency department.
 - Formed a workgroup with Operational Excellence to revise the After Visit Summary, reviewing current admission and discharge information as a foundation for process redesign.

- Provider & Team Member Engagement
 - Introduced Schwartz Rounds at Johnson City Medical Center, with plans for expansion to other facilities.
 - Partnered with the Virginia Hospital & Healthcare Association, Medical Staff Subcommittee, and Lorna Breen Foundation to support resiliency and provider safety in seeking behavioral health assistance.
 - Established a steering team to implement *Practicing Excellence in a High-Reliability Organization*, focusing on provider engagement.
 - Partnered with the B Excellent platform to reinforce organizational culture, behavior, and values.
- Patient Experience Measurement
 - Presented upcoming changes to the HCAHPS Survey effective January 1, 2025, including new composite measures, individual items, global items, and “About You” questions. Planned adjustments include team member education and Press Ganey “solution starter” training.

Pharmacy and Therapeutics Subcommittee FY25 Accomplishments:

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.

- Formulary Management
 - Reviewed and revised the Ballad Health formulary.
 - Approved additions: Zynrelef, nadolol, and alteplase for specific indications.
 - Approved use of Vistaseal as an adjunct to hemostasis when other methods are ineffective.
 - Removed guaifenesin/dextromethorphan combination from the formulary.
 - Restricted loxapine use to the inpatient psychiatric setting and for continuation of home therapy.
 - Reviewed and concluded Andexanet alfa will remain non-formulary.
- Medication Safety & Guidelines
 - Established an echocardiogram contrast order set and created treatment kits for anaphylactic reactions in all areas where ultrasound-enhancing agents are stocked.
 - Restricted use of indocyanine green due to national shortage, with guidelines for colon procedures, ophthalmic angiography, and sentinel lymph node mapping.
 - Standardized tranexamic acid use for postpartum hemorrhage, including an order panel with dosing and exclusion criteria.
 - Adjusted ceftriaxone dosing for serious infections and implemented a policy to hold oral methotrexate during hospital admissions.
 - Updated Epic order panel for ferric gluconate to include dosing for patients with heart failure with reduced ejection fraction.
 - Approved Adult and Pediatric Hypoglycemia Management order sets.
 - Built a Rapid Sequence Intubation (RSI) bundle panel in Epic with appropriate medication dosing.

- Anti-Infective Stewardship
 - Reviewed and approved the 2023 antibiograms.
 - Evaluated each step in the order-to-administration process for antibiotics, identifying barriers to timely administration.
 - Completed a Medicines Evaluation Unit (MEU) study on antibiotic administration times in septic patients.
- Clinical Tools & Resources
 - Developed a perioperative immunosuppression management chart to guide prescribers on continuing or holding therapy.
 - Expanded nitrous oxide availability across facilities as an additional pain management modality.
 - Updated order sets and concentrations for sodium bicarbonate.
- Specialty Agent Review
 - Reviewed Definity RT (ultrasound-enhancing agent) and established Lumason as the formulary agent for echocardiography.

Surgical/Perioperative Services Subcommittee FY25 Accomplishments:

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.

- Policy & Compliance
 - Revised informed consent to include specific language for sensitive exams, aligning with regulatory requirements.
 - Updated the Perioperative Dress Code Policy to comply with regulatory and practice standards.
- Patient Safety & Quality
 - Created a reference sheet for surgical patients on immunosuppressants to reduce the risk of surgical site infections.
 - Developed a surgical liaison role for Infection Prevention.
 - Implemented sterile instrument verification and point-of-use care process education as part of annual team member training.
 - Reviewed Patient Safety Indicator 10 (Post-Operative Acute Kidney Injury Requiring Dialysis) rates, launching a Holston Valley pilot program to optimize Epic tools for patient risk classification.
 - Convened workgroups to analyze postoperative acute kidney injury, respiratory failure, and insufficiency, providing surgeon education and case reviews.
 - Established Baxter IV solution shortage parameters, reducing intraoperative fluid use and planning next steps for allocation.
- Perioperative Culture & Rounds
 - Reviewed and acted on Perioperative Culture and Safety Round items, identifying the top three facility priorities based on 2024 audit data.
- Programs & Initiatives
 - Launched Pre-habilitation Clinics with a fixed low-cost rate for visits and developed a marketing campaign targeting surgical and obstetrical patients.

- Approved twelve core elements of the Enhanced Recovery After Surgery (ERAS) program for inclusion in pre- and post-operative order sets across all specialties.
- Established a system approach for add-on/emergent surgical cases using a color-coded prioritization grid (red = immediate/life- or limb-threatening; yellow = urgent within 1–2 hours).
- Introduced a preoperative clear liquid tray for patients awaiting elective surgeries.
- Formed a workgroup to evaluate CT with delayed imaging as a decision tool for prioritizing operating room versus interventional radiology.
- Technology & Innovation
 - Successfully prepared for and achieved trauma site accreditation visits.
 - Introduced the ION robot at Johnston Memorial and Johnson City Medical Center to assist with navigation, biopsies, and lung mass procedures.

Women’s and Children’s Subcommittee FY25 Accomplishments:

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

- Governance & Policy
 - Reviewed and approved the subcommittee charter.
 - Revised delivery consents and streamlined processes across birthing facilities.
 - Reviewed and revised informed consent for induction and scheduling, removing Bishop scoring.
 - Revised and approved the Ballad Health RH Immune Globulin Policy and Epic order set in alignment with 2024 ACOG guidelines.
 - Developed a system-wide position statement on peri-viable resuscitation at 22–24 weeks’ gestation.
- Maternal Care Initiatives
 - Reviewed and approved care pathways for pregnancy-induced hypertension and postpartum hemorrhage, with provider education.
 - Reviewed and revised the Pregnancy Hypertension order set per updated guidelines.
 - Established care guidelines and pathways for deliveries at 24 weeks or less.
 - Launched Maternal-Fetal Medicine (MFM) Banner and Storyboard Notifications for labor nurse summary pages (yellow = MFM concern, red = NICU admission).
 - Developed Epic workflows to flag maternal and infant charts with postnatal plans and delivery facilities.
 - Created dot phrases (.mfm and .perinatalplan) for documenting maternal and infant summary plans.
 - Launched a collaboration with the Tennessee Department of Health to educate expectant parents on monitoring fetal movements in the third trimester.
 - Established pre-operative processes specific to obstetrical surgery at each birthing center.
 - Formed a task force to decrease clinical variation in managing the “margin of viability” for expectant mothers.
- Neonatal & Pediatric Care
 - Convened bimonthly case review meetings with MFM, neonatology, and pediatric subspecialists (cardiology, surgery, genetics, etc.) to discuss patients with known fetal concerns.
 - Reviewed pediatric surgery locations by specialty (ENT, orthopedic, general surgery, anesthesia, pediatric surgical).

- Conducted retrospective and prospective reviews of Ballad Health pediatric surgery data, with Clinical Council recommending creation of a trauma-style peer review process for ongoing quality oversight.

4. Quality Indicators – TOC Section 4.02(c)(ii), 6.04(b)(4) 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)

5. Patient Satisfaction Survey – TOC Section 4.02(c)(iii), 6.04(b)(5) and Exhibit C

Ballad Health Patient Experience - Access

This report provides a summary of performance for patient satisfaction with access to care in the outpatient, emergency department and owned physician practice networks as represented in the calendar year January 1, 2017 – December 31, 2017, for the baseline period. The current FY25 reporting period is July 1, 2024 – June 30, 2025.

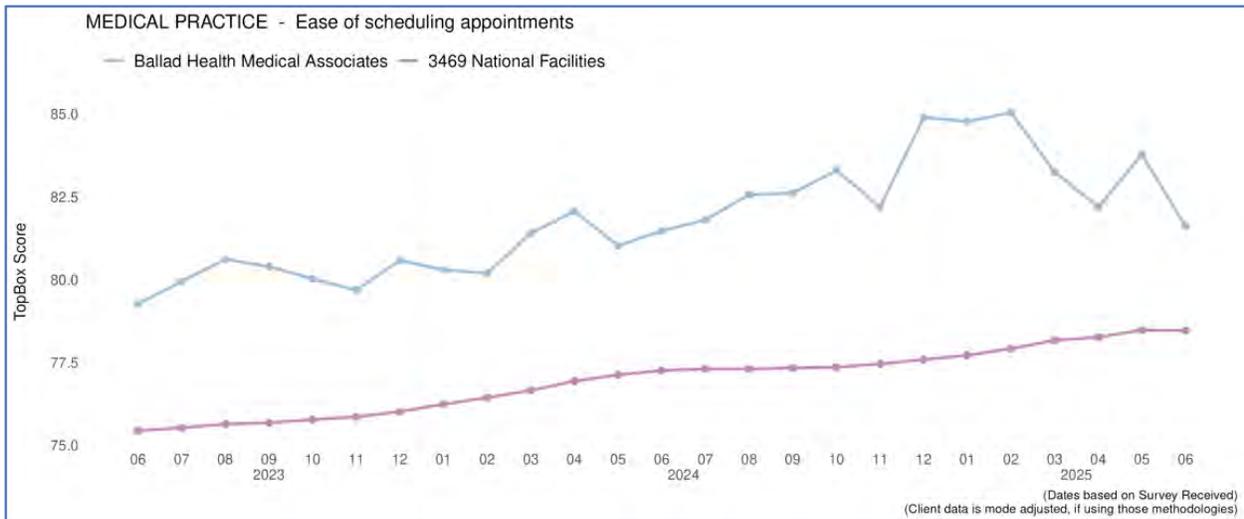
- Satisfaction with access is defined as overall access (ease of contacting and ease of scheduling appointment). The survey vendor dropped other efficiency measures with survey updates. (time in waiting room and efficiency of check-in process reflective of dramatic change in baseline to current)
- Satisfaction 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.

Target Measures

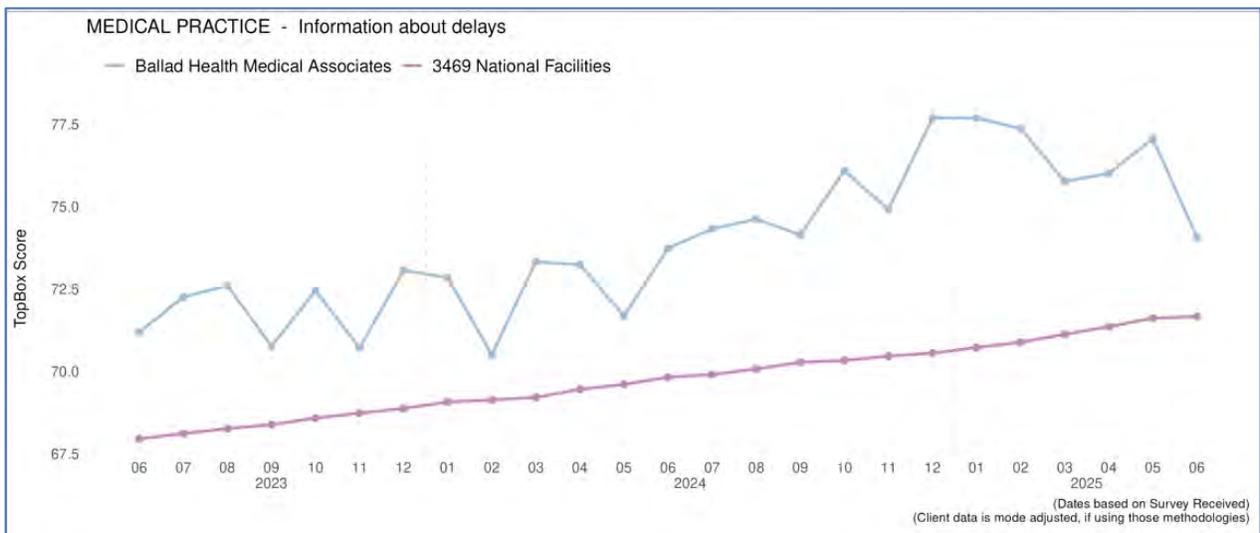
Desired Performance	Access Area	Baseline	FY23	FY24	FY25	Status
↑	Satisfaction with Access to Care in Owned Medical Practices	68.35	92.7	93.05	94.06	Green
↑	Satisfaction with Access to Care in Emergency Services	84.25	68.05	72.84	77.90	Red
↑	Satisfaction with Access to Care in Outpatient Services	91.36	88.45	94.41	91.62	Green

*NOTES: All medical practices migrated to one standard survey and platform 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.

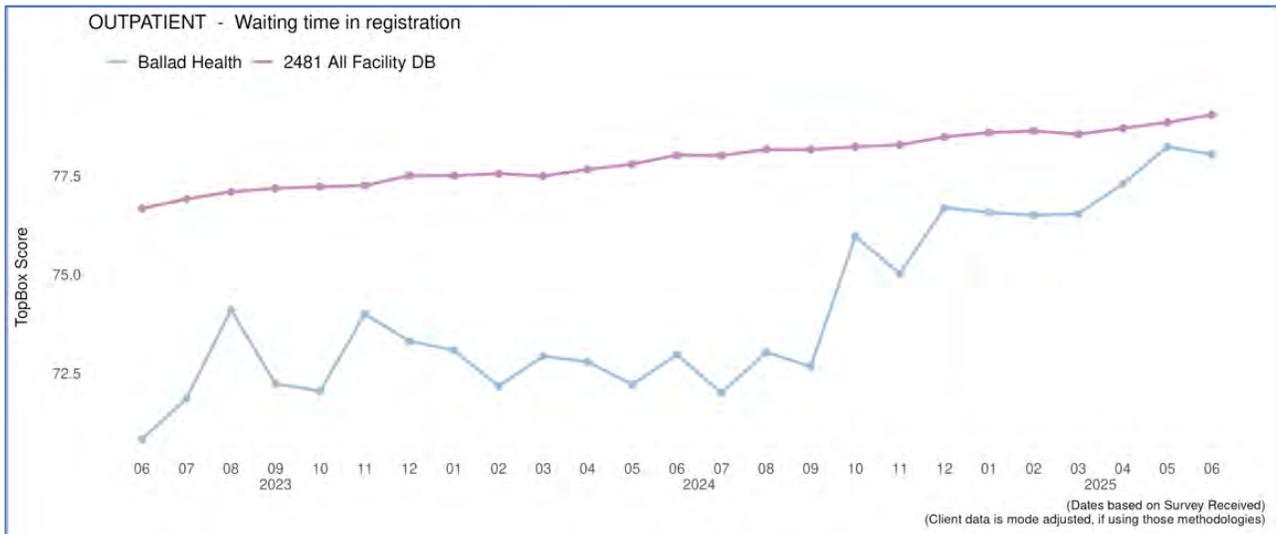
Press Ganey, a national provider of consumer research and experience, administers surveys at most of the nation’s healthcare institutions. They monitor industry trends and note a drop in emergency room satisfaction of over 3 percentage points during FY21 and FY22 – driven largely by the impact of the pandemic.



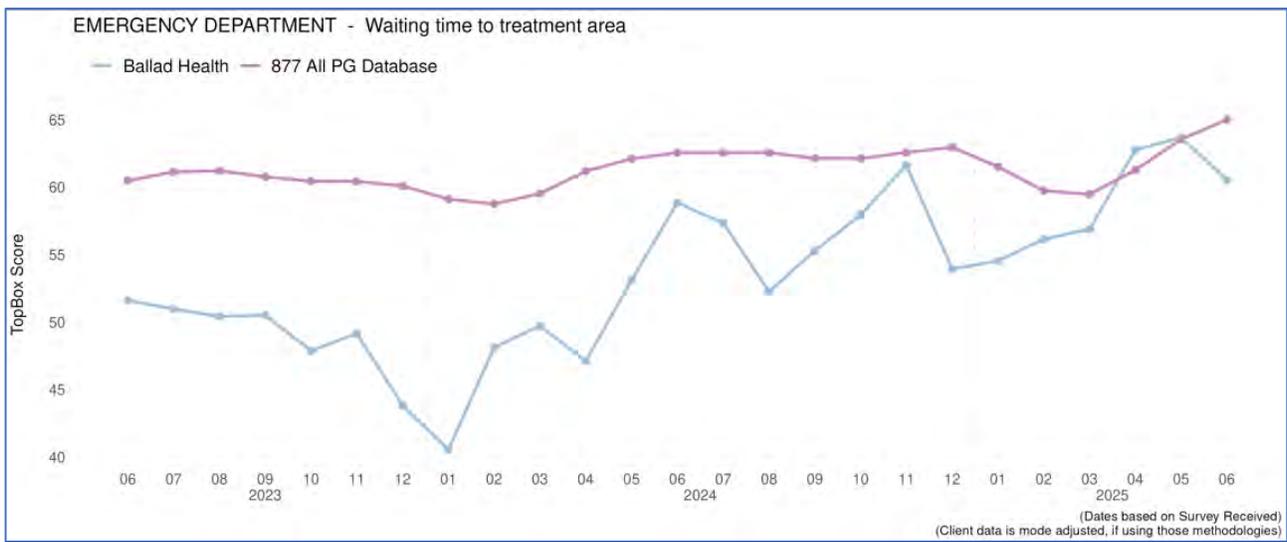
Patients at Ballad Health Medical Associates’ practices rate ease of scheduling appointments consistently above the national benchmark for top box (highest ratings).



A frequent source of patient dissatisfaction in medical practices is poor communication regarding delays. Ballad Health Medical Associates (BHMA) continues to exceed peer averages in the percentage of patients giving the highest rating (“top box”) for keeping them informed about delays and explaining the care process.



Wait times in registration continue to be a challenge as many outpatient procedures are performed in inpatient settings. Ballad Health is taking many strides in streamlining the registration process to reduce wait times in registration.



Ballad Health continues to improve waiting time 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.
 - Ballad Health launched a 24-hour Virtual Urgent Care program in FY24 with resounding success with a growth in asynchronous visits of **89%** from FY24 to FY25.
 - Telemedicine has seen consistent year-over-year growth, expanding from foundational services prior to FY22 to a comprehensive ecosystem by FY25, including emergent/urgent tele-neurology, tele-triage, tele-psychiatry, tele-cardiology, 24/7 virtual urgent care, remote patient monitoring for our chronic patients, and asynchronous (chat-based) visits.
 - Nurse Connect experienced a **68%** growth in call volume in FY25, representative of the ability to access information about health and access.

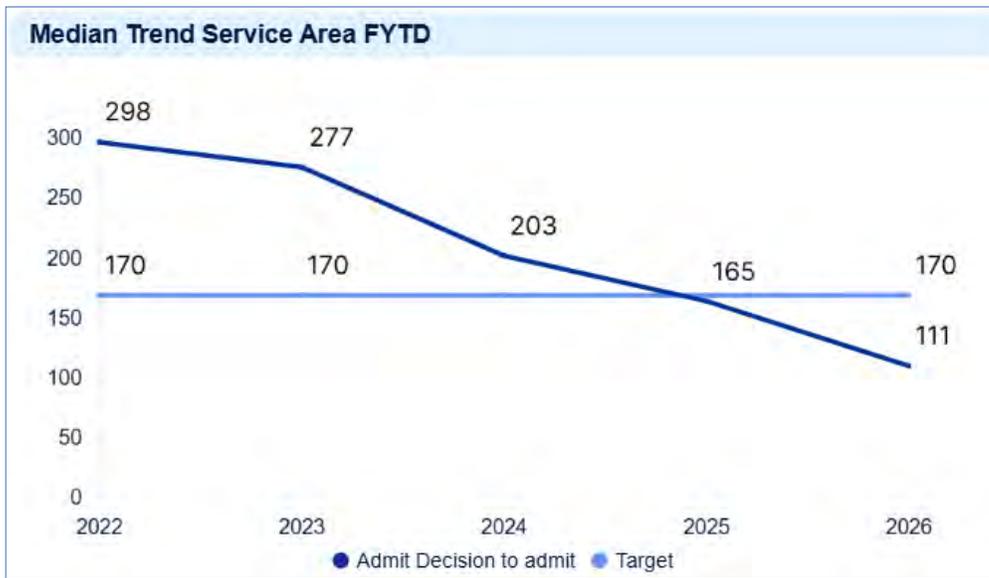
Education materials for patients on the Emergency Department Process

- **Continued use of Welcome Materials in Emergency Departments.**
 - Continued using welcome materials to explain how triage affects the order of care—clarifying that arrival time isn’t the only factor—and to help patients understand the overall process and what to expect during their emergency department visit.
- **Continued Partnership Provider Training for Patient Experience.**
 - 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 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.

Through close collaboration among hospital, clinical, and front-line teams, Ballad Health met its target of 170 minutes or less for emergency department decision-to-admit times across all three tertiary hospitals by the end of FY25. This achievement reflects the strength of teamwork and data-driven operational improvement. Cross-functional groups tackled key efficiency projects—streamlining admission and discharge orders, reducing room turnaround and patient transport times, and implementing multidisciplinary rounding to improve care coordination and discharge planning—resulting in sustained, systemwide progress. Through relentless focus on incremental, continuous improvement, median emergency department decision-to-admit times have steadily decreased from **298** minutes in 2022 to **277** minutes in 2023, **203** minutes in 2024, and to **165** minutes in 2025.



Improve Satisfaction with Registration Process in Outpatient Services
Communication Training

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

Technology Enhancements

- Continued development of consumer call center and centralized scheduling processes.
 - 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

Several efforts have been underway to increase access and satisfaction with 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 (28% increase in FY25)
- Urgent care same-day appointment scheduling
- Expanded team-based care models to support primary care providers
- Patient acquisition marketing campaigns for primary care and virtual urgent care
- Continued focus on annual wellness screening and visits

6. Staffing Levels – TOC Section 4.02(c)(iv) and 6.04(b)(6) (Marked Confidential) (Attachment 4)

7. Staff Survey – TOC Section 4.02(c)(v) and 6.04(b)(7) (Marked Confidential) (Attachment 5)

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

The Tennessee COPA Monitor reviewed “Patient-Related Prices Charged” referenced in section 6.04(b)(i) of the TOC. The Tennessee COPA Monitor agreed with the changes and concluded the changes were consistent with Addendum One of the TOC. A full discussion of the Tennessee COPA Monitor’s review and analysis is included in his report submitted on October 27, 2025, to the Tennessee Deputy Attorney General and the Tennessee Director of the Division of Health Planning.

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>



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

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

Efficiency	June 30, 2025 Actual (\$ in 000's)	June 30, 2024 Actual (\$ in 000's)	June 30, 2023 Actual (\$ in 000's)
Contract Labor Efficiency	\$31,835	\$26,419	\$1,572
Consolidation of Hospitalist Contracts	-	-	\$517
Clinics - Physician Contract Labor Usage	-	-	\$219
CVOR Consolidation Efficiency	\$1,651		
GPO - Medical Supplies	-	\$3,851	\$5,423
GPO - Pharmacy Supplies	\$3,891	\$2,630	\$1,904
iChoice Utilization Reduction	\$4,826	-	
ICU Consolidation Efficiency	-	\$1,191	
NW Region Labor Efficiency	-	\$6,869	
Physician Contract Labor	-	\$3,740	
Physician Productivity Efficiency	-	\$5,557	\$1,907
Recruitment Subsidies Reduction	\$973		
Retail Pharmacy Efficiency	\$2,035	-	
	\$45,210	\$50,257	\$11,541

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

The requirements of the equalization plan have been met and both states acknowledge nothing further is required.

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

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

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

Inpatient discharges increased by **0.8%** in FY25 over the prior fiscal year. COVID discharges decreased to **1,884** in FY25 from **2,585** in the prior fiscal year. While Ballad Health saw an increase in overall inpatient discharges of **0.8%** in FY25, there was also a substantial increase in level of care downgrades over the prior year by **17.9%**. This primarily occurred due to the systematic denial of claims and unilateral downcoding from Managed Medicare and Managed Medicaid insurers. While this is not unique to Ballad Health, it has a material impact on the health system and our patients. Outpatient visits increased by **1.8%** over the prior fiscal year. Inpatient surgeries increased over the prior year by **3.5%** while outpatient surgeries decreased by **0.6%**. Some outpatient diagnostic volumes are 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 decreased by **1.2%** with urgent care visits decreasing by **6.6%** over the prior fiscal year. Outpatient orthopedic procedures declined in ambulatory centers due to a competing privately owned ambulatory center in the region.



Some outpatient diagnostic volumes have declined due to Ballad Health’s intentional shift toward value-based care models developed with physician partners under risk-based arrangements. In addition, several provider-owned diagnostic centers have opened, where physicians often self-refer commercially insured patients. As a result, Ballad Health sees a higher share of uninsured and charity care cases, intensifying financial strain. This payor-mix shift—and its impact on rural hospital sustainability—is supported by data from the Tennessee Joint Annual Reports (JARs).

13. Summary of Ballad Health Sponsored Residency Programs – TOC Section 3.03(d), 6.04(b)(13) / CA: Condition 24

The partnership with East Tennessee State University (ETSU) continues to advance physician training and academic collaboration through Epic Community Connect integration, joint research, and expanded clinical rotations. Ballad Health and ETSU remain aligned in building a sustainable physician workforce and transforming rural health delivery in the Appalachian Highlands.

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. Recruiting residents to independent, rural residencies is challenging and to have filled all of our slots in the match process is a testament to the progress we are making in our training programs.

Sponsored Residency Programs/Slots FY25							
Program	Sponsor	Program Status	# of Students/ Match Rate %	Affiliation	ACGME Approved Positions	Available Positions Filled	Board Passage Rate (%)
JMH Family Medicine	JMH	ACGME Continued Accreditation	6/100%	VCOM	18	16	100
JMH Internal Medicine	JMH	ACGME Continued Accreditation	6/100%	VCOM	18	17	100
Norton Internal Medicine	NCH	ACGME Continued Accreditation	9/100%	LMU-DCOM	30	28	50 ABIM 95 AOBIM
Lonesome Pine Family Medicine	LPH	ACGME Continued Accreditation	6/100%	LMU-DCOM	18	17	100ABFM 96AOBFM
JMH Dental Residency	JMH	CODA Accreditation	14/100%	JMH	16	14	100
ETSU Addiction Medicine	ETSU	ACGME Continued Accreditation	3/100%	ETSU	3	3	100
ETSU Bristol Family Medicine	ETSU	ACGME Continued Accreditation	8/100%	ETSU	24	24	100

Sponsored Residency Programs/Slots FY25							
Program	Sponsor	Program Status	# of Students/ Match Rate %	Affiliation	ACGME Approved Positions	Available Positions Filled	Board Passage Rate (%)
ETSU Kingsport Family Medicine	ETSU	ACGME Continued Accreditation	6/100%	ETSU	18	18	100
ETSU Johnson City Family Medicine	ETSU	ACGME Continued Accreditation	6/100%	ETSU	21	18	100
ETSU Internal Medicine	ETSU	ACGME Continued Accreditation	17/100%	ETSU	50	46	100
ETSU Cardiology	ETSU	ACGME Continued Accreditation	3/100%	ETSU	9	9	100
ETSU GI	ETSU	ACGME Continued Accreditation	3/100%	ETSU	9	7	100
ETSU Infectious Disease	ETSU	ACGME Continued Accreditation	2/100%	ETSU	6	4	0
ETSU Medical Oncology	ETSU	ACGME Continued Accreditation	2/100%	ETSU	6	5	100
ETSU Pulmonary Disease and Critical Care	ETSU	ACGME Continued Accreditation	2/100%	ETSU	9	6	50
ETSU Obstetrics and Gynecology	ETSU	ACGME Continued Accreditation	3/100%	ETSU	13	12	100
ETSU Orthopedic Surgery	ETSU	ACGME Continued Accreditation	3/100%	ETSU	15	12	100
ETSU Pathology - Anatomic & Clinical	ETSU	ACGME Continued Accreditation	2/100%	ETSU	8	8	100
ETSU Pediatrics	ETSU	ACGME Continued Accreditation	8/100%	ETSU	24	24	100

Sponsored Residency Programs/Slots FY25							
Program	Sponsor	Program Status	# of Students/ Match Rate %	Affiliation	ACGME Approved Positions	Available Positions Filled	Board Passage Rate (%)
ETSU Psychiatry	ETSU	ACGME Continued Accreditation	7/100%	ETSU	29	26	60
ETSU Surgery	ETSU	ACGME Continued Accreditation	10/100%	ETSU	34	34	100

14. Movement of any Residency “slots” – TOC Section 6.04(b)(14) / CA: Condition 24

In FY25, there was no movement of any resident “slots” in either the SWVA programs sponsored by Ballad Health or the ETSU residency programs.

15. Partnerships – TOC Section 6.04(b)(15) / CA: Condition 25

New and ongoing clinical trials in FY25

Clinical Studies	New	Ongoing	Total at end of FY25 (New + Ongoing)
Biospecimen Collection (Multidisciplinary)	0	2	2
Oncology	9	36	45
Cardiology	8	23	31
Pediatrics	0	1	1
Total	17	62	79

New and ongoing research projects in FY25

Research Projects	New	Ongoing	Total at end of FY25 (New + Ongoing)
Anesthesiology	0	1	1
Biospecimen	1	2	3
Cardiology	5	29	34
Gastroenterology	1	0	1
General	1	6	7
HUD	1	4	5
Neuro endovascular	0	1	1
Nursing	1	0	1
Oncology	6	39	45
Pediatrics	0	1	1
Pharmacy	3	2	5
Public Health	2	6	8
Trauma	11	9	20
Total	32	100	132

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

- Continue to develop a robust, versatile, and nimble research infrastructure.
 - Ballad Health launched its **five**-year Research Strategic Plan, *Vision for Superior Discovery*, to guide the growth of its research enterprise through **three** strategic themes: a) building a strong research culture with enterprise integration, b) ensuring compliance and best practices, and c) advancing both financial growth and medical advancements.
 - The former Office of Research Operations was restructured into the Ballad Health Research Institute, expanding research opportunities across Tennessee and Virginia. The reorganization emphasizes greater research visibility, strategic partnerships with academic and industry collaborators, and stronger community engagements.
- Provide consistent system-wide IRB (Institution Review Board) process support for all of Ballad Health.
 - Developed a comprehensive Human Research Protections Program (HRPP). The HRPP is comprised of the Institutional Review Board (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.
 - Completed Step **One** and Step **Two** in the Association for the Accreditation of Human Research Protection Programs (AAHRPP) accreditation process.
 - Scheduled AAHRPP site visit for beginning of FY26 and began conducting site visit prep meetings with individuals identified by AAHRPP to participate in site visit.
 - Built out and transitioned to new online submission system OneAegis.
 - Provided OneAegis training videos and manuals to research community.
 - Onboarded **five** new IRB members including members to represent community stakeholders and representatives for the following populations: Black & Latino Communities, Children, Prisoners, Disabled, Pregnant Women, Cognitively Impaired Adults, Economically Disadvantaged individuals.

- Conducted first ever IRB Member Retreat providing **five** in-person contact hours of IRB member education.
- Expand Ballad Health Research Infrastructure to Support Regional Research Programs:
 - Expanded knowledge of Ballad Health Research presence by putting on and attending research-oriented events within the Appalachian Highlands.
 - Expanded research education sessions with Inquiry, Discovery, Evidence, Application (IDEA) Series to include Ballad Health researchers, non-Ballad Health researchers, new researchers, and community members interested in research at Ballad Health.
 - Offered CME and CNE credits for research education sessions.
 - Attended Events
 - Clinical Trials Day: Celebration and acknowledgement of clinical trials at Ballad Health within JCMC and CVA-Kingsport
 - ACC Symposium: Bristol, Tennessee
 - Speaking Engagements
 - Clinical Research as a Care Option (CRAACO) Conference – Panelist
 - Site Council Forum – Panelist
- Enhance Program and Business Development & Support
 - Worked on a collaborative effort with UTK and the state of Tennessee to streamline research efforts within Ballad Health utilizing AI in an ethical and responsible manner.
 - Participated in collaborative effort with local colleges, universities, and industry to understand pathways from students to careers in our area.
 - MECC HIM/HIT and CRC Advisory Board
 - Regional Association of Clinical Research Professional (ACRP) Chapter
 - Regional Society of Clinical Research Associated (SOCRA) Chapter
 - Appalachian Translational Clinical Research Network
 - Increased REDCap Utilization
 - **99.2%** increase in REDCap users
 - **70.6%** increase in REDCap projects created
 - Established industry partners
 - **Seven** new industry partners
 - **Fifty** industry partners' total
- Foster and support the development and implementation of new research studies and assist with the performance and oversight of these studies.
 - Continued to work with the STRONG Accountable Care Community (ACC).
 - Ballad Health continued to support faculty, residents, and students engaged in research.
 - Ballad Health has 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. The improved process has resulted in a **120%** increase in patient research associations in Epic.
 - Ballad Health has enhanced the use of slicer-dicer and COSMOS for research purposes adding **thirty** users and **three** superusers. These Epic tools provide a tremendous opportunity for

Ballad Health to impact the region with rigorous analysis of its very robust electronic medical records (Epic EMR).

- 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 GME and Nursing.
 - Continued virtual meetings to discuss joint ETSU CRHR-Ballad Health work on the STRONG LINK project.
 - Numerous discussions on potential joint grant and study opportunities between Ballad Health and the CRHR.

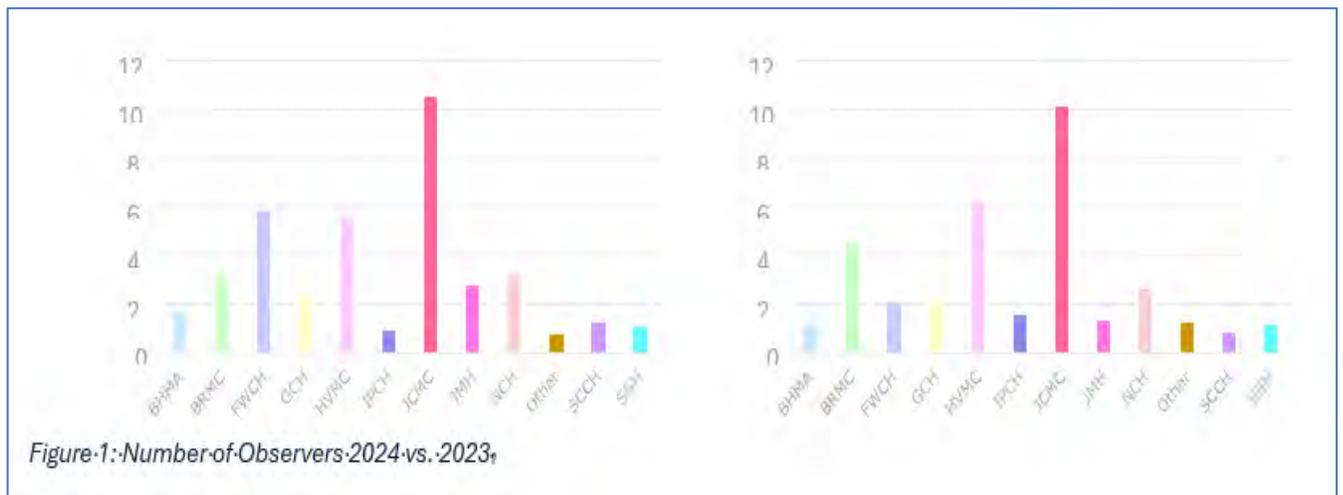
Non-Academic Research:

- Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP).
 - 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)
 - Smyth County Community Hospital spearheaded a consortium of community organizations to develop a program to help combat the opioid crisis. The consortium represents a diverse and multifaceted approach to OUD in Smyth County, Virginia. The project will reduce morbidity and mortality related to opioid overdoses in the community by conducting outreach to identify individuals at-risk of overdose, help guide them to recovery and provide the needed services to help them with recovery.
- CMS Accountable Health Communities
 - Provide screenings for Medicare/Medicaid patients in our facilities in Southwest Virginia to review social determinant of health needs of high-risk patients and provide referral services. Navigation services are provided to a randomized group of patients as determined by the Centers for Medicaid and Medicare Services (CMS).
- SAMHSA's Drug Abuse Warning Network (DAWN)
 - DAWN began in 1976, and it was reactivated in 2018. 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.

Academics in FY25:

Observation Program

- Academics received more than **1,000** observation applications between July 1, 2024, and June 30th, 2025, approving almost **600** students for observation experiences in FY25: an increase of approximately **35%** from previous years.
- Having a dedicated team member focused almost exclusively on processing and placing observation students has enabled us to significantly increase the number of students participating in job shadowing experiences.
- Academics supported local community colleges by placing learners in observation experiences, helping students meet the job shadowing requirements needed before applying to healthcare education programs.
- Placed **385** student observers at Ballad Health facilities in Tennessee and Virginia between January 1, 2024, to December 31, 2024. Placed **335** student observers at Ballad Health facilities in Tennessee and Virginia between January 1, 2023, to December 31, 2023.



Preceptor recruitment and recognition

- Student coordinators made **191** recruitment and recognition visits to clinical practices during FY25, exceeding minimum requirement of **144** visits per year by almost **33%** and an increase in visits of **47%** over FY24.
- Corporate Student Coordinators continued to make a minimum of **12** visits per month to provider practices for purpose of recruitment and/or recognition. Student coordinators consistently monitor for healthcare providers newly joining Ballad Health or community practices in the region to initiate recruitment efforts.
- A total of **19** new physician preceptors recruited in FY25 surpassing goal of 18; **three** family medicine; **five** surgeons; **seven** internal medicine; **one** addiction medicine; **one** pediatric; **one** psychiatry and **one** anesthesiology.
- Student coordinators are strategically directing recruitment efforts toward the shortage areas of pediatrics, women's health, and behavioral health to strengthen the clinical training pipeline and expand the breadth of rotation opportunities available to students.

Academic Events

- Medical Student Orientation- Medical student orientation sessions were held in July 2025, for the incoming class of third-year students. New medical student orientation is designed to help students feel prepared and supported as they begin their clinical training. It introduces them to our culture, policies, and expectations, reviews safety and confidentiality practices, and highlights the resources available to them. Most importantly, it helps students connect with our team and each other so they can start their rotations with confidence.



- Medical Student “meet and greet”: Student coordinators organized several “meet and greet” events in July 2025, to welcome incoming medical students from Lincoln Memorial DeBusk College of Osteopathic Medicine, Virginia College of Osteopathic Medicine and Kentucky College of Osteopathic Medicine. These events offered an opportunity for new students to connect with their peers and to gain insight from fourth-year students regarding clinical rotation experiences and living arrangements in the region.

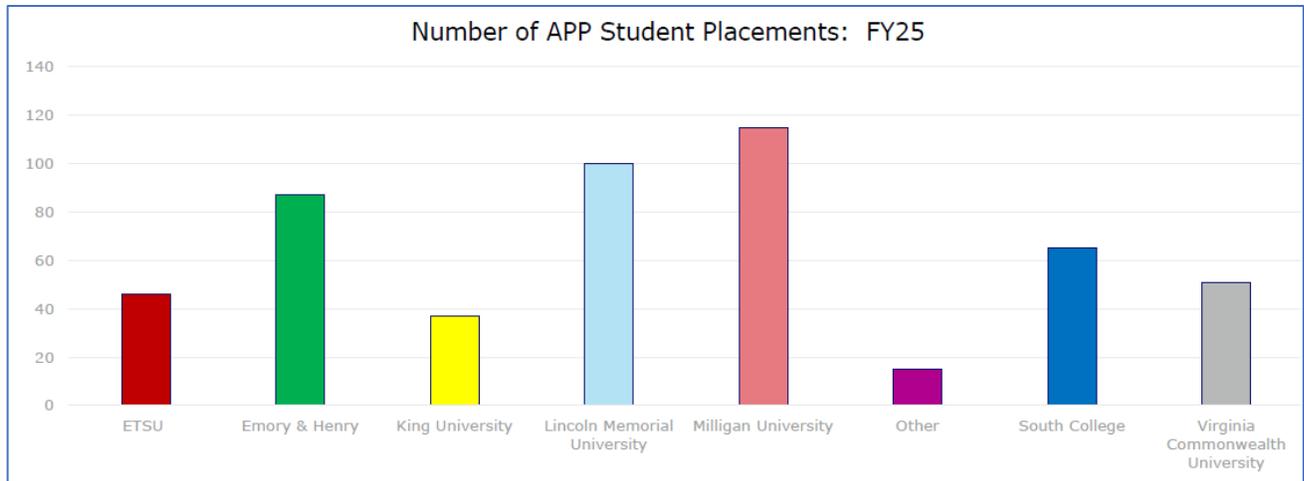


- Hospital Days: Corporate Student Coordinators from Greeneville Community Hospital, Indian Path Community Hospital, and Norton Community Hospital core sites attended Lincoln Memorial University DeBusk College of Osteopathic Medicine Hospital Day event in October 2024. Hospital Day offers students valuable opportunities to connect with dozens of hospitals, clinics and health care facilities, helping students explore clinical training options and network for future rotations and residency placements. Student coordinators provide students with information about Ballad Health, the clinical rotation placements available, housing, recreational activities, and the community. The student coordinators will attend a hospital day event again in October 2025.

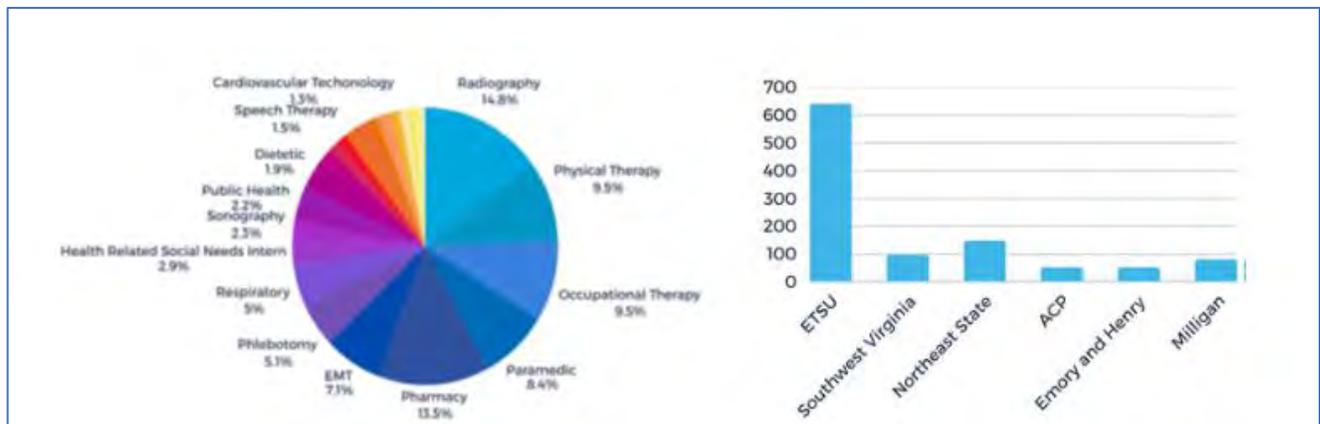


Placement Data

- Almost **300** medical students rotated throughout Ballad Health facilities, completing over **1,200** rotations at a Ballad Health facility or hospital in FY25.
- Academics is utilizing SmartSheet to manage projects and timelines; track student clinical rotation schedules; collect and analyze data; and share updates with leadership.
- Approximately **475** Advanced Practice Provider student rotations completed during FY25.



- During FY25, Ballad Health hosted **1,628** Allied Health/Internship students across the system at **18** Ballad Health Hospitals and **31** outpatient sites. Of the **1,628** students, ETSU had the highest number of placements with **688**. Per program, rehabilitation services had the highest number of students with **342** followed by radiography with **244** students.



- Overall, Allied health and internship programs grew during FY25.
 - From **1,259** students to **1,628** student placements
 - Increase in the number of student programs hosted from **43** to **46** programs
 - Increase in the number of educational institutions hosted by Ballad Health from **59** to **71**

Continuing Education

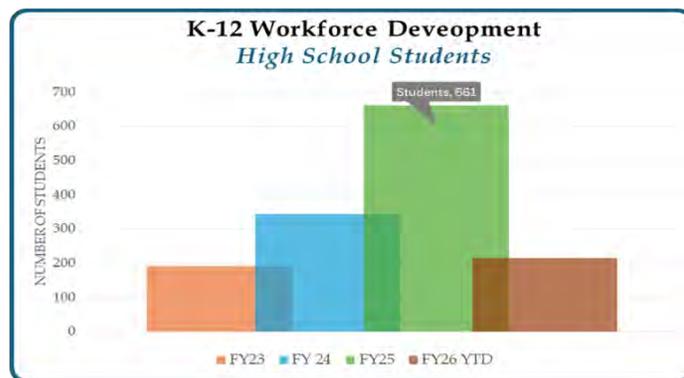
- Recent events:
 - Safe Opioid Prescribing
 - Peripheral Vascular Disease Morbidity & Mortality Conference
 - Frontline Response: Fight Against Human Trafficking
 - Ballad Health B Excellent High Reliability Organization Universal Skills
 - Johnson Memorial Hospital Tumor Conference
 - Bristol Regional Medical Center & Holston Valley Medical Center Cardiac M&M Conference
 - Greene County Medical St
 - System-Wide Grand Rounds – Compassionate Communication

- Upcoming events:
 - System-Wide Grand Rounds – Sepsis Awareness – September 2025
 - Oncology Symposium – November 2025
 - STRONG ACC 2025 Regional Symposium
 - 22nd Annual Diabetes Symposium
 - IDEA Research Education Series continuation
 - BHMA Primary care Summit

- Metrics:
 - Ballad Health CME increased CME participation from **1,988** to **4,879** individuals in FY25.
 - Offered **50** courses
 - **366** individual CME sessions offered

K-12 Pipeline activities

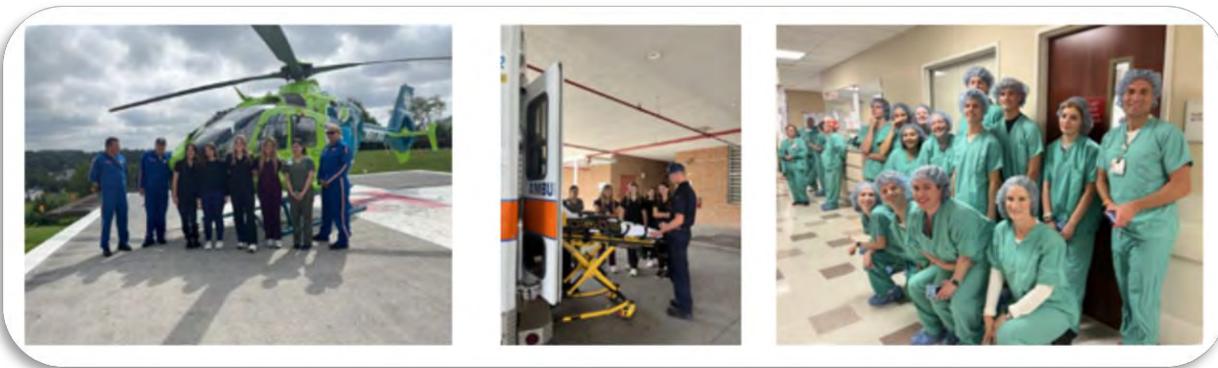
- **248%** Student Growth Since 2023



- **207** Industry-Recognized Certifications Earned – Students gained credentials including Certified Nursing Assistant (CAN), Certified Medical Assistant (CMA), PTTC, Pharm Tech, and Dietary Aide, preparing them for workforce entry or further education.



- Implemented Smartsheet Tracking System – Developed and implemented Smartsheet's, a real-time platform that enhances efficiency by monitoring placements, certifications, and rotations.
- Expanded Shadowing Opportunities – Students experienced **18** hospitals, **40+** clinics, and specialty departments, gaining broad exposure to healthcare careers.

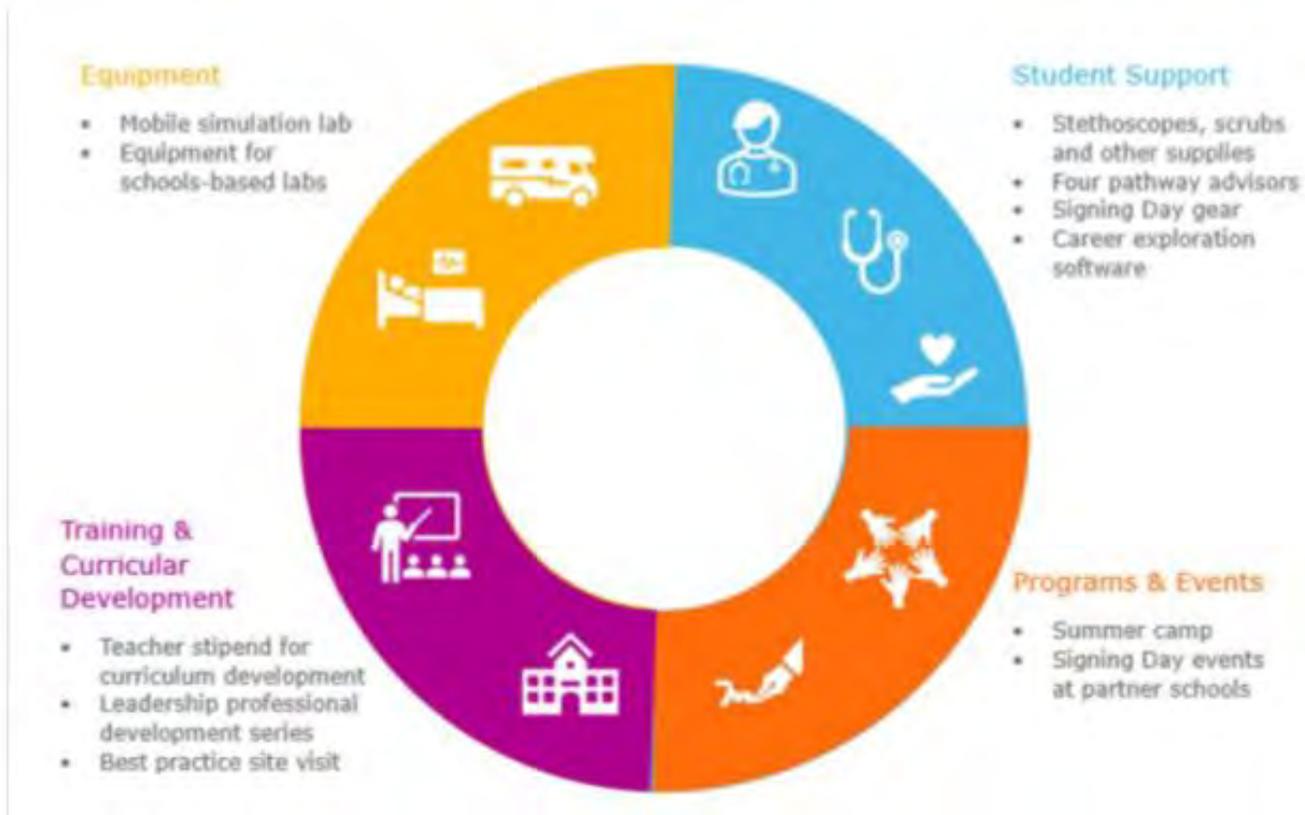


- Strengthened Education & Community Engagement in East Tennessee – Placed students from **33** high schools in shadowing and experiential opportunities and fostered strong ties with educators, students, and local communities. Community Outreach Events:
 - CTE Tuesdays with Kingsport Chamber
 - Valentine’s Day outreach to patients
 - Everything Ballad Day at Science Hill
 - Unicoi HOSA Celebration
 - Participation from TSW, JAG, and Health Science Educator Externships and Combines
 - Cat in the Hat Literacy Day
 - Student Resident Forums
 - Initiated Growth in Southwest Virginia – Laid the foundation for program expansion and long-term workforce development in the region.
 - Bristol Regional Medical Center recently welcomed educators and students from across Southwest Virginia for a behind-the-scenes look at healthcare careers. The Educator and Student Externships Tours with Washington County, Virginia, is part of our ongoing effort to expand our reach strengthen the connection between education and the workforce. Through guided tours of key hospital departments, educators gained firsthand insight into a variety of clinical roles, helping them better translate classroom lessons into real-world career opportunities for their students. Stops on the tour included the trauma room in the emergency department, radiology—where they learned about CT scans and MRIs—the clinical lab, and the operating room, where we showcased robotic-assisted surgery.
 - Participants represented schools and programs, including E.B. Stanley Middle School, Meadowview Elementary, Watauga Elementary, and Washington County, Virginia CTE Department.
 - Claude Moore Scholars Program in Wise County and the City of Norton:
 - **516** Students across **6** elementary and middle schools
 - Second Annual Exploring Healthcare Careers in conjunction with Norton Community Hospital, Lonesome Pine Hospital, Lee County Community Hospital, Dickenson Community Hospital, University of Virginia’s College at Wise, and Mountain Empire Community College
 - Hired **one** CNA Resident from Wise County Career and Technical Center
- Ballad Health Academy
 - With grant support from Bloomberg Philanthropies, Ballad Health Academy provided equipment for health education labs in partnering high schools. The program also funded teacher stipends to develop nursing curricula and hosted seminars for school system leaders on career-connected learning, academy design, master scheduling, and using labor market data to guide career advising.
 - Funds also supported student-focused milestone events such as Signing Day celebrations and summer camp programs.
 - Signing days were held at all partnering high schools, where students formally committed to joining the Academy.
 - Our goal is to provide each student with what they need to successfully navigate the practical nursing career pathway. Grant funding supported the purchase of:

- A mobile simulation lab to be used on a rotating basis at participating high schools
- Career exploration software
- Supplies such as stethoscopes and scrubs for students on clinical rotations
- Hiring pathway advisors to work along with personnel at each partner school to prepare Academy students for academic and career success.



- At the end of FY25, the Academy had **218** students enrolled across seven high schools in Northeast Tennessee.



Community Appreciation

- We were thrilled to recognize **24** dedicated students from Unicoi County High School’s Future Health Professionals chapter for their outstanding volunteer efforts following Hurricane Helene on Wednesday, March 26, 2025.
- The students provided crucial assistance, demonstrating compassion, leadership, and resilience during a time of great need, even while dealing with losses of their own. To recognize their hard work, a special ceremony and pizza party, was held in their honor. Teachers, administrators, Ballad Health representatives and local officials gathered to celebrate the students’ selfless contributions and commend their commitment to service.

- “When Hurricane Helene swept through our community, it left devastation in its wake — homes were damaged, families were displaced, and many lives were changed forever,” said Jennifer Harrah, RN, administrator of Unicoi County Hospital. “In the face of that hardship, these courageous students chose to step forward, and instead of standing by, they took action. I know that for some of them, this was personal. They were dealing with their own challenges, their own losses. Even amid uncertainty, they still showed up to help others. That kind of courage and compassion is rare. It speaks volumes about their character.”
- “At Unicoi County High School, we believe education extends far beyond the walls of our classrooms,” said Chris Bogart, Unicoi County High School principal. “It is about building character, fostering leadership, and encouraging a spirit of service. These students have embodied those values by stepping up when their community needed them most.”



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- **\$700,000**
- ETSU Addiction Medicine Fellowship- **\$2,074,351**
- Appalachian Highlands Center for Nursing Advancement- **\$ 1,667,000**
- Emory & Henry- **\$685,080**
- STREAMWORKS- **\$150,000**
- Southwest Virginia Community College- **\$54,648**
- TCAT Phlebotomy Basics and Lab Training- **\$9,375**
- Kingsport City Schools CCMA program- **\$19,500**
- ETSU GME Support- **\$2,000,000**

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

- New grants awarded FY25
 - TennCare Psychiatric Hospital Grant- **\$1,500,000**
 - FY25 Child Safety Funds- Bristol Regional Medical Center
 - FY25 Child Safety Fund- 2025 Franklin Woods Community Hospital
 - FY25 Child Safety Funds- 2025 Greeneville Community Hospital
 - FY25 Child Safety Funds- 2025 Indian Path Community Hospital
 - FY25 Child Safety Funds- 2025 Johnson City Medical Center
 - NEW Care Partnership - CEL Kingsport Phase II- **\$1,000,000**
 - FY25 Virginia Opioid Abatement Authority - Strong Futures Virginia- **\$597,727**
 - SCORE Future Forward Innovation Grant - Surgical Tech Pathway- **\$50,000**
 - TN SANE Funding FY25- **\$98,343**
 - FY25 VHSO Car Seat Safety- **\$38,953**
 - FY25 THSO Car Seat Safety- **\$125,582**
 - SANE Virginia VSDVVF Grant- **\$70,171**
 - Virginia Health Care Foundation RxRelief Virginia Initiative- **\$57,750**
 - Partnership to Advance Youth Apprenticeships- **\$75,000**
 - Congressionally Directed Spending - Ion at Norton (resubmittal)- **\$683,000**
 - FY25 American Cancer Society - Lodging Grant- **\$10,000**
 - FY25 American Cancer Society - Transportation Grant- **\$20,000**
 - TN Strong Families Doula Grant and CPRS- **\$275,906**
 - FY25 Safe Kids Worldwide- **\$19,000**
- Continuing Grants
 - 2024 UVA Comprehensive Community Grant- **\$10,000**
 - Workforce Opportunity for Rural Communities (WORC 5)- Year 2 **\$141,178** (3-year grant **\$359,763**)
 - JG Hawkins Community Health & Wellness Transportation Grant- **\$20,000**
 - State Opioid Response Grant for Overmountain Recovery- Year 3 **\$2,935,265** (3-year grant total **\$3,436,365**)
 - RCORP Implementation 4 for Peer Help- Year 3 **\$330,703** (3-year grant total **\$1,000,000**)
 - Tennessee Opportunity Pilot Initiative/TANF Opportunity Act (TOA)- Year 3 **\$7,181,820** (multi-year grant through Oct 2026, total award **\$13,334,758**)
 - Healthy Tomorrows Partnership for Children Program- Year 3 **\$50,000** (3-year grant total **\$150,000**)
 - TN SANE VOCA- Year 3 **\$198,343** (3-year grant total **\$595,029**)
 - Komen Blue Ridge- **\$42,826**
 - Claude Moore Foundation- Year 4 **\$120,000** (5-year grant total **\$500,000**)
 - First Horizon (formerly First Tennessee Bank Foundation)- **\$28,633**
 - TennCare Community Health Worker Infrastructure – Year 2 of a 2-year grant, total **\$750,000**

Academic Research Projects:

The studies are continuations of prior years' work.

- In conjunction with ETSU Center for Rural Health Research
 - STRONG 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.
 - The Resilient Region Workgroup- Provided brief trauma-informed care raining overview and collected data from organizations about their needs related to trauma-informed and resilience-informed practices.
 - Data collection and analysis for PEERhelp (Programs for Education Employment and Recovery)- support to individuals recently released from prison with a history of substance abuse. Seeking to find them employment within a year of release.
 - Plan for examination of rates for emergency department visits related to oral health.
 - 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.
 - STRONG LINK program.
 - 18-year longitudinal database created to track maternal and child health over the course of a child’s life from pre-term through age 18.
 - 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 evaluate if there are other regional or national programs that can be replicated to fill our gaps locally.
 - 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:
 - 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.

16. Published Reports from Research Projects – TOC Section 6.04(b)(16) / CA: Condition 25 (Attachment 6)

17. Updated Plan of Separation – TOC Section 6.04(b)(17)

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

18. Comparison of Financial Ratios – TOC Section 6.04(b)(18) (Attachment 7)



19. Total Charity Care Information – TOC Section 4.03(f), 6.04(b)(19) / CA: Condition 14

Ballad Health spent **\$65,831,011** in FY25 for charity care, exceeding baseline.

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 unless their asset value exceeds \$25,000. Individuals having an annual household income between **225%** and **450%** of the Federal Poverty Guidelines (considering 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 with insurance coverage when possible.

Ballad Health has continued its efforts to reduce emergency department utilization and medical admissions to benefit the region. Ballad Health also remained committed to advancing 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 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 to provide cost efficient care benefit the taxpayers, patients, and hospitals.

FY2025 Total Charity Care

	FY2017 Baseline	FY2017 Baseline Adjusted by FY2023 HIA*	FY2017 Baseline Adjusted by FY2024 HIA*	FY2017 Baseline Adjusted by FY2025 HIA*	FY2025 Actual as of 6/30/2025**	FY2024 Final Per 990	FY2023 Final Per 990
7(a) Charity Care	\$ 35,034,403	\$ 42,360,212	\$ 43,863,999	\$ 45,465,035	\$ 65,831,011	\$ 58,004,831	\$ 59,978,671
					Variance from Baseline		
					\$ 20,365,976		

Inflation Adjustment (HIA)	-	4.35%	3.55%	3.65%
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***FY2025 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 calculations to align with reporting on IRS Form 990.*

20. Organizational Chart and Board of Directors – TOC Section 6.04(b)(20) (Attachment 8)

21. Data – Data for Access Sub-Index and Population Health Sub-Index – TOC Section 6.04(b)(21) (CA: Condition 33,36)

FY25 Access Measures

Access to Care metrics have been the subject of ongoing discussion with the states and have been modified in TOC 5.0 (which take effect for FY26 reporting). In FY25, 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 (improvements or declines noted are against baseline)

#	Measure	Provision of Data	Baseline	FY23 Results	FY24 Results	FY25 Results	Source
Characteristics of Health Delivery System							
1	Population within 10 miles of an urgent care center (%)	Ballad Health	80.5%	82.9% (improved)	82.7% (improved)	85.7% (improved)	Census + Facility Address at Census Block
2	Population within 10 miles of an urgent care center open nights and weekends (%) <i>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</i>	Ballad Health	70.3%	54.7%* (declined)	56.6%* (declined)	60.5% (declined)	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)	99.7% (improved)	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)	98.1% (improved)	97.9% (improved) <i>Temporary closure of UCH</i>	Census + Facility Address at Census Block
5	Population within 15 miles of an acute care hospital (%)	Ballad Health	97.3%	98.1% (improved)	98.1% (improved)	97.9% (improved) <i>Temporary closure of UCH</i>	Census + Facility Address at Census Block
6	Pediatric Readiness of emergency department	Ballad Health	66.7%	74.1% (improved)	75.3% (improved)	75.5% (improved)	Survey tool created by NEDARC
7	Appropriate emergency	Ballad Health	40.7%	44.9% (improved)	50.5% (improved)	55.7% (improved)	NHAMCS, CDC/NCHS

	department Wait Times (%)						
8	Specialist Recruitment and Retention	Ballad Health	Unavailable				
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	34.6 (improved)	37.7 (improved)	42.0 (improved)	HDDS
11	Preventable Hospitalizations – Adults	TN; Ballad Health is tracking through state database	25.6	16.3 (improved)	17.8 (improved)	20.0 (improved)	HDDS
Secondary Prevention (Screenings)							
12	Screening – Breast Cancer	TN; Ballad Health is tracking internally	74.1%	82.4% (improved)	82.4% (improved)	81.1% (improved)	BRFSS (unavailable so based on BHMA data)
13	Screening – Cervical Cancer	TN; Ballad Health is tracking internally	63.8%	70.0% (improved)	66.4% (improved)	63.3% (declined)	BRFSS (unavailable so based on BHMA data)
14	Screening – Colorectal Cancer	TN; Ballad Health is tracking internally	46.4%	67.3% (improved)	64.1% (improved)	62.6% (improved)	BRFSS (unavailable so based on BHMA data)
15	Screening – Diabetes	Ballad Health	71.2%	86.0% (improved)	83.5% (improved)	85.4% (improved)	Based on BHMA data
16	Screening – Hypertension	Ballad Health	97.6%	98.4% (improved)	98.2% (improved)	98.2% (improved)	Based on BHMA data
Infant and Children							
17	Asthma ED Visits – Age 0-4	TN; Ballad Health is	60.4	42.7 (improved)	35.9 (improved)	31.4 (improved)	HDDS

		tracking through state database					
18	Asthma ED Visits – Age 5-14	TN; Ballad Health is tracking through state database	41.5	28.4 (improved)	28.1 (improved)	19.8 (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%	21.2% (declined)	20.8% (declined)	20.5% (declined)	Based on MSSP and Team Member claims data
21	Follow-up After Hospitalization for Mental Illness – 30 days	Ballad Health	58.6%	48.1% (declined)	39.6% (declined)	52.3% (declined)	Based on MSSP and Team Member claims data
Antidepressant Medication Management							
22	Antidepressant Medication Management – Effective Acute Phase Treatment	Ballad Health	75.5%	83.9% (improved)	85.9% (improved)	82.4% (improved)	Based on MSSP and Team Member claims data
23	Antidepressant Medication Management – Effective Continuation Phase Treatment	Ballad Health	65.3%	63.9% (declined)	64.4% (declined)	59.3% (declined)	Based on MSSP and Team Member claims data
24	Engagement of Alcohol or Drug Treatment	Ballad Health	1.9%	10.1% (improved)	12.1% (improved)	7.5% (improved)	Based on Team Member claims data
25	Rate of SBIRT Administration – Hospital Admissions	Ballad Health	0.0%	0.01% (improved)	0.01% (improved)	0.01% (improved)	Ballad Health Internal Data
26	Rate of SBIRT Administration – ED Visits	Ballad Health	0.0%	13.59% (improved)	35.24% (improved)	48.60% (improved)	Ballad Health Internal Data

Consumer Satisfaction							
27	Patient Satisfaction and Access Surveys	Ballad Health	100%	100% (met)	100% (met)	100% (met)	Ballad Health Internal Data
28	Patient Satisfaction and Access Survey – Response Report	Ballad Health	100%	100% (met)	100% (met)	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 notable improvement since FY24, are the results of the following metrics.

Access Metric	FY24 Results	FY25 Results	Comments
Appropriate ED Wait Times	50.5% (improved)	55.7% (improved)	Ballad Health continues to implement a series of Operational and Clinical Process Improvement activities to improve wait times in the ED. Each facility has a working committee to address local opportunities. Specific examples from JCMC include initiating a dashboard to profile “in-house throughput,” physician education on the direct admissions process, and review of the delayed discharge data. Every facility is analyzing their respective improvement opportunities and initiating specific efforts to address.
Asthma ED Visits – Age 5-14	28.1 (improved)	19.8 (improved)	The system strengthened its Asthma Action Plan to ensure families receive needed medications from in-house pharmacies before discharge and understand how to use them to prevent serious flare-ups or hospitalizations. Two pediatric pulmonologists were also recruited over the past three years, expanding access to specialized care and improving family support in emergencies.
Screening – Diabetes	83.5%	85.4%	BHMA engaged its primary care providers in this area. Additional education, transparency into individual performance and overall improved awareness among clinicians led to higher rates of screenings.
Rate of SBIRT Administration – ED Visits	35.24%	48.60%	Ballad Health continues to transform its SBIRT integration and enhance patient

			engagement. Workflows have been updated and standardized. A cross-facility huddle board and daily SBIRT huddles have been implemented. Strong collaboration now occurs with case management, addiction medicine providers, and nurse managers, ensuring timely, coordinated, and equitable access to behavioral health services. In the past quarter alone, the team have facilitated over 500 referrals and successful connections to a spectrum of treatment and community programs: including inpatient SUD/AUD Treatment Centers, Intensive Outpatient Programs, AHCN, PEERHelp, and SCI.
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FY25 Population Health

Population Health metrics have been the subject of ongoing discussion with the states and have been modified in TOC 5.0 (which take effect for FY26 reporting). In FY25, Ballad Health was responsible for meeting the spend commitment, which it did.

	Goal	Status
Investment in Population Spend	FY25 Commitment = \$11,000,000 ¹	FY25 Spend = \$15,231,461 ² (met)

¹Based on revised Exhibit B approved on December 22, 2021

²Excludes baseline spend

22. Information Expressly Required for the Annual Report Pursuant to any Other Section of Tennessee’s Terms of Certification, the COPA Act, or the Virginia Order, Regs., Code or 12VAC5-221-120 – TOC Section 6.04(b)(22)

As required by Section 4.02(c)(vii) of the Tennessee TOC and Condition 32 of the Virginia CA, Ballad Health completed the Provider Needs Assessment during FY25. Ballad Health provided the Assessment to Tennessee and Virginia and reviewed it in detail.

The following items relate specifically to the Virginia CA Conditions:

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 FY25. The COPA Monitors were actively engaged with Ballad Health during FY25 to monitor compliance.

Condition 10 – In FY25, Ballad Health entered into a new commercial value-based arrangement with United Healthcare as part of a new three-year contract.

Condition 11 – Ballad Health has pursued value-based arrangements with all five Virginia Medicaid Managed Care Organizations (MCOs). To date, only one MCO has entered into a value-based arrangement with Ballad Health. Another MCO is in discussions with Ballad Health about such an arrangement. The other three MCOs have either not been willing to engage with us or state that their volumes are too low to make an arrangement meaningful for both parties.



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.

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

Condition 17 – While not final, Ballad Health plan spend in FY25 is expected to exceed the annual commitments in all plans. Behavioral Health is expected to meet the annual commitments but is expected to continue to be below on a cumulative basis.

Condition 21 – Ballad Health did not have such a reduction during the covered period and was in compliance with Condition 21 from July 1, 2024, through June 30, 2025.

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 FY25.

Condition 44 – Ballad Health provides services related to the ARTS program such as PEER Help and the ED Bridge program for initiating medication and referral to treatment for opioid use disorder. There have been ongoing discussions with DBHDS and ARTS representatives regarding future plans for opening a STRONG Futures program in Norton, Virginia.

Condition 47 – Quarterly Teleconferences with DMAS were previously paused, however the Ballad Health team (Executive Leadership, Payor Relations, Population Health and Behavioral Health) has had multiple individual and group meetings with DMAS representatives.

23. Updates to and Implementation Achieved on the Health Plans – TOC Section 6.04(b)(23), 3.02, 3.03, 3.04, 3.05 and 4.03(e)(v) / CA: Cond. 3, 8, 9, 23, 32, 33, 34, 35, 36

Behavioral Health FY25 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**
 - Maintained staffing and operations, experiencing turnover in the marketing, clinical educator, and data analyst roles.
 - Hired a system therapy leader to support recruitment, retention, and career development of therapists.
 - Completed annual needs evaluation of infrastructure to develop FY26 plan.

- **Workforce Retention and Development for Healthcare Community**
 - Child and Adolescent Psychiatry Fellowship: Working with ETSU to meet the ACGME submission deadline in late fall 2025. Hired a board-certified child and adolescent psychiatrist to fulfill the requirement for consult-liaison rotations, and both outpatient and inpatient acute care training sites have been identified for the application.
 - Maintained staffing and operations of the Addiction Medicine Fellowship program.
 - **2** Fellows graduated in June 2025; **1** remained in the region practicing in Kingsport, Tennessee
 - **1** Fellow anticipated to finish in August 2025
 - Successfully executed **1** academic scholarship for a mental health therapy student.
 - Continued the Schwartz Rounds program at Johnson City Medical Center and expanded the program to Holston Valley Medical Center, Bristol Regional Medical Center, and Johnston Memorial Hospital. These events had **221** participants, with approx. **90%** of survey respondents in agreement or strong agreement that they would recommend Schwartz Rounds to colleagues noting improved feelings of connectedness to purpose and wellbeing.
- 2. Develop a Comprehensive Approach to the Integration of Behavioral Health and Primary Care:
 - Maintained staffing and operations of existing Primary Care/Behavioral Health integrated sites.
 - Expanded Rogersville, Tennessee clinic from **1** day per week to **4** days per week into Integrated Family Medicine Clinic.
 - Provided community access through **10,590** completed visits at integrated sites in FY25 resulting in **37%** year over year growth.
- 3. Supplement Existing Regional Crisis System – For Youth and Adults:
 - Maintained ongoing operations of Respond services, providing **4,014** crisis assessments and managing **35,053** calls.
 - Ballad Health’s 24-hour Crisis Walk-In Center located at Woodridge in Johnson City served an average of **154** patients per month, with a total of **1,854** patient encounters in FY25.
 - Door-to-admission times for patients presenting to the Walk-In Crisis Center was **2** hours and **44** minutes versus longer admission times for those presenting to the emergency department.



To tour Ballad Health’s Walk-in Crisis Center, click here: [Johnson City, Tennessee, Woodridge Hospital Walk-in Crisis Center](#)

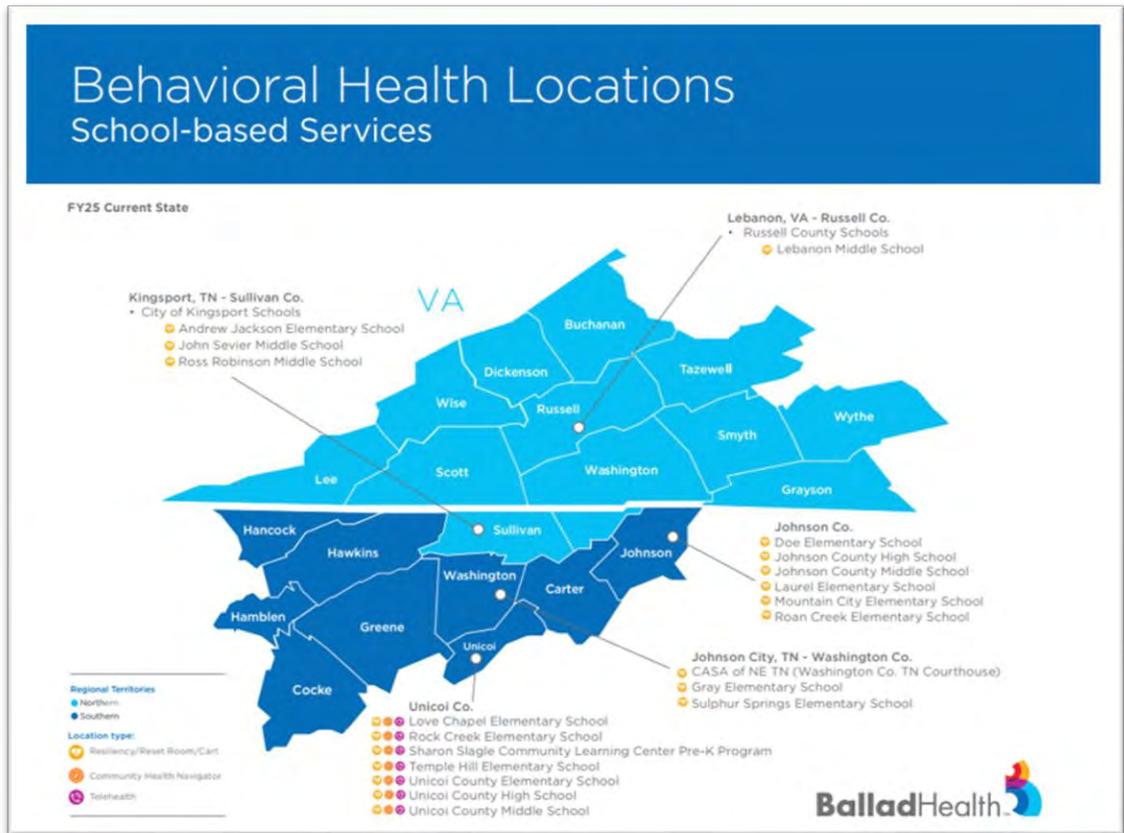
- Continued service of Ballad Health Transport, completing **2,699** behavioral health patient transports in the region.
- Maintained Screening, Brief Intervention, and Referral to Treatment (SBIRT) services, increasing the number of screenings to **16,851**, of which **1,197** patients received a brief intervention and referral to treatment. This represents a **53%** year over year increase in screenings.
- 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.
- Implemented Healthy Planet/Compass Rose modules in Epic to support care coordination in high complexity behavioral health cases.
- Continued expansion of Stress Relief Lounge implementation (Reset Rooms) at **2** middle schools, **1** high school and **11** elementary schools in Tennessee and **1** middle school in Virginia focused on coping and resilience.
 - **1,002** visits to Reset Rooms were completed by students across the region.



- In November 2024, the Behavioral Health Service Line partnered with CASA of Northeast Tennessee (Court Appointed Student Advocates) to implement the Region’s only Calming Courthouse Reset Room in Washington County, Tennessee. This space is designed to provide a comforting safe haven for children and youth who have experienced adverse childhood experiences and are required to testify in judicial proceedings. This room was utilized **17** times during FY25.



To view the East Tennessee State University dissertation click here: [Give Me a Break: Exploring the Use of a Reset Room on Secondary School Students and Resilient Practices in Tennessee](#)



- Maintained Sexual Assault Nurse Examiner (SANE) program, serving both Tennessee and Virginia residents.
 - Provided funding to Highlands Community Service Board in Southwest Virginia to support their pediatric SANE program.
- Partnered with Frontier Health to provide Intensive Treatment Team services to identify/address root causes and improve care coordination for behavioral health patients with high recidivism rates. The team served a total of **28** patients, decreasing emergency department visits for the cohort by **61%** and decreasing inpatient psychiatric hospitalizations for the cohort by **59%**.
- Maintained staffing and operations at new and incremental outpatient clinics opened during previous plan years. These **4** clinics provided community access by completing **9,585** patient visits.
- Continued staffing and operations of the dedicated Child/Adolescent Outpatient Behavioral Health clinic in Johnson City, Tennessee, providing care by completing **6,384** patient visits. Significant growth was noted in this clinic, with **474%** year over year growth from the FY24 baseline.
- Continued staffing and operations of the expanded Adult Outpatient Behavioral Health clinic in Johnson City, Tennessee, providing care by completing **10,501** visits, with **109%** year over year growth from the FY24 baseline.
 - Added FDA-approved treatment option, Transcranial Magnetic Stimulation (TMS), for individuals struggling with treatment-resistant depression who have been unsuccessful with oral antidepressants. This treatment modality was launched in May 2025, with a total of **67** treatments completed between May and June.



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:

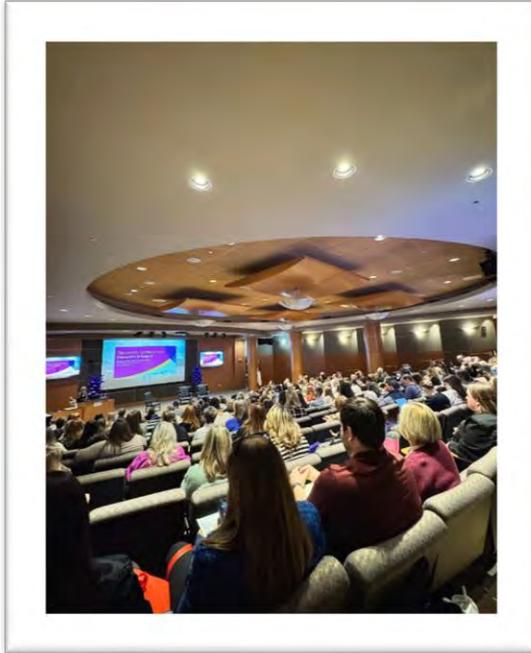
- Continued operation and growth of the STRONG Futures program in Greeneville, Tennessee. The Strong Futures Outpatient Clinic served **120** unduplicated families during FY25 and provided housing for an average of **8** mothers and **6** children monthly at the Living Center.
 - Strong Futures purchased a house in Greeneville to relocate the Living Center component of the program due to the lease expiration at the former Takoma Regional Hospital location. During the design phase unexpected challenges arose that significantly increased construction costs, thus making this project cost prohibitive. Currently the program is leasing space to provide Living Center access to participants and their children in need. The team continues to vet long term options for this initiative.
 - Since the program opened, Leadership actively lobbied for legislative changes to the TDMHSAS Rules governing Residential Treatment Services to allow children to remain with their mother during treatment. In May, TDMHSAS completed its drafting of the revisions which would permit minor children to reside in a licensed facility with their parent or guardian, while that parent or guardian is going through residential treatment services.



Specific information related to the hearing and proposed amendments can be found [here](#):

To see one woman's story, click here: [Strong Futures](#)

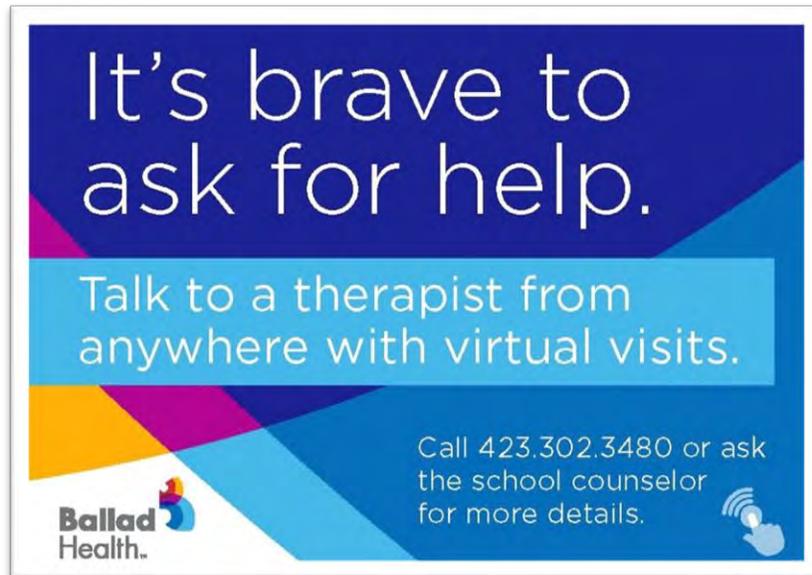
- Overmountain Recovery (OMR) maintained staffing and operations, noting **842** active patients under treatment, with **16%** year over year growth. Patients receiving treatment at this center are highly engaged, with OMR recently being recognized by the Tennessee State Opioid Treatment Authority (SOTA) for consistently having a **70%** patient retention rate compared to the Tennessee State average of 63%.
 - Overmountain Recovery (OMR) expanded clinic capacity by renovating adjoining space in the building to meet patient demand.
 - Hired **1** additional Advanced Practice Provider in Q1.
 - Noted turnover of **1** Addiction Medicine physician, offer extended and accepted by an Addiction Medicine physician who is slated to begin in August 2025.
- Continued to provide access to Medication Assisted Treatment (MAT) services to emergency department patients across Ballad Health. **77** patients were discharged with a bridge order for suboxone and connected to an outpatient provider for ongoing substance use disorder treatment.
- Continued the Naloxone take home pack process for patients identified as a high risk for overdose, resulting in a total of **558** kits being distributed (**292** in Virginia and **266** in Tennessee).
- Maintained the embedded peer recovery specialist at Woodridge Hospital, supporting patients during their admission and connecting patients to ongoing PEER services after an inpatient psychiatric hospitalization.
- Hosted a Recovery Symposium event with East Tennessee State University in March 2024 focusing on prevention, addiction treatment, and the recovery ecosystem. The Keynote Speaker was Beth Macy, the famous author of Dopesick and Raising Lazarus. The event was a tremendous success with **343** total attendees – **240** in person and **103** attending virtually.



To learn more about the Recovery Symposium click here: [Champions of Support](#)

5. Behavioral Health Telehealth Implementation:

- Maintained Psychiatric Consult Liaison Services which are available to all Ballad Health hospitals.
 - Hired **1** Board Certified Child/Adolescent Psychiatrist to support the consult liaison service.
- Maintained telehealth in all behavioral health outpatient clinics with **7,402** visits completed, with a **22%** year over year growth from FY24 baseline.
- Maintained full time staff member to support Unicoi County School District school-based services:
 - **108** students served via telehealth
 - **549** student encounters served via onsite school-based navigator for brief intervention, referral to treatment
- Implemented school-based telehealth platform to support John Sevier Middle School (City of Kingsport School District) in January 2025
 - **14** students served via telehealth without school-based navigator



Health Information Exchange (HIE) FY25 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:

Continue to support access to EpicCare Link and Healthy Planet Link for community providers

 - The strategy was previously completed.
 - Example of ongoing efforts:
 - Continue to expand EpicCare Link to community providers.
 - Continue to provide a data feed to OnePartner.
 - Deploy Epic's Community Connect, starting with ETSU Medical in FY25. *ETSU go-live was April 1, 2025. On-going support and partnership continue.
 - CY25: Healthy Planet Link rollout is underway through this CY.



*On April 1, 2025, ETSU Health, comprising **15** clinics affiliated with Medical Education Assistance Corporation (MEAC) and **5** clinics for College of Nursing (CON), became operational on Ballad Health's Community Connect (Epic EMR). This implementation marks progress towards establishing a community health record. It enhances access to healthcare, ensures timely access to comprehensive information in the

EMR, and facilitates better coordination of care between Ballad Health and ETSU Health.

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:
 - Continue to participate in these programs such as:
 - Collective Medical Technologies/Emergency Department Information Exchange (EDIE) access.

Health Research/Graduate Medical Education (HR/GME) FY25 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:
 - Observation program:
 - **35%** increase in observers equating to over **600** students
 - Preceptor recruitment and recognition Program:
 - Student coordinators made **191** recruitment and recognition visits to clinical practices during FY25, exceeding minimum requirement of **144** visits per year by almost **33%** and an increase in visits of **47%** over FY24.
 - A total of **19** new physician preceptors recruited in FY25 surpassing goal of **18**; **3** family medicine; **5** surgeons; **7** internal medicine; **1** addiction medicine; **1** pediatric; **1** psychiatry and **1** anesthesiology.
 - Academic events:
 - Added to the medical student experience through orientations, social events, and “hospital days”
 - Placement highlights:
 - Almost **300** medical students rotated throughout Ballad Health facilities, completing over **1,200** rotations at a Ballad Health facility or hospital in FY25.
 - Approximately **475** Advanced Practice Provider student rotations completed during FY25.
 - During FY25, Ballad Health hosted **1,628** Allied Health/Internship students across the system at **18** Ballad Health Hospitals and **31** outpatient sites.
 - Continuing education:
 - Ballad Health CME increased CME participation from **1,988** to **4,879** individuals in FY25.
 - Offered **50** courses
 - **366** individual CME sessions offered
 - K-12 Pipeline activities
 - **248%** Student Growth Since 2023
 - **207** Industry-Recognized Certifications Earned – Students gained credentials including CNA, CMA, PTTC, Pharm Tech, and Dietary Aide, preparing them for workforce entry or further education.

- Ballad Health Academy enrolled **218** students at the end of FY25 and completed a series of “Signing Day” activities at all the partner schools.
 - Over **\$4,600,000** in new grants to the region
2. Expand Ballad Health Research Infrastructure to Support Regional Research Programs:
- The Ballad Health Research Strategic Plan, Vision for Superior Discovery, was launched.
 - Expanded STRONG LINK enrollment by **412** persons a **114%** increase.
 - Increased clinical trials by **22%**.
 - Increased number of research projects by **24%**.
 - The Office of Research Operations was re-organized into the Ballad Health Research Institute to provide growth and expanded research opportunities with expansion in both Tennessee and Virginia.
 - Expanded the Institutional Review Board (IRB) membership by **5** including members to represent community stakeholders and representatives for the following populations: Black & Latino Communities, Children, Prisoners, Disabled, Pregnant Women, Cognitively Impaired Adults, Economically Disadvantaged individuals.
 - Expanded research education sessions with Inquiry, Discovery, Evidence, Application (IDEA) Series to include Ballad Health researchers, non-Ballad Health researchers, new researchers, community members interested in research at Ballad Health.
 - Established industry partners
 - **Twenty** new industry partners
 - **Fifty** industry partners total
 - Improved processes for researcher access to Epic data have increased efficiency and transparency. Departments now use more built-in tools and involve additional research staff to support data requests. As a result, patient research associations in Epic rose **120%**, reflecting stronger integration between research operations and clinical data systems.
 - Completed Step **One** and Step **Two** in the Association for the Accreditation of Human Research Protection Programs (AAHRPP) accreditation process.
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 **3** fellows.
 - Harvard University economic impact study- investigating the economic impact of healthcare in rural America.
 - 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 this year.
 - STREAMWORKS- STEM opportunities for children across the region.
 - Southwest Virginia Community College- Ultrasonography training program.
 - Tennessee College of Applied Technology- continued phlebotomy program.



- Dobyens Bennett High School- continued Certified Clinical Medical Assistant (CCMA) program.
- Funded new simulation lab at Virginia Highland Community College.
- Funded **\$2,000,000** in GME support to ETSU.
- Funded over **\$2,000,000** for the Appalachian Highlands Community Dental Clinic in Abingdon, Virginia.

Population Health FY25 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 to Build Population Health Infrastructure:
 - 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.
 - 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:
 - Supported the Unite Us network to screen patients for social needs such as housing, transportation, food, and personal safety—factors that directly affect access to care and health improvement. The network operates through unified, comprehensive care management processes that connect patients with appropriate community resources.
 - Integrated the Universal Social Screening into the Epic electronic medical record system to support patient social needs; completed implementation of Healthy Planet and 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.
 - Advanced the work of the social care system hub to navigate those we serve to community-based resources for social needs and supportive healthcare resources.
 - Continued to develop universal screening for outpatient sites to expand social care offerings beyond the inpatient environment.
 - Continued system utilization of the Unite Us resource directory integrated into Epic. Customized resource display on the After Visit Summary for all patients so they can better access supportive resources to meet social needs.
 - Integrated health-related social need questions into the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process at three tertiary centers.
 - Increased the number of Unite Us referral platform users to **283** in-network organizations—including **535** programs and **2,823** 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:
 - 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.

- Utilized data packages for each facility to drive any needed improvement.
- Completed the Center for Disease Control (CDC) 2024 survey of effectiveness for mPINC.
- Continued to identify improvement strategies through listening sessions with labor and delivery staff.
- Continue to Serve and Expand STRONG Accountable Care Community (ACC) Backbone Services:
 - 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.



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

- Expand Our Population Health Data Capacity and Capability Including Epic’s Healthy Planet and Compass Rose:
 - These new technological capabilities allow Ballad Health to support the comprehensive needs of patients within hospitals, clinics, homes, and community settings by better understanding whole person needs, connecting people with community resources for social drivers of health, and supporting their ability to manage their health conditions and chronic diseases.
 - Expanded use of Healthy Planet and Compass Rose for social care integration and care management work.

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 educational readiness and later success in life.
 - Reached **32,044** cumulative STRONG Pregnancies social needs/family needs screenings.
 - Reached **9,986** families enrolled 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 **11,129**.
 - Achieved **4,141** enrollments in complex care management.
- Expand STRONG LINK (longitudinal database):
 - This program aims to inform the study and research of Ballad Health programs such as STRONG Starts to understand the long-term impact on health, education, social, and economic outcomes.
 - **791** participants are now enrolled.
- Expand Cessation Services:

- 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.
- Enrolled **2,360** participants since launched.
- **630** clients stopped smoking since inception.
- Added the Ballad Health Call Center along with Lee and Dickenson County outpatient and community sites to support program enrollment.



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:
 - Ballad Health makes annual investments in organizations and associated programs which support a host of aligned efforts—including many elements of the population health plan.
 - 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.
 - Requested proposals for new rounds of funding and received **66** site proposals.
 - Provided **\$3,500,000** to support **49** partnering organizations.
- Expand mobile services to at-risk women and disparate groups:
 - 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.
 - Provided mobile services in every county across Ballad Health’s primary geographic service area totaling **1,470** services.



- 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.
 - Collaborated with internal partners to develop improved processes to decrease mortality and morbidity in heart, cancer, and trauma programs—focusing on increasing access for uninsured individuals and improved education/promotion and access to recommended cancer

screenings, including free first time low-dose CT screenings, smoking cessation programs, community naloxone access to prevent accidental overdose, and colon cancer screenings and mammograms.

- Collaborated with Community Health Improvement sites and other community partners to offer smoking cessation, connect individuals with primary care, and promote free or reduced cost recommended screenings such as low-dose CT for lung cancer risk, mammography via mobile health, cervical cancer and colon cancer screenings.

Children’s Health FY25 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

Current enrollment is **724** children. With the opening of the Kingsport center in January, **9** centers are operating including **3** legacy centers in Johnson City, Elizabethton, and Bristol and **6** new centers in Greeneville, Johnson City, and Kingsport in Tennessee and Lebanon, Norton, and Abingdon in Virginia. The Kingsport center is already enrolled at near capacity with **134** on the waitlist.

- Current status of ongoing center development:

- Several centers continue in growth phase with ongoing enrollment increases. Progress has been made in Norton and Lebanon, Virginia. Based on remaining capacity, Abingdon, Virginia, and ETSU in Johnson City, Tennessee, are expected to have the largest growth.
- Kingsport, Tennessee, Phase 2: In process on the lower level of the same building. Up to **86** additional slots will be created with a targeted opening of July 2026. A Tennessee DHS grant of **\$1,000,000** is supporting this expansion.
- Marion and Pennington Gap, Virginia: On hold pending resolution of Virginia subsidy challenges.
- Rogersville, Tennessee: On hold based on current evaluation of need, partnership options, and location evaluation.
- Johnson City, Greeneville, and Bristol (Tennessee): Evaluating further expansion and timing based on demand analysis and current center performance (last phase).

- Ballad Health Niswonger Children’s Network

Continued growth in the number and impact of Niswonger Children’s Network sites. There are now **39** Affiliate and Care Sites that have been onboarded or are in the process of being onboarded, with a running total of **588** Education sessions provided and **140** Community Outreach Events occurring at these sites. Examples of support include:

- Pediatric Needs Assessments – Comprehensive support and review of all Ballad Health emergency departments, evaluating levels of preparedness for caring for pediatric patients. Areas evaluated are equipment, supplies, techniques, pharmaceuticals, training, and use of

pediatric protocols and clinical pathways.

- Pediatric Skills Education – Training provided at **5** locations in Tennessee and Virginia. Target audience is all Ballad Health emergency departments, providing education on low volume, high risk pediatric scenarios. Areas of focus are Pediatric Vitals, Positions of Comfort, Pediatric Triage, Broselow Cart utilization, and hands on training for pediatric clinical scenarios.



- Quality Efforts

*Infection Prevention - Realized a year over year, **67%** reduction in NICU infections.*

With dedicated Quality staff leading the effort, several interventions were implemented, including a NICU Infection Bootcamp for all team members, enhanced equipment and environmental cleaning, designation of “clean” spaces, adoption of a bare-below-the-elbow policy, updates to align policies and protocols with evidence-based guidelines, and a new audit process to ensure ongoing compliance.

Niswonger Children’s Network Safety Event Review Committee

Created to assist network affiliates to identify risks and work continually to reduce preventable harm and improve patient outcomes.

- Established a standard for obstetrical or pediatric event reviews across Ballad Health.
- Facilitates learning from events across the Network.
- Assists in identifying opportunities related to evidence-based care.
- Connects all facilities with Niswonger Children’s Network resources.

- NICU Expansion

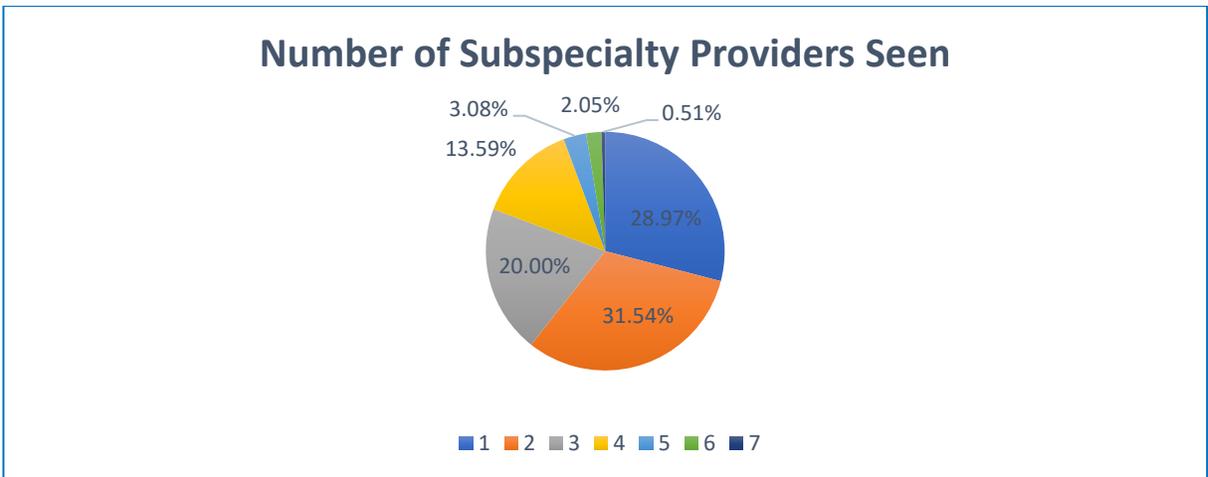
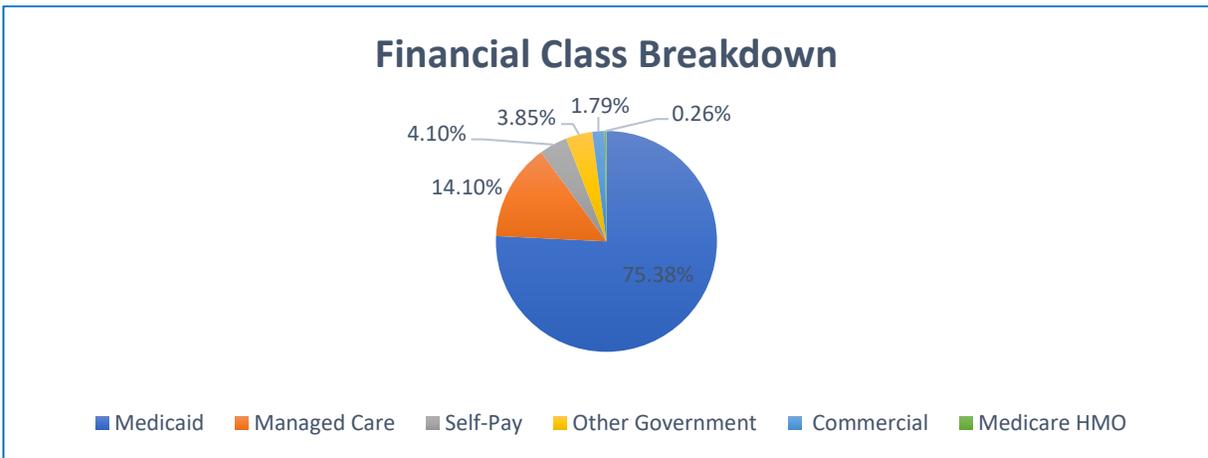
Construction of a state of the art, **43,000** sq. ft. NICU, with an expected completion date of December 2025. There will be **44** single family rooms, with private bathrooms, including four being double rooms for caring for twins. The project also includes a Milk Lab, two Airborne Infection Isolation Rooms, two Specialized Procedure Rooms, and caregiver respite and lounge areas.

- Child Life Program

- We have recently formalized a Child Life **16**-week internship with ETSU. Interns will complete **600** hours and rotate between Niswonger Children’s Hospital and Mission Children’s Hospital in Asheville, North Carolina. These internships are crucial for Child Life Specialists to gain

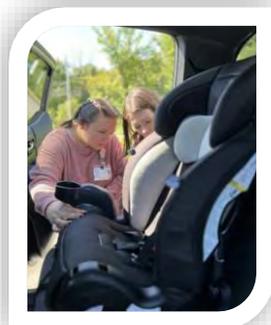
hands-on experiences to receive their certification and have provided a great pipeline to grow our team and to better serve our patients.

2. Create Care Environments for Children that Promote a Family Centered Approach to Delivery and that Help Alleviate Healthcare Burden
 - In 2024, Niswonger Children’s Network launched the Pediatric Care Navigation program to provide support to medically complex children throughout the Appalachian Highlands and beyond. To qualify for the program, patients must see at least two pediatric subspecialty providers, have one severe single system disorder, or have severe social needs. Our team consists of two nurse navigators, a community health navigator and a transitions coordinator to support patients in the transition to adult providers.
 - Please see the data below for FY25.
 - Total enrollment since program inception: **389**
 - Total active enrollment: **379**



3. Develop Telemedicine and Rotating Specialty Clinics in Rural Hospitals
 - This year, over **1,600** subspecialty visits have been conducted via telehealth using existing providers, while broadening the reach of our bricks and mortar clinics.
 - Maintained presence in school-based telehealth, serving **12** systems and **126** individual schools.
4. Recruit and Retain Subspecialists based on Updated Needs

- Newborn Services
Partnership with ETSU to build a sustainable newborn service model that will utilize both APPs and pediatricians, with neonatology providing training and virtual support. Additionally, the Network is helping ensure education and skills are in place at all Ballad Health Family Birth Centers for response in both routine and urgent/emergent cases.
 - New Recruitments This Year
New and incremental providers have been added in the areas of Pediatric Radiology, Anesthesia, Orthopedics, Surgery, Neonatology, and Clinical Psychology.
5. Assess, Align and Continuously Develop Pediatric Trauma Needs Across the System
- Quality Initiatives
 - PICU
 - Pediatric Sepsis
 - Care of Central Lines
 - Unplanned Extubations
 - Fever with Neutropenia
 - NICU
 - Prevention of intraventricular hemorrhage
 - Chronic Lung Disease
 - Children’s Resource Center
 - The team has offered a wide range of community education this year including swim and water safety, ATV safety, pedestrian safety and back-to-school safety.
 - The team hosted the Kids Central zone at Kingsport’s FunFest with health promotion themed activities.
 - Participated in the Domestic Violence Symposium in partnership with ETSU where the Gabby Petito Foundation served as headlining presenter.
 - Niswonger Children’s Hospital was awarded Child Passenger Safety Diamond Program of the Year at the Child Passenger Safety Conference.
 - Notable successes for Child Passenger Safety include:
 - Checkpoints in **19** of our **21**-county service area
 - **686** car seats distributed to families in need
 - **62** car seats evaluated at scheduled appointments
 - **10** Child Passenger Safety Technician courses taught
 - **100+** newly certified child passenger safety technicians (CPST) since March of 2024



Rural Health FY25 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 recruitments:
 - Washington County, Virginia (Abingdon)- signed **1** Family Medicine core faculty and **1** Internal Medicine core faculty (started FY26)
 - Wytheville, Virginia- acquired existing PC practice to expand access with **4** APPs
 - Adding **2** PRN physicians FY26
 - Wise, Virginia (Norton)- Dr. Jess Berry (started FY26)
 - Dr. Shaine Powers
- Tennessee recruitments:
 - Johnson County, Tennessee- Dr. Henry Hartsoe
 - **27%** visit volume increase compared to FY24
 - TN/VA- Primary Care Float APP
 - Allows patient access during times of leave or vacancy
 - Greene County, Tennessee- Dr. Connor Landers
 - Dr. Katie Seale, Pediatrics
 - Sullivan County, Tennessee- Dr. Manal Ahmad, Endocrinology
 - Dr. John Collins
 - Dr. Collette Hoilman
 - Dr. Kristen Harmon (started FY26)
 - Dr. Nicole Miller, Pediatrics

2. Recruitment of Physician Specialists to Meet Rural Access Needs:

Since 2018 Ballad Health has recruited more than **800** providers including **100** in primary care, improving adequacy from **62%** to **72%** across key service lines. Strategic planning with Pershing Yoakley & Associates (PYA) has helped align recruitment to community needs and maintain access in the most rural areas. Access and quality metrics now exceed national peers—with only **1%** of emergency patients leaving before being seen compared to **2–5%** nationally. Recruiting highlights for FY25 include:

- APP hired for neurology in Greeneville, Tennessee, starts in October.
- Replacement General Surgeon hired for Norton, Virginia, starts end of September.
- Neurosurgeon hired that is fellowship trained in oncology to expand services. Replacement but has expanded scope.
- Replacement General Surgeon hired for Abingdon, Virginia, started in September.
- APP hired for neurology Johnson City, Tennessee, (replacement) started in September.
- FY25 Recruitment of Infectious Disease specialist in Sullivan County.

- Capitol Purchase- Pulmonology
 - In Q4 of FY25 completed an upgrade of all Pulmonary Function Testing equipment in Kingsport, Tennessee offices and in Abingdon and Lebanon, Virginia as well as the purchase of new PFT equipment for our office in Norton, Virginia.
- 3. Implement Team-Based Care Models to Support Primary Care Providers, Beginning with Pilots in High Need Counties:
 - Continued expansion of remote patient monitoring to **185** unique patients during FY25 with CHF, COPD, diabetes and hypertension. **125%** growth in unique patients served in FY25.
 - Supplied **42** patients with devices allowing them to self-monitor their chronic conditions from home.
 - Ballad Health CVA Heart Success clinic piloted a team-based care model by integrating a PharmD into their CHF clinic.
 - 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.
 - **18%** growth of Virtual Urgent Care services in FY25.
 - Opened Advanced Urgent Care in Erwin, Tennessee.
- 5. Coordinate Preventive Health Care Services:
 - Held Health Fairs across the service area that were able to reach **483** patients with a focus on diabetic eye exams and preventive counseling. **41%** growth of patients reached through Health Fairs in FY25.

24. Recruitment and Retention of Physicians and Advanced Practice Providers – TOC 4.03(a)(ii), 302(b-c), 6.04(b)(24) and Exhibit C (Marked Confidential)
(Attachment 9)

25. Recruitment and Retention of Nurses – TOC Section 6.04(b)(25) (Marked Confidential)
(Attachment 10)

ATTACHMENT 1

#4 Summary of Quality Indicators

Quality Indicators Report – FY25 Summary

As of June 30, 2025 (end of fiscal year)

Overall Target Measure Performance:

The Quality Metrics Scorecard reflects performance across COPA Target Measures, HCAHPS, and Quality Monitoring Measures with the overall summary results. Ballad Health maintains a strong focus on quality metrics. Many of the target measures demonstrated meaningful improvement compared to FY24 and ended the year with ten of the seventeen target measures (59%) meeting or exceeding their baseline, as highlighted in green.

Significant Improvements (highlighted in Green).

Measure	Improvement Percentage From FY24-FY25
PSI 3 – Pressure Ulcer Rate	48.6%
PSI 6 – Iatrogenic Pneumothorax Rate	74.6%
PSI 8 – In-Hospital Fall with Hip Fracture Rate	25.2%
PSI 9 – Postoperative Hemorrhage/Hematoma Rate	65.9%
PSI 12 – Perioperative Pulmonary Embolism/Deep Vein Thrombosis Rate	47.0%
PSI 13 – Postoperative Sepsis Rate	29.3%
PSI 15 – Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	8.6%

Additional Areas of Progress (Highlighted in Red)

Measure	Improvement Percentage from FY24-FY25
PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis	9.1%
PSI 14 – Postoperative Wound Dehiscence Rate	28.8%
CAUTI	12.7%
SSI Colon	14.4%
SSI HYST	29.9%

Ongoing Target Measure Opportunities

While PSI 11 – Postoperative Respiratory Failure Rate, Sepsis Management Bundle, and CDiff rates remain in the green, meeting or exceeding baseline (green), each showed an increase this fiscal year and will require continued attention to the trends. CLABSI and MRSA remain key areas of concern, as we continue to prioritize all metrics to drive sustained improvements and optimal outcomes for our patients.

-- 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

Desired Performance		Ballad Health Baseline	Ballad Health FY24	Ballad Health FY25
	Quality Target Measures			
↓	PSI 3 Pressure Ulcer Rate	1.07	0.36	0.18
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.05	0.01
↓	PSI 8a In-Hospital Fall with Hip Fracture Rate	0.06	0.05	0.04
↓	PSI 8b In-Hospital Fall with Other Fracture Rate	--	0.23	0.12
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	1.59	1.43	0.49
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	1.58	1.44
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	4.14	4.24
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	3.06	1.62
↓	PSI 13 Postoperative Sepsis Rate	3.58	3.99	2.82
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	1.29	0.92
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.09	0.08
↓	CLABSI	0.711	0.782	0.990
↓	CAUTI	0.558	0.821	0.717
↓	SSI COLON Surgical Site Infection	2.13	3.70	3.17
↓	SSI HYST Surgical Site Infection	0.71	3.37	2.02
↓	MRSA	0.047	0.051	0.059
↓	CDIFF	0.671	0.110	0.179
↑	SMB: Sepsis Management Bundle	56.9%	62.9%	61.7%

Standardized Infection Ratios (SIRs):

The National Healthcare Safety Network (NHSN), managed by the Centers for Disease Control and Prevention (CDC), has updated the national baseline for calculating SIRs, shifting from 2015 to 2022. This process, known as *rebaselining*, refreshes both the national reference rates and the statistical models used to predict expected hospital-acquired infections. The updated baseline offers a more accurate and relevant national comparison point, better reflecting current practices, patient populations, and risk profiles.

SIRS with Statistical Significance Approach (2022 Baseline)

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 significance of either improvement or decline of the standard risk adjusted ratio.

Metric	Baseline	FY23	FY24	FYTD25
CLABSI	1.32	1.41	0.92	1.43
CAUTI	1.28	0.96	1.11	1.04
SSI COLON	1.35	1.32	1.65	1.13
SSI HYST	2.82	1.84	3.73	2.14
MRSA	1.23	0.99	0.62	0.75
CDIFF	1.03	0.93	0.59	1.03

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

Baseline – January 2022 – December 2022
 FY23 – July 2022 – June 2023
 FY24 – July 2023 – June 2024
 FYTD25 – July 2024 – May 2025

** SIRS is not calculated when the predicted values is less than 1

-- 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

Quality Monitoring Measures

HCAHPS

Ballad Health improved in three of the nine (1 retired) HCAHPS patient experience measure sets compared to FY24. Significant improvements were noted in the HCOMP3UP, HCOMP6N, HCLEAN, HSPUP, and the HQUIETHSP measure sets. While these represent meaningful progress, opportunities remain to bring all HCAHPS metrics to meet or exceed baseline.

Emergency Department Throughput

Emergency Department throughput metrics have shown improvement. Notably, *OP22 Left Without Being Seen* decreased by 33.8% compared to FY24, now performing below the baseline. The median time from ED arrival to transport for admitted patients and the ED2b ED Decision to Transport (ED1) also improved, although they remain above baseline. Work is ongoing to bring all metrics to meet or exceed baseline.

Readmissions

Ballad Health identified opportunities across all aspects of readmissions and launched a Readmission Summit in July to target specific areas for improvement. During this Summit, ten Best Practices were established to reduce readmissions. Additionally, a multidisciplinary Readmission Governance and Accountability Task Force was established to oversee efforts, drive the adoption of best practices, reduce variation, and ensure sustainable improvement.

Mortality

Mortality reduction remains a significant area of focus. A 2023 mortality gap analysis identified variations in documentation, care escalation, and alignment with clinical best practices. One key insight centered on MS-DRG 283 (Acute Myocardial Infarction with significant complication or comorbidity), where leaders recognized a gap between observed and expected mortality. This finding prompted additional reviews of care pathways, coding, documentation, and alignment with evidence-based practices.

In response, Ballad Health implemented a standardized mortality case review process, supported by predictive analytic tools to help caregivers identify and act on early signs of deterioration. These efforts contributed to measurable reductions in mortality from FY23 to FY25, across various conditions, including Heart Failure (25%), Pneumonia (18%), and Sepsis (14%).

Transparency and Public Reporting

An executive summary reflecting Ballad Health's overall performance, as well as facility-specific Quality Target and Monitoring Measures, is published quarterly on the Ballad Health website to ensure public access to quality data results.

The links for public access are noted on both the Quality Reporting and COPA website at www.balladhealth.org, linked below:

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

- [Jul-2025-COPA-Public-Reporting-8525.pdf](#)
- [Priority-Metrics-Scorecard-FY26-07-2025.pdf](#)

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

- [Jul-2025-COPA-Public-Reporting-8525.pdf](#)
- [Priority-Metrics-Scorecard-FY26-07-2025.pdf](#)

Meeting or exceeding baseline
 Not meeting baseline

Desired Performance		Ballad Health Baseline	Ballad Health FY24	Ballad Health FY25
	Quality Target Measures			
↓	PSI 3 Pressure Ulcer Rate	1.07	0.36	0.18
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.05	0.01
↓	PSI 8a In Hospital Fall with Hip Fracture Rate	0.06	0.05	0.04
↓	PSI 8b In Hospital Fall with Other Fracture Rate	--	0.23	0.12
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	1.59	1.43	0.49
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	1.58	1.44
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	4.14	4.24
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	3.06	1.62
↓	PSI 13 Postoperative Sepsis Rate	3.58	3.99	2.82
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	1.29	0.92
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.09	0.08
↓	CLABSI	0.711	0.782	0.990
↓	CAUTI	0.558	0.821	0.717
↓	SSI COLON Surgical Site Infection	2.13	3.70	3.17
↓	SSI HYST Surgical Site Infection	0.71	3.37	2.02
↓	MRSA	0.047	0.051	0.059
↓	CDIFF	0.671	0.110	0.179
↑	SMB: Sepsis Management Bundle	56.9%	62.9%	61.7%
	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%	76.8%	77.5%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.6%	16.0%	16.3%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.6%	7.2%	6.2%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	77.2%	77.2%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.9%	15.7%	15.7%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.9%	7.1%	7.1%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.8%	60.2%	59.5%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	20.6%	25.4%	27.1%

-- 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

Desired Performance		Ballad Health Baseline	Ballad Health FY24	Ballad Health FY25
↓	HCOMP3 SNP Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted	6.6%	14.4%	13.4%
↑	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%	59.6%	60.0%
↓	HCOMP5U P Patients who reported that staff “Usually” explained about medicines before giving it to them	15.9%	17.5%	17.6%
↓	HCOMP5 SNP Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them	16.0%	23.0%	22.4%
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	85.9%	84.9%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.8%	14.1%	15.1%
↑	HCOMP7SA Patients who “Strongly Agree” they understood their care when they left the hospital - Retired	54.5%	47.6%	--
↓	HCOMP7A Patients who “Agree” they understood their care when they left the hospital - Retired	40.8%	44.8%	--
↓	HCOMP7D SD Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital - Retired	4.8%	7.6%	--
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were “Always” clean	73.9%	68.3%	67.2%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were “Usually” clean	17.2%	18.6%	19.9%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were “Sometimes” or “Never” clean	8.9%	13.1%	12.9%
↑	HQUIETHSP AP Patients who reported that the area around their room was “Always” quiet at night	66.5%	58.5%	54.6%
↓	HQUIETHSP UP Patients who reported that the area around their room was “Usually” quiet at night	26.9%	29.4%	32.8%
↓	HQUIETHSP SNP Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night	6.6%	12.1%	12.6%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.8%	15.0%	14.9%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.9%	23.3%	22.8%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.3%	61.7%	62.4%

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

Desired Performance		Ballad Health Baseline	Ballad Health FY24	Ballad Health FY25
↑	HRCMND DY Patients who reported YES, they would definitely recommend the hospital	73.7%	60.5%	60.5%
↓	HRCMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	29.3%	29.2%
↓	HRCMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	10.2%	10.4%
Monitoring Measures - Cataract Surgery Outcome %				
	OP31 Cataracts Improvement - Too Few Cases to Report	--	--	
Monitoring Measures - Colonoscopy Follow %				
↑	OP29 Avg Risk Polyp Surveillance	76.1%	66.1%	79.6%
↑	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	423.0	377.0
↓	ED2b ED Decision to Transport	69.0	160.0	125.0
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	124.5	152.0	148.0
↓	OP20 Door to Diagnostic Evaluation - Retired	15.09	--	--
↓	OP21 Time to pain medication for long bone fractures - Retired	37.84	--	--
↓	OP22 Left without being seen	0.90%	0.83%	0.55%
↑	OP23 Head CT stroke patients	84.7%	71.0%	71.9%
Monitoring Measures - Preventive Care %				
↑	IMM2 Immunization for Influenza - Retired	97.4%	--	--
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal	97.0%	95.0%	91.1%
Monitoring Measures - Pregnancy and Delivery Care %				
↓	PC01 Elective Delivery - Retired	0.56%	7.00%	--
Monitoring Measures - Surgical Complications Rate				
↓	Hip and Knee Complications	2.9%	0.0%	0.3%
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.6	166.9	144.2
↓	PSI90 Complications / patient safety for selected indicators	0.83	0.93	0.78
Monitoring Measures - Readmissions 30 Days Rate %				
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	13.1%	13.9%

-- 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

Desired Performance		Ballad Health Baseline	Ballad Health FY24	Ballad Health FY25
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	10.4%	13.5%
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	22.9%	22.6%
↓	READM30HF Heart Failure 30Day readmissions rate	20.5%	24.1%	24.2%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	8.0%	8.0%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	14.3%	15.1%
↓	READM30PN Pneumonia 30day readmission rate	17.7%	18.0%	18.3%
↓	READM30 STK Stroke 30day readmission rate	9.0%	9.0%	11.2%
	Monitoring Measures - Mortality 30 Days Death Rate %			
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	5.1%	5.2%
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.3%	2.3%
↓	MORT30 COPD 30day mortality rate COPD patients	1.8%	2.5%	2.2%
↓	MORT30HF Heart failure 30day mortality rate	3.9%	3.2%	2.7%
↓	MORT30PN Pneumonia 30day mortality rate	4.7%	4.5%	4.1%
↓	MORT30STK Stroke 30day mortality rate	8.2%	5.2%	4.3%
	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%	39.4%	45.9%
	OP9 Mammography Followup Rates - Retired	6.5%	--	--
	OP10 Abdomen CT Use of Contrast Material	6.0%	4.8%	4.9%
	OP11 Thorax CT Use of Contrast Material - Retired	1.0%	--	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	3.0%	3.5%	3.0%
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Retired	2.0%	--	--

-- 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

Measure Set	Data Sources
<ul style="list-style-type: none"> • Hospital Acquired Infections (HAI 1-6) <ul style="list-style-type: none"> ◦ CLABSI, CAUTI, SSI Colon, SSI HYST, MRSA, CDIIF • IMM30P27 Influenza Vaccination 	The Centers for Disease Control and Prevention (CDC) collects data from hospitals via the National Healthcare Safety Network (NHSN)
<ul style="list-style-type: none"> • Survey of Patients' Experience 	Hospitals - Survey of patients' experiences (HCAHPS) Provider Data Catalog (cms.gov)
<ul style="list-style-type: none"> • 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)
<ul style="list-style-type: none"> • 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)
<ul style="list-style-type: none"> • OP22 Left without being seen 	Epic

ATTACHMENT 2

#4 Comparison to Similarly Sized Systems

System Comparison FY25

Methodology for Selection of Comparison Systems:

This report outlines the methodology used to select “similar-sized” hospital systems as established in the Tennessee Terms of Certification 4.02(c)(ii), Exhibit G. To better align the selection of comparison system with key factors such as organization size, case mix index, rural versus urban status, etc., the comparable organizations were revised and approved in collaboration with the Tennessee Department of Health in 2024. Given the absence of a standardized scientific process for comparison hospital systems, the following criteria was developed to guide the selection process, with priority placed on those elements deemed most crucial for effective comparison. By prioritizing these criteria, the selection methodology ensures that the chosen system comparison is not only operationally similar, but also geographically and technologically compatible, enabling effective benchmarking and exchange of best practices.

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 FY25								
*Information retrieved from Premier Organization Profile FY25 data.								
** Information retrieved from the Organization’s website/internet using most recent information								
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**	\$2.6 B	\$3.2 B	\$4.3 B	\$2.3 B	\$2.8 B	\$1.94	\$5.3 B	\$4.6 B
Aligned with Premier*	Yes	Yes	Yes	**No	Yes	Yes	Yes	Yes
Bed Size*	2531	854	3325	**1026	2521	1632	4032	2067
Psych/NICU PICU/Peds Beds*	Yes	Yes	Yes	**Yes	Yes	Yes	Yes	Yes
Number of Hospitals*	19	12	18	**8	15	6	18	15
Rural vs Urban*	10/9	11/1	12/6	**4/4	7/8	0/6	13/5	7/8
Case Mix Index*	1.59	1.20	0.33 **2.14	**2.17	1.37	1.77	1.32	1.43
Location*	TN, VA	MN, SD, NE, IA	MS, TN, AR	**VA	IL, WI	TN, MS	IA, IL, WI	IL, MI
EPIC EMR**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Note: Comparison reports are calculated from Hospital Compare Flat files.
 ++ CMS has metric data unavailable in latest Hospital Compare data files.
 -- insufficient cases or does not apply

System Comparison FY25 Report

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
Quality Target Measures													
↓	PSI 3 Pressure Ulcer Rate	7/1/2021 - 6/30/2023	0.22	0.65	0.26	0.60	2.61	1.18	1.31	0.38	0.65	0.53	0.94
↓	PSI 6 Iatrogenic Pneumothorax Rate	7/1/2021 - 6/30/2023	0.20	0.25	0.26	0.20	0.30	0.17	0.31	0.24	0.24	0.20	0.24
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--	--
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	7/1/2021 - 6/30/2023	0.25	0.29	0.28	0.33	0.31	0.28	0.28	0.37	0.34	0.29	0.31
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	7/1/2021 - 6/30/2023	1.94	2.44	2.17	2.26	3.06	2.07	2.40	1.81	2.36	2.63	2.35
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	7/1/2021 - 6/30/2023	1.42	1.69	2.00	1.69	2.74	1.70	1.84	1.47	1.93	1.89	1.91
↓	PSI 11 Postoperative Respiratory Failure Rate	7/1/2021 - 6/30/2023	5.86	10.26	10.30	9.07	13.52	9.30	13.62	12.67	10.77	10.02	11.16
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7/1/2021 - 6/30/2023	3.01	3.91	4.29	3.93	5.20	3.31	4.16	3.69	4.18	3.59	4.04
↓	PSI 13 Postoperative Sepsis Rate	7/1/2021 - 6/30/2023	4.44	5.58	5.58	5.46	7.34	5.49	5.88	4.24	4.99	6.87	5.73
↓	PSI 14 Postoperative Wound Dehiscence Rate	7/1/2021 - 6/30/2023	1.64	1.87	1.86	1.55	1.95	2.19	1.84	2.17	1.70	2.58	1.98
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	7/1/2021 - 6/30/2023	0.70	0.89	0.80	0.88	0.85	0.92	0.95	0.82	0.86	1.08	0.89
↓	CLABSI Rate*	10/1/2023 - 9/30/2024	0.000	0.469	0.745	1.093	0.858	0.853	0.269	0.635	0.534	0.744	0.717
↓	CAUTI Rate*	10/1/2023 - 9/30/2024	0.000	0.572	0.758	0.862	0.447	1.036	0.526	0.266	0.739	0.839	0.684
↓	SSI COLON Surgical Site Infection Rate*	10/1/2023 - 9/30/2024	0.00	2.48	3.42	1.98	2.89	1.81	2.13	0.62	1.93	3.53	2.29
↓	SSI HYST Surgical Site Infection Rate*	10/1/2023 - 9/30/2024	0.00	1.12	2.27	0.71	1.66	0.68	0.38	0.00	0.48	2.40	1.07
↓	MRSA Rate*	10/1/2023 - 9/30/2024	0.000	0.028	0.057	0.030	0.072	0.069	0.027	0.087	0.042	0.033	0.052
↓	CDIFF Rate*	10/1/2023 - 9/30/2024	0.000	0.188	0.130	0.455	0.297	0.219	0.180	0.073	0.266	0.205	0.228
↑	SMB: Sepsis Management Bundle	10/1/2023 - 9/30/2024	83%	62%	66%	75%	57%	36%	66%	73%	59%	66%	62%
Monitoring Measures-Survey of Patient's Experience													
↑	Patients who reported that their nurses "Always" communicated well	10/1/2023 - 9/30/2024	88.0%	80.0%	79.8%	82.3%	82.6%	81.2%	81.3%	76.0%	77.9%	80.1%	80.1%
↓	Patients who reported that their nurses "Usually" communicated well	10/1/2023 - 9/30/2024	11.0%	16.0%	15.4%	15.2%	14.4%	15.3%	15.3%	18.0%	18.2%	16.3%	16.0%
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/1/2023 - 9/30/2024	1.0%	4.0%	4.9%	2.6%	3.1%	3.5%	3.5%	6.0%	3.9%	3.7%	3.9%
↑	Patients who reported that their doctors "Always" communicated well	10/1/2023 - 9/30/2024	88.0%	80.0%	80.4%	82.2%	82.7%	82.2%	80.8%	78.5%	76.8%	79.1%	80.3%
↓	Patients who reported that their doctors "Usually" communicated well	10/1/2023 - 9/30/2024	10.0%	15.0%	14.7%	14.8%	13.8%	13.8%	14.8%	15.5%	18.5%	15.9%	15.2%

Note: Comparison reports are calculated from Hospital Compare Flat files.
 ++CMS has metric data unavailable in latest Hospital Compare data files
 --insufficient cases or does not apply

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
												
↓ Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/1/2023 - 9/30/2024	2.0%	5.0%	4.9%	3.0%	3.5%	4.0%	4.4%	6.0%	4.7%	4.9%	4.4%
↑ Patients who reported that they "Always" received help as soon as they wanted	10/1/2023 - 9/30/2024	81.0%	66.0%	66.4%	72.0%	70.6%	63.5%	65.5%	60.0%	58.4%	62.3%	64.8%
↓ Patients who reported that they "Usually" received help as soon as they wanted	10/1/2023 - 9/30/2024	16.0%	25.0%	23.2%	23.0%	21.7%	27.5%	25.0%	25.5%	30.9%	27.9%	25.6%
↓ Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/1/2023 - 9/30/2024	3.0%	9.0%	10.4%	5.0%	7.7%	9.0%	9.5%	14.5%	10.6%	9.8%	9.6%
↑ Patients who reported that staff "Always" explained about medicines before giving it to them	10/1/2023 - 9/30/2024	72.0%	62.0%	63.4%	63.1%	63.3%	61.0%	64.3%	55.5%	57.4%	61.5%	61.2%
↓ Patients who reported that staff "Usually" explained about medicines before giving it to them	10/1/2023 - 9/30/2024	17.0%	19.0%	17.4%	21.1%	19.2%	19.7%	19.1%	21.0%	20.1%	20.3%	19.7%
↓ Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/1/2023 - 9/30/2024	11.0%	19.0%	19.2%	15.8%	17.5%	19.3%	16.6%	23.5%	22.5%	18.3%	19.1%
↑ Patients who reported that their room and bathroom were "Always" clean	10/1/2023 - 9/30/2024	85.0%	74.0%	71.2%	74.5%	73.9%	71.8%	72.5%	63.0%	68.7%	73.3%	71.1%
↓ Patients who reported that their room and bathroom were "Usually" clean	10/1/2023 - 9/30/2024	12.0%	17.0%	17.9%	18.1%	16.2%	19.5%	19.3%	22.5%	20.5%	18.3%	19.0%
↓ Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/1/2023 - 9/30/2024	3.0%	9.0%	10.9%	7.4%	9.9%	8.7%	8.2%	14.5%	10.8%	8.5%	9.8%
↑ Patients who reported that the area around their room was "Always" quiet at night	10/1/2023 - 9/30/2024	75.0%	62.0%	61.2%	66.3%	71.0%	54.2%	63.5%	64.5%	57.4%	58.9%	62.1%
↓ Patients who reported that the area around their room was "Usually" quiet at night	10/1/2023 - 9/30/2024	22.0%	29.0%	30.4%	27.7%	23.4%	35.0%	29.2%	28.0%	33.6%	31.5%	29.8%
↓ Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/1/2023 - 9/30/2024	3.0%	9.0%	8.4%	6.1%	5.6%	10.8%	7.4%	7.5%	9.0%	9.6%	8.0%
↑ Patients who reported that YES, they were given information about what to do during their recovery at home	10/1/2023 - 9/30/2024	92.0%	86.0%	86.6%	88.3%	84.3%	87.2%	88.5%	81.0%	86.2%	87.0%	86.1%
↓ Patients who reported that NO, they were not given information about what to do during their recovery at home	10/1/2023 - 9/30/2024	8.0%	14.0%	13.4%	11.7%	15.7%	12.8%	11.5%	19.0%	13.8%	13.0%	13.9%

Note: Comparison reports are calculated from Hospital Compare Flat files.
 ++CMS has metric data unavailable in latest Hospital Compare data files
 --insufficient cases or does not apply

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
												
↑ Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2023 - 9/30/2024	62.0%	52.0%	51.1%	52.8%	53.3%	51.7%	53.0%	46.0%	49.5%	50.9%	51.0%
↓ Patients who "Agree" they understood their care when they left the hospital	10/1/2023 - 9/30/2024	35.0%	42.0%	42.9%	43.8%	41.7%	43.3%	42.5%	46.0%	45.1%	44.1%	43.7%
↓ Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2023 - 9/30/2024	3.0%	6.0%	6.0%	3.3%	5.0%	5.0%	4.5%	8.0%	5.4%	5.1%	5.3%
↑ Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/1/2023 - 9/30/2024	85.0%	72.0%	70.0%	76.8%	76.0%	73.0%	73.1%	68.0%	69.6%	70.1%	72.1%
↓ Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/1/2023 - 9/30/2024	12.0%	20.0%	20.3%	18.2%	16.9%	20.0%	19.3%	22.5%	22.0%	21.7%	20.1%
↓ Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2023 - 9/30/2024	3.0%	8.0%	9.7%	5.1%	7.1%	7.0%	7.6%	9.5%	8.4%	8.1%	7.8%
↑ Patients who reported YES, they would definitely recommend the hospital	10/1/2023 - 9/30/2024	84.0%	70.0%	67.2%	73.3%	74.7%	71.8%	69.6%	71.5%	66.6%	66.5%	70.2%
↓ Patients who reported YES, they would probably recommend the hospital	10/1/2023 - 9/30/2024	14.0%	24.0%	25.6%	24.0%	21.2%	24.5%	25.6%	22.5%	27.6%	28.4%	24.9%
↓ Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2023 - 9/30/2024	2.0%	6.0%	7.2%	2.7%	4.1%	3.7%	4.7%	6.0%	5.8%	5.1%	4.9%
Monitoring Measures-Colonoscopy												
↑ OP29 Avg Risk Polyp Surveillance	1/1/2023 - 12/31/2023	100.0	91.8	84.0	99.2	94.2	96.0	91.4	100	97.2	97.0	94.9
↑ OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--	--	--
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												
↓ 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	10/1/2023 - 9/30/2024	100.0	162.0	156.4	115.4	132.9	195.0	138.8	216.0	161.1	163.6	159.9
↓ OP20 Door to Diagnostic Evaluation	RETIRED	--	--	--	--	--	--	--	--	--	--	--

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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
↓ OP21 Time to pain medication for long bone fractures	RETIRED	--	--	--	--	--	--	--	--	--	--	--
↓ OP22 Left without being seen	1/1/2023 - 12/31/2023	0.00	2.00	0.75	0.09	2.00	1.00	1.18	5.00	4.13	2.80	2.12
↑ OP-23 Head CT results	10/1/2022-9/30/2023	92.0%	71.0%	78.3%	29.0%	81.6%	67.0%	79.5%	89.0%	68.1%	74.5%	70.9%
Monitoring Measures-Preventive Care %												
↑ IMM-3 Healthcare workers given influenza vaccination	10/1/2023 - 9/30/2024	96%	77%	91%	86%	88%	96%	86%	96%	80%	79%	88%
↑ 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 - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--	--
Monitoring Measures-Surgical												
↓ Hip and Knee Complications	7/1/2023-6/30/2024	2.8%	3.6%	3.9%	3.8%	3.4%	4.7%	3.7%	3.9%	3.8%	3.8%	3.9%
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	7/1/2021 - 6/30/2023	146.33	176.55	194.36	197.49	167.78	224.69	196.24	173.30	182.25	203.75	192.48
↓ PSI90 Complications / patient safety for selected indicators	7/1/2021 - 6/30/2023	0.82	1.00	0.93	0.97	1.30	1.08	1.16	0.91	1.03	0.94	1.04
Monitoring Measures-Readmissions 30 Days Rate%												
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	7/1/2020-6/30/2023	12.6%	13.6%	13.9%	13.5%	12.9%	13.4%	13.2%	13.1%	13.6%	14.1%	13.5%
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	7/1/2020-6/30/2023	9.4%	10.6%	11.0%	10.5%	10.1%	9.6%	10.3%	11.0%	10.0%	10.6%	10.2%
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	7/1/2020-6/30/2023	17.3%	18.2%	18.4%	17.8%	18.4%	17.5%	18.3%	17.8%	17.9%	18.2%	18.0%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7/1/2020-6/30/2023	4.1%	4.8%	5.1%	5.0%	5.2%	5.0%	5.1%	4.9%	5.0%	5.1%	5.0%
↓ READM30HF Heart Failure 30Day readmissions rate	7/1/2020-6/30/2023	18.3%	19.7%	19.7%	19.1%	18.8%	19.9%	19.6%	18.7%	19.4%	20.2%	19.6%
↓ READM30PN Pneumonia 30day readmission rate	7/1/2020-6/30/2023	14.9%	16.0%	16.4%	15.7%	15.8%	15.5%	15.7%	16.0%	15.9%	16.2%	15.8%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission - Renamed	Renamed & Updated Measure Description	--	--	--	--	--	--	--	--	--	--	--
Monitoring Measures-Mortality 30 Days Death Rate %												
↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	7/1/2023-6/30/2024	10.8%	12.2%	13.4%	11.8%	13.5%	12.0%	12.9%	11.3%	12.0%	12.4%	12.4%
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	7/1/2023-6/30/2024	1.8%	2.6%	3.7%	--	3.6%	2.1%	2.8%	2.5%	2.3%	3.1%	2.9%

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 --insufficient cases or does not apply

System Comparison FY25 Report

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
↓ MORT30 COPD 30day mortality rate COPD patients	7/1/2023-6/30/2024	7.1%	8.8%	9.6%	9.1%	8.9%	8.6%	9.0%	10.6%	9.5%	9.1%	9.3%
↓ MORT30HF Heart failure 30day mortality rate	7/1/2023-6/30/2024	8.9%	11.6%	13.4%	12.7%	12.7%	11.1%	12.5%	12.6%	14.3%	12.7%	12.7%
↓ MORT30PN Pneumonia 30day mortality rate	7/1/2023-6/30/2024	12.8%	16.2%	17.7%	17.0%	17.5%	16.9%	17.0%	18.1%	17.0%	17.4%	17.3%
↓ MORT30STK Stroke 30day mortality rate	7/1/2023-6/30/2024	11.2%	13.3%	14.6%	13.7%	12.3%	15.0%	12.7%	14.9%	13.4%	13.1%	13.7%
Monitoring Measures-Use of Medical												
OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2023-6/30/2024	28.9%	35.5%	45.9%	33.2%	37.5%	40.9%	34.0%	34.2%	45.7%	24.4%	37.0%
OP-10 Abdomen CT Use of Contrast Material	7/1/2023-6/30/2024	1.5%	5.9%	4.9%	7.3%	5.8%	4.4%	7.2%	7.9%	4.6%	5.4%	5.9%
OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	7/1/2023-6/30/2024	1.5%	3.7%	3.0%	3.6%	3.0%	2.4%	3.4%	1.1%	3.0%	3.4%	2.9%

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ATTACHMENT 3

#4 Comparison of Ballad Health Facilities to National Averages

Comparison of Ballad Health to National Averages FY25 Report

Desired Performance	Ballad Health 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	Greenville Community Hospital	Sycamore Shoals Hospital	Franklin Woods Community Hospital	Lonesome Pine Hospital
Quality Target Measures														
↓	PSI 3 Pressure Ulcer Rate	7/1/2021 - 6/30/2023	0.22	0.65	0.26	0.28	0.14	0.14	0.27	0.57	0.34	0.39	0.36	0.42
↓	PSI 6 Iatrogenic Pneumothorax Rate	7/1/2021 - 6/30/2023	0.20	0.25	0.26	0.26	0.27	0.25	0.22	0.25	0.40	0.24	0.23	0.24
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
↓	PSI 8 In Hospital Fall with Hip Fracture Rate	7/1/2021 - 6/30/2023	0.25	0.29	0.28	0.25	0.31	0.30	0.27	0.29	0.31	0.28	0.27	0.28
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	7/1/2021 - 6/30/2023	1.94	2.44	2.17	1.65	1.54	3.78	2.19	2.38	2.23	2.37	2.13	2.34
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	7/1/2021 - 6/30/2023	1.42	1.69	2.00	2.52	1.90	1.70	1.64	1.68	1.66	1.67	1.56	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	7/1/2021 - 6/30/2023	5.86	10.26	10.30	11.74	9.17	9.43	16.55	9.80	11.60	9.43	8.59	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7/1/2021 - 6/30/2023	3.01	3.91	4.29	3.82	4.31	5.15	5.29	3.79	4.18	3.57	3.23	4.17
↓	PSI 13 Postoperative Sepsis Rate	7/1/2021 - 6/30/2023	4.44	5.58	5.58	6.15	5.74	4.90	5.34	5.45	5.20	5.39	4.35	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	7/1/2021 - 6/30/2023	1.64	1.87	1.86	2.41	1.72	1.58	1.75	1.83	2.09	1.84	1.72	1.81
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	7/1/2021 - 6/30/2023	0.70	0.89	0.80	0.89	0.91	0.67	0.78	0.85	0.79	0.86	0.70	0.86
↓	CLABSI Rate*	10/1/2023 - 9/30/2024	0.000	0.469	0.745	0.800	1.087	0.355	1.721	0.000	0.515	0.000	0.000	0.000
↓	CAUTI Rate*	10/1/2023 - 9/30/2024	0.000	0.572	0.758	1.087	1.091	0.748	0.471	0.000	0.000	1.053	0.418	0.000
↓	SSI COLON Surgical Site Infection Rate*	10/1/2023 - 9/30/2024	0.00	2.48	3.42	6.40	2.15	3.05	1.06	0.00	3.94	7.69	3.40	3.13
↓	SSI HYST Surgical Site Infection Rate*	10/1/2023 - 9/30/2024	0.00	1.12	2.27	1.85	4.88	2.78	0.00	0.00	0.00	9.09	0.00	0.00
↓	MRSA Rate*	10/1/2023 - 9/30/2024	0.000	0.028	0.057	0.078	0.088	0.054	0.033	0.000	0.000	0.000	0.035	0.000
↓	CDIFF Rate*	10/1/2023 - 9/30/2024	0.000	0.188	0.130	0.111	0.225	0.176	0.000	0.000	0.047	0.180	0.040	0.078
↑	SMB: Sepsis Management Bundle	10/1/2023 - 9/30/2024	83%	62%	66%	46%	43%	58%	65%	73%	63%	62%	69%	60%
Monitoring Measures-Survey of Patient's Experience														
↑	Patients who reported that their nurses "Always" communicated well	10/1/2023 - 9/30/2024	88.0%	80.0%	79.8%	72.0%	71.0%	73.0%	75.0%	79.0%	75.0%	78.0%	80.0%	85.0%
↓	Patients who reported that their nurses "Usually" communicated well	10/1/2023 - 9/30/2024	11.0%	16.0%	15.4%	20.0%	22.0%	21.0%	19.0%	17.0%	19.0%	18.0%	15.0%	14.0%
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/1/2023 - 9/30/2024	1.0%	4.0%	4.9%	8.0%	7.0%	6.0%	6.0%	4.0%	6.0%	4.0%	5.0%	1.0%
↑	Patients who reported that their doctors "Always" communicated well	10/1/2023 - 9/30/2024	88.0%	80.0%	80.4%	72.0%	75.0%	74.0%	78.0%	79.0%	76.0%	82.0%	79.0%	83.0%
↓	Patients who reported that their doctors "Usually" communicated well	10/1/2023 - 9/30/2024	10.0%	15.0%	14.7%	20.0%	19.0%	19.0%	18.0%	16.0%	17.0%	16.0%	16.0%	14.0%

JCMC Includes NsCH/WPH
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 CAH-Critical Access Hospital
 --insufficient cases or does not apply

Comparison of Ballad Health to National Averages FY25 Report

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	Greenville Community Hospital	Sycamore Shoals Hospital	Franklin Woods Community Hospital	Lonesome Pine Hospital
↓ Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/1/2023 - 9/30/2024	2.0%	5.0%	4.9%	8.0%	6.0%	7.0%	4.0%	5.0%	7.0%	2.0%	5.0%	3.0%
↑ Patients who reported that they "Always" received help as soon as they wanted	10/1/2023 - 9/30/2024	81.0%	66.0%	66.4%	58.0%	52.0%	57.0%	56.0%	64.0%	58.0%	65.0%	64.0%	75.0%
↓ Patients who reported that they "Usually" received help as soon as they wanted	10/1/2023 - 9/30/2024	16.0%	25.0%	23.2%	27.0%	31.0%	30.0%	30.0%	27.0%	29.0%	24.0%	26.0%	17.0%
↓ Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/1/2023 - 9/30/2024	3.0%	9.0%	10.4%	15.0%	17.0%	13.0%	14.0%	9.0%	13.0%	11.0%	10.0%	8.0%
↑ Patients who reported that staff "Always" explained about medicines before giving it to them	10/1/2023 - 9/30/2024	72.0%	62.0%	63.4%	53.0%	51.0%	56.0%	57.0%	56.0%	58.0%	62.0%	62.0%	69.0%
↓ Patients who reported that staff "Usually" explained about medicines before giving it to them	10/1/2023 - 9/30/2024	17.0%	19.0%	17.4%	19.0%	25.0%	22.0%	19.0%	20.0%	20.0%	18.0%	18.0%	18.0%
↓ Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/1/2023 - 9/30/2024	11.0%	19.0%	19.2%	28.0%	24.0%	22.0%	24.0%	24.0%	22.0%	20.0%	20.0%	13.0%
↑ Patients who reported that their room and bathroom were "Always" clean	10/1/2023 - 9/30/2024	85.0%	74.0%	71.2%	60.0%	71.0%	64.0%	79.0%	68.0%	66.0%	66.0%	66.0%	81.0%
↓ Patients who reported that their room and bathroom were "Usually" clean	10/1/2023 - 9/30/2024	12.0%	17.0%	17.9%	22.0%	19.0%	22.0%	16.0%	20.0%	19.0%	19.0%	21.0%	14.0%
↓ Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/1/2023 - 9/30/2024	3.0%	9.0%	10.9%	18.0%	10.0%	14.0%	5.0%	12.0%	15.0%	15.0%	13.0%	5.0%
↑ Patients who reported that the area around their room was "Always" quiet at night	10/1/2023 - 9/30/2024	75.0%	62.0%	61.2%	47.0%	52.0%	56.0%	61.0%	63.0%	49.0%	64.0%	68.0%	72.0%
↓ Patients who reported that the area around their room was "Usually" quiet at night	10/1/2023 - 9/30/2024	22.0%	29.0%	30.4%	37.0%	35.0%	35.0%	32.0%	29.0%	39.0%	29.0%	25.0%	20.0%
↓ Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/1/2023 - 9/30/2024	3.0%	9.0%	8.4%	16.0%	13.0%	9.0%	7.0%	8.0%	12.0%	7.0%	7.0%	8.0%
↑ Patients who reported that YES, they were given information about what to do during their recovery at home	10/1/2023 - 9/30/2024	92.0%	86.0%	86.6%	82.0%	84.0%	85.0%	86.0%	86.0%	86.0%	85.0%	87.0%	94.0%
↓ Patients who reported that NO, they were not given information about what to do during their recovery at home	10/1/2023 - 9/30/2024	8.0%	14.0%	13.4%	18.0%	16.0%	15.0%	14.0%	14.0%	14.0%	15.0%	13.0%	6.0%

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Comparison of Ballad Health to National Averages FY25 Report

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	Greenville Community Hospital	Sycamore Shoals Hospital	Franklin Woods Community Hospital	Lonesome Pine Hospital
↑ Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2023 - 9/30/2024	62.0%	52.0%	51.1%	42.0%	44.0%	46.0%	46.0%	49.0%	44.0%	48.0%	53.0%	62.0%
↓ Patients who "Agree" they understood their care when they left the hospital	10/1/2023 - 9/30/2024	35.0%	42.0%	42.9%	48.0%	48.0%	47.0%	47.0%	46.0%	50.0%	47.0%	41.0%	35.0%
↓ Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2023 - 9/30/2024	3.0%	6.0%	6.0%	10.0%	8.0%	7.0%	7.0%	5.0%	6.0%	5.0%	6.0%	3.0%
↑ Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/1/2023 - 9/30/2024	85.0%	72.0%	70.0%	53.0%	58.0%	61.0%	64.0%	71.0%	63.0%	70.0%	72.0%	68.0%
↓ Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/1/2023 - 9/30/2024	12.0%	20.0%	20.3%	27.0%	28.0%	26.0%	24.0%	20.0%	25.0%	20.0%	19.0%	30.0%
↓ Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2023 - 9/30/2024	3.0%	8.0%	9.7%	20.0%	14.0%	13.0%	12.0%	9.0%	12.0%	10.0%	9.0%	2.0%
↑ Patients who reported YES, they would definitely recommend the hospital	10/1/2023 - 9/30/2024	84.0%	70.0%	67.2%	48.0%	57.0%	58.0%	60.0%	70.0%	54.0%	65.0%	76.0%	60.0%
↓ Patients who reported YES, they would probably recommend the hospital	10/1/2023 - 9/30/2024	14.0%	24.0%	25.6%	38.0%	33.0%	34.0%	32.0%	22.0%	37.0%	29.0%	18.0%	34.0%
↓ Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2023 - 9/30/2024	2.0%	6.0%	7.2%	14.0%	10.0%	8.0%	8.0%	8.0%	9.0%	6.0%	6.0%	6.0%
Monitoring Measures-Colonoscopy													
↑ OP29 Avg Risk Polyp Surveillance	1/1/2023 - 12/31/2023	100.0	91.8	84.0	--	--	49.0	100.0	--	98.0	100.0	46.0	98.0
↑ OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
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													
↓ 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	10/1/2023 - 9/30/2024	100.0	162.0	156.4	198.0	226.0	187.0	201.0	163.0	162.0	174.0	193.0	142.0
↓ OP20 Door to Diagnostic Evaluation	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--

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↓ OP21 Time to pain medication for long bone fractures	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
↓ OP22 Left without being seen	1/1/2023 - 12/31/2023	0.00	2.00	0.75	1.00	0.00	1.00	2.00	0.00	1.00	1.00	1.00	1.00
↑ OP-23 Head CT results	10/1/2022-9/30/2023	92.0%	71.0%	78.3%	--	84.0%	--	92.0%	--	54.0%	--	--	78.0%
Monitoring Measures-Preventive Care %													
↑ IMM-3 Healthcare workers given influenza vaccination	10/1/2023 - 9/30/2024	96%	77%	91%	100%	96%	97%	97%	99%	84%	100%	93%	96%
↑ 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 - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--	--	--
Monitoring Measures-Surgical													
↓ Hip and Knee Complications	7/1/2023-6/30/2024	2.8%	3.6%	3.9%	4.0%	3.9%	3.8%	0.0%	0.0%	0.0%	3.9%	0.0%	0.0%
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	7/1/2021 - 6/30/2023	146.33	176.55	194.36	224.58	163.96	210.98	168.29	0.00	161.10	0.00	0.00	0.00
↓ PSI90 Complications / patient safety for selected indicators	7/1/2021 - 6/30/2023	0.82	1.00	0.93	0.98	0.86	0.89	1.09	0.95	0.97	0.88	0.79	0.95
Monitoring Measures-Readmissions 30 Days Rate%													
↓ READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	7/1/2020-6/30/2023	12.6%	13.6%	13.9%	13.7%	13.3%	14.3%	14.4%	--	--	--	--	--
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	7/1/2020-6/30/2023	9.4%	10.6%	11.0%	13.6%	9.4%	9.9%	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	7/1/2020-6/30/2023	17.3%	18.2%	18.4%	18.1%	17.8%	18.6%	18.1%	--	18.8%	18.2%	18.0%	18.3%
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7/1/2020-6/30/2023	4.1%	4.8%	5.1%	5.1%	5.1%	4.3%	--	--	--	5.8%	--	--
↓ READM30HF Heart Failure 30Day readmissions rate	7/1/2020-6/30/2023	18.3%	19.7%	19.7%	18.9%	19.0%	22.5%	18.5%	--	21.2%	19.4%	19.4%	18.5%
↓ READM30PN Pneumonia 30day readmission rate	7/1/2020-6/30/2023	14.9%	16.0%	16.4%	14.4%	15.4%	17.4%	15.3%	17.3%	17.7%	18.8%	16.1%	16.5%
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission - Renamed	Renamed & Updated Measure Description	--	--	--	--	--	--	--	--	--	--	--	--
Monitoring Measures-Mortality 30 Days Death Rate %													
↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	7/1/2023-6/30/2024	10.8%	12.2%	13.4%	14.1%	11.7%	13.6%	15.1%	0.0%	12.4%	0.0%	0.0%	0.0%
↓ MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	7/1/2023-6/30/2024	1.8%	2.6%	3.7%	4.1%	3.1%	3.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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↓ MORT30 COPD 30day mortality rate COPD patients	7/1/2023-6/30/2024	7.1%	8.8%	9.6%	9.9%	12.1%	11.6%	9.2%	0.0%	7.5%	10.4%	11.0%	8.7%
↓ MORT30HF Heart failure 30day mortality rate	7/1/2023-6/30/2024	8.9%	11.6%	13.4%	13.1%	14.8%	14.3%	13.4%	0.0%	13.0%	12.3%	13.8%	13.9%
↓ MORT30PN Pneumonia 30day mortality rate	7/1/2023-6/30/2024	12.8%	16.2%	17.7%	19.2%	18.7%	21.9%	19.9%	15.3%	17.2%	19.9%	16.5%	16.1%
↓ MORT30STK Stroke 30day mortality rate	7/1/2023-6/30/2024	11.2%	13.3%	14.6%	18.4%	13.4%	13.2%	16.2%	0.0%	13.0%	0.0%	0.0%	13.4%
Monitoring Measures-Use of Medical													
OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2023-6/30/2024	28.9%	35.5%	45.9%	0.0%	0.0%	45.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
OP-10 Abdomen CT Use of Contrast Material	7/1/2023-6/30/2024	1.5%	5.9%	4.9%	4.7%	3.9%	5.1%	2.8%	7.4%	6.4%	9.9%	8.0%	8.8%
OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	7/1/2023-6/30/2024	1.5%	3.7%	3.0%	3.1%	2.3%	3.3%	3.0%	0.0%	6.9%	1.3%	2.2%	1.9%

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			Quality Target Measures										
↓	PSI 3 Pressure Ulcer Rate	7/1/2021 - 6/30/2023	0.22	0.65	0.26	0.54	0.53	0.64	0.61	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	7/1/2021 - 6/30/2023	0.20	0.25	0.26	0.25	0.25	0.25	0.25	0.00	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	7/1/2021 - 6/30/2023	0.25	0.29	0.28	0.29	0.29	0.29	0.29	0.00	0.00	0.00	0.00
↓	PSI 9 Postoperative Hemorrhage or Hematoma Rate	7/1/2021 - 6/30/2023	1.94	2.44	2.17	2.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	7/1/2021 - 6/30/2023	1.42	1.69	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	7/1/2021 - 6/30/2023	5.86	10.26	10.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	7/1/2021 - 6/30/2023	3.01	3.91	4.29	3.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 13 Postoperative Sepsis Rate	7/1/2021 - 6/30/2023	4.44	5.58	5.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	7/1/2021 - 6/30/2023	1.64	1.87	1.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	7/1/2021 - 6/30/2023	0.70	0.89	0.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	CLABSI Rate*	10/1/2023 - 9/30/2024	0.000	0.469	0.745	0.000	0.000	0.000	0.000	--	--	--	--
↓	CAUTI Rate*	10/1/2023 - 9/30/2024	0.000	0.572	0.758	0.000	0.000	0.000	0.000	--	--	--	--
↓	SSI COLON Surgical Site Infection Rate*	10/1/2023 - 9/30/2024	0.00	2.48	3.42	0.00	--	--	--	--	--	--	--
↓	SSI HYST Surgical Site Infection Rate*	10/1/2023 - 9/30/2024	0.00	1.12	2.27	--	--	--	--	--	--	--	--
↓	MRSA Rate*	10/1/2023 - 9/30/2024	0.000	0.028	0.057	0.000	0.000	0.000	0.000	--	--	--	--
↓	CDIFF Rate*	10/1/2023 - 9/30/2024	0.000	0.188	0.130	0.000	0.000	0.798	0.490	--	--	--	--
↑	SMB: Sepsis Management Bundle	10/1/2023 - 9/30/2024	83%	62%	66%	80%	72%	81%	--	70%	79%	--	--
Monitoring Measures-Survey of Patient's Experience													
↑	Patients who reported that their nurses "Always" communicated well	10/1/2023 - 9/30/2024	88.0%	80.0%	79.8%	79.0%	87.0%	87.0%	81.0%	95.0%	--	--	--
↓	Patients who reported that their nurses "Usually" communicated well	10/1/2023 - 9/30/2024	11.0%	16.0%	15.4%	15.0%	10.0%	8.0%	13.0%	4.0%	--	--	--
↓	Patients who reported that their nurses "Sometimes" or "Never" communicated well	10/1/2023 - 9/30/2024	1.0%	4.0%	4.9%	6.0%	3.0%	5.0%	6.0%	1.0%	--	--	--
↑	Patients who reported that their doctors "Always" communicated well	10/1/2023 - 9/30/2024	88.0%	80.0%	80.4%	82.0%	83.0%	84.0%	83.0%	95.0%	--	--	--
↓	Patients who reported that their doctors "Usually" communicated well	10/1/2023 - 9/30/2024	10.0%	15.0%	14.7%	13.0%	11.0%	11.0%	12.0%	4.0%	--	--	--

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↓ Patients who reported that their doctors "Sometimes" or "Never" communicated well	10/1/2023 - 9/30/2024	2.0%	5.0%	4.9%	5.0%	6.0%	5.0%	5.0%	1.0%	--	--	--
↑ Patients who reported that they "Always" received help as soon as they wanted	10/1/2023 - 9/30/2024	81.0%	66.0%	66.4%	72.0%	80.0%	78.0%	71.0%	80.0%	--	--	--
↓ Patients who reported that they "Usually" received help as soon as they wanted	10/1/2023 - 9/30/2024	16.0%	25.0%	23.2%	20.0%	14.0%	15.0%	23.0%	12.0%	--	--	--
↓ Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	10/1/2023 - 9/30/2024	3.0%	9.0%	10.4%	8.0%	6.0%	7.0%	6.0%	8.0%	--	--	--
↑ Patients who reported that staff "Always" explained about medicines before giving it to them	10/1/2023 - 9/30/2024	72.0%	62.0%	63.4%	63.0%	73.0%	83.0%	66.0%	78.0%	--	--	--
↓ Patients who reported that staff "Usually" explained about medicines before giving it to them	10/1/2023 - 9/30/2024	17.0%	19.0%	17.4%	18.0%	13.0%	11.0%	13.0%	10.0%	--	--	--
↓ Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	10/1/2023 - 9/30/2024	11.0%	19.0%	19.2%	19.0%	14.0%	6.0%	21.0%	12.0%	--	--	--
↑ Patients who reported that their room and bathroom were "Always" clean	10/1/2023 - 9/30/2024	85.0%	74.0%	71.2%	72.0%	76.0%	84.0%	70.0%	74.0%	--	--	--
↓ Patients who reported that their room and bathroom were "Usually" clean	10/1/2023 - 9/30/2024	12.0%	17.0%	17.9%	18.0%	19.0%	12.0%	20.0%	10.0%	--	--	--
↓ Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	10/1/2023 - 9/30/2024	3.0%	9.0%	10.9%	10.0%	5.0%	4.0%	10.0%	16.0%	--	--	--
↑ Patients who reported that the area around their room was "Always" quiet at night	10/1/2023 - 9/30/2024	75.0%	62.0%	61.2%	60.0%	72.0%	71.0%	56.0%	66.0%	--	--	--
↓ Patients who reported that the area around their room was "Usually" quiet at night	10/1/2023 - 9/30/2024	22.0%	29.0%	30.4%	31.0%	23.0%	26.0%	38.0%	27.0%	--	--	--
↓ Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	10/1/2023 - 9/30/2024	3.0%	9.0%	8.4%	9.0%	5.0%	3.0%	6.0%	7.0%	--	--	--
↑ Patients who reported that YES, they were given information about what to do during their recovery at home	10/1/2023 - 9/30/2024	92.0%	86.0%	86.6%	86.0%	89.0%	84.0%	92.0%	86.0%	--	--	--
↓ Patients who reported that NO, they were not given information about what to do during their recovery at home	10/1/2023 - 9/30/2024	8.0%	14.0%	13.4%	14.0%	11.0%	16.0%	8.0%	14.0%	--	--	--

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↑ Patients who "Strongly Agree" they understood their care when they left the hospital	10/1/2023 - 9/30/2024	62.0%	52.0%	51.1%	49.0%	55.0%	53.0%	57.0%	67.0%	--	--	--
↓ Patients who "Agree" they understood their care when they left the hospital	10/1/2023 - 9/30/2024	35.0%	42.0%	42.9%	43.0%	41.0%	40.0%	38.0%	30.0%	--	--	--
↓ Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	10/1/2023 - 9/30/2024	3.0%	6.0%	6.0%	8.0%	4.0%	7.0%	5.0%	3.0%	--	--	--
↑ Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	10/1/2023 - 9/30/2024	85.0%	72.0%	70.0%	71.0%	80.0%	81.0%	79.0%	89.0%	--	--	--
↓ Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	10/1/2023 - 9/30/2024	12.0%	20.0%	20.3%	18.0%	13.0%	13.0%	14.0%	7.0%	--	--	--
↓ Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	10/1/2023 - 9/30/2024	3.0%	8.0%	9.7%	11.0%	7.0%	6.0%	7.0%	4.0%	--	--	--
↑ Patients who reported YES, they would definitely recommend the hospital	10/1/2023 - 9/30/2024	84.0%	70.0%	67.2%	66.0%	73.0%	78.0%	83.0%	93.0%	--	--	--
↓ Patients who reported YES, they would probably recommend the hospital	10/1/2023 - 9/30/2024	14.0%	24.0%	25.6%	26.0%	22.0%	17.0%	12.0%	4.0%	--	--	--
↓ Patients who reported NO, they would probably not or definitely not recommend the hospital	10/1/2023 - 9/30/2024	2.0%	6.0%	7.2%	8.0%	5.0%	5.0%	5.0%	3.0%	--	--	--
Monitoring Measures-Colonoscopy												
↑ OP29 Avg Risk Polyp Surveillance	1/1/2023 - 12/31/2023	100.0	91.8	84.0	97.0	--	--	--	--	--	--	--
↑ OP30 High risk Polyp Surveillance	RETIRED	--	--	--	--	--	--	--	--	--	--	--
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												
↓ 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	10/1/2023 - 9/30/2024	100.0	162.0	156.4	152.0	120.0	103.0	147.0	113.0	126.0	133.0	110.0
↓ OP20 Door to Diagnostic Evaluation	RETIRED	--	--	--	--	--	--	--	--	--	--	--

JCMC Includes NsCH/WPH
 ++CMS has metric data unavailable in latest Hospital Compare data files
 Note: Comparison reports are calculated from Hospital Compare Flat files
 CAH-Critical Access Hospital
 --insufficient cases or does not apply

Comparison of Ballad Health to National Averages FY25 Report

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
↓ OP21 Time to pain medication for long bone fractures	RETIRED	--	--	--	--	--	--	--	--	--	--	--
↓ OP22 Left without being seen	1/1/2023 - 12/31/2023	0.00	2.00	0.75	1.00	1.00	0.00	0.00	0.00	0.00	1.00	1.00
↑ OP-23 Head CT results	10/1/2022-9/30/2023	92.0%	71.0%	78.3%	71.0%	--	--	--	91.0%	--	--	--
Monitoring Measures-Preventive Care %												
↑ IMM-3 Healthcare workers given influenza vaccination	10/1/2023 - 9/30/2024	96%	77%	91%	97%	93%	92%	--	93%	95%	93%	98%
↑ 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 - Retired	RETIRED	--	--	--	--	--	--	--	--	--	--	--
Monitoring Measures-Surgical												
↓ Hip and Knee Complications	7/1/2023-6/30/2024	2.8%	3.6%	3.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓ PSI4SURG COMP Death rate among surgical patients with serious treatable complications	7/1/2021 - 6/30/2023	146.33	176.55	194.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓ PSI90 Complications / patient safety for selected indicators	7/1/2021 - 6/30/2023	0.82	1.00	0.93	0.96	0.00	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%	13.6%	13.9%	--	--	--	--	--	--	--	--
↓ READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	7/1/2020-6/30/2023	9.4%	10.6%	11.0%	--	--	--	--	--	--	--	--
↓ READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	7/1/2020-6/30/2023	17.3%	18.2%	18.4%	18.0%	19.6%	--	--	--	--	--	--
↓ READM30 HIPKNEE 30day readmission rate following elective THA / TKA	7/1/2020-6/30/2023	4.1%	4.8%	5.1%	--	--	15.4%	--	--	--	--	--
↓ READM30HF Heart Failure 30Day readmissions rate	7/1/2020-6/30/2023	18.3%	19.7%	19.7%	19.2%	20.4%	--	19.7%	--	--	--	--
↓ READM30PN Pneumonia 30day readmission rate	7/1/2020-6/30/2023	14.9%	16.0%	16.4%	15.6%	16.5%	--	16.3%	--	--	--	--
↓ READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission - Renamed	Renamed & Updated Measure Description	--	--	--	--	--	--	--	--	--	--	--
Monitoring Measures-Mortality 30 Days Death Rate %												
↓ MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	7/1/2023-6/30/2024	10.8%	12.2%	13.4%	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	7/1/2023-6/30/2024	1.8%	2.6%	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

JCMC Includes NsCH/WPH
 ++CMS has metric data unavailable in latest Hospital Compare data files
 Note: Comparison reports are calculated from Hospital Compare Flat files
 CAH-Critical Access Hospital
 --insufficient cases or does not apply

Comparison of Ballad Health to National Averages FY25 Report

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
↓ MORT30 COPD 30day mortality rate COPD patients	7/1/2023-6/30/2024	7.1%	8.8%	9.6%	7.0%	8.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
↓ MORT30HF Heart failure 30day mortality rate	7/1/2023-6/30/2024	8.9%	11.6%	13.4%	15.5%	12.1%	0.0%	10.8%	0.0%	0.0%	0.0%	0.0%
↓ MORT30PN Pneumonia 30day mortality rate	7/1/2023-6/30/2024	12.8%	16.2%	17.7%	18.6%	14.8%	15.5%	17.0%	0.0%	0.0%	0.0%	0.0%
↓ MORT30STK Stroke 30day mortality rate	7/1/2023-6/30/2024	11.2%	13.3%	14.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Monitoring Measures-Use of Medical												
OP-8 MRI Lumbar Spine for Low Back Pain	7/1/2023-6/30/2024	28.9%	35.5%	45.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
OP-10 Abdomen CT Use of Contrast Material	7/1/2023-6/30/2024	1.5%	5.9%	4.9%	1.1%	1.6%	3.8%	4.8%	3.2%	0.0%	4.9%	1.3%
OP-13 Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	7/1/2023-6/30/2024	1.5%	3.7%	3.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

ATTACHMENT 4

#6 Staffing Levels

In accordance with Exhibit G of the TOC, this Attachment is marked CONFIDENTIAL. For that reason, this Attachment is being submitted separately.

ATTACHMENT 5

#7 Staff Survey

In accordance with Exhibit G of the TOC, this Attachment is marked CONFIDENTIAL. For that reason, this Attachment is being submitted separately.



ATTACHMENT 6

#16 Published Reports from Research Projects

Publications of Clinical Trials in FY25:

1. 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](#)
2. Gray WA, Metzger DC, Zidar J, Kedev S, Petrov I, Soukas P, Levy E, Bachinsky W, Bacharach JM, Montorsi P, Novack V, Lansky A, Langhoff R. The PERFORMANCE II Trial: A Prospective Multicenter Investigation of a Novel Carotid Stent System. *JACC Cardiovasc Interv*. 2025 Feb 10;18(3):367-376. doi: 10.1016/j.jcin.2024.10.031. Epub 2025 Jan 8. PMID: 39797836 [The PERFORMANCE II Trial: A Prospective Multicenter Investigation of a Novel Carotid Stent System](#)
3. Freeman TJ, George TJ, Jacobs SA, Yothers G, Kolevska T, Feng H, Lipchik C, Maley S, Song N, Srinivasan A, Finnigan M, Wade JL 3rd, Buchschacher GL Jr, Al Baghdadi T, Shipstone A, Lin D, Puhalla SL, Allegra CJ, Wolmark N, Pogue-Geile KL. NSABP FC-11: A phase II study of neratinib plus trastuzumab or neratinib plus cetuximab in patients with "quadruple wild-type" (KRAS/NRAS/BRAF/PIK3CA) metastatic colorectal cancer based on HER2 status: amplified, non-amplified (wild-type), or mutated. *Cancer Chemother Pharmacol*. 2025 Aug 9;95(1):80. doi: 10.1007/s00280-025-04802-8. PMID: 40782152 [NSABP FC-11: A phase II study of neratinib plus trastuzumab or neratinib plus cetuximab in patients with "quadruple wild-type" \(KRAS/NRAS/BRAF/PIK3CA\) metastatic colorectal cancer based on HER2 status: amplified, non-amplified \(wild-type\), or mutated](#)

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](#)
25. Al Mawaali Z, Abdelrahman H, Al Qadire M, Ballad CAC, Al Busafi S, Al Busaidi B, Al Mahari F, Al Balushi M, Al Rawahi I, Al Omari O, Almaawali M, Khalaf A. Prevalence of Anxiety, Depression, and Sleep Disturbance Among Emergency Nurses in Oman. *J Emerg Nurs.* 2024 Sep;50(5):635-643. doi: 10.1016/j.jen.2024.02.004. Epub 2024 Mar 13. PMID: 38483424 [Prevalence of Anxiety, Depression, and Sleep Disturbance Among Emergency Nurses in Oman](#)
26. Kobayashi T, Secemsky EA, Klein AJ, Faintuch S, Bulman JC, Weinstein JL, Bitton-Faiwizewski 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 7

#18 Comparison of Financial Ratios

Ballad Health

Consolidated

Statement of Revenue and Expense - **UNAUDITED**

For the Month Ended June 30, 2025

	FY 25 Total
Patient Revenue	
Inpatient	5,846,767,049
Outpatient	7,587,398,010
Total Patient Revenue	13,434,165,058
Deductions From Revenue	
Revenue Deductions	10,406,928,901
Charity	157,059,906
Uninsured Discounts	272,055,075
Total Deductions	10,836,043,883
Net Patient Revenue	2,598,121,176
Other Operating Revenue	107,622,733
Total Operating Revenue	2,705,743,909
Operating Expense	
Salaries & Wages	850,597,711
Provider Salaries	197,108,184
Contract Labor - Providers	55,423,693
Contract Labor - Other	72,357,711
Team Member Benefits	171,709,324
Professional Fees	386,950,833
Drugs & Supplies	543,555,998
Other Expense	226,340,776
Depreciation & Amortization	124,455,849
Interest & Taxes	51,026,187
Total Operating Expense	2,679,526,265
Net Operating Income before Support Allocation	26,217,644
Support Allocation - Labor Expense	(0)
Support Allocation - Other	0
Net Operating Income after Support Allocation	26,217,644
Net Investment Income	37,705,585
Realized Gain on Investments	75,711,423
Gain / (Loss) from Affiliates	4,605,063
Gain / (Loss) on Discontinued Operations & Disposal	38,916,770
Gain / (Loss) on Extinguishment of LTD / Derivatives	0
Minority Interest	43,111
Other Non Operating Income / (Expense)	19,578,214
Total Non Operating Income / (Expense)	176,560,166
Total Revenue Over Expense Before CFV of Derivatives	202,777,810
Change in Fair Value of Interest Rate Swaps	(769,938)
Total Excess Revenue Over Expense	202,007,872
Net Unrealized Gain / (Loss) on Investments	28,828,743
Increase in Unrestricted Net Assets	230,836,615
EBITDA (Operations)	201,699,680
EBITDA (Operations) as % of Net Patient Revenue	7.8%

Operating Margin 1.0%

EBITDA	378,259,846
EBITDA as % of Net Patient Revenue	14.6%
Total Margin	7.5%

Ballad Health

Consolidated

Key Operating Indicators - **UNAUDITED**

For the Month Ended June 30, 2025

	Year to Date Actual
Operating Statistics	
Average Daily Census (Hospital)	1,206
Occupancy Percent (Hospital)	47.5%
Patient Days (Hospital)	440,252
Discharges (Hospital)	87,943
Observation Visits	23,282
Observation Visits (excl OB)	22,879
Acute Discharges and Observation Visits (excl OB)	104,972
Obs Visits (excl OB) % of Obs Visits (excl OB) & Acute Disch Observation (excl OB) % of Occupancy	21.8% 1.6%
Outpatient Visits	3,089,073
Telehealth Visits	64,389
Urgent Care Visits	207,066
Emergency Department Visits	383,924
Surgery Cases - Inpatient	18,664
Surgery Cases - Outpatient	33,084
Surgery Cases - ASC	2,513
Revenue by Source	
Medicare	17.9%
Managed Medicare	38.3%
Medicaid/TennCare	14.3%
Managed Care	21.9%
Self Pay	3.9%
Other	3.7%
Labor Management	
Employed Full Time Equivalents	10,939
Contract Full Time Equivalents	392
Total Full Time Equivalents (excl Providers)	11,331
Employed Provider Full Time Equivalents	798
Contract Provider Full Time Equivalents	82
Total Provider Full Time Equivalents	880
Full Time Equivalents	12,210
Average Hourly Rate (excl Providers & Cont Lbr)	\$37.28
Salary Expense per FTE (excl Providers & Cont Lbr)	\$77,758
Patient Resource Management	
Overall Medicare Average Length of Stay	4.88
Overall Average Length of Stay	5.01
Acute Medicare Average Length of Stay - Acuity Adjusted	2.72
Acute Overall Average Length of Stay - Acuity Adjusted	3.04
Observation Average Length of Stay	0.66
Acute Medicare Case Mix Index	1.69
Acute Overall Case Mix Index	1.60

Ballad Health
Consolidated
Comparative Balance Sheet - **UNAUDITED**
For the Period Ended June 30, 2025

June 30, 2025

ASSETS	
Current Assets	
Cash and Cash Equivalents	61,730,203
Board Designated Funds COPA	0
Board Designated Funds Cooperative Agreement	1,356,349
Current Portion AWUIL	5,820,176
Accounts Receivable (Net)	325,133,354
Other Receivables	224,360,003
Due From Affiliates	0
Due From Third Party Payors	0
Inventories	56,669,986
Prepaid Expense	21,014,845
	<u>696,084,915</u>
Assets Whose Use is Limited	150,972,966
Other Investments	1,449,507,190
Property, Plant, and Equipment	
Land, Buildings, and Equipment	3,310,379,407
Less Allowances for Depreciation	<u>(2,225,091,412)</u>
	<u>1,085,287,994</u>
Other Assets	
Pledges Receivable	2,205,378
Long Term Compensation Investment	33,215,979
Investments in Unconsolidated Subsidiaries	17,810,421
Assets Held for Resale / Expansion	14,239,897
Investments in Subsidiaries	0
Goodwill	198,125,960
Deferred Charges and Other	46,146,628
	<u>311,744,262</u>
TOTAL ASSETS	<u>3,693,597,328</u>
LIABILITIES AND NET ASSETS	
Current Liabilities	
Accounts Payable and Accrued Expense	188,806,576
Accrued Salaries, Benefits, and PTO	169,617,456
Accrued Interest	17,575,613
Due to Affiliates	16,840
Due to Third Party Payors	25,965,591
Current Portion of Long Term Debt	63,688,539
	<u>465,670,615</u>
Other Non-Current Liabilities	
Long Term Compensation Payable	16,938,357
Long Term Debt	1,229,715,810
Estimated Fair Value of Interest Rate Swaps	4,912,771
Deferred Income	13,757,448
Professional Liability Self-Insurance and Other	42,906,893
	<u>1,308,231,280</u>
TOTAL LIABILITIES	<u>1,773,901,895</u>
Net Assets	
Restricted Net Assets	42,592,884
Unrestricted Net Assets	1,876,296,402
Noncontrolling Interests in Subsidiaries	806,148
	<u>1,919,695,434</u>
TOTAL LIABILITIES AND NET ASSETS	<u>3,693,597,328</u>

Ballad Health

Consolidated

Financial Performance Indicators - **UNAUDITED**

For the Period Ended June 30, 2025

	Fitch Median ¹	S&P Median ²	Moody's Median ³	Ballad
Profitability Ratios				
Total Margin ⁵	1.7%	1.7%	2.4%	7.5%
Operating Margin	0.4%	0.4%	0.5%	1.0%
EBITDA to Revenue	7.9%	6.4%	7.5%	14.0%
Liquidity Ratios⁷				
Current Ratio ⁶	N/A	N/A	1.8	1.6
Days in Patient A/R ⁸	45.4	43.7	48.6	50.7
Avg Payment Period	57.3	N/A	60.6	64.8
Total Days Cash on Hand	218.0	168.0	150.2	216.1
Capital Ratios⁷				
LT Debt to Capitalization ⁶	36.7%	40.2%	35.3%	37.9%
Cash Flow to Total Debt ^{5,6}	20.4%	N/A	25.6%	27.5%
Debt Service Coverage	3.7	2.7	3.7	5.0
Productivity Ratios				
FTEs per AOB	N/A	N/A	N/A	3.46
Labor Exp / Net Patient Rev	56.0%	57.1%	N/A	51.9%
Capital Expenditures to Depreciation	131.5%	128.8%	N/A	105.4%

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 Extinguishment of LTD

⁶ Norton Community Hospital and Johnston Memorial Hospital Debt is excluded

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

⁸ Excludes Medicare & Medicaid supplemental pool payments

Values for Ballad ratio calculations

	Numerator	Denominator
Profitability Ratios		
Total Margin ⁵	net patient rev, non oper and other revenue less salary, supplies, other expense, investment fair value change and unrealized gain/loss	net patient and other revenue
Operating Margin	net patient and other revenue less salary, supplies, other expense	net patient and other revenue
EBITDA to Revenue	net patient rev, non oper rev, other revenue, depr, amort, interest, and taxes less salary, supplies, other expense, investment fair value change and unrealized gain/loss	net patient and other revenue
Liquidity Ratios⁷		
Current Ratio ⁶	Current Assets	Current Liability less current portion of long term debt
Days in Patient A/R ⁸	net patient ar	net patient revenue and supplemental pool payments / calendar days
Avg Payment Period	long term liability	operating exp less depr, amort /calendar days
Total Days Cash on Hand	cash, cash equivm investments	operating exp less depr, amort /calendar days
Capital Ratios⁷		
LT Debt to Capitalization ⁶	LT Debt (Norton Community Hospital and Johnston Memorial Hospital Debt is excluded)	LT Debt (Norton Community Hospital and Johnston Memorial Hospital Debt is excluded) plus net assets less restricted fund bal
Cash Flow to Total Debt ^{5,6}	net patient rev, non oper rev, other revenue, depr, and amort less salary, supplies, other expense, investment fair value change and unrealized gain/loss	LT Debt and current portion LTD (Norton Community Hospital and Johnston Memorial Hospital Debt is excluded)
Debt Service Coverage	net patient rev, non oper rev, other revenue, depr, amort, interest, and taxes less salary, supplies, other expense, investment fair value change and unrealized gain/loss	MADS
Productivity Ratios		
FTEs per AOB	hosp man hours/fte calc	patient days x ((ip hosp rev + op hosp rev)/ip hosp rev) x calendar days
Labor Exp / Net Patient Rev	salary exp	net patient revenue
Capital Expenditures to Depreciation	capital expenditures	depreciation and amort exp

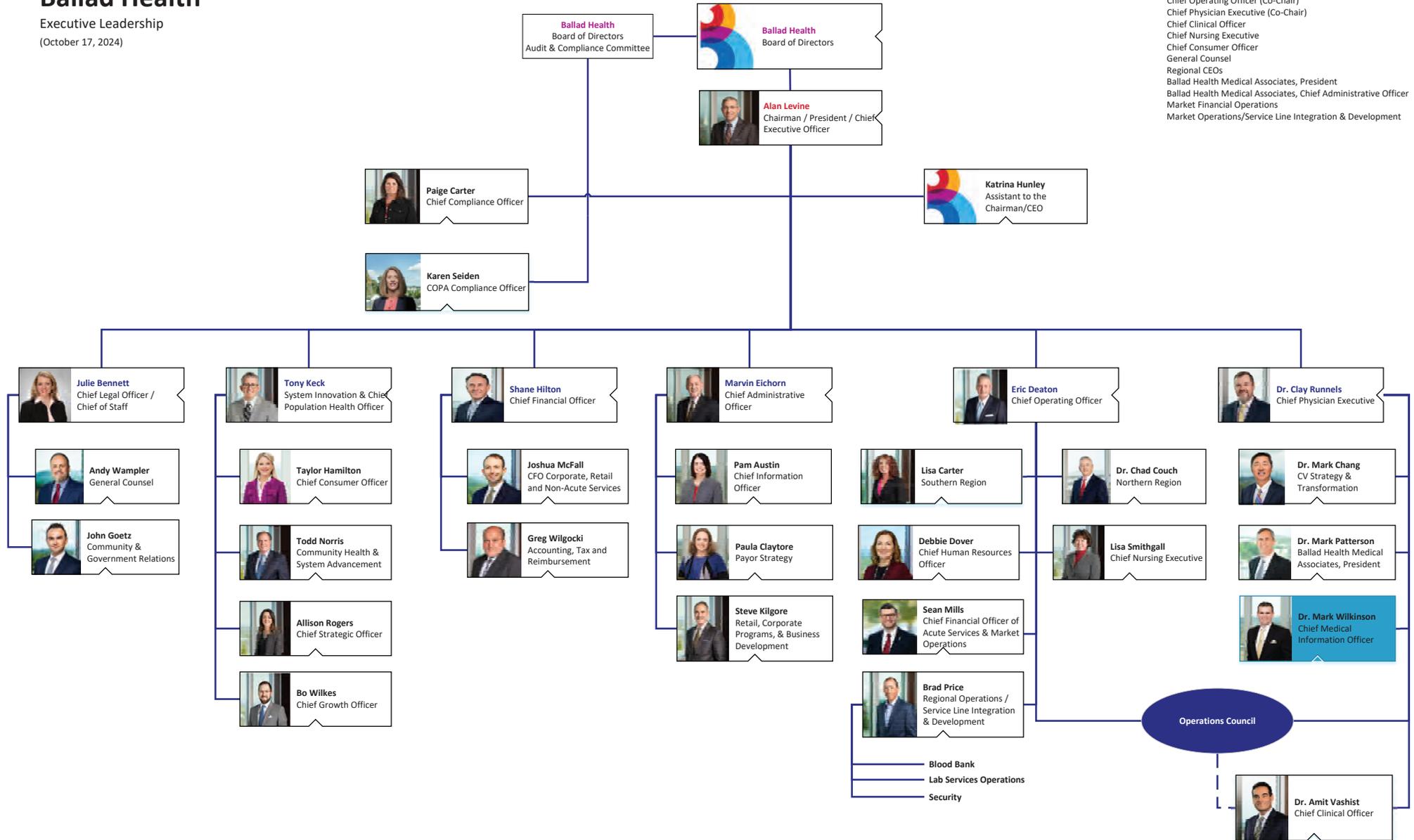
ATTACHMENT 8

#20 Organizational Chart and Board of Directors

Ballad Health

Executive Leadership

(October 17, 2024)



FY2025

Ballad Health Board of Directors

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

ATTACHMENT 9

#24 Recruitment and Retention of Physicians and Advanced Practice Providers

In accordance with Exhibit G of the TOC, this Attachment is marked CONFIDENTIAL. For that reason, this Attachment is being submitted separately.

ATTACHMENT 10

#25 Recruitment and Retention of Nurses

In accordance with Exhibit G of the TOC, this Attachment is marked CONFIDENTIAL. For that reason, this Attachment is being submitted separately.

COPA Compliance Office – Annual Report
for Fiscal Year 2025 (FY25)
Covering 07/01/2024 – 06/30/2025 (Reporting Period)

Submitted pursuant to the Fifth Amended and Restated Terms of Certification (January 1, 2025) Governing the Certificate of Public Advantage Issued to Ballad Health Pursuant to the Master Affiliation Agreement and Plan of Integration by and between Wellmont Health System and Mountain States Health Alliance (the “TOC”) and the Virginia Order and Letter (October 30, 2017) Authorizing a Cooperative Agreement (the “CA”).

CERTIFICATION OF COMPLIANCE WITH THE TOC AND THE CA

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

Karen Seiden

Karen Seiden
Sr. Vice President
COPA Compliance Officer
Ballad Health

10/27/25

Date

Table of Contents

1. Requirements.....	3
2. Reporting Requirements.....	3
A. COPA Compliance Complaints Report	3
B. COPA Compliance Office Account of Activities.....	3
C. COPA Compliance Report on Potential Violations of the TOC or CA.....	5
D. COPA Compliance Report on the Joint Commission (TJC) and Centers for Medicaid and Medicare Services (CMS) Immediate Jeopardy.....	6
E. COPA Compliance State Notification of Material Adverse Event	6
F. COPA Compliance Office Forecast of Expenses.....	6
G. COPA Compliance Plan and Work Plan	7

Covering 07/01/2024 – 06/30/2025 (Reporting Period)

1. Requirements

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

2. Reporting Requirements

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

- i. Ballad Health maintains a system-wide Code of Ethics,¹ which represents a policy of Ballad Health. This policy requires mandatory compliance by all associates, including with the section referencing the COPA and the Letter Authorizing the CA. All associates are required to report any non-compliance and are provided the means and mechanism by which to do so, including anonymously. The CCO has established a process for all COPA and CA (COPA) related complaints to be documented. All Ballad Health Team Members have access to an AlertLine that they may call anonymously to register complaints or concerns, 1-800-535-9057. Additionally, a description of the CCO and the process for filing complaints is maintained on the Ballad Health external website² and includes a link to an email address for COPA Compliance, copa.compliance@balladhealth.org.

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

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

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

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

¹ [Ballad-Health-Code-of-Ethics-180510.pdf \(balladhealth.org\)](#)

² [COPA & Cooperative Agreement | Ballad Health Merger](#)

DATE SUBMITTED	CORRESPONDENCE	PURSUANT TO TOC AND CA
7/2/2024	FY25 COPA Compliance Office (CCO) Work Plan	Exhibit F
7/22/2024	COPA Ancillary Services and Post-Acute Services Submission for FY25	TOC 5.04(a)
8/13/2024	FY24 Q4 Ballad Health Quarterly Report	TOC 6.04(c); CA Condition 40
8/13/2024	FY24 Q4 CCO Complaints Report	TOC 6.04(c); CA Condition 40
9/23/2024	Provided Notice of Immediate Jeopardy (IJ) at Johnson City Medical Center (JCMC)	TOC 4.02(a)(i)(B); CA Condition 13
10/1/2024	Request to modify the Behavioral Health Plan - Amendment to include Strong Futures in Virginia	TOC 3.06(c); CA Condition 4
10/2/2024	Notification of Force Majeure resulting in a Material Adverse Event – Hurricane Helene	Article 1 of the TOC; CA Condition 17
10/23/2024	CCO Semi-Annual Complaints Report- October 2024	TOC 6.02, Exhibit F
11/25/2024	FY24 Ballad Health Annual Report*	TOC 6.04(b)
11/25/2024	FY24 CCO Annual Report*	TOC 6.04(b)
11/27/2024	Provided Written Clearance of IJ at JCMC	TOC 4.02(a)(i)(C); CA Condition 13
12/9/2024	FY25 Q1 Ballad Health Quarterly Report*	TOC 6.04(c); CA Condition 40
12/9/2024	FY25 Q1 CCO Complaints Report *	TOC 6.04(c); CA Condition 40
12/9/2024	Notification of Ballad Health’s return to normal operations, except for Unicoi County Hospital in Tennessee	Article 1 of the TOC; CA Condition 17
12/30/2024	FY24 Addendum 1 Annual Report*	Addendum 1; CA Condition 5
1/14/2025	90-Day Notice of Transaction for LTC and Assisted Living Facilities with Ahava, LLC	TOC 4.03(c)(i) and 3.08(d)(ii)
2/3/2025	Draft FY26-28 HIE Replacement Plan	TOC 3.06(b); CA Condition 4
2/7/2025	Request for Waiver of Notice Period for Proposed Long Term Care and Assisted Living Facilities Transaction	TOC 4.03(c)(i); 3.08(d)(ii)
2/13/2025	FY25 Q2 Ballad Health Quarterly Report	TOC 6.04(c); CA Condition 40
2/13/2025	FY25 Q2 CCO Complaints Report	TOC 6.04(c); CA Condition 40
3/3/2025	Draft FY26-28 HR/GME Replacement Plan	TOC 3.06(b); CA Condition 4
3/3/2025	Draft FY26-28 Population Health Replacement Plan	TOC 3.06(b); CA Condition 4
3/10/2025	FY24 Ballad Health Amended Annual Report	TOC 6.04(b)
3/28/2025	Draft FY26-28 Behavioral Health Replacement Plan	TOC 3.06(b); CA Condition 4
4/16/2025	CCO Semi-Annual Complaints Report - April 2025	TOC 6.02, Exhibit F

DATE SUBMITTED	CORRESPONDENCE	PURSUANT TO TOC AND CA
5/21/2025	Final FY26-28 Replacement Plans - Behavioral Health, HIE, HR/GME and Population Health	TOC 3.06(b); CA Condition 4
5/13/2025	FY25 Q3 Ballard Health Quarterly Report	TOC 6.04(c); CA Condition 40
5/13/2025	FY25 Q3 CCO Complaints Report	TOC 6.04(c); CA Condition 40

* 30-day reporting extensions granted due to impacts from Hurricane Helene, a Material Adverse Event.

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

During the Reporting Period, Ballard Health submitted one request to the TDH to waive the 90-day notice period. The TDH approved the request.

Permanent Waivers Requested

- **Topic:** Long Term Care and Assisted Living Facilities Transaction
 - **Notice:** 1/14/2025 – Notice of transaction.
 - **Request:** 2/7/2025 – Waive the 90-day notice period.
 - **Outcome:** 3/11/2025 – TDH approval received.

During the Reporting Period, Ballard Health submitted one modification request which was fully approved by both the TDH and the VDH.

Modifications/Extensions Requests

- **Topic:** Modification to the Behavioral Health Plan
 - **Request:** 10/1/2024 – Amendment request to modify the previously approved Behavioral Health Plan to include Strong Futures in Virginia.
 - **Outcome:** 5/13/2025 – TDH approval received.
3/20/2025 – VDH approval received.

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

During the COPA Compliance Office Reporting Period covered by this report there were no issues of non-compliance or potential non-compliance that occurred.

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

As reported in the FY24 Annual Report, 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.

E. COPA Compliance State Notification of Material Adverse Event or Material Unforeseen Circumstances (TOC 6.04 (d)(i), 8.02 and CA Conditions 17, 49)

On October 2, 2024, Ballad Health provided notification under Article 1 of the TOC and Condition 17 of the CA of a force majeure resulting in a material adverse event due to the unimaginable destruction and disruption from Hurricane Helene. As a result, both the TDH and the VDH granted a 30-day extension for submission of the FY24 annual report and the FY25 first quarter report. On December 9, 2024, Ballad Health notified both the TDH and the VDH of its return to normal operations, except for Unicoi County Hospital in Tennessee, which was a total loss. Ballad Health continues to provide updates to both Departments regarding plans to rebuild the Unicoi County Hospital.

F. COPA Compliance Office Forecast of Expenses (TOC Exhibit F, Section 2, bullet 9).

Below is a forecast of expenses which supports only the functions of the COPA Compliance Office for FY26. There are significant additional costs related to compliance, including staff costs and other direct costs of compliance. Ballad Health will provide those estimates upon request.

COPA Compliance Department	
FY2026 Projected Expenses	
Operating Expenses (Salaries, Benefits, Office Supplies & Education)	\$ 550,000
Projected Tennessee COPA Fees	850,000
Projected VA Cooperative Agreement Fees	400,000
Legal Fees	300,000

TOTAL	\$ 2,100,000
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G. COPA Compliance Plan and Work Plan (TOC Exhibit F, Section 2)

During the Reporting Period the COPA Compliance Office updated the COPA Compliance Plan and Work Plan that details the structure and elements of the COPA Compliance Program. The Audit and Compliance Committee of the Ballard Health Board of Directors approved both Plans.