



FOR IMMEDIATE RELEASE
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STATEMENT FROM TDH COMMISSIONER LISA PIERCEY, MD, MBA, FAAP ON BALLAD HEALTH'S NICU CONSOLIDATION REQUEST

NASHVILLE, Tenn. – The Tennessee Department of Health's role related to Ballad Health's certificate of public advantage is to provide active supervision, to improve the health and well-being of the region and to maintain access to high-quality health care. These goals guide the department's data-centered approach in evaluating any plans, strategies and tactics proposed by Ballad Health.

The Ballad Board of Directors, after conducting extensive research and analysis, voted to seek the department's approval to maintain Level III neonatal intensive care unit or NICU services in Johnson City while changing Holston Valley Medical Center's NICU services to Level I. In considering this request, I have carefully reviewed all the information provided by Ballad and key stakeholders including the regional medical community, Ballad Health employees, local government officials, business leaders and the general public. I have also conducted extensive evidence-based research on best practices, along with drawing from my professional experience as a pediatrician and my personal connection to the Northeast Tennessee region.

As a parent, I also know firsthand the stressors of having a baby in the NICU. Three of my four children were NICU babies who experienced prolonged stays due to prematurity, so I personally understand the significance of this decision.

In objectively weighing the pros and the cons of consolidating NICU services, it is my opinion that the benefits of doing so significantly outweigh the detriments. Guided by the well-established standards of regionalized perinatal care, I find the most notable benefit of the consolidation to be the enhancement in quality of care and patient outcomes, secondary to higher patient volumes, sufficient physician coverage and timely specialist access. The consolidation plan ensures adequate bed capacity, robust transport capabilities and marked financial improvement from system efficiencies.

It is important to recognize there are drawbacks to these changes. The most obvious are the increased travel time and inconvenience for NICU families. Currently, Ballad offers onsite lodging at the Ronald McDonald House in Johnson City and makes transportation grant funds available through its foundation. I recommend that Ballad consider additional dedicated travel funds such as gas cards, meal allowances, etc. for the approximately 100 NICU families each year that will be affected by this consolidation. Additionally, for any staff members whose work location may be adjusted as a result of the transition, I recommend that Ballad Health offer individualized placement services and employment counseling to minimize the impact of this change.

During this transition, it is important that Ballad communicates clearly with its affected



workforce, medical staff, patient base and community as well as keeping the department informed of any notable events or issues throughout the process.

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