

NEW



Clinical Operations Performance Report

APRIL 2018

Tedros Andom, MD
General surgery
Mercy Health — Springfield

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Cincinnati

Kentucky

Lima

Lorain

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Toledo

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Mercy Health Top Performing Regions

Regional performance for each scorecard measure

APRIL	YTD Top Region	2	3	4	5	6	7
Thresholds							
Operating Margin	Kentucky	C	Li	Lo	S	T	Y
Community Benefit	Lorain	S	Y	T	C	Li	K
Strategic Initiatives							
Net Revenue Growth	Kentucky	Li	C	T	Y	S	Lo
Safety: C Diff per 10,000 pt days	Lima	T	S	Lo	C	Y	K
Safety: Falls w/ harm per 1,000 pt days	Cincinnati	K	Li	T	Y	Lo	S
Safety: PSI 90 composite	Youngstown	T	C	K	Li	Lo	S
Reducing Reavoidable Readmissions	Lorain	S	C	T	K	Y	Li
Access: MyChart Activations	Lorain	K	T	Y	Li	S	C
Access: New Patient Visit Growth	Lorain	Li	K	S	Y	C	T
Access: Patient Satisfaction	Springfield	Lo	K	Y	Li	T	C
Access: Reduce Time to New Pat Visit	Toledo	Lo	K	S	C	Li	Y
Access: wRVU Growth	Kentucky	Li	Lo	Y	S	T	C
Opioids: % Morphine Equivalent	Lorain	Y	C	S	T	Li	K
Opioids: Opioid Burden	Youngstown	K	Lo	S	T	C	Li
Opioids: SBIRT Screening	Toledo	C	Lo	Y	Li	K	S
Opioids: School Partnerships	Toledo	K	Y	Lo	Li	C	S
PC6: Breast Cancer Screening	Springfield	K	T	Lo	Y	Li	C
PC6: Colorectal Cancer Screening	Lima	S	Lo	Y	T	C	K
PC6: Controlling High Blood Pressure	Springfield	Lo	Li	C	K	Y	T
PC6: Depression Screening	Youngstown	S	Li	Lo	T	C	K
PC6: HbA1c less than or equal to 9	Cincinnati	Lo	K	T	S	Li	Y
PC6: Pneumonia Vaccination	Cincinnati	S	T	Lo	Li	K	Y
Key Performance Indicators							
ED Patient Experience (Top Box%)*	Youngstown	Lo	K	C	Li	S	T
Inpatient Experience (Top Box%)*	Lorain	T	C	Li	K	Y	S
Medical Practice Patient Experience	Youngstown	S	C	Li	K	Lo	T
P/L per Medicare Patient: Heart Failure	Lorain	C	T	Y	Li	K	S
P/L per Medicare Patient: Septicemia	Lorain	C	T	Y	K	S	Li
P/L per Medicare Patient: General Surgery	Lorain	K	Li	Y	S	T	C
P/L per Medicare Patient: TJR	Kentucky	T	Y	C	Lo	Li	S
P/L per Medicare Patient: Vascular Surgery	Lorain	K	T	C	Y	Li	S
Ambulatory Care Sensitive Conditions	Springfield	Y	K	Lo	C	T	Li
Domestic Admissions to Improve Quality	Youngstown	Li	S	C	T	K	Lo
7 Day Follow-Up (high readmission risk PHP)	Lima	S	Lo	K	C	T	Y
Salaries per WEIPA (vs. Budget)	Springfield	T	Lo	C	K	Y	Li
Supplies per WEIPA (vs. Budget)	Lorain	C	T	S	Y	K	Li
RN Voluntary Turnover Rate*	Cincinnati	Lo	Y	T	K	Li	S
MHS PCP Network Market Share	Kentucky	Li	Y	C	S	T	Lo
Reducing EPIC Documentation Time	Lorain	K	T	S	Y	C	Li

= Achieving target
 C = Cincinnati
 Li = Lima
 Lo = Lorain
 S = Springfield
 T = Toledo
 Y = Youngstown
 *Calculated using a simple average of the rates submitted each month

System Performance Report

EXECUTIVE SUMMARY

STRATEGIC INITIATIVE SPOTLIGHT: Patient Safety

Maximizing patient safety is the responsibility of every employee at Mercy Health. Adverse events place a burden on patients and their families and increase costs to the system. As of March YTD, the ministry achieved the targets on two of the three patient safety metrics: Falls with Harm and PSI-90, a composite CMS measure. Patient falls cause decreased mobility and may result in a long, painful recovery and higher risk of mortality. Focusing on PSI-90 provides insight into various adverse events and complications in this composite measure. Achieving the third target, reducing *Clostridium difficile* (C. diff) rates, will require strict adherence to specimen collection protocols, hand hygiene, isolation processes and antibiotic stewardship. Mercy Health is committed to closing patient safety and quality gaps on our journey to the triple aim: improving outcomes and patient experience, and reducing the cost of health care.

Amazing patient care

Led by the Chief Clinical Officers, the first monthly clinical quality and patient safety (QPS) close call was conducted at a region and system level in March. Readmissions, a strategic initiative, are unfavorable to target, as is length of stay. Patient experience is behind target for the emergency department, but ahead of target for the inpatient setting. Our inpatient target, however, is modest, and we have much room for improvement. While we continue to streamline processes, we must improve how we interact with every patient at every touch point, always asking ourselves “did the patient have an amazing experience?” Mortality is better than target and there has been a reduction in serious reportable events, a reflection of our culture of patient safety.

Operational excellence

Consolidated operating income for the month was \$16.0M, unfavorable to budget by \$4.4M. The operating margin for March was 3.9%, unfavorable to the budgeted margin of 4.9%. Year-to-date operating income is \$36.8M, favorable to budget by \$3.9M, with an operating margin of 3.1% versus a budgeted margin of 2.7%. However, year-to-date regional operating income was \$36.5M, unfavorable to budget by \$23.6M with favorable results to budget in Cincinnati (\$372K favorable) and Kentucky (\$751K favorable).

Creating the future

Mercy Health is committed to developing virtual health strategies, services and programs that can be deployed across the ministry. Examples include video consults, E-visits and remote patient monitoring. Virtual health offers more convenient access to high-quality health care for our patients. One example is the successful virtual connection of our patients with providers through our telepsych program. This program is live in five regions and connects patients in the ED with a behavioral health (BH) specialist located in one of our BH access centers. In 2018, 157 assessments have been completed, resulting in 68 psychiatry inpatient admissions.

Fostering healthy communities

Mercy Health is a national leader in reducing opioid dependency. The ministry is favorable to target for both preventive metrics: Prescriptions for Morphine Equivalent Doses Greater Than 30 and the Mercy Health Opioid Prescription Burden. The ministry is on track to achieve the Screening Brief Intervention and Referral to Treatment (SBIRT) protocols with 25,046 screenings (40% of target) completed YTD. Partnerships with school districts in Cincinnati, Kentucky, Lima, Lorain, Toledo and Youngstown are in place to offer support with meaningful prevention programming.

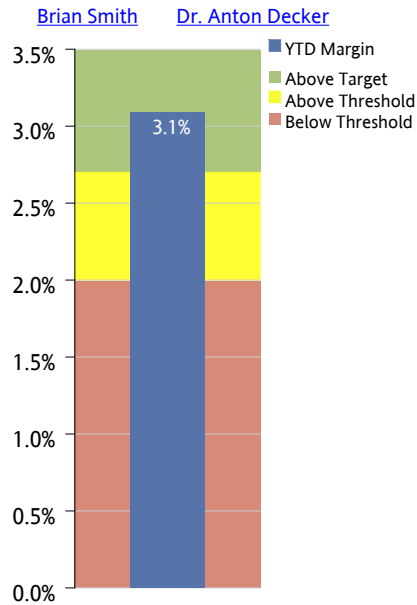
Mercy Health Strategic Initiative Scorecard

System - April 2018

Thresholds

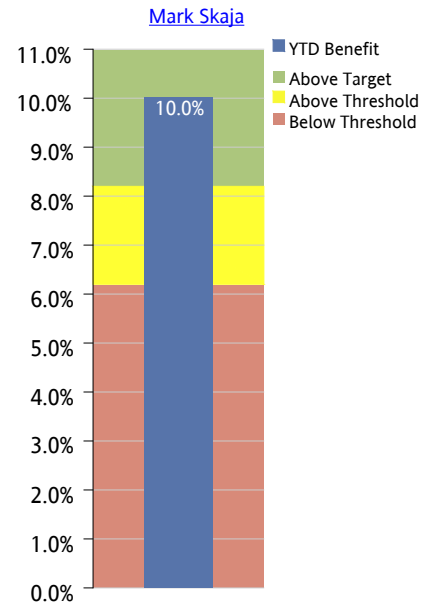
Operating Margin

YTD, higher is better



Community Benefit

YTD, higher is better

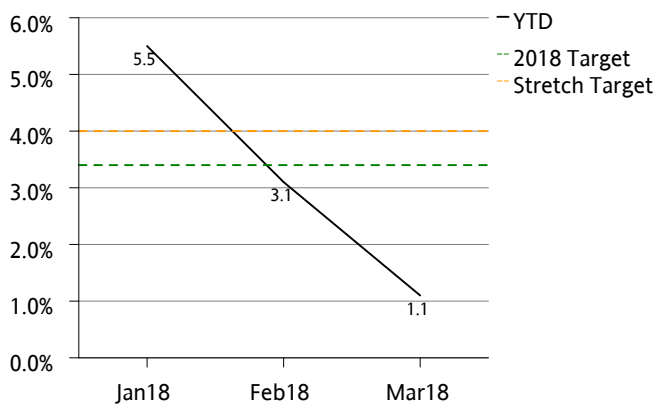


Initiatives

Net Revenue Growth

YTD Operating Revenue Growth, higher is better

[Tom Golias](#) [Dr. Anton Decker](#) [David Cannady](#)



Patient Safety

Period to date, Dec 2017 - Feb 2018

[Rita Snyder](#) [Janice Maupin](#) [Dr. Jim Kravec](#)

Measure	Target	Actual	Achieved?
C Diff per 10,000 pt days	4.365	4.564	✗
Falls w/ harm per 1,000 pt days	0.072	0.050	✓
PSI 90 composite	0.739	0.585	✓

Achieved: 2 2018 Target: 2 Stretch Target: 3

Mercy Health Strategic Initiative Scorecard

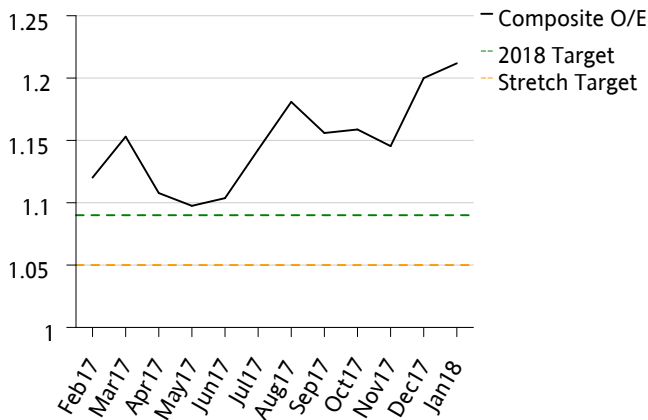
System - April 2018

Initiatives

Reducing Avoidable Readmissions

Observed/Expected, 3-month rolling avg, lower is better
Composite results for COPD, Heart Failure and Pneumonia

Cheryl Dalton-Norman Dr. Sam El-Dalati



Primary Care Access

Staci Lucius Dr. Erin Fries

Measure	YTD Target	YTD Actual	Achieved?
MyChart Active %	45.0%	44.0%	✗
New Patient Visits *	3,959	3,075	✗
Pat Sat with Access	66.0%	63.0%	✗
Time to New Pat Visit	10.05	10.30	✗
wRVU Growth *	94,401	98,618	✓

Achieved: 1 2018 Target: 3 Stretch Target: 4

*Providers employed > 3 years with capacity

Reducing Opioid Dependency

Wayne Bohenek Dr. Larry Graham Dr. Herb Schumm

Type	Measure	YTD Target	YTD Actual	Achieved?
Preventive (lower is better)	% Morphine Equivalent	12.99%	11.38%	✓
	Opioid Burden	53.56	50.26	✓
Educational (higher is better)	SBIRT Screening	15,500	25,046	✓
	School Partnerships	4	6	✓

Achieved: 3* 2018 Target: 2 Stretch Target: 3

* Count of preventive targets reached plus one if either or both educational targets reached

Disease Prevention (Primary Care 6)

Anita Mattingly Dr. Chip Roper

Measure	Target	Actual	Achieved?
Breast Cancer Screening	65%	69.7%	✓
Colorectal Cancer Screening	60%	47.4%	✗
Controlling High Blood Pressure	80%	82.1%	✓
Depression Screening and Follow Up	80%	60.8%	✗
HbA1c less than or equal to 9	80%	78.1%	✗
Pneumonia Vaccination	80%	85.4%	✓

Achieved: 3 2018 Target: 4 Stretch Target: 5

Strategic Initiative Scorecard Summary

Thresholds	
Operating Margin	✓+
Community Benefit	✓+

✗	Threshold Not Achieved
✓	Threshold Achieved
✓+	Target Achieved

Initiatives	
Net Revenue Growth	✗
Patient Safety	✓
Reducing Avoidable Readmissions	✗
Primary Care Access	✗
Reducing Opioid Dependency	✓+
Disease Prevention (Primary Care 6)	✗

✗	Target Not Achieved
✓	Target Achieved
✓+	Stretch Target Achieved

Mercy Health Key Performance Indicator Scorecard

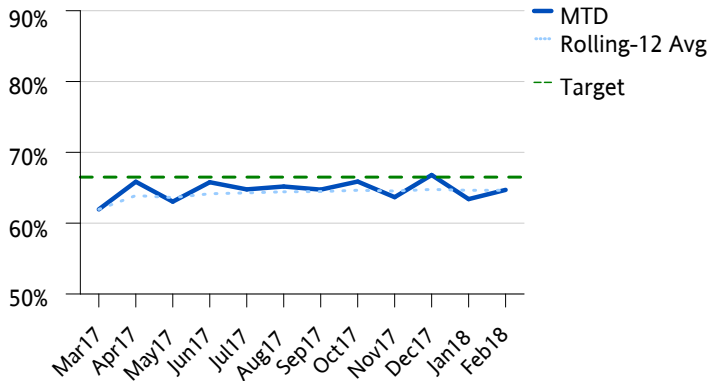
System - April 2018

Inpatient & ED Patient Experience

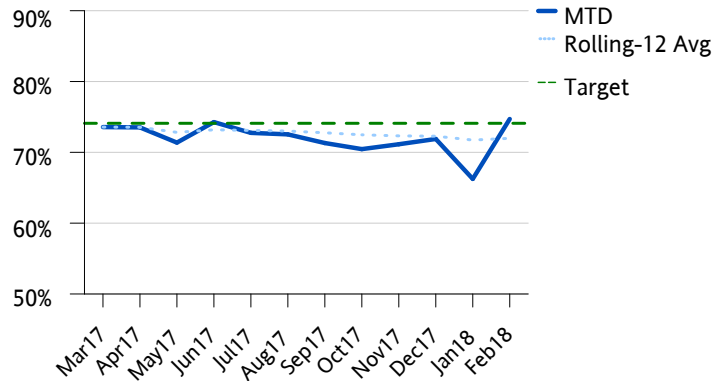
Overall rating Top Box %, higher is better

[Phyllis Doulaveris](#) [Pat Davis-Hagens](#)

ED Patient Experience



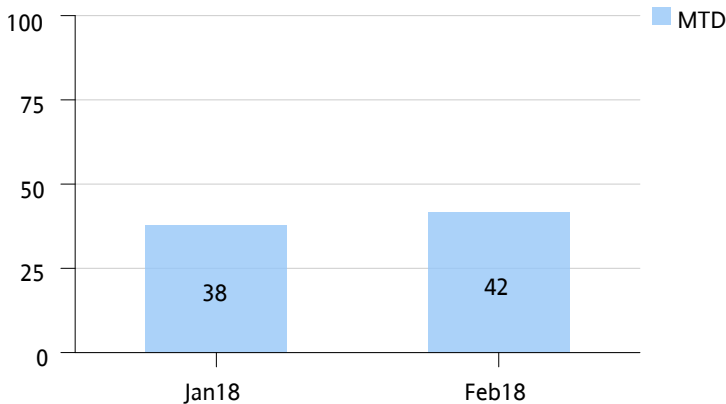
Inpatient Experience



Medical Practice Patient Experience

Percentile ranking, higher is better

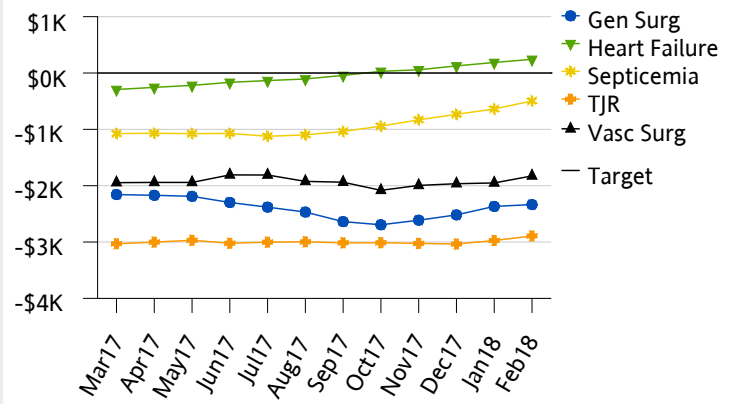
[Staci Lucius](#) [Dr. Marvin Narcelles](#)



Profit/Loss per Medicare Patient by Condition

Rolling 12 month avg, > 0 indicates profit

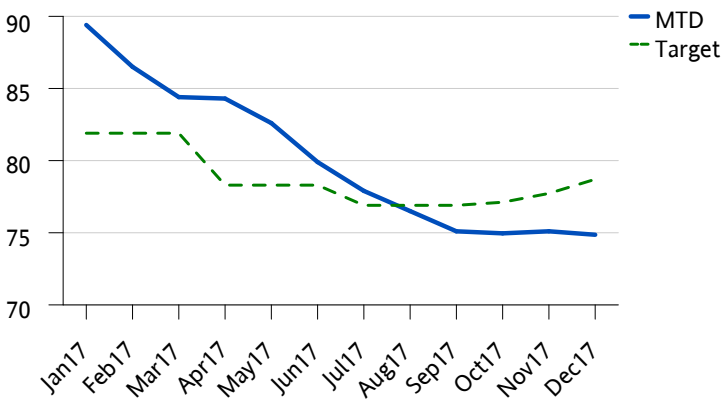
[Daniel Hurry](#) [Dr. Michael Hooker](#)



Ambulatory Care Sensitive Conditions

Composite admits per 1000, lower is better

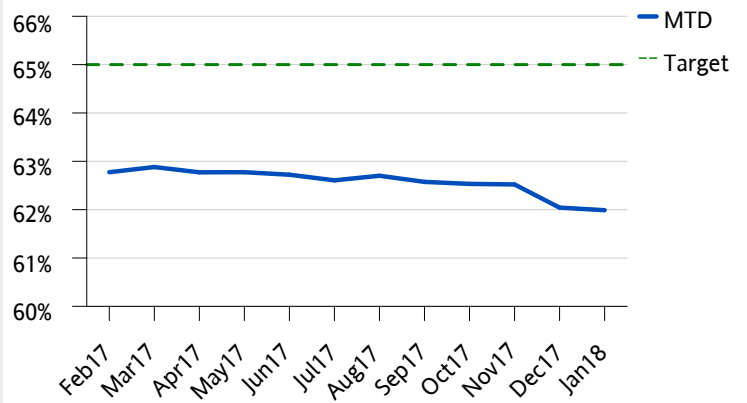
[Deirdre Beluan](#) [Dr. S. Ramalingam](#)



Domestic Admissions to Improve Quality

% of MA and MSSP admissions, rolling 12, higher is better

[Deirdre Beluan](#) [Dr. Matt Owens](#)



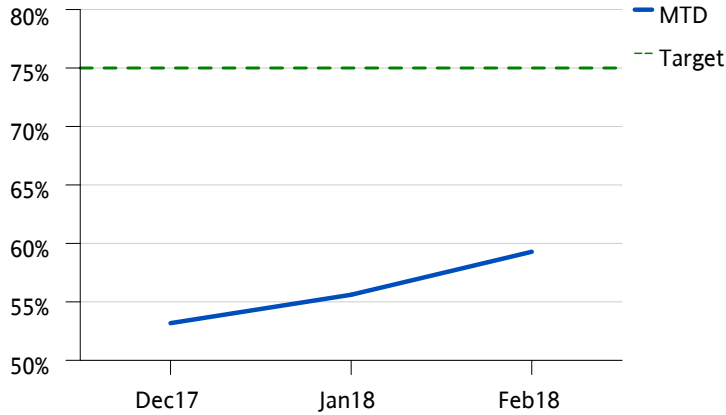
Mercy Health Key Performance Indicator Scorecard

System - April 2018

7 Day Follow-Up (high readmission risk PHP)

% discharges with 7 day follow-up, higher is better

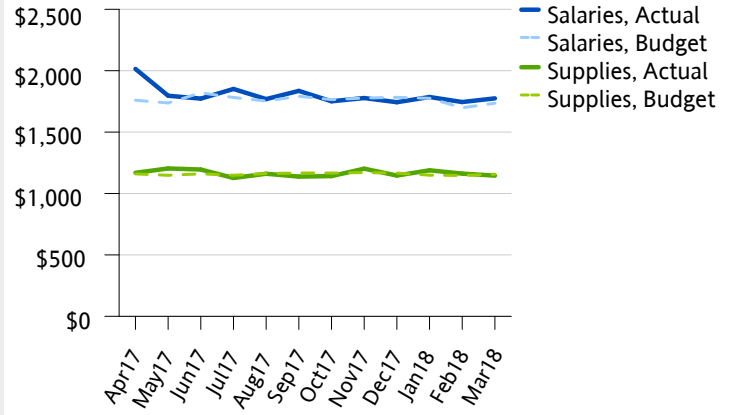
[Cathy Follmer](#) [Amy Baldridge](#)



Hospital Salaries & Supplies per WEIPA

Dollars per WEIPA, lower is better

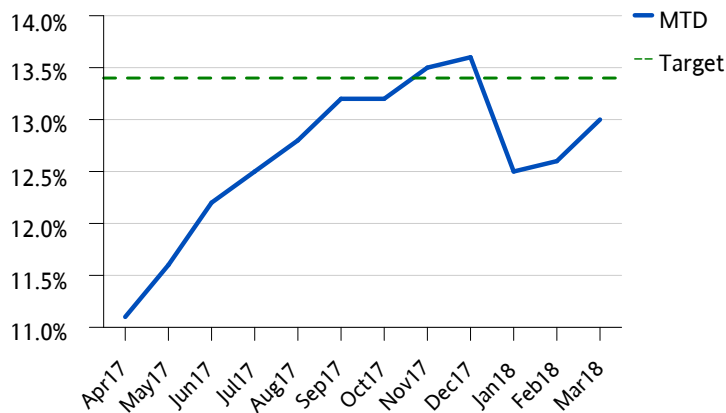
[Chris Hilton](#) [Phyllis Doulaveris](#) [Dr. David Babbitt](#)



RN Voluntary Turnover Rate

Annualized rate, lower is better

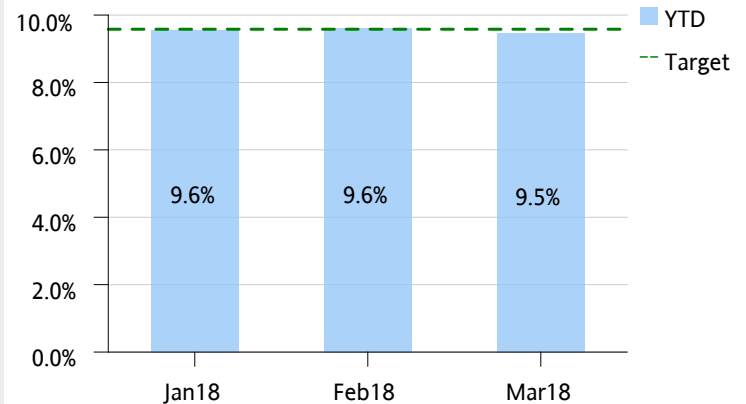
[Matt Love](#) [Phyllis Doulaveris](#)



MHS PCP Network Market Share

% MHS PCPs, higher is better

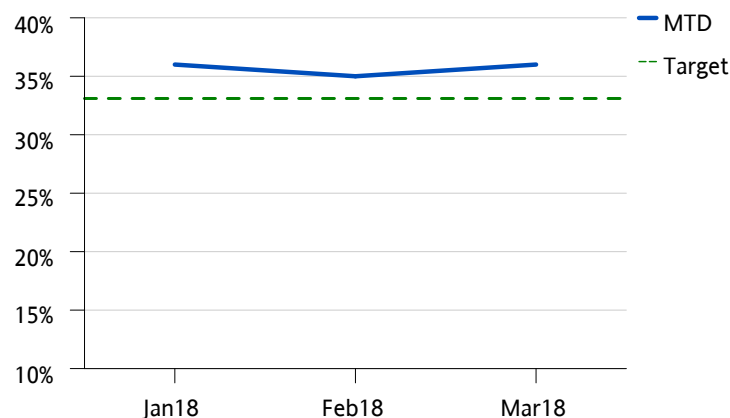
[Roger Logan](#) [Dr. Amy Frankowski](#)



Reduce Epic Documentation Time

% of Providers with mean usage > 20 min/patient, lower is better

[Rob Quigley](#) [Dr. Erin Fries](#)



Cincinnati Performance Report

EXECUTIVE SUMMARY

Amazing patient care

Mercy Health — Cincinnati has convened a COPD Leadership Committee to align efforts with Mercy Health strategic initiatives, reduce redundancies and ultimately prevent re-hospitalizations for COPD patients across the region. Through the identification and incorporation of site-specific resources, this multidisciplinary group is refining workflows to better support patients with this chronic condition. This leadership group will focus on individualized care plan development and patient education, improving access to care and encouraging more robust clinical communication between hospital and ambulatory providers. One innovative approach involves a partnership with a home health agency for remote monitoring of population health patients with COPD.

Operational excellence

On April 24, the Cincinnati Region will hold its first Market-Based Access Subcommittee meeting. This multi-disciplinary committee will bring together leaders from the Ensemble team, the Cincinnati Region, the individual Hospital Administrative teams and Directors from key Clinical areas to improve patient access. This will enhance the initiatives that have already been implemented in monthly meetings between the CFOs in the region and the Revenue Cycle Liaison, Kristin Kash. The goal for this group will be to improve the patient experience through ease of access while maximizing opportunities for scheduling.

Creating the future

Since forming a relationship with a Northern Kentucky ENT group in our West market, we have been pursuing an individual to help us lift our ENT services where we have a practice void. We are pleased to announce that we have employed Dr. Lee Zimmer to not only support our brain tumor program at Jewish, but additionally lead our ENT growth strategy for the region. Many know of Dr. Zimmer from his long-time association with UC. Dr. Zimmer's reputation has already allowed us to begin building this service line even prior to his July start date.

Fostering healthy communities

The Nursing leadership of the OB Clinic at Mercy Health — West Hospital has a pilot program to address gestational diabetes. A disproportionate number of women (70%) who come to the OB Clinic have BMIs in the grossly obese range. Many come from poverty and an environment where they do not have good nutrition, and they are prime candidates for gestational diabetes. Fifty percent of all women with gestational diabetes will convert to Type II diabetes within 5 years. The program provides a nurse navigator/educator to identify the women who test positive for gestational diabetes, provide initial starter sets of medications, educate on nutrition, serve as weekly companions to encourage compliance, address barriers and reduce A1C metrics. Evidence has shown that the right education, at the right time, with the right resources and appropriate follow up can drastically change the outcomes and improve the health of the moms and save lives of their babies.

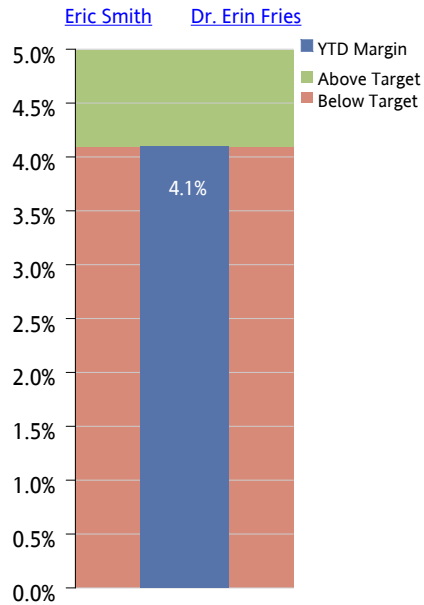
Mercy Health Strategic Initiative Scorecard

Cincinnati - April 2018

Targets *

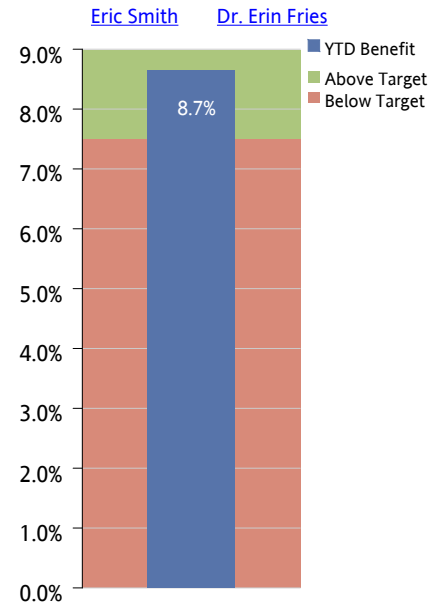
Operating Margin

YTD, higher is better



Community Benefit

YTD, higher is better



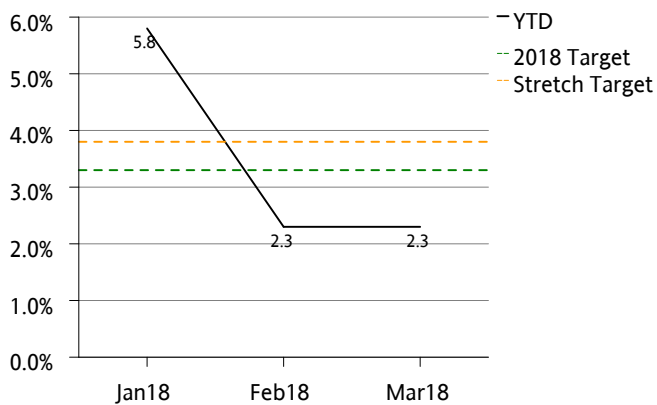
*Initiative thresholds are set at the system level only. Regional operating margin and community benefit targets are annual targets and are subsets of the system budget.

Initiatives

Net Revenue Growth

YTD Operating Revenue Growth, higher is better

[Michael Hurlburt](#) [Dr. Erin Fries](#)



Patient Safety

Period to date, Dec 2017 - Feb 2018

[Pat Davis-Hagens](#) [Dr. Erin Fries](#)

Measure	Target	Actual	Achieved?
C Diff per 10,000 pt days	4.119	4.772	✗
Falls w/ harm per 1,000 pt days	0.115	0.060	✓
PSI 90 composite	0.621	0.569	✓

Achieved: 2 2018 Target: 2 Stretch Target: 3

Mercy Health Strategic Initiative Scorecard

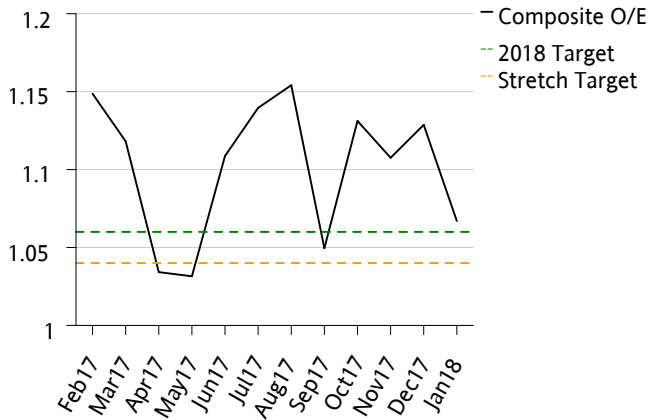
Cincinnati - April 2018

Initiatives

Reducing Avoidable Readmissions

Observed/Expected, 3-month moving avg, lower is better
Composite results for COPD, Heart Failure and Pneumonia

Kristin Boggs Dr. Creighton Wright



Primary Care Access

Elsa Baele Dr. Dyatra Mitchell

Measure	YTD Target	YTD Actual	Achieved?
MyChart Active %	53.0%	45.0%	✗
New Patient Visits *	1,973	1,482	✗
Pat Sat with Access	65.0%	61.0%	✗
Time to New Pat Visit	11.24	12.23	✗
wRVU Growth *	57,452	55,069	✗

Achieved: 0 2018 Target: 3 Stretch Target: 4

*Providers employed > 3 years with capacity

Reducing Opioid Dependency

Dr. Navdeep Kang Dr. Steve Feagins

Type	Measure	YTD Target	YTD Actual	Achieved?
Preventive (lower is better)	% Morphine Equivalent	15.56%	13.52%	✓
	Opioid Burden	42.03	40.18	✓
Educational (higher is better)	SBIRT Screening	6,250	9,259	✓
	School Partnerships	1	1	✓

Achieved: 3* 2018 Target: 2 Stretch Target: 3

* Count of preventive targets reached plus one if either or both educational targets reached

Disease Prevention (Primary Care 6)

Patti Luning Dr. Briana McFawn

Measure	Target	Actual	Achieved?
Breast Cancer Screening	65%	69.0%	✓
Colorectal Cancer Screening	60%	42.8%	✗
Controlling High Blood Pressure	80%	81.9%	✓
Depression Screening and Follow Up	80%	56.0%	✗
HbA1c less than or equal to 9	80%	79.8%	✗
Pneumonia Vaccination	80%	89.3%	✓

Achieved: 3 2018 Target: 3 Stretch Target: 4

Strategic Initiative Scorecard Summary

Thresholds	
Operating Margin	✓
Community Benefit	✓

✗	Target Not Achieved
✓	Target Achieved

Initiatives	
Net Revenue Growth	✗
Patient Safety	✓
Reducing Avoidable Readmissions	✗
Primary Care Access	✗
Reducing Opioid Dependency	✓+
Disease Prevention (Primary Care 6)	✓

✗	Target Not Achieved
✓	Target Achieved
✓+	Stretch Target Achieved

Mercy Health Key Performance Indicator Scorecard

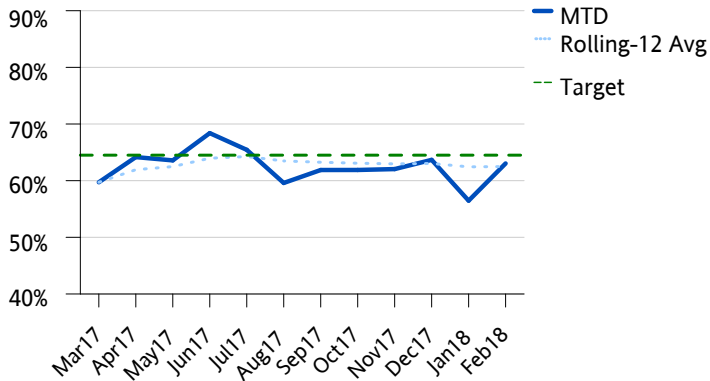
Cincinnati - April 2018

Inpatient & ED Patient Experience

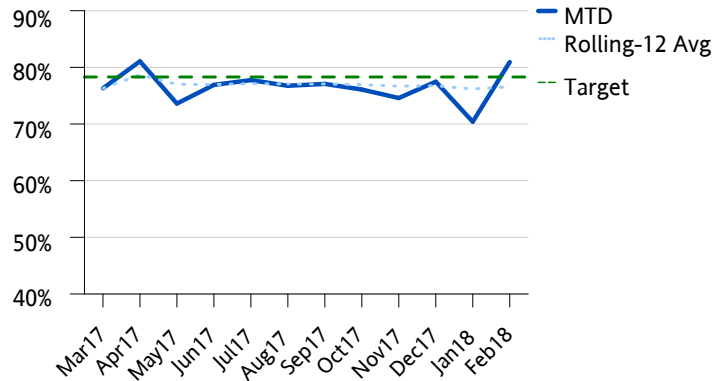
Overall rating Top Box %, higher is better

[Ken James](#) [Dr. John Kennedy](#)

ED Patient Experience



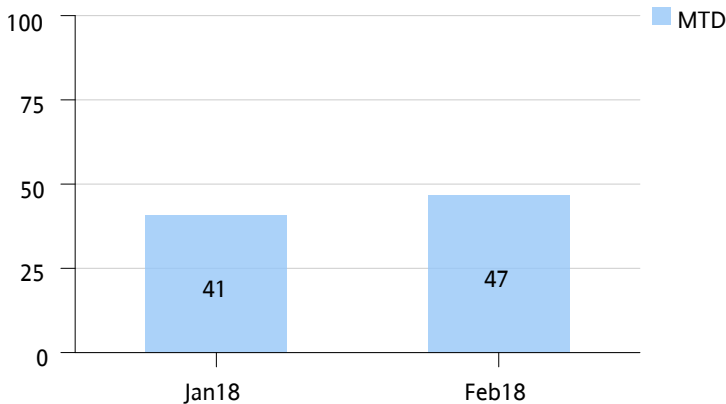
Inpatient Experience



Medical Practice Patient Experience

Percentile ranking, higher is better

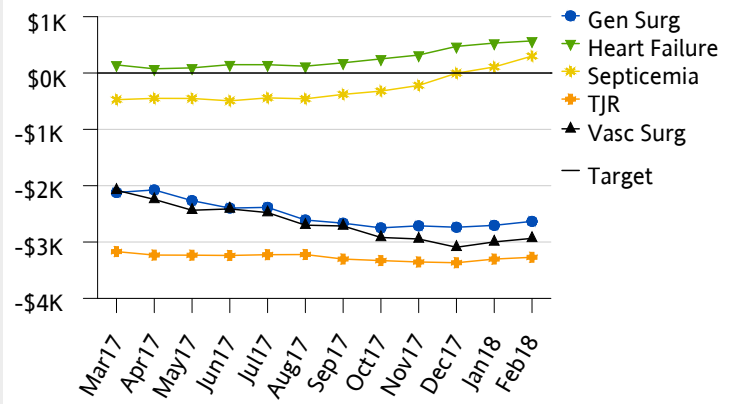
[Courtney Seitz](#) [Dr. Kevin Hartman](#)



Profit/Loss per Medicare Patient by Condition

Rolling 12 month avg, > 0 indicates profit

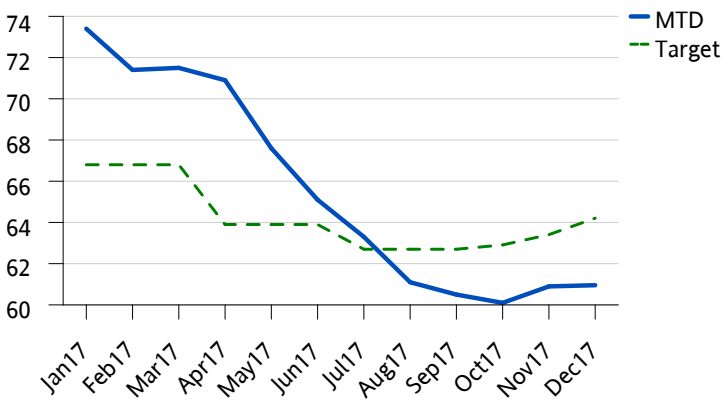
[Elizabeth Mohr](#) [Dr. Richard Fries](#)



Ambulatory Care Sensitive Conditions

Composite admits per 1000, lower is better

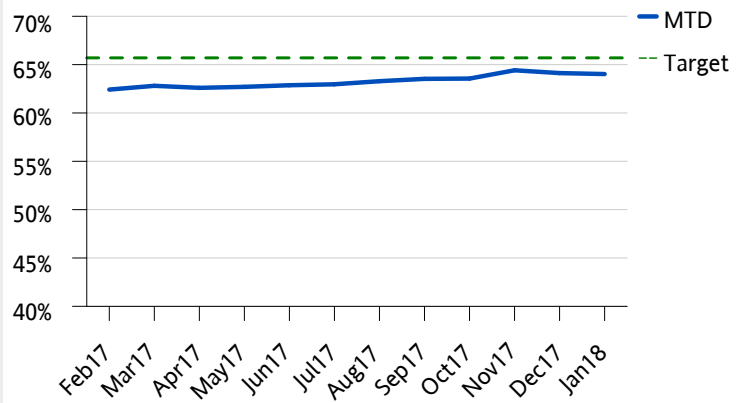
[David Fikse](#) [Dr. Chip Roper](#)



Domestic Admissions to Improve Quality

% of MA and MSSP admissions, rolling 12, higher is better

[Tom Urban](#) [Dr. Denver Stanfield](#)



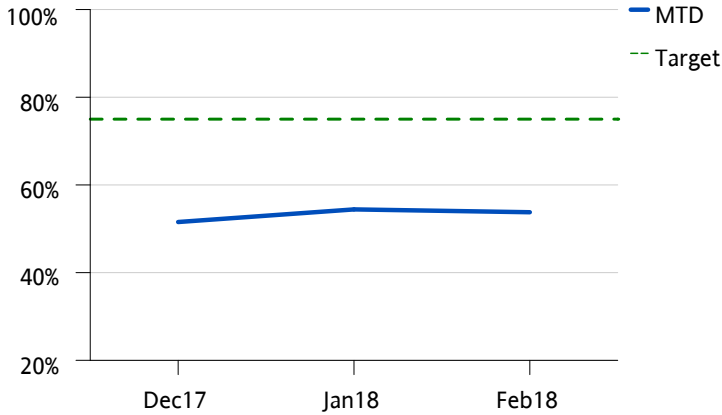
Mercy Health Key Performance Indicator Scorecard

Cincinnati - April 2018

7 Day Follow-Up (high readmission risk PHP)

% discharges with 7 day follow-up, higher is better

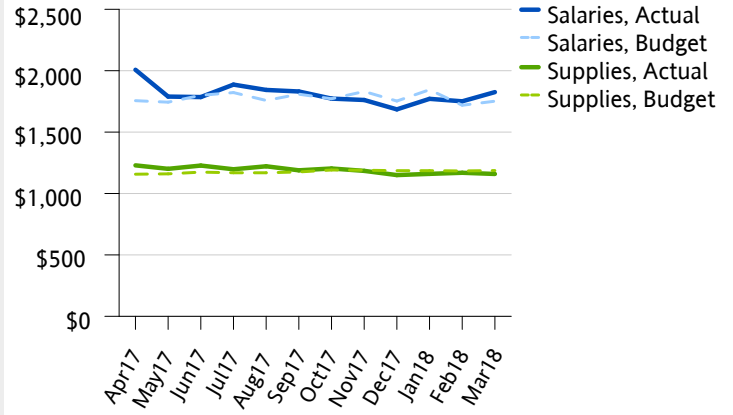
[Michael Kramer](#) [Dr. Erin Fries](#)



Hospital Salaries & Supplies per WEIPA

Dollars per WEIPA, lower is better

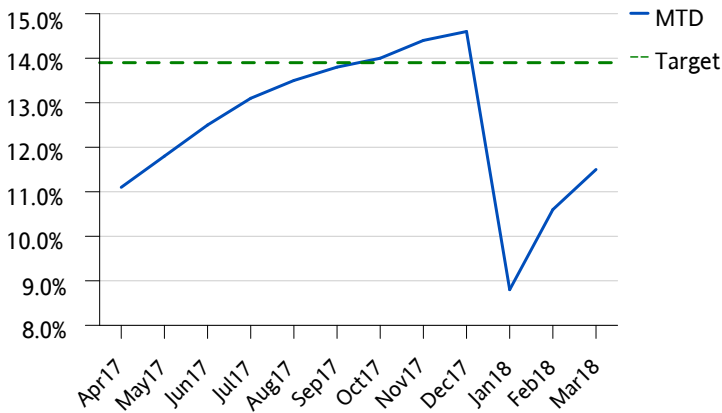
[Eric Smith](#) [Dr. Creighton Wright](#)



RN Voluntary Turnover Rate

Annualized rate, lower is better

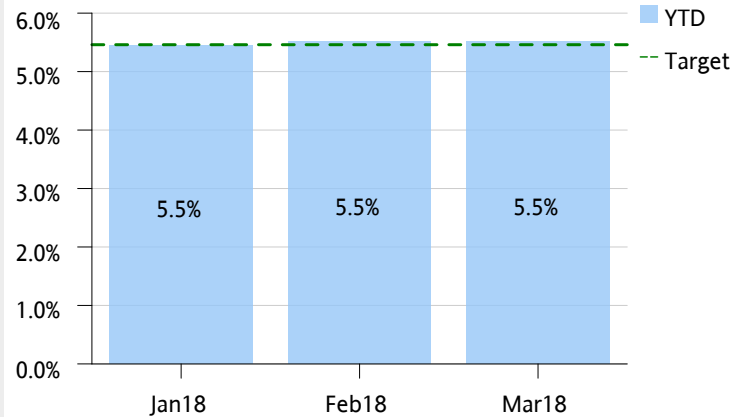
[Colin Brooks](#) [Stephanie Meade](#) [Tonya Carter](#)



MHS PCP Network Market Share

% MHS PCPs, higher is better

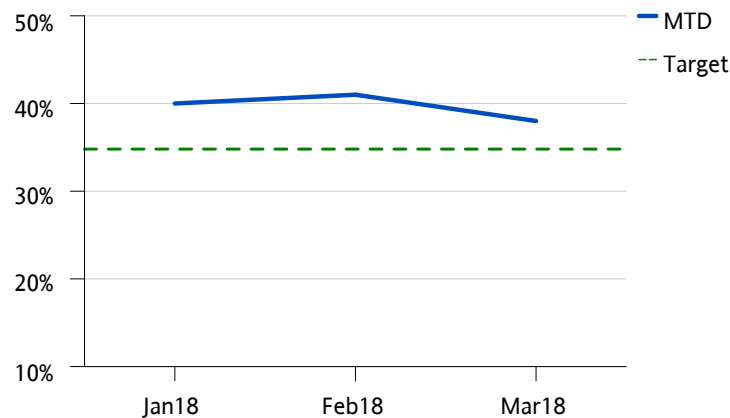
[Phil Kiley](#) [Dr. Chip Roper](#)



Reduce Epic Documentation Time

% of Providers with mean usage > 20 min/patient, lower is better

[Shelli Hugenburg](#) [Dr. Jackie Ward](#)



Kentucky Performance Report

EXECUTIVE SUMMARY

Amazing patient care

It's an exciting time for the Rehabilitation Service Line. The Inpatient Rehab Facility (IRF) recently hosted CARF surveyors for its 3-year CARF accreditation for the Adults Program as well as the Stroke Specialty Program. Not only did the IRF achieve a new 3-year accreditation but also a new accreditation for Children and Adolescents. The Outpatient Rehabilitation clinic has expanded its specialty program offerings to meet the needs of the community and compliment other service lines. These programs are Vestibular Therapy, Lymphedema Therapy, Pelvic Floor Therapy, and BIG & LOUD Therapy for treatment of Parkinson's Disease.

Operational excellence

Marcum & Wallace Hospital was awarded the Rural Health Network Development (RHND) grant from the Federal Office of Rural Health Policy with the goal to develop a clinical program designed to integrate behavioral health services into the Emergency Department (ED) and the primary care clinics in the service area. A Clinical Social Worker (CSW) has started training with the ED staff and primary care clinics. The initial focus is on the implementation of the Screening, Brief Intervention and Referral to Treatment (SBIRT) tool into the ED workflow. Since mid-March, the ED staff has been trained in the use of SBIRT to screen for depression, alcohol and drug use. SBIRT screenings have increased 74% since the initiation of the training program. Phase two of the program will integrate the CSW into the ED to provide brief interventions, counseling and referral to treatment for patients in need. Phase three will incorporate the use of Telehealth to provide behavioral health services to the primary care clinics in the Network service area. It is anticipated that full behavioral health integration will be implemented by May 2018.

Creating the future

Lourdes is proud that on March 16 we did our first robotic surgery using the new da Vinci X platform. This new service allowed the patient to have her hysterectomy, go home the same day and, when Dr. Wagner saw her in the office on Monday, she was recovering well. We have since

done two more robotic surgeries as we ramp up our program, both of which have had equally good outcomes. The robotics team is doing excellent and we look forward to expanding the robotic service line to include general surgery in late summer.

Fostering healthy communities

On the morning of January 23, 2018, a student at Marshall County High School in Benton, Kentucky, opened fire on fellow students, killing two and injuring 16 others. Our Benton primary care office is located a short distance away from the school and victims were triaged there. Mercy EMS, among others, were first responders, and a number of victims were brought to the Lourdes emergency room for treatment. Physicians and other providers came to the emergency room to offer their services as soon as they heard, some coming in on their days off. The ED had Kentucky State Troopers, local law enforcement, chaplains and emergency staff present throughout the day. Around noon, when it became clear we would receive no further victims, all those in the ED gathered in a large circle to pray.

This event was particularly traumatic for much of the Mercy family because many staff members live in Marshall County and some had children who were directly affected by the shootings. For some, it also brought back memories of a high school shooting in Paducah 20 years ago, where several students were also killed and many more injured.

One week to the day of the tragedy, we held a prayer service in our chapel to remember the victims and honor the first responders. Members of the Ladies' Auxiliary created blue and orange ribbons (Marshall's school colors) for staff to wear in a show of support. Lourdes Foundation also collected money to donate for the victims.

As a follow-up, Lourdes Emergency Department and Mercy EMS will participate in a community mental health and drug forum to be held in the Marshall County High School gymnasium on May 8.

This was an extraordinary outpouring of service and care that went well beyond taking care of physical needs. The entire community was a living expression of compassion and love which is still evident today.

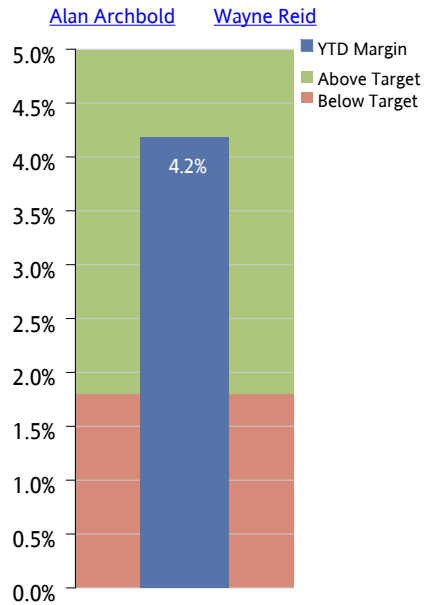
Mercy Health Strategic Initiative Scorecard

Kentucky - April 2018

Targets *

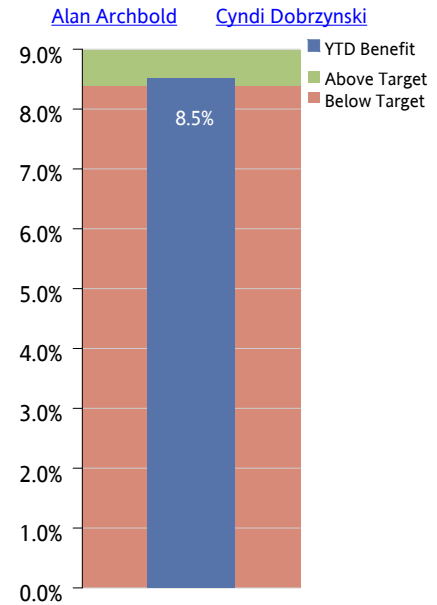
Operating Margin

YTD, higher is better



Community Benefit

YTD, higher is better



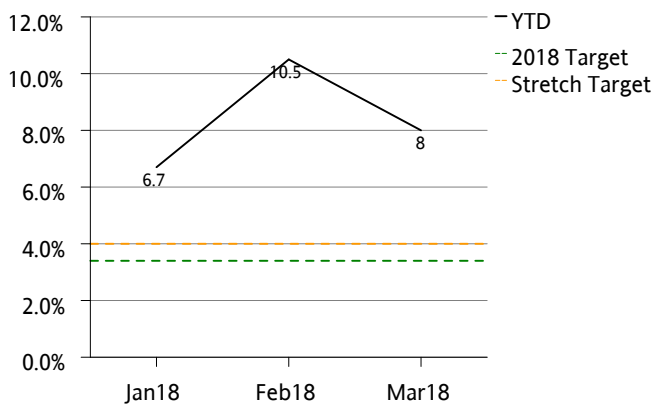
*Initiative thresholds are set at the system level only. Regional operating margin and community benefit targets are annual targets and are subsets of the system budget.

Initiatives

Net Revenue Growth

YTD Operating Revenue Growth, higher is better

Michael Yungmann Kelly Nicholls



Patient Safety

Period to date, Dec 2017 - Feb 2018

Julie Warfield Polly Bechtold

Measure	Target	Actual	Achieved?
C Diff per 10,000 pt days	2.689	4.854	✗
Falls w/ harm per 1,000 pt days	0.093	0.067	✓
PSI 90 composite	0.834	0.864	✗

Achieved: 1 2018 Target: 2 Stretch Target: 3

Mercy Health Strategic Initiative Scorecard

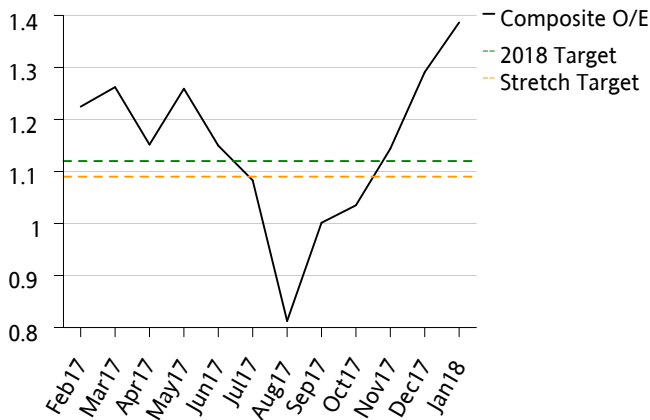
Kentucky - April 2018

Initiatives

Reducing Avoidable Readmissions

Observed/Expected, 3-month moving avg, lower is better
Composite results for COPD, Heart Failure and Pneumonia

Cyndy Kern Dr. Dawn Pingleton



Primary Care Access

Ronda Jones Dr. Chris Sperry

Measure	YTD Target	YTD Actual	Achieved?
MyChart Active %	36.0%	35.0%	✗
New Patient Visits *	197	172	✗
Pat Sat with Access	68.0%	66.0%	✗
Time to New Pat Visit	6.90	7.28	✗
wRVU Growth *	3,205	4,125	✓

Achieved: 1 2018 Target: 3 Stretch Target: 4

*Providers employed > 3 years with capacity

Reducing Opioid Dependency

Cyndi Dobrzynski Dr. Jeremy Klope

Type	Measure	YTD Target	YTD Actual	Achieved?
Preventive (lower is better)	% Morphine Equivalent	18.68%	21.23%	✗
	Opioid Burden	168.51	161.62	✓
Educational (higher is better)	SBIRT Screening	500	512	✓
	School Partnerships	1	1	✓

Achieved: 2* 2018 Target: 2 Stretch Target: 3

* Count of preventive targets reached plus one if either or both educational targets reached

Disease Prevention (Primary Care 6)

Tenille Rushing Dr. Alex Wright

Measure	Target	Actual	Achieved?
Breast Cancer Screening	65%	71.0%	✓
Colorectal Cancer Screening	60%	36.4%	✗
Controlling High Blood Pressure	80%	81.8%	✓
Depression Screening and Follow Up	80%	48.3%	✗
HbA1c less than or equal to 9	80%	78.5%	✗
Pneumonia Vaccination	80%	81.5%	✓

Achieved: 3 2018 Target: 2 Stretch Target: 3

Strategic Initiative Scorecard Summary

Thresholds	
Operating Margin	✓
Community Benefit	✓

✗	Target Not Achieved
✓	Target Achieved

Initiatives	
Net Revenue Growth	✓+
Patient Safety	✗
Reducing Avoidable Readmissions	✗
Primary Care Access	✗
Reducing Opioid Dependency	✓
Disease Prevention (Primary Care 6)	✓+

✗	Target Not Achieved
✓	Target Achieved
✓+	Stretch Target Achieved

Mercy Health Key Performance Indicator Scorecard

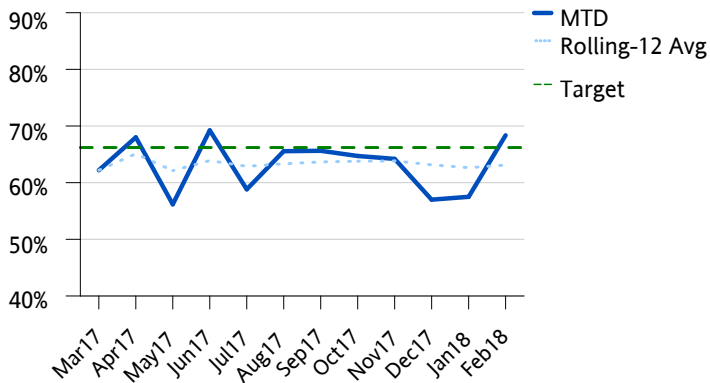
Kentucky - April 2018

Inpatient & ED Patient Experience

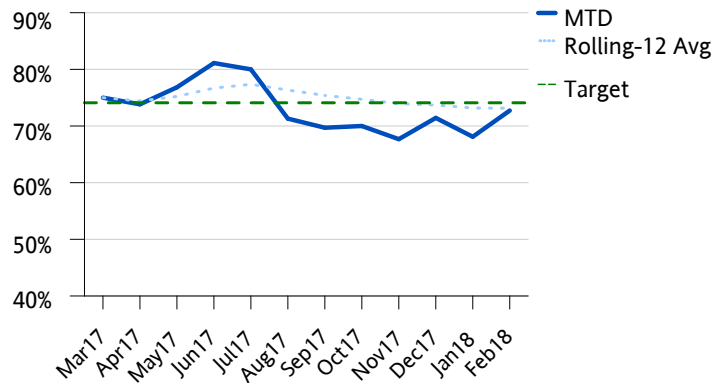
Overall rating Top Box %, higher is better

[Janet Simerly](#) [Travis Drake](#)

ED Patient Experience



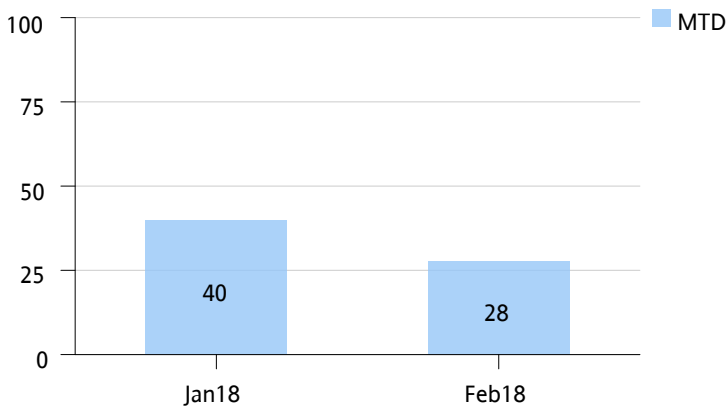
Inpatient Experience



Medical Practice Patient Experience

Percentile ranking, higher is better

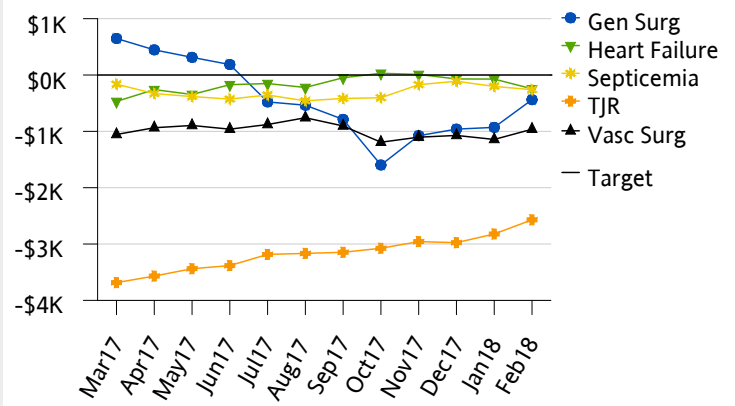
[Ashley Britton](#) [Dr. Jenny Franke](#)



Profit/Loss per Medicare Patient by Condition

Rolling 12 month avg, > 0 indicates profit

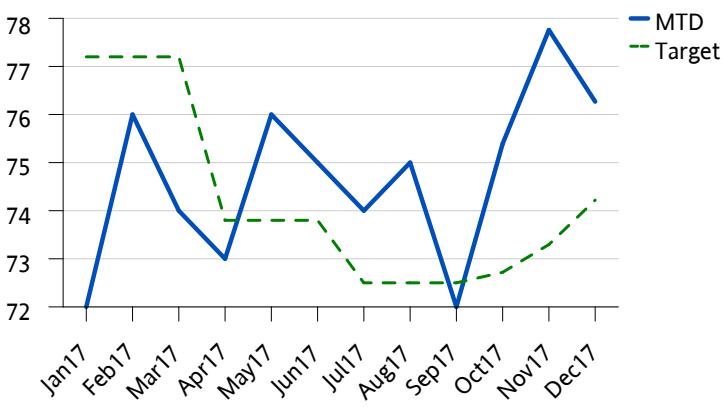
[Alan Archbold](#) [Dr. David Mauterer](#)



Ambulatory Care Sensitive Conditions

Composite admits per 1000, lower is better

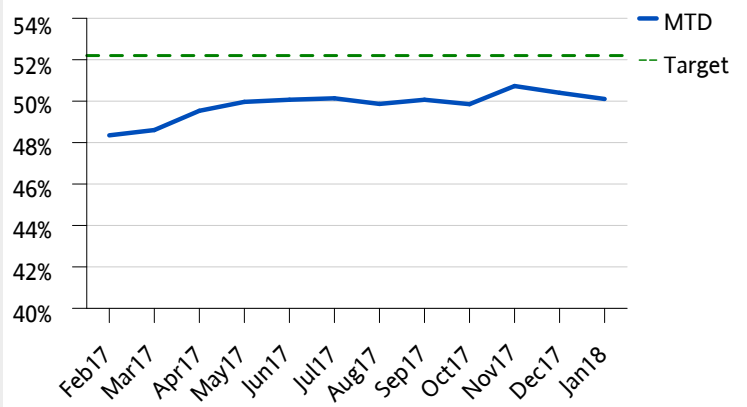
[Polly Bechtold](#) [Kelly Nicholls](#)



Domestic Admissions to Improve Quality

% of MA and MSSP admissions, rolling 12, higher is better

[Christine Thomas](#) [Tenille Rushing](#)



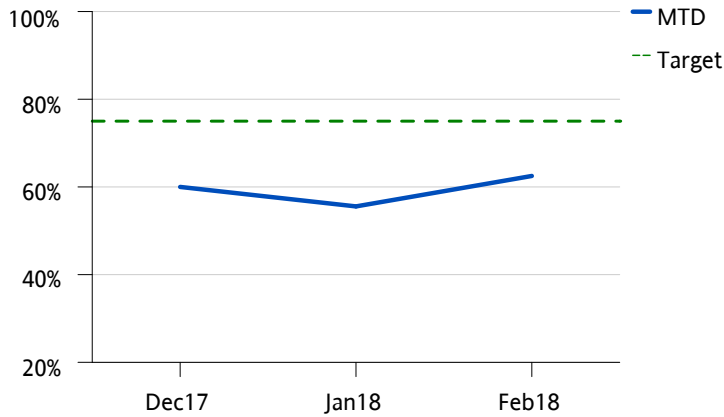
Mercy Health Key Performance Indicator Scorecard

Kentucky - April 2018

7 Day Follow-Up (high readmission risk PHP)

% discharges with 7 day follow-up, higher is better

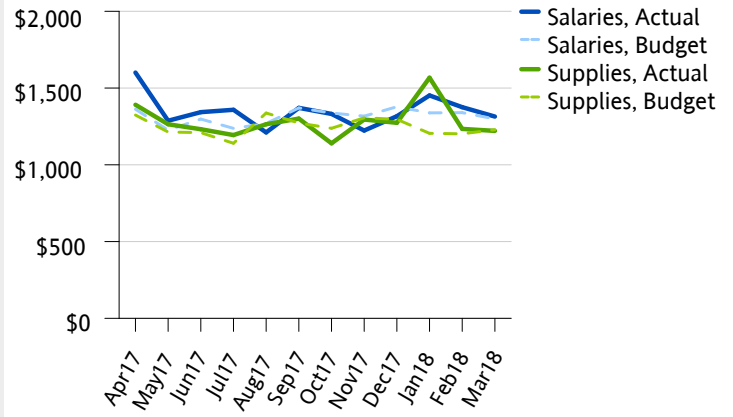
[Christine Thomas](#) [Cyndy Kern](#)



Hospital Salaries & Supplies per WEIPA

Dollars per WEIPA, lower is better

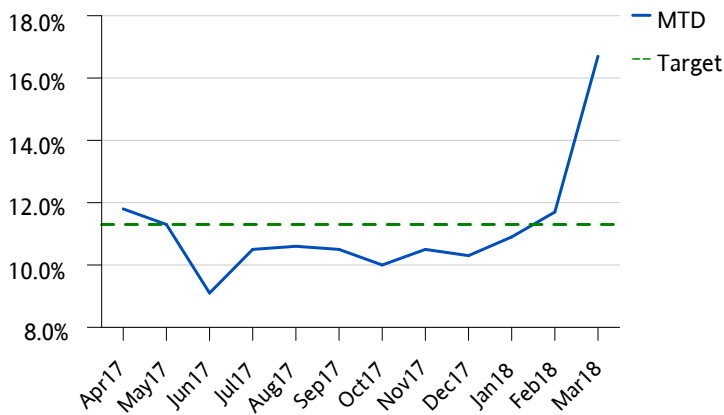
[Alan Archbold](#) [Wayne Reid](#)



RN Voluntary Turnover Rate

Annualized rate, lower is better

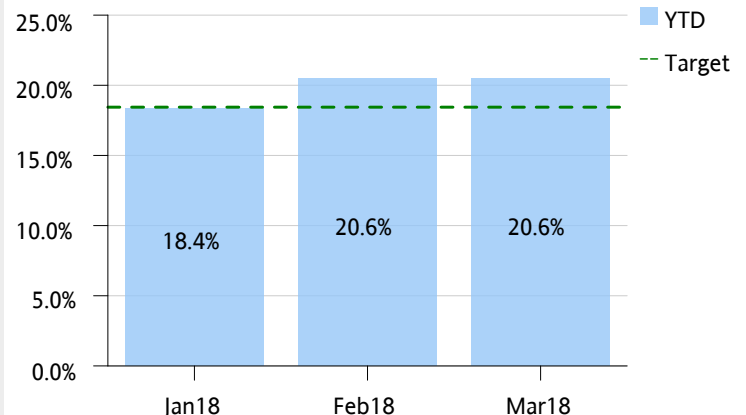
[Levi Loverkamp](#) [Janet Simerly](#)



MHS PCP Network Market Share

% MHS PCPs, higher is better

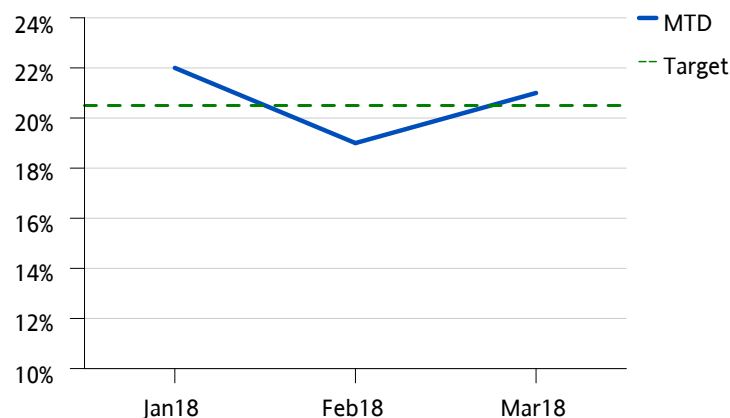
[Kelly Nicholls](#) [Dr. Jenny Franke](#)



Reduce Epic Documentation Time

% of Providers with mean usage > 20 min/patient, lower is better

[Christine Thomas](#) [Dr. Jenny Franke](#)



Lima Performance Report

EXECUTIVE SUMMARY

Amazing patient care

The St. Rita's comprehensive breast cancer clinic is now in its first quarter and has successfully created a support system for our patients on their journey to recovery. By bringing together a team of medical professionals — including a surgeon, medical oncologist, radiation oncologist, reconstructive surgeon, genetic counselor and nurse navigator — we work together with the patients to provide the best options for treatment. A nurse navigator will also aid in setting up additional testing and future appointments before the patient leaves. The team is there to be part of our patients' breast cancer journey.

Operational excellence

Mercy Health — St. Rita's Medical Center is proud to have earned an "A" in the Spring 2018 Leapfrog Hospital Safety Grade, the gold standard measure of patient safety. This honor reflects the commitment of each of our associates to patient safety and the reduction of avoidable harm, including hospital-acquired infections, errors and accidents.

Generally unfavorable volumes for areas such as ER visits, inpatient admissions, inpatient surgeries and physician visits led the region to fall behind on budget. Observed-to-Expected Length of Stay ratio continues to be unfavorable. However, CMI, outpatient volumes and outpatient surgeries were all favorable.

Creating the future

In December, St. Rita's launched a new initiative in an effort to reduce hospital admissions for our population health patients. Brittany Justice, RN, (Care Transition Coordinator) identifies these patients and works with the Emergency Department staff, providers and patients to determine if there are outpatient resources available which may help a patient avoid a costly and unnecessary admission to the hospital. Recently, Brittany had a great catch where a patient was dialyzed on an outpatient basis, and therefore did not need to be admitted. Having a care coordinator in this role allows us to close the gap between heart failure clinic, primary care and other resources that are available for patients who experience chronic readmissions.

Fostering healthy communities

As part of the fight against opioid addictions in Ohio, grants through the American Society for Addiction Medicine and the Ohio Mental Health Substance Abuse Agency have helped fund trainings to further

medically-assisted treatment with a medication known as buprenorphine. Mercy Health — St. Rita's recently hosted one of these sessions to train health care providers on how to use this medication to help those addicted to opioids stay alive and in treatment. Buprenorphine cannot be given out by medical professionals unless they have acquired a waiver to do so. Susan Hawk, director of Clinical Operations for Behavioral Health at Mercy Health — St. Rita's, provided additional education on developing a culture that recognizes addiction as a chronic disease that requires treatment and compassionate care. "Mercy Health — St. Rita's of course wants to make sure that we're creating community awareness on available treatments that are effective for those that are suffering from opiate addiction, and our whole goal is to provide as much education and as much awareness in our medical community," Susan said.

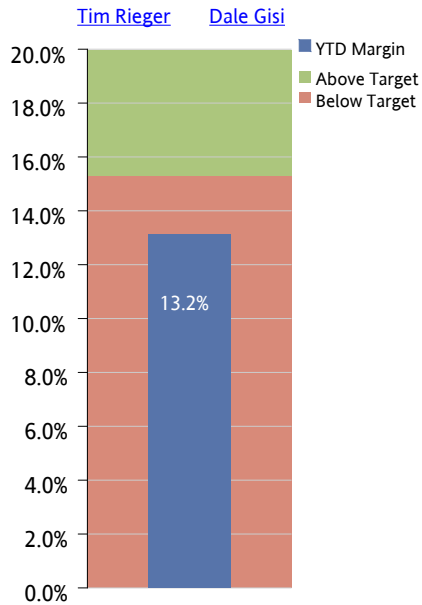
Mercy Health Strategic Initiative Scorecard

Lima - April 2018

Targets *

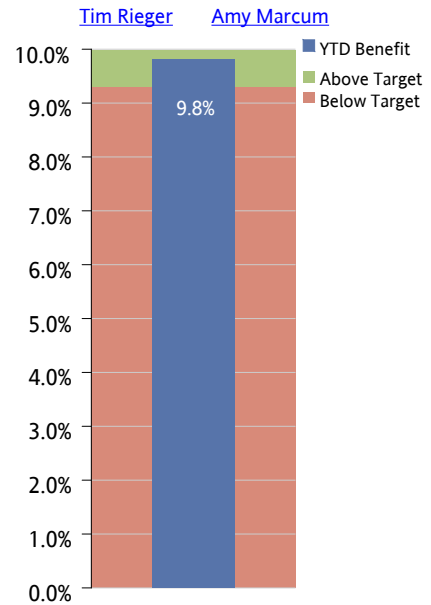
Operating Margin

YTD, higher is better



Community Benefit

YTD, higher is better

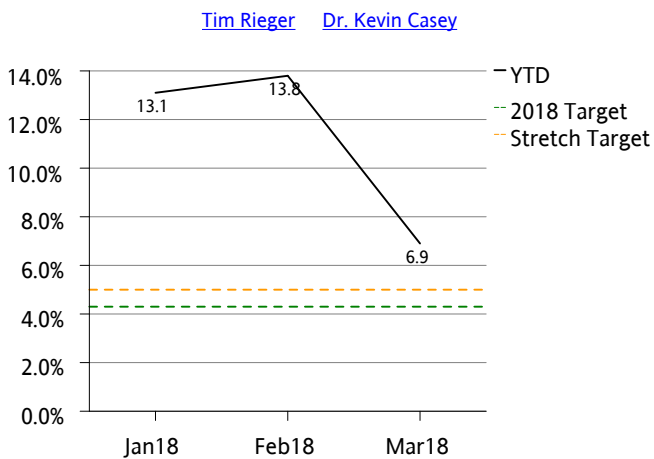


*Initiative thresholds are set at the system level only. Regional operating margin and community benefit targets are annual targets and are subsets of the system budget.

Initiatives

Net Revenue Growth

YTD Operating Revenue Growth, higher is better



Patient Safety

Period to date, Dec 2017 - Feb 2018

Dr. Kevin Casey

Measure	Target	Actual	Achieved?
C Diff per 10,000 pt days	5.762	3.727	✓
Falls w/ harm per 1,000 pt days	0.025	0.000	✓
PSI 90 composite	0.566	0.686	✗

Achieved: 2 2018 Target: 2 Stretch Target: 3

Mercy Health Strategic Initiative Scorecard

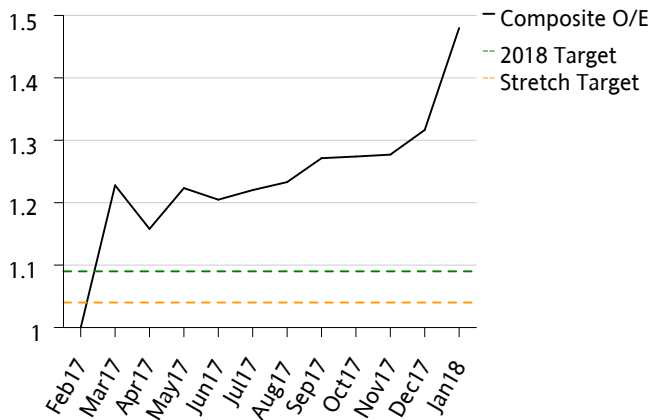
Lima - April 2018

Initiatives

Reducing Avoidable Readmissions

Observed/Expected, 3-month moving avg, lower is better
Composite results for COPD, Heart Failure and Pneumonia

Cory Werts Dr. Kevin Casey



Primary Care Access

Tara Miller Dr. Mark Kahle

Measure	YTD Target	YTD Actual	Achieved?
MyChart Active %	58.0%	51.0%	✗
New Patient Visits *	247	261	✓
Pat Sat with Access	75.0%	71.0%	✗
Time to New Pat Visit	7.92	9.23	✗
wRVU Growth *	4,438	5,283	✓

Achieved: 2 2018 Target: 3 Stretch Target: 4

*Providers employed > 3 years with capacity

Reducing Opioid Dependency

Amy Marcum Dr. Scott Rinesmith

Type	Measure	YTD Target	YTD Actual	Achieved?
Preventive (lower is better)	% Morphine Equivalent	11.17%	11.46%	✗
	Opioid Burden	35.15	36.49	✗
Educational (higher is better)	SBIRT Screening	500	863	✓
	School Partnerships	1	1	✓

Achieved: 1* 2018 Target: 2 Stretch Target: 3

* Count of preventive targets reached plus one if either or both educational targets reached

Disease Prevention (Primary Care 6)

Tara Miller Dr. Mark Kahle

Measure	Target	Actual	Achieved?
Breast Cancer Screening	65%	69.0%	✓
Colorectal Cancer Screening	60%	60.7%	✓
Controlling High Blood Pressure	80%	82.7%	✓
Depression Screening and Follow Up	80%	67.3%	✗
HbA1c less than or equal to 9	80%	74.2%	✗
Pneumonia Vaccination	80%	81.7%	✓

Achieved: 4 2018 Target: 3 Stretch Target: 4

Strategic Initiative Scorecard Summary

Thresholds	
Operating Margin	✗
Community Benefit	✓

✗	Target Not Achieved
✓	Target Achieved

Initiatives	
Net Revenue Growth	✓+
Patient Safety	✓
Reducing Avoidable Readmissions	✗
Primary Care Access	✗
Reducing Opioid Dependency	✗
Disease Prevention (Primary Care 6)	✓+

✗	Target Not Achieved
✓	Target Achieved
✓+	Stretch Target Achieved

Mercy Health Key Performance Indicator Scorecard

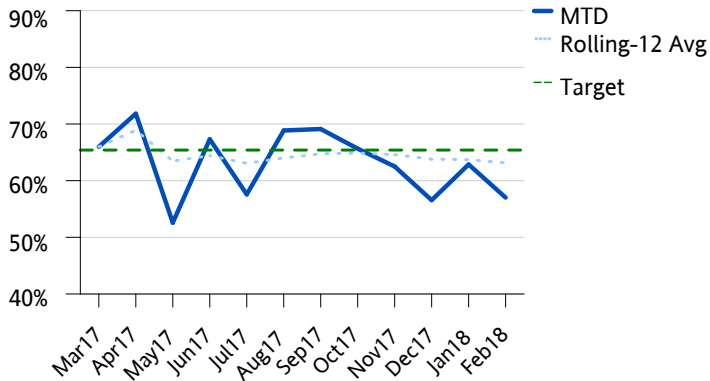
Lima - April 2018

Inpatient & ED Patient Experience

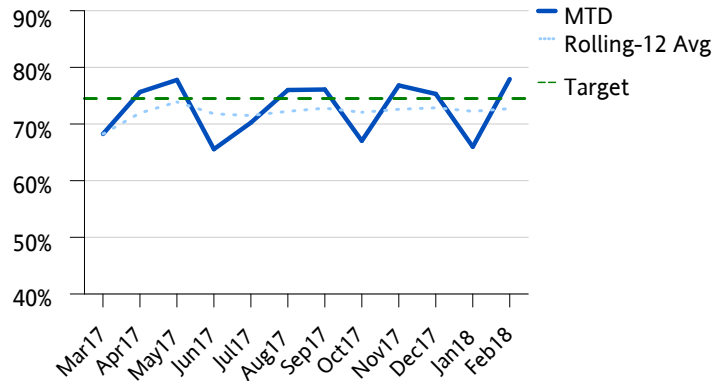
Overall rating Top Box %, higher is better

[Cory Werts](#) [Dr. Kevin Casey](#)

ED Patient Experience



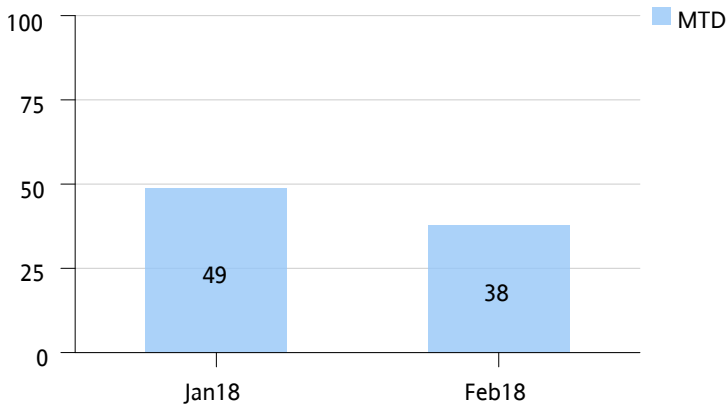
Inpatient Experience



Medical Practice Patient Experience

Percentile ranking, higher is better

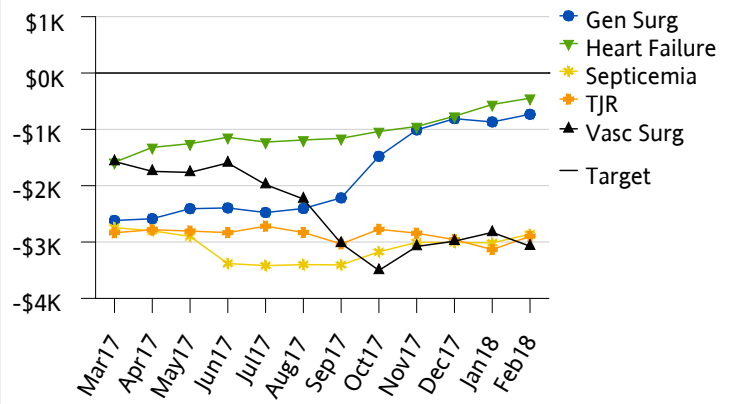
[Tara Miller](#) [Dr. Matt Owens](#)



Profit/Loss per Medicare Patient by Condition

Rolling 12 month avg, > 0 indicates profit

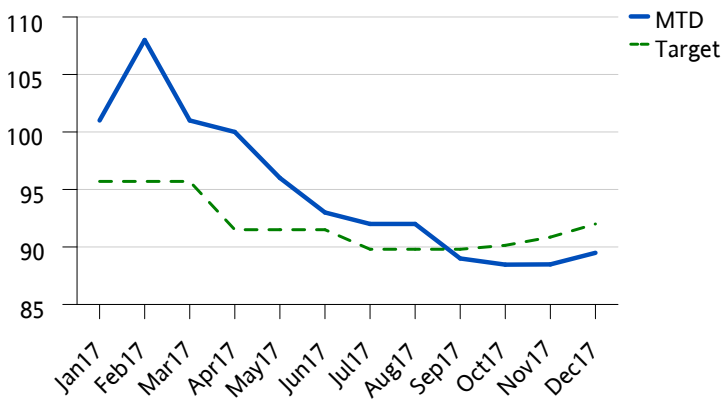
[Tim Rieger](#) [Dr. Matt Owens](#)



Ambulatory Care Sensitive Conditions

Composite admits per 1000, lower is better

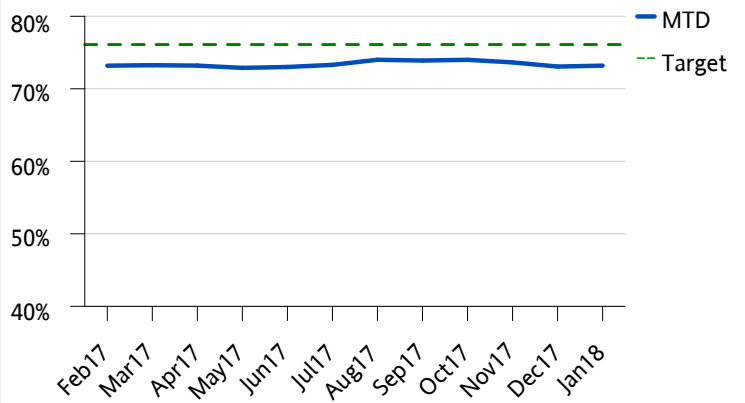
[Ronda Lehman](#) [Dr. Kevin Casey](#)



Domestic Admissions to Improve Quality

% of MA and MSSP admissions, rolling 12, higher is better

[Ronda Lehman](#) [Dr. Matt Owens](#)



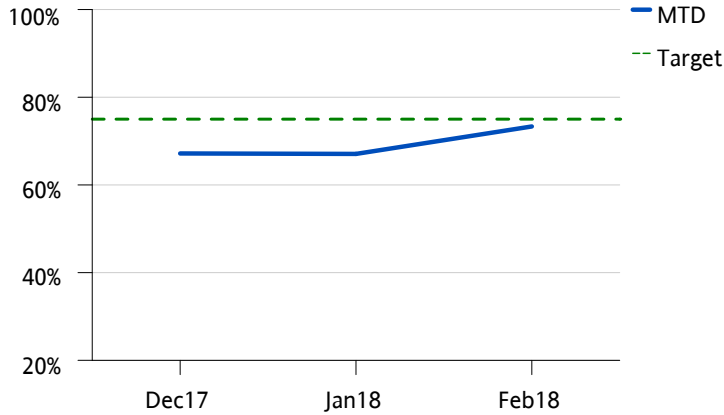
Mercy Health Key Performance Indicator Scorecard

Lima - April 2018

7 Day Follow-Up (high readmission risk PHP)

% discharges with 7 day follow-up, higher is better

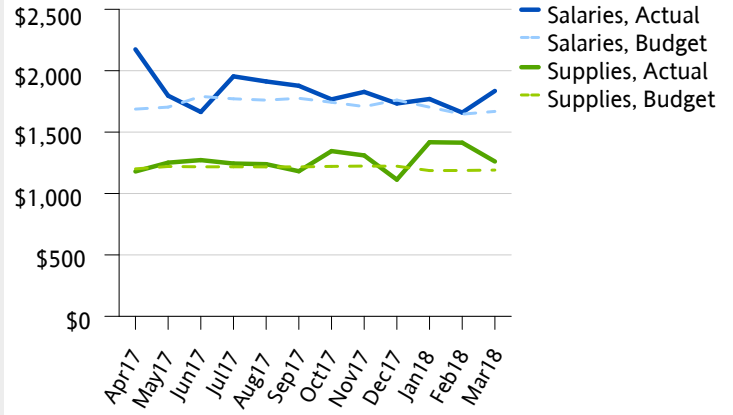
[Cory Werts](#) [Dr. Kevin Casey](#)



Hospital Salaries & Supplies per WEIPA

Dollars per WEIPA, lower is better

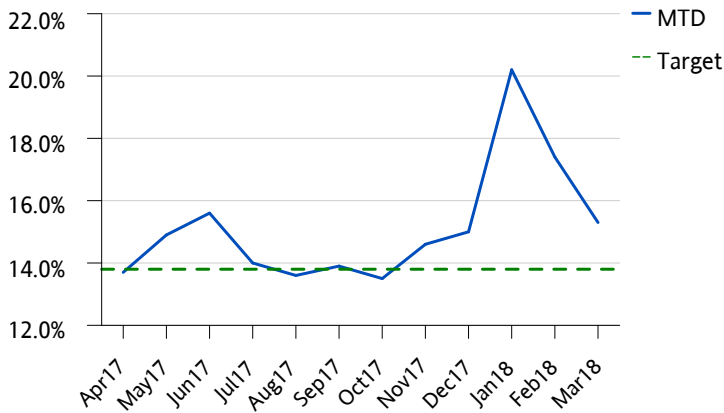
[Dale Gisi](#) [Dr. Kevin Casey](#)



RN Voluntary Turnover Rate

Annualized rate, lower is better

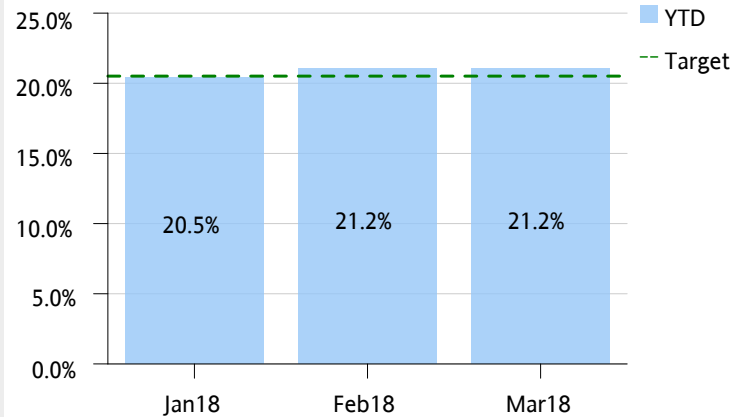
[Jennifer VanTilburgh](#) [Dr. Kevin Casey](#)



MHS PCP Network Market Share

% MHS PCPs, higher is better

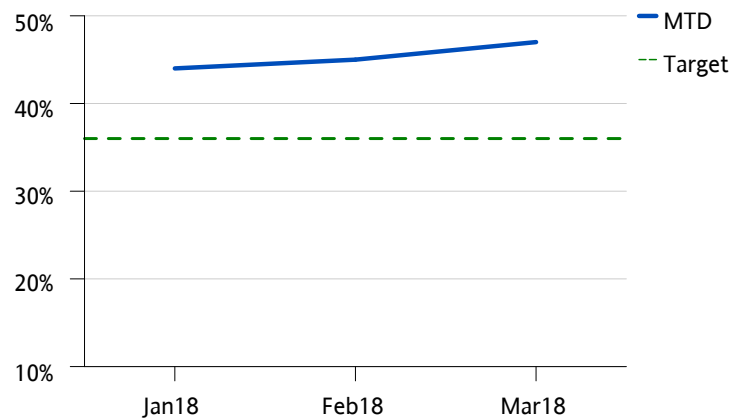
[Ronda Lehman](#) [Dr. Matt Owens](#)



Reduce Epic Documentation Time

% of Providers with mean usage > 20 min/patient, lower is better

[Charity Wray](#) [Dr. Matt Owens](#)



Lorain Performance Report

EXECUTIVE SUMMARY

Amazing patient care

After evaluating the patient verbatim comments on the Press Ganey surveys, Mercy Health — Lorain found that the majority of negative comments were related to the discharge process. The common themes surrounded the length of time and the lack of knowledge about the discharge process. To change that perception, a standardized discharge process was established including the expectation that the nurse round with the discharging physician and use an agreed-upon checklist. Since implementation, the patient is better informed about what needs to be accomplished prior to discharge. As a result, Mercy Health — Lorain has experienced a 2% increase in both the Transition of Care and Discharge domains, and the March 2018 YTD Overall Rating of Care has increased by 3% compared to 2017 performance.

Operational excellence

Mercy Health — Lorain has introduced a new ambulatory care model to the Palliative Care program. In March, an outpatient clinic was opened in the Medical Office Building on the main campus. This new model allows Mercy Health to increase the number of patients served at a lower cost. Previously in the Palliative Care program, nurse practitioners treated patients in their home or nursing home, allowing for an average of 4-5 patients to be seen daily. In the clinic, the nurse practitioner can now see 10 patients in a day. Mercy Health continues to see patients in their home or nursing home if they have no ability to come to the clinic.

Creating the future

For several years, Mercy Health Physicians — Lorain has had a market advantage with primary care physicians (PCP) that are well known and respected in the community. As a result, these practices are in high demand and at capacity. To meet patient demand and continue to leverage the strength of these providers, a new care partnership model has been introduced. This partnership brings together experienced PCPs and nurse practitioners for more accessible, consistent, coordinated patient care. Both the physician and NP jointly oversee the patient's care and work collaboratively to create a customized care plan that is supported by shared knowledge about the patients' ongoing health and needs. While the PCP remains the primary provider for annual exams, the NP's capacity allows for greater flexibility in scheduling same-day, acute concerns and follow-up appointments.

Through March, 84 additional new patient visits have been realized through this model, and first available appointment new patient lag was reduced from 50 to 6 days.

Fostering healthy communities

The emergency department at Mercy Health — Lorain has established Healing Hands' Dignity Kits. This program was started in November of 2017 by Heather Parmenter, RN, Associate Manager in the ED. These kits are made up of donations from our employees and are given to our homeless patients in the emergency department. Each kit contains a combination of basic hygiene products such as toothbrush, toothpaste, deodorant, shampoo/conditioner, cleansing wipes, baby wipes, gum/hard candy, a waterproof bag to keep belongings dry, socks, chap stick, and a comb. All items are placed in a reusable bag. In addition, the staff regularly donates season-appropriate clothing to be distributed along with these kits. So far, approximately 15 kits have been distributed.

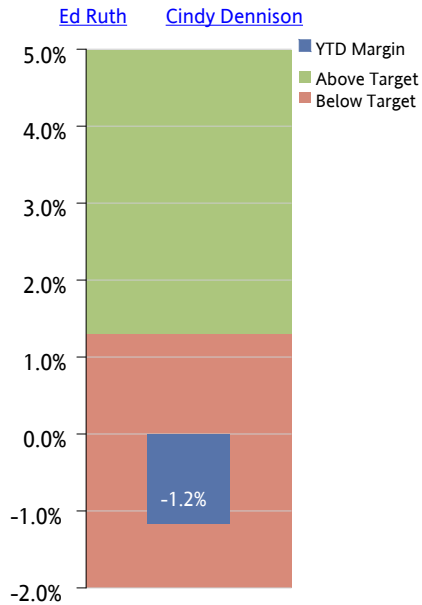
Mercy Health Strategic Initiative Scorecard

Lorain - April 2018

Targets *

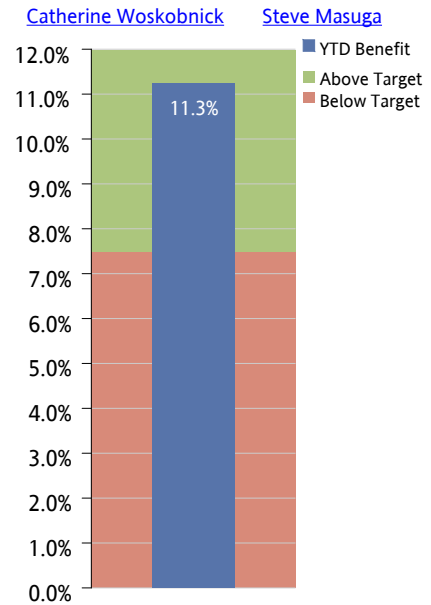
Operating Margin

YTD, higher is better



Community Benefit

YTD, higher is better



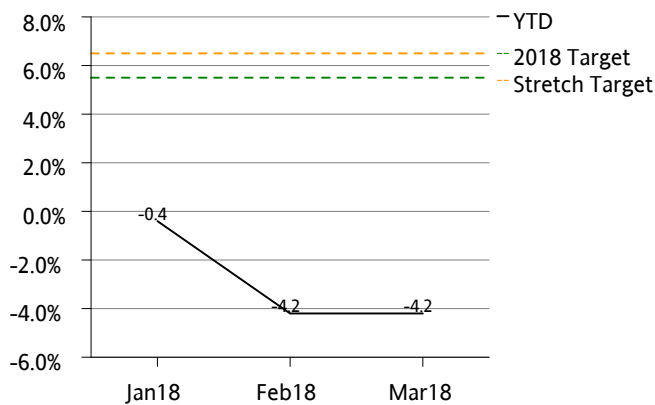
*Initiative thresholds are set at the system level only. Regional operating margin and community benefit targets are annual targets and are subsets of the system budget.

Initiatives

Net Revenue Growth

YTD Operating Revenue Growth, higher is better

Cindy Dennison Elijah White



Patient Safety

Period to date, Dec 2017 - Feb 2018

Melody Hunker Cheryl Rieves

Measure	Target	Actual	Achieved?
C Diff per 10,000 pt days	5.846	5.943	✗
Falls w/ harm per 1,000 pt days	0.058	0.076	✗
PSI 90 composite	0.608	0.757	✗

Achieved: 0 2018 Target: 2 Stretch Target: 3

Mercy Health Strategic Initiative Scorecard

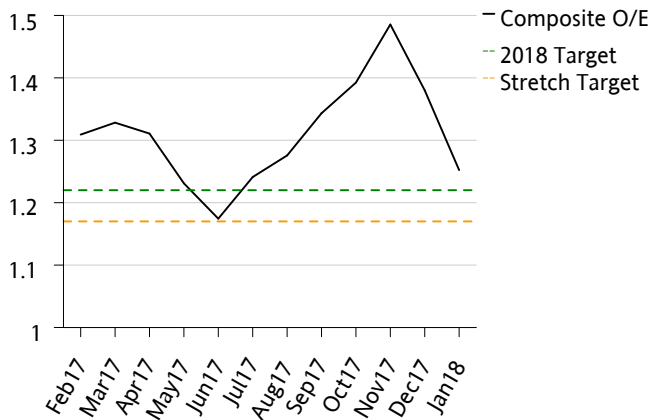
Lorain - April 2018

Initiatives

Reducing Avoidable Readmissions

Observed/Expected, 3-month moving avg, lower is better
Composite results for COPD, Heart Failure and Pneumonia

Michael Seelman Dr. Gilbert Palmer



Primary Care Access

Mark Rau Dr. Richard White

Measure	YTD Target	YTD Actual	Achieved?
MyChart Active %	45.0%	44.0%	✗
New Patient Visits *	148	177	✓
Pat Sat with Access	67.0%	65.0%	✗
Time to New Pat Visit	8.75	8.68	✓
wRVU Growth *	3,230	3,649	✓

Achieved: 3 2018 Target: 3 Stretch Target: 4

*Providers employed > 3 years with capacity

Reducing Opioid Dependency

Sarah Suffel Dr. Kenneth Carbone

Type	Measure	YTD Target	YTD Actual	Achieved?
Preventive (lower is better)	% Morphine Equivalent	9.55%	5.98%	✓
	Opioid Burden	45.70	41.06	✓
Educational (higher is better)	SBIRT Screening	500	1,876	✓
	School Partnerships	1	1	✓

Achieved: 3* 2018 Target: 2 Stretch Target: 3

* Count of preventive targets reached plus one if either or both educational targets reached

Disease Prevention (Primary Care 6)

Anita Mattingly Dr. Bradley Barker

Measure	Target	Actual	Achieved?
Breast Cancer Screening	65%	69.9%	✓
Colorectal Cancer Screening	60%	55.8%	✗
Controlling High Blood Pressure	80%	85.4%	✓
Depression Screening and Follow Up	80%	65.5%	✗
HbA1c less than or equal to 9	80%	79.5%	✗
Pneumonia Vaccination	80%	83.3%	✓

Achieved: 3 2018 Target: 3 Stretch Target: 4

Strategic Initiative Scorecard Summary

Thresholds	
Operating Margin	✗
Community Benefit	✓

✗	Target Not Achieved
✓	Target Achieved

Initiatives	
Net Revenue Growth	✗
Patient Safety	✗
Reducing Avoidable Readmissions	✗
Primary Care Access	✓
Reducing Opioid Dependency	✓+
Disease Prevention (Primary Care 6)	✓

✗	Target Not Achieved
✓	Target Achieved
✓+	Stretch Target Achieved

Mercy Health Key Performance Indicator Scorecard

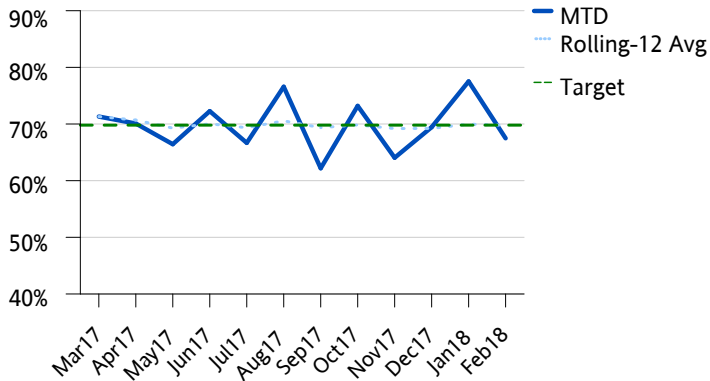
Lorain - April 2018

Inpatient & ED Patient Experience

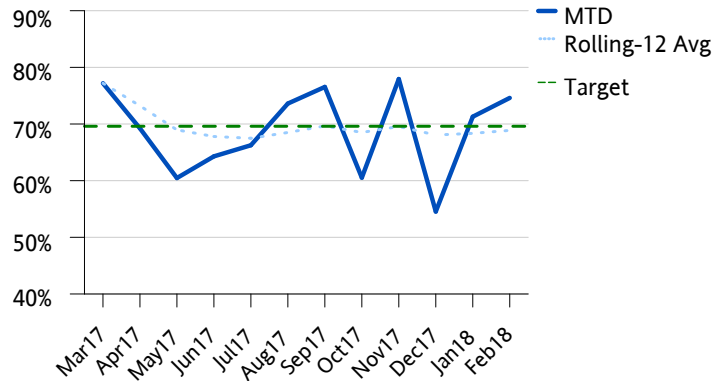
Overall rating Top Box %, higher is better

[Dr. Gilbert Palmer](#) [Cheryl Rieves](#)

ED Patient Experience



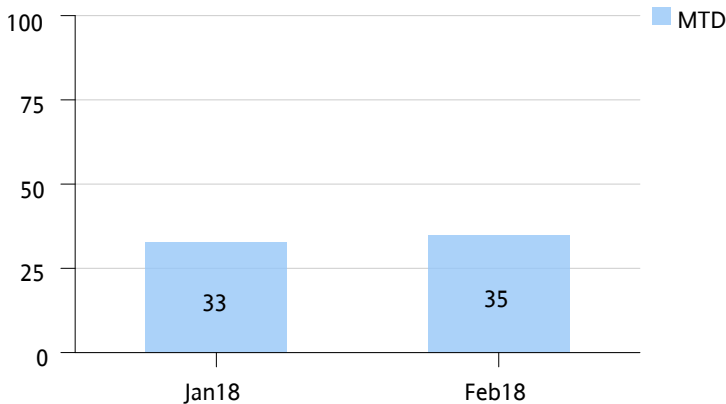
Inpatient Experience



Medical Practice Patient Experience

Percentile ranking, higher is better

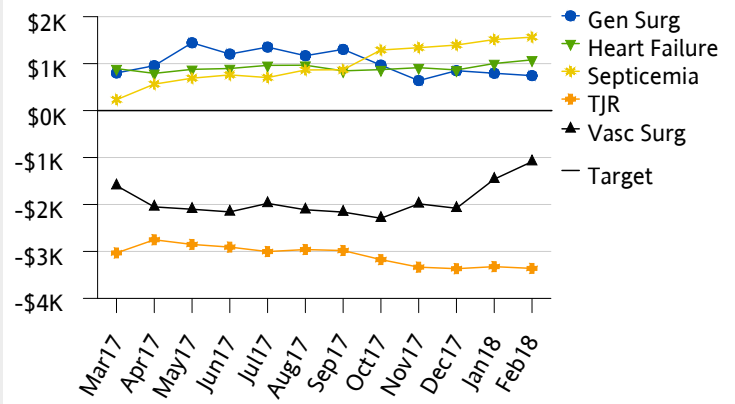
[Mark Rau](#) [Dr. Frank Hiti](#)



Profit/Loss per Medicare Patient by Condition

Rolling 12 month avg, > 0 indicates profit

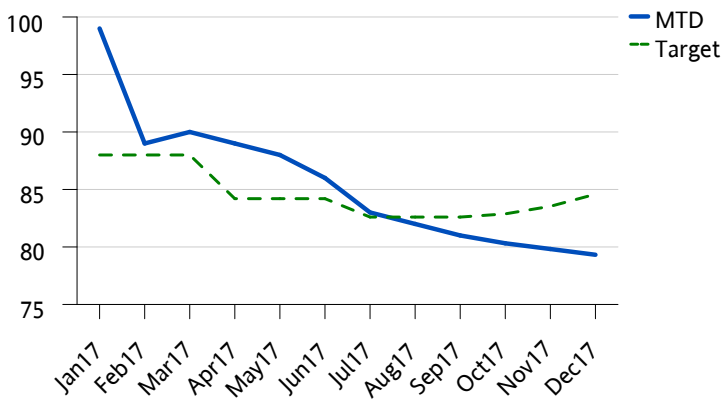
[Dr. Sam El-Dalati](#) [Cindy Dennison](#)



Ambulatory Care Sensitive Conditions

Composite admits per 1000, lower is better

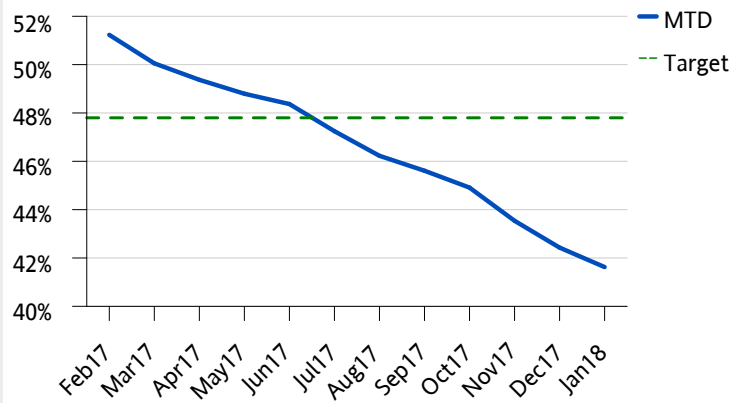
[Kim Daniels](#) [Dr. Richard White](#)



Domestic Admissions to Improve Quality

% of MA and MSSP admissions, rolling 12, higher is better

[Ed Ruth](#) [Dr. James Anthony](#)



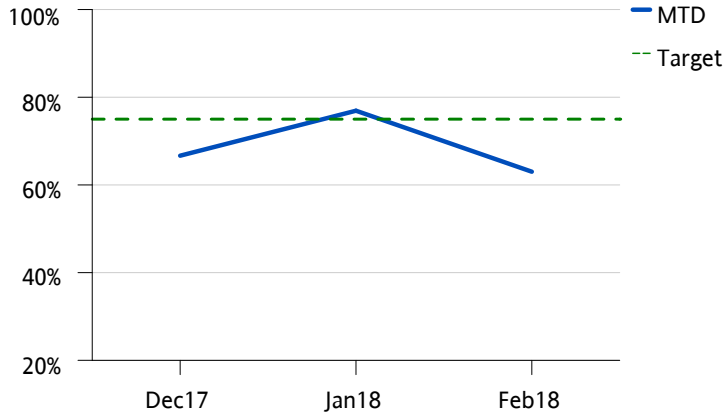
Mercy Health Key Performance Indicator Scorecard

Lorain - April 2018

7 Day Follow-Up (high readmission risk PHP)

% discharges with 7 day follow-up, higher is better

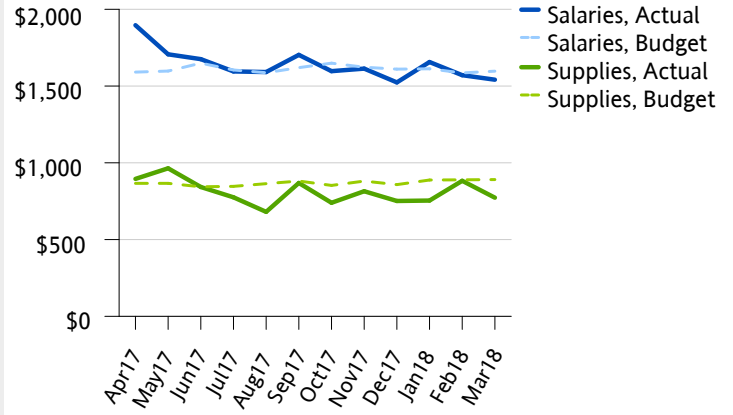
[Ed Ruth](#) [Kim Daniels](#)



Hospital Salaries & Supplies per WEIPA

Dollars per WEIPA, lower is better

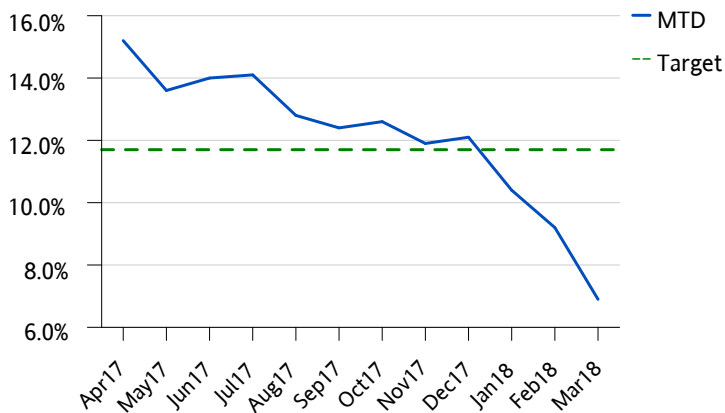
[Cindy Dennison](#) [Elijah White](#)



RN Voluntary Turnover Rate

Annualized rate, lower is better

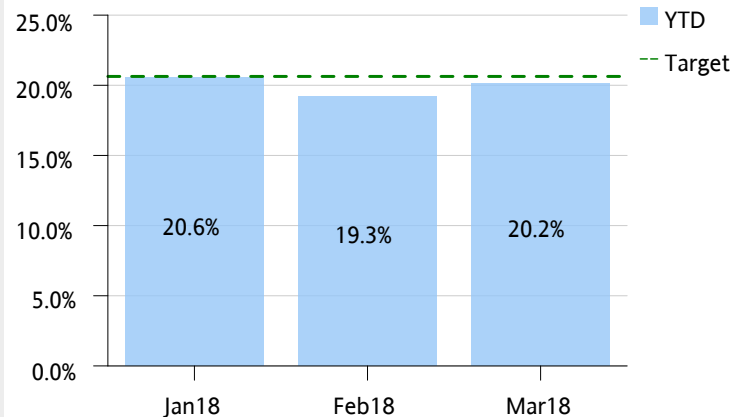
[Kathy Dolbin](#) [Cheryl Rieves](#)



MHS PCP Network Market Share

% MHS PCPs, higher is better

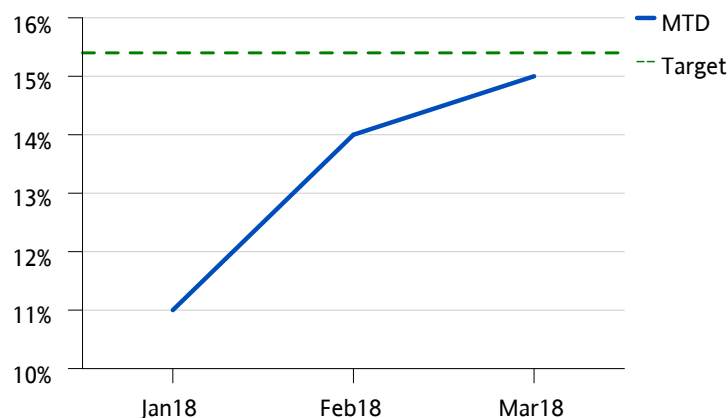
[Ed Ruth](#) [Dr. Richard White](#)



Reduce Epic Documentation Time

% of Providers with mean usage > 20 min/patient, lower is better

[Anita Mattingly](#) [Dr. Dennis Carson](#)



Springfield Performance Report

EXECUTIVE SUMMARY

Amazing patient care

Oakwood Village was recently awarded 2018 “Best in Class” in 11 areas by Pinnacle Quality Insight. Pinnacle has been interviewing every resident discharged from the skilled nursing unit since January 2016. We were honored as the Pinnacle Customer Experience Award “Best in Class” winners in numerous service areas including cleanliness, dining, nursing care, customer experience, patient satisfaction, safety and therapy services. Annette Turner, Executive Director of Oakwood, shared the results with leadership and said, “I am so proud and pleased with the care that Oakwood provides as we strive to make the residents’ experience with us as comfortable as it can be while providing the highest quality as possible.” Congratulations to the employees for the wonderful work that they do!

Operational excellence

The need for an alternative method to mobilize secretions in our pulmonary patients heightened when the Mercy system eliminated the mattresses that provided vibration with our beds. Respiratory Care utilizes a Chest Vest Therapy for secretion mobilization; however, the equipment needed to provide the therapy was quite expensive. A newer therapy called MetaNeb has been available for a few years but was expensive. Through the diligent efforts of our Supply Chain Division, we were successful in negotiating better pricing, which enabled us to purchase two MetaNeb units. We are now providing patients in our Critical Care units with MetaNeb Therapy, and documented outcomes show dramatic improvement in chest X-rays.

Creating the future

The Mercy Health — Springfield Imaging facility recently received a major renovation and facelift bringing a fresh look to the facility. Renovations coincided with the addition of a new GE Voyager MRI which provides our region with state-of-art technology, paired with an Optima 660 64-slice CT scanner that was installed just last year. Because patient satisfaction remains our top priority, a new concierge position was also created to help patients navigate through the diagnostics process. The Imaging Center continues to expand and now includes a full complement of services including diagnostic radiology, laboratory, Women’s Life Center, coumadin clinic and the Springfield Health Resource Center. An Open House will be held later this month to showcase the services and explain the advantages of our new technology, with anticipated impact for our patients looking into the future.

Fostering healthy communities

In February, our Cardiology Department’s heart team partnered with the American Heart Association to host a Heart Walk at Springfield’s Upper Valley Mall. Over 300 attended the health fair with host Elyse Coulter from the Fox 45 news team. Other activities during Heart Month included an educational dinner with a message on Recognition, Prevention, and Recovery, led by Tim Holman, Chief of German Township Fire Department and Dr. Amit Arora, a cardiovascular board-certified surgeon. Thanks to the continued support from the Mercy Health Foundation — Clark & Champaign Counties and Dr. Faiq Akhter, our annual cardiac health campaign continues to be successful and well-attended, fostering a heart healthy community.

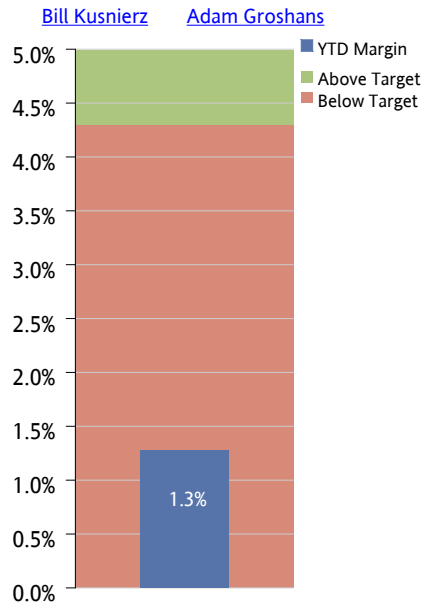
Mercy Health Strategic Initiative Scorecard

Springfield - April 2018

Targets *

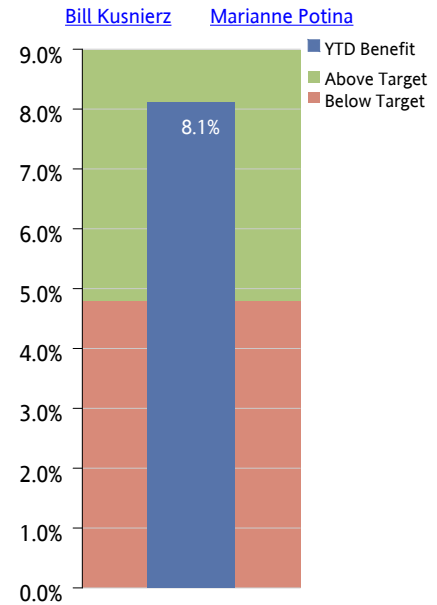
Operating Margin

YTD, higher is better



Community Benefit

YTD, higher is better



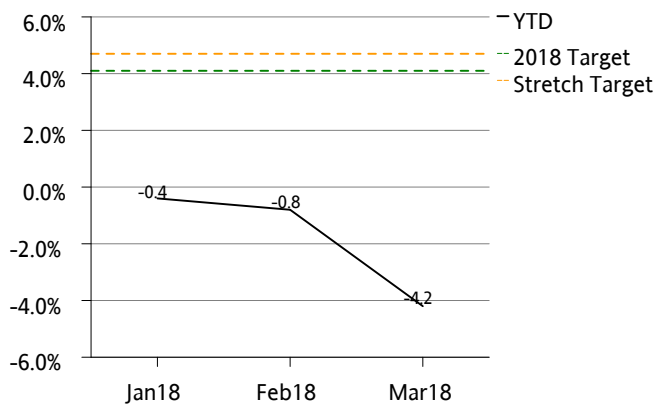
*Initiative thresholds are set at the system level only. Regional operating margin and community benefit targets are annual targets and are subsets of the system budget.

Initiatives

Net Revenue Growth

YTD Operating Revenue Growth, higher is better

Alex Rintoul Elaine Storrs Bill Kusnierz



Patient Safety

Period to date, Dec 2017 - Feb 2018

Adam Groshans Elaine Storrs

Measure	Target	Actual	Achieved?
C Diff per 10,000 pt days	5.003	5.043	✗
Falls w/ harm per 1,000 pt days	0.017	0.054	✗
PSI 90 composite	0.720	0.954	✗

Achieved: 0 2018 Target: 2 Stretch Target: 3

Mercy Health Strategic Initiative Scorecard

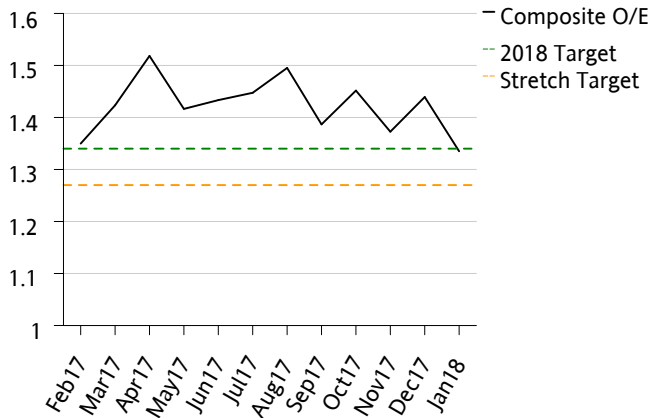
Springfield - April 2018

Initiatives

Reducing Avoidable Readmissions

Observed/Expected, 3-month moving avg, lower is better
Composite results for COPD, Heart Failure and Pneumonia

Bill Kusnierz Dr. Don Johnson



Primary Care Access

Lee Syphus Dr. Paul Buchanan

Measure	YTD Target	YTD Actual	Achieved?
MyChart Active %	47.0%	40.0%	✗
New Patient Visits *	123	85	✗
Pat Sat with Access	66.0%	64.0%	✗
Time to New Pat Visit	8.73	9.34	✗
wRVU Growth *	3,625	3,647	✓

Achieved: 1 2018 Target: 3 Stretch Target: 4

*Providers employed > 3 years with capacity

Reducing Opioid Dependency

Elaine Storrs Dr. Ruben Mann

Type	Measure	YTD Target	YTD Actual	Achieved?
Preventive (lower is better)	% Morphine Equivalent	9.85%	8.30%	✓
	Opioid Burden	17.88	14.66	✓
Educational (higher is better)	SBIRT Screening	1,000	484	✗
	School Partnerships	1	0	✗

Achieved: 2* 2018 Target: 2 Stretch Target: 3

* Count of preventive targets reached plus one if either or both educational targets reached

Disease Prevention (Primary Care 6)

Emily Purk Dr. Penny Hogan

Measure	Target	Actual	Achieved?
Breast Cancer Screening	65%	71.5%	✓
Colorectal Cancer Screening	60%	58.1%	✗
Controlling High Blood Pressure	80%	86.8%	✓
Depression Screening and Follow Up	80%	67.4%	✗
HbA1c less than or equal to 9	80%	78.3%	✗
Pneumonia Vaccination	80%	86.6%	✓

Achieved: 3 2018 Target: 3 Stretch Target: 4

Strategic Initiative Scorecard Summary

Thresholds	
Operating Margin	✗
Community Benefit	✓

✗	Target Not Achieved
✓	Target Achieved

Initiatives	
Net Revenue Growth	✗
Patient Safety	✗
Reducing Avoidable Readmissions	✓
Primary Care Access	✗
Reducing Opioid Dependency	✓
Disease Prevention (Primary Care 6)	✓

✗	Target Not Achieved
✓	Target Achieved
✓+	Stretch Target Achieved

Mercy Health Key Performance Indicator Scorecard

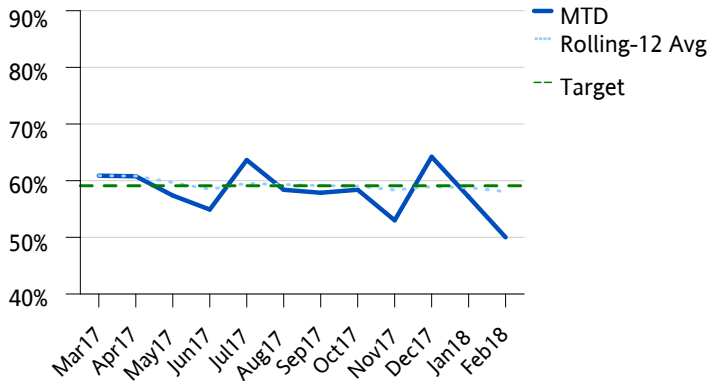
Springfield - April 2018

Inpatient & ED Patient Experience

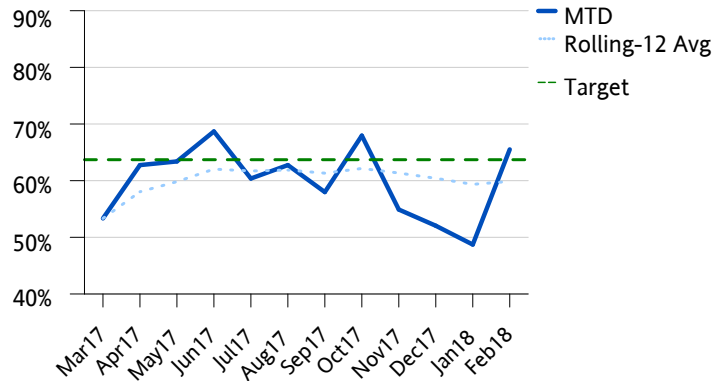
Overall rating Top Box %, higher is better

[Adam Groshans](#) [Ruth Shade](#)

ED Patient Experience



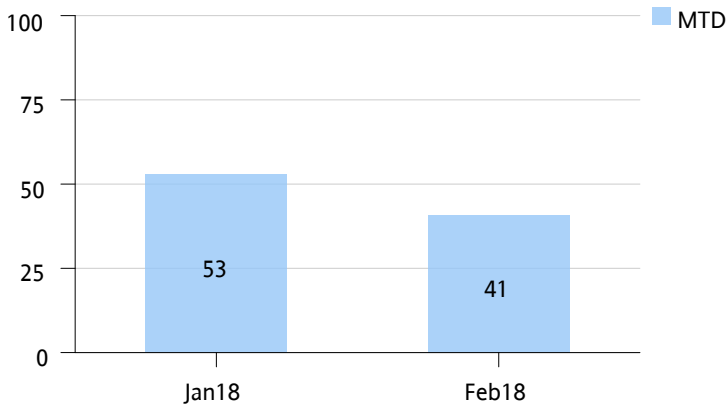
Inpatient Experience



Medical Practice Patient Experience

Percentile ranking, higher is better

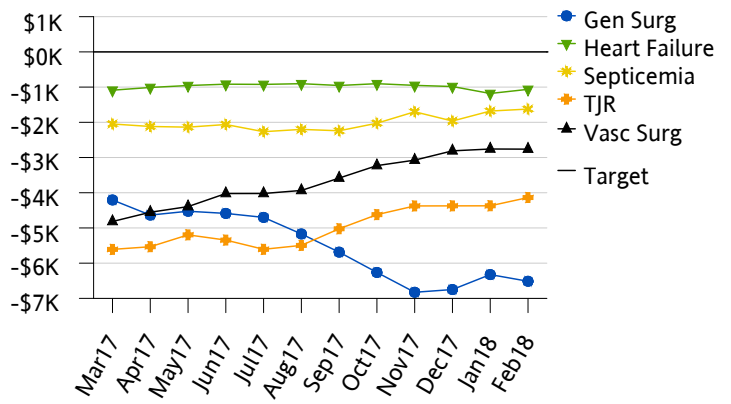
[Nichole Clark](#) [Dr. Marvin Narcelles](#)



Profit/Loss per Medicare Patient by Condition

Rolling 12 month avg, > 0 indicates profit

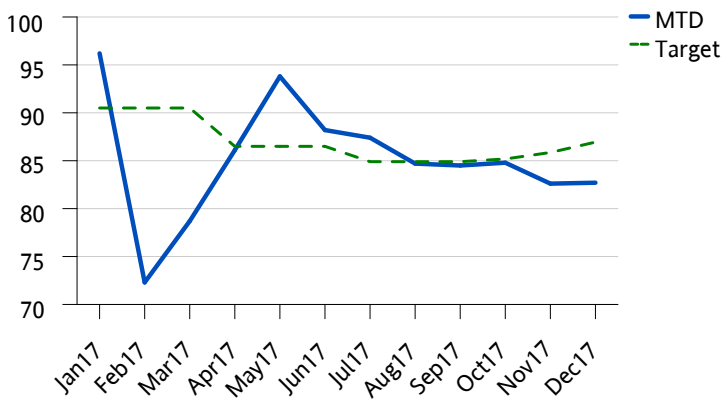
[Alex Rintoul](#) [Dr. Don Johnson](#)



Ambulatory Care Sensitive Conditions

Composite admits per 1000, lower is better

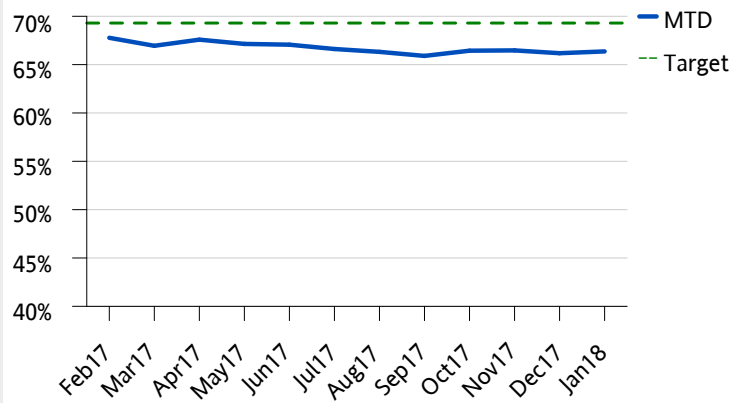
[Emily Purk](#) [Dr. Penny Hogan](#)



Domestic Admissions to Improve Quality

% of MA and MSSP admissions, rolling 12, higher is better

[Shannon McCowan](#) [Dr. Paul Buchanan](#)



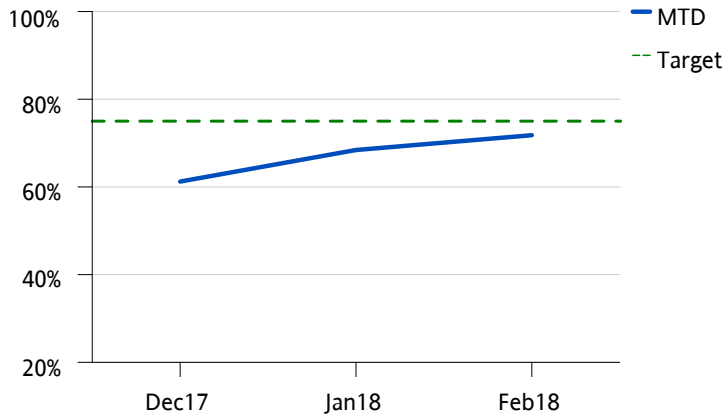
Mercy Health Key Performance Indicator Scorecard

Springfield - April 2018

7 Day Follow-Up (high readmission risk PHP)

% discharges with 7 day follow-up, higher is better

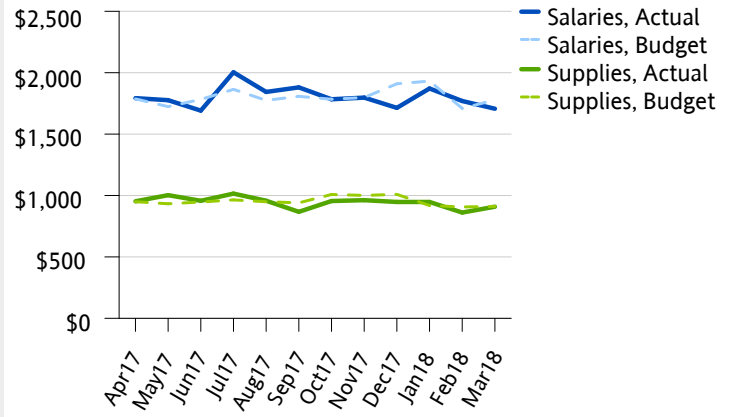
[Emily Purk](#) [Dr. Don Johnson](#) [Jenny Wehrs](#)



Hospital Salaries & Supplies per WEIPA

Dollars per WEIPA, lower is better

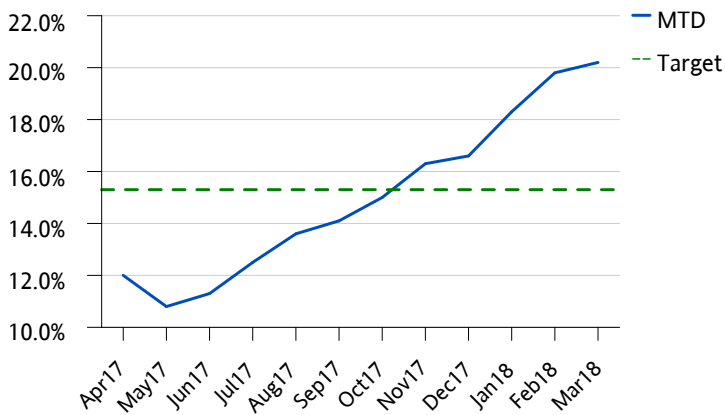
[Adam Groshans](#) [Elaine Storrs](#) [Bill Kusnierz](#)



RN Voluntary Turnover Rate

Annualized rate, lower is better

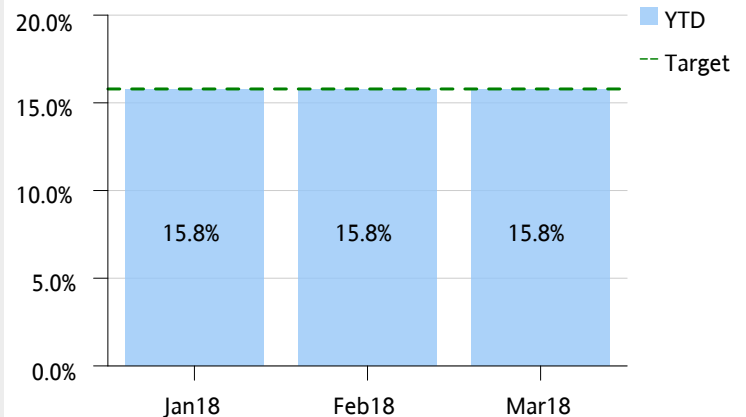
[Bess Sprockett](#) [Elaine Storrs](#)



MHS PCP Network Market Share

% MHS PCPs, higher is better

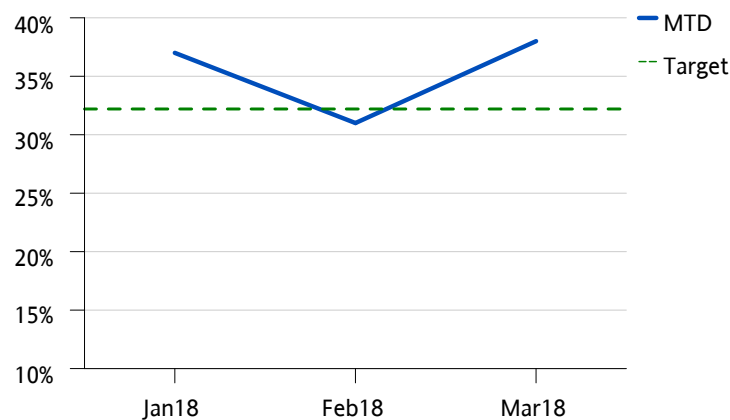
[Lee Syphus](#) [Dr. Paul Buchanan](#)



Reduce Epic Documentation Time

% of Providers with mean usage > 20 min/patient, lower is better

[Lee Syphus](#) [Dr. Don Johnson](#)



Toledo Performance Report

EXECUTIVE SUMMARY

Amazing patient care

Through the use of regular webinars focused on education for medical assistants, the Toledo Region has succeeded in closing the gap on blood pressure control metrics. A series of webinars was created to educate MAs about blood pressure requirements, helping the Toledo team come within 1 percentage point of achieving target. The strategy has proven so successful on this and other initiatives that Toledo will next focus on achieving the target for monitoring HbA1C levels.

Teams from Mercy Health Physicians succeeded in engaging with hospital employees by attending all Be Well Within screenings throughout the region. Teams were able to sign up those employees who had not yet been active on MyChart as well as explain the benefits of E-Visits. Additionally, they were able to connect those employees who did not have an established PCP with one of Mercy's PCP's. These efforts help raise MyChart activation numbers.

Operational excellence

"Blue Phones" are now available in our rural hospital emergency rooms to make immediate connections with transportation services through Mercy Health Life Flight Network. With the goal of making transfers more seamless, blue-colored phones were installed in the emergency rooms in Mercy Health's hospitals in Tiffin, Willard and Defiance. When used, immediate connections to Life Flight are established, helping eliminate unnecessary time when calling for emergency transportation services. The second phase of the program will extend to emergency rooms in affiliated hospitals in our region.

Creating the future

Phase one of the Mercy Health — Perrysburg Hospital project was opened to the public, offering area residents a progressive inpatient unit housing 18 private beds. The Toledo Region originally broke ground on a \$56.3 million hospital, surgical center and medical building in 2017. When completed, the 101,000-square foot facility will allow patients to have access to comprehensive services in one location where they live and work. In addition to two state-of-the-art surgical suites and medical offices, the new facility will eventually house 46 inpatient beds for patients needing 2-3 nights of treatment or care. This first phase was constructed on the third floor of the Mercy Health — Perrysburg Cancer Center and will mean patients will no longer have to be transferred either out of their community nor to another health system to receive care. Construction on the full facility is expected to be completed by early 2019.

Fostering healthy communities

In keeping with the commitment to aid in the redevelopment of the Cherry Street corridor, Mercy Health and Central Catholic High School announced the formation of a partnership and the investment of \$1.2 million on the school's campus. This investment includes the commitment to fund three projects, including updating the school's football field with new turf, replacing the track, and replacing the current elevator from 1928 with a new ADA accessible elevator. The two institutions are neighbors and have called Cherry Street home for more than 100 years. By working together, Mercy Health and Central Catholic are focusing on building a stronger community. This partnership is one of many efforts currently underway. By working together, organizations such as Mercy Health, LISC and Central Catholic have helped identify approximately \$6 million to provide economic and housing opportunities for the neighborhood as well as improving the aesthetics along Cherry Street.

Mercy Health Strategic Initiative Scorecard

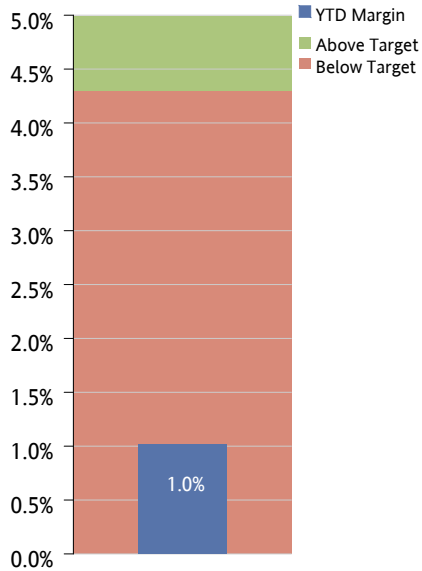
Toledo - April 2018

Targets *

Operating Margin

YTD, higher is better

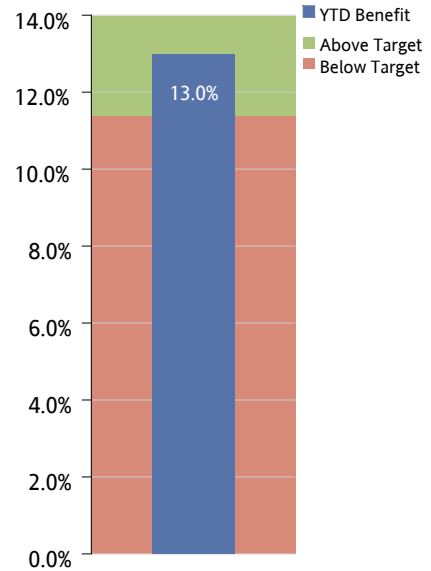
[Jennifer Sinclair](#) [Jim Weidner](#)



Community Benefit

YTD, higher is better

[Matt Sapara](#) [Sr. Dorothy Thum](#)



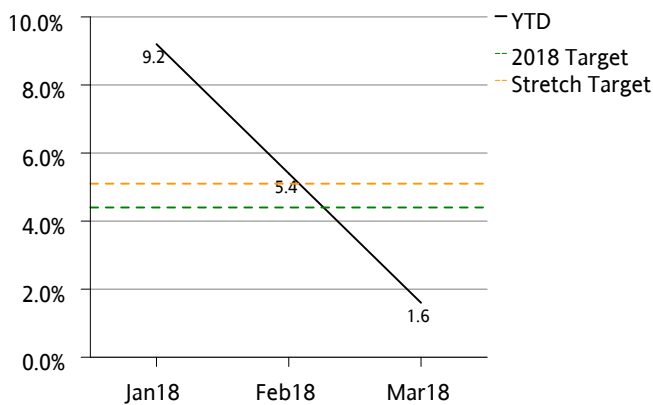
*Initiative thresholds are set at the system level only. Regional operating margin and community benefit targets are annual targets and are subsets of the system budget.

Initiatives

Net Revenue Growth

YTD Operating Revenue Growth, higher is better

[Jason Theadore](#) [Dr. Steven Bruhl](#)



Patient Safety

Period to date, Dec 2017 - Feb 2018

[Charla Ulrich](#) [Dr. Tom Welch](#)

Measure	Target	Actual	Achieved?
C Diff per 10,000 pt days	3.657	2.582	✓
Falls w/ harm per 1,000 pt days	0.014	0.000	✓
PSI 90 composite	1.087	0.751	✓

Achieved: 3 2018 Target: 2 Stretch Target: 3

Mercy Health Strategic Initiative Scorecard

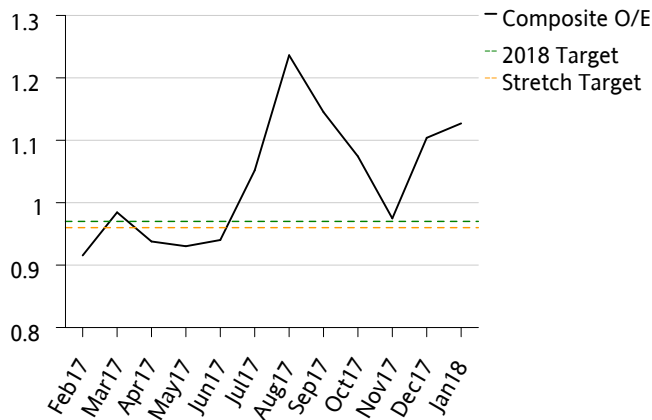
Toledo - April 2018

Initiatives

Reducing Avoidable Readmissions

Observed/Expected, 3-month moving avg, lower is better
Composite results for COPD, Heart Failure and Pneumonia

Mike Craig Dr. Tom Welch



Primary Care Access

Michele Montague Dr. Mark Cockley

Measure	YTD Target	YTD Actual	Achieved?
MyChart Active %	54.0%	48.0%	✗
New Patient Visits *	1,233	714	✗
Pat Sat with Access	65.0%	61.0%	✗
Time to New Pat Visit	9.16	9.04	✓
wRVU Growth *	22,660	21,778	✗

Achieved: 1 2018 Target: 3 Stretch Target: 4

*Providers employed > 3 years with capacity

Reducing Opioid Dependency

Jeff Dempsey Dr. Mike Plewa

Type	Measure	YTD Target	YTD Actual	Achieved?
Preventive (lower is better)	% Morphine Equivalent	9.88%	8.62%	✓
	Opioid Burden	59.29	57.35	✓
Educational (higher is better)	SBIRT Screening	500	5,090	✓
	School Partnerships	1	1	✓

Achieved: 3* 2018 Target: 2 Stretch Target: 3

* Count of preventive targets reached plus one if either or both educational targets reached

Disease Prevention (Primary Care 6)

Debbie Apple Dr. Mark Cockley

Measure	Target	Actual	Achieved?
Breast Cancer Screening	65%	70.7%	✓
Colorectal Cancer Screening	60%	45.3%	✗
Controlling High Blood Pressure	80%	80.1%	✓
Depression Screening and Follow Up	80%	63.1%	✗
HbA1c less than or equal to 9	80%	78.3%	✗
Pneumonia Vaccination	80%	83.5%	✓

Achieved: 3 2018 Target: 2 Stretch Target: 3

Strategic Initiative Scorecard Summary

Thresholds	
Operating Margin	✗
Community Benefit	✓

✗	Target Not Achieved
✓	Target Achieved

Initiatives	
Net Revenue Growth	✗
Patient Safety	✓+
Reducing Avoidable Readmissions	✗
Primary Care Access	✗
Reducing Opioid Dependency	✓+
Disease Prevention (Primary Care 6)	✓+

✗	Target Not Achieved
✓	Target Achieved
✓+	Stretch Target Achieved

Mercy Health Key Performance Indicator Scorecard

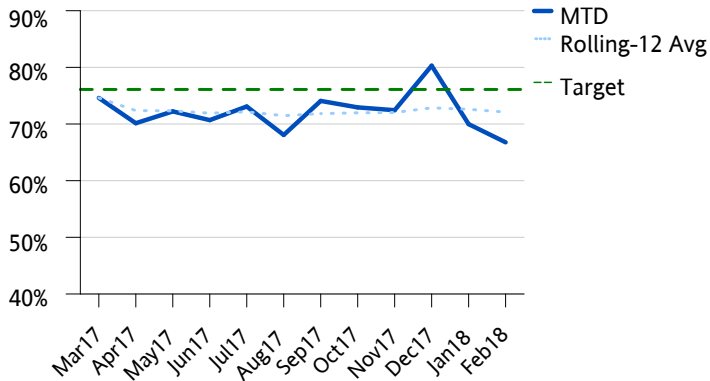
Toledo - April 2018

Inpatient & ED Patient Experience

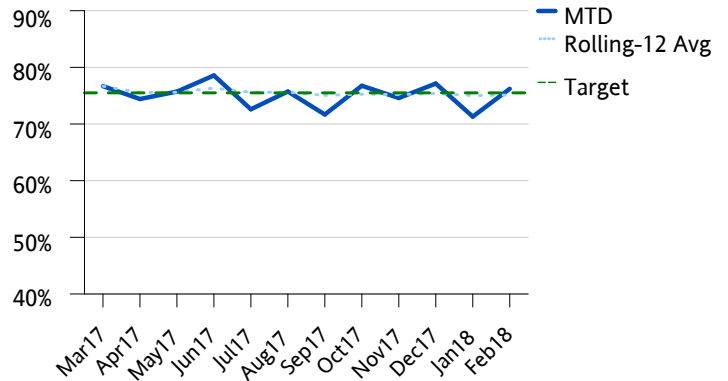
Overall rating Top Box %, higher is better

[Jodi Pahl](#) [Dr. Mike Hooker](#)

ED Patient Experience



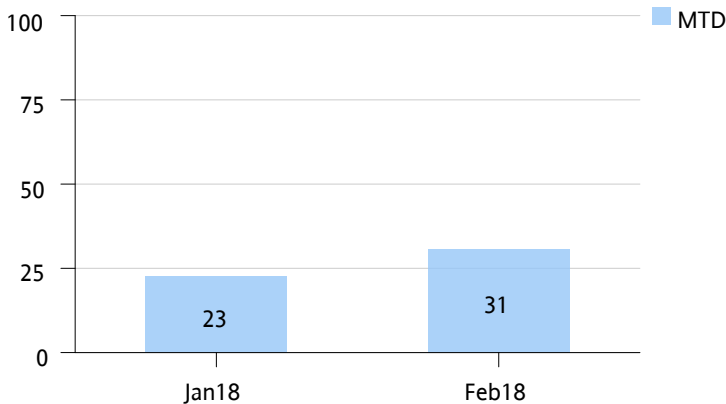
Inpatient Experience



Medical Practice Patient Experience

Percentile ranking, higher is better

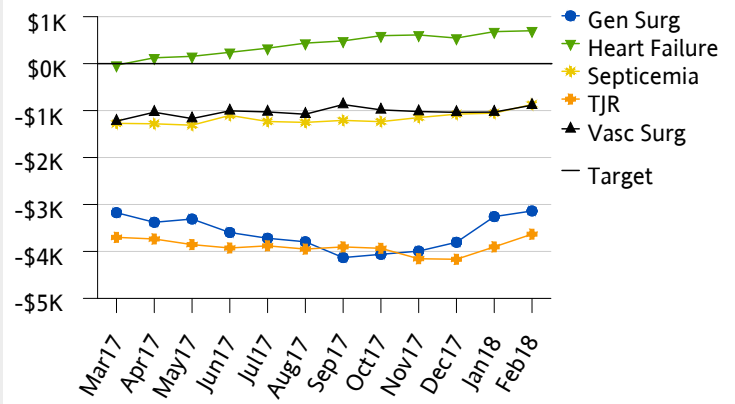
[Tony Urbina](#) [Dr. Ranvir Rathore](#)



Profit/Loss per Medicare Patient by Condition

Rolling 12 month avg, > 0 indicates profit

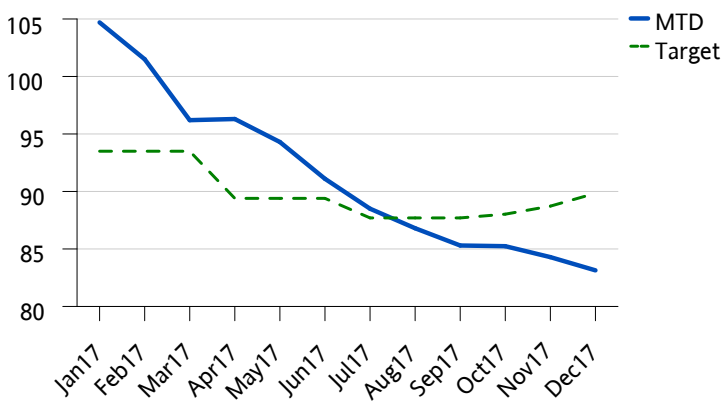
[Jim Weidner](#) [Dr. Tom Welch](#)



Ambulatory Care Sensitive Conditions

Composite admits per 1000, lower is better

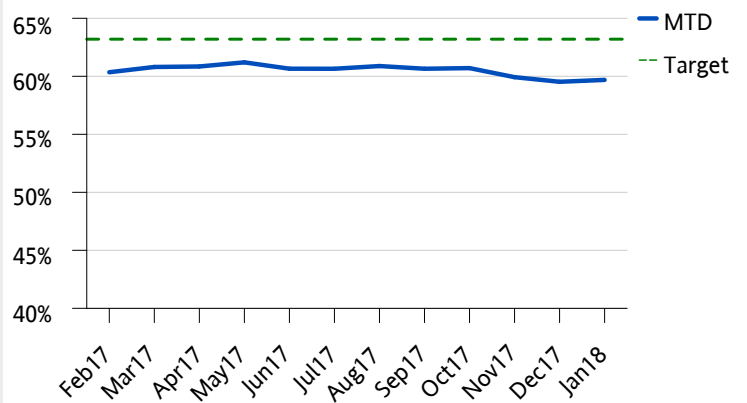
[Todd Warner](#) [Dr. Mark Cockley](#)



Domestic Admissions to Improve Quality

% of MA and MSSP admissions, rolling 12, higher is better

[Austin Lipowski](#) [Dr. Buzz Heizelman](#)



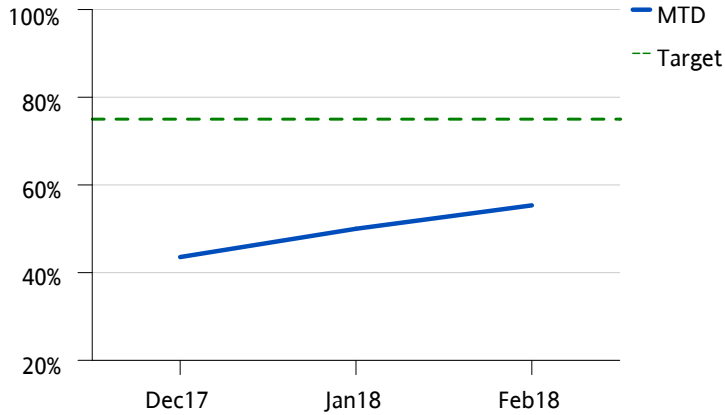
Mercy Health Key Performance Indicator Scorecard

Toledo - April 2018

7 Day Follow-Up (high readmission risk PHP)

% discharges with 7 day follow-up, higher is better

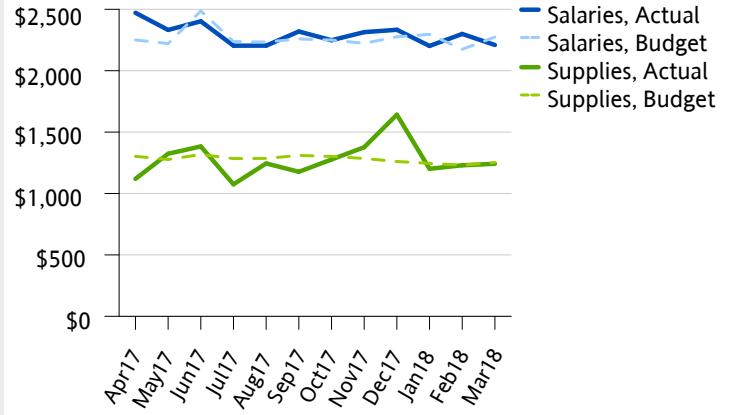
[Shannon Minor](#) [Dr. Mark Cockley](#)



Hospital Salaries & Supplies per WEIPA

Dollars per WEIPA, lower is better

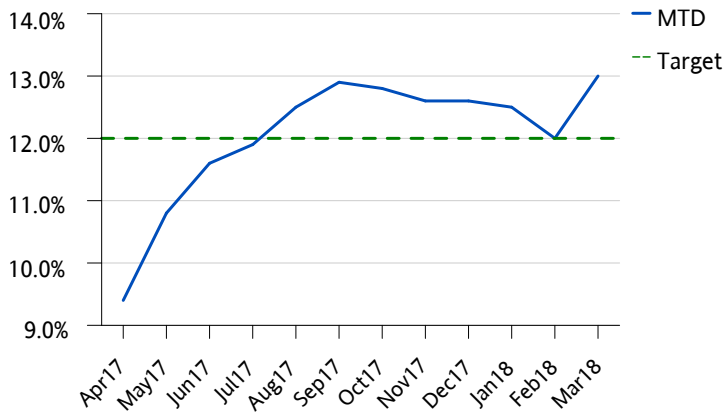
[Jim Weidner](#) [Dr. Richard Miller](#)



RN Voluntary Turnover Rate

Annualized rate, lower is better

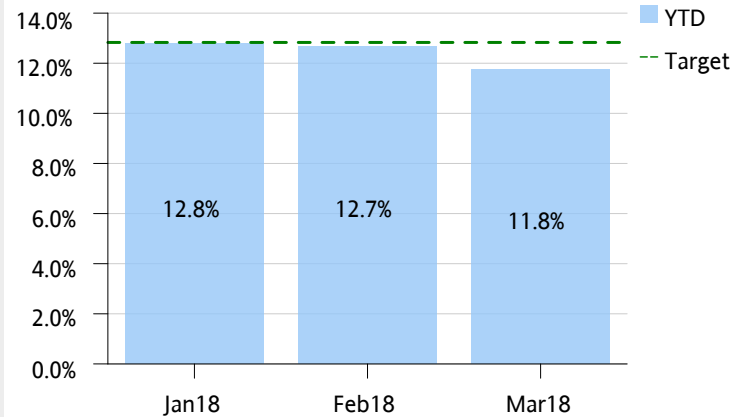
[Lisa Johnson](#) [Dr. Tom Welch](#)



MHS PCP Network Market Share

% MHS PCPs, higher is better

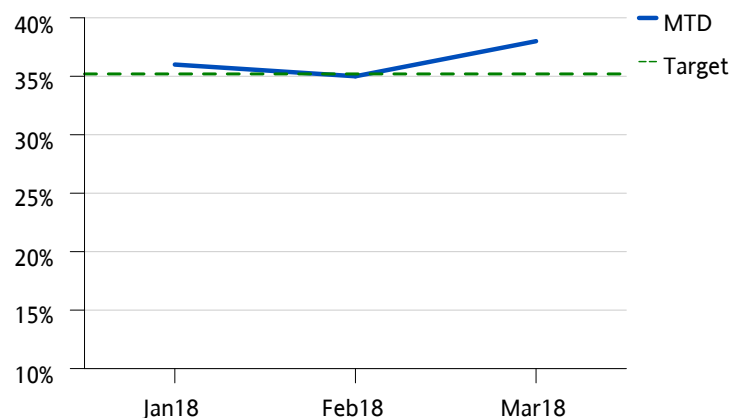
[Todd Warner](#) [Dr. Ranvir Rathore](#)



Reduce Epic Documentation Time

% of Providers with mean usage > 20 min/patient, lower is better

[Jodi Pahl](#) [Dr. Ateeq Haseeb](#)



Youngstown Performance Report

EXECUTIVE SUMMARY

Amazing patient care

Mercy Health — Youngstown has increased its focus on increased quality, patient safety, staff engagement and patient experience. This topic was a large focus area at the LDI for the region recently and the team is energized about the new efforts. All LTM is leading this charge. Patient experience teams have been set up for the region, as well as each of the three hospitals and Mercy Health Physicians Youngstown. Each team is led by a physician and administrative dyad.

Operational excellence

February saw the completion of our preparations across the region to go live on Epic ADT, as well as OpTime and Stork. With this transition, the Youngstown market is a predominantly Epic enterprise both operationally and clinically. The go-live will also enable the Mercy Transfer Center to have better visibility of our bed status to facilitate transfers in to Mercy Health — Youngstown. The Epic go-live occurred on March 10, and team-wide support and education will continue through the end of March.

Creating the future

Mercy Health — Youngstown offers a highly valued outpatient substance abuse program, New Start Treatment Center. This service has been addressing the community's needs since 1980. In alignment with system initiatives to address the opioid crisis and community health needs assessment, this service is now offered in Trumbull and Mahoning counties. The program serves over 250 patients annually through daytime and evening sessions, providing both individual and support group sessions. New Start continues to collaborate with various coalitions and county boards to address the opiate epidemic in the community and across the state. Services also include evidence-based tobacco treatment.

Fostering healthy communities

Health care close to heart and home remains central to families when accessing care. In early March, the Youngstown/Warren Regional Chamber, in partnership with Mercy Health — Youngstown, and three other health system and organizations, hosted the first Health and Wellness Expo. More than 3,000 Valley residents participated in a variety of panel discussions, spoke with health care experts one-on-one, and engaged with nearly 70 vendors focused on health and wellness solutions. Mercy Health — Youngstown showcased our orthopaedic technologies, emerging therapies in oncology, neurosciences and cardiovascular procedures, which emphasize that world-class health services are offered right at home.

Mercy Health Strategic Initiative Scorecard

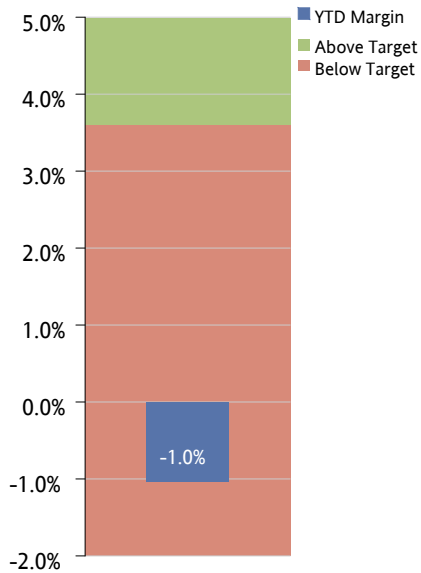
Youngstown - April 2018

Targets *

Operating Margin

YTD, higher is better

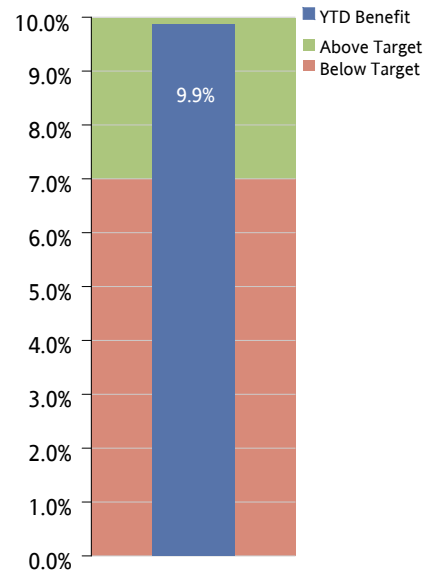
[Don Koenig](#) [Dr. James Kravec](#)



Community Benefit

YTD, higher is better

[Paul Homick](#) [Lori Deniro](#)



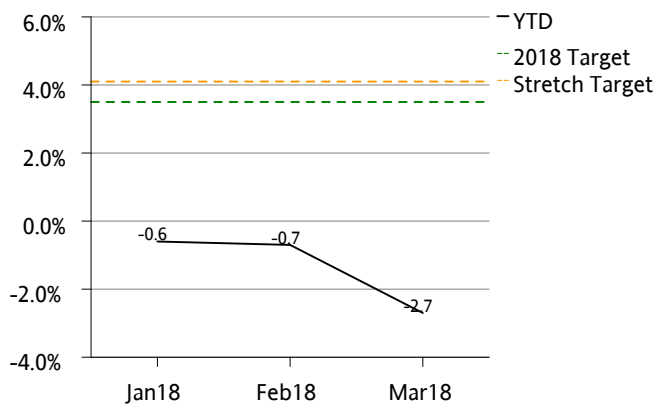
*Initiative thresholds are set at the system level only. Regional operating margin and community benefit targets are annual targets and are subsets of the system budget.

Initiatives

Net Revenue Growth

YTD Operating Revenue Growth, higher is better

[Nikki Carter](#) [Dr. Carl Peterson](#)



Patient Safety

Period to date, Dec 2017 - Feb 2018

[Mike Seelman](#) [Dr. Heath Dorion](#)

Measure	Target	Actual	Achieved?
C Diff per 10,000 pt days	3.661	5.548	✗
Falls w/ harm per 1,000 pt days	0.084	0.083	✓
PSI 90 composite	1.052	0.687	✓

Achieved: 2 2018 Target: 2 Stretch Target: 3

Mercy Health Strategic Initiative Scorecard

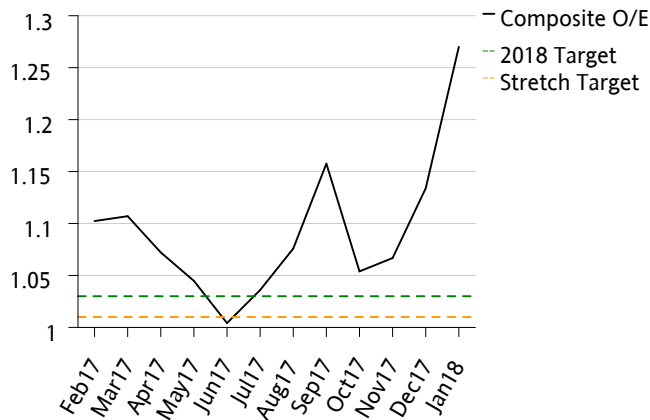
Youngstown - April 2018

Initiatives

Reducing Avoidable Readmissions

Observed/Expected, 3-month moving avg, lower is better
Composite results for COPD, Heart Failure and Pneumonia

[Don Koenig](#) [Dr. Chad Donley](#) [Dr. Ed Novosek](#)



Primary Care Access

[Jeri Close](#) [Dr. Tom Macabobby](#)

Measure	YTD Target	YTD Actual	Achieved?
MyChart Active %	47.0%	41.0%	✗
New Patient Visits *	247	184	✗
Pat Sat with Access	66.0%	63.0%	✗
Time to New Pat Visit	10.32	12.25	✗
wRVU Growth *	4,759	5,067	✓

Achieved: 1 2018 Target: 3 Stretch Target: 4

*Providers employed > 3 years with capacity

Reducing Opioid Dependency

[Barry Shick](#) [Dr. Frank Beck](#) [Paul Homick](#)

Type	Measure	YTD Target	YTD Actual	Achieved?
Preventive (lower is better)	% Morphine Equivalent	12.60%	9.64%	✓
	Opioid Burden	36.05	23.35	✓
Educational (higher is better)	SBIRT Screening	6,250	6,962	✓
	School Partnerships	1	1	✓

Achieved: 3* 2018 Target: 2 Stretch Target: 3

* Count of preventive targets reached plus one if either or both educational targets reached

Disease Prevention (Primary Care 6)

[Margaret Baker](#) [Dr. Cynthia Kravec](#)

Measure	Target	Actual	Achieved?
Breast Cancer Screening	65%	69.0%	✓
Colorectal Cancer Screening	60%	54.9%	✗
Controlling High Blood Pressure	80%	80.6%	✓
Depression Screening and Follow Up	80%	69.8%	✗
HbA1c less than or equal to 9	80%	72.0%	✗
Pneumonia Vaccination	80%	79.5%	✗

Achieved: 2 2018 Target: 2 Stretch Target: 3

Strategic Initiative Scorecard Summary

Thresholds	
Operating Margin	✗
Community Benefit	✓

✗	Target Not Achieved
✓	Target Achieved

Initiatives	
Net Revenue Growth	✗
Patient Safety	✓
Reducing Avoidable Readmissions	✗
Primary Care Access	✗
Reducing Opioid Dependency	✓+
Disease Prevention (Primary Care 6)	✓

✗	Target Not Achieved
✓	Target Achieved
✓+	Stretch Target Achieved

Mercy Health Key Performance Indicator Scorecard

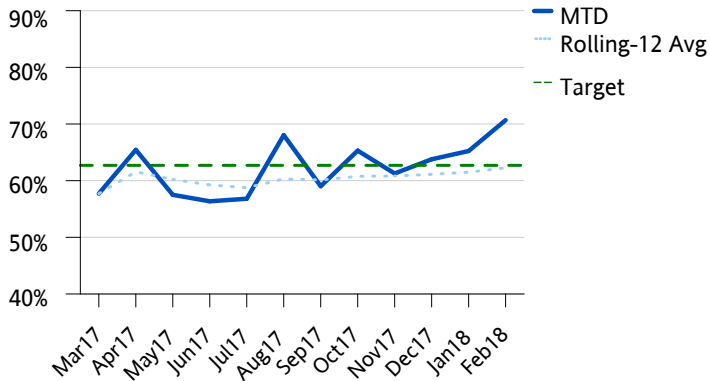
Youngstown - April 2018

Inpatient & ED Patient Experience

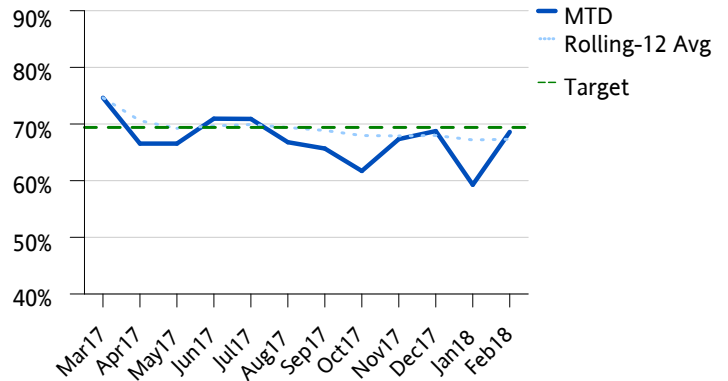
Overall rating Top Box %, higher is better

[Lori DeNiro](#) [Dr. Jon Arnott](#)

ED Patient Experience



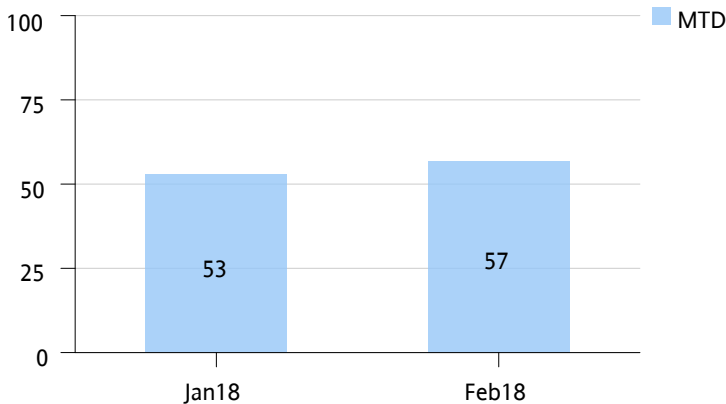
Inpatient Experience



Medical Practice Patient Experience

Percentile ranking, higher is better

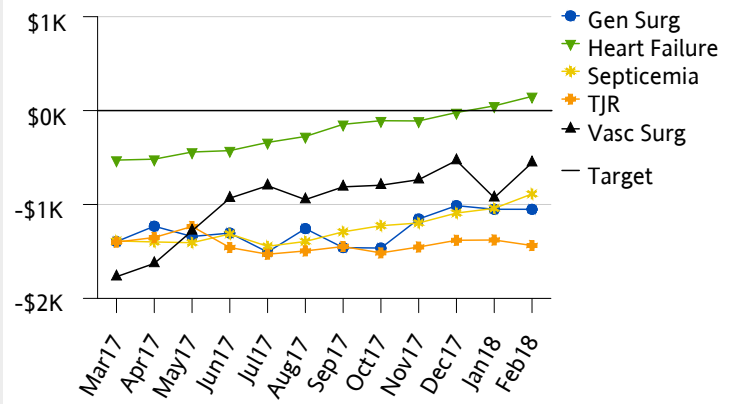
[Rod Neill](#) [Dr. Stephanie Kopey](#)



Profit/Loss per Medicare Patient by Condition

Rolling 12 month avg, > 0 indicates profit

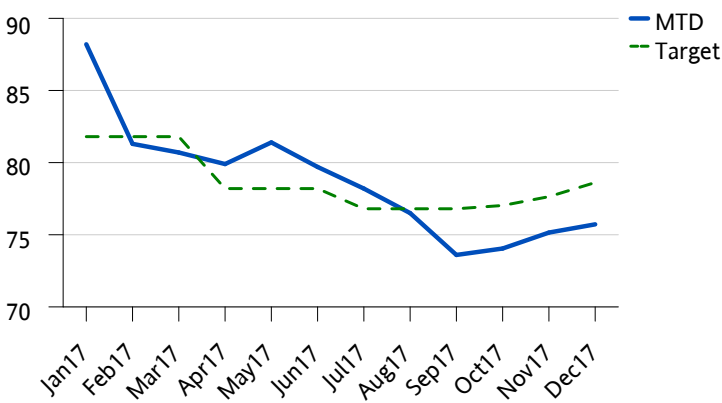
[Andy Reid](#) [Dr. Jon Arnott](#) [Daneen Mace](#)



Ambulatory Care Sensitive Conditions

Composite admits per 1000, lower is better

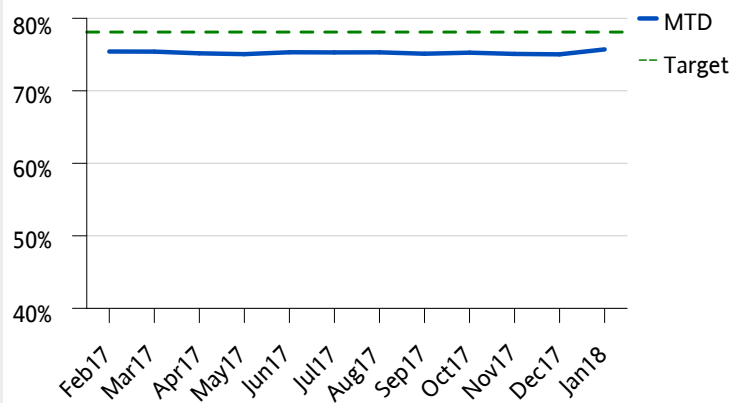
[Paul Olivier](#) [Dr. Denise Bobovnyik](#) [Marge Baker](#)



Domestic Admissions to Improve Quality

% of MA and MSSP admissions, rolling 12, higher is better

[Kathy Cook](#) [Dr. Thomas Chirichella](#) [Genie Aubel](#)



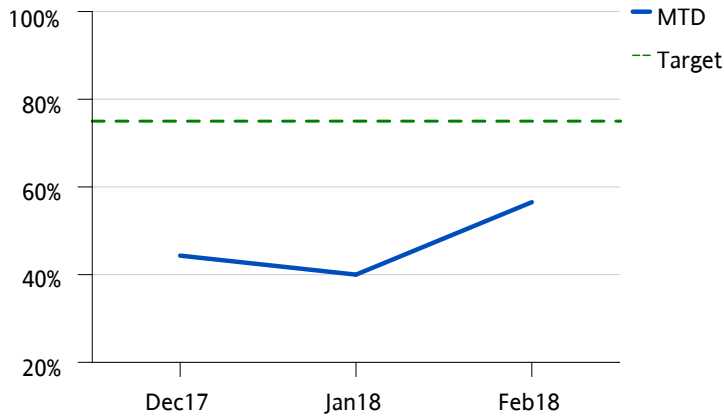
Mercy Health Key Performance Indicator Scorecard

Youngstown - April 2018

7 Day Follow-Up (high readmission risk PHP)

% discharges with 7 day follow-up, higher is better

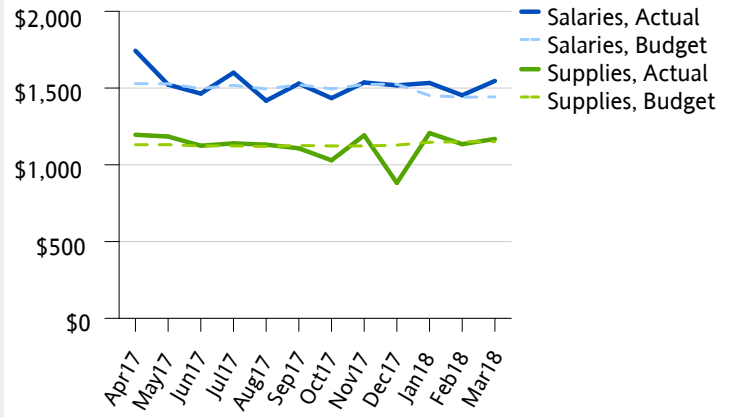
[Jessica Moore](#) [Dr. Roy Morcos](#)



Hospital Salaries & Supplies per WEIPA

Dollars per WEIPA, lower is better

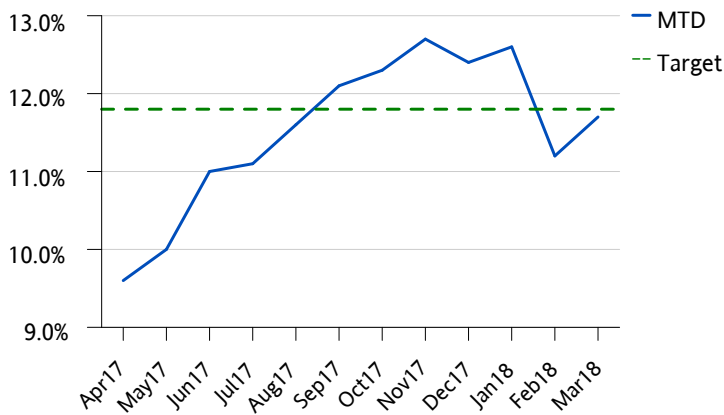
[Anthony Seminaro](#) [Renee Jones](#)



RN Voluntary Turnover Rate

Annualized rate, lower is better

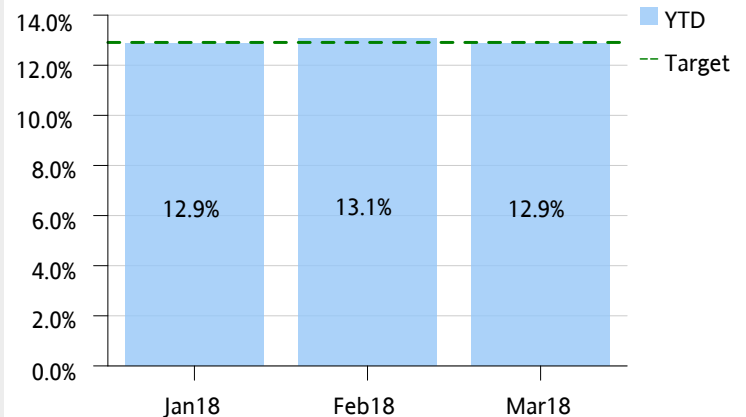
[Lisa Johnson](#) [Stacie Call](#)



MHS PCP Network Market Share

% MHS PCPs, higher is better

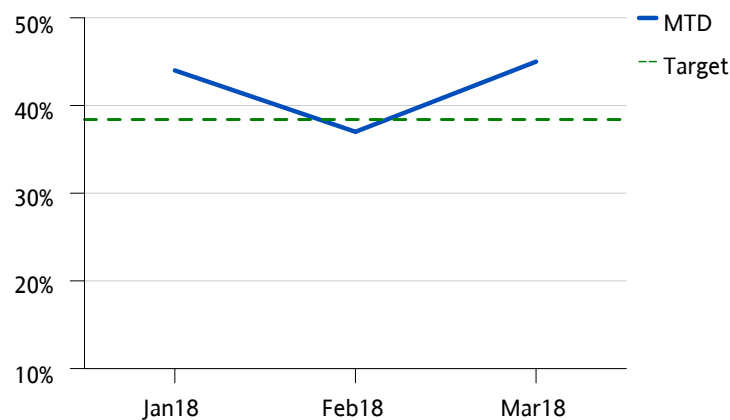
[Paul Olivier](#) [Dr. James Kravec](#)



Reduce Epic Documentation Time

% of Providers with mean usage > 20 min/patient, lower is better

[Myra Giangardella](#) [Dr. Vince Vanek](#)



Appendix — Strategic Initiatives

KPI Name	System Leader	Measure Definition
Operating Margin	Brian Smith Dr. Anton Decker	Numerator: Operating Income Denominator: Net Operating Revenue
Community Benefit	Mark Skaja	Numerator: Community Benefit Dollars Denominator: Total Operating Expenses Community benefits are programs or activities that provide treatment or promote health and healing as a response to identified community needs and meet at least one of the following community benefit objectives: – Improve access to care – Enhance population health – Increase general knowledge – Relieve or reduce the burden of government to improve health
Net Revenue Growth	Tom Golias David Cannady Dr. Anton Decker	Numerator: Prior year growth minus current year growth Denominator: Prior year growth Net Operating Revenue (system) and Net Patient Revenue (region) are reported based on Mercy Health's internal financial statements. This is measured as the % YTD improvement compared to prior year.
Patient Safety	Rita Snyder Janice Maupin Dr. Jim Kravec	Number of patient safety targets achieved. The metrics tracked include: falls with harm per 1,000 patient days, Clostridium difficile (C-diff) per 10,000 patient days, and PSI-90 composite score.
Reducing Avoidable Readmissions	Cheryl Dalton-Norman Dr. Sam El-Dalati	Numerator: Observed readmissions per clinical focus group Denominator: Expected readmissions per clinical focus group The population for the metric includes all patients with unplanned readmissions within 30 days of discharge of an index readmission for the following focus groups: Chronic Obstructive Pulmonary Disease (COPD), Heart Failure, Pneumonia. Performance period for this metric is July 2018-September 2018.
Primary Care Access	Staci Lucius Dr. Erin Fries	Number of primary care access targets achieved. The access target is a composite of the following metrics: new patient visits for providers > 3 years with capacity, total wRVU productivity for providers > 3 years with capacity, MyChart activation rate, time to a new patient visit, and patient satisfaction with access.
Reducing Opioid Epidemic	Wayne Bohenek Dr. Larry Graham Dr. Herb Schumm	Number of opioid epidemic targets achieved. The opioid metrics tracked include: opioid burden per unique patient seen per month, percent of morphine equivalent daily dose > 30 days for opioid naïve patients (outpatient prescriptions), school partnerships, and screening brief intervention and referral to treatment (SBIRT) screenings.
Disease Prevention (Primary Care 6)	Anita Mattingly Dr. Chip Roper	Number of Primary Care 6 targets achieved. The Primary Care 6 consists of the following measures: pneumonia vaccination, colorectal cancer screening, breast cancer screening, Hb A1c control in diabetics, controlling high blood pressure, and depression screenings.

Appendix — Key Performance Indicators

KPI Name	System Leader	Measure Definition
Inpatient & ED Patient Experience	Phyllis Doulaveris Pat Davis-Hagens	<p>Inpatient</p> <p>Numerator: Number of top-box responses</p> <p>Denominator: Total responses</p> <p>Based on the Press Ganey survey question rating hospitals from 0 to 10. Ratings of 9 or 10 are considered “top-box.” The system and region scores are averages of the individual hospital scores, weighted by hospital volume.</p> <p>Emergency Department (ED)</p> <p>Numerator: Number of top-box responses</p> <p>Denominator: Total responses</p> <p>Based on the Press Ganey survey question rating ED care. The top-box score is a rating of 5. The system and region scores are averages of the individual ED scores, weighted by ED volume.</p>
Medical Practice Patient Experience	Staci Lucius Dr. Marvin Narcelles	<p>Press Ganey calculates the composite patient satisfaction percentile ranking which compares Mercy’s patient satisfaction survey responses with those of other clients in the Press Ganey national database. The patient satisfaction percentile ranking is a composite score reflective of survey responses from each of Press Ganey’s Medical Practice survey domains: Access, Moving Through Your Visit, Nurse/Assistant, Care Provider, Personal Issues, and Overall Assessment.</p> <p>This metric is intended to reflect the overall experience ranking of patient satisfaction within Mercy Health Physicians.</p>
Profit/Loss per Medicare Patient by Condition	Daniel Hurry Dr. Michael Hooker	<p>Acute care total reimbursement for direct care minus total costs (direct and indirect). Measures the difference between Medicare reimbursement for direct costs and indirect/fixed costs in the acute care setting for 5 diagnostic groups, including: heart failure, sepsis, vascular surgery, general surgery, and total joint replacement (TJR).</p>
Ambulatory Care Sensitive Conditions	Deirdre Beluan Dr. S. Ramalingam	<p>Admits per 1,000 MSSP members (continuously assigned) for the following conditions: heart failure, COPD, acute care composite - dehydration, pneumonia, and urinary tract infection (UTI).</p> <p>Successfully managing ACSC admissions will drive results in value-based care contracts and performance in CPC+ by reducing the total cost of care and improving both quality of care and quality of life.</p>
Domestic Admissions to Improve Quality	Deirdre Beluan Dr. Matt Owens	<p>Numerator: Rolling 12 months of domestic admissions for the at risk Medicare Advantage Plans (including ED admits)</p> <p>Denominator: Rolling 12 months of total admissions for the at risk Medicare Advantage Plans (including ED admits)</p> <p>This metric reflects the benefits of maintaining a high level of in-network utilization to improve quality, lower cost, reduce redundancy of testing, and enhance care coordination.</p>
7 Day Follow Up (high readmission risk PHP)	Cathy Follmer Amy Baldridge	<p>Numerator: Population Health Patients (inpatient) with an Epic Readmission Risk Score of 14% or greater, discharged to home, and had a follow up visit scheduled to occur within a 7 day discharge</p> <p>Denominator: Population Health Patients (inpatient) with an Epic Readmission Risk Score of 14% or greater, discharged to home.</p>

Appendix — Key Performance Indicators

KPI Name	System Leader	Measure Definition
Hospital Salaries & Supplies per WEIPA	Chris Hilton Phyllis Doulaveris Dr. David Babbitt	Hospital Salaries: Numerator: Hospital salary expense Denominator: Hospital WEIPAs Hospital Supplies: Numerator: Hospital supply expense Denominator: Hospital WEIPAs
RN Voluntary Turnover	Matt Love Phyllis Doulaveris	Numerator: Total RN voluntary separations Denominator: Average RN headcount multiplied by a YTD annualized factor The metric shows the percent of RN employees who voluntarily left the organization.
MHS PCP Network Share	Roger Logan Dr. Amy Frankowski	Numerator: Active status MHS primary care physicians Denominator: Active status primary care physicians within the regional primary market area as defined by planning and as provisioned by SG2 A provider is considered active once he/she has started seeing patients within the MHS Organization.
Reducing Epic Documentation Time	Rob Quigley Dr. Erin Fries	Numerator: System usage based on the amount of time a provider spends in the system according to user action log data Denominator: Patient (encounters) seen This metric shows the percent of providers with mean system usage > 20 minutes per patient seen.

Our Mission

We extend the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and under-served.

Our values

Compassion, excellence, human dignity, justice, sacredness of life and service

Our promise

To make lives better — mind, body and spirit.
To genuinely enjoy being of service.
To make health care easier.

Clinical and operational dyad leaders have been appointed for each of the key performance indicators (KPI) in every region. Feel free to reach out to a clinical leader or operational leader directly by clicking on his/her name which will auto populate an email with the appropriate address.

Data definitions are explained in the appendix. If you have any questions about data, please send an email to ClinicalOperations@mercy.com.

Date of most recent data in this report varies by data source and availability. The report will be published on the third Thursday of every month.