



VALUE REPORT

Staying Focused on Our Goals and Priorities

2018



Franciscan
ALLIANCE

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CONTINUING
CHRIST'S MINISTRY IN
OUR FRANCISCAN TRADITION



INTRODUCTORY

KEVIN D.
LEAHY

President and
Chief Executive Officer
Franciscan Alliance

We continue to provide care for nearly 200,000 patients through seven Accountable Care contracts, and the work we have done in serving these patients has resulted in ever-increasing numbers of patients receiving appropriate, evidence-based health screening, vaccinations and other preventive care for health maintenance as is shown in the increasing Medicare ACO quality scores year over year in this Report. We remain strongly committed to population health, and our ongoing support of ACOS is but one approach we are taking to act on this commitment.

Challenges to healthcare providers continued to increase last year, including significant, additional reductions in reimbursement for services by governmental and non-governmental payers. In response, Franciscan Alliance began a group of focused and widely-spread efforts across the System to accelerate changes already in process that will allow us to continue serving our patients and providing full continuum health care services in all locations where we have a presence. At the same time we continued to press forward in quality and process improvement changes that had already proven effective in reducing the frequency of potentially adverse events for patients under our care. We will continue to work vigorously in both of these arenas to assure both the financial stability and success of Franciscan Alliance and continued improvement in the already very good healthcare we provide to our patients.

Our office-based physician employees, members of the Franciscan Physician Network (FPN), continue to provide Patient-Centered Medical Homes to additional patients each year, and our performance in assisting patients in attaining better health through proper self-care continues to improve as well.

Our Franciscan Transformation System has begun to support a larger set of initiatives led by a Corporate Senior Vice President that are structured to spread positive changes uniformly across all Franciscan Alliance facilities. These changes are addressing both financial challenges and ongoing support and improvement of quality and safety processes and procedures and will be implemented individually or in groups as we are ready to move forward.

Thank you for joining us for this year's review. We hope you will be enlightened and pleased with what you see.

RESPECT FOR LIFE FIDELITY TO OUR MISSION *Compassionate Concern* JOYFUL SERVICE CHRISTIAN STEWARDSHIP

The gift of life is so valued that each person is cared for with such joy, respect, dignity, fairness and compassion that he or she is consciously aware of being loved.

Loyalty to and pride in the health care facility are exemplified by members of the health care family through their joy and respect in empathetically ministering to patients, visitors and co-workers.

In openness and concern for the welfare of the patients, especially the aged, the poor and the disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual's needs.

The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

Christian stewardship is evidenced by just and fair allocation of human, spiritual, physical and financial resources in a manner respectful of the individual, responsive to the needs of society, and consistent with Church teachings.

values





ALBERT TOMCHANEY, MD

Corporate Chief Medical Officer
Franciscan Alliance

INTRODUCTORY

POPULATION HEALTH: Its Impact on Value in Healthcare

The challenges for patients and populations to receive appropriate and timely healthcare seem to be escalating due to a variety of issues including access to care, political and governmental interventions, social determinants of health, and the ongoing need for greater patient engagement through expanding healthcare literacy and cost transparency. Franciscan Alliance entered the realm of population health at its inception, starting with the Pioneer ACO initiative and has since attempted to broaden our scope to understand more effectively the key activities that make a difference in the outcomes for the patients we are serving. Our participation in a variety of products across the spectrum include commercial ACOs, governmental ACOs, Medicaid managed care activities, Medicare Advantage programs and bundled payments, all of which provide a glimpse of what is necessary to be successful in the new age of population health.

In simple terms, the care we provide should be adding value to those we serve, and in its basic form we want to provide the “right” care in the “right” setting, at the “right” time, and for the “right” costs. This year’s value report demonstrates the progress made in treating populations with patient-centered tools, greater adherence to clinical guidelines, and focused efforts to close and eliminate gaps in care. We have learned a number of key lessons over the years on just what activities drive change in patients’ outcomes and experiences with Franciscan Alliance. We also have come, more fully than ever, to understand the value of an integrated and coordinated care delivery system as it reduces errors, unnecessary redundancies and potential complications that can occur when patients otherwise would receive care through independent silos and disparate providers. Franciscan Alliance wants its patients to have the best available care across the spectrum of their health issues, and this year’s Value Report highlights our efforts and outcomes as we strive to improve the care of those populations we serve.

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CARE REDESIGN

FRANCISCAN ACCOUNTABLE CARE ORGANIZATION

When Franciscan Health launched the first Medicare Accountable Care Organization (ACO) in Indiana in 2012, our goal was simple: provide the right care, at the right time and place; reduce medical costs for our patients; and improve the quality of care provided to the patients we serve. Change is never easy, but over five years later we have added six more ACOs, and remain focused on keeping each patient at the center of care as we continue to meet this goal.

Quality Performance

Franciscan ACO continues to expand its approach to population health management with programming aimed at improving the overall health of patients we serve. Whether working with patients directly in our primary care offices, within our hospitals Franciscan Homecare or partnering post-acute facilities, Franciscan ACO continues to be an advocate for our patients along their healthcare journey.



Current partnerships include:

MEDICARE

- Centers for Medicare & Medicaid Services Medicare Shared Savings Program (MSSP)
- Franciscan-Anthem Medicare Advantage ACO
- Franciscan-Humana Medicare Advantage ACO
- Franciscan-United Healthcare Medicare Advantage ACO

COMMERCIAL

- Franciscan-Anthem ACO
- Franciscan-Cigna ACO
- Franciscan-United Healthcare ACO

Franciscan ACO now covers nearly 200,000 lives, contributing additional patient care resources aimed at helping our patients stay healthy, controlling their costs of care, and ensuring a high quality, coordinated care experience across the care continuum.

In the quality arena, where performance scores determine potential for shared-savings payments, Franciscan ACO continues to make positive strides. A sampling of metrics on the following pages identifies performance improvements in key areas: Preventive Cancer Screenings, Well Child Visits, Diabetes, and Office-based measures.



CARE REDESIGN

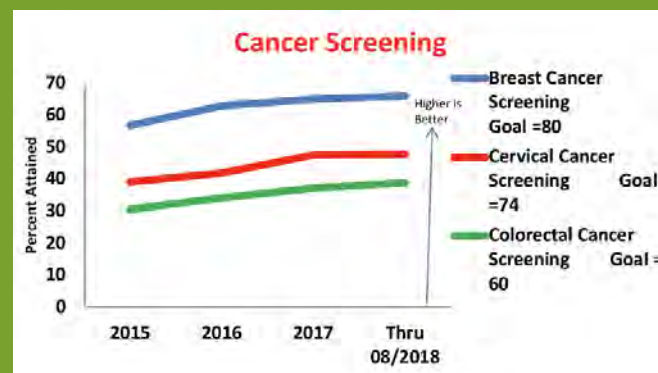
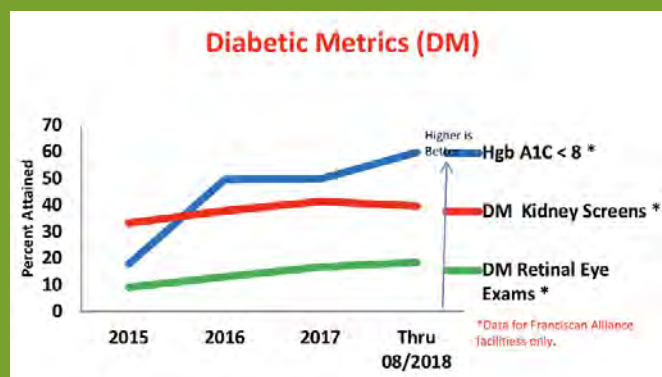
care

These results reflect Franciscan's continued commitment to bettering the care for our patients and providing them with the highest-quality care experience. In addition to quality improvement in both Medicare and commercial ACO populations, other highlights from 2017 follow.

Launch of the Healthy Planet Care Management Platform

- Identification and documentation of social determinants of health of our patients within the Healthy Planet platform to better serve their needs.
- Implementation of the 6-click tool for patients transitioning to post-acute care. Appropriate use of the tool reduces previously required prior authorization for admission.
- Strong transitional care management oversight
- Continued emphasis on readmission reduction strategies
- Strengthened relationships with Franciscan Visiting Nurse Service (VNS) and Franciscan Physician Network (FPN)
- Coverage and oversight of post-acute care facilities in Shelbyville, IN
- Post-Acute Care (PAC) team implementation of Milliman Care Guidelines resulting in a reduction of length of stay from 24 days to 21 days
- \$1,958,932 in Medicare shared savings and quality payments for 2017 measurement period

As we continue to move forward, our ACO care teams and Clinical Case Coordinators continue working side by side with providers and hospital staff, developing care processes to ensure that our ACO beneficiaries and their families are receiving the best possible care experience, in keeping with our mission of continuing Christ's ministry in our Franciscan tradition.



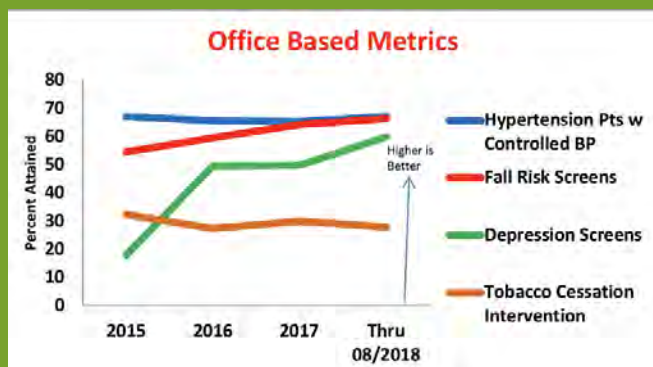
Patient Experience

One key function of our ACO staff members, particularly the Clinical Case Coordination (CCC) team comprised of nurses and social workers is to go the extra mile (or 2 or 3) for patients with unique or special needs. These needs may prevent them from caring for themselves properly or may put them at high risk for an avoidable hospital readmission. When we ask CCC members about how they interact with patients, stories keep coming that describe the extraordinary dedication and persistence of our caregiver teams. Here are some such stories, told from the caregivers' perspectives, to illustrate the importance of our CCC staff members to our patients.

Chronic Conditions

One of my patients has end stage renal disease (ESRD). She is prescribed Aranesp due to low hemoglobin levels often associated with ESRD. Recently, I intercepted a routine message from a home health nurse to our primary care office clinical staff. The home health nurse was concerned about the low hemoglobin levels of this patient and suggested she go to the emergency room for a blood transfusion. Having already established a relationship with the patient, I contacted her to discuss symptoms associated with low hemoglobin levels and how to determine when it would be necessary to go to the emergency room or to call our office. During this discussion we quickly

realized that her blood hemoglobin results drawn at the hematology office had not registered in our Epic electronic medical record system making it difficult for us to appropriately track her current status. We developed a process by which the home health nurse-recorded hemoglobin results would appear in Epic so we can follow her levels more effectively. As a result, we are more accurately following her chronic disease and have nearly eliminated all unnecessary trips to the emergency room.





CARE REDESIGN

SOCIAL DETERMINANTS IMPACT ON PATIENTS

I have had the pleasure of working with many patients throughout the year. One particular patient who made the journey a successful one for himself was Mr. D. He was referred to me initially to assist with improving his lifestyle and overall wellbeing. Mr. D felt unable to take care of himself and believed he needed to go to a nursing home for therapy. I initially met with him at the hospital to introduce myself and listen to his story in order to get a feel of which direction to go with helping him. Many of the things I initially suggested he was very much opposed to, wanting no part of any available community resource programs. He slowly began disclosing that the mobile home lived in was in such poor shape he would not want anyone to go there. There was no running water but he did have electricity. He said there were many bugs. I asked if he would agree to at least start with having Franciscan Outpatient Therapy do their initial assessments to determine if he qualified for a nursing home. He agreed. We learned shortly thereafter he did not qualify. However, he continued with therapy and met with me every other week.

As we gradually worked together to move forward, Mr. D and I accomplished: meeting with the Housing Authority to review paperwork and get what was needed for him to be able to move from his mobile home; obtaining approval for a voucher and finding an apartment to suit his needs; securing Medicare Part B coverage, which saves him approximately \$130.00 each month, and approval for food stamps.

He is now well aware of all of the resources in the area including the various food pantries and fitness center within his apartment complex to help keep him active. He went from being in his car all day because he only had one chair to sit in/sleep with no amenities to an apartment with all the basic amenities he needs. His spirit has improved and he now has an area safely to work on his exercises to improve his overall physical status. Mr. D thanks me over and over again for helping him. I always tell him that he was the one who made this situation successful because of his willingness to help himself with the encouragement, support and guidance of our Franciscan team.

FRANCISCAN PHYSICIAN NETWORK

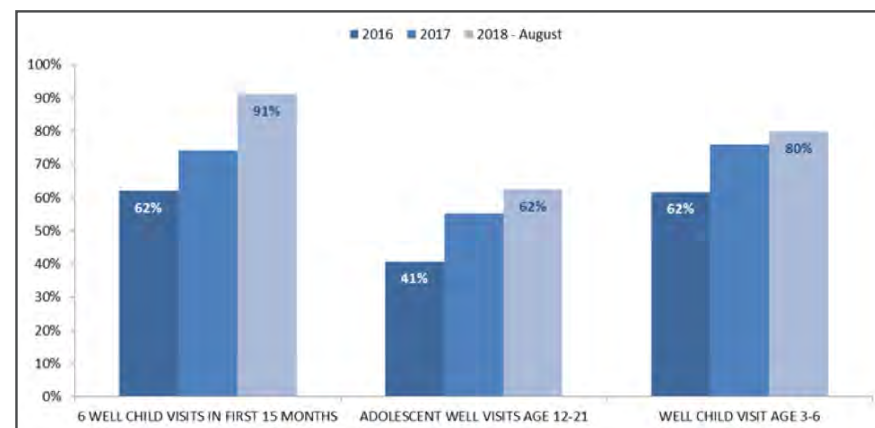
Engaging Patients

The primary care practices of Franciscan Physician Network (FPN) continue to focus on prevention and wellness to improve the health for those we are privileged to serve. Collaboration with our Accountable Care Organization (ACO) identified key initiatives crucial to the success of the organization. By leveraging interactive voice response calls from EmmiPrevent™, a feature of the Emmi patient education tool, to outreach to our patients due for those preventive visits and testing, we offer a direct transfer to schedule either at the office or an ambulatory outpatient center along with a brief health message explaining the importance of the preventive measure. Our goal is to educate and engage patients about their health and prompt them to take actions that will catch health issues early when treatments are more successful.

Nearly 60% of our 66,000 Medicare beneficiaries completed an annual wellness assessment in 2018 which represents a 12% increase from the previous year. Registered nurses supplement primary care providers in some divisions in this effort. FPN continued to show improvement in wellness visits completed for all age groups of our pediatric population including the difficult adolescent group (figure 1).



Figure 1 - Pediatric Well Visit completion



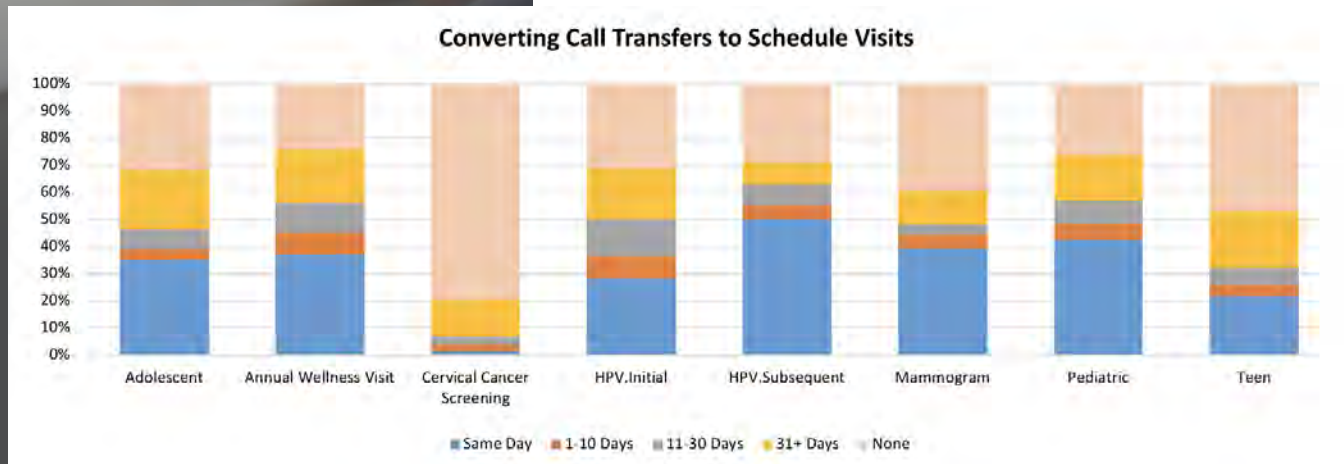


CARE REDESIGN

Engaging Patients

It's easy to provide quality care when a patient is in the office but the responsibility for population health management extends to those patients not seen as well. The challenge is to design population outreach for all patients due or overdue for preventive visits or tests. By using an EmmiPrevent™ outreach campaign, we contact those patients and transfer them to schedule a visit. With this reminder and scheduling assistance, 36% of patients contacted schedule the same day and 50% schedule the appointment within in 30 days.

Scheduled Visits
After Transfer Calls



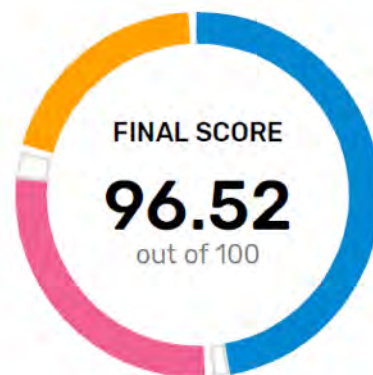
Engaged patients are also more likely to complete appointments and follow through with preventive and chronic disease management recommended testing. From a population of over 110,000 called, 28,365 did not respond to the interactive telephone outreach but 21,000 patients completed appointments or testing (Figure 3).

Figure 3 - Appointment Completion Rate

Percent Appointment Completion Rate			
Campaign Type	Responded to Emmi Outreach	Did not Respond to Emmi Outreach	Appointment Rate Difference
Cervical Cancer Screening	12 %	4 %	+204%
Mammogram	12 %	8 %	+57%
Adolescent	31 %	26 %	+19%
Annual Wellness Visit	23 %	14 %	+66%
HPV Initial	14 %	13 %	+8%
HPV Subsequent	33 %	29 %	+17%
Pediatric	38 %	29 %	+33%
Teen	11 %	9 %	+25%
All	21 %	14 %	+45%

Merit Based Incentive Program (MIPS)

For participation year 2017 of Medicare's Quality Performance Program, FPN reported as a group under MIPS utilizing the quality scores reported through our Medicare Shared Savings Program. We are proud to include our results which reflect a concerted effort from FPN providers, office co-workers, care management, information systems and our Accountable Care Organization.



Performance Category Scores

● Quality	48.7 of 50
● Advancing Care Information	27.82 of 30
● Improvement Activities	20 of 20

Figure 4 - 2017 Quality Performance Program

Transforming Health Care

FPN is transforming our approach to population health in conjunction with our ACO partners to provide Chronic Care Management (CCM) for patients with two or more chronic conditions that include chronic disease education, monthly outreach, and follow up reminders and Transitional Care Management (TCM) following hospital discharge. With CCM we hope to further engage patients in self-care and reduce unnecessary emergency department visits and hospital admissions. Should a patient require hospitalization, upon discharge a coordinated care management effort with TCM support at both the hospital and office level will assist the patient with follow up testing, medications and timely office follow up to prevent readmissions.



FRANCISCAN TRANSFORMATION SYSTEM

In 2018, Franciscan Health was in its third year of deploying a corporate-wide initiative called the Franciscan Transformation System (FTS). FTS continues to grow across the system. During this year, the Business Transformation Team (BTT) partnered with the Franciscan Transformation Team (FTT) to begin to carry out Clinical Care and Support Services improvements systemwide. This partnership has been a win-win for both teams.

Purpose

Major changes continue occurring in healthcare, and competition between hospitals is greater than ever with the government withholding payments to under-performing hospitals. Therefore, we need to improve all of our services at a continually faster rate to remain viable long into the future. FTS integrates our Franciscan Mission and Values with the world's best practices of continuous improvement. The purpose of the FTS is to transform the organization to a culture of continuous improvement by increasing the rate at which we improve as an organization and then sustain these improvements. In FTS, we are moving away from primarily addressing large, slow improvement projects to include smaller rapid improvement cycles. We are driving toward daily continuous improvement by all our employees. In FTS, our employees conduct problem-solving using plan-do-study-adjust (PDSA) thinking. In the PDSA methodology, they Plan a change to test, Do the test, Study the results for a cause-effect relationship, and Adjust the plan based on what was learned. They document simple improvements on a "Kaizen" form and larger improvements on a one-page document called an "A3". Leaders serve as coaches to help teams get through difficult problems they encounter.

THREE COMPONENTS

The three main components of FTS are:

1) Strategy Deployment, 2) Value Stream Transformation, and 3) Managing for Daily Improvement.

1) STRATEGY DEPLOYMENT

Strategy Deployment (SD) is a practice of identifying the most important goals of our organization, and then deploying those goals to the frontlines throughout the organization. This helps to ensure alignment of all improvement work across our system toward those most important organizational goals. In 2018, we launched Strategy Deployment in many of our facilities with effective results. In 2019, we will work with the FTT to more fully integrate Strategy Deployment system-wide.

2) VALUE STREAM TRANSFORMATION

Value Stream Transformation (VST) involves systematically rethinking and redesigning the streams of work in our organization to provide the greatest value for our customers. In 2018, we worked with the FTT to focus VST on the following areas:

- | | |
|----------------------|--------------------------|
| • Clinical Care: | - Security and Safety |
| - Surgical Services | - Engineering |
| - Emergency Services | - Environmental Services |
| • Support Services: | - Credentialing |
| - Food and Nutrition | - FPN workflow |

Surgical Services work was launched at several facilities in 2018 with good results. From 2017 to 2018, Indianapolis reduced Employee Injuries in Perioperative Care from 34 to 17, PACU hold hours from 3,680 to 2,761, and expired supplies in Central Sterile Supply & Perioperative Care from \$268,925 to \$81,368. Michigan City saved



\$64,813 in surgery supplies. Crown Point reduced the number of OR preference cards by 75%.

Emergency Services VST work was also launched. Chicago Heights was able to more than double patient volumes efficiently and effectively in their newly designed Urgent Care.

Food and Nutrition at Lafayette:

- Reduced tray assembly time by 65%.
- Reduced meal window time by 60%.
- Increased tray capacity by 131%.
- Reduced tray delivery walking distance over 4,000 miles per year (1,408 hours).

There are many additional examples of good, locally lead work. Crown Point reduced length of stay (LOS), including a reduction in the average geometric LOS variance, from 0.60 to 0.25 on Med/Surg/Peds 3 after implementation of Interdisciplinary Care Coordination Rounds (ICCR) Pull Boards, visual management, and standard work for care coordination and discharge planning.

In critical care at Indianapolis, the team improved how they wean Sepsis and Respiratory Failure patients off mechanical ventilation, and experienced:

- Reduced average ventilator hours by 35%.
- Reduced ALOS by 0.67 days.
- Reduced Ventilator Associated Events by 52%.
- Reduced patient mortality by 46%.

In a pilot with Observation patients at Hammond, the team reduced observation patient hours from 37.1 hours per patient on average in 2017 to 29.7 hours per patient with a non-employed physician as their primary provider, and to 22.6 hours per patient with an employed hospitalist as their primary provider. This is a win-win as our patients receive more appropriate

care and fewer unexpected bills, and our organization is more appropriately paid for the inpatient level of care we provide. At Michigan City Clostridium Difficile (C. diff) infections were reduced by 38% from 2017 to 2018, resulting in improved patient safety and a \$137,475 in cost avoidance. At Indianapolis, with four medical surgical units (6W,5W, 4S and 3W), the team reduced patient C. diff infections by 42% through implementation of Discharge Lean Standard Work combined with Fusion cleaning products.

Sepsis reduction is a system-wide improvement initiative. Crown Point made the following improvements for Sepsis patients:

- Reduced ER door-to-antibiotic time from 119 to 72 minutes.
- Increased appropriate fluid resuscitation within 3 hours from 36% to 75%.
- Increased repeat lactates drawn within 6 hours from 52% to 98%.
- Reduced sepsis mortality from 12% to 8%, a 32% improvement in saved lives.

Lafayette reduced:

- Average door-to-antibiotic time by 22% and average door-to-IV fluids by 20%.

Additionally, Lafayette:

- Increased Echocardiogram schedule capacity in the Heart Center by 11%.
- Decreased average new hire offer-to-start time from 28 to 19 days.
- Decreased agency RN training time by 50%.

In 2019, we plan more aggressively to spread the good work of these pilot areas across our system.

3) MANAGING FOR DAILY IMPROVEMENT (MDI)

Managing for Daily improvement is a set of practices that facilitate continuous

improvement by everyone in our organization. In MDI, we start with monthly or weekly improvement huddles, and over time we drive toward daily improvement cycles. These improvement huddles are supported with regular Gemba Walks and Gemba Boards. Gemba Walks are times for leaders and key support personnel to go to the frontlines with the purpose of supporting improvement work and the removal of barriers. Gemba Boards are visual tools that demonstrate alignment of frontline improvement work to the overarching goals of the organization. These improvement huddles, enable employees to find ways that simplify processes, making work less frustrating and more joyful.

Employee driven improvement through Kaizen continues to grow. Munster increased Kaizens by 187%. Michigan City completed 557 Kaizens, engaging 56% of their employees. Western Indiana increased the participating areas by 66% with a savings of \$81,000.

In 2018, we had over 75 departments across the system utilizing MDI and Gemba Walks to drive their improvement work. In 2019, we plan to continue to aggressively grow the number of departments using MDI.

FTS IN 2019

In 2018, we had numerous successes across the system with FTS. In 2019, we are planning the system-wide spread of strategically targeted improvement work, in partnership with the FTT. We also plan to work across the system to continue to increase the rate at which we improve as an organization, with the goal of continuously rethinking, redesigning, and improving the care we provide to our patients.

CARE REDESIGN

Clinical Operations

ONCOLOGY

Franciscan Alliance continues to provide high-quality oncology care with excellent service, always seeking to improve the value that we deliver to our patients in their time of need. Keeping up with the pace of change and development in the field of oncology is a challenge, but our Franciscan teams embrace the opportunities and have many initiatives underway. This report will share a few of the advancements achieved in 2018 and information on new projects that will continue on into 2019.

Among all specialty areas of medicine, oncology is perhaps the most dependent upon a team approach, involving expertise from a variety of clinical disciplines such as medical oncology/hematology, radiation oncology, surgical sub-specialties, radiology, pathology, pulmonology, gastroenterology, urology, and more. Excellent care is facilitated through a multi-disciplinary team approach where the patient is the focal point and communication among team members is critical. In 2018, Franciscan displayed its commitment to this team approach by completing the construction of a new Cancer Center facility at the Munster campus. This three-story, 80,000+ square-foot structure brings together all components of the oncology program, allowing for the convenience of a one-stop experience for patients. Close proximity within the Cancer Center helps to facilitate communications among the oncology care team.



The multi-disciplinary team approach is also a pursuit of the oncology teams at Franciscan Health locations in Lafayette and Michigan City. Both are working to develop lung cancer teams similar to the existing group at Franciscan Health Indianapolis. Lung cancer is a particularly difficult disease where survival outcomes have not improved as significantly as other malignancies such as breast cancer. Therefore the lung cancer teams place a strong priority on prevention and early detection through smoking cessation efforts and low-dose CT screenings for lung cancer. In 2018 at Franciscan Health Lafayette, Franciscan purchased new equipment to perform PET/CT imaging exams and Endobronchial Ultrasound (EBUS) procedures that allow the team accurately to diagnose and determine the stage of lung cancers. Early detection and accurate diagnosis/staging lead to more effective treatment options for patients, such as targeted immunotherapy agents.

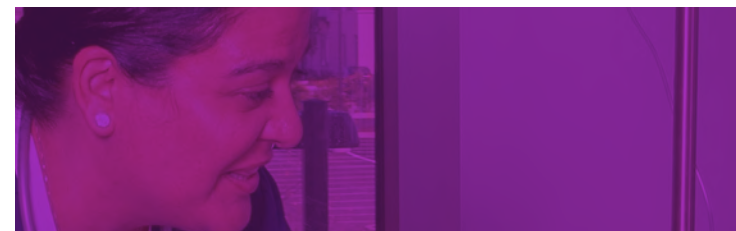
As a large healthcare system with many locations, Franciscan Alliance is working within service lines

to identify areas of expertise and best-practices that can be implemented across other Franciscan locations as standard approaches. The use of common electronic medical record (EMR) software facilitates the identification of areas of best-practice and implementation at other sites. In 2018, Franciscan continued the deployment of the Beacon oncology module within our Epic EMR software by adding the Franciscan Health locations in Michigan City and Lafayette. Currently all Franciscan locations with employed or contracted medical oncology physicians are using the Beacon module.

One notable area of best-practice involves the combined efforts of our oncology and cardiology experts. Cardio-oncology is an emerging field of medicine that began with the recognition of unintended effects that certain cancer treatments have on the cardiovascular system. In particular, certain classes of chemotherapy agents, such as anthracyclines, can cause cardiotoxicity which can lead to heart failure. Additionally, some radiation treatments to the chest area can have implications for heart

function, especially in patients that were treated before the development of current precision technology for delivering radiation therapy. Through identification of patients-at-risk, cardio-oncology programs facilitate appropriate screening, surveillance, and treatment adjustments appropriately to manage patients between the oncology and cardiology disciplines. Since its inception at Franciscan Health Indianapolis, the cardio-oncology program has assisted with the management of hundreds of patients, and efforts are now underway to replicate the program at other Franciscan locations.

As we look to 2019, efforts are already underway on some key initiatives as we continue striving for excellence. Look for future information on our efforts to be recognized as a Center of Excellence through the National Accreditation Program for Rectal Cancer, and also our certification as a treatment site for the rapidly developing field of CAR T-Cell Therapy.





CARE REDESIGN

Clinical Operations

CARDIOLOGY AND IMAGING

Screening Program Expansion:

In line with our population health goal of early detection and treatment of disease, we have been working to expand our heart, lung and vascular screening program throughout Franciscan Health. In 2018, we offered the full range of heart, lung and vascular screenings at 6 locations, where we provided over 4,500 heart scans, 1,700 lung scans, and 2,600 vascular screenings. In 2019, we will offer these at all applicable locations and increase our screening volumes substantially.

Advanced Cardiovascular Imaging:

In an effort to more accurately and efficiently treat patients, Franciscan Health continues to invest in advanced cardiovascular imaging technology. Franciscan Health Indianapolis has a fully functioning 3D image reconstruction lab. This highly trained team reconstructs MR and CT images in order to create 3D models used for surgical planning and comprehensive diagnosis for cardiac disease. We are working to expand this concept throughout Franciscan Health. Cardiac MRI has been utilized to evaluate the function of the heart to help plan for treatment of cardiac disorders. We are implementing CT Fractional Flow Reserve to provide a non-invasive option to evaluate coronary artery stenosis.

EP Ablation Expansion:

The criteria required for treatment of atrial fibrillation by ablation have recently been changed, making more patients eligible for the procedure to cure their arrhythmia rather than continue taking medication to reduce the risk of stroke. We are working both to expand our capacity to provide this treatment throughout Franciscan Health and to invest in top of the line devices to equip our facilities with the best options for treating patients.

Product Standardization:

One of the main goals involved with our transformation efforts is the standardization of the products we use at our many locations. By working in collaborative groups within each of our service lines, we are identifying the best products to provide the best care at the best price. As new products are introduced, we work as a collaborative team to analyze, discuss and decide on which products to use in our system.

CARDIOVASCULAR SERVICES

Heart disease remains one of the leading causes of death in the United States and worldwide. In the state of Indiana, approximately 12.4% of the population that is 65 or over have been diagnosed with a form of heart disease. Indiana ranks 37th in the nation in deaths caused by heart disease, with 278 deaths on average per 100,000 people. Franciscan Health's hospitals have achieved chest pain accreditation, and over 95% of patients experiencing a heart attack who arrive in our emergency departments receive door to intervention treatment in 90 minutes or less. This fast response rate allows our patients the opportunity for better outcomes as earlier treatment lessens the damage to the heart muscle.

In 2018, additional hospitals with cardiac catheterization laboratories implemented the Abiomed Impella cardiac support system that can be quickly utilized to provide additional support for patients experiencing heart attacks and low blood pressure or shock. The interventional

cardiologists and staff of highly trained nurses and technologists are available 24/7 to meet the needs of patients experiencing a heart attack. We continue to make strides in the treatment of patients with heart failure as well. We have centers that are participating in national collaborative work with the American Heart Association and *Get with the Guidelines* for Heart Failure. Our hospitals have received grants to support some of these endeavors. Franciscan Olympia Fields heart failure program has recently joined a national clinical trial for people leaving the hospital after a heart failure admission. The trial, Connect-HF is being run by the Duke Clinical Research Institute which is a division of Duke University, Durham, NC. The purpose of the trial is to help improve the care of people with heart failure, so that they can live healthier lives and stay out of the hospital. Approximately 8,000 people will be enrolled into this research from across the nation at 160 participating hospitals.



A photograph of an elderly woman with long, wavy white hair, smiling warmly at the camera. She is wearing a light pink button-down shirt and a gold watch on her left wrist. She is holding a large, shiny, red heart-shaped balloon with both hands. The background is a soft-focus outdoor scene with green foliage. The image is framed by a colorful geometric border in the top left and bottom left corners.

CARE REDESIGN

Clinical Operations

Franciscan Health Indianapolis hospital is in its second year of having a dedicated wing for patients with heart failure. It will be expanding in 2019 as this unit has seen excellent results in patients returning home and able to stay out of the hospital. Across the nation the average heart failure patient will re-admit to the hospital approximately 22% of the time. Through the work of the care coordinators, nurses and nurse navigators Franciscan Health has seen steady reductions in heart failure readmission rates. Centers for Medicare and Medicaid Services called upon our Franciscan Health Lafayette East hospital to spend a day to learn about our heart failure program because of the consistent low readmission rates over the past few years. Franciscan Health Dyer leads the organization in being the first within Franciscan Health to begin to implant the CardioMems pulmonary artery recording device. This small chip like device is inserted into a main artery in the lungs to send information to a special receiver that the patient keeps at home. The receiver is embedded in a pillow which activates the device to send out a measurement which is then uploaded securely to the cloud whereby advanced practice nurses monitor the patients for changes that could signal a need for medication adjustments.

The practice of cardiovascular medicine is a team effort. Today we have learned so much about heart disease that we need many specialists to bring their expertise to our patients. We employ or have

relationships with highly skilled cardiac surgeons, vascular surgeons, chest surgeons, cardiologists, interventional cardiologists, electrophysiologists, interventional radiologists and advanced cardiac imaging specialists. Having these medical professionals on our team allows us to treat a variety of heart conditions. Our team approach to structural heart disease continues to grow year over year in volume with excellent outcomes. One such procedure, the TAVR or transcatheter aortic valve replacement procedure, is a less invasive procedure to replace or fix stenotic valves. And when valve surgery is warranted we are very fortunate to have one of the best on our team in Dr. Mark Gerdisch, who continues to pioneer with innovative developers of the next generation of cardiac valve surgery and devices.

Besides having excellent clinical skills in Franciscan Alliance via collaboration with our Franciscan Physician Network, we have hired some of the nation's top cardiologists to lead our programs. Dr. Saeed Shaikh, who is an integral part of our advanced structural heart team in Indianapolis, leads in our Central Indiana Division. Dr. Paul Jones, who was recently employed by Specialty Physicians of Illinois, is assuming the cardiac

service line medical director lead role in our Northern Indiana and South Suburban Chicago division. Dr. Jones comes to us with a vast amount of experience in leadership, and with clinical expertise in interventional cardiology as well as having expertise in endovascular procedures such as carotid stenting and treating abdominal and thoracic aortic aneurysms. He is joined by one of Dr. Gerdisch's partners, Dr. Mike Tucheck at Franciscan Health Olympia Fields, who is not only an excellent cardiac surgeon but is also well known throughout the Chicagoland area for his success in treating aortic disease.

Over the past year Franciscan Health continued to provide the necessary financial resources to meet our patients' needs with state of the art equipment. In 2018, the new Franciscan Health Michigan City hospital was built and brand new cardiac catheterization labs were installed with the latest imaging equipment. Franciscan Health Olympia Fields cardiac and interventional labs are also undergoing renovation with one electrophysiology laboratory replaced in 2018 and plans underway to replace the other two angiography rooms in 2019 and 2020. Franciscan Health Munster replaced one of its two cardiac

angiography rooms as well in 2018. Again in 2019 Franciscan Health Hammond is marked for a new lab and two labs are planned for Franciscan Health Lafayette. Franciscan Health Indianapolis should have its second specialized hybrid cardiovascular procedure room completed by 2019.

The most important resource though for Franciscan Health cardiovascular service line is our dedicated and highly skilled staff of advanced nurse practitioners, physician assistants, nurses, radiology technologists, sonographers and technicians. These dedicated professionals are the core of our success as they are the ones directly working with our patients throughout their stay with us. They are the ones who answer the call 24/7 for any cardiac emergency along with our physicians. We look forward to another exciting year as we continue working every day to provide exceptional care in our Franciscan tradition.





CARE REDESIGN

Clinical Operations

SURGICAL SERVICES

Surgical services are among the most important functions in the hospital, and it is imperative for Franciscan Alliance to look carefully at what we do and how we do it and to determine regularly whether we are providing these services in the most efficient and cost-effective way possible.

The Surgery Collaborative, made up of system Perioperative Leaders, has established metrics and targets to measure operational efficiency. Those metrics are on-time starts, turnover times, block utilization, cancellation rates, surgical site infections and wrong site surgeries. Improving our efficiency can result in volume growth and improvement in quality outcomes as well as reducing our overall costs. Here are our metric targets.

- On-time starts - 87% on time for first cases of the day
- Turnover times - 20 minutes for overall cases
- Block Utilization - 80% per surgeon block
- Cancellation rates - 2% for same day cancellations
- Surgical Site Infections - Zero or be at or below NHSN targets
- Wrong Site Surgery - Zero

Value Stream Analysis (VSA) is a tool that can be used to assist in evaluating the perioperative process, from the time the patient is scheduled for surgery to the time the patient is discharged from the same day surgery department or to the inpatient unit. VSA's take around 2-3 days to document and review processes, identify barriers and opportunities, and develop an execution plan. These events are facilitated by the Business Transformation Team. We have conducted 3 VSAs this year at Franciscan Health locations in Michigan City, Crown Point and Munster. Franciscan Health Indianapolis conducted a VSA prior to 2018 and they continue to work on improvements. Franciscan Health Lafayette and Carmel campuses are scheduled for analysis in early 2019 with other sites to follow. These VSA's include all areas that are involved in the aspect of care or supporting the surgical patient from Registration to Sterile Reprocessing. Senior Leaders, Surgeons and Anesthesiologists also participate. It is incredibly important to have our physicians and staff input as they are the ones that can work together to provide solutions to improve care.

Our baseline data was developed from June 2017 to May 2018. While not every facility has completed a VSA, all are actively working to meet our goals. Results show 8 out of 13 have improved their overall on-time starts with 3 facilities (Lafayette East, Carmel and Mooresville) being greater than 80%, and 3 have met the 20 minute overall turnover goal while others have improved or stayed consistent. As a system, we have reduced our cancelation rate from 6.4% baseline to a 5.9% for first three quarters of 2018. Franciscan Health locations in Lafayette, Crawfordsville and Mooresville have reached the 2% or fewer cancellations goal with Franciscan Health Lafayette having a consistent rate of 1.4% for 2018.

Surgery Governance Committees have been established consisting of physicians and hospital leadership. These committees will provide a more focused and team-based approach to making decisions involving Surgery. They are tasked with reviewing the metrics data and taking action if required according to the guidelines that they establish. These committees will also provide an avenue to review new products being requested or introduced utilizing the latest unbiased literature, cost and reimbursement data.





CARE REDESIGN

Clinical Operations

BEHAVIORAL HEALTH

Behavioral Health remains an area of opportunity to enhance best practices throughout Franciscan. We continue to focus on eliminating barriers to care and increasing access to quality mental health and substance use disorder services. Development of a comprehensive continuum of care through internal programs and partnerships with providers in the communities we serve is a top priority.

Telepsychiatry consultations are now available in six Franciscan facilities with a seventh hospital to be added in the first quarter of 2019. Telepsychiatry expands our ability to provide assessment and recommendations in a timely patient-centered care delivery model. We continue to expand easier access to Behavioral Health resources in our Emergency Departments through development of internal programs, as well as partnerships in our local communities.

Outpatient Services continue to expand to meet community needs. The Franciscan Health Indianapolis Behavioral Health Office has moved to a new location, allowing space for an additional five providers with room to grow! The Franciscan Health Indianapolis site has expanded the Substance Use Disorder Service Line to include Medication Assisted Treatment (MAT) for Opioid Use Disorders. The overall expansion in Indianapolis will allow us comprehensively to treat approximately 300 new patients.

The Franciscan Health Crown Point Behavioral Health Outpatient Center has provided approximately 11,200 visits in 2018. This number will continue to grow in 2019 as we hire an additional child/adolescent provider. The Franciscan Health Dyer Substance Use Disorder program will be expanding care to include MAT services in the first quarter of 2019, giving those with opioid dependence access to treatment.

Franciscan Health Lafayette is putting final touches on the new EmPath Crisis Stabilization Unit projected to open Spring 2019. This innovative, patient-centered model of care offers intensive, short-term stabilization for individuals experiencing a mental health emergency. The EmPath Unit provides a calming, healing and comfortable environment separate from the Emergency Department for up to sixteen patients. Prompt access to a psychiatrist and behavioral health team can lead to dramatic improvements for patients experiencing a psychiatric crisis. Often unnecessary inpatient stays can be avoided. The EmPath Unit will work closely with community providers to assure individuals have confirmed access to continued care upon discharge.

Our behavioral health teams work together to provide local solutions to institute the access, quality and safety goals reflective of our Franciscan values.

WOMEN & CHILDREN SERVICES

The Women and Children Services Collaborative remains focused on clinical best practices, improving access to care for women and children as well as looking for opportunities for standardization across the system. The majority of the work continues to be directed by the ongoing national opioid epidemic, rising infant mortality issues, particularly in Indiana, and increasing awareness of high rates of maternal mortality nationally. These realities remain of great concern as the system strives to better serve our patients who often come in with comorbidities or high social needs. Women and Children leaders continue to work diligently with the Indiana State Department of Health as they prepare to implement the rules regarding Perinatal Levels of Care across the State. The process has been lengthy with our engagement at every level with representation on the Indiana Perinatal Quality Improvement Committee. This means that each Indiana hospital that provides obstetrical and neonatal care will be designated as providing a specific acuity level of care to mothers and babies in their hospital and must meet specific guidelines regarding the care they offer. Each facility has been engaging their medical and nursing staff in anticipation of these rules going into effect to ensure a smooth process. In preparation, our in-house obstetrical services have expanded at our Level III facilities to ensure the highest level of safety and quality for our patients.





CARE REDESIGN

Clinical Operations

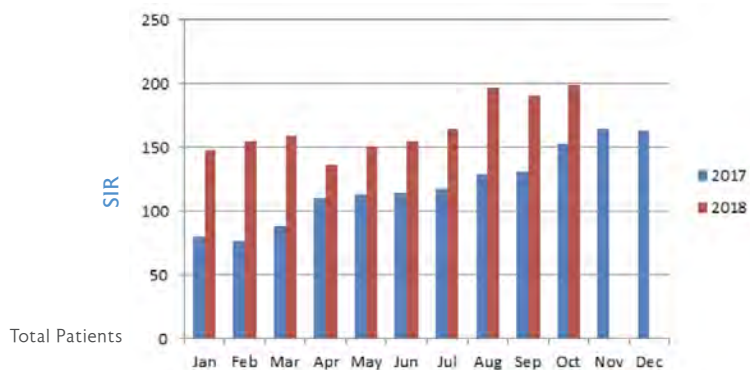
Recently the primary drive of the Collaborative has been improving maternal safety, and evidence-based mother and child safety bundles have been implemented to standardize care across all Franciscan facilities. The Collaborative's activities include exploring Modified Early Obstetric Warning System (MEOWS) and Hypertension in Pregnancy along with a review/update of previous work concerning Obstetrical Hemorrhage. These system-wide policies ensure standardized care and allow for shared staff education from campus to campus. Our health system is responsible to meet the requirements of two separate State Health Departments, and we continue to ensure that all of the quality and safety initiatives are designed to match or exceed the Illinois Department of Health's standards and ensure compliance is met for the South Suburban Chicago campus in our electronic medical record documentation.

The effects of the national opioid epidemic impact some of our littlest patients. In the Fall of 2018, the Eat, Sleep, Console program began for infants showing signs of withdrawal from opioids. As a result of our implementing this new protocol, infants showing signs of withdrawal are now assessed based on their ability to tolerate feedings, their sleeping patterns and if they are consolable. When exposed infants are responding well they are not medicated with replacement opioids. This approach can decrease length of stay, the need for medicated withdrawal, and is least invasive allowing for a more family centered approach to their care. The sharing of quality data internally between facilities has evolved into

collectively determined quality metrics accompanied by a requested Epic dashboard to allow for better comparison data system-wide. Standardization of comparative data between facilities allows for identification of best practices and opportunities for improvement. Growth opportunities in the area of Women and Children's Services include the Maternal Fetal Medicine arena. Dr. Walter Harry joined the Franciscan Physician Network in January of 2017 with resulting growth in our access for high-risk antepartum patients at Franciscan Health Indianapolis. In September 2017, a second office was added and we have consistently seen referrals from within our network and from outside Franciscan Alliance providers.

Total Patients

A significant change in 2018 was the consolidation of the Family Birth Center Dyer with the Family Birth Center Hammond. After a thorough assessment on how best to serve our patients it was determined that this was where the greatest need and population to serve was located and by the end of the first quarter both the labor and delivery unit and special care nursery were consolidated at Hammond. The newly consolidated service has already exceeded the delivery volume for 2017 by 6%.



ORTHOPEDICS & NEUROSCIENCES

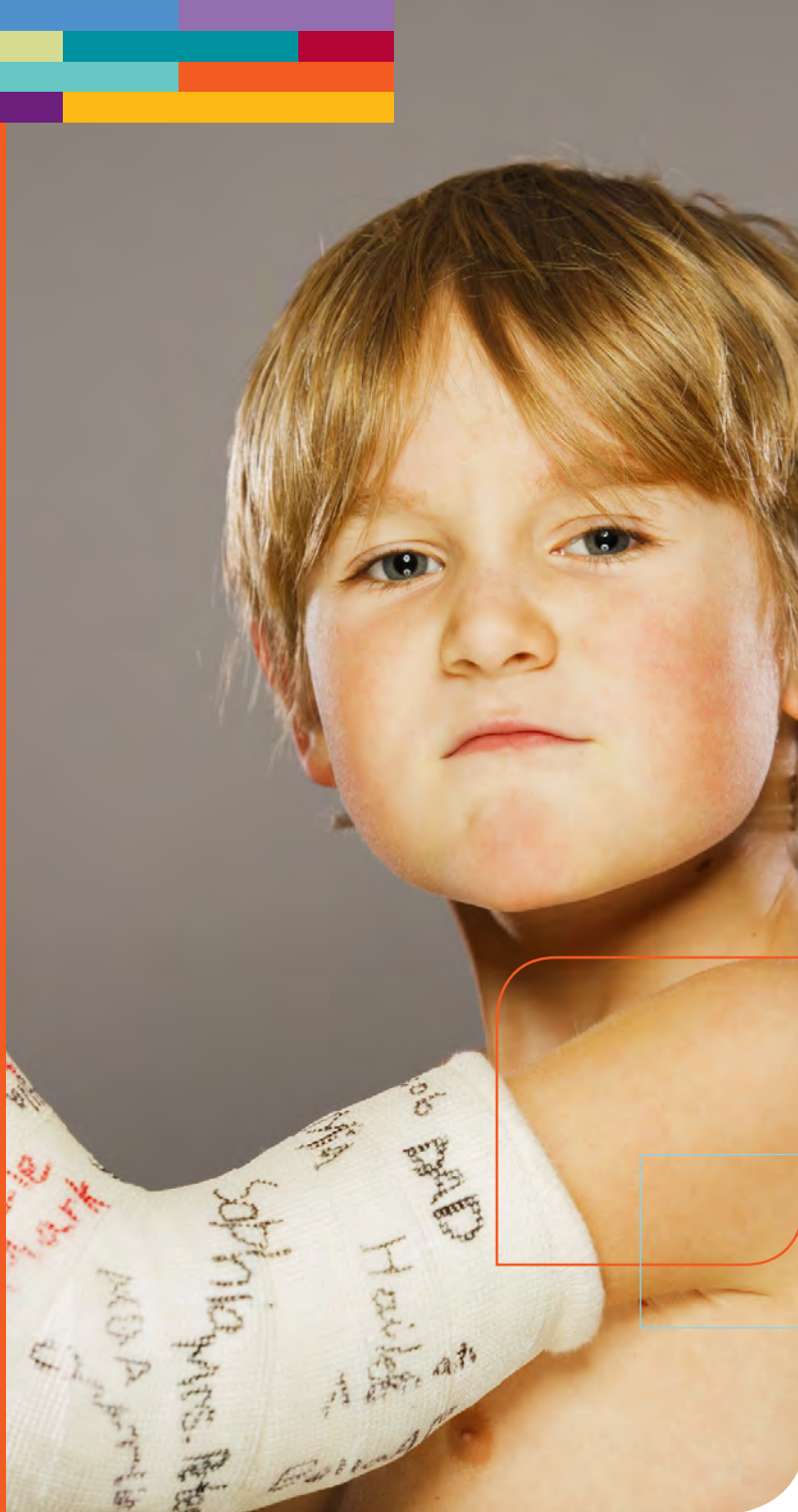
NEUROSURGERY

In 2018, Franciscan Health entered into a professional services agreement with the department of neurological surgery at Northwestern Memorial Hospital, the Number 1 hospital in Illinois with the highest ranked neurology and neurosurgery program in Illinois by U.S. News & World Report. As part of the agreement, Kevin Jackson, MD, a full-time Northwestern Medicine neurosurgeon, is now offering services at Franciscan Health Crown Point. The agreement also includes Telestroke services at our four Franciscan Health hospitals in the Northwest Indiana.

Telestroke uses videoconferencing to connect stroke patients to leading vascular neurologists at Northwestern Memorial Hospital to examine the patient, immediately interpret brain scan results and make treatment recommendations in consultation with Emergency Department personnel at Franciscan Health Hospitals.

Sixty physical and occupational therapists were trained and certified in stroke rehabilitation in 2018 to support the growing stroke program within Franciscan Alliance. Most of our facilities are Stroke Certified.





CARE REDESIGN


Clinical Operations

ORTHOPEDICS

In 2018, Franciscan Alliance entered into a strategic partnership with the Lakeshore Bone and Joint Institute, which will provide even greater access to high-quality orthopedic care to the many communities Franciscan Alliance serves. The 50-year-old Lakeshore Bone and Joint Institute has an outstanding reputation for orthopedic care.

The newly developing Franciscan Health Munster Joint Center of Excellence has worked very hard through the year to set a foundation for quality and service. With the newly developed Franciscan Transformation Team, the Franciscan Health Munster surgery program was thoroughly evaluated via value stream analysis to improve efficiency, reduce cost and variation and to improve patient satisfaction. These events are facilitated by our Business Transformation partners and composed of local leaders and frontline associates.

Supporting areas such as Therapies, Adult In-patient Rehabilitation and Sleep Medicine (and many others) have created system collaborative work groups that focus on standardizing processes, protocols, equipment and metrics. These groups are identifying growth and improvement opportunities that are catalogued and then prioritized for implementation by the team. A business case format is utilized to communicate and track progress of initiatives. A deliverable of all of the system collaborative groups is a standard dashboard/scorecard where performance can be monitored, shared, and analyzed for improvement.



*“Start by doing what is necessary,
then what is possible, and suddenly
you are doing the impossible.”*



St. Francis of Assisi






AMBULATORY SERVICES

Ambulatory Services at Franciscan Alliance continued to meet the healthcare needs of patients and consumers as they go about their daily lives in this past year. Focused on wellness, prevention, and accessibility, Ambulatory Services offer access to clinical capabilities in settings and at times convenient to the busy lives of our patients. As the needs of the population evolve, we change our service delivery approaches.

The Franciscan Physician Network (FPN) offers primary and specialty care services across our markets. We continue to offer complementary approaches to the quality care offered in our FPN practices by also providing convenient walk-in services. No appointments are needed at our ExpressCare sites, where there are extended evening and weekend hours. We remain the largest and busiest urgent care company in Indiana.

Franciscan Ambulatory Services continues to support employer/ workforce health. Franciscan WorkingWell sites offer comprehensive occupational health programs, as well as employer health and wellness programs. Many employers have chosen Franciscan to be their on-site employee clinic, as well as to offer wellness services to keep their employees healthy and productive. As part of our wellness program, we provide weight loss programs that have inspired thousands of pounds of weight loss every year. We have helped employers reduce the tobacco use rates amongst their employees by up to ten percent. This has resulted in healthier and happier workforce members. Franciscan WorkingWell sites are the only National Association of Occupational Professionals certified occupational health programs in the state.

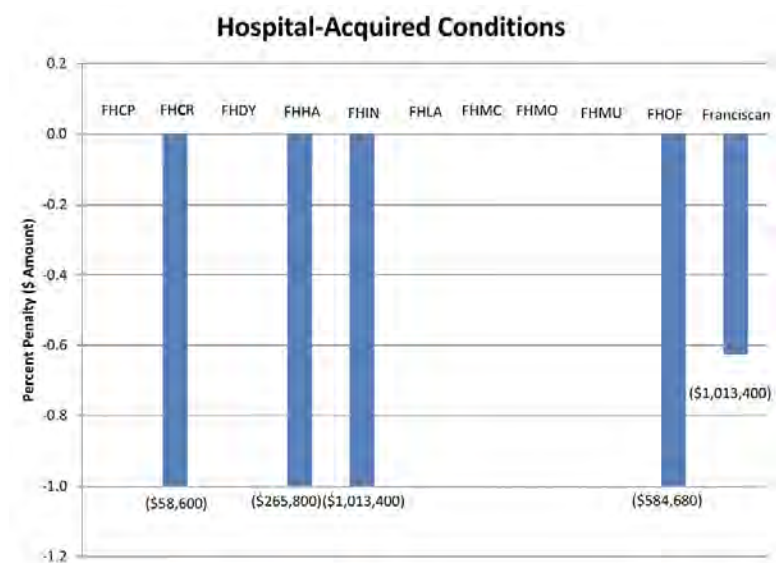
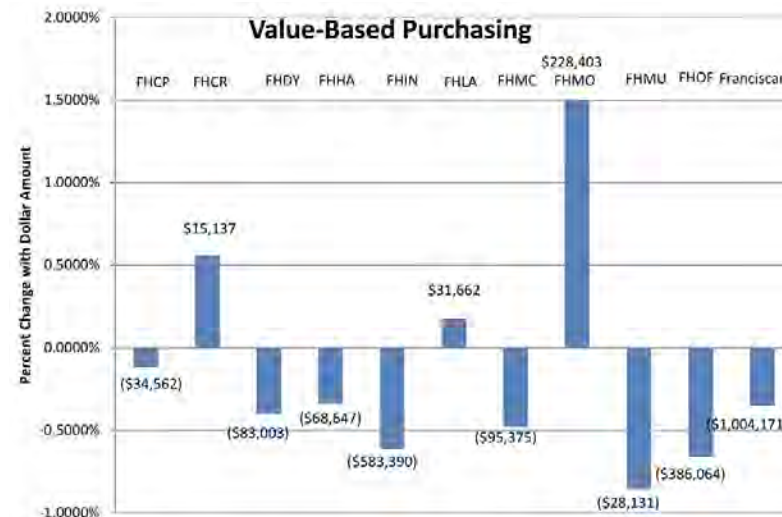


Yet another way Ambulatory Services continues providing value to the community is through fitness support. Franciscan operates or partners with fitness centers in all of our markets. Our fitness centers and partners promote health and wellness through daily physical activity, incorporating healthy behaviors and encouraging a lifestyle focused around goals. Our fitness centers offer a full array of programs that lead individuals down the path to health. Franciscan Health Ambulatory Services operations have entered new territories in healthcare through several avenues, including functional and integrative medicine service, focusing on a holistic and natural approach to healing and well-being. Much is still to be learned about non-traditional approaches, but effective methods of functional medicine have been proven to provide great value. We have also introduced virtual medicine availability to our patients, and we are at the forefront of virtual health, bringing providers and other services to the patient, wherever they are. This allows access to care for patients that live or work in areas that do not have enough physical provider access. At the touch of a button, a patient can be seen and treated through a secure video connection. Along with virtual care, many other virtually connected capabilities are coming on-line that will keep Franciscan connected with consumers as they choose to engage our help navigating the healthcare aspects of their daily lives. Franciscan Health Ambulatory Services operations are not only poised and ready to care for the populations we serve but are also actively engaged in anticipating changes in the way consumers want healthcare delivered.

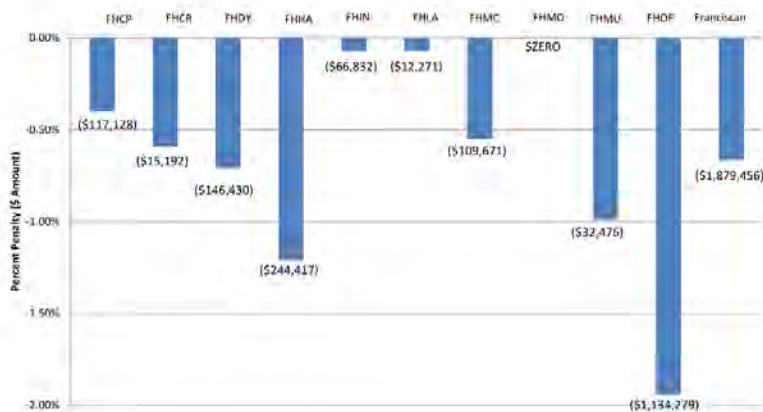
The standard CMS performance measures by which all acute care hospitals are measured and tracked continue to become more challenging each year. As the performance bar has been raised, Franciscan Health hospitals have undertaken major efforts to identify and correct any performance gaps or underlying systematic issues that have prevented us from performing at top quartile or better in these measures. Our Board of Trustees has set the top 25% (top quartile) of all participating hospitals nationwide as the current performance target, and our hospitals are diligently working to remove barriers to this performance level.

As can be seen to the right, the FFY 2018 impact of Value-based Purchasing (VBP) on Franciscan Alliance hospitals as a whole was minimal – less than a 0.4% change in the Base DRG payment. As noted, neither Carmel nor Rensselaer participated in FY2018 VBP, Carmel because of a too-small patient base and Rensselaer because it is a critical access hospital. Other Franciscan Alliance hospitals' performances ranged from -0.9% in Munster to +1.5% in Mooresville.

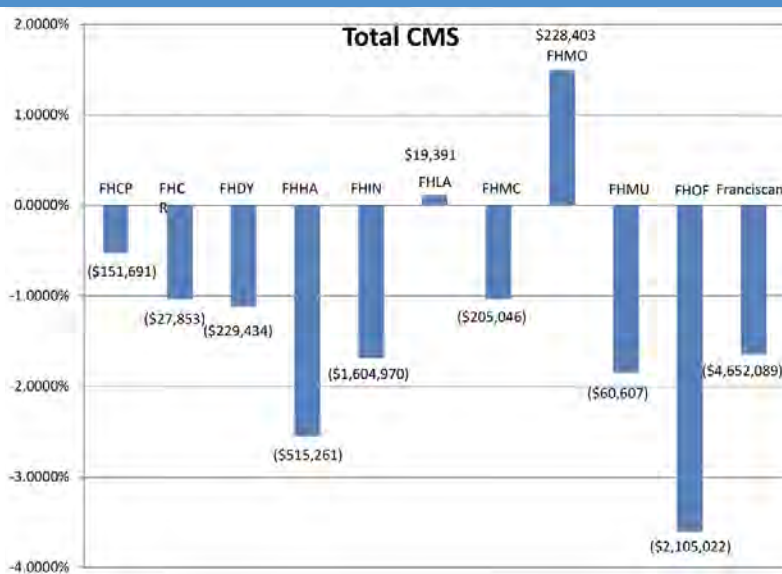
The CMS Hospital-Acquired Conditions (HAC) program requires that any facility which falls into the group of hospitals which is to be penalized must receive the full 1% penalty. The time period of this measure includes 3 full years of data, which has a powerful negative influence on any facility which experienced a negative patient outcome in the monitored measures within the 3-year term. Having 4 of our hospitals receiving the penalty caused Franciscan Alliance to have a less than 0.7% decline in Base DRG payments.



Readmissions



The Readmission reduction penalty program, similarly as the HAC reduction penalty program, uses 3 consecutive years of data to calculate results, so it is very difficult for a hospital with a patient population that has a relatively high concentration of individuals with socioeconomic challenges to overcome the negative readmission momentum that socioeconomic challenges can drive. Several of our hospitals do have significant numbers of patients in this demographic group. Franciscan Alliance hospitals as a group managed to keep the total impact of the Readmission Reduction program at slightly less than 0.7%.



The combined impact of the 3 financially-focused CMS programs is a slightly more than 1.6% of Base DRG to Franciscan Alliance of a total potential negative impact of 5%. This is no reason for Franciscan hospitals to celebrate, and our Board of Trustees has requested our senior-most leaders to develop plans and take actions to reduce these impacts as quickly as possible and to remove Franciscan facilities from the penalty zones of these and any new CMS programs that are similarly designed. Our 2 bright spots are Franciscan Health Lafayette (FHIL) and Franciscan Health Mooresville (FHMO), which have both delivered positive financial impacts from these programs.

Key to Hospital Codes:

- FHCP
Franciscan Health
Crown Point
- FHCR
Franciscan Health
Crawfordsville
- FHDI
Franciscan Health Dyer
- FHHA
Franciscan Health Hammond
- FHIN
Franciscan Health
Indianapolis
- FHMC
Franciscan Health
Michigan City
- FHMO
Franciscan Health
Mooresville
- FHMU
Franciscan Health Munster
- FHOF
Franciscan Health
Olympia Fields
- Franciscan
Franciscan Alliance System

“First do the necessary, then do the feasible, then you will be able to achieve the impossible.”



St. Francis of Assisi





PATIENT SAFETY

Efforts to enhance the functionality and use of the new incident reporting platform are on-going. Our Risk and Quality teams continue to promote frontline management engagement in the event review process. Debriefing and coaching encounters are promoted to raise expectations and “a culture of always” when events involve key process steps for patient safety.

Leadership from Risk, Medical Staff, Nursing, Education, and Regulatory Compliance has initiated a “policy simplification” project. The goal is to streamline policy administration and to create clarity and consistency in policy, procedure and guideline content. The end product should enhance availability and usability for effective knowledge transfer and support of raising expectations for reliability in care delivery.

Just culture, its impact on teams, and the ability to speak up continue to be supported by Risk and Quality. A series of training sessions for each Human Resource team has been provided as they serve a key role in the support of management’s performance improvement processes.

Risk leadership has supported and participated in the establishment of performance expectations for hospitalist and intensivist services. Medical Staff Leadership has taken on the role of facilitating a system-standard approach to integrating these providers into care teams including opportunities to coordinate and enhance care through appropriate use of advanced practice providers.

The reduction of patient harms continues to be the focus of Quality and Risk teams through Root Cause Analysis (RCA), business transformation improvements, team building and support of crucial conversations.

“For it is in giving that we receive.”



St. Francis of Assisi

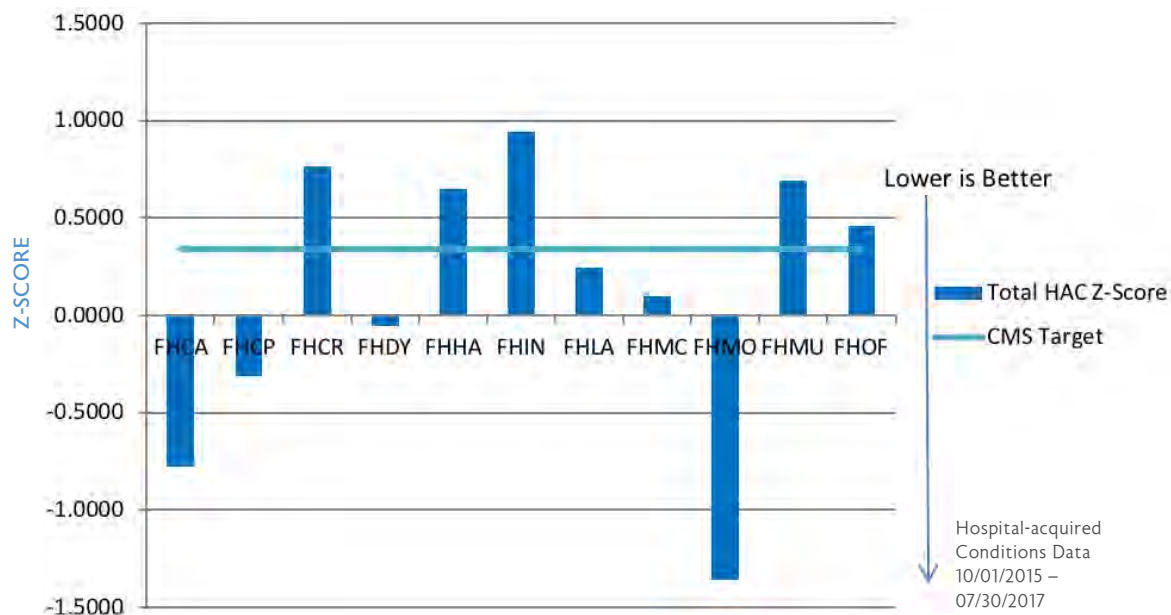


PATIENT SAFETY

HACs, HAIs and Patient Falls

HOSPITAL-ACQUIRED CONDITIONS (HACs)

The changes noted in last year's Value Report regarding the CMS Hospital-acquired Condition Reduction Program continue holding the bar high for successful performance. To recap these changes, Methicillin-Resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C. diff) infection measures were added to the HAC program last year. As well, CMS had revamped the Patient Safety Indicator composite measure (PSI-90) to include more conditions than prior years, thus adding even more to the difficulties inherent in HAC reduction. And, CMS had completely overhauled the processes and calculations used to evaluate HAC reduction performance, switching from a decile distribution algorithm to the use of a statistical device (the Winsorized Z-score) that evaluates the distance of an individual hospital's weighted performance score from the mean score of all participating hospitals. Note that the accompanying graph includes negative numbers (better than the mean) and positive numbers (worse than the mean) when compared to all participating hospitals. A Winsorized Z-score of zero indicates performance at the mean. This year 5 hospitals experienced HAC challenges and failed to meet the CMS target as seen below. Again, one hospital performed in the top quartile of all US hospitals participating in the program.

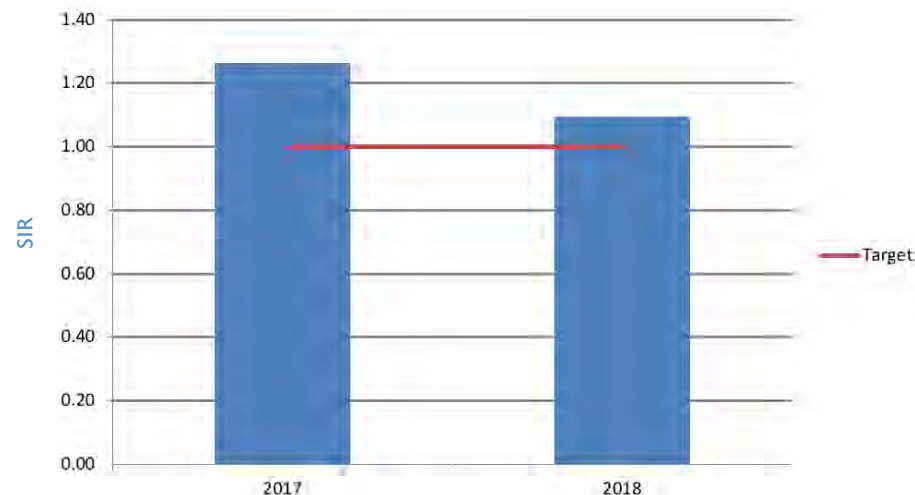


HOSPITAL-ACQUIRED INFECTIONS (HAIs)

The change in the comparison database that CMS made last year altered the numeric value of the calculated SIRs to the extent that comparison to SIR data collected prior to 2017 is not possible. CMS did not alter the calculation process, so if a hospital's actual infection number for a condition equaled the predicted number (calculated from the updated population dataset), the SIR would be 1.0. As before, performance better than expected would result in a SIR of less than 1.0 and a worse than expected performance would yield a result greater than 1.0. Note that lower is better in each of the upcoming graphs in this section.

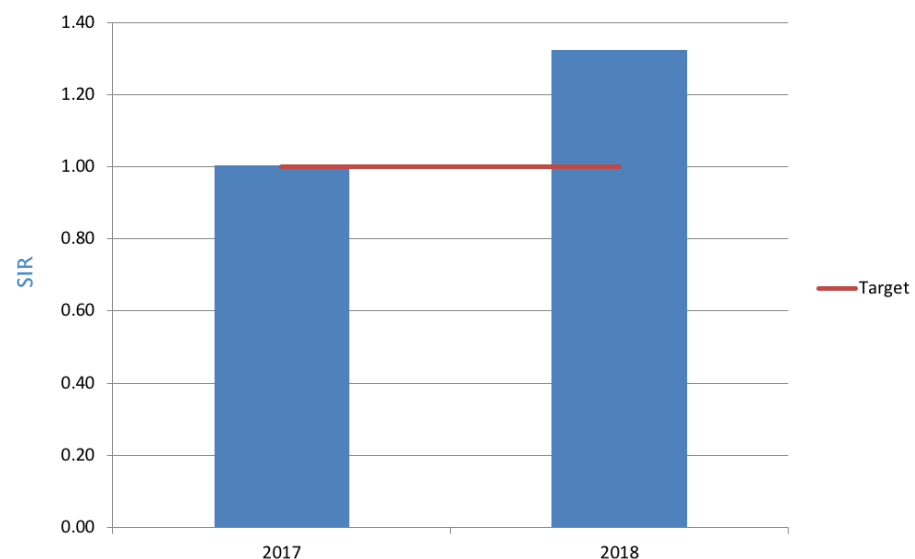
CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS (CLABSIs)

are becoming ever more challenging to drive to zero with the steady increase in multi-drug resistant organisms as the cause of such infections. We know that such infections are largely preventable, and we have continued our focus to have all caregivers perform all best practices regarding the insertion and care of central lines. We do expect our future performance to continue changing the current trend toward lower numbers. Our goal remains zero harm with zero CLABSIs in the future.



CATHETER ASSOCIATED URINARY TRACT INFECTIONS (CAUTIs)

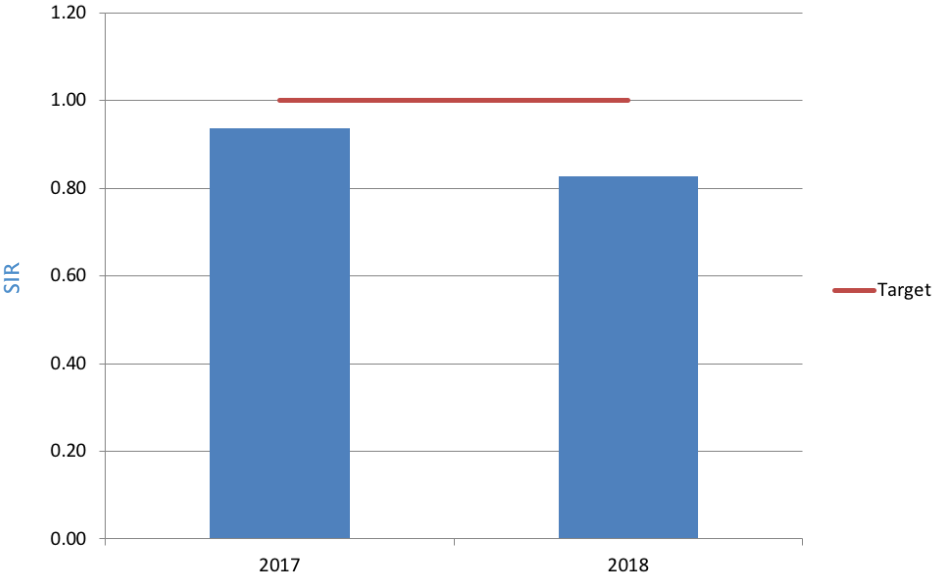
are trending in the undesired direction, in part due to some definition changes instituted by CMS last year. We are redoubling our efforts to drive down the frequency of all HAIs and CAUTI reductions are a major goal.



2018

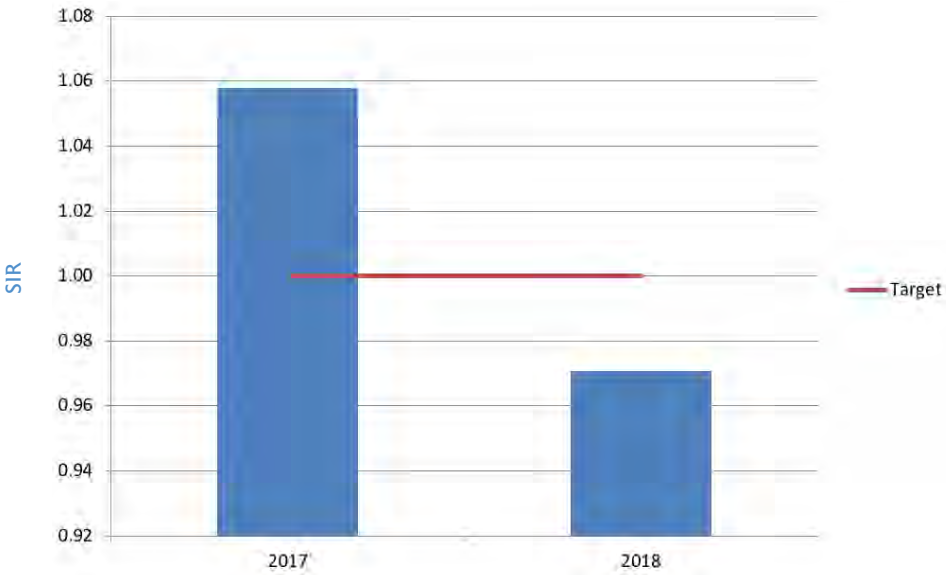
PATIENT SAFETY

HACs, HAIs and Patient Falls



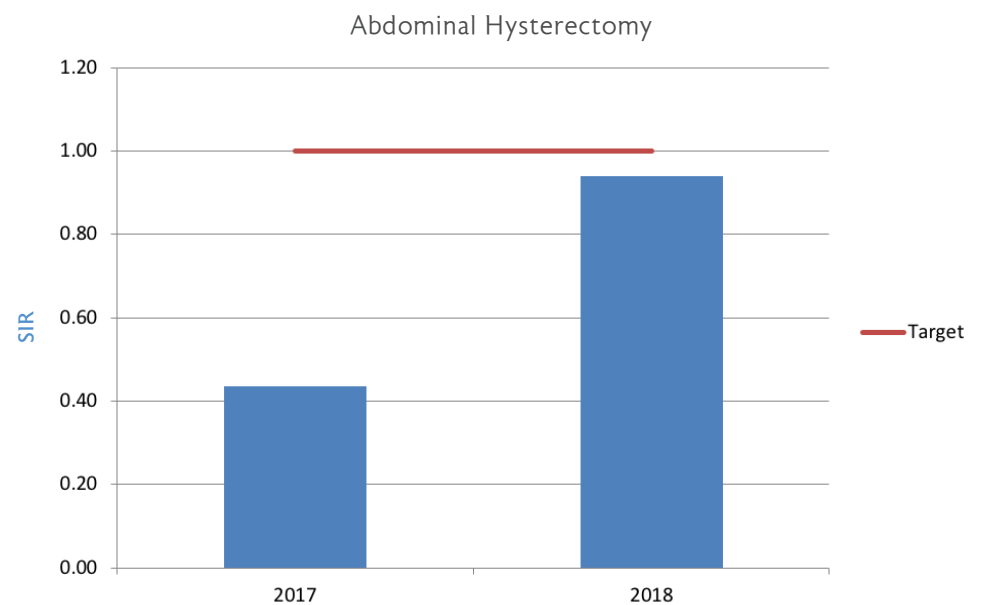
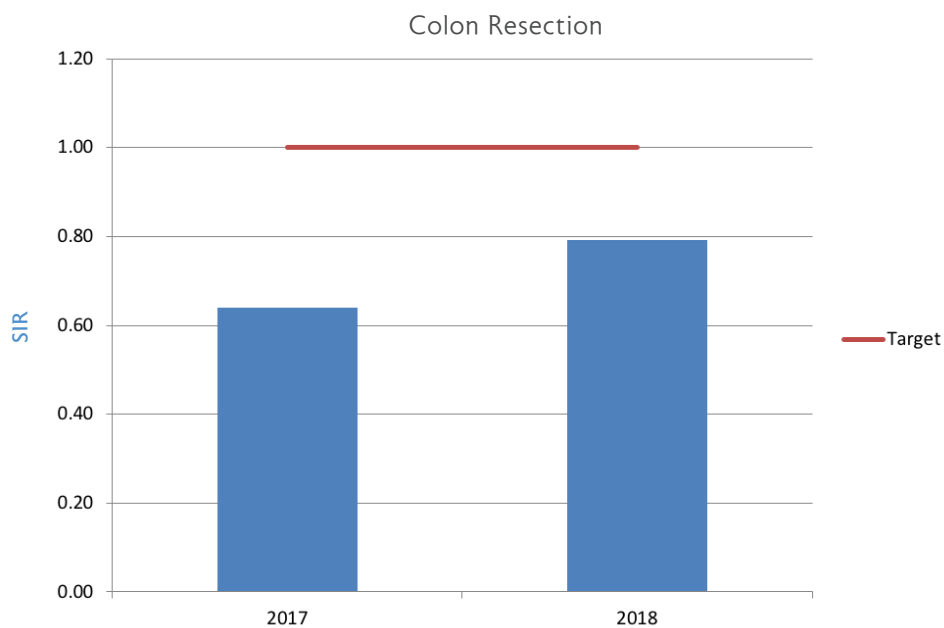
METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

MRSA was added to the HAIs tracked and scored by CMS in 2017. Franciscan Alliance hospitals have managed to keep these infections under control and to make performance improvements year over year.



CLOSTRIDIUM DIFFICILE INFECTIONS (CDIS)

were tackled as a priority in 2017, and the results show that these efforts paid off with a reduction in CDIs to better than the target level.



SURGICAL SITE INFECTIONS (SSIs)

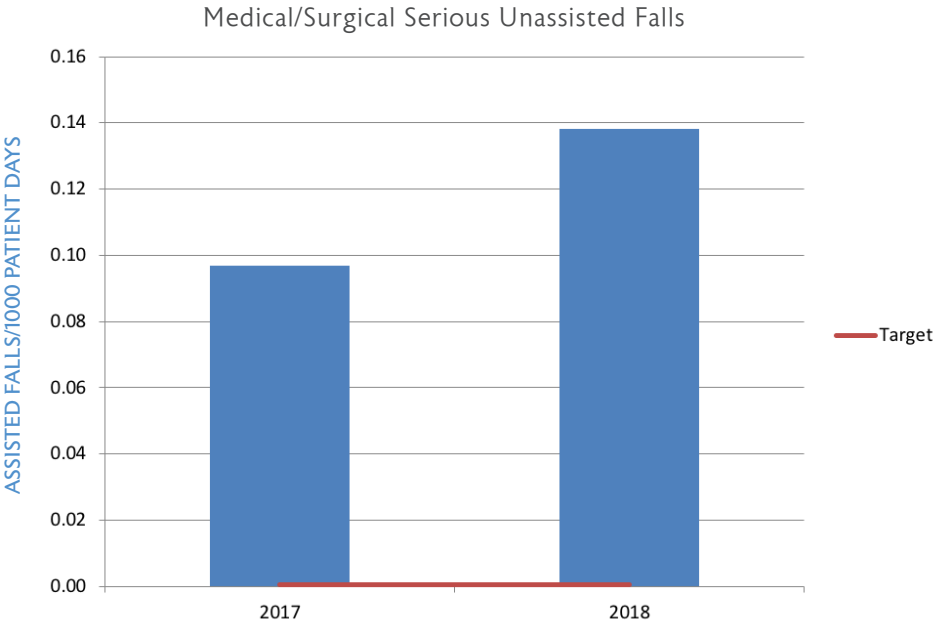
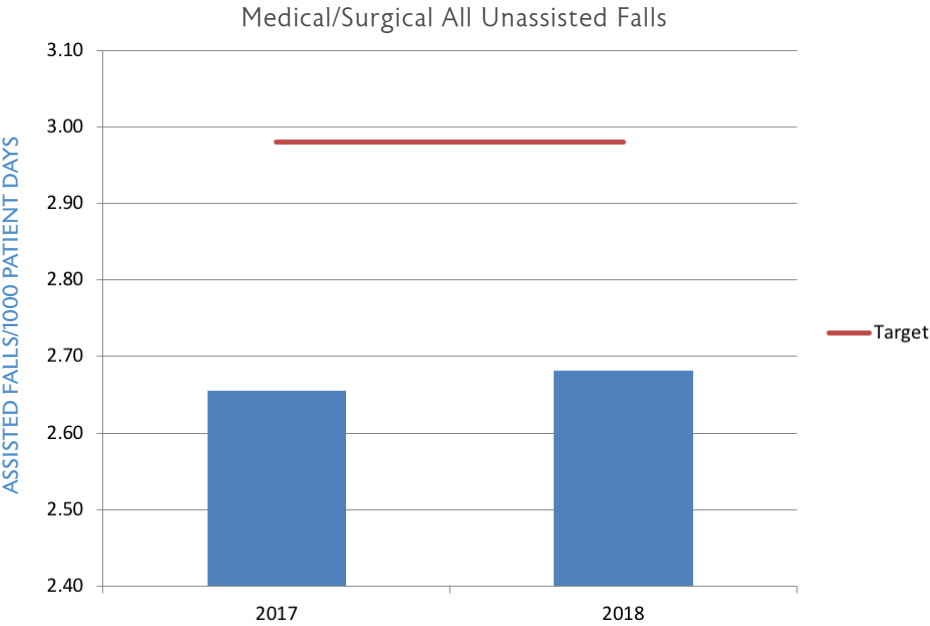
are being tracked by CMS using 2 proxy procedures to represent SSI prevention by hospitals. These procedures are Colon Resections and Abdominal Hysterectomies. For both of these procedures, Franciscan Alliance hospitals are maintaining surgical site infections below the CMS targets.

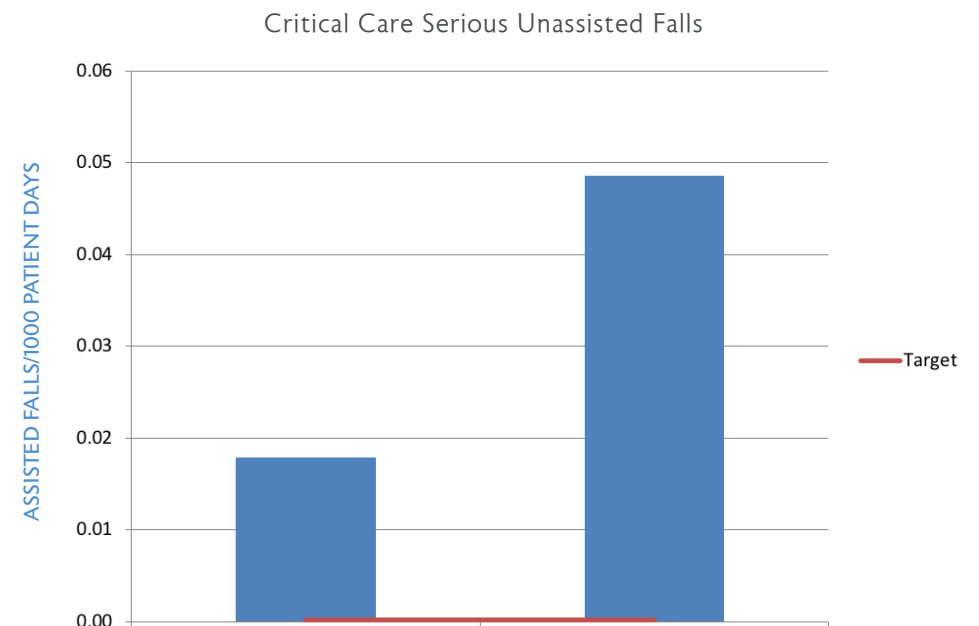
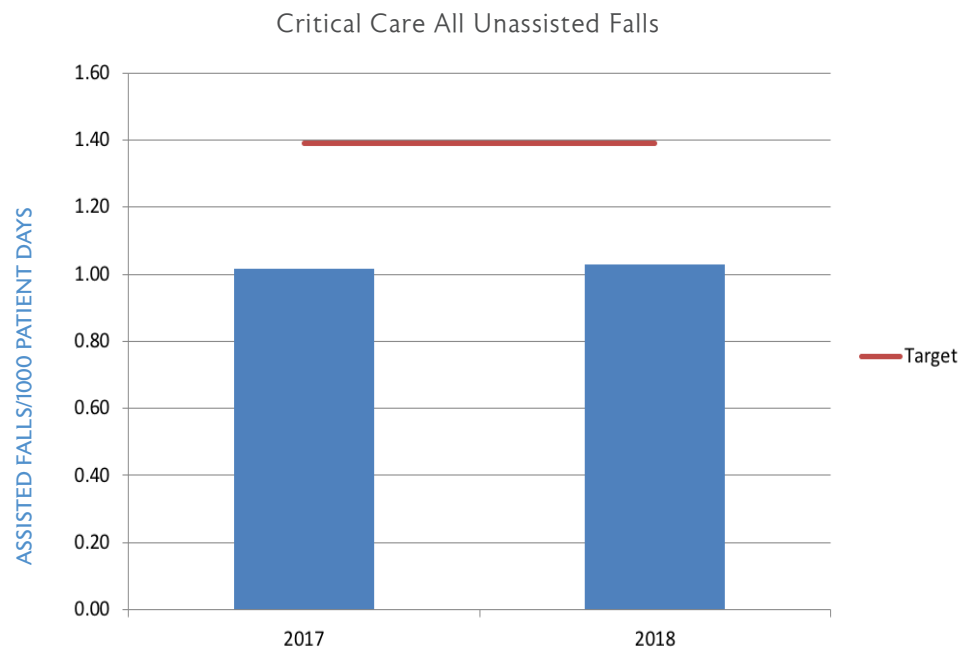
PATIENT SAFETY

HACs, HAIs and Patient Falls

PATIENT FALLS

Patient falls continue to be significant concerns for all hospitals, as inpatient populations are tending to be sicker, weaker and more likely to fall if falls prevention programs are not working well. While we are tracking patient falls in every inpatient unit type, we are including Medical/Surgical and Critical Care units' performances in this Report. Note that we have included separate data on all falls and serious falls herein and that we have separated patient falls according to whether a staff member was present to assist the patient in getting safely to a chair or bed (Assisted Fall) or whether the patient fell with no one present to mitigate the effects of the fall (Unassisted Fall). Since unassisted falls are the most dangerous to patients and are more likely to result in injury than assisted falls, we are showing unassisted falls data here. Note that our goal for all serious falls is zero. All Patient Falls are tracked as the rate of falls per 1000 patient days for each unit type that is tracked.





corporate falls prevention team

While we have not yet reached our goals of zero serious falls no matter where the patient is located in the hospital, we have made good progress in reducing the numbers of all unassisted falls by our organization-wide initiatives designed by the Corporate Falls Prevention Team and implemented on each care unit in every hospital.

HOSPITAL ENGAGEMENT

HOSPITAL IMPROVEMENT INNOVATION NETWORK

Franciscan Health participated in the Hospital Engagement Networks both (HEN 1.0) and (HEN 2.0) from 2012 to 2016 by continued participation of 11 hospitals with the Hospital Improvement Innovation Network (HIIN) 2016-2019. Formerly known as Partnership for Patients (P4P), the program continues to work on reduction of preventable harm events. The HIIN is funded by CMS with oversight and coordination by the Health Research and Education Trust (HRET) and locally by the Indiana Hospital Association (IHA). The goals of the program were to reduce 30 day readmissions by 20% and reduce inpatient harm by 40% by the end of 2014. Funding was renewed for the Hospital Engagement Network 2.0 with renewed goals of reducing inpatient harm by 40% and 30 day readmissions by 20% from 2015 to September 2016. The new HIIN was modified in 2016 to include a more robust program including an updated Improvement Calculator that reflects the overall percentage of improvement in preventable harm events. The current phase (2016-2019) includes over 1,600 participating hospitals and 32 state hospital associations nationwide and is the most diverse improvement program to date.

The HRET has a two year contract with an optional third year based on performance to continue efforts to reduce all-cause inpatient harm by 20% and readmissions by 12% by 2018. The HIIN works at the hospital regional, state, national level to sustain and accelerate national progress and momentum towards continued harm reduction. The HIIN program assists by identifying successful innovation and disseminating this information to other hospitals and providers. The HIIN promotes collaboration through hospital networking and a wide array of initiatives to promote and improve patient safety. The program has over 30 categories of harm events with many of the measures continued from HEN 1.0 through the new HIIN

project. The new domains of harm reduction for HIIN include Sepsis Mortality and Worker Safety Harm events associated with patient mobilization and workplace violence for the 2016-2019 program. The Institute of Medicine Report (IOM) was an impetus for the program, citing that between 44,000 and 98,000 people die in hospitals each year as a result of preventable errors. The HRET coordinates the program and works with State Hospital Associations to provide resources and support promoting participation of state hospitals. The Indiana Hospital Association (IHA) works diligently with Franciscan hospitals assisting with guidelines using the Electronic Encyclopedia of Measures (EOM) for data definition. The IHA works with individual hospitals to review their data and ensure data accuracy. Franciscan Alliance chose to participate in the Hospital Improvement and Innovation Network (HIIN) beginning in October 2016. According to the Agency for Healthcare Research and Quality (AHRQ) an estimated 125,000 fewer patients died in hospitals and approximately \$28 billion in health care costs were saved as a result of reductions in Hospital Acquired Conditions during 2012-2016 HEN programs.

Under the HEN 2.0 project, Franciscan showed an overall improvement in harm per discharge of 32% while still showing opportunities for further reduction in harm events. Under the current HIIN program (October 2016-May 2018) Franciscan Alliance showed reduction of harm events included **3,142 harms prevented** and **\$23,588,806 in savings**. Overall HIIN improvement in harm per discharge of 23% (See table), is a reflection of teamwork and quality/process improvements with collaboration using a multidisciplinary approach through coordinating efforts of Quality and Business Transformation using lean methodology. Opportunities remain for continued work to reduce overall harm events with the remainder of 2018-2019 program year of HIIN.

The analysis upon which this report is based were performed under Contract Number No. HHSM-500-2016-00067C, entitled, "Hospital Improvement Innovation Contract" sponsored by the Centers for Medicare and Medicaid Services, Department of Health and Human Services."

Summary Table Franciscan Alliance Improvement (October 2016-May 2018)

In Total ? ****	Harm Measure for (Multiple Items) Hospital	Baseline Rate per 1000	Target Rate	Project To Date Rate per 1000	Project To Date % Improvement	Improvement Status (scale)
Y	ADE Anticoag	29.93	27.84	18.96	37%	Achieved
Y	ADE Hypo	90.72	84.37	67.58	26%	Achieved
Y	ADE Opioid	6.28	5.84	2.91	54%	Achieved
Y	CAUTI Rate excluding NICU + Inpat	1.04	0.94	0.90	14%	Achieved
	CAUTI Rate excluding NICU	1.22	1.10	0.71	42%	Achieved
	Cath Utilization excluding NICU + Inpat	207.10	186.39	228.56	-10%	Opportunity
	Cath Utilization excluding NICU	625.43	562.88	660.63	-6%	Opportunity
Y	CLABSI Rate All inpatient	0.74	0.66	0.98	-33%	Opportunity
	CLABSI Rate ICUs	0.80	0.72	1.34	-67%	Opportunity
	CLABSI Central Line Util ratio - All Inpat	233.81	210.43	226.49	3%	Opportunity
	CLABSI Central Line Util ratio - ICUs	436.05	392.44	437.33	0%	Opportunity
Y	Falls	0.62	0.58	0.54	13%	Achieved
Y	PrU, Prevalence, Stage 2+	13.45	12.11	21.34	-59%	Opportunity
	PrU, PSI 03, Stage 3+	0.08	0.07	0.22	-179%	Opportunity
Y	SSI Colon Surg	39.49	36.72	32.44	18%	Achieved
Y	SSI Abdominal Hysterectomy	10.43	9.70	9.08	13%	Achieved
Y	SSI Total Hip Replacements	7.99	7.43	11.53	-44%	Opportunity
Y	SSI Total Knee Replacements	6.30	5.86	3.65	42%	Achieved
Y	C. difficile Infections	0.57	0.53	0.85	-49%	Opportunity
Y	Sepsis Post Op	17.79	16.55	4.98	72%	Achieved
	SEPSIS Hosp Onset Mort	343.84	319.77	364.02	-6%	Opportunity
	Sepsis Overall Mort	119.36	111.00	145.41	-22%	Opportunity
Y	VAC	9.93	9.24	10.42	-5%	Opportunity
	IVAC	3.12	2.90	2.86	8%	Achieved
Y	VTE	2.75	2.56	1.69	39%	Achieved
	MRSA 2	0.02	0.02	0.08	-217%	Opportunity
	WS Handling	3.01	2.86	2.80	7%	Achieved
	WS Violence	0.43	0.41	0.47	-11%	Opportunity
Y	Readmissions	100.36	96.34	92.94	7%	Achieved
	Total Harm**	9.43	8.49	7.28	23%	Achieved

* = Value is not available or is suppressed due to incomplete baseline or monitoring data, or because the baseline rate is zero and the monitoring rate is greater than zero, so improvement cannot be calculated.

**Does not include HAPU 3+ or IVAC because harms in these categories are already included in other measures. Improvement status based on 10% target for Year 1.

*** Putting any LETTER in here will have this row suppressed; to not suppress, make this column of the given row blank (highlight cell and hit the "delete" key).

**** Putting any LETTER in here will have this row included in totals; to exclude from totals, make this column of the given row blank (highlight cell and hit the "delete" key).

Note: Numbers in parentheses with red colors are negative numbers (eg. (8)=-8)

MEDICATION SAFETY

The Franciscan Alliance Medication Safety (FAMS) team is a multi-disciplinary committee with team members representing pharmacy, nursing, physicians, risk management, quality, information services and other disciplines as appropriate. This innovative group was revitalized in 2013 with a goal to improve medication safety throughout the Franciscan Alliance.

The FAMS group continues an enormous project in partnership with Tonn and Blank to remodel our Sterile Intravenous Compounding (SIVC) facilities throughout Franciscan Alliance. This project includes a total of 23 locations that support our hospitals, cancer centers, home infusion sites, and outpatient infusion clinics. Franciscan Health started the compliance process by cataloging its entire medication formulary, identifying and arranging by risk. Some medications that have not been considered hazardous in the past are now classified as hazardous and are governed by United States Pharmacopeia (USP) 800 requirements and guidance for receiving, unpacking and storage; manipulating, compounding and administering; using Personal Protective Equipment (PPE), including respiratory and eye/face protection; and engineering controls. A corporate USP workgroup at Franciscan Health is leading the compliance charge. This group is composed of pharmacists, nursing, risk management, infection control, construction program management, and an outside consultant. Bryan J. Mumaugh, Pharm.D., serves as corporate sponsor and Chris Gregory, RPh, Sterile Compounding Supervisor, serves as system champion. “We are simultaneously working on new policies and procedures while ensuring appropriate environmental changes are met through an extensive USP 800 remodel of our more than 20 locations that will be compounding hazardous medications when USP becomes enforceable,” Mumaugh says. “We are working to come to system decisions to ensure that all facilities are not only compliant but unified for success. We have completed programs for unified decontamination and cleaning. As we continue to move forward in this process, we will be unifying several other facets that affect our operations.”

We are actively engaged in ensuring that all facilities are renovated and in compliance with new USP <800> (HAZARDOUS DRUGS – HANDLING IN HEALTHCARE SETTINGS) and newly announced USP <797> (Pharmaceutical Compounding – Sterile Preparations) revisions. The new USP <800> chapter and Revised USP <797> Chapter will both become fully enforceable as of December 1st, 2019. Franciscan Alliance has invested heavily to ensure that we have state of the art IV compounding facilities that meet, if not exceed, all USP <797> and <800> standards.

Franciscan Alliance has broadened their partnership with CareFusion Solutions with the support of David R. Blazo, RPh, Corporate Director of Pharmacy, to adopt their latest technology platform to further enhance medications safety throughout our facilities. Laura Shondell, RPh, Administrative Director Pharmacy Services (South Area), serves as corporate sponsor and Austin Wilson, Pharm.D., Pharmacist Informaticist, serves as system champion. Our enhanced partnership will allow us to have a standard enterprise level medication dispensing system (Pyxis™ MedStation and Pyxis™ Anesthesia ES) on a unified platform. Pharmacy will have enhanced checks with stocking the Pyxis™ equipment with barcode scanning through PARx™. BD Pyxis™ Med Link will allow us to improve nursing workflow through the integration of a remote medication queuing system within our electronic medical record.



Knowledge Portal and RxAuditor™ are Automated Drug Control System Software (“RxAuditor”) and drug diversion analytics and reporting services (“RxAuditor Services”) used to manage controlled substances. Pyxis™ CII Safe combined with RxAuditor™ will provide a complete end to end solution regarding controlled substances. This is a significant enhancement to our current system with predictive analytics and statistical analysis that will ultimately allow us to rapidly identify potential drug diversion. This will further allow us proactively to identify and stop potential sources of diversions from getting into channels for illegal distribution that can contribute to the opioid crisis.



Pyxis™ IV Prep will greatly enhance our medication safety with sterile IV compounding. It will integrate with barcode scanning during IV compounding and further enhance safety by adding gravimetric and volumetric validation of compounded sterile IV products using sophisticated cameras and scales.



ANTIMICROBIAL STEWARDSHIP PROGRAM – (ASP)

The growing epidemic of human antimicrobial resistance continues to be a current problem and the decision to have a system multi-disciplinary antimicrobial stewardship program still provides an approach to combat antimicrobial resistance, improve clinical outcomes and control cost. Physician specialists and clinical pharmacists who have an interest in infectious diseases continue to lead these processes in a co-leadership approach locally at each of the hospitals. The antimicrobial stewardship functionality in the electronic medical record continues to be optimized to offer alerts with smart logic, on-screen reports for data assembly and report capability. The clinical pharmacists now receive quicker notification of bug-drug and drug-lab mismatches which provides them the ability to offer interventions for appropriate antimicrobial selection and duration of therapy as well as optimizing the dose and route of the antimicrobial. These enhancements have shown to be beneficial and can be seen in the increased number of interventions that our clinical pharmacists are completing.

The system has standardized on eight specific intervention categories for antimicrobial stewardship. Where in the past the focus was tailored to addressing the kinetic dosing of the antimicrobials and the optimization of the route, the current focus is more toward the de-escalation and stopping of therapy when appropriate.

These standardization efforts have offered a concentrated approach to the type of interventions the clinical pharmacists are acting on and a consistent way of documenting.

Anti-infective D/C'd	Discontinuing unneeded antibiotic therapy (eg. Patient on Zosyn and Vanco but wound culture only positive for MRSA)
Anti-infective ID Other recommended	Pharmacist input for other issues related to antimicrobial therapy (eg. Recommending pulling central lines, ordering pre-meds for Ampho B)
Anti-infective Labs recommended/ordered	Pharmacist recommends additional labs to aid in an infectious diagnosis (eg. Checking stools for C. diff, O&P; checking sputum for TB)
Anti-infective Therapy Initiated	Pharmacist input for selection and/or initiation based upon culture results or suspected infection (eg. Recommend adding Zithromax on a patient)
Anti-infective Therapy Switch	Pharmacist input for switching to more appropriate therapy or streamline to more narrow antibiotic
Anti-infective Dosing Category	Pharmacist input for dosing anti-infective agents.
Anti-infective IV to PO	Pharmacist input for switching IV therapy to oral therapy for a patient. (eg: Recommend changing
Anti-infective Kinetics	Pharmacist input for dosing anti-infective agents based on pharmacokinetic principles. (eg:

Illustration 2 *Standardized System Pharmacy Intervention Categories

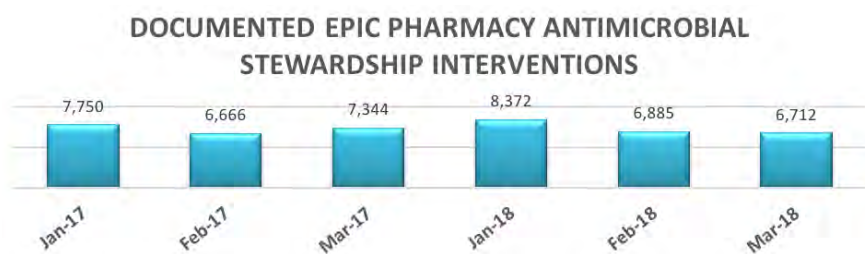


Illustration 1

*Total count for ALL eight anti-infective type of interventions

*1st Quarter comparison 2017 vs 2018

In 2017, the team had approved three priorities that consisted of developing general education for all Franciscan Alliance employees, reducing all antimicrobial days of therapy (DOT) per 1000 patient days by three percent and the continued optimization of the electronic medical record to offer improved efficiencies. In order to accomplish the reduction of antimicrobial (DOT) by three percent the team identified four target areas. The reduction of the duration of broad spectrum antimicrobial utilization was one of the four identified target areas, and that was completed in 2017 along with all of the general education and

initial efforts to optimize the electronic medical record. Within this past year the team tailored their efforts on the next two target areas. The first was the reduction in the Extended Spectrum Beta Lactamase-containing (ESBL) organism rates. Decreasing the antimicrobial pressures or drivers like fluoroquinolone and third generation cephalosporin utilization was the strategy that the team took.

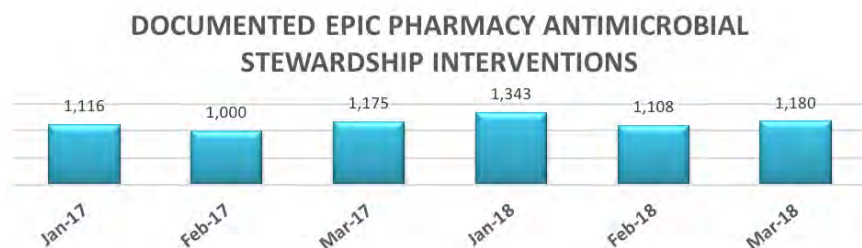


Illustration 3

*Total count for ONLY anti-infective discontinued and anti-infective therapy switched intervention category
*1st Quarter comparison 2017 vs 2018

All of the local antimicrobial stewardship teams were able to launch an educational campaign that assisted with the success of this strategy. In addition, some hospitals approved and implemented an automatic stop policy for these specific antimicrobials. A snapshot of the data year to date is presented in Illustration #4. The second target area was improving the process for diagnosis and treatment of urinary tract infections. The team revised the urinary tract infection (UTI) order set to include appropriate antimicrobial selections for the treatment of uncomplicated cystitis, pyelonephritis/complicated UTI-community acquired and catheter associated hospital acquired UTI. The last target area, reducing vancomycin and piperacillin/tazobactam utilization, is currently being addressed. The team continues to measure monthly the normalized days of antimicrobial therapy per 1000 patient days present for all antimicrobials as well. A snapshot of the data year to date is presented in the Illustration #5.

All of the efforts indicated above have shown success. However, with every initiative there is always opportunity to improve. We anticipate that, through the completion of the final target area, a greater reduction of antimicrobial days of therapy will be seen.

QUINOLONE - DAYS OF THERAPY		% Change
FH- IN	2017	-25.15%
	2018	
FH- MV	2017	-25.36%
	2018	
FH-CM	2017	
	2018	
FH-LE	2017	-9.02%
	2018	
FH-CV	2017	17.87%
	2018	
FH-RN	2017	-26.15%
	2018	
FH-CP	2017	-48.85%
	2018	
FH-MC	2017	-35.43%
	2018	
FH-HA	2017	-17.63%
	2018	
FH-DY	2017	-11.83%
	2018	
FH-MU	2017	-17.75%
	2018	
FH-OF	2017	-42.84%
	2018	
OVERALL	2017	-20.49%
	2018	

Illustration 4 Normalized Days of Antimicrobial Therapy per 1000 Patient Days Present – ONLY Quinolones

All Antibiotics - Days of Therapy		% Change
FH- IN	2017	0.33
	2018	
FH- MV	2017	3.80
	2018	
FH-CM	2017	4.26
	2018	
FH-LE	2017	0.33
	2018	
FH-CV	2017	8.57
	2018	
FH-RN	2017	-10.31
	2018	
FH-CP	2017	-3.34
	2018	
FH-MC	2017	0.53
	2018	
FH-HA	2017	6.51
	2018	
FH-DY	2017	-0.03
	2018	
FH-MU	2017	-6.99
	2018	
FH-OF	2017	13.57
	2018	
OVERALL	2017	1.24
	2018	

Illustration 5 Normalized Days of Antimicrobial Therapy per 1000 Patient Days Present – ALL Antimicrobials

*Fewer normalized days of antimicrobial therapy is the desired direction

EVIDENCE-BASED MEDICINE ORDER SETS

Evidence-based Order Sets (EBOS), are standardized, inpatient physician orders structured to contain specific care process, medication and other care orders based on the latest scientific literature evidence. Such order sets allow physicians full scope of care order customization to fit the specific patient's unique needs, but remind the physician of all evidence-based data that supports better outcomes for patients with the diagnosis the physician has established as the primary working approach to that patient's care. Work on EBOS continued in 2017, with 62 change requests being made and 5 new Order Sets being developed. 61 of the 62 submitted change requests were completed and 3 of the 5 new OS requests were accepted for production use, as noted in the graphic below.

EBOS Tollgate Summary											
Year	Overall New Items (1)	Approved Items	Rejected Items	Approval Rate	Approved Items moved to Production	Productivity (2)	New Order Set Requests (3)	New Order Sets Approved	New Order Sets Built in POC (4)	New Order Sets moved to Production	New Order Set Productivity (2)
2013	244	231	13	94.7%	194	84.0%	30	26	22	18	69.2%
2014	112	109	3	97.3%	99	90.8%	17	17	4	11	64.7%
2015	106	104	2	98.1%	95	91.3%	10	10	6	6	60.0%
2016	82	74	8	90.2%	68	91.9%	6	6	4	3	50.0%
2017	62	61	1	98.4%	54	88.5%	5	5	3	3	60.0%
Footnotes:											
(1) Represents items submitted to Corporate EBOS through current change management											
(2) Productivity reflects work moved to Production compared to Approved Items											
(3) New order set requests are included in the Overall New Items for the year											
(4) 1 order set (CHF Discharge) was requested in 2013 and is still pending issue reconciliation.											

Additional, non-scheduled reviews of specific order sets or portions of Order Sets were performed at the request of users, and 98% of requested changes were approved.

2017 EBOS Review/Changes				
Month	Items Reviewed	Items approved	Approval Rate	Moved to Production
February	87	85	98%	4/13/17
March	31	27	87%	6/8/17
April	27	26	96%	6/8/17
May	48	48	100%	8/10/17
June	82	81	99%	8/10/17
July	39	39	100%	2/8/18
August	40	40	100%	2/8/18
September	51	51	100%	2/8/18
Total	405	397	98%	

Additional clean-up work was performed on existing Order Sets to make them more easily accessible and usable to physician users.

- Improved search utility
- Reviewed and updated the Epic Training manual to provide additional detail for using order set.
- Heart Failure metrics completed and presented to Clinical Operations Group
- Aligned order sets with improved EMR functionality, such as nested panels.

Work on Order Sets is currently in maintenance mode, with new OS development being paused while the Franciscan Transformation Team focuses on making needed changes to operational procedures to improve overall quality and efficiency of the entire Franciscan care processes.

EPIC CARE

Promoting Interoperability

MEANINGFUL USE (MU)

Program Overview

The American Recovery and Reinvestment Act passed in 2009 allocated \$19 billion in funding for health information technology incentives. Most of these funds were slated to reward hospitals and physicians identified as “meaningful users” of certified electronic health records.

Meaningful Use (MU) Is Now Called Promoting Interoperability (PI)

At the conclusion of 2014, The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) that oversee the Meaningful Use program began reworking the Calendar Year 2015 – 2017 specifications with plans to “raise the bar” for each subsequent year. These annual changes would have required hospitals and physicians to use more automation to improve the quality of care, patient satisfaction, and to reduce the cost of healthcare services overall.

How Promoting Interoperability Benefits Patients

The sharing of patient information among the many physicians that may be providing care to a patient is one of the major goals of Promoting Interoperability. Sharing the patient's electronic health record (EHR) will save time and eliminate duplication of services and tests, thus reducing cost and improving quality of care and patient satisfaction. As we move forward, CMS and the Office of the National Coordinator for Health Information (ONC) have set expectations that patients and their physicians will increase the use of electronic communications as an option for office visits. To prepare for this requirement, Franciscan is expanding the Epic MyChart capabilities and adding "e-visits" and "video visits" for patients to engage with their physicians using secure Internet connections beyond the walls of the physician's office.

ADVANCED PAYMENT MODELS

CMS is always looking for ways to reduce cost and improve performance and quality for all of the services that are billed under Medicare and Medicaid. Their current focus has moved from the incentive payment years under the Meaningful Use program created under the American Recovery and Reinvestment Act passed in 2009 to an era of payment adjustments to hospitals, physicians and Medicare recipients based on their reporting of performance and quality indicators that are electronically sent from each provider's Electronic Medical Record System that were possibly paid for by the MU incentive payments.

In 2011-2017, the Meaningful Use dollars were used to incentivize the installation of Electronic Medical Record systems into each hospital and physician practice that would collect information for reporting to CMS as evidence of meaningful use of the electronic medical record system.

After 2017 the program has been renamed Promoting Interoperability. Under this new program CMS will collect information from each provider and compare their performance and quality against all other providers in their category (hospitals and providers) across the country and increase or decrease the payments for these services for the following year based on overall national performance. The better the scores, the better the payment adjustment; the lower the score, the more payment will be reduced. In addition, CMS is expected to raise the bar each year by increasing score requirements for performance and quality measures.

WHAT DOES THIS ALL MEAN

The CMS is dedicated to improving interoperability and patients' access to health information. Through the new Promoting Interoperability rulemaking, they are also streamlining the programs to reduce the time and cost required of providers to participate.

Meanwhile, health organizations and electronic health record vendors must stay tuned for ever-changing information regarding these programs and timelines that are required. These changes will push the health care industry to new levels of effort to stay current but the result over time will be lower cost, higher quality, and increased patient satisfaction with their medical services.

The main features of Promoting Interoperability include:

- Allowing the physician to gain access to the patient electronic record that may reside in another health system's EHR.
- Allowing patients to access their electronic health information any time of the day or night.
- Providing a way for patients to communicate more effectively with their provider to better meet their specific needs.

GLOSSARY OF TERMS

ACO: Accountable Care Organization – no single definition exists, but an ACO is generally perceived as a consortium of caregivers and payers that agree to collaborate, cooperate and communicate in providing health care and support to patients in all settings, from well at home to acute hospitalization and back to home with payments being made based on providing high-quality, needed care rather than on specific services provided. Active patient involvement in self-care is another key feature of ACO functions. There are multiple ACOs currently in existence, from those operated under the guidance of CMS (Pioneer and Medicare Shared Savings Plan or MSSP, for example) to those operated by commercial insurers.

AHRQ: Agency for Healthcare Research and Quality – a Federal agency charged with improving the quality, safety, efficiency and effectiveness of healthcare for all Americans.

ALOS: Average Length of Stay – sometimes referred to as LOS, or length of stay. The length of time (usually in days or fractions of days) that a patient remains an inpatient in a hospital setting.

AMI: Acute Myocardial Infarction – also known as a Heart Attack.

Antimicrobial Stewardship: A program that focuses on the appropriate use of antibiotics at proper doses and proper times to maximize benefit and minimize bacterial resistance.

Aranesp: Brand name of a drug (darbepoietin alpha) that is given to patients with renal failure and a low red blood cell count (anemia) to treat that anemia.

Arrhythmia: A problem with the rate or rhythm of one's heartbeat, which means that the heart beats too slowly, too fast or with an irregular pattern.

BiPAP: Bi-level Positive Airway Pressure – similar to CPAP (Continuous Positive Airway Pressure) ventilation assistance (breathing support) used by individuals diagnosed with sleep apnea and other breathing disorders except that BiPAP uses different positive airway pressures for each of the two phases of breathing (inhaling and exhaling).

Cardiac: Of or pertaining to the heart.

Cardiac Catheterization: A surgical procedure in which a trained physician inserts a long tube (a catheter) into the blood vessels of the heart, usually by way of the femoral (groin) artery. This procedure is performed both to visualize whether and where a coronary artery may be blocked and to perform an artery-clearing procedure by inflating a balloon-like portion of the catheter to press the materials causing the blockage against the walls of the affected artery. Usually a metal mesh device that is designed to keep the coronary artery open (a stent) is inserted into the treated artery to prevent subsequent re-blockage.

Cardiogenic Shock: A condition in which a person's heart suddenly cannot pump enough blood to meet the body's needs, due to the failure of the heart ventricles to function effectively. It is a life-threatening condition which requires immediate medical intervention to prevent death.

Care Maps: Detailed day-by-day guidance for caregivers that shows specific care processes and health improvement milestones that the majority of hospital inpatients with a specific health condition should experience and reach for optimal hospitalization outcomes.

CAUTI: Catheter-associated Urinary Tract Infection – a bladder or kidney infection that is caused by the prolonged presence of a urinary catheter (a tube to drain urine) in the bladder.

GLOSSARY OF TERMS

CHF: Congestive Heart Failure – sometimes called HF or Heart Failure. A condition in which the pumping activity of the heart muscle is impaired due to damage from a heart attack or other condition or disease.

Chronic Condition: Generally a medical condition that persists over time and cannot be cured only made less difficult for the patient to live with by appropriate self-care and good caregiver coordination. Examples of chronic diseases are Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF) and Diabetes.

CLABSI/CLBSI: Central Line-associated Blood Stream Infection/Central Line Bloodstream Infection – terms to indicate a systemic infection (see also Sepsis) causally associated with the presence of a central venous catheter (a long tube that is inserted through the skin into an arm or leg vein that is then threaded through the venous system so the tip of the tube is very close to the heart for medication administration and other critical medical uses).

Clinical Case Coordination/Coordinators: In ACO settings, this is the approach and team that work directly with ACO beneficiaries to assure that medical/clinical care is fully coordinated and optimized in all care locations, including, most critically, at home.

CMS: The Center for Medicare and Medicaid Services – see also HHS.

COG: Clinical Operations Group – the name Franciscan applies to an ongoing group of committees made up of physicians, nurses and other caregivers with the expressed goal of improving the quality of care provided while eliminating wasteful and unnecessary costs associated with providing that care.

Comorbidity: Either the presence of one or more disorders (or diseases) in addition to the primarily diagnosed one or the effect of such additional disorders or diseases on the patient's overall health and well-being.

Complications: Generally conditions that arise as a consequence of diseases worsening or treatments of diseases having unforeseen and undesired consequences of causing harm rather than helping a patient get better.
Coronary Artery: One of the several blood vessels that delivers blood to heart muscle. A blocked coronary artery is a frequent cause of heart attack.

Coronary Artery Bypass Graft (CABG): A surgical procedure commonly called “bypass surgery” which utilizes blood vessels from elsewhere in the body to replace damaged coronary arteries during an open heart surgical procedure.

CPAP: Continuous Positive Airway Pressure – ventilation assistance (breathing support) used by individuals diagnosed with sleep apnea and other breathing disorders which provides the same continuous pressure during both phases of breathing (inhaling and exhaling).

Decile: A statistical term used to describe the relative position of a score or result when ranked among all participant scores or results. The bottom decile means the bottom 10% of scores or results while the top decile means the top 10% of scores or results.

DRG: Diagnosis-related Group – a term developed by CMS to bundle payments for overall episodes of care in order to reduce the cost of care as opposed to paying based on specific services provided.

Door to Balloon Time: Used as a measure of Emergency Department proficiency at properly managing the care of a patient who has experienced a heart attack, this metric is defined as the time elapsed between the time a patient experiencing a heart attack is registered as being present in the ED and the time a physician has inserted a cardiac balloon catheter into the blocked coronary artery and inflated it, relieving the blockage.

GLOSSARY OF TERMS

EBM: Evidence-based Medicine – the use of clinical and scientific evidence that has been peer-reviewed and published in medical and scientific literature along with individual caregiver experience to determine what care processes have the most optimal chances for yielding improved outcomes in specific diagnoses and conditions.

EBOS: Evidence-based Order Sets – the means by which EBM is incorporated into the care of an individual patient. The physician's orders for care include EBOS in order to maximize optimal outcomes for that specific patient, based on both scientific evidence and the physician's knowledge and expertise.

ED: Emergency Department or Emergency Room.

ERAS: Enhanced Recovery After Surgery, a set of practices that have been shown with strong evidence to reduce post-operative harm, to speed recovery of mobility and to improve markedly the time it takes for a patient to get back to full available functionality following a surgical procedure.

ESBL: Extended Spectrum Beta Lactamase - antibiotic resistant bacteria that produce the beta lactamase enzyme which destroys commonly-use antibiotics.

Falls: The unexpected and undesired movement of a person from one level or plane to another. This includes assisted falls in which a caregiver catches a patient and assists them to sit or lowers them to another plane without harm to the patient.

FHCA: Franciscan Health Carmel

FHCR: Franciscan Health Crawfordsville

FHCP: Franciscan Health Crown Point

FHDY: Franciscan Health Dyer

FHHA: Franciscan Health Hammond

FHIN: Franciscan Health Indianapolis

FHLA: Franciscan Health Lafayette

FHMC: Franciscan Health Michigan City

FHMO: Franciscan Health Mooresville

FHMU: Franciscan Health Munster

FHOF: Franciscan Health Olympia Fields

FHRE: Franciscan Health Rensselaer

Franciscan: Franciscan Alliance

HAC: Hospital-acquired Condition, such as an infection or injury that occurred while an inpatient in a hospital

HAI: Hospital-acquired Infection – an infection such as CLABSI or CAUTI that occurred while a hospital inpatient

Harm: Generally an unintended outcome of care in which the patient was injured or otherwise hurt

Hemoglobin A1C (HbA1C): The fraction of total hemoglobin in red blood cells that has glucose (sugar) attached to it by a chemical reaction. When blood glucose is high, as in patients with diabetes, the HbA1C fraction of hemoglobin becomes increased and can be used to track how well a patient is managing their diabetes with diet and medication.

HEN: Hospital Engagement Network – a group of hospitals organized into an information-sharing consortium that functions with the intention of improving patient care and patient safety.

HHS: The Department of Health and Human Services – a Federal, Cabinet-level department that has CMS and other agencies related to healthcare and human needs reporting to it.

GLOSSARY OF TERMS

HIIN: Hospital Innovation Improvement Network – the successor program to HEN which has raised the performance bar on harm reduction and has engaged over 1,600 hospitals and 32 state hospital associations in HRET’s ongoing efforts to drive preventable patient harm levels toward zero. Reduction in harm to caregivers has recently been added to its goals

HRET: Health Research and Educational Trust – founded in 1944 by the American Hospital Association with the expressed aim of transforming education through research and education, the HRET uses applied research to assist in improving the delivery of health care by providers.

Injury: See Harm.

IQI: Inpatient Quality Indicator – a term developed by the AHRQ to measure, in a standard way, undesired outcomes to hospital inpatients.

Kaizen: This Japanese word by itself merely means “change for the better”. In Lean practice, Kaizen refers to a process of continuous improvement that Franciscan has designated as one key function of Rapid Improvement Events (RIEs) and Managing for Daily Improvement (MDI). Kaizens are used to identify, trial and implement small changes in work processes by frontline staff.

Left Ventricular Assist Device (LVAD): A pumping device that is designed to assist the left ventricle of the heart (the main pumping chamber that delivers blood to the body other than the lungs) to move blood through the many arteries and veins of the circulatory system. LVADs are designed to be used temporarily to support heart function while the patient awaits a heart transplant or to allow the heart to recover from injury or disease.

Managing for Daily Improvement (MDI): a set of practices that facilitate and support daily improvement by everyone in Franciscan Alliance. These practices optimally include daily improvement cycles, Gemba Walks and Gemba Boards and the spread of Kaizens throughout frontline operations.

MDRO: Multi-drug Resistant Organism – sometimes called “super bugs” these are usually bacteria that have become resistant to antibiotics that once were able to kill them or to inhibit their growth. One well-known example of an MDRO is methicillin-resistant *Staphylococcus aureus*, or MRSA.

Meaningful Use: A term developed as part of the Patient Protection and Affordable Care Act (PPACA, ACA) that describes specific information technology goals hospitals and caregivers must attain in order to receive Federal funding in support of the implementation of Electronic Health Records, or EHRs. This program has been updated and renamed “Promoting Interoperability”.

Medicare: The health insurance program provided by the Federal government to people over 65 and those who are disabled or on end-stage renal dialysis. Medicare Part A insurance covers hospitalization-related costs, while Part B covers ambulatory and physician care and Part D covers medications. Medicare Advantage insurance combines all these coverages (Parts A, B and D) into a single health care policy.

Milliman: A set of actuarial guidelines published by Milliman Corporation regarding CMS hospital admission rules.

NDNQI: National Database of Nursing Quality Indicators, a data set developed for the express purpose of measuring and tracking specific healthcare-related issues that are connected with the performance of bedside nursing care.

GLOSSARY OF TERMS

NHSN: The National Healthcare Safety Network, an infection tracking system developed and operated by the Centers for Disease Control and Prevention (CDC).

ONC: Office of the National Coordinator for Health Information for CMS, who nationally leads the processes for change and improvement in the interoperability and functionality of healthcare information technology systems.

Partnership for Patients: A public-private partnership that had as its focus improving the quality, safety and affordability of health care for all Americans. CMS was the public partner in this organization. This initiative was replaced by the Hospital Engagement Network versions 1.0 and 2.0 and subsequently by the current Hospital Innovation and Improvement Network.

PCMH: Patient-centered Medical Home – A Primary Care transformational approach that provides accessible, continuous, coordinated and compassionate care for patients who are dealing with chronic conditions or diseases.

Patient Experience/Patient Satisfaction: Scores that indicate patient and family perceptions of care given in various settings. The most commonly used approach in hospitalized patients is the Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS), and there are CAHPS evaluations for other care settings as well.

Perfusion: The passage of fluid through the circulatory or lymphatic system to an organ or tissue, usually referring to the delivery of blood to a capillary bed in tissue.

PN: Pneumonia

Pressure Ulcers: Also known as bed sores, broken and deteriorating skin and underlying tissues that occurs as a result of unprotected, continuous pressure; occurs most often in areas where bony prominences are close to the skin surface.

Process of Care: A term developed by CMS to describe individual medical actions, such as providing aspirin upon admission to a patient with an apparent heart attack, that have been proven to improve outcomes and that are considered basic standards of proper care for patients with specific conditions.

PSI: Patient Safety Indicator – a term developed by the AHRQ to measure, in a standard way, incidents that may indicate less safe conditions for hospitalized patients.

qSOFA: Quick Sepsis-related Organ Failure Assessment – a bedside patient evaluation to predict which patients with suspected infection may have a poor outcome outside the ICU. qSOFA uses 3 criteria, low blood pressure, high respiratory rate, and altered mentation to develop a risk score and a probable sepsis prediction.

Quadruple Aim: The Triple Aim with an added focus on Improved Clinician Experience.

Quality Rounding: Also known as concurrent rounding – a technique used by hospital Quality leaders to assure that all patients receive all needed care measures during their hospital stay.

Quartile: See also Decile – example, a score or result in the bottom quartile is in the bottom 25% of all scores or results attained in a particular distribution of scores or results.

Rapid Improvement Events (RIEs): These are carefully planned and rapidly executed team events (also known as Kaizen Events) that generally span 1-5 days and involve key process participants solving a narrowly-scoped process improvement opportunity. The improvement opportunity has been approved by senior leadership in advance and is completed before the RIE is completed.

GLOSSARY OF TERMS

RCA: Root Cause Analysis, which is the process by which, through structured dialog, a team of caregivers seeks to understand the basic cause of any adverse event or patient harm that occurs in their unit or hospital.

Readmissions: In CMS terms, it is the unplanned readmission of a patient to a hospital within 30 days of that patient's having been discharged from the same or a different hospital.

Sepsis: A widespread, systemic inflammation in reaction to an infection that is present in the blood stream. This disease, which can lead to multi-organ failure, carries a significant probability of death (over 20%) and frequently has ongoing consequences that are negative for a patient who contracts it.

SIR: The Standardized Infection Ratio developed by the NHSN to allow consistent performance tracking for HAIs in facilities with varying volumes and patient acuity indices.

SSI: Surgical Site Infection – a term that means the development of an infection following a surgical procedure either within the area of the incision or deeper within the body.

SQDC: An acronym of the words, Safety, Quality, Delivery and Cost that is used to describe the order of priorities which is most effective in implementing an effective Lean Transformation System such as the Franciscan Transformation System.

Triple Aim: A stated goal of CMS, which is to provide better care for large groups of people (populations), better experiences and outcomes of care for individuals and lower costs of care for everyone.

VAE: Ventilator-associated Event is a newer term that groups all the conditions that result in a significant and sustained deterioration in oxygenation and which includes several conditions including Ventilator-associated Pneumonia (VAP). This new term is considered to provide better,

more complete information about the quality of care provided to patients who must breathe with the assistance of a breathing machine (a ventilator) through a tube inserted into their trachea.

Value Stream: The work processes, work streams or workflows that add value to consumers of the service or product provided. In health care, there are multiple work streams that occur in caring for a hospitalized patient. Each individual work stream is eligible for optimization which then assures that the greatest value of the care provided reaches our patients and families. In health care, value is generally measured by reduced amount of time that a patient must remain in the hospital (see ALOS) and by improved health outcomes.

Value Stream Transformation: Involves systematically rethinking and redesigning the streams of work in our organization to provide the greatest value for our customers. Improvement approaches to improve those value streams include, in descending order of complexity, projects, Rapid Improvement Events (RIE), workshops, and Kaizens.

VBP: Value-based Purchasing – a program developed by CMS under the guidance of the PPACA that is designed to focus caregivers away from the number of interventions given as part of a patient's care and toward better provision of care (Process of Care), better experiences of care by the patient, better outcomes and lower costs.

VTE: Venous Thromboembolism, also known as a deep vein thrombosis (DVT) - a blood clot that develops in a vein, usually in the leg, which could break loose and cause significant damage elsewhere in the body, particularly in the heart, lungs or brain.

WHO: The World Health Organization, an arm of the United Nations that has as its mission to direct international health within the UN system and to lead partners in global health responses.

APPENDICES

System Facilities

Franciscan Alliance Corporate Office

1515 W Dragoon Trail
Mishawaka, IN

Franciscan Health Carmel

12188-B N Meridian St

Franciscan Health Crawfordsville

1710 Lafayette Ave

Franciscan Health Crown Point

1201 S Main St

Franciscan Health Dyer

24 Joliet St

Franciscan Health Hammond

5454 Hohman Ave

Franciscan Health Indianapolis

8111 S Emerson Ave

Franciscan Health Lafayette East

1701 S Creasy Lane

Franciscan Health Michigan City

3500 Franciscan Way

Franciscan Health Mooresville

1201 Hadley Rd

Franciscan Health Munster

701 Superior Ave

Franciscan Health Olympia Fields

20201 S Crawford Ave

Franciscan Health Rensselaer

1104 E Grace St



Resources

Alverno Laboratories, LLC (AL) /

Alverno Provena Hospital Laboratories, Inc.

2434 Interstate Plaza Drive, Hammond, IN 46324

Telephone: (219) 989-3700

www.alvernoclinicallabs.org

Alverno Laboratories, LLC is a full service, community based medical laboratory performing over 750 different tests in both clinical and anatomic pathology. Established in Hammond, Indiana, Alverno Clinical Laboratories, LLC is a joint venture of Franciscan and Amita.

Tonn and Blank Corporation

A for-profit construction company whose business is to provide construction services to all Franciscan facilities and to other health care and non-health care clients.

www.tonnandblank.com

Franciscan Home Care Services

A jointly-owned corporation providing home care primarily to residents of Northwest Indiana.

Franciscan Alliance Information Services

An information services company providing "I.S." expertise to all system hospitals as well as consultative and operational services to other health care providers.

Health Trust

HealthTrust Purchasing Group is a group purchasing organization committed to obtaining the best price for clinically-recommended products, ensuring timely delivery, and improved services to patients, physicians and clinicians.

St. Elizabeth School of Nursing

Located in Lafayette, Indiana, St. Elizabeth School of Nursing is the only diploma school of nursing in the State of Indiana.

www.steson.org

University of Saint Francis

Located in Fort Wayne and Crown Point, Indiana, the University of Saint Francis is a private, Catholic university founded in 1890 by the Sisters of St. Francis of Perpetual Adoration.

www.sf.edu

Franciscan Physicians Network (FPN)

A physician network of approximately 700 family practice and specialty care physicians which covers all 4 Franciscan geographic Regions throughout Indiana and South Suburban Chicago. FPN physicians are currently accepting new patients in all Regions.

Franciscan Physicians Shared Service Organization

Centralized Business Office / Ambulatory Business Office

Centralized Purchasing and Disbursement Services Center

Central Order Entry Pharmacy

APPENDICES

Clinical Service Recognition & Distinctions

CENTRAL INDIANA

Franciscan Health Carmel

Franciscan Health Indianapolis

Franciscan Health Mooresville

Accreditations, Certifications, Awards and Honors

Chest Pain Center Accreditation
Society of Cardiovascular Patient Care, 2018

Coronary Artery Bypass Surgery Accreditation
Consumer Reports, 2018

Aortic Valve Replacement Surgery
Consumer Reports, 2018

Breast Care Accreditation
*National Accreditation Program
for Breast Centers, 2018*

Gold Plus Award for Stroke
*American Heart Association/American Stroke
Association Get with the Guidelines (GWTG), 2018*

Gold Performance Achievement Award with
NCDR (National Cardiovascular Data Registry)
*American College of Cardiology ACTION Registry,
2018*

Stroke Gold Plus Target: Stroke Elite
Plus Honor Roll, 2018

America's 50 best Hospitals
Healthgrades, 2018

Patient Safety Excellence Award
Healthgrades, 2018

Outstanding Patient Experience Award
Healthgrades, 2018

Silver Safe Sleep Leader Certification
*National Safe Sleep Hospital Certification Program,
2018*

Premier Recognition In the Specialty
of Medical-Surgical Nursing (PRISM)
*Academy of Medical-Surgical Nurses and the
Medical-Surgical Nursing Certification Board, 2018*

Health Care Hero Honoree, *IBJ, 2018*

High Quality Standards, *Quality Oncology Practice
Initiative Certification Program, 2018*

Number 1 in Indiana for Medical Excellence
in Joint Replacement Care, *CareChex, an
information service of Quantros, Inc, 2018*

Top 10% in the Nation for Medical Excellence
in Joint Replacement Care, *CareChex, an
information service of Quantros, Inc, 2018*

5 Star Hospital, Mooresville
Centers for Medicare and Medicaid Services, 2018

Infant Hepatitis B, Mooresville
Immunization Action Coalition (IAC), 2018

Silver Level Beacon Award, *American Association
of Critical-Care Nurses (AACN), Mooresville,
2018-2020*

5 Star Hospital, Carmel
Centers for Medicare and Medicaid Services, 2018

WESTERN INDIANA

Franciscan Health Crawfordsville

Franciscan Health Lafayette

Franciscan Health Rensselaer

Accreditations, Certifications, Awards and Honors

Accreditation Commission for Education
in Nursing, ACEN, 2018

Verified Trauma Center Emergency Department
American College of Surgeons, 2018

Women's Choice Award America's Best Hospitals
Women's Choice Award, 2018

Get with the Guidelines 2017 Stroke Silver Plus
Award for Stroke Care, American Heart Association,
2017

Get with the Guidelines 2017 Heart Failure
Gold Plus Award for Heart Care
American Heart Association, 2017

Healthgrades Patient Experience Award,
Healthgrades, 2018

Cancer Care,
Commission on Cancer Accreditation, 2018

America's 250 Best Hospitals,
Healthgrades, 2018

Safe Sleep Champion Certified OBGYN,
The Cribs for Kids National Safe Sleep
Hospital Certification, 2018

AACVPR, American Association of Cardiovascular
and Pulmonary Rehabilitation, 2018

Sleep Centers Accreditation -
Sleep Disorders Center,
Accreditation Commission for Health Care Inc., 2018

Stroke Center - Primary Stroke Center
Certification, Healthcare Facilities
Accreditation Program (HFAP), 2018

Breast Imaging Center of Excellence,
American College of Radiology (ACR), 2018

Accredited for Ultrasound,
American College of Radiology (ACR), 2018

Accredited Chest Pain Center with PCI - Heart
and Vascular / Emergency Medicine,
Society of Cardiovascular Patient Care, 2018

Accredited for Computed Tomography (CT),
American College of Radiology (ACR), 2018

Accredited for Magnetic Resonance Imaging
(MRI), American College of Radiology (ACR), 2018

CAP Accreditation Laboratory Services,
College of American Pathologists, 2018

APPENDICES

Clinical Service Recognition & Distinctions

NORTHERN INDIANA

Franciscan Health Crown Point

Franciscan Health Dyer

Franciscan Health Hammond

Franciscan Health Munster

Franciscan Health Michigan City

Accreditations, Certifications, Awards and Honors

AACVPR Cardiac Rehab Accreditation,
American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), 2018

Pulmonary Rehabilitation,
American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), 2018

American College of Radiology Accredited
(Breast Ultrasound - Hospital),
American College of Radiology (ACR), 2018

American College of Radiology
(Stereotactic Breast Biopsy - Hospital),
American College of Radiology (ACR), 2018

American College of Radiology
(Mammography - Hospital),
American College of Radiology (ACR), 2018

American College of Radiology Accredited (Breast
Ultrasound - Hospital),
American College of Radiology (ACR), 2018

American College of Surgeons Commission on
Cancer, *American College of Surgeons (ACS)*, 2018

Cardiovascular Rehabilitation,
American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), 2018

Pulmonary Rehabilitation,
American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), 2018

School of Echocardiography,
Indiana Board of Proprietary Education, 2018

Echocardiography - Adult Transthoracic,
Intersocietal Accreditation Commission Echocardiography, 2018

AHA Licensed Training Center, *AHA*, 2018

Paramedic Program Accreditation ,
Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP/CAAHEP), 2018

Indiana Licensed EMS Training Center,
Indiana Department of Homeland Security (IDHS), 2018

Indiana Licensed EMS Supervising Provider,
Indiana Department of Homeland Security (IDHS), 2018

CAP (Deemed status for CLIA),
College of American Pathology (CAP), 2018

Stroke Center, *American Heart Association*, 2018

American College of Radiology
(Breast MRI - Crown Point),
American College of Radiology (ACR), 2018

ACHC Sleep Lab Certification, *Accreditation Commission for Health Care (ACHC)*, 2018

Chest Pain Center v5 with Primary PCI,
American College of Cardiology Accreditation Services (Society of Cardiovascular Patient Care), 2018

American College of Radiology -
Stereotactic Accreditation, Dyer,
American College of Radiology (ACR), 2018

American College of Radiology -
Breast US/Biopsy Accreditation, Dyer,
American College of Radiology (ACR), 2018

Breast Imaging Center of Excellence, Dyer,
American College of Radiology (ACR), 2018

National Accreditation Program for Breast
Centers (NAPBC), Dyer,
American College of Surgeons (ACS), 2018

Commission on Cancer (CoC), Dyer,
American College of Surgeons (ACS), 2018

Anticoagulation Center of Excellence,
Anticoagulation Forum, 2018

Certificate of Accreditation Comprehensive
Center of Excellence, *American College of Surgeons American Society for Metabolic And Bariatric Surgery*, 2018

Primary Stroke Center Certification, *Healthcare Facilities Accreditation Program (HFAP)*, 2018

AACVPR Cardiac Rehab Accreditation,
American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), 2018

Breast Ultrasound and Ultrasound-Guided Biopsy,
American College of Radiology (ACR), 2018

Medical Fitness Facility Certification,
Medical Fitness Association), 2018

Postgraduate Year One (PGY-1) Pharmacy
Residency, *American Society of Health-System
Pharmacists (ASHP)*, 2018

Anticoagulation Center of Excellence,
Anticoagulation Forum, 2018

EMS Supervising Hospital, *Indiana Department of
Homeland Security (IDHS)*, 2018

EMS Training Institution, *Indiana Department of
Homeland Security (IDHS)*, 2018

Commissioned on Accrediting Rehabilitaiton
Facilities, *Commissioned on Accrediting Rehabilitation
Facilities*, 2018

HFAP Primary Stroke Center Accreditation,
*HFAP (Healthcare Facilities Accreditation Program)
Stroke Accreditation Program*, 2018

Accredited Chest Pain Center with PCI
(Percutaneous Coronary Intervention),
Society of Cardiovascular Care (SCPC), 2018

Outstanding Achievement Award,
*American College of Surgeons - 2015 Commission on
Cancer (CoC)*, 2018 - Crown Point, Michigan City

IAC Accreditation in Echocardiography,
Intersocietal Accreditation Commission (IAC), 2018

Designated Lung Cancer Screening Center,
American College of Radiology (ACR), 2018

Certified Cribs for Kids® Safe Sleep Champion
Silver - Michigan City
Silver - Hammond
Gold - Crown Point

SOUTH SUBURBAN CHICAGO

Franciscan Health Olympia Fields

Accreditations, Certifications, Awards and Honors

ACTION Registry Silver Performance

Achievement Award
American College of Cardiology, 2018

Accredited Chest Pain Center with PCI
Society of Cardiovascular Patient Care, 2018

Accredited Chest Pain Center,
Society of Cardiovascular Patient Care, 2018

Certified Cardiovascular and Pulmonary
Rehabilitation Program, *American Association
of Cardiovascular and Pulmonary Rehabilitation*, 2018

Accredited Echocardiography Facility
Intersocietal Accreditation Commission, 2018

Accredited Vascular Testing Facility
Intersocietal Accreditation Commission, 2018

Accredited Vascular Laboratory,
*Intersocietal Commission for the Accreditation of
Vascular Laboratories*, 2018

Teaching Hospital Cancer Program, *American
College of Surgeons Commission on Cancer*, 2018

National Accreditation Program for Breast
Centers (NAPBC), *American College of Surgeons
(ACS)*, 2018

Certified Cribs for Kids® Safe Sleep Champion
2018 - Gold

Best of Chicago's Southland
Daily Southtown, 2011-17

Excellence Award
Healthcare Facilities Accreditation Program, 2018

Commission on Accreditation of
Rehabilitation Facilities, 2015-2018

Acute Stroke Ready Hospital
Illinois Department of Public Health, 2018

VALUE REPORT

Staying Focused on Our Goals and Priorities

2018

CORPORATE OFFICE

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