

MEMBER MAGAZINE 2022

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Cancer Center
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bypass
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This publication was created through the efforts of WVHA member hospitals and associate members.

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From the Chair

Hospital Workforce Making a Difference



S. Andrew Weber

Vice President/Administrator
CAMC Women and Children's Hospital
Chair, WVHA Board of Trustees

When the word “hospital” comes to mind many think of operating rooms, nursing units, beds and medical equipment. Those are all necessary components of a hospital but what makes our West Virginia hospitals truly special are the thousands of people who provide care and compassion within them.

I recently received a letter from the family member of a patient who stated “Our experience there ... words cannot describe the overwhelming care and love we received. Everyone treated us wonderful ... the doctors, the nurses, house-keeping, everyone. The work that everyone is doing there is remarkable, as I’m writing this it brings tears to my eyes because I just can’t tell you how much I appreciate what your hospital and staff did for us. God bless each and every one of you!”

Our West Virginia hospital leaders often receive messages like this recognizing the incredible difference made by the members of our hospital workforce. These are our friends and neighbors who dedicate their time and talent to ensure the well-being of our fellow West Virginians in times of greatest need.

But what about the well-being of our hospital workforce? Unfortunately, there is a crisis among them throughout our

“Knowing how critical our hospital workforce is to the strength of our communities and the unique conditions that now surround us, there is no greater opportunity to create new and innovative ways to deliver safe, quality health care.”

state and our nation. Our long-standing shortage of nurses, laboratory techs, respiratory therapists and radiology techs, to name just a few, has been severely exacerbated by the COVID-19 pandemic. The stress and challenges have caused people to exit hospitals or health care all together well short of when they had planned to do so ... to the point that the industry has coined the term “The Great Resignation.”

Knowing how critical our hospital workforce is to the strength of our communities and the unique conditions that now surround us, there is no greater opportunity to create new and innovative ways to deliver safe, quality health care. United around this common purpose we must find new approaches to inspire people to answer the call to serve in hospitals, train them well, and care for them while they care for others.

The members of the WVHA in partnership with our state’s leadership are up to the task. Together we will emerge with stronger West Virginia hospitals, stronger communities.

The West Virginia Hospital Association: Who We Are

The West Virginia Hospital Association (WVHA) is a not-for-profit statewide organization representing 64 hospitals and health systems across the continuum of care. The WVHA was founded in 1925 to serve as the collective voice of the state’s hospital community. Today, the mission of the WVHA is to support its members in achieving a strong, healthy West Virginia.

Members of the Association envision a strong health care system that supports optimizing the health status of West Virginians served by hospitals and improving the economic condition of the

state. The values of quality, transparency, integrity, collaboration and innovation guide the actions of the Association so that member hospitals and health systems can provide high-quality, affordable, accessible health care for West Virginia families and communities. The Association is proud to be a part of the state’s hospital industry, adding value to the health and wellness of West Virginians. In addition to representing hospitals and health systems, the WVHA includes associate member organizations that partner with West Virginia’s hospitals.



From the President's Desk

Pillars of the Community



Jim Kaufman

President and Chief Executive Officer
West Virginia Hospital Association

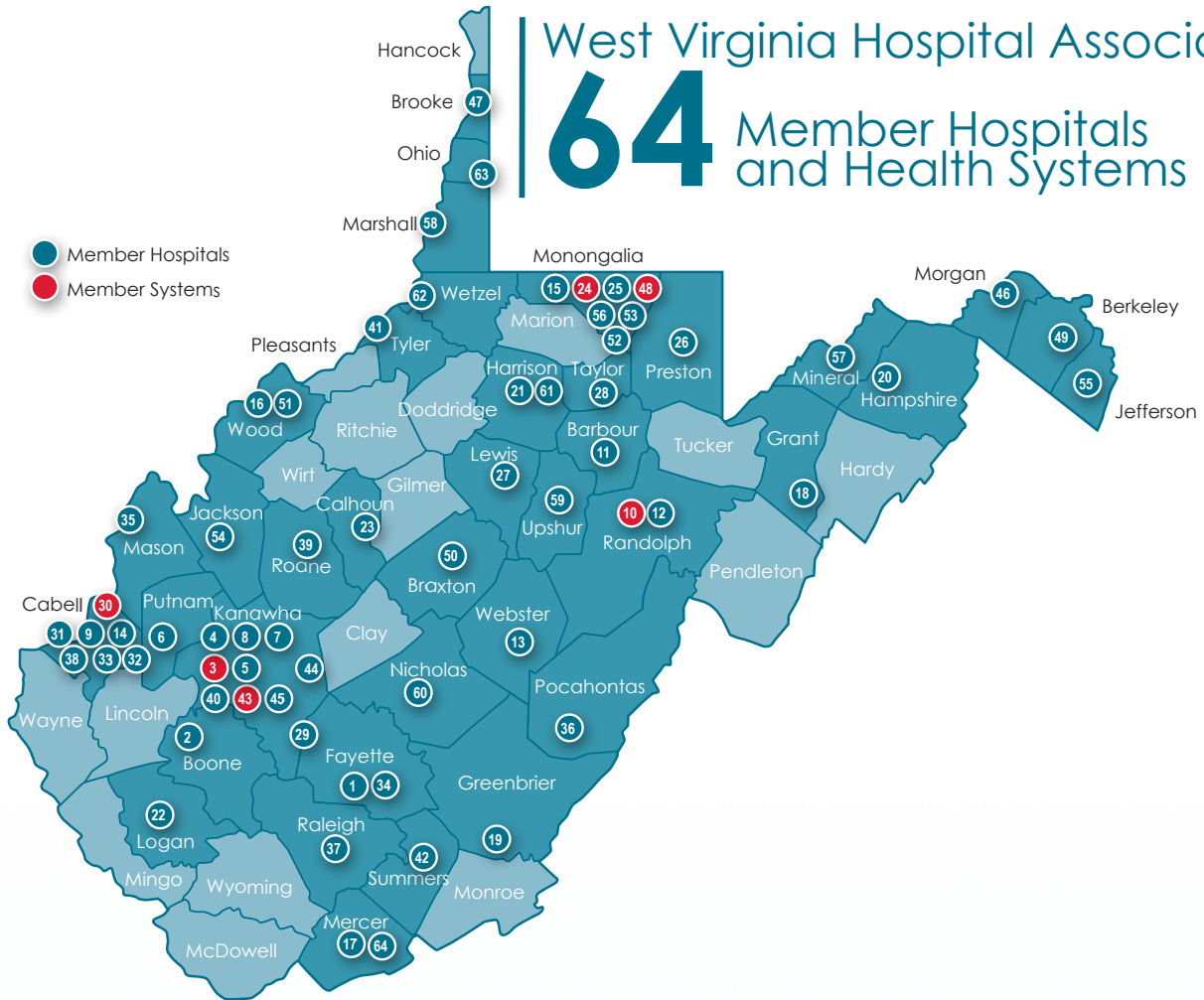
Since moving to West Virginia a year ago I have heard countless people refer to our state as “almost heaven”. While many say we are almost heaven because of the beauty of our state – the mountains and rivers - I think we are almost heaven because of the people. I have seen the people of our state work together to overcome challenges, they work together to help each other, and they work together to make our state, and every community stronger. As the West Virginia Hospital Association (WVHA), working with our 64 members across the state, we know that strong hospitals mean strong communities. The blue “H” along our highways do not just indicate a hospital, but a pillar of a community, providing hope and healing.

As I have traveled across the state visiting hospitals, I have had the opportunity to see first-hand how West Virginia hospitals and the 49,000 people they employ, not only provide access to care 24/7/365, but provide countless community programs. For example, everyone sees hospitals and their emergency rooms, but few think about how hospitals are employing primary care providers to expand access to care in rural communities, operating substance abuse treatment programs not only for adults but also their newborns and are working with local missions to help people return to the workforce. I have seen hospital leadership work to leverage resources to resurface playing fields and support broader economic development efforts to attract people to their community. The only way hospitals can achieve these goals and so much more is by having the support and resources to operate programs other entities do not want or are unable to run. That is why broad health policy in West Virginia must account for a unique payer mix in hospitals where more than 75 percent of patients are insured by government programs and only a small percentage by employer/commercial insurance which essentially subsidizes government programs who pay less than cost. We must overcome this challenge through sound policymaking so that the resources hospitals have today to support community programs will continue.

“The blue “H” along our highways do not just indicate a hospital, but a pillar of a community, providing hope and healing.”

One area that West Virginia hospitals are at a severe disadvantage compared to the rest of the nation is the effort to recruit and retain providers. The nation faces a severe shortage of health care workers from nurses, physicians, and nearly every provider. To put the workforce shortage into perspective, during September 2021 at the peak of one of the COVID surges a nursing temporary agency reported more than 45,000 open temporary nursing positions nationwide. Meanwhile the Association of American Medical Colleges predicts a need for more than 80,000 physicians nationwide. This shows the national shortage of health care professionals is larger than the entire hospital workforce in West Virginia. With the fact that more West Virginians receive their health care benefits from government programs compared to the rest of the nation, hospitals and others have fewer resources to pay the skyrocketing cost to recruit and retain providers. In fact, in September of 2021, the West Virginia Center for Nursing surveyed those nurses who did not renew their license in West Virginia. The study found the top two reasons were retirement (as expected with our aging population) and higher compensation. This reinforces the disadvantage West Virginia hospitals face compared to better funded hospitals nationwide in recruiting providers.

Even with the challenges West Virginia faces from recruiting and retaining providers to support for programs to make our communities stronger, we can do it by working together. Policymakers can ensure hospitals remain strong so we can continue to be a pillar in our communities. Hospitals can work across the board to help recruit young people to the countless health care professions and then share best practices of how to retain these young professionals. By sharing best practices, we can ensure our health care professionals have the support they need to succeed and feel appreciated for the hard work they do caring for our neighbors. The bottom line is no matter the challenges we face, people working together is why West Virginia is almost heaven.



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- Boone Memorial Hospital
- CAMC Health System
 - CAMC General Hospital
 - CAMC Memorial Hospital
 - CAMC Teays Valley Hospital
 - CAMC Women and Children's Hospital
- Charleston Surgical Hospital
- Cornerstone Hospital of Huntington
- Davis Health System
 - Broadus Hospital
 - Davis Medical Center
 - Webster County Memorial Hospital
- Encompass Health Rehabilitation Hospital of Huntington
- Encompass Health Rehabilitation Hospital of Morgantown
- Encompass Health Rehabilitation Hospital of Parkersburg
- Encompass Health Rehabilitation Hospital of Princeton
- Grant Memorial Hospital
- Greenbrier Valley Medical Center
- Hampshire Memorial Hospital
- Highland-Clarksburg Hospital, Inc.
- Logan Regional Medical Center
- Minnie Hamilton Health System
- Mon Health
 - Mon Health Medical Center
 - Mon Health Preston Memorial Hospital
 - Mon Health Stonewall Jackson Memorial Hospital
 - Grafton City Hospital (Affiliate of Mon Health)
- Montgomery General Hospital
- Mountain Health Network
 - Cabell Huntington Hospital
 - Hoops Family Children's Hospital
 - St. Mary's Medical Center
- Plateau Medical Center
- Pleasant Valley Hospital
- Pocahontas Memorial Hospital
- Raleigh General Hospital
- River Park Hospital
- Roane General Hospital
- Select Specialty Hospital Charleston
- Sistersville General Hospital
- Summers County ARH
- Thomas Health
 - Saint Francis Hospital
 - Thomas Memorial Hospital
- War Memorial Hospital
- Weirton Medical Center
- WVU Medicine - West Virginia University Health System
 - WVU Medicine Berkeley Medical Center
 - WVU Medicine Braxton County Memorial Hospital
 - WVU Medicine Camden Clark Medical Center
 - WVU Medicine Children's Hospital
 - WVU Medicine Fairmont Medical Center, a campus of J.W. Ruby Memorial Hospital
 - WVU Medicine Jackson General Hospital
 - WVU Medicine Jefferson Medical Center
 - WVU Medicine J.W. Ruby Memorial Hospital
 - WVU Medicine Potomac Valley Hospital
 - WVU Medicine Reynolds Memorial Hospital
 - WVU Medicine St. Joseph's Hospital
 - WVU Medicine Summersville Regional Medical Center
 - WVU Medicine United Hospital Center
 - WVU Medicine Wetzel County Hospital
 - WVU Medicine Wheeling Hospital
 - Princeton Community Hospital (managed by WVU Medicine)

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Educating and Advocating for Better Health



Karen Bowling

President and CEO

Princeton Community Hospital

Chair, WVHA Legislative Committee

While much of the West Virginia Hospital Association's (WVHA) advocacy efforts over the past year have been directed at supporting hospitals as they respond to the myriad challenges of the COVID-19 pandemic, we are also working to advance new policies and legislation that supports hospitals' overall efforts to serve their patients and communities.

With the 2022 Regular Session of the West Virginia Legislature in full swing, the WVHA and its 64 member hospitals and health systems are well positioned to advance sound health policy through education and advocacy. On the state and federal levels, WVHA is committed to educating and collaborating with decision makers to help shape critical policy issues that impact patients and communities statewide.

Policymakers must understand that West Virginia hospitals are vital community resources that employ thousands of individuals, invest in local goods and services, and train the next generation of caregivers. Hospitals are responsible for creating 49,000 jobs across the state, generating over \$11 billion in economic impact statewide each year.

We are also responding to critical needs in the community that go far beyond direct patient care. In 2020, West Virginia hospitals contributed more than \$950 million in total benefit to local communities through health services for low-income individuals, education and resources to improve population health status.

Once again, against the backdrop of a public health emergency, we have developed another robust state legislative agenda that focuses on improving access to quality care for all West Virginians, while protecting the financial viability of our hospitals. To support these goals, our membership has identified some of the following state priorities for the 2022 legislative session:

- Seeking an increase in hospital payments from the Public Employees Insurance Agency (PEIA) in line with the cost of providing care;
- Supporting the fight against COVID-19 by advocating for hospital financial and operational recovery from the pandemic and opposing legislative efforts to restrict private businesses from taking proactive steps to manage the pandemic;
- Sustaining the state's current childhood immunization laws, among other legislative issues;
- Advocating for legislative proposals that strengthen the state's health care workforce both in number and education opportunities;
- Protecting the Certificate of Need (CON) program;
- Seeking legislation to further streamline the prior authorization process for medical services; and
- Seeking improvements to the mental hygiene process.

Many other operational, clinical, and regulatory issues of importance affect hospitals and naturally emerge throughout the session. With the support of our membership, WVHA is always prepared to respond when necessary.

As the primary voice for West Virginia hospitals and health systems, the WVHA seeks to influence the public policy environment and advance the health of individuals and communities in West Virginia through education and advocacy.

The legislative session continues to unfold, and the WVHA remains focused on promoting responsible public policy, encouraging public accountability, and fostering an appropriate balance between those who provide and those who pay for health care services. Our influential, united voice is necessary to achieve laws and regulations that are in the best interest of hospitals and health systems and the patients they serve.



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A “Prescription” for Improving Community Health

Amy Downey

Chief Financial Officer
Roane General Hospital

The path to wellness doesn’t happen with the flip of a switch. It is a journey that is best traveled with a guide. That’s why Roane General Hospital has developed a multi-layered program that is personalized to individual patients. This new program, “Prescription for Your Health”, combines a personal care plan, education and medical fitness into a comprehensive program to improve the overall health of the Roane County community.

Right before the pandemic and on the cusp of its construction project breaking ground, Roane General updated its long-standing mission statement to focus not solely on “health care” but on the overall health and wellness of the community it serves. This new program is the mechanism to implement that focus and is especially beneficial to those with a chronic disease or those with multiple risk factors.

Participants in the program begin with a referral from their primary care provider and then meet with a Prescription for Your Health team member to begin the initial one-year enrollment. The program includes quarterly reviews and enrollment can be renewed annually. Broadly, the program’s three prongs include:

- PCP oversight in the development of a personal plan of care that includes goals for improved health factors and a schedule for preventative screenings and wellness checks. Additionally, the health coaches and fitness trainers will support this plan with health and fitness education and support in a supervised environment.
- To support health literacy, educational support is provided to assist with health services decision making, the management of chronic conditions and the overall support of personal health and wellness. Participants in the program have free access to a variety of health and nutrition courses at the Hospital.
- Participants receive a individualized fitness program, including free access to the gym and free entry into any of the group fitness classes offered at the hospital. Regular physical activity and exercise are a crucial part of health and wellness and promote strong muscles and bones, improve respiratory and cardiovascular health, help maintain a healthy weight and reduce the risk of type 2 diabetes, heart disease and some forms of cancer.

Still in its first year, the program already has more than 300 participants. Enrollees in the program also receive a discount at the hospital’s new Healthy Way Café located adjacent to the wellness facility and have their fees waived for the hospital’s annual health fair laboratory testing.

Coming out of the pandemic, the hospital hopes to not only ensure that patients reconnect with their primary care providers for their health care but also to achieve its goal of improving and strengthening the wellness of the community at large.



HEALTH CARE 101:

Health Care Financing and Financial Stress

Jim Kaufman

President and Chief Executive Officer
West Virginia Hospital Association

West Virginia hospitals and the 49,000 compassionate caregivers we employ - every doctor, nurse, clinician, medical technician, and other health care team member - is focused on ensuring access to the highest quality of care for all West Virginians.

While all providers want to ensure access, one thing that is unique for hospitals is that it is the only care setting that ensures access to care for its community 24 hours a day, 7 days a week, 365 days a year.

When people see the familiar blue “H” sign on the highway, they know the nearby hospital provides a wide range of services from advanced trauma care to community health such as immunizations. But what many do not realize is the hospital also offers programs unique to its community - such as addiction programs and Neonatal Abstinence efforts; diabetes education; primary care in rural communities; and efforts to get individuals back into the workforce through partnerships with local missions.

Insurance Coverage:

Medicare: federally administered for those disabled or 65 years and older

Medicaid: state administered and 75% federally funded program for low income and disabled

Public Employees Insurance Agency (PEIA): State plan that provides employer sponsored coverage for state and non-state employees

Employer: Employee health benefit provided by businesses, depending on the plan structure is regulated by either federal or state government

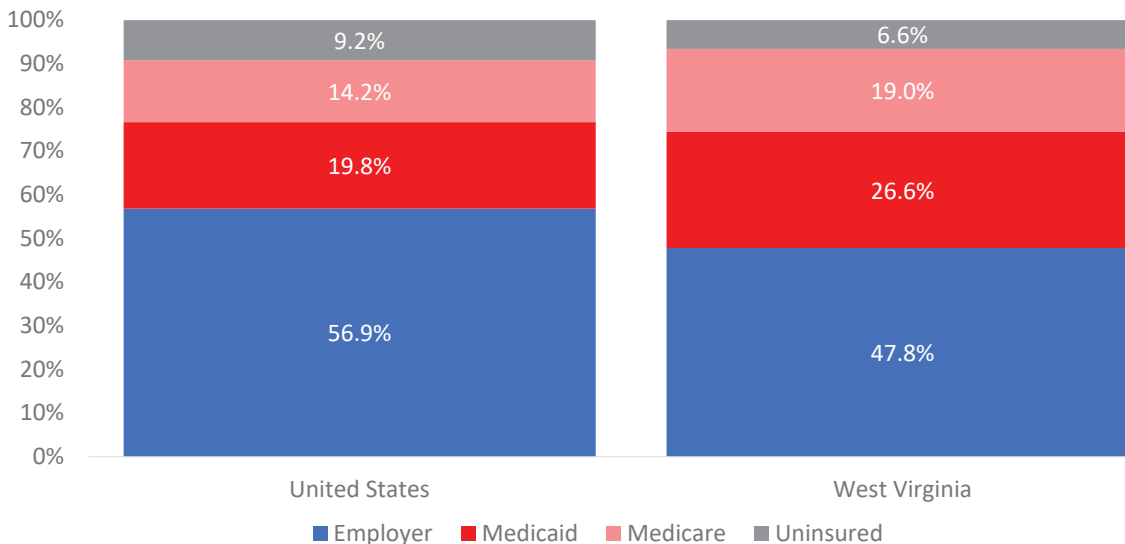
These community benefits illustrate how West Virginia hospitals go above and beyond the delivery of essential health care services to improve the lives of individuals and the quality of life of entire communities and regions. In fact, West Virginia hospitals spend nearly \$11.6 billion annually for everything from patient meals to construction materials to update aging facilities.

For hospitals to continue to contribute to our economy, remain economically viable and serve as pillars of hope and access to care, we need the resources to recruit providers and

pay for new medical treatments. Few recognize that the resources available to hospitals starts with their patients’ insurance status. Collectively, West Virginia hospitals are at a disadvantage because compared to the US average, fewer West Virginians receive their health insurance from their employer. As a result, more West Virginians receive their health insurance from government programs - Medicare, Medicaid, and PEIA (see **Graph 1**).

Health insurance programs are not the same in terms of payment - in other words, employer sponsored, and government programs

Graph 1: Health Care Coverage: US vs West Virginia

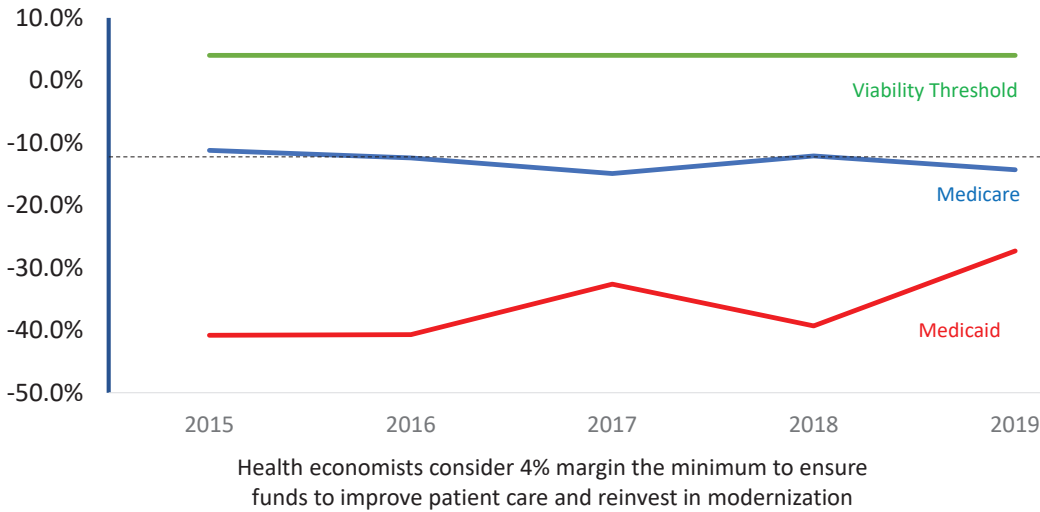


Note: Employer includes non-group and military

Source: Kaiser Family Foundation Health Insurance Coverage

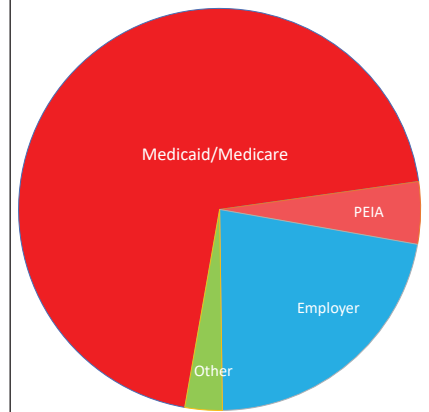


Graph 2: West Virginia Hospitals Average Margins



Source: Medicare Cost Report

Graph 3: West Virginia Hospitals Average Payor Mix



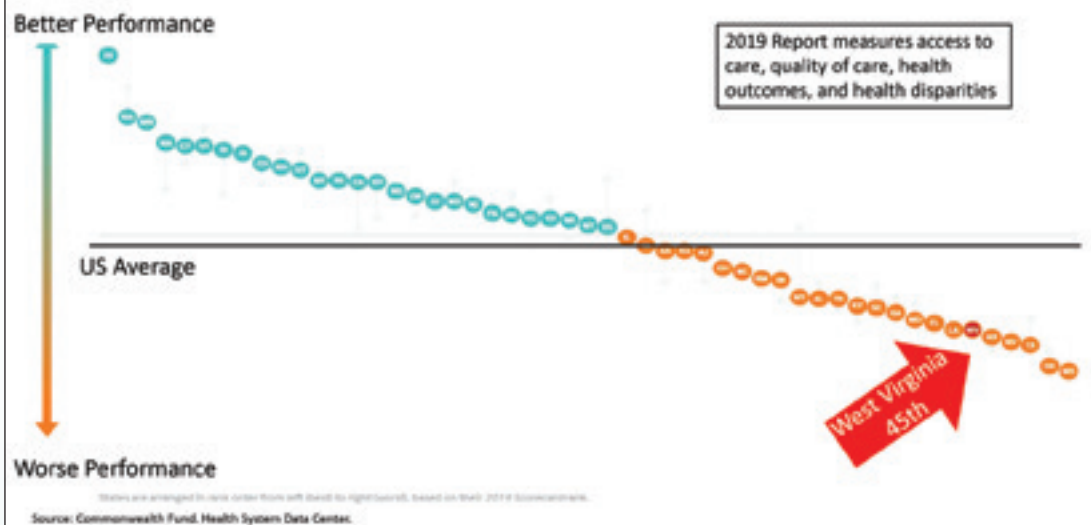
Source: Medicare Cost Report

pay providers very differently. Government programs pay providers less than the cost of care. Medicare pays providers about 90% of cost while Medicaid base payments covers approximately 70% of cost in West Virginia. In any other state, Medicaid is traditionally the lowest payer, but in West Virginia, PEIA has that distinction for hospitals. PEIA pays hospitals only 45% of cost, approximately 50% of the current Medicare payment rates. Since government programs do not cover the cost of care, employer sponsored coverage pays more, subsidizing government programs. (See **Graph 2**)

It should be noted, coverage does not equal “use”, commonly referred as utilization. Since seniors and disabled individuals use more health care services than others, it is not surprising that health care utilization is higher for government programs than employer coverage. For the average West Virginia hospital, that means 75%, or 3 out of 4 of our patients – *significantly higher than the national average* - are covered by government programs that pay less than the cost of care. This puts a greater burden on employer sponsored plans to pay more than the cost of care so hospitals can support programs their communities need. (See **Graph 3**)

Another financial challenge facing providers is that Medicare and other employer plans are shifting payment to focus on quality and population health. The challenge here in West Virginia is that we lead the nation in diabetes, opioid addiction, obesity rates, tobacco use and others, leaving West Vir-

Graph 4: Challenge: West Virginia Health Ranking



ginia as one of the worse states based on health indicators (see **Graph 4**). These poor population health indicators put West Virginia hospitals at greater financial risk as payments are tied to health outcomes. Still, we must all work together to move the needle on these health indicators.

Even as efforts to shift health care payments to quality continues, hospitals and providers are paid when they treat a patient. As a result, hospital efforts in caring for their community 24/7/365 adds financial stress because hospitals must pay physicians, nurses, and medical technologists to be ready to care for a patient in case of an accident, or heart attack in the middle of the night. No one wants to work at midnight on Christmas eve, but hospitals and their care teams must be ready as emergencies do not tell time. The past two years have stretched hospitals and their care teams, but regardless of the stress – emotional, physical, or financial - West Virginia hospitals and their care teams stand ready to care for all West Virginians.

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WVU Health System has Laser-Like Focus on Quality

Angela S. Jones-Knopf

Corporate Director of Media Relations and Public Affairs
WVU Medicine – West Virginia University Health System

At the WVU Health System, quality and patient safety are at the forefront of everything we do. Patient harm is not an acceptable cost of doing business – no matter the acuity, the census, or even the ongoing battle against a global pandemic.

We have programs in place that are part of a broader strategy across the network to ensure we always have a laser-like focus on quality.

One of those programs is the Mountain ZERO program, the centerpiece and visible message of our commitment to zero harm. It cascades from the executive leadership down to the front line employees and enables everyone to understand, speak, and drive the same message.

Mountain ZERO focuses on five key areas: falls with major injury; pressure ulcers; catheter-associated urinary tract infections; central line-associated blood stream infections; and venous thromboembolism.

On our journey to eliminate preventable harm, we have adopted a tenacious attitude to achieve zero harm and to change our culture to one that prevents harm to patients.

That change in culture has led to the establishment of CUSP at WVU Medicine J.W. Ruby Memorial Hospital. CUSP – or Comprehensive Unit-based Safety Program – was created by Johns Hopkins Medicine and the Agency for Healthcare Research and Quality. It mirrors many nuclear power and commercial aviation fields' safety net systems.

We understand that most safety issues occur at the intersection of unsafe system design and unsafe behavior choices. Our goal with CUSP is to develop safety systems and safety

“We have programs in place that are part of a broader strategy across the network to ensure we always have a laser-like focus on quality.”

nets to decrease the incidence of human error. By doing so, we are changing our care approach to include patients and families as equal members of our care team.

At Ruby Memorial Hospital, we have created 34 CUSP teams that meet monthly to review projects and identify new opportunities to prevent harm.

Our commitment to quality and safety was further reinforced through the appointment of Allison Suttle, M.D., M.B.A., F.A.C.O.G., as the Health System's chief quality officer. Dr. Suttle officially joined us in October and did so at a critical time: as the System continues to grow, ensuring consistency in the delivery of care across its 21 owned and managed hospitals is a top priority.

“I’m excited to be working with Dr. Michael Edmond, Health System chief medical officer; the WVU Medicine quality team; and the faculty and medical staff across the WVU Health System to further establish it as a national leader in quality and patient safety,” Dr. Suttle said. “The opportunity to help build a truly integrated network of care, one whose cornerstones are quality and patient safety, was too much to pass up.”



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Mountain Health Network: Expanding Our Mission During the Pandemic



Kevin W. Yingling, RPh, MD, FACP
CEO, Mountain Health Network
President
Cabell Huntington Hospital
St. Mary's Medical Center

COVID-19 has challenged in more ways than we could have anticipated. It has stretched our resources beyond capacity and affected our employees on multiple levels. Today, however, I am encouraged by the strength and resili-

"While we continue to be there for our community throughout the pandemic, we are grateful to our community members who have been there for us."

ency of Mountain Health Network (MHN) physicians and staff who have risen to each challenge while expanding our Mission to provide highly reliable, quality care to patients and to improve the health and well-being of all we serve.

The competence and compassion of our entire MHN team has been inspiring. Time and time again, our staff has gone above and beyond to care for patients at an incredibly difficult time. For example, when monoclonal antibody treatments became available for pediatric COVID-19 patients, the Hoops Family Children's Hospital team, in conjunction with Marshall Health, provided a dedicated pediatric treatment area staffed with clinicians trained to handle pediatric infusions — the only space of its kind in the state.

Despite the challenges of 2020 - 2021, we were able to enhance patient access through several renovations and additions. St. Mary's Medical Center (SMMC) opened a new Regional Sleep Center and outpatient pharmacy on its campus. Cabell Huntington Hospital (CHH) added emergency room and observation unit beds to support patient volumes. In 2022, CHH will continue construction on a new medical office building on campus. The five story, 75,000 sf structure will feature: physical therapy, neurology services, physician offices, endoscopy, lab and imaging services – enhancing patient access to the most frequently used outpatient services at CHH. The project is expected to be completed in August 2024.

Just over a year ago, Huntington Internal Medicine Group (HIMG) joined MHN, to support more than 600 physicians, in many specialties. We continue to seek opportunities that allow us to grow and expand resources, creating a regional health care destination that will provide advanced medicine and compassionate care for years to come.

While we continue to be there for our community throughout the pandemic, we are grateful to our community members who have been there for us. Whether it was individuals and businesses providing meals and encouraging notes to our staff, or our elected officials and community leaders lobbying on our behalf, we are truly appreciative of their efforts.

We have learned a great deal about COVID-19 since the pandemic began, but we have also learned a great deal about ourselves. We now know how steadfast we are as a hospital system and that together, with our community, we can overcome even the toughest challenges.

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A Closer Look at Health Care Workforce Challenges

More than 20 months after the first cases of COVID-19 were reported in the U.S., the pandemic continues to affect communities across West Virginia and the country, and it has pushed our health care system to the brink.

Throughout the pandemic, West Virginia hospitals and their workforces have remained on the front lines mobilizing resources to ensure access to care for the patients and communities they serve. For nearly two years, the pandemic has placed a significant toll on our health care heroes.

A recent *Kaiser Family Foundation / Washington Post* poll found that about 3 in 10 health care workers considered leaving their profession, and about 6 in 10 said pandemic-related stress had harmed their mental health. In addition, a survey by the American Hospital Association's (AHA) American Organization for Nursing Leadership found that one of the top challenges and reasons for health care staffing shortages reported by nurses was "emotional health and wellbeing of staff."

Even in normal circumstances, working in health care delivery is hard, stressful and tiring work; COVID-19 makes it especially exhausting physically and mentally. Our essential workers need, and deserve, additional resources whether that's through policy and/or other avenues to both continue their work and support themselves and their families during and after the public health emergency.

In West Virginia and around the country, staffing shortages in the nursing field and other health professions are being further exacerbated by an aging workforce. In West Virginia, 38 percent of RNs are 51 years of age or older. As experienced nurses enter retirement, state workforce planners will be faced with the need to replace these experienced nurses to meet demand. One-quarter of all nurses working in the state have over 25 years of nursing experience. Loss of knowledge and its impact on quality of care will need to be considered as nurses begin to retire.



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Further, a recent *West Virginia Center for Nursing* “Survey of Those Who Left the Field: Survey 2021” found the top reason cited among those who did not renew their licenses was retirement; and the top reason cited for those who left West Virginia to be licensed in another state was compensation.

Burnout and retirement coupled with existing health care workforce pressures not to mention repeated surges throughout the pandemic has left hospitals in West Virginia and across the country to contend with critical staffing shortages. A sufficient, healthy workforce is foundational to maintaining access to high quality care, especially as hospitals are strained by crises such as surges in COVID-19 hospitalizations. Consequently, staffing shortages have driven an increase in wages forcing hospitals to invest significant resources to recruit and retain staff. In the face of an ongoing pandemic, such investments in labor have only exacerbated hospitals’ existing financial hardships.

As West Virginia and the nation continues to grapple with the pandemic, hospitals and health systems have stepped up in many ways to serve the needs of their communities. Though hospital volumes have seen a sluggish recovery to pre-pandemic levels, there has been growing demand for services with an associated rise in patient acuity. Yet, this increased

demand has not been met with an increased supply of staff, creating a staffing shortage that has forced hospitals to incur significant costs to recruit and retain employees.

While federal and state government support to date has been critical in helping hospitals weather the early financial challenges they have faced, the current staffing shortage presents a whole new set of challenges that will undoubtedly strain an already precarious situation.

The WVHA and West Virginia hospitals are extremely appreciative of the broad support in the health care workforce arena provided by our Congressional delegation, Governor Jim Justice, and the West Virginia Legislature. Specifically, funding and support provided through the federal “Provider Relief Fund” and state “Save Our Care” initiative has allowed West Virginia hospitals to continue to best serve the needs of all West Virginians while ensuring access to care and directly supporting our health care heroes who have worked tirelessly to keep our communities safe. We look forward to building on these efforts and continuing to work with our policy makers to further prioritize funding and policies to expand and retain West Virginia’s health care workforce so that patients and communities can continue to access care.

Source: American Hospital Association

Despite increasing demand for health care services, hospital employment data from the American Hospital Association (AHA) indicates a critical shortage of staff necessary to meet that demand.

- A number of factors led to hospital employment experiencing steep declines after the U.S. government declared COVID-19 a public health emergency in March 2020. While hospitals have worked to ramp up staffing, they still have not regained all of the staff they would need. Since February 2020, hospital employment has decreased by nearly 94,000, including a decrease of over 8,000 between August 2021 and September 2021 alone.
- Job vacancies for various types of nursing personnel increased by up to 30% between 2019 and 2020, according to an analysis of AHA survey data. There also was a 31% increase in job vacancies for respiratory therapists, who often are part of the critical care team for COVID-19 patients, between 2019 and 2020.
- An analysis by labor market data company EMSI found there will be a critical shortage of 3.2 million health care workers by 2026 illustrating the magnitude of the problem facing the health care field, namely hospitals and health systems.

According to AHA data, the critical staffing shortage of health care workers has forced hospitals to incur increased costs during the ongoing pandemic.

- Hospitals have experienced a 15.6% increase in labor expenses per adjusted discharge compared to September 2019. Hospitals also have experienced increases in most other categories of expenses, including purchased service expenses, which contain costs associated with acquiring contract labor.
- The number of full-time equivalent (FTE) staff per adjusted occupied bed has gone down nearly 3% from pre-pandemic levels. This has occurred while patient acuity (as measured by patient length-of-stay) has increased by nearly 6% since pre-pandemic levels. These two trends mean fewer staff available to treat sicker patients.
- An analysis of workforce data found that staffing shortages have cost hospitals \$24 billion over the course of the pandemic, with an additional \$3 billion in acquiring personal protective equipment (PPE) for staff.

Preferred Providers

We identify challenges faced by West Virginia healthcare providers and search for products and services to meet those needs. The preferred providers listed below are available to help you!



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Protecting West Virginia Hospitals in the Wake of a Pandemic



Tony Gregory

Vice President, Legislative Affairs
West Virginia Hospital Association

Hospitals and health systems have overcome enormous challenges during the pandemic: reconfiguring facilities to treat COVID-19 patients; securing personal protective equipment (PPE), establishing new policies and protocols to ensure the safety of patients and staff; and managing the financial impacts caused by shutdowns in non-emergency services in the early weeks of the pandemic. The pandemic is still with us, and these challenges are reminders that we should continue to be concerned about the wellbeing of our caregivers and staff, and for the financial viability of West Virginia hospitals. As cornerstones of our economy, West Virginia hospitals must be supported and protected now more than ever, for the betterment of West Virginia citizens and state.

For hospitals serving our local communities and employing our health care heroes, two years have been filled with financial uncertainty at best and hurt at worst. Early in the pandemic, when elective procedures were being limited, the double-edged sword of new, unbudgeted expenses related to “ramping up” to deal with COVID-19 combined with lost volume and revenue on an order of magnitude that we have never seen in modern times, challenged West Virginia hospitals and health systems financially. For some hospitals, temporary furloughs became necessary and for others there were legitimate concerns about keeping the doors open in the face of severe cash flow disruptions.

Just one example of new costs: personal protective equipment (PPE) is a term Americans became all too familiar with during the pandemic. Hospital supply chain leaders can verify that increasing the number of gloves, gowns, respirators, masks and face shields, both for immediate use and for the “new normal” stockpile requirements, is not only more expensive due to sheer quantity, but the prices have soared due to increased demand. To avoid dependence on the global supply chain, many organizations are now diversifying their network of suppliers and contracting with domestic companies. Drug costs, where expenses per adjusted discharge are up an estimated 24 percent compared to pre-pandemic levels, also present challenges. These are just a few factors of many that have driven hospital total expenses per adjusted discharge – *which approximates the amount of hospital expenses necessary to care for a patient in the inpatient or outpatient setting* – by more than 15 percent compared to before

“As cornerstones of our economy, West Virginia hospitals must be supported and protected now more than ever, for the betterment of West Virginia citizens and state.”

the pandemic for hospitals nationwide, according to a recent analysis of national data from Kaufman Hall.

Coupled with increased expenses are challenges associated with decreased revenue. According to Kaufman Hall, factoring in CARES Provider Relief Fund aid (including distributions from phase II through phase III and targeted distributions), hospitals across the country are estimated to lose \$54 billion in net income in 2021. If there were no such funds from the federal government, losses in net income would be as high as \$92 billion, which further emphasizes the magnitude of losses hospitals will likely continue to face through the end of 2021. An increase in high-acuity patients is contributing to the losses. The median length of stay is up 8 percent year-to-date compared to 2019 for most hospitals (indicating higher-acuity patients), and up as high as 18 percent for some hospitals with 500 beds or more.

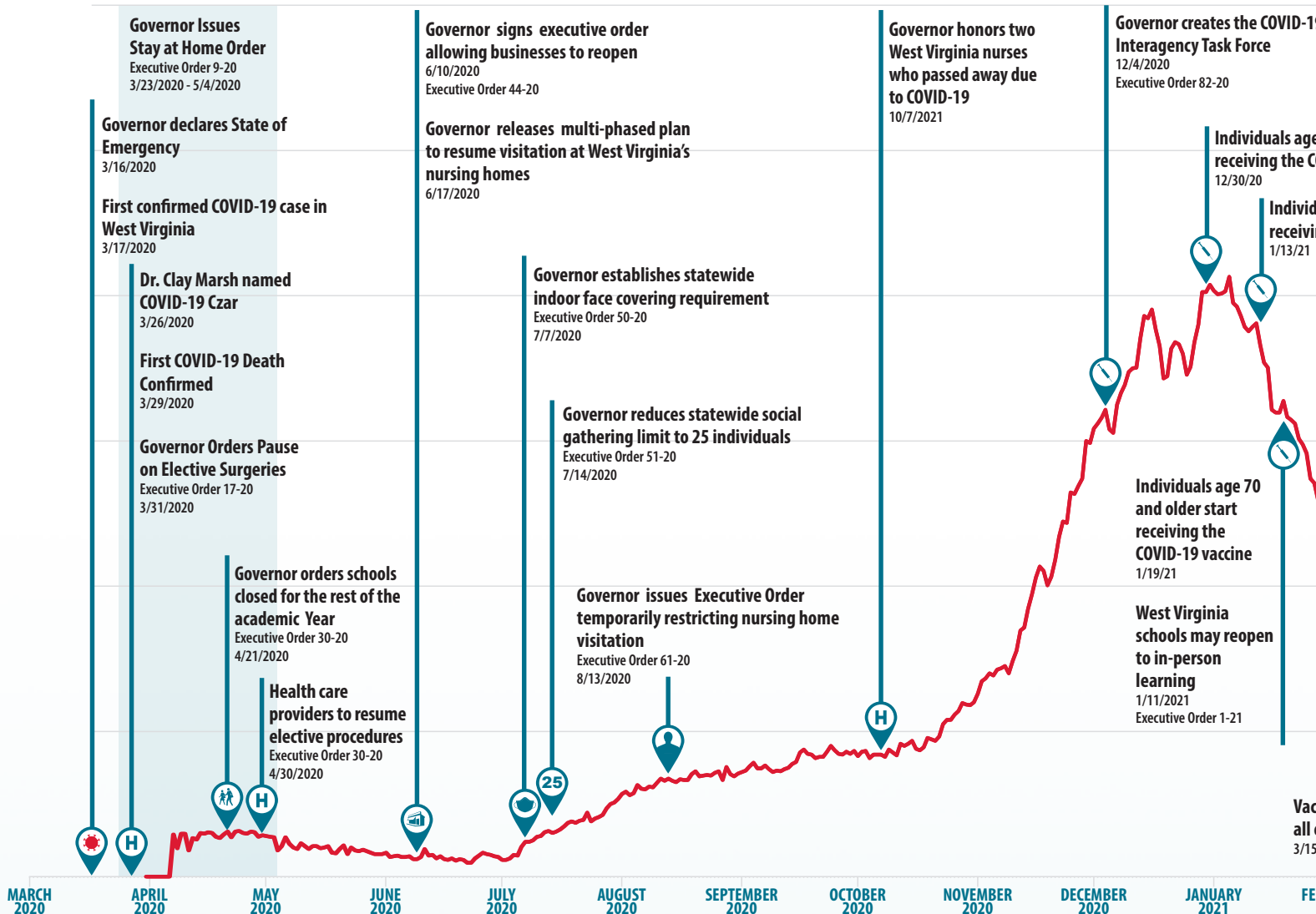
Undoubtedly, COVID-19 continues to create not only clinical but also financial challenges for hospitals. Volatility from surges in hospitalizations continue to hamper hospitals’ recovery efforts and contribute to widespread uncertainty in their long-term ability to serve the health care needs of their communities.

To directly address these and other challenges, the WVHA has continued to advocate strenuously for financial relief at the state and federal levels, and West Virginia hospitals have been incredibly grateful for it. Federal funds such as the CARES Act helped to alleviate the immediate crisis, while providing a measure of financial stability to all hospitals. One item of important relief that was implemented on the state level by Governor Jim Justice and supported by the West Virginia Legislature was the “Saving Our Care” initiative. Ongoing funding implementation has helped West Virginia hospitals better manage the health care staffing crisis resulting from COVID surges during August and September 2021. We look forward to building upon this effort by working with the Administration and West Virginia Legislature to further prioritize policies supporting West Virginia hospitals so that patients and communities can continue to access care.

As West Virginia hospitals deal with on-going surges in COVID-19 patients, it takes everyone to do their part to put our state and communities on a path to recovery. By doing the right thing: practicing preventive measures such as receiving a vaccine, we can protect both our physical health and the financial health of our hospitals that operate 24/7/365 to provide care when we need it. After all, the same hospitals that are needed to fight COVID-19 today are the hospitals that will be needed to treat auto accident victims, cancer patients and countless other loved ones in the future. They deserve our full support.



COVID-19 Hospitalizations Timeline



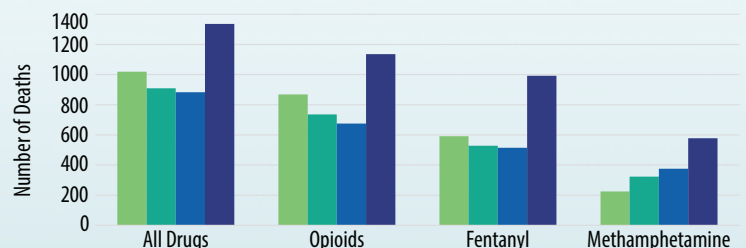
Drug Overdose Deaths: By the Numbers



A combination of the increase in deaths from COVID-19 and drug overdoses resulted in a drop in life expectancy in 2020 (the largest one year drop since World War II).

Impact of the COVID-19 Pandemic on Overdose Death Rates

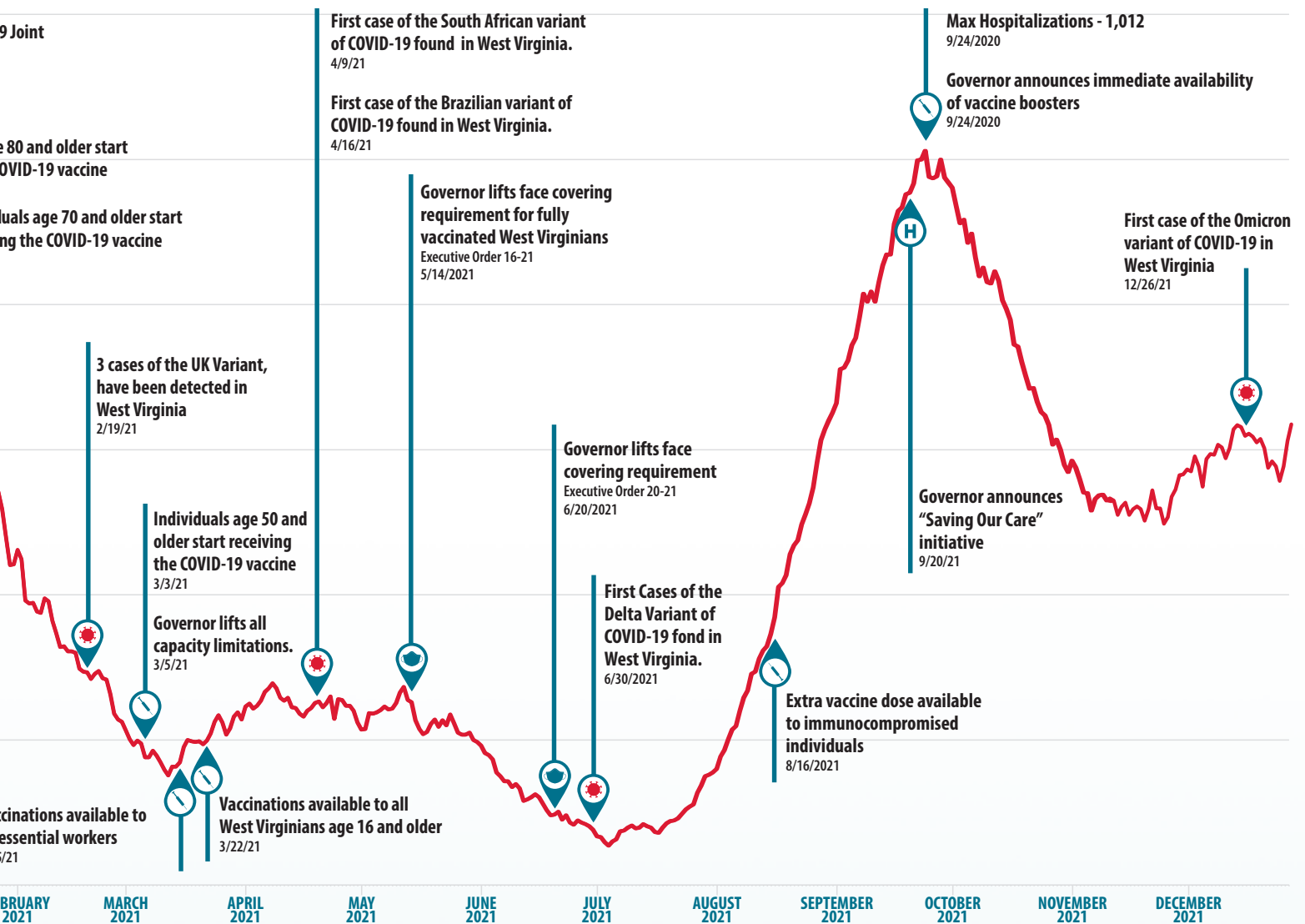
Trends in Drug Overdose Deaths by Drug Type and Year, 2017 - 2021



Current data from 2021 suggest that overdose deaths in 2021 will surpass the numbers seen in 2020. As of August 2021, there were 1,169 overdose deaths. 167 less than 2020 with four months left.



March 2020 - December 2021



In 2020 in West Virginia:

- Overdose deaths increased 51% from 2019 to 2020 after decreasing in three consecutive years.
- 85% of all overdose deaths involved an opioid.
- Synthetic opioids, such as fentanyl, were implicated in almost 90% of opioid overdose deaths and almost 75% of all overdose deaths.
- Deaths involving methamphetamine increased 54% from 2019 to 2020 and have more than doubled since 2017.

Note: most overdose deaths involve multiple drug types.

Combatting The Drug Overdose Epidemic

Treatment – Expand access to treatment services, including medication assisted treatment (MAT), such as buprenorphine and methadone.

Harm Reduction – Expand access to naloxone, fentanyl testing strips, and clean syringes.

Prevention – Increase public health and prevention initiatives; Increase use of non-opioid and non-pharmaceutical treatments for pain.

1. Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021. Available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> 2. Arias E, Tejada-Vera B, Ahmad F, Kochanek KD. Provisional life expectancy estimates for 2020. Vital Statistics Rapid Release; no 15. Hyattsville, MD: National Center for Health Statistics. July 2021. DOI: <https://dx.doi.org/10.15620/cdc:107201>. Available at <https://www.cdc.gov/nchs/data/vsrr/vsrr015-508.pdf> 3. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Drug Overdose Deaths. Available at: <https://www.cdc.gov/drugoverdose/deaths/index.html> 4. West Virginia Office of Drug Control Policy (ODCP). Data Dashboard. Available at <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>



CAMC Health Network, LLC Earns High Quality Marks, Saves Medicare Money

Dale Witte

Marketing and Public Affairs
Charleston Area Medical Center

Accountable care organizations (ACO) improve quality and reduce costs while preserving Medicare beneficiary choice of providers

CAMC Health Network, LLC, improved care for over 12,800 Medicare beneficiaries in central and southern West Virginia and saved Medicare \$8,067,080 by meeting quality and cost goals in 2020, according to recently released performance data from the federal agency that administers Medicare.

The CAMC Health Network earned a quality score of 96.87% on performance measures ranging from preventive health checks to use of computerized health records to preventing avoidable hospitalizations, Medicare data show. The \$8,067,080 of gross savings to Medicare resulted in a shared savings payment of \$3,125,747 to CAMC Health Network, which will be shared between providers within the network.

“When providers work together through an ACO (accountable care organization) to focus on patients and invest in care coordination, information technology and other care improvements, they can both increase quality and reduce costs,” said Michelle Coon, president, CAMC Health Network. “ACOs like ours are measurably improving care and saving money while maintaining patient choice of Medicare providers.”

For example, CAMC Health Network providers work to increase the number of Medicare beneficiaries taking advantage of annual wellness visits, including recommended screenings and preventive care. The ACO also focuses on ensuring smooth patient transitions from the hospital to home—or a nursing home if needed. All ACO providers receive detailed information about their performance on quality measures, and clinicians and providers share best practices to coordinate the care beneficiaries receive from different primary care and specialty provid-

ers, and to prevent health issues and repeat hospitalizations. CAMC Health Network includes Charleston Area Medical Center, Thomas Memorial Hospital, Princeton Community Hospital, Roane General Hospital, Montgomery General Hospital, FamilyCare Health Centers, Coalfield Health Center, Hygeia Facilities Foundation, Cabin Creek Health Centers, Drs. Henry & Kinder, Pulmonary Associates, Charleston Nephrology Hypertension & Transplant, and Kanawha Nephrology, all of which serve central and southern West Virginia.

A market-based solution to fragmented and costly care, ACOs empower local physicians, hospitals and other providers to work together and take responsibility for improving quality, enhancing patient experience and keeping care affordable. The Medicare Shared Savings Program (MSSP) creates incentives for ACOs to invest in transformative care by allowing them to share in savings they generate after meeting defined quality and cost goals.

In 2020 nationally, 513 ACOs caring for 10.6 million beneficiaries participated in the MSSP, generating gross savings of \$4.1 billion based on the Centers for Medicare & Medicaid Services methodology for setting financial benchmarks. After accounting for shared savings earned by ACOs in 2020, estimated net Medicare savings were over \$1.9 billion.

“The Medicare ACO shared savings program is the largest value-based payment model in the country and a critical tool in moving the health system toward better value,” Coon said.





Ensuring Quality Patient Safety and Care Through Data Analysis

Terri Castle

Chief Nursing Officer
Boone Memorial Hospital

Amy Sayre

Chief Medical Officer
Boone Memorial Hospital

Boone Memorial Hospital is highly committed to utilizing data to advance patient safety and quality of care. We are actively engaged with our commitment to initiatives, protocols, and processes geared toward quality care, patient safety, and best utilization of services for our patients. We take pride in engagement of continuous performance improvement to ensure best patient outcomes for all patients who seek medical care at our facility.

The mission of Boone Memorial Hospital (BMH) is to create an environment in which qualified physicians and other health care personnel can work together to provide high quality, compassionate, accessible, cost-effective health care service, in an atmosphere of love and concern, to the residents of Boone County and the surrounding areas.

By keeping our mission statement at the forefront, BMH has been able to make great strides in achieving goals that align with regulatory requirements. Improving the culture of safety within our hospital is an essential component of preventing or reducing medical errors and improving overall quality of care. Due to the complexity associated with ever-changing health care demands, growing services and even potentially catastrophic consequences when failures occur in health care, safety and quality is our foremost priority. We make extended attempts to maintain persistent mindfulness of past and potential issues to prevent future untoward events.

BMH has implemented several measures to maintain a culture of safety and quality to combat the daily challenges of a health care facility. A Culture of Safety survey is completed annually to identify vulnerable areas that can affect staff performance. Care Transition initiatives, including the BOOST Project, have been implemented to directly reduce readmission rates and improve patient experience measured by the Hospital Consumer Assessment of Healthcare Providers (HCAHPS). Our Antibiotic Stewardship committee developed and implemented a hospital specific Antibioqram to improve appropriate use of antibiotics. Emergency Department Transfer Communication is a measure addressed to support continuum of care with transferring facilities. Rapid response teams have been established to quickly assess and treat patients whose conditions are quickly deteriorating. Opioid Stewardship efforts are committed to safe prescribing and management of opioids to improve patient outcomes. Finally, life threatening emergencies are regulated through crash cart preparedness groups.

These are only a few of many indicators being evaluated in visuals. Reports, graphs, and dashboards are created using our

electronic health records to further evaluate our position. It is also evident that committee data sharing provides insight of our current progress and promotes staff toward excellence in quality. In addition to data sharing, the PDSA (Plan, Do, Study, Act) model is also being implemented to help us move forward with a problem-solving model to help us carry out change.

As a Critical Access Hospital with limited resources, it is instrumental for us to review our performance data from various perspectives. We not only evaluate how we are performing internally, but comparatively with other Critical Access Hospitals (CAH) regarding our patient outcomes. The expectation is that our performance levels not only meet, but exceed, the standard percentages of care for our patients on an on-going basis.

The BMH quality team has a Performance Improvement plan that summarizes our overall process for quality review and response. Members of the health care team are assigned to abstract and submit selected quality measures to entities involved in collection of the data (ex. West Virginia Hospital Association [WVHA] and National Healthcare Safety Network [NHSN], etc.). The Quality Director compiles the reports and records them in a color-coded dashboard to assist the quality team with data analysis. The Performance Improvement Committee meets quarterly to review feedback and work on goals geared toward improvement.

An example of our process is reflected in the submission of the Emergency Department Transfer Communication (EDTC) data. EDTC measures how well patient information is communicated from an Emergency Department to any health care facility. The measure is applicable to patients with a wide range of medical conditions (e.g., acute myocardial infarction, heart failure, pneumonia, respiratory compromise, and trauma) and is relevant for both internal quality improvement purposes and external reporting to consumers. Data is abstracted and submitted to the WVHA (West Virginia Hospital Association) portal. Data is then tallied and pushed back to our facility in a report that shows our compliance scores. Feedback is shared with the quality director; reports are added to the BMH quality dashboard and results are reviewed among the quality committee members. The committee addresses areas of deficiencies and develops processes to enhance communication measures required during the transfer process.

Boone Memorial Hospital's commitment to patient safety and quality care has culminated in state and national recognition. BMH proudly received CMS 5-star ratings on patient experience over the past two years and achieved the WVHA Commitment to Excellence Gold Honors Award in 2020 & 2021. We have also seen a decrease in overall re-admissions in 2021, received the CORE (Center for Organ Recovery & Education) Challenge Gold Award in 2021 and were awarded the Inaugural 2021 West Virginia Rural Health Leaders Award. Commitment to data sharing with tracking and trending has made a positive difference at our hospital.



West Virginia Hospitals: By the Numbers



WVHA Quality and Data Services manages multiple data sources and projects, including the WVHA Discharge Data Program and is home to the Quality and Data Intelligence Dashboards (QDI). QDI is powered by Tableau and is specifically designed for WVHA's data sets for use by West Virginia hospitals. The available analytics enhance hospitals' data capabilities through customizable dashboards, reports, and data visualizations – enabling users to obtain deeper insights from their data, faster than ever before. This

dynamic group assists hospitals in making informed, data-driven decisions to advance quality improvement, enhance service offerings and plan for the future health care needs of their West Virginia communities.



64

Hospitals in West Virginia

24

General acute care hospitals

21

Critical Access Hospitals (CAH)

19

Specialty facilities including: psych, rehab, long term acute, veterans affairs.



49,000

People Employed by hospitals statewide



39

West Virginia counties have a hospital

27 counties have 1 hospital; 12 counties have two or more hospitals; 16 counties with no hospital.



18,000

Newborns Welcomed to West Virginia



270,000

surgeries performed

1.2 million

people treated in emergency departments



Top 10 Chronic Conditions

1. Hypertension
2. Hyperlipidemia
3. Chronic Kidney Disease
4. Diabetes
5. Ischemic Heart Disease
6. Anemia
7. Tobacco Use
8. Chronic Obstructive Pulmonary Disease and Bronchiectasis
9. Anxiety Disorders
10. Heart Failure

Average Length of Stay by Hospital Type

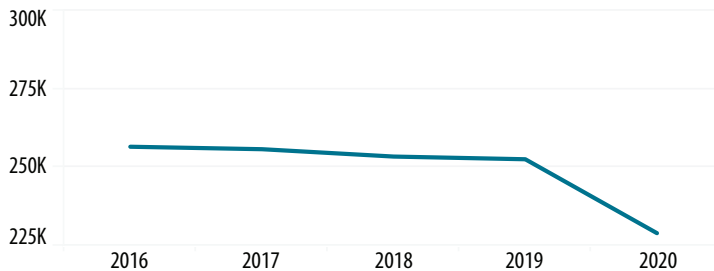
CAH - 5.42 Days
Hospital - 5.94 Days
LTAC - 27.82 Days
Psyc - 60.98 Days
Rehab - 12.88 Days



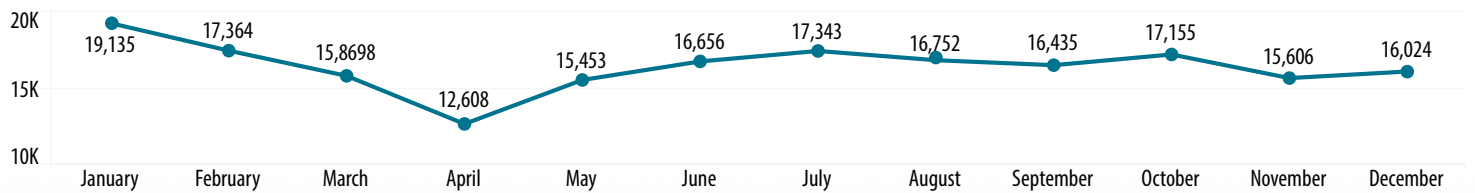
Total Inpatient Discharges in 2020

228,993

Inpatient Discharges by Year



2020 Inpatient Discharges by Month



Inpatient Discharges by Sex & Age

Female Discharges		2020	Male Discharges		2020
0-9	9,838		0-9	10,626	
10-17	1,128		10-17	855	
18-34	21,663		18-34	5,712	
35-44	8,106		35-44	6,519	
45-54	9,489		45-54	10,943	
55-64	16,387		55-64	18,454	
65-74	20,646		65-74	21,837	
75-84	17,061		75-84	15,120	
85+	10,000		85+	6,013	
Female Total		114,318	Male Total		96,079

Inpatient care means you are admitted to the hospital.

Inpatient Discharges by Patient County

County	2016	2017	2018	2019	2020
Barbour	2,228	2,235	2,187	2,249	1,894
Berkeley	8,133	8,033	8,476	8,445	7,718
Boone	3,474	3,688	3,519	3,456	3,020
Braxton	1,542	1,469	1,443	1,464	1,334
Brooke	2,368	2,312	2,089	1,855	1,604
Cabell	12,688	13,842	13,100	13,464	12,067
Calhoun	768	752	846	827	742
Clay	1,325	1,233	1,256	1,327	1,185
Doddridge	533	551	516	558	530
Fayette	7,234	6,811	6,832	6,941	6,238
Gilmer	891	826	862	899	753
Grant	994	1,030	1,054	1,093	907
Greenbrier	3,902	3,781	4,031	4,044	3,458
Hampshire	712	642	729	671	601
Hancock	4,230	3,949	3,202	2,938	2,548
Hardy	742	707	695	619	651
Harrison	10,046	10,340	9,760	9,901	8,474
Jackson	3,721	3,679	3,605	3,633	3,212
Jefferson	2,763	2,955	2,791	2,990	2,868
Kanawha	27,349	27,043	28,348	27,654	25,784
Lewis	2,642	2,656	2,728	2,720	2,328
Lincoln	3,322	3,321	3,264	3,207	2,768
Logan	6,064	6,158	6,481	5,997	5,058
Marion	9,545	9,800	8,933	7,454	7,173
Marshall	4,282	4,062	3,772	3,435	3,141
Mason	2,818	2,961	2,738	2,706	2,224
Mcdowell	2,651	2,550	2,653	2,364	2,372
Mercer	8,526	8,649	8,672	7,780	7,839

County	2016	2017	2018	2019	2020
Mineral	1,206	1,304	1,382	1,770	1,608
Mingo	2,714	2,493	2,112	1,995	1,630
Monongalia	10,324	10,768	10,370	10,501	9,169
Monroe	989	1,078	1,132	1,107	1,008
Morgan	619	659	780	724	654
Nicholas	3,689	3,721	3,413	3,387	3,213
Ohio	7,082	6,873	6,118	5,618	4,875
Pendleton	352	358	329	405	360
Pleasants	597	672	691	628	610
Pocahontas	971	925	904	907	857
Preston	4,273	4,327	4,270	4,219	3,529
Putnam	5,912	5,763	6,184	6,106	5,324
Raleigh	13,668	13,761	13,720	13,984	11,907
Randolph	3,962	3,971	3,542	3,539	3,278
Ritchie	1,334	1,246	1,275	1,302	1,220
Roane	1,696	1,695	1,661	1,643	1,480
Summers	1,759	1,707	1,711	1,648	1,577
Taylor	2,062	1,966	1,921	1,957	1,752
Tucker	731	714	654	674	558
Tyler	1,154	976	920	899	800
Upshur	2,953	2,822	2,903	2,871	2,577
Wayne	4,550	4,948	4,722	4,809	4,185
Webster	1,251	1,255	1,257	1,212	1,107
Wetzel	2,268	2,331	2,134	2,078	1,874
Wirt	751	625	651	744	696
Wood	10,748	10,018	10,331	10,961	9,636
Wyoming	3,722	3,788	3,642	3,713	3,284
Out of State	36,195	34,809	34,751	34,516	32,764



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– Dr. Dan Breece, Chief Medical Officer



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HEALTH SYSTEM
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Client **HIGHLIGHT**

Memorial Health System achieved **SUCCESS** in less than six months.



increased point-of-care gap closure from 8.5% to 40%+



increased payor STARS rating by 2 STARS



providers reported seeing 2 more patients per day



Mon Health System Expands Hospital Services and Access to Care in North Central West Virginia

Amanda Falkenhagen

Communications Specialist
Mon Health System

At a time when rural hospitals across the U.S are closing in record numbers, Mon Health System is investing in expansion of services to serve North Central West Virginia communities.

In December, the health system opened its new Mon Health Marion Neighborhood Hospital, which replaces emergency and critical care services for Fairmont-area residents that were lost to a previous hospital closing.

“When Marion county’s only hospital closed last year, Mon Health stepped up to meet the health care needs of this community,” said U.S. Senator Shelley Moore Capito. Capito toured the new hospital on November 29, hosted by health system President and CEO, David Goldberg.

“I appreciate David Goldberg for hosting me today and discussing how we can continue working to bring more small-format neighborhood hospitals like Marion’s to communities across West Virginia,” the senator said.

Marion’s new hospital is what’s known as a small-format hospital, meaning that it offers a smaller number of beds than a traditional hospital, but still brings high-level services such as a 24-hour emergency care unit, over night hospitalization services, on-site diagnostic testing and imaging, and laboratory services, and more. The hospital has 10 in-patient beds.

“We built easy access close to home for local citizens in a smaller format,” said Dr. Christopher Edwards, Mon Health Marion Neighborhood Hospital CAO. “This concept is a great idea for a state like West Virginia where distances can be a little longer to get to a full-range of comprehensive services like we offer at Mon Health Medical Center. And, with seamless connectivity between all our Mon Health hospitals, the high-level continuity of care for patients is best-in-class.”

Small format hospitals are accredited by the Centers for Medicare and Medicaid Services (CMS) to offer hospital-based services that include inpatient and outpatient medical beds, diagnostic imaging and lab services, and full-service emergency services—just on a smaller scale than larger hospitals.

“Mon Health has served families in North Central West Virginia for 100 years and we’ve earned a reputation for treating patients like family with speed, compassion and expertise,” said David Goldberg, Mon Health President and CEO. “We are proud to uphold the tradition of community hospitals by expanding hospital services in Marion County, delivering high quality care to citizens when and where they need it.”

The Mon Health Marion Neighborhood Hospital is conveniently located at the Middletown Commons in White Hall. The hospital is the first of its kind approved in West Virginia.

“As the most important community hospital system in the region, we believe this is the kind of innovation that will advance health care services for the future,” Goldberg said. “We believe that this is a perfect solution for the Fairmont region and its surrounding communities as well as for rural regions throughout West Virginia.”





Hospitals among Top Employers in West Virginia for 2021

Of the top 100 largest private employers in West Virginia for 2021, 11 were hospitals. Four were in the top 10; and 8 were in the top 50.

- 1 – WVU Medicine
- 3 – CAMC Health System
- 4 – Mountain Health Network
- 7 – Mon Health
- 21 – Thomas Health System, Inc.
- 35 – Weirton Medical Center
- 42 – Davis Health System
- 47 – Raleigh General Hospital, LLC
- 51 – Appalachian Regional Healthcare, Inc. (Beckley ARH Hospital & Summers County ARH Hospital)
- 80 – Logan General Hospital, LLC
- 82 – Valley Health Systems, Inc. (Hampshire Memorial Hospital & War Memorial Hospital)



49,000

People Employed by
West Virginia
hospitals statewide

Source: Workforce West Virginia March 2021

Your Partner In Health

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Glenville

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- *Pulmonary and Cardiac Rehabilitation * Occupational Therapy
- *Speech Therapy * Physical Therapy * Respiratory Therapy
- * Infusion Therapy * School Based Health * Outreach Services
- *Social Services * Clinic Services * 24 Hr Emergency Room
- * Long Term Care * Laboratory Services * Radiology Services
- *Pharmacy *Observation Beds * Swing Beds * Wound Care
- * Orthopedics * Dental Services * Urology * General Surgery



340B Drug Pricing Program Benefits all West Virginians

Tony Gregory

Vice President, Legislative Affairs
West Virginia Hospital Association

For nearly 30 years, the *340B Drug Pricing Program* has helped West Virginia hospitals and other providers serving vulnerable patients and communities manage rising prescription drug costs.

Congress created the 340B drug savings program to help hospitals serving vulnerable communities stretch scarce federal resources as far as possible in order to support essential services for their patients. Because it is funded by drug company discounts, not federal or state dollars, the 340B program doesn't cost the government one penny – but it makes a big difference to hospitals and the communities they serve.

Hospitals in West Virginia use 340B savings to provide free care for uninsured patients; offer free vaccines; provide services in mental health clinics; and implement medication management and community health programs, among many other services. To be eligible for the program, hospitals must either care for high-numbers of low-income patients, be a rural hospital, or a hospital that treats a specific patient population like cancer patients or pediatric patients.

According to the federal Health Resources and Services Administration (HRSA), which is responsible for administering 340B, hospitals and other providers utilizing the program achieve average savings of 25 to 50% in pharmaceutical purchases. For West Virginia hospitals, this means millions of dollars in savings which enables them to provide services to patients that they would not be able to access otherwise without the 340B program being intact.



Despite increased oversight from HRSA and the program's proven record of decreasing government spending and expanding access to patient care, some want to scale it back or significantly reduce the benefits that eligible hospitals and their patients receive from the program.

Fortunately, West Virginia's Congressional delegation and other policymakers have worked hard to preserve the scope of the program and the ability of 340B hospitals to provide vital patient services to low-income and rural patients. West Virginia hospitals are grateful for this unwavering support as legislation on the federal level continues to surface and legal challenges arise.

The *340B Drug Pricing Program* is a small program with big benefits for vulnerable patients and communities. It allows eligible hospitals to stretch scarce federal resources to establish and support a variety of programs that are improving access and quality of care for low-income and uninsured individuals. Given the increasingly high cost of pharmaceuticals, the 340B program remains essential to creating healthier communities.

Bringing BETTER JOBS to Your Community!



Preferred Providers

We identify challenges faced by West Virginia healthcare providers and search for products and services to meet those needs. The preferred providers listed below are available to help you!



SunRX/Medimpact provides a complete 340B solution for covered entities. SunRX assists clients in maintaining accurate and current 340B database information, recertifying eligibility annually, helping prevent diversion to ineligible patients, blocking Medicaid claims to avoid duplicate discounts, and preparing for program audits. Medimpact offers a complete pharmacy benefit management program. **A preferred provider since 2012**



Encova's revolutionary approach to worker's compensation provides personalized service focusing on returning employees to work, keeping insurance premiums low, and reducing total cost of risk. **A preferred provider since 2015**



Hospitalcareers.com provides hospitals with a national platform to post job openings and attract potential employees. Each week, job postings on your website are scraped and downloaded to Hospitalcareers' website. Your HR team saves time and only current openings are posted. **A preferred provider since 2019**



USI offers a comprehensive package of insurance products, employee benefits, and other related services at competitive costs to your institution. **A preferred provider since 1998**



MASA Medical Transport Solutions provides coverage for emergency airplane, helicopter, or ground ambulance transportation for you and your employees at a surprisingly low cost. **A preferred provider since 2017**



Hospitals Give Back

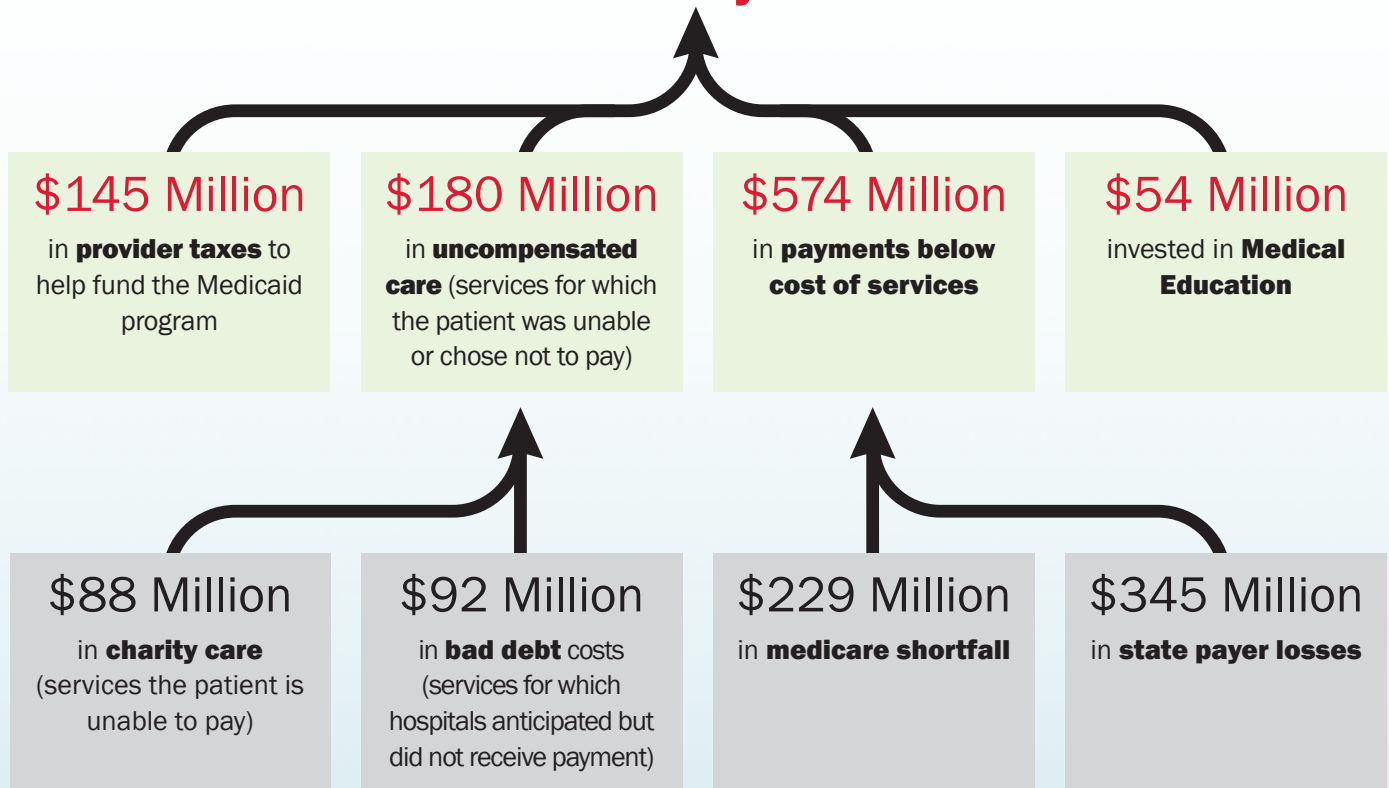
West Virginia Hospitals: Partners in Care

Employ Nearly
49,000
People Statewide

WV Hospitals Contribute
\$11.6
Billion
to WV's Economy

Account for
11 of the
top 100
Employers in WV

\$953 Million **in Community Benefits**





At OVP HEALTH, we provide smart solutions to your inpatient medical care challenges.

For more than 20 years, OVP HEALTH has been providing hospitals with smart solutions to their Emergency Department and Hospitalist staffing and management challenges.

We especially understand the unique problems, needs and cultural sensitivities associated with smaller, rural hospitals. And because we know how vital those hospitals are to the health of their communities, we're laser-focused on helping them provide outstanding care and service in the most efficient and cost-effective manner possible.

At OVP HEALTH, we're committed to helping your hospital build and maintain "Healthier. Community."

If your hospital is looking for a smart solution to its emergency department and hospitalist medical care challenges, please contact Nick Alexander, VP of Business Development, at nalexander@ovp.healthcare, and visit our website for more information, at ovphealth.com.

"I think OVP HEALTH brought a level of professionalism to our E.D. that we haven't had for quite a few years. We're extremely happy with their competency, their training, and the way they coordinate care with the entire team."

- Hospital Executive Vice President

"We have seen tremendous improvements in our patient satisfaction scores since we contracted with OVP HEALTH. I have never had such a great working relationship with a hospital partner."

- Hospital Patient Satisfaction Director



**OVP
HEALTH**
Healthier. Community.



Your Partner in Health

Brittany Frymier

Director of Business Development
Minnie Hamilton Health System

Minnie Hamilton Health System (MHHS) has collaborated with several organizations within the community to help provide quality care to patients during the COVID-19 pandemic. Minnie Hamilton is very grateful for the partnerships that have been established because strong communities foster strong hospitals.

In collaboration with Calhoun and Gilmer County Board of Education, Minnie Hamilton has provided several vaccine clinics to the staff and students as well as the general public. In addition, we have conducted several drive through testing events which has allowed for quicker contact tracing for the school systems. Calhoun County Middle High School has allowed MHHS to use the front parking lot to host our COVID drive through events to better serve the community since the school is located in the geographical center of the county.

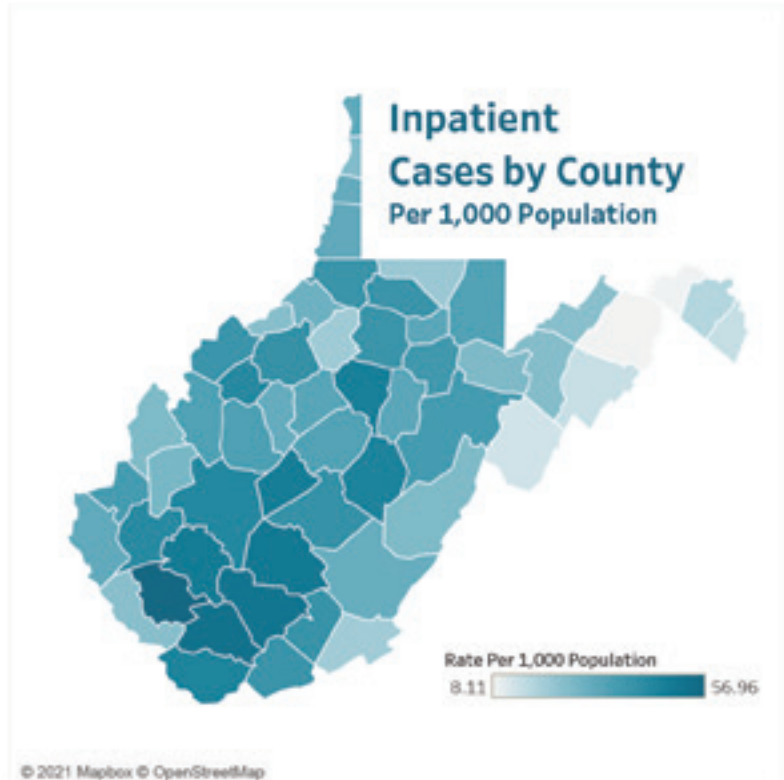
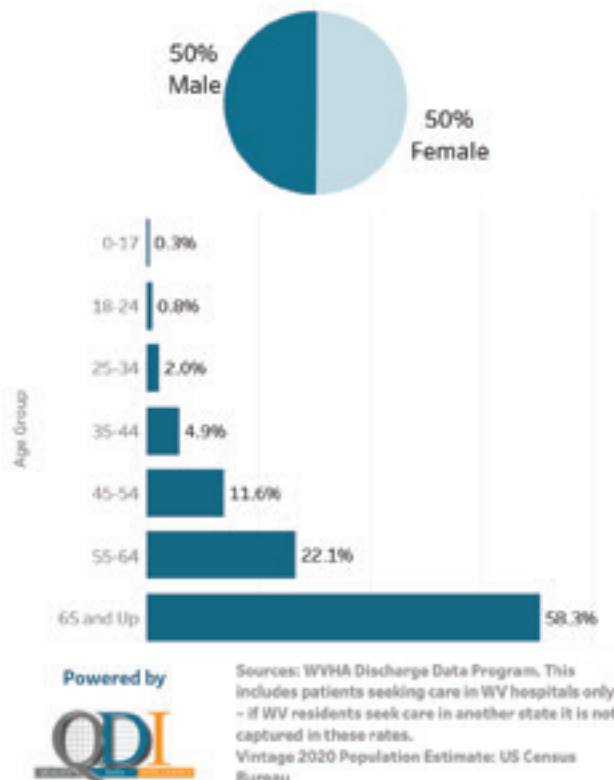
Minnie Hamilton was able to assist Glenville State College

in their testing of student athletes as well as provide guidance on how to safely quarantine students. We have worked with the Gilmer County Health Department to coordinate vaccine opportunities as well as with the local pharmacies (Gil-Co Faith, J&B and Walgreens).

Due to the strong community support we have received, Minnie Hamilton was awarded the Community Health Quality Recognition (CHQR) badge for Advancing Health Information Technology (HIT) for Quality, Patient Centered Medical Home Recognition (PCMH), COVID-19 Data Reporter and COVID-19 Testing Recognition. Once again, we believe that strong communities foster strong hospitals.

As we continue to work through this pandemic, we have also collaborated with the local grocery store, Foodland, to offer discounted fresh fruits, fresh vegetables, and fresh meats. In addition, a selection of low fat/low calorie soups, frozen foods, and other healthy food options are available. The willingness of the staff to go above and beyond on an ongoing basis speaks volumes of the dedication of MHHS. In return, the community has supported staff by way of food, donating masks, cards of encouragement and thank you letters. We are grateful for the partnerships that we have and will continue to collaborate with our community in an effort to provide quality care to our patients and community.

2020 Chronic Condition Breakdown: DIABETES





Mon Health Medical Center Earns Geriatric Emergency Department Accreditation, Enhances Commitment to Aging Population

Amanda Falkenhagen

Communications Specialist
Mon Health Medical Center

Because the complexity of care rises with age, the Emergency Department at Mon Health Medical Center is making changes to tailor its care to better meet our aging population's needs by implementing a Geriatric Emergency Department, and on October 4, 2021, we received the Bronze Accreditation from the American College of Emergency Physicians (ACEP).

There is currently a dramatic expansion in the number of older adults with complex health care needs resulting in increased complications. The US continues to age at an unprecedented rate, with the number of adults age 85 and over increasing the fastest. In just eight years, the number of Americans age 65 and older is expected to total 25% of the population. In West Virginia, we're already at the 20% level and rank 3rd in the nation for residents in the 65 and older category.

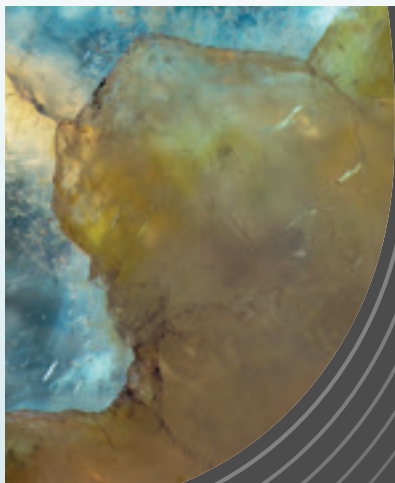
A Geriatric Emergency Department (GED) isn't a place but rather a program, with equipment, protocols, and procedures implemented by a team working together for senior-friendly care. The entire GED will include adjustments specifically designed to meet the unique needs of older patients. Examples include mobility aids, hearing assistance, visual aids, and safety features such as non-skid flooring and handrails throughout the rooms and hallways. Specially trained staff will assess older patients more comprehensively and take steps to make the experience more comfortable and less intimidating, creating a safer environment and promoting more positive outcomes.

"This achievement was made possible by the Mon Health Medical Center Auxiliary and other private donations. The close collaboration between our emergency department, geriatric, and palliative care clinicians will ensure high-quality care to older adults who need a tailored approach to meet their needs during an Emergency Department visit," said Dr. Christopher Edwards, Director of Emergency Services at Mon Health Medical Center. "I'm extremely proud of the teamwork demonstrated by our remarkable interdisciplinary staff at our ED and their energy and commitment to enhance the care for seniors during some of their most vulnerable times."

The Mon Health Medical Center Auxiliary has generously supported this program with a \$350,000 gift. Chris Battin, Auxiliary Board President, states, "Our seniors represent one of the largest populations seeking emergency care, and we recognized the impact this program would have. We are grateful we can support the hospital in a significant way, but our ability to do so isn't possible without our community and volunteers who have supported our fundraising efforts to make this project a reality."

Berkshire Hathaway Energy GT&S, located in Bridgeport, West Virginia, provided additional support through their charitable outreach. Jason Harshbarger, State Policy Director, said, "BHE GT&S is pleased to support the Mon Health Medical Center Foundation's effort to comfort and care for the geriatric population in our community. We commend the work our health care providers do for our neighbors, especially those most vulnerable. Our employees have supported this community for decades, and we are privileged to continue this legacy under the name BHE GT&S." Their investment in the Geriatric Emergency Department is an investment in the livability of our community.

This specialized senior care will soon extend beyond the Emergency Department throughout the hospital and eventually the Mon Health System, ensuring continuity of care.



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2021 Commitment to Excellence Honors Program Recipients

GOLD HONORS

Boone Memorial Hospital
 Cabell Huntington Hospital
 Davis Medical Center
 Grafton City Hospital
 Grant Memorial Hospital
 Minnie Hamilton Health System
 Mon Health Medical Center
 Mon Health Preston Memorial Hospital
 Mon Health Stonewall Jackson Memorial Hospital
 Pocahontas Memorial Hospital
 Roane General Hospital
 St. Mary's Medical Center
 WVU Medicine Berkeley Medical Center
 WVU Medicine Braxton County Memorial Hospital
 WVU Medicine Camden Clark Medical Center
 WVU Medicine J.W. Ruby Memorial Hospital
 WVU Medicine Jackson General Hospital
 WVU Medicine Jefferson Medical Center
 WVU Medicine Potomac Valley Hospital
 WVU Medicine Reynolds Memorial Hospital
 WVU Medicine St. Joseph's Hospital
 WVU Medicine Summersville Regional Medical Center
 WVU Medicine United Hospital Center



SILVER HONORS

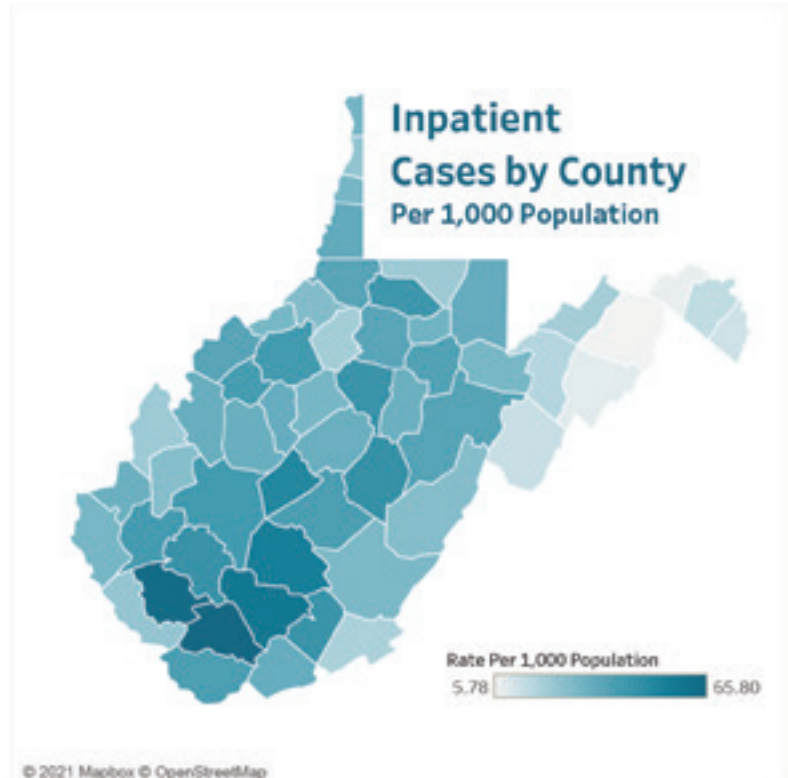
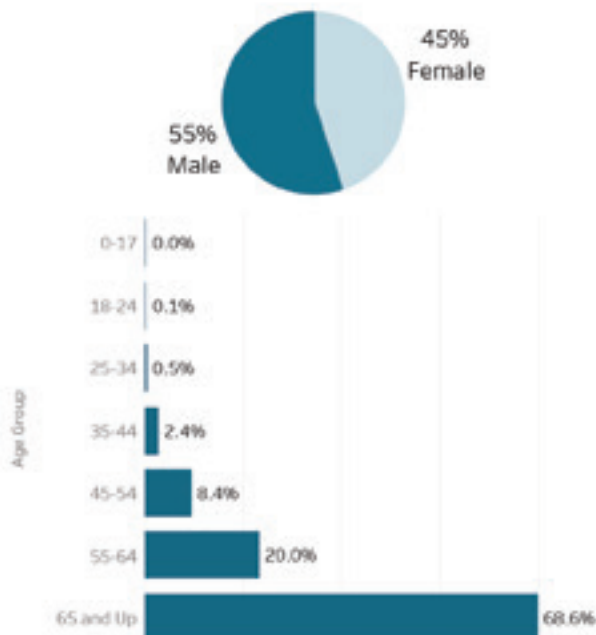
Broaddus Hospital
 Charleston Area Medical Center
 Hampshire Memorial Hospital
 Pleasant Valley Hospital
 Saint Francis Hospital
 Thomas Memorial Hospital
 War Memorial Hospital



The West Virginia Hospital Association recognizes member hospitals for their outstanding work in the Commitment to Excellence Honors Program and their commitment to the following topic areas:

- Alliance for Innovation on Maternal Health (AIM)
- Antibiotic Stewardship
- Care Transitions
- Emergency Department Information Exchange (EDie)
- Hospital Quality Improvement Contract (HQIC)
- Influenza Vaccination
- Opioid Stewardship
- Patient and Family Engagement (PFE)
- Workplace Violence
- WVHA Discharge Data Program

2020 Chronic Condition Breakdown: ISCHEMIC HEART DISEASE



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Sources: WVHA Discharge Data Program. This includes patients seeking care in WV hospitals only - if WV residents seek care in another state it is not captured in these rates.
 Vintage 2020 Population Estimate: US Census Bureau

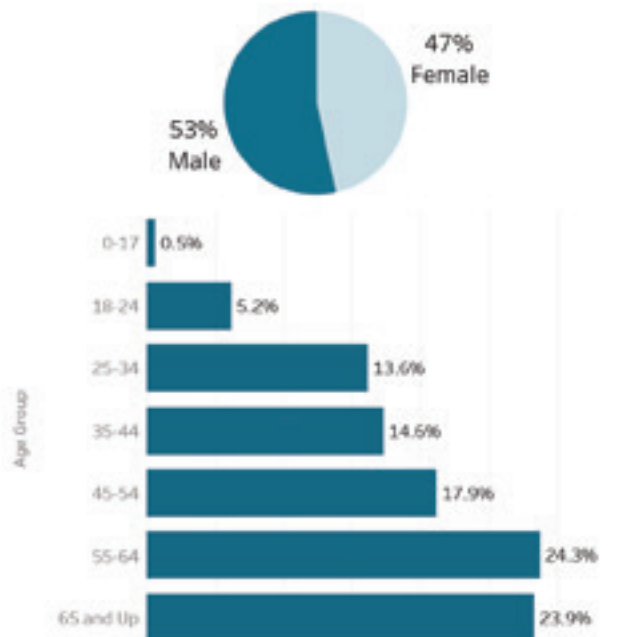


Different Types of Hospitals

Hospitals vary dramatically, from large to small, rural to urban, acute to specialty and everything in between. And even within a particular category or peer group, the services provided also vary from hospital to hospital. Hospitals are generally divided into the following categories:

- Urban Acute Care Hospitals:** These hospitals provide inpatient services, emergency medical and surgical care, continuous nursing services and necessary ancillary services 24/7/365. Many urban hospitals also provide a wide range of specialty and sub-specialty services.
- Rural Acute Care Hospitals:** Like their urban counterparts, these hospitals also provide inpatient services, emergency medical and surgical care, continuous nursing services and necessary ancillary services 24/7/365 to rural communities in West Virginia. Many rural hospitals are often the only provider in their community and offer a broad range of services, from primary care and rehabilitative services to nursing home and hospice care.
- Critical Access Hospitals (CAH):** This subset of rural hospitals serves West Virginia's smallest communities. They have no more than 25 acute care beds and must generally be located at least 35 miles from the closest hospital. Because of their federal designation as CAH's, Medicare reimburses them differently than other hospitals. They operate 24/7/365. There are **21 Critical Access Hospitals** in WV.
- Specialty Hospitals:** These hospitals are primarily or exclusively in the treatment of a particular condition or type of service. (e.g., psychiatric, rehabilitative, long-term acute). They often provide both inpatient and outpatient services, but may not have the same services as a general hospital - for example specialty hospitals rarely have emergency departments, but may offer more comprehensive services than an acute care hospital for their particular specialty and are still subject to most regulatory obligations that apply to acute care hospitals. There are **19 Specialty Hospitals** in WV.

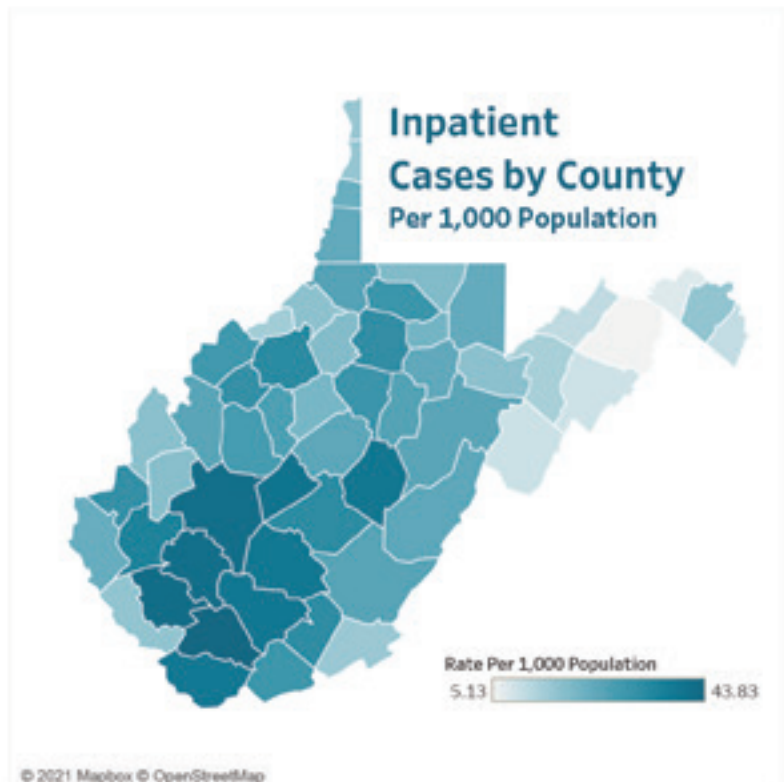
2020 Chronic Condition Breakdown: TOBACCO USE



Powered by



Sources: WVHA Discharge Data Program. This includes patients seeking care in WV hospitals only - if WV residents seek care in another state it is not captured in these rates.
Vintage 2020 Population Estimate: US Census Bureau





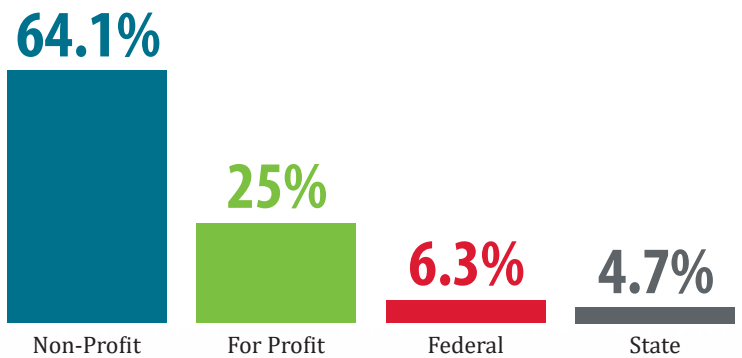
Ownership of Hospitals

Ownership structure of hospitals can also impact financial operations and governance.

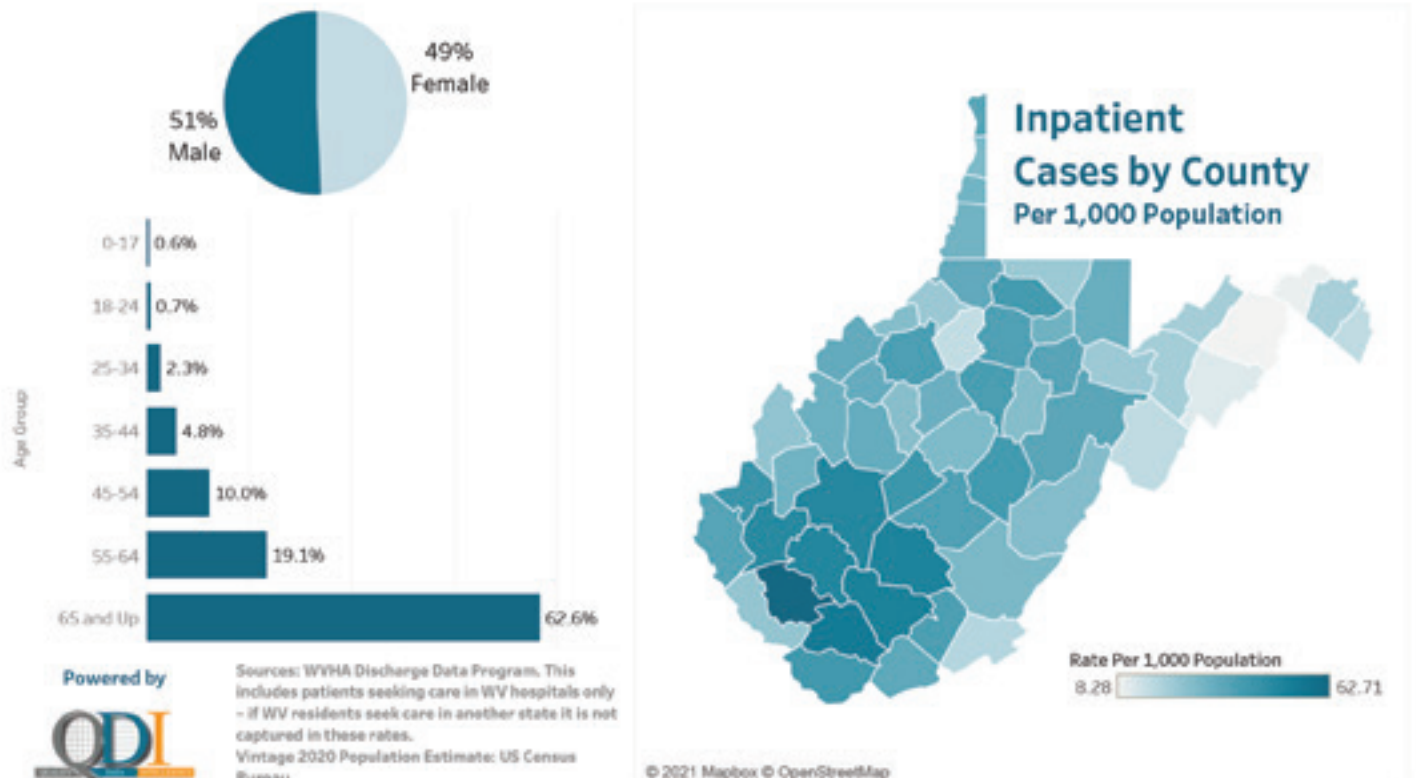
- **Non-Profit Hospital:** These hospitals are non-profit corporations and are thus exempt from some taxes, but any profits must be reinvested in achieving their mission (usually associated with providing health care services or improving community health). As a condition of their tax-exempt status, these hospitals are also required to conduct community health needs assessments and report community benefit.
- **For-Profit Hospital:** These hospitals are investor owned and report to a corporate board of directors to whom they owe a fiduciary duty. Proprietary hospitals pay property and income taxes. Operating surplus is often returned to investors in the form of an annual dividend. Property and income taxes paid by hospitals fund local fire, EMS and other public services crucial to the health of communities.

- **Government Owned Hospital (state or local):** These hospitals are publicly owned and operated and typically have a governing board elected by a city or county. Government owned hospitals are tax-exempt.

Hospital Ownership Type Varies in West Virginia



2020 Chronic Condition Breakdown: CHRONIC KIDNEY DISEASE



U.S. News & WORLD REPORT

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Mountain Health Network is a West Virginia-based not-for-profit health delivery system comprised of Cabell Huntington Hospital, St. Mary's Medical Center, Hoops Family Children's Hospital and HIMG.

Mountain Health is committed to improving the health and well-being of all we serve through understanding, respecting and meeting their health needs.

2019-2021 ENTERPRISE STATISTICS – PATIENT CARE

6,154K

Caregivers

619

Physicians

1,879K

Registered Nurses

2.7M

Outpatient Visits

325,152K

Emergency Room Visits

108,088K

Virtual Visits

\$1.8M

Community Benefit

\$4.9M

Charity Care

\$55.5M

Support of Medical Education



MOUNTAIN HEALTH
NETWORK

Cabell Huntington Hospital | St. Mary's Medical Center | HIMG

www.mountainhealthnetwork.org