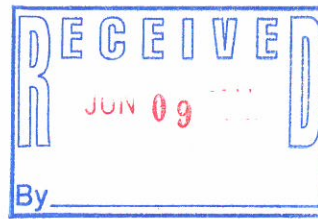




A. Hugh Greene, FACHE
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June 8, 2015

Elizabeth Dudek, Secretary
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308

Dear Secretary Dudek:

It was good to speak with you this week. I know this is a busy and demanding time for you.

Now that we have had some additional time, we are transmitting data on behalf of the Commission on Healthcare and Hospital Funding for the four adult hospitals affiliated with Baptist Health in Jacksonville, Florida.

You will note that there are certain data elements we are not able to provide. This is largely due to lack of clarity. For example, does "volunteer hours" in the "employment" section refer to community volunteer hours by our employed staff or the hours of non-employee community auxiliary members? As we noted, there are several other examples where we have indicated that the definition is not clear.

It is important to state that we are concerned about comparability of data, and we trust that Commission members will be informed of inconsistencies in reporting. As an example, in what we submitted, "total margin" is both operating and non-operating revenue, including realized and unrealized investment gains. For a number of hospitals, including some of those who have already reported, investment income (that can be significant dollars) is not reported at the licensed hospital level but only at the corporate level (which may or may not even be in Florida). Even in the profitability data that has been published recently, it is readily apparent that there is inconsistency in what has been included in the data. It is important for the Commission members to understand this lack of comparability between data being submitted.

Finally, we have submitted a response to the request for the methods utilized to measure quality and outcomes. This response is applicable to all four hospitals as we follow a consistent approach to patient quality and safety across our health system.

Our intent in complying with this request is to demonstrate cooperation with the Commission and our commitment to transparency. However, as noted with the above examples, we do have concerns with the clarity of the data request and the problem with comparability.

As always, never hesitate to contact me to further discuss this matter.

With warm regards,



A. Hugh Greene, FACHE
President and CEO
Baptist Health, Jacksonville

AHG/mo
Enclosures

Methods to Measure Quality and Outcomes

Baptist Health, Jacksonville
(inclusive of Baptist Jacksonville, Baptist South, Baptist Beaches, and Baptist Nassau)

As you are aware, hospitals currently submit 72 quality measures quarterly to the Centers for Medicare and Medicaid Services (CMS). These are standardized measures vetted through the National Quality Forum to ensure validity and reliability. AHCA has access to these outcomes through the CMS publically reported websites.

Within our health system, a number of methodologies and processes are used to measure, report and improve our quality outcomes, including:

- Oversight by the system and hospital boards of directors who set quality priorities, oversee performance and hold the organization accountable for the outcomes.
- Executive level engagement in quality steering committees that focus on providing resources and removing barriers to providing quality care.
- Engagement of staff at all levels of the organization through quality and performance improvement councils.
- Participation in state and national best practice collaboratives such as the FHA Hospital Engagement Network's Partnership for Patients.
- Participation in national quality registries to share outcomes and benchmark best practices such as the American College of Surgeons National Surgical Quality Improvement Program (NSQIP)
- Full adoption of electronic medical records designed to enhance compliance with quality and safety standards
- Full accreditation by the Joint Commission and system Magnet designation.
- Engagement of patients and families in quality processes through surveys, councils and various communication tools.
- Reporting the results internally and externally through tools such as dashboards and scorecards, comparing our results to national best practices and benchmarks.
- Dissemination of our quality results and lessons learned through various media (digital and print); regional, state and national meetings and professional journals and publications.