VALUE REPORT | 2024-2025



Improving Care Everywhere

Franciscan ALLIANCE



Table of Contents

Mission 3

Values 5

Introduction – Dr. Gerald Maloney,
Senior Vice President and CMO Franciscan Alliance 6

Franciscan Accountable Care 7

Franciscan Physician Network 14

POD Resources 19

Testimonials 26

Franciscan Alliance Hospitals' Performance 28

System Wide, All Facility Scorecard 32

2025 Quality and Patient Safety Outcomes 34

Pharmacy Services 36

Glossary of Terms 48

Appendices 54

mission



continuing
Christ's Ministry in
our Franciscan tradition



Carmel



Carmel - Orthopedic Center of Excellence



Crawfordsville


Crown Point



Dyer



Indianapolis



Lafayette



Michigan City



Moorseville



Munster



Olympia Fields



Rensselaer

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 healthcare facility are exemplified by members of the healthcare 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.



INTRODUCTION



DR. GERALD MALONEY
Senior Vice President and CMO
Franciscan Alliance

Hippocrates, regarded as the father of medicine, instructed his followers to first do no harm. Today, the need to protect those who have entrusted themselves to our care from harm is at the forefront of our Franciscan mission. We understand that we may not be able to help everyone, but it's our duty not to harm anyone.

In the 21st century, quality and patient safety must be achieved amid extraordinary complexity. We have far more tools and technology than Hippocrates did, yet these advances carry a heightened risk. Health systems are under unprecedented pressure from workforce shortages, rising costs, and decreased reimbursement. Quality and safety are no longer standalone initiatives- providing safe, high-quality, and efficient care is essential to a health system's survival.

Throughout Franciscans' 150-year health care ministry, today's patients are older, sicker, and more complex. In just the past five years, patients have been presenting with a greater incidence of chronic illness compounded by an increase in behavioral health concerns. These issues have led to increased utilization and capacity constraints, resulting in care delays and variation in outcomes, including an increased risk of adverse events.

These challenges, combined with reduced resources and reimbursement, prompt health systems to focus on efficiency and cost control in a value-based care model. Quality, safe care is the hallmark of that model and must be a strategic priority not just in every hospital but in every patient encounter.

Franciscan Alliance remains committed to continuing Christ's healing ministry in our Franciscan tradition. We have made significant strides to improve how we provide care, enabling us to improve our patients' outcomes despite these national challenges.

We have developed a system-wide process to respond to and evaluate safety events, and to use what we learn to educate our teams to make care safer. Using a nationally recognized communication and resolution program known as Candor, we promote honest, open, blame-free dialogue and disclosure when unexpected outcomes occur.

At Franciscan, we're confident that our emphasis on high-quality, safe, compassionate health care that you have come to expect from us as a Catholic healthcare system will ensure our ministry continues to care for our friends and neighbors for the next 150 years.

Thank you for trusting us to care for you and your family.

FRANCISCAN ACCOUNTABLE CARE ORGANIZATION (ACO)

Since our inception in 2012, Franciscan ACO has partnered with physicians, practices, hospitals and payers to improve access to high-quality, value-driven, and person-centric care. With over a decade of successful results, we continue to work as a team to evolve into transformative value-based care models for all stakeholders.

Partnering with a wide range of specialties and primary care providers, ACO services include:

- Collaboration and care management across a patient's experience of care, including post-acute needs, with enhanced support for high risk or medically complex patients
- Emphasis on preventive care and wellness
- Enhanced communications, integration of care and clinical coordination between ACO participant providers, hospitals, clinics and payers
- Commitment to measurable, standardized and performance-based key health care outcomes and patient/provider experience of care
- Support use of evidence-based best practices to reduce variabilities in care
- Focus on improving patient healthcare outcomes, value and patient and provider experience of care

In 2025. Franciscan ACO was responsible for approximately 160,000 patients across our healthcare ministry. Franciscan ACO agreements included:

Commercial	Medicare Advantage	Medicare
Anthem	Aetna	Enhanced Medicare Shared Savings Program
Cigna	Anthem	
	Devoted Health	
	Humana	
	United HealthCare	

Franciscan ACO Quality

One of our focused strategies contributing to continued excellent quality performances is the opportunity for annual wellness visits. These visits can serve to solidify a partnership between the patient and their provider in the management of health concerns, medication reconciliation, and addressing open care gaps. In between these visits and others, there is the potential for communication, education, support, provider EMR interfaced tools, training and workflow algorithms that go into enhancing quality outcomes for patients. Ensuring that these tools are optimally leveraged is key to success – and is foundational in providing support to participating providers in supporting their patients. Success in quality focus areas leads to improved care for patients and improved health for the communities that we are privileged to serve.

Medicare Shared Savings Program (MSSP)

In 2012. Franciscan was one of only 32 ACOs in the country, and the first health system in Indiana to participate in the CMS Pioneer ACO project. Franciscan ACO has continued to participate in the Medicare Shared Savings Program (MSSP) in all subsequent years since. In 2025, Franciscan ACO supported providers in supplying care to approximately 37,000 patients. With this partnership, Franciscan ACO supports the delivery of high-quality, efficient care while working to enhance the patient's experience. Some of the areas used to monitor quality of care include:

- Care Coordination: 30-day readmissions, unplanned admissions for patients with chronic conditions, disease management for patients with diabetes and cardiovascular diseases
- Preventative health: Screening for breast cancer (with screening for colorectal cancer added for 2026)
- Disease outcome performance metrics for diabetes, hypertension, and depression
- Patient satisfaction with caregivers as graded via the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

The most recent performance year for which Franciscan ACO has final performance results is 2024. Summary highlights of 2024 MSSP performance include the following, with Franciscan ACO achieving high marks when compared to Indiana, Regional and National ACOs that participate in the program. (See chart below.)

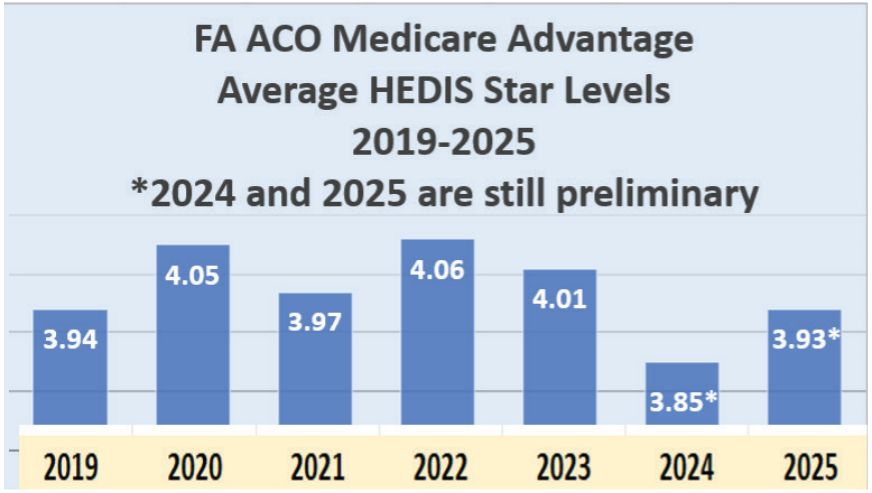
- Nationally, Franciscan quality scores were higher than the national average in all 10 metrics evaluated, and CAHPS scores were better than national averages for 7 out of 10 metrics

	PY 24 Fanciscan ACO	PY 24 All ACOs (Indiana Avgs)	PY 24 All ACOs (National Avgs)
PY 24 Avg Savings Rate to CMS	6.2%	3.3%	4.7%
PY 24 Quality Score Performance	90.7	84.2	81.9
PY 24 CAHPs Score Performance	74.9	Data Not Available	66.9

Medicare Advantage Overall Performance

The Health Effectiveness Data and Information Set (HEDIS) is one set of measures CMS uses to evaluate health plan performance. HEDIS is an evidenced-based and peer-normed tool used to evaluate performance on important dimensions of health care quality and services. Medicare Advantage plans can also use these same HEDIS measures to measure performance outcomes for their participating providers and ACO's.

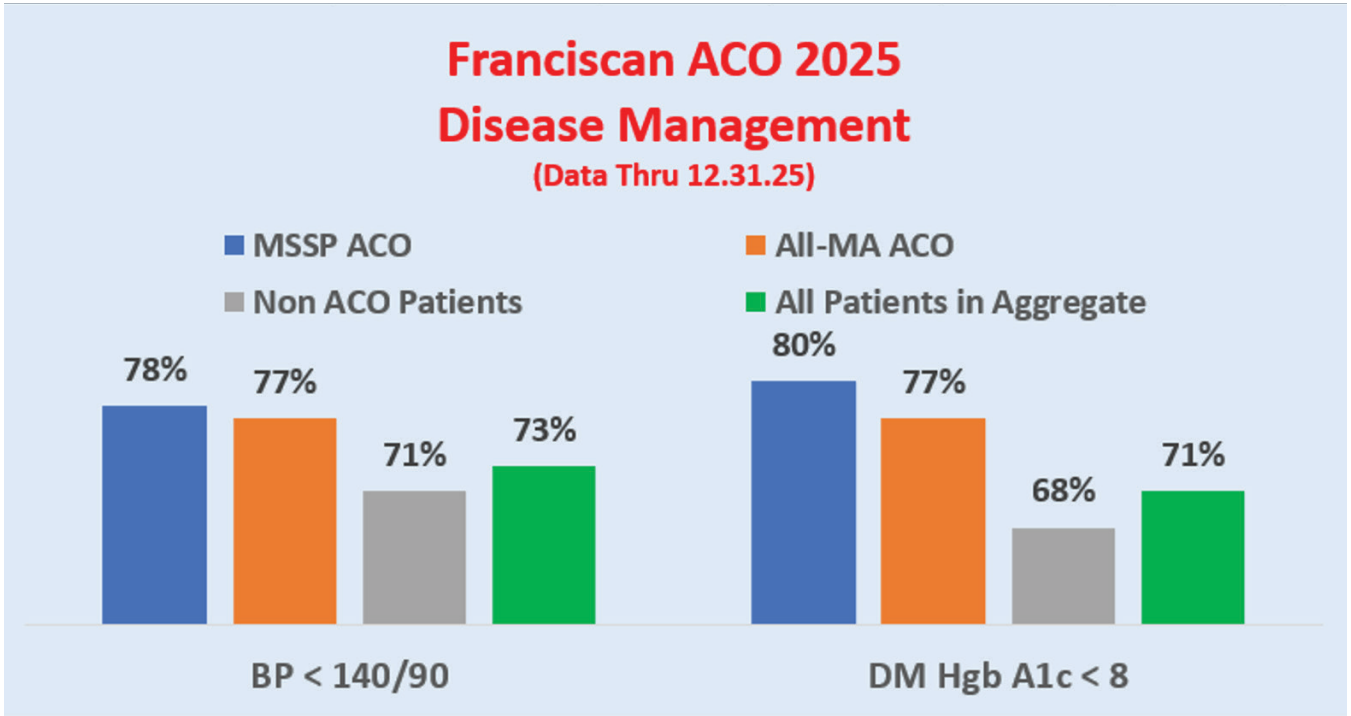
HEDIS measures can include assessment of care around topics such as diabetes and cancer screenings along with a host of others. Each quality metric score has a performance percentage which is then translated into peer-normed ratings ranging from a 1 to 5 STARS, with higher STARS rating indicating better achieved outcomes and performances. CMS can change the STAR target achievement goals annually. Despite these threshold movements, the consistent year-over-year performance of Franciscan ACO is noteworthy displaying an end-of-year average STAR rating of approximately 4.0 for each of the past seven years when all MA plans are aggregated together. Final average STAR levels are usually reflected back to Franciscan Alliance ACO in late fall of the following year or year thereafter, and so a final average STAR performance level for performance years 2024 and 2025 is unavailable at the time of this publication.



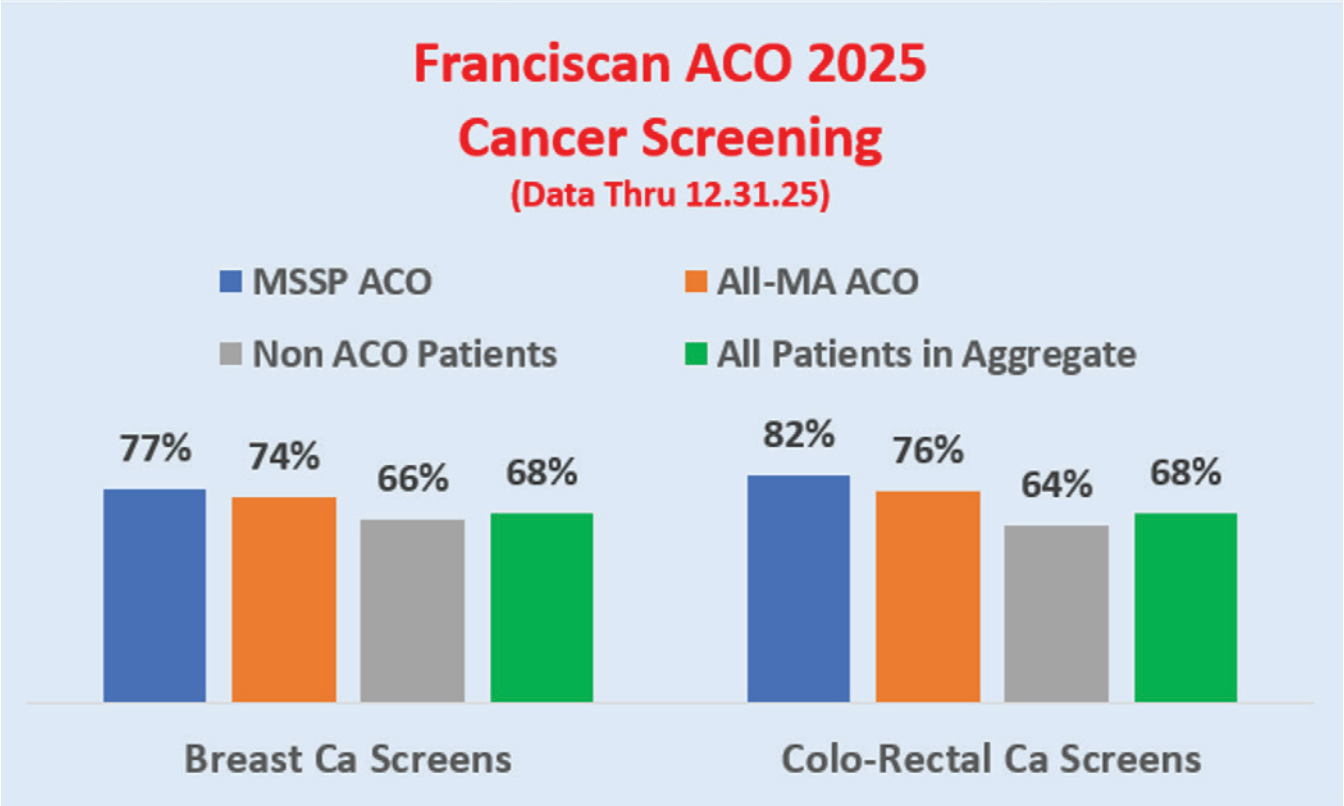


Franciscan ACO Impact

We continue to evaluate the impact of ACO efforts to improving the health outcomes of the patients we are privileged to serve. We believe that better management of chronic diseases such as high blood pressure or diabetes leads to potentially better lives for our patients, or that if a patient is unfortunately found to have cancer on a screening, diagnosing it earlier leads to a better overall outcome. Franciscan ACO supports care teams in these activities as seen below, resulting in potentially longer, better lives for patients.






Franciscan ACO 2025
Cancer Screening
(Data Thru 12.31.25)
MSSP ACO
All-MA ACO
Non ACO Patients
All Patients in Aggregate
77%
74%
66%
68%
82%
76%
64%
68%
Breast Ca Screens
Colo-Rectal Ca Screens

ACO CARE MANAGEMENT

The Franciscan ACO Care Management team is an integrated part of the Franciscan Health system. Our team works to engage patients, improve health outcomes, and enhance our patient's healthcare experience. Franciscan ACO Care Management focuses on patients with risk factors such as multiple chronic diseases, high and avoidable utilization, as well as those patients identified social determinant needs. We strive to create relationships with patients, identifying gaps, and providing resources while creating a pathway for each patient to achieve their full health potential, working with patients by providing care coordination services, disease management support, and education through multiple touchpoints within their healthcare journey.

The Franciscan ACO Care Management team utilizes multiple tools and programs to support patients. We have a multidisciplinary team including registered nurses, social workers, pharmacists, medical assistants, community health workers and technicians. Working together provides the ability to place the patient in the center and provide wraparound services and support while maintaining seamless communication between levels of care. The care management team utilizes innovative technology, a robust electronic medical record, and expertise to support our patient's complex care needs that may create barriers to achieving optimal health.

Complex Care Management

The ACO Care Management team identifies ACO patients aligned with our providers and acute/post-acute care settings who could benefit from care management services. We work with patients identified through their primary care providers and those patients transitioning back to home from recent hospitalizations and emergency department visits. Many of these patients are identified as having multiple comorbidities, complex conditions, social drivers of health needs, and avoidable unplanned hospital admissions and emergency room visits. We provide high-risk care management for those identified with having complex needs to prevent avoidable hospitalization and promote overall well-being. The care managers also focus on patients discharging from both the hospital and emergency room through our Transitions of Care program. With a collaborative approach, we work to engage, educate and support their recovery and management of their illness and/or condition. The goal is to continually assess and navigate their needs to prevent any unnecessary barriers that may disrupt their transition home and to support their healthcare goals.

Remote Patient Monitoring

Franciscan launched Remote Patient Monitoring (RPM) in February 2021 and has expanded this service across the system. RPM is included in our transitions of care program with the goal of decreasing the 30-day all cause readmission rate for our patient population. RPM is aligned with active care management. It is a tool. For those patients enrolled, data shows that we have been able to improve outcomes by showing a decrease in the readmission rate, a decrease in avoidable Emergency Department visits, an increase in patient engagement, and enhanced patient experience. RPM is at no cost for patients who are enrolled.

RPM supports patients in managing their own health and increases their engagement with their care team. RPM is an innovative way to assist care teams in managing high-risk patients proactively while the patient remains in their home. When enrolled in RPM, a patient will have access to devices that measure and capture vital signs such as blood pressure, heart rate, weight, and blood oxygen levels. Patients will also interact with their care team by completing surveys that assess their condition and symptoms. Data can be transmitted to their healthcare provider for assessments and,

when necessary, instruction and recommendations for additional disease management can be deployed. The combination of enhanced, real-time monitoring, data exchange, and feedback can provide care teams with a powerful intervention to support patients in managing their chronic conditions and potentially prevent avoidable Emergency Department visits and hospitalizations.

Social Drivers of Health

Health and wellness start with prevention and are influenced by the environments in which we live including our home, neighborhoods, and communities. Our health can also be impacted by our behaviors, habits, and choices such as eating well, remaining active, abstaining from tobacco, getting recommended immunizations, screenings and seeking care when and where needed. The health of our patient population is influenced by their social drivers of health (SDoH), conditions in which we are born, live, work, play and age. They can greatly influence our health outcomes and often create barriers surrounding our choices and behaviors.

To better assess, manage, and support these drivers, the ACO Care Management team utilizes assessments and tools to identify a patient's SDoH needs and work to address identified needs in areas such as transportation, food insecurity, financial instability, housing, health literacy and social isolation. The team is well positioned to screen and recognize the presence of these conditions. When needs are identified, the team leverages multiple resources to support the patient and provide the ability to make healthy choices, adhere to healthy behaviors, and develop healthy habits. Addressing and supporting their SDoH improves health equity and patient outcomes.



FPN/SPI 2025 VALUE REPORT

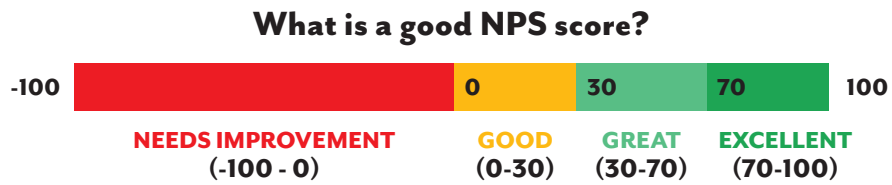
Franciscan Physician Network (FPN) and Specialty Physicians of Illinois (SPI) represent the employed provider medical groups within the Franciscan Alliance. FPN and SPI collaborate with the Franciscan Accountable Care Organization (ACO) to care for the beneficiaries included in the managed care contracts. In addition, FPN and SPI care for an equal number of patients that are not associated with any ACO payer including commercial insurers, governmental payers and those uninsured. In that spirit, 2025 FPN quality metric measures shifted toward reporting All Patient data. Unless otherwise specified, the reports shared in this value report will reflect the achievements of all patients.

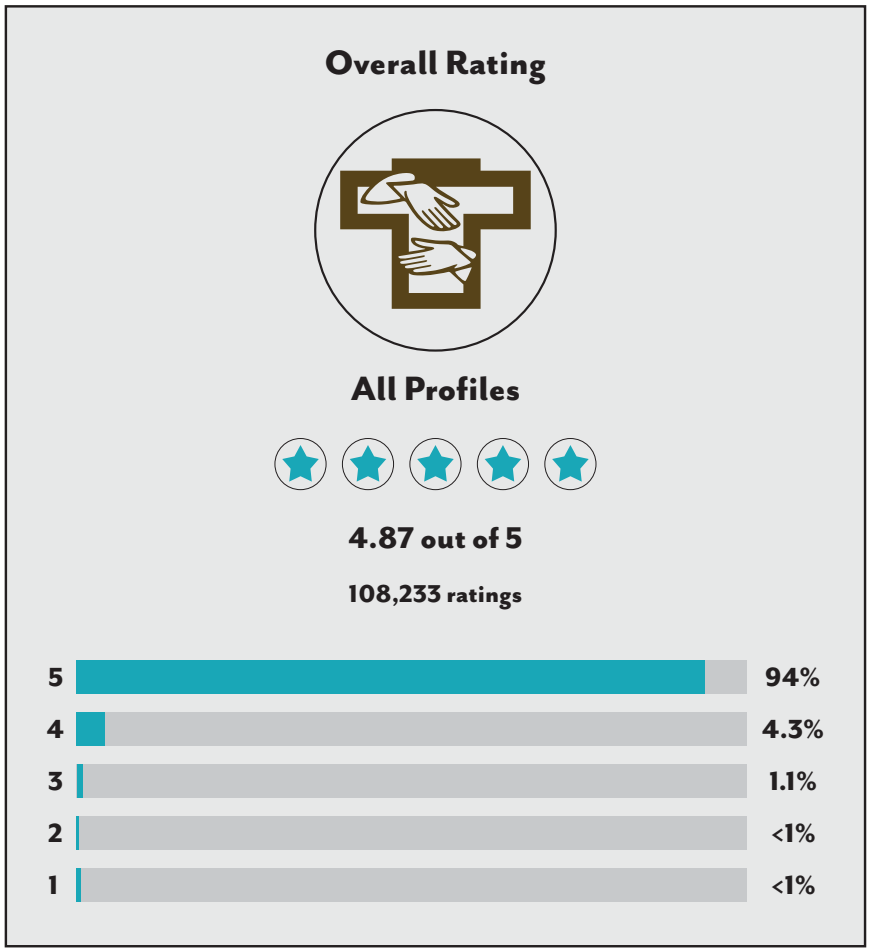
Patient Experience

Always looking for opportunities to improve the quality of care provided, FPN/SPI surveys each patient shortly after visiting our offices using Medallia as our vendor. From these results and comments, improvements can be specifically targeted to areas of concern. Medallia calculates a Net Promoters Score (NPS) from the patient responses that are used to showcase the Likelihood to Recommend the Location and the Provider.

For 2025, all divisions of FPN and SPI achieved excellent Net Promoters Scores for both Likelihood to Recommend the Location and the Provider, as scored by our patients on the patient experience surveys.

	Medallia Patient Experience Survey Results 2025				
	Central	Northern	SPI	Western	Total FPN/SPI
Sample size	38,083	46,434	11,798	14,878	111,193
Likelihood to Recommend Location	90.3	87.8	84.5	88	88.3
Likelihood to Recommend Servicing Provider	92	91.2	88.7	90.8	91.2





Ratings MD

Comments added to the surveys for our providers are published on the Franciscan website for each provider. The vendor Rating MD converts the patient responses to a Star rating (1-5 stars).

61,644 comments were published with 108,223 provider ratings used to calculate the outstanding 5- Star combined rating for all FPN and SPI physicians and advanced practice providers.

Provider profiles can be found at:
FranciscanHealth.org/Find-A-Provider

Franciscan PHYSICIAN NETWORK

Specialty Physicians of Illinois, LLC

FPN/SPI 2025 VALUE REPORT

All Patient Quality Metrics

For 2025, FPN/SPI is reporting on quality measures for all patients for the first time instead of focusing only on our Medicare managed care contracts. Shown below are the measures, the definitions, the denominators and the percentage achievement on all measures.

MEASURE DEFINITIONS

Depression screening and follow-up: Percentage of patients ages 12 and older who had a depression screening in the past 365 days and if positive, had a documented follow up plan

Diabetic Hemoglobin A1C <8: Percentage of patients ages 18-75 years with diabetes whose most recent A1C is less than 8

Colorectal Cancer Screening: Percentage of patients ages 46-75 who received appropriate colorectal cancer screening; timing dependent on method of screening

Breast Cancer Screening: Percentage of female patients ages 40-75 who had a mammogram within the last 2 years

Hypertension Blood Pressure control-140/90: Percentage of patients 18-85 with a diagnosis of hypertension whose most recent BP was less than 140/90

Medicare Annual Wellness Visit Completion: Percentage of Medicare patients who had a wellness visit in the past year

Measure	Denominator	Achievement
Depression screening and follow up	303,328	59.40%
Diabetic Hemoglobin A1C <8	39,395	70.90%
Colorectal Cancer Screening	146,788	67.80%
Breast Cancer Screening	99,748	68.81%
Hypertension Blood Pressure Control <140/90	126,211	73.65%
Medicare Wellness Visit Completion	87,187	74.01%



Medicare Chronic Condition – Documented and Addressed in 2025

Risk Adjustment Factor (RAF) is an important metric used to determine the complexity of each Medicare patient and ultimately determine the cost of care for each patient. The RAF score is calculated by combining points assigned for age, gender, demographics and certain chronic conditions. Annually it is crucial that chronic conditions are addressed, managed and reported to Medicare, not only to assure that patients receive appropriate care for their conditions but also to ensure that proper reimbursement is paid to Franciscan. The following table shows the number of Medicare beneficiaries in each of our medical group and the percentage of the chronic conditions for those patients that were documented, addressed and sent to Medicare via claims.

The overall FPN/SPI condition capture rate for 2025 was 87.3% which was 1.25% improvement from 2024.

Medicare Chronic Conditions Documented and Addressed in 2025		
Medical Groups	**Number of Patients**	**Capture Rate**
FPN Crawfordsville	5516	90.71%
FPN CROWN POINT	11208	87.10%
FPN INDIANAPOLIS	27308	86.48%
FPN LAFAYETTE	7255	90.64%
FPN MICHIGAN CITY	14152	88.44%
FPN Munster	16030	84.94%
SPECIALTY PHYSICIANS OF ILLINOIS	7906	89.45%

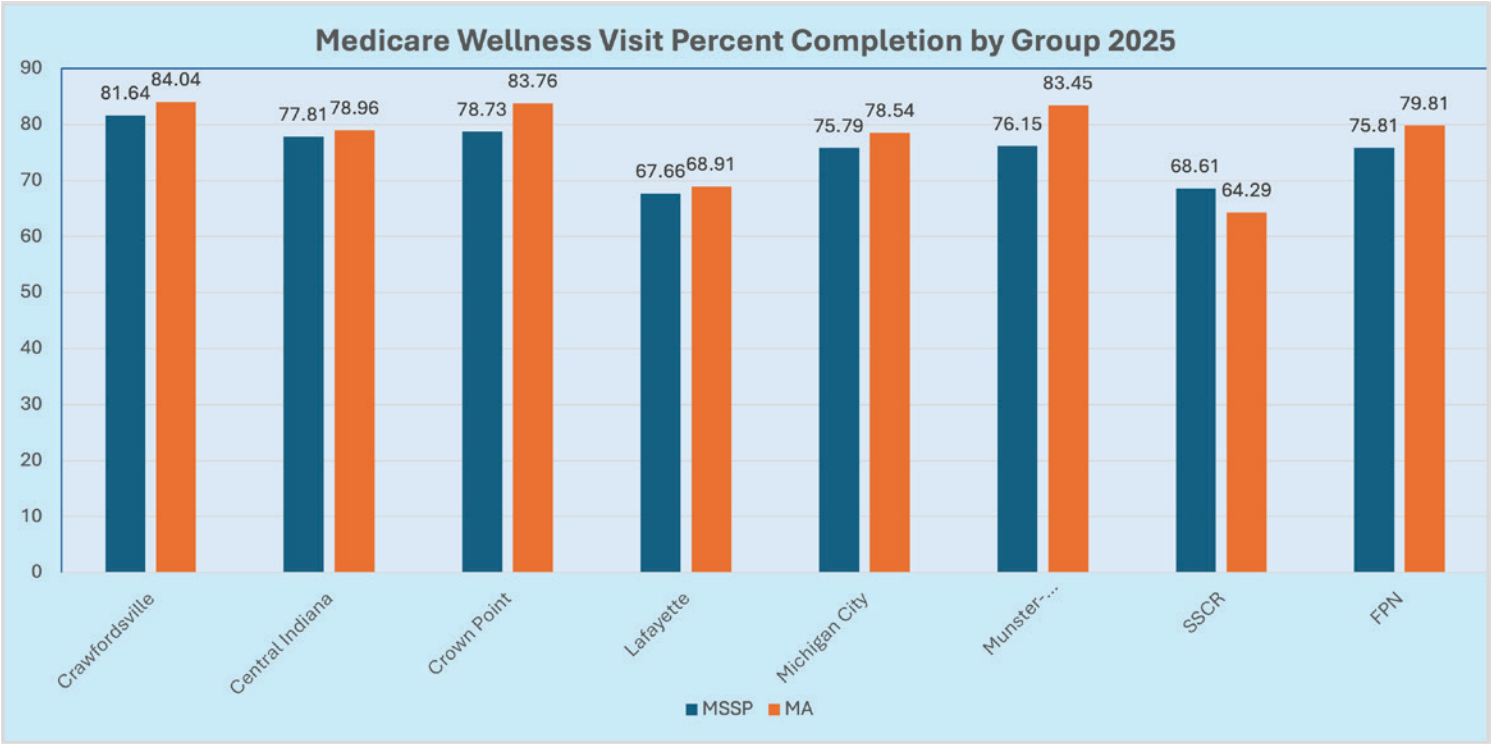


FPN/SPI 2025 VALUE REPORT

Medicare Annual Wellness Visits

Piggybacked on the importance of appropriately managed chronic conditions for patient quality of life and safety in the home is addressing preventive care. Staying with the Medicare population, another important quality measure for preventive care is completion of the annual wellness visit, a time solely dedicated to screening for depression and fall risk, addressing social determinants of health that may affect the health and safety of the patient, screening for cognitive impairment and screening for diabetes, high cholesterol, breast and colon cancer and other age appropriate assessments.

The graph below illustrates the completion rate for our managed Medicare population- those beneficiaries in our Medicare Shared Savings Program (MSSP) and those in Medicare Advantage (MA). This performance has been consistent year over year.





POD RESOURCES HELP PROVIDERS ASSIST MEDICARE PATIENTS

FPN, where possible, surrounds providers with resources to help them meet the needs of their more complicated patients. These resources include ambulatory residency trained pharmacists who help providers co-manage chronic conditions, nurses to follow emergency room visits, medical assistance to pre-visit plan upcoming visits for providers, social workers to address patient needs and health coaches that promote healthy lifestyles. Together they form a POD. The following pages are success stories from our PODs.

POD RESOURCES HELP PROVIDERS ASSIST MEDICARE PATIENTS

Pre-visit Planning

The patient success story highlighted here shows the value of preparing the patient for the upcoming visit to both patients and providers. Advanced Directive discussion is part of the annual wellness visit.

Since returning to the POD we discussed with the providers about having me send out the Franciscan Advanced Directives information along with the Annual Wellness Questionnaires. The providers agreed, and I included a letter stating if they had questions to bring the information with them to their appointment, and their provider would address them. I also included in the letter if they already had Advanced Directives to bring a copy in so they could be scanned into their chart if they had not done so already. The letter allowed the providers to then code for discussing Advanced Directives with the patients who had questions.

Towards the end of 2025 I reached out to some of the providers to see if this was something they still wanted me to do and if they felt it was beneficial. They told me to continue as they had seen an increase in the number of patients who returned the paperwork or brought in what they had drawn up with a lawyer previously, as well as update outdated ones in cases where the person chosen as their proxy/ Medical POA had passed before them or divorced. This information being present in a person's chart not only helps the PCP with the patient's wishes, but any provider across the Franciscan network and hospitals know the patient's wishes for end life care due to major accident, illness, or surgical complications.

POD Social Workers Helping During Difficult Times

I worked with a patient over the course of several months who was experiencing significant financial hardship. During this time, the patient actively engaged with the resources provided, including job search support and community-based assistance. Although they made consistent efforts, they were unfortunately unable to secure a stable income. Recognizing the ongoing challenges, the patient decided to pursue Social Security benefits. Throughout the application process, they encountered multiple barriers that made it difficult to complete and submit their application. I provided additional guidance and connected patient with appropriate resources to help address these obstacles. With continued support, the patient was ultimately able to successfully submit their application. They were later approved for benefits, resulting in a more stable and reliable source of income - one of their primary goals.

A successful and ongoing patient for me started over one year ago. Their spouse had passed away less than a month before Christmas of 2024. I received the referral shortly after that. Currently I follow up with him monthly however for a long time we met in person once a week as he was experiencing deep depression, grief, and loneliness. This was affecting him not only mentally but physically with weight loss, decreased energy, and more. We started by focusing on grief and he slowly began to show physical signs of improvement gaining a little weight back and becoming more active. It has been a long road, but I'm thrilled to share that

he is doing very well, healthy in many ways that he was not before, active in the community again and with his family. During our January appointment he shared that even though he missed his wife, he, his children, their children and great grandchildren enjoyed their time together sharing stories of his wife and enjoying their Christmas together.

POD RNs Call Patients After A Visit To The Emergency Room To Assure Timely Follow Up

I recently called the daughter of a 96-year-old who is declining rapidly. Her mother had recently been in the ER. She continues to not eat or drink much. Daughter tells me she has always been "sharp", but the family has noticed a recent decline in her mental status. I spoke with the daughter several times and we had a heartfelt discussion regarding her mom's future. She was very appreciative of the discussion. I forwarded my note to both her PCP and her cardiologist. Both physicians suggested the patient should be placed in Hospice. She is now in Hospice care.

Recently had a patient present to the ER with unstable angina. He was very anxious about having "chest pain" due to a strong family history. I spoke with him every day prior to his cardiology appointment. I reached out to the cardiology practice to see if they could get patient a sooner appointment which they agreed to do. He had his appointment. A coronary computed tomography angiography was scheduled which showed coronary disease. He is now being scheduled for heart catheterization/possible intervention. I felt like I was able to help with getting him seen sooner and hopefully helped with decreasing his anxiety.

I was asked by the ACO RN case manager to call a patient (95 years old) who was in the ER on 3/21 over the weekend at Munster Franciscan for shortness of breath, pleural effusion and mass of right lung. The patient was offered an admission by the ER physician and declined. When I called, Mary his spouse answered. She reported per ER physician that they will need to call the pulmonologist and primary care doctor right away on Monday to seek treatment. While I was on the phone with Mary, the phone rang and the pulmonologist was scheduling a follow on 3/30. The staff was going to let the physician know that patient will need to be seen as soon as possible. Mary reported that her husband is short of breath when he gets up walking, has increased phlegm and can't do too much at all. I encouraged Mary to return to the ER with patient since his symptoms have worsened. She agreed and was relieved that I recommended going back to the ER. Mary was going to call one of her sons to take them to the ER as she needed transportation. I told Mary that I will be praying for them. She was so grateful. I used Epic secure chat for the on-call ER physician and ER charge nurse to notify that patient will be returning to the ER. The patient was admitted to the hospital for several tests. Praise God that the pleural fluid is negative for malignancy. Mary is very grateful and so thankful for the prayers and assistance.



POD RESOURCES HELP PROVIDERS ASSIST MEDICARE PATIENTS

POD Health Coach Stories – Working With Patients To Achieve Healthy Lifestyles

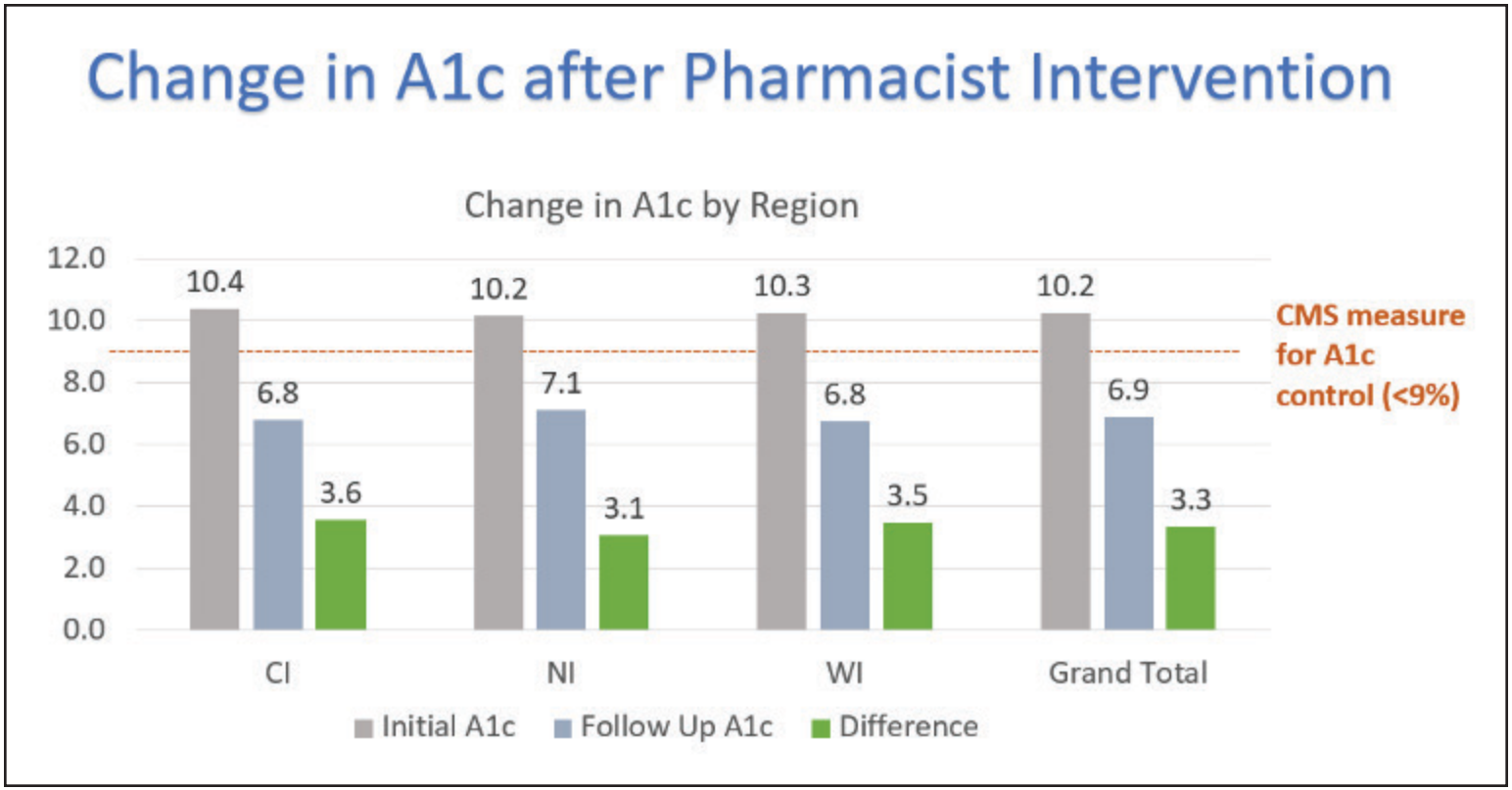
Patient with Type 2 Diabetes presented with 9.9 A1C, high stress, and inconsistent lifestyle habits. He tried to eat healthy for the most part and exercise regularly but needed accountability and guidance to keep him on track. Over time he was able to make healthier food choices and become more consistent with his exercise routine. He lost weight with regular exercise and diet monitoring, as well as lowered his A1C to 5.8. Patient did well with goal setting and accountability and reported how much the sessions really helped him. He also made improvements in managing stress and was able to lower and keep blood glucose steady in the 90s every morning.

I started working with patient a few months after he was diagnosed with Type 2 Diabetes and an A1c of 13.7. From our first session, patient was adamant about wanting to put his diabetes into remission and get off diabetes medications. We regularly discussed his eating habits, exercise, sleep, and stress management. Over time the patient developed and adhered to a strict regimen, and I worked with him regularly to help him to be consistent and stay on track. With time, he was able to maintain a 6.1 A1C and no longer required medication to manage diabetes. Patient's next goal is to get off high cholesterol medications.



PODS Ambulatory Pharmacists

Pharmacists are consulted by FPN providers and co-manage patients with diabetes, hypertension, and polypharmacy, filling in the gaps between office visits with virtual or in-person consultations for medication management, diet suggestions, help obtaining prescriptions and encouragement. The results displayed below are by division and show the amazing reduction in Hemoglobin A1C (a measure of blood sugar control) when providers visits are combined with pharmacist interventions.



POD RESOURCES HELP PROVIDERS ASSIST MEDICARE PATIENTS

Pharmacist Interventions Improve Quality Of Life For Our Patients

A new patient was referred to me after she was hospitalized, and it was discovered that her A1C was 14.1%. She was taking chronic steroids for management of cirrhosis/autoimmune hepatitis, which was the expected cause of her elevated A1C. Her A1C 6 months prior to admission was well controlled without any diabetes medication. During hospitalization, the patient was started on Lantus insulin and glipizide XL. During her first visit with me her fasting blood sugars in the morning were averaging in the 60s, but she had many blood sugars in the afternoons that were above 300. I was able to get her started on a continuous glucose monitor to better monitor her blood sugar patterns as well as alert her to the hypoglycemia that was occurring overnight. We also had multiple discussions about diet and better food choices to make to prevent blood sugar from spiking during the day. Her medication regimen was adjusted multiple times to better target the steroid induced hyperglycemia that she was experiencing, and she was eventually able to completely stop the insulin. A1C is now at goal of 6.7%."

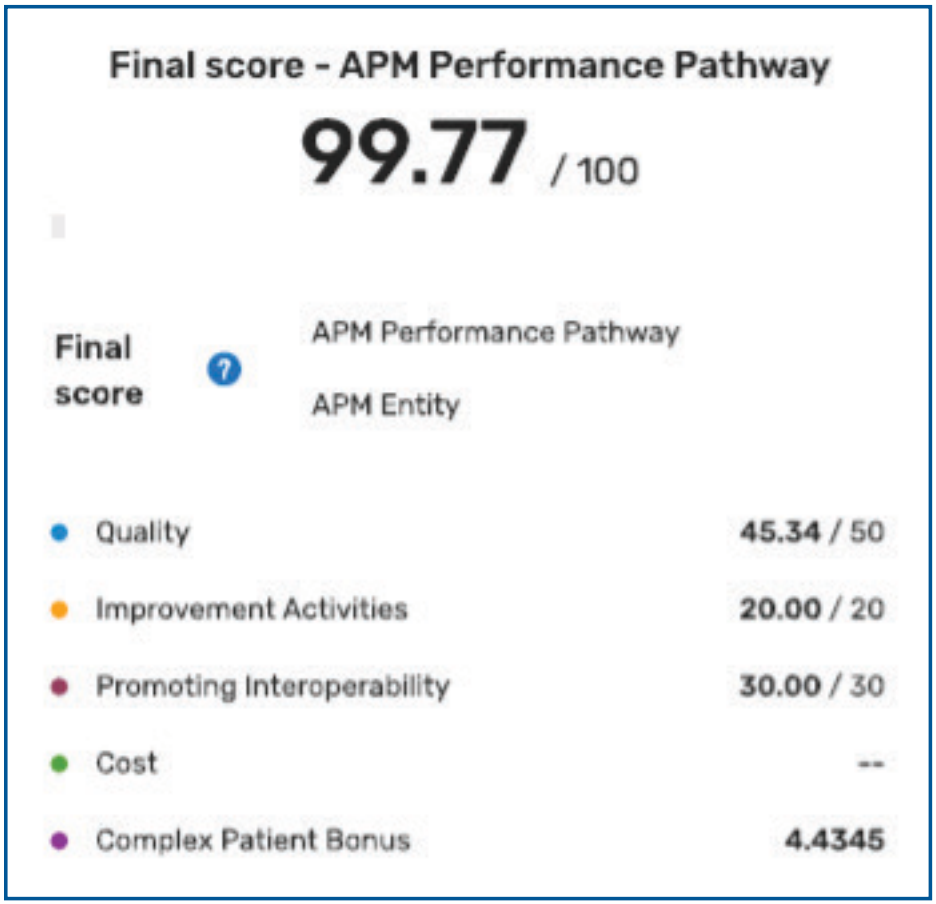
Polypharmacy referral. Patient came to visit with kitchen garbage bag full of medications. He started with 21 medications on his list. I reconciled meds, made 4 recommendations to his provider and the patient's final list consisted of 12 medications. We improved the patient's self -management with insulin as he was taking his basal and bolus insulins incorrectly.

Patient was identified by pharmacist due to A1C of 12.2%. Patient had not been seen by PCP in a while, so pharmacist assisted with setting up follow up PCP appointment. Patient was not able to afford 2 diabetes medications ($400 and $500). Pharmacist assisted with helping patient apply to manufacturer assistance programs to receive alternative brand meds in the same medication class for no cost. Patient was indicated for high intensity statin therapy due to diabetes diagnosis and history of CABG/ status post multiple stents, but patient was not currently on statin therapy. Educated patient on importance of statin medication and patient resumed statin therapy. Repeat A1C was 7.3% and cholesterol decreased from 472 mg/dL to 119 mg/dL, triglycerides >3000 mg/dL to 183 mg/dL, and LDL unable to calculate to 42 mg/dL.

Merit Based Incentive Program (MIPS)

Franciscan consistently posted top decile performance in Medicare's Merit Based Incentive Program. Any adjustment earned through this quality reporting program determines increase or decrease in the Medicare fees schedule for all providers in the organization.

This exceptional score of 99.77/100 qualifies Franciscan for a Medicare Part B fee adjustment of + 1.04% beginning in 2026.



Concluding thoughts:

FPN/SPI in collaboration with our ACO partners, office practices, providers, co-workers, and FPN leadership work together to put the patient first, providing care that is high in quality and focused on the wellbeing of all our patients we are privileged to serve. We are Franciscan!

TESTIMONIALS

INFORMATION SHARED BY CARE TEAM MEMBERS AND PATIENT SURVEY RESULTS

SDoH

Team Member:

"It takes courage and strength to be vulnerable and share your story. It is a privilege to listen to our patients' stories and care for them. I am grateful for the opportunity to connect and build a relationship and trust with them. This opens a door to help navigate their questions and concerns regarding their physical and mental health. It brings me great joy to see our patients progress throughout their healthcare journey."
— ACO Care Manager, Social Worker

Team Member:

As a social worker, something I love about my role is being able to coordinate with other teams to help ensure patient needs are met. I recently worked with a patient who experienced a medical emergency, which resulted in the patient needing a new medication that the patient was unable to afford right away. Through collaboration with a social worker on another team, we were able to obtain 3 months' worth of the medication. The patient's primary care office was also able to provide medication samples, making it so the patient has over 4 months' worth of this critical medication. This collaboration has allowed for the patient and patient's family to focus on other aspects of patient's health needs and better plan for their long-term ability to purchase the patient's medication."
— ACO Care Manager, Social Worker

Remote Patient Monitoring (RPM)

Patient Feedback Per RPM Surveys.

"Program has been helpful. Monitoring daily has given me insight into variables I hadn't considered the impact. This includes stress, fatigue, and pain."
— Anonymous RPM Patient

"Everyone has been so kind and helping with my mom's care, just a wonderful program, thank you"
— Anonymous RPM Patient's Family Member

"This is a very useful tool for people such as myself with ongoing health issues."
— Anonymous RPM Patient

"I appreciate the nurses who call and check up on me and for the wisdom they share."
— Anonymous RPM Patient

"I appreciate the kindness and the patience of the care team members!"
— Anonymous RPM Patient

"It's keeping me out of the hospital"
— Anonymous RPM Patient

Care Management

Patient Testimony (provided by CM)

"Your calls are really helpful"
— ACO Patient

Team Member:

"The role as an RN CM plays an important role in adherence and continuity of care. As an RN, I feel that I can talk to the patients/families to assess their needs, education level and understanding on their diagnosis, and provide resources as concerns arise. Patients and families are encouraged to follow up with their providers, to keep up with their appointments, and to share their concerns and needs with their care team. I often place social work referrals for brainstorming resources, sub-acute rehab placement, LTC placement, and Respite Care. As an ACO CM, I enjoy what I do each and every day knowing that I am making a difference with not only the patients but their families. This is a satisfying role that I am BLESSED with."
— ACO Care Manager, RN



Team Member:

Transitions of Care

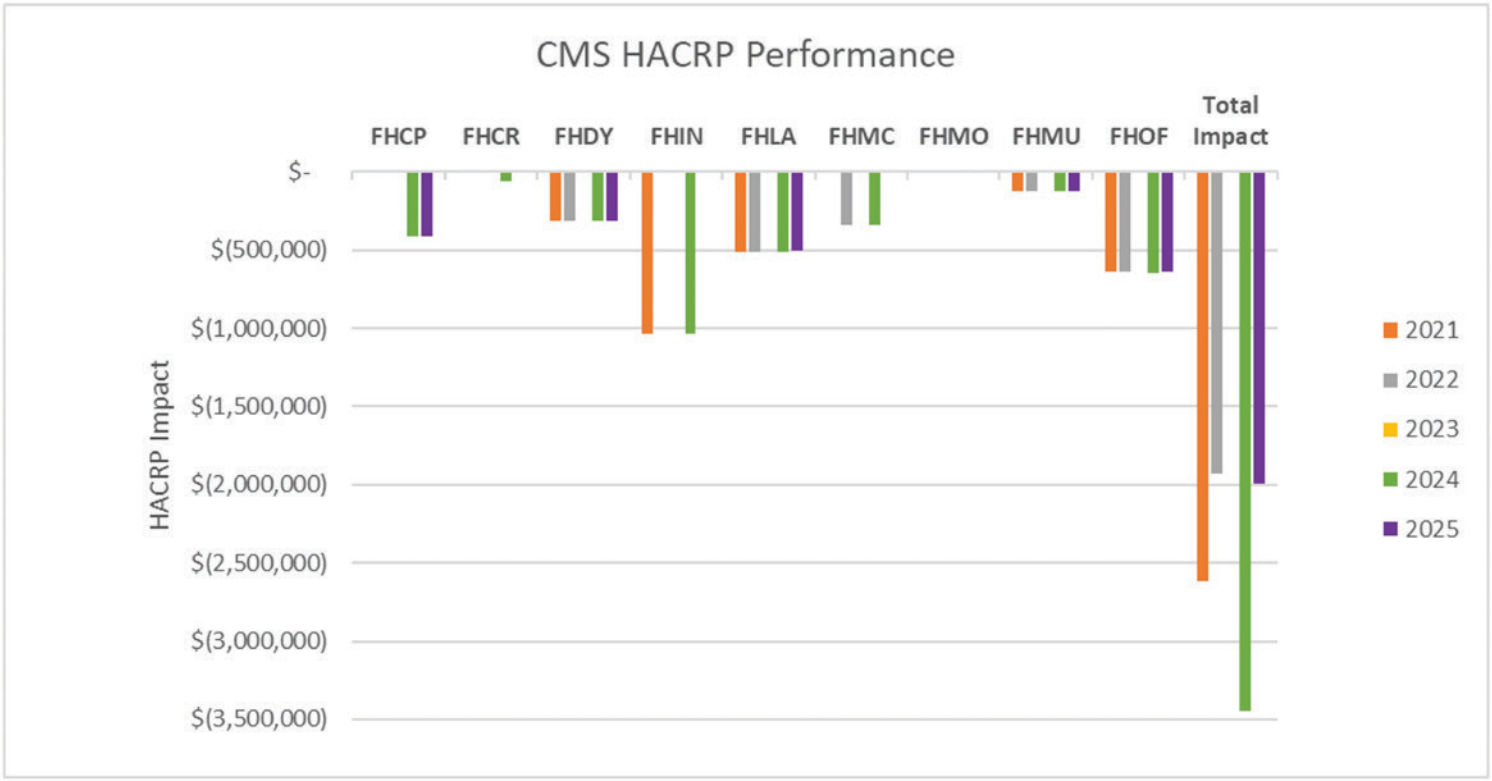
Patients and families are thankful for follow up calls to check status from hospital or rehab to home. Transitions of Care (TCM) provide additional communication, explanation of services, medication reviews, care coordination, appointment support, and so much more. Disease focused assessments provide a channel for communication surrounding symptoms and management of their recovery or condition. Often, we discover patients are not checking their blood sugars, blood pressures, or taking their medications as directed. This is often a result of barriers in communication, disease education, or financial ability. With these discoveries, patients can get their needs met by receiving encouragement, support, and education with on-going communication and outreach. The transitions of care program supports a road to recovery."
— ACO Care Manager, RN

FRANCISCAN ALLIANCE HOSPITALS' PERFORMANCE

CMS Measures

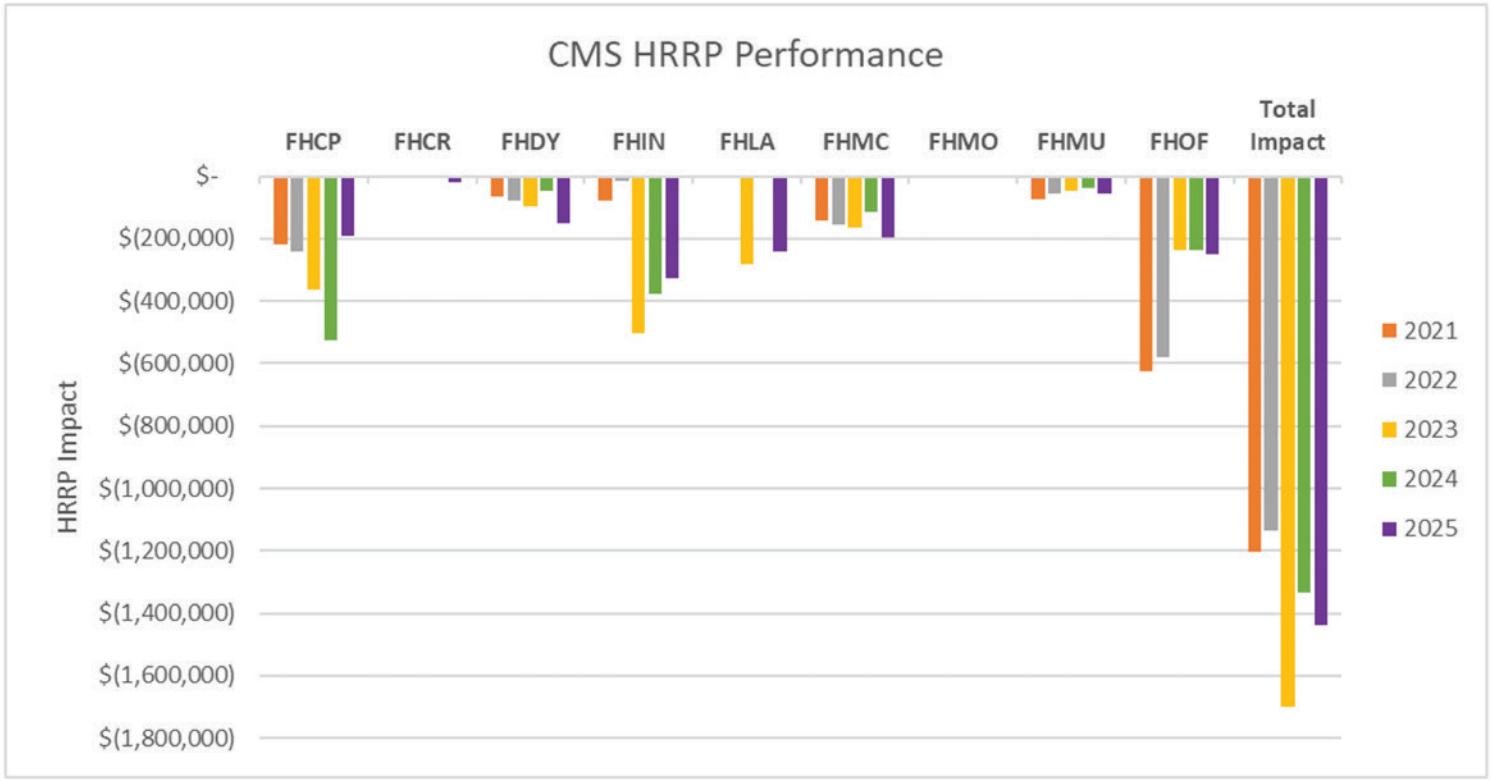
Hospital-Acquired Conditions Reduction Program

Many facilities demonstrated improvement under the Hospital-Acquired Conditions Reduction Program. As a direct result, the projected FY 2026 total HACRP performance reflects $146K improvement compared with the prior cycle.



Hospital Readmission Reduction Program

Across the system, six of nine facilities strengthened their Hospital Readmission Reduction Program results, and FY 2026 performance is projected to improve by about $425K over the prior cycle.

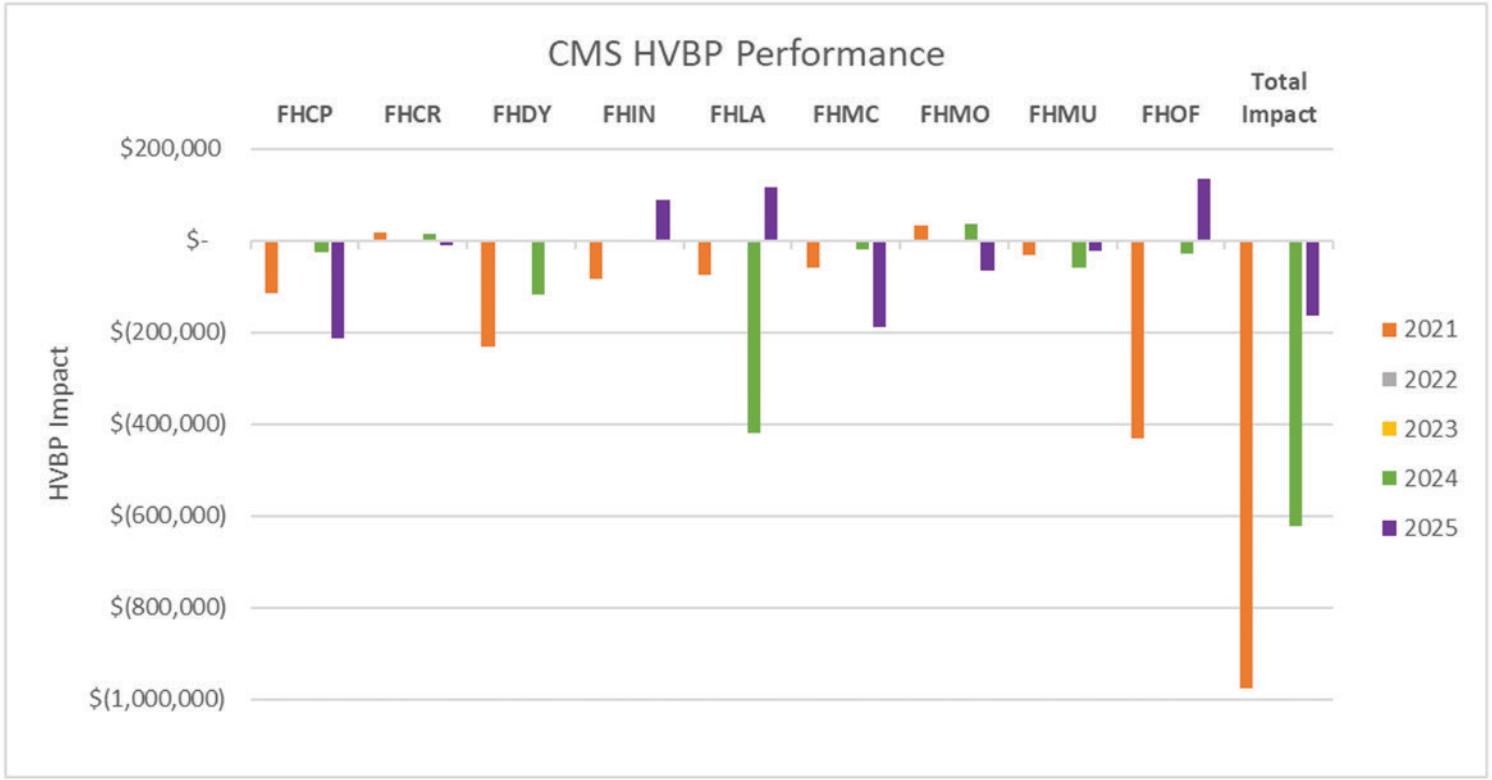


FRANCISCAN ALLIANCE HOSPITALS' PERFORMANCE

CMS Measures

Hospital Value Based Purchasing Program

Three sites delivered solid gains, contributing more than $528K in positive performance. This upward movement promises foreseen improvement.



Total CMS Impact

Although the projected 2026 overall performance remains negative in the three CMS programs combined, five sites are expected to improve, adding $1.2 Million in gains compared to last cycle. These expected improvements help soften the shortfall and highlight resiliency and strength in the outlook.





SYSTEM WIDE, ALL FACILITY SCORECARD

The system scorecard implemented in 2022 and utilized in 2023 established individual measurement targets or thresholds established individual measurement targets and thresholds based on prior years performance.

In 2024 the target thresholds were established based on external benchmarks, namely Centers for Medicare and Medicaid Services (CMS) at the 75% percentile or higher (when available).
In 2025 benchmarks were established using similar methodology but were raised where appropriate based on internal success in achieving or exceeding these benchmarks and therefore based on performance.

These goals were established utilizing a multidisciplinary approach with input from the System Quality and Patient Safety Committee as well as relevant subject matter expert teams. The scorecard is approved by the System Quality and Patient Safety Committee, the System Senior Leadership Group, and is final approved by the Franciscan Alliance Quality Committee of the Board.

Franciscan ALLIANCE

XQUA0012M - System Balanced Scorecard

Fiscal YTD through December 31, 2025

Last Refreshed on 01/14/2026 4:46 PM

FAIS

Location: All | Category: All | Measure Category: All | Measure Name: All | Measure Year: 2025

Trending Down:
Black = No activity for this period | Gray = No Target | Red = Performing above (>) Min or Baseline | Yellow = Performing between (<=) Min and (>)Target | Dark Green = Performing between (<=) Target and (>)Max | Light Green = Performing below (<=) Max (Stretch Goal)

Trending Up:
Black = No activity for this period | Gray = No Target | Red = Performing below (<) Min or Baseline | Yellow = Performing between (>=) Min and (<)Target | Dark Green = Performing between (>=) Target and (<)Max | Light Green = Performing above (>=) Max (Stretch Goal)

Location	Category	Measure Category	Measure Name	Frequency	Min	Target	Max	↕	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
System	UNPARALLED EXPERIENCE AND ENGAGEMENT	Our Team	Employee Turnover	Rolling 12-Mon	20.04%	18.04%	16.04%	↓	19.99%	19.75%	19.49%	19.12%	18.76%	18.42%	18.61%	18.50%	18.63%	19.27%	19.45%	19.42%	19.42%
			RN Turnover	Rolling 12-Mon	19.50%	17.50%	15.50%	↓	17.43%	17.21%	17.72%	17.49%	17.61%	17.31%	17.07%	17.23%	17.48%	18.84%	19.53%	19.84%	19.84%
		Patient Experience	AMB Surgery LTR NPS	Rolling 12-Mon	84.00	88.00	92.00	↑	86.50	86.10	86.40	86.50	86.20	86.10	86.10	86.20	86.60	86.80	86.90	87.40	87.40
			ED LTR NPS	Rolling 12-Mon	64.00	68.00	72.00	↑	57.30	57.40	57.10	57.30	57.60	57.90	58.20	58.30	58.40	58.10	58.10	58.60	58.60
			FPN LTR NPS	Rolling 12-Mon	86.00	87.00	88.00	↑	87.50	87.60	87.70	87.80	87.80	87.90	88.00	88.10	88.30	88.30	88.40	88.30	88.30
			IP LTR NPS	Rolling 12-Mon	78.00	82.00	86.00	↑	73.40	73.70	74.30	74.40	74.80	74.60	74.00	73.70	74.20	73.60	73.70	73.70	73.70
			Outpatient LTR NPS	Rolling 12-Mon	84.00	88.00	92.00	↑	86.50	86.60	86.60	86.80	86.90	87.00	87.10	87.10	87.20	87.30	87.40	87.60	87.60
	LEADER IN HEALTH OUTCOMES	HAI	CAUTI-CMS	Monthly	27	26	26	↓	4	3	0	4	1	1	2	4	3	3	3	2	30
			CDI-CMS	Monthly	93	92	92	↓	19	12	7	8	8	12	11	12	7	11	9	5	121
			CLABSI-CMS	Monthly	25	24	24	↓	1	3	4	0	2	4	0	1	3	2	5	1	26
			Handwashing Compliance	Monthly	70.00%	80.00%	90.00%	↑	70.94%	74.47%	78.29%	80.55%	82.33%	83.62%	84.94%	84.35%	84.44%	83.04%	81.56%	79.47%	80.85%
		Readmission Reduction	Medicare Wellness - MSSP	Rolling 12-Mon	75.00	80.00	85.00	↑	76.82	75.86	76.05	76.38	76.07	76.14	75.89	75.23	75.95	76.05	75.54	75.81	75.81
			Medicare Wellness CY - ACO MA	Fiscal YTD	75.00	80.00	85.00	↑	7.31	14.58	22.59	32.08	40.04	47.42	53.56	59.78	65.97	71.44	75.67	79.81	79.81
			FA Home Care Readmissions	Monthly	13.90%	12.50%	10.50%	↓	15.90%	16.67%	15.80%	14.47%	14.93%	12.21%	17.96%	13.45%	11.59%	14.06%	13.26%	12.99%	14.44%
			Hospital Wide All Cause Readmissions	Monthly	14.60%	14.60%	13.00%	↓	15.32%	15.45%	15.78%	15.04%	15.36%	15.26%	13.52%	13.91%	14.21%	14.16%	15.55%		14.87%
			Length of Stay (LOS) Variance	Monthly	0.75	0.41	0.00	↓	0.82	0.76	0.68	0.76	0.55	0.56	0.67	0.57	0.65	0.61	0.58	0.71	0.66
			OBS Rate	Monthly	25.00%	18.00%	18.00%	↓	23.09%	25.59%	24.77%	26.93%	26.45%	26.21%	27.63%	27.04%	26.68%	25.09%	24.43%	23.55%	25.61%
			RAF Capture	Fiscal YTD	80.00%	85.00%	90.00%	↑	48.79%	56.03%	62.03%	69.59%	74.07%	77.46%	80.00%	81.35%	83.42%	85.10%	86.31%	85.85%	85.85%
		Safety	Falls with Injury/1,000 Days	Monthly	0.47	0.45	0.43	↓	0.63	0.47	0.59	0.59	0.49	0.54	0.60	0.46	0.55	0.42	0.30	0.51	0.51
			FPN/SPI Safety Events Reported RL6	Monthly	3,167.00	3,325.35	3,420.36	↑	347.00	335.00	326.00	336.00	285.00	282.00	327.00	353.00	331.00	298.00	239.00	258.00	3,717.00
			Hospital Safety Events Reported RL6	Monthly	19,483	20,457	21,042	↑	1,726	1,714	1,898	1,777	1,769	1,925	2,022	1,973	1,956	1,979	1,831	2,027	22,597
			Injuries Related to Workplace Violence	Monthly	35	28	22	↓	3	4	8	4	4	5	0	3	8	1	3	6	49
		Sepsis	Sepsis Bundle Compliance	Monthly	62.00%	64.00%	70.00%	↑	59.02%	60.98%	66.40%	61.42%	62.71%	67.77%	68.46%	62.60%	76.69%	71.43%			65.93%
			Sepsis Mortality	Monthly	9.99%	9.99%	9.99%	↓	11.27%	10.52%	8.48%	8.72%	6.31%	8.38%	8.19%	8.48%	9.54%	10.74%	11.28%	9.61%	9.31%
		SSI	COLO-CMS	Monthly	25	24	24	↓	3	1	1	3	2	2	4	3	1	3	2	1	26
	INNOVATION AND GROWTH	Finance	Community Benefit Investment (CBISA)	Fiscal YTD	1.75%	2.00%	5.00%	↑	2.80%	1.79%	2.09%	1.90%	1.93%	2.19%	1.95%	1.83%	0.60%	0.48%	0.51%		0.51%
			Cost Per Adjusted Discharge	Fiscal YTD	$10,434	$10,434	$10,434	↓	$10,158	$10,458	$10,420	$10,364	$10,274	$10,243	$10,285	$10,162	$10,232	$10,197	$10,209	$10,197	$10,197
			Cumulative Annual Growth Rate	Fiscal YTD	3.70%	3.70%	3.70%	↑	5.14%	5.21%	5.45%	5.74%	5.97%	6.31%	6.44%	6.56%	6.76%	6.89%	6.76%	6.98%	6.98%
			FPN/SPI Appointment w/in 7-days	Monthly	42.00%	45.00%	50.00%	↑	46.10%	46.73%	45.57%	44.56%	44.06%	43.15%	42.23%	41.61%	41.34%	41.25%	41.23%	41.34%	42.26%
			NOM Net of Non-Controlled Int.	Fiscal YTD	1.70%	1.70%	1.70%	↑	-1.30%	-2.80%	-2.60%	-2.60%	-1.30%	-1.10%	-0.80%	-0.20%	-0.30%	-0.20%	-0.50%	0.00%	0.00%

2025 QUALITY AND PATIENT SAFETY OUTCOMES

Patient Safety Evaluation System

Franciscan Alliance has contracted with the Michigan Hospital Association Keystone Patient Safety Organization (MHAKPSO), a federally listed and certified Patient Safety Organization (PSO) through the Agency for Healthcare Research and Quality (AHRQ). The key purpose for entering into this agreement is to provide a process through which the Michigan Hospital Association Keystone Patient Safety Organization and Franciscan Alliance health care providers can conduct patient safety activities and evaluations of safety events and care which improve the quality of health care delivery and outcomes. This partnership allows us to operate in a transparent manner to engage in quality improvement activities in a privileged and confidential environment without fear of litigation, professional sanctions, or injury to professional reputation. This structure afforded Franciscan Alliance the foundation for building a Patient Safety Evaluation System (PSES) for the purpose of sharing essential safety event information throughout the Alliance. This PSES and transparency have resulted in a 47% decline in replicable patient safety events over the past 2 years.

2025 Center for Medicare and Medicaid Services Patient Safety and Age Friendly Structural Measures

Safe, high-quality care and positive patient outcomes are a result of the high reliability processes and systems that are in place at Franciscan Alliance. Framework and structures are in place to assure full compliance with the CMS Patient Safety Structural and Age Friendly Measures (PSSM). These standards are focused on ensuring that health systems have the right systems, protocols, and infrastructure in place to prevent harm and deliver safe high-quality care. The standards promote structures that promote a culture of safety, encourage accountability, support data driven improvement and lay the foundation for better outcomes. The age-friendly measures in place refer to the practices designed to ensure that older adults receive safe, evidence-based, and person-centered care in an equitable manner. A key driver of these implemented standards focus on advancing our journey toward a High Reliability Organization environment and a Just Culture.

At Franciscan Alliance there is an expectation that all employees actively promote a Just Culture in everything they do through:

- Promoting an environment that actively identifies risks, supports incident reporting, accepts human errors will occur and promotes openness and learning from incidents
- Transparency, openness and learning from situations where there is conflict with Franciscan Alliance values and employee conduct
- Fair and equitable treatment of all employees and customers
- Consistent Application of the Just Culture algorithm as appropriate in day-to-day operations

Leapfrog

Franciscan Alliance hospitals participating in the Leapfrog patient safety program realized 8 letter grade improvements in 2025 resulting in 2 hospitals with a letter grade of “A”, 6 hospitals with a letter grade of “B” and one hospital with a “C” rating. The Leapfrog Hospital Safety Grade is a nationally recognized, independent, transparent evaluation of how well hospitals protect patients from preventable harm such as medical errors, infections, and injuries. Its significance spans patient decision making, hospital accountability, quality improvement, and market impact.

Workplace Safety

Franciscan Alliance places the safety of its workplaces at the highest strategic priority. Workplace safety goals encompass a broad range of objectives aimed at ensuring the well-being of patients and staff will maintain a safe and healthy environment. Healthcare workers are at risk for exposure to a wide range of work-related safety and health hazards including lifting and repetitive tasks, slippery or uneven walking surfaces, long hours, changing shifts, violence, stress, and exposure to infectious diseases and hazardous chemicals. Exposure to these hazards can lead to many adverse outcomes, including work-life balance issues, injury, illness, lost work time, disability, and death.

Workplace violence in healthcare is a significant problem. This includes verbal abuse, threats, physical assault, and even homicide. Horizontal violence can be defined as hostile, aggressive, and harmful behaviors toward coworkers via attitudes, actions, words, or other behaviors.

A strategic plan for improving workforce safety and reducing patient to caregiver violence has been developed based on the recent gap analysis utilizing the American Society for Health Care Risk Management Workplace safety standardized tool.

Clinical Outcome Improvement

In 2025, significant improvements were realized with hospital acquired infection rates including a 38% decrease in Central Line Blood Stream Infections (CLABSI), a 30% decrease in C-Difficile Infections, a 13% decrease in Catheter Associated Urinary tract Infections (CAUTI) as well as a 14% reduction in Falls with injury. Additionally, Sepsis bundle compliance improved by 6% resulting in a further decline in Sepsis mortality by 5% exceeding national CMS benchmarks as well as internal targets and performance from the prior year.

Other highlights include a 10% reduction in overall employee turnover across the board as well as a 6% reduction in OSHA Reportable workplace injuries, as well as an 11 % increase in hospital incident reporting volume.

PHARMACY SERVICES

Pharmacy Review and Medical Staff Committees Maintain System Master Drug Formulary for 15 Years

2025 was the 15th year Pharmacy Services and Medical Staff Committees maintained a master drug formulary. The Formulary System continually defines rational, cost-effective use of drugs and nutraceuticals within the organization using a multi-disciplinary, evidence-based review process with the intentions to enhance patient safety, improve quality of care, and help control costs. The Formulary System process is approved by the medical staff.

In 2025, fifty-three formulary reviews were completed leading to drugs being added, removed, or restricted on formulary. 2025 examples include:

- Dificid (fidaxomicin) is an oral anti-infective used for the treatment of C. difficile infection (CDI). After the completion of a system wide drug utilization evaluation, the need to add the 200mg tablet to the formulary with the restriction to Infectious Disease and Gastrology Specialists with one of the following criteria was validated: first CDI episode with high reoccurrence risk, recurrent CDI or vancomycin failure.
- Zemaira® replaces Prolastin-C® as the alpha1-proteinase inhibitor to treat alpha1-antitrypsin deficiency.
- New biosimilars continue to be brought onto market, and the formulary, representing the most cost-effective options. Actemra® (tocilizumab) the reference product was removed from the formulary and Tyenne® as the most cost-effective biosimilar was added with the restriction to use in the outpatient setting except for inpatient use for Cytokine Release Syndrome (CRS) and Coronavirus Disease 2019 (COVID-19).

Drug	Formulary Status	Drug Policy Details (e.g., Restrictions, Automatic Formulary Interchanges, Drug Selection Support, etc.)
Aclidinium/formoterol (Duaklir Pressair)	NF with Interchange	Umeclidinium/vilanterol (Anoro Ellipta) 1 inhalation daily
Glycopyrrolate/formoterol (Bevespi Aerosphere)	NF with Interchange	Umeclidinium/vilanterol (Anoro Ellipta) 1 inhalation daily
Tiotropium/olodaterol (Stiloto Respimat)	NF with Interchange	Umeclidinium/vilanterol (Anoro Ellipta) 1 inhalation daily

Central Order Verification Pharmacy

The Central Order Verification Pharmacy (COVP) started as the Central Order Entry Pharmacy prior to the implementation of EPIC®. COVP was one of the first ministy-wide solutions designed to leverage technology and create efficiencies in safe medication order verification. The service allows clinical pharmacists to be deployed out of hospital pharmacies to patient care units and directly to patients. COVP pharmacists verified over 2.4 million hospital medication orders in 2025, representing 81% of all Franciscan Health hospital medication orders. On average, COVP pharmacists verify routine medication orders within 6 minutes and STAT medicaion orders within 3 minutes of the time the order is entered.

2025 Hospital Medication Orders			
Hospital	**COVP Total**	**Hospital Total**	**% COVP Verified**
Indianapolis	**845,759**	**1,002,733**	**84.35%**
Lafayette	**348,484**	**430,476**	**80.95%**
Crown Point	**350,623**	**423,183**	**82.85%**
Olympia Fields	**250,948**	**315,860**	**79.45%**
Michigan City	**206,544**	**251,615**	**82.09%**
Dyer	**165,264**	**215,708**	**76.61%**
Munster	**108,064**	**162,357**	**66.56%**
Mooresville	**77,334**	**88,104**	**87.78%**
Crawfordsville	**40,358**	**57,604**	**70.06%**
Rensselaer	**12,594**	**15,934**	**79.04%**
Annual Totals	***2,405,972***	***2,963,574***	**81.18%**

Hospitals Replace Smart Infusion Pump Fleet and Update Drug Library



In 2024, Franciscan Alliance made a significant investment to replace all BD Alaris™ IV smart pumps with the latest model. The latest model was approved by the Food and Drug Administration (FDA) in 2023 to address all previous recalls, adhere to the latest safety standards for infusion delivery, refine the user interface to reduce programming errors, and implement state-of-the-art cybersecurity to address known cybersecurity vulnerabilities. The new pumps include a 7-year service life warranty.

In 2025, three smart pump libraries were released across Franciscan Alliance to maintain a system standard data set with medication safety parameters such as infusion rates, doses, volumes, and limits. Most patient care areas utilize smart pumps wirelessly integrated with Epic®. The nurse scans the patient, the pump, and the medication infusion to automatically program the pump. The pump sends information to Epic® about when the infusion started and stopped, the rate of infusion, and the volume infused.

Other priorities completed in 2025 included upgrading the drug library software to be the latest 12.1.4 version; and updating Tallman lettering within the drug names to match the latest Institute for Safe Medication Practices (ISMP) sound alike look alike list.

PHARMACY SERVICES

Antimicrobial Stewardship

Franciscan Alliance enters its 11th year of having formal antimicrobial stewardship programs across all hospitals. Since 2019, the Centers for Medicare and Medicaid Services (CMS) has required hospitals to have antibioitic stewardship programs (ASPs). CMS said in a fact sheet, "By requiring that hospitals have antibiotic stewardship programs that are not only active and hospital-wide, but also demonstrate adherence to nationally recognized guidelines for the optimization of antibiotic use through stewardship, the changes are aimed at effectively reducing the development and transmission of HAIs (Healthcare-Associated Infections) and antibiotic-resistant organisms that ultimately will greatly improve the care and safety of patients while adding cost benefits for hospitals."

The 2025 Antimicrobial Stewardship program goals were (1) to maintain each hospital's Standardized Antimicrobial Administration Ratio (SAAR) for Clostridioides Difficile driver antimicrobials to less than or equal to 1; and (2) to maintain each hospital's Standardized Antimicrobial Administration Ratio (SAAR) for antimicrobials used to treat resistant

Measure 2025		Spark Line	Freq of Measure	Min	Target	Max		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
HAI	CDI-CMS		Monthly	132	122	122	↓												
Leading Measure	Maintain monthly SAAR ratio for C. difficile Driver Antimicrobials ≤ 1.0		Monthly		≤ 1.0		↓	0.911	0.772	0.735	0.735	0.766	0.782	0.741	0.761	0.775	0.788	0.840	0.793
	Maintain monthly SAAR ratio for MRSA Driver Antimicrobials ≤ 1.0		Monthly		≤ 1.0		↓	0.806	0.820	0.719	0.838	0.784	0.858	0.711	0.663	0.764	0.881	0.793	0.794

HAI = Hospital Acquired Infection MRSA-CMS = Methicillin-Resistant Staphylococcus Aureus Infections CDI-CMS = Clostridioides Difficile Infections

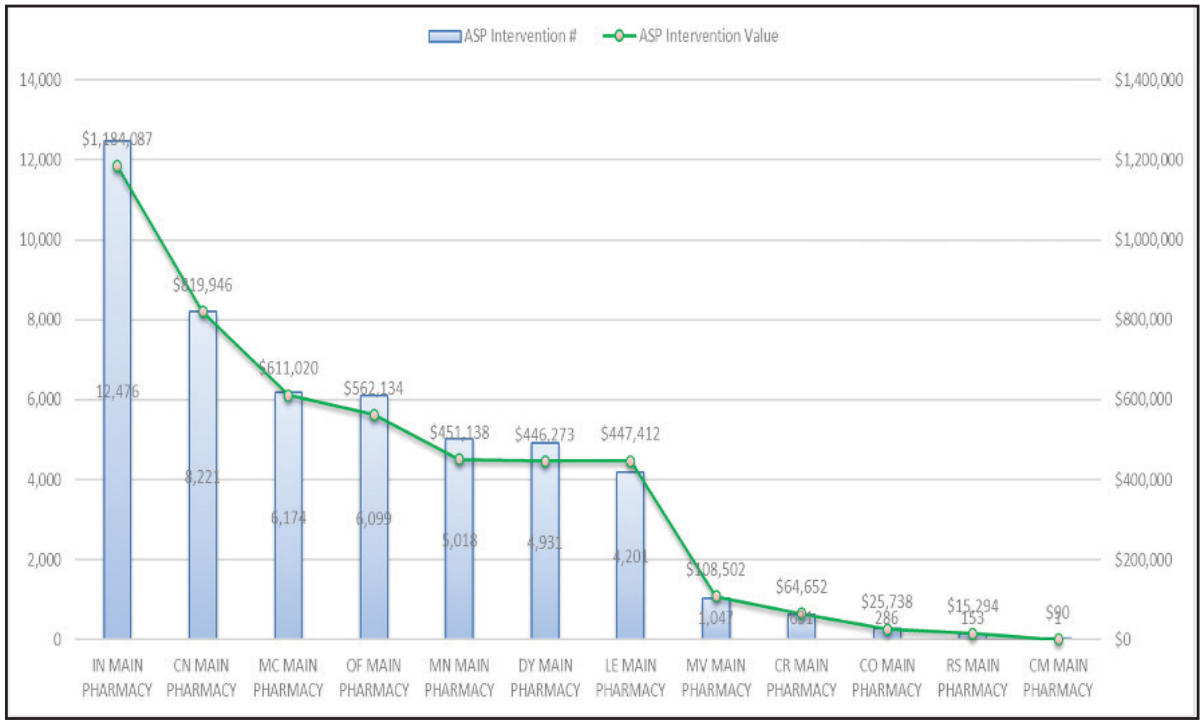
gram-positive infections to less than or equal to 1. The SAAR is a metric for comparing actual to predicted antimicrobial use. The predicted amount is based on nationally aggregated antimicrobial use data. Maintaining a SAAR below 1 would suggest our hospitals are using less antimicrobials that contribute to a hospital onset C. diff infection or resistant gram-positive infection versus other hospitals.

A C. diff infection causes severe diarrhea and can be life-threatening. MRSA infections are examples of gram-positive infections that are resistant to certain antibiotics and tend to be severe infections when acquired at a hospital. Example interventions contributing to a lower use of C. diff driver and MRSA driver antimicrobials include discontinuing an antimicrobial, optimizing the dose of the antimicrobial based on the infection and patient parameters, and recommending a different antimicrobial.

Pharmacist Antimicrobial Stewardship Activities

Franciscan Health hospital care teams include Antimicrobial Stewardship Clinical Pharmacy Specialists. These clinical pharmacy specialists collaborate closely with infection preventionists, nurses, medical staff leadership, infectious disease providers, and other physicians to lead our hospitals' antimicrobial stewardship programs. Pharmacists review patients' anti-infective medication regimens and make recommendations or interventions targeting the right anti-infective(s) at the right dose(s) for the right duration(s).

Antimicrobial Stewardship Intervention Summary:



PHARMACY SERVICES

Infectious Diseases Society of America (IDSA) Antimicrobial Stewardship Centers of Excellence:

Franciscan Health Dyer, Munster, and Olympia Fields retained or renewed their recognition by the Infectious Diseases Society of America (IDSA) as Antimicrobial Stewardship Centers of Excellence. IDSA states, "The Antimicrobial Stewardship Centers for Excellence (CoE) Program promotes excellence in antimicrobial use and combating antimicrobial resistance by recognizing hospitals that effectively demonstrate excellence in this work. Possessing a CoE designation signifies an institution has the policies and processes in place to deliver high-quality stewardship services consistently, execute novel stewardship principles, and demonstrate a high-level commitment to improving antimicrobial use and reducing resistance." Currently 194 hospitals across the United States and internationally have received the CoE designation.



Franciscan Alliance is a Founding Member of Nonprofit Civica® Rx

Going into 2019, Franciscan Alliance invested in Civica® Rx to help ensure quality medications are accessible and affordable for our patients. Civica® Rx is a nonprofit generic drug company addressing the problems of chronic drug shortages and exorbitant price increases on older generic drugs. Civica® Rx strives to ensure stable and predictable generic drug supplies. Franciscan Alliance has been joined by approximately 1,400 hospitals from 60 health systems representing over 30% of all licensed U.S. hospital beds. As a founding member, Franciscan Health helps drive Civica® Rx's drug selection decisions most essential for patient care.

Drug shortages continue to be a daily challenge for patients and health systems. Manufacturers are not incentivized to continue producing low-cost generic drugs. Shortages disrupt patient care and add labor costs to safely support co-workers and patients with using alternate drugs. Civica® Rx is the only pharmaceutical company created for the purpose of decreasing and preventing generic drug shortages.

Franciscan Alliance has purchased around 70 injectable Civica generic medications. Franciscan Alliance continued their support of Civica's expansion into more generic drug products in 2025.

CIVICA®

Franciscan Physician Network (FPN) Pharmacy Resolution Center

The FPN Pharmacy Resolution Center, a partnership between Central and Northern Indiana FPN and Pharmacy Services, launched in April 2018. The Resolution Center is staffed by pharmacists and pharmacy technicians with the purpose of reviewing a patient's electronic health record to authorize prescription refills safely and efficiently upon patient requests. The service is provided under FPN approved protocols to allow refill authorization when patient requirements are met for visits, labs, and other clinical documentation. The service supports freeing up provider time for direct patient care. The Resolution Center has served 4 million patient encounters since launch with 815,000 of those encounters in 2025.

The Resolution Center Prior Authorization service supports 21 FPN primary care offices and the Endocrinology office in the Central Indiana Ministry by completing insurance-required documentation for approval of medications ordered by providers. 110,000 prior authorizations have been completed since launch with 34,000 of those prior authorizations in 2025.

	2020	2021	2022	2023	2024	2025
Refill Voicemails Answered	65,541	67,540	56,338	69,548	66,155	62,677
Refill Specialist Completed Encounters	297,547	326,379	315,233	476,769	528,892	594,621
Pharmacist Signed Orders	23,033	72,270	91,032	138,031	148,979	173,866
Pharmacist Completed Encounters	51,766	166,435	207,083	313,315	201,240	221,186
Medication Prior Authorizations		2,552	17,220	21,099	34,318	34,268

Average Time in Therapeutic Range for Warfarin Patients (Goal > 70%)	
Dyer	77.9%
Lafayette	73.6%
Crown Point	73.7%
Michigan City	74.1%
Olympia Fields	73.2%
Rensselaer	77.5%

Franciscan Health Anticoagulation Pharmacotherapy Services

Providers refer patients to Franciscan Health Anticoagulation Pharmacotherapy Clinics to help patients manage their Coumadin®, also known as warfarin, blood-thinner medication within the target therapeutic range.

Literature suggests patients should be on a warfarin dose that maintains therapeutic range > 60% of the time. The Anticoagulation Clinics target > 70% of the time.

PHARMACY SERVICES

Franciscan Outpatient Pharmacies in 2025

Franciscan Alliance operates six outpatient pharmacies to fill prescriptions for patients and employees and their dependents. Five of the six locations are located within Franciscan Health hospitals and offer patients RxBEDS. RxBEDS is a Prescription Bedside Education and Delivery Service. The five locations are Olympia Fields, Michigan City, Crown Point, Lafayette, and Indianapolis. RxBEDS participants (n = 29,630) have a 15.28% Relative Reduction Rate in 30-day readmissions vs. non RxBEDS participants.



Franciscan Home Infusion Pharmacy Services

In 2025, Franciscan Home Infusion Pharmacy continued to evolve and strengthen, with a clear focus on expanding access, improving operations, and supporting patients in an increasingly complex payer environment. Even with challenges tied to payer contracts, the team delivered steady, high-quality care and laid meaningful groundwork for continued growth heading into 2026.

The core Home Infusion program remained a strong and reliable service line throughout the year. The team consistently supported an average daily census of 50 patients and dispensed more than 2,300 unique prescriptions for 205 patients referred for care. Centralized compounding services also continued to be a major asset, producing over 3,000 TPNs for 435 hospital inpatients across Central and Western Indiana.

A major highlight of the year was the continued partnership with Pharmacy Healthcare Solutions (PHS), a division of Cencora. This collaboration supported operational improvements and helped accelerate service expansion, including the growth of Franciscan's first Ambulatory Infusion Suite (AIS) in Munster, Indiana, which opened in late 2024. The AIS created an alternative for patients who could not receive infusions in hospital-based centers due to payer site-of-care restrictions - allowing Franciscan to retain patients who might otherwise have been forced to seek care outside the system.

The AIS Munster expansion delivered meaningful impact:

- **Provided an alternate site of care for patients facing restrictions.**
- **Served more than 30 patients - most referred from Franciscan outpatient infusion centers.**

- Helped retain patients within the Franciscan system who would have been diverted elsewhere.
- Administered a wide range of high-cost therapies, including immunotherapies and biologics.
- Supported patients receiving free manufacturer-provided specialty medications.
- Developed new therapy protocols tailored to AIS operations.

Additionally, the team successfully implemented the new WeInfuse Home Infusion EHR in February 2025, with no interruptions to patient services. The system required significant optimization to meet the department's needs, and it has made progress in improving workflow efficiency and overall operational performance.

Looking ahead, the program is positioned for continued growth. Preparations were completed for the opening of a second AIS in the Lafayette region, scheduled to go live in the first quarter of 2026. This expansion reflects the ongoing commitment to increasing access, improving patient experience, and strengthening system-wide infusion capabilities.

Looking forward to 2026:

- Launch of the second AIS in Lafayette (Q1 2026)
- Continued optimization of payer contracts specific to Home Infusion Pharmacy
- Ongoing expansion of alternate site-of-care access for infusion services

Patient Assistance Program for Medications

The Patient Assistance Program targeting infusion and oncology medications was expanded to cover all sites in 2022. Pharmacy care team members support patients facing financial barriers by connecting them with foundation grants and manufacturer assistance programs. Charitable grants and drug manufacturer programs are targeted. In 2025, around $4.07 million (a 63% increase from 2024) was secured from grants or pharmaceutical manufacturer assistance programs to help patients be able to afford their medications. Oncology and Specialty Infusion drugs can be several hundred thousand dollars per month. This support is essential in reducing financial stress and ensuring patients can continue their treatments.

Specialty Drug Pharmacotherapy Services

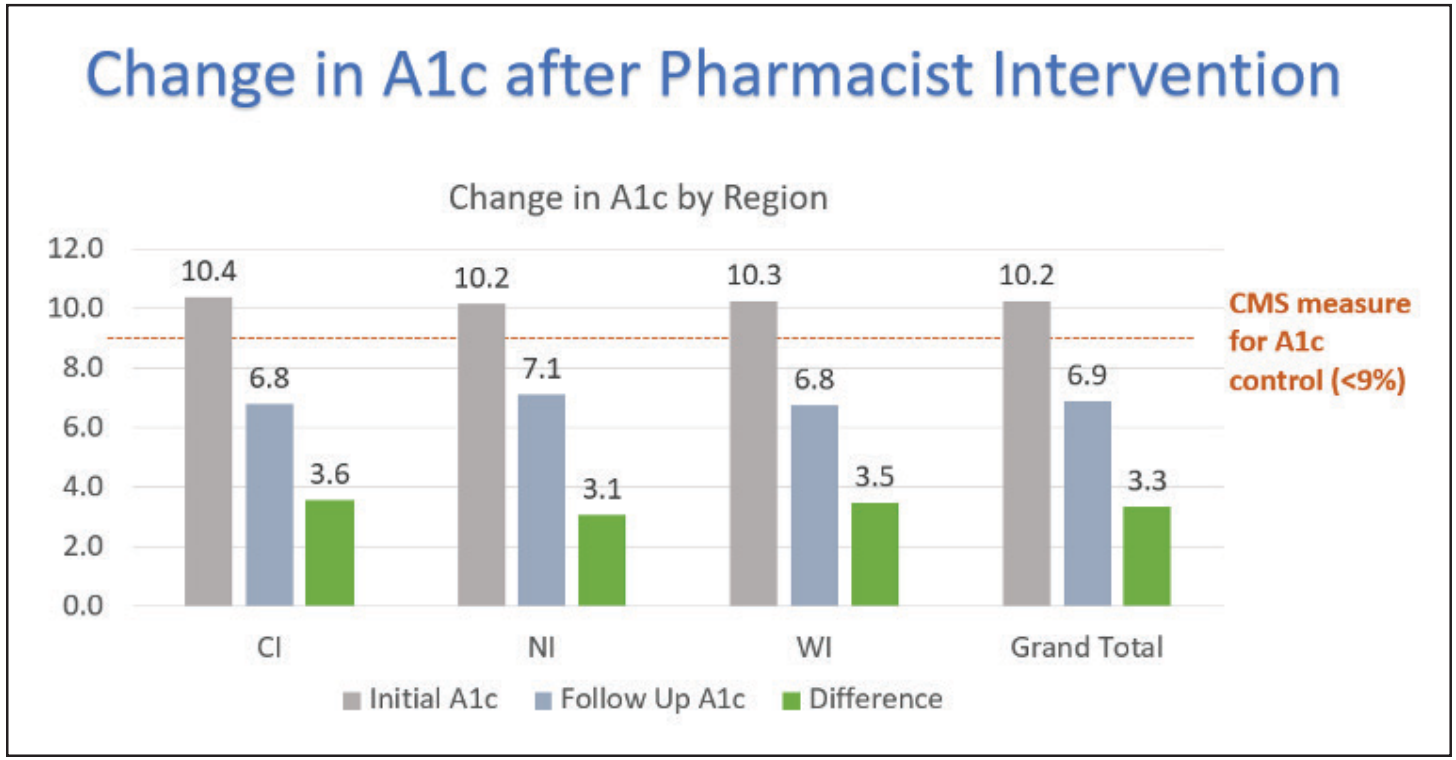
The Franciscan Alliance health plan incentivizes employees and covered dependents prescribed high-cost specialty drugs to have a pharmacotherapy visit with a physician and a pharmacist. The purpose of the visit is to educate the patient on the use of the medication and help the patient manage or minimize side effects. The prescriber refers to the pharmacotherapy service for assistance with monitoring the high-cost specialty drug for the best outcomes. In addition, the health plan incentivizes employees and covered dependents to have the specialty drug prescription filled at a Franciscan Outpatient Pharmacy for a lower cost to the Franciscan Alliance health plan. In 2025, the program saved ~ $19 million.

PHARMACY SERVICES

Progression of PODS Clinical Pharmacy Services

Starting in Summer 2021, pharmacists and other ancillary services were embedded in groups or PODS of physician practices. The PODS concept was designed to focus on the health and wellbeing of our patients, which will positively influence the outcomes for risk-based contracts.

The ambulatory clinical pharmacy specialists working in FPN PODS provide comprehensive medication management services. The primary focus of these services is to improve care of patients with diabetes mellitus. Pharmacists utilize collaborative drug therapy management (CDTM) agreements with FPN providers to deliver collaborative care, improving disease state outcomes and reducing the cost of care. The CDTM agreements are supported by annually updated disease state guidance documents incorporating evidence-based guidelines.



Primary Focus: Diabetes Outcomes with PODS pharmacist collaboration controls A1c

New FPN Opioid Stewardship Clinical Pharmacy Specialist

Mid-year, Franciscan added a dedicated Opioid Stewardship Clinical Pharmacy Specialist to strengthen safe and appropriate opioid prescribing across primary care. This role supports physicians through targeted chart reviews, evidence-based prescribing guidance, and patient-centered opioid tapering when clinically appropriate and mutually agreed upon. The program is contributing to improved patient safety and enhanced opioid-related quality metrics for Franciscan. In addition, focused education for new prescribers on opioid use disorder and high-risk prescribing has increased provider confidence and satisfaction by ensuring access to specialized clinical support for complex prescribing decisions.

Pharmacy Services Support Patient Medication Reconciliation at Admission and Discharge

Franciscan Health hospital pharmacy services support accurate completion of medication reconciliation at admission and discharge. Medication reconciliation is when a prescriber reviews an accurate list of a patient's medications and decides what medications should be continued, discontinued, or modified at a care transition.

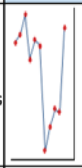
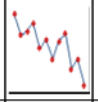
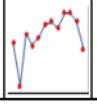
Many Franciscan Health hospital pharmacies have Medication Reconciliation Technicians, or another pharmacy care team member interview admitted patients to accurately document a patient's home medications in the electronic medical record.



PHARMACY SERVICES

Franciscan Health care teams work towards ≥ 75% of patients admitted for inpatient hospital services receive a completed medication list performed by pharmacy personnel. In 2025, the goal was not accomplished but >65% was met 11 of 12 months. In 2024, the goal was accomplished 2 of 12 months with all 12 months > 70%.

Franciscan Health hospital pharmacists strive to review the discharge medication list of ≥ 90% of patients being released from the hospital. A pharmacist reviews a patient's pre- admission medications, medication changes during the hospital stay, and ordered medications at discharge to support the patient going home with an accurate list of medications. In 2025, the goal was accomplished all year.

Measure 2025	Spark Line	Freq of Measure	Min	Target	Max	-												
		Monthly Value					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Hospital Readmissions		Rolling 12 Month	14.6%	14.6%	13.0%	↓	15.32%	15.45%	15.78%	15.04%	15.36%	15.26%	13.52%	13.91%	14.21%	14.16%	15.55%	
Patients admitted for inpatient hospital stay receive a completed medication list review		Monthly		≥ 75%		↑	72.20%	69.60%	70.10%	71.10%	68.00%	69.10%	66.70%	68.90%	69.80%	65.50%	66.70%	63.50%
Patients discharging from inpatient status (excluding newborns) receive a completed discharge medication list review		Monthly		≥ 90%		↑	92.40%	91.00%	92.70%	92.30%	92.60%	93.00%	93.10%	92.90%	93.40%	93.40%	93.10%	92.20%

Training Tomorrow's Pharmacists in Accredited Post-Graduate Year 1 & 2 Residency Programs

Franciscan Alliance offers six accredited pharmacy residency programs to provide additional training and experience to licensed pharmacists. Franciscan Health Dyer, Lafayette, and Indianapolis offer post-graduate year 1 pharmacy practice residencies. Franciscan Health Dyer supports a year 2 ambulatory pharmacy residency. Franciscan Health Dyer and Indianapolis support year 2 infectious disease residencies. In 2025, the system standard pharmacy residency website and video were updated to continue to promote Franciscan Alliance pharmacy residency programs. Franciscan Alliance strives to retain pharmacy residents upon graduation to fill pharmacist roles across our ministry.

Pharmacy residents contribute to clinical practice improvements while spending the year at Franciscan Alliance pharmacy practice sites. 2025 Examples:

- Creation of six accredited continuing education (CE) modules for pharmacists across the ministry to educate on pertinent clinical pharmacy topics.
- Completing local antibiograms. This helps influence clinical decision making, and empiric antibiotic selection for patients. Education to pharmacy staff, hospitalists, Emergency Department providers, and Infectious Disease providers on the pertinent changes in the antibiograms.
- Completion of three medication use evaluations resulting in an update to the sepsis order set in relation to steroids with meningitis, and another evaluated the monitoring of iron infusions leading to the potential of decreasing monitoring for registered nurses.
- Completion of an SBAR that resulted in a new procedure and dispensing workflow to ensure patients who receive a new coronary artery stent are discharged with at least 30 days of dual antiplatelet therapy (DAPT) in hand.

The Interview

The following questions are a guide in interviewing the patient to get the most accurate information about their medications. Remember to document answers to the following questions:

- Do you have any medicine allergies? Food allergies? Describe what happened when you reacted.
- Are you taking any prescription medicines on a routine basis? Are there any that have been prescribed that you take only when needed? Consider samples from the doctor's office.
- Are there any medications you are supposed to be taking, but are not? What is the reason you no longer take them? When did you stop taking these? Does your physician know that you are no longer taking this medication?
- Do you take any over-the-counter medications on a routine basis? Any on an as needed basis? Have you taken any within the last 24 hours? (Prompt patients by giving examples: vitamins, supplements, aspirin, creams, etc.)
- Do you use inhalers or breathing treatments, eye or ear drops, creams or ointments?
- Are you currently taking any antibiotics or have you finished a round of antibiotics within the last week? What date did you start taking them? How long were you to be on the antibiotics?
- What pharmacy fills your prescriptions? Is this the same pharmacy you would like your electronic prescriptions sent to?

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 most 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.

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.

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 because 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.

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.

GLOSSARY OF TERMS

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 reduction 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

FHOFCH: Franciscan Health Olympia Fields/Chicago Heights

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.

HIIN: Hospital Innovation Improvement Network ± the successor program to HEN which has raised the performance bar on harm reduction and has engaged over 1600 hospitals and 32 state hospital associations in HRET's ongoing efforts to drive preventable patient harm levels toward zero. Reduction in harms 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.

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.

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.

GLOSSARY OF TERMS

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.

RCA: Root Cause Analysis, which is the process by which, through structured dialog, a team of care-givers 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.

Transitional Care Management: A service offered to CMS ACO patients whose care process includes a transition of care from the acute, in hospital setting, to another care setting away from the hospital.

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 CLINICAL SERVICE RECOGNITION & DISTINCTIONS

FRANCISCAN ALLIANCE

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 careprimarily 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-recommendedproducts, 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 Verification Pharmacy

System Facilities

Franciscan Alliance Corporate Office
1515 W. Dragoon Trail
Mishawaka, Indiana

Franciscan Health Carmel
12188-B N. Meridian Street

Franciscan Health Crawfordsville
1710 Lafayette Avenue

Franciscan Health Crown Point
12750 Saint Francis Drive

Franciscan Health Dyer
24 Joliet Street

Franciscan Health Indianapolis
8111 S. Emerson Avenue

Franciscan Health Lafayette East
1701 S. Creasy Lane

Franciscan Health Michigan City
3500 Franciscan Way

Franciscan Health Mooresville
1201 Hadley Road

Franciscan Health Munster
701 Superior Avenue

Franciscan Health Olympia Fields
20201 S. Crawford Avenue

Franciscan Health Orthopedic Hospital Carmel
10777 Illinois Street

Franciscan Health Rensselaer
1104 E. Grace Street



APPENDICES CLINICAL SERVICE RECOGNITION & DISTINCTIONS

FRANCISCAN ALLIANCE

American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Certification, 2023-2025 – Indianapolis, Lafayette, Olympia Fields, Rensselaer

American Association of Critical Care Nurses Silver Beacon Award for Excellence for Adult Intensive Care, Surgical Intensive Care, Cardiac Critical Care, 2023-2026 – Indianapolis

American Association of Critical Care Nurses Silver Beacon Award for Excellence for Intensive Care, 2018-2025 – Mooresville

ACHC Stroke Ready Certification, 2024-2026 – Mooresville

ACHC Primary Stroke Certification, 2020-2023 – Indianapolis, 2024 – Lafayette

ACHC Thrombectomy Stroke Certification, 2024-2027 – Indianapolis

American College of Cardiology Transcatheter Valve Certification, 2020-2023 – Indianapolis

American College of Emergency Physicians Accredited Pain & Addiction Care in the ED – Crown Point

American College of Surgeons, Commission on Cancer Accreditation (COC) – Carmel, Indianapolis, Mooresville, Lafayette, Michigan City, Crown Point, Olympia Fields

American College of Surgeons, National Accreditation Program for Breast Centers (NAPBC) – Carmel, Indianapolis, Mooresville, Munster

American College of Surgeons, National Accreditation Program for Rectal Cancer (NAPRC), Only Accredited Institution in Indiana, 2024-2027 – Carmel, Indianapolis, Mooresville

American College of Surgeons, Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP®) – Indianapolis, Dyer, Michigan City, Olympia Fields

American College of Surgeons, Verified Trauma Center, 2023-2026 – Indianapolis

American College of Surgeons, National Surgical Quality Improvement Program (NSQIP) – Indianapolis

American College of Surgeons, Trauma Quality Improvement Program (TQIP) – Indianapolis

American Heart Association 'Get with the Guidelines' Heart Failure Gold Plus with Honor Roll, 2020-2023 – Lafayette East, 2020-2024 – Indianapolis

American Heart Association 'Get with the Guidelines' Heart Failure Silver Plus, Target: Type 2 Diabetes Honor Roll, 2025 – Olympia Fields

American Heart Association 'Get with the Guidelines' Stroke Bronze Quality Achievement – Olympia Fields

American Heart Association 'Get with the Guidelines' Stroke Gold Plus with Honor Roll Quality Achievement,

2022 - Crown Point, Indianapolis, Michigan City, Mooresville

2024 – Indianapolis, Mooresville

American Heart Association 'Get with the Guidelines' Stroke Silver Plus Quality Achievement, 2024 – Lafayette

American Institute of Ultrasound in Medicine, Maternal Fetal Medicine Accreditation, 2023-2026 – Indianapolis

Anthem Blue Distinction Center for Bariatric Surgery, 2021-2023 – Dyer, Indianapolis, Olympia Fields

Anthem Blue Distinction Center for Cardiac Care, 2019-2023 – Indianapolis

Anthem Blue Distinction Knee and Hip Replacement, 2020-2023 – Indianapolis, Mooresville

Anthem Blue Distinction Center Maternity Care, 2025 – Indianapolis, Mooresville

Anthem Blue Distinction Center Plus Maternity Care, 2025 – Lafayette, Michigan City

Anthem Blue Distinction Center Maternity Care, Blue Cross and Blue Shield of Illinois – Olympia Fields

Anthem Blue Distinction Spine Surgery,

2020-2023 – Indianapolis

2024 – Orthopedic Hospital Carmel

Antimicrobial Stewardship Center of Excellence, Infectious Diseases Society of America – Olympia Fields

Association of Community Cancer Centers Innovator Award, 2020-2024 – Indianapolis

Baby-Friendly Designated Hospital, 2019-2024 – Olympia Fields

Becker's Hospital Review, 100 Great Hospitals in America, 2024 – Indianapolis

Chest Pain – MI Registry Gold Performance Achievement Award, 2023 – Indianapolis, Lafayette

CHIME Digital Health Most Wired Recognition Certified Level 8 (out of 10), College of Healthcare Information Management Executives, 2021 – Franciscan Alliance

Cleaning Industry Management Standard, Green Building Certification with Honors, 2024-2026 – Indianapolis, Mooresville, Orthopedic Hospital Carmel

CMS 5-Star Rating, 2024 – Crawfordsville, Mooresville

CMS, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), 5-Star Rating, 2025 – Orthopedic Hospital Carmel

Foundation for the Accreditation of Cellular Therapy (FACT), 2022-2024 – Indianapolis

GreenLight Laser Center of Excellence, Urological Surgery – Olympia Fields

Healthgrades, America's 250 Best Hospitals,

2023-2026 – Indianapolis, 2025-2026 – Lafayette

Healthgrades, #1 in Indiana for Cardiac Care, 2025 – Indianapolis

Healthgrades, #1 in Indiana for Cardiology, 2024-2026 – Indianapolis

Healthgrades, #1 in Indiana for Critical Care, 2024-2026 – Indianapolis

Healthgrades, #1 in Indiana for Gastrointestinal Care, 2026 – Indianapolis

Healthgrades, #1 in Indiana for Gastrointestinal Surgery, 2025-2026 – Indianapolis

APPENDICES CLINICAL SERVICE RECOGNITION & DISTINCTIONS

FRANCISCAN ALLIANCE

Healthgrades, #1 in Indiana for GI Medical Treatment, 2026 – Indianapolis

Healthgrades, #1 in Indiana for Pulmonary Care, 2024-2026 – Indianapolis

Healthgrades, #1 in Indiana for Neurosciences, 2026 – Indianapolis

Healthgrades, #1 in Indiana for Stroke Care, 2024-2026 – Indianapolis

Healthgrades, #2 in Indiana for Critical Care, 2026 – Lafayette

Healthgrades, #2 in Indiana for Surgical Care, 2026 – Indianapolis

Healthgrades, #3 in Indiana for Gastrointestinal Care, 2026 – Lafayette

Healthgrades, #3 in Indiana for Gastrointestinal Surgery, 2026 – Lafayette

Healthgrades, #4 in Indiana for Pulmonary Care, 2026 – Lafayette

Healthgrades, #3 in Indiana for Surgical Care, 2026 – Lafayette

Healthgrades, America's 100 Best Hospitals for Cardiac Care, 2024-2026 – Indianapolis

Healthgrades, America's 100 Best Hospitals for Coronary Intervention, 2024-2025 – Indianapolis

Healthgrades, America's 100 Best Hospitals for Critical Care, 2024-2026 – Indianapolis, 2026 - Lafayette

Healthgrades, America's 100 Best Hospitals for Gastrointestinal Care™, 2023 & 2026 – Indianapolis, 2026 – Lafayette

Healthgrades, America's 100 Best Hospitals for Gastrointestinal Surgery™, 2022-2023 & 2026 – Lafayette

Healthgrades, America's 100 Best Hospitals for Gastrointestinal Surgery™, 2025-2026 – Indianapolis

Healthgrades, America's 100 Best Hospitals for Pulmonary Care™, 2023-2026– Indianapolis

Healthgrades, America's 100 Best Hospitals for Stroke Care™, 2022-2026 – Indianapolis

Healthgrades, America's 50 Best Hospitals for Vascular Surgery™, 2020-2025 – Indianapolis

Healthgrades, Critical Care Excellence Award™, 2025 – Lafayette

Healthgrades, Gastrointestinal Care Excellence Award™, 2023-2026 – Lafayette

Healthgrades, Gastrointestinal Care Excellence Award™, 2026 – Indianapolis

Healthgrades, Gastrointestinal Surgery Excellence Award™, 2025-2026 – Indianapolis, 2026 – Lafayette

Healthgrades, Neurosciences Excellence Award™, 2022-2026 – Indianapolis

Healthgrades, Pulmonary Care Excellence Award™, 2026 – Indianapolis, Lafayette

Healthgrades, Surgical Care Excellence Award™, 2022-2024 – Lafayette

Healthgrades, Stroke Care Excellence Award™, 2023 – Crown Point

Healthgrades, Outstanding Patient Experience Award™, 2021-2024 – Lafayette

Healthgrades, Patient Safety Excellence Award™, 2021-2023 – Indianapolis

HeartFlow CT Quality Award for Excellence in Coronary CT Imaging – Indianapolis

Illinois Department of Public Health, Acute Stroke Ready Hospital – Olympia Fields

Illinois Department of Public Health, Emergency Department Approved for Pediatrics (EDAP) – Olympia Fields

Illinois Perinatal Quality Collaborative Leader Award for Birth Equity and Quality Improvement Excellence Award for Promoting Vaginal Birth, 2022 – Olympia Fields

Indiana State Department of Health – Office of Rural Health, Critical Access Hospital Community Impact Award, 2024 – Rensselaer

Indiana State Department of Health – Office of Rural Health, Critical Access Hospital Partnership Award, 2023 – Rensselaer

INspire Hospital of Distinction, 2022-2024 – Crown Point, Dyer, Michigan City, Indianapolis, Mooresville, 2022-2023 – Lafayette

INspire Center of Excellence, 2024 – Lafayette

International Cardio-Oncology Society Cardio-Oncology Center of Excellence, 2022-2027 – Carmel, Indianapolis, Mooresville

Intersocietal Accreditation Commission (IAC) accreditation for adult transthoracic echocardiography – Olympia Fields

Intersocietal Accreditation Commission (IAC) accreditation for vascular testing – Olympia Fields

LAB Leader in Brain Disorder Detection – Indianapolis

Level III Trauma Center Certification – Crown Point, Indianapolis, Lafayette

Medicare Shared Savings Program (MSSP) shows Franciscan ACO achieved a quality score of 97% and saved the Centers for Medicaid Services $32.2 million, earning Franciscan ACO $23.7 million in shared savings

National Safe Sleep Hospital Certification Program, Gold Safe Sleep Champion – Michigan City, Dyer, Crown Point, Olympia Fields, Lafayette

National Safe Sleep Hospital Certification

Program, Silver Safe Sleep – Indianapolis, Mooresville

Obstetrics and Neonatal Level I Certification,

2024-2027 – Michigan City

Obstetrics and Neonatal Level II Certification,

2022-2025 – Dyer, 2021-2027 – Mooresville

Obstetrics and Neonatal Level III Certification,

2019-2027 – Crown Point, 2020-2026 – Indianapolis, Lafayette

Peregrine Award for Trauma Innovation by Peregrine Health Services, LLC for efforts to improve the treatment of patients with substance use disorders – Crown Point

Quantros CareChex #1 in Indiana for Medical Excellence in Bariatric Surgery, 2022-2023 – Indianapolis

Quantros CareChex #1 in Indiana for Medical Excellence in Cardiac Care, 2022 – Indianapolis, 2026 – Lafayette

APPENDICES CLINICAL SERVICE RECOGNITION & DISTINCTIONS

FRANCISCAN ALLIANCE

Quantros CareChex, #1 in Indiana for Medical Excellence in Major Cardiac Surgery, 2024 – Indianapolis

Quantros CareChex, #1 in Indiana for Medical Excellence in Interventional Coronary Care, 2021-2025 – Indianapolis

Quantros CareChex, #1 in Indiana for Medical Excellence in Heart Attack Treatment, 2026 – Dyer

Quantros CareChex, #1 in Indiana for Medical Excellence in Stroke Care, 2026 – Indianapolis

Quantros CareChex, #1 in Market for Medical Excellence in Cardiac Care, 2026 – Indianapolis

Quantros CareChex, #1 in Market for Medical Excellence in Vascular Surgery, 2026 – Crown Point

Quantros CareChex, Top 100 Hospital in the Nation for Medical Excellence in Bone Marrow Transplant, 2024-2025 – Indianapolis

Quantros CareChex, Top 100 Hospital in the Nation for Medical Excellence in Cancer Care, 2026 – Lafayette, Michigan City

Quantros CareChex, Top 100 Hospital in the Nation for Medical Excellence in Heart Attack Treatment, 2026 – Crown Point

Quantros CareChex, Top 100 Hospital in the Nation for Medical Excellence in Interventional Coronary Care, 2026 – Indianapolis

Quantros CareChex, Top 100 Hospital in the Nation for Medical Excellence in Joint Replacement, 2025 – Lafayette

Quantros CareChex, Top 100 Hospital in the Nation for Medical Excellence in Orthopedic Care, 2026 – Munster

Quantros CareChex, Top 100 Hospital in the Nation for Medical Excellence in Neurological Care, 2026 – Crown Point, Dyer, Lafayette

Quantros CareChex, Top 100 Hospital in the Nation for Medical Excellence in Overall Hospital Care, 2026 – Mooresville

Quantros CareChex, Top 100 Hospital in the Nation for Medical Excellence in Stroke Care, 2026 – Lafayette

Quantros CareChex, Top 100 Hospital in the Nation for Medical Excellence in Vascular Surgery, 2026 – Lafayette

Quantros CareChex, Top 10% in the Nation for Medical Excellence in Cardiac Care, 2024 – Indianapolis

Quantros CareChex, Top 10% in the Nation for Medical Excellence in Hip Fracture, 2024 – Olympia Fields

Quantros CareChex, Top 10% in the Nation for Medical Excellence in Joint Replacement, 2024 – Mooresville

Quantros CareChex, Top 10% in the Nation for Medical Excellence in Major Orthopedic Surgery, 2024 – Lafayette, Mooresville

Quantros CareChex, Top 10% in the Nation for Medical Excellence in Overall Hospital Care, 2024 – Mooresville

Quantros CareChex, Top 10% in the Nation for Medical Excellence in Overall Surgical Care, 2024 – Mooresville

Quantros CareChex, Top 10% in the Nation for Medical Excellence Spinal Fusion, 2024 – Lafayette

Quantros CareChex, Top 10% in the Nation for Medical Excellence Stroke Care, 2026 Michigan City

Quantros CareChex, Top 10% in the Nation for Medical Excellence Spinal Surgery, 2024 – Lafayette

Quantros CareChex, Top 10% in the Midwest for Medical Excellence in Cancer Care, 2024 – Lafayette

Society of Thoracic Surgeons (STS), 3-Star Rating for Patient Care and Outcomes in Isolated Coronary Artery Bypass Grafting (CABG) procedures – Crown Point

The Clinical Sciences Institute (CSI) of Optum, Center of Excellence (COE) designation for bariatric surgery – Olympia Fields

US News & World Report, Award Top 3 Performing Hospital in Indiana, 2024 – Indianapolis

Vermont Oxford Network, Center of Excellence in Education and Training for Infants and Families Affected by Neonatal Abstinence Syndrome – Crown Point, Lafayette, Indianapolis

NOTES

NOTES

CONTINUING CHRIST'S MINISTRY
IN OUR FRANCISCAN TRADITION

CORPORATE OFFICE
1515 W. Dragoon Trail | Mishawaka, IN 46544 | **(574) 256-3935** | **FranciscanHealth.org**

Franciscan ALLIANCE