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January 18, 2019

John J. Dreyzehner, MD, MPH, FACEOM
Commissioner
Tennessee Department of Health
710 James Robertson Parkway
Nashville, TN 37243

Re: Response to Department's Request for Additional Information Dated January 16, 2019 (NICU Consolidation Plans)

Dear Commissioner Dreyzehner,

Ballad Health ("Ballad") is providing this fifth supplement to our original request dated November 12, 2018. This letter is in response to your correspondence dated January 16, 2019, in which you requested additional information on our proposed plans to consolidate the two Level III Neonatal Intensive Care Units ("NICUs") currently operating at Holston Valley Medical Center ("HVMC") and Niswonger Children's Hospital ("Niswonger"). For purposes of this letter, Niswonger and Johnson City Medical Center ("JCMC") may be used interchangeably, since Niswonger is on the license of JCMC. Obstetric services are provided at JCMC, while post-delivery services for children are provided at Niswonger, which is co-located inside JCMC.

In your letter, the Department asked Ballad to provide additional information related to the consolidation plans. Each of these subjects is addressed below.

1. **How Ballad will manage high-risk pregnancies occurring in a non-NICU facility (for mother and child), for both pre- and post-delivery (continuum of care), particularly as it pertains to Holston Valley Medical Center (HVMC) were there to be a transition down to a Level I nursery[1];**

    a. **Please provide data on HVMC staffing levels for Post-Partum, Labor and Delivery, Nursery, and NICU as it was on January 31, 2018, December 31, 2018, and the planned staffing levels in each category post-consolidation.**

[1] See 11/12 letter, page 4, last 3 bullets.

RESPONSE:

	HVMC Birthing Center Team Members	HVMC NICU Team Members
January 31, 2018	114	80
December 31, 2018	111	79

Ballad staffs its post-partum, labor and delivery, nursery, and NICU units according to the Association of Women's Health, Obstetric and Neonatal Nurses' Guidelines for Professional Registered Nurse Staffing for Perinatal Units.[1] If the consolidation is approved, Ballad will continue to staff post-partum, labor and delivery, nursery, and NICU units according to these guidelines.

b. Please provide a breakdown of admissions and patient days for the past two fiscal years for the following categories:

i. The level of care (e.g., Level 3, Level 2) required for the roughly 100 babies expected to be transferred;

RESPONSE: In the letter submitted to the state on December 28, there is an estimate that roughly 100 additional babies would require transport services to Niswonger Children's Hospital under the proposed plan. The level of care that would need to be provided to these babies would be care beyond the scope of a Level I nursery as set forth in the Tennessee Perinatal System of Care Guidelines for Regionalization and based on the decision of the individual providers at the delivery hospital.

ii. Babies born at HVMC and each hospital's transfers to HVMC;

RESPONSE:

	Total NICU Admits at HVMC	HVMC NICU Admits Born at HVMC	HVMC NICU Admits Transferred from Bristol Regional Medical Center	HVMC NICU Admits Transferred from Indian Path Community Hospital	HVMC NICU Admits Transferred from Lonesome Pine Hospital	HVMC NICU Admits Transferred from Johnston Memorial Hospital
FY17	271	187	31	13	39	1
FY18	272	199	28	21	24	0

[1] The Association of Women's Health, Obstetric and Neonatal Nurses' Guidelines for Professional Registered Nurse Staffing for Perinatal Units are available at: https://www.awhonn.org/store/download.aspx?id=9ABCC780-6FCD-4F7A-A324-421EC990F250.

iii. NAS babies previously treated in the HVMC NICU; and

RESPONSE:

	NAS Babies Treated in the HVMC NICU
FY17	83
FY18	83

iv. >36 week babies previously treated in the HVMC NICU.

RESPONSE:

	Babies >36 Weeks Treated in the HVMC NICU
FY17	186
FY18	168

2. Estimated timeline for elements and completion of the proposed transitions, including expansion of telemedicine technology;

a. How will Ballad Health care for babies >36 weeks gestation requiring more attention during the first 24 hours following birth at HVMC?

RESPONSE: Ballad will handle these babies at HVMC the same way these babies are handled at all other Ballad facilities and consistent with the Tennessee Perinatal System Guidelines for Regionalization.

Stabilization of newborns is the responsibility of any facility offering delivery services. The requirements for the provision of care are clearly outlined in the Tennessee Perinatal Care System Guidelines for Regionalization. If an infant is born at >36 weeks gestation at any Ballad facility and needs a higher level of care at the time of delivery, but is expected to stabilize in two to 24 hours, the local team of pediatric providers will manage the care in-person in conjunction with telemedicine neonatology support until the baby stabilizes. Once a baby is stabilized, *the provider responsible for that baby's care* will determine if the baby still needs higher level services. If the baby is still in need of higher level services, the Niswonger transport team will be dispatched by ambulance or air to facilitate the transfer. If the provider determines that the baby no longer needs higher level services after stabilization, the baby will remain at the Ballad facility where he or she was delivered.

b. Please provide the daily census in the NICU at HVMC and JCMC for each day during the calendar year 2018.

RESPONSE: The requested information is attached as Exhibit A.

3. **Potential impact on deliveries at 32-35 weeks gestation, infants treated for neonatal abstinence syndrome, and other mother-infant diads who previously would have appropriately delivered and been treated at HVMC to include the number of affected families, travel distance, and length of stay;**

    a. **When does Ballad intend to apply provision of NAS treatment at the local delivery hospitals, as described in the Abingdon, VA approach, at HVMC at other facilities? Please provide deployment details, including a timeline.**

    RESPONSE: If the NICU consolidation plan is approved, Ballad will immediately begin holding project meetings with pediatricians in the Kingsport area to develop NAS treatment protocols at local delivery hospitals. Through these project meetings, standard protocols will be developed and implemented at each facility. We anticipate starting the project meetings within thirty (30) days of approval and plan to roll out the standard protocols for NAS treatment at the local delivery hospitals as soon as these protocols are finalized by our providers. Deployment timelines will be driven by the local providers who will provide care for the NAS patients.

    b. **Please provide data on the percentage of NAS babies treated at the Abingdon, VA hospital before and after the nursery care model was implemented.**

    RESPONSE: The treatment changes at Johnston Memorial Hospital in Abingdon, Virginia took place in June of 2017 (the end of FY2017). Please see the number of babies with NAS transferred and discharged from Johnston Memorial Hospital for the last 3 fiscal years.

NAS Baby Discharges at Johnston Memorial Hospital

	Home / Routine Discharge	Transfer
FY16	26	27
FY17	54	22
Nursery Care Model Implemented (June 2017)		
FY18	51	6

4. **Plan for evaluating the impact of the proposed NICU merger to include regular ongoing evaluation of transfer metrics, health outcomes of mothers and infants delivering at each of Ballad's facilities, travel distance of affected families and ongoing patient, staff and community satisfaction and input;**

    Thank you for providing a list of metrics that will be tracked on transports and for describing how input will be collected on family, staff, and community satisfaction. However, some of the information we requested lacks sufficient detail.

    a. **Please confirm how travel distance of affected families will be tracked.**

RESPONSE: Children's hospitals by their very nature are regional providers that serve large geographic catchment areas. Tracking mileage is not a standard practice as the region is defined and can vary based on patient origination. Patient origination data is available, and demonstrates that more than 500 newborns were transferred to Niswonger from distances greater than one (1) hour away from Niswonger, and as much as two (2) hours away. Distances like this are not unusual for children's hospitals,[1] and certainly, in Tennessee, fairly typical with respect to the regional perinatal centers, of which there are only five. The catchment area for Niswonger Children's Hospital is 11,402 square miles which has not changed since the merger and will not change post NICU consolidation. The vast majority of Level III NICU services are provided at Niswonger today, so the distances are not a new issue.

We wish to emphasize once again that HVMC is only 24 miles from Niswonger Children's Hospital. The only families that will be affected by this change are the approximately one hundred families whose babies will now be treated at Niswonger's NICU instead of HVMC's NICU. With the move to Niswonger's NICU, some of these families may find their travel distances increased slightly (but no more than 24 miles). Other families may find that their travel distances actually decrease. As pointed out in our previous correspondence, Niswonger has adjacent housing for families available through the on-property Ronald McDonald House and sleeping accommodations for families at Niswonger. These services are not available at HVMC.

b. Please provide a list of the metrics on each of the following that will be monitored in order to effectively evaluate the impact of proposed changes:

i. health outcomes of mothers and infants delivering at each of Ballad's facilities

RESPONSE: Ballad will monitor the following metrics:

- Number of infant deaths (before age 1) per 1,000 live births.
- Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth.
- Number of reported babies with clinical signs of withdrawal (NAS babies) per 1,000 Tennessee resident live births.
- Number of reported cases with clinical signs of withdrawal (NAS

[1] "On average, children are healthier than adults, and are hospitalized less often, so only 1 in 20 hospitals is a children's hospital. But this also means that children's hospitals, which number approximately 250, serve much broader geographies than adult hospitals. For families of children with complex medical conditions, this frequently means travelling long distances, often across state lines, to meet their child's specialized care needs." Children's Hospital Association "About Children's Hospitals" available at: https://www.childrenshospitals.org/About-Us/About-Childrens-Hospitals.

babies) per 1,000 Virginia resident live births.

- Percentage of live births in which the mother received prenatal care in the first trimester.
- Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery was not medically necessary.
- Patient Experience Surveys (Mothers only), which may include:
    - Communication with nurses (composite measure)
    - Communication with doctors (composite measure)
    - Responsiveness of hospital staff (composite measure)
    - Pain management (composite measure)
    - Communication about medicines (composite measure)
    - Cleanliness of hospital environment (individual measure)
    - Quietness of hospital environment (individual measure)
    - Discharge information (composite measure)
    - Care Transition (composite measure)
    - Overall rating of hospital (global measure)
    - Willingness to recommend the hospital (global measure)

ii. ongoing patient, staff, and community satisfaction

RESPONSE: As required by the Terms of Certification, Ballad conducts ongoing patient satisfaction surveys, as well as periodic physician and employee satisfaction surveys. These surveys are reported to management and to the Quality, Service, and Safety Committee of the Board.

5. Rationale for not including actions in the NICU and Trauma Center proposals in any of the current drafts of the Health Services Plans that would be impacted by them if implemented;

a. According to the April 2018 SEC filing regarding Ballad's bond refinancing, NICU consolidation decisions had been made by Ballad prior to submission of Ballad's Children's Health Plan and prior to the November 12, 2019 notification letter to the Department. Please address the delay in notifying the Department.

RESPONSE: Prior to submitting the COPA Application in February of 2015, Wellmont Health System ("Wellmont") and Mountain States Health Alliance ("Mountain States") hired FTI Consulting, an independent third party, to calculate the proposed economies and efficiencies that could be achieved as part of the merger. The Department requested a copy of the FTI Consulting Report on April 22, 2016, and Mountain States and Wellmont provided the Report as requested. The potential savings identified in the FTI Consulting Report included the consolidation of the two Level I Trauma Centers and the consolidation of the two Level III NICUs. Ballad cited the appropriateness and need for realignment of these services in public documents

throughout the COPA Application process. Ballad also set forth a process to consider service eliminations or consolidations in the Master Affiliation Agreement and Plan of Integration, which was approved by the Department.

As a result of these discussions, the Department pre-approved the consolidation of the Level I Trauma Centers when the COPA was granted. The Terms of Certification require Ballad to seek Department approval prior to implementing consolidations of other services, including consolidation of the two Level III NICUs.

Following the closing on February 1, 2018, Ballad followed the process set forth in the Master Affiliation Agreement Plan of Integration to consider consolidation of the two Level III NICUs. The Ballad Board made the decision in November, 2018, to implement the consolidation subject to receiving approval from the Department. This decision was reported promptly to the Department on November 12, 2018, immediately following the Board's decision to move forward.

The consolidation of the Trauma Centers and the Level III NICUs were *opportunities* identified as early as 2015 and discussed with the State during the Application process. However, no decisions were made on the consolidation of the Level III NICUs until November of 2018.

b. Note that the Department plans to send an independent clinical evaluation team for on-site review with staff and clinicians impacted by the proposed NICU and trauma centers changes and consolidations to assist the Department in evaluation and validation of the proposed plans.

RESPONSE: Noted.

6. Management of infants born at >36 weeks gestation needing a higher level of care at the time of delivery but expected to stabilize in two to 24 hours;

a. Please provide a timeline for implementation of the Tennessee Perinatal Care System Guidelines for issues related to maternal and fetal stabilization and/ transport.

RESPONSE: According to the Tennessee Perinatal Care System Guidelines for Transportation, time is not the determining factor for transferring a newborn. The following conditions would indicate the need to transport a newborn from a Level I facility:

- Requirement for more than routine care as prescribed for normal neonates as published in the most recent edition of Guidelines for Perinatal Care (American Academy of Pediatrics and American College of Obstetricians and Gynecologists)

- Gestational age <35 weeks
- Apgar score <3 at 1 minute, <5 at 5 minutes, and/or <7 at 10 minutes
- Need for oxygen therapy after initial resuscitation
- Abnormal respirations with or without need for supplemental oxygen
- Requirement for continuous intravenous therapy >24 hours
- Suspected sepsis
- Suspected congenital heart disease
- Neurologic disorder
- Gastrointestinal disorder
- Genitourinary disorder
- Hematologic disorder
- Musculoskeletal disorder
- Endocrine or metabolic disorder
- Congenital malformation or suspected genetic disorder requiring further evaluation

The attending physician responsible for the care of the newborn determines if and when a transfer is appropriate.

The guidelines as presented above will be implemented upon consolidation completion to ensure care is provided at the appropriate level and in the appropriate facility.

7. **Estimated number of additional incoming transfers of infants and mothers to Niswonger Children's Hospital and assessment of Niswonger Children's Hospital facility and staff capacity, to include the numbers and sizes of patient care rooms;**

    a. **Please confirm that all NICU and special care rooms at this hospital comply with National Standards.**

    RESPONSE: We confirm that all NICU and special care rooms at Johnson City Medical Center/Niswonger Children's Hospital comply with National Standards as evidenced by our ongoing accreditation by Joint Commission and construction approval by TDH under CON# CN0108-060.

8. **Identification and management of opportunities to transfer convalescing and maturing infants no longer needing specialist services to nurseries closer to home;**

    a. **It is stated in your letter that "Ballad will include convalescence in its overall plan for NAS care and encourage more providers to transfer NAS babies back home once it is safe to do so." Has it ever been the policy of Ballad Health or one of its predecessor organizations to transfer NAS babies back to a local hospital? Please detail Ballad's experience in this practice, to include:**

i. The percentage of NAS babies born at HVMC or JCMC who were transferred to a lower level facility;

RESPONSE: Today, none (0%) of the NAS babies born at HVMC or JCMC are transferred back to a lower level facility for convalescence. This is a recognized opportunity for improvement across our region. In order to transfer a baby to a lower level facility, a pediatrician at the local hospital must be willing to take responsibility for that infant's care. Without a local pediatrician accepting responsibility for that infant's care, Ballad cannot transfer a baby to a local hospital.

Ballad is committed to working with pediatricians across the service area to encourage them to accept transfers of NAS babies when it is safe to do so. However, whether a baby may be transferred to a local hospital is completely dependent on whether there is a pediatrician at that local hospital who is willing to accept responsibility for that NAS baby's care.

ii. The average length of stay for NAS babies born at HVMC or JCMC, and the average length of stay for those babies at the receiving facility.

RESPONSE:

	FY17	FY18
Average Length of Stay at JCMC	18.38 Days	15.31 Days
Average Length of Stay at HVMC	12.96 Days	12.23 Days

No babies were transferred to a receiving facility, so the average length of stay data for receiving facilities does not exist. See Response to 8(a)(i) above.

9. Plan to minimize transportation barriers for families of NICU babies, particularly those with extended stays;

a. Please provide us with the Ballad Health Foundation's transportation grant program details.

RESPONSE: Ballad and its two legacy systems have provided patient assistance funds above and beyond the charity care policies since their founding. These types of programs have always been an important part of our not-for-profit mission. Ballad regularly supports needs related to food, housing, transportation, clothing, and medication. Patient resource managers, social workers, and/or care managers help to establish need and are the primary liaison to patients and their families. The Ballad Foundation plays a key role in receiving funds from team members and the community to support the variety of needs expressed by those we serve.

Today, people travel from all over the region for tertiary care or specialized outpatient services. We work to relieve as much of the financial burden associated with that travel as possible. Over the last two years, Ballad and its legacy systems provided an average of $70,000 to an estimated 3,000 people each year specifically related to travel for care. The internal guidelines for Ballad's Helping Hands Program are attached as Exhibit B. Since Ballad Foundation's transportation grant program is a well-developed program with a long history, we will be in a strong position to provide support for travel needs that are related to any service consolidations.

10. Impact on Ballad staff (e.g., re-locations, layoffs, etc.) and existing contractual arrangements with providers;

a. No additional information is needed.

11. The monthly diversion numbers for HVMC 32-35 week gestation deliveries to Niswonger in the two fiscal years prior to the merger, and for the period after the merger through today;

a. No additional information is needed.

12. Clarification of changes in transfer protocols and other changes for newborns previously transferred to HVMC;

a. No additional information is needed.

13. The financial analysis for the project, including the monetary investment to be made (e.g., for telemedicine, patient transportation, other) and how the investment relates to the financial commitments under the Terms of Certification;

a. Of the annual $1.5 million net operating loss at the HVMC NICU:

i. How much would be offset by reducing the NICU to level I?

RESPONSE: Per the response sent to the state on December 28, 2018, the estimated costs for monetary investments and additional services in Kingsport for babies will be $456,840. This would result in a cost savings of $1,043,160

ii. How much would be offset by reducing the NICU to Level II?

RESPONSE: Due to the fact that the HVMC NICU functions as a Level II nursery today, no part of the $1.5 million net operating loss of the HVMC NICU would be offset by reducing the NICU to Level II. Level II NICUs are

required to have neonatology coverage 24/7/365. By converting the HVMC NICU to Level II, volumes would decrease but the significant costs for operating the NICU would remain.

iii. **What are the anticipated reimbursement impacts for services provided as a Level I NICU or Level II NICU instead of a Level III NICU? Please specify the services that have been identified as having different reimbursement rates by NICU Level that have been included in your estimate.**

RESPONSE: Reimbursement rates were not a factor in the NICU consolidation plans and there are no changes planned for the reimbursement structures that are in place today as a result of the consolidation. It is likely, although difficult to estimate, that some newborns being treated in the HVMC Level III NICU today could continue to receive the necessary services in the HVMC Level I Nursery post-consolidation (e.g. NAS babies). Level I Nursery stays are significantly less expensive than Level III NICU stays, which would result in lower costs for those patients.

iv. **If HVMC downgraded to a Level II NICU, would Ballad change the staffing? If so, what types of specialists would no longer be on staff at the facility (and what would be the total staffing savings)?**

RESPONSE: When measuring the current service offerings at HVMC's NICU against the Tennessee Perinatal System Guidelines for Regionalization, it is clear that the HVMC NICU, while licensed as a Level III NICU, is operating, functionally, as a Level II NICU. The HVMC NICU does not have the various subspecialties immediately available which are required for Level III NICUs. The HVMC NICU does not have these various subspecialties available because the volumes at HVMC's NICU are too low. Thus, if HVMC was downgraded to a Level II NICU, we anticipate no change in staffing since it is currently operating, functionally, as a Level II NICU.

Due to these low NICU volumes, there is no realistic scenario where medical and surgical pediatric subspecialties would become available at HVMC. The subspecialty coverage that exists at Niswonger cannot be duplicated, and any effort to do so would undermine the ongoing viability of the region's children's hospital due to the further dilution of volume.

14. Consideration of alternative models of service delivery, such as transitioning the HVMC NICU to a Level II instead of Level I.

a. **Please list the services that are not currently being provided at HVMC that if provided would qualify it to serve as a Level III NICU.**

RESPONSE: The Perinatal Subspecialist Guidelines require that Level III NICUs have 24/7/265 neonatology coverage as well as qualified sub-specialists, including pediatric medical subspecialists, pediatric surgical specialists, pediatric anesthesiologists, and pediatric ophthalmologists, available on site or at a closely related institution by prearranged consultative agreement, ideally in close geographic proximity.

Today, HVMC's NICU provides neonatology coverage 24/7/365, but HVMC only has pediatric cardiology and part-time coverage for pediatric gastroenterology available for sub-specialists consults.

b. Please list the current services at HVMC that could be eliminated and still qualify it to serve as a Level II NICU.

RESPONSE: As noted above, Level II NICUs are required to have 24/7/365 neonatology coverage but are not required to maintain subspecialist coverage on site. Today, HVMC's NICU only has two subspecialties on site - pediatric cardiology and one part-time pediatric gastroenterology. These services are provided by independent practices which are not controlled or directed by Ballad. When measuring the current service offerings at HVMC's NICU against the Tennessee Perinatal System Guidelines for Regionalization, it is clear that the HVMC NICU, while licensed as a Level III NICU, is operating, functionally, as a Level II NICU.

Additionally:

a. Please provide the Department with the Newborn Care Model as described in your November 12, 2018 letter.

RESPONSE: The "Newborn Care Model" defines the system of care for Ballad delivery facilities and was outlined in the letter sent to the Department on on November 12, 2018. As stated, this model and system of care consists of one Level III NICU at Niswonger Children's Hospital and Level I nurseries supporting delivery services in the other Ballad markets including Kingsport, Bristol, Johnson City, and Greeneville in Tennessee, and Wise County and Abingdon in Virginia. The model provides transport services for babies needing a higher level of care post-delivery, telemedicine support for the Level I nurseries and mid-level practitioners to assist with high risk deliveries in the Kingsport market. The care model provides a system-wide approach to coordinated neonatal services.

b. According to your December 28, 2018 letter, no babies expired in transport to JCMC. Please provide the Department with a list of the infant deaths pre-transport and post-transport during the last three years for all Ballad hospitals.

RESPONSE: There is no list of infant deaths pre-transport. Ballad does not deploy the

transport team for newborns that are deceased.

To the best of our knowledge and belief, there have been no infant deaths during or after transport which could in any way be attributed to the transport of the newborn. The Department has the capacity, at any time, to review the details of the death of any newborn, and Ballad has always complied with the survey process whenever the State's teams request such specific information.

To restate the Ballad policy, newborns born at Ballad hospitals are only transported once stabilized. Ballad follows the State's Perinatal System Guidelines for Transportation which were approved by this Department and signed by the Commissioner. There have been no assertions that an infant death was caused by transport. There has never, in any survey conducted by the Department, been an allegation or finding that an infant death was related to transport.

c. Regarding the proposed establishment of two Pediatric Emergency Departments in the region:

i. Please provide the Department with the financial analysis related to this proposal.

RESPONSE: The State directed Ballad to establish two Pediatric Emergency Departments in the Terms of Certification. As required, Ballad included the development of two Pediatric Emergency Departments in Kingsport and Bristol in the Children's Health Services Plan that was submitted to the Department on July 31, 2018, and which is now posted on the Department's website.[1] With regards to the financial analysis, clinical analysis, and needs assessment for these Pediatric Emergency Departments, Ballad would direct the Department to the information previously provided as well as any information the Department relied upon during the COPA Application process in directing the implementation of the new Pediatric Emergency Departments.

ii. Please provide the Department with the clinical analysis and needs assessment related to this proposal.

RESPONSE: Please see previous response.

Please let us know if you have any additional questions or need any other information.

[1] Ballad's Children's Health Services Plan is available on the Department's website at: https://www.tn.gov/content/dam/tn/health/documents/copa/Childrens_Plan.PDF.

Sincerely,

Alan Levine
Chairman and Chief Executive Officer
Ballad Health

Enclosure

cc: Erik Bodin, Director, Office of Licensure and Certification
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Exhibit A

Daily Census in the NICU at HVMC and JCMC for Each Day During the Calendar Year 2018

See attached.

NICU Averaged Daily Census ("ADC") at Johnson City Medical Center ("JCMC") and Holston Valley Medical Center ("HVMC") for Calendar Year 2018

Day	JCMC ADC	HVMC ADC
1/1/2018	23	9
1/2/2018	23	12
1/3/2018	24	12
1/4/2018	25	14
1/5/2018	25	13
1/6/2018	27	13
1/7/2018	26	11
1/8/2018	24	10
1/9/2018	23	12
1/10/2018	23	12
1/11/2018	23	12
1/12/2018	29	11
1/13/2018	34	11
1/14/2018	34	11
1/15/2018	31	10
1/16/2018	30	10
1/17/2018	31	10
1/18/2018	34	10
1/19/2018	35	12
1/20/2018	33	11
1/21/2018	36	11
1/22/2018	37	9
1/23/2018	34	10
1/24/2018	42	10
1/25/2018	40	9
1/26/2018	37	12
1/27/2018	37	12
1/28/2018	36	13
1/29/2018	39	13
1/30/2018	34	10
1/31/2018	33	10
2/1/2018	34	10
2/2/2018	37	10
2/3/2018	35	10
2/4/2018	31	10
2/5/2018	29	11
2/6/2018	35	11
2/7/2018	34	10
2/8/2018	30	10
2/9/2018	31	11
2/10/2018	28	11
2/11/2018	28	11

Day	JCMC ADC	HVMC ADC
2/12/2018	28	11
2/13/2018	24	11
2/14/2018	22	14
2/15/2018	21	14
2/16/2018	21	14
2/17/2018	21	14
2/18/2018	22	14
2/19/2018	22	15
2/20/2018	23	14
2/21/2018	20	13
2/22/2018	18	10
2/23/2018	20	10
2/24/2018	22	10
2/25/2018	24	10
2/26/2018	22	11
2/27/2018	22	13
2/28/2018	22	10
3/1/2018	23	10
3/2/2018	25	10
3/3/2018	23	10
3/4/2018	22	10
3/5/2018	23	11
3/6/2018	24	13
3/7/2018	24	13
3/8/2018	22	11
3/9/2018	22	11
3/10/2018	25	9
3/11/2018	23	9
3/12/2018	23	9
3/13/2018	20	9
3/14/2018	19	8
3/15/2018	22	9
3/16/2018	31	9
3/17/2018	30	10
3/18/2018	28	9
3/19/2018	30	9
3/20/2018	28	11
3/21/2018	30	11
3/22/2018	29	9
3/23/2018	29	9
3/24/2018	30	11
3/25/2018	28	11
3/26/2018	29	11
3/27/2018	29	10
3/28/2018	28	9
3/29/2018	27	10
3/30/2018	28	12
3/31/2018	29	10

Day	JCMC ADC	HVMC ADC
4/1/2018	30	9
4/2/2018	29	9
4/3/2018	31	10
4/4/2018	30	9
4/5/2018	28	8
4/6/2018	34	10
4/7/2018	35	9
4/8/2018	37	11
4/9/2018	36	13
4/10/2018	36	12
4/11/2018	37	11
4/12/2018	35	11
4/13/2018	34	11
4/14/2018	32	12
4/15/2018	31	12
4/16/2018	33	12
4/17/2018	37	12
4/18/2018	35	11
4/19/2018	33	9
4/20/2018	33	11
4/21/2018	31	11
4/22/2018	28	11
4/23/2018	29	11
4/24/2018	31	9
4/25/2018	29	7
4/26/2018	31	9
4/27/2018	33	8
4/28/2018	32	7
4/29/2018	34	8
4/30/2018	35	7
5/1/2018	35	8
5/2/2018	35	7
5/3/2018	32	7
5/4/2018	34	7
5/5/2018	35	7
5/6/2018	34	7
5/7/2018	32	7
5/8/2018	30	8
5/9/2018	31	11
5/10/2018	30	13
5/11/2018	29	12
5/12/2018	30	12
5/13/2018	24	12
5/14/2018	23	12
5/15/2018	24	12
5/16/2018	25	11
5/17/2018	25	10
5/18/2018	24	11

Day	JCMC ADC	HVMC ADC
5/19/2018	24	11
5/20/2018	26	11
5/21/2018	28	11
5/22/2018	26	12
5/23/2018	26	11
5/24/2018	27	7
5/25/2018	27	7
5/26/2018	28	6
5/27/2018	29	6
5/28/2018	28	7
5/29/2018	28	7
5/30/2018	28	9
5/31/2018	30	11
6/1/2018	28	13
6/2/2018	28	14
6/3/2018	24	12
6/4/2018	21	9
6/5/2018	21	11
6/6/2018	23	11
6/7/2018	23	10
6/8/2018	19	10
6/9/2018	17	8
6/10/2018	15	8
6/11/2018	18	8
6/12/2018	18	7
6/13/2018	19	6
6/14/2018	21	9
6/15/2018	20	7
6/16/2018	24	7
6/17/2018	23	6
6/18/2018	24	8
6/19/2018	25	7
6/20/2018	26	6
6/21/2018	26	6
6/22/2018	26	7
6/23/2018	25	9
6/24/2018	24	9
6/25/2018	24	9
6/26/2018	23	9
6/27/2018	25	9
6/28/2018	23	8
6/29/2018	24	9
6/30/2018	25	8
7/1/2018	26	7
7/2/2018	26	7
7/3/2018	26	7
7/4/2018	26	7
7/5/2018	20	7

Day	JCMC ADC	HVMC ADC
7/6/2018	20	7
7/7/2018	19	8
7/8/2018	17	6
7/9/2018	17	9
7/10/2018	18	9
7/11/2018	18	10
7/12/2018	20	8
7/13/2018	20	9
7/14/2018	21	7
7/15/2018	21	9
7/16/2018	21	7
7/17/2018	25	7
7/18/2018	21	8
7/19/2018	21	7
7/20/2018	19	7
7/21/2018	19	7
7/22/2018	21	8
7/23/2018	21	8
7/24/2018	21	10
7/25/2018	22	11
7/26/2018	18	9
7/27/2018	22	9
7/28/2018	23	8
7/29/2018	23	7
7/30/2018	21	8
7/31/2018	22	7
8/1/2018	22	7
8/2/2018	22	8
8/3/2018	23	8
8/4/2018	24	7
8/5/2018	22	7
8/6/2018	25	9
8/7/2018	26	9
8/8/2018	27	10
8/9/2018	27	11
8/10/2018	28	11
8/11/2018	30	10
8/12/2018	27	10
8/13/2018	28	10
8/14/2018	30	9
8/15/2018	29	9
8/16/2018	28	8
8/17/2018	31	9
8/18/2018	30	9
8/19/2018	30	11
8/20/2018	31	10
8/21/2018	29	8
8/22/2018	28	8

Day	JCMC ADC	HVMC ADC
8/23/2018	26	9
8/24/2018	27	10
8/25/2018	31	9
8/26/2018	34	9
8/27/2018	36	9
8/28/2018	34	9
8/29/2018	34	11
8/30/2018	34	14
8/31/2018	33	14
9/1/2018	33	14
9/2/2018	30	14
9/3/2018	26	10
9/4/2018	25	10
9/5/2018	32	10
9/6/2018	31	10
9/7/2018	33	11
9/8/2018	33	11
9/9/2018	33	11
9/10/2018	34	12
9/11/2018	36	12
9/12/2018	41	11
9/13/2018	40	11
9/14/2018	40	12
9/15/2018	41	10
9/16/2018	42	7
9/17/2018	40	8
9/18/2018	38	8
9/19/2018	39	9
9/20/2018	36	10
9/21/2018	37	10
9/22/2018	38	10
9/23/2018	38	10
9/24/2018	35	9
9/25/2018	34	10
9/26/2018	35	10
9/27/2018	34	12
9/28/2018	34	13
9/29/2018	34	13
9/30/2018	32	13
10/1/2018	29	13
10/2/2018	28	12
10/3/2018	27	12
10/4/2018	27	12
10/5/2018	28	13
10/6/2018	26	12
10/7/2018	24	13
10/8/2018	27	14
10/9/2018	35	13

Day	JCMC ADC	HVMC ADC
10/10/2018	34	13
10/11/2018	34	13
10/12/2018	34	14
10/13/2018	33	14
10/14/2018	29	13
10/15/2018	30	13
10/16/2018	30	12
10/17/2018	30	9
10/18/2018	28	8
10/19/2018	29	10
10/20/2018	29	9
10/21/2018	34	8
10/22/2018	34	8
10/23/2018	33	7
10/24/2018	34	8
10/25/2018	31	6
10/26/2018	29	6
10/27/2018	31	6
10/28/2018	30	6
10/29/2018	30	4
10/30/2018	30	4
10/31/2018	32	3
11/1/2018	30	2
11/2/2018	29	4
11/3/2018	32	4
11/4/2018	32	5
11/5/2018	33	5
11/6/2018	36	4
11/7/2018	40	4
11/8/2018	37	3
11/9/2018	35	4
11/10/2018	39	3
11/11/2018	35	3
11/12/2018	34	3
11/13/2018	33	3
11/14/2018	29	4
11/15/2018	29	6
11/16/2018	30	6
11/17/2018	28	6
11/18/2018	24	6
11/19/2018	24	5
11/20/2018	24	3
11/21/2018	22	3
11/22/2018	23	3
11/23/2018	23	2
11/24/2018	22	2
11/25/2018	22	2
11/26/2018	23	2

Day	JCMC ADC	HVMC ADC
11/27/2018	21	2
11/28/2018	21	3
11/29/2018	19	4
11/30/2018	18	4
12/1/2018	16	5
12/2/2018	15	4
12/3/2018	16	4
12/4/2018	17	3
12/5/2018	17	3
12/6/2018	18	3
12/7/2018	17	4
12/8/2018	20	7
12/9/2018	20	7
12/10/2018	21	6
12/11/2018	22	7
12/12/2018	21	7
12/13/2018	20	6
12/14/2018	18	6
12/15/2018	17	7
12/16/2018	18	6
12/17/2018	19	7
12/18/2018	19	8
12/19/2018	22	8
12/20/2018	23	8
12/21/2018	24	9
12/22/2018	22	9
12/23/2018	23	8
12/24/2018	22	8
12/25/2018	23	9
12/26/2018	22	7
12/27/2018	20	7
12/28/2018	19	7
12/29/2018	18	6
12/30/2018	18	7
12/31/2018	23	7