CASE STUDY

Multidisciplinary approach drives **metric optimization for Ballad Health**

How Ensemble drove more accurate metrics through cross-functional collaboration

Mortality metrics are more than numbers — they're a reflection of how well hospitals document, treat and care for their sickest patients. The observed-to-expected (O/E) mortality ratio is a key benchmark used by CMS, payers and ratings agencies to assess hospital performance. A high O/E ratio can signal gaps in documentation or care delivery, while a lower ratio suggests accurate clinical representation and effective treatment. For communities, these scores influence public trust, hospital rankings and even funding opportunities.

In April 2023, Ballad finance and Ensemble led a system-wide initiative to connect Ensemble coding and CDI and Ballad quality and physician leaders to improve clinical documentation, reduce unexpected mortality and more accurately capture the patient acuity.

Ensemble has partnered with Ballad Health as its end-to-end revenue cycle manager for more than five years. With deep access to clinical and coding data, Ensemble identified documentation friction points and led a multidisciplinary strategy focused on process reliability, education and measurable gains in quality and compliance.

Organization Type:
Catholic healthcare ministry

Size:
$2.9B NPR
21 hospitals

Location:
Tennessee

Relationship:
Live Epic conversion since October 2020

Strategic foundation for measurable improvement

Following a six-month mortality rate assessment, Ensemble led a system-wide response to address documentation gaps and reporting discrepancies at Ballad Health. Ensemble's coding and CDI teams partnered closely with Ballad's physician leaders, combining clinical expertise, coding precision and technology-enabled operations to break down silos and friction points. This collaboration surfaced key areas for improvement and laid the groundwork for a unified strategy.

Together, the team identified four strategic initiatives to improve documentation accuracy, optimize diagnosis capture, strengthen review protocols and refine education workflows — all aimed at improving clinical representation and accurately reporting the mortality O/E ratio:

1. **Documentation accuracy:** Attained accuracy through 100% mortality case review to ensure all conditions present on admission (POA) and those arising during hospitalization are thoroughly documented, including historical diagnoses and accuracy of admission type and source.
2. **Diagnosis optimization:** Captured every relevant diagnosis — even in cases already scoring 4/4 — to prevent denials and improve mortality scores.
3. **Accuracy cross-checks:** Applied rigorous second-level reviews to mortality cases to identify missed coding opportunities and reconcile discrepancies.
4. **Education and operational refinement:** Provided targeted education to 100% of providers that document within the patients' chart and refine operations to sustain long-term documentation accuracy and adoption.

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Mortality review overhaul improves accuracy, sets new quality benchmark

Ballad Health and Ensemble launched a system-wide initiative to transform how inpatient mortality is documented and reviewed. The effort aligned four strategic objectives — documentation accuracy, diagnosis optimization, second-level reviews and education refinement — into a unified, tech-enabled process.

By embedding education, audit trails and scorecards into daily workflows, the team sustained long-term accuracy and adoption using fundamental processes for improvement. Results were reviewed at the System CDI Steering Committee, including:

1. **Metrics as strategic drivers**
   The O/E mortality ratio was reframed as a performance standard, not just a retrospective score. This shift allowed leadership to use the metric as a real-time signal for documentation gaps, care delivery inconsistencies and billing vulnerabilities.

2. **Escalation as a reliability mechanism**
   Ensemble introduced a 10-day provider escalation protocol for unresolved queries, transforming documentation delays into actionable workflows. This ensured timely query resolution, improved billing accuracy and reduced friction between coding and clinical teams.

3. **Cross-functional collaboration**
   Rather than operating in silos, Ensemble and Ballad Health built a unified response team:

   - CDI and coding experts from Ensemble worked side by side with Ballad's quality and physician advisor teams.
   - Monthly executive-level steering leadership reviews including huddles ensured alignment and accountability.
   - The RACI model clarified roles, with CDI and physician advisors leading the charge. Quality and coding provided oversight and consultation.
   - Physician advisor involvement was critical to securing peer consensus on diagnostic specificity and defensibility.

4. **Continuous learning loop**
   The initiative wasn't a one-time fix. It embedded education, audit trails and scorecards into daily operations. DRG deep dives and anonymized case reviews helped teams learn from missed opportunities and refine protocols in real time.

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Results + replicability

By combining clinical insight, coding precision and technology-enabled processes, Ensemble helped eliminate silos and streamline documentation practices. This multidisciplinary approach resulted in fewer missed documentation opportunities and a measurable improvement in mortality metrics:

- Mortality O/E ratio improved from 1.03 to 0.88, a 14.56% improvement
- 100% of inpatient mortalities now receive final CDI review
- The model is now being used as a case study for other Ensemble clients — proving its scalability and cultural alignment

The initiative to improve Ballad Health's mortality O/E ratio was not just a documentation fix — it was a strategic, system-wide transformation. It aligned clinical accuracy with operational efficiency, and it showcased how metrics can drive meaningful change when paired with structured escalation and multidisciplinary collaboration.

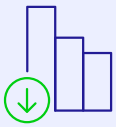
These efforts demonstrate the value of a strategic approach to mortality metric optimization. The initiative was overseen by a multidisciplinary committee led by Ballad quality and co-sponsored by Ballad's chief clinical officer. The team included quality analytics, Ensemble CDI leadership, physician advisors and coding Leadership.

Executive reviews occur monthly. Bi-weekly huddles focus on case learning and rapid countermeasures. Following the RACI model, the following roles were clarified:

- **Responsible** — CDI and physician advisors
- **Accountable** — Physician executive leadership and quality
- **Consulted** — Coding and service lines
- **Informed** — Hospital executives, system administration and system CDI steering committee

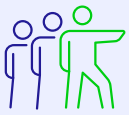
Outcomes + lessons learned

From these outcomes, the committee was able to conclude:



Improvement in mortality metrics is an organization-wide quality initiative, not just a post-event coding exercise.

Universal mortality reviews and structured escalation protocols enhance process reliability and depiction of clinical severity.



Active physician advisor involvement is vital for achieving peer consensus on diagnostic specificity and defensibility.

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Structured rollout drives faster adoption + measurable gains

Rolling out in structured phases helps teams stay aligned, track progress and embed lasting improvements across clinical, coding and quality operations.

- **0–90 days:** Launch universal mortality reviews with audit trails and leadership oversight. Implement dashboards for query resolution and timeliness of reviews. Integrate targeted comorbidity prompts into templates and queries.
- **3–6 months:** Expand DRG deep-dive methods to sepsis and respiratory failure and standardize reviewer and physician education using anonymized cases.
- **6–12 months:** Embed scorecards into service-line management, post real-time data for both system and facility-level O/E ratios and KPIs and conduct periodic re-audits to minimize documentation drift.

The bottom line

Ensemble didn't just manage the revenue cycle — it stepped into a complex clinical documentation challenge at Ballad Health and delivered a strategic, system-wide solution. By leveraging its access to clinical and coding data, Ensemble identified friction points, aligned cross-functional teams and deployed a tech-enabled workflow built around four core objectives: documentation accuracy, diagnosis optimization, second-level reviews and education refinement.

The result was more than improved metrics. Ensemble's structured escalation protocol, embedded scorecards and daily audit trails drove measurable gains — including a 14.56% drop in the mortality O/E ratio and 100% CDI review of inpatient mortalities. This initiative proved Ensemble's ability to translate insight into action, turning a hospital-specific challenge into a scalable model for quality improvement.

Ballad Health™

14.56% drop in the mortality O/E ratio

100% CDI review of inpatient mortalities

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