Our past inspires our future, guided by our core values.
When Catholic Health Initiatives was formed in 1996, the thoughts and opinions of hundreds of CHI people – employees, physicians, clinicians, board members – went into the creation of our Core Values.

Since then, Reverence, Integrity, Compassion and Excellence – fondly abbreviated as RICE – have been the foundation of every action we take and every decision we make. The Core Values hold us accountable for being our best. They are the definitive test of whether a decision helps fulfill our mission and achieve our vision.

As we complete our alignment with Dignity Health to create CommonSpirit Health, a new Catholic health system, we are guided every step of the way by our Core Values. When we come together, at the end of 2018, one of the most important things we will address will be a thoughtful and inclusive process to create core values for our new ministry.

Today, we honor the Core Values of CHI and how they have guided and inspired us to keep searching for new ways to create better health.

Christopher Lowney
Chair, Board of Stewardship Trustees

Kevin E. Lofton, FACHE
Chief Executive Officer
Our Core Values of **Reverence, Integrity, Compassion** and **Excellence** help us define what we do and how we do it. They are always present. That’s why we say we “live” our Core Values, every day.

Many of our employees say the Core Values are the reason they joined CHI, and why they choose to stay.
Reverence

Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.
Betsey exemplifies how we approach our work with Reverence, which means everyone and everything has infinite worth.

Six days before she was to marry the love of her life, Betsey Runyan received a tragic phone call. Her fiancé had suffered a massive heart attack and passed away before she made it to the hospital. In shock, denial and as scared and alone as she had ever felt, Betsey found solace in a nurse who sat beside her in the emergency department and just held her hands. The nurse said very little that day, but her gentle grip in the middle of the chaos kept Betsey afloat on one of the worst days of her life.

The nurse’s face has long faded from Betsey’s memory, but the way she exemplified the healing presence of God left a lifelong impact on Betsey. Now, Betsey pays it forward every day as manager of guest relations for CHI Memorial in Chattanooga, Tennessee. Some days, that might be sharing a light-hearted joke with a lost visitor on their way to a loved one’s hospital room. Other times, it’s reassurance to a family member who who is anxious about test results. And sometimes, it’s simply telling a patient rolling by in a wheelchair that she looks pretty in pink. These chance encounters may last only a few seconds, but Betsey knows firsthand that they can be profound. She believes God places her exactly where she needs to be every day at CHI to touch the lives of others, whether it’s through a smile, a few words, or in the quiet, with no words at all.

To watch Betsey in action, view her video here:
www.catholichealthinitiatives.org/annualreport
Integrity

*Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.*
Integrity means doing the right things for our patients and for each other, even when no one is watching.”

“Anything that helps a resident is in my job description,” said Bridget with a big smile when asked about her job as a certified nursing assistant.

Bridget can tell you the name of every resident in the building. And she makes sure they know who she is, too. She loves learning about who they are and the things they like, and then incorporating those things into their days when they are no longer able to do it themselves.

Some residents tell her stories about their time in the U.S. Army. Others reminisce about childhood games they played. Sometimes, as dementia steals their sense of time and memories, they begin living in the past, and ask for their moms. It’s in those poignant moments that Bridget is there – a constant who brings comfort and dignity to their days, whether through personal care, animated conversation or by noticing a need they have.

“I don’t stop until I fix their problem for them,” said Bridget. “I live for them. It’s the reason I took this job… because it’s the right thing to do.”

She loves the spark they bring into her world, and says that even though caring for elderly folks can be challenging at times, she believes in helping them to live their best, most normal life.

“I’m hoping God provides someone to take care of me like I’ve taken care of them.”

Learn more about Bridget in this video:
www.catholichealthinitiatives.org/annualreport
Compassion

Solidarity with one another, capacity to enter into another’s joy and sorrow.
Recently, Johnnie Jones had a day off from work. When she returned, she learned a patient had been asking about her and called her his “sunshine.” It’s a regular occurrence for Johnnie, who has worked in the environmental services department at KentuckyOne Health in Lexington, Kentucky, for 31 years.

“If a patient has been here four or five days, they look for me,” she smiled. “You better believe they know Johnnie Jones. And I know them! I just love it!”

Johnnie’s role is to provide a clean environment for her patients, but in truth, her work goes far beyond housekeeping. As part of the heart care unit, she sees patients who are unconscious and intubated. She sees them make small steps toward recovery until they open their eyes, and she believes it’s a privilege to experience that journey with them.

Johnnie skillfully uses the tools of compassion – sharing a smile, saying a prayer – to enter into her patients’ joys and sorrows, helping to alleviate suffering and promote healing.

“My job is to help them get through the hard times. Let them know someone is looking after them. If they ask me for a prayer or to hold their hand or just talk to them, I’m there.”

You can see more of Johnnie’s journey in this video: www.catholichealthinitiatives.org/annualreport
Excellence

Preeminent performance, becoming the benchmark, putting forth our personal and professional best.
The first thing patients notice about William Matt Lowe II, MD, is his Texas accent. He came to CHI St. Alexius Hospital in Dickinson, North Dakota, in an interim position in 2013, practicing in obstetrics and gynecology, and he’s never left. How does a man who spent most of his medical career in Texas end up delivering babies in small-town North Dakota?

“My wife decided to remodel the house,” he joked, “so I had to go back to work.”

In truth, Dr. Lowe retired in 2012 from a University of Texas Medical Branch at Galveston, but promptly un-retired in 2013. “I love what I do, or I wouldn’t still be doing it,” he said.

Decades of delivering babies have taught him to always expect the unexpected. “It’s never simple… we always have our eyes open for problems that can develop during pregnancy,” he explained. Expectant moms come to him with a lot of questions and worry.

“A big part of our job is reassurance. If we can reassure them everything is okay and there are no problems, they feel better and can sleep better at night.”

“It’s still a miracle situation when you do a delivery and everything goes well and the parents are so excited – even though I’ve been doing it for 40-plus years.”

Hear more of Dr. Lowe’s story:
www.catholichealthinitiatives.org/annualreport
At a Glance

Operations in 18 States

Fiscal Year 2018
July 1, 2017-June 30, 2018

- **100** hospitals
- **51** home health services locations
- **29** critical access hospitals
- **16** long-term care facilities
- **12** clinically integrated networks
- **3** academic health centers and a major teaching hospital
- **2** community health services organizations
### How We Cared for People

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people served</td>
<td>More than 4 million</td>
</tr>
<tr>
<td>Physician and advanced practice clinician visits</td>
<td>10.9 million</td>
</tr>
<tr>
<td>Acute care admissions</td>
<td>464,717</td>
</tr>
<tr>
<td>Emergency visits</td>
<td>2.1 million</td>
</tr>
<tr>
<td>Outpatient non-emergency visits</td>
<td>5.4 million</td>
</tr>
<tr>
<td>Home visits</td>
<td>1.1 million</td>
</tr>
</tbody>
</table>
At a Glance

Fiscal Year 2018
July 1, 2017-June 30, 2018

Financial Highlights

- $20.6 billion in total annual operating revenues
- $15 billion in total annual operating revenues

Employee Community

- 91,000 employees including approximately 4,000 employed CHI physicians and advanced practice clinicians (APCs)

Medical Groups by Region

Specialties of CHI Employed Physicians and Providers

Physicians account for 61% of all provider types

Key:
- CHI medical groups
- Medical groups of joint operating agreement or joint venture organizations

Leadership <1% of all physicians
Hospitalists 13% - 71% are physicians, 29% are APCs
Primary Care 34% - of those, 52% physicians, 48% APCs
Specialists 53% - of those, 64% physicians, 36% APCs
Community Benefit
includes the cost of supplies and labor to meet community health needs, provide public health education, and provide care for people who can’t afford to pay or whose health insurance doesn’t cover the full cost of their care.

Direct Community Investment Program
$54.2 million in loans to community-based programs.

$2 billion in community benefit and financial assistance provided to our communities, including the unpaid costs of government programs.

International Ministries
Helping to build healthier communities in Haiti, India, Jamaica, Peru and more. During 2018, we provided a grant to an initiative that develops leadership skills among the women and youth of Muysunuru, India.

United Against Violence
We celebrated our ten-year anniversary as a national innovator in violence prevention. Since 2009, we have allocated $22.4 million in grants – $2.9 million in fiscal year 2018 alone – to eradicate violence in the communities we serve.

Mission and Ministry Fund
During the past 22 years, the Mission and Ministry Fund has awarded 525 grants totalling more than $84 million.

$5.2 million in grants in 2018 (plus $4.1 million to support the recipients of multi-year funding) to build healthier communities in the U.S. and around the globe.
Our Accomplishments

A successful effort to **address the epidemic of opioid misuse** in the community, created by CHI St. Gabriel’s Health, Little Falls, Minnesota, received the American Hospital Association’s NOVA Award and the Catholic Health Association’s Achievement Citation.

To better **identify and help human trafficking victims**, we collaborated on the development and approval of new ICD-10 diagnostic codes. The 29 new codes will help providers document sex and labor exploitation, gathering much-needed data on this widespread but often hidden crisis.

**Kevin E. Lofton**, our chief executive officer, appeared on *Modern Healthcare*’s annual lists of the “100 Most Influential People in Healthcare” and the “Top 25 Minority Executives in Healthcare.”

**Colleen Scanlon**, our senior vice president and chief advocacy officer, received one of the Catholic Health Association’s top honors, the Sister Concilia Moran Award.

We assumed **full sponsorship of KentuckyOne Health** on September 1, 2017.

We **expanded our geographic presence to a new state** when CHI Memorial, Chattanooga, Tennessee, acquired CHI Memorial Georgia Hospital, Fort Oglethorpe, Georgia.

We debuted our **EthicsLab podcast** series, in which national experts educate on current ethical issues, from the epidemic of human trafficking to the importance of honoring a patient’s wishes.

As our **operating performance improved** through the year, all three major credit rating agencies made positive adjustments to CHI’s credit outlook.

Our **annual collection of Sacred Stories took a new form**: podcasts that can be downloaded and shared. In these stories, CHI colleagues reflect on times when they felt God’s presence with them and working through them.

To **renew the spirituality** present in our workplace, we created new videos and other resources that help employees learn about the connection between an individual, their spirituality and their work.
Robust data analysis led to clinical process improvements and progress toward our quality and safety goals. Examples include a 49% reduction in surgical site infection for abdominal hysterectomies and a 100% reduction in post-operative wound complications.

To set a new standard for blood transfusions, we created a Patient Blood Management Program with evidence-based guidelines that reduce blood use and improve patient outcomes.

Our Virtually Integrated Care (VIC) model of nursing provides a patient with a nursing team that includes experts in bedside care and procedures, plus a "virtual" nurse who uses a two-way television screen to talk with the patient and direct hands-on care.
Our Mission and Ministry Fund awarded 27 new grants, totaling $5.2 million, to innovative programs designed to build healthy communities, plus another $4.1 million to fulfill previously awarded multi-year funding.

Our programs for employee wellness and career advancement helped place us on Becker’s Hospital Review’s list of the Top Places to Work in Health Care.

Bridges, an original painting that depicts the relationships and collaborations that support CHI’s journey toward optimal health for all, was installed in the lobby of our national office in Denver, with replicas provided to all CHI organization across the country.

The availability of health insurance is an essential part of our mission to build healthier communities. In 2018 we helped more than 100,000 individuals and families obtain coverage through marketplace health insurance exchanges.

In 1996, three Catholic health systems joined together to strengthen the Catholic health ministry; in May, we celebrated 22 years of creating healthier communities together as one CHI.

Our 2018 Performance Culture Assessment Survey, which tracks employees’ perceptions of the organization, showed statistically significant improvement in all categories.

As an endorsing member of Faiths United to Prevent Gun Violence, we joined 48 other faith-based organizations to ask Congress for legislative action to stop the gun violence epidemic plaguing our nation.

With other members of the Interfaith Center on Corporate Responsibility, we led a successful shareholder vote requiring that gun manufacturer Sturm Ruger prepare a report on its efforts to promote gun safety.
CHI and Dignity Health, our partner in the Precision Medicine Alliance, joined with other U.S. health systems to accelerate the adoption of precision medicine for cancer care. As members of the Precision Medicine Council, we’ll share strategies and insights for growing precision medicine programs in community settings.

We marked the second year of development and implementation of our **Total Health Roadmap** (below), model of care that includes addressing the social determinants of health as an integral aspect of primary care.

### CHI Total Health Roadmap

![CHI Total Health Roadmap Diagram](image)

1. **Upstream**
   - Social Equity
   - Institutional Equity
   - Community Culture & Resources

2. **Continuum of Community Health & Wellbeing**
   - Wellness
   - Advanced Care
   - End of Life

3. **Roadmap of Opportunities for Health Systems to Build Health Equity**
   - National Policy Advocacy
   - Multi-Sector Collaboration & Local Policy Advocacy
   - Medical Homes
     - Health Coaches
     - Integrated Behavioral Health
   - Senior Care
     - Palliative Care
     - Hospice Care
   - Advancing the Anchor Mission
   - Community Health Workers
     - Faith Community Nursing
     - Home Health
   - Advanced Specialty Care
     - Self-Care Transitions
During the second half of the 2018 fiscal year, we made tremendous progress in planning for our new ministry with Dignity Health, to be named CommonSpirit Health. We are positioned to complete the alignment by the end of 2018.

Together, board members, leaders and clinicians have helped us deliberately plan for a new ministry that will make the most of our complementary strengths and retain a focus on creating healthier communities.

Together, we will build on the legacy of the women religious who founded our ministries by:

- Improving access to high-quality care in our communities;
- Personalizing care for those with acute and chronic conditions;
- Advocating for people who are vulnerable;
- Bringing innovation, research, and technology to those we serve; and,
- Creating an inspired culture of excellence for our employees and physicians.

With strong leadership, sound strategic direction, a commitment to ministry and thoughtful stewardship, the new system will be well positioned to create a healthier future for more people and communities.

“Our new ministry will have the talent, depth, breadth and passion to improve the health of every person and community we serve.”

Kevin E. Lofton, FACHE
Chief Executive Officer

The latest information about our commitment to creating this new ministry can be found at AdvancingHealthCareTogether.org.
Board of Stewardship Trustees

Lillian Murphy, RSM
Retired CEO
Mercy Housing
San Francisco, CA

Barbara Hagedorn, SC
President, CHCF
Congregational Leader, Sisters of Charity, Cincinnati, OH

Challis Lowe
Retired Human Resources Executive
Hopewell Junction, NY

Geraldine “Polly” Bednash, PhD, RN, FAAN
Retired CEO
American Association of Colleges of Nursing
Arlington, VA

Betsy (Ruth) Goodwin, OSF
Director of Sponsorship
Sisters of St. Francis of Philadelphia
Southborough, MA

Margaret Ormond, OP
President
Dominican Academy
New York, NY

Antoinette Hardy-Waller, RN, BSN, MJ
Vice Chair, CHI Board
CEO - The Leverage Network, Inc.
Chicago, IL

Christopher Lowney
Chairperson, CHI Board
Author/Public Speaker
Riverdale, NY

Gary Yates, MD
Partner, Strategic Consulting
Press Ganey Associates, Inc.
Norfolk, VA

Kevin E. Loften, FACHE
Ex officio
CHI CEO
Denver, CO

James P. Hamill
Retired Health Care Administrator
Naples, FL
Our 2018 performance included positive trends for our system and most of our regional operations. We achieved significant growth in revenue per adjusted admissions as a result of revenue cycle improvement and reductions in labor expense and restructuring, impairment and other losses.

Our operating EBIDA and operating losses improved $477.6 million and $442.9 million, respectively, compared to the 2017 fiscal year. Most of our regions saw declines in patient volumes, which reflects industry trends, but this was mitigated by our revenue cycle improvements and cost reductions.

Total restructuring, impairment and other losses also declined $221.9 million compared to 2017. Net income was positive at $222.1 million.

We continue to develop our market presence in selected regions and to expand into newer regions. Key strengths include our strong geographic diversification, with a mix of facilities in rural and urban settings, helping to mitigate the effect of ongoing changes in reimbursement.
### Summary Statement of Operations

*(in 000s) For the year ended June 30, 2018*

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating revenue</td>
<td>$14,982,087</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>$7,110,519</td>
</tr>
<tr>
<td>Purchased services</td>
<td>$2,301,000</td>
</tr>
<tr>
<td>Patient care supply expenses</td>
<td>$2,447,516</td>
</tr>
<tr>
<td>Other expenses</td>
<td>$3,399,764</td>
</tr>
<tr>
<td>Total operating expense</td>
<td>$15,258,799</td>
</tr>
<tr>
<td>(Loss) Income from operations</td>
<td>$(276,713)</td>
</tr>
<tr>
<td>Total nonoperating (losses) gains</td>
<td>$498,814</td>
</tr>
<tr>
<td>Net income</td>
<td>$222,101</td>
</tr>
<tr>
<td>Operating EBIDA before restructuring, impairment and other losses</td>
<td>$1,033,528</td>
</tr>
<tr>
<td>Operating EBIDA margin before restructuring, impairment and other losses</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

### Summary Balance Sheet

*(in 000s) For the year ended June 30, 2018*

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property and equipment, net</td>
<td>$8,110,767</td>
</tr>
<tr>
<td>Cash and investments</td>
<td>$7,047,667</td>
</tr>
<tr>
<td>Other assets</td>
<td>5,436,873</td>
</tr>
<tr>
<td>Total assets</td>
<td>$20,595,307</td>
</tr>
<tr>
<td>Total debt</td>
<td>$8,526,037</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>4,937,516</td>
</tr>
<tr>
<td>Net assets</td>
<td>7,131,754</td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>$20,595,307</td>
</tr>
</tbody>
</table>

### Statistical Highlights

*Fiscal year ended June 30, 2018*

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute inpatient days</td>
<td>2,176,954</td>
<td>2,274,881</td>
</tr>
<tr>
<td>Acute admissions</td>
<td>464,717</td>
<td>488,821</td>
</tr>
<tr>
<td>Acute average length of stay, in days</td>
<td>4.7</td>
<td>4.7</td>
</tr>
<tr>
<td>Outpatient emergency visits</td>
<td>1,849,152</td>
<td>1,911,854</td>
</tr>
<tr>
<td>Outpatient non-emergency visits</td>
<td>5,408,771</td>
<td>5,699,575</td>
</tr>
<tr>
<td>Physician visits</td>
<td>10,949,019</td>
<td>10,540,482</td>
</tr>
<tr>
<td>Residential days</td>
<td>570,971</td>
<td>665,885</td>
</tr>
<tr>
<td>Long-term care days</td>
<td>422,069</td>
<td>483,151</td>
</tr>
<tr>
<td>Full-time equivalent employees</td>
<td>77,390</td>
<td>84,889</td>
</tr>
<tr>
<td>Employees</td>
<td>91,089</td>
<td>95,968</td>
</tr>
<tr>
<td>Acute inpatient revenues as a percentage of total</td>
<td>44.4%</td>
<td>45.2%</td>
</tr>
</tbody>
</table>
Employee Community

Our employee community is more than 91,000 colleagues – including 22,000 registered nurses and 4,500 employed physicians and advanced practice clinicians – working in 18 states. Our CHI team members earned $7.1 billion in salaries, wages and benefits while serving our patients, residents and communities.

$7.1 Billion

Payer Revenue Mix

Managed care 28%
Medicaid 15%
Medicare 44%
Commercial 5%
Other 4%
Self-pay 4%

Expense Distribution

Supplies 16%
Other expenses 22%
Purchased services and fees 15%
Salaries and benefits 47%

Quarterly and Annual Disclosure Statement

Catholic Health Initiatives’ Quarterly and Annual Disclosure statements are available on our website. Visit the Financial Information section online: https://www.catholichealthinitiatives.org/en/media/investor-relations.html
Community benefit is, and always has been, essential to the mission of Catholic Health Initiatives. Our emphasis on human dignity and social justice goes along with providing health-related benefits, including charity care, to our communities.

In our organized approach to community benefit, we collaborate with others — civic leaders, charitable organizations, educational institutions, community residents and more — to identify needs and solutions.

Our community benefit takes many forms: care at no or reduced charge to people who don’t have health insurance and can’t afford to pay, or whose insurance doesn’t cover the full cost of care; free or discounted services to people who are poor or have special needs; donations and in-kind contributions to organizations that help people who are poor or underserved.

We provide community benefit in every community we serve. During fiscal year 2018, our total cost of community benefit was $2 billion. This includes the cost of supplies and labor related to free clinics, donations and other services provided to people who are poor and to meet community needs.

Community benefit also includes the cost of services in excess of reimbursement for government programs, including Medicare and Medicaid.

Every three years, our hospitals complete comprehensive community health needs assessments to guide the development of strategies to meet priority needs. Each fall, we reach out to inform people about the opportunity to obtain health insurance through marketplace exchanges and to help them enroll.
# Community Benefit Financial Report 2018

## Benefit to the poor and broader community

**As of June 30**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost of Community Benefit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of financial assistance provided</td>
<td>$226,169</td>
<td>$240,837</td>
</tr>
<tr>
<td>(Free or reduced-cost health services for people who cannot afford to pay)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpaid cost of public programs, Medicaid and other indigent care programs</td>
<td>652,826</td>
<td>611,131</td>
</tr>
<tr>
<td>(Cost of services in excess of government reimbursement)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonbilled services</td>
<td>35,187</td>
<td>28,450</td>
</tr>
<tr>
<td>(Clinics, meal programs, etc., provided free or at low cost)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind donations</td>
<td>6,429</td>
<td>19,295</td>
</tr>
<tr>
<td>(Donations of food, equipment, supplies, etc., to address the needs of people who are poor or underserved)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and research</td>
<td>72,596</td>
<td>78,859</td>
</tr>
<tr>
<td>(Cancer prevention workshops, stop-smoking programs, heart disease programs, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other benefit</td>
<td>78,561</td>
<td>102,664</td>
</tr>
<tr>
<td><strong>Total cost of community benefit from continuing operations</strong></td>
<td>$1,071,768</td>
<td>$1,081,236</td>
</tr>
<tr>
<td><strong>Total cost of community benefit from discontinued operations</strong></td>
<td>67,203</td>
<td>132,594</td>
</tr>
<tr>
<td><strong>Total Cost of Community Benefit</strong></td>
<td>$1,138,971</td>
<td>$1,213,830</td>
</tr>
<tr>
<td><strong>Unpaid cost of Medicare from continuing operations</strong></td>
<td>924,794</td>
<td>911,572</td>
</tr>
<tr>
<td><strong>Total Unpaid Cost of Medicare</strong></td>
<td>$924,794</td>
<td>$911,572</td>
</tr>
<tr>
<td><strong>Total Cost of Community Benefit and the Unpaid Cost of Medicare</strong></td>
<td>$2,063,765</td>
<td>$2,125,402</td>
</tr>
</tbody>
</table>

**Unpaid cost of public programs** 57%

**Nonbilled services** 1%

**Cash and in-kind donations** 3%

**Other benefit** 13%

**Education and research** 6%

**Cost of charity care provided** 20%
Communities of Care

Arkansas
Arkansas Health Network – Clinically Integrated Network*
CHI Health at Home
CHI St. Vincent, Little Rock
  CHI St. Vincent Hot Springs, Hot Springs
  CHI St. Vincent Hot Springs Rehabilitation Hospital, Hot Springs
  CHI St. Vincent Infirmary, Little Rock
  CHI St. Vincent Morrilton, Morrilton
  CHI St. Vincent North, Sherwood
  CHI St. Vincent Rehabilitation Hospital, Sherwood

Colorado
Centura Health, Centennial
Centura Health is a joint operating agreement between Catholic Health Initiatives and Adventist Health System Sunbelt Healthcare Corporation, Florida. It manages CHI's facilities in Colorado and Kansas.
  Longmont United Hospital, Longmont
  Mercy Regional Medical Center, Durango
  OrthoColorado Hospital, Lakewood
  Penrose-St. Francis Health Services, Colorado Springs
    Penrose Hospital, Colorado Springs
    St. Francis Medical Center, Colorado Springs
  Progressive Care Center, Canon City
St. Anthony Hospital, Lakewood
St. Anthony North Hospital, Westminster
St. Anthony Summit Medical Center, Frisco
St. Catherine Hospital, Garden City, KS
  Bob Wilson Memorial Grant Hospital, Ulysses, KS
St. Mary-Corwin Medical Center, Pueblo
St. Thomas More Hospital, Canon City

Colorado Health Neighborhoods – Clinically Integrated Network*
CHI Foundation, Colorado Springs
CHI National Office, Englewood
  CHI Direct Investments, Englewood
  CHI Institute for Research and Innovation, Englewood
CHI Clinical Research supports CHI as a learning health care organization to empower knowledge that translates to advanced capabilities in evidence-based care, personalized medicine, innovative and cutting edge therapeutic clinical trials and data management capabilities.
  CHI Physician Services, Englewood
  QualChoice Health, Englewood

Part of CHI Living Communities, Toledo, OH:
  Namaste Alzheimer Center,
  Colorado Springs
  The Gardens at St. Elizabeth,
  Denver

Georgia
Part of CHI Memorial, Chattanooga, TN:
  CHI Memorial Georgia Hospital, Fort Oglethorpe, GA
  CHI Memorial-Parkway, Ringgold, GA

Indiana
CHI Health at Home

Iowa
CHI Health at Home
Mercy ACO – Clinically Integrated Network*
Mercy Health Network, Des Moines
Mercy Health Network is a joint operating agreement between Catholic Health Initiatives and Trinity Health, Livonia, Michigan. It manages CHI's facilities in Iowa.
  Central Community Hospital, Elkader
  Mercy Clinics, Inc., Des Moines
  Mercy College of Health Sciences, Des Moines
  Mercy Medical Center-Des Moines, Des Moines
    Iowa Heart Center, Des Moines
  Skiff Medical Center, Newton
  Mercy Medical Center–Centerville, Centerville
  Mercy Medical Center-West Lakes, West Des Moines
  Mercy Rehabilitation Hospital, Clive
  Wheaton Franciscan Healthcare
    Covenant Medical Center, Waterloo

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Communities of Care

Mercy Hospital, Oelwein
Sartori Memorial Hospital, Cedar Falls

Part of CHI Health, Omaha, NE:
CHI Health Mercy Corning, Corning
CHI Health Mercy Council Bluffs, Council Bluffs
CHI Health Missouri Valley, Missouri Valley

Part of CHI Living Communities, Toledo, OH:
Bishop Drumm Retirement Center, Johnston

Kansas
Part of Centura Health, Centennial, CO:
St. Catherine Hospital, Garden City
Bob Wilson Memorial Grant Hospital, Ulysses
St. Rose Ambulatory & Surgery Center, Great Bend

Kentucky
CHI Health at Home
KentuckyOne Health, Louisville
Continuing Care Hospital, Inc., Lexington
Flaget Memorial Hospital, Bardstown
Frazier Rehab and Neuroscience Center, Louisville

Jewish Hospital, Louisville
Jewish Hospital Rudd Heart and Lung Center, Louisville
Jewish Hospital Shelbyville, Shelbyville

Medical Center Jewish East, Louisville
Medical Center Jewish Northeast, Louisville
Medical Center Jewish South, Louisville
Medical Center Jewish Southwest, Louisville
KentuckyOne Health Medical Group, Louisville
KentuckyOne Health Partners – Clinically Integrated Network*

Our Lady of Peace, Louisville
Saint Joseph Berea, Berea
Saint Joseph East, Lexington
Women’s Hospital Saint Joseph East, Lexington
Saint Joseph Hospital, Lexington
Saint Joseph Jessamine RJ Corman Ambulatory Care Center, Nicholasville
Saint Joseph Martin, Martin
Saint Joseph Mount Sterling, Mount Sterling
Sts. Mary & Elizabeth Hospital, Louisville

Part of CHI Living Communities, Toledo, OH:
Madonna Manor, Villa Hills

KentuckyOne Health Partners – Clinically Integrated Network*

Nebraska
CHI Health, Omaha
CHI Health Alegent Creighton Clinic, Omaha
CHI Health Creighton University Medical Center-Bergan Mercy, Omaha
CHI Health Good Samaritan, Kearney
Richard Young Behavioral Health Center, Kearney
CHI Health Immanuel, Omaha
CHI Health Lakeside, Omaha
CHI Health Mercy Corning, Corning, IA
CHI Health Mercy Council Bluffs, Council Bluffs, IA
CHI Health Midlands, Papillion
CHI Health Missouri Valley, Missouri Valley, IA
CHI Health Nebraska Heart, Lincoln
CHI Health Plainview, Plainview
CHI Health Schuyler, Schuyler
CHI Health St. Elizabeth, Lincoln
CHI Health St. Francis, Grand Island
CHI Health St. Francis Health Appletree Court, Breckenridge
CHI St. Francis Health, Park Rapids
CHI St. Gabriel’s Health, Little Falls

CHI St. Gabriel’s Health Alverna Apartments, Little Falls
CHI St. Gabriel’s Health St. Camillus Place, Little Falls
CHI St. Gabriel’s Health St. Gabriel’s Hospital, Little Falls

Minnesota
CHI LakeWood Health, Baudette
CHI St. Francis Health, Breckenridge

CHI St. Francis Health St. Francis Medical Center, Breckenridge
CHI St. Francis Health St. Francis Home, Breckenridge

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Ohio

Premier Health

Premier Health, Dayton Ohio is an integrated delivery system joint venture with CHI and MedAmerica, Atrium and Upper Valley Medical Center

Atrium Medical Center, Middletown
Miami Valley Hospital, Dayton
Miami Valley Hospital North, Englewood
Miami Valley Hospital South, Centerville
Upper Valley Medical Center, Troy

CHI Health at Home, Milford

Operations in:
Arkansas
Iowa
Indiana
Kentucky
Nebraska
North Dakota
Ohio
Tennessee
Washington

CHI Living Communities, Toledo

Bishop Drumm Retirement Center, Johnston, Iowa
CHI Linus Oakes, Roseburg, OR
CHI Riverview Place, Fargo, ND
Franciscan Care Center, Toledo, OH
Franciscan Villa, South Milwaukee, WI
Madonna Manor, Villa Hills, KY
Namaste Alzheimer Center, Colorado Springs, CO
Providence Care Center, Sandusky, OH
St. Clare Commons, Perrysburg, OH
St. Leonard, Centerville, OH

The Commons of Providence, Sandusky, OH
The Gardens at St. Elizabeth, Denver, CO

TriHealth, Cincinnati

TriHealth is a joint operating agreement between Catholic Health Initiatives and Bethesda, Inc. Cincinnati. It manages CHI's facilities in Ohio.

Good Samaritan College of Nursing and Health Science, Cincinnati
Good Samaritan Hospital, Cincinnati
McCollough-Hyde Memorial Hospital, Oxford
TriHealth Evendale Hospital, Evendale
Tri-Health Rehabilitation Hospital, Cincinnati

TriHealth – Clinically Integrated Network*

Trinity Health System, Steubenville

Trinity Hospital Twin City, Dennison
Trinity Medical Center-East, Steubenville
Trinity Medical Center-West, Steubenville

Oregon

CHI Mercy Health, Roseburg

CHI Mercy Health Mercy Medical Center, Roseburg
CHI St. Anthony Hospital, Pendleton

Umpqua Health – Clinically Integrated Network*

Part of CHI Living Communities, Toledo, OH:

CHI Linus Oakes, Roseburg, OR
Pennsylvania
CHI St. Joseph Children’s Health, Lancaster

Tennessee
CHI Health at Home
CHI Memorial, Chattanooga
  CHI Memorial Georgia Hospital, Fort Oglethorpe, GA
  CHI Memorial Hospital, Chattanooga
  CHI Memorial Hospital Hixson, Hixson
  CHI Memorial-Parkway, Ringgold, GA
Mission Health Care Network – Clinically Integrated Network*

Texas
CHI St. Joseph Health, Bryan
  CHI St. Joseph Health Bellville
  CHI St. Joseph Encompass Health Rehabilitation Hospital, Bryan Hospital, Bellville
  CHI St. Joseph Health Burleson Hospital, Caldwell
  CHI St. Joseph Health Grimes Hospital, Navasota
  CHI St. Joseph Health Madison Hospital, Madisonville
  CHI St. Joseph Health Regional Hospital, Bryan
  CHI St. Joseph Health Skilled Nursing and Rehabilitation-Bryan, Bryan
  CHI St. Joseph Health Skilled Nursing and Rehabilitation-Burleson, Caldwell

St. Joseph Health – Clinically Integrated Network
CHI St. Luke’s Health, Houston
  CHI St. Luke’s Health-Baylor St. Luke’s Medical Center, Houston
  CHI St. Luke’s Health-Baylor St. Luke’s Medical Center is a joint venture between Catholic Health Initiatives and Baylor College of Medicine, Houston
  CHI St. Luke’s Health-Brazosport Hospital, Lake Jackson
  CHI St. Luke’s Health-Lakeside Hospital, The Woodlands
  CHI St. Luke’s Health-Patients Medical Center, Pasadena
  CHI St. Luke’s Health-Springwoods Village, Spring
  CHI St. Luke’s Health-Sugar Land Hospital, Sugar Land
  CHI St. Luke’s Health-The Vintage Hospital, Houston
  CHI St. Luke’s Health-The Woodlands Hospital, The Woodlands
CHI St. Luke’s Health Memorial, Lufkin
  CHI St. Luke’s Health Memorial Medical Center-Livingston, Livingston
  CHI St. Luke’s Health Memorial Medical Center-Lufkin, Lufkin
  CHI St. Luke’s Health Memorial Medical Center-San Augustine, San Augustine
St. Luke’s Health – Clinically Integrated Network*

Washington
CHI Franciscan Health, Tacoma
  CHI Franciscan Health Harrison Medical Center-Bremerton, Bremerton
  CHI Franciscan Health Harrison Medical Center-Silverdale, Silverdale
  CHI Franciscan Health Highline Medical Center, Burien
  CHI Franciscan Health Medical Group, Tacoma
  CHI Franciscan Health Regional Hospital for Respiratory and Complex Care, Burien
  CHI Franciscan Health St. Anthony Hospital, Gig Harbor
  CHI Franciscan Health St. Clare Hospital, Lakewood
  CHI Franciscan Health St. Elizabeth Hospital, Enumclaw
  CHI Franciscan Health St. Francis Hospital, Federal Way
  CHI Franciscan Health St. Joseph Medical Center, Tacoma
  CHI Franciscan Rehabilitation Hospital, Tacoma
CHI Health at Home
Rainier Health Network – Clinically Integrated Network*

Wisconsin
Part of CHI Living Communities, Toledo, OH:
  Franciscan Villa, South Milwaukee

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