

Phillips County Hospital , Association ANNUAL Program Review - 2016

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PCH

Marty Johnson, Chair
Kayla Elkin, Vice Chair
Iris Robinson
Dave Skiff
Lu Besel
Dennis Broadbrooks
Kari Hammond
Terry Skones
Troy Blunt

Medical Staff

Edwin Medina, MD, Chief of Staff
Sherry Gairrett, FNP
Theresa Ohl, FNP

KUDOS - for years of service

Sonia Murray, Deb Henderson
Marla Sisco, Darcy Drabbs
Shannon Fried,

PCH Senior Leadership

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Donny Bagley, CLT, Lab/Xray Mng
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Janice Reichelt, Home Health
Chum Stolem, PALS
Bonnie McMullen, DME
Sue Davis, Material Management
Dennis Robinson, IT
Kerry Faaborg, Medical Records

Policy/Procedures

Organizational and Departmental P/Ps are reviewed/renewed annually by departments, Administration, Medical staff and the Board

Financial Assist Program
Non-discrimination
CHNA implement plan
Compensation
Contract review
PCH Code of Ethics

Chart Reviews

Chart audit and review completed for all CAH charts (Inpt, Obs, SB and ERs) - working on timely completion, order entry, NDC#, billable OBS hrs

Challenges that PCH faced in 2016

The main challenges that PCH faced this past year where a start to the new fiscal year being down a Practitioner (loosing Edna and then only having Dr.. Medina and Sherry), hence having to utilize Locums Practitioners to cover/fill-in, having to utilize quite a few travel nurses and also having low utilization in almost all areas of the facility. This lead to a challenging start to the new year fiscally and financially. We also faced the

With the loss of a Practitioner PCH was able to attract and retain Theresa Ohl, FNP as our 3rd Practitioner and have initiated the recruitment efforts for a 4th Practitioner which most likely will be a PA or FNP. Completed contract negotiations with Sherry and Dr. Medina's. In our nursing Department we have been able to recruit several RNs who were previous travelers to be employed as well as a new grad and are still down 1-2 RNs. In lab we transitioned to Yellowstone Pathology Institute for our Lab Medical director and Technical Supervisor as well as being able to recruit a new RT. PCH has recently had a

challenge of transitions in our Lab when we lost an employee in there that did other operational things that led to locums coverage in the Lab as well as change in our contracted Lab Director, Pathologists and Technical Supervisor. The other area that we had to provide for coverages in was Physical Therapy. The other challenge has been the transitions of leadership and Admin at HLRC and levels of care which has sparked PCH looking at pot. Bed increase

Campus Wide Planning

opportunity arise to employ another PT and have offered that and it has been accepted so we are excited to add this new PT into our care/practice model for much like the Practitioner's a work/life balance as well as expanding or offering new or different care/services. Lastly, we continue to explore ways to improve or change communications and working together as appropriate between PCH and HLRC for quality clinical care as well as Operationally/ Financially. We continue to work on our communication and collaboration with HLRC so as to not affect quality patient care first and foremost as well then as for PCH and the community.

Utilization compared to last FY

FINANCIAL -

Gain/(loss) = 1,210,386 v.
(\$444,464)
% of MCare = 43% v. 48%
% of Mcaid= 16% v. 15%
% Commercial = 34% v. 28%
% Private Pay = 7% v. 9%
Days in AR w/o LT= 59
Days cash on hand = 38

CLINICAL -

Total hosp pt days= 731 vs. 900
Avg Daily Census = 1.95 vs. 2.47
ER patients = 1030 vs. 1043
Lab tests = 67,482 vs.
75,258
XRays = 1,641 vs. 1,724
Home Health visits = 1,324 vs. 1,033
PT procedures = 6,105 vs. 6,248
Sleep studies = 24 vs. 27
PALS hours = 496 vs. 377
DME (avg pt/mo)= 59 vs. 57
Clinic visits = 6287 v. 5806
Mamograms = 219 vs. 281

Campus Committees

- **Campus Core** - Customer service, empowerment & accountability
- **QA/QI** - continue to change/adapt our practices/process to improve
- **Safety** - Laura Gouker—has implemented a safety thermometer for tracking incidents with rewards, incident investigations and after incident reports, working on fire drills and response practices
- **HPP** - Sue Davis—continues to meet the requirements of the grant, focusing on education, drills/exercises and AARs. Also involved with local LEPC
- **Infection Control** - Laurie Uphaus—we had an outside consultant come in and we are working off of that report for P/Ps as well as received funds through HPP for training/supplies
- **EMR** - Cheyenne Young and Season Slade—this group will continue to work on progression of EMR as well as assisting with problem solving PRN.
- **Corporate Compliance**—Mel Kavanaugh—general oversight of PCH compliance with rules, regulations and laws.
- **Privacy/Security**—educate/train track HIPAA, Privacy and security incidents. Moving forward with liability coverage related to P/S



CEO's CORNER

KUDOS to ALL, remember to be humble and kind in all that we do each/every day. Thx.

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Strategic Planning

Quality Care
Pop health/chronic disease
R&R of Human Capital
Technology/data
Access to healthcare
Partnerships/collaborations
Economy, finances, reimburse

Strategic/CHNA Work Plan

- * Joined Consortium to help learn about P4 performance/other reimbursement models/practices
- * Involved in the HEN, PCH safety committee Medical staff conversations about top diseases and looking to provide community education as well as looking to partner with County Health Nurse, health maint. module
- * recruiting 4th Practitioner and succession planning in other departments as well as RNs, involved in AHEC and health education. Look annually at wage compares, Defined a recruitment package, hired a new PT
- * progressing with Healthland as our EMR, looking at how to report and utilize all data, promoting telehealth use, moving to MIPS
- * have Insurance Navigator in-house, encourage outreach clinics, continue our HCB services, working with HRLC by providing services to them
- * continue to be actively engaged in local, region and state organizations for partnerships/collaborations, have rented 2 houses in town part of MHA state wide initiative to improve health—preventable deaths

Other STATS

HELP—214 enrolled
Charity Care—\$3400

PCH Departments

- **HIMS/IT** - We have had transitions of staff as well as how the process is going to address issues/concerns. Working on separate servers for PCH and HLRC. Potential new phone system with Triangle. Working on security risk assessment, addressing Privacy Security concerns. Implemented PCH own X-Ray PACS. Worked to ensure Dragon dictation is working properly
- **Lab/Radiology** - transitions of staff which initiated new contract with Yellowstone Pathology as well as new/reviewed P/Ps. Still working with Healthland on new beta lab module, starting to look at options for new CT scan and maybe portable based on expiring maintenance on current equipment. Looking at some new equipment as well as moving our Lab specials to PRN
- **Medical Records** - working on processes of submitting reportable data as well as tracking it back to PCH, will have staff transitions in this department later this year. Have gotten all of our records in the EMR now. Taken on new role of internal EMR clinical troubleshooting
- **Physical Therapy** - continue to work out proper practices and processes of caring for HLRC residents as well as contract between PCH and HLRC. Have had locums coverage this year for PT and as of 7/18 we have hired another FT PT to join our team so will be see where and how we can expand our care and services at all levels (ie. dry needling). Did a small remodel in this space to gain more room for staff, but didn't create more gym/pt space.
- **BO** - transition to a new BO manager and are looking at entire practices and processes associated with BO, AR, billing, tracking etc. and have actually engaged in a performance improvement process cohort. Have developed and implemented new Financial Assistance Program as required. Looking to implement signature pads, doing pt. satisfaction surveys,
- **Nursing/ED** - did recruit 2 RNs to become employed, but are still down about 2 RNs with several folks looking to further education into LPN or RN. We did become a Pediatric Ready capable facility and got recognized for Organ donation support. Continue in the HEN project for quality improvement. Looking to partner with new Aaniih Nakota College Nursing Program maybe others for clinical rotations at PCH. Continue to meeting Trauma designation criteria
- **RHC - (Please see separate PCFHC Annual Program Evaluation)**. Have looked at options for small remodel of the nursing station, and medication room/draw room, preparing for the addition of our 4th Practitioner, have purchased and will be implementing new EMR module on Health Maintenance
- **Materials Mngt** - purchased and implemented electronic Mat. Mngt to our EMR and had an Industrial Engineering Intern here to utilize the LEAN process to assist us in developing our practices/processes to ensure it works efficiently and effectively—education of staff, setting PAR/reorder levels, mapping/organizing
- **Home Health Department - (Please see separate Annual Home Health Program Evaluation)**. Continue to look at appropriate staffing levels as compared to patient census and needs and establish ways to track and monitor changes happening within the department as well as rules/regulations
- **PALS** - had a mail in compliance survey this year and did very well with only a few minor changes needing to be made to forms and/or processes. As in HH we continue to look at appropriate staffing levels as compared to patient census and needs. We looked at the Self Direct program, but have decided against applying for that service at this time.
- **DME** - only new P/P in this area is in f/u from our CHAP Accreditation site visit of Safe Medical Device Act. Continue to utilize outside resource to review program for compliance along with competency training annually. We will continue to monitor O2 and CPAP patients monthly as related to quality care/services as well as compliance. Will look to install Encore Anywhere for CPAP and looking to move sleep study room to the old Endoscopy room. Will have to monitor reimbursements related to REV as there are Mcare cuts.
- **Maintenance /Facilities** - The HVAC system remains a priority to run efficiently and effectively and are partnering with Core Controls to do that and develop a work plan with budget assumptions. Dealt with a vehicle running into our connector hallway between us and HLRC and have worked to be compliant with our Underground fuel tanks. Will be dealing with city new water line project
- **Housekeeping** - The big challenges is retention of staff and keeping our equipment in good condition. A goal is to find sources for continuing education and training.
- **Administration**— have been working on getting the 340B program up and running in partnership with Valley Drug, PCH and SunRx, working on contract with Valley Drug for Pharmacy services, we switched our Property insurance carrier so that PCH/HLRC were identified as separate entities, have negotiated some contracts and looking at potential quality incentives
- **Board of Directors**— 2 new Board members (Dave Skiff and Troy Blunt) as Howie Hammond and Scott Wyse had served 9 years, have signed up for Best on Boards education option for the Board, PCH and HLRC

Affiliations



Phillips County Family Health Clinic ANNUAL REPORT— 2016

Challenges

PCFHC and PCH continue to pursue the hiring of a 4th provider. This brings its own challenges in the clinic related to adequate nursing staff, duties and room at the nurses' station. We have implemented some remodeling secondary to our Infection Survey and this will fit well with our planned nurses' station remodel. Also with a 4th provider we are going to be looking at various

scheduling models and possibly turning this task over to the Medical Director. We continue to try to control expenses while maintaining adequate staff and supplies to provide quality patient care. Data reporting and how that equates to "quality" and hence reimbursements will continue to be a challenge for our RHC. We were concerned about visiting Specialists per regulations but appear ok.

Planning

We have updated all of the provider's orders so they each read the same and have the same charge. We also have instituted same day care for urgent/sick care. This has helped cut back on the double booking, and pts that are acutely ill can be seen sooner. All of the providers continue to be booking out 2-3 weeks for routine visits. We are also looking at the potential of having a Ward Clerk that would split time between the clinic and the hospital. We received an \$11,000 grant through DPHHS for Hospital Emergency Preparedness/E Bola Preparedness. This money will be used for education/training, procedures, protocols, and enhancing our infection prevention program. This grant is for a 3 year period. We continue to look for and provide educational opportunities for providers and staff. Presently

Melodee Kavanaugh CNA is studying to become an LPN, and Dawn Haynes will be pursuing this. We have purchased the Health Maintenance module from Healthland and Maggie Young LPN has been getting this set up. This will help us help the patients keep track of their medical needs. We are also looking at options for a new scheduler as there are various challenges with our current method of scheduling patients as well as the possibility of electronically sending out appt. reminders. Will work on how to do Medicare Welcome and Annual Wellness visits. Our RHC will continue to adapt to the ever changing landscape of healthcare as needed and appropriate by ensuring adequately trained and staffed personnel as well as developing practice and process to be efficient and effective in providing quality care/ services.

Internal Structures

Departments

- **Providers** - 1 MD and 2 FNPs. Continuing CME, ATLS, ABLs, PALS, ACLS, and ultrasound.
- **Specialty**— Telemedicine: cardiology, neurology, nephrology, dermatology, rheumatology, endocrinology, diabetes education and mental health. Site visitors consist of podiatry, audiology, OB/GYN, general surgery and OT. Mammograms and Dexascans with Kalispell bus.
- **Nursing** - 1 RN, 3 LPNs (1F/T & 2 P/T), 2 CNAs. Continuing education on tele-med services.

Policy and Procedure reviews - these are done annually

- being a part of the CAH our RCH utilizes the general P/P of the entire organization as well as campus programs which also are reviewed/renewed annually.
- Both clinical and operational P/Ps specific to the RHC are reviewed, renewed and approved annually also

Utilization of Services

FINANCIAL - Current

RHC	\$1,247,765
% MCare=	30%
% MCaid=	14%
% Commercial Pay=	31%
% Self Pay=	36%
Days in AR w LT=	89
Days in AR wo LT=	59
Days Cash in Hand =	38

CLINICAL— Current

Clinic Visits=	5803
Dr. Medina	2117
S. Gairrett	2074
T. Ohl	1347 (10/1/16)
Locums	265 (Aug/Sept)
Mammogram=	219
Dexascan=	17

We also partner with EMTN and REACH Telemed services and want to continue to try and promote/utilize those services

We feel the services we currently provide meet the needs of our community, but continually assess that base on recommendations of Medical Staff and/or needs identified in the community and then add services PRN as able and approp.

Clinic Programs:

- We specifically have P/Ps in place for our anticoagulation and TSH patients to ensure approp. f/u
- Depending upon how our PCH 340B program affects it we may be changing Prescription Program run through the RHC
- Our RHC Admin and BO staff all get updates from NARHC
- DOT physicals - all Practitioners are certified
- Community Outreach - plan and hold annual REACH camp
- Community Education - through new website and local papers more regular information/education

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Xray Mgr
Lonna Crowder, RN, DON
Laurie Uphaus, RN, Clinic
Mgr

RHC staff and duties

Maggie Young, LPN— is the EMR guru, helps with scheduling of staff as well as being a float person for clinical staff where needed as well projects for Supervisor

Mel Kavanaugh, CNA— works primarily with Theresa as our facility Corporate Compliance Officer and works on our Medication program as well as supply management

Dawn Haynes, CNA—works primarily with Sherry and her pateints

Robin Hahn, LPN (part of Safety Comm) and Pat Bland, LPN are part/time fill-in nursing staff that assist with Dr. Medina and others

Records Review

Medical Records reviews 100% of clinic charts. Dr. Medina signs off on 10% of Sherry's and Theresa's charts. With the identified area for improvement being updating problem lists