

# Phillips County Hospital HCBS HH, PALS and DME ANNUAL Program Report — 2017

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## Medical Staff

Edwin Medina, MD, CMO  
Sherry Gairrett, FNP-BC  
Theresa Ohl, FNP-BC  
Shane Jenson, FNP-C

## Senior Leadership

Ward VanWichen, CEO  
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Donny Bagley, Lab/Xray Mgr  
Lonna Crowder, RN, DON  
Karyn Jenson, RN Clinic Mgr

## HH staff

Janice Reichelt, RN, Supervisor  
Amilia Sanguins, RN  
Dixie Moore, LPN  
Lori Abahamson, Billing  
HHA—Heidi Welch., Leona  
Siewing, Jen Marshal  
Coverage PRN—Lonna Crowder  
RN; Beth Welch, RN; and Karla  
Frolich, LPN

## PALS staff

Chum Stolem, Supervisor  
Aides—Peggy, Wilma Plouffe,  
Joyce Mord, Elaine Newton, Jen  
Marshal, Heidi Welch, Gayle  
Stahl

## DME/Home Oxygen taff

Bonnie McMullen, Supervisor  
Dixie Moore, LPN  
Jen Marshal—Aide  
Wade Olsen—Maint/technical

## Records Review

All 3 programs do their own internal chart audits or have another appropriate person from a different PCH department to them looking for accuracy and completeness as well as any areas identified during any State DPHHS surveys that needs to be addressed.

## HOME HEALTH

Our PCH HH continues to be an important part of our continuum of care and of our community based services. We have continually/occasionally looked at Visiting Nurse services through our RHC vs. standard HH services but at this time feel there is no benefit or reason to convert. We have continued to look for another RN to be in the department and just recently finally believe we have found someone to consistently be in HH 2 days/week. We have several HH Aides to assist patients in their home as well as an office type person who unfortunately will be leaving us and so we will transition duties

within the HH office and billing will go to the PCH BO. Hospice is an area that gets discussed at times, however we feel we meet the needs of the community with our HH and PCH swing bed programs and hence don't need to have a formal licensed/certified Hospice program. Challenges will be—large COP changes, decrease in reimbursements, how can we utilize more Respite money, emphasis on home bound status, 30 day episodes, few yet more complicated pts, comm/collaboration, more QA/QI processes to address needs. With Admin staff changes will look to see what our needs are

## PALS

Staffing continues to always be something to monitor and manage as the patient census and needs fluctuate from time to time and we need the people to adjust with that fluctuation. We have continued to think about and have discussions about Self Directed vs. traditional PALS, but at this time feel the traditional program is best for us and refer pts we can't admit to the local Self

Directed program offered in our community so that the community need is met. Admin staff changes may impact the PALS Department as well as they share staff resources also impacting PALS maybe the changes of the licensed staff RN/LPN and who is doing what and why

## DME/HOME OXYGEN

This program also continues to be an important part of our HCBS to our community to have the continuum of care. We continue to meet CHAP Accreditation standards for DME/Home Oxygen. Our sleep program, which is in partnership with CMMC in Lewistown, is currently looking at becoming Accredited as well through the Commission for Health Care. This is pretty much a 1 person department, but we do rely on clinical (RN or LPN) assistance with patients as well as technical/equipment assistance from other PCH staff. We will continue to look for appropriate staff to assist in the clinical, technical and operational areas as needed. Will continue to partner with CMMC for education and information as well as Big Sky Aims

**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 appropriate.**

## Utilization of Services

### FINANCIAL

HH                    ??? Vs 73,254  
PALS  
DME/Home O2      ??? Vs 107,586

### CLINICAL

HH visits            1,402 vs 1,324  
PALS  
• clients            22 vs 17  
• Hours            528 vs 496  
DME/Home O2      58 vs 59

From HH Casper Report why do we have increased foley cath and UTIs?

## Survey & Certification

### • Home Health (May—2017)

tracking complaints  
Hand washing/infection control  
CPR certifications  
P/Ps— absence of Director  
Filing and documentation  
Practitioner notification of changes  
Nurse assessment in 48hrs  
PT for HH services vs not able to

### • PALS (July—2016)

QA chart reviews for completeness  
Client surveys  
PCH un-employment insurance  
Skills competency  
Aide training and in-service education and tracking

**Policy and Procedure reviews -** these are done annually

- being a part of the CAH our HCBS (HH, PALS, DME) utilize 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 each of these programs are reviewed, renewed and approved annually as well

**Annual HCBS Program review meeting held on 10/25/17**