

Board of Directors

PCH

Marty Johnson, Chair (4yrs)
 Kayla Elkin, Vice Chair (6yrs)
 Iris Robinson (4yrs)
 Dave Skiff (2yrs)
 Lu Besel (8yrs)
 Dennis Broadbrooks (6yrs)
 Kari Hammond (6yrs)
 Terry Skones (3yrs)
 Troy Blunt (2yrs)

Medical Staff

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

Shane Jensen, FNP

PCH Senior Leadership

Ward VanWichen, CEO
 Steph Denham, CFO
 Donny Bagley, CLT, Lab/Xray Mng
 Lonna Crowder, RN, DON
 Karyn Jensen RN, Clinic Mng

PCH Department Heads

Susan Bibbs, Business Office
 Maria Taylor, Physical Therapy
 Kathy Fladland, Housekeeping
 Beu Winkel, Maintenance
 Janice Reichelt, Home Health
 Chum Stolem, PALS
 Bonnie McMullen, DME
 Sue Davis, Material Management
 Dennis Robinson, IT
 Kerry Faaborg, Medical Records
 Laurie Uphaus, Care Coordinator

Policy/Procedures

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

Infection Control Program
 Trauma
 Water Mngt program

CEO's CORNER

KUDOS and THANKS to ALL of our PCH team and family.

Out of challenges come opportunities to learn, grow, change and improve. Let's make a difference in healthcare!!!

From Challenges to Changes and Growth in 2017

One of the challenges PCH faced last year was recruiting of another Practitioner, which we were able to do so when we recruited Shane Jensen, FNP and his wife Karyn who is an RN to PCH and our community. That filled up and changed our Practitioner model to 4 (instead of 3) which increased access and we added "walk-in" clinic day time slots. For our lab we did switch over to Yellowstone pathology for our lab oversight and Director. In Physical Therapy we were able to add a second PT into our care model for most of the year so as to have 2 PTs and 2 PTAs in that department. We also have been able to recruit several RNs to PCH when there for a time it appeared there were no resources out there to draw from. We are always looking for quality/qualified professional folks to join our team and try to partner with many different groups to recruit them. The other challenge faced last year was the transition of leadership at HLRC to a local resource. That transition

went very well from the previous 3rd party Management group and HLRC has done well and is successful and seems to be sustainable at this time. PCH did initiate a feasibility study with Eide Bailly in case the campus and care model would need to change to maintain LTC in our community, but with HLRC success PCH has placed that on hold. Knowing that our old CT was going to need replaced we were having conversations of "how" then we applied for and received a \$400,000 grant from Helmsley to purchase a new 64 slice which was completed in early summer 2017. Another challenge PCH faced was a seemingly disconnect between Administration and Medical staff so to look for solutions Dr. Medina and Ward attended an Adaptive Leadership conference and PCH is now working on shared solutions to bridge that disconnect and do different and better as leaders of healthcare on our campus. New Care Coordinator position added

Campus Wide Planning

We have not completely put our staffing back together in Lab/X-Ray, but we are getting closer as we had a past employee re-join our team and now are looking for an US/X-Ray tech so as to expand our service. As well as R/R in all other areas as needed and appropriate—for sure PT. We will also continue to work with our staff and community/region stakeholders on suicide prevention and our response to those in crisis as well as mental health crisis and services. Continue conversations with the PC EMS/ambulance service as to how we can help,

partner and/or collaborate. Will look at ways and how we report to all of the different entities and how that may or not impact PCH and our reimbursement (MU and MIPS) as compared to improvements. As appropriate we will engage with the Foundation and assist with fundraising events as needed. Early in 2018 we are hoping to start and then complete our NS remodel in the clinic. We are looking at PT and potentially clinic EMR solutions to go with Healthland. Will continue work initiated with our employee surveys and also will look to address areas of HCAHP patient surveys.

Utilization compared to last FY

FINANCIAL -

OP Gain/(loss) = ????? v.
 (\$402,809)
 % of MCare = 40% v. 43%
 % of Mcaid= 6% v. 16%
 % Commercial = 28% v. 34%
 % Private Pay = 26% v. 7%
 Days in AR w/o LT= 54 Vs 59
 Days cash on hand = 67 Vs 38

CLINICAL -

Total hosp pt days= 877 vs. 731
 Avg Daily Census = 2.41 vs. 1.95
 ER patients = 997 vs. 1030
 Lab tests = 67,482
 XRays = 1,757 vs. 1,641
 CT = 365 vs. 373
 Home Health visits = 1,402 vs. 1,324
 PT procedures = 8,059 vs. 6,105
 Sleep studies = 19 vs. 24
 PALS hours = 528 vs. 496
 DME (avg pt/mo)= 58 vs. 59
 Clinic visits = 6287 v. 6287
 Mamograms = 223 vs. 219

Campus Committees

- **Campus Core**— Susan Bibbs—newsletter, conflict resolution and professionalism
- **QA/QI** - Laurie Uphaus—continue to change/adapt our practices/process to improve
- **Safety** - Laura Gouker—
- **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** - Theresa Ohl and Laurie Uphaus—working on employee flu vaccinations/program as well as Antibiotic stewardship and follow-up from assessment
- **EMR** - this group continues to meet
- **Corporate Compliance**—? New officer—general oversight of PCH compliance with rules, regulations and laws.
- **Privacy/Security**—Dennis Robinson—working on Risk Analysis and educate/train track HIPAA, Privacy and security incidents.
- **Trauma Committee**—Sherry Gairrett and Lonna Crowder— working on education, training, competency, documentation and P/Ps

PCH Departments

Affiliations



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 Update

See separately attached document.

NOTE—PCH is currently in the process of doing their Community Needs/Community Health Needs Assessment

Chart Reviews

Chart audit and review completed for all CAH charts (Inpt, Obs, SB and ERs) as well as RHC by our Medical Records department for completeness as well as proper diagnosis to ensure proper coding and billing.

3rd Party Chart Audits

Trauma/ER—using trauma flow sheets, thorough H/P as well as care provided and plan. How to get pics in EMR.

Inpatient—H/P to stand alone and complete PE

Clinic—how to document in follow-up to Medical/Mid-level students. Consistent charges. Stand alone H/P and complete PE and not to cut paste.

CAH Survey results

1. supply outdates in Mat. Mngt.
2. Conducting/documenting fire drills

- **HIMS/IT** - We did complete the separation of servers/networks between PCH and HLRC. Will be getting new phone system with Triangle in late fall. Working on security risk assessment, addressing Privacy Security , HIPAA concerns.
- **Lab/Radiology** - it has been a good move to Yellowstone Pathology for our lab medical directorship and oversight. As mentioned earlier we were able to purchase and install a brand new 64 slice CT which we are hoping to increase amounts/types of studies done here. Will complete having FFP here at PCH. Moved our PAC server completely onto our campus.
- **Medical Records** - we went down to 3 people in this department and that has worked pretty well. Will continue succession planning as we know of a retirement coming next summer.
- **Physical Therapy** - HLRC has gone out on their own and now have their own PT and PTA to support their care on that side. We 2 PTs for part of the year, but lost the one and so now are recruiting to replace that position, until then will use locums. The remodel has worked pretty well for office space, but now gym space becomes a concern. Purchasing new PT specific EMR software
- **BO** - With the new leadership in the BO we have seen many positive changes as well as we have hired 2 new people to the BO as well. Still have not accomplished the signature pads, but they are progressive and always willing to learn. Did have to make some adjustments to Medicaid billing for medications and they were a part of a state wide AR performance improvement project.
- **Nursing/ED** - staffing seems to be pretty stable and only on rare occasions and infrequently have we had to use locums. Nurses working on competency skills reviews and P/Ps related to Trauma Receiving facility designation as well as Peds Trauma. Was part of PCH Mat. Mngt project to improve PAR levels and the right supply in the right place at the right time.
- **Materials Mngt** - with the purchased and implemented of the electronic Mat. Mngt to our EMR we have worked through the practices and processes for PAR levels in the store room as well as throughout the facility and having the right supplies, in the right place at the right time. It has been a process as everyone has had to get used to the electronic system and new processes instead of the old.
- **Maintenance /Facilities** - The HVAC system has continued to remain a priority to run efficiently and effectively and are partnering with Core Controls to do that and develop a work plan with budget assumptions and we ended up having to purchase a new chiller as well as work on our boilers and other areas of the system. We dealt with city new water line project and many times had to go into our HPP plans for water outage/shortage. We are looking to start clinic NS remodel the first of 2018
- **Housekeeping** - We have maintained our staff of 3 in this department and that seems to be the right model to complete all needed/necessary tasks for the building. We did find education to send them to in Florida and will be looking at things that maybe we should change and/or adopt to improve PCH and what we do.
- **Finances**—we switched auditors to Eide Bailly and have gone through our first process with them on that, looking to initiate a Cost report analysis tool throughout the year, have gone through a 990 IRS audit on our Community Health Needs Assessment and Financial Assistance P/Ps. We able to pay off our entire Operational loan to FSB, but then had a large Cost report settlement that had to be paid off. Continue our budgeting process with the Board and looking at market/competitive wages annually compared to MHA salary surveys.
- **Administration**— The 340B program is up and running in partnership with Valley Drug, PCH and SunRx and will continue to assess for any changes as appropriate.
- **Medical Staff**— With the addition of Shane Jenson, FNP this year, that changed our care model from 3 to 4 Practitioners and 1 in 4 call which we are hoping/believing will improve access to pts Primary Care Provider and urgent care needs as well as a work/life balance for our Practitioners. We are working through Adaptive Leadership principles so as to be the leaders at PCH
- **Board of Directors**— Our Board has remained stable and consistent throughout this year and there are no Board members needing to be replaced at this years PCH Association Annual meeting.
- **Survey and Certification**—PCH went through a State DPHHS Pharmacy and CAH survey and did well and are in compliance with conditions of participation, rules and regulations

Are services adequate and appropriate? YES—PCH feels services offered and utilization are appropriate at this time as well as our plans to address any gaps, but always and continually looks at ways to meet the needs of our community and change/adapt as appropriate. We are hopeful that our new 64 slice CT will increase amounts and types of studies able to be done here at PCH. Also, if we can get an US/RT tech we should be able to increase that area of service as well. Will see where EMS conversations go as well as any collaborations with the Foundation. Lastly we will see if we can truly put something together for mental health services consistently in community.