

Phillips County Family Health Clinic RHC ANNUAL Program Report — 2017

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Karyn Jenson, RN Clinic Mgr
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 Karen Moren LPN
 Pat Bland, LPN
 Joe Tharpe, CNA
 Mikayla Ferrar, WC/CNA
 Robin Hahn, LPN (prn)

Records Review

Medical Records reviews 100% of clinic charts. Dr. Medina signs off on 10% of Sherry's, Theresa's and Shane's charts.

With the identified areas for improvement being: consistent charges, following students and documentation as well as H/P stand alone and PE more thorough

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

Changes

PCH was able to recruit our 4th Practitioner —Shane Jenson, FNP which changed our model from 3 to 4 Practitioners which has helped pts getting in sooner to their Primary as well as initiated “sick/walk-in” call days for urgent patient cares. Also have added some earlier AM apt. slots. We continue to provide Saturday walk-in clinics also. With Shane came his wife who then became our new Clinic Nurse Manager. We have also in the clinic had a complete change over of nursing staff in the clinic (other

than Pat and Karen) as Laurie went to a new position and the others went to a different organization. We also added the new position of Ward Clerk. While there has been challenges with the personnel changes (especially being so many at one time) it has given our clinic new life and new/different visions to move us forward. We have been able to add the services of Nexplanon birth control implants as well as Hyalgon joint injections. We will continue to look at care/ services to add to PCH-RHC.

Planning

Practitioners and the clinic are looking at creative/different ways to potential schedule patients so as to continue to offer more accessibility to Primary care as well as urgent/walk-in type care ie. 2 hour time blocks for pts vs. charting and have already added a pt slot early and late in the day with 3 of them. Karyn being a new Supervisor is looking to build the clinic team and culture as well as standardize and find consistencies to be more efficient and effective. Other specifics she is looking at is—med refills, pt contact following labs and updating pt. information. We will continue to look for potential addition of traveling specialists or further

development of telehealth services. We are planning on starting our clinic nurse station remodel the first part of 2018. We hope to try and put together some PCH and community education/training on Opioid abuse and mis-use. We are also looking and implementing standardized time schedules for Practitioners to ease scheduling. We hope to look at potential other solutions / options for the clinic EMR as that seems to be cumbersome in the clinic and so will look at Healthland or others that will talk back and forth with Healthland. Will look for RHC specific education for Manager and other staff PRN and also clinical type trng

Access to External Services

- **Specialty**

On—Site—podiatry, audiology, OB/GYN, general surgery and OT. Mammograms/Dexascans.

Telemedicine: cardiology, neurology, nephrology, dermatology, rheumatology, endocrinology, diabetes education and,mental health.

Education—our clinic and others at PCH are looking at new/different ways to provide patient and community education and may explore—diabetic and opioid (use/mis-use)

Utilization of Services

FINANCIAL - Current

RHC	1,651,945 Vs
\$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=	6373 Vs 5803
Dr. Medina	2099 Vs 2117
S. Gairrett	2141 Vs 2074
T. Ohi	2133 Vs ?1347 (Oct 15)
S. Jenson	started in June '17
Locums	?? Vs. 265
Mammogram=	223 vs 219
Dexascan=	19 vs 17
Telehealth	
Medical	32 vs 40
Mental Health	15 vs 29

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.

Clinic Programs:

- Have changed and are changing more how we handle Pain Mngt pts
- Looking to initiate “foot clinic” days instead of scheduling them in PRN
- Employee FLU vaccination program
- Practitioners are now having a separate Clinic mtg monthly with the Nurse Supervisor
- Community Education - through new website and local papers more regular information/education
- Continue to be a rotation site for students (MD, FNP, PA and nursing)