PHILLIPS COUNTY HOSPITAL
& FAMILY HEALTH CLINIC

Phillips County Hospital , Association
CAH ANNUAL Program Report- 2018

Board of Directors

PCH
Kayla Elkins, Chair (7yrs)
Terry Skones, Vice Chair (4yrs)
Iris Robinson (6yrs) - HLRC
Dave Skiff (2yrs)
Dennis Broadbrooks (7yrs)
Kari Hammond (7yrs)
Troy Blunt (2yrs) - STAT Air
Need 2 new PCH Brd members
Lu Besel (recog or 9 yrs)
Marty Johnson (recog for 6 yrs)

Medical Staff
Edwin Medina, MD, Chief of Staff
Theresa Ohl, FNP
Elke Houser FNP (10/1)

PCH Senior Leadership
Ward VanWichen, CEO
Steph Denham, CFO
Donny Bagley, CLT, Lab/Xray Mng
Lonna Crowder, RN, DON
Beth Welch RN, Clinic Mngr
Susan Bibbs, Business Office

PCH Department Heads
Maria Taylor, Physical Therapy
Laura Gouker, Housekeeping
Beu Winkel, Maintenance
Janice Reichelt, Home Health
Chum Stolem, PALS
Bonnie McMullen, DME
Sue Davis, Material Management
Dennis Robinson, IT
Season Slade, 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 Program
Water Mngt program
Antibiotic Stewardship program

CEO's CORNER

Great TEAMS make Great Individuals

Our ENTIRE PCH team/ family do a great job and are appreciated. KUDOS!

Challenges, Changes and Growth in 2018

We were able to try our 4 Practitioner model for a year and then we lost 2 of PCHs as well as a community one. Which means we have been on the Recruitment path as well as the use of locums. In Physical Therapy we had some transitions, but were able to add a second PT into our care model for most of the year so as to have 2 PTs and maintain 2 PTAs in that department . We also have been able to recruit several new 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. We continue to work through the processes and practices with HLRC and what makes sense for patients as well as to PCH and HLRC. Working on Medical Directorship and MD coverage. Home Health numbers continue to decline and so we have to start having conversations as to why and if any changes need to be made or if that will turn around. We have been able to put into place our own Chronic Care Management program with Laurie Uphaus. Through the work of Med Staff and the nursing staff we were able to become a DPHHS Cardiac Recognized facility. We have worked on Adaptive Leadership principles and philosophies between Med Staff, Administration and the Board and we have seen some positive results in our interactions and communications. We also have introduced the concepts and ideas of the Florence Prescription to PCH and try to remind folks of those on a regular basis. We have done a charge master and price review and will make adjustments as needed and appropriate. How can we as PCH work to make healthcare more affordable? We are transitioning to all new servers on-site which is going well, but of course, we have to be cautious as we need our computers/EMR.

Campus Wide Planning

The biggest and most pressing thing to get accomplished right now is the recruitment and retention of our 4th Practitioner and hope to have that in place by the first of the year. Continue work on our Community Needs Assessment and any other areas of need that are identified throughout the year. We will be looking at our price/charge transparency based on new rules/regulations coming out. Continually look at our billing and reimbursement practices and processes and adjust PRN. We have applied for a $400,000 grant to move to Digital Radiography for our fixed and mobile units and are looking for another RT to fill staff back up and look at US, Mamo and other appropriate imaging services that make sense for PCH. Working to ensure care and follow-up for suicide prevention and mental health is consistent throughout PCH. The building is in good repair but our flooring in some areas is showing the wear and we may have to start planning for that. Continue our work on partnerships, chronic care management, prevention, mental health, substance abuse, R/R quality people.

Utilization compared to last FY

FINANCIAL -

OP Gain/(loss) =	7,637 v. ($614,894)
% of MCare =	48% v. 40%
% of Mcaid=	13% v. 6%
% Commercial =	34% v. 28%
% Private Pay =	5% v. 26%
Days in AR w/o LT=	54
Days cash on hand =	67

CLINICAL -

Total hosp pt days=	602 vs. 877
Avg Daily Census =	1.6 vs. 2.4
ER patients =	926 vs. 997
Lab tests =	67,477vs. 67,688
XRays =	1,727 vs.1,757
CT =	386 vs. 365
Home Health visits =	957 vs. 1,402
PT procedures =	7,294 vs. 8,059
Sleep studies =	16 vs. 19
PALS hours =	521 vs. 528
DME (avg pt/mo)=	53 vs. 58
Clinic visits =	7272 vs. 6373
Mamograms =	219 vs. 223

Campus Committees

- **Campus Core**– Lori Abrahmson—newsletter, employee of the quarter, Bdays, recognitions
- **QA/QI** - Laurie Uphaus—Will move to Dept. Head mtg Agenda. Will look at data PRN, reporting/ tracking
- **Safety** - Laura Gouker— personal safety training
- **HPP** - Sue Davis—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 follow-up from assessment
- **EMR** - this group continues to meet
- **Corporate Compliance**— Season Slade—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**—upon re-survey PCH lost our DPHHS designation, we have put a lot of work to re-designate but with Practitioner changes were are holding

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PCH Departments

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.

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 are completed:

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

- **People** - we continue to do and tweak our annual employee surveys, are now conducting exit interviews and are always looking at being market comparable for all positions here at PCH. Are changing our annual eval as well as our coaching/discipline processes.
- **HIMS/IT** - we were able to get our signature pads up and going and have purchased and are progressing with completely new on-site servers. We continue with our EMR committee to help identify and address concerns or problems.
- **Lab/Radiology** - we had the opportunity to have an RT/US tech join us and we initiated development of a basic US program. Now that US tech is leaving us so will re-focus that program and are recruiting an RT. Bill has become a limited permit Rad tech. We have applied for $400,000 grant for new DR fixed and mobile radiology equipment also initial conversation about Mamo in-house
- **Medical Records** - with the retirements of Kerry Faaborg and Marla Sisco, Season Slade has become our MR Manager and just recently Kacee McNally joined her in the department. We will monitor for any changes/additions PRN.
- **Physical Therapy** - we were able to purchase new PT software (Cederon) and had some challenges to makes sure information, practices and processes were efficient and effective, but now seem to be on a good path. We have new folks in PT—Becca is a PT, Cheyenne in the Office and Kayla as a new PTA which now gets us back to fully staffed. Looking at utilizing space downstairs.
- **Home Health**—Annual program review is done separately.
- **DME/Home Oxygen**—went through accredidtaion for both DME/Home Oxygen and Sleep studies and did great. Still remains a 1 person dept. with PRN RN
- PALS—have chosen not to go self direct at this time, difficult with R/R of staff
- **BO** - we have had few transitions of people, but all things seem to be pretty smooth and Susan is implementing efficient and effective practices/processes in her role as BO Manager. Susan has taken the RHC Managers cert. course.
- **Nursing/ED** - we continue to partner with Aaanihh Nakota College and their Nursing program being on their Advisory Committee as well as hosting clinical rotations at PCH. We have had a large turnover in nurses and have a lot of younger/newer RNs that are doing great and provide high quality care/services. We are now a DPHHS recognized Cardiac Care facility and they work on competencies.
- **Materials Mngt** - have not had any major changes in this area this past year and continue to monitor PAR levels, ordering and re-supplying processes
- **Maintenance /Facilities** - The HVAC system has continued to remain a priority to run efficiently and effectively . We completed our clinic NS remodel project as well as a small remodel of a room for US. We do now have 2 apartments for locums and our own staff—in time we hope to get down to just one.
- **Housekeeping** - Laura Gouker has become our new Housekeeping Supervisor along with 2 other folks and seems to be the right staffing to meet our needs.
- **Finances**— this year was a lot tougher based on lower inpatient census. Loss of 340B program through some distributor changes, and our added expenses of locums and recruitment efforts.
- **Medical Staff**— We are currently utilizing locums in the clinic and ER while we are recruiting our 2 other Practitioners. We continue to utilize a 3rd party for Peer Review and have in place a contract for Med Directorship PRN. We reviewed and renewed our Med Staff By-Laws and Rules/Regulations this last year.
- **Board of Directors**— Our Board honored outgoing Board members Marty Johnson and Lu Besel this year for their years of service and hence will need to find replacements for them as well as managing the PCH Association Trustee member list. The Board is engage in taking the Best on Boards training/education.

Affiliations

MHA AN ASSOCIATION OF MONTANA HEALTH CARE PROVIDERS

AHEC MONTANA AREA HEALTH EDUCATION CENTER

NMHA NORTHCENTRAL MONTANA HEALTHCARE ALLIANCE

MONTANA HEALTH NETWORK

STAT-AIR

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.

PCH Affiliations and groups associated/partnered with: Montana Hospital Association, Montana Health Network, Northcentral Montana Hospital Alliance, Advisory Committee of the College of Nursing at MSU-Northern, Advisory Committee of Aaniiih Nakoda College of Nursing, PhillCo, Chamber, Community Needs Group, Local Emergency Preparedness Committee, NE Montana STAT Air, Montana Health Research and Education Foundation, Montana Family Medicine Residency Program, Area Health Education Center

PHILLIPS COUNTY HOSPITAL
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Phillips County Family Health Clinic
RHC ANNUAL Program Report — 2018

PCH Board of Directors

Kayla Elkin, Chair
Terry Skones, Vice Chair
Iris Robinson—HLRC
Dave Skiff
Dennis Broadbrooks
Kari Hammond
Troy Blunt—STAT Air
Lu Besel (recog 9 yrs)
Marty Johnson (recog 6 yrs)

Medical Staff

Edwin Medina, MD, CMO
Theresa Ohl, FNP-BC
Elke Houser, FNP—C (10/1)
?? 4th Practitioner

Senior Leadership

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Donny Bagley, Lab/Xray Mgr
Lonna Crowder, RN, DON
Beth Welch, RN Clinic Mgr
Susan Bibbs, BO Manager

RHC staff

Beth Welch, RN Clinic Mgr
Jasmine Crasco, RN
Stacy Crasco, RN
Joe Thorpe, CNA
Melissa Hindler, WC/CNA
Kaylie Gilman, CNA

Records Review

Medical *Records reviews 100% of clinic charts. Dr. Medina signs* off on 10% of RHC practitioner charts

With the identified areas for improvement being : consistent charges especially related to levels, codes match documentation match care provided 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

While PCH was able to recruit our 4th Practitioner and maintain that model for 1 yr. that Practitioner along with another 1 left PCH as well as community FNP in August which left PCH with Dr. Medina and Theresa only to server our community so we started getting locums as well as recruitment of 2 other Practitioners. Lots of conversations about MD/DO vs. PA/FNP—it was decided that even though we need/want to starting thinking and planning for succession planning of Dr. Medina we need Practitioners here to take care of patients and recruited Elke Houser, FNP to PCH and are currently looking for our 4th. Practitioner who will be an FNP or PA. We continue with our "sick/walk-in" call days for urgent patient cares, earlier AM apt, Saturday walk-in clinics also. We were able to provide Nexplanon implants to pts. We did have another almost complete turn over of nursing staff in the clinic. We have been able to maintain telmed mental health and cardiology as well as traveling specialist Podiatry and added the services of OB/GYN and General surgery from FMDH as well as initiated Behavioral health care management through our clinic with Jo and Jessica through the NHMA grant and partnership with CMMC. Another large change was our adoption of Pain Mngt P/Ps that was being overseen by Shane Jenson, FNP prior to his leaving. Shane and Sherry did initiate visits to the MOI group homes instead of them coming here. We did utilize a clinic specific Practitioner/staff meeting that went pretty well along with Adaptive Leadership to build relationships between Med Staff and Sr. Leadership. We completed our clinic NS remodel project and as we look at our space to meet our needs may have to look at phase 2 when we expand the exam rooms/offices. We will continue to be a rotation site for MD/DO, FNP, PA or nursing students.

Planning

We will continue with locums coverages until we are able to R/R our 4th Practitioner to PCH and once that is settled will look at call vs. clinic schedules and how or if we can relieve some call duties from Dr. Medina as well as everyone as that was identified in exit interviews. With our new Practitioners coming on Board we will look at education/training to help them be successful. With Opioids being such a large issue we will continue with Pain P/Ps but will look at potential of having Specialist here to assist, look to partner with the County Health Nurse on some women's issues, explore ways to provide mental/behavioral health into Primary care. May continue to try to get Oncology, Interventional Radiology and Endocrinology here. With the many staff changes the large thing will be to gain consistent staff.

Access to External Services

On—Site—Podiatry, Audiology, OB/GYN, general surgery, WIC, 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). Ongoing staff development and education as well.

Utilization of Services

FINANCIAL—Operations 7,637 (draft)

RHC	1.3m Vs 1.2m
% MCare=	48%
% MCaid=	13%
% Commercial Pay=	34%
% Self Pay=	5%
Days in AR w LT=	78
Days in AR wo LT=	54
Days Cash in Hand =	67

CLINICAL- Current

Clinic Visits=	7272 Vs 6373
Dr. Medina	1735 Vs 2099
S. Gairrett	1833 Vs 2143
T. Ohl	2107
S. Jenson	1597
With the 4th Practitioner + 900 visits	
Mammogram=	219 vs 223
Dexascan=	22 vs 19
Telehealth	
Total numbers	206 vs 176
Medical	60 vs 32
Mental Health	59 vs 15
Estimated savings = $74,591	

Survey/Cert—RHC went through a survey this year with follow areas needing to be addressed: annual building inspection by State fire marshal, outdates,

We feel the services we currently provide meet the needs of our community when we are fully staffed at 4 Practitioners to provide family/primary care, 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 either on-site, telemed or other partnerships.

Clinic Programs:

- Pain Mngt. And P/Ps
- Employee and patient FLU and pneumonia vaccination program (clinic/hospital)
- Community Education - through new website and local papers more regular information/education
- Chronic Care Management
- Behavioral Health Mngt.