

Board of Directors

PCH

Kayla Elkins, Chair (8yrs)
Terry Skones, Vice Chair (5rs)
Iris Robinson (7yrs) - HLRC
Dave Skiff (3yrs)
Dennis Broadbrooks (8yrs)
Kari Hammond (8yrs)
Troy Blunt (3rs) - STAT Air
Susy Johnson (1 yr)
Vikki Eggebrecht (1 yr)

Medical Staff

Edwin Medina, MD, Chief of Staff
Theresa Ohl, FNP
Elke Houser FNP (10/1/18)
Danyeil Thomas FNP (1/1/19)

PCH Senior Leadership

Ward VanWichen, CEO
Steph Denham, CFO
Donny Bagley, CLT, Lab/Xray Mng
Lonna Crowder, RN, DON
Susan Bibbs, BO Manager

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
Jessica ConstanteRN, Clinic Mng
Laurie Uphaus, Care Coordinator

Policy/Procedures

Organizational and Departmental P/Ps are reviewed/renewed annually and PRN by all Department managers/supervisor and then approved by Administration, Medical staff and the Board (this was a citation in the CAH survey so we will track/monitor for ongoing compliance)

CEO's CORNER

Be a pioneer/ be an original

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

Challenges in 2019

Challenges—as mentioned in last years program report—in Aug/ Sept of 2018 we were down to just 2 of our own PCH Practitioners (Dr. Medina and Theresa, FNP—who did a great job of keeping stability and working through the R/R of new Practitioners to PCH) and in our community so we utilized Travel practitioners in both the clinic and for the ER. We worked through that and in late 2018/early 2019 we were able to recruit Elke Houser, FNP and Danyeil Thomas FNP to the PCH family/team. We did loose our Trauma designation with the state this year. Based on transitions and criteria but continue to provide quality trauma care/services and will look to get this back. Recruitment/retention of quality/qualified staff is an always present and ongoing process. Have done well in the nursing department with new graduates and new employees to PCH and have had turn over in our PT department. We did loose our US tech late in 2018 and then in

early 2019 got a donated US machine to us from Northern MT hospital and were able to get the tech back 1x/week for Outpts. We did not get the Helmsley grant so DR radiography is on hold. Low numbers in HCBS (HH, PALS and DME) patients and/or patient encounter numbers continue and hence we continue to monitor and have ongoing conversations. We will have to monitor and manage our skilled swing bed utilization this year based on our only having 6 beds. ? How does PCH meet mental/behavioral health needs of patients in the community. State Medicaid Expansion was a large topic and presence this past year and of which was passed. Had CAH health and FLS surveys in July and we did well and no serious deficiencies, but will make a few changes and be better and improved and back in compliance. FEDERAL—cost of healthcare , volume to value and transparency seem to be continued themes as well as working to decrease regulation burdens

Changes, Growth and Planning

Changes/Growth —Even though we had some transitions in the PT dept. personnel we have filled back up and now have 2 PTs, 2 PTAs and 1 PT office manager. Beca now does pelvic flow therapy and Bridgette is working on community outreach as well Cardiac Rehab phase 3. PT department does a great job of FB posts on services as well as education/info. We are looking at potential and probable increase use in our swingbed utilization and we will see what those impacts are. We are looking into the potential and feasibility of trying to get mobile MRI here to PCH. The nursing department has done great with skills/competencies and we will

continue with that especially with newer/less experienced nurses. May partner with MT Simulation in motion for simulation training. Ongoing training and education is important to everyone as well as having contacts or connections for questions. HCBS we will have to continually monitor and manage appropriately based on our low utilization numbers as it is a community needs and is wellness/prevention. The push is to wellness and keeping people out of the hospital, but how does reimbursement and utilization catch up to that philosophy throughout PCH. We will continue assessing how to address mental/behavioral health ourselves or in partnerships. Continue to look at equipment and technology

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= 55 vs 54
Days cash on hand = NA vs 67

CLINICAL -

Total hosp pt days= 543 vs. 602
Avg Daily Census = 1.48 vs. 1.65
ER patients = 987 vs. 926
Lab tests = 67,528vs.
67,477
XRays = 1,772 vs.1,727
CT = 360 vs. 386
Home Health visits = 356 vs. 909
PT procedures = 6,120 vs. 7,294
Sleep studies = 14 vs. 16
PALS hours = 390 vs. 521
DME (avg pt/mo)= 36 vs. 53
Clinic visits = 7229 vs. 7272
Mammograms = 170 vs. 219

Campus Committees

- **Campus Core**– Lori Abrahamson—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 and regional coalitions
- **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 regularly
- **Corporate Compliance**— Season Slade—general oversight of PCH compliance with rules, regulations and laws and being proactive
- **Privacy/Security**—Dennis Robinson—working on Risk Analysis and educate/train track HIPAA, Privacy and security incidents.
- **Trauma Committee**—Elke Houser and Lonna Crowder—continue to meet regularly and plan to recertify in the future

PCH Departments/services

Strategic Planning

Plan to do October 2019

At our PCH Annual meeting in October we plan to do Strategic planning with a 3rd party facilitator to help guide us into the future and meet the needs of our community—PCH defines its' community as Phillips County and adjacent counties

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 a 3rd party as well as our own Medical Records and BO manager for completeness as well as proper diagnosis to ensure proper coding and billing.

3rd Party Chart Audits for ER, Inpatient, Outpatient and swing bed patients are completed and then shared with Medical staff

Trauma/ER—using trauma flow sheets, thorough H/P as well as care provided and plan. Utilizing STAT Air to help audits. We now have a camera on the floor/ER to then put pics in EMR.

Inpatient—H/P to stand alone and complete PE

Swing beds: need to work on Care plans and providing activities. And utilization since HRLC no longer does Mcare skilled care

- **People** - we changed our Annual evaluation process and tool and actually added a small defined performance incentive. We do have AE doing Exit Interviews, but we have low numbers and/or low response rates. Always looking for quality/qualified people. Education, information and training are important.
- **HIMS/IT** - continue with Security Risk assessment processes. Have recently implemented new Dragon voice recognition module for Practitioners. Looking at replacement schedule of computers. Assessing MU progression options
- **Lab/Radiology** - we were able to re-open an Outpatient/scheduled US program with the new equipment from Havre and their tech. Able to recruit new RT to PCH. Staffing is always being monitored in this depart. Probably mobile MRI.
- **Medical Records** - Season and Kacee are our MR staff and they seem to have found a good balance and are running smoothly and efficiently. Season has gotten her Certification and Kacee is working on hers.
- **Physical Therapy** - our new PT software (Cedron) use, practices and processes seem to be working efficiently and effectively now after challenges in the beginning. With having 2 PTs, 2 PTAs and an office manager we did develop PT space downstairs for their use. Purchased a new treadmill and are constantly looking to expand our services and utilize staff based on their talents and skills to meet patient needs as well as wellness/prevention education
- **Home Health**— See separate Annual program review
- **DME/Home Oxygen**—1 person dept. with PRN RN. We continue our CHAP accreditation and now have our Sleep services accredited as well
- **PALS**— we continue to not go self direct at this time, staffing seems stable which is mainly because we have low utilization numbers
- **BO** - we have had a stable staff and things are efficient and effective with a great team culture and attitude. and they have implemented standards for them to track for process and productivity.
- **Nursing/ED** - we continue to partner with Aaniiih Nakota College and MSU-Northern 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 with this and our hope is to become recognized for our Stroke care.
- **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** - No major problems or plans addressed with the facility this year, but do continue to work on HVAC systems PRN. We did get a shed for Maint yet if the Transit gets their grant for a “bus barn” then PCH will have garage/shop space in there. Starting conversations about—hospital nurse station, flooring, security cameras, clinic exam room/office remodel. The hospital nurses have taken on redoing pt rooms.
- **Housekeeping** - Laura Gouker has become our new Housekeeping Supervisor along with 2 other new folks and seems to be the right staff and mix to meet our needs. Consistent practices and procedures. Trying different flex schedules and cross training. Getting more/more involved in PCH committees and groups.
- **Finances**— We were able to get our 340B back up and going again. Cash has been stronger so we have been able to explore needed items as well as completely pay off our 2 Operational loans at FSB. Utilizing cost report tool to have a monthly assumption
- **Medical Staff**— We were able to fill back up to our 4 Practitioner model. Dragon was an issue so we recently moved to an updated platform. Continue to explore and send to medical education/training. We continue to utilize a 3rd party for Peer Review and have in place a contract for Med Directorship PRN. Looking at and discussing options for ER/clinic schedules and trying to get patients to the right level of care
- **Board of Directors**— The Board continues to be engaged in taking the Best on Boards training/education and we only have 1-2 left to complete.

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 will continue to look at ways to address Behavioral health needs of the community, ground EMS transports are an ongoing concern so the idea/work of a regional transport system will be a focus for the year, very hopeful to add mobile MRI into our suite of imaging, continued partners/collaborations to help PCH meet care and service needs of the 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 Nakota 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, MHA Quality Improvement Council, AHA Committee on Clinical Leadership