



Annual Critical Access Hospital Review 2016

PURPOSE:

To document Middle Park Medical Center's (MPMC) compliance with Federal regulations and Critical Access Hospital (CAH) Conditions of Participations for CAH (CFR § 485.641): *The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes a review of the utilization of CAH services, including at least the number of patients served and the volume of services; a representative sample of both active and closed clinical records; and an annual review of policy and procedures.*

DATA SOURCES:

Information used for this Annual Report was obtained through the following mechanisms:

1. Utilization review
2. Committee and department minutes
3. Incident and variance reports
4. Patient satisfaction and complaint data
5. Statistical reports
6. Other reports as applicable

REVIEW PROCESS AND FOLLOW UP:

- The Quality Committee, under direction of the Quality Director, coordinates information gathering and develops an annual review report.
- The report is reviewed and discussion at the Quality Council meeting.
- The report, which includes findings and recommendations, is then presented to Senior Leadership Team for review and identification of areas for improvement that align with MPMC strategic goals and objectives.
- The report is presented to the Hospital Board for review and input.
- The Quality Council uses the Board and Leadership feedback to guide the subsequent year's Quality Improvement Plan.

UTILIZATION OF SERVICES

Current Scope of Services

Emergency Services

Trauma Level IV Designation
24/7 Emergency Department (ED)
Urgent Care

Medical Services

Inpatient
Outpatient
Swing Bed

Diagnostic Services

Laboratory
General x-ray
Computerized Tomography (CT)
Ultrasound
Mammography
Magnetic Resonance Imaging (MRI)
Bone density screening
Echocardiography
Stress testing

Ambulatory Care

Granby Clinic
Kremmling Clinic
North Park (Walden) Clinic
Annual exams and preventative care
Adult and pediatric immunization
Telemedicine
Physical therapy (PT)
Speech therapy
Occupational therapy (OT)
Message therapy
Dietary services
Cardiac rehabilitation
Surgical services

Community Health Services

Patient navigation
Sports physicals
Nutritional counseling
Annual health fairs
Discharge planning
Certified application assistance

Notable Service Utilization Trends for 2016 Compared to 2015

Inpatient days ↑ 21.7%	OT procedures ↑
Extended care days ↑ 45.7%	Cardiac Rehab ↓
Surgery cases ↑ 29.6%	Granby Clinic ↑ 8.6%
Gastrointestinal (GI) Cases ↑ 8.2%	Specialty Clinic ↑
Emergency Room visits ↑ .75%	Kremmling Clinic ↑ 13.2%
Lab procedures ↑ 15.7%	North Park (Walden) Clinic ↑ 1.6%
Ultrasound procedures ↑	Mammography procedures ↓
CT procedures ↓	Dexa bone scans ↓

Average length of stay for inpatients: 3.2 days (76.8 hours). The length of stay by hours continues to meet the 96 hours annual average CMS regulatory requirement for CAH status. Readmissions to the hospital were 7.3% for 2016, which falls 58% below the national average of 17.5% recognized by CMS.

Department Review of Services

Facilities/Plant Operations

- Panic systems installed in both facilities
- Parking lot addition in Granby
- Fire system fixed in Kremmling
- New doors in Kremmling
- Sidewalk repairs in Kremmling
- Alley way improvements and curb stops installed in Kremmling
- Gutters installed in Kremmling
- Coffee machines added in both facilities
- Started Physician shuttle program
- Matt Robinson became lead in Kremmling
- Installed AC in Phone/computer room in Kremmling
- New stairway into Administration hall in Kremmling

Diagnostic Imaging

Granby Emergency and Inpatient Departments

- Total number of patients seen = 4606
- Total patient days (includes Observation and Acute) = 112
- Patients left without being seen = 5
- Patients that left against medical advice (AMA) = 8

Kremmling Emergency and Inpatient Departments

- Total number of Emergency Department patients seen = 839
- Total number of Urgent Care patients seen = 327
- Total patient days (includes Observation, Acute, Swing and Extended Care) = 2975
- Patients left without being seen = 1
- Patients left against medical advice= 7

Emergency Department Projects and Memberships:

- Participation in the Hospital Preparedness Program
- Director of Emergency Department and Director of Plant Operations certified in the Center's for Disaster Preparedness (CDP) Training for Hazmat Operations
- Participation in the Williams Fork Dam regional exercise
- Created Distribution Plan for Alternate Care Site supplies (shared with the Local Emergency Preparedness Committee)
- Created an Emergency Operations Plan (EOP) for the CAH that will be in compliance with the State's Board of Health Rule and the CMS final rule for Emergency Preparedness
- Both Directors are members on the Local Health Care Coalition
- Both Directors are members on the Local Emergency Preparedness Committee
- Both Kremmling and Granby successfully re-designated as Level IV Trauma Centers for three more years
- Participation in the 9 news Health Fairs presenting injury prevention topics or helping with the phlebotomy station
- Presented the "Teddy Bear Clinic" at East and West Grand School Health Fairs
- Bought and instituted Cardio Pulmonary Resuscitation Feedback Devices

Inpatient Department Projects and Memberships:

- Participation in the Colorado Hospital Association HEN for Preventable Harm Initiatives
- Participation with the Colorado Rural Health Centers iCare Program, MBQIP, Flex Grant and Ship Grant Deliverables
- Developed a Sepsis Screening Program
- Developed Observation Status education and documentation tools
- Held annual skills fair for the nursing staff
- Leadership of the Patient Family Advisory Council (PFAC)

Development Department

Grants Awarded:

1. CDPHE, HPP - \$10,000 per hospital, \$3,000 for RHC – emergency preparedness activities
2. CDPHE, HPP left over from 2015 – 24,390 – hospital panic communication systems and HRSA drugs for Walden
3. Freeport-McMoRan Foundation - \$18,600 – adult CNA Program with CNCC
4. CDPHE, EMTS – \$112,996 – telemetry and other emergency-related equipment
5. CDHPF, CAAS – \$40,790 – certified site to provide Medicaid, CHP+, etc. application assistance
6. CRHC, SEED – \$1,200 – Jr. CNA program with WGSD and CNCC
7. Denver Foundation – one of four partners on a mental health navigator program – \$175,000 per year for three years to the collaborative group, we chose to not take any funding – providing in-kind support
8. CHSC – all sites approved
9. NHSC – all sites approved

Other Activities:

1. MPMC Gives Back Program was launched this summer – employee volunteerism to the community
2. MPMF launched inaugural fundraising event for MPMC – raised \$8,300 net proceeds for the hospital
3. Marketing and Development Departments united at the end of the year – new strategy developed

Dietary and Nutrition Services:

- Dietary manager resigned in February
- Clinical Dietitian became Director in September
- Two staff cooks resigned and position were filled in November
- Performed deep cleaning, re-organization and standardized storage.
- Quarterly program for knife sharpening, P-drain cleaning and dishwasher de-limed established
- Continual review of quality assurance logs to ensure food at correct temperature, monthly cleaning is completed
- Standardized procedures to ensure good time management of staff re: meal preparations, tray set-up, cleaning of kitchen, food ordering, and storage.
- Revised 4 week menu to become 5 week menu cycle. Includes new and modified recipes, increased fresh fruits and vegetables, and seasonal items.
- Improved quality and efficiency in food purveys – higher fiber products, lower sodium, decreased refined non-nutrient items.
- Researched cost comparison of items/food
- Revision of employee (cash) meal payment to a meal ticket.

Lab

- Provide testing in Chemistry, hematology, coagulation, blood gas, therapeutic phlebotomy, rapid kit testing, and urology. Special chemistry to include D-dimer and BNP. Blood bank is limited to blood type, antibody screening and cross matching performed in Granby.
- Both laboratories provide a quick Lab program for affordable lab test to accommodate low income or uninsured community members.
- Enrolled in the American Proficiency Institute to ensure accurate, high quality performance and evaluation of all testing performed by lab personnel.
- Both laboratories provide DOT and non-DOT urine drug collections and breath alcohol testing to employers in our county.
- Certified CLIA Laboratory.
- Implemented IQCP program as required by CLIA
- Pathologist provides laboratory oversight and visits on a monthly basis. Performs all annual competency as well as new hire competency as required by CLIA
- On the job training for a Lab assistant to cover evening shift
- “Push for Wellness” program developed for Grand Mountain Bank
- Created a lab scenario at the elementary school for the Teddy Bear Clinic
- New hematology analyzer implemented providing better technology for CBC’s
- Replaced Blood bank refrigerator in the Kremmling Lab
- Implemented DNA amplification testing in Kremmling for Strep A,C-Diff, Pertussis and HSV 1 & 2
- Replaced the finger stick coagulation instrument
- Replaced the kit test for Flu and Strep A with higher sensitive molecular testing

Medical Staff changes since the 2015 annual review

The following providers joined the Medical Staff:

- S. Humpal, D.O. – Clinic/Family Practice
- C. Faulkner, PA – Clinic/ Family Practice
- W. Rose, MD - Emergency
- M. Lupica, DO- Emergency/Family Practice
- A. Steinbeck, PA (orthopedics)
- P. Johnston – Specialty/Surgery
- L. Howell – Specialty/Obstetrics

The following provider resigned:

- Greg Gutierrez MD
- Rob Eastman, MD

CLINICAL RECORD REVIEW

In compliance with CAH regulations CFR 485.641(a) (1) (ii), a representative sample (at least 10%) of both active and closed clinical records was reviewed in the past year. Included in the review were inpatient, emergency room, and ambulatory records. Both concurrent and retrospective reviews were conducted for completeness, accuracy, consent and advance directives, medical necessity, and adherence to protocols and standards of care.

Indicators that Trigger Medical Record Review

- Hospital deaths
- Cases involving patient and/or staff complaints
- Readmissions
- Transfers
- Adverse drug events
- Trauma cases
- Hospital acquired conditions
- Codes
- Clinical quality measures
- Against Medical Advice (AMA)
- Left Without Being Seen (LWBS)
- Sepsis

Medical Case Review for Quality Improvement

Concurrent and retrospective record reviews are conducted by department Directors for the following clinical measures:

- 100% Heart Attack (AMI)
- 100% Stroke Patients
- Surgical Site Infections
- Antibiotic Selection and Timing
- 100% Inpatient Flu Vaccine Screening and Administration
- 100% Inpatient Pneumonia
- 100% Heart Failure
- 100% Venous Blood Clot (VTE) Prophylaxis for Applicable Patients

Other cases reviewed include those not meeting Meaningful Use criteria and cases representing quality or risk management issues.

Reporting

- MPMC has attested for Stage 2 Meaningful Use for the hospital.
- MPMC reports data to the Colorado Hospital Association's Hospital Engagement Network (HEN)
- MPMC reports data to the Medicare Beneficiary Quality Improvement Project (MBQIP)

- MPMC reports data to Hospital Quality Incentive Payment (HQIP) Program
- MPMC reports data to Colorado Rural Health Center's iCare Program through Quality Health Indicators (QHI)
- MPMC reports data to Colorado Department Public Health and Environment's (CDPHE) Clinic Quality Improvement for Population Health
- MPMC reports data to the CDC's National Healthcare Safety Network (NHSN)
- MPMC reports data to the Rocky Mountain Health Plan's Foundations Program

POLICY REVIEW

The Policy Committee reviews all policies submitted after Directors have created, reviewed, revised, and/or archived them. The Board has final approval of all policies. Policies are scheduled for review at least annually and whenever a need for modification is recognized.

PERFORMANCE IMPROVEMENT AND QUALITY ASSURANCE

Clinical Quality Measures

MPMC is compared to other reporting CAH/hospitals, and MPMC is meeting the benchmark set for each measure. The Clinics received an exemption for 2016 reporting of Clinical Quality Measures, although they continued to work on initiatives to enhance patient care and screenings.

Medication errors

MPMC had an overall medication error rate of 0.6 %. There were errors reported, which are broken down as follows:

- | | |
|---|-----------------------|
| • Omission = 16 | • Incorrect route = 1 |
| • Incorrect medication = 4 | • Extra dose = 4 |
| • Incorrect dose = 4 | • Other = 3 |
| • Incorrect time = 3 | |
| • Failure to document = 319, this data was collected using a different method than years past. It reflects a 100% manual chart audit by the pharmacy department. All documentation was corrected either by late entry or amendment. | |

Preventable Harm Rates: Hospital Acquired

- Blood Stream Infections: 0
- Catheter Associated Urinary Tract Infections: 0
- Falls: 16
- Adverse Drug Reactions: 2
- Surgical Site Infections: 0
- Pressure Ulcers: 0
- Central Venous Catheter-Related Infection: 0

Blood Utilization

Clinical research has shown that restrictive transfusion practices are generally associated with better patient outcomes as well as reduced health care resource utilization. This evidence has emerged as providers are increasingly being urged to implement evidence based clinical decision guidelines that improve the quality and efficiency of the care they deliver and measure patient outcomes.

In 2016, units of blood products were cross-matched and available for transfusion.

PATIENT SATISFACTION

HealthStream provides survey information to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for outpatient and ED services. The number of responses is small and is obtained through phone calls. Results are reported out for top box percentages and allow for comparison to 2015 data.

- Overall rating %
 1. ED CAHPS- 67.2% a 2.7% decrease from 2015. Rated in the 74th percentile.
 2. CG CAHPS- 61% a 4.8% increase from 2015. Rated in the 3rd percentile.
 3. PT CAHPS- 69.5% a 7% increase from 2015. Rated in the 4th percentile.
 4. SS CAHPS- 90.9% (no CAHPS collected in 2015). Rated in the 73rd percentile.

OTHER NOTABLE EVENTS AND IMPROVEMENTS