



MIDDLE PARK
MEDICAL CENTER

Keeping LIFE Grand

**Kremmling Memorial Hospital District
dba Middle Park Medical Center
Annual Review of Services**

January 1-December 31, 2017

ABOUT

Located in the heart of the mountains, Kremmling Memorial Hospital District, dba, Middle Park Medical Center, was established in 1933 and has been dedicated ever since to quality patient care. MPMC is a 25-bed, Critical Access Hospital system serving patients in Grand, Jackson, and northern Summit Counties.

We have two hospitals: one in Kremmling and one in Granby. Hospital services provided range from outpatient intravenous therapies to extended care services. We offer state of the art diagnostic and laboratory testing. We have four family practice clinics: one located at the hospital in Kremmling, another at the hospital in Granby, one in Winter Park, and one in Walden—North Park Medical Center. Our doctors provide an array of out-patient services ranging from general surgery, podiatry, orthopedics, gastrointestinal, women's health services and rehabilitation services facilities.

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.***

As a Critical Access Hospital (CAH), Middle Park Medical Center performance review process touches on volume of service, type of service, improvements, trends, concerns and department specific accomplishments. The Leadership team develops action plans for commented areas of concern and then determines what, if any policies or processes should be revised or implement

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 and Patient Safety 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 and Patient Safety 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 and Patient Safety Council uses the Board of Directors and Leadership feedback to guide the subsequent year's Quality Improvement Plan.

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

Community Health Services

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

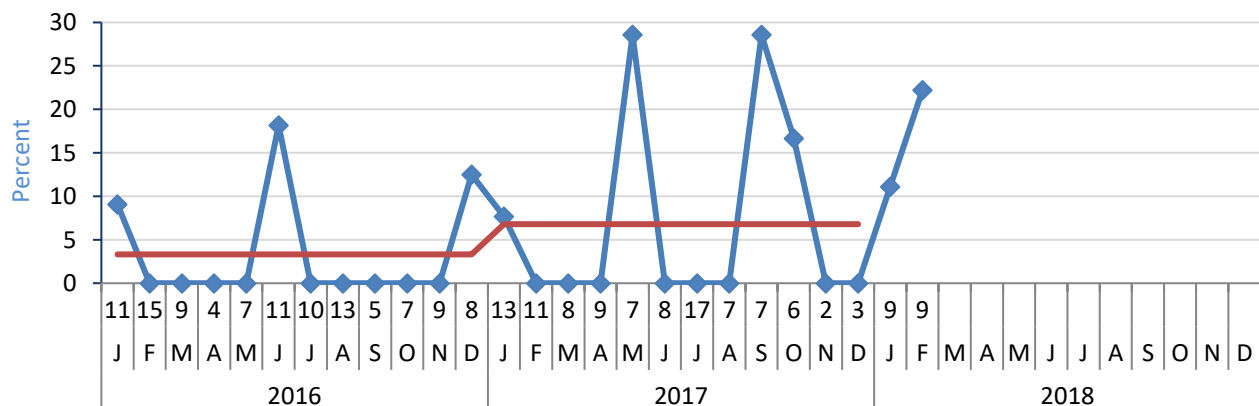
UTILIZATION OF SERVICES

NOTABLE SERVICE UTILIZATION TRENDS FOR 2017 COMPARED TO 2016

Inpatient days ↑ 10.2%	Urgent Care Visits ↑ 32.3%
Swing Care Days ↓ 11%	Rehabilitation procedures ↑ 18.9%
Extended care days ↑ 23.3%	Cardiac Rehab ↓ 51.4%
Surgery cases ↑ 20.4%%	Granby Clinic ↓ 3.3% %
Gastrointestinal (GI) Cases ↑ 2.7%	Specialty Clinic ↑ 8%
Emergency Room visits ↑ 5.6%	Kremmling Clinic ↓ 4.5%
Lab procedures ↑ 5.3%	North Park (Walden) Clinic ↓ 0.6%
Ultrasound procedures ↑ 20.5%	Mammography procedures ↓ 10.8%
CT procedures ↓ 2.2%	Overall Clinic Visits ↑ 2.9%
Dexa bone scans ↑ 7%	X Ray Procedures ↑ 8.2%

Average length of stay for inpatients: 2.5 days (60 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 6.8% for 2017, which falls 61% below the national average of 17.5% recognized by CMS.

Inpatient Readmission Percentage



DEPARTMENT SERVICES REVIEW

Facilities/Plant Operations

- Assisted in the installation of EPIC (Granby/Kremmling)
- Assisted in the installation of Telemetry (Granby/Kremmling)
- Helped build the Winter Park Clinic and assisted in the opening
- Physician's shuttle program is completely up and running
- Began the process at all facilities of the removal of old dated medical equipment that will be sold through a third party
- Troubleshoot a plumbing issue in the OR Humidifier that saved thousands of gallons of water per day
- Continued concrete repairs at the Kremmling facility which included pouring a slab for the residents gazebo that should be completed in 2018
- Aided in the installation of the new CT in Kremmling
- Installed new humidifier in Kremmling lab
- Emptied the Annex and preformed the punch list for the sale of the Annex

Diagnostic Imaging

- New Director Hired
- Implemented New CT machine in Kremmling
- New Mammography Tech Hired
- Digital X Ray machine Implemented in New Winter Park Clinic
- New PACS System Implemented
- New EHR Implemented
- New Breast Imaging Specialty Group Hired
- New Stress Echo Service Line Implemented
- Obtained new fluoroscopy chair
- Implemented new Mini C Arm
- Implemented Power Share: Software for sharing images outside of MPMC System

Granby Emergency and Inpatient Departments

- Total number of patients seen = 4831
- Total patient days (includes Observation and Acute) = 183
- Patients left without being seen = 3
- Patients that left against medical advice (AMA) = 7

Kremmling Emergency and Inpatient Departments

- Total number of Emergency Department patients seen = 931
- Total number of Urgent Care patients seen = 399
- Total patient days (includes Observation, Acute, Swing and Extended Care) = 3527
- Patients left without being seen = 3
- Patients left against medical advice= 1

Emergency Department Projects and Memberships:

- Participation in the Hospital Preparedness Program
- Both Directors are members on the Local Health Care Coalition
- Both Directors are members on the Local Emergency Preparedness Committee
- 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
- Change over to Pyxis from Med Dispense
- EPIC chart review process improvement in charge capture
- Outpatient therapy change to EPIC in December
- Standardized supplies for cost saving (sharing of ordering, reduction of outdates) and error reduction
- New trauma coordinator
- Cross training of nurses increased
- Quality metrics established = Bar Code Medication Administration scanning improved from October and prior 60s and 70s% to 80s and 90s% the last 3 months of 2017

Inpatient Department Projects and Memberships:

- Participation in the Colorado Hospital Association HIIN for Preventable Harm Initiatives
- Participation with the Colorado Rural Health Centers iCare Program, MBQIP, Flex Grant and Ship Grant Deliverables
- Held annual skills fair for the nursing staff
- Leadership of the Patient Family Advisory Council (PFAC)

Surgical Services

- Laryngeal handle and blade conversion to disposable single use items to meet CMS Guidelines facility wide.
- Conversion of Glide scope technology from 1st to 3rd generation single use handle method. This will allow MPMC to have Glide scope availability in both Kremmling and Granby locations without reprocessing downtime.
- MPMC now has Revital Ox solution set up in Kremmling and Granby locations for high level disinfection of heat sensitive equipment that is not autoclave compatible. (Cystoscopes, Vaginal ultrasound probes).
- New anesthesia machine HSS extended service agreement.
- New HSS Sterile reprocessing equipment (Autoclaves x2, instrument washer, RO water system, Endoscopy water filtration system) extended service agreement.

A total of 218 surgeries were performed with a monthly average of 18. The monthly average per surgeon was 2.3. A total of 468 GI procedures were performed with a monthly average of 38.

Dietary and Nutrition Services

- Performed deep cleaning, re-organization and standardized storage.
- 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
- Staff Training on Modified Diet Orders and SERSAFE: foodservice sanitation standards
- RD EPIC training and Continuing Education on Geriatrics, Nutr. Assessments and CMS Regulations
- Staff Quarterly SMART Goals addressed in monthly staff meetings
- Nutritional Analysis of Menu cycle

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 2016 annual review

The following providers joined the Medical Staff:

- Miesha Anderson: Pediatric Nurse Practitioner
- Lisa Floyd: Physician
- Shawna Langstaff: Physician
- Drew Villamagna: Physician

No providers resigned

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
- Trauma Team Activations
- Trauma Admissions

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

Quality Reporting

- MPMC has attested for Stage 2 Meaningful Use for the hospital and clinics
- MPMC has attested for MIPS for clinic providers
- 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)

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

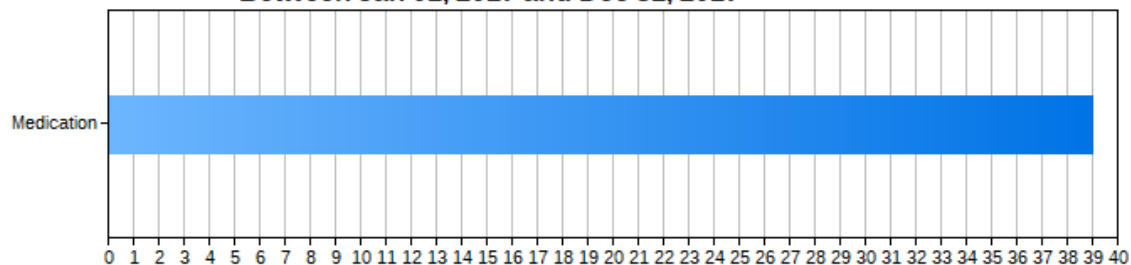
Clinical Quality Measures

MPMC is compared to other reporting CAH/hospitals, and MPMC is meeting the benchmark set for each measure. The Clinics received an exemption for 2017 reporting of Clinical Quality Measures, although they continued to work on initiatives to enhance patient care and screenings.

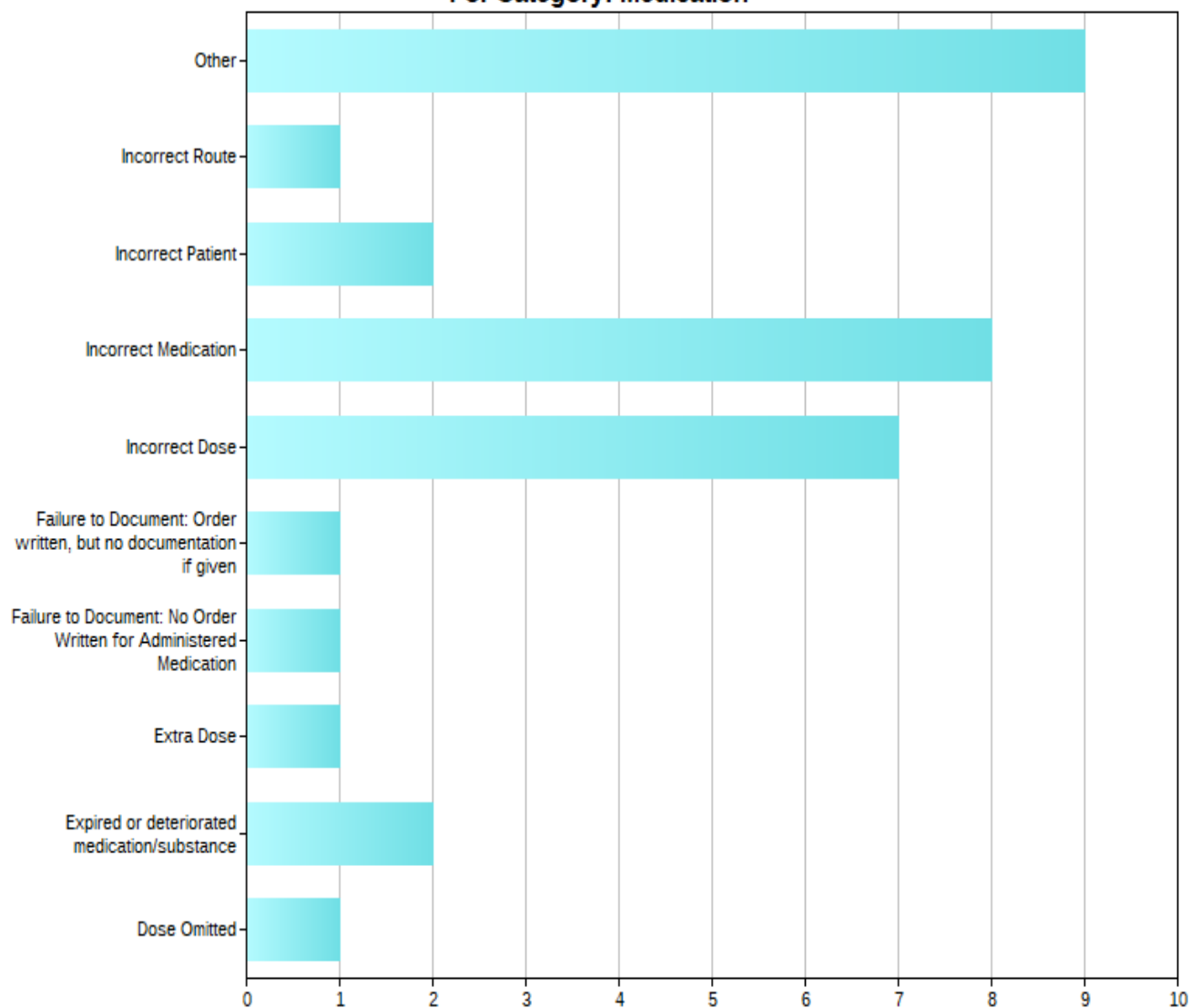
Medication Errors

39 errors reported, which are broken down as follows:

**Count of Occurrences by Category
Between Jan 01, 2017 and Dec 31, 2017**



**Count of Occurrences by Type
For Category: Medication**



Preventable Harm Rates: Hospital Acquired

- Blood Stream Infections: 0
- Catheter Associated Urinary Tract Infections: 0
- Falls: 10
- Adverse Drug Reactions: 0
- 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. High CTR implies that cross-matches were performed unnecessarily when a Group-Screen and Hold (GSH) would have sufficed. Excessive cross matching, in addition to being wasteful of resources has adverse consequences on management of blood inventory and blood quality as blood is unduly held in reserve, oftentimes moved between fridges and may remain out of optimum storage temperatures while blood is cross matched. The national blood quality indicator requires that CTR should be below 2.0.

GRANBY BLOOD BANK	
# Patients transfused	
	13
# Crossmatched units	
	38
Crossmatch-Transfusion Ratio (CTR)	
	1.52
# Single unit transfusion	
	2
Total # transfusions	
	25

KREMMLING BLOOD BANK	
# Patients transfused	
	5
# Crossmatched units	
	10
Crossmatch-Transfusion Ratio (CTR)	
	2
# Single unit transfusion	
	1
Total # transfusions	
	5

SUMMARIES AND OTHER NOTABLE IMPROVEMENTS

Middle Park Medical Center's leadership remains focused on providing safe, compassionate care to the communities of Grand, Jackson, and Northern Summit County by providing a broad range of health care services directed to their needs. The following milestones and goals have been established for CY17:

- System Wide Implementation of EPIC: System changed from using two Electronic Health Records to one hosted Electronic Health Record.
- Opening of a new Rural Health Center in Winter Park: increased access to health care for Primary care, Pediatric care, and Urgent care.
- Successfully certified all MPMC Clinics to Rural Health Centers
- Restructured Safety Committee to Quality and Patient Safety Council
- Implemented an Environment of Care Committee using Joint Commission Standards