



MIDDLE PARK HEALTH

Keeping Life Grand

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

January 1-December 31, 2019

ABOUT

Located in the heart of the mountains, Kremmling Memorial Hospital District, dba, Middle Park Health, 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 five family practice clinics: one located at the hospital in Kremmling, another at the hospital in Granby, one in Winter Park, one in Grand Lake which opened in June of 2019, and one in Walden—North Park Medical Center. Our doctors provide an array of outpatient services ranging from general surgery, podiatry, orthopedics, gastrointestinal, women's health services and rehabilitation services facilities.

PURPOSE

To document Middle Park Health's (MPH) 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 performed 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 Health 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 discussed 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 MPH 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
Surgical services

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
Grand Lake 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

Community Health Services

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

UTILIZATION OF SERVICES

NOTABLE SERVICE UTILIZATION TRENDS FOR 2019 COMPARED TO 2018

Inpatient days ↓ 13%	Kremmling Urgent Care Visits ↑ 4 %
Swing Care Days ↓ 8%	Rehabilitation procedures ↓ 6 %
Extended care days ↓ 21%	Winter Park Clinic ↑ 35%
Surgery cases ↑ 17 %	Granby Clinic ↓ 14 %
Gastrointestinal (GI) Cases ↓ 22 %	Specialty Clinic ↑ 10.4%
Emergency Room visits ↓ 1%	Kremmling Clinic ↓ 15 %
Lab procedures ↓ 0.7%	North Park (Walden) Clinic ↑ 10%
Ultrasound procedures ↑ 12 %	Mammography procedures ↑ 22%
CT procedures ↑ 21 %	X Ray Procedures ↑ 15%
Dexa bone scans ↑ 51 %	MRI Procedures ↓ 1%

Average length of stay for inpatients: 2.4 days compared to 2.8 days in 2018. 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 6.3% for all cause, which falls below the national average of 17.5% recognized by CMS.

Rural Health Clinics

- Expanded services to Grand Lake with the opening our new Primary Care clinic.
 - Working towards RHC certification for this location.
- Passed year three RHC certification for Granby, Kremmling, and Winter Park. Walden continues to receive RHC based reimbursements. Looking to align Walden's reporting structure with the other clinics.
- Added two providers, Jennifer Merten, NP and Rebecca Jacobson, NP; their panels are growing and the community is very happy to have them.
- Expanded our concussion management testing (IMPACT testing) to Granby's school district and was able to donate that money back to the respective school systems in which they were performed. This year East Grand School District received \$2700.00, West Grand School District received \$1500.00 and North Park School District received \$500.00.

Facilities/Plant Operations

- Completed Life Safety for both campuses for state inspections.
- Opened the Wellness Center (Built rehab and central supply, renovated offices, bathrooms, maintenance office, hallway, community room, cardio, weight room, pulled Ethernet, conference room and built a new ADA bathroom).
- New concrete and entrance doors on the exterior of the Wellness Center.
- Built laundry room in Kremmling for inpatient laundry.
- Renovated the entrance to Kremmling Hospital (flooring, paint, lighting, ceiling tiles, carpet, etc.).
- Built opened a new clinic in Grand Lake including a X-Ray room.
- Emptied the admin wing in Kremmling (IT, Housekeeping and offices).
- Began the RCRA program and ALSCO laundry.
- Managed the abatement of Asbestos in the Admin wing in Kremmling.
- Demo of Kremmling administrative wing.
- Built shed in Granby for storage.
- Assumed maintenance operations of Cliffview.
- Working with preconstruction on 4 projects slated to start 2020.
- Continue with the day to day maintenance for 7 sites.
- Rebuilt south garage in Kremmling.

Granby Emergency and Inpatient Departments

- Total number of patients seen = 4523
- Total patient days (includes Observation and Acute) = 235
- Patients left without being seen = 1
- Patients that left against medical advice (AMA) = 4

Kremmling Emergency and Inpatient Departments

- Total number of Emergency Department patients seen = 916
- Total number of Urgent Care patients seen = 443
- Total patient days (includes Observation, Acute, Swing and Extended Care) = 2624
- Patients left without being seen = 0
- Patients left against medical advice= 1
- **Implemented Cross-training of all RNs to both Granby and Kremmling:** Must work at least one shift a year at both locations. Plan to increase that in 2020.
- **Implemented Pay Equity for RN staff:** Created step program for pay increases and starting pay rate.
- **Implemented Regular Monthly Staff Meetings:** Staff meetings are held in person four times a month so that staff have the opportunity to attend one. Implemented objective goals for staff to attend at minimum 80% of staff meetings.
- **Implemented Unit Based Workgroups:** All staff are expected to be on a workgroup for a minimum of one project.
- Patient Safety
- Equipment and Supplies
- Documentation and EPIC Optimization
- They meet semi regularly to work on unit specific projects.
- **Revamped Fall Program:** Inclusive of education on in hospital falls, national patient safety goals, assessment tools, and equipment and tools for prevention. Added to New Employee Orientation and Annual Competency
- **Revamped Shift Report Tools and process:** Inclusive education on evidence based practice and nationally recognized tools. Added to New Employee Orientation and Annual Competency.
- **Revamped New Employee and Annual Competency:** Implemented the use of Elsevier for onboarding and annual competency training. Inclusive of Nursing Orientation Onboarding Packet.
- **Revamped Documentation Review Process:** Monthly feedback to staff on documentation ED and Inpatient errors/missing documentation with education on expectations. Created checklist for documentation needed. Added to New Employee Orientation and Annual Competency.

- **Revamped Expired Supply Checks:** Staff check supplies monthly for expirations and keep record of cost of expired supplies. Supply Check Rounds are rotated quarterly. Added to New Employee Orientation and Annual Competency.
- **Created Top Five Quality Metrix:** Metrix created and implemented with regular feedback to staff at staff meetings and in 2020 at huddles. See QI Metrix for more detail.
- **Reoriented RNs to evidence of readmission prevention & standard of care:** Implemented RN driven processes with reward for most timely call backs. Created data collection process for readmissions. Reported data at Project Red monthly. See Data and Project Charter for more details.
- **Revamped Community and Injury Prevention Awareness Education:** Held annual Safety Fair inclusive of Blood Drive, Bike Helmet Rodeo, and Stop the Bleed training.
- **Implemented Paramedic Scope in Hospital:** Started at Kremmling to help decrease need for travel RNs, create a space for new graduate RNs, and decrease staff burnout with chronic short staffing.
- **Equipment Upgraded/Additions:** Upgraded Ultrasound at Granby with plan to upgrade at Kremmling in 2020: Ultrasound is interfaced with EPIC so that charges will start being added for FAST Exams and US guided procedures. As well as decreased liability by allowing US images to be saved to MRs. Upgraded EKG Machines to interface with EPIC. Awaiting Interface Implementation. Added 4 more Telemetry Monitors to the EDs, two in Granby and Two in Kremmling. Added two new Lucas CPR Devices to the ED. Upgraded Wheelchair in Granby with Stryker Wheelchair.
- **Created New Nurse Lead Position:** promoted staff RN Mabon Acord to Nurse Lead to add a much-needed layer of leadership.
- **Implemented Mandatory On call for nights in both Kremmling and Granby:** All RNs are expected to take on call for the primary unit to which they belong. This aids with surge capacity.
- **Created Nurse Admin On call:** A nurse leader is on call every day to aid with the needs of the unit. Adding a formal process for when issues arise that need leadership engagement.
- **Implemented Charge Capture Audit for ED Accounts:** Weekly reports are run and audited. If errors are found they are sent to Revenue to fix with loop closure back to DON.
- **Revamped Extended Care Policies and Procedures:** See new SWING Bed Manual
- **Successfully Passed Patient Complaint Survey by CDPHE**
- **Successful Trauma Level IV Re Designation for both Granby and Kremmling**

Surgical Services and Specialty Clinic

- Successfully completed our first 5 colon resections under leadership of our general surgeon Dr. Ratcliff and Dr. Wiebe.
- Completed Stryker SPI trial over 4 month period. The Stryker SPI offers the latest and most up to date technology for colorectal and other laparoscopic general surgery cases.

- To further support our growing general surgery service line, we purchased a Bookwalter retractor.
- Orthopedic services completed 29 total joint cases in 2019.
- Accomplished a new service line offering cataract extractions and lens implantations with Dr. Hamburger. We completed 50 cataract cases in 2019.
- The specialty clinic extended service days for dermatology from 2 days per month to 4 days.
- Dr. Howell OB/GYN also increased the frequency of her availability in our specialty clinic.
- Expanded service line in our Wound Care Clinic, sponsored by Dr. Ratcliff.
- Lilly Rivero, LPN and Dr. Ratcliff will both sit for their national wound care exam in 2020.
- Continually looking at expanding more service lines such as ear, nose, and throat (ENT), gynecology, and spine under the new leadership of Jason Cleckler, CEO.

Dietary and Nutrition Services

Reset of Cliffview Dietary Department: February - 2019

- Staffing: hiring of quality Dietary Assistants 2.5 FTE's needed
Presently 2.0 hired
- Training of Cliffview Dietary Staff
Trained 2 FTE's
- Revision of Dry Goods Supply Room, Paper Products Closets, Kitchen Freezers and Refrigerators for efficiency
- Implemented Lean Production Methods and use of Production Boards
- Training in Food Safety, Equipment usage, Meal Preparation, Sanitation, Proper Storage and Expiration Dates
- Training Lead Dietary Assistant in Cliffview:
Food Inventory, Ordering, Pricing, Resident Meal Satisfaction
- Successful Approval from the CDPHE State Health Survey June 2019

Kremmling Hospital Dietary:

- On-Going Training Staff in Foodservice Safety and Regulations
- January 10, 2019 State, Second Survey complimented on new labeling and expiration date process

BOTH Facilities: Krem-Hospital and Cliffview: Dietary

- Developed Spring /Summer 5 Week Menu Cycle and Recipes
- Developed Fall / Winter 5 Week Menu Cycle and Recipes
- Patient Satisfaction at hospital averaging 87% throughout the year
- Resident Satisfaction at Cliffview average 83% throughout the year

- Cliffview Staff made menu adjustments each months with Resident input.

Out-Patient and Cardiac Rehab Nutritional Services: 2019

- Continued to provide Nutritional consultations this year
- Averaging 2-4 patients per month visits
- Success Stories:
 1. Diabetic patient who had trouble control blood sugar worked with Dietician and was able to get diabetes under control
 2. Young patient with eating disorder has been working with dietician and has great success in overcoming the disorder.
 3. Young patient who worked with Dietician to overcome a weight problem. The family has commented that the nutritional consult made an impact and has motivated the patient to lose weight, and make lifestyle changes.

Lab

-
- Increased Quick lab cost utilization up by 12% compared to 2018.
 - Expanded use of type specific blood products to support the needs of increased surgical services acuity level.
 - Decrease of 20% supply waste by implementing a supply share program among the Granby lab, Kremmling lab, and the clinics.
 - Both hospital labs are successfully operating 24hrs a day with a turnaround time averaging 15 minutes or less in all four quarters of 2019.
 - Participated in EPIC Beaker steering committee to make workflow improvements on ordering, reporting, and billing of laboratory tests.
 - Expanded the DOT drug testing program for Grand County. Without this local program the closest location would require community members and their employees to drive to Summit County.
 - Worked with architects in the up and coming expansion of the Kremmling lab to update equipment, power requirements, and the infrastructure to bring in more testing capability.

Rehabilitation Services

-
- Relocated the Kremmling Rehab clinic to the Wellness Center and purchased over \$10,000 of new equipment.
 - Added low light laser therapy modality to Kremmling and Granby clinics.
 - Trained Allison Maynes PT, DPT in pelvic floor rehabilitation and added specialty practice to Granby.
 - Completed Impact testing for 3 local high schools.
 - Attracted additional Speech and Language pathologist for Kremmling inpatient.
 - Trained staff in vestibular specialty to improve patient care.

- **Colorado Shining Star Award was awarded to Jacob Bauer.**

Medical Staff changes since the 2018 annual review

The following providers joined MPH:

- Rebecca Jacobson, NP
- Steven Motarjeme, MD
- Jennifer Merten, NP
- Lisa Floyd, MD

The following providers resigned:

- Stephen Humpal, DO

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

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

- MPH has attested for Stage 3 Meaningful Use for the hospital and clinics
- MPH has attested for MIPS for clinic providers
- MPH reports data to the Colorado Hospital Association's Hospital Engagement Network (HEN)
- MPH reports data to the Medicare Beneficiary Quality Improvement Project (MBQIP)
- MPH reports data to Hospital Quality Incentive Payment (HQIP) Program
- MPH reports data to Colorado Rural Health Center's iCare Program through Quality Health Indicators (QHI)
- MPH reports data to Colorado Department Public Health and Environment's (CDPHE) Clinic Quality Improvement for Population Health
- MPH 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.

• **Revised – 377** * **Retired - 39** * **New – 155**

PERFORMANCE IMPROVEMENT AND QUALITY ASSURANCE

Clinical Quality Measures

MPH is compared to other reporting CAH/hospitals, and MPH 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.

Preventable Harm Rates: Hospital Acquired

- Blood Stream Infections: 0
- Catheter Associated Urinary Tract Infections: 0
- Falls: 21
- Adverse Drug Reactions: 0
- Surgical Site Infections: 5 (1.60%) (non-reportable to CMS)
- Pressure Ulcers: 3
- 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 crossmatches 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 crossmatched. The national blood quality indicator requires that CTR should be below 2.0

GRANBY BLOOD BANK		KREMMLING BLOOD BANK	
# Patients transfused	16	# Patients transfused	4
# Crossmatched units	65	# Crossmatched units	12
Crossmatch- Transfusion ratio	1.7	Crossmatch-Transfusion ratio	1
# single unit transfusion	0	# single unit transfusion	0
Total # transfusions	37	Total # transfusions	12

SUMMARIES AND OTHER NOTABLE IMPROVEMENTS

Middle Park Health'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 CY2020:

- Expanding in growth at both the Kremmling and Granby facilities in new constructions
- Expanding service lines associated with building expansions
 - Infusion center
 - Increase inpatient bed capacity in Granby
 - Implement sleep study program
- Secure property in Fraser to provide services for the east side of the county