



MIDDLE PARK HEALTH

Keeping Life Grand

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

January 1-December 31, 2018

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 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 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
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

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

UTILIZATION OF SERVICES

NOTABLE SERVICE UTILIZATION TRENDS FOR 2018 COMPARED TO 2017

Inpatient days ↑ 8%	Kremmling Urgent Care Visits ↓ 20.7 %
Swing Care Days ↑ 43%	Rehabilitation procedures ↑ 6.7 %
Extended care days ↑ 0.5%	Cardiac Rehab ↑ 59.3 %
Surgery cases ↑ 23.6 %	Granby Clinic ↓ 7.9 %
Gastrointestinal (GI) Cases ↑ 12.4 %	Specialty Clinic ↑ 10.4%
Emergency Room visits ↑ 2.2%	Kremmling Clinic ↑ 6 %
Lab procedures ↑ 4.9%	North Park (Walden) Clinic ↓ 5.1 %
Ultrasound procedures ↑ 13.4 %	Mammography procedures ↓ 1.1 %
CT procedures ↓ 6.5 %	Winter Park Clinic ↑ 28.6% (4 months data)
Dexa bone scans ↓ 25.4 %	X Ray Procedures ↓ 2.5%

Average length of stay for inpatients: 2.88 days. 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 14.3% for all cause, which falls below the national average of 17.5% recognized by CMS.

Surgery cases have increased due to hiring of a general surgeon and orthopedic surgeon. We developed our total joint program. During 2018, we performed our first total knee replacement surgery. Our general surgeon consults on trauma cases in the Emergency Departments.

Cardiac rehab visits have increased due to consistency in staff and hours. Winter Park data was calculated for only 4 months since the clinic opened in September of 2017. Winter Park numbers include Urgent Care for Fridays, Saturdays and Sundays.

DEPARTMENT SERVICES REVIEW

Rural Health Clinics

- Overall primary care clinic utilization increased by 27%
- Consistently meeting Point of Service collection goals for past five months
- Instituted a quality improvement project regarding answering phones and have been able to consistently keep our inbound calls versus first answer above 90%
- Receiving greater reimbursement from CMS due to passing our year two Rural Health designation
- Streamlined our charging of DOT and sports physicals to be consistent among all clinics
- Instituted new scheduling wheel, which allows more patients to be seen during the day, while leaving space for same day appointments, increasing patient satisfaction
- Discounted our Shingles vaccine to match prices of City Market, increasing patient satisfaction for our Medicare patients
- In conjunction with the Rehab department, the clinics saw over 100 patients for the IMPACT (concussion management) testing and reduced cost of sports physicals. All money collected was donated back to the student's school district and presented at the school's board meetings.

Facilities/Plant Operations

- Completed moving all supplies, medical records, etc. out of annex
- Completed gazebo for Extend Care Residents in Kremmling
- Remodeled and moved rehab from Winter Park to Fraser
- Completed Life Safety deficiencies
- Began planning for the remodeling of old middle school in order to move Kremmling rehab and to make the school into the Wellness Center
- Assisted in getting the Total Joint program ready; installed new lights, big screen monitors, privacy doors for patient rooms instead of curtains and placed a TV in the waiting area.
- Worked with Ecolab to bring in a safe and more effective cleaning product for the hospitals.
- Installed new vaccine refrigerator in Kremmling clinic
- Installed a new refrigerator and humidifier in Kremmling lab
- Began RCRA program for medication waste
- Converted some of Kremmling areas to LED lights
- Built a changing room for Kremmling Diagnostic Imaging.

Diagnostic Imaging

Kremmling:

- Installed Carestream revolution DRX Portable Digital X-ray Machine
 - This was the first step in preparing for replacement of the X-ray room equipment
 - Digital Radiography (DR) offers increased image quality, decreased wait time for patients and providers, greater comfort for the patient, and significantly lower radiation dose to the patient.
- CT extremity procedure increased 38% and CTA procedures increased 13%

Granby

- April 2018, hired a part-time ultrasound/Echo tech which increased ultrasound and Echo to 5 days/week
- Echocardiography studies have increased 18%
- Ultrasound guided fine needle aspiration (biopsy) procedures have increased. This procedure was not previously performed at MPH. With the addition of the general surgeon, we began performing this procedure in May 2018
- June 2018, hired a full time MRI tech, offering MRI 5 days/week. This Tech worked with the Radiologists at Colorado Imaging Associates to create new scan protocols and improve existing protocols.
- DR software and digital detector was added to the portable X-ray machine. Advantages of DR include improved image quality, decreased wait time for patients and providers, greater patient comfort, and lower radiation dose to patients.
- C-arm and Mini-C-arm procedures increased 500% and 430% respectively. This is likely attributable to an increase in surgical procedures as well as increased use by the ED providers.
- CT extremity procedures increased 43% and CTA procedures increased 53%

Walden

- X-ray procedures at the Walden Clinic increased 21%

Winter Park Clinic

- Winter Park clinic opened in September 2017. Comparing the period of September-December 2017 to the same time frame of 2018, X-ray procedures increased 57%

Granby Emergency and Inpatient Departments

- Total number of patients seen = 4871
- Total patient days (includes Observation and Acute) = 233
- Patients left without being seen = 4
- Patients that left against medical advice (AMA) = 11

Kremmling Emergency and Inpatient Departments

- Total number of Emergency Department patients seen = 1026
- Total number of Urgent Care patients seen = 463
- Total patient days (includes Observation, Acute, Swing and Extended Care) = 3761
- Patients left without being seen = 5
- Patients left against medical advice= 8

Emergency/Inpatient Department Projects and Memberships:

- Participated in Centura Epic Inpatient Monthly meetings
- Participated in Northwest Healthcare Coalition as the Grand County representative.
- Participated in the Health Care Coalition meetings
- Participated in local Emergency Preparedness drills with all county agencies.
- Participated in Health Fairs that included Teddy Bears Clinics, helmet and bike safety, head injury prevention.
- Ran Decon drills at both facilities
- HIIN Regional meeting attendance and learned about fall prevention importance, just culture and workplace safety
- Participated in TEAM training for workplace safety
- Quality measures submitted included fall rate, pressure ulcer rate, Catheter Urinary Tract Infection rates, workplace violence and patient safety.
- Certified Nurse's Aide classes taught for community. Three students participated and are now working for the organization.

Surgical Services

- Successfully added a total joint program – performed total knee and shoulder procedures.
- Added cataract excision with intraoperative lens implantations
- Equipment upgrade
 - Hana and Jackson table modular system – for large bone cases
 - Harmonic Scalpel system – Laparoscopic cases
 - 75 inch monitors – increase visualization of MRI and CT images during surgery
 - System 8 Drill and saw combo- for large bone and joint cases
 - Arthrex ACP Centrifuge – ability to spin and inject cells back into surgery sites
 - OR light system – allows for use of both rooms for surgical cases
- Contracted savings
 - Allosource to CTS – 25% savings on Allograft needs
 - Gettinge to Steris – 33% savings on sterile reprocessing supplies and chemicals
 - Ethicon to Applied Medical – 54% savings for supplies
- Updated instrument sinks to Steris Smart Sinks for best practice.
- Increased number of GI cases by 89 cases compared to 2017
- Increased number of surgery cases by 76 cases compared to 2017

Dietary and Nutrition Services

- Capital improvements included new appliances and equipment
- Started meal ticket service. Increased revenue by \$1010.22
- Created new menu items for surgery patients in Granby.
- Hired new RDN. Jordyn Crane will be covering Walden and Kremmling clinics for nutritional consults.
- Staff are continually working on ideas and ways to increase the nutritional choices for the Extended Care residents
- Dietary staff participate in the Monthly employee meals which is greatly appreciated by staff.
- Dietary staff responded quickly to the changes needed from the State survey. Policies and processes were revised, along with staff training within a very short timeframe. The survey allowed staff to think of new lean innovative ways to use prepped produce quicker, decrease stock of certain dry goods and rearrange storage areas for safer sanitation procedures.

Lab

- New lab Director hired
- Increase of 42% more labs between the two facility hospitals from 2017 to 2018.
- Participated in Health fairs within the community with a 15% increase in participation from 2017 to 2018.
- Invested in new capital equipment with the purchase of new centrifuges and refrigerator increasing testing capabilities while decreasing turn-around time.
- Utilization of the 'Quick Lab' services continues to be strong and adds to the affordability of Middle Park services for uninsured patients
- Pathologist hosted continuing education events for staff training facilitates an environment of continuous learning.
- Expand relationship and contracts with external reference lab to better accommodate more high complexity testing required with increase in OR procedures and specialty clinics classes.
- Revamped blood product utilization protocols and policies to increase blood product safety while streamlining processes in an emergent situation.

Rehabilitation Services

- Increased total volume by 37%
- Increased swing patient volume by accepting more patients with higher needs, offered all three disciplines of rehab – Physical therapy, Occupational therapy, and speech therapy.
- Reduced no-show rate from 13% to 2% which increases therapist productivity and hospital revenue
- Relocated Winter Park Rehab clinic to Fraser in 3 weeks. Increased visits by an average of 50 patient visits per month since move.
- **Won Best of Grand Physical Therapy Clinic for 2018**
- Identified \$20,000 billing error within EPIC and recovered the revenue
- Educated and trained all staff in total joint care through in-house workshops and site visits to Colorado Ortho. Created total joint guide for patients and power point for total joint classes.
- Trained all Physical Therapist in Kremmling inpatient care and developed a weekend on-call rotation
- Created agreements with two universities to be clinical internship sites and hosted 2 students
- Hired 3 full time therapists
- Hired and trained an athletic trainer for the school districts
- Brought concussion management program to Walden and Kremmling
- Volunteered at community events representing the hospital
- Participates in the Centura application steering committee for EPIC rehab documentation
- Staff education includes vestibular training, dry needling and concussion management

Medical Staff changes since the 2016 annual review

The following providers joined the Medical Staff:

- Dr. Robert Ratcliff – General Surgeon
- Dr. Adam Wilson – Orthopedic Surgeon
- Dr. Mark Wisner – Family Practice

The following providers resigned:

- Dr. Andrew Villamagna
- Dr. Elizabeth Buell

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
- 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

- MPH has attested for Stage 2 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 – 757** * **Retired - 641** * **New – 54**

New Policies

Chart Location tracking	Alere Legionella Urinary	Admitting Diagnosis
Components of Phase II Cardiac Rehab	Alere Streptococcus pneumonia antigen card	Surveyor Access to the Legal Medical Record
Designated Record Set	Alkaline Phosphatase	Operative Reports
Documenting a Deceased Patient in the EHR	Locked files, paper based or electronic	Trauma – Advisory – Divert Protocol
External Logos within Patient EHR	Other Medical Records Requirement	Trauma: Initial Assessment & Resuscitation of Trauma Pt
Health Information Management Evaluation Plan	Controlled substances – missing	Trauma- scope of Care Document
Legal Health Record	Ongoing Record Review	Trauma – team Activation
Master Patient Index Maintenance	Retention and Destruction of Medical Records	Trauma – trauma Admissions Scope of Care
Scanning	History and Physical	Obstetrical patients in the ED
Security of Medical Records	Paper based Filing System	Physician Orientation - ED
Alanine Aminotransferase	Propofol Administration	Transfer of the burn patient
Consultations	Release of Information	OB emergencies
Extended Care Records	End of Life Options	OB patient in the ED
Folic Acid	Vitamin B12	Pre-term labor management
Triage	IV Therapy	Expiration Date Checks- DI
Mass Transfusion Protocol	Extravasation of Medications	Extended Care Immunizations and TB testing
Trauma – ED Triage and Treatment of the Burn patient	Rehabilitation Services: Out Patient Documentation	Bed Hold and Readmission – Swing Bed
Infection Control: Construction and Renovation	Infection Prevention and Control Manual	Rehabilitation Services: Staffing and Scheduling

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: 17
- 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 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	13	# Patients transfused	5
# Crossmatched units	10	# Crossmatched units	14
Crossmatch- Transfusion ratio	2.8	Crossmatch-Transfusion ratio	1
# single unit transfusion	1	# single unit transfusion	0
Total # transfusions	28	Total # transfusions	28

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 CY18:

- Name change from Middle Park Medical Center to Middle Park Health
- Health and Life Safety Survey completed
- Sold Annex in 2017
- Purchased Kremmling Middle School
- Started planning for Wellness and Quality of Life Center (Kremmling Middle School)