

**GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 2  
BOARD OF COMMISSIONERS PUBLIC MEETING  
AGENDA**

**DATE:** February 27, 2017  
**TIME:** 5:30 p.m.  
**LOCATION:** Quincy Valley Medical Center Conference Room

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**CALL TO ORDER**

1. Comments from the Audience regarding non-agenda items (two minute limit per person)
2. Approval of Minutes: January 23, 2017 **Action** p.1-2
3. Board Chair Report:
4. QI Report: **Action** p.3-10
5. Consent Agenda
 

|                            |    |            |                     |
|----------------------------|----|------------|---------------------|
| Charity Care Adjustment    | \$ | 1,319.93   |                     |
| Bad Debt Adjustment        | \$ | 31,716.99  |                     |
| Total                      | \$ | 33,036.92  | <b>Action</b> p. 11 |
|                            |    |            |                     |
| Vouchers: Accounts Payable | \$ | 565,630.28 | <b>Action</b> p. 12 |
| Payroll                    | \$ | 298,450.85 | <b>Action</b> p. 13 |
| Total                      | \$ | 864,081.13 |                     |
6. Standing Committees:
  - a). Finance
  - b). Buildings and Grounds
  - c). Personnel
7. Old Business
  - a)
8. New Business:
  - a)
9. Departmental Reports
 

|   |                 |          |
|---|-----------------|----------|
| a). Administrator's Report                            |                 |          |
| b). Business Office and Support Services              | Jerry Hawley    | p. 14-16 |
| c). Human Resources                                   | Alene Walker    | p. 17-19 |
| d). Operations: Compliance, Risk Mgmt., Medical Staff | Glenda Bishop   | p. 20    |
| e). Patient Care Services                             | Marissa Villela | p. 21    |
| i. Utilization Review:                                | Kelly Robison   | p. 22-24 |
| g). SageView Family Care                              | Lynn Trantow    | p. 25-26 |
| h). Laboratory  | Duvelza Lopez   | p. 27-28 |
| i). Radiology   | Veronica Cruz   | p. 29-30 |
| j). Physical Therapy                                  | Amy York        | p.31     |
| k). Maintenance                                       | Lanny Roberts   | p.       |
10. Executive Session: Quality Improvement
11. Adjournment:

**GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 2**  
**dba QUINCY VALLEY MEDICAL CENTER**  
**BOARD OF COMMISSIONERS MEETING**  
**January 23, 2017 – 5:30 pm.**  
**QUINCY VALLEY MEDICAL CENTER DINING ROOM**

**Present:** Randy Zolman, Michele Talley, Don Condit, Anthony Gonzalez, Robert Poindexter

**Also in attendance:** Jerry Hawley, Alene Walker, Glenda Bishop, Tom Richardson, Rod Shrader, Linda Schultz, Lynn Trantow, Frank Gonzales, Bobbi Richardson, Beckie Lewis, Duvelza Lopez, Veronica Cruz, David Day, Kelly Robison, Dave Burgess, QVPR Editor,

**Call to Order:** Randy Zolman, Chairman of the Board, called the meeting to order at 5:30 p.m.

1. **Comments from the Audience:** None.
2. **Approval of Minutes:** *A motion was made by Anthony Gonzalez with a second from Robert Poindexter to approve the minutes of the December 19, 2016 Regular meeting. Motion carried.*
3. **Board Chair Report:** Randy Zolman gave the following statement regarding recent activities that have been taking place: *"We had a meeting on Friday with a lot of very influential leaders in attendance; they believe that the community does not want this hospital to close. They are working with us to create a model that the community will embrace and it will definitely be different than we have now but will bring survivability to the facility. It will take a lot of work on various fronts but we believe that it will bring about positive changes. I want to encourage the staff not to listen to rumors about the facility closing. If the facility closes I will be the first to inform and I will do it in person. Just know that I will keep everyone informed as soon as things are solidified."*
4. **Quality Improvement Report:** Mike Pirkey was out due to illness; the QI dashboards were presented. *A motion from Don Condit with a second from Michele Talley to approve the QI report as presented. Motion carried.*
5. **Charity Care:** *A motion by Don Condit with a second from Michele Talley to approve the Bad Debt /Charity Care adjustments as presented, totaling \$105,505.89. Motion carried. A motion from Don Condit with a second from Michele Talley to approve the Vouchers totaling \$713,606.62. Motion carried.*
6. **Standing Committee Reports**  
**Finance Committee:** Nothing has changed significantly in the last month, but the financial picture has deteriorated to some degree.  
  
**Building & Grounds Committee:** The Maintenance Department is keeping watch over the physical structure of the facility during what has been a particularly challenging winter. So far the roof has supported the weight of the snow for which we are thankful; nothing further to report.  
  
**Personnel:** No report.
7. **Old Business**
  - a. None.

**8. New Business:**

- a. **Election of Officers:** *A motion by Don Condit to approve the officers and committee designations as currently held, second by Robert Poindexter. (Randy Zolman, Chairman, Don Condit, Secretary) Motion carried.*
- b. **Foundation Directors:** *A motion by Robert Poindexter with a second from Anthony Gonzalez to approve the Foundation Directors for 2017 as presented. Motion carried.*
- c. **Tele-health:** *A motion from Don Condit with a second from Robert Poindexter to approve the Tele-health physician roster as presented. Motion carried.*

**9. Department Reports:**

- a. **Administrator's Report:** nothing new to report at this time.

**10. Executive Session:** At 5:55 p.m. the meeting was adjourned to Executive Session for 10 minutes, with no action to be taken following Executive Session.

**11. Adjournment:** There being no further business, the meeting was adjourned at 6:10 p.m.

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**Board Chairman**

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**Board Secretary**

(Minutes recorded and submitted by Glenda Bishop)

**Quincy Valley Medical Center**  
**Quality Directors Monthly Report to the Board of Commissioners**  
**Jan. 2017**

- **Quality Improvement**

The overall score of the Performance Scorecard is 76%. There is one nursing area that is sub-standard. It is the Glasgow Coma Scale. This is a group of questions asked of a patient to determine if they are cognate of their surroundings. It is used for trauma patients. We used this process for three out of four patients that needed it. The difficulty is with determining if a patient needs it or not. This is why some patients are missed but found out later when the charts are audited later. The CNO is working on a standard list of criteria so that all of the providers and nurses will know when it is needed for a patient.

The overall volume is down, at 587 totals patients for January. We are at 71.6 % of the amount we saw last year at this time. The Clinic had 249 patients compared to 287 patients last year or 87 % of last year's volume. The E/R is at 253 or 104 % of last year's volume. Acute and Swing bed programs had 11 patients for the month compared with 14 for January of 2016.

- **Plan of Correction Survey**

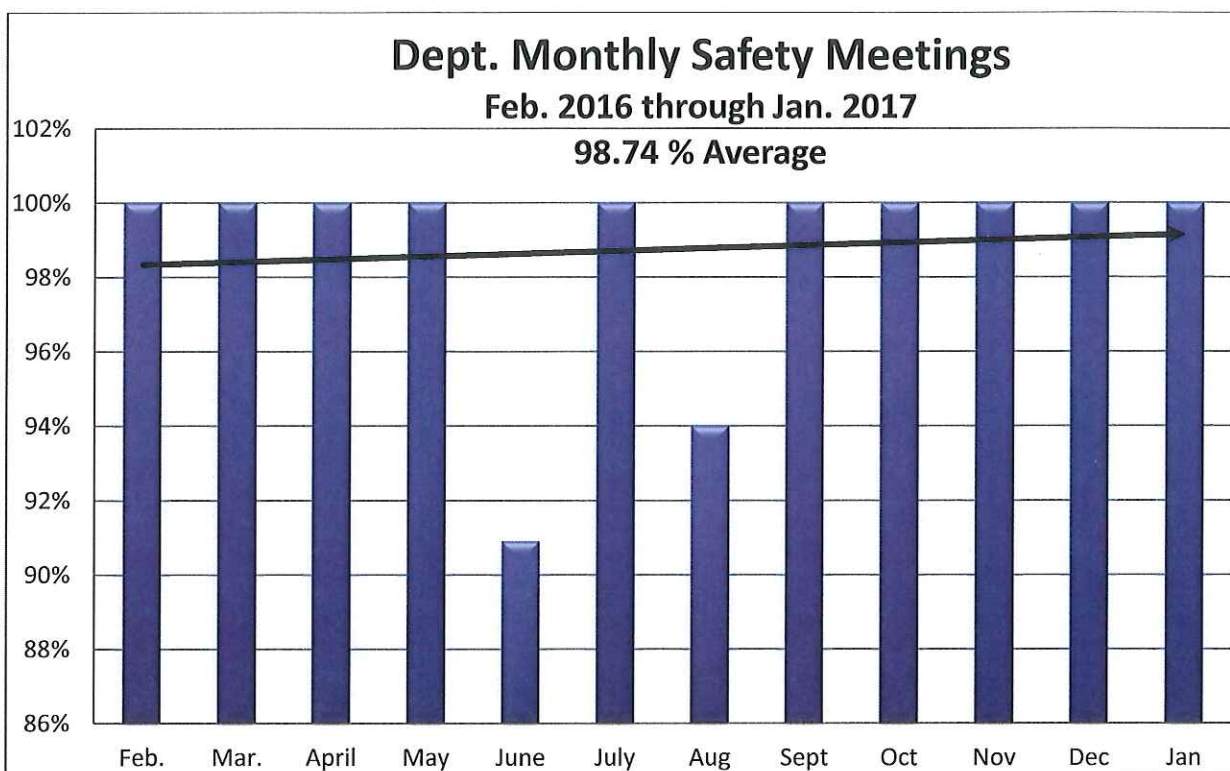
We have three areas left to be completed from the survey. They are: Patient Rights Meet Reg. Guidelines, Orders Not Authenticated by Physician, and Nurse Staffing Committee Meeting Held.

The details of the substandard areas are:

- Patient rights: Our rate is 96.5% for Jan. It has been at this level for several years..
- Orders not authenticated: For Jan. we have 133 orders not authenticated within 14 days: Dr. Dietsch (missing 45), Dr., Dr. Washington (missing 61, Dr. Stefanelli – 26, and Dr. Cashion - 1).
- Nurse staffing committee held: Nursing to establish a monthly committee as required by the state.

- **Safety**

We had 100% for the month of January.



- **CMS and the QAPI program**

CMS, as a part of a federal program, came out with a new rule in Sept. of 2016. It was signed into law in Dec. of 2016 after several months of discussion that changed (practically) nothing from the original ruling. It is their version of a Quality Assessment and Performance Improvement Program, (QAPI for short). It will have an effect on our operation due to the stipulation that it be a "Condition of participation." as I understand this, it means that we have to fully participate in this program and pass the annual reviews or we will negatively affect our Medicare/Medicaid reimbursements. CMS is the parent organization over Medicare/Medicaid for the federal government.

While we have had a quality program monitored by the federal government ever since we became a CAW, it was not managed at this level, with these requirements. Their new expectation is for *every department* of QVMC to have an active Quality program with *Performance improvement projects* every year. This is regardless of the results of the indicators they measure, meaning, if your indicators are perfect, you still are *required to run an improvement project to make it better*. All of this is also required to be documented so they can see the results.

This is a common concept for quality programs and is an effective one at driving top performance. Several years ago I developed a complete program for QVMC for this same purpose. This was just before our financial troubles hit and so I set it aside due to the extra cost to implement this program. Speaking of costs, it will add between 40 and 80 of labor hours (approximate estimate) per month to have every department involved and working on performance improvement projects.

This will affect all of our employees but most of the work is performed by the workforce and the front line managers and so the highest work load increase is there. For example, there are weekly process improvement meetings and weekly reviews by upper management. Each project takes 3 to 6 months to complete and will comprise 100 to 200 labor hours. We will need to have at least five projects a year to satisfy their requirements of every department being involved or 500 to 1000 labor hours a year. (Divide this number by 12 and this is how I arrived at the 40 to 80 hours of labor a month.)

While there will be increases in through-put and reductions of error that will save money and support the investment eventually, it still takes about a year to 3 years to see these changes. You have to be able to support the time spent to create the changed culture and see a patient increase from these changes before you can expect to receive reimbursement for your efforts. Which is why I set this aside after creating it. We were not capable of supporting it financially at that time.

I still don't believe we are capable but I need to make you aware of this possibility. Unless something changes at the federal level, starting in November of 2017 CMS will be using the state auditors to measure how well these programs are going nation- wide. At the latest, we will need to start this around June to be able to have enough projects completed to show our inspectors for the next DOH State licensing survey we are involved in.

- **Direction for this month.**

My direction for this month is to complete the annual review. This concluded my report for January, 2017.

Sincerely,

Michael David Pirkey

## 2016 Quincy Valley Medical Center Performance Scorecard

|  |         | Feb  | Mar  | Apr  | May  | June | July | Aug  | Sept | Oct  | Nov  | Dec  | Jan  |
|--|---------|------|------|------|------|------|------|------|------|------|------|------|------|
| Green excellent 3 - 2.1 // black fair: 2 - 1.1// Red ≤ 1       |         |      |      |      |      |      |      |      |      |      |      |      |      |
| <b>Nursing Department</b>                                      |         |      |      |      |      |      |      |      |      |      |      |      |      |
| Admitting care plan completed by RN                            | weight: | 0.15 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.10 | 0.10 | 0.30 |
| Dietician referrals made as appropriate                        | 0.1     | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 |
| pneumonia vaccine offered                                      | 0.1     | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.10 | 0.20 | 0.30 | 0.30 |
| catheter associated uti  | 0.1     | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 |
| central line blood stream infection                            | 0.1     | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 |
| Hospital acquired infections                                   | 0.15    | 0.45 | 0.45 | 0.45 | 0.45 | 0.45 | 0.45 | 0.45 | 0.45 | 0.45 | 0.45 | 0.45 | 0.45 |
| Falls with injury  | 0.1     | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 |
| Hospital acquired pressure sores                               | 0.1     | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 |
| monthly score:   | 0.9     | 2.55 | 2.55 | 2.55 | 2.55 | 2.55 | 2.55 | 2.55 | 2.55 | 2.35 | 2.25 | 2.35 | 2.55 |
| <b>Emergency Department</b>                                    |         |      |      |      |      |      |      |      |      |      |      |      |      |
| Trauma Activation documented                                   | 0.25    | 0.75 | 0.50 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.25 | 0.75 | 0.75 | 0.75 |
| Glascow Coma Scale   | 0.25    | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.25 | 0.75 | 0.75 | 0.25 |
| Note: 3 out of 4 for 75%.                                      |         |      |      |      |      |      |      |      |      |      |      |      |      |
| Vital signs appropriate  | 0.25    | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.50 | 0.25 | 0.50 | 0.75 |
| Note: 13 out of 15 Vital signs taken appropriately by Nursing. |         |      |      |      |      |      |      |      |      |      |      |      |      |
| monthly score:   | 0.75    | 2.25 | 2.00 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 2.25 | 1.00 | 1.75 | 2.00 | 1.75 |
| <b>Administration</b>  |         |      |      |      |      |      |      |      |      |      |      |      |      |
| Profitability  | 0.35    | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | 0.35 | ?    | 0.35 | 0.35 |
| A.R. days (Self Pay)   | 0.2     | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 |
| A.R. days (Insurance)  | 0.2     | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 |
| Facility budget  | 0.35    | 1.05 | ?    | 1.05 | 1.05 | 1.05 | 0.35 | 0.35 | 1.05 | 1.05 | ?    | 0.35 | 0.35 |
| Meaningful Use   | 0.1     | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 |
| monthly score:   | 1.2     | 2.90 | 1.85 | 2.90 | 2.90 | 2.90 | 2.20 | 2.20 | 2.90 | 2.90 | 1.50 | 2.20 | 2.20 |
| Overall Rating:  |         | 90%  | 75%  | 90%  | 90%  | 90%  | 82%  | 82%  | 90%  | 73%  | 85%  | 77%  | 76%  |

# Department of health survey plan of correction audit - 2016

| # | TAG           | Statement of deficiency  | Area    | Apr  | May | June | July | Aug | Sept | Oct | Nov. | Dec. | Jan. | Feb. | Mar. |
|---|---------------|--|---------|--|-----|------|------|-----|------|-----|------|------|------|------|------|
| 1 | C361<br>B385  | Patient rights meet reg. guidelines<br>We are at 96.5 % for Jan.   | Regist. | N/M  | N/M | N/M  | N/M  | N/M | N/M  | N/M | N/M  | N/M  | N/M  | N/M  | N/M  |
| 2 | B160          | Orders Not Authenticated by Physician  | Phy.    | N/M  | N/M | N/M  | N/M  | N/M | N/M  | N/M | N/M  | N/M  | N/M  | N/M  | N/M  |
| 3 | C306<br>B 860 | 133 for Jan: Dr. Dietsch - 45, Dr. Washington - 61, Dr. Stefanelli - 26, Dr. Cashion - 1.<br>Hospital Incident & Injury Data | Nursing | N/M  | N/M | N/M  | N/M  | N/M | N/M  | N/M | N/M  | Met  | Met  |      |      |
| 4 | B 945         | Transfusion Records Reviewed   | Nursing | N/M  | N/M | N/M  | N/M  | N/M | N/M  | N/M | Met  | Met  | Met  |      |      |
| 5 | B 1035        | Patient Nutritional Care   | Nursing | N/M  | N/M | Met  | Met  | Met | Met  | Met | Met  | Met  | Met  |      |      |
| 6 | B 1055        | Nurse Staffing Committee meeting held.<br>Note: Not working yet.   | Nursing | N/M  | N/M | N/M  | N/M  | N/M | N/M  | N/M | N/M  | N/M  | N/M  | N/M  | N/M  |
| 7 | B 1215        | Pediatric Discharge Information reviewed.  | Nursing | N/M  | N/M | N/M  | N/M  | N/M | N/M  | N/M | Met  | Met  | Met  |      |      |
| 8 | B 1225        | Complete Initial Assessment - Wound Care   | Nursing | N/M  | N/M | N/M  | N/M  | N/M | N/M  | N/M | N/M  | Met  | Met  | Met  | Met  |
|   |               |  |         | 0%   20%   30%   30%   30%   30%   30%   38%   63%   63% |     |      |      |     |      |     |      |      |      |      |      |



### Department Safety Meetings Checklist: 2016 - 2017

| Depts.                  | Feb         | Mar         | April       | May         | June         | July        | Aug        | Sept        | Oct         | Nov         | Dec         | Jan         | YTD         |
|-------------------------|-------------|-------------|-------------|-------------|--------------|-------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 1  Accounts Payable     | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 2  Acute Care           | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 3  Ad-Min               | Held        | Held        | Held        | Held        | No           | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 4  Business Office      | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 5  Clinic               | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 6  Dietary              | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 7  Emergency            | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 8  Employee Wellness    | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 9  Fiscal               | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 10  Housekeeping        | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 11  Information Systems | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 12  Laboratory          | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 13  Maintenance         | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 14  Medical Records     | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 15  Physical Therapy    | Held        | Held        | Held        | Held        | No           | Held        | No         | Held        | Held        | Held        | Held        | Held        | 100%        |
| 16  Purchasing          | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
| 17  Radiology           | Held        | Held        | Held        | Held        | Held         | Held        | Held       | Held        | Held        | Held        | Held        | Held        | 100%        |
|                         | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>88.8%</b> | <b>100%</b> | <b>94%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> |

\* N/A: Not staffed during this month.

STATEMENT OF CONFIDENTIALITY: Data, records, and knowledge, including meeting minutes, collected for or by individuals or committees assigned peer, professional, and/or quality review functions are confidential, not public records, and are not available for court subpoena in accordance with RCW sections 43.70.510, 70.41.200, 4.24.250, 74.42.640, 18.20.390, 70.56.020, and 70.56.040.

|    | A                             | B           | C | D              | E               | F               | G                 | H               | I                |
|----|-------------------------------|-------------|---|----------------|-----------------|-----------------|-------------------|-----------------|------------------|
| 1  | <b>QVMC ~</b>                 |             |   |                |                 |                 |                   |                 |                  |
| 2  | CENSUS FOR:                   |             |   | <b>Current</b> | <b>Previous</b> |                 | <b>Prev</b>       |                 | <b>Jan.</b>      |
| 3  | <b>JAN</b>                    | <b>2017</b> |   | <b>Month:</b>  | <b>Month:</b>   | <b>2017 YTD</b> | <b>Year: Jan.</b> | <b>2016 YTD</b> | <b>2017/Jan.</b> |
| 4  |                               |             |   | <b>Jan.</b>    | <b>Dec.</b>     |                 |                   |                 | <b>2016</b>      |
| 5  | <b>ADMISSIONS</b>             |             |   | <b>2017</b>    | <b>2016</b>     | <b>2017</b>     | <b>2016</b>       | <b>2016</b>     |                  |
| 6  | Acute Care - Medicare         |             |   | 6              | 5               | 6               | 4                 | 4               | 150%             |
| 7  | Acute Care - Medicare HMO's   |             |   | 0              | 0               | 0               | 0                 | 0               | 0%               |
| 8  | Acute Care - Medicaid         |             |   | 0              | 1               | 0               | 0                 | 0               | 0%               |
| 9  | Acute Care - Medicaid HMO's   |             |   | 0              | 0               | 0               | 5                 | 5               | 0%               |
| 10 | Acute Care - Self Pay         |             |   | 0              | 0               | 0               | 1                 | 1               | 0%               |
| 11 | Acute Care - Other            |             |   | 0              | 0               | 0               | 0                 | 0               | 0%               |
| 12 | <b>ACUTE CARE - TOTALS</b>    |             |   | 6              | 6               | 6               | 10                | 10              | 60.0%            |
| 13 | <i>Swing</i> - Medicare       |             |   | 4              | 0               | 4               | 3                 | 3               | 133.3%           |
| 14 | <i>Swing</i> - Medicare HMO's |             |   | 0              | 0               | 0               | 0                 | 0               | 0                |
| 15 | <i>Swing</i> - Medicaid       |             |   | 0              | 0               | 0               | 0                 | 0               | 0                |
| 16 | <i>Swing</i> - Medicaid HMO's |             |   | 0              | 0               | 0               | 0                 | 0               | 0                |
| 17 | <i>Swing</i> - Self Pay       |             |   | 1              | 0               | 1               | 1                 | 1               | 100.0%           |
| 18 | <i>Swing</i> - Other          |             |   | 0              | 0               | 0               | 0                 | 0               | 0                |
| 19 | <b>SWING - TOTALS</b>         |             |   | 5              | 0               | 5               | 4                 | 4               | 125.0%           |
| 20 |                               |             |   |                |                 |                 |                   |                 |                  |
| 21 | <b>DISCHARGES</b>             |             |   |                |                 |                 |                   |                 |                  |
| 22 | Acute Care - Medicare         |             |   | 7              | 6               | 7               | 4                 | 4               | 175%             |
| 23 | Acute Care - Medicare HMO's   |             |   | 0              | 0               | 0               | 0                 | 0               | 0%               |
| 24 | Acute Care - Medicaid         |             |   | 0              | 1               | 0               | 0                 | 0               | 0%               |
| 25 | Acute Care - Medicaid HMO's   |             |   | 0              | 0               | 0               | 4                 | 4               | 0%               |
| 26 | Acute Care - Self Pay         |             |   | 0              | 0               | 0               | 0                 | 0               | 0%               |
| 27 | Acute Care - Other            |             |   | 0              | 0               | 0               | 0                 | 0               | 0%               |
| 28 | <b>ACUTE CARE - TOTALS</b>    |             |   | 7              | 7               | 7               | 8                 | 8               | 87.5%            |
| 29 | <i>Swing</i> - Medicare       |             |   | 3              | 0               | 3               | 2                 | 2               | 150.0%           |
| 30 | <i>Swing</i> - Medicare HMO's |             |   | 0              | 0               | 0               | 0                 | 0               | 0%               |
| 31 | <i>Swing</i> - Medicaid       |             |   | 0              | 0               | 0               | 0                 | 0               | 0%               |
| 32 | <i>Swing</i> - Medicaid HMO's |             |   | 0              | 0               | 0               | 0                 | 0               | 0%               |
| 33 | <i>Swing</i> - Self Pay       |             |   | 1              | 0               | 1               | 0                 | 0               | 0%               |
| 34 | <i>Swing</i> - Other          |             |   | 0              | 0               | 0               | 0                 | 0               | 0%               |
| 35 | <b>SWING - TOTALS</b>         |             |   | 4              | 0               | 4               | 2                 | 2               | 200.0%           |
| 36 |                               |             |   |                |                 |                 |                   |                 |                  |
| 37 | <b>PATIENT DAYS</b>           |             |   |                |                 |                 |                   |                 |                  |
| 38 | Acute Care - Medicare         |             |   | 15             | 12              | 15              | 8                 | 8               | 187.5%           |
| 39 | Acute Care - Medicare HMO's   |             |   | 0              | 0               | 0               | 0                 | 0               | 0.0%             |
| 40 | Acute Care - Medicaid         |             |   | 0              | 1               | 0               | 0                 | 0               | 0.0%             |
| 41 | Acute Care - Medicaid HMO's   |             |   | 0              | 0               | 0               | 13                | 13              | 0.0%             |
| 42 | Acute Care - Self Pay         |             |   | 0              | 0               | 0               | 1                 | 1               | 0.0%             |
| 43 | Acute Care - Other            |             |   | 0              | 0               | 0               | 0                 | 0               | 0.0%             |

|    | A                             | B | C | D              | E               | F               | G                 | H               | I                |
|----|-------------------------------|---|---|----------------|-----------------|-----------------|-------------------|-----------------|------------------|
| 44 | <b>ACUTE CARE - TOTALs</b>    |   |   | 15             | 13              | 15              | 22                | 22              | 68.2%            |
| 45 |                               |   |   |                |                 |                 |                   |                 |                  |
| 46 | <i>Swing</i> - Medicare       |   |   | 29             | 0               | 29              | 39                | 39              | 74.4%            |
| 47 | <i>Swing</i> - Medicare HMO's |   |   | 0              | 0               | 0               | 0                 | 0               | 0.0%             |
| 48 | <i>Swing</i> - Medicaid       |   |   | 0              | 0               | 0               | 310               | 310             | 0.0%             |
| 49 | <i>Swing</i> - Medicaid HMO's |   |   | 0              | 0               | 0               | 0                 | 0               | 0.0%             |
| 50 | <i>Swing</i> - Self Pay       |   |   | 10             | 0               | 10              | 140               | 140             | 7.1%             |
| 51 | <i>Swing</i> - Other          |   |   | 0              | 0               | 0               | 0                 | 0               | 0.0%             |
| 52 | <b>SWING - TOTALs</b>         |   |   | 39             | 0               | 39              | 489               | 489             | 8.0%             |
| 53 |                               |   |   |                |                 |                 |                   |                 |                  |
| 54 | <b>CLINIC ADMISSIONS</b>      |   |   |                |                 |                 |                   |                 |                  |
| 55 | Clinic - Medicare             |   |   | 51             | 69              | 51              | 78                | 78              | 65%              |
| 56 | Clinic - Medicare HMO's       |   |   | 0              | 0               | 0               | 0                 | 0               | 0%               |
| 57 | Clinic - Medicaid             |   |   | 1              | 1               | 1               | 7                 | 7               | 14%              |
| 58 | Clinic - Medicaid HMO's       |   |   | 50             | 42              | 50              | 66                | 66              | 76%              |
| 59 | Clinic - Self Pay             |   |   | 18             | 9               | 18              | 9                 | 9               | 200%             |
| 60 | Clinic - Other                |   |   | 129            | 137             | 129             | 127               | 127             | 102%             |
| 61 | <b>CLINIC - TOTALs</b>        |   |   | 249            | 258             | 249             | 287               | 287             | 87%              |
| 62 |                               |   |   |                |                 |                 |                   |                 |                  |
| 63 | Hospital Avg Length of Stay   |   |   | 2.14           | 1.85            | 2.14            | 2.75              | 2.75            | 78%              |
| 64 | Medicare Avg Length of Stay   |   |   | 2.14           | 2               | 2.14            | 2                 | 2               | 107%             |
| 65 | DSHS Avg Length of Stay       |   |   | 0              | 1               | 0               | 3.25              | 3.25            | 0%               |
| 66 | Hospital/AC Avg Daily Census  |   |   | 0.48           | 0.41            | 0.48            | 0.71              | 0.71            | 68%              |
| 67 | Swing - Avg Daily Census      |   |   | 1.25           | 0               | 1.25            | 15.77             | 15.77           | 8%               |
| 68 | Observation/PACU2 Patients    |   |   | 8              | 6               | 8               | 9                 | 9               | 89%              |
| 69 | <b>SLEEP STUDY</b>            |   |   | 0              |                 | 0               | 0                 |                 | 0%               |
| 70 | ER Patients                   |   |   | 253            | 266             | 253             | 240               | 240             | 105%             |
| 71 | Physical Therapy              |   |   | 62             | 78              | 62              | 74                | 74              | 84%              |
| 72 | Cardio Pulmonary Services     |   |   | 0              |                 |                 | 181               | 181             | 0%               |
| 73 | IT / Wound Patients           |   |   | 5              | 5               | 5               | 17                | 17              | 29%              |
| 74 | Nutrition                     |   |   | 3              | 3               | 3               | 4                 | 4               | 75%              |
| 75 | <b>Totals:</b>                |   |   | 587            |                 |                 | 820               |                 | 71.6%            |
| 76 |                               |   |   | <b>Current</b> | <b>Previous</b> |                 | <i>Prev</i>       |                 | <b>Jan.</b>      |
| 77 |                               |   |   | <b>Month:</b>  | <b>Month:</b>   | <b>2017 YTD</b> | <i>Year: Jan.</i> | <b>2016 YTD</b> | <b>2017/Jan.</b> |
| 78 |                               |   |   | <b>Jan.</b>    | <b>Dec.</b>     |                 |                   |                 | <b>2016</b>      |

CONSENT AGENDA  
CHARITY CARE & BAD DEBT  
JANUARY 2017

Submitted by: Rebecca Lewis

RE: Request For Write-Off's

| <b>FOR BOARD APPROVAL</b> | <b>DOLLARS</b> |
|---------------------------|----------------|
| CHARITY CARE ADJUSTMENT   | \$ 1,319.93    |
| BAD DEBT ADJUSTMENT       | \$ 31,716.99   |
| TOTAL:                    | \$ 33,036.92   |

BECKIE LEWIS, BILLING OFFICE MANAGER \_\_\_\_\_

\_\_\_\_\_  
Randy Zolman, Chairman of the Commissioners

\_\_\_\_\_  
Date



**QUINCY VALLEY MEDICAL CENTER**

Grant County Public Hospital District #2  
Don Condit, Commissioner  
Randy Zolman, Commissioner  
Robert Poindexter, Commissioner  
Anthony Gonzalez, Commissioner  
Michele Talley, Commissioner

Jerry Hawley, CEO

**A/P Voucher Approval**

We, the undersigned Board of Commissioners of Quincy Valley Medical Center, Public Hospital District No. 2 of Grant County Wa., do hereby certify that the merchandise or services hereinafter specified have been received and the vouchers 6021054196 through 6021054401 are approved for payment in the sum of \$565,630.28 this 27th day of February, 2017

|              |       |
|--------------|-------|
| 0.00 *       | _____ |
| 31,248.13 +  | _____ |
| 60,058.76 +  | _____ |
| 67,131.39 +  | _____ |
| 68,876.69 +  | _____ |
| 59,949.33 +  | _____ |
| 63,756.12 +  | _____ |
| 64,201.41 +  | _____ |
| 21,595.00 +  | _____ |
| 67,212.15 +  | _____ |
| 51,601.30 +  | _____ |
| 565,630.28 * |       |
| 0.00 *       |       |



**QUINCY VALLEY MEDICAL CENTER**

Grant County Public Hospital District #2

- Don Condit, Commissioner
- Randy Zolman, Commissioner
- Robert Poindexter, Commissioner
- Anthony Gonzalez, Commissioner
- Michele Talley, Commissioner

Jerry Hawley, CEO

**Payroll Voucher Approval**

We, the undersigned Board of Commissioners of Quincy Valley Medical Center, Public Hospital District No. 2 of Grant County Wa., do hereby certify that the merchandise or services hereinafter specified have been received and a total of 218 Payroll direct deposit vouchers and 1 warrants are approved for payment in the sum of \$298,450.85 on this 27th day of February 2017.

0.00 \*

99,039.63 +

788.58 +

99,238.18 +

99,384.46 +

298,450.85 \*

0.00 \*

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# Business Office and Support Services February 2017

## Business Office Board Report

Prepared : FEBRUARY 24, 2017

Prepared By: Beckie Lewis Business Office Manager

**Board Approved:**

Charity Adjustments for JANUARY 2017

Bad Debt Adjustments for JANUARY 2017 (ER \$30,496.35)

**JANUARY 2017 MONTH END**

**Self-Pay:**

|                |
|----------------|
| <b>Dollars</b> |
|----------------|

\$1,319.93

\$31,716.99

| Total AR Balance | Monthly Revenue | Monthly Receipts |
|------------------|-----------------|------------------|
| 245,208          | 31,117          | 425,050          |

**Self Pay:**

| Percentage of Receipts/<br>Total AR Balance |
|---|
| 21%   |

**Total AR Increased from 46.6 to 52.7 Days**

SLEEP LAB IS OPEN AND SEEING PATIENTS MON-WED EVENINGS

SIGNS HAVE BEEN PLACED IN ER & CLINIC WITH NAVIGATOR INFORMATION

BUSINESS OFFICE POLICIES ARE BEING UPDATED

EFFECTIVE 2-6-17 CLINIC HOURS MON-FRI 8:00AM TO 6:30PM

WE HAVE STARTED CHARGING FINANCE CHARGES ON ACCOUNTS 60 DAYS NO PYMTS

CONTRACTED AS OF 1-4-17 WITH ALL MOLINA PLANS

***This summary analyzes the A/R by accounts aged over 90 Days.***

| <b>INSURANCE</b>               | 16-Oct    | 16-Nov    | 16-Dec    | 17-Jan    |
|--------------------------------|-----------|-----------|-----------|-----------|
| <i>AR Total</i>                | 924,687   | 920,671   | 914,307   | 942,583   |
| \$ > 90 Days                   | 283,207   | 257,305   | 263,800   | 243,792   |
| % >90 days                     | 31%       | 28%       | 29%       | 26%       |
| <b>SELF PAY</b>                |           |           |           |           |
| <i>AR Total</i>                | 344,732   | 249,227   | 191,214   | 245,208   |
| \$ > 90 Days                   | 293,030   | 219,083   | 190,673   | 236,944   |
| % > 90 Days                    | 85%       | 1%        | 1%        | 1%        |
| \$ > 60 Days                   | 86,853    | 74,940    | 71,880    | 68,268    |
| % > 60 Days                    | 25%       | 1         | 1         | 1         |
| <b><i>A/R Days (Gross)</i></b> | 45.2      | 46.1      | 46.8      | 52.7      |
| <b><i>Total AR</i></b>         | 1,269,419 | 1,169,898 | 1,105,521 | 1,187,791 |
| \$ > 90 Days                   | 513,184   | 476,388   | 402,472   | 480,736   |
| % > 90 Days                    | 40%       | 41%       | 36%       | 40%       |

## Health Information Management, Linda Schultz:

### Utilization Review

|   | 2017 | 2016 | YTD Variance |
|---|------|------|--------------|
| 1. Census date for January                            |      |      |              |
| Clinic Visits   | 249  | 287  | 38 <         |
| ER Visits   | 253  | 240  | 13 <         |
| Observation   | 8    | 9    | 01 <         |
| PT Patients   | 62   | 74   | 12 <         |
| Acute Care Pt   |      |      |              |
| Days  | 15   | 22   | 07 <         |
| Sleep Study   | 0    |      | n/a          |
| 2. Internal and External requests for Medical Records |      |      |              |
| 3. Transfer of Care                                   |      |      |              |

### Analysis

1. The comparison of data from January, 2017 to January, 2016 is shown above under Utilization Review.
2. HIM received 341 requests for medical records in January, 2017. An analysis of who is requesting this information is broken down as follows:

|                 |     |   |
|-----------------|-----|---|
| Ins. Carrier    | 291 | <i>( of which, 282 were requested for State Audit )</i> |
| Disability      | 1   |   |
| Attorney        | 2   |   |
| Other Clinics   | 20  |   |
| Patient         | 17  |   |
| Employer        | 2   |   |
| Copier Service  | 0   |   |
| Law Enforcement | 6   |   |
| Other           | 2   |   |

We received 50 requests from other facilities requesting medical records to be faxed for continuity of care and/or referrals.

3. There were 14 requests for Transfer of Care; for a total of 14 Year to Date.

### Action

1. We will continue to record and monitor monthly Census data.
2. All requests for Medical Records were copied and released within 14 business days from the receipt date.
3. We will continue to record and monitor how many Transfer of Care requests are received.

\*\*\*\*\*

## Purchasing, Newton Moats:

1. Utilization Review

I have started my annual Premier GPO contract review that will end in December 2017 to make sure vendors are honoring contract prices, ensure we are on contract, at the correct price tier and getting our annual rebates.



**Product back orders**

To ensure there is no increase in back orders to staff from a past average of 40-50% up to a high of 76%. I will continue to monitor this in 2017. The goal will be to keep this under to 15%.

**Inventory counts**

Since the conversion, the inventory value has stabilized. We have decided to count the inventory twice each year (May and Nov) instead of cycle counting throughout the year. The goal will be to keep inventory adjustments lower than a past high of 20% down to 3-5%.

2. Analysis of the data

**Product back orders**

This was due to the increase in summer patient volumes. The percentage for Jan. 2017 was 26%. This is well below the 76% high we had in the past. I will continue to monitor this in 2017.

**Inventory counts**

We will manually adjust the inventory in the fiscal GL to match the materials management system inventory value. This will be completed by the fiscal office. The Jan. 2016 count adjustment was a zero because we only count in May and Nov. The goal is to have 3-5% adjustments compared to the 20% we had in the past.

3. Actions taken

**Product back orders**

Extra racks are in place with products for nursing staff to help avoid high back orders.

**Inventory counts**

The counts will now be done in May and November each year. After the counts we will have to manually update the inventory GL in the fiscal system. At that point we will take the loss or gain in inventory value. This will be completed by the fiscal office only at year end.

4. Miscellaneous process improvements. No other improvements made at this time.

\* \* \* \* \*

**Information Services, Tom Richardson:**

1) Utilization Review:

- 1. Hospital EMR

2) Analysis of the Data:

- a) In October 2016 Athena Health was selected as the winning EMR for the entire Quincy Valley Medical Center. This is an update as to the progress of the project moving from Evident to Athena.

3) Actions taken:

- a) We have begun the process of moving the hospital to a unified modern EMR.

Current project expenses:

- Geauxtech integration of existing EMR information \$1,200.00
- Merge Lab Interface System \$6,219.00
- Nuvodia radiology interface \$13,174.00
- Athena travel expenses ~ \$3,000.00

Total: ~\$23,600

Foreseeable expenditures include

- PAML lab interface no estimate available yet.
- Two more trips by Athena staff at ~\$3,000.00 each.
- Minor equipment purchases including PC cameras and scanners for the registration process.
- The staff has been extremely helpful and some have put significant effort in to keep us on schedule. I would like to specifically recognize Duvelza Lopez in her efforts to make this project work. We expect training online training to begin in two to three weeks.

GRANT COUNTY PUBLIC HOSPITAL DIST # 2

dba

QUINCY VALLEY MEDICAL CENTER

HUMAN RESOURCES

Board Report for January, 2017

Meeting for Monday, February 27, 2017

1. Quality Program

a. Utilization Review: Evaluations

This is a Quality & Performance Improvement Indicator that I track and trend for the timeliness of evaluations returned by the Supervisor within 30 business days of the date they were sent out. There are 7 annual merit evaluations and 2 90-day introductory evaluations for January that have a due date of 02/24/17.

Analysis:

For 2017 the goal of Administration will be to see an improvement in the percent of timeliness for Supervisors who are direct reports. All Employees were reminded that their merit increase would not be awarded until all competency requirements were met.

% in Compliance:

|      | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec  |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 2014 | 25% | 50% | 43% | 67% | 56% | 42% | 14% | 43% | 8%  | 18% | 92% | 100% |
| 2015 | 25% | 25% | 67% | 0%  | 85% | 38% | 20% | 21% | 13% | 29% | 14% | 43%  |
| 2016 | 15% | 30% | 50% | 33% | 50% | 44% | 0%  | 54% | 44% | 83% | 67% | 25%  |
| 2017 | 44% |     |     |     |     |     |     |     |     |     |     |      |

b. Utilization Review: Employee Turnover Percent

| 2005  | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  | 2012 | 2013 | 2014 | 2015 | 2016 | 01/2017 |
|-------|-------|-------|-------|-------|-------|-------|------|------|------|------|------|---------|
| 40.7% | 39.3% | 35.5% | 21.9% | 30.0% | 27.5% | 34.6% | 26%  | 32%  | 38%  | 25%  | 32%* | 0%      |
| 117   | 120   | 123   | 138   | 144   | 135   | 117   | 124  | 117  | 108  | 111  | 78   | 79      |

\* Blue indicates the 10 years that Mehdi was our CEO.

\* Note: When calculating the Turnover Percent, you do not include the Reduction-In-Force number. Remember, that RIF positions are eliminated; employees are not laid off nor replaced.

Analysis:

YTD Terminations by Reason:

| Voluntary Quits: | Discharged: | Temp: | Divested: | Re-structure: | FMLA: | *RIF: |
|------------------|-------------|-------|-----------|---------------|-------|-------|
| 2014             | 40          | 2     | 4         | 1             |       |       |
| 2015             | 15          | 8     | 0         | 0             | 2     | 1     |
| 2016             | 30          | 6     | 0         | 0             | 0     | 18    |

New Hires for January:

Roberts, Bry Anne Technologist Ultrasound 1 Full-time

Job Postings for February to fill the following department vacancies:

|                    |                  |   |           |             |
|--------------------|------------------|---|-----------|-------------|
| RN                 | Acute Care       | 1 | Full-time | Replacement |
| RN                 | Acute Care       | 1 | Per Diem  | Replacement |
| RN                 | ED               | 1 | Full-time | Replacement |
| Physical Therapist | Physical Therapy | 1 | Full-time | Replacement |

c. Utilization Review: *Payroll: average FTEs per month*

| Year         | Jan    | Feb   | Mar   | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   |
|--------------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2006         | 84.57  | 84.55 | 86.24 | 86.85 | 87.93 | 88.82 | 89.4  | 90.11 | 91.02 | 91.47 | 91.97 | 92.35 |
| 2007         | 93.96  | 94.66 | 93.35 | 93.4  | 93.2  | 93.9  | 94.1  | 94.45 | 94.61 | 94.67 | 94.52 | 94.38 |
| 2008         | 89.41  | 92.29 | 92.46 | 93.9  | 94.9  | 95.5  | 95.8  | 97.31 | 98.27 | 98.8  | 99.3  | 100.2 |
| 2009         | 104.01 | 102.5 | 101.0 | 105.1 | 101.5 | 103.2 | 106.8 | 107.0 | 108.0 | 106.0 | 107.4 | 104.4 |
| 2010         | 103.61 | 105.9 | 108.4 | 106.1 | 106.7 | 111.6 | 110.1 | 112.9 | 111.8 | 109.2 | 108.0 | 106.5 |
| 2011         | 103.24 | 104.4 | 108.3 | 114.7 | 115.7 | 120.1 | 120.4 | 113.8 | 113.1 | 108.7 | 106.1 | 105.5 |
| 2012         | 105.0  | 103.6 | 106.7 | 108.1 | 107.1 | 112.8 | 109.4 | 111.5 | 113.3 | 106.9 | 106.7 | 108.6 |
| 2013         | 97.2   | 98.7  | 101.9 | 99.9  | 99.6  | 99.7  | 104.0 | 104.1 | 102.3 | 98.6  | 100.3 | 98.4  |
| 2014         | 96.3   | 98.7  | 97.6  | 101.1 | 102.8 | 103.3 | 102.1 | 104.4 | 101.0 | 96.7  | 96.6  | 92.0  |
| 2015         | 88.3   | 88.8  | 90.2  | 86.2  | 89.5  | 89.4  | 91.6  | 91.3  | 89.0  | 88.3  | 89.7  | 88.9  |
| 2016         | 87.0   | 85.4  | 84.0  | 79.8  | 67.3  | 61.8  | 60.7  | 61.9  | 57.7  | 57.8  | 59.8  | 59.6  |
| 2017         | 58.9   |       |       |       |       |       |       |       |       |       |       |       |
| Full-time    | 57     |       |       |       |       |       |       |       |       |       |       |       |
| Part-time    | 0      |       |       |       |       |       |       |       |       |       |       |       |
| Per Diem     | 22     |       |       |       |       |       |       |       |       |       |       |       |
| Total # Emp. | 79     |       |       |       |       |       |       |       |       |       |       |       |

d. Utilization Review: *State of Washington, Department of Labor & Industries effective 01/01/13*

|  | 01/17 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 2009 |
|--|-------|----|----|----|----|----|----|----|------|
| 1 <sup>st</sup> Quarter Summary: Jan/Feb/Mar |       |    |    |    |    |    |    |    |      |
| Reportable Injuries:                         | 0     | 0  | 4  | 2  | 3  | 2  | 1  | 4  | 3    |
| 2 <sup>nd</sup> Quarter Summary: Apr/May/Jun |       |    |    |    |    |    |    |    |      |
| Reportable Injuries:                         | 1     | 1  | 4  | 1  | 1  | 1  | 1  | 5  | 2    |
| 3 <sup>rd</sup> Quarter Summary: Jul/Aug/Sep |       |    |    |    |    |    |    |    |      |
| Reportable Injuries:                         | 1     | 3  | 5  | 1  | 5  | 5  | 3  | 3  |      |
| 4 <sup>th</sup> Quarter Summary: Oct/Nov/Dec |       |    |    |    |    |    |    |    |      |
| Reportable Injuries:                         | 1     | 3  | 3  | 2  | 2  | 6  | 4  | 5  |      |
| <b>Year-To-Date Total:</b>                   | 3     | 11 | 14 | 7  | 10 | 13 | 16 | 13 |      |

2. **Education/Compliance**

*HR8650.54 Annual Required Competencies*

In response to the DOH plan of correction, to a deficiency that H/R received, I updated and re-circulated the policy and procedure to all staff. I re-emphasized the expectation that DOH has for staff to complete these requirements in a timely manner and that proof of completion is maintained in their personnel file. I will have a Q/I indicator that will track completion by department for each quarter.

3. **Fiscal**

Personnel 2016 Budget to Actual: *June: 10% under budget*

*Recruitment during 2016 for the following positions will impact the final 2016 budget:*

- ✓ *Clinic Provider*
- ✓ *Physical Therapist*
- ✓ *ER Charge nurses*
- ✓ *Ultrasound Technician*
- ✓ *CNO*

4. **Personnel**

a. *There were no recruitment dollars expensed in December.*

b. *Policy & Procedures: HR8650.54 Revised 04/28/16*

c. *Employee Handbook Revision: Nothing new to report.*

5. **Interpreter Services**      *Nothing new to report.*

6. **Unemployment**

We submitted a letter to United Claims Management to terminate our Agreement for unemployment services to be effective December 1, 2013. We received the funds and will be considered "reimbursable" by the State for 2014. Depending on the outcome at year end; we may elect to stay reimbursable vs. paying premiums.

7. **Other Direct Expenses:**

| 2017                       | Jan              | Feb | Mar | Apr    | May | June |
|----------------------------|------------------|-----|-----|--------|-----|------|
| <b>Professional Fees:</b>  |                  |     |     |        |     |      |
| ER Physicians & Locums     | 5.0<br>98,775.00 |     |     |        |     |      |
| <b>Purchased Services:</b> |                  |     |     |        |     |      |
| Administration:            | 1<br>12,000.00   |     |     |        |     |      |
| Pharmacy                   | .5<br>4,659.70   |     |     |        |     |      |
| Nursing/NA-C               | .0<br>.00        | .00 | .00 | 262.40 | .00 | .00  |
| Ultrasound                 | .3<br>4,256.00   |     |     |        |     |      |
| Sleep Lab:                 | .4<br>3,840.00   |     |     |        |     |      |

**Transcription**

\*\*\*\*\*

| 2016                       | Jul               | Aug               | Sep               | Oct              | Nov            | Dec               |
|----------------------------|-------------------|-------------------|-------------------|------------------|----------------|-------------------|
| <b>Professional Fees:</b>  |                   |                   |                   |                  |                |                   |
| ER Physicians & Locums     | 6.0<br>128,208.86 | 5.9<br>127,225.50 | 6.8<br>141,870.00 | 4.2<br>92,295.00 |                | 5.2<br>111,214.41 |
| <b>Purchased Services:</b> |                   |                   |                   |                  |                |                   |
| Administration             | 1<br>12,000.00    | 1<br>12,000.00    | 1<br>12,000.00    | 1<br>12,000.00   | 1<br>12,000.00 | 1<br>12,000.00    |
| Community Relations        |                   | .3<br>2,880.00    | .5<br>5,460.00    | .5<br>5,250.00   | 0              | .4<br>2,190.00    |
| Pharmacy                   | .4<br>3,999.30    | .5<br>5,506.75    | .6<br>5,652.10    | .4<br>4,079.70   | .5<br>5,817.80 | .4<br>4,000.00    |
| Nursing/CNA                | .0<br>.00         | .02<br>272.00     |                   | .08<br>1,119.30  |                |                   |
| Ultrasound                 | .14<br>1,335.25   | .23<br>1,960.00   | .05<br>477.75     | .9<br>12,160.00  |                | .7<br>9,785.00    |
| Transcription              | Revised           | Revised           | Revised           |                  |                |                   |

*Respectfully Submitted February 24, 2017*  
*Alene Walker, Director*  
*Human Resources Department*

**Operations: Compliance, Risk Mgmt. & Medical Staff Services**  
**February 2017**

**Medical Staff Services and Risk Management: Glenda Bishop**

The Medical Staff met on February 15; our Pharmacist provided the 2017 Formulary. In addition, the staff reviewed the protocols being recommended by Grant County Public Health with respect to the current outbreak of Mumps. Facility employee health recommendations will be modified to meet recommendations of Public Health if confirmed cases occur in our area.

- Ongoing credentialing and enrollment activities: (1) We have signed a contract with Coordinated Care but the credentialing process to become part of the network is ongoing. (2) Ten new radiologists (through Inland Imaging) have been added to our Medicare provider number and enrollment documents have been filed with L & I. (3) Credentialing application has been received from Dr. Cheta Nand who will be credentialed as a Consulting member of the Medical Staff. Dr. Nand is the Medical Director for our hospital-based Sleep Lab Clinic.

Physician-staffing for our Emergency Department continues to be very stable, thanks to our team of committed physicians.

**Facility Insurance Coverage:**

Boiler and Machinery policy renewed. No other changes to existing coverage.

**Compliance:** Public Disclosure Annual Filing was completed on February 23<sup>rd</sup>.

**Other Projects:**

- Two All Staff meetings were held, January 24 and February 23, updating our employees on the activities taking place “outside our walls”. Excellent attendance, and will continue to hold meetings (hopefully monthly) to keep the staff current on the progress being made.
- A “Development and Assessment” Team met for their first working session on February 9. Priorities were to agree on a charter and the general consensus was: “to identify a sustainable, community-endorsed means of providing essential health care services to District residents.” This team has two more meetings scheduled, which are being facilitated by Jody Carona.

I am very encouraged by the progress being made towards our conversion to Athena and the potential for extremely positive impact across all departments of the organization. The groundwork for this change seemed overwhelming, but the cooperation of our Managers is noteworthy, especially considering their many other ongoing responsibilities. Kudos to Tom and Daniel – they are an IT Department of “two”, but they have taken on a project that will bring benefit to our patients, to our finances, to our “efficiency” and to employee morale. Good things to come.....

**Dietary Department, Cheryl Roberts**

Resident Meals; 0; last year 1434  
Acute Care patient Meals 158; last year 124  
Guest Meals Acute Care 0; last year 0  
Guest Meals Swing Bed 0; last year 0  
ER & Surgery Meals 4; last year 0  
Catered Meals 6; last year 0  
Staff Meals 333; last year 829  
ER Doctor Meals 25; last year 61

**Housekeeping, Violet Pearl**

**UTILIZATION DATA:**

- Miscellaneous requests completed 6
- Discharge cleaning requests completed 17
- Deep cleaning requests completed 0
- Linen requests completed 0
- Terminal cleaning request completed 0
- Linen weight 1787
- Linen dollar amount \$1,393.28

**MISCELLANEOUS PROCESS IMPROVEMENTS:**

- All discharge; terminal, deep cleaning requests have been filled.
- Linen weight totals have gone down by 51 pounds from December 2016.
- The Linen dollar amount went up by \$43.52 from December 2016.

**ACTION TAKEN**

Linen weights were down due to less linen ordered.

Linen dollar amounts were slightly up due to inventory and other charges.



“QVMC nursing provides compassionate quality healthcare to our community by promoting healthy lifestyles, providing education, and encouraging patient and family involvement in all aspects of care”

February 20, 2017

### **Emergency Department/Acute Care:**

#### **Census:**

During the month of January there was a total of 253 ER visits, average patients per day of 8.16. A total of 258 patients were seen in the Emergency Department last month.

Acute care patient census for the month of January was 15 patients, 4 of those patients were seen for inpatient services, 6 seen for observation (Obs) stay, 3 seen for Certified-Swing, and 2 seen for Non-Cert Swing services.

For all other census numbers please refer to numbers reported by Linda Schultz.

#### **Diagnoses**

Top 4 diagnoses/or reasons for ER visits for January were:

- Abdominal pain, 22.
- Falls, 15.
- Motor vehicle accident, 15
- Chest pain, 14.

#### **Achievements:**

- No agency nurses utilized
- Orientation completed for 1 per diem Ward Clerk/CNA; ongoing orientation 1 per diem Acute Care RN
- Hand hygiene promoted in ER/AC
- New policies created for ER/AC; multiple policies reviewed.
- QI indicators closely looked at.
- Monthly staff meetings recommenced as of Jan. 2017.

By: Marissa Villela, CNO

## Utilization Review/Management & National/Regional Hospital Reporting Board Report for

January, 2017

### Utilization Review/Management:

During the month of January, 2017 we had 10 opportunities to use the Milliman Care Guidelines to perform admission appropriateness screenings on patients that were placed in Observation, admitted to Inpatient/acute status or Medicare Certified Swing. At this time, I ask that staff perform Admission Appropriate Screens on initial admissions, and not for transitions such as Obs to Acute, Acute to Certified Swing, etc. Of these 10 opportunities, 0 admission appropriate screens were performed. The admissions happened during my vacation and on weekends when I was unavailable. In some of the cases, there were staff on duty who had the training to perform the admission appropriate screens although they were not done. In January there were 6 Observation patients, 6 Acute patients, 3 Medicare Certified Swing patients and 2 Non-Certified Swing patients. In January there was a total of 125 Observation hours between the 6 Obs patients. There was 13 acute care days, 16 Medicare Certified Swing days, and 23 Non-Certified Swing Days. The Medicare Certified patients were admitted through our ER to Acute, then Certified Swing. 1 Certified Swing patient was transferred to Confluence Health. 2 of the Certified Swing patients were discharged from Certified Swing when they no longer met criteria for Skilled care. We admitted them into Non-Certified or long term care until we were able to find appropriate long term care placement elsewhere.

We now have a policy and procedure in place per Medicare guidelines to notify any Medicare beneficiary of all ramifications of being in Observation status. Although this is a new Federal law that pertains to Medicare beneficiaries, it is recommended that it be performed for any and all patients who are in Observation status for more than 24 hours. This policy has been taken to MedStaff in August and to all Nursing who work ER or Acute care. During the month of January we had 1 patient who was in Observation status just over 24 hours. The patient was discharged on a Sunday. Although the "MOON" letter packets are in Nurses Station and staff alerted to the policy, this was not done. Will be speaking on the importance of this policy at each Nurses meeting.

The plan is that, once I know a patient is admitted onto the floor I would either perform the initial admission appropriateness screen if it was not done, or perform a concurrent review of the medical record to help ensure that the patient is receiving care in the most appropriate level of care for the patient's condition. I would then use the MCG Evidence Based Guideline to monitor and compare the patient's progress against the Optimal Recovery Course for the specific disease or condition guideline. Using MCG's Evidence Based Guidelines and Optimal Recovery courses assists us to provide quality care to the patient, in the most appropriate level of care, and helps to avoid longer than unnecessary hospital stays. I encourage all of the Nurses to use the guidelines as stated above. As insurance companies request clinical data for their reviews and audits, the requested material, documents and signatures are being provided in a timely manner. Retrospective reviews including written reports for any patient's medical record when the stay appropriateness, medical necessity or length of stay is in question is being provided to the reporting insurance entity per their appeal process. I am seeing an increase in the use of Medicare and Medicaid managed plans. Many of these plans require prior authorizations for admission to acute care or skilled level of care. These plans require more communication in writing to ensure that plans will continue to cover patient stays. Discussions concerning Utilization Review and management will be ongoing with Nursing and Providers to continue to reduce cost to patients, payers and maximize our hospital reimbursement while working to improve the care that we provide to our patients.

Beginning in October, 2014 I began tracking and reporting to QI the number of Medicare Certifications or re-certifications that are completed on time. Background: Medicare requires that a patient must meet specific criteria to be in a skilled level of care (Certified Swing Bed). The specific criteria to be met, is documented in the Medicare Rules and Regulations. The Patient must meet medical necessity for the skilled service and meet the four factors listed under rules and regulations, the patient must have also had the qualifying hospital stay under that specific rule. Medicare requires that the Provider who admits the patient then follows the patient write the admission order in such a way to show that the patient does in fact meet the Medicare Guidelines, this is called the Certification. The patient must have a Re-certification at specific intervals during their stay in the skilled level of care certified that they are still meeting the specific criteria. I am responsible for ensuring that the Provider include the necessary factors in the Certification Order and is completed on time. I keep track of Medicare certifications and when re-certifications are due then ensure that the Provider receives them to complete. Referrals have been declining over past months. The majority of referrals that we are receiving are patients with complicated medical history, complications during current hospital stay, severe psychiatric diagnosis, and many with multiple social issues, including drug addiction, and homelessness. The majority of these referrals are originating from the Seattle area. In January, it has become clear that we are not prepared with the appropriate services to care for Swing Bed Patients. We do not have a fully operating dietary department. Without a fully operating dietary department, we are unable to provide special therapeutic diets including diabetic carb counting, altered textures etc. We do not have appropriate Social Services, nor Activities. We also lack Speech Therapy and Occupational Therapy. There has been discussion with upper management in obtaining these services through contract.

#### Case Management:

I respond to any Social Services issues from the Clinic, Emergency Department and Inpatient departments as needed. This became part of my duties when Mary Nickel resigned. I worked closely with the next Social Worker Anastaysia, until she resigned this past spring. I am involved in discharge planning, obtaining special equipment, services and other social services issues, including locating appropriate placement.

#### National & Regional Hospital Data Reporting:

The Centers for Medicare and Medicaid, Centers for Disease Control and the Joint Commission have initiated multiple initiatives in healthcare. These initiatives require Hospitals to report data of clinical nature from both in-patients and out-patients. These initiatives are ever changing and growing, increasing required data. Some of the initiatives reflect Hospital reimbursement, incentives and penalties. Due to our Hospital size, location and Critical Access Status we are not required to report some data measures that larger Hospitals are required to report but our requirements are continuously increasing. July, 2015 we started to collect data for a new measure "ED Transfer Communication Measure". March, 2016 we began collecting data on Trauma Transfer Patients and report to the regional Trauma group. We are reporting data to Centers for Medicare (Quality Net), Centers for Disease Control (NHSN) and to Washington State Hospital Association through (One Health Port or QBS). Medicare draws patient data from NHSN and QBS as well as Quality Net.

Currently I am reporting:

- \*Falls with injury.
- \*Catheter Associated Urinary Tract Infections.
- \*Central Line Associated Infections.
- \*Adverse Drug Events which include anticoagulant/INR, hypoglycemic, and opioids.
- \*In-patient stroke, pediatric asthma, venous thromboembolism (VTE), and sepsis clinical data.
- \*In-patient-all acute care inpatients pneumonia and flu vaccination status.



- \*In-patients who are admitted from our Emergency Department, multiple elements.
- \*Out-patient stroke, chest pain, and myocardial infarction, and long bone fracture clinical data.
- \*Emergency Department Patient arrival time to time seen by the Provider, arrival time to time Patients are discharged from the ED and time from when the Provider decides to admit a Patient to the time the Patient leaves the ED.
- \*Antimicrobial Stewardship (Pharmacist provides data).
- \*Data on Pediatric patients who receive Head CTs when presenting with diagnosis of "concussion without loss of consciousness".
- \*Data on Pediatric patients who have a diagnosis of "appendicitis" and have ultrasound performed.
- \*Patient admissions, discharges and patient days to CDC and CMS.
- \*MRSA (Methicillin-resistant Staphylococcus aureus), and C-Diff (Clostridium difficile) on all Inpatient locations and ED Outpatients.
- \*Transfer Communication measure with multiple elements for all patients who are transferred to another Hospital from our ED or Observation status.
- \*Trauma patient transfer measures are now being reported to the regional trauma register group.
- \*Annually, Employee Influenza Vaccination data, data provided from Employee Health Nurse.
- \*Annually, I am reporting the number of patients who present to the ED and leave before Provider evaluates. This list is dynamic and changes as CMS, DOH, CDC and other quality groups develop and implement quality measures.

#### Emergency Room Visit Coding:

In July, I began to learn Emergency Room Coding. My part of the process will be to help determine the most appropriate facility and Professional level to bill at while looking at Nurse and Provider documentation to ensure that it supports coding. I will also be looking for supplies or services that we are able to bill for related to the documentation of the patient care provided. I have begun to send out documentation improvement opportunities as well as documentation needs to complete coding processes to the Nurses and Providers. I am sharing a spreadsheet with Linda S. in Medical Records on documentation requests. We will be using this to look for trends and possible educational needs. In November, I reduced the number of ER visits that I am auditing due to work load. I have continued to perform audits for charges and documentation on any odd situations, visits that outside coders are unable to perform for various reasons, and any ERs that are admitted to Obs or Acute, including any direct admits.

#### Electronic Medical Record:

I am attending meetings and providing information for the anticipated implementation of the new electronic medical record system.

Kelly Robison, RN  
 Utilization Review/Management  
 Case Management  
 National & Regional Hospital Data Reporting

## SAGEVIEW FAMILY CARE CLINIC

### BOARD REPORT FOR JANUARY 2017

Clinic Visits January 2017 = 249

Clinic Visits January 2016 = 287

Clinic Visits December 2016 = 258

January is the last month that we will have 3 Medical Providers and 3 Medical Assistants at Sageview working 12 hour days. Because of decreased patient visits, we will reduce our staff to 2 providers and 2 assistants on February 1<sup>st</sup>. We will also decrease our clinic hours to be open only 10 hours daily, from 8:00am-6:30pm. We hope these 2 changes will reduce our staffing costs, but still provide extended hours available to our patients. We will know more when we receive statistics for the month of February 2017.

The QVMC Sleep Study lab is up and running. We have had 4 full Sleep Studies performed in our new lab. The feedback from our patients is good- they have mentioned that the Sleep Tech was very knowledgeable, the facility is attractive, and the beds are great! We are currently receiving referrals from outside Clinics and Providers, requesting Dr. Gomez to perform Evaluations that then generate the medical order for a sleep study. Dr. Nand visited our facility this month to meet our staff and present information on the importance of treating sleep apnea and other sleep issues. He is currently our Sleep Study Director, and has a very busy sleep clinic in Tri Cities. We will continue to build this service by participating in presentations at various facilities given by Dr. Nand, Jesse Torres and Dr. Gomez.

I have also reached out to Marla Starcevich Occupational RN at Quincy Lamb Weston to establish a relationship with their Plant Safety Manager -Tyler Raymond. Marla and Tyler visited us at Sageview to discuss issues that may be causing problems, and/or reluctance for our Quincy Industries to use Sageview clinic for their Occupational injuries and treatments. Tyler has experience in this field working in several Quincy industries and facilities, so his ideas were very well received by our staff. Next month we will tour the Lamb Weston plant site as guests, to visualize the working conditions, restricted duty options, and First Aid/Occupational Medicine facilities and supplies. I am optimistic that our improvement in providing Occupational Medicine tailored to the industry's guidelines at Sageview will help us see an increase in patient visits. My goal is for our Quincy industries to choose Sageview Clinic as their primary source of medical care for their sick or injured workers. My hope is that if we can provide good service to injured workers, they will then choose our clinic for their families' health care needs.

We are also in talks with Logistics Health Incorporated, located in La Crosse Wisconsin, to provide yearly physical exams for currently drilling Reservists in the United States Armed Forces. This is a service that we can provide to military personnel that are more than 50 miles from a Veteran's Health facility. I hope to have this all in place by the end of February.

And we have recently provided a full physical examination for Grant County Fire District #3 for their new Career Firefighter. Carmen Weber, Robin Trost, Lily Medrano and I worked together to complete all the paperwork and requirements. The new firefighter seemed very pleased with our services, Carmen was happy to have this done in Quincy, and she stated there will probably be more Career Firefighter physical examinations needed in the near future. This exam is much more involved than the Volunteer Firefighter physical, so we were able to pull together all the required testing using Gillespie Optometry Services of Quincy to provide the eye testing portion. I plan to continue to use their services for future Firefighter exams, as well as the needs of the Military personnel exams referred to us from Logistics Health Incorporated. My goal is to meet the medical needs of Quincy by using our local facilities.

And we have been busy vaccinating our public schools' staff and community members with Measles/Mumps/Rubella immunizations during this time of the Mumps outbreak in Grant County and Washington State. Grant County is currently reporting the Fourth largest number of mumps cases, following behind Spokane County, King County and Pierce County. This is a huge number of cases for our county, given our much smaller population than the other 3 counties. As a precaution, the staff at Sageview just completed receiving our MMR boosters and training to prepare for any possibilities of exposure to Mumps.

Respectfully submitted,

Lynn E. Trantow RN BSN

QVMC  
LABORATORY BOARD REPORT  
January, 2017

- I. Workload Monitors  
A. Workload Statistics:

January 2017

Total Tests Ordered                      1482  
Send-out Tests Ordered                      77

- II. Quality Improvement

A. Laboratory News: Dr. Heagy was here for her monthly visit January 10<sup>th</sup>.

B. Policy/Procedure Changes

N/A

- III. Laboratory Quality Assurance Incidents: NONE

|     | Specimen | Patient ID/labeling | LIS | Patient Concern | Safety | Lab Result | Transport | Instrument | Other | Total |
|-----|----------|---------------------|-----|-----------------|--------|------------|-----------|------------|-------|-------|
| Lab |          |                     |     |                 |        |            |           |            |       |       |

- IV. Key Quality Indicators:

A. Turn-around Time

| Test          | TAT Goal | #Orders | Average TAT |
|---------------|----------|---------|-------------|
| BMP           | 60       | 4       | 30          |
| CMP           | 60       | 126     | 60          |
| Cardiac Panel | 60       | 44      | 60          |
| CBC           | 60       | 135     | 25          |
| Troponin      | 60       | 2       | 60          |
| UA            | 60       | 71      | 40          |
| PT            | 60       | 72      | 50          |

The expected TAT for all billable tests is less than 60 minutes. The goal is for the percentage of test exceeding TAT to be less than 5% of the number of billable tests for that month.

|                    | December 2016 |
|--------------------|---------------|
| #Tests > 60minutes | 10            |
| #Billable Tests    | 1482          |
| Goal <5%           | 0.07%         |

B. Critical Values:

Critical values are required to be called according to our QA policy. It has to be documented in the system.

|           | Critical Results | %Calls Documented |
|-----------|------------------|-------------------|
| Jan. 2017 | 6                | 100%              |

**C. Corrected reports:**

Corrected reports are called only when the change is clinically significant

|           | Corrected Results | Require phone call | %of required calls documented |
|-----------|-------------------|--------------------|-------------------------------|
| Jan. 2017 | 1                 | 0                  | 100%                          |

**D. Specimen Acceptability (Recollections):**

|          | Total Recollections Performed |
|----------|-------------------------------|
| Jan.2017 | 6                             |

Reasons for Recollection

|          | Wrong Tube | Label Error | Spec Lost | Test Missed | Order Entry Error | Proc Error | QNS | Spec Clotted | Misc Error | Hemolyzed | No Spec Received |
|----------|------------|-------------|-----------|-------------|-------------------|------------|-----|--------------|------------|-----------|------------------|
| Jan.2017 |            |             |           |             |                   |            |     |              |            | 6         |                  |

**E. CAP surveys**

- a . CAP surveys a. Plasma cardiac markers
- b. Diagnostic immunology c. C. Diff
- d. Rapid Strep A
- e. Transfusion Medicine

**F. Competency and Education**

- a. 1<sup>st</sup> quarter – Urinalysis

**G. Safety**

All laboratory staff attended the Safety Meeting.

**H. Transfusion Medicine: Blood Bank Statistics**

|                              | Jan.2017 |
|------------------------------|----------|
| CROSSMATCHES                 | 2        |
| RBC UNITS TRANSFUSED – MONTH | 2        |
| RBC UNITS TRANSFUSED – YEAR  | 2        |
| FFP (Discontinued)           | 0        |
| TYPE AND SCREENS             | 2        |
| #PATIENTS TRASN FUSED        | 1        |
| #ANTIBODY IDs                | 0        |
| TRANSFUSION REACTION WORKUPS | 0        |
| DAT                          | 0        |

## January Board Report

**Utilization:** As reflected in the “Radiology Volume Chart” following this report, the monthly total exam volume for January 2017 **Increased** by 19 exams compared to January, 2016.

- MRI we had same amount of MRI’s for January 2016 compared to January 2016.
- Ultrasounds volumes increased. We provided 11 more exams on this month compared to January of 2016.
- CT exams decreased by 6 exams compared to 2016.
- X-ray exams increased by 16 in January 2017 compared to January 2016.
- We provided a total of 257 exams in January 2017 compared to 238 in January of 2016.

**Analysis of Data:** We have attributed the overall increased volume for the month of January to the increased referrals from the Emergency Room as well as Community health.

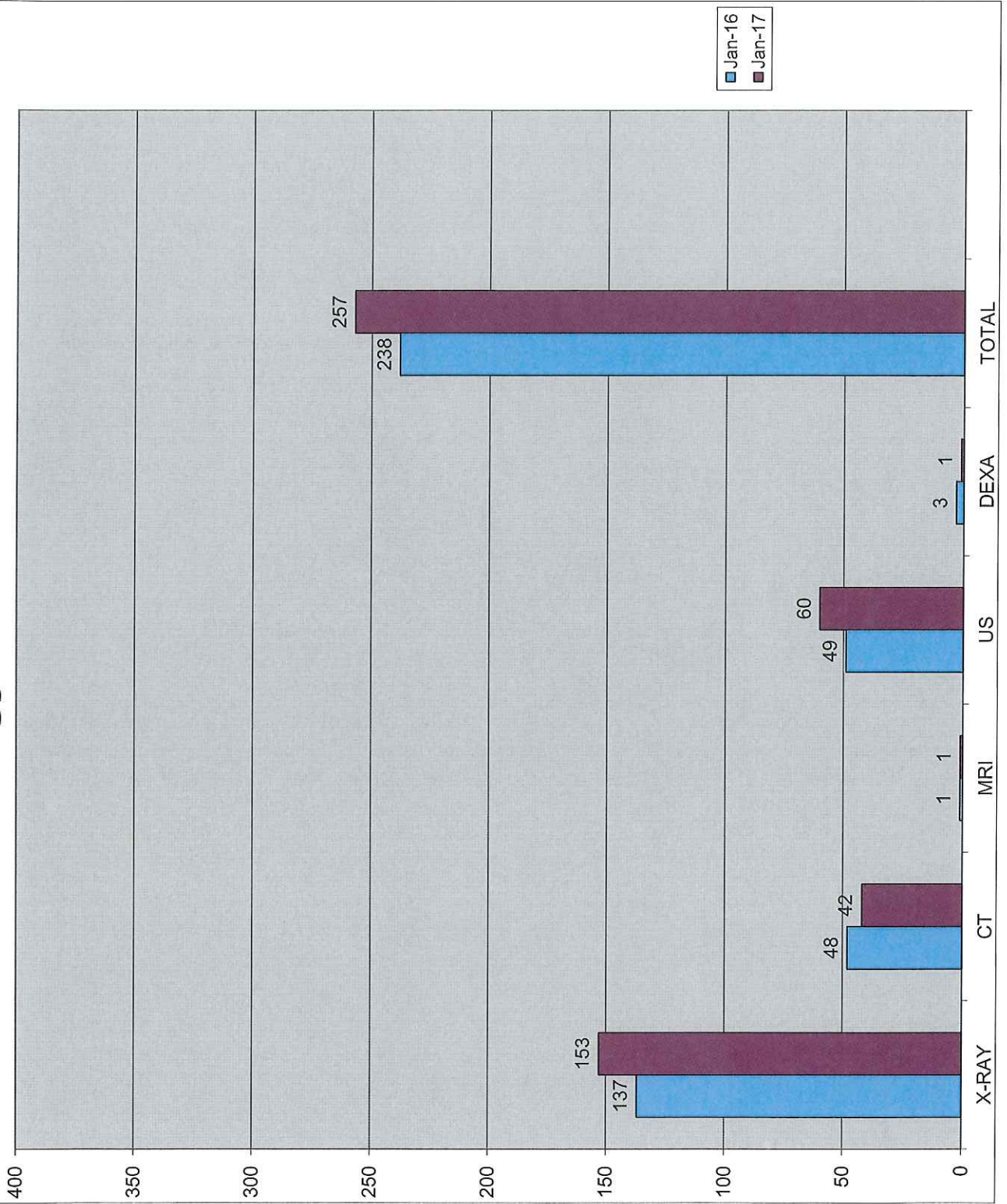
### **Action Taken:**

- In order to maintain awareness of our services and ensuring that we meet their specific needs, I maintain daily contact with the referring provider scheduler at community Health Clinic.

### **Miscellaneous Process improvements**

- (1) We are continuing to work on capturing the necessary ABNs to ensure compliance with Medicare regulations as well as maximize reimbursements.
- (2) We have been working on collecting all the data for Athena.
- (3) I reduced the Ultrasound Machine service contract from GE by \$1044 a year by making some changes to the contract.
- (4) We no longer have Ultrasound Agency because we hired Bry Roberts and she is currently working 34 hours a week. She has been doing great and numbers increased for the month of January as well as saving in salary due to only providing 34 hours a week compared to 40 when we had agency.

# Radiology Volume Chart



BOARD REPORT  
PHYSICAL THERAPY  
JANUARY 2017

PROGRAM REVIEW

- NUMBER OF PT VISITS FOR JANUARY: 264
- NUMBER OF ST VISITS FOR JANUARY: 0
- NUMBER OF PT NO SHOWS: 17 (4.9%)
- NUMBER OF PT CALL TO CANCEL: 58 (17%)
- NUMBER OF PT OPEN APPOINTMENTS: 47
- PRODUCTIVITY: (appointments filled/available appointments): 69%
- NUMBER OF SICK/HOLIDAY/VACATION HOURS TAKEN: JULIE: 30, AMY 28
- LOW CENSUS HOURS TAKEN AMY: 10

ANALYSIS OF THE DATA

- Our PT visits were the lowest in January than they have been in a very long time. We are often a little slower in January, but we are not usually this slow. Reasons for additional low census might be that we are turning away business weekly due to insurances that we are not authorized to accept due to not being part of the insurer's network of approved providers. We have discussed this issue with administration and there has been some limited success in getting into the network on some of these plans.
- We still do not have a speech therapist
- Our PT no show rate was low for the month of January. We were under our benchmark for our no shows for this month
- Our PT cancellation rate was also acceptable for the month.
- We had a significantly high number of open appointments. The reason for the low visit number for the month can only be attributed to low volumes.
- Productivity measure was well below our benchmark of 80% which indicates that we had struggles maintaining a productive department with the low volumes presenting in the month of January. This low productivity was despite taking 38 hours of low census and vacation time for Amy, and 30 hours for Julie. There was also an issue of Julie's contract terminating in the month of January. We started a new contractor, Alex, such that there was no lapse in coverage, but this turnover still caused some disruption in care for some of the patients. This was really a small part of the issue however. The bigger part of the issue was the low patient volumes.

ACTIONS TAKEN

- Jerry has been working to get contracts with some of the insurances that we do not take. He has already gotten us into one insurance that we had previously been unable to take. He is continuing to work with Confluence and some of the other insurers to gain access to patients that we are presently turning away.
- We continue to call patients daily to remind them of their appointments. This policy does seem to keep our no show rate acceptable.

CHANGES:

- We said goodbye to Julie, our temp PT from AMN healthcare. She was a good fit for our clinic and did a very good job for us. Her patients miss her. We brought on Alex from Delta Healthcare and he has been doing a very good job as well. He is a recent graduate, but he is very mature and confident with good skills. He is making a good fit as well and we are pleased that he has agreed to stay for two 13 week assignments with us.

Prepared by

Amy York, PT