

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

DATE: September 22, 2014
TIME: 5:30p.m.
LOCATION: Quincy Valley Medical Center Annex

CALL TO ORDER

1. Comments from the Audience regarding non-agenda items (two minute limit per person)
2. Approval of Minutes: August 25, 2014 Regular Meeting **Action** p. 1-3
3. Board Chair Report
4. QI Report: **Action** p. 4
5. Consent Agenda

Charity Adjustments	\$		Action	
Bad Debt Adjustments	\$		Action	
Total	\$			
Vouchers: Accounts Payable	\$ 529,124.16		Action	p. 10
Payroll	\$ 328,548.40		Action	p. 11
Total	\$ 857,672.56			
6. Standing Committee Reports
 - a). Finance
 - b). Building & Grounds
 - c). Personnel
7. Old Business:
8. New Business:
 - a).
9. Departmental Reports

a). Administrator				
b). Finance & Support Services			Dean Taplett	p. 12
c). Human Resources			Alene Walker	p. 18
d). Risk Management & Medical Staff Services & Support			Glenda Bishop	p. 21
e). Patient Care Services (& Nurse Auditing)			Alicia Shields	p. 23
i. Swing Bed Services:	<i>Brandy Nicolas</i>			p. 24
ii. Acute Care / ER Services	<i>Sarah Robins</i>			p.
iii. Activities/Social Services:	<i>Anastasiya Agoshkova</i>			p. 25
iv. Education Department:	<i>Cynde Tilton</i>			p. 26
v. Utilization Review:	<i>Kelly Robison</i>			p. 27
f). Surgery & Outpatient Services			Colleen Canfield	p. 29
i. Occupational Health:	<i>Marla Starceovich</i>			p. 32
ii. Cardiopulmonary Department:	<i>Colette Lancaster</i>			p. 33
iii. IV Therapy/Wound Care:	<i>Jennifer Brockie</i>			p. 34
g). SageView Family Care			Anieca Ashley	p. 35
h). Laboratory			Yiva Bacaltos	p. 36
i). Community Relations & Emergency Preparedness/Region 7			Michele Wurl	p. 38
j). Radiology			Veronica Cruz	p. 41
k). Physical Therapy			Amy York	p. 42
l). Maintenance			Mike Farr	p. 43
10. Executive Session: QI Matter
11. Adjournment

GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
dba QUINCY VALLEY MEDICAL CENTER
BOARD OF COMMISSIONERS MEETING
August 25, 2014 - 5:30 p.m.
QUINCY VALLEY MEDICAL CENTER ANNEX

Present: Anthony Gonzalez, Randy Zolman, Don Condit, Robert Poindexter

Also in attendance: Mehdi Merred, CEO; Alicia Shields, Dean Taplett, Alene Walker, Glenda Bishop, Mike Pirkey, Colleen Canfield, Michele Wurl, Jill Fitzsimmons (QVPR), Tom Richardson, Richard Schrock.

CALL TO ORDER – Anthony Gonzalez, Chairman of the Commissioners, called the meeting to order at 5:35 p.m.

1. Comments from the Audience: None.

Anthony noted that new Business will include item (c), Chargemaster Review Consulting Agreement, with possible Action.

2. Approval of Minutes: *A motion was made by Randy Zolman with a second from Don Condit to approve the minutes from the July 28 Regular meeting and July 31 Special meetings as published. Motion carried.*

3. Board Chair Report: The Board has approved a ballot proposition, authorizing a 2.2 million dollar levy, to be on the November 4 General Election Ballot. This will be a very important day for this facility.

4. QI Report: Mike reviewed the Scorecards. Regarding Physician Verbal Orders, Mehdi and Mike explained that the system seems to be reflecting some situations which are not accurate, and may not available to the providers when they are looking for the verbal orders which need to be addressed. Mike also reviewed the Performance Scorecards. Some problems are being addressed with fire drills being conducted in the Clinic. Our Safety Meeting checklist reflected 100% for the fourth month in a row. *A motion was made by Randy Zolman with a second from Don Condit to approve the QI Report as presented. Motion carried.*

5. Consent Agenda

Bad Debt/Charity Care: *Don Condit made a motion with a second from Randy Zolman to approve the Bad Debt/Charity Care adjustments as presented, totaling \$95,465.00 . Motion carried.*

Vouchers (Accounts Payable and Payroll): *A motion was made by Don Condit with a second from Randy Zolman to approve the Vouchers totaling \$1,035,034.18. Motion carried.*

6. Standing Committee Reports

Finance Committee: Don reported that the month of July reflected a net loss of \$48,259, compared to a budgeted loss of \$9,691. Our year to date loss is \$663,428. As of today we are at \$3.687 million warrant line, down a bit. Medicare will be sending \$78,000 as preliminary settlement for the 2013 Cost Report. We also anticipate in excess of \$450,000 tax payment in November-December from property taxes. The Business Office has been seeing some positive steps showing collection improvements. Self-pay balances are dropping, which is a

positive change in our Accounts Receivables.

Building & Grounds Committee: Randy noted that the Building & Grounds Committee talked about the corrections being made in the Clinic, and some power issues following the last storm. Bob also commented that the grounds looked good (currently being contracted out).

Personnel: Anthony reported that the facility has conducted the Employee Benefits Meetings, and the most significant change was to the HSA plan, saving some money to the facility in premium, and the savings was passed on to the employees into their HSA account. The deductible went from a \$2500 to a \$3500 plan. We also moved to a Washington Dental plan and saved money as a result, also saving some money on the vision plan. The new coverage period begins on September 1.

7. **Old Business:** None.

8. **New Business:**

a. **Reappointments:** *A motion was made by Randy Zolman with a second from Don Condit to approve the reappointments of Rhonda Ramm, ARNP and John Kremer, MD as recommended by the Medical Staff. Motion carried.*

b. **Privileging by Proxy:** *A motion was made by Randy Zolman with a second from Don Condit to approve privileging by proxy of HealthLinkNow physicians. Motion carried.*

c. **ChargeMaster Consulting Review:** Our ChargeMaster is need of a review/update; Dean Taplett reported that three bids are being presented, Provider Reimbursement Consultants, Inc. (PRC) is being recommended following a check of references, at a cost of \$13,500. This review is not for the purpose of reviewing/adjusting pricing, but for streamlining billing processes. *A motion was made by Randy Zolman with a second from Don Condit to approve the proposal from Provider Reimbursement Consultants. Motion carried.*

9. **Department Reports:** Don noted that there appeared to be a typo in Resident Meals served this month; Glenda will correct this number. Anthony noted the numbers reflected increased numbers in the ER, and the unfortunate accidents that seem to all too frequently send patients to our facility. Anthony also thanked Janet Jones from the Quincy Hospital Foundation for attending, and also mentioned the Cruisin' for Care event at FCAD, as well as the Auction in October.

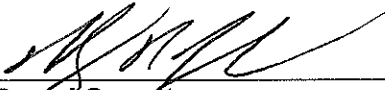
Administrator's Report: Mehdi also reported on work being done by Kelly Robison and Veronica Cruz in the LEAPT program, our project being to reduce overall radiation exposure within our facility.

Anthony also thanked the Lauzier Foundation as well as Quincy Community Church for their generous donations. Upcoming events, Cruisin' for Care and Foundation Auction are still on the calendar for this year. Anthony also noted Lisa O'Neel's fundraising lunch next week, and her "heart" for this facility.

10. At 6:15 the meeting was adjourned to Executive session for the purpose of QI for about ten minutes with no action to take place. Regular session resumed at 6:25.

Adjournment: There being no further business, *a motion to adjourn was made by Robert Poindexter, second by Randy Zolman;* motion carried. The meeting was adjourned at 6:25 p.m.

Board Chairman



Board Secretary

(Minutes recorded by and submitted by Glenda Bishop)

Quincy Valley Medical Center
Quality Directors Monthly Report to the Board of Commissioners
Aug 2014

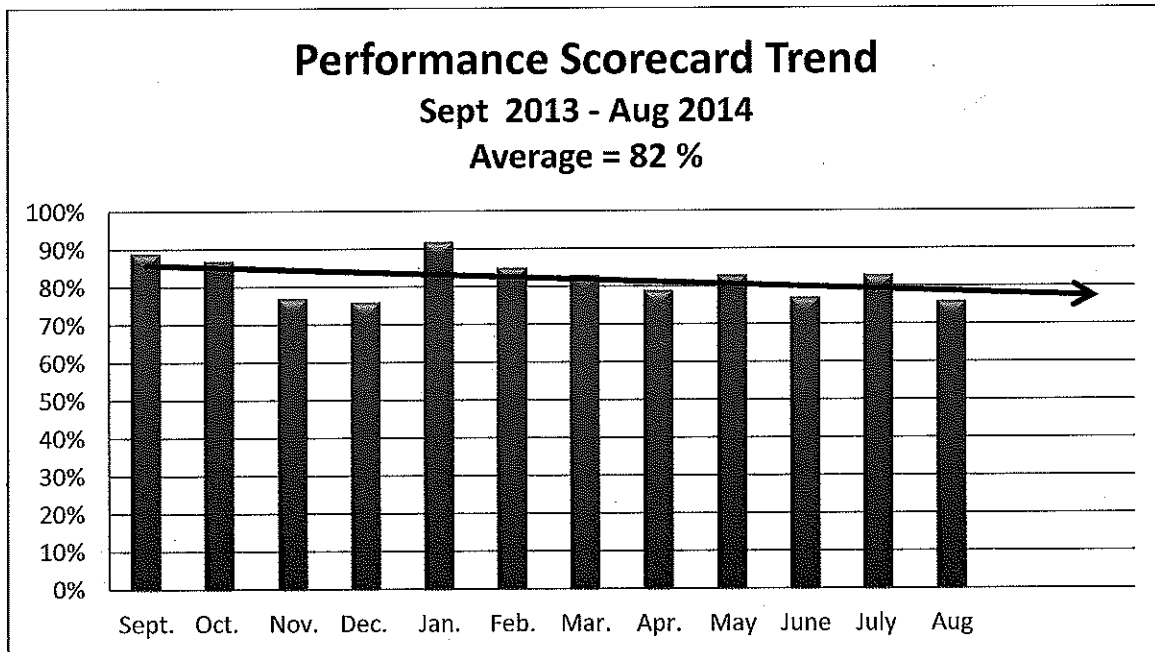
- **Quality Improvement:**

Overall our performance scorecard is down at 76% with four indicators in the Emergency dept. and Admin. pulling it down for the month. Every other area was up but the low indicators are weighted to carry much of the score so they have a stronger overall effect. Profitability and Facility budget are down with an approximate \$11k operations loss and a \$48k over budget amount (projected at the time of this report).

We have a higher employee turnover these past few months in several areas and this is having an effect on our performance. For example, in nursing the two lower indicators are attributable to agency staff that had not been trained to complete the necessary documentation needed.

One a positive note, we had our Medicaid State Survey last week and the initial results are promising. A few areas to improve but not that many.

Performance Scorecard



- **Plan of Correction**

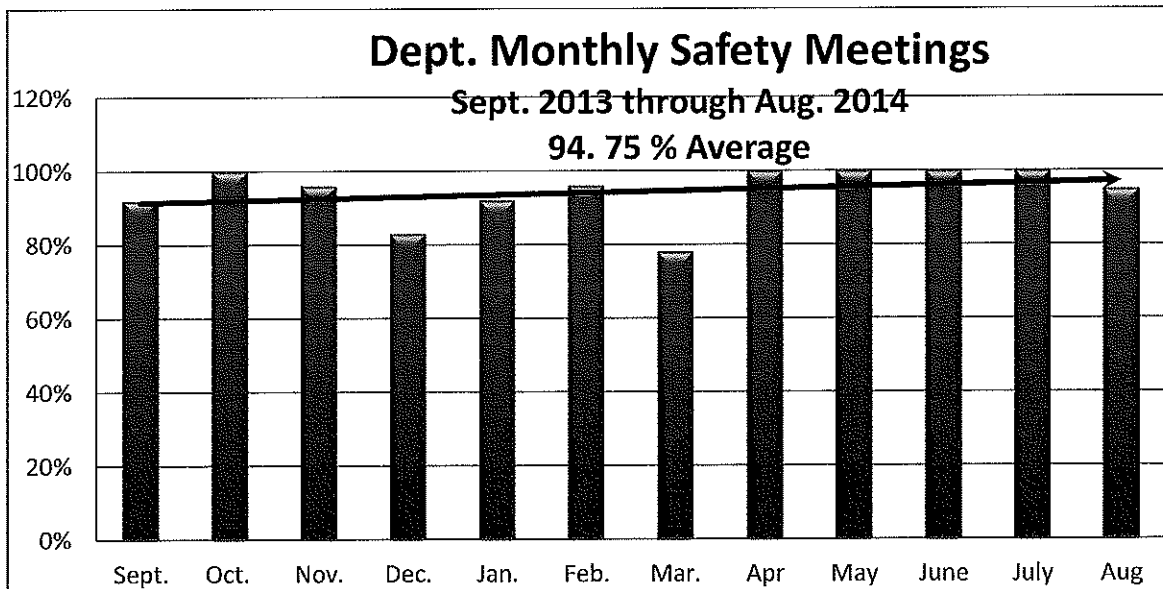
Our plan of correction is similar to the past several months. We have five passing and three failing.

Patient rights, was not measured for June, July, and Aug. due to the changes of supervision in the billing office. I am currently waiting for this report.

Inventory program for Bio-med is still in fail status. It is half completed. Mike F. and Brandy are working on it. There have been some new changes added to it from the survey last week. Mike is reviewing the new steps.

- **Safety Program:**

The chart below has the results from our dept. safety meetings. We had a 95% for August due to Physical Therapy failing to hold a safety meeting for the month.



Active Shooter Training: We brought in Darren Higashiyama from the Kittitas County Sherriff's office to present to the managers and key personal about; Active Shooter/Crimes of Passion scenarios. We also invited QPD, Grant County Sherriff's office and GCFD # 3 to join us. The presentation went for about 11/2 hours and he presented it in midday and in the evening. It was very informative on a difficult subject. Feedback from several people was that it was very interesting and timely.

I sent out a new policy for QVMC on active shooter and what to do, before the presentation. Since both Daren and I followed the Home Land Security guidelines they matched closely.

Although this is an emotionally charged subject, it is an important one. I will follow this start with some type of annual training on the subject.

Clinic

It was decided to use an outside company; SanAir Technologies Laboratory to test the mold level in Rhonda's office after the reconstruction project was completed. Their report is in and the results look very good. Our overall score was a 43 count for her office. The outside air count is at 81 so we are cleaning up the outside air considerably.

The mold count for Rhonda's office was at 133 M³. Anything better than 200 M³ is considered, "very clean". 3000-10000 spores is the amount where action is needed.

This information has been communicated to the Clinic providers in a meeting. We will be moving Rhonda's office stuff back in and should be finished in a few days.

Once Rhonda's office is back in place we can finish up with the last steps for the Set in order phase of the Clinics LEAN program. It is reorganizing the inventory but we have this on hold because of limited room due to the remodel of Rhonda's office.

- **Direction for this month.**

I am introducing a new change for the Q.I. Committee and our quality program. We currently review the daily quality issues through our QMM program. We also have an annual review of them looking for trends. The State Survey wanted to also see a rolling average of the data so that the Q.I. committee could look for trend emerging sooner than once a year.

To support this, I have created a way to track all of this extra activity using a process similar to the one I developed for the QMM program. The status of all of these Process Improvement Teams (PITs) will be reviewed monthly in the Q.I. committee.

This concludes the Quality Improvement report for August, 2014.

Michael Pirkey

2014 Quincy Valley Medical Center Performance Scorecard

Green excellent 3 - 2.1 // black fair: 2 - 1.1// Red ≤ 1		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Nursing Department													
Admitting care plan completed by RN	weight: 0.15	0.45	0.45	0.45	0.45	0.45	0.30	0.30	0.45				
Actions:													
Dietician referrals made as appropriate	0.1	0.30	0.10	0.10	0.10	0.20	0.20	0.30	0.30				
pneumonia vaccine offered	0.1	0.30	0.30	0.30	0.20	0.30	0.10	0.10	0.30				
12 hour chart checks completed	0.1	0.30	0.30	0.30	0.30	0.30	?	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				
central line blood stream infection	0.1	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				
Falls with injury	0.1	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				
monthly score:	1	3.00	2.80	2.80	2.70	2.90	2.25	2.65	3.00	0.00	0.00	0.00	0.00
Emergency Department													
Trauma Activation documented	0.25	0.75	0.75	0.75	0.75	0.75	0.25	0.75	0.25				
Actions: New agency nurses error. Nursing reviewing of how to prevent this.													
Glascow Coma Scale	0.25	0.75	0.75	0.75	0.50	0.75	0.75	0.75	0.50				
Actions: New agency nurses error. Nursing reviewing of how to prevent this.													
Vital signs appropriate	0.25	0.75	0.75	0.75	0.75	0.75	0.25	0.50	0.75				
monthly score:	0.75	2.25	2.25	2.25	2.00	2.25	1.25	2.00	1.50	0.00	0.00	0.00	0.00
Administration													
Profitability	0.35	0.35	0.35	0.35	0.35	0.35	1.05	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				
A.R. days (Insurance)	0.2	0.60	0.20	0.60	0.60	0.40	0.60	0.40	0.60				
Facility budget	0.35	1.05	1.05	0.35	0.35	0.35	0.35	1.05	0.35				
Meaningful Use	0.1	N/A	0.30	0.30	0.30	Hold	Hold	Hold	Hold				
Status: Stage one is complete. We are on hold as we review the stage two indicators to measure.													
monthly score:	1.2	2.60	2.50	2.20	2.20	1.70	2.60	2.40	1.90	0.00	0.00	0.00	0.00
Overall Rating:		93%	87%	86%	82%	85%	78%	84%	76%	0%	0%	0%	0%

Department of health survey plan of correction audit 2014

#	TAG #	Statement of deficiency	Area	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1	C361	Patient rights meet reg. guidelines	Registration	N/A	Fail	Fail	Fail	Fail	?	?	?				
	B385	Status: No report for June, July, & Aug. Tracking for Aug. We are at 88 % for May, 92 % for April, 94% for March and 92% for Feb.													
2	B160	Verbal physician orders	Physicians	Fail	Fail	Fail	Fail	Fail	Fail	Fail	?				
	C306	Status: There is no status at this time due to the CPSI report not working properly. There is another report that may provide the information I will be reviewing this report and should have an answer for the Board meeting on Sept. 17.													
3	B610	Agency Evaluation Reviews Current.	Nursing	Fail	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
4	B635	Agency Nurses Oriented.	Nursing	Fail	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
5	B1885	Clinical Equipment Safety Review Current	Maint.	Fail	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
6	B1890	Inventory Program for Bio-Med. Current. Status: Mike is working with Brandy to complete this. It is currently half completed.	Maint.	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail
7	K051 K062 K069 K144	Maintenance Inspections are Current w/ Doc.	Maint.	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
8	K078	Check Humidity levels in Surgery rm.		Fail	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met

Department Safety Meetings Checklist - 2014

Depts.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	YTD
1 Accounts Payable	Held	Held	Held	Held	Held	Held	Held	Held					100%
2 Acute Care	Held	Held	No	Held	Held	Held	Held	Held					87%
3 Activities	Held	Held	No	Held	Held	Held	Held	Held					87%
4 Ad-Min	Held	Held	Held	Held	Held	Held	Held	Held					100%
5 Business Office	No	No	Held	Held	Held	Held	Held	Held					75%
6 Cardio-Pulmonary	Held	Held	Held	Held	Held	Held	Held	Held					100%
7 Clinic	Held	Held	Held	Held	Held	Held	Held	Held					100%
8 Community Relations	Held	Held	Held	Held	Held	Held	Held	Held					100%
9 Dietary	Held	Held	No	Held	Held	Held	Held	Held					87%
10 Emergency	Held	Held	No	Held	Held	Held	Held	Held					87%
11 Employee Wellness	Held	Held	Held	Held	Held	Held	Held	Held					100%
12 Extended Care	Held	Held	No	Held	Held	Held	Held	Held					87%
13 Fiscal	Held	Held	Held	Held	Held	Held	Held	Held					100%
14 Housekeeping	Held	Held	Held	Held	Held	Held	Held	Held					100%
15 Information Systems	Held	Held	Held	Held	Held	Held	Held	Held					100%
16 I.V.Rounds	Held	Held	Held	Held	Held	Held	Held	Held					100%
17 Laboratory	Held	Held	Held	Held	Held	Held	Held	Held					100%
18 Maintenance	Held	Held	Held	Held	Held	Held	Held	Held					100%
19 Medical Records	Held	Held	Held	Held	Held	Held	Held	Held					100%
20 Physical Therapy	Held	Held	Held	Held	Held	Held	Held	No					87%
21 Purchasing	Held	Held	Held	Held	Held	Held	Held	Held					100%
22 Radiology	No	Held	Held	Held	Held	Held	Held	Held					87%
23 Social Services	Held	Held	N/A	Held	Held	Held	Held	Held					100%
24 Surgical Services	Held	Held	Held	Held	Held	Held	Held	Held					100%
	92%	96%	78%	100%	100%	100%	100%	95%					95%

Held	100%
N/A	99-90%
No	< 89%

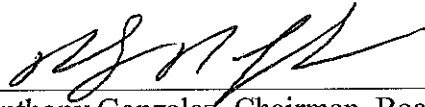
* N/A: Not staffed during this month.

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.

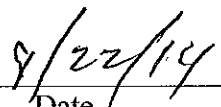
CONSENT AGENDA
Charity Care & Bad Debt

Submitted by: Sheryl Wood, Business Office Manager
RE: Request for write-offs, September 2014

<u>For Board Approval</u>	<u>Dollars</u>	<u>Total Accounts</u>
Charity Care Adjustment	\$18,853.23	33
Bad Debt Adjustment	\$38,990.54	57
Total	\$57843.77	



Anthony Gonzalez, Chairman, Board of Commissioners



Date



QUINCY VALLEY MEDICAL CENTER

Grant County Public Hospital District #2
Don Condit, Commissioner
Randy Zolman, Commissioner
Robert Poindexter, Commissioner
Anthony Gonzalez, Commissioner
Darrel Van Dyke, Commissioner

Mehdi Merred, 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 6021047498 through 6021047703 are approved for payment in the sum of \$529,124.16 this 22nd day of September, 2014

0 *	_____
133,024.84 +	_____
78,183.93 +	_____
21,350.00 +	_____
77,004.50 +	_____
1,873.93 +	_____
93,068.96 +	_____
100,943.00 +	_____
21,875.00 +	_____
529,124.16 *	_____
0.00 *	



QUINCY VALLEY MEDICAL CENTER

Grant County Public Hospital District #2
Don Condit, Commissioner
Randy Zolman, Commissioner
Robert Poindexter, Commissioner
Anthony Gonzalez, Commissioner
Darrel Van Dyke, Commissioner

Mehdi Merred, 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 248 Payroll direct deposit vouchers and
0 warrants are approved for payment in the sum of \$328,548.40
on this 22nd day of September, 2014

0.00 *

160,871.61 +
159,676.79 +
328,548.40 *

0.00 *

PRELIMINARY STATEMENT AUGUST 2014

	Aug-14 Actual	Aug-14 Budget	Aug-13 Actual	2014 YEAR TO DATE	2014 Budget YEAR TO DATE	2013 YEAR TO DATE
TOTAL OPERATING REVENUES	1,466,212	897,282	1,579,286	10,232,305	7,178,260	10,845,697
LESS: CONTRACTUAL ALLOWANCES	-513,174		-499,386	-2,707,693		-4,192,148
LESS: BAD DEBT + CHARITY CARE				-1,009,097		
OTHER OPERATING REVENUE	1,766		5,474	91,385		344,257
TOTAL NET OPERATING REVENUE	954,804	897,282	1,085,374	6,606,900	7,178,260	6,997,805
SALARIES AND BENEFITS	497,117	450,616	485,617	3,753,412	3,604,927	3,613,535
SALARIES	116,883	104,167	140,406	822,258	833,333	816,675
EMPLOYEE BENEFITS						
TOTAL SALARIES & BENEFITS	614,000	554,783	626,022	4,575,669	4,438,261	4,430,210
OTHER DIRECT EXPENSES	131,127	138,291	141,548	881,133	1,106,331	1,090,359
PROFESSIONAL FEES	53,031	70,809	109,126	518,028	566,469	593,045
SUPPLIES	11,568	12,435	11,621	100,533	99,481	99,923
UTILITIES	128,757	107,106	109,893	906,464	856,844	851,768
PURCHASED SERVICES	43,203	41,471	41,094	346,429	331,767	342,066
DEPRECIATION	28,125	31,619	28,939	252,155	252,949	250,960
LEASE AND RENTAL EXPENSE	6,208	9,394	7,608	65,855	75,149	85,974
INSURANCE	24,722	25,417	14,269	233,623	203,333	190,420
INTEREST EXPENSE	12,344	13,818	9,247	136,469	110,540	125,927
OTHER DIRECT EXPENSES						
TOTAL OTHER DIRECT EXPENSES	439,085	450,358	473,344	3,440,689	3,602,864	3,630,442
TOTAL OPERATING EXPENSES	1,053,084	1,005,141	1,099,367	8,016,358	8,041,124	8,060,652
NET OPERATING INCOME (LOSS)	-98,281	-107,858	-13,992	-1,409,458	-862,865	-1,062,847
OTHER NON OPERATING INCOME	87,222	98,167	84,279	750,146	785,335	661,653
NET INCOME (LOSS)	-11,059	-9,691	70,287	-659,313	-77,530	(401,194)

**Finance & Support
September 2014**

Fiscal, Dean Taplett:

The hospital saw mixed service level changes for the month of August. Acute patient days were up along with ER visits while clinic visits, surgery volume and physical therapy visits were down. Overall we had \$954,804 in net patient revenue and \$87,222 in non operating revenue along with \$1,053,084 in total operating expenses resulting in a loss of (\$11,059).

We received \$1,282,814.67 in deposits and we sent out \$917,696.73 in checks for expenses. Our warrant line with the county went down over \$300,000 and the month end balance was \$3,697,139. The collection rate has slowed a bit for September and our outstanding warrant balance as of 9-18-14 is \$3,792,506.

Our total accounts receivable continues to decrease reflecting our billing and collection efforts. We continue to make progress on getting billings out properly. We still seem to discover little hooks in our system that delay us at times but, we are working through them.

Date: September 17, 2014

Prepared by: Sheryl Wood, Business Office Director

For Board Approval:

Charity Adjustments
Bad Debt

Dollars	Total Accounts
Pending	
Pending	

Adjustments:

Request for approved Charity Care and Bad Debt adjustment amounts will be provided prior to the board meeting.

Self Pay:

AR Balance	Revenue	Receipts	Percenta ge of Receipts/ AR Balance
1,327,408	149,705	92,037	7%

Accounts Receivables:

AR days have dropped from 82 to 77. The unchecked claims amount at the end of August was \$264,827. The AR > 90 days has dropped from 46% to 26% for insurance AR. This is really good, but the goal is 15% so we will work even harder to reduce it. The AR > 90 days for selfpay AR went from 49% to 62%. We have made improvements to HRG processes and communication with our selfpay patients. We have seen a reduction in selfpay patient complaints. The charge master onsite review by Provider Reimbursement Consultants (PRC) is scheduled for the week of October 20th. There will be information on their recommendations provided next month. The search for a Business Office Supervisor to assist Sheryl continues.

Insurance AR:

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

INSURANCE	May-14	Jun-14	Jul-14	Aug-14
AR Total	2,788,018	2,595,893	2,893,613	2,261,006
\$ > 90 Days	875,458	836,280	1,332,977	581,296
Goal > 90 Days is 15%	31%	32%	46%	26%
SELF PAY				
AR Total	1,324,231	1,293,139	831,857	1,327,408
\$ > 90 Days	1,009,352	763,546	405,947	824,522
% > 90 Days	76%	59%	49%	62%
A/R Days (Gross)	98	86	82	77
Total AR	4,112,249	3,889,031	3,725,470	3,588,414
\$ > 90 Days	1,884,810	1,599,826	1,503,418	1,405,817
% > 90 Days	46%	41%	40%	39%

Health Information Management, Linda Schultz:

Utilization Review

1. **Census data:**

Clinic patients	08/2014 = 439	08/2013 = 577
Day Surgery patients	08/2014 = 5	08/2013 = 15
ER patients	08/2014 = 447	08/2013 = 372
Observation/PACU 2 patients	08/2014 = 12	08/2013 = 40
Acute Care patient days	08/2014 = 11	08/2013 = 16
Swing patient days	08/2014 = 511	08/2013 = 414
Physical Therapy patients	08/2014 = 82	08/2013 = 98

2. Internal and External requests for Medical Records

3. Data Entry by Medical Records staff

Analysis

1. The comparison of data from, August 2014, to August 2013, shows there were 75 more ER visits; and 97 more Swing patient days. On the down side, there were 138 less Clinic visits; 28 less Observation patients; 5 less Acute Care patient days; 16 less Physical Therapy visits; and 10 less Day Surgeries.
2. H.I.M. received 100 external requests for medical records in August, 2014; up 31 from the previous month. An analysis of who is requesting this information was broken down as follows: Insurance Carrier 15; Disability 3; Attorney 3; Other Clinics 37; Patient 20; Employer 3; Copier Service 4; Law Enforcement 6; and Other 9. There were 490 Internal requests for Clinic charts, and 254 Internal requests for Hospital charts. Additionally, there were 136 telephone calls from other facilities requesting medical records to be Faxed for continuity of care and/or referrals.
3. Myra and Tosha are continuing to enter data entry of Outpatient Lab, X-ray, and Ultra Sound diagnosis codes; additionally, Myra was trained and proficiently entered August Physical Therapy diagnosis codes into CPSI for Month End.

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. We will continue to record and monitor the number of Internal Clinic charts and Hospital charts being requested and pulled month-by-month. We will continue to monitor the number and source of Medical record releases.
3. We will continue to educate and train Myra and Tosha on data entry.

* * * * *

Information Systems, Tom Richardson:

1) Utilization Review:

- a) Ongoing system review
- b) Meaningful Use Stage 2

2) Analysis of the Data:

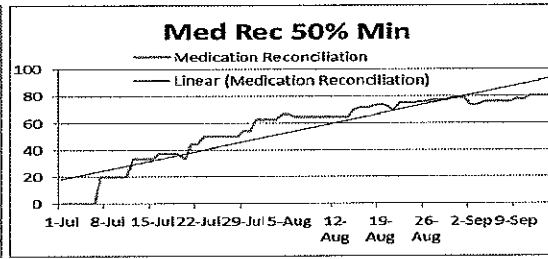
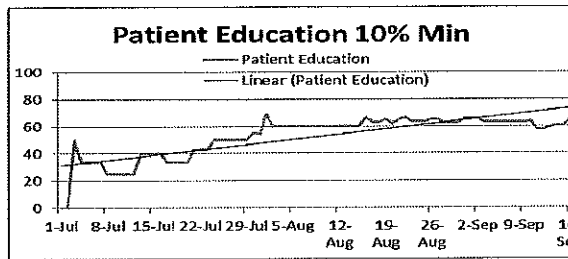
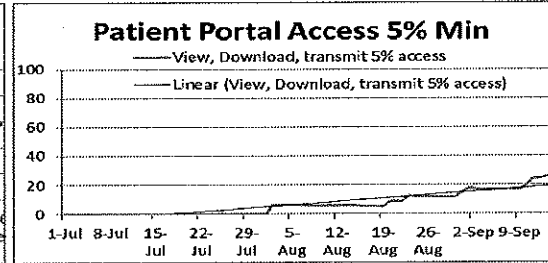
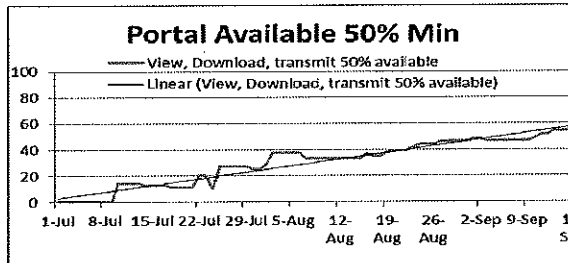
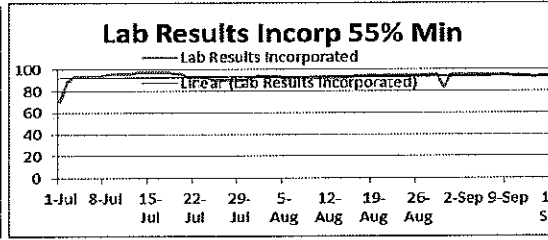
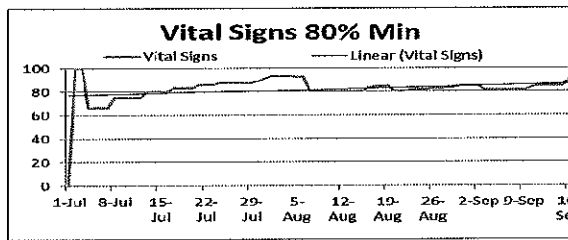
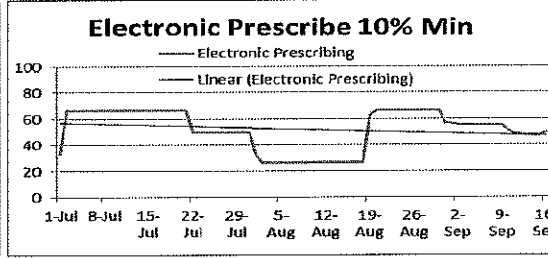
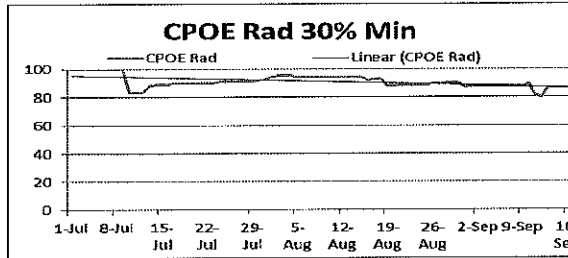
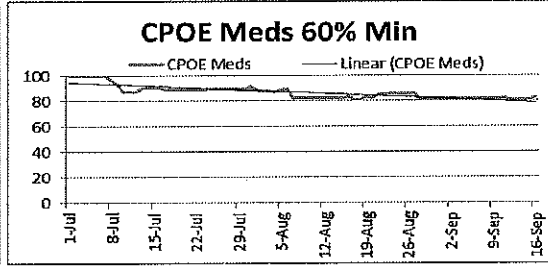
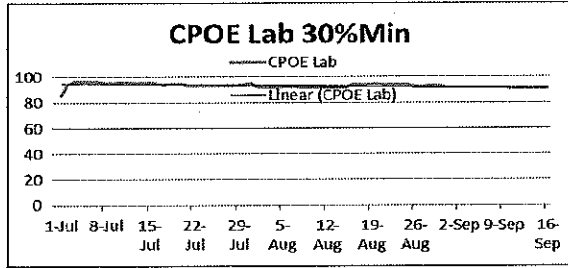
- a) We are still reviewing procedural issues that are hampering effective use of the EMR. This is limiting the time we have to devote to new initiatives.
- b) There are 21 Measures we must meet for Meaningful Use. We are currently live and measuring all 20 items required for MU stage 2.

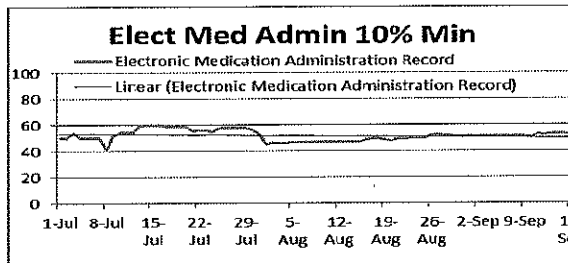
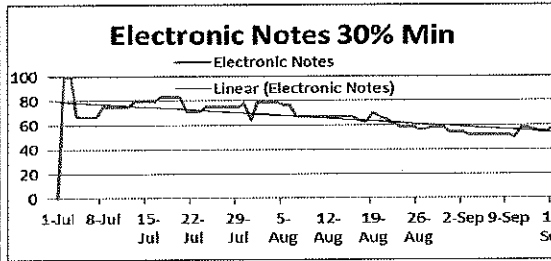
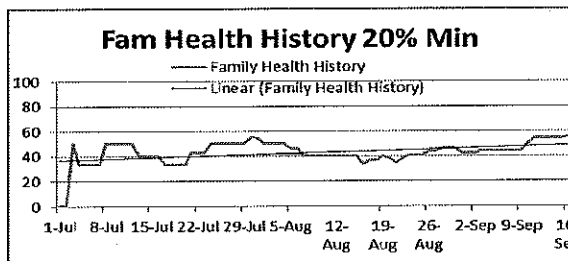
3) Actions Taken:

- a) As we review individual processes we are discovering improvements that can be made in every phase. All of the key players are currently attempting to develop a common understanding of how individual departments relate to the others within the organization.
- b) Following are graphs showing thirteen of the items we are currently tracking for MU Stage Two. These are the items we are able to affect the numbers on the remainder either having a "null" value or will have a 100% success rate.

This is the first month we have successfully met all measures. The staff has been working diligently on their individual items to ensure our success and their efforts have paid off. We will need to continue

monitoring these items for the next 13 months as we move from Meaningful Use Stage 2 Year 1 to Meaningful Use Stage 2 Year 2.





* * * *

Purchasing, Newton Moats:

1. Utilization Review

I am in the process of completing the annual GPO contract review scheduled to start in April of each year to ensure vendors are honoring contract prices. This is because Premier vendor spend reports are four months behind in reporting. AP ran a QVMC vendor spend report for Jan-Dec 2013 which I will use to compare to the Premier report to ensure we are on contract, at the correct price tier and getting our annual rebates.

Product back orders

There was an increase in back orders to staff during 2012 from an average of 40-50% up to 76%. I will continue to monitor this in 2014. The goal will be to reduce this to 15%.

Inventory counts

Since the conversion the inventory value has stabilized. After discussions with CPSI we have decided to count the inventory twice each year instead of cycle counting throughout the year. The goal will be to reduce inventory adjustments from a 2012-13 high of 11% down to 5%.

2. Analysis of the data

Product back orders

This was due to the increase in summer patient volumes. The percentage for Aug. 2014 was 6%. This is well below the 76% high we had in 2012. I will continue to monitor this in 2014.

Inventory counts

We will need to 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 Aug. count adjustment was 0% because we are only counting in April and December each year.

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 April and December 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.

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

Registration, Joann Garces:

Patient Portal: Registration has reached the required percentage of patient participation for meaningful use.

REGISTRATION ACCURACY: We continue to work on improving accuracy by tracking registration errors and will perform more one to one training in areas needed.

A goal for the department is for Registration Clerks to cross train at different locations for more coverage, i.e. Physical Therapy, Clinic and ER.

INSURANCE ELIGIBILITY ACCURACY: Training for accurate insurance information captured at the time of registration continues. In the near future, I want to arrange training at Chelan or Tonasket to gain a better understanding of how their registration uses the CPSI reports to help improve accuracy.

GRANT COUNTY PUBLIC HOSPITAL DIST # 2

dba

QUINCY VALLEY MEDICAL CENTER

HUMAN RESOURCES

Board Report for August, 2014

Meeting for Monday, August 22, 2014

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 11 annual merit evaluations and 3 90-day introductory evaluations for August that have a due date of 09/19/14.

Analysis:

For 2014 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
2012	50%	33%	56%	64%	33%	44%	50%	15%	27%	20%	38%	33%
2013	90%	56%	78%	71%	29%	40%	80%	23%	57%	33%	78%	67%
2014	25%	50%	43%	67%	56%	42%	14%	43%				

b. Utilization Review: *Employee Turnover Percent*

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	08/2014
51.6%	40.7%	40.7%	39.3%	35.5%	21.9%	30.0%	27.5%	34.6%	26%	32%	21%
144	135	117	120	123	138	144	135	117	124	117	129

* Blue indicates the 9 years that Mehdi has been our CEO.

Analysis:

YTD Terminations by Reason:

2012	Voluntary Quits:	21	Discharged:	9	Temporary:	1
2013		31		9		0
2014		23		2		

New Hires for August:

E. Schnell, RN	Acute Care	1	Full-time	Replacement
L. Fargo, RN	ER	1	Full-time	Replacement
E. Urquieta, NA-C	Acute Care	1	Full-time	Replacement
C. Ayala-Torres, NA-C	Swing Beds	1	Per Diem	Replacement

Job Postings for September to fill the following department vacancies:

Surgeon	Surgery	1	Part-time	Replacement
Technologist	Ultrasound	1	Part-time	Replacement
Ward Clerk/NA-C	Acute Care	2	Full-time	Replacement
Supervisor	Business Office	1	Full-time	New
Helper	Maintenance	1	Part-time	New
MT/MLT	Laboratory	1	Per Diem	New

Respiratory Therapist	Respiratory Therapy	1	Per Diem	Replacement
IV/Wound Care, RN	IV Therapy	1	Full-time	Replacement
Medical Assistant – C	Clinic	1	Full-time	Replacement

c. Utilization Review: *Payroll: FTEs*

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				
Full-time	95	95	96	96	95	96	99	91				
Part-time	4	4	5	4	3	4	4	3				
Per Diem	20	22	22	21	26	23	26	27				
Total # Emp.	119	121	123	121	124	123	129	121				

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

	08/2014	13	12	11	10	09	08	07	06
1 st Quarter Summary: Jan/Feb/Mar Reportable Injuries:	5	3	2	1	4	3	1	4	2
2 nd Quarter Summary: Apr/May/Jun Reportable Injuries:	5	1	1	1	5	2	2	2	2
3 rd Quarter Summary: Jul/Aug/Sep Reportable Injuries:	1	1	5	5	3	3	1	3	4
4 th Quarter Summary: Oct/Nov/Dec Reportable Injuries:		2	2	6	4	5	3	6	4
Year-To-Date Total:	11	7	10	13	16	13	7	15	12

Analysis:

2. **Education/Compliance** *Nothing new to report.*

3. **Fiscal**
Budget Update for July 2014: Variance % 76.29

Analysis:

Due to the recruitment for four positions, Surgical Technician, CNO, Director of Social Services, Ultrasound Technician, Business Office Supervisor, I am way over budget beginning in January. To date I have already used over half of my annual budget for advertising – employment.

4. **Personnel**

a. *Recruitment Dollars being expensed in August for the following positions:
B/O Supervisor, MT/MLT, U/S Technologist, IV Therapist/Wound Care RN*

b. *Policy & Procedure Revision: Nothing new to report.*

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:

	Jan	Feb	Mar	Apr	May	June
2014						
Professional Fees:						
ER Physicians	5.0	5.1	4.6	5.3	4.66	5.2
	102,313.78	97,389.65	96,025.00	108,976.00	104,464.62	110,731.32
Purchased Services:						
Anesthesia	.1	.1	.2	.19	.14	.2
	2,540.00	2,040.00	4,000.00	4,160.00	3,099.60	4,500.00
Pharmacy	.63	.58	.66	.57	.5	.6
	7,120.60	5,633.20	7,287.40	6,384.00	4,952.85	5,901.85
Speech Therapy	.06	.1	.01	.0	.0	.0
	720.00	1,083.60	64.80	.0	.0	.0
Nursing/CNA	.2	.78	1.8	1.6	2.2	2.4
Surgery	2,227.50	7,988.00	14,128.50	12,016.88	14,549.71	13,008.00
Transcription	3,078.07	2,441.45	3,205.63	2,912.70	2,852.01	2,795.37
				Revised		Revised
	Jul	Aug	Sep	Oct	Nov	Dec
2013						
Professional Fees:						
ER Physicians	6.0	5.4	6.0	5.6	5.0	4.8
	144,854.13	130,641.60	133,210.20	128,806.00	108,427.08	101,946.20
Purchased Services:						
Anesthesia	.2	.2	.1	.2		.3
	3,540.00	3,719.60	2,000.00	4,830.00		6,623.80
Pharmacy	.58	.62	.5	.6	.6	.5
	6,288.20	6,929.30	4,598.90	6,615.10	5,856.80	4,635.70
Nursing/NA-C	1.29	1.74	.9	.5	.18	
	2,502.50	12,845.50	7,367.50	4,195.00	1,668.00	
Information Systems						1,160.00
Transcription	2,124.26	2,884.92	2,160.30	2,837.07	2,373.08	2,803.91
HRG			.6	1.0		
			9,435.00	15,640.00		
			Revised	Revised	Revised	Revised
2014						
Professional Fees:						
ER Physicians	5.2	5.0				
	125,906.70	117,061.13				
Purchased Services:						
Anesthesia	.25	.02				
	5,500.00	2,080.00				
Pharmacy	.63	.56				
	7,492.75	6,794.10				
Speech Therapy	.0					
	.00					
Nursing/CNA	.69	1.01				
Surgery	5,088.00	10,860.34				
Transcription	2,495.54	2,456.30				
	Revised					

*Respectfully Submitted September 18, 2014
Alene Walker, Director
Human Resources Department*

Risk Mgmt. & Medical Staff Services & Support Services
September 2014

Medical Staff Services and Risk Management: Glenda Bishop

- Peer review and Medical Staff meeting took place on September 16;
- Peer Review mortality report: no deaths reviewed this month. No other trends identified.
- Dr. William Washington (through LocumTenens.com) has now worked two shifts in our Emergency Department and we are very happy with the "fit". While he has provided some "relief" to our scheduling challenges I am still working to find other physicians who are qualified and willing to join our ED team. Dr. Peter Viavant is another agency physician who is scheduled to work a shift in November and December.

Credentialing/Enrollment:

- One change will be made to the Credentialing process as a result of discussion with the Surveyors; our applicants will be required to sign a "Disclosure Statement" in addition to completing the Washington State Criminal Background inquiry consent form. This is required by RCW but has not been enforced until recently. Forms have been created for this purpose and the change is effective immediately, with the document also being utilized in Human Resources.

Risk Management & Legal Compliance:

- Our Meaningful Use Security Audit Committee has struggled to meet during these recent weeks as many projects have pulled our team various directions, but we continue to focus on compliance with protection of ePHI
- Meeting weekly with the facility Compliance Committee.
- General and Professional Liability, as well as D & O and EPL quotes were received from both Washington Casualty Company and Physicians Insurance. Mehdi will be providing more specific information about these quotes and the direction we will take for 2014-2015.

Dietary Department, Sandra Longley

Resident Meals; 1302; last year 1169
Acute Care patient Meals 247; last year 159
Guest Meals Acute Care 40; last year 3
Guest Meals Swing Bed 0; last year 0
ER & Surgery Meals 14; last year 19
Catered Meals 58; last year 52
Staff Meals 1139; last year 1407
ER Doctor Meals 62; last year 58
Snacks served to Residents 1093; last year 1130

Miscellaneous:

Aging & Adult Care Meals with a total \$00.00 in donations and 0 meals served.

Housekeeping, Violet Pearl

UTILIZATION DATA:

- Linen requests received and completed 4
- Discharge cleaning requests received and completed 26
- Isolation Discharge requests received and completed 0
- Deep cleaning for extended care patient rooms 27
- Terminal cleaning for extended care rooms 0
- Terminal cleaning for Surgery areas 4
- Floor care and miscellaneous requests received 23
- Linen weight 6082
- Linen dollar amount \$3,990.26

MISCELLANEOUS PROCESS IMPROVEMENTS:

- All discharge, Terminal and deep cleaning requests have been filled.
- Linen weight totals went up by 327 pounds from July 2014
- The Linen dollar amount went up by \$118.68 from July 2014

ACTION TAKEN

Total weight and dollar amount for Linen have gone up due to the patience care increase.

Karen is still out on medical leave and will return on the 15th of September.

Floor care and misc. duties are going well. We are still summiting most of our own support tickets include curtain change outs.

We have added curtain change outs to the floor care duties for the extended care patients. The curtains are being changed out to match the deep cleaning schedule.

Looking into the possibility of changing out the cloth curtains in the extended care tub room to hospital approved shower curtains.



“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”

August 2014 Board Report

Alicia Shields, BSN,RN

People:

- The nursing leadership team has started direct leaders rounding. Our goal is to be the employer of choice for nursing staff.

Percent of direct reports rounded on:

Alicia- 57%

Brandy- 64.7%

Sarah Acute Care- will initiate in Sept.

Sarah ER- will initiate in Sept.

Social Services

Now that the leadership team is fully staffed and we have replaced open positions we will put a greater focus on completing rounding on direct reports.

- Sarah Robins has accepted the ER/AC Nurse Supervisor position.
- Lyndsay Fargo has accepted the Nurse Auditor position.

Service

- Staff continue to receive AIDET training in an effort to enhance our customer service.

Financial

- Finance goals have become part of the leaders evaluations. As leaders are due for evals, we are creating SMART goals.

Quality

- The soft ID band machine has been purchased in the North Wing which was purchased by the foundation.
- Brandy, Cynde and I attended TeamSteps training and are beginning to implement the principles. This is increase quality and safety and will lead to a culture of safety.
- The nurse leadership team will be looking at, reviewing, and revamping quality indicators.

Growth

- Nursing is currently exploring opportunities to growth and researching potential services we can offer.

Community

- Set up a table at National Night Out in order to promote the hospital and did free blood pressure screenings
- We will be setting up a table at FCAD in September and charging for flu vaccines. Staff are volunteering to staff this booth.

Board Report for Swing Beds-August 2014

1. Utilization Review:

For the month of August there were 6 Swing bed admissions and 6 discharges. Patient days were as follows: Medicare 39, Medicare HMOs 23, Medicaid 403, Medicaid HMOs 0, and Self pay 46, for a total of 511 patient days.

There were two falls and one "near miss" reported in August. There were no new stage 2 pressure ulcers. The north wing passed all current QI indicators for the month of August.

2. Analysis of Data:

Patient days increased by 14 over last month and by 97 over August 2013. In the payer mix there was a significant increase in Medicare HMO's and Medicaid HMO's decreased to zero. Medicare and Self pay days both increased by about 25%.

Falls increased this month from none in July to two this month. For this month the falls per 1,000 patient days is 3.83. Year-to-date patient falls per 1,000 patient days totals 3.59.

3. Actions Taken:

In August staff continued to adjust to staffing changes that took effect in July. We hired two CNAs, one to take a full time opening on acute/ER and the other as a per-diem. A new policy was written regarding employee cell phone use and the swing bed admission policy was updated. I was one of three nurses from our facility that had the opportunity to attend free Team STEPPS training in Spokane and came back with several valuable tools to promote a culture of safety.

4. Adjustments:

In September I will be attending a fall prevention conference in Spokane. We will also get approval on new QI indicators that better measure the quality of patient care on the north wing and begin leadership rounding on residents.

Submitted by Brandy Nicolas, RN/North Wing Supervisor

QVMC Board Report

Dept: Social Services/Activities

Date: September 16, 2014

Reporting period of August 15, 2014 through September 15, 2014

1. Utilization Review

- a. During this reporting period, there are (14) residents on the LTC North Wing, (1) resident passed away on 09.02.14 and one resident was admitted on 09.08.14. At this time, (1) patient is admitted as Medicare Certified Swing Bed, and (1) patient is in LTC Swing bed and a plan is being set up for discharge.
- b. Number of services utilized by social services during this reporting period is (7) Aging and Adult Care, Home and Community Services, Norco, Assured Home Health, Assured Hospice, Adult Protective Services, and Special Mobility Services. These services are used to help with discharge planning and obtaining medical equipment, in home services, transportation services, and other services.
- c. The Activity Department continues to provide meaningful patient centered activities daily. The Activities Assistant meets with each resident 2 to 4 times a week for 1:1 visits, as well as providing scheduled morning and afternoon activities Monday through Friday. Special scheduled activities such as the haircuts for residents and The Old Time Fiddlers are also provided monthly.
- d. During this reporting period, Medicare Certification and Recertification was signed by MD at 100%.
- e. Patient Advocate/Registrar continues to assist with follow up telephone calls to patients who were seen in the ER department. During the month of August, (76) patients from the ED were called with a follow-up phone interview. During the interview, (50) patient reported they were feeling better, (13) patients were still sore from their injuries, (9) patients stated they were feeling ok, and (4) patients reported they were feeling the same.

2. Analysis of Data and Action Taken

- a. Social services continue to be utilized throughout the facility. During this reporting period, social services assisted with referring patients to other facilities, planning and arranging discharge, arranging transportation, setting up services at home after discharge.
- b. Nothing to address at this time.
- c. At this time, we have (3) volunteers who come in to visit with the residents and help out with activities.
- d. Nothing to address at this time.
- e. Patient who reported that they were feeling the same during follow up phone interview have scheduled appointments with Primary Care Providers.

3. Miscellaneous process improvement

After the DOH Survey last week, it was brought to my attention that the patients who are getting transferred or discharged from Swing Bed need to receive a written notice of discharge. The Notice of Discharge or Transfer has been created and will be implemented to let patient's know of discharge date.

A. Utilization Review

1. Ongoing audit of computer usage and skills
2. Review of staffing needs in Emergency Dept/Acute care
3. Review of staff in need of CPR, PALS, TNCC certification
4. Ongoing audit of mock code skills for all level of participants
5. Utilization review of charts for charging & documenting purposes
6. Review of orientation process for new hires
7. Need for CNA class to be taught in the hospital for the public

B. Analysis of Data

1. This is going well. 20 hours spent on CPSI related issues
2. Need for RN in ED or acute this month
3. Working on recertification to maintain current certifications of the staff.
4. Licensed staff will require code practice as well as non-patient care staff
5. Charges are being captured. Documentation continues to go well. Newly hired nurses/CNA's are quickly taught how to document properly
6. 2 new nurses hired this month
7. Need additional certification from the state to teach CNA to the public

C. Actions Taken

1. Working with MDs to help place document correctly in CPSI.
2. 3 shifts in ED and 1 in Acute as RN.
3. No class held this month
4. Mock codes to be done to practice codes on both shifts quarterly.
5. Ongoing follow up with deficient nurses charting to improve completion of documentation and revenue generation and improve QI numbers. This is primarily our per diem and agency nurses that need follow up.
6. 2 nurses on orientation
7. Beginning to investigate what it will take to be certified for the public to enroll in the CNA class

Cynde Tilton
Staff educator

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

August, 2014

Utilization Review/Management:

During the month of August, 2014 we had 14 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. Of these 14 opportunities, 4 admission appropriateness screens, or 29% were performed prior to patient arriving to floor. We have several new Nurse employees who have not had training in the purpose and use of Admission Appropriateness Screens. September 22nd will be all Nurse education day or skills day. I will be speaking to the group about the importance of placing patients into the right level of care at the right time and how to use MCG to help with this process.

During the month of July we had 13 observation patients with 13 observation patient days, 5 acute patients with 14 acute patient days, and 5 medicare certified swing bed patients with 74 medicare certified patient days.

I will work to provide 1:1 training and discussion on the use of "MCG" to assist with the admission appropriateness screening to acute and ED employees during their orientation period and as needed on day to day basis. Due to the number of new Nurses, I will try to pull them together for a group learning session. I continue to have a standing period of time allotted to Utilization Review on the Nurse Education days where I will be providing instruction and review using the MCG web site live and projecting on overhead screen. During this time we will continue to discuss rules and regulations that the Centers for Medicare and Medicaid implement and how they relate to Utilization Review and our Hospital. I continue to encouraged staff and providers to call me after hours for assistance with this process.

Patient stays, whether acute or observation are monitored to ensure that patients are meeting criteria for each day of their Hospital stay, using medical necessity guidelines, Provider/ Nurse critical thought process, and the "two midnight rule", imposed by Centers for Medicare and Medicaid. Multiple questions are asked and data is evaluated to move each patient through the continuum of care, ensuring that each patient is receiving the appropriate care and treatment in the appropriate setting or level of care. As this multifaceted process of Utilization Review is developed, and altered due to the ever-changing healthcare arena, Nursing, Providers and Administration Officers will be educated with written material and conversation during Medical staff meetings, Department Head meetings, employee education sessions and one on one.

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.

Discussions concerning Utilization Review 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.

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 subjects that larger Hospitals are required to report but our requirements are continuously increasing. We are trying to add more measurements periodically although they may not be required yet for Critical Access Hospitals in anticipation and preparation.

Currently we are 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, pneumonia, and heart failure clinical data
- *Out-patient stroke, chest pain, and heart attack clinical data
- *Swing Bed clinical Data
- *Emergency Department patient data that includes but not limited to: pain management, median times, patients admitted or transferred from Emergency department and return ED visits within 48 hours for same or similar diagnosis.

We are also involved in a special project initiated by the "National Patient Safety Network" with the goal to reduce unnecessary radiation exposure. The Washington State Hospital Association is leading this project involving several regional Hospitals of various sizes. We are reporting monthly Computed tomography data that is compared to our project group. With that data we are working on strategies to reduce radiation exposure. Eventually the data and work results will be shared nationally. After attending the June LEAPT meeting we have agreed to provide data to the "100 Thousand Children Campaign" that is a national program focusing on radiation exposure of children. I have now submitted data from March 2014 to current to the new 100K Children Campaign and will continue monthly for the duration of the project. Another Centers for Medicare required project that we are working to get set up and started is the Physician Quality Reporting System. This project is required to participate in to earn an incentive plus avoid a 2% penalty in 2016. More information will be provided when available.

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

2014 SURGICAL SERVICES AUGUST REPORT

SURGICAL ANALYSIS & ACCOMPLISHMENTS FOR AUGUST 2014

A. UTILIZATION REVIEW:

Patient Volumes Per Service

- Total Endoscopies for 2011 = 211
- Total Endoscopies for 2012 = 170
- Total Endoscopies for 2013 = 167
- Total Endoscopies for 2014 = 061

- Total General Surgeries for 2011 = 49
- Total General Surgeries for 2012 = 26
- Total General Surgeries for 2013 = 27
- Total General Surgeries for 2014 = 08

- Total Podiatry Surgeries for 2011 = 15
- Total Podiatry Surgeries for 2012 = 25
- Total Podiatry Surgeries for 2013 = 27
- Total Podiatry Surgeries for 2014 = 10

- Total Orthopedic Surgeries for 2012 = 02
- Total Orthopedic Surgeries for 2013 = 15
- Total Orthopedic Surgeries for 2014 = 06

- Total of all procedures for 2011 = 275
- Total of all procedures for 2012 = 226
- A. Total of all procedures for 2013 = 239
- B. Total of all procedures for 2014 = 064

C. NEW SERVICES:

Columbia Basin Hospital clinic: Started September 19th, 2013.

Consults for 2013: 42

Consults 2014: Jan 0. Feb. 0. Mar 2. April 4, May 0, July 12, Aug 18

D. INTERNAL/EXTERNAL CUSTOMER USAGE OF SERVICES:

Inpt: 000

Outpatient: 007

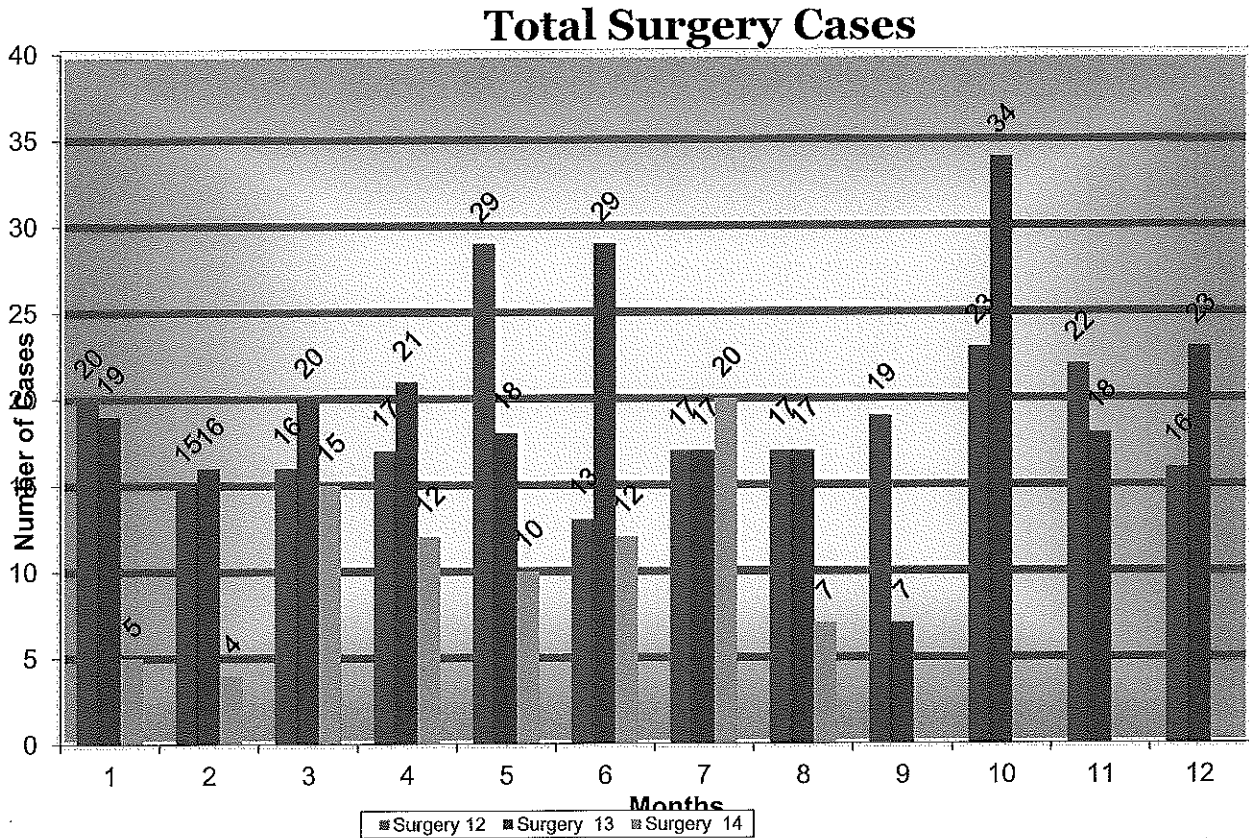
Observation 000

General surgery consultations: 045

Anesthesia minutes 2014: 2,090 (General surgery only)

2014 SURGICAL SERVICES AUGUST REPORT

ANALYSIS OF DATA:



A. INCREASE/DECREASE

August showed a decrease in number of overall cases with an increase in cases and referrals from Ephrata. No orthopedic procedures. No podiatry. No general surgery.

REASONS FOR CHANGE:

Dr. Elerding has been instrumental increasing referrals from Ephrata. This is the first month that we have seen more Ephrata referrals (18) than Quincy referrals (17). Dr. Hiersche had a case on the books and it cancelled due to patient changing mind about getting surgery done at this time. Dr. Calarman started doing surgery in Othello because they have anesthesia availability consistently. He is still doing his cases that require C-arm here.

CHALLENGES ENCOUNTERED/ANTICIPATED:

I am continuing the search for a general surgeon. I have made arrangements to have two locum tenem general surgeons to cover Quincy on a long term basis starting mid-November. Dr. Elderding is going on a mission, so we will have Dr. Erickson consistently until November.

B. OPPORTUNITIES ANTICIPATED:

Columbia Basin Hospital clinic: See "Reasons for Change".

2014 SURGICAL SERVICES AUGUST REPORT

3. ACTIONS TAKEN:

1. Change in policies:
 - *Policies:* Anesthesia scope of service policy complete and ready for review. Dept of Health reviewed while here in September. Cleaning of Patient Equipment policy complete and ready for review.
2. Staffing changes:

Sean Murphy has returned to fulfill a second contract. He is interested in accepting the full time position. Rebeca Heffner, RN is now working part time and cross training in Occupational Health. Jennie Brockie, RN has tendered her resignation to work at Confluence Health.
3. Resource changes:

New/repaired equipment:

 - NEW FUJION HIGH DEFINITION ENDOSCOPY TOWER; Approved by board.. Currently waiting on 2013 end of business year financials to be completed for financing options to be submitted. OH HOLD until further notice.
 - LIGASURE: Ready for use.
 - COLONOSCOPE: Sent out for repair and returned. Another colonoscope is waiting to be sent out for repair. The third colonoscope is not taking pictures intraoperatively now and will have to be sent out for repair. The scopes are at end of life and all three scopes need replacing.
4. Additional training:
 - *Competencies:* Moderate sedation classes were done for all nursing staff including surgery nurses.

Miscellaneous Process Improvements

- None for this month.

Occupational Health

Board Report for August

September 8, 2014

Utilization Review

1. Four new employee screenings and skill competencies were performed . 10/10 annual employee competencies were completed.
2. Occupational Nurse working onsite (Lamb Weston).
3. Leadership with the Wellness Committee
4. PPD compliance of employees is at 100%, hand washing competency is at 100% and respirator fit testing is at 85%.

Analysis

1. The Washington State DOH website is being utilized to report and track all immunizations for employees and out patients.
2. New employee visits continue (4 for August).
3. The Respirator medical questionnaire has been given to all direct patient contact personnel and fit testing has begun.
4. The Occupational Health Nurse(OHN) is working at Lamb Weston 3 days a week (24 hours). OHN helped in doing 102 Wellness screens, and 19 first aid visits were logged.
5. The Wellness Committee's Blood Pressure awareness campaign was a success with over 35 participants.

Action

1. Work together with the Employee Wellness Committee. Continue to research health topics and seek educational opportunities.
2. Occupational Health will continue to educate staff and managers about the process of reporting employee/ patient infections.
3. Respiratory fit testing is being done for all eligible new employees , and at annual reviews.

Miscellaneous

1. Setting up a Flu Shot clinic for Lamb Weston for 300 employees.
2. Received PAPER from Trauma funds for ER. Will be working with Cardiopulmonary to develop competency.
3. Employers in the area are being contacted to schedule for Flu Clinics and a part time employee has joined Occupational Health to help.

Marla Starcevich, RN
Occupational Health Nurse

Cardiopulmonary Board Report August 2014

Analysis

1. We were asked to give another presentation on sleep Apnea this month at the senior center in Ephrata. We need to do more promotion in Quincy.
2. We still need new policy and procedures.
3. We need to get supplies and teach staff about our new ventilator.

Action

1. We are sending out individual invitations and newspaper notices. I will be working with the Community Clinic to invite their patients as well.
2. We are still writing new policy and procedures.
3. I am making laminated instructions for the new equipment. I will also in-service the staff.

Policies

1. A policy and procedure for Home Sleep Studies, Spirometry, and PEP Therapy, Have been completed.

Cardio Numbers	2014						
	March	April	May	June	JULY	Aug	
overnight ox	1	0	0	0	0	0	
oxygen days	6	2	0	6	4	7	
ABG	1	1	0	2	0	2	
SVN	31	65	50	16	92	92	
CPAP	0	3	0	0	0	7	
Education	0	23	43	6	43	51	
Resp strength and pep	15	14	33	3	34	48	
consults	1	0	0	12	11	23	
PFT	0	1	3	48	0	0	
Bipap days	34	32	35	30	7	10	
EKG	6	10	17	17	35	24	
IS	4	2	31	2	34	11	
OXYGEN 0-12 HR	62	62	62	0	2	0	
CO2 monitor	1	1	1	1	0	0	
sleep study	14	30	7	9	20	12	
holter	0	1	0	0	0	0	
NT aspiration	6	0	0	0	0	0	
oxygen(NW) days	62	60	62	0	0	0	
fit test	7	3	0	0	0	0	
totals	251	310	344	152	282	287	

Cardiopulmonary Department
Colette Lancaster BSRT

BOARD REPORT FOR AUGUST, 2014

IV/WOUND THERAPY

UTILIZATION REVIEW

2014	WOUND CARE	IV THERAPY	THERAPEUTIC PHELBOTOMIES	EKG	HEB B VACCINATIONS	TOTALS
JANUARY	23	10		4		37
FEBRUARY	12	8		1	11	31
MARCH	4	19		2	10	35
APRIL	28	10		11		49
MAY	39	21		3		63
JUNE	23	11		2		36
JULY	45	17		5		67
AUGUST	33	21		1	2	57

ANALYSIS OF DATA

Wound care numbers decreased slightly related to frequency of wound care needed as well as patients no longer needing wound care. The IV therapy numbers have increased due to referrals from Sage view clinic as well as Dr. Barber from WVMC. Some of the visits required the patients to come in over the weekend in which the acute care nurse or ED nurse took care of. Two hep B vaccinations were given during the week for Employee health dept.

ACTIONS TAKEN

Policy and procedure for treatment of wounds and pressure ulcers completed. Colleen approved and copy given to Rachael to put in vault. There is also copy in wound therapy room.

Spoke with Colleen about cross training someone in my department. This would give me a back-up if I get sick or need a vacation.

**Sageview Family Care
Board Report
September 2014**



Board Report for the Month of August 2014

- Rhonda's office is still under construction
- New patient appointments and calls on the rise; due to CBH Provider changes and
 - Many construction workers in town for Microsoft
- L&I Injury appointments on the rise
- Clinic will be implementing Cosmetic Injection Therapy with new products; Product representatives to train providers and RN's for injections.
- Environmental Air quality testing occurred August 22nd following mold removal from Rhonda's office.
- Medical Assistant position is still vacant with Rhonda– staff working together to fill in gap; Clinic manager is assessing different staffing module to make flow of daily operations more efficient.

QVMC
LABORATORY BOARD REPORT
SEPTEMBER 2014

I. Workload Monitors

A. Workload Statistics:

August 2014

Total Tests Ordered 3055
Send-out Tests Ordered 150

II. Quality Improvement

A. Laboratory News

1. Dr. Ian Bovio, pathologist, stopped by on the 27th for his monthly visit.
2. Met with Laboratory State Inspector and she talked about the upcoming implementation of the IQCP (Individualized Quality Control Plan) on January 01, 2016. We'll start working on this and the goal is to have this ready come October 2015 when she comes for our inspection.

B. Policy/Procedure Changes

1. Started reporting preliminary results on our blood cultures and urine cultures that are plated in the laboratory.

III. Laboratory Quality Insurance Incidents:

	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	17	34
CMP	60	243	37
Cardiac Panel	60	63	28
CBC	60	253	17
Troponin	60	8	27
UA	60	160	15
PT	60	45	38

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.

	August 2014
#Tests > 60minutes	45

#Billable Tests	3055
Goal <5%	1.47%

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
August 2014	18	100%

C. Corrected reports:

Corrected reports are called only when the change is clinically significant

	Corrected Results	Require phone call	%of required calls documented
August 2014	0	0	

D. Specimen Acceptability (Recollections):

	Total Recollections Performed
August 2014	7

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
Aug 2014							1	1		5	

E. CAP Proficiency Testing Summary/Corrective Action

1. Chemistry/Drug Monitoring - no deficiency
2. Urine Culture - no deficiency
3. Transfusion Medicine - no deficiency

F. Competency, Continuing Education and Training
Questionnaire for Coagulation

G. Safety

All laboratory staff attended the Safety Meeting.

H. Transfusion Medicine: Blood Bank Statistics

	JUNE 2014
CROSSMATCHES	0
RBC UNITS TRANSFUSED – MONTH	0
RBC UNITS TRANSFUSED – YEAR	10
FFP	0
TYPE AND SCREENS	0
#PATIENTS TRASNFUSED	0
#ANTIBODY IDs	0
TRANSFUSION REACTION WORKUPS	0
DAT	0

Community Relations September 22, 2014 Board Report

Analysis of data and actions taken are indicated by red, italicized print

I have submitted my resignation as Director of Marketing and Public Relations and Executive Director of the Quincy Valley Medical Center Foundation, effective September 26, 2014. I have enjoyed working with each and every one of you during my 6 ½ years at Quincy Valley Medical Center and I appreciate the opportunities that have been granted to me. While I will no longer be working here, I look forward to supporting the staff and this medical center as a Quincy community member. I wish you all the best and look forward to our continued relationships.

As I prepare for my departure I am working closely with Mehdi, Verna and other staff members to ensure the smoothest possible transition. If you have any questions or concerns please do not hesitate to contact me directly.

Utilization Review:

Support the community and partner with local businesses:

- I continue to serve as the hospital representative on the **Grant County Mar/Com Group**, **Washington Emergency Public Information Network (WEPIN)**, **Public Safety Commission**, the **Quincy Wellness Advisory Council** and the **Local Emergency Planning Commission (LEPC)**.
- I have worked with the **Quincy Chamber** in the development and/or printing of materials for the **FCAD Fun Run** on September 13 and the **Farmer Appreciation** event at **Beaumont Cellars** on September 18. This work is done in exchange for our Chamber dues.
- I am working on completing recognition materials for all areas of the facility for any events that occur between now and January.

Support the facility and other departments:

2014 Advertising Counts									
	QVMC	Education	General Info	Clinic	ER	QVMCF	Surgery	Occ Health	Out-patient
Print	11	0	4	1	0	1	0	0	2
Social Media	2	11	21	0	2	11	0	0	2
Radio	2	0	2	0	1	0	0	0	0
Other	2	0	2	0	0	0	0	0	0

- **QVMC Website** – Just a reminder that the new QVMC website went live on Monday, July 14. During the transition to a new Community Relations Director the IS department will handle website updates.
- **Occupational Health** – I have prepared a large supply of folders used by Occupational Health, as well as our Registration staff, to ensure their needs are met for the next few months.
- **Messages on Hold** – The messages on our on-hold system have been updated. *This contract is set to expire on January 12, 2015. We must give 90-days written notice if we would like to terminate our agreement. Without this notice, the contract will continue for an additional 12-months. We are currently paying \$278.39 per quarter for this service.*
- **Community Outreach** – QVMC had a booth at the **Quincy School District's Employee Benefit Fair** on Thursday, September 4 where our staff provided information on our services and interacted with community members. We also had staff at **FCAD** on September 13 giving our Flu Shots for \$25. Thank you to everyone who volunteered their time to represent the facility at these events. the **Health & Wellness Expo** in Moses Lake (9/27) and the **Senior Center Health Fair** (10/4).

Training:

Nothing new to report

Grants/Donations:

Nothing to report at this time.

The Gorge:

The updated report as of 9.10.14 is attached to this report.

Foundation Activity:

While a search is conducted for a new Foundation Executive Director, you may contact Verna Teeter, Foundation President, at Foundation@QuincyHospital.org with any questions.

- **Cruisin' 4 Care 2014** – Crusin' 4 Care took place on Saturday, September 13 during FCAD. There were 23 riders and we raised just under \$1000 for the Foundation.
- **Foundation Auction** – The Foundation has postponed the auction scheduled for October 25. As soon as new date is chosen, that information will be passed along to you.

Emergency Preparedness/Region 7 September 22, 2014 Board Report

- **Emergency Preparedness Committee (EPC)** – The EPC committee is currently working on policies for:
 - a. **ICS Training** – *a proposed policy came out of the EPC to Department Managers and Admin in late July. The policy needs some changes from the Safety Officer and will need to go back to Admin for another review. I have requested that Mike start using the NIMS training history form during employee orientation so that we can get a formal tracking method in place.*
 - b. **Code Silver** – *Mike Pirkey, QVMC Safety Officer, drafted a policy prior to the August 13 Active Shooter training. The EPC reviewed this policy and suggested edits. Final recommendation from the committee was for a Code Silver policy to be created and for an Active Shooter procedure to accompany it. Mike Pirkey will be working on this.*
 - c. **Active Shooter response** – *See Code Silver above*
 - d. **Secure the Building/Lockdown** – *I updated policies in this area prior to our CNO transition. Those policies will be circulated to the EPC prior to the September meeting for review and feedback.*
- **HICS Activation** – *Staff practiced their HICS activation during a motor vehicle accident response on August 21st. I completed a summary of the response (via HICS form 214) and submitted it to Mike Pirkey following the event. It is good for the staff to practice these procedures during smaller events so they are more familiar with how to respond during higher impact events.*

As of 9/10/14

Concert Patient Related Charges/Receipts/Staffing**											
2014	Updated	Event Dates	ER		Concert Pts	Charity Care/			Extra Staffing Costs		
			Patients	Pts		ER Charges	Receipts	Bad Debt		Balance	% Paid
(14) Sasquatch	9/10/2014	5/22 - 5/26	103	54	54	\$145,074.34	\$83,632.45	\$2,369.06	\$63,810.95	57.6%	
(15) KUBE	9/10/2014	6/6-6/8	48	14	14	\$48,575.84	\$26,404.82	\$0.00	\$22,171.02	54.4%	
(16) Paradiso	9/10/2014	6/26-6/29	94	45	45	\$123,367.42	\$56,494.88	\$0.00	\$66,872.54	45.8%	
(17) Watershed	9/10/2014	7/31-8/4	100	51	51	\$110,115.31	\$42,495.55	\$0.00	\$67,619.76	38.6%	
(18) Arcade/Bruno	9/10/2014	8/8-8/9	40	0	0	\$0.00	\$0.00	\$0.00	\$0.00	100.0%	
(19) Petty/Aerosmit	9/10/2014	8/15-8/16	40	6	6	\$11,246.86	\$0.00	\$0.00	\$11,246.86	0.0%	
(20) Jack Johnson	9/10/2014	8/23-8/24	17	1	1	\$1,310.83	\$0.00	\$0.00	\$1,310.83	0.0%	
(21) Dave Matthews	9/10/2014	8/29-9/1	81	10	10	\$31,154.89	\$200.00	\$0.00	\$30,954.89	0.6%	
(22) Linkin Park	9/13-9/14										
(23) Zac Brown	9/27-9/28										
Season Totals		33	523	181	34.6%	\$470,845.49	\$209,227.70	\$2,369.06	\$263,986.85	44.4%	\$0.00

Previous Month:	Change
\$305,136.95	\$0.00
\$305,136.95	-\$41,150.10
	\$2,369.06
	-\$38,781.04

Totals	Personnel	Balance	Write-Offs
\$0.00	\$263,986.85	\$2,369.06	\$266,355.91

**Monthly numbers change due to account reconciliations, payments, write-offs and adjustments

As of 9/10/14	Updated	Event Dates	ER Patients	Concert Pts	Concert ER Charges	Receipts	Bad Debt	Balance	% Paid
2013	(2) Sasquatch	5/23-5/26/13	150	75	\$209,998.73	\$139,788.68	\$52,257.38	\$7,972.72	66.6%
	(9) KUBE	6/8-6/9/13	59	36	\$86,217.29	\$60,760.16	\$20,666.60	\$4,790.53	70.5%
	(4) Paradiso	6/27-6/30/13	123	88	\$256,158.08	\$179,731.39	\$70,284.98	\$6,141.71	70.2%
	(6) Mayer	7/20-7/21/13	21	2	\$5,440.55	\$706.73	\$0.00	\$0.00	88.5%
	(6) Phish	9/10/2014	47	26	\$72,380.13	\$52,844.03	\$19,536.10	\$0.00	73.0%
	(7) Watershed	7/26-7/28/13	113	66	\$163,148.71	\$118,514.76	\$41,084.21	\$9,549.74	72.6%
	(8) Black Sabbath	8/24-8/25/13	25	2	\$8,462.79	\$8,555.02	\$0.00	-\$92.23	101.1%
	(9) D. Matthews	8/30-9/2/13	73	14	\$37,500.99	\$17,590.99	\$17,252.57	\$2,656.89	46.6%
	(10) KISW	9/6-9/8/13	45	10	\$30,055.28	\$14,903.99	\$15,040.54	\$111.95	49.6%
	(11) Zac Brown	9/14-9/15/13	29	7	\$24,762.63	\$22,915.34	\$1,847.29	\$0.00	92.5%
	(12) Maroon 5	9/28-9/29/13	24	8	\$12,299.98	\$12,780.55	\$0.00	-\$480.57	103.9%
Season Totals		33	709	334	\$906,931.29	\$633,604.75	\$248,676.40	\$24,650.14	69.9%

85% from Concert

Concert Personnel Expenses

Extra Coverage	Extra Wages	Payroll taxes	Physicians
\$79,142.57	\$9,497.11	\$22,250.00	\$110,889.68

TOTALS

Personnel Balance	Write-offs	Change
\$110,889.68	-\$248,676.40	-\$137,786.72

Previous Month:	Change
\$110,889.68	\$0.00
\$35,461.07	-\$10,810.89
-\$248,676.40	\$0.00
-\$395,027.15	-\$10,810.89

Radiology Board Report For the month of August

Utilization: As reflected in the "Radiology Volume Chart" following this report, the monthly total exam volume for August 2014 decreased by 14 exams compared to August, 2013. The numbers for X-ray exams were higher in the month of August due to an increase from Quincy sage view visits and our Emergency department visits.

- Ultrasounds volumes were lower. We provided 44 exams on August 2014 compared to 75 in August 2013.
- CT Scans volumes were a little less for the month of August. We provided 106 Ct's scans in August 2014 compared to 110 in August 2013.
- Total Radiology exams we provided 428 on August 2014 compared to 442 in August 2013.

Analysis of Data: We have attributed the overall decrease volume for the month of August to a decrease in ultrasound exams ordered due to the Ultrasound machine being down.

Action Taken:

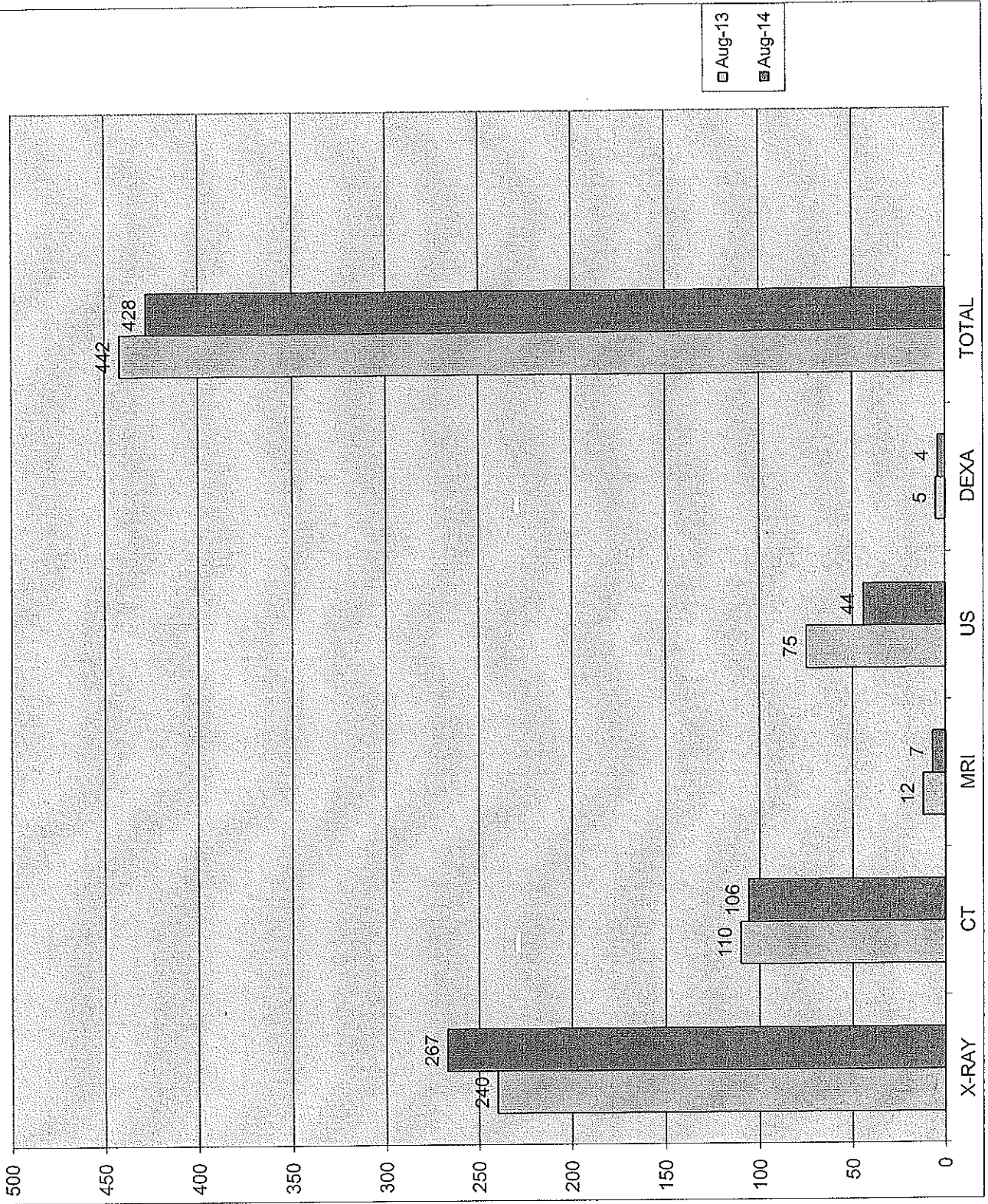
- In order to maintain awareness of our services and ensuring that we meet their specific needs, I maintain daily contact with the referring provider scheduler at community Health Clinic and Sage view clinic.

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 are currently working towards a new Ultrasound machine.
- (3) We are still in need of X-ray room equipment.
- (4) We no longer have an X-ray student from Wenatchee till next year.
- (5) We are working with LEAPT and Washa to find ways to reduce dose to CT patients we are really proud to be part of this project.

Veronica G. Cruz

Radiology Volume Chart



BOARD REPORT
AUGUST 2014
PHYSICAL THERAPY

UTILIZATION REVIEW

- PT visits for August: 264
- ST visits for August: 0
- Number of PT "no shows": 35
- Number of PT "call to cancel": 44
- Number of PT "open appointments": 36
- Number of available PT appointments: 382
- Productivity: 69.9% (appts filled/#available appts)

ANALYSIS OF THE DATA

- PT visits for August were far below our benchmark of 340. The reasons for the low numbers in August were vacation days taken by therapist which brought our number of available appointments down some. Our No Shows were significantly higher than they have been in past months, so that was a large factor as well. Our Call to cancel rate was about the same as last month and our number of open appointments was also about the same as last month.
- Speech therapy was 0 visits as we still do not have a speech therapy contract
- Our no shows were significantly higher than normal for us. There is no known reason for this other than harvest is starting to get under way and people may be getting too busy to attend physical therapy.
- Number of open appointments was about the same as last month, but was still higher than our previous months this year. Our new referrals have been down in July and in August.
- Our number of available appointments was lower than normal for us, but that was due mostly to therapists taking vacation days and low census days in August.
- Productivity was significantly lower than our benchmark of 80%. The no show rate was a large factor in our low productivity this month.

ACTIONS TAKEN

- There is very little that we can do to increase the number of new referrals that we get each month. So, in effort to improve our productivity, we are working on taking low census days. In effort to reduce no shows and call to cancel appointments, we continue to provide courtesy phone calls 24 hrs in advance.
- I do have a very positive lead on a speech therapist who is eager to start doing some contract work for us. She is currently on vacation, but will be getting in touch with me very soon to start her orientation and begin seeing patients for us.

PROCESS IMPROVEMENTS

- I still have not the exercise flow chart eform that I have requested to be constructed. Both Summer and Chelsea assure me that it is in construction, but so far, I have not seen it. I am hopeful that the exercise flow chart eform can be used on the certified rehab patients to improve the carryover of training and instruction with the certified medicare in patients. Presently there is no good way to get information to nursing staff regarding rehab type care that they can use to follow through with to help the patients reach their rehab goals. This eform will provide a tool that I can use to set up tasks for the patient that the nursing staff can follow through with and document progress towards goals. This is my primary process improvement focus at this time.

Prepared by
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Maintenance Board Report for the month of August

Utilization Review:

- A. Work Orders: All work orders were completed at a 80% completion rate for the month of August.
- B. Preventative Maintenance: All PM's were completed at a 89% completion rate for the month of August.
- C. Construction on our clinic water damage/mold issue.
- D. Clinic mold testing

Analysis:

- A. We are up 4% and back around the numbers where we need/want to be.
- B. We stayed the same this month on our PM percentage.
- C. LCM construction has completed all of the interior work for the Clinic. There is still some work remaining on the roof.
- D. Some clinic employees believed they were smelling/breathing mold in the Clinic.

Action Taken:

- A. We are up to 80% which is better but still not great. I think there is still a fair amount of work being done without maintenance requests which makes it very hard to track. I am brainstorming a solution to this problem.
- B. 89% is still a pretty good number but not as high as we have been. Once I move some percentages around on my score card this will be back up in the mid 90's again.
- C. LCM Construction put a patch on the rotted spot in the roof. It has to sit for 60 days before snow seal can be put on it. This will be completed sometime in mid-October.
- D. LCM Construction had there mold expert come in run mold tests on 3 different rooms in the hospital. All the results were negative. In fact, the rooms that were repaired by LCM Construction were the cleanest rooms tested.