Union County General Hospital CAH Periodic Program Evaluation

2019 Annual Program Review

Critical Access Hospital Annual Evaluation

- The Conditions of Participation for Critical Access Hospitals, SS485.641 require CAHs to complete an annual evaluation of its program. SS485.641(a)(2) states, “The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed”. The evaluation must include:
  - SS485.641(a)(1)(i): The utilization of CAH services, including at least the number of patients served and the volume of services.
  - SS485.641(a)(1)(ii): A representative sample of both active and closed clinical records defined in the Interpretative Guidelines as: “A representative sample of both active and closed clinical records” means not less than 10 percent of both active and closed patient records”.
  - SS485.641(a)(1)(iii): The CAH’s health care policies.

MISSION, VISION AND VALUES STATEMENTS

MISSION STATEMENT

The Mission of Union County General Hospital is to be a full service, acute care hospital in Clayton, New Mexico that provides the highest possible quality of healthcare services to the residents of Union County and surrounding areas.

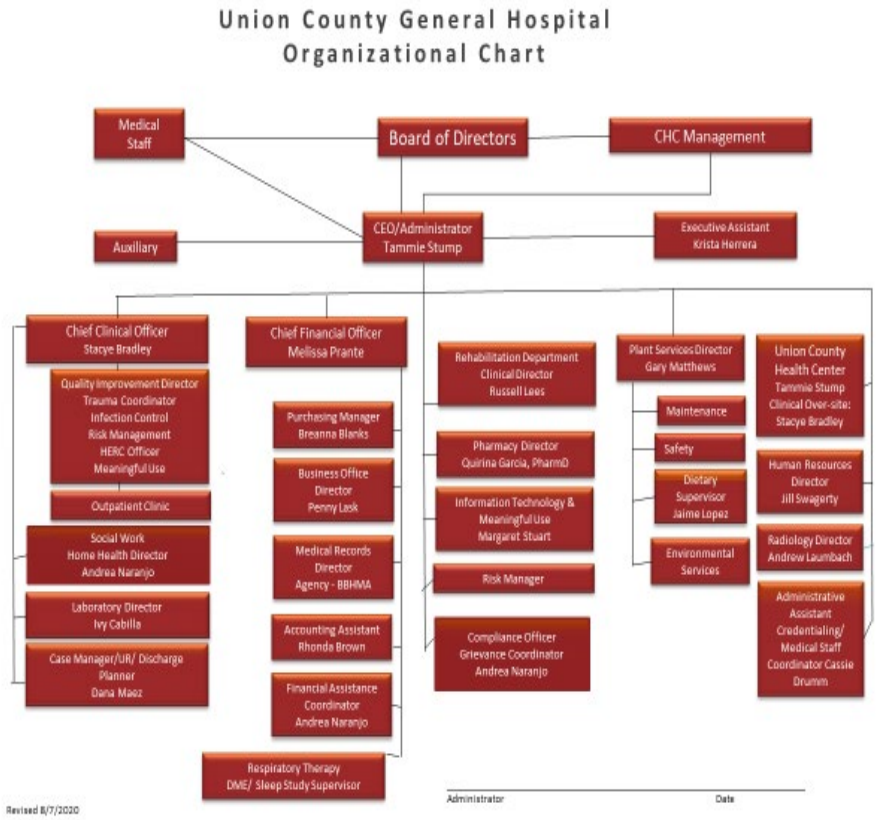
VISION STATEMENT

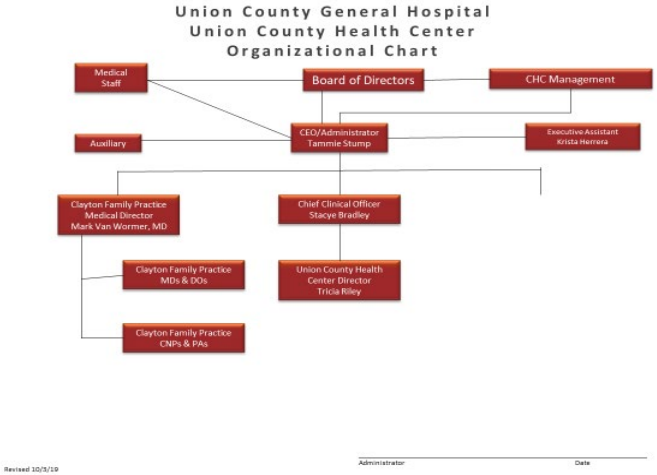
Union County General Hospital seeks to be the health care provider of choice for the residents of Union County and surrounding areas by providing services that equal or exceed in quality those that are available elsewhere. We seek to be the leader in the planning and coordination of health care services for the region.

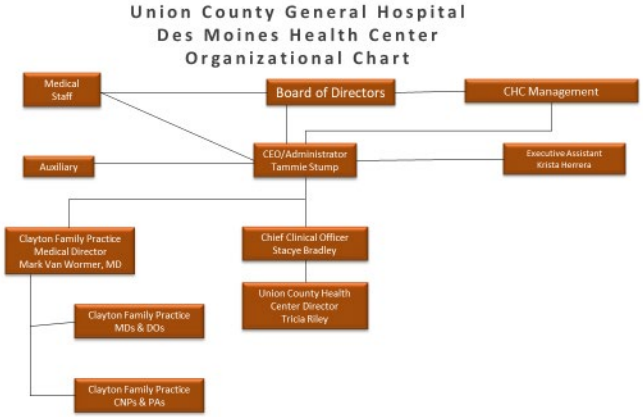
VALUES

- We are committed to caring for the total well being of the patients and community we serve.
- We recognize each of those we serve as an individual deserving of respect, honor and dignity.
- We foster a positive and progressive environment, encouraging creativity, innovation, growth and satisfaction for all employees.
- We are committed to innovation and leadership in health care activities, governance and community relationships.
- We believe our success depends on our ability to consistently provide the highest quality of care and service to all of our customers.
- We are committed to excellence through collaborative management, accountability and fiscal responsibility.

UCGH Organizational Chart



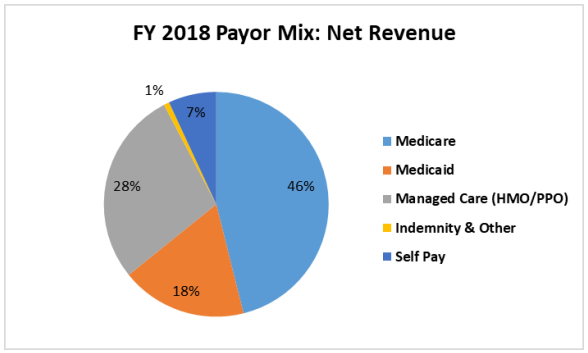




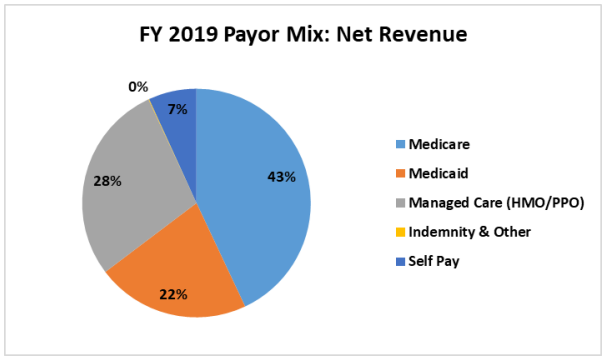
PATIENTS: HOSPITAL PAYOR MIX TRENDS

NET REVENUE

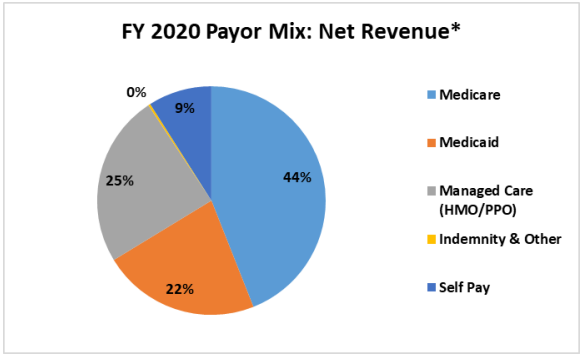
FY 2018 Payor Mix



FY 2019 Payor Mix

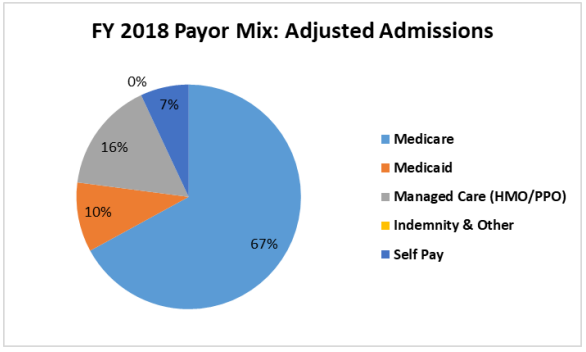


FY 2020 Payor Mix*

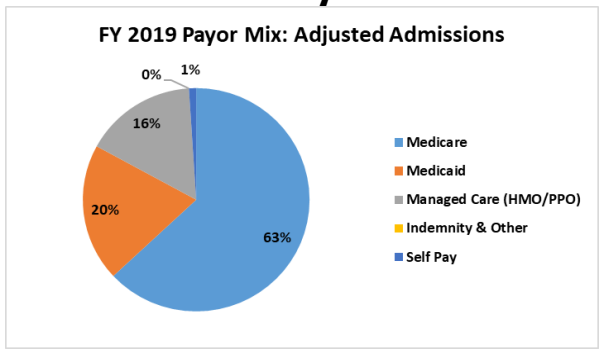


ADJUSTED ADMISSIONS

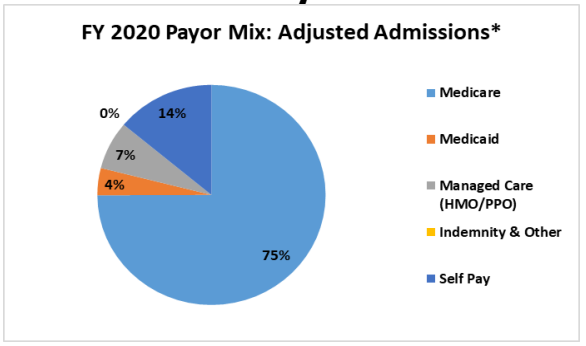
FY 2018 Payor Mix



FY 2019 Payor Mix



FY 2020 Payor Mix*



*Actual FY 2020 YTD

What are the major takeaways of your changing, or stable, payor mix? Is there anything important/different that needs to be considered with our Medical Group payor mix?

1. *Assess Commercial Insurance Contracts for enhanced reimbursements*
2. *Education and assistance with Self-Pay patients for financial assistance and/or Medicaid applications/payment plans*
3. *Assess and collaborate with County to revise Union County Indigent Fund Policy to tap into additional funds*

Utilization of Services

FY Ending 2020 & 2019 Comparison

Total Volumes	FY 2020	FY 2019
Acute Admissions	158	132
Swing Bed Admissions	46	43
Surgeries IP/OP	5/25	3/20
Observation Days	63	133
Home Health Visits	736	730
GI Procedures	69	43
Emergency Visits	1,847	1,874
Total Imaging Procedures	3,094	3,249

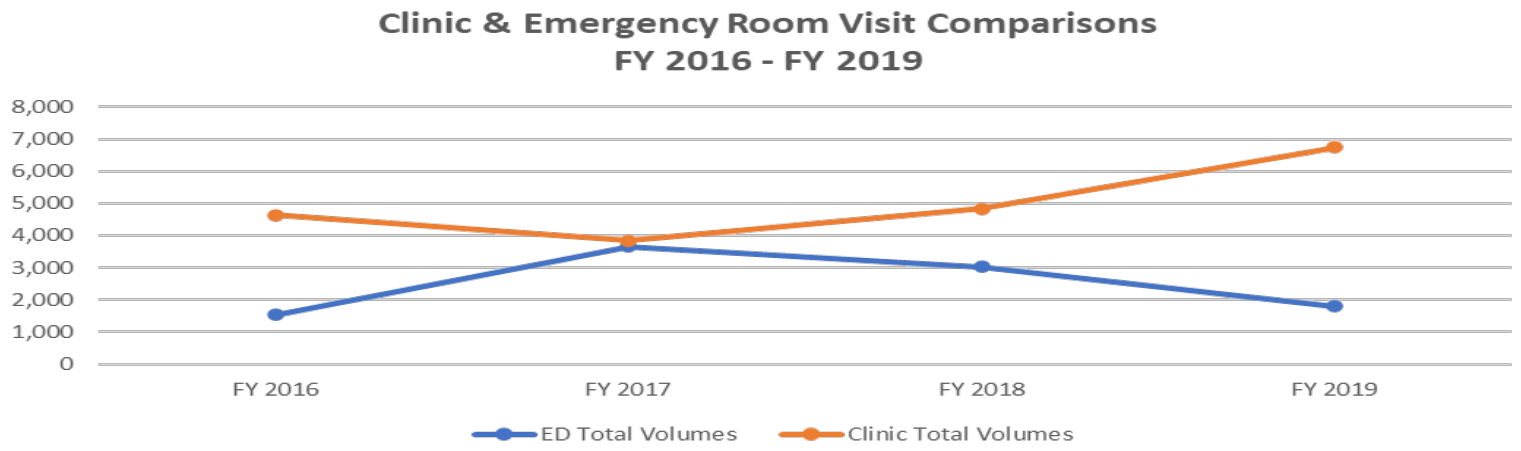
Hospital Gross Payor Mix %	FY 2020	FY 2019
Medicare	45.8%	43.6%
Medicaid	23.7%	21.2%
Commercial	23.6%	28.2%
Other	6.9%	6.9%

Clinic Gross Payor Mix %	FY 2020	FY 2019
Medicare	34.0%	36.7%
Medicaid	32.2%	27.7%
Commercial	28.3%	30.2%
Other	5.5%	5.3%

PATIENT ORIGIN FISCAL YEAR VOLUME COMPARISON

Emergency Visits					
Age Group	FY 2016	FY 2017	FY 2018	FY 2019	Volume Change FY 2018 - FY 2019
0-6 Years	126	195	186	169	-17
7-14 Years	108	229	239	114	-125
15-17 Years	54	101	131	71	-60
18-44 Years	547	996	873	675	-198
45-64 Years	338	991	803	378	-425
65+ Years	360	1,153	794	394	-400
Total	**1,533**	**3,665**	**3,026**	**1,801**	**-1,225**

Out-Patient Clinic Visits					
All Visits	FY 2016	FY 2017	FY 2018	FY 2019	Volume Change FY 2018 - FY 2019
Total	**4,642**	**3,837**	**4,842**	**6,751**	**1909**



Utilization of Services

- Transfers

Transfers	3Q 17	4Q 17	1Q 18	2Q 18	3Q 18	4Q 18	1Q 19	2Q 19	3Q 19	4Q 19	1Q 20
In-Patient	2	23	1	1	3	0	4	No data	2	6	2
OBS/ER	31	24	20	21	37	26	19	No data	18	27	23

- EMTLA Compliance
  - Quality scorecard tracks completion of EMTALA documentation.
  - Practice is to refer any potential EMTALA violations to Peer Review for review and scoring, and any corrective actions that may be required.

Audit of Active & Closed Medical Record: Compliance & Quality Review

- H&P: Medical Records was found to be collecting this data incorrectly; education was completed and data demonstrates very few variances.
- Admission Assessment: No variances are noted.
- Surgical Records (consents & OP Reports): No issues or variances. To note, surgeon retired in spring 2020; however, GI Endo was still being conducted by 2 providers.
- Discharge Planning: No issues or variances noted.
- Consents and Advance Directives: No issues or variances were noted.
- Pain Management: No issues or variances were noted.
- Physician Orders: No issues or variances were noted.

Audit of Active & Closed Medical Record: cont.

- Coding Audit:
  - OP: Principal Diagnosis Accuracy 86.96%
  - IP: MS DRG Accuracy 85.00%
- Nursing Forms/Documentation: Restraint/Seclusion documentation via nursing was reviewed without any variances or issues.
- Patient Education: Reviewed records and found no issues/variance. Investigating ideas to provide patients with additional resources for education to prevent overloading and non-retention of information.

Revenue Cycle Review

- Charge Denials: All denials are reviewed for opportunity for improvement through the Case Mgmt./UR committee.
- Returns to the ER within 72 Hours: 100% of all records are reviewed for same/similar diagnosis returning to ED within 72 hours by Peer Review for review, scoring and corrective actions as appropriate.
- Deaths: All Deaths are review for quality improvement and by Peer Review as appropriate.
- Returns to Surgery: All return to surgeries are review by Peer Review.
- Readmission within 30 Days: All Readmissions within 30 days are reviewed by Peer Review.

Health Care Policies

- Department Policies and Procedures Reviewed during the Year?
  - Yes, all Department Manuals were divided up on the annual calendar. All manuals/policies that pertained to medical staff or patients were taken to Medical Staff for review and approval prior to being submitted to the Board for review and final approval.
- Were any Changes made?
  - All appropriate changes were made as to regulatory changes, practice changes and/or standard of care changes.
- Were any new Policies added?
  - Yes, through out the year, new polices were added to ensure compliance.
- Were all polices related to CAH reviewed?
  - All policies were reviewed and sent for final approval.
- Process used for review and approval of Policies.
  - Department made first review, then to Quality Management Committee, to Medical Staff if appropriate and then on to Board of Directors for Final Approval.

Evaluation of Services/Quality Assurance

- Hospital wide indicators – results and actions taken/CQI
  - Medication Errors: All Medication errors are followed by on by the pharmacist and one on one education is performed. Any trending is referred to the CCO for next steps as appropriate.
  - Falls: No patient falls were reported. Will maintain staff education annually and review areas for risk reduction.
  - Restraints: No restraint/seclusions were utilized. Ongoing review will continue.
  - Infection Rates: No nosocomial infections were reported. Ongoing education and review will continue.
  - Blood Utilization: 100% compliance was achieved. Will continue review secondary to severity of the risk.

Evaluation of Services/Quality Assurance cont.

- Needlesticks: 2 needlesticks were reported since July 2017. Both were followed upon as per Hospital Policy and no adverse outcome with employee.
- AMA's: AMA's remain way below standard of less than 2%. With most months being either 0 or less than 1%.
- Provider Admission Data: No issues were identified. Moving to electronic documentation has corrected many variances.
- Flu Vaccination Data
  - Staff: Influenza Immunization and/or declination was 100%
  - Patient: Influenza Immunization and/or declination was 100%
- Review of Contract Services: Documentation and identification has been completed, however more review needs to be completed and forwarded to the Board.
- Sentinel Events: No sentinel events were reported or found.

Evaluation of Services/Quality Assurance cont.

- Hospital-Wide Quality Indicators for 2020
  - Each depart has mandated indicators, plus additional indicators were added secondary to issues or areas of high risk. All indicators are taken to the Quality Committee, the Medical Staff and to the Board of Directors for final approval.
- Hospital-Wide Improvement Projects for 2020
  - Infection control and risk mitigation with respect to the COVID-19 virus.
  - Maintaining and expanding capacity as needed secondary to community needs with COVID-19 virus.

Evaluation of Services/Quality Assurance cont.

- Patient Satisfaction 2019-2020

Report	# of Patients	Weight
Inpatient	18	5.88%
Home Health	2	0.65%
ED	102	33.33%
Clinic	90	29.41%
Otptn	94	30.72%
Total	306	100.00%

Report	Overall Average	Weight	
Inpatient	80.06%	5.88%	5%
Home Health	100.00%	0.65%	1%
ED	85.48%	33.33%	28%
Clinic	89.20%	29.41%	26%
Otptn	88.63%	30.72%	27%
Total			87%
Normal Average		88.67%	
Weighted Average		87.32%	

- Grievance Review: All grievances/complaints were investigated and followed-up on appropriately.

Evaluation of Services/Quality Assurance cont.

- Infection Control Review
  - Nosocomial Infections: No Nosocomial Infections were reported or noted.
  - 2019 Goals and Results:
    - Needlesticks: 2 reported since 2017, all followed up appropriately with no employee issues.
  - 2020 Goals;
    - Will continue to monitor and provide annual mandatory education to staff on prevention and policy. In addition, supplies are continuing to be assessed for safety features.

Evaluation of Services/Quality Assurance cont.

- Patient Safety Measures that will be focused on for Fiscal Year 2020
  - Adverse Drug Events
  - Nosocomial Infections
  - Decubitus Ulcers
  - Blood Reactions
  - Slips and Falls
  - Restraint Use
  - Serious Even Reports
  - DVT/PE
  - Plus additional indicators on Quality Scorecard.

Medical Staff

- *Does the Medical Staff have established criteria for medical staff Peer Review?*
  - *Yes, and each provider received a copy upon application to the Medical Staff.*
- *Does the Medical Staff review a representative sample of records for each provider?*
  - *Each provider has random chart reviews, plus fall outs from other mandatory reviews reviewed quarterly via Peer Review. This includes the clinic providers.*
- *Credential & re-credentialing process review?*
  - *Hospital follows its policies and procedures which are written to meet the mandatory standards for credentialing and re-credentialing providers in hospital and clinic. These are taken to the Medical Staff for recommendation to the Board of Directors for final approval.*

Organizational Plans

- Plans: All plans are taken to Quality Improvement Committee, Medical Staff Committee and to the Board of Directors for final approval on an annual basis.
  - Quality Plan
  - Utilization Review Plan
  - Patient Safety Plan
  - Disaster Plan
- Have they all been reviewed and updated where necessary during the past year. Each plan was reviewed and approved by senior leadership, medical staff and the Board.
  - Yes, this is on the agenda for this year at the August 2020 Board of Directors Meeting.

External Audits

- External audits were completed for Coding, Charges and Documentation: At least annually, but secondary to issues may be done more, an audit is completed and all corrective actions are completed.
  - DME
  - Rehab
  - Surgery
  - Emergency Department
  - Outpatient
- Financial External Audit: Yes, an external financial audit was completed annually at the end of the fiscal year. This year, audit was completed electronically secondary to COVID-19 pandemic.

Community Benefits

- Influenza Immunization Program
- Community Health Awareness Fairs
- Local Emergency Planning Committee
- Rotary Club
- Chamber
- Union county Economic Development
- NM Organization for Nurse Leaders
- Trauma Performance Improvement Committee
- NM Hospital Services Worker's Comp Board
- Food Drive
- Clayton Sports Physical Program
- Glucose & Cholesterol Screening
- Quarterly Trauma Education for Emergency Healthcare Providers

Employee Base: Long-Term Planning

- **Engagement & Growth of Entry Level Staff**
  - Areas being addressed to increase employee base
    - High School Scrubs Camp to familiarize students with Health Care Careers and needed Education.
    - Assisting in teaching of Health Care related topics in the Schools
    - On the job training, along with monthly in-house education sessions
    - Sending staff out for additional education
    - Assisting staff with tuition for time served payment for needed specialties

Additional Strategies: Growth & Efficiencies

- **Medicaid Office (Currently no Office in Union County)**
  - Working with the state to have a Medicaid presence in Union County
  - Also requesting additional education and ability of staff to enter directly into the Medicaid system in order to track progress of application
- **Diabetic Diet Education**
  - Work with consultant Dietician to provide quarterly group/patient education on Diabetic Diets
- **Infusion Therapy**
  - Assess the ability and need for Infusing Therapy such as Diabetic Patients with Osteo Infusion Therapy
- **Enhancements to the MediSpa of Services Provided**
  - Consideration of the following additions
    - Acupuncture
    - Permanent Makeup
    - Infusion Therapy

Additional Strategies Cont.: Growth & Efficiencies

- **Sleep Study**
  - New Contract for Technical and Provider Services
  - Increased Sleep Rooms to 2

- **Swing Bed Utilization**
  - Increase Swing-bed Utilization via site visits with specialty providers and tertiary Discharge Planners
  - Marketing to patients and families for awareness
- **Payor Credentialing**
  - Continue to develop and improve Provider Credentialing with Payors
    - Continue to contest and appeal denials of Provider Credentialing
    - Work with State Leaders to gain Provider Credentialing with Payors

Executive Summary

- Does the CAH program continue to meet the needs of the hospital and community?
  - *Yes, the closest NM health facility is 84 miles away.*
- Were any new services added or present services changed?
  - *Yes, Services were added in Lab, Radiology, clinic and specialty services.*
  - *Additional services that were cancelled were also returned to the hospital. MRI, Sleep Studies etc.*
- Has the scope of care changed?
  - *No, however we continue to review for potential services that are needed within our community that we would be able to safely and financially be able to provide.*
- What improvements have been made as a CAH?
  - *Improvement to building, equipment and investment into staff.*
  - *HVAC was replaced in the Lab.*
  - *Back up Battery for CT Scanner*
  - *ICU Bed replaced*
  - *Replacement of Hospital/DME vehicle*
  - *Numerous infection control supplies, equipment and staff educations*
  - *Replaced Xray stand-alone and portable machines*
  - *Replaced CT Scanner injector*
  - *Addition of cash based business.*

Executive Summary cont.

- Are there any new services recommended for the next year?
  - *Yes, we have contracted with a surgeon who is working on his NM Medical License.*
  - *Investigating addition of PRN specialty providers*
  - *Addition of Des Moines RHC*
  - *Addition of Dental Office*
  - *Relocating to Medical Spa, the Spa business to expand utilization*
- Key staff positions added
  - *The Dental Office will require additional staff and Dental Hygienist.*
  - *With addition of specialty and new offices, business office staff will need to be reevaluated to ensure they can keep up, or additions added.*
- Building Projects worked on in 2019, and planned projects for 2020
  - *Secondary to COVID-19, HVAC will need to be replaced for patient, visitor and staff infection control risk reduction and also to maintain/expand for patient care capacity.*
  - *For safe opening during COVID-19 and maintaining social distancing, the need for an ante-room on front entrance to hospital*
  - *Investigating renovation of room for placement of COVID-19 antigen testing equipment.*

Executive Summary cont.

- IT infrastructure goals and results
  - *Continue to bring IT infrastructure up to par*
  - *Enhance Privacy/Security Throughout technology*
  - *Formalize IT Governance Model*
  - *Evaluate additional Cloud Solutions*
- Payors
  - Review and analyze all payor contracts for appropriateness
  - Educate Medicare patients on benefits of supplemental insurance
  - Better manage denials, rejections and medical necessity
- Patients
  - Grow swing-bed utilization
  - Initiate Dental Program
  - Provide on-going staff Customer Service Training

Executive Summary cont.

- Employers
  - *Capturing new employee physicals and drug screens for local employers*
  - *Providing on-going health education/awareness for local employers*
  - *Work with local employers to expand the insurances accepted at UCGH*
- Competitors
  - *Collaboration with Secondary Service Area for shared services/specialties*
  - *Enhance marketing in secondary & tertiary care areas*
  - *Expand service lines into competitors' market*

Executive Summary cont.

- Payment Reform
  - *Focus on Insurance follow-up claims*
  - *Focus on Up-front collections*
  - *Focus on increased accuracy of Coding*
- Legislative & Regulatory Changes
  - *Stay appraised on NM SNCP proposals*
  - *Stay appraised on NM Medicaid changes*
  - *Maintain communication with NMHA and allied NM Medical Facilities*
- Physicians
  - *Expansion of telemedicine services*
  - *Education/training for current providers to increase services offered*
  - *Utilization of specialist on PRN/PT availability*

Thank you, please let me know if you have any concerns or questions and/or would like to have additional areas of review.

Tammie Stump, CEO