North Sunflower Medical Center

2017-2018 Annual Evaluation

Medical Staff Appointments
Dr. Brent Roberts- Chief of Staff
Dr. Brent Smith-Assistant Chief of Staff
Dr. Rodney Frothingham-Secretary
Dr. Don Blackwood-Medical Director of Swing Bed
Dr. Margaret Cassada-Medical Director of Senior Care/IOP
Dr. Lamberto Cosue-Medical Director of Emergency Department
Dr. Jason Morris-Medical Director of Radiology
Dr. A Martin-Medical Director of Laboratory
Dr. B Wright-Medical Director of Surgery
Dr. A Aquino-Medical Director of Sunflower Rural Health Clinic
Dr. Shannon Myers-Medical Director of Medical Records
Dr. Brent Smith-Medical Director of Acute Care Services

Board of Trustees
Mr. Billy Joe Waldrup, Chairman
Mr. H.T. Miller, Vice-Chairman
Ms. Bobbie Allen, Secretary
Mr. Willie Burton
Mr. Phil McNeer

Administration
Mr. Sam Miller, CEO
Mr. Rodney Clark, COO
Mr. Billy Marlow, Executive Director

Quality Management:

The following pages contain Performance Improvement Outcomes and Indicators for the year 2017-2018. These numbers are submitted monthly thru the QAPI program. Each Department gathers Stats according to established criteria, set benchmarking, and submits data with plan of corrections if necessary. The established criteria may include departmental performance outcomes, Utilization Management, Safety, Risk Management, and Infection Control.

Performance Improvement Report
2017-2018

Performance Outcomes	Benchmk	Oct 17	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept 18	Total
Volume														
Acute Admissions		41	52	55	51	41	40	45	39	39	35	45	32	515
Acute Discharges		30	50	48	51	38	38	44	40	35	37	40	34	485
Swing Bed Admits		38	31	18	33	30	27	30	26	24	25	19	20	321
Swing Bed Discharges		21	27	21	25	32	30	28	20	32	24	20	11	292
Senior Care Admits		22	22	21	28	21	22	17	20	23	23	26	25	270
Senior Care Discharges		14	25	15	22	26	20	15	21	30	20	17	9	234
Utilization mgt														
Readmits within 30 days ; Acute Care	0	3	4	5	0	6	4	3	2	1	1	3	3	35
Condition 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Observations		17	27	15	18	13	15	24	15	17	20	29	21	231
LOS >96 hours	0	5	4	9	5	7	1	4	2	6	3	3	3	52
Change of Status(obs/In)	0	0	0	1	2	0	1	3	1	0	0	3	1	12
Medical Review	0	0	0	3	4	1	0	0	0	1	0	1	2	12
Readmits 30 days/Swing Bed	0	0	2	2	4	5	3	2	1	0	0	1	0	20
AMA's	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Self Pay	0	1	0	1	3	5	5	7	6	1	4	5	3	41
H&P within 24 hrs.	%	87	86	82	64	87	95	91	100	92	88	87	90	87%
ALOS														
Inpatient (days)	3 days	3	3	3.3	3.5	2.3	3	2.5	2.3	4.6	2.6	3	4	3.08
Swing Bed (days)		16	14	16	11	14.5	13	11	11.5	14	14	14	14	13.6
Senior Care (days)		10	8	9	9	11.5	10	9	9	6.5	9	9	7	8.9
Deaths														
Acute		0	0	0	0	0	1	0	1	0	0	2	1	5
Swing Bed		0	1	0	1	1	1	1	0	0	2	0	0	7
Senior Care		0	0	0	0	0	0	0	0	0	0	0	0	0
ER		0	1	0	3	1	0	0	2	2	1	0	0	10
WBCNF		0	0	2	1	2	1	3	1	1	2	1	2	16
MORA (referral)	100%	C	C	C	C	C	C	C	C	C	C	C	c	100
Incidents														
Patient falls w/o Injury	0	3	13	0	5	6	10	9	7	2	2	2	4	63
Patient Falls with Injury	0	1	2	0	3	3	1	2	0	0	2	1	1	16

Performance Improvement Report
2017-2018

Other Incidents	0	3	2	1	1	6	0	1	3	2	3	0	5	27
Employee Incidents	0	6	2	0	4	0	1	4	1	1	0	1	3	23
Employee/injury	0	3	0	0	2	0	0	0	1	5	1	2	0	14
Employee Exposure	0	0	0	0	1	0	0	0	0	0	0	1	1	3
Medication Errors														
AC	0	0	0	0	2	0	1	0	1	2	0	1	0	7
SB	0	2	4	0	2	2	0	0	0	1	1	0	0	12
SCU	0	1	0	0	0	0	0	0	0	0	0	0	0	1
ER/OR	0	0	0	0	0	0	1	0	0	0	3	2	1	7
Result Harm to Patient	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adverse event	0	1	0	0	0	1	0	0	0	0	0	0	0	2
Opioid Event	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Room														
Returns/72 hours	0	11	17	24	19	19	31	18	26	27	18	14	25	249
AMA	0	8	4	5	8	6	7	6	3	6	4	7	6	70
LWBS		1	3	14	17	18	18	12	15	21	12	7	15	153
Deaths	0	0	1	0	3	1	0	2	2	2	1	0	0	12
ED to Acute admits		22	56	29	30	18	33	29	39	20	30	29	19	354
Transfers		50	33	34	37	40	38	33	37	38	30	35	40	445
Total Patients		328	320	377	367	318	323	318	349	304	322	327	336	3989
Infection Control														
AC Hospital Acquired	0	0	0	0	0	0	1	0	0	0	0	0	0	1
SB Hospital Acquired	0	2	1	0	0	2	2	1	0	1	0	2	0	11
SCU Hospital Acquired	0	0	0	0	1	0	0	1	0	0	0	0	0	2
Foley Cath Days														
AC		32	20	43	29	39	27	44	15	54	23	25	19	370
SB		31	36	64	96	44	24	64	42	33	8	18	59	519
SCU		0	0	0	0	0	0	0	0	0	0	0	0	0
Reportable NHSN														
Antibiotic Days														
Acute Care								145	99	117	101	133	95	690
Swing Bed								98	131	111	120	111	181	752
Senior Care								25	31	39	78	46	54	273
STD's		2	4	13	3	3	4	5	10	6	10	6	7	73
Employee Flu Vaccine given					695			1	0	0	0	0	0	696
Patient flu/pne Vaccine		22	12	17	28	3	7	7	1	0	1	0	9	107

Performance Improvement Report
2017-2018

		M			M		M							M	
Surgery															
Inpatient Scopes		0	2	2	6	0	1	1	1	3	2	6	7	31
Outpatient Scopes		30	43	32	24	42	42	50	54	27	46	36	50	428
Outpatient Surgery		147	213	172	173	119	136	194	268	197	183	223	133	2158
Inpatient Surgery		0	1	6	6	2	1	0	1	4	0	4	4	29
Deaths/Surgical area	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wrong Site	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Procedures canceled	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Surgical /anth Complication	0	4	1	0	0	2	0	0	1	5	2	4	4	23
Equipment Failure	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blood Utilization	100%	96	91	72	90	93		97	96	92	93	100	99	
# Units typed/CM		28	57	29	31	28		38	52	51	41	25	47	
#Units Transfused		27	52	21	28	26		37	50	47	38	25	46	
# path spc. out		9	13	11	4	10	5	6	7	4	9	3	2	83

October 2017/September 2018:

Readmission Rates:

Acute Care: 35/515x100 = 6.79 Readmit Rate.

Swing Bed: 20/321x100= 6.23 Readmit Rate.

Average Readmit Rate: 6.51

Quality Improvement Projects:

1. Code Blue update:
   Upon the recommendation of the Acute Care Medical staff manager it was noted that the Nursing Staff, and other hospital staff did not fully understand the complete "Code" process. All were working very hard in the situation, but employee response involved excess of staff and the "Code" could become unorganized or lack organization and staff seemed fearful to perform, even though some were ACLS certified. Many of the staff responding were recent graduates and lacked experience in Code response.
   At this time the policy was reviewed and revised to involve only essential people, with response and performance duties assigned upon arrival in response to call. Additional staff were assigned to assist with family and hospital traffic. Dr. Smith educated staff on the necessary response needed from them in a code and why. Education also included correct and essential documentation. Several "Mock Codes" were held and issues were addressed if needed. Mock Codes will continue at random.
   Policies related to unit Crash Carts, and contents were revised in fall of 2017 with update in 2018. Assessment of the campus found the need for placement of AED in off campus locations and the RHC.
   NSMC developed a Code Review Policy to be initiated following each Code. This review included the assessment of employee performance, availability of supplies, and patient assessment/response.
2. Review of policy related to the use of TED hose and the steps to prevent skin breakdown was initiated and a Take 5 was issued to all patient care areas. It was also discussed and made policy that staff would use the STD's when needed for VTE prevention. This was done thru Nursing Service following Quality/Safety/RM Recommendation.
3. The updating of Acute Care Telemetry Monitors initiated the review of the Policy for Telemetry Monitoring in the acute care service area.
4. Discharge Planning was reviewed to be sure the necessary criteria was met to provide the patient with a complete Discharge plan and follow-up. This should decrease the readmission rates for acute care. The Discharge Planning process was revised. Discharge planning will be initiated upon

admission with teaching to begin and continue thru til discharge. Teaching booklets are placed in room with necessary educational items. Advance Directives booklets are also available with Advance Directives being discussed on admission by admitting staff and Discharge planner.

5. Safety and Risk Management following the investigation of occurring falls found many times the fall occurred but there was no management involvement until S&RM stepped in. Fall Huddles were initiated so that problems could be addressed immediately, employee response assessed.

6. Ongoing investigation of needed improvement with response time regarding the reading of CT scans for patients presenting with possible CVA. It appears the MD in the ER is conversing with Dr. Morris but failure to document shows no date and time to verify. This will be resolved.

7. It is noted and being addressed that Emergency Room documentation lacks notes that would adequately support high quality care and payment. This is an ongoing issue with the staff. Daily chart reviews are being addressed by the ER SV and the billing nurse. Nurses are sent emails when documentation does not meet requirements. The ER SV is following up with each nurse as issues occur. We have several new nurses to our facility working the ER and each will have the needed documentation review for follow-up and orientation. This review of service will continue thru the 2018/19 year.

8. The implementation of a Worxhub for the reporting and tracking purposes of all environmental and maintenance request was established. This was due to the lack of followup on tickets issued for repairs. It has improved the communication process for needs and repairs. Environmental services will no longer be performing room and departmental inspections. This responsibility has been given to Worxhub for performing inspections and recording needs in the system. Quality will continue to monitor request and maintain compliance.

Quality and Meaningful Use:

North Sunflower Medical Center has had issues this year with obtaining correct patient chart review information to correctly submit to Quality net for inpatient and outpatient measures. IT has been involved with the updating and procurement of software to allow us to be able to submit correct information for CMS Quality review. This review will resume with January 2018 reporting.

NSMC was unable to adequately pull correct numerators and denominators for meaningful use. Mckesson was involved in a buy-out event and all MU measures were then assumed by Allscripts. (Premier). An exception form was submitted for NSMC to CMS in June 2018 and again for assurance November 2018. As of this writing we are still in the training/building stage of needed program to complete task. The nursing Staff has initiated the use of Huddles each morning to review each patient case and current status. This has proven beneficial in following all aspects of patient care and also preventing errors.

Inpatient record review is occurring within the acute and swing bed units. Nursing Service continues to lack in documentation of the Care Plan to specific needs of each individual patient. We will continue to work with this in 2018/19.

Safety and Risk Management:

A new 15KW gas Generator was installed for back-up of the facility for Emergency lights and outlets. All Fire Drills have been held as required with no issues noted. A table top Disaster Drill was held with Bolivar County Medical Facilities. A Sunflower County Nursing Home experienced a Fire and NSMC participated in the relocation and care of patients.

The Required OSHA form 300A regarding work related injuries has been completed and posted for 2017. Medication Errors and adverse events were recorded and addressed monthly. Falls addressed with Fall Huddles initiated. The EOP has been revised for 2018 and approved by the State Board of Health.

Infection Control:

There were 13 Nosocomial Infections with the units of Acute care, Swing Bed, and Senior Care for the year. 370 cath days in Acute Care, 519 in Swing Bed.

The Antibiotic Stewardship Program met several times during the year. There was a total of 690 antibiotic days in acute care, 752 in swing bed, with 273 in senior care. NSMC Antibiotic usage was assessed and biogram developed for two quarters of 2017/18. 696 employee flu vaccines were given. 107 Patient Flu and Pneumonia vaccines were given. Infection Control continues to work on updating policies and procedures for NSMC Campus.

Utilization Review:

52 Patients with LOS greater than 96 hours. All were needed continued stays. 35 readmits for the time frame Oct. 2017/September 2018 with readmit rate at 6.79%; Swing bed readmits were 20, readmit rate 6.23. Average readmit rate 6.51.

12 Medical reviews were conducted for the year. 12 Change of Status noted. Refer to previous Stats for additional statistical outcomes.

Additional Information:

There have been several new additions to services offered at NSMC. These are Pediatric endocrinologist, Pediatric Rheumatologist, Pediatric Hematologist, Oncologist, and Pediatric Allergist and Immunologist. These services are offered at various scheduled days thru out the week.

The Cardiac Clinic has increased days of service to two per week. Cardiac rehab Services have increased in number. The Rural Health Clinic has increased number of FNP.

There has been a general upgrade of equipment in the Radiology department.

The lab upgraded the Blood Bank equipment to the Grisfol System.

Nursing is working on the formation and completion of the Career Ladder for Staff. We have two nurses who have achieved extra certifications in Wound care within the last year.

In November 2017 the Mississippi Hospital Association awarded NSMC with the Patient Satisfaction Award for CAH. NSMS has been the recipient of numerous advertising media awards for 2017/18.

Future Plans:

NSMC has made the decision to become an Accountable Care Organization. This decision is in the planning stages with a deadline of January 2019. The Sunflower Rural Health Clinic has made the decision to transition to a Patient Centered Medical Home in the coming year.

All financials may be reviewed upon request to administration.