

**Medical Staff Meeting  
February 21, 2018**

**Welcome Dr. Regan Shabloski, Asst. Dean: Clinical Education, LECOM**

5:30	<b>Call to Order</b>	Heather Babe, MD-Chair
5:30	<b>Presenter: Ryan Spiegel, Marketing Director</b>	
5:45	<b>Revenue Cycle Update: Jen Staebell, Revenue Cycle Director</b>	
6:00	<b>*Consent Agenda:</b> Approval of Minutes – January 17, 2018 Utilization Review Committee Medical Records Committee Peri-Operative Services Committee Maternal Child Committee Bylaws Committee <ul style="list-style-type: none"> <li>*Rules and Regulations Sections:               <ul style="list-style-type: none"> <li>I: Admission and Discharge of Patients</li> <li>II: Medical Records</li> </ul> </li> </ul> Emergency Services Committee Clinic Update and Dashboard Nursing Division Update Information Technology Update Operations Update Human Resource Update	<b>Approval Required</b> H. Babe, MD pg 1-6 pg 7-8 pg 9-10 pg 11-12 pg 13-15 pg 16 pg 17-27 pg 28-32 pg 33-34 pg 35-38 pg 39-44 pg 45 pg 46
6:05	<b>*Credentials Committee: Meeting Monday, February 19, 2018</b> <b>Provisional:</b> <ul style="list-style-type: none"> <li>Scott Westphal, MD – Nephrology</li> <li>Jessica Heitkamp, ARNP</li> <li>Lauren Davison, ARNP</li> <li>Anna Meyers, ARNP – Walk In Clinic – move from temporary to Provisional</li> <li>Michelle Doty, ARNP – Walk In Clinic – move from temporary to Provisional</li> </ul> <b>Provisional to Associate:</b> <ul style="list-style-type: none"> <li>Benjamin Swanson, MD - Pathology</li> </ul> <b>Reappointment:</b> <ul style="list-style-type: none"> <li>Timothy Greiner, MD - Pathology</li> <li>Dominick DiMaio, MD – Pathology</li> </ul> <b>January Reappointment Peer Review:</b> <ul style="list-style-type: none"> <li>Gernon Longo, MD – Urology – Peer Review received</li> </ul> <b>Additional Privileges:</b> <ul style="list-style-type: none"> <li>Susan Kambhu, MD –               <ul style="list-style-type: none"> <li>Lumbar punctures and accessed omya reservoirs to administer intrathecal chemotherapy</li> </ul> </li> </ul>	<b>Approval Required</b> H. Babe, MD

6:15	<b>Blood/Tissue Report:</b> <ul style="list-style-type: none"> <li>Antibiotic Stewardship</li> </ul>	S. Pirruccello, MD
6:20	<b>Radiologist Report</b>	R. Forbes, MD
6:25	<b>Administration and Board Liaison Report</b>	M. Sells
6:45	<b>Adjournment</b>	H. Babe, MD

#### **Upcoming Meetings:**

- Quality Assurance Committee – February 23<sup>rd</sup> – Noon – Hartman Room
- Medical Records Committee – February 22<sup>nd</sup> – Noon – Hartman Room
- Bylaws Committee – March 1<sup>st</sup> – Noon – Board Room
- Peri-operative Services Committee – March 2<sup>nd</sup> – 7:30am – Board Room
- Peer Review Committee – March 5<sup>th</sup> – Noon – Board Room
- Credentials Committee – March 12<sup>th</sup> - Noon – Board Room
- UR Committee – March 20<sup>th</sup> – Noon – Board Room
- P&T Committee – March 21<sup>st</sup> – Noon – Board Room
- Medical Records Committee – March 22<sup>nd</sup> – Noon – Hartman Room

#### **Upcoming Events:**

- SMC Health Fair Physicians Clinic – 7am - 11am
- Scrubs on Wheels – 9am – 3pm

#### *Our Mission*

To make a difference by providing  
Exceptional patient care

#### *Our Vision*

To be the Southwest Iowa Regional Leader  
in enhancing health

#### *Our Values*

Integrity, Teamwork, and  
Compassion





**Administration  
Report**

Elm Heights Update: Sue Witthoft, Elm Heights Administrator report on the following to Medical Staff:

- Census at Elm Heights is increasing daily. Elm Heights is currently to 44 with 4 active referrals that plan to admit within the next few days.
- Staffing has improved, but still have open aid positions and are looking for a RN that will head up the antibiotic stewardship/infection prevention program for Elm Heights.
- Nursing and therapy are working together on implementing a Therapy Screen Assessment. Two weeks prior to a resident's MDS/Care plan nursing starts a Therapy Screen Assessment covering the resident's current function/cognition and the past quarter's function. The therapist then complete the second part of the assessment that includes looking at balance, gait, and strength as well as visiting with staff and the resident to determine if the resident would benefit from therapy. By using this tool we have been able to identify residents and prevent avoidable decline.
- The Life Enrichment program coordinator in conjunction with the Social Worker have implemented a Person-Centered Preference Tracking Tool:
  - The tool that we are using will log results from our MDS preference interviews.
  - It provides a graphic display for staff so that they can see what the resident's preference are and how strongly the resident feels about particular things such as when they like to get up/go to bed, take a shower, dining preference, etc.
  - Then the social worker conducts a satisfaction survey with residents/resident representative to find out how well we are meeting their preferences.

**Patients:**

Tim Grollmes, Clinic Administrator gave a Clinic update on the following:

- Walk In Clinic: Jessica Heitkamp, ARNP has been hired to work weekends in the Walk In Clinic. Due to her maternity leave a locum nurse practitioner was hired to cover the weekend shifts until her return.
- Outreach: Once Dr. Rowan is in process of credentialing at George C. Grape Community Hospital in Hamburg, he will begin seeing patients once a month for half a day. If volumes increase additional days will be added to his schedule. Dr. Rowan feels he can continue with patient volumes at SMC.
- Telemedicine Services began on Tuesday with Children's Behavioral Health.
- Patient Experience Scores: T. Grollmes presented the Clinic patient experience scores from 2016 Q1-Q4 and 2017 Q1-Q4. Tim stated beginning in 2018 patient experience surveys will



administered through Survey Monkey, which will allow tracking of scores for each provider.

- Clinical Research Study: Dr. Woods was approached to participate in a research study thru Bayer Healthcare. Additional information regarding this study is:
  - Observational study to assess post-procedural outcomes in two cohorts of women who chose to undergo either hysteroscopic sterilization or laparoscopic tubal sterilization.
  - Start up funds available: \$6,810.00
  - Per subject fees: \$5,805.00
  - Estimated subjects: (37) or \$214,785.00
- Faith Based Health Promotion Update:
  - St. John's Episcopal Church – presenting to congregation on January 14, 2018
  - First Christian Church – bulletin insert announcing program and upcoming survey.
  - Emmanuel Lutheran Church – presented to pastor, awaiting next steps.
- Botox: Working through processes with Renee Johnson, ARNP, Stephanie Lee, ARNP and Jona Hutson, CNM to begin providing Botox services at SMC.

**Operations:** Reported by Jonathan Moe, COO

- SMC Foundation:
  - J. Moe stated for 2017 \$700,000 grants were submitted and SMC/SMC Foundation received just under \$60,000.
  - Employee Giving total amount received was \$27,000 percentages broken out are as follows:
    - Overall Organization – 31%
    - Administration – 100%
    - Physical Therapy – 73%
    - Providers – 48%
    - Dietary – 42%
    - Revenue Cycle – 34%
    - Housekeeping – 33%
  - The SMC Foundation established an Endowment fund in 2017.
- Employee Advisory Council:
  - An email was sent to employees for interest of being on an Employee Advisory Council. 40 individuals emailed back with interest and 12 were selected.
  - This council will discuss items to improve employee morale and work on key items.
  - Monthly meetings will be held and quarterly the council will meet with Matt to give recommendations.

- **Wellness Center: Hours**
  - Beginning January 1<sup>st</sup> the Wellness Center will open at 5:30am until 9:00pm weekdays and 7am to 9pm on weekends.
  - February 1<sup>st</sup> the Wellness Center will be open 24 hours.

**People:** Reported by Matt Sells, CEO

- **Key Position Recruitment:**
  - Speech Pathologist
  - Medical Technologist
  - Surgery and OB Nurses
  - CNA's – Elm Heights
- **Provider Recruitment:** The medical staff mentioned of specialty providers they would like to see recruited to provide services at SMC:
  - Pulmonology
  - ENT
  - Endocrinology
  - Neurology
- **Referral Bonus Program:**
  - Employees are being offered cash bonus if they would refer a person on hard to fill positions. If person is hired, employee will receive a bonus of \$250.00 on start date and \$250.00 after six months.

**Finance:** Reported by Matt Sells, CEO

- **Volumes**
  - Inpatients – 21% behind 2016
  - Surgical Cases – 27% ahead of 2016
  - Emergency Department – 8% behind 2016
  - Outpatient Visits – 9% ahead of 2016
  - Family Practice – 11% ahead of 2016
  - Employed Specialists – 25% ahead of 2016
  - Behavioral Health – 8% ahead 2016
  - Specialty Clinic – 27% ahead of 2016
- **Revenues and Expenses**
  - Revenues were \$234K behind budget for the month due to lower volumes.
  - Expenses were \$91K under budget for the month.
  - Wages and benefits were under budget by \$110K (FTE Reduction).
  - Depreciation was over budget by \$37K as MOB depreciation was higher than projected.

<p><b>Other:</b></p>	<ul style="list-style-type: none"> <li>• Net Income <ul style="list-style-type: none"> <li>○ Operating loss of \$972K for the month. Total net loss of \$810K.</li> <li>○ Operating Margin -5.20%</li> <li>○ Total Margin -2.55%</li> </ul> </li> <li>• Elm Heights – Volumes <ul style="list-style-type: none"> <li>○ Long-Term Care: <ul style="list-style-type: none"> <li>▪ Occupancy rate was 88.9%</li> <li>▪ LTC Days -3.0% behind 2016</li> </ul> </li> <li>○ Skilled: <ul style="list-style-type: none"> <li>▪ Skilled days were 86 for the month</li> <li>▪ Skilled days were 325 days ahead of 2016</li> </ul> </li> </ul> </li> <li>• Elm Heights – Revenue and Expenses <ul style="list-style-type: none"> <li>○ Gross patient revenues were \$4K ahead of budget.</li> <li>○ Expenses were \$6K under budget due to lower wages and benefit expenses.</li> </ul> </li> <li>• Elm Heights – Net Income <ul style="list-style-type: none"> <li>○ Net operating gain of \$11K and total net gain of \$11K for the month.</li> <li>○ 2017 operating margin is -0.62% and total margin is 1.13%.</li> </ul> </li> </ul> <p>Capital Equipment Request were approved by the Board of Directors at their December 28, 2017 meeting for the purchase of mattresses with gap guards at Elm Heights to be in compliance with regulations. (\$3,040).</p> <p>Dr. Babe will be working through 2018 Committee assignments. If you are currently on a committee and would like to stay on or interested in being on a different committee contact Dr. Babe.</p> <p>Dr. Woods attended a marketing meeting and asked the Medical Staff's opinion with having a sub specialty present a 5 to 10 minute presentation on services at each. The Medical Staff approved. It was also mentioned utilizing Facebook more. J. Moe COO will work with the Marketing Department.</p>	<p><b>J. Moe will create a list of topics for presenters to attend a medical staff meeting and give a presentation of services offered.</b></p>
<p>Other</p>	<p><b><u>Upcoming Meetings:</u></b></p> <ul style="list-style-type: none"> <li>• Medical Records Committee – January 25<sup>th</sup> – Noon; Hartman Room</li> <li>• Peri-Operative Committee – February 2<sup>nd</sup> – 7:30am; Board Room</li> <li>• Bylaws Committee – February 6<sup>th</sup> – Noon; Board Room</li> <li>• ED Services Committee – February 14<sup>th</sup> – 8:00am; Hartman Room</li> <li>• Credentials Committee – February 13<sup>th</sup> – Noon; Board Room</li> <li>• UR Committee – February 20<sup>th</sup> – Noon; Board Room</li> </ul>	



	<ul style="list-style-type: none"> <li>• P &amp; T Committee – February 21<sup>st</sup> – Noon; Board Room</li> <li>• Infection Prevention Committee – February 21<sup>st</sup>; Board Room</li> <li>• Medical Staff Committee – February 21<sup>st</sup> – 5:30; Hartman Room</li> <li>• Quality Assurance Committee – February 23<sup>rd</sup> – Noon; Hartman Room</li> </ul> <p><b><u>Events:</u></b></p> <ul style="list-style-type: none"> <li>• January 30<sup>th</sup> – SMC Sponsors Shenandoah HS Basketball Game</li> <li>• February 16<sup>th</sup> – SMC Foundation Event – Dueling Pianos – Elks 6:00pm</li> </ul>	
Adjournment of Medical Staff Meeting	The Medical Staff Meeting was adjourned at 6:26pm. The next Medical Staff Meeting will be held February 21, 2018 at 5:30 p.m. in the Hartman Room.	

Respectfully submitted,

/s/ Heather Babe, MD  
Heather Babe, MD

Utilization Review Committee Meeting Minutes  
 January 16, 2018

Attendance: Dr. Jessica Prusa Flores; Dr. Michael Salwitz; Dr. Scott King; Caleigh Johnson, Case Manager; Kaley Neal, CFO; Jennifer Staebell, Revenue Cycle Director; Matt Sells, CEO; Laura Stofferson, CNO; Paulo Bruxellas, Quality Director  
 Recorder: Tina Lindquist

TOPIC	DISCUSSION	ACTION / FOLLOW UP
Call to order	The Utilization Review Committee of Shenandoah Medical Center met on Tuesday, January 16, 2018 in the Hartman Room. The meeting was called to order at 12:05 PM.	
Approval of Minutes:	The minutes to the December 19, 2017 Utilization Review Committee Meeting were reviewed by the committee.	Upon a motion and second to motion, the minutes to the December 19, 2017 meeting were unanimously approved as written.
<b>A. Old Business:</b>  <b>B. <u>December Stats</u></b> <ul style="list-style-type: none"> <li><b>Acute Care</b> <p>Milliman Guidelines for Acute Care Indicator Met 100%            32 Acute Cases            8 OB, 7 Newborns</p> </li> <li><b>Observation</b> <p>Milliman Guidelines for Observations Indicator Met 100%            15 Walk OBs            28 OBS Cases</p> </li> </ul> <b>C. LOS greater than 4 days:</b> <p>6 cases</p> <b>D. One Day Stay:</b> <p>6 cases</p> <b>E. 30 Day Readmissions:</b> <p>7 cases (4 sent for review, 2 will count)</p> <ul style="list-style-type: none"> <li>213607/2177701 – File reviewed with no further action.</li> <li>223788/224121– File reviewed with no further action.</li> <li>221124/222113 – File reviewed with no further action.</li> <li>212897/218604 – File reviewed with no further action.</li> </ul>		

## Utilization Review Committee Meeting

TOPIC	DISCUSSION	ACTION / FOLLOW UP
<b>F. Teach Back (Audit 10 Charts):</b>	<ul style="list-style-type: none"> <li>• 224077-yes</li> <li>• 221293-yes</li> <li>• 224102-yes</li> <li>• 221329-yes</li> <li>• 219230-yes</li> <li>• 224121-yes</li> <li>• 223788-yes</li> <li>• 221250-yes</li> <li>• 218597-yes</li> <li>• 220070-yes</li> </ul>	
<b>G. PASRR:(Preadmissions Screening &amp; Resident Review)</b>	3 completed in December	
<b>H. Skilled Patients:</b>	4 for December	
<ul style="list-style-type: none"> <li>• Transfers from another hospital</li> </ul>	2 for December	
<ul style="list-style-type: none"> <li>• Internal Transfers:</li> </ul>	**38 total skilled days	
<b>I. Non-transferred Swing Bed Referrals-Hospital</b>	0 for December	
Adjournment	The Utilization Review Committee was adjourned at 12:25pm. The next Utilization Review Committee Meeting will be February 20, 2018 at 12:00 p.m. in the Board Room.	

Respectfully submitted,

- /s/ Santosh Kumar, MD

Santosh Kumar, MD





Medical Records Committee Meeting Minutes  
January 25, 2018

Attendance: Dr. Donald Bumgarner, Dr. Paul Rozeboom, Dr. Rebecca Rose, Dr. Michael Woods, Chuck Dougherty, CIO, Jen Staebell, Revenue Cycle Director, Earla Butler, Medical Records Director

Absent: Tim Grollmes, Clinic Administrator, Kaley Neal, CFO

Recorder: Tina Lindquist

TOPIC	DISCUSSION	ACTION / FOLLOW UP
Call to order	The Medical Records Committee of Shenandoah Medical Center met on Thursday, January 25, 2018, in the Hartman Room. The meeting was called to order at 12:06 PM.	
Approval of Minutes:	The minutes to the November 30, 2017 Medical Records Committee Meeting were reviewed by the committee.	Upon a motion and second to motion, the minutes to the November 30, 2017 meeting were approved unanimously as written.
Old Business:	<p>Update on IRIS:</p> <ul style="list-style-type: none"> <li>C. Dougherty informed the Medical Records Committee Allscripts has assigned a project manager for the IRIS (Immunizations) interfacing with Allscripts to avoid nursing staff having to double enter information into two systems.</li> </ul> <p>Problem List:</p> <ul style="list-style-type: none"> <li>Problems listed on the "Visit Problems" are not going away.               <ul style="list-style-type: none"> <li>Solution is to set a default for after two weeks problems on the "Visit Problem" list drop off.</li> </ul> </li> <li>Need to review the problem list at a Clinic Provider meeting.</li> <li>Refills not listing correctly. Duplicates of medications are showing on the medication list. Medication list is too long, needs to be condensed.</li> </ul>	<p>Work with Tim Grollmes, Clinic Administrator to have "Visit Problems" listed on the agenda at the next Clinic Provider meeting.</p> <p>C. Dougherty, CIO will look into solution of this issue.</p>
Current Business:	<p>Timely Documentation Update:</p> <ul style="list-style-type: none"> <li>33,712 charts reviewed in 2017</li> <li>123 deficiencies outstanding</li> <li>0.4% deficiency rate</li> </ul> <p>Adding an Addendum:</p> <ul style="list-style-type: none"> <li>J. Staebell, Revenue Cycle Director showed an example to the committee of a note to where an addendum can be added. It was noted, that the</li> </ul>	

## Medical Records Committee Meeting

	<p>addendum does not carry with the document.</p> <ul style="list-style-type: none"> <li>• It was also demonstrated showing how you can go into the document and revise and make simple edits in lieu of adding an addendum. In doing this it will cross out line and be in red.</li> <li>• Make the default into day of service may help tie the addendum to the original note.</li> <li>• J. Staebell will send out a screenshot instruction sheet for providers to follow.</li> </ul> <p>Allscripts Problem Status Update</p> <ul style="list-style-type: none"> <li>• C. Dougherty presented on the big ticket item the IT team is currently working to resolve. <ul style="list-style-type: none"> <li>○ Currently when printing out a visit summary report to send to an outside facility, part of the report show blacked out areas.</li> </ul> </li> <li>• Allscripts Enhancement Request: <ul style="list-style-type: none"> <li>○ A request has been submitted to modify so all checks are not marked on orders. Currently when copy forward all items are checked and have to manually uncheck each.</li> </ul> </li> </ul>	<p>C. Dougherty will change default and inform providers. This will be a trial for 30 days to see if this helps or if additional changes need to be made.</p> <p>C. Dougherty has validated with Allscripts representative that they are working on a solution.</p> <p>The Medical Records Committee approved to remove all orders at the end of the notes, this will save time as to not having to uncheck items.</p>
Adjournment	The Medical Records Committee was adjourned at 12:48 p.m. Next Medical Records Committee meeting will be December 28, 2017 at noon in the Hartman Room.	Donald Bumgarner, MD

Respectfully submitted,

/s/Donald Bumgarner, MD  
Donald Bumgarner, MD



Peri-operative Service Committee Meeting  
February 9, 2018

Attendance: Dr. Rebecca Rose, Dr. Jessica Prusa Flores, Dr. Brian Rowan, Dr. Michael Woods, Kristel Hodges, CRNA, Logan Kopf, CRNA, Matt Sells, CEO, Joni Royer, RN-Nurse Manager, Laura Stofferson, CNO

Recorder: Tina Lindquist

TOPIC	DISCUSSION	ACTION / FOLLOW UP
Call to order	The Perioperative Service Committee of Shenandoah Medical Center met on Friday, February 9, 2018 in the Board Room. The meeting was called to order at 7:48am.	Rebecca Rose, MD
Approval of Minutes:	The minutes to the January 5, 2018 Peri-operative Service Committee Meeting were reviewed by the committee.	Upon a motion and second to motion, the minutes to the January 5, 2018 minutes were unanimously approved as written.
Old Business:	<p><b>Adding Printer in Providers Lounge:</b></p> <ul style="list-style-type: none"> <li>Printer is installed in the providers lounge. During the week key and script paper will be in outpatient area to load paper in printer drawer. On Friday's staff will fill script paper in printer drawer to ensure paper doesn't run out for providers.</li> </ul> <p><b>Hospitalists Schedule:</b></p> <ul style="list-style-type: none"> <li>T. Lindquist posts the hospitalist schedule monthly in the providers lounge.</li> </ul>	
New Business	<p><b>Department Updates:</b></p> <ul style="list-style-type: none"> <li>Doors into the OR now have closures. Hall side handle was removed and a push plate was installed.</li> <li>Surgery waiting room now has coffee available for families. C. Dougherty, CIO and J. Lindburg, Food Service are determining whether to have water bottles available or install a water cooler.</li> <li>Phone has been installed in surgery waiting. Phone will only call into outpatient nurse desk.</li> <li>Coffee and juice machine has been installed in the Nutrition Room.</li> <li>Continue to have issues with the autoclave.</li> <li>Technician will be onsite to work on the washer and ultra sonic cleaner.</li> </ul> <p><b>Anesthesia Request:</b></p> <ul style="list-style-type: none"> <li>Anesthesia is requesting a standing order to type and screen on fractures coming into the ED.</li> </ul>	<p><b>L. Stofferson will work with A. Reafleng to get this added to the ED standing order.</b></p>



TOPIC	DISCUSSION	ACTION / FOLLOW UP
	<ul style="list-style-type: none"> <li>Blood Consent:               <ul style="list-style-type: none"> <li>All surgeries should have a blood consent form filled out.</li> <li>A separate form is required if patients refuse blood products.</li> </ul> </li> </ul> <p><b>Timely Scheduling of Surgical Cases:</b>            J. Royer proposed to the committee to cut down on overtime of the nursing staff she would like to strategically schedule surgeries. Lengthy discussion on best process to avoid overtime and also get surgeries scheduled without affecting patient satisfaction.</p> <p><b>Surgery Process Action Plan:</b>            J. Royer informed the committee all nursing staff is meeting quarterly to have an open forum discussion. From that meeting an Action Plan was created and presented to the committee for their review. This action plan will be updated at each quarterly meeting and then presented at the Peri-Op meetings.            J. Royer commented on the Time Out Process objective she is working on:</p> <ul style="list-style-type: none"> <li>Fire safety</li> <li>Educating staff on end of case language.</li> </ul> <p>It was mentioned to develop a process of having an inpatient be brought to outpatient surgery an hour before procedure.</p> <p><b>Discussion items to be brought back to the next Peri-Op meeting for follow up are:</b></p> <ul style="list-style-type: none"> <li>Scheduling procedure</li> <li>Blood Consent</li> </ul>	<p><b>L. Stofferson will check whether this can be on the anesthesia form patients fill out. If not, process needs to be presented at next meeting.</b></p> <p><b>J. Royer will determine process she would like to allow for efficient scheduling. Once established, J. Royer will discuss with B Wing staff, and then Clinic. J. Royer to present update at next Peri-Op meeting.</b></p> <p><b>J. Royer will work to develop this process.</b></p>
Adjournment	The Peri-operative Service Committee was adjourned at 8:30am. The next Peri-operative Service Committee Meetings will be March 2, 2018 in the Board Room at 7:30am.	

Respectfully submitted,

/s/ Rebecca Rose, MD

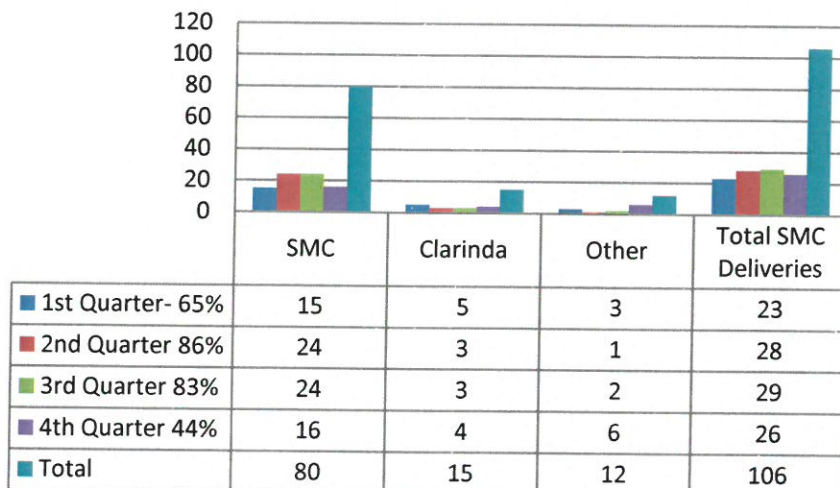
Rebecca Rose, MD





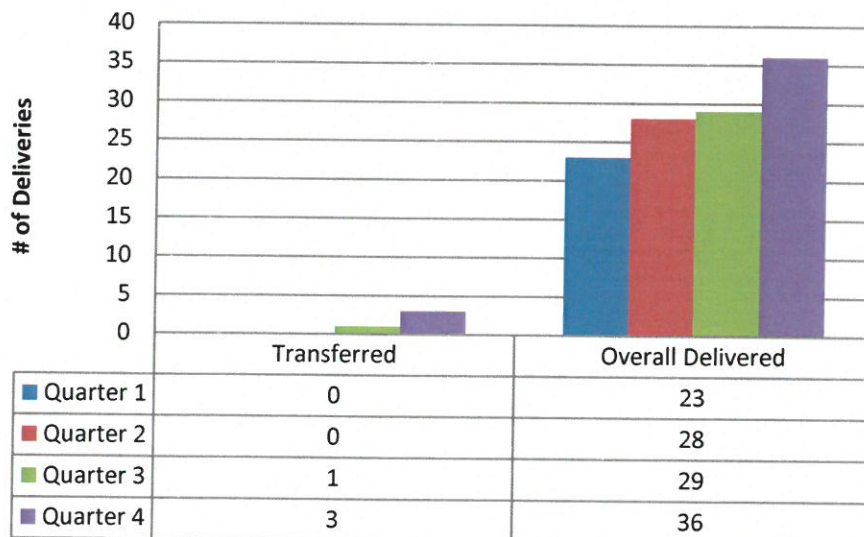
The Committee review SMC Newborn Follow-Ups:

### 2017 SMC Newborn Follow-Ups



2017 SMC Newborn Transfers: **K. Sunderman** will add inductions and email to providers.

### 2017 SMC Newborn Transfers



**Staebell** regarding the denials/coding issues and will give update to Dr. Woods.



Agenda	DISCUSSION	ACTION / FOLLOW UP																																																												
	<p>2017 SMC Cesarean Rate:</p> <div><h3>2017 SMC Cesarean Rate</h3><table border="1"><caption>2017 SMC Cesarean Rate Data</caption><thead><tr><th>Month</th><th>Primary Cesarean</th><th>Repeat Cesarean</th><th>Total Cesarean</th><th>Total Deliveries</th></tr></thead><tbody><tr><td>Jan</td><td>16%</td><td>13%</td><td>29.24%</td><td>33%</td></tr><tr><td>Feb</td><td>16%</td><td>14%</td><td>30%</td><td>60%</td></tr><tr><td>Mar</td><td>16%</td><td>15%</td><td>31%</td><td>44%</td></tr><tr><td>Apr</td><td>16%</td><td>16%</td><td>32%</td><td>40%</td></tr><tr><td>May</td><td>16%</td><td>17%</td><td>33%</td><td>14%</td></tr><tr><td>June</td><td>16%</td><td>18%</td><td>34%</td><td>13%</td></tr><tr><td>July</td><td>16%</td><td>19%</td><td>35%</td><td>17%</td></tr><tr><td>Aug</td><td>16%</td><td>20%</td><td>36%</td><td>40%</td></tr><tr><td>Sep</td><td>16%</td><td>21%</td><td>37%</td><td>29%</td></tr><tr><td>Oct</td><td>16%</td><td>22%</td><td>38%</td><td>27%</td></tr><tr><td>Nov</td><td>16%</td><td>23%</td><td>39%</td><td>50%</td></tr></tbody></table></div> <p>Comments:</p> <ul style="list-style-type: none"><li>Dr. Prusa and J. Hutson, CNM would like to perform a case review on the 3 failure to progress (FTP) after adequate time.</li><li>Committee would like data pulled of number of births in Page County in 2017.</li></ul> <p>2017 SMC Newborn Deliveries totaled 106 with June being the highest month with 16 deliveries.</p> <p>2017 SMC Walk OB Status:</p> <ul style="list-style-type: none"><li>1<sup>st</sup> Qtr: 59</li><li>2<sup>nd</sup> Qtr: 45</li><li>3<sup>rd</sup> Qtr: 65</li><li>4<sup>th</sup> Qtr: 39</li><li>The committee would like to see cervical ripening being tracked in 2018.</li><li>Committee suggested seeing breakout by provider on Walk OB's.</li></ul> <p>EHDI Stats:</p> <p>K. Sunderman informed the committee benchmark was met regarding the EHDI program. New hearing screen machine is here.</p> <p>Audit was performed on the State-run Vaccines for Children program for the hospital, SMC passed with no deficiencies.</p> <p>Preformed education with staff on the Giraffe machine. If you are interested in learning more, please contact K. Sunderman.</p> <p>Baby boxes and cars seats arrived and will be given to new parents in financial need.</p> <p>Working with the marketing team getting information out to the community on the Prenatal Classes being conducted at SMC.</p>	Month	Primary Cesarean	Repeat Cesarean	Total Cesarean	Total Deliveries	Jan	16%	13%	29.24%	33%	Feb	16%	14%	30%	60%	Mar	16%	15%	31%	44%	Apr	16%	16%	32%	40%	May	16%	17%	33%	14%	June	16%	18%	34%	13%	July	16%	19%	35%	17%	Aug	16%	20%	36%	40%	Sep	16%	21%	37%	29%	Oct	16%	22%	38%	27%	Nov	16%	23%	39%	50%	<p><b>K. Sunderman will email information out to Dr. Prusa and J. Hutson, CNM.</b></p> <p><b>M. Sells will get birth data.</b></p> <p><b>K. Sunderman will begin to track.</b></p>
Month	Primary Cesarean	Repeat Cesarean	Total Cesarean	Total Deliveries																																																										
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Adjournment	The Maternal Child Health Committee was adjourned at 1:07pm.																																																													

Respectfully submitted,

/s/ Michael Woods, MD

**BY-LAWS COMMITTEE MEETING**  
 February 13, 2018

Attendance: Dr. Rebecca Rose, Dr. Michael Salwitz, Dr. Paul Rozeboom, Dr. Santosh Kumar, Melissa Marshall, ARNP, and Matt Sells, CEO

Recorder: Tina Lindquist

TOPIC	DISCUSSION	ACTION / FOLLOW UP
Call to order	The By-Laws Committee of Shenandoah Medical Center met on Tuesday, February 13, 2018 in the Medical Office Conference Room. The meeting was called to order at 12:08 PM.	
Approval of Minutes	Approval of the January 2, 2018 Minutes	Upon a motion and second to motion the minutes for January 2, 2018 were unanimously approved as written.
New Business: Review Rules and Regulation Revisions from Attorney	<p>The Bylaw Committee continued review of the following sections:</p> <p>I: Admission and Discharge of Patients and its subcategories.</p> <p>II: Medical Records and its subcategories:</p>	<b>Upon a motion and second to motion the By-Law recommended presenting Section I and II of the Rules and Regulations to the Medical Staff for approval.</b>
Adjournment of By-Laws Committee	The By-Laws Committee was adjourned at 1:12pm. The next By-Laws Committee Meeting will be on March 15, 2018.	

Respectfully submitted,

/s/ Rebecca Rose, MD

**Shenandoah Medical Center  
Rules and Regulations**

All terms used in these Rules and Regulations are consistent with definitions set forth in the Medical Staff Bylaws.

**I. ADMISSION AND DISCHARGE OF PATIENTS**

**1. Definitions:**

- a. **Admitting provider:** The licensed independent practitioner or physician who is authorizing the admission of the patient and is also serving as the Attending Provider until he/she documents in the medical record transfer of care to another provider.
- b. **Attending provider:** The licensed independent practitioner or physician privileged to provide inpatient care who will be attending the patient during the hospitalization. It may/may not be the provider admitting the patient.

**2. Categories of Providers:**

- a. **Admitting Provider:** The Admitting Provider is the practitioner or physician ordering the patient's admission to SMC. Privileges to admit patients to SMC shall be governed by the Medical Staff Bylaws. A patient may be admitted to SMC only by a member of the SMC Medical Staff with current admitting privileges. An examination of each patient shall occur prior to any transfer or discharge of the patient or performance of any major procedure.
- b. **Attending Provider:** The Attending Provider is the practitioner or physician who has primary responsibility for the patient's care in the hospital until that responsibility is formally transferred to another provider, typically upon discharge. The transfer of responsibility for care and acceptance of the responsibility of Attending Provider by another provider shall be documented in the patient's medical record.
- c. **Locum Tenens Provider:** A Locum Tenens Provider is any practitioner or physician who temporarily takes the place of another. Locum tenens providers are required to obtain Medical Staff privileges according to the Medical Staff Bylaws. The provider for whom the locum tenens provider provides services for shall be responsible for assuring that all information required by the Bylaws is available for the purpose of granting temporary privileges. If the provider for whom the locum tenens provider provides service is an employed provider, the Hospital shall be responsible for assuring that all information required by the Bylaws is available for the purpose of granting temporary privileges. To assure continuity of care, any provider not employed by SMC who is relinquishing care of his or her patients to a locum tenens provider shall assure that the locum tenens provider has privileges at SMC and has abilities and privileges commensurate with the patients' current needs and shall assure the locum tenens provider is fully informed regarding other consultants available on the Medical Staff.

- 3. **Requirement of Continuous Coverage:** Each Active Medical Staff member shall arrange for continuous coverage of patients under his or her care when he or she is not immediately

available. It is a provider's duty to notify the proper individuals and arrange for appropriate coverage if they are not immediately available. Such continuous coverage may be provided by participation of the provider in a call schedule that provides cross coverage amongst providers. Covering providers must have admitting privileges. All Active and Medical Staff members are required to accept responsibilities as assigned according to the call schedule referred to in this section.

4. **Admission:** Patients may be admitted based upon the provider's privileges according to the Bylaws and discharged from the hospital by providers on the medical or hospital staff.
5. **Admitting Diagnosis:** Except in an emergency, no patient will be admitted to the Hospital without a provisional diagnosis or valid reason for admission being stated in the medical record. In the case of an emergency admission, the provisional diagnosis or reason shall be documented in the medical record as soon as possible.
6. **Admission Policy:** SMC shall admit patients suffering from all types of diseases. However, SMC will only admit patients whose identified care, treatment and service needs are within the capabilities of SMC, its facilities and privileged providers. However, in the case of communicable diseases or suspected communicable diseases, advance notice should be given to Shenandoah Medical Center staff by the Admitting Provider so that proper isolation facilities or other necessary precautions can be made available. Should a patient leave the Hospital against medical advice (AMA) of the Attending Provider responsible for the management of the patient:
  - a. The provider shall be informed of the patient's intent to leave AMA or of any patient's actual departure AMA.
  - b. Any patient who leaves the Hospital against the advice of the Attending Provider must sign the "Refusal of Exam/Treatment" form. Two nurses shall witness the completion of this form after having informed the patient or his/her relative, if applicable, of the terms of the release.
  - c. In the event of patient's (or relative's) refusal to sign the release, the refusal must be documented in the patient's record.
  - d. The medical record must contain full documentation of the entire incident.
  - e. Temporary Leave: Physicians granting temporary leave to skilled patients must record the leave in the patient's chart prior to the patient leaving the hospital. Nursing staff will document return.
7. **Direct Admits from Home or Office:** All active providers with admitting privileges at SMC may:
  - a. Directly admit their own patients to SMC or
  - b. Arrange for the patient to be directly admitted by another member of the medical staff with admitting privileges after direct communication with the staff member and acceptance by the staff member. The accepting provider will be the admitting provider of record and will arrange for any consults necessary.
8. **Provider Responsibilities:** The Admitting Provider shall be responsible for the medical care and treatment of the patient in the Hospital; for the promptness, completeness, and accuracy of the medical record; for necessary instructions to Hospital employees and the patient; when appropriate, for reporting on the condition of the patient to relatives, the referring provider, or appropriate others; and for giving such information as may be necessary to assure the



protection of the other patients or staff from those who are a source of danger from any cause or to assure protection to the patient from self-harm.

- a. Whenever these responsibilities are transferred to another provider, a note to that effect shall be entered in the medical record. When a transfer is made to another provider, the transferring provider is responsible to contact that provider for acceptance of the patient.
- b. The Attending Provider is responsible to assure that each patient under his or her authority received appropriate medical or other attendance:
  1. Daily for acute care patients
  2. Daily for observation patients who are considered outpatients by the Attending Provider (or by his or her similarly privileged designee).
  3. Weekly for skilled care patients
  4. Monthly for long-term care patients

**9. Admissions by Non-Physician Practitioners:** The scope and extent of procedures to be performed by non-physician practitioners (Affiliate Staff) shall be defined for each non-physician practitioner individually (Affiliate privileges), and shall be approved in the same manner as all other privileges granted to physician staff members. Affiliate Staff may write orders and prescribe medications within the limits of their licensure and within the limits of the Medical Staff Bylaws and these Rules and Regulations without physician co-signature for each order, but subject, as appropriate, to the record review requirements set forth by regulation.

- a. With respect to podiatrists and dentist/oral surgeons performing procedures on patients at SMC, the responsible podiatrist or dentist/oral surgeon shall seek consultation from a physician appropriately, and shall consider the recommendations of this consultation in the overall assessment of the specific procedure proposed and the effect of the procedure on the patient. Where a clinical abnormality is present, the final decision shall be a joint responsibility of the non-physician practitioner and the physician consultant. A physician member of the Medical Staff shall be responsible for the care of any medical problem that may be present on admission or that may arise during hospitalization or outpatient treatment.

**10. Discharge Planning:** Discharge planning shall be considered for each patient at admission. Planning decisions shall include preparation for self-care.

- a. The Attending Provider may discharge the patient the next day by an order. The patient may then be discharged without being seen by the provider on the day of discharge as long as the patient's condition has not changed from the time of the provider's previous visit. Exceptions: Newborns shall be seen by the provider on the day of discharge.

**11. Outgoing Transfer of Patients:** Patients may be transferred to another facility in order to meet the indicated needs of the patient or to assist in the effective utilization of resources.

- a. The patient and/or family must agree to the transfer.
- b. The transferring provider will contact the facility and obtain medical consent for acceptance of the patient.
- c. A copy of the applicable records shall be sent with the patient.
- d. The Emergency Examination and Transfer Policy – EMTALA shall be followed for emergency transfers.

**12. Incoming Transfer of patients:**

- a. All inpatients from other facilities will be made a direct admit to an SMC accepting provider assuring appropriate bed availability.
- b. The accepting SMC provider will be the admitting provider of record and will arrange for any necessary consults.
- c. All transfers of adult patients from another ED, a nursing home or an outlying office will come to SMC ED for appropriate treatment and determination of proper disposition of the patient.
- d. An exception may occur to the above statement for certain patients who, once evaluated by an outside provider, are determined to have an imminent delivery of a fetus. These patients may bypass the SMC ED and arrive directly in the obstetrics suite with the approval of the obstetrician since every delay increases the risk to both mother and child.
- e. An exception may also occur to the above statement for certain patients who, once evaluated by an outside provider, are determined to have an emergent surgical condition. These patients may bypass the SMC ED and arrive directly in the operating suite with approval of the surgeon since every delay is an unnecessary delay to definitive treatment.

**13. Death:** In the event of a Hospital patient's death, the death shall be attested to by the Attending Provider or another qualified provider within a reasonable time. Policies with respect to release of dead bodies shall conform to state and local law.

**14. Miscellaneous:**

- a. **Non-discrimination:** No distinction shall be made on the basis of color, age, race, sex, religion, creed, diagnosis, or national origin in the admission or treatment of patients, the accommodations provided, the use of the equipment and other facilities, or the assignment of personnel providing services. No distinction shall be made on the basis of handicapping condition or physical or medical resources of the Hospital, and its Medical Staff and the best interests of the patient.
- b. **Ability to Pay:** The hospital makes no distinction on the basis of ability to pay for services in the provision of emergency diagnosis and care (including treatment for active labor).
- c. **Security Risk:** The Hospital will screen and attempt to stabilize patients who require extraordinary security precautions or patients who present a danger to themselves or others, and shall, with the assistance and cooperation of the Attending Provider, make arrangements to transfer such patients to a facility where appropriate care can be provided. If psychiatric treatment or consultation is requested or recommended, the medical record shall so state. The admitting provider shall be responsible to determine the admission is consistent with these requirements.

**II. MEDICAL RECORDS:**

1. **Medical Records:** Original or copies of medical records are the property of the Hospital and shall not be removed from the building except by court order, subpoena, or statute, as otherwise required by, or upon specific authorization of the Chief Executive Officer. Unauthorized removal of charts from the hospital is grounds for precautionary suspension

of the provider for a period to be determined by the Credentials Committee of the Medical Staff.

- a. Copies of medical records, other records and/or radiology images may be removed from the building pursuant to policies approved by Hospital Administration.
  - b. In case of readmission of a patient, all previous records shall be available for use of the Attending Provider. This shall apply whether the patient is attended by the same provider.
2. **Access to Medical Records:** Access to all medical records of all patients shall be afforded to members of the Medical Staff for peer review and continuity of care consistent with preserving the confidentiality of personal information concerning the individual patients. Only symbols and abbreviations approved by the HIM Department in concert with the SMC staff are to be used in the medical record.
3. **Privacy Rules:** All members of the Medical Staff are required to maintain the confidentiality of patient information and clinical records in accordance with applicable SMC policy and governing law. This shall include, without limitation, adhering to policies and procedures adopted by SMC to comply with federal regulations under the Health Insurance Portability and Accountability Act ("HIPAA") governing the privacy, security, and use of protected health information.
4. **Research Involving Records:** Medical records of patients may be made available to members of the Medical Staff for bona fide study and research consistent with current law governing privacy and confidentiality and subject to prior approval by the Chief Executive Officer. Former members of the Medical Staff shall not be permitted access to, or information from medical records.
5. **Attending Provider:** In concert with the hospital staff the Attending Provider shall be responsible for the preparation of a complete medical record for each patient. This record shall include: identification data, medical history and physical examination, diagnostic and therapeutic orders, evidence of the patient's informed consent for any procedure or treatment for which it is appropriate, progress notes, consultation reports, all diagnostic and therapeutic procedures, operative reports, reports of pathology, clinical laboratory examinations, final diagnosis information when available, conditions on discharge, discharge summary and instructions, and when appropriate, the autopsy report.
6. **Emergency Record:** A medical record shall be established for each person presenting for diagnosis or treatment in the emergency room. Such record should include identification of the patient; information concerning time and means of arrival; pertinent details of injury or illness for which treatment is sought in any care given to the patient prior to arrival at the Hospital; description of examination, diagnosis, treatment (including vitals and medication administered), and advice rendered; consent(s) to treatment; a determination of whether a provider was called and, if so, matters communicated to and from the provider. Should the person leave the Hospital, the records should also include a description of the person's condition at that time, the person's reason for leaving, destination, instructions given to the patient and/or family regarding follow-up care, and whether the departure was against medical advice. A copy of the record will be provided to the entity or the individual providing follow up care.

- 7. History and Physical (H&P):** Inpatients (observation, acute, and swing)
- A complete H & P examination shall be completed and documented no more than thirty (30) days before or no later than 24 hours after admission, but prior to surgery or a procedure requiring anesthesia services of the patient. Any change in physical condition in the interim will be noted in the progress notes. When a patient is re-admitted within 30 days for the same or a related problem, an interval history and physical reflecting any subsequent changes may be used if the original information is readily available.
  - All surgical procedures and operations require a complete documented history and physical prior to the start of the procedure. In situations where there is an emergency or a transcription delay, at a minimum, the provider shall make a note which includes a tentative diagnosis and pertinent findings on a short form history and physical prior to the start of the procedure. In these situations, a complete, documented history and physical will also be required and made a part of the patient's medical record within twenty-four (24) hours of the emergency procedure. For procedures performed outside the surgery suite, a pre-procedure note must be completed that addresses the patient's chief complaint, current medications, allergies, pertinent med/surgical history and a description of the procedure planned.
- 8. Progress Notes:** Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability. Whenever possible, each of the patient's clinical problems should be clearly identified in the progress notes, supported by results of tests and treatments and correlated with specific orders. Progress notes shall be written on a timely basis for all patients: at least daily on all acute care patients and at least once per week on skilled nursing facility patients.
- 9. Consultations:** Consultations shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, the consultant's opinion and recommendation. This report shall be made a part of the patient's record. A limited statement such as "I concur" does not constitute an acceptable report of consultation. When operative procedures are involved, the consultation note shall, except in emergency situations so verified on the record, be recorded prior to the operation.
- 10. Obstetrical Record:** The current obstetrical record shall include a complete (or updated) prenatal record. The prenatal record may be a legible copy of the Attending Provider's office record transferred to the Hospital before admission, but an interval admission note must be written that includes pertinent additions to the history and physical and any subsequent changes in the patient's conditions since the last examination. All c-sections must have a current H & P on file prior to the procedure unless an emergency exists, in which case, an interim note is required.
- 11. Operative Reports:** Operative reports shall include a detailed account of the findings at surgery as well as the details of the surgical technique. Surgical reports shall be dictated or completed within 24 hours following surgery and shall be promptly signed and made part of the medical record.



**12. Anesthesia Record:** The anesthetist or anesthesiologist shall be responsible for maintaining a complete and timely anesthesia record, including pre-anesthetic evaluation; all events during induction, maintenance, and emergence; and post-anesthetic follow-up. Pre-anesthetic evaluation must, except in case of extreme emergency, be recorded prior to the patient's transfer to the operating area and before preoperative medication is administered.

- a. Pre-Anesthesia: The pre-anesthesia evaluation must be performed by an individual qualified to administer anesthesia prior to inpatient and outpatient surgery. The preoperative anesthesia evaluation should include: notation of anesthesia risk, anesthesia, drug and allergy history, any potential anesthesia problems identified and patient's condition prior to induction.
- b. Post-Anesthesia: The post-anesthesia follow-up report must be written on all inpatients and outpatients prior to discharge from surgery and anesthesia services. The post-anesthesia evaluation must be written by the individual who is qualified to administer the anesthesia. The post-anesthesia follow-up report must include at a minimum: cardiopulmonary status, estimated blood loss, fluids given, level of consciousness, any follow-up care and/or observation, and any complications occurring during post-anesthesia recovery.

**13. Swing Bed Program:** A complete history and physical examination shall be conducted five (5) days prior to or within forty-eight (48) hours after admission to Swing Bed. Any change in physical condition in the interim will be noted in the progress notes. The acute care records may be used as the admitting history and physical examination for patients transferred to Swing Bed as long as it contains required components for History & Physical.

**14. Discharge:** A discharge summary shall be completed and documented on all medical records of inpatient admissions except for normal obstetrical deliveries and normal newborn infants, which are never required. For patients whose hospital stays are of 48 hours or less, the discharge summary information may be included in the final discharge note in lieu of a formal discharge summary. In all instances the content of the medical record shall be sufficient to justify the diagnosis and warrant the treatment and end result. For all cases the medical record must include:

- a. Reason for hospitalization.
- b. Significant findings.
- c. Description of the hospital course including the procedures performed and treatment rendered as well as patient's response, complications, summary of abnormal labs.
- d. Plans for follow up communication of any incomplete tests at time of discharge.

In the event of a patient's death, a summation statement should indicate events leading up to the death to be added to the final summary which indicates the events leading to the death. In all cases the discharge summary must be recorded and placed in the medical record within thirty (30) days after the discharge. All summaries shall be authenticated by the provider providing the summary.

**15. Transfers:** In the event of a transfer, the Attending Provider(s) shall be responsible to assure that all records required by the receiving facility are complete and available at the time of transfer.

**16. Amendment or Addendum to a Medical Record:** Amendments are considered a correction to the medical record and shall be made by adding the desired information, noting that the information is an amendment, and dating the amendment on the date that the amendment is made. In no circumstances may amendments be backdated. An addendum to the medical record is an addition to the medical record, not a changing of the original documentation.

- a. All orders and clinical entries in the patient's medical record shall be accurately dated, timed, and authenticated by means of written signature, identifiable initials, digital signature, or computer key. (refer to HIPAA-related policies.) An electronic signature is considered an authentic signature in the medical record.
- b. When an MD or DO delegates documentation and patient care responsibilities to other qualified practitioners, the MD or DO must co-sign and assume responsibility.
- c. The misuse of the assigned electronic signature identified will result in actions outlined in the Shenandoah Medical Center Information Systems Access Policy. All orders for treatment shall be in writing and legible. An order shall be considered to be in writing if dictated to a nurse, licensed independent practitioner, radiology, laboratory, pharmacy, respiratory, clinic assistants, medical students, dietician, social worker, or PT/OT, pertinent to their specified departments and signed by the practitioner. A telephone or verbal order is written in the medical record in accordance with state law and hospital policy. The written order must contain the date, the time, the order, the name of the ordering provider, and the signature of the person accepting the order. The ordering provider must date and time the order at the time he signs the order and must sign a verbal/telephone order as soon as possible within 30 days of discharge.
- d. The content of verbal/telephone orders will be clearly communicated, repeated back to the prescriber, and immediately placed in the medical record.

**17. Pending Orders:**

- a. Any licensed healthcare professional can enter orders into the medical record if they can enter in the order per facility guidelines.
- b. The order must be entered by someone who could exercise clinical judgment in the case that the entry generates any alerts about possible interactions or other clinical decision support aides.
- c. Each provider will have to evaluate on a case-by-case basis whether a given situation as entered allows for clinical judgment before the medication is given, and is the first time the order becomes part of the patient's medical record.
- d. The expectation is that a provider-designee would enter pending orders in a planned/"hold" state, but the provider must log in, review, and sign the orders.

**18. Standing Protocols:** Standing protocols shall be formulated and approved by members of the medical staff and shall be reviewed yearly by responsible department with input from medical director. When a protocol is used for a specific patient it shall be written as an order in the patient record and signed by the Attending Provider.

**19. Do Not Resuscitate (DNR) Orders:**

- a. After the DNR decision is made, the order must be documented by the Attending Provider.
- b. All facts, considerations, and consents pertinent to this decision shall be documented by the provider in the progress notes.
- c. Verbal orders for DNR status generally are not appropriate or acceptable. However, verbal DNR orders may be used under circumstances where the patient is currently under the care of the provider from whom the order is sought and the provider has personal knowledge of the patient's terminal condition and the wishes of the patient and/or family. Under these circumstances, a verbal telephone order from the provider may be received by a registered nurse and witnessed by one other registered nurse, who must also hear the order and co-sign the order written on the chart. Telephone orders must be countersigned by the ordering provider and appropriate documentation made in the progress notes within 24 hours of issuance. If the order is not countersigned within the 24 hour period, it is invalid.
- d. DNR orders will be reviewed on a regular basis and may be rescinded at any time by the patient or power-of-attorney.

**20. Incomplete Medical Records:** No medical record shall be considered complete until properly authenticated. In the event that a medical record remains incomplete by reason of death, resignation or other inability or unavailability of the responsible provider to complete the record, the Chief of Staff or designee shall consider the circumstances and may administratively close out the record and declare it complete.

**21. Access to Medical Records:** Written consent of the patient or one authorized to consent on the patient's behalf is required for release of medical information unless otherwise permitted by law. All members of the medical staff shall have access to the medical records of all patients under their care, and to the medical records of all patients for bona fide study and research with certified MD approval, and to carry out peer review as provided in the Medical Staff Bylaws or Rules and Regulations, provided that the confidentiality of personal information concerning individual patients is preserved. Former members of the Medical Staff requiring access to medical records of a former hospital patient attended by them shall first obtain the approval of the CEO. All access shall be in compliance with HIPAA requirements. Written authorization of the patient is required for release of information for purposes other than treatment, payment, or health care operations.

**22. DNR Advance Directives:** Advance directives furnished by patients or patient representatives shall be made a part of the medical record.

**23. Death:** The certificate of death shall be completed and signed within 24 hours. The provider's declaration and order shall be recorded in the medical record, and signed by the provider as soon as possible.

**24. Autopsies:** It shall be the duty of all staff members to secure meaningful autopsies whenever possible. An autopsy may be performed only with a written consent, signed in accordance with state law. All autopsies shall be performed by the hospital pathologist, or by a provider delegated this responsibility. Provisional anatomic diagnoses shall be

recorded on the medical record within 72 hours and the complete protocol, including report, shall be made a part of the record as soon thereafter as possible.

- a. When an autopsy is performed, the provisional anatomic diagnoses are recorded in the medical record within three (3) days, and the complete report is made part of the record within sixty (60) days. Exception: Findings from an autopsy requested by the Medical Examiner will not be placed on the record, as these are the property of the Medical Examiner.

**25. Medical Examiner:** The county medical examiner shall be called to assume responsibility for the determination and certification of death, and authorization to remove the body when the death occurred.

- a. Violent deaths, including homicidal, suicidal, or accidental deaths.
- b. Deaths caused by thermal, chemical, electrical, or radiation injury.
- c. Deaths caused by criminal abortion including those self-induced, or by sexual abuse.
- d. Deaths that have occurred unexpectedly, or from unexplained causes.
- e. Deaths of persons confined in any prison, jail, or correctional institution.
- f. Death of a person if a provider was not in attendance within thirty-six hours preceding death, excluding pre-diagnosed terminal or bedfast cases for which the time period is extended to thirty days, and excluding a terminally ill patient who was admitted to and had received services from a hospice program, if a provider or registered nurse employed by the program was in attendance within thirty days preceding death.
- g. Death of a person if the body is not claimed by a relative or friend.
- h. Death of a person if the identity of the deceased is unknown.
- i. Death of a child under the age of two years if death results from an unknown cause or if the circumstance surrounding the death indicated that sudden infant death syndrome may be the cause of death.
- j. Death related to disease thought to be virulent or contagious which may constitute a public hazard.

**26. Consents:** An admission form containing general consent to admission and to the conditions of admission shall be signed by the patient or one authorized consent for the patient at the time of admission. Except in an emergency, no procedure or treatment may be performed in the Hospital without the signed admission form or other written consent of the patient or of one authorized for the patient. No procedures for which specific consent is required shall be performed until the patient's informed consent is properly obtained and documented in accordance with established policies of the Hospital. All consents shall be documented on written forms to be prescribed by Hospital administration in consultation with the Medical Staff, and shall be made a part of the patient's medical record.



**27. Insurance:** When an insurance carrier denies admission or continued stay and the provider feels that in his/her judgment, hospitalization is necessary:

- a. The medical record shall contain reasons why the hospitalization is necessary in spite of the carrier's denial.
- b. The provider shall request review by peers to substantiate his/her determination.
- c. The patient shall be allowed to remain hospitalized as long as deemed medically necessary, regardless of payment.
- d. An appeal will be lodged with the carrier, via letter, with appropriate documentation. Hospital representatives (Case management staff) shall facilitate this.
- e. Alternate options, including self-pay basis, shall be reviewed and offered with the provider and patient/family.



Emergency Department Services Committee  
February 14, 2018

Attendance: Dr. Santosh Kumar, Dr. Cheri Ferguson, Dr. Todd Isaacson, Connie Spencer, ARNP, Amy Reafleng, RN, Matt Sells, CEO, Laura Stofferson, CNO, Deanna Berning, RN, Brenda Young, Lab Director, Chris Isaacson, Diagnostic Imaging Director. Absent: Dr. Rebecca Rose, Dr. John Bowery  
Recorder: Erika Pleggenkuhle

TOPIC AND PRESENTER	DISCUSSION	ACTION/FOLLOW UP																																							
Call to order	The Emergency Department Services Committee of Shenandoah Medical Center met on Wednesday, February 14, 2018 in the Hartman Room. The meeting was called to order at 8:07am by Dr. Santosh Kumar, Chair of the Committee.																																								
Approval of Minutes	The minutes to the November 21, 2017 Emergency Department Services Committee Meeting were reviewed by the committee.	Upon a motion and second to motion, the minutes to the November 21, 2017 meeting were unanimously approved as written.																																							
New Business	<p>A. Reafleng, RN, ED Nurse Manager reviewed the following results with the committee: Lab Turnaround Times</p> <ul style="list-style-type: none"><li>A. Reafleng presented the lab TAT</li></ul> <table><tr><td>Test</td><td>Oct</td><td>Nov.</td><td>Dec.</td><td>TAT Goal</td></tr><tr><td>CBC</td><td>25</td><td>16</td><td>20</td><td>30 min</td></tr><tr><td>CMP</td><td>27</td><td>14</td><td>31</td><td>45 min</td></tr><tr><td>TROPONIN</td><td>18</td><td>13</td><td>14</td><td>&lt;20 min</td></tr><tr><td>PCT</td><td>N/A</td><td>37</td><td>22</td><td>&lt;30 min</td></tr><tr><td>UA w/Micro</td><td>45</td><td>30</td><td>39</td><td>30 min</td></tr></table> <ul style="list-style-type: none"><li>Committee comments regarding the Laboratory statistics:<ul style="list-style-type: none"><li>Labs are taking longer at night.</li><li>If tech is having trouble taking a draw on patient, please let the provider know for assistance.</li><li>B. Young requested when dropping off urine samples to use the front lab window and ring the bell.</li></ul></li></ul> <p>Radiology Turnaround Times</p> <table><tr><td>0800-2200</td><td>3Q17</td><td>4Q17</td></tr><tr><td>CT Scan</td><td>69 min</td><td>61 min</td></tr><tr><td>X-Ray</td><td>45 min</td><td>39 min</td></tr></table> <p>2200-0800 Data not reported for 2018 this will be reported, but will only be from time of exam completion to prelim result.</p> <ul style="list-style-type: none"><li>Committee comments regarding the Radiology stats:<ul style="list-style-type: none"><li>Currently averaging around 33 minutes turnaround time with Real Radiology.</li></ul></li></ul>	Test	Oct	Nov.	Dec.	TAT Goal	CBC	25	16	20	30 min	CMP	27	14	31	45 min	TROPONIN	18	13	14	<20 min	PCT	N/A	37	22	<30 min	UA w/Micro	45	30	39	30 min	0800-2200	3Q17	4Q17	CT Scan	69 min	61 min	X-Ray	45 min	39 min	
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TOPIC AND PRESENTER	DISCUSSION	ACTION/FOLLOW UP																																																																																	
	<div><ul style="list-style-type: none"><li>Results from Nighthawk Services are being faxed to several locations in the hospital. C. Isaacson will reach out to Nighthawk Service to clarify fax number results should be going to the ED.</li><li>Printer/fax machine is not capable of handling a high volume of documents.</li></ul></div> <div>Trauma Report: A. Reafleng presented the following results:</div> <table><thead><tr><th>Level</th><th>Alerts</th><th>Actual</th></tr></thead><tbody><tr><td>Trauma 1</td><td>0</td><td>0</td></tr><tr><td>Trauma 2</td><td>1</td><td>3</td></tr></tbody></table> <div><ul style="list-style-type: none"><li>27 Coded at trauma</li><li>14 transfers</li><li>6 admits</li><li>2 missed level 2 trauma alerts</li><li>Roll-over MVC</li><li>Roll-over ATV</li><li>Trauma Activation Policy – Policy has been updated to reflect using Alert Iowa.</li><li>At the ED Department meeting Trauma documentation was reviewed with providers and nurses.</li></ul></div> <div>Door to Doctor (October; November; December)</div> <table><thead><tr><th>Provider</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Q3 Median</th><th>Q4 Median</th></tr></thead><tbody><tr><td>Dr. Bean</td><td>5 min</td><td>7 min</td><td>4.5 min</td><td>-</td><td>-</td></tr><tr><td>Dr. Bowery</td><td>12 min</td><td>8 min</td><td>10 min</td><td>-</td><td>-</td></tr><tr><td>Dr. Ferguson</td><td>19 min</td><td>16 min</td><td>18 min</td><td>-</td><td>-</td></tr><tr><td>Dr. Kumar</td><td>12 min</td><td>10 min</td><td>10 min</td><td>-</td><td>-</td></tr><tr><td>Total Median</td><td>12 min</td><td>10 min</td><td>10 min</td><td>14 min</td><td>11 min</td></tr></tbody></table> <div><ul style="list-style-type: none"><li>The goal is &lt;25 minutes.</li></ul></div> <div>Length of Stay: (minutes)</div> <table><thead><tr><th>Provider</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Q3 Median</th><th>Q4 Median</th></tr></thead><tbody><tr><td>Dr. Bean</td><td>128</td><td>125</td><td>144.5</td><td>-</td><td>-</td></tr><tr><td>Dr. Bowery</td><td>135.5</td><td>125</td><td>122.5</td><td>-</td><td>-</td></tr><tr><td>Dr. Ferguson</td><td>121.5</td><td>109.5</td><td>111</td><td>-</td><td>-</td></tr><tr><td>Dr. Kumar</td><td>115</td><td>105</td><td>90</td><td></td><td></td></tr><tr><td>Total Median</td><td>123</td><td>116</td><td>115</td><td>141</td><td>118</td></tr></tbody></table> <div><ul style="list-style-type: none"><li>Median LOS Goal &lt;120 minutes</li></ul></div>	Level	Alerts	Actual	Trauma 1	0	0	Trauma 2	1	3	Provider	Oct	Nov	Dec	Q3 Median	Q4 Median	Dr. Bean	5 min	7 min	4.5 min	-	-	Dr. Bowery	12 min	8 min	10 min	-	-	Dr. Ferguson	19 min	16 min	18 min	-	-	Dr. Kumar	12 min	10 min	10 min	-	-	Total Median	12 min	10 min	10 min	14 min	11 min	Provider	Oct	Nov	Dec	Q3 Median	Q4 Median	Dr. Bean	128	125	144.5	-	-	Dr. Bowery	135.5	125	122.5	-	-	Dr. Ferguson	121.5	109.5	111	-	-	Dr. Kumar	115	105	90			Total Median	123	116	115	141	118	<div>A Reafleng with discuss options with C. Dougherty, CIO.</div>
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TOPIC AND PRESENTER	DISCUSSION						ACTION/FOLLOW UP
	<b>ED Quality Metrics</b>						<b>L. Stofferson will discuss with C. Dougherty to add drop down box in Allscripts</b>
		1Q17	2Q17	3Q17	4Q17	Goal	
	Aspirin on Arrival	62%	100%	67%	80%	100%	
	Median time to ECG	14 min	8 min	10 min	10 min	7 min	
	Emergency Department Transfer Communications – Average All Metrics	49%	55%	72%	81%	84%	
	Pain med. long bone fix	43 min	35 min	13 min	No data	<50 min	
	Patients left without being seen	1%	0%	1%	1%	<2%	
	ED Overall Care Top Box	62%	69%	62%	79%	60%	
	<ul style="list-style-type: none"><li>Aspirin on Arrival: Numbers are down unable to locate in notes. Committee suggested adding a drop down in Allscripts.</li><li>Median Time to EKG – Currently not hitting goal. Putting education in place and utilizing respiratory.</li><li>EDTC – transfer communication has improved to 81% goal is 84%.</li><li>Pain Med long box fix – data unavailable at this time.</li><li>ED overall ended 4<sup>th</sup> quarter 2017 at 79% Top Box Score.</li><li>2018 goals are being switched from Top Box to Percentile.</li></ul>						
	<b>Patient Satisfaction</b>						
		3Q17	4Q17				
	Arrival	53 (n=64)	69 (n=102)				
	Nurses	66 (n=63)	91 (n=103)				
	Doctors	24 (n=64)	43 (n=101)				
	Tests	75 (n=49)	81 (n=80)				
	Family/Friends	31 (n=54)	60 (n=92)				
	Personal/Insurance	30 (n=54)	60 (n=92)				
Personal Issues	35 (n=63)	67 (n=101)					
Overall Rating	50 (n=60)	75 (n=10)					
2018 1 <sup>st</sup> Quarter Goal: is 70% Percentile							
Policy/Procedure: The following was presented for approval:							
<ul style="list-style-type: none"><li>Acute Ischemic Stroke Protocol for the committees review and approval.</li></ul>							
<b>Upon a motion and second to motion the Emergency Services Committee</b>							



TOPIC AND PRESENTER	DISCUSSION	ACTION/FOLLOW UP
	<ul style="list-style-type: none"> <li>• Sepsis Protocol: <ul style="list-style-type: none"> <li>○ Evaluation for Sepsis Tool was reviewed by the committee with the recommendation for A. Reafleng to send evaluation form out to providers to get their recommendations of changes. A. Reafleng will also request for providers to list top antibiotics mostly ordered to build a order set with first line antibiotics.</li> </ul> </li> </ul>	<b>recommended to the Medical Staff for final approval.</b>
Adjournment	The Emergency Department Services Committee was adjourned at 8:56am.	

Respectfully submitted,  
/s/ Santosh Kumar, MD  
Santosh Kumar, MD

Acute Ischemic Stroke Protocol:

1. Call Stroke alert if patient presents with symptoms of an acute stroke or if EMS activates it from the scene.
  - Act F.A.S.T. ([www.stroke.org](http://www.stroke.org)) is a quick screening tool to assist with rapid triage for possible stroke:
    - F: Face: Ask the person to smile. Does one side of the face droop?
    - A: Arms: Ask the person to raise both arms, Does one arm drift downward?
    - S: Speech: Ask the person to repeat a simple phrase. Is their speech slurred or strange?
    - T: Time: If you observe any of these signs, time is of the essence initiate stroke alert
  - Determine time of onset
  - If patient present to ED via EMS and stroke alert has been initiated consider taking patient immediately to CT on EMS cot.
2. Obtain the following tests: *(May use stroke nursing protocol for orders)*

**NOTE: DO NOT DELAY TRANSFER FOR TEST OR RESULTS**

  - Perform non-contrast CT of head (Highest priority for positive FAST exam)
  - Initiate at least 2 large bore IV site (draw full rainbow from IV start if possible)
    - CBC
    - PT/INR
    - PTT
    - CMP
    - HCG (if applicable)
  - Perform an accu-check
  - EKG
  - CXR
  - Initiate oxygen to maintain spo2 94-99%
  - Attach to monitor for continuous vital signs
  - Complete neuro-checks
  - Complete NIH Stroke Scale to determine score
3. Establish eligibility for IV treatment with Alteplase (tPA):
  - Age 18 years or older
  - Diagnosis of ischemic stroke causing a measurable neurological deficit
  - Clearly defined time of stroke onset: 4.5 hours or less
  - Baseline CT scan showing no evidence of intracranial hemorrhage or mass
  - Recommend consultation with neurologist prior to administration of Alteplase
4. Patient Inclusion/Exclusion Criteria Selection:
  - Review and complete the "Criteria for Acute Ischemic Stroke Treatment with tPA" before proceeding. (See attached)
5. Secure venipuncture and attempted IV initiation sites with pressure dressing before starting infusion of tPA
6. Review patient selection criteria, if met, continue with the infusion of tPA (tPA infusion protocol)

### 2018 Shenandoah Physicians Clinic Dashboard

	Reporting Source/Standard	Description	Metric	January
<b>Scheduler Capacity and Efficiency</b>				
FTE			4	4
Appointment schedule efficiency	Finese/HFMA	Ave time for scheduler to schedule(phone)	2:00	1:36
Handle time	Finese/HFMA	Ave wait time to answer	:45	1:03
Call volume per scheduler (inbound)	Finese/HFMA	Ave. # of calls answered	800	960
Dropped Calls	Finese/HFMA	Ave # of dropped calls	25	26
Call volume per scheduler (outbound)	Finese/HFMA	Ave. # of calls made	800	1230
Calls Transferred (Inbound)	Scheduler Data	# of calls transferred to schedulers	Informational purposes only	320
Calls Transferred (Outbound)	Scheduler Data	#of calls transferred from schedulers	Informational purposes only	620
Number of appointments rescheduled	Allscript	# of appointments that were rescheduled	Informational purposes only	176
Top Box score: Courtious and Friendly	Survey Monkey	% of 9s and 10s given	80%	72%
Appt scheduled/scheduler	Allscript/SMC	Ave. # of appts scheduled/scheduler/month 16 employed + 12 specialist * 22 days*16 pts/ave/ .33 (ave # of hrs in clinic)	450	450
<b>Appointment Capacity and Efficiency</b>				
Appointment volume	Allscript/SMC	Ave # of appointments scheduled per provider(Employed providers only)	16	13.7
No Show/Cancellation Rate	Allscript/HRSA	% of No Shows/cancellation/day	7%	8.06%
Same Day Appointment Efficiency	Allscript/SMC	% of Same Day appts filled/day	100%	100%
<b>Sustainable Productivity</b>				
Annual Wellness Visit	Self Reported	Schedule Per Scheduler	40	6
Annual Well Child Checks	Self Reported	Schedule Per Scheduler	20	2
Mammograms	ACO	# of Mammograms Scheduled	60	0
ED Visits Scheduled	Allscript	# of ED Visits scheduled <5days	12	6
Chronic Care Visits	ACO	# of Chronic Care Visits Scheduled	30	46
Annual Panel size	Allscript/AJFM/Al M	Number of patients per provider FTE, annualized (weighted according to acuity, complexity)	950*	950



Practice Site Efficiency				
Cycle time	Randomized audits	Amount of time (in minutes) that a patient spends at an office visit, from arrival to departure (appointment length x 1.5)	:45	:38
Average wait time	Randomized audits	Amount of time spent from arrival to completing registration	:15	:04
New patient ratio	Allscript	% of new patients seen out of total patients	4%	2%
Referral leakage		# of referrals sent out of SMC	Informational purposes only	16
Population Health Capacity				
Panel Size (PCMH)	Registries/ACO	# of consumers/health coach	80-100	126
Panel Size (CCM)	Registries/ACO	# of consumers/health coach	80-100	31
Immunizations Given	Allscript	# of immunizations given	200	800
HbA1c	Registries/ACO	# of consumers that have A1cs <9 %	43	43
LDL Levels	Registries/ACO	# of clinic wide consumers < 100 LDL	221	221
Immunizations	Allscript	% VFC Vaccine completed	90%	95%
Clinic Operations				
Nursing Staff:Patient Ratio	FTE Report	# of Nursing Staff to Patient Ratio	225 per staff	227
Patient Experience Scores	HealthStream	% of responses rating 9s or 10s <80%	75%	83%
Needlesticks	OccHealth	# of needlesticks reported	5 or fewer	0



## **Nursing Division Update**

**February 2018**

### **Med/Surg:**

- BKAT competency exam to evaluate educational needs

### **OB:**

- Obtained new Baby Boxes and Car Seats to give to families that can't afford cribs or car seats
- Peer to Peer audits started and assigned to all staff to review charting, includes Med/Surg also

### **OR:**

- New process that inpatients will be brought back to Pre-op rooms to be prepped for surgery, physicians and anesthesia will see and obtain consents
- Quarterly staff w/anesthesia meetings to review/evaluate/update processes

### **ER:**

- New Stroke protocol developed (see handout) and approved at ER committee meeting
- Emergency Preparedness: Drills will be scheduled quarterly via Live or Tabletop.
- City wide drill in process for April during Prom

### **Patient Satisfaction Scores: Press Ganey 1Q**

Inpatient:	56.2% Top Box – 3 <sup>rd</sup> %tile (16 responses)
ED:	69.4% Top Box – 55 <sup>h</sup> %tile (49 responses)
OP/Surg:	83.7% Top Box – 36 <sup>th</sup> %tile (43 responses)
Home Health:	80.0% Top Box - 90 <sup>th</sup> %tile (4 responses)

**Quality:**

- Paulo is attending staff meeting to educate the process of using Clarity for reporting incidents and training managers on how to enter their follow up actions
- Mock Survey rounding started and assigned weekly to leaders in preparation for surveyors this year

**Education:**

- 12 Lead EKG February 23<sup>rd</sup>
- Working on sending 4 for TNCC instructor class so we can provide course at SMC

**Weight Watchers:** course will be held at SMC starting March 1<sup>st</sup> at 5:30pm in Hartman room

**Professional Nursing Practice Council:** Seven nursing staff will be meeting to represent all clinical. First project is to improve Hand Hygiene.

## Shenandoah Medical Center Quality Indicator Report

Does Not Meet Goal	Meets Goal					
	Goal	1Q	2Q	3Q	4Q	2017 YTD
Patient Engagement with Care Received- HCAHPS						
Inpatient - Overall Care Top Box	65%	74%	100%	67%	73%	87%
Outpatient - Overall Care Top Box	70%	75%	76%	NA	NA	76%
Emergency Department - Overall Care Top Box	60%	62%	69%	62%	79%	66%
Outpatient Surgery - Overall Care Top Box	80%	80%	NA	85%	80%	80%
Home Health - Overall Care Top Box	75%	83%	100%	73%	86%	92%
Patient Safety						
Falls-Assessed for fall risk on admission	100%	98%	96%	96%	100%	98%
Falls-Total Number of Falls	0	0	1	2	1	4
Pressure Ulcers						
Number of at-risk patients receiving full pressure ulcer preventative care for Acute Care, SNF, and Swing Beds	100%	81%	83%	100%	100%	82%
Total Number of hospital acquired pressure ulcers	0	0	0	0	0	0
Care delivered to Patients						
*OB PC01-Number of elective Maternal deliveries between 37-39 weeks	0	0	0	0	0	0
*Surgery-Number of perioperative surgical inpatients with normal temp	100%	97%	99%	100%	100%	98%
Surgery-Surgical Site Infections	0	0	0	1	0	0%
ER-OP 2- Fibrinolysis Therapy received within 30 minutes	30 Min	0	0	0	0	0%
ER-OP 4 Aspirin on Arrival	100%	100%	100%	67%	80%	100%
ER-OP 5- Median time to ECG	7 Min	12 Min	14 Min	<10 Min	<10 Min	13 Minute
*ER-Emergency Department Transfer Communications- Average all metrics	84%	49%	55%	72%	81%	65%
ER-OP 18b Median time from ED arrival to ED departure for discharged ED patients	<135	138	134	141	not avail	135 Minutes
ER-OP18d Median time from ED arrival to ED departure for transfer patients		543	190	NA	not avail	366 Minutes
ER-OP 20- Door to diagnostic evaluation by a Qualified Medical	< 25Min	15	13	14	not avail	14 Minute
*ER-OP 21- Average time patients who came to ED with broken bones had to wait before getting pain medication	< 50 Min	43	35	13	not avail	43 Minute
ER-OP 22- Patients left without being seen	<2%	1%	0%	1%	1%	1%
Pharmacy Adverse Drug Events	0	2	3	0	0	5
*CAUTI	0	0	0	0	0	0
*Infection-OP 27 HCP- Influenza healthcare personnel vaccination	95%	86%			94%	90%
*Infection-IMM 2- Patient immunization for influenza (Oct. "16"- Mar. "17")	95%	85%			%	86%
*Infection-Hand Washing Compliance	>90%	68%	70%	71%	43%	63%
Patient Teach-back	100%	100%	100%	100%	100%	100%
*Readmissions, unplanned 30 day to all hospitals	<5%	4%	1%	1%	1%	4%



## Shenandoah Medical Center Quality Indicator Report

Does Not Meet Goal	Meets Goal					
	Goal	1Q	2Q	3Q	4Q	2018 YTD
Patient Engagement with Care Received- HCAHPS						
Inpatient - Overall Care Percentile	75th%	3rd%				87%
Emergency Department - Percentile	70th%	70th%				66%
Outpatient Surgery - Overall Care Top Box	80%	84%				80%
Home Health - Overall Care Top Box	75%	80%				92%
Patient Safety						
Falls-Assessed for fall risk on admission	100%	99%				98%
Falls-Total Number of Falls	0	0				4
Pressure Ulcers						
Number of at-risk patients receiving full pressure ulcer preventative care for Acute Care, SNF, and Swing Beds	100%	90%				82%
Total Number of hospital acquired pressure ulcers	0	0				0
Care delivered to Patients						
*OB PC01-Number of elective Maternal deliveries between 37-39 weeks	0	0				0
*Surgery-Number of perioperative surgical inpatients with normal temp	100%	100%				98%
Surgery-Surgical Site Infections	0	0				0%
ER-OP 2- Fibrinolysis Therapy received within 30 minutes	30 Min	0				0%
ER-OP 4 Aspirin on Arrival	100%	NA				100%
ER-OP 5- Median time to ECG	7 Min	NA				13 Minute
*ER-Emergency Department Transfer Communications- Average all metrics	84%	88%				65%
ER-OP 18b Median time from ED arrival to ED departure for discharged ED patients	<128	NA				135 Minutes
ER-OP 20- Door to diagnostic evaluation by a Qualified Medical	< 25Min	NA				14 Minute
*ER-OP 21- Average time patients who came to ED with broken bones had to wait before getting pain medication	< 50 Min	NA				43 Minute
ER-OP 22- Patients left without being seen	<2%	1%				1%
Pharmacy Adverse Drug Events	0	0				5
*CAUTI	0	0				0
*Infection-OP 27 HCP- Influenza healthcare personnel vaccination	95%	86%				90%
*Infection-IMM 2- Patient immunization for influenza (Oct. "16"- Mar. "17")	95%	96%				86%
*Infection-Hand Washing Compliance	>90%	68%				63%
Patient Teach-back	100%	100%				100%
*Readmissions, unplanned 30 day to all hospitals	<5%	4%				4%



# Meaningful Use Report

## Eligible Hospital

MU 2 Objective	Required Percentage	01/01/2018-12/31/2018
Objective 1: Protect Patient Health Information	Security Risk Analysis	TBD
Objective 2: Clinical Decision Support (Measure 1)	5 CDS interventions	Yes
Objective 2: Clinical Decision Support (Measure 2)	Drug-drug and Drug allergy interaction monitoring	Yes
Objective 3: CPOE (Measure 1-Meds)	60	93.29
Objective 3: CPOE (Measure 2-Labs)	30	88.16
Objective 3: CPOE (Measure 3-Rad)	30	96.56
Objective 4: E-Scribe	10	66.67
Objective 5: Health Information Exchange (Summary of Care)	10	0
Objective 6: Patient Specific Education	10	60.34
Objective 7: Medication Reconciliation	50	90.3
Objective 8: VDT (Measure 1-provided timely)	50	97.35
Objective 8: VDT (Measure 2-electronic access)	5	6.19
Objective 9: Public Health Reporting (Option 1 - Immunization Registry)	Active engagement to submit immunization data	In Process
Objective 9: Public Health Reporting (Option 2 - Syndromic Surveillance Reporting)	Active engagement to submit syndromic surveillance	In Process
Objective 9: Public Health Reporting (Option 3 - Specialized Registry)	Active engagement to submit specialized data	In Process
Objective 9: Public Health Reporting (Option 4 - ELR)	Active engagement to submit ELR results	In Process



# Meaningful Use Report

## Eligible Provider

		Babe	D Bumgarner	Isaacson	King	Prusa Flores	Rose	Rowan	Rozeboom	Salwitz	Wilkinson	Woods
1. Protect Patient Health Information		Completed by IT										
2. Clinical Decision Support		Decision Support Set										
3. CPOE												
Medications >60%	%	100	100	100	100	100	100	100	100	100	100	100
Laboratory >30%	%	100	99.66	99.77	100	100	100	93.1	100	100	100	100
Radiology >30%	%	100	93.1	90.48	100	80	90	18.18	80	100	100	100
4. Electronic Prescribing >50%	%	97.27	82.12	95.5	96.97	96.08	100	33.33	96.67	97.59	88.7	92.94
5. Health Information Exchange												
Create Summary of Care using CEHRT												
Electronically Transmit >10%	%	0	0	0	0	0	0	0	0	0	0	0
6. Patient Specific Education >10%	%	0	0	0	2.61	0.78	0	2.07	0.5	11.37	0	0.89
7. Medication Reconciliation >50%	%	100	100	100	100	100	100	100	100	100	100	90.91
8. Patient Electronic Access (VDT)												
Provided >50%	%	85.91	92.67	87.74	82.61	86.72	66.67	90.82	84.08	82.35	82.35	94.12
VDT (View, Download, Transmit) >5%	%	4.61	4.74	5.35	13.91	10.16	8.82	5.61	0.5	5.88	11.76	8.24
9. Secure Messaging >5%	%	49.05	70.69	40.57	52.17	47.66	37.25	45.41	33.83	40.39	73.53	62.94
10. Public Health Reporting												
Immunization Registry		Currently in Development										
Syndromic Surveillance		Not available in Iowa										
Specialized Registry		Currently in Development										



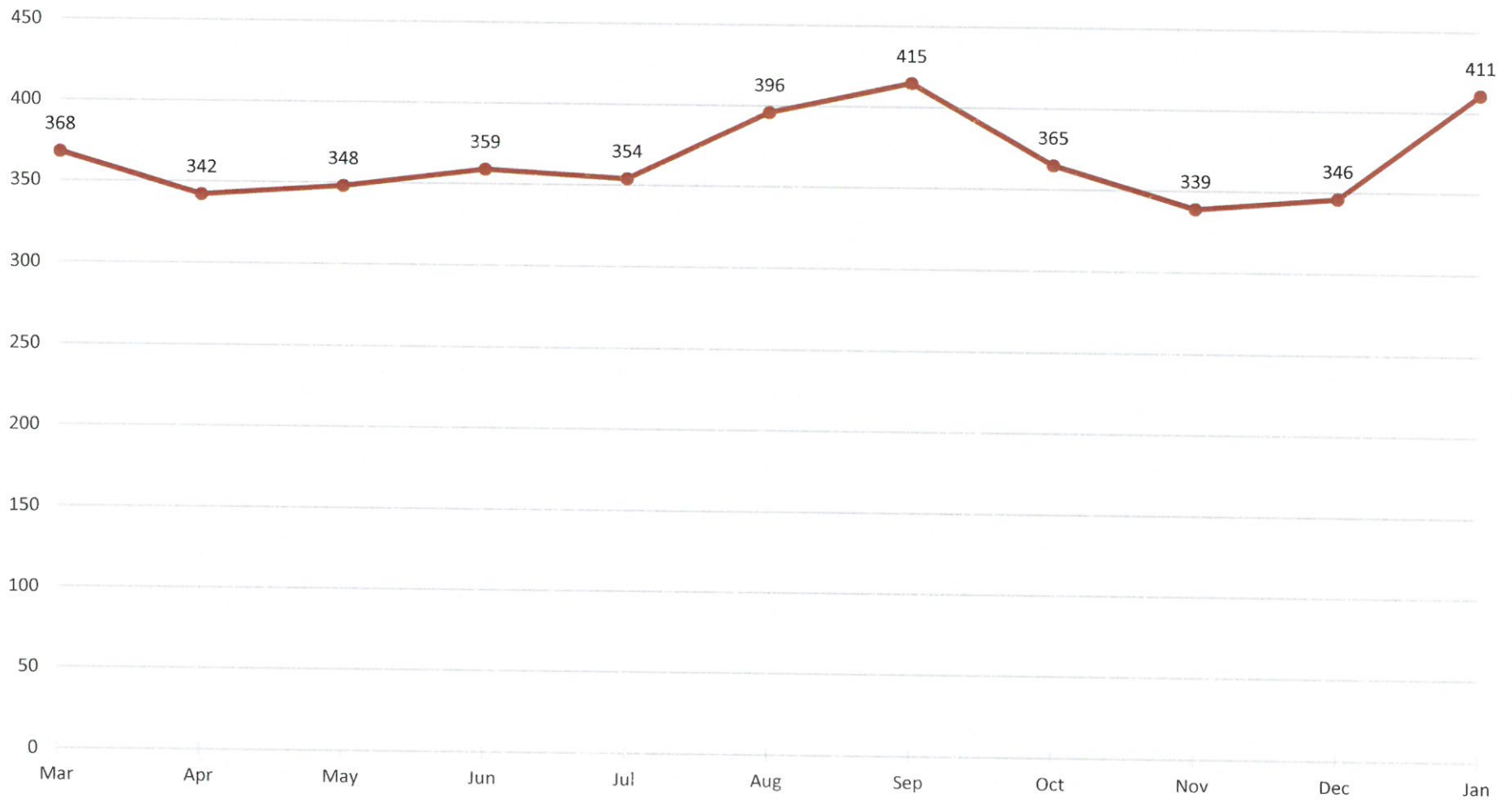
# Meaningful Use Report

## Eligible Provider

		Holmes	Johnson	Kopf	Marshall	Nissen	Ross	Thatcher	Walter
1. Protect Patient Health Information		Completed by IT							
2. Clinical Decision Support		Decision Support Set							
3. CPOE									
Medications >60%	%	100	100	100	100	100	100	100	100
Laboratory >30%	%	99.72	100	100	100	100	100	100	100
Radiology >30%	%	97.56	100	100	100	100	98.08	88.24	100
4. Electronic Prescribing >50%	%	97.81	85	91.6	93.55	92.7	98.47	89.04	98.04
5. Health Information Exchange									
Create Summary of Care using CEHRT									
Electronically Transmit >10%	%	0	0	0	0	0	0	0	0
6. Patient Specific Education >10%	%	0	0	1.47	0	0	12.54	0.7	0
7. Medication Reconciliation >50%	%	100	100	100	100	80	100	56.39	100
8. Patient Electronic Access (VDT)									
Provided >50%	%	92.82	77.08	81.62	93.94	97.74	86.21	81.88	86.1
VDT (View, Download, Transmit) >5%	%	9.39	4.17	6.62	5.05	12.67	5.33	6.62	2.14
9. Secure Messaging >5%	%	75.14	54.17	69.12	63.64	44.8	94.98	68.29	77.01
10. Public Health Reporting									
Immunization Registry		Currently in Development							
Syndromic Surveillance		Not available in Iowa							
Specialized Registry		Currently in Development							

# Emergency Department

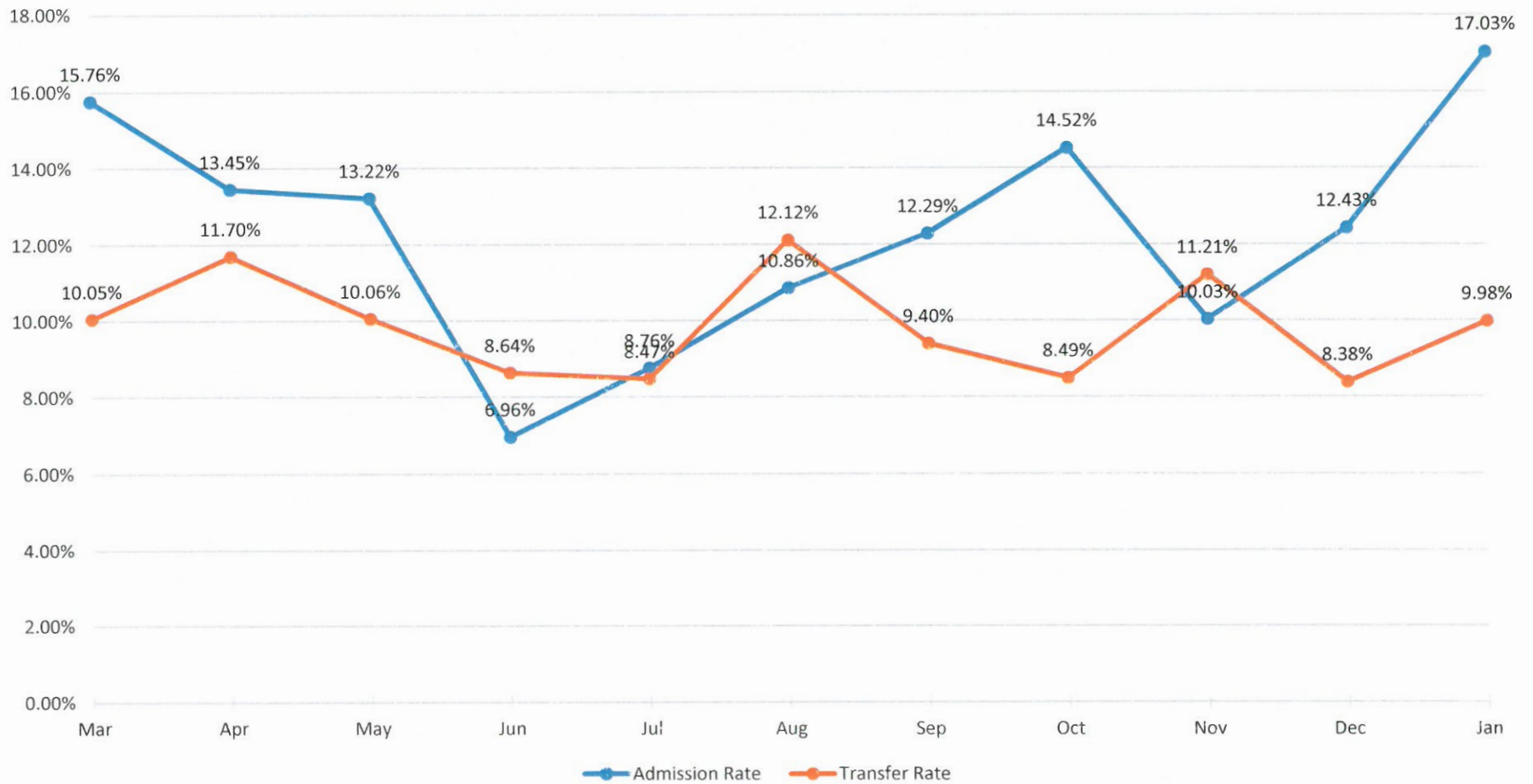
Total Emergency Department Encounters  
By Month





# Emergency Department

Admission and Transfer Rates  
By Emergency Department



# IT Topics



- Capture Perfect Replacement (DocMgt)
- Surgery Center – Wi-Fi enhancement
- IRIS Automation
- Reportable Labs
- Immunization Order-Sets
- Meaningful Use Education for Nurses

## **Operations Update February 2018**

### **Pharmacy:**

- Currently unable to get any more flu vaccines. Amanda Mather, Pharmacy Directors is out on maternity leave until April.

### **Sleep Studies:**

- Received a great accreditation survey for our home and hospital based sleeping studies.

### **Radiology:**

- Nuclear Medicine is still currently available on Monday, Wednesday, and Friday.
- Pricing out second C-Arm unit.

### **Laboratory:**

- Training Mike Kirsch, Paramedic who has a biology degree into the MLT role. Mike will be training over the next 3-4 months and will be moving in to our weekend night position.

### **Therapy:**

- Speech Language Pathologist coverage is at 4 days a week again starting February 19<sup>th</sup>.

## Human Resources Update

February 2018

### HR Updates

- Recruiting for Speech Therapist, Surgery Nurse, OB Nurse, ER Nurse and CNA's at Elm Heights and 25 other open positions
- Hired 10 new employees in January

### Termination Report

- Annual Turnover 2018 – 7.79%; 2017 – 26.17% (excluding PRN's)
- YTD - January – .65%;
- 2 separations - 0 involuntary, 2 voluntary

#### Month

January  
February  
March  
April  
May  
June  
July  
August  
September  
October  
November  
December

#### # Terms

2 (SMC) 0 (Elm Heights)

#### Reasons for terms –

Better job opportunity -  
Better wage/benefits -  
Unable to work Hours -  
Medical/Family problems -  
Performance/behavior -  
Moved or return to school -  
Retired or deceased - 2  
No Call/no show –  
Reduction in force –  
Dissatisfaction with supervisor –

#### Trending from exit interviews -

Departments vacated –Support Services (1), Revenue Cycle (1)

Years of service – Less than one year (); One to Five years (1); Six to Ten years (); Eleven plus years (1)