



# MELISSA MEMORIAL HOSPITAL

Annual Review of Services  
January 1 – December 31, 2021

## MISSION STATEMENT

The Melissa Memorial Hospital family delivers compassionate care nurturing trust with those we serve

## ABOUT

The first Hospital was located at 641 South Baxter Ave. In 1918, Dr. Timmons had a new hospital built at 236 South InterOcean Ave. It was later purchased by Dr. H.C. Hill and his wife, Irene. They lived in the downstairs area of the hospital while maintaining a 10-room hospital on the floor above them. In 1949, the community raised enough funds to purchase the hospital from Mr. Hill. It was turned over to Phillips County and governed by a board of directors appointed by the county commissioners. The living area was then turned into a delivery room and a small surgery room. C-sections, tonsillectomies, appendectomies, and hernia repairs were just some of the surgeries performed in the new surgery room. Before the addition of the delivery room, women labored in delivery homes located throughout the county. At times, Mr. Will Heginbotham drove the doctors to these homes by horse and buggy.

In 1964, Will Heginbotham donated the property and funds to build a new hospital at 505 South Baxter Ave. In return, he requested that the new hospital be named after his mother, Melissa. Melissa Memorial Hospital opened its doors in July of 1965. The building was 75 feet by 190 feet and was constructed of fireproof masonry and steel. It had room for 25 patients and featured the latest in medical technology and equipment for its time. It's interesting to note that the caged elevator from the previous hospital was brought over to the new hospital to provide access to the basement, which was used for storing supplies and records. The first patient at the new hospital was Fred Peterson, a former mayor of Holyoke. Records show the hospital had a census of 15-17 patients with an average length of stay of seven days through the 1960's and 1970's. Philanthropic giving by Roy C Gebhart, Henry and Mary Massman, Philip and Frances White and the Will Heginbotham Trust helped sustain the hospital during a difficult period.

At the turn of the century, Melissa Memorial Hospital was facing a shortage of space with the specialty clinics using patient rooms and patients having to wait in the halls. The emergency room also did not allow for any privacy that was required and expected by families. As medicine evolved and a public need emerged for additional services, a new hospital became the driving force of Administrator, Arlene Harms and CFO, Shelly Larson. A collaborative effort was formed between the MMH Board, Melissa Memorial Hospital Foundation, and the community in 2002. The MMH Board members involved throughout this process included Cherrie Brown, Gary Krumm, John Baldwin, Sharon Thompson, Steve Young, Ray Malleck, and Sheryl Farnsworth. The groundbreaking was the next phase in the Holyoke healthcare legacy on a very cold November 18, 2006. The project was completed on schedule and almost one million dollars under the eighteen million dollar budget. The grand opening ribbon was cut on March 7, 2008.

In 2015, Melissa Memorial Hospital began its renovation and expansion project, which will include a specialty clinic and family practice addition, an onsite residence, an enclosed ambulance drop-off area and ambulance storage, another laboratory entrance and new office space, as well as an onsite Helicopter landing pad, parking, and drives for the critical access hospital. An in-house Pharmacy was also added off of the clinic waiting room during the project.

The groundbreaking ceremony took place on Oct. 12, with a completion in the summer of 2016.

## **PURPOSE**

To document Melissa Memorial Hospital (MMH) compliance with Federal regulations and Critical Access Hospital (CAH) Conditions of Participations for CAH (CFR § 485.641): The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is performed at least once a year and includes a review of the utilization of CAH services, including at least the number of patients served and the volume of services; a representative sample of both active and closed clinical records; and an annual review of policy and procedures. As a Critical Access Hospital (CAH), MMH performance review process touches on volume of service, type of service, improvements, trends, concerns and department specific accomplishments. The Leadership team develops action plans for commented areas of concern and then determines what, if any policies or processes should be revised or implement.

## **DATA SOURCES**

Information used for this Annual Report was obtained through the following mechanisms:

1. Utilization review
2. Committee and department minutes
3. Incident and variance reports
4. Patient satisfaction and complaint data
5. Statistical reports
6. Other reports as applicable

## **REVIEW PROCESS AND FOLLOW UP**

The Quality, Infection Prevention, and Safety Committee, under direction of the Quality Director, coordinates information gathering and develops an annual review report. The report is reviewed and discussed at the Committee meeting. The report, which includes findings and recommendations, is then presented to Senior Leadership Team for review and identification of areas for improvement that align with MMH strategic goals and objectives. The report is presented to the Hospital Board for review and input. The Committee uses the Board of Directors and Leadership feedback to guide the subsequent year's Quality Improvement Plan.

## CURRENT SCOPE OF SERVICES

<p><b>Emergency Services</b>          Trauma Level IV Designation          24/7 Emergency Department (ED)</p> <p><b>Medical Services</b>          Inpatient          Outpatient          Swing Bed          Surgical Services</p> <p><b>Pharmacy</b>          MMH Hometown Pharmacy</p> <p><b>Diagnostic Services</b>          Laboratory          General X-ray          Computerized Tomography (CT)          Ultrasound          Mammography          Magnetic Resonance imaging (MRI)          Echocardiography          Stress Testing          Contracted Sleep Study</p>	<p><b>Ambulatory Care</b>          Family Practice of Holyoke          Physical Therapy          Speech Therapy          Occupational Therapy          Nutritional / Dietary Services          Cardiac Rehabilitation          Telemedicine          Adult and Pediatric Immunization          Annual Exams and Preventative Care          Specialty Clinic              Cardiology              Orthopedic              Podiatry              Oncology              General Surgery          CRNA Epidural Injections for Pain Control</p> <p><b>Community Health Services</b>          Concussion Management          Sports physicals          COVID Vaccination Clinic          COVID Testing Clinic          Pink-Out for Breast Cancer          Cancer walk          Racecar Safety          Trunk and Treat          Diabetic Clinic</p>
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## UTILIZATION OF SERVICES

### NOTABLE SERVICE UTILIZATION TRENDS FOR 2021 COMPARED TO 2020

Note: COVID-19 restrictions had a direct effect of the service lines.

Inpatient Days	979	Rehabilitation Procedures	↑13626
Swing Care Days	570	Cardiac Rehab Visits	↓ 643
Observation Days	87	X-Ray Procedures	3673
Surgery Cases	↑ 162	Chemotherapy Services	↑112
Gastrointestinal (GI) Cases	↑113	Rural Health Clinic Visits	↓16756
Emergency Room Visits	1433	Sleep Studies	52
Lab Procedures	↓23388	Mammography	361
Ultrasound	2426	Magnetic Resonance Imaging (MRI)	220
Nuclear Med	65	Specialty Clinic Visits	↑12777
Computerized Tomography (CT)	1083	Wound Care	↓3239
		Out-patient Nursing Infusion and Injections	370

Average length of stay for inpatients 3.69 days. The length of stay by hours continues to meet the 96 hours annual average CMS regulatory requirement for CAH status. Readmissions to the hospital were 6.7% for all cause, which falls below the national average of 14% recognized by CMS.

### DEPARTMENT SERVICES REVIEW

#### Cardiopulmonary Rehab

- Improved Crash Cart checks
- New Monitoring System

#### Diagnostic Imaging

- Radiology performed a record total 3673 exams. Increase from 3055 the prev. year
- Radiology performed a record 361 Mammograms, an increase from 311
- Upgraded the Radiology room to new Siemens Ysio equipment
- Upgraded the Portable X-ray machine to a new Siemens

#### Dietary and Nutrition Services

- Utilize contracted Dietitian
- Passed the hood inspection
- Replaced the cafeteria floor

## **Facilities/Plant Operations**

- Dietary floor replacement
- Carpet replacement
- Installed new cooling HVAC system
- Replaced batteries for back-up generator
- Passed Nebraska Safety and Fire Equipment sprinklers inspection
- Maintained COVID treatment area for ED and Inpatients
- Purchased two negative pressure tents

## **Lab**

- Replaced the covid antigen test with molecular (NAAT) test
- Started the PCR test for Covid-19 and the 4-Plex PCR for COVID-19, Influenza A, Influenza B and RSV
- Replaced Microbiology analyzer, from Biomeriux Vitek 2 to Beckman's Microscan
- Purchased blood bank Ortho Workstation which is a centrifuge/incubator combo
- Passed the CILA survey

## **Medical Staff Changes**

The following providers joined the Medical Staff:

Jimmie Bailey, MD  
Lawrence Davis, MD  
Michael Monahan, MD

The following provider resigned:

Tayna Riddle, MD  
Zachary Hartman, MD  
Aaron Gale, MD

## **Nursing Services**

### **Emergency Department and Inpatient Services**

- Patients left without being seen = 3
- Patients left against medical advice = 4
- Maintained COVID-19 patient care area
- Collaboration with EMS for nursing desk coverage
- Hired a new Quality Director
- Hired a new Employee Health Nurse
- Implemented Zero Suicide Program
- Implemented Antibiotic NHSN vendor
- Hired new DON

- Added monoclonal administration
- Hired a new inpatient pharmacist
- Acquired two isolation negative pressures tents
- Acquired three ventilators
- Acquired all new inpatient beds

### **Emergency/Inpatient Department Projects and Memberships:**

- State of Colorado Level IV trauma center
- Collaboration tertiary facilities for neuro / stroke, psych, and cardiac care
- Participated in Race Car safety with EMS and Fire Departments, local county fair, and trunk or treat

### **Chemotherapy /Outpatient services**

- Increased utilization of chemotherapy and specialty infusions
- Chemo hood passed inspections and recertification

### **Rehabilitation Services**

- Added Speech Therapy – Swallow, Cognitive, and Pediatrics
- Added Occupational Therapy
- Added Lymphedema specialty
- Obtain two (2) new Hi-Lo tables
- Added Vision Therapy
- Hired additional PT

### **Retail Pharmacy**

- Added Home COVID testing kits
- Added COVID antivirals
- Pharmacy Technician earned vaccination administration certification
- Added part-time FTE

### **Rural Health Clinic (RHC)**

- Grants
  - CDPHE National Diabetes Prevention Program
  - Colorado Center for Care Innovation CHIC Pilot Project
  - WHOLE: Witnessing Health Opportunities to Leverage Equity – Colorado Health Foundation
  - Office of E health and Innovation Remote Patient Monitoring
  - Colorado Rural Health Center CORES
  - Northeast Health Partners Diabetes Grant
  - Northeast Health Partners Practice Incentive Program
  - RHCCT Program – HRSA
  - UC Health Alzheimer Grant – High Plains Research Network

- New Service Lines
  - Telehealth services
  - Remote patient monitoring
  - Point of Care A1C
  - Telehealth mental and behavioral health
  - Integrated mental and behavioral health services
- Improvement opportunities
  - 100 patients enrolled in our chronic care management program
  - 300 AWV completed for Medicare patient population
  - 75% of our patient population receive mammograms in 2021
  - 50% of patients compliant with HbA1C less than 9
  - The Family Practice of Holyoke's goal is to record 75% of HCC Gaps to improve the RAF score

### **Specialty Clinic**

- Recovered services from COVID-19 shut down
- Coordinated with Lincoln County Health Systems for orthopedic Surgical Services
- Added weekly orthopedic coverage

### **Surgical Services**

- Hired an OR Manager
- Hired a Surgical Technologist
- Hired a Registered Nurse
- Acquired new laparoscopy equipment
- Added an orthopedic surgeon
- Added a general surgeon
- Acquired new surgical helmets
- Acquired new instrumentation
- Acquired automated endoscope reprocessor
- Acquired ultrasound probes
- Acquired new chairs in preop

### **CLINICAL RECORD REVIEW**

In compliance with CAH regulations CFR 485.641(a) (1) (ii), a representative sample (at least 10%) of both active and closed clinical records were reviewed in the past year. Included in the review were inpatient, emergency room, and ambulatory records. Both concurrent and retrospective reviews were conducted for completeness, accuracy, consent and advance directives, medical necessity, and adherence to protocols and standards of care.

### **Indicators that Trigger Medical Record Review**

- Hospital deaths
- Readmissions
- Adverse drug events
- Cases involving patient and/or staff complaints
- Transfers
- Trauma cases



- Hospital acquired conditions
- Clinical quality measures
- Left Without Being Seen (LWBS)
- Utilization Review
- Incident Reporting
- Codes Blues
- Against Medical Advice (AMA)
- Sepsis
- Infection Prevention
- Medical Staff (Peer Review)

### **Medical Case Review for Quality Improvement**

Concurrent and retrospective record reviews are conducted by department Directors for the following clinical measures:

- 100% Heart Attack (AMI)
- Healthcare Associated Infections
- Trauma Team Activations
- 100% Stroke Patients
- Antibiotic Usage
- 100% Transfers

Other cases reviewed include cases representing quality or risk management issues.

### **Quality Reporting**

- Attested for Stage 3 Performing Interoperability for the hospital
- Submitted Caravan ACO required measurement data
- Reported data to the Colorado Hospital Association's Hospital Quality Improvement Contract (HQIC)
- Reported data to the Colorado Hospital Association's Alternates to Opioids (ALTO)
- Reported data to the Medicare Beneficiary Quality Improvement Project (MBQIP)
- Reported data to Hospital Quality Incentive Payment (HQIP) Program
- Reported data to Colorado Rural Health Center's through Quality Health Indicators (QHI)
- Reported data to the CDC's National Healthcare Safety Network (NHSN)
- Submitted required data to the HCPF Hospital Transformation Program (HTP)
- Reported data into U.S. Healthcare COVID-19 portal
- Reported data into the Colorado Department of Public Health and Environment COVID-19 positive In-Patient
- Reported data into the Colorado Department of Public Health and Environment COVID-19 Employee Vaccine

### **PATIENT FAMILY ADVISORY COUNCIL (PFAC)**

The PFAC was established in 2018 with seven community members. In 2021, there were only four community members. The PFAC met twice during 2021 due to the COVID-19 outbreak. The PFAC

reviewed and discussed ways to decrease racial disparities. They evaluated the phone system for language. One of their 2022 goals to increase membership diversity.

### POLICY REVIEW

Policies are scheduled for review at least annually and whenever a need for modification is recognized.

- Revised – 685
- Retired – 65
- New – Data Unavailable

### PERFORMANCE IMPROVEMENT AND QUALITY ASSURANCE

#### Preventable Harm Rates: Hospital Acquired

- Catheter Associated Urinary Tract Infections: 0
- Falls: 4
- Adverse Drug Reactions: 0
- Surgical Site Infections: 0
- Pressure Ulcers: 0
- Central Venous Catheter-Related Infection: 0

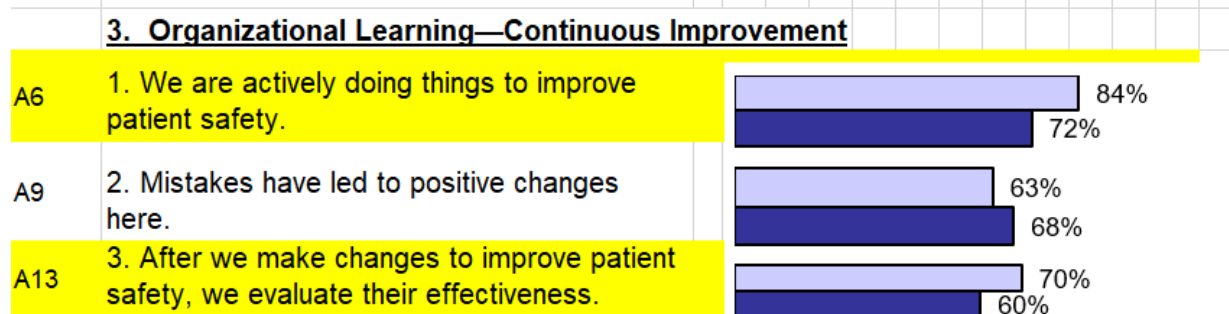
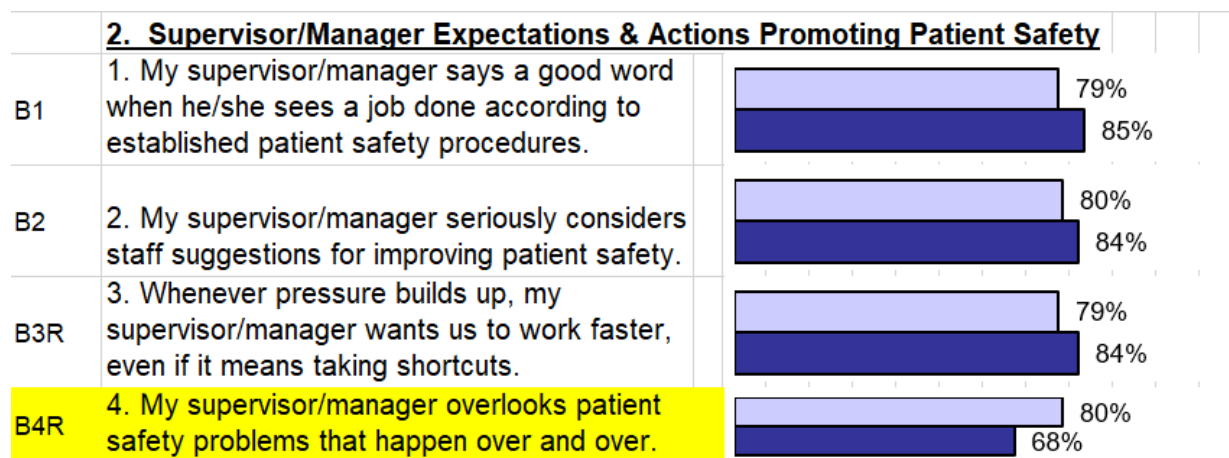
#### Patient Safety Survey



Measures chosen for improvement:

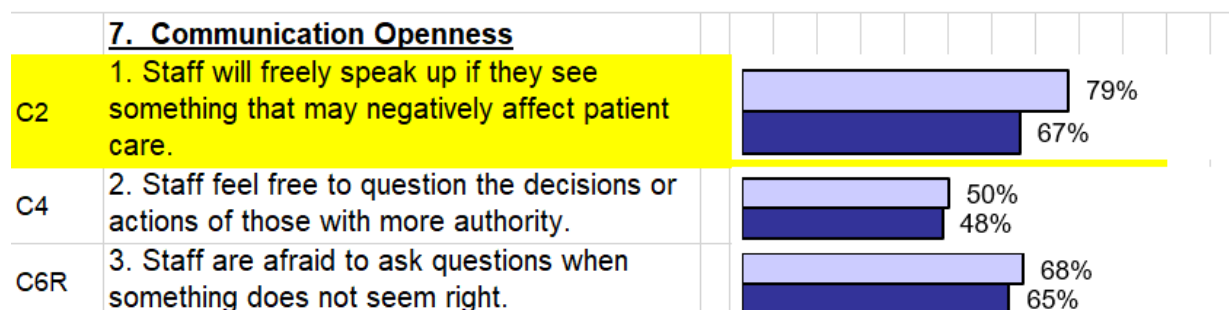
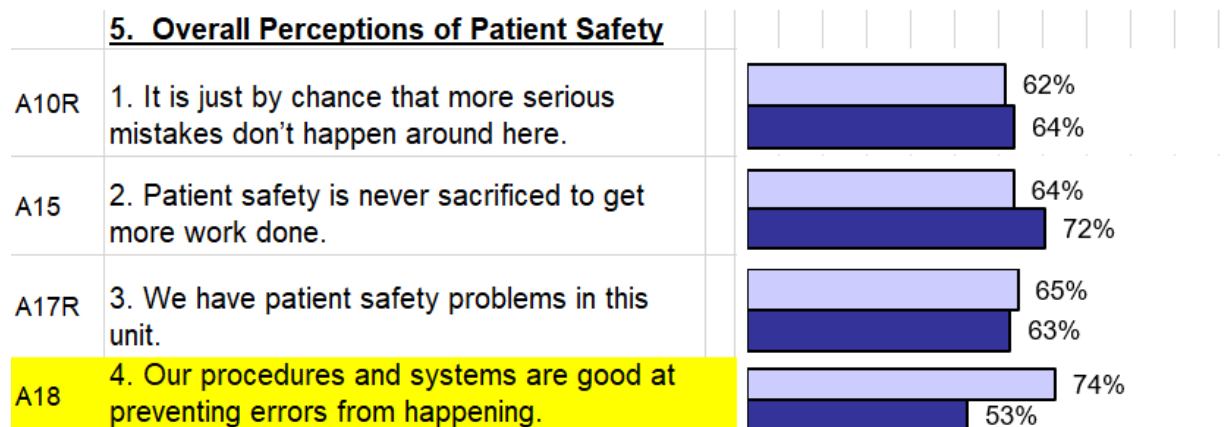
1. Staff freely speaking up if they see something that may negatively affect patient care
2. Evaluating effectiveness of changes to improve patient safety
3. Hand-offs and transitions

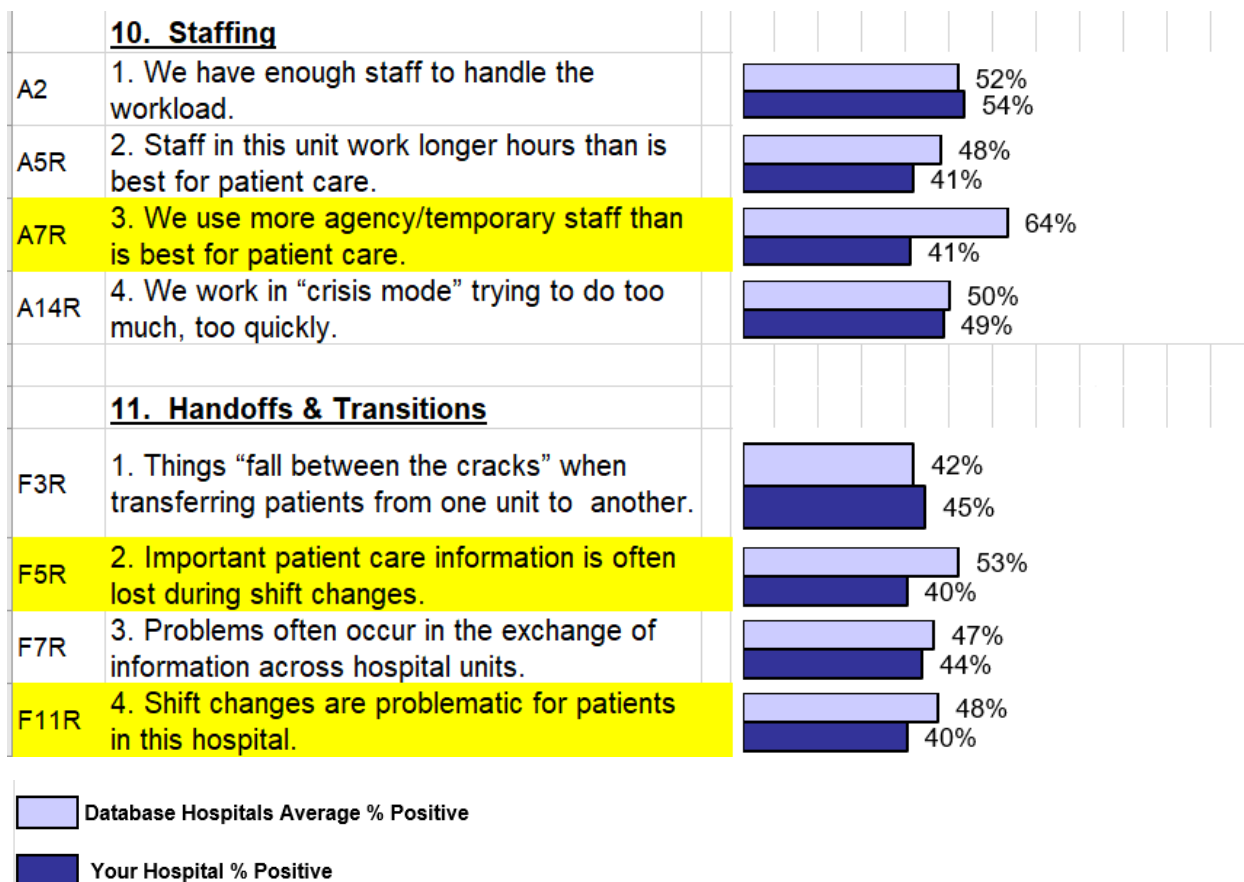
(Yellow Highlighted measures are additional opportunities for improvement)

Item	Survey Items By Patient Safety Culture Area	Survey Item % Positive Response
	<b><u>1. Teamwork Within Units</u></b>	
A1	1. People support one another in this unit.	
A3	2. When a lot of work needs to be done quickly, we work together as a team to get the work done.	
A4	3. In this unit, people treat each other with respect.	
A11	4. When one area in this unit gets really busy, others help out.	



 Database Hospitals Average % Positive  
 Your Hospital % Positive



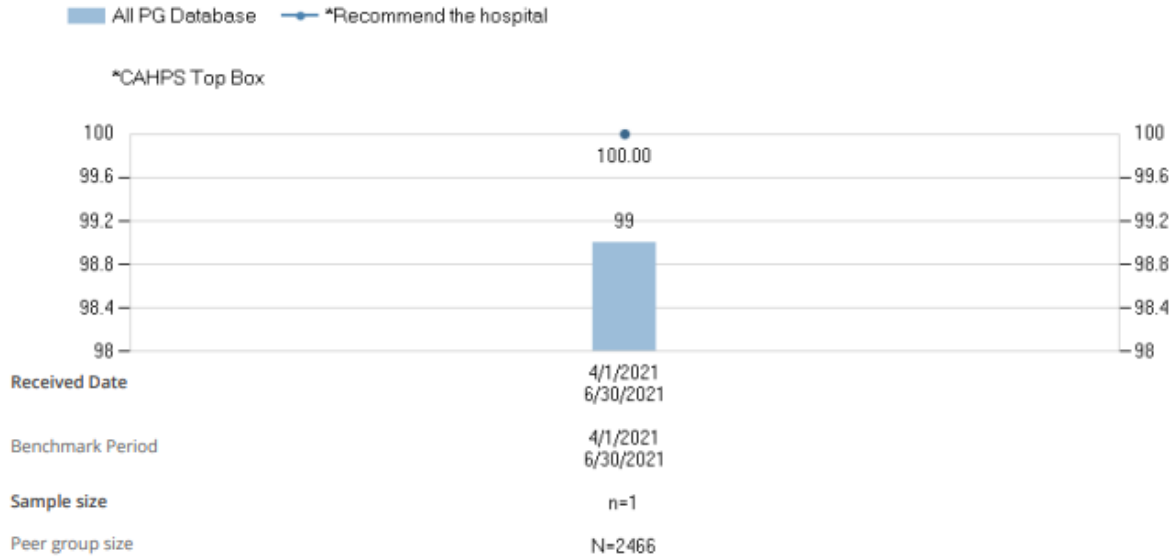


**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)**

## Inpatient

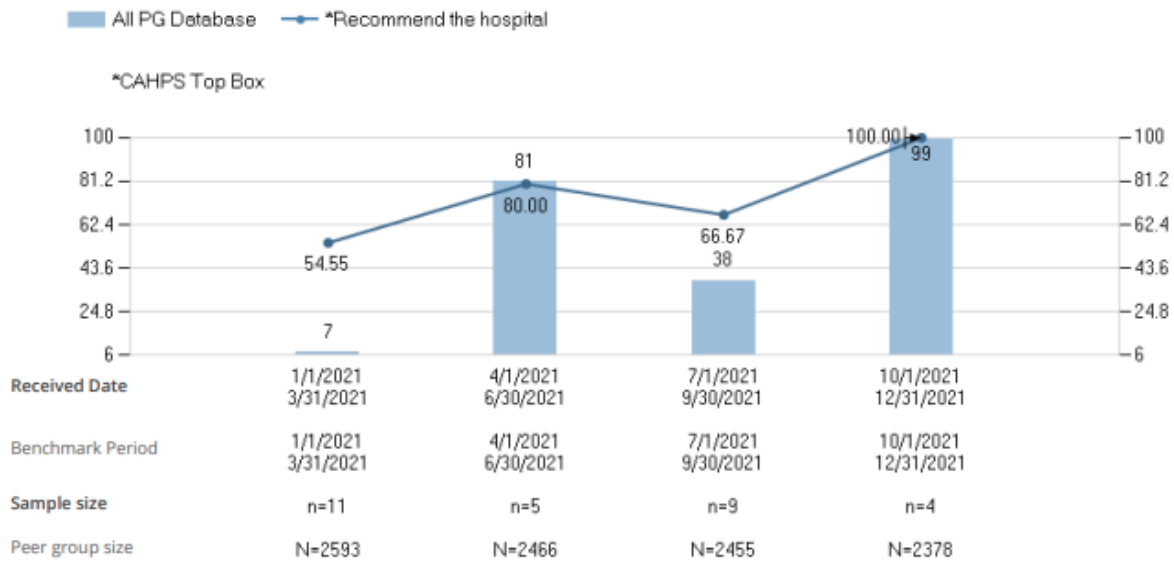
Spanish,Hispanic or Latino: 'MEX,MEX AMER,CHI'

\*CAHPS



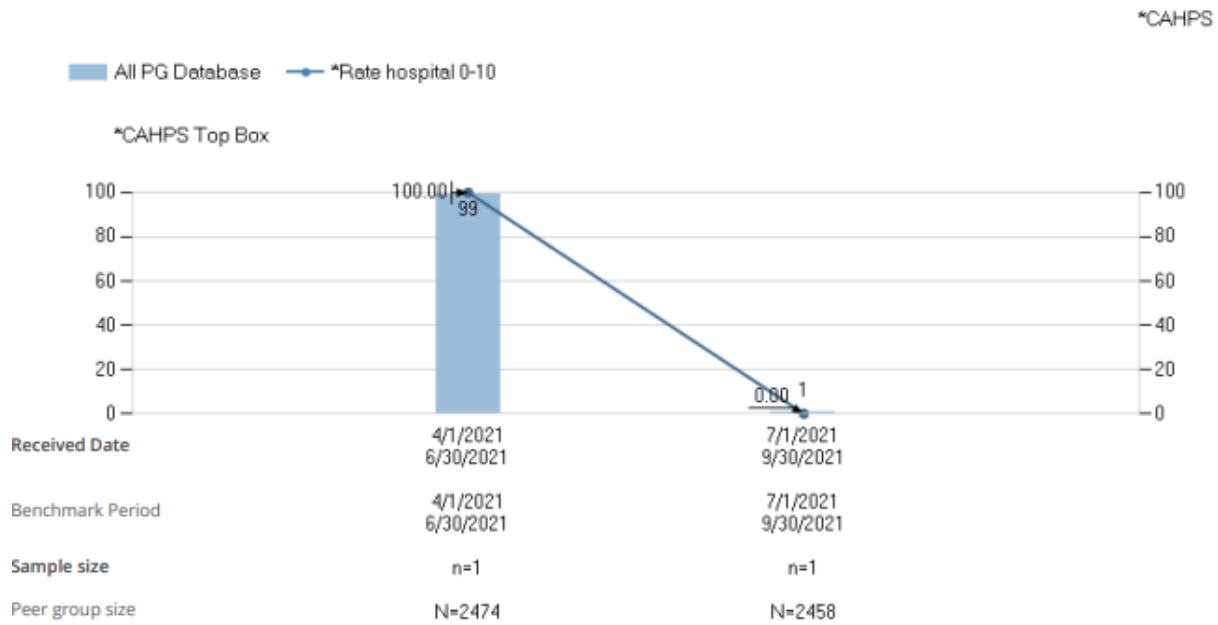
Spanish,Hispanic or Latino: 'NOT SPAN/HISP/LA'

\*CAHPS

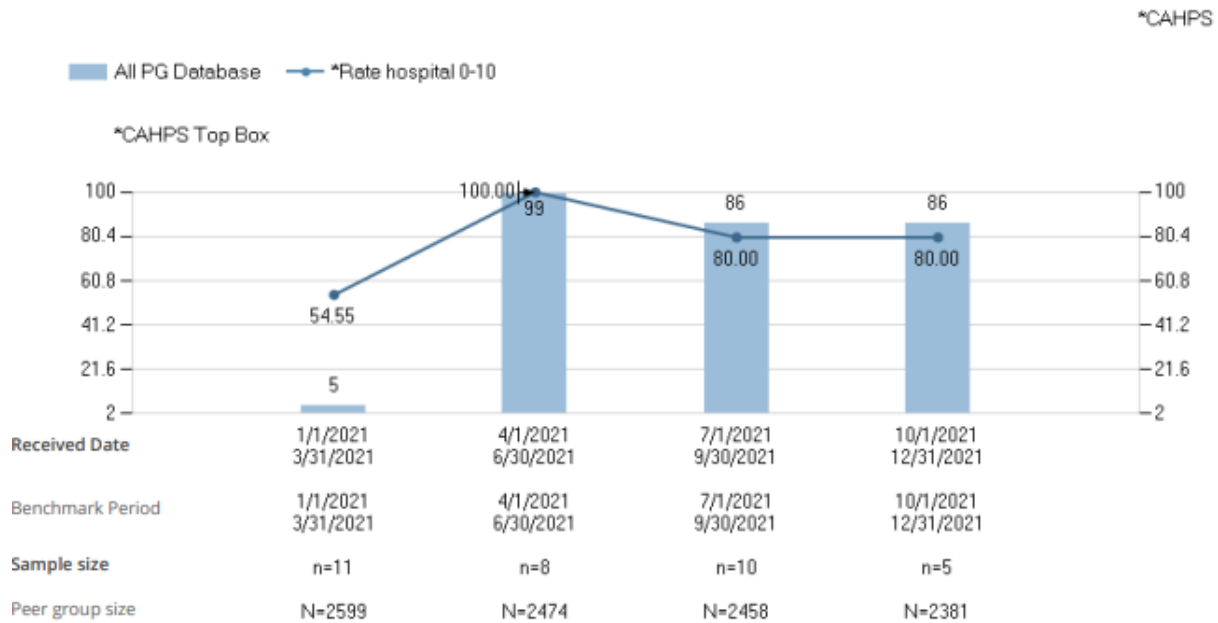


## Inpatient

### Spanish,Hispanic or Latino: 'OTHER'



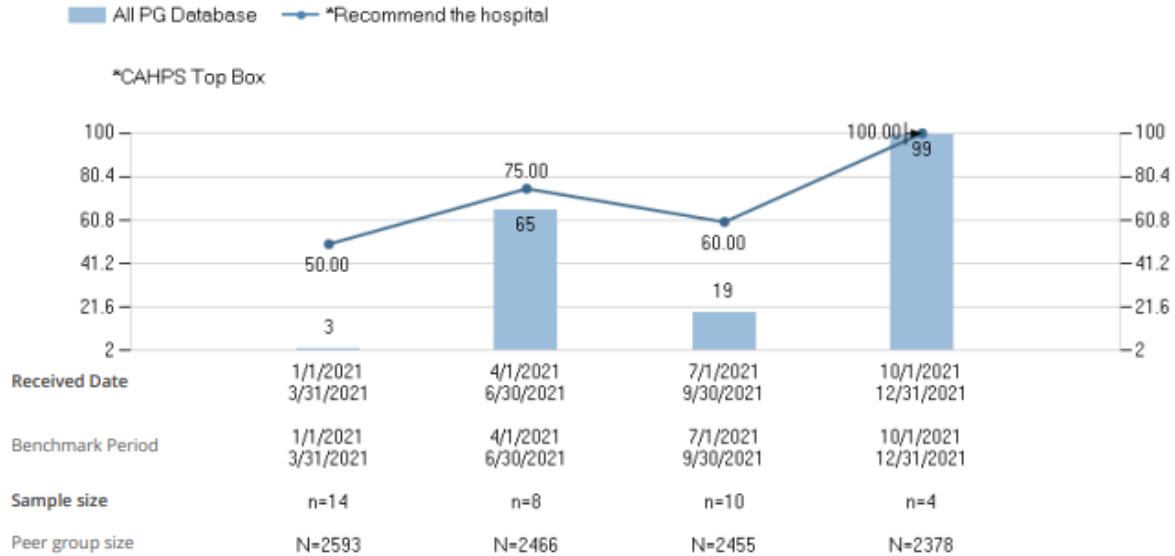
### Spanish,Hispanic or Latino: Total



## Inpatient

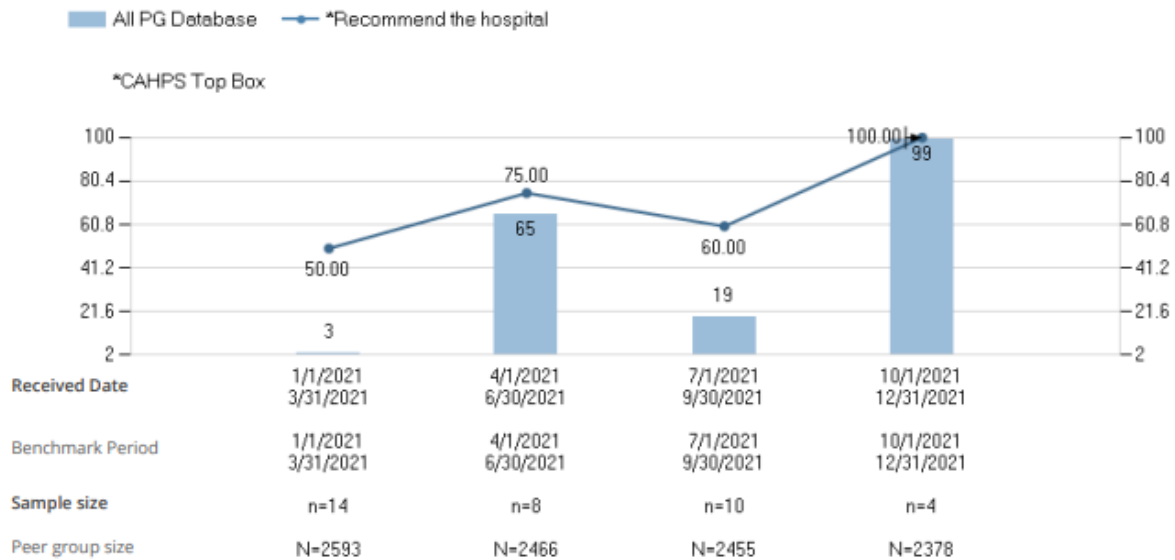
Race-Black or African American: 'NO' / Race-Asian: 'NO'

\*CAHPS



Race-Black or African American: 'NO' / Race-Asian: Total

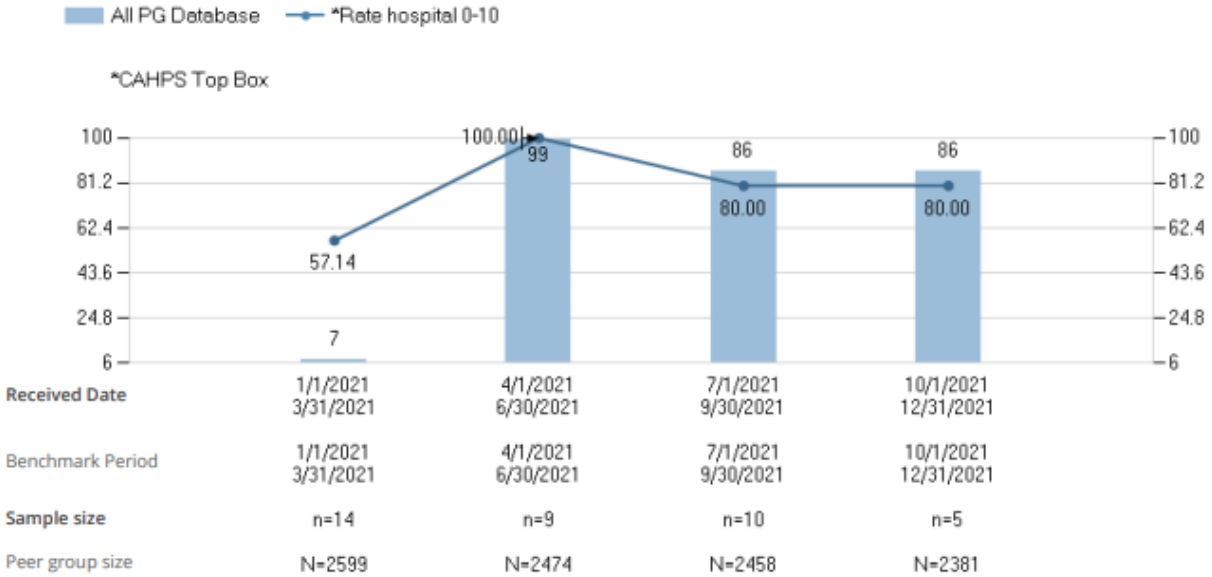
\*CAHPS



## Inpatient

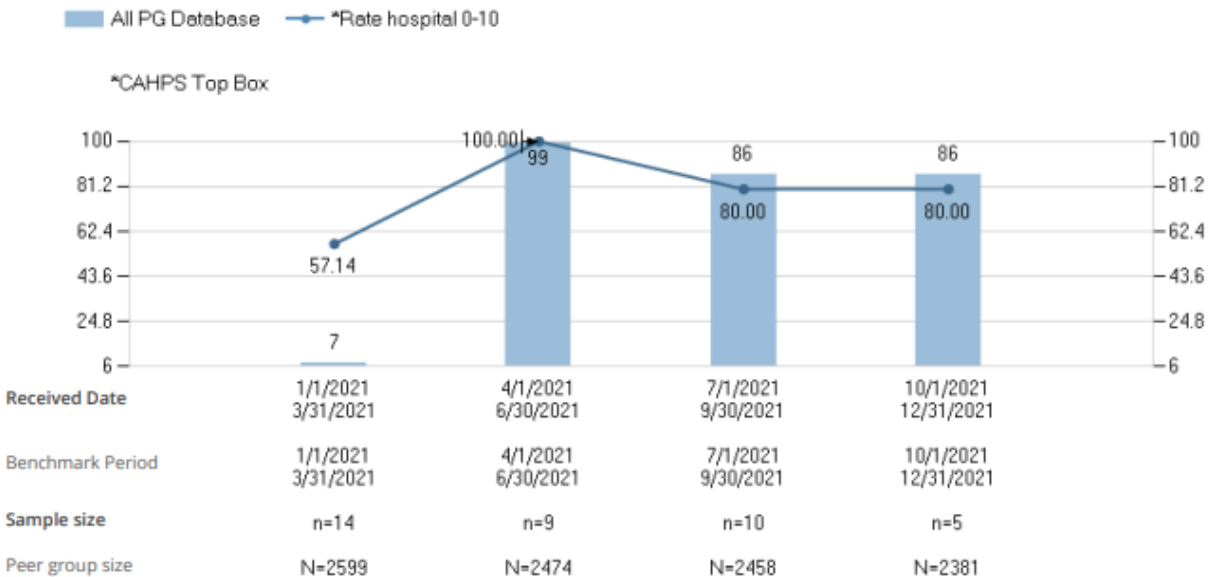
Race-Black or African American: 'NO' / Race-Asian: 'NO'

\*CAHPS



Race-Black or African American: 'NO' / Race-Asian: Total

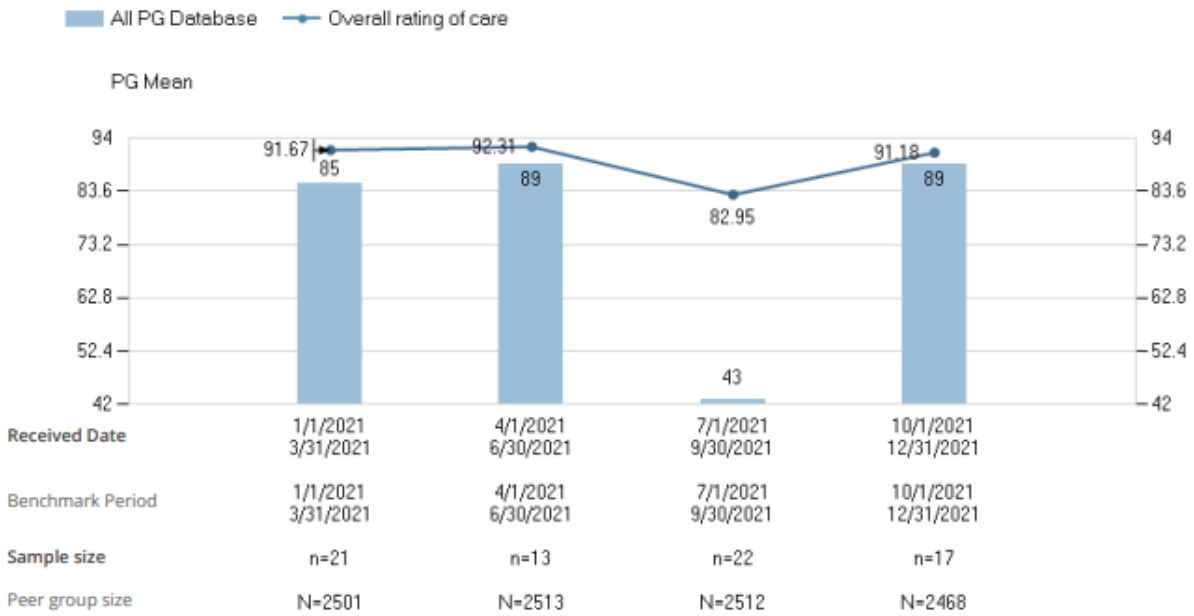
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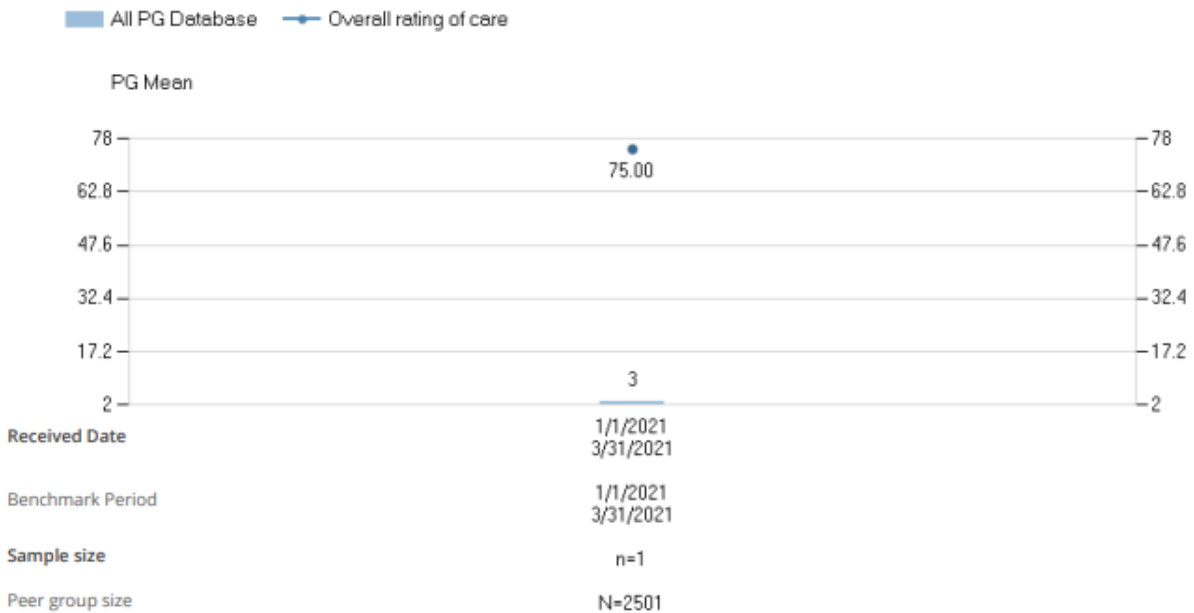


## Emergency Department

Language: 'English'

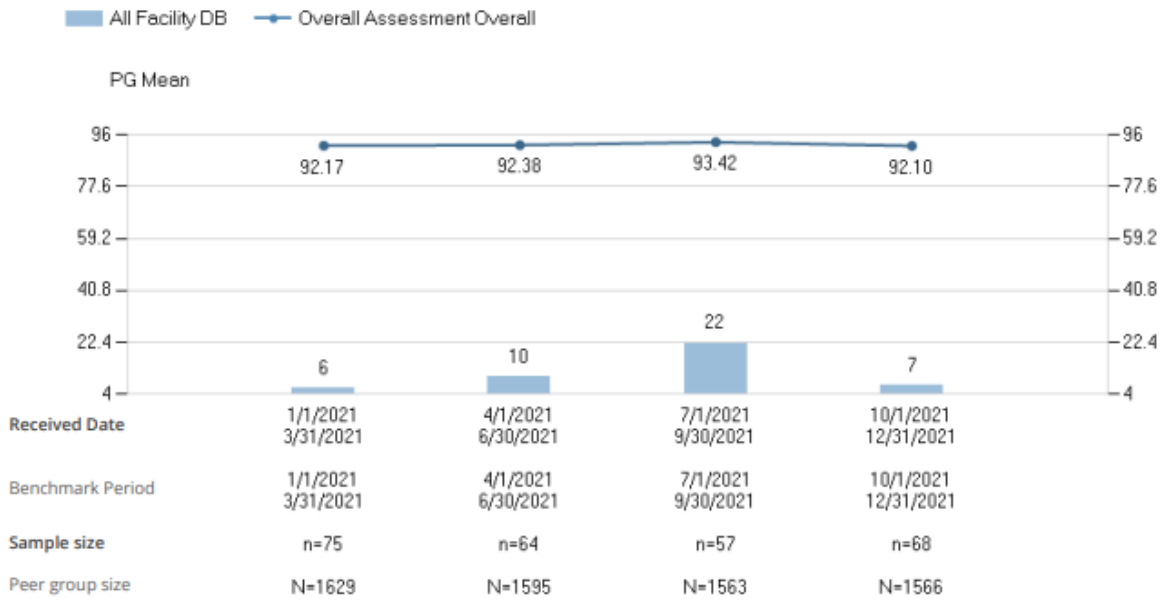


Language: 'Spanish'

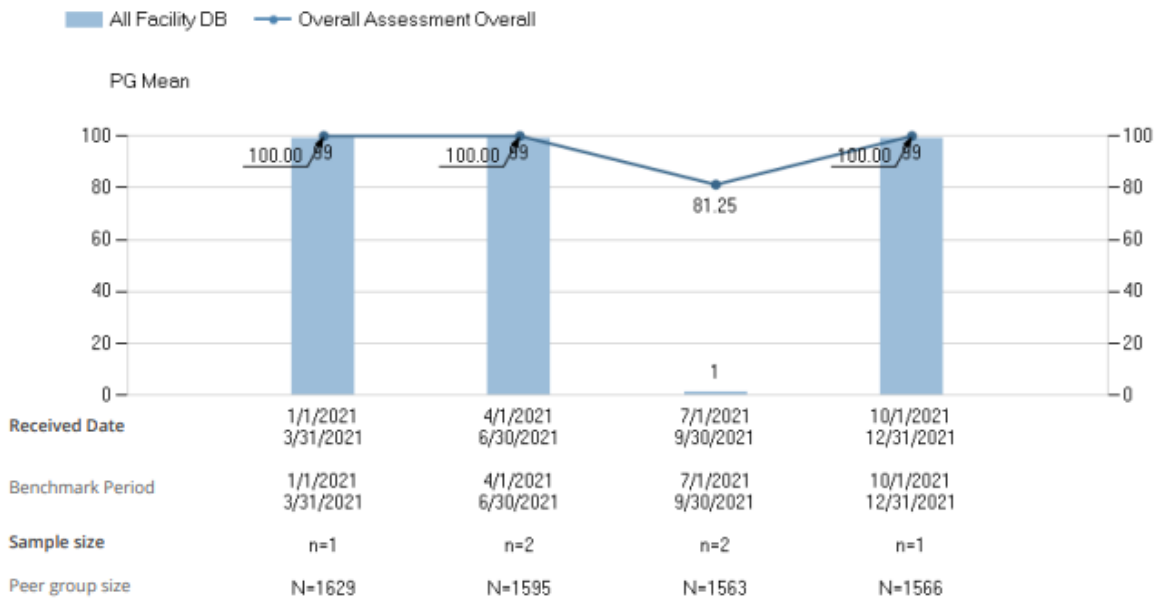


## Outpatient Services

Language of survey: 'English'



Language of survey: 'Spanish'



**2022 priorities**

- Implement the Strategic Plan
- Complete the Community Health Needs Assessment and Plan