



An Affiliate of **MERCYONE**SM

Critical Access Hospital Annual Evaluation

July 1st, 2020, through June 30th, 2021

Prepared by Kayla Miller, RN BSN Quality Director

Reviewed and approved by: _____

MercyOne Representative

Executive Summary

This Critical Access Hospital Annual Report for Davis County Hospital and Clinics (DCHC) has summarized utilization of services, quality activities and strategic direction activities for the year July 1st, 2020, through June 30th, 2021.

Network

Davis County Hospital and Clinic's Management and Network Agreements are with Mercy One. Mercy One provides affinity meetings for their rural affiliates. The affinity groups meet in person or via webinars and groups include CEO's, financial officers, nurse executives, human resources, quality, infection prevention, lab, purchasing, health information managers, cardiac rehab, credentialing, education, radiology, pharmacy, food and nutrition services, emergency department, surgery department, medical surgical department, utilization review, compliance, informational technology, and performance excellence.

Leadership Transitions

The 2020-21 fiscal year included the following leadership changes at DCHC:

- Nikki Thordarson, MSN was welcomed as the new Chief Nursing Officer.
- Erica Drummond was welcomed as the new Patient Financial Services Lead.
- Lisa Warren, MBA was welcomed as the new Controller.

Board of Trustees

Tom Prosapio, Board Chair

Kevin Cook, Vice-Chair

Brenda Johnson, Secretary/Treasurer

Members: Becky Bolin, Heath Greiner, Donna Olinger, and Brad Woolard.

Credentials

Medical Staff recommended and the Board of Trustees granted final approval for the following:

- Nine (9) Initial Appointments
- Thirty-one (31) Reappointments
- Mercy Medical Center/MercyOne's credentialing decisions for four (4) initial practitioners who are providing telemedicine services.
- Mercy Medical Center/MercyOne's credentialing decisions for forty-two (42) reappointment practitioners who are providing telemedicine services.
- BOT accepted five (5) resignations

Physicians and Services Providers

- Megan Whisler, ARNP started providing Pediatric care at Davis County Medical Associates (DCMA) on September 9, 2020.
- Ryan VanMaanen, D.O. started providing care at DCHC on January 1st, 2021, in the Emergency Department and in Acute Care Department as a Hospitalist.

Master Facilities Plan

- The following areas have had some modifications/remodel to them in FY 2021
 - OR Scope Cleaning Room
 - Pharmacy Expansion, Comply with USP regulations
 - FURI Clinic Parking and Access – Work completed November 17th
 - Added Parking Spot/Move Handicap Parking
 - Add Sidewalk to Ambulance garage/FURI clinic
 - Added add/remove exam rooms to accommodate patient load
 - Additional Concrete Work
 - Sidewalk from SLS to DCHC
 - Cardboard Recycling Dumpster Pad
 - Replaced condenser unit for Physical Therapy Department cooling.
 - Replaced condenser unit for AHU1 cooling.
 - HIM remodeled area to accommodate coders and installed a window for customer walk up.
 - MRI UPS system installed
 - Power Switch upgrade
 - North Equipment room valves replaced.
 - Lab west entry door replaced, also installed badge card reader access to allow better access for department staff.
 - Addition gravel laid in the East Employee parking lot.
 - Painted parking lines in the South and North parking lots.
- The City of Bloomfield completed street upgrades to Madison Street on the east and Columbia and Duffield Streets to the west of the DCHC campus.

Strategic Planning

- The Strategic Plan is divided into six (6) areas.
 - Growth
 - Finance
 - Quality & Safety
 - Employees
 - IT
 - Patients
- Strategic Planning period changed to a four-year period (January 1, 2018-December 31, 2021) to incorporate the Community Health Needs Assessment (CHNA) goals that were developed. The CHNA Goals were then adapted into the different chapters of the Strategic Plan.
- Each Chapter continues to work on goals established.
- Rodney Day, Director Ancillary Services, will provide a final report of the Strategic Plan to the Board of Trustees in January 2022.
- A new Strategic Plan will be developed for years January 1, 2022, through December 31, 2024.

Departments/Services

Acute Care

Inpatient and Swing Bed discharges remained steady compared to the prior year. Patient days and length of stay showed a slight increase which can be contributed to the COVID-19 pandemic and keeping more complex patients.

Observation stays were up again this year, as has been the trend for several years now. We showed a significant increase, 29.2%, in this level of care.

This department has focused on training and education related to COVID-19 and personal protective equipment for much of this year. The nurses have been resilient and flexible with all the changes thrown their way.

Accomplishments for Acute Care over the past year are maintaining high HCAHPS “Overall Hospital Rating” scores, experiencing relatively low readmission, medication error, and fall rates despite the increased volumes. The catheter associated urinary tract infection rate remained at 0% for the sixth year in a row.

	2019-2020	2020-2021	Percent Increase or Decrease
Inpatient Discharges	153	154	0.7%
Patient Days – Acute	445	463	4%
Swing Bed Discharges	43	44	2.3%
Total Swing Bed Days	380	372	-2.1%
Average Daily Census IP/Skilled	2.25	2.29	1.5%
OP Observation Equivalent Days	219.5	283.7	29.2%
Average Length of Stay (days)	2.91	3.01	3.4%%

Goals for next year include preventing pressure injuries, fall prevention, and completing a thorough and accurate medication reconciliation with each Acute Care admission.

Cardio-pulmonary

The Cardio-Pulmonary department saw 4,049 patients in fiscal year 2020-21. This includes respiratory care procedures, which are PFT’s, nebulizers, acapella teaching, incentive spirometry teaching, six-minute walks, oxygen therapy, ventilation management, EKG’s, Holter monitors, stress tests, home sleep studies, in-lab sleep, cardiac and pulmonary rehab sessions. This was a significant increase overall from last year. Respiratory procedures were up by 36%. Stress tests were up by 82%. Cardiac and Pulmonary rehab procedures were down by 7%. The Sleep Studies saw an increase of 55% for home sleep tests and 40% for in lab tests.

Our sleep lab was recertified with the Accreditation Commission for Health Care in February 2021.

We continue to test PFT patients for covid prior to testing. We continue seeing patients with the equipment spaced at least 6 feet apart and wipe the equipment down with each use.

We were unable to host Freedom from Tobacco classes due to the pandemic.

Education

Education is provided throughout the year and includes a variety of topics. For the period of July 1, 2020, through June 30th, 2021 these topics included but were not limited to

- Glucometer waived testing competency
- Ventilator education
- Bipap/CPAP education
- Mercy trauma education
- COVID education

DCHC has two staff who are Advanced Cardiac Life Support (ACLS) instructors to train staff and provide training to the community and two staff who are Pediatric Advanced Life Support Instructors. There are a total of 7 staff who are trained Basic Life Support Instructors. Heartcode BLS skills verifications have been conducted multiple times through the fiscal year.

Total certifications completed during period of July 1, 2020 through June 30th, 2021

- ACLS-25
- PALS-15
- BLS-95
- Heartsaver-40

These totals include both hospital employees and community members that received training by DCH employed instructors.

Care Learning is continued to be utilized to provide staff the mandated education requirements. Courses are assigned according to clinical and non-clinical settings and are conducted throughout the year to ensure that hospital staff completes annual competencies in:

- Abuse and neglect
- ADA
- Blood borne pathogens
- Disaster preparedness
- Fire and electrical safety
- FMLA
- Hand hygiene
- Hazard communication
- Infection control
- Influenza
- Isolation and standard precautions
- IT Security and Awareness training
- Medical radiation safety
- Moving, lifting, and repetitive motions
- Patient's rights
- Population specific care- adults and pediatrics

- Restraint and seclusion
- Slips, trips, and falls
- TB prevention
- EMTALA
- Red flag
- Healthcare compliance
- HIPAA
- Pain management
- Sexual harassment
- Workplace diversity
- Workplace violence

Emergency Department

Emergency Department visits and Ambulance calls both saw an increase this year. The emergency department averaged ten additional visits per month this year compared to the year prior, while the ambulance averaged four more calls each month.

The focus for quality for the emergency department has been centered around EMTALA education and documentation as well as improving barcode medication administration rates to improve patient safety.

Goals for the emergency department over the next year are to continue to decrease our trauma transfer times, documenting both height and weight on our pediatric population, improving our time to EKG for chest pain patients as well as our STEMI transfer times, and monitoring the door to CT read times on patients presenting with stroke like symptoms.

Visit Type	2019-2020	2020-2021	% Difference
Emergency Room Visits	3392	3517	3.70%
Ambulance Calls	789	843	6.80%

Human Resources

Davis County Hospital and Clinics hired 49 employees from July 1, 2020, to June 30, 2021, and 3 employees retired. Fiscal year turnover was 18.27%. New hire orientation is offered every Monday.

Eighteen employees were recognized for employee milestones at the annual recognition event in November 2020. The recognition event had to be held virtually because of COVID. The 4th annual Lighting the Way award was presented during the virtual event. The nominated employees included: Rigo Diaz, Libbie Johnson, Lisa Barrett, Jeff Steen. The award winner, Joni Jordan was selected by DCHC staff based on who most exuded behaviors that replicate a Culture of Ownership. In September 2020 DCHC transitioned from All State benefits to Guardian benefits.

Laboratory

Laboratory department volumes increased by 15.8% to 72,711 procedures up from 62,802 compared to last Fiscal year. Blood bank volumes increased by 60.5% this Fiscal year with the total number of units transfused increasing to 260 units from 162 units compared to last Fiscal year. Overall, net profit for the Laboratory Department was up 12.75% compared to last Fiscal year.

Laboratory Department received Bi-annual CLIA Inspection in May. The department received two condition deficiencies and two standard deficiencies; all were corrected within a week of the inspection. Corrections for each were documented and accepted by CLIA.

The Department participated in three Wellness events providing screening labs for the community. During those events, the lab completed a total of 1,732 test procedures overall for participants. Due to COVID-19 regulations, there was a limited number of available timeslots for the Community Wellness event held in March, even so, we still had 232 participants, only decreasing slightly from FY2020.

One Lab Assistant left the department this Fiscal year. The department contracted two traveling Technicians and one Phlebotomist between July and December to help with staffing shortages. In January, Makenzi Bohi accepted a full time Phlebotomist position in the department. The department decided to move forward with working with a recruiter and recruiting a Medical Technologist from the Philippines to fill the Weekend Tech Position. In May, Gerlie Castillo accepted the full time Weekend Technician Position in the department, we continue to work through the process of bringing her in from the Philippines. Lab staff continue to rotate weekend shifts in the meantime.

Laboratory has been battling increasing costs in supplies as well as backorders on necessary testing supplies. As a result of the ongoing backorders, the department has had to increase the supply stock that they keep in-house. Due to the increased stock, the laboratory purchased a new refrigerator as well as additional shelving units to store the supplies.

The Department replaced their hematology analyzer. The analyzer was nearing end of life expectancy and experienced increasing issues. The new hematology analyzer is automated which allows staff to run more than one sample at a time, thus decreasing turn-around-times and tech time. Department also replaced their Coagulation analyzer, which had exceeded its life expectancy, with the CA-660. The new analyzer allowed the department to move D-Dimer testing from the Triage to the CA-660. This move has decreased our turn-around-times, allowing us to run multiple tests at once, as well as decreased our cost per test. The Department also purchased a new Urinalysis Centrifuge, an additional Stat-Spin Centrifuge, and a new Centrifuge for coagulation samples.

The Laboratory Department purchased two new analyzers, increasing the testing capabilities within the department. In September, LeadCare II Analyzer was purchased and validated, allowing the department to offer Lead testing in-house and avoiding having to perform venous collections on young children. Since the addition of the LeadCare II Analyzer, our volume of lead testing has increased 51% over last Fiscal year. The Department also purchased a QIAGEN QIAstat Analyzer the performs Respiratory Panel testing, allowing us to rapidly and simultaneously survey 21 respiratory pathogens, including SARS-CoV-2. This testing capability decreases the number of specimens required to perform testing, thus decreasing tech time, and improving patient comfort.

Laboratory Department also purchased a Class II Biological Safety Cabinet (BSC) for the Microbiology department of the laboratory. The BSC not only protects staff and the environment from exposure to infections or biohazardous aerosols and splashes, but it also protects the specimen or culture inside the work zone from contamination.

Laboratory Department continues to work hard to meet the demands of COVID-19 testing. The department has three in-house testing options, including the Abbott ID Now Rapid molecular test, the Abbott BinaxNow Rapid Antigen test and a SARS-CoV-2 RT PCR test that is available as part of the respiratory panel. There are also three send-out testing options, including MercyOne RT-PCR, MercyOne IgG Antibody testing and the State Hygienic Laboratory RT-PCR testing. This Fiscal year, the department resulted a total of 5,086 COVID-19 tests, of which 3,349 were performed in-house.

Medical Associates Clinic (Rural Health Clinic)

The Medical Associates clinic continues to grow in 2021. The COVID 19 virus has helped us to be flexible in how give care, but it really hasn't slowed us down. We continue to see patients via Telehealth. We don't do a lot of telehealth visits, but we continue to have that option. We were hoping to have the FURI (Fever Upper Respiratory Symptoms) clinic closed by now, but COVID 19 is still going strong and as long as it continues, we also will continue to do our part in seeing sick patients while keeping well patients separated. We continue to bring patients that have FURI symptoms in through the ambulance garage. Our health coaches called positive patients every day during the week, and we found a few that were struggling and felt the need to keep track of them a little closer. Sometimes that would mean a telehealth visit with their provider, other times that meant a ride to the emergency department. We implemented a "weekend nurse" to call COVID positive patients over the weekends to check in on them and make sure they were doing ok.

Dr. Sanchez took a position closer to his family and left DCHC in January of 2020. Since that time, we have been using a couple of different Locum physicians to help serve the community until we could recruit and hire another physician. We are proud to say that Dr. Sarah Brewer will be starting with DCHC and DCMA in August of 2021. Dr. Brewer will be a great addition to our provider team in serving not only clinic patient but as a hospitalist as well.

Space is our biggest detriment in the clinic. We believe another full-time physician would be utilized but we simply don't have the space to add one. We would also like to at getting a full-time social worker but don't have a place to put anyone at this time. We will continue to keep brainstorming ideas for the area we have.

We recently started using Jellyfish Health, a software company that helps patients keep track of where they are in line to see their clinic provider. It also allows us to keep track of where the patient is throughout our facility. The system will send patients text message reminders of their appointments. It will also send texts to patient to let them know their nurse or provider will be with them shortly. A lot of patients have told us how much they appreciate knowing what is happening and seem very happy with Jellyfish. The system will also allow us to keep track of the amount of "wait time" a patient has through their visit.

Fiscal year 2021 closed with the clinic seeing 16,195, up from 15,138 in 2020 and 12,701 in 2019.

Medical Imaging

Medical Imaging performed a total of 9164 exams in fiscal year 2020-2021. This is a 6.1% increase in exams from fiscal year 2019-2020. This includes Radiography, CT, MRI, DEXA, Mammography, Ultrasound and Nuclear Medicine, PET\CT, and epidurals. We continue to utilize our contract with Shared Medical to provide our customers with mobile PET\CT and wide bore MRI services.

December 2020

A GE AMX240 Portable and Trophon, an ultrasound probe disinfecting system were purchased with COVID-19 funding. The AMX 240 has advanced image processing with high-resolution, FlashPad HD digital detectors to enable you to see fine details with exceptional contrast. It also includes key features like quick charge, AutoGrid, RFID badge reader and the latest AI (artificial intelligence) software. AI software analyzes images for the presence of pneumothorax without routing images to a server. Upon exam closure, the case is flagged by AI for review by a radiologist. The sooner a critical condition is identified and alerted, the faster the communication between the radiologist and attending physician. Trophon is a fast, simple, automated disinfection system, that uses vaporized hydrogen peroxide solution to disinfect ultrasound probes. Appropriate reprocessing of ultrasound probes between patients is critical to reduce the risk of transmission of communicable diseases.

January 2021

A UPS (uninterrupted power supply) was installed for the current in-house MRI machine. This was installed to prevent the on-going power fluctuations that causes intermittent system downtime with the potential to void machine warranty and service contracts. Heather Rich attended Iowa Heart Center in West Des Moines, Iowa with QA Tech, Kristin Hunt. This time was used to critique exams, learn new protocols and imaging techniques during Echocardiograms.

May 2021

Dr. Remis, Urologist began performing ultrasound guided Prostate Biopsy's in Ultrasound Suite.

June 2021

Our current 2D i-CAD windows 7 server was upgraded to a 3D i-CAD windows 10 server. 3D CAD is an innovative AI solution for detecting malignant soft tissue densities and calcifications and is clinically proven to improve cancer detection, reduce false positives, and decrease reading time.

July 2021

IDPH (Iowa Department of Public Health) was onsite and performed the Annual Mammography inspection. A "No Findings" on the QC manual shows compliance with the State of Iowa and FDA regulations.

The annual Walk for Life event will be held in-person on Saturday October 2nd, 2021, at The Mustang Stadium.

Medical Nutrition Services

In FY 2021, DCHC continued to contract shared Dietitian services with Angela Birkner, RD LD of Birkner Consulting, and with Brittany Carnahan, RDN, LD.

For FY 2021, the two dietitians combined have consulted with 43 Acute Care and 52 Swing Bed Patients. They have also provided 44 out-patients with Dietetic consultations.

The COVID pandemic have considerably impacted consultations with the dietitians.

The Dietitians continue to meet with patients who are in the Phase 2 Cardiac Rehab Program. Patients in the program are presented with several topics, with at least one session being a consultation with the Dietitians regarding nutritional topics.

The Dietitians also approved the diet menus provided to patients by Food & Nutrition. They also approved the Annual Diet Menu Attestation.

The Dietitians meet on a quarterly basis with the Diabetes Education Advisory Committee. The committee was established per guidelines of the Iowa Department of Public Health to comply with certification standards for “Outpatient Diabetes Education Programs” that allow for third-party reimbursement. The committee is researching the application process with the American Diabetes Association for the Education Recognition Program. Having the recognition certificate will allow DCHC to provide Diabetes Education and ability for reimbursement from Medicare, Medicaid and other insurance payors, enhanced marketing, publications/literature for providers and patients of DCHC and CME opportunities to DCHC staff.

Outpatient Infusion Department

The Outpatient Infusion department is comprised of three full-time RN’s. COVID-19 did not negatively impact this department. In fact, we began administering the monoclonal antibody infusions through this department. The Infusion nurses also worked to improve relationships with surrounding facilities and have gained several patients. This enabled patients to no longer travel and receive services close to home.

Outpatient Infusion	FY 2020	FY 2021	Change from FY 20 to FY 21
Infusions / Injections	2438	2676	+238

Patient Access/Patient Financial Services

The Patient Access Department has added an additional role of Patient Access Specialist. This role helps to cover in the Registration and Centralized Scheduling areas of the department. We are currently ordering a partition to provide additional privacy and cut down the number of interruptions for the scheduling staff posted closest to the lobby. A process was developed for registering patients via the phone for FURI clinic appointments. A Fall Risk assessment was implemented to be able to reduce the amount of patient falls within the facility. Registration is asking questions pertaining to recent falls and mark the stickers with an orange highlighter for quick notification for other departments to recognize this patient for a potential fall risk. Registration has just begun utilizing JellyFish as it took several months to complete the set up. We are currently reviewing the need for an additional FTI. A new process regarding our Minor Consent to Treat Forms. From the 2019-2020 year, 41,357 encounters were registered.

The Patient Financial Services Department added an additional role of Patient Financial Services Specialist. This role will help with coverage the Financial Services as well as working claims follow up for

the Billing office. The PFS worked throughout COVID to reduce the amount of AR Days from 70.03 to 49.30 AR Days. We continue to set up electronic remittances for various payers.

Pharmacy

This past year, pharmacy underwent a couple of fairly significant remodeling projects in order to construct a USP 797 complaint cleanroom suite for sterile compounding and a USP 800 complaint negative pressure segregated compounding area. The USP 797 suite was constructed next door to the pharmacy in space that was previously occupied by Acute Care’s clean utility room. That project was completed, and the room was successfully inspected in February 2021. Demolition and construction then began within the pharmacy to construct a wall to segregate a space to become negative pressure. This was required in order for us to house the ‘hazardous drugs’ as considered by NIOSH. Construction was completed and the negative pressure room was successfully inspected in May 2021. The addition of the new spaces has added a bit to our workload as those spaces no require specific cleaning processes, but we have learned a great deal and seem to be working well withing those spaces. COVID-19 has continued to be an interesting challenge for the pharmacy. We, through our Pharmacy and Therapeutics Committee, decided to bring Remdesivir onto formulary and to offer monoclonal antibody infusions through our Outpatient Department. Those therapies were begun in approximately November 2020. Thus far, we have completed approximately 70 monoclonal antibody infusions. We are presently in the midst of a wholesaler conversion from Amerisource Bergen to McKesson with go-live expected on September 1st, 2021. This year, we chose to take on a fairly significant quality improvement project by devoting time at each Pharmacy and Therapeutics Committee meeting to discuss the Institute for Safe Medication Practices’ Targeted Best Practices for Hospitals. This list includes 16 recommendations that ISMP feels all hospitals should consider in order to promote medication safety. We have found that some of the recommendations

Physical Therapy, Speech Therapy, and Occupational Therapy

Kincart Physical Therapy Services (KPTS) had increases in numbers including income and billable units for physical therapy, occupational therapy, and speech therapy.

Income

	FY17	FY18	FY19	FY20	FY21
					3,429,87
PT	2,369,230	2,769,104	2,897,573	3,104,986	8
OT	180,595	287,912	286,060	219,067	222,938
ST			22,096	32,347	39,138
					3,691,95
Total	2,549,825	3,057,016	3,205,729	3,356,400	4

Income Percent Change

	FY17-18	FY18-19	FY19-20	FY20-21
% Increase PT	16.88%	4.64%	7.16%	10.50%
% Increase OT	59.42%	-0.60%	-23.42%	1.80%
% Increase ST			46.39%	21.00%
% Increase Total	19.89%	4.86%	4.70%	10.00%

Billable Units

	FY17	FY18	FY19	FY20	FY21
PT	21,047	24,577	25,456	26,995	29,905
OT	1,494	2,350	2,369	1,712	1,796
ST		61	92	102	145
Total	22,541	26,988	27,917	28,809	31,846

Billable Units Percent
Change

	FY17-18	FY18-19	FY19-20	FY20-21
% Increase PT	16.80%	3.60%	6%	10.80%
% Increase OT	57.30%	0.80%	-27.70%	4.90%
% Increase ST		50.80%	10.90%	42.20%
% Increase Total	19.70%	3.40%	3.20%	10.50%

Quality Projects: In March 2021, KPTS purchased a Radial Pressure Wave Therapy unit for patient-use for trigger point and tendinopathy treatments. In April 2021, KPTS purchased and received two new HydraTherm heating units with hot packs to replace two of the three hydrocollators in order to improve efficiency and infection control with application of moist heat with our patients. In May 2021, KPTS purchased and received two new high-low treatment tables for rooms #3 and #5 in the main PT department. These tables have a bar activator for raising and lowering the table to assist with ease of ergonomic set-up and safety for both the patient and provider. In May 2021, KPTS purchased and received three new aerobic machines to be used by our physical therapy patients, including SciFit seated stepper, SciFit seated upper and lower extremity ergometer, and SciFit treadmill. KPTS then donated the used Spirit treadmill to the cardiopulmonary department for patient use.

Public Health

Public Health had a total of 1,148 scheduled home visits this year which was down from 1,358 last year which is still reflective of COVID and the elderly not wanting people coming and going in and out of their homes as much. We have also had some clients who have passed away and some have had to move to higher level of care, either assisted level or nursing home. Due to the continued pandemic Public Health has remained busy with investigations and contact tracing. Davis County had a total of 853 positive cases since the pandemic outbreak began.

Public Health began offering COVID vaccine to Health Care workers in December of 2020 and then progressed into other groups as defined by CDC/IDPH.

With the help of several hospital employees, Public Health was able to offer 26 Point of Distribution (POD) clinics to residents of Davis Co beginning in February 2021. We also offered other smaller clinics in the Public Health office as well as many walk ins as needed.

As of June 30, we had provided a total of 2764 COVID vaccines (2732 Moderna, 32 J&J).

Case investigation was performed for four Communicable Disease reports other than COVID this year, provided wellness screenings to a total of 334 city and county employees, audited a total of 1558 school

immunization records, conducted the annual drive through flu shot clinic plus an additional 4 other local flu shot clinics.

Due to COVID Public Health did not resume regularly scheduled Immunization Clinics over the past year but have scheduled appointments in the office as needed and provided vaccinations to several Amish families in their homes.

Public Health did add an additional registered nurse, Megan Hull, to our staff this year. Megan has 19 years nursing experience, most recently working inpatient dialysis and infusion center at Ottumwa Regional Health Center. Megan plans to pursue her Master’s in Public Health beginning in January 2022.

Senior Life Solutions

Senior Life Solutions continues to run smoothly with our team of three. Rhonda Roberts, RN, Program Director, Rachael Holton, LISW, Therapist and Anna Creath, Office Patient Coordinator. COVID 19 has made for some interesting challenges with technology. Group therapy is done via online meetings. This makes it hard to get people as involved as you would in person, but Rachael has and continues to do great job keeping the patients engaged. The group held a steady census of around 7 to 8 prior to online group and they have a fairly steady census of around 4 at this time. We have been working with IT to set up the group room to accommodate both in person and online group so we can get patients back into the building without compromising safety by having too many in at a time. We plan to have patients alternate doing group online and in person. The Medical Director has changed since the last CAH report. Nina Jordania, MD is the new Medical Director working with our patients. Dr. Jordania lives in Florida and sees patients over ZOOM meetings. Heidi Lane, ARNP left the program recently. She was the provider seeing the majority of the patients in Bloomfield.

Specialty Clinics

The Specialty Clinics have 3 full-time RN’s and 1 full-time receptionist. The volumes reflect the effect of COVID-19, as patients are still reluctant to return to appointments as normal. We experienced several changes with Specialty providers during this fiscal year. Dr. Harrington and Dr. Jackson stopped practicing at our facility. Dr. Homedan transitioned to a per diem provider in December 2020. Dr. Remis began his Urology practice in March 2021. The largest obstacle remains the physical space for the current and future providers in the Specialty clinics.

Specialty Clinic	FY 2020	FY 2021	Change from FY 20 to FY 21
Allergy / Pulmonology (R. Graeff)	1877	1768	-109
General Surgeon (Harrington)	546	2	-544
			Dr Harrington stopped seeing patients after 7/3/2020
ENT (Whitman)	329	412	83
Allergy (Ciesemier)	159	151	-8
Rheumatology (Sanders)	439	556	117
Rheumatology (Jackson)	493	400	-93

			Dr Jackson stopped seeing patients after 4/20/2021
Cardiology (Dorsett)	193	219	26
Podiatry (Holte)	124	128	4
Orthopedics (Homedan)	803	678	-125
Urology (Remis)	N/A	48	48
Dermatology (Schilling)	184	188	8
OB/GYN (Rae)	54	136	82

Surgery

The Surgical services fiscal year 2021 were also impacted by COVID-19 and a decrease in patient's willingness to have elective procedures performed. See chart below for actual numbers for FY 2021 and comparison to FYE 2020 by Provider / Service. New equipment obtained during this period was the purchase of Mindray monitors in the Pre- and Post-operative area. We also obtained repurposed stretchers from the ER to replace the outdated and uncomfortable ones he had. The largest transformation occurred with creating a scope cleaning room with a new scope cabinet and scope processing unit. This project was performed to keep up with the current regulations for EGD and Colonoscopy sterility.

Provider	Specialty	FY 2020	FY 2021	Change from FY 20 to FY 21
Bozwell	Anesthesia	1	1	0
Brewer	Anesthesia	392	415	23
Cook	Anesthesia	3	2	-1
Floyd	Internal Med/GI	197	305	108
Harrington	General Surgery	135	N/A	N/A
Henderson	Anesthesia	4	3	-1
Holte	Podiatry	10	15	5
Homedan	Orthopedics	75	103	28
Remis	Urology	N/A	1	N/A
Wanner	Podiatry	2	2	0
Whitman	ENT	23	32	9