

MILLINOCKET REGIONAL HOSPITAL

PERIODIC PROGRAM EVALUATION

2016 - 2017

The Critical Access Hospital Periodic Program Evaluation also known as the Annual Program Review is now performed for the period of time October 1 2015 through September 2016.

MRH is a 25 bed Critical Access Hospital that serves as the primary care facility for the communities of Millinocket, East Millinocket, Medway and the surrounding territories. The hospital also provides an option for services to the communities of Brownville, Milo, Sherman, Staceyville, Patten, Island Falls and their surrounding territories.

MRH provides vital access to healthcare services to the Katahdin Region.

As an employer in the region, MRH is a significant contributor to the economic and social vitality of its community.

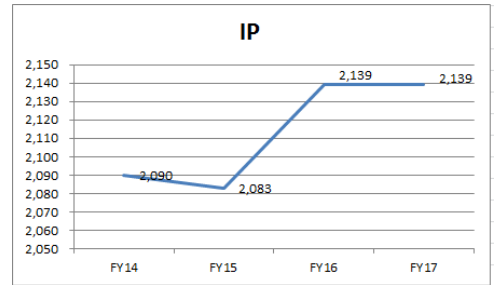
The governance of the not-for-profit Regional Hospital is by a Board of Trustees who volunteers their services on behalf of the community.

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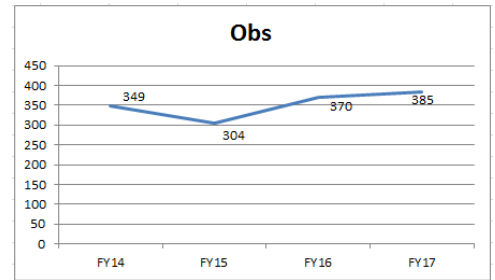
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1. Utilization of Services

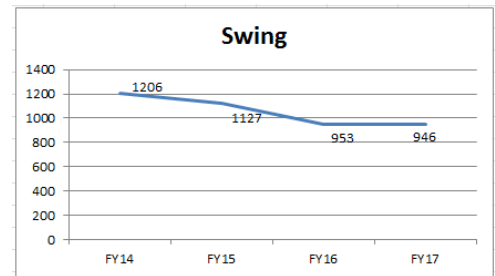
a. Inpatient



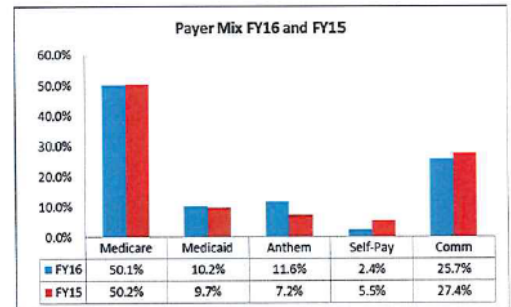
b. Observation



c. Swing



d. Payer Mix



2. Volume Trends

For The Years Ending:	FY 2016	FY 15	FY 14
Level 1	-	5	1
Level 2	-	-	-
Level 3	1,879	1,843	1,850
Level 4	253	221	220
Level 5	7	14	19
Total Adults & Peds (PD)	2,139	2,083	2,090
% Change from Prior year	2.69%	-0.33%	
Observation, Equiv Pt Days	370	304	349
% Change from Prior year	21.66%	-12.75%	
Swing Bed Days	953	1,127	1,206
% Change from Prior year	-15.44%	-6.55%	
Emergency Room	6504	6,214	6,367
% Change from Prior year	4.67%	-2.40%	

For The Years Ending:	FY 2016	FY 15	FY 14
Millinocket Surgical	1455	1,458	1,398
% Change from Prior year	-0.21%	4.29%	
Orthopedics	2220	2,213	2,292
% Change from Prior year	0.32%	-3.45%	
Urology	693	702	410
% Change from Prior year	-1.28%	71.22%	
Primary Care	5934	6,682	8,098
% Change from Prior year	-11.19%	-17.49%	
Family Medicine	5765	5,157	4,829
% Change from Prior year	11.79%	6.79%	
ENT	568	475	460
% Change from Prior year	19.58%	3.26%	
FTE's	163.22	164.75	172.07
Physician Offices	30.02	30.28	33.06
Other (Dept 82)	0.48	0.50	0.50
Total FTE's	193.72	195.53	205.63
% Change from Prior year	-0.93%	-4.91%	

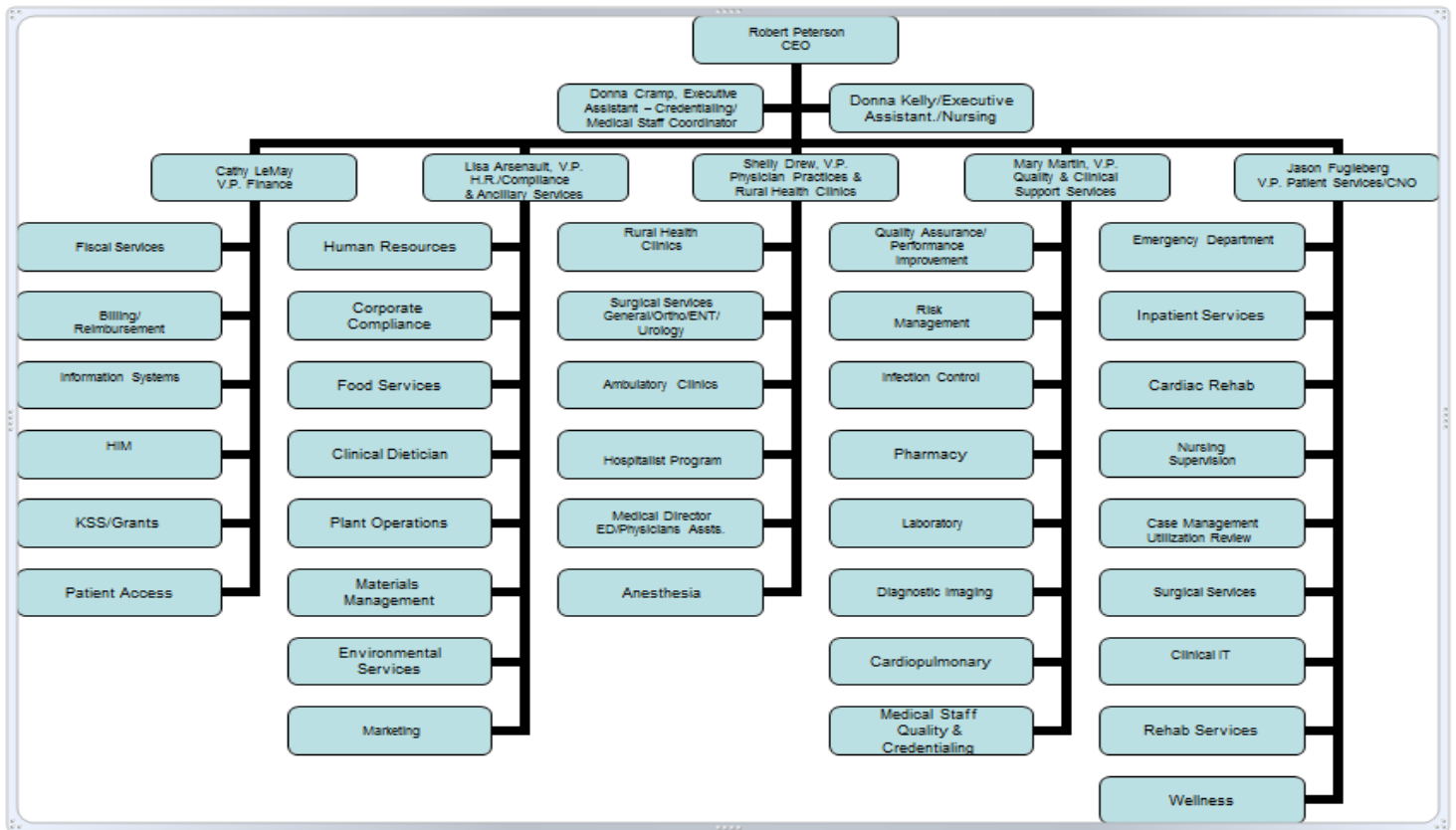
For The Years Ending:	FY 2016	FY 15	FY 14
Laboratory Tests	15,161	13,817	14,289
	82,019	82,319	81,355
% Change from Prior year	9.73%	-3.30%	
	-0.36%	1.18%	
X-Ray Exams	618	570	620
	8,135	7,755	7,952
% Change from Prior year	8.42%	-8.06%	
	4.90%	-2.48%	
Nuclear Medicine	13	23	34
	283	239	317
% Change from Prior year	-43.48%	-32.35%	
	18.41%	-24.61%	
Ultrasound Exams	235	201	234
	1,524	1,493	1,502
% Change from Prior year	16.92%	-14.10%	
	2.08%	-0.60%	

CT Scans	247	226	228
	2,187	1,579	1,487
% Change from Prior year	9.29%	-0.88%	
	38.51%	6.19%	
MRI	27	10	19
	530	522	593
% Change from Prior year	170.00%	-47.37%	
	1.53%	-11.97%	
Surgery Cases	179	222	161
	1,139	999	1,072
% Change from Prior year	-19.37%	37.89%	
	14.01%	-6.81%	
Anesthesia Cases	206	262	231
	910	903	990
% Change from Prior year	-21.37%	13.42%	
	0.78%	-8.79%	
Physical Therapy	1,661	2,104	2,364
	9,119	9,214	10,270
% Change from Prior year	-21.06%	-11.00%	
	-1.03%	-10.28%	
For The Years Ending:	FY 2016	FY 15	FY 14
Respiratory Therapy	490	371	357
	669	750	657
% Change from Prior year	32.08%	3.92%	
	-10.80%	14.16%	
Pulmonary Exams	-	1	2
	148	159	152
% Change from Prior year	-100.00%	-50.00%	
	-6.92%	4.61%	
Cardiac Rehab	-	-	-
	713	689	848
% Change from Prior year	3.48%	-18.75%	
EKG Exams	451	359	432
	2,605	2,500	2,727
% Change from Prior year	25.63%	-16.90%	
	4.20%	-8.32%	
Outpatient Visits	27,814	26,409	29,376
% Change from Prior year	5.32%	-10.10%	
Wellness/Fitness	19,931	20,911	18,812
% Change from Prior year	-4.69%	11.16%	
Occupational Therapy	869	954	947
	1,558	1,565	1,631
% Change from Prior year	-8.91%	0.74%	
	-0.45%	-4.05%	
Speech Therapy	69	96	98
	384	470	531
% Change from Prior year	-28.13%	-2.04%	
	-18.30%	-11.49%	

3. Metrics and Volume of Clinical Records Review		
CMS Quality of Care Measures		
	AMI	6
	IMM	406
	SEP	8
	STK	9
	VTE	176
	Pain Long Bone Fracture	67
	ED Throughput time	4753
Emergency Department		
	AMA	28
	Patient Complaint	10
	Obstetric	21
	Death	6
	Pediatric Trauma	9
	Adult Trauma	16
	MI	1
	CVA	6
	TIA	2
	Sexual Assault	2
	TNKase & TPA	3
	Stroke	4
	Transfer	1
	Thrombolytics	5
Infection Control		
	HAI	9
Med Division		
	Hospitalist Case Reviews	229
Pharmacy & Therapeutics		
	Medication review overrides	214
	Vancomycin	17
	Adverse Drug Reactions	133
Radiology		
	Over reads	1290
	CT	11

	MRI	12
	Nuc Med	4
	Ultrasound	7
	Mammography	21
	X-ray	9
Surgical Anesthesia		
	Injury requiring repair	5
	Unscheduled SCU admission	2
	Disagreement in pre/postop Dx	2
	Intra or post op death	1
	Returned to OR w/l 30 days	4
	Post-op infection	5
	Surgery cancelled	1
	Interesting case	3
	Transfer	1
	Major change in Anesthesia	1
	Pulmonary edema	1
	Repair of organ or body part	1
	Anesthesia Consultant	4
	Anesthesia Concurrent	1121
Tissue and Transfusion		
	Tumor at resection margin	1
	Normal tissue	4
	Gallbladder without stones	2
	Gangrenous	1
	Perforation	1
Health Information Management		
	Medical Record Audit	
	EMTALA Compliance	
	H&P Complete & Timely	
	Administration	
	Risk Management/Safety	73
	Patient Grievances	25

4. Organization Chart



5. MRH established policies were followed. Healthcare Policies were evaluated and reviewed. Key policies added or revised include:

Prescribing Narcotics in the ED- new policy written to support prescribers to the practice of limiting narcotics for intractable pain in cancer patients and for acute pain in very limited quantities;

MRH Policy Management – Supports new process for policy approval, and will support use of software.

Payroll Policies- revised to support a process that will minimize multiple manual processes

Plan for Patient Care and Performance Improvement Plans for 2016-2017 – Annual review and revisions

Medical Staff and Board Bylaws for Credentialing are revised to reflect the changes for medical staff credentialing process to eliminate middle step of files going before the PAC prior to Board ratification.

Timeout for Invasive Procedures Outside of the Operating Room – Policy provides a process for all procedures outside of the OR which require a documented time out to be performed.

Fall Prevention Program of Inpatients is revised to include not only risk assessment but prescribed and documented measures taken that correspond to the risk level.

6. Identified Weaknesses/Risks

Volumes decreased in prior years, now leveling out

Payer mix (↑ Medicare Adv., ↓ in commercial insurance)

Risk for changes in reimbursement for CAHs & RHCs

Volume heading south (I-95)

Patient portion of bill (↑)

7. Identified Strengths

Surgical services with capacity to expand

Expansion opportunities Podiatry, Primary Care, Optometry, Ophthalmology, Tele-Medicine

ED Volumes up with opportunity for lower acuity clinic

8. MRH Strategies 2016-2017

Increase volumes through expansion of services in the areas of Optometry with potential of Ophthalmology growth, Telemedicine in Neurology, Outpatient Clinics in Rheumatology and Endocrinology, and addition of Gastroenterology and a new walk -in care clinic.

Prepare for the future risks with reimbursement models by continued participation in population health services through ACO, MSSP and MRHIN collaborative initiatives, and community Katahdin Thriving in Place Collaborative.

Additional strategies are outlined in the MRH Strategic Health Plan.