

Quality & Patient Safety

2015 Annual Report



Newton Medical Center

Family friendly. First class.

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We are pleased to share the Newton Medical Center 2015 Quality and Patient Safety Annual Report with you.

Our medical staff and employees share an interest in providing safe, high-quality care and exceptional service for every patient, every time. We look for ways PROTECT and DEFEND our patients and we aim to provide a rich patient experience from beginning to end.

We use data to help us optimize outcomes of care. Our annual quality and performance program starts with clearly defining desired goals. From there, we work in teams to build the processes and structures to achieve those goals. Thereafter, we frequently measure and evaluate our outcomes. This allows us to rapidly adjust, to gain understanding and to continuously improve. We compare ourselves to performance of other hospitals, professional organizations, or quality watchdogs to demonstrate the validity and relevance of our activity.

This year's report highlights several essential projects that, through hard work and dedicated effort, produced outcomes that often met and sometimes exceeded our dreams.

I hope you enjoy reading about the things that we considered essential in earning your trust. We want to be your choice for healthcare – every time. We will continue our work in such a way that we truly earn the privilege of your respect and trust.

Thank you for allowing us to serve you.

Sincerely,

Vallerie L. Gleason
CEO



Who We Are

Newton Medical Center (NMC) is a 103-bed, not-for-profit facility dedicated to providing health care services to residents of Harvey and surrounding counties. Formed in 1988, NMC has evolved from an established tradition of excellence.

More than a century ago, Dr. John T. and Lucena Axtell founded Newton's first hospital, Axtell Hospital. For four decades, the Axtells served the community until they passed on the hospital to the Kansas Christian Missionary Society. At that time, the name was changed to Axtell Christian Hospital, a Christian Church/ Disciples of Christ organization.

At the turn of the century, Reverend David Goerz and Sister Frieda Kaufman founded Bethel Deaconess Hospital as a mission of the Mennonite Church. Mennonite deaconesses remained involved with the hospital's operations until 1983. On Jan. 1, 1988, the two hospitals merged to become Newton Medical Center.

Mission: To excel in providing healthcare by understanding and responding to the individual needs of those we serve.

Vision: To be the community's choice for healthcare.

Values: Respect. Excellence. Service. Trust.

"The doctors, nurses and support staff were great! I have never been treated so well in a hospital overall as I was during my stay at NMC."

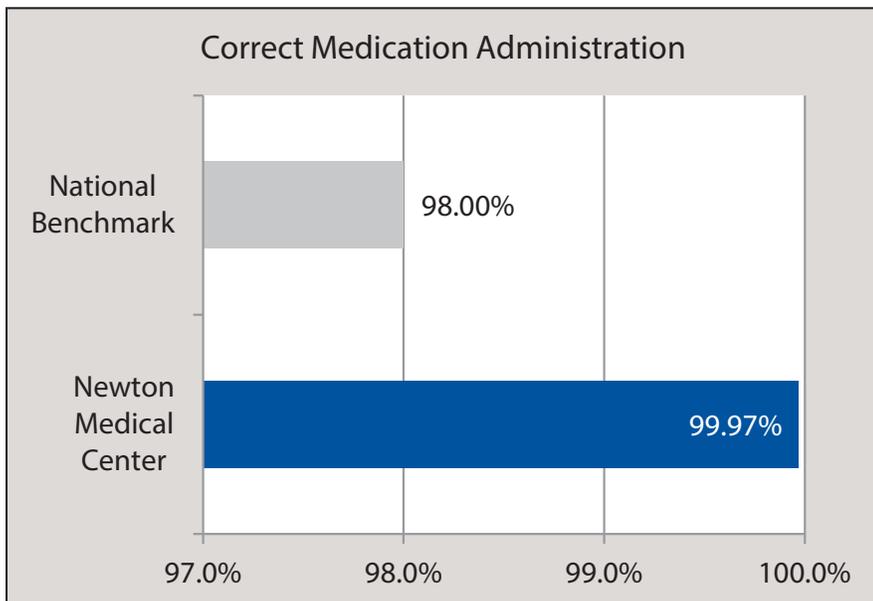
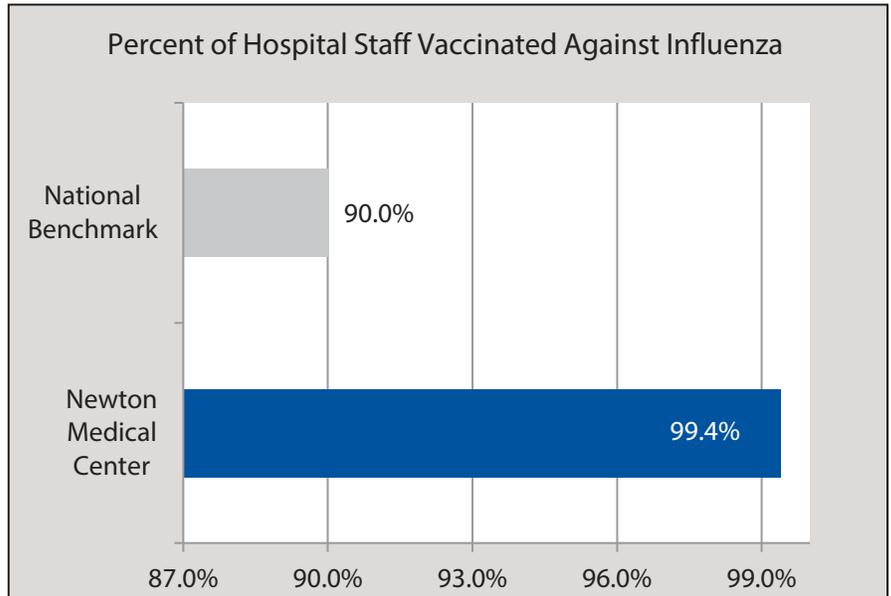
– Surgical Unit Patient

Patient Safety

Protecting and defending the safety of our patients is our top priority at NMC. Continuous efforts are made to better serve our patients and their families. From asking all employees to get seasonal influenza immunizations and practicing hand hygiene, to reducing the time spent in the Emergency Department (ED), no aspect of safety is out of the scope of our trained quality and process improvement team.

Influenza Vaccines

At NMC, we understand that staff members who are vaccinated against influenza will reduce the risk of passing influenza to our patients and visitors. We encourage all staff to receive the influenza vaccine for the protection of our community. Healthy People 2020, a U.S. Department of Health and Human Services publication, outlines public health goals for achievement by the year 2020, and recommends that 90% of hospital staff receive the influenza vaccine. More than 99% of all NMC staff received the influenza vaccine in 2015.



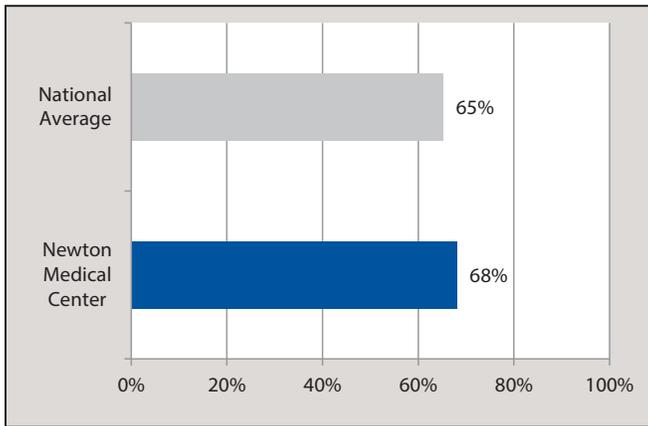
Correct Medication Administration

NMC takes the administration of medication very seriously; that includes not only giving the correct dose, but also giving it at the correct time. We are proud to be above the national standard of 98% correct in medication administration. More than 500,000 doses of medication were administered in 2015 at NMC, with a correct administration percentage of 99.98%.

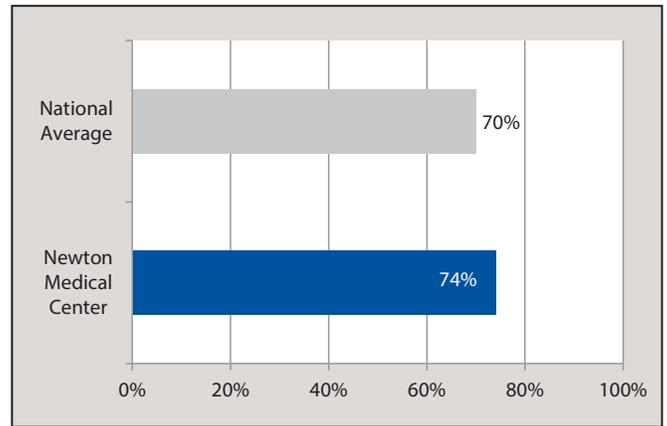
Experience of Care

Patient surveys regarding experience of care help NMC guide decisions regarding hospital policies and standards of patient care. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys are nationally standardized and publicly reported to allow valid comparisons across hospitals locally, regionally and nationally. At NMC, we strive to exceed the expectations of patients and their families. Eight dimensions of care are scored using the HCAHPS survey questions:

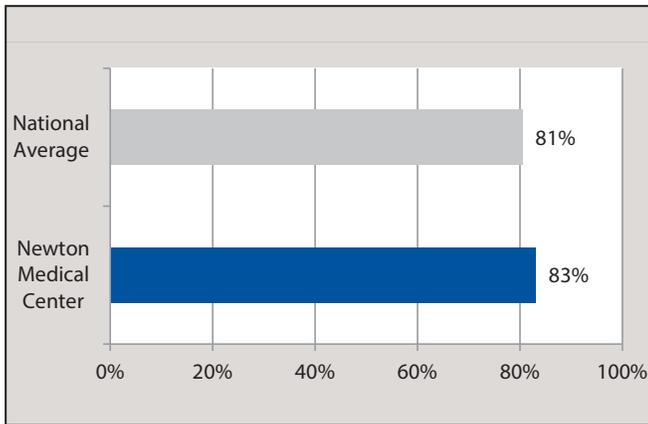
Cleanliness and Quietness



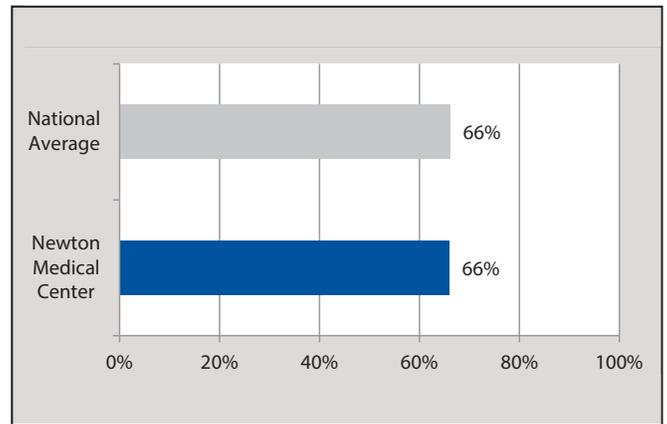
Overall Rating of NMC



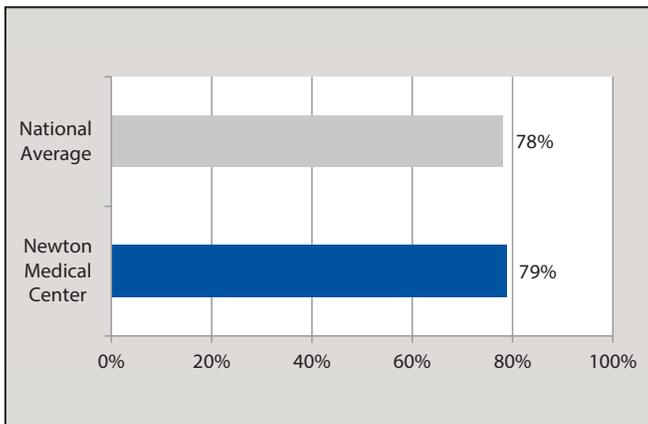
Doctor Communication



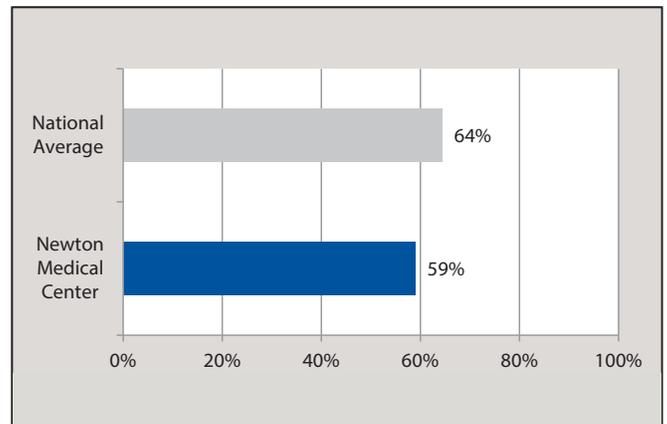
Responsiveness of Hospital Staff



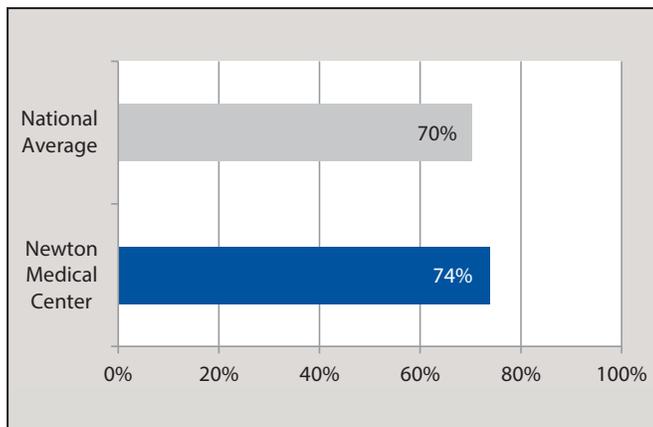
Nurse Communication



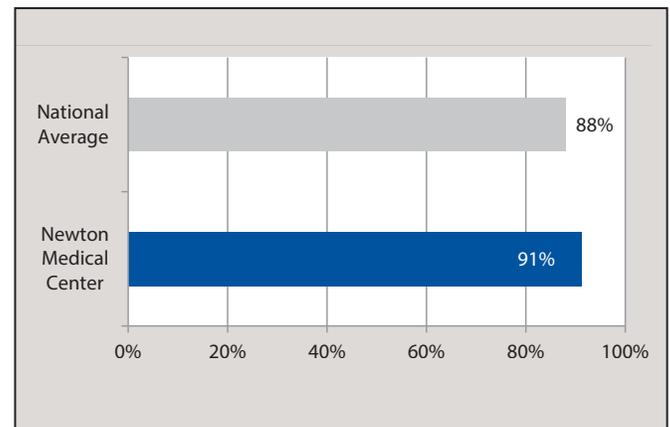
Communication about Medications



Pain Management



Discharge Information



"The nurses were wonderful, caring and very capable. They took care of not just my physical needs, but emotional as well."

-Maternal and Child Unit Patient

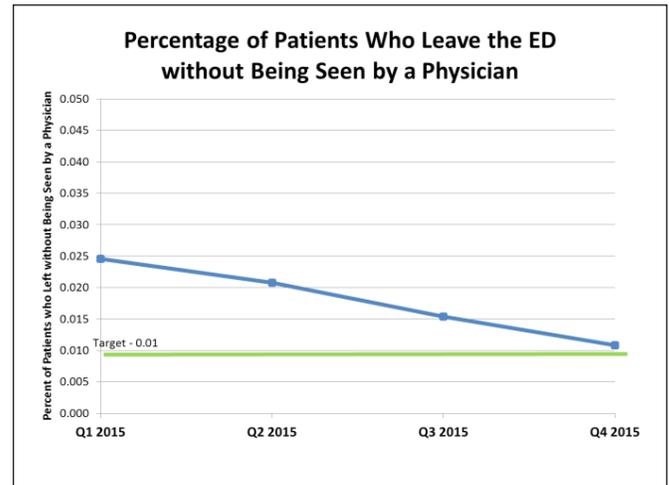
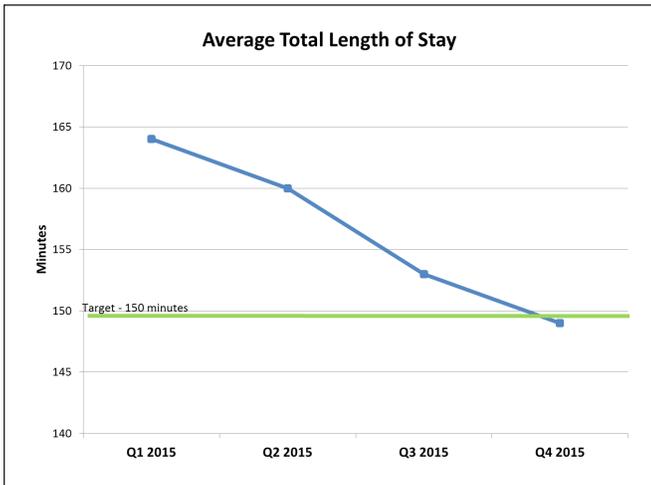
Direct Bedding in the Emergency Department

The goal of Emergency Department (ED) triage is to determine which patients require emergent or urgent intervention, based on their presenting symptoms. When a registered nurse (RN) is responsible for triaging every patient before they are taken to a bed (to be seen by a physician), there can be delays, especially when multiple patients present at once. With increased volume, the ED has begun direct bedding for patients arriving for ED care. If there is an open bed, any available RN can take the patient directly to a bed and start the assessment process. All RNs are trained in time-sensitive, high-risk diagnosis of symptoms, which may include acute myocardial infarction (heart attack), stroke, sepsis, trauma or behavioral health emergencies. These patients need rapid diagnostics to help the physician assess for an emergency medical condition.



When all beds are occupied in the ED, an experienced triage RN will assess each patient as he or she arrives, to determine if it is safe for them to wait in the lobby for a bed to open, or if there need to be adjustments made to get them into a bed sooner. Major benefits of using the direct bedding model include reduction in ED wait time, greater patient and family satisfaction, improved communication between patients and

ED staff and a reduction in the number of patients who leave the ED without being seen by a physician. We want to make sure we meet the needs of every patient who comes to us for help, including the need for timely service in the ED.



"Wonderful! Providers were prompt, very caring, listened to symptoms and explained procedures very thoroughly while treating us as intelligent. They were wonderful and the ER was very clean, too."

-Emergency Department Patient

Patient Financial Advocates

NMC began training and utilizing patient financial advocates (PFAs) whose jobs are to visit patients who may have concerns about insurance coverage or bills they may receive after leaving the hospital. The representatives help patients understand the billing process and work toward a solution that is acceptable and manageable for the patient and his or her family. PFAs provide information such as literature about what to expect after discharge, and offer payment assistance through our Healthcare



Assistance Program, which is dedicated to helping meet the financial needs of those who are uninsured or under insured. In addition to billing matters, PFAs help to enroll uninsured pregnant women and their infants in the state Medicaid program so that they are covered before delivery. Spanish speaking advocates accommodate our Hispanic population, ensuring that patients are comfortable with their understanding of the billing aspect of their care. PFAs work hard to turn a difficult situation into something positive. Where

confusion and worry might have existed, PFAs help to allay fears and emphasize the desire to work together. PFAs are available to educate and empower patients so that no one leaves the hospital without a financial plan, just as they would have a plan for their post-hospital healthcare.

Improved Communication through Interdisciplinary Rounding

Collaboration among the care team, patients and their families increases the chance for successful outcomes and earlier discharges, with fewer complications. In June of 2015, NMC began a new system for daily physician review of the patient population that shifted the focus of doctor-patient roles, towards a team-based approach. Previously, physicians and case managers performed rounds away from the patient bedside, these rounds served as information sharing sessions on current patients'



status, prognoses and treatment plans. The new team-based approach includes the patient, his or her family, a case manager, a patient and family engagement specialist and the nurse who is caring for the patient that day. Rounds take place right in the patient's room, with the patient's permission. Patients and their families are encouraged to ask questions and participate in goal setting. Communication and satisfaction improve when all parties receive the same information and can agree on the best plan of action.

The Family's Perspective: Interdisciplinary Rounds

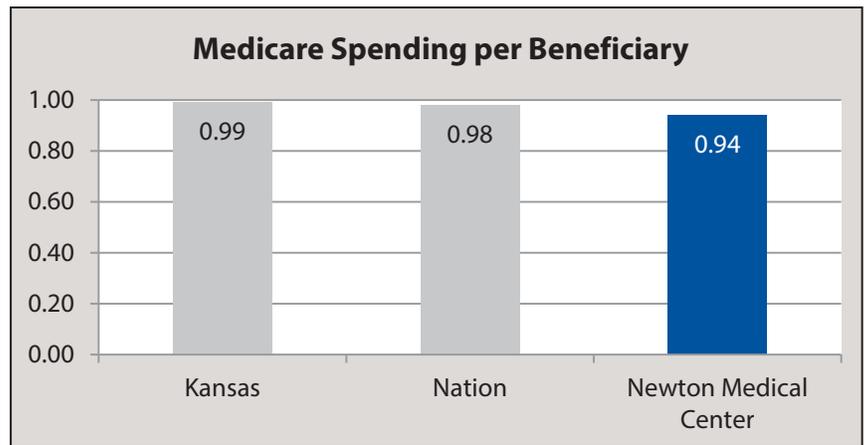
"My family appreciated the interdisciplinary rounds when our mother broke her upper arm last year. The hospitalist, nurses and social worker invited family to be with Mom during these meetings so we could share any concerns and learn about her treatment plans. When Mom was too groggy to participate in the discussion, we voiced our concerns. The team appreciated our feedback. Adjustments were made in her care, and she was able to answer questions for herself the next day. It was so helpful to Mom to have the hospital team and family working together to care for her during this health crisis. Including the family during rounds is another way that NMC is family friendly!"

-Kathy Schrag

Efficiency

Medicare Spending per Beneficiary

NMC is evaluated by the federal Centers for Medicare and Medicaid Services (CMS) on how efficiently we care for patients. Efficiency is defined as the best use of resources. Spending on hospital patients with Medicare Part A and Part B payment plans is tabulated and compared with statewide and nationwide spending. The ratio is calculated by dividing the amount Medicare spends per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per patient, nationally (or within the state). One episode of care includes the three days prior to a hospital stay through 30 days following discharge.



*A lower percentage indicates better performance
*Data from January 1, 2014 through December 31, 2014

Updates on Focused Projects from 2014

Catheter-Associated Urinary Tract Infections (CAUTIs)

Urinary catheters are tubes that are inserted into the urethra to drain the bladder. They are necessary in patients who aren't able to urinate on their own and sometimes when a patient is unconscious (such as during surgery); but they also pose an increased risk of urinary tract infections for patients the longer they are in place. NMC policy has required the approval of a physician to remove such catheters, sometimes allowing them to be left in place past a time when it is deemed that they are no longer necessary. In October of 2014, a new protocol was put into place which appoints nurses as the drivers for the removal of these catheters. Nurses have the most contact with the patient and are often the ones to alert physicians that a patient no longer requires a catheter. Empowering nurses to use their best clinical judgment in the removal of urinary catheters has reduced the length of time they are in place and, consequently, the risk for CAUTIs. Since the protocol has been in place, there have been just two CAUTIs!

Hand Washing

Hand hygiene is the most effective form of infection control that exists. Using proper hand-washing techniques reduces the risk of healthcare associated infections (HAIs) for patients, visitors and staff alike. Nationally, hand hygiene compliance among healthcare workers in hospitals is below 50%. In 2014, NMC initiated a hand hygiene campaign that combined monitoring and feedback among hospital staff, as well as by encouraging patients and visitors to give feedback to their caregivers when they haven't witnessed the practice of hand hygiene, either through hand-washing or through the use of hand-sanitizing foam. In 2015,

our hand hygiene compliance for the hospital as a whole was 78%.

As our guests, we ask that you continue to monitor caregivers and speak up when you aren't sure you've seen them practice proper hand hygiene. We want to provide the best care possible, and welcome you, the patients and families, as valuable members of your care team.

Surgical Site Infections

The Back to Basics initiative that began in 2014 aimed at reducing the occurrence of surgical site infections. Surgical site infections are reported to the CMS regularly and are an important indicator of the quality of care. The emphasis of NMC's initiative utilized evidence for best practices and emphasized heightened attention in the areas of attire, traffic control, hand washing and monitoring the sterile field. In May of 2015, an additional colon surgery bundle (improved handprocess protocols) was implemented. With the exception of one case in June of 2015, surgical site infections for colon surgeries have been eliminated. In addition, surgical site infections for hysterectomies have also been eliminated.

Looking Ahead to 2016

Fall Prevention

There are approximately one million falls in hospitals across the United States each year. These can result in serious injuries that complicate the recovery of already healing patients and increase the burden of healthcare costs. One third of these falls are preventable, according to research. NMC has taken the initiative to reduce patient falls in the hospital with a Fall Prevention Committee. In 2016, evidence-based best practices to prevent falls and reduce injuries from falls will be implemented in a hospital-wide effort to protect patients. One component of the program is to include patients in discussions about their risk of falling and what each patient and their care providers can do as a team to ensure that they do not experience a fall in the hospital or after they are discharged. When you, or a family member, are admitted to NMC, you both can expect to be invited to participate in a fall-risk assessment and fall prevention plan.

Hand hygiene tips to use in your daily life:

- Use a towel or your sleeve to open the door to the restroom after washing your hands.
- When using hand sanitizer, rub your hands together until they are no longer damp.

Remember, as soon as you touch door handles, elevator buttons, hand railings, cell phones, pens, etc., you put yourself and others at risk of sharing germs. Be especially mindful of touching your eyes, mouth or face without first practicing hand hygiene!



Expansion of Cardiac Catheter Lab Hours

When a patient comes into the ED with chest pain, the concern is that they may be having an acute myocardial infarction (AMI), also called a heart attack. One of the tools doctors use to diagnose and sometimes treat an AMI is a catheterization of the heart. This is performed in a designated lab with imaging equipment and specially trained staff. This lab is also used for the diagnosis and treatment of other cardiac conditions in people who are not experiencing a health emergency. The cardiac catheter lab is currently able to perform these procedures between the hours of 7 a.m. and 3 p.m.; however, we plan to extend those hours in 2016 to accommodate the growing needs of our community.

MobiLab

NMC will be extending its newest laboratory technology to nursing staff in 2016. MobiLab is a system that tracks information as lab specimens are collected and scanned via the armband of the patient. It includes a positive patient identification indicator, as well as the date, time and order fulfillment information. This technology reduces patient identification and specimen labeling errors, improves result turnaround time and increases efficiency. Electronic tracking at the bedside reduces the time that nursing staff are handling specimens, freeing time to focus on patient care activities.

Compass Practice Transformation Network

In 2016, NMC primary care and specialty care clinics will begin participating in the Compass Practice Transformation Network, a collaboration of more than 140,000 clinicians in six states that are committed to following the goals of the Transforming Clinical Practice Initiative (TCPI). The TCPI supports clinics as they transition from fee-for-service payment models to value-based payment models. The aims of this transition are to improve the accessibility and quality of healthcare, including health outcomes for patients, while reducing the costs associated with care.

"The nurses who took care of me were absolutely wonderful! Although my situation was serious, they made me feel at ease."

–Medical Unit Patient