At Newton Medical Center (NMC), we strive to fulfill one unspoken promise with each person who comes through our doors: provide excellence.

Whether an employee or Medical Staff member, we all work hard to fulfill this promise in everything we do. From answering the phone and seeing you at your scheduled appointment time, to providing accurate test results and offering the latest medical innovations. We constantly set new performance goals and hold ourselves accountable for the outcomes. We learn from our experiences and set our sights on achieving the best possible care and experiences for you, our patients.

The annual quality report is a look back at our 2019 fiscal year (July 1, 2018 - June 30, 2019). Here you will see our care outcomes ranging from common clinical metrics to safety to patient satisfaction.

You’ll see how NMC compares with hospitals across the nation on common measures such as readmissions and spending. This year, you’ll also see our nurse call light response times. We’ve pledged to answer call lights in person as quickly as possible, instituting a practice where no employee passes a call light. When a call light flashes, it’s an NMC employee’s job - no matter the “name, rank, or serial number” - to answer the light and to get the right people to the bedside as quickly as possible.

We have also instituted programming to meet our community's needs. We've added or modernized patient care equipment to improve our ability to fulfill our promises of excellence.

This report outlines remarkable achievements over the past year and highlights our FY 2020 goals, goals we will hold ourselves accountable to achieving.

Your trust in us is essential. We aim to diligently earn it by our faithful, excellent service to you and your loved ones.

Sincerely,

Vallerie L. Gleason
President & CEO
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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 improve health.

**Clinical Quality of Care**

Our goal is to provide safe, quality care for the patients who entrust their care to NMC. Through an interdisciplinary approach led by the medical staff leadership, and approved by the governing board, this annual quality report details internal and external quality assurance and process improvement initiatives for fiscal year (FY) 2019.

Every quarter, NMC submits data to Centers for Medicare and Medicaid Services (CMS) to identify illnesses and clinical conditions. These measures are adopted by the National Quality Forum and parallel those required by CMS. They promote best practices associated with targeted clinical disorders, prevention or reduction in clinical variance and prevention of harm. The following report highlights patient care and safety outcomes related to delivery of care at NMC.

### Timely and Effective Care

<table>
<thead>
<tr>
<th>Clinical Quality Indicators</th>
<th>NMC</th>
<th>Kansas Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who received appropriate care for severe sepsis and/or septic shock</td>
<td>54%</td>
<td>56%</td>
<td>51%</td>
</tr>
<tr>
<td>Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the department for their hospital room</td>
<td>41 min.</td>
<td>42 min.</td>
<td>56 min.</td>
</tr>
<tr>
<td>Average number of minutes before outpatient with chest pain or possible heart attack got EKG</td>
<td>8 min.</td>
<td>7 min.</td>
<td>8 min.</td>
</tr>
<tr>
<td>Percentage of patients who left the emergency department before being seen</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Patients assessed and given influenza vaccination</td>
<td>90%</td>
<td>87%</td>
<td>93%</td>
</tr>
<tr>
<td>Healthcare workers given influenza vaccination</td>
<td>96%</td>
<td>94%</td>
<td>89%</td>
</tr>
<tr>
<td>Acute Myocardial Infarction Readmission Rate</td>
<td>16%</td>
<td>N/A</td>
<td>16%</td>
</tr>
<tr>
<td>Pneumonia 30 day Readmission Rate</td>
<td>16.7%</td>
<td>N/A</td>
<td>16.7%</td>
</tr>
<tr>
<td>Total Hip and Knee Complications</td>
<td>2.6%</td>
<td>N/A</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Source: Hospital Compare
Efficient Care
NMC strives to deliver quality and efficient care. This is evidenced by the Medicare Spending Per Beneficiary quality metric. This metric illustrates that NMC manages Medicare reimbursement per beneficiary more efficiently than the state or national average. NMC provided quality care with positive outcomes at an efficient price per case for FY 2019.

Culture of Safety
NMC practices Just Culture to create a culture of safety. A Just Culture empowers employees to monitor and participate in safety efforts while focusing on redesigning systems. Organizational objectives align with the goal of improving patient safety and health outcomes.

Hospital Acquired Conditions
In FY 2019, NMC performed better than the national target for central line associated blood stream infections (CLABSI), catheter associated urinary tract infections (CAUTI), methicillin-resistant Staphylococcus aureus blood infections (MRSA) and ventilator associated events (VAE).

Opportunity exists to continue improvement efforts in reducing the hospital acquired condition, Clostridioides difficile (C. diff). See next page for more information.

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASBI</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CAUTI</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MRSA-Blood</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C-DIFF</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>VAE</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>
What is NMC doing to prevent C. diff Infections?

Clostridioides difficile (C. diff) is an inflammation of the colon often resulting from antibiotic use. C. diff bacteria is found in soil, air, water, human and animal feces, and food products, such as processed meat. A small number of healthy people naturally carry the bacteria in their large intestines and don’t have ill effects from the infection. Antibiotic use can make individuals vulnerable to C. diff infection.

NMC developed a ‘Stool Tool’ in 2018 which guides clinicians in an evidenced based testing algorithm for early detection of C. diff presence. The tool encourages avoidance of over testing. As a result of the continued use of this tool, NMC realized a 77% reduction in hospital acquired C. diff infections compared to FY 2018.

Surgical Site Infections

Surgical Site Infections (SSI) are infections that develop after a patient has had a surgical procedure. There are three categories for Surgical Site Infections: superficial, deep incisional and organ space. The Infection Control Officer collaborates with key stakeholders to ensure compliance with infection control practices that aide in prevention of a negative outcome for surgical patients. The percentages of surgical site infections for total joint, colon, hysterectomy and C-section procedures are listed below for FY 2019. NMC has a target of zero and any single occurrence triggers investigative actions.

Percentage of Surgical Site Infections for FY 2019

Includes total joint, colon, hysterectomy and C-section procedures

From left to right: Liz Claassen, RN, Medical Unit Supervisor, Emily Newhouse, RN, Associate Chief Clinical Officer, Charlotte Renollet, MSN, RN, Surgical Unit Supervisor, Janie Mosqueda, RN, Infection Control Coordinator, John Spielman, Environmental Services Manager
Patient Safety Innovation

Call Systems: NMC harnessed call system technology to improve patient safety and quality outcomes in the clinical areas for this fiscal year. The call system improves patient communications and effective notification to caregivers.

Upgrading the system allows for integrated messaging through color coded lights which differentiate patient needs. An activated bed alarm triggers a phone notification to the nurse. The call system allows for streamlining code blue team notifications, improving response times. An additional function of the system is the ability to obtain data for response times by unit and by room. This objective data provides clinical staff with measurements and goals regarding response times.

Average response times per unit from March 2019-July 2019 are:

IV Pumps: 116 new intravenous pumps were placed into service in September 2018, replacing older technology. The new pumps reduce the opportunity for error in dispensing medication by:

- Pre-programming standard medication concentrations to correspond with the patient’s EMR order sets, eliminating the medication error of “wrong concentration” selected.
- Pre-programming rates of administration to eliminate opportunity for the “wrong rate” error.
- Allowing minimum and maximum rates, eliminating an under dose and overdose error secondary to a miss key, etc.
- Allowing programming of the way the medication is administered: example of primary IV versus a

“The new call light system provides staff with the ability to review their call light response times. The nurses do a great job in answering most calls in less than one minute.”

- Charlotte Renollet, MSN, RN
Surgical Unit Supervisor
secondary IV piggyback medication. This eliminates the “wrong setup” error.

- Unlimited drug library: Any infused medication can be programmed into the software.
- Software and drug library updates are completed wirelessly to all pumps facility wide.
- Quieter pump operation, allows patients to sleep better at night without constant noise from the pump cycling.

**Reporting EMR & Surveillance:** The electronic medical record (EMR) upgrade entered year two at NMC. A goal for optimization was to maximize reporting capability, provide alerts and populate concurrent surveillance dashboards to notify clinicians of high-risk conditions.

>“Utilizing surveillance dashboards allows organizations to monitor patient data in real-time. The system analyzes key clinical data and flags patients who meet specific criteria.”

- Kelly Lippold, Director of Health Informatics

Throughout the past year, NMC has been able to utilize surveillance to:

- Proactively monitor patients on antibiotics, ensuring appropriate use and preventing antimicrobial resistance
- Allow staff to quickly and easily identify patients with specific infections/conditions allowing for better treatment decisions
- Ensure patients have needed items in place prior to discharge

**Concussion Therapy**

In FY 2019, NMC implemented outpatient physical therapy services specifically for concussion management. In coordination with the physician, our therapists provide specific, objective measures for patients to be safely released to school and for return-to-play protocol. Concussion management services include exercise therapy, manual therapy and vestibular and vision therapy. In addition to student athletes, therapists are specially trained to help anyone who has suffered a concussion, whether from an injury, fall or even traumatic brain injury.

>“Patients who have been seen by their doctors but are continuing to suffer with symptoms of a concussion for greater than two weeks are the patients for whom concussion therapy can have the greatest impact.”

- Dana Williams
  Physical Therapist
**Readmissions**

NMC continues to utilize the Right on Track Program (ROTP) to identify patients with high risk transitional care needs and are at risk for readmission. The ROTP contacts patients weekly to detect barriers to healing and implement interventions that can assist in recuperation. Sepsis readmissions have been reduced from 18% in FY 2018 to 8.5% in FY 2019. The ROTP assisted 163 sepsis patients during FY 2019. NMC continues to exhibit benchmark performance related to readmission rate compared to state and national peers.

Source: Program for Evaluating Program Patterns Electronic Report (PEPPER) FY2019Q1

**Advanced Care Planning**

National Health Care Decision Day is a national initiative to inspire, educate and empower health care providers and the public regarding the value of advanced care planning. NMC acute care and home health screens all inpatients on admission for advanced directives. 1000+ individuals have been provided resources to complete advanced directives and make their wishes known. As a service to the community, the NMC Ethics Committee and hospitalists Roberta Loeffler, MD, and Karen Lehman, DNP, delivered presentations on advanced care planning to local Newton organizations. Cumulatively, these activities reached approximately 500 persons. Audience members were provided with the resources to make decisions to direct their future healthcare.

Source: Institute for Health Care Improvement Retrieved from: www.IHI.org
Patient Experience of Care

Providing safe, efficient, customer-oriented care is a top objective for hospitals. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is one of the major survey tools utilized to measure the patient perception of care and experience. The intent of the assessment is to improve the quality of care through accountability and public disclosure.

<table>
<thead>
<tr>
<th>Comment</th>
<th>NMC</th>
<th>KS AVG</th>
<th>NATL AVG</th>
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<tbody>
<tr>
<td>Patients who reported that their doctors “always” communicated well</td>
<td>83%</td>
<td>84%</td>
<td>81%</td>
</tr>
<tr>
<td>Patients who reported that YES, they were given information about what to do during their recovery at home</td>
<td>90%</td>
<td>87%</td>
<td>87%</td>
</tr>
<tr>
<td>Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)</td>
<td>82%</td>
<td>77%</td>
<td>73%</td>
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Source: Hospital Compare.gov
**Teach Back:** Opportunity for improvement exists in care transitions, responsiveness of hospital staff and communication about medications. NMC is committed to patients understanding medications and care upon discharge. Clinicians participated in a yearlong performance improvement project of applying the Teach Back methodology. Teach back is a way to make sure that information is explained clearly and understood. It allows the patient and the patient’s family to explain in their own words what they need to know or do. It allows for understanding and the opportunity to re-explain if needed. Care transitions were a FY 2019 interdisciplinary performance improvement project. Continued process improvement plans are in place to achieve increased understanding at transitions of care.

**Patient & Family Advisory Council**
NMC is committed to improving quality and safety of care through the use of our Patient Family Advisory Council (PFAC). The Patient and Family Advisory Council serve to provide a voice that represents patients and families. PFAC works to identify concerns, support staff and hospital leadership, and educate staff about the patient and family perspective. PFAC, facilitated by the Patient Family Engagement Coordinator, consists of 11 members who volunteer their time and ideas to enhance patient care. Specific programs the council assisted with during FY 2019 are as follows:

- Designing the Patient and Family Advisor brochure
- Providing input for the patient room boards to improve communication between the patients and clinicians
- Provided feedback to Food and Nutrition Services regarding patient and family food preferences.

**Coronary Calcium Scoring**
According to the National Heart Health Program, the first symptom of coronary artery disease (CAD) for 50% of sufferers is myocardial infarction or death. In 2018, NMC implemented coronary calcium scoring to address the nation’s #1 killer. Coronary calcium scoring is a procedure involving the use of our 160-slice CT scanner in order to determine the level of calcium in the coronary arteries of your heart. This simple, non-invasive and painless procedure can detect the presence of CAD long before it becomes symptomatic. By identifying CAD early through this test, preventative measures can be taken to reduce the risk of a heart attack or sudden cardiac death. 675 Coronary Calcium Scoring tests were performed during FY 2019.
Patient and Employee Safety

Medication Safety
NMC aligns with the National Patient Safety Goals established by the Joint Commission. Medication safety is a continued area of focus. NMC administered over 723,000 doses of medication in FY 2019 with a 99.99% accuracy rate. Bedside medication verification allows for safeguards to assure the right medication gets to the right patient at the right time.

Pressure Ulcers
During the month of April 2019, the Wound Care Director provided education to the NMC nursing staff regarding pressure ulcer prevention. NMC staff was assigned Mosby’s skills modules that offered techniques for preservation of skin integrity and evaluation of wounds. The modules provide nursing staff with continuing education hour (CEUs). Acquired hospital pressure ulcer rate remains below the peer group measurement.

Restraint Monitoring
NMC continues to have zero injuries due to restraint use. Continuous monitoring occurs to promote patient safety using the least restrictive restraint method.

Workplace Safety
Winter slips and falls are one of the leading causes of workplace injuries. These injuries often occur as people step out of their vehicles when they arrive at work or as they are leaving work. To counteract the high rate of fall injuries due to icy weather, NMC implemented “Shake it. Don’t break it.” Salt/sand shakers have been shown to be effective in reducing risk and were offered to all employees. The shakers are designed to fit in vehicle cup holders for convenient access. This is a great tool that helps employees stay on their feet and avoid injury during slick weather conditions.
**Team Training**

NMC has identified TEAM (Techniques for Effective Aggression Management) as required education to promote safety and security for its employees. All new employees complete the course during the first 60 days of hire. Certain employee positions, identified to be at a higher risk for encountering aggressive patients, are required to take advanced TEAM training. Currently 84% of NMC employees have completed TEAM training. NMC has a 90% completion goal for FY 2020.

**Internal Quality Assurance Process Improvement Program**

NMC developed, implemented and works to maintain an effective, ongoing, organizational wide, data driven quality assessment and performance improvement (QAPI) program. The goals of this hospital-wide program include identifying and reducing medical errors and improving health outcomes. Quality indicators are measured, analyzed and tracked on an ongoing basis.

In fiscal year 2019, NMC’s hospital-wide initiatives included improvement of hand hygiene performance, influenza vaccine compliance for patients and the reorganization of our document management system, Qualtrax.

**Document Management**

The administrative performance improvement project for FY 2019 included rebuild of Qualtrax (QMS), the document management system at NMC. QMS is utilized to house policy, procedures, forms, and work instructions utilized in the day-to-day operations. Policy and Procedures are the guiding principles for an organization. These documents provide the steps to be followed for safe and compliant tasks of care and care support. The Donabedian framework of structure-process-outcome guided the work of the shared governance task force. Nancy Davis, System Analyst and Task Force Lead, in addition to task force members developed standardized templates for policy, procedures, job descriptions, work instructions and forms. Development of standardized educational tools provided reliable references for managers and end users to access as needed. QMS re-organization is complete.

**Hand Hygiene**

NMC has identified hand hygiene compliance as an organizational goal with a target of 93% compliance. Hand hygiene is the practice of all employees washing their hands or utilizing sanitizing foam prior to entering and exiting a patient room. Upon admission, a care contract is offered to patients to encourage observation...
of hand hygiene practices of staff. Feedback is requested when areas of opportunity exist. The Infection Control Committee meets quarterly to review any concerns related to hand hygiene compliance, best practices, and any opportunities for improvement.

**Influenza Vaccine Compliance**

NMC strives to ensure that patients are adequately immunized for Influenza annually. During the 2018-19 flu season, NMC assessed an average of 98% of the inpatients. January through April 2019, a process improvement project led by the Quality Department resulted in an increased percentage of 99.9% patients assessed.

*Source: www.cdc.gov*

**Burden of Influenza**

Each year CDC estimates the burden of flu in the U.S. using modeling to estimate the number of flu-associated illnesses, medical visits, hospitalizations, and deaths that occur in a given season.

**Departmental QAPI**

NMC developed, implemented and works to maintain an effective, ongoing, organizational wide, data driven quality assessment and performance improvement (QAPI) program. The goals of this hospital-wide program include identifying and reducing medical errors and improving health outcomes. Quality indicators are measured, analyzed and tracked on an ongoing basis.

FY 2019, 74% of departmental quality outcomes were met. Departments with unmet goals will continue to monitor for improved outcomes.

*"The Quality Department actively engages with department managers to resource and identify areas of opportunity for ongoing process improvement."*

- Aaron Johnson, BSN, RN, Director of Quality
National Quality Awards
NMC received several distinct quality awards from outside entities this fiscal year.

Top 100 Rural & Community Hospital
Newton Medical Center is one of The Chartis Center for Rural Health’s Top 100 Rural & Community Hospitals in the United States. This designation is based on iVantage’s Hospital Strength INDEX®, the industry’s most comprehensive rating of rural and Critical Access Hospitals.

Outstanding Patient Experience Award™
Since 2017, NMC has been recognized for outstanding patient experience by Healthgrades®. This distinction places NMC among the top 15% of hospitals nationwide for patient experience, according to Healthgrades, the leading online resource for information about physicians and hospitals. In 2019, NMC ranked among the top 5% of hospitals for outstanding patient experience.

Healthgrades determined hospital performance by applying a scoring methodology to nine patient experience measures, using data collected from a 32-question experience survey from the hospital’s own patients.

5-Star Hospital
In 2019, the Centers for Medicare and Medicaid (CMS) ranked Newton Medical Center as a 5-star hospital. The overall hospital rating summarizes a variety of measures on Hospital Compare reflecting common conditions that hospitals treat, such as heart attacks or pneumonia. The overall hospital rating shows how well each hospital performed, on average, compared to other hospitals in the U.S. The overall hospital rating ranges from 1 to 5 stars. The more stars, the better a hospital performed on the available quality measures. The most common overall hospital rating is 3 stars.
Cost-Effective Wound Management Award
NMC, in partnership with Midwest Hyperbaric LLC, was awarded the Cost-Effective Wound Management Award from the Journal of Wound Care (JWC). This award was presented to the two organizations for taking evidence-based, cost-effective measures to ensure better healing of wounds. Their work streamlined formulary products and patient training for consistent quality patient care and efficiency. This resulted in reduced waste and improved outcomes.

Looking Forward to FY 2020
To strive for continuous improvement and safe patient outcomes, departments, medical staff, administration and the governing board have set the following as key QAPI initiatives for FY 2020. (The following lists highlights of the FY 2020 QAPI plan and is not a complete list of projects and initiatives.)

- HCAHPS transitional care performance project
- C. diff process improvement project
- Just Culture application hospital wide
- Continue fiscal stewardship
- Documentation initiatives
- Facilities enhancements
- MIPS and MACRA requirements
- Employee retention
- Medical imaging appropriate use criteria
- Offer education for healthy food options
- HIPAA risk assessment mitigation activities
- Enhance clinic laboratory turnaround times related to critical lab values
- Increase medication scan rates
- Improve sepsis identification and treatment
- Increase identification of patients with Obstructive Sleep Apnea pre-operatively
- Risk Mitigation in Generations Unit
- “Ever ready” for patient care and regulatory surveys