

**COBRE VALLEY REGIONAL
MEDICAL CENTER
FISCAL YEAR 2019
CRITICAL ACCESS HOSPITAL
ANNUAL REPORT**

The mission of Cobre Valley Regional Medical Center is to develop and maintain a local health care delivery system that serves the region with high quality, efficient and compassionate care.

“Our Mission is your Health.”

December 22, 2019

To: Cobre Valley Regional Medical Center Governing Board

From: Neal Jensen, CEO

Re: Fiscal Year 2019 Critical Access Hospital Annual Report

The Conditions of Participation for Critical Access Hospitals require an annual evaluation as outlined in the table below.

Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 165, 12-16-16)

§485.641(a) Standard: Periodic Evaluation

(1) The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes review of—

§485.641(a)(1)(i) The utilization of CAH services, including at least the number of patients served and the volume of services;

§485.641(a)(1)(ii) A representative sample of both active and closed clinical records; and

§485.641(a)(1)(iii) The CAH'S health care policies.

§485.641(a)(2) The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed.

An annual report for Fiscal Year 2019, January 1, 2019 – December 31, 2019, has been completed and is submitted to the Governing Board of Cobre Valley Regional Medical Center for review and approval.

I believe this report includes all of the requirements required by the Conditions of Participation and I recommend this report be approved by the Cobre Valley Regional Medical Center Governing Board.

LEADERSHIP ADDITIONS

Much of the success of CVRMC has been the retention of great leadership at all levels. The stability of department leadership has provided staff with consistency in work expectations and has built a culture of trust within the organization. With the addition of full-service oncology in 2019, Tiffany Boyd was hired as the Oncology Services Manager.

Carolyn Mawson-Haro, joined the CVRMC Governing Board in 2019.

MEDICAL STAFF CHANGES

2019 saw the addition of six new physicians and two new physician assistants.

NAME	SPECIALTY
Dr. Scott Croft	Orthopedics
Dr. Pierre Gilles	General Surgery
Dr. Joseph Ring	Family Practice
Dr. Bradley Werrell	Family Practice
Dr. Snehal Thakkar	Oncologist/Hematologist
Dr. Tam Nguyen	Radiation Oncologist
Mark Wyma	PA-C
Tyler Foulger	PA-C

Dr. Alan Osumi, Radiologist, remained with CVRMC as he moved from the contracted group, Medical Diagnostic Imaging Group (MDIG), to RAD Partners.

CVRMC also made a change in the contracted group providing anesthesia. CVRMC contracted with Envision Anesthesia in 2019.

CVRMC accepted the resignation of Dr. Shaheeda Cantley, OB/GYN, and began actively recruiting a physician in 2019.

NEW SERVICES AND NEW ELECTRONIC MEDICAL RECORD

CVRMC continues to provide new services to the region. Oncology was, and continues to be, a growing program in 2019 under the direction of Dr. Snehal Thakkar, Oncologist/Hematologist, and Tiffany Boyd, Oncology Manager, with patients receiving chemotherapy treatments in the new Infusion Center on campus. With the addition of Dr. Tam Nguyen, Radiation Oncologist, Radiation Oncology took a tremendous move forward in 2019. The hospital purchased the radiation building located on campus and remodeling began in order to house the new Halcyon linear accelerator by Varian. It is expected to be operational in early 2020. Both physicians are contracted through Ram Oncology and an agreement was reached between Ram Oncology and CVRMC for medical and radiation oncology services.

Telemedicine came on-line for nephrology. ICU Nurses were trained in dialysis and CVRMC began servicing in-patients, who would otherwise be transferred. To service those with chronic wounds, two hyperbaric chambers were installed in the Wound Center and patients began to receive pressurized oxygen treatment in 2019. Dr. Bradley Werrell was assigned as the Physician Director over the program with Zach McBride, PA-C helping in the clinical area of the Wound Center.

The Tonto Basin Clinic became the sixth clinic in the CVRMC clinic structure to have the Rural Health Clinic designation. With the closure of the only retail pharmacy in Kearny, Arizona, the CV Kearny Clinic began the steps to open pharmacy services, starting with the request for licensure approval and a site inspection. CVRMC expects to be offering pharmacy services in the community of Kearny in 2020.

An upgrade to a new Electronic Medical Record (EMR) system also began in 2019. CVRMC is moving from Meditech 6.0 to Meditech Expanse. Computer systems and software was purchased as well as the determination of the consulting service, "Engage." Ambulatory and Revenue Cycle teams were formed and received training in Boston. Expanse is expected to "go-live" in the summer of 2020 and is well underway to becoming CVRMC's next EMR.

UTILIZATION OF SERVICES

	Fiscal Year	Fiscal Year		Difference	Percent Change
	2018	2019			
Admissions:					
Acute	1,607	1,891		284	17.67%
ICU	141	121		(20)	(14.18%)
Inpatient Days:					
Acute	5,674	6,458		784	13.82%
ICU	578	874		296	51.21%
Operating Room Procedures:					
OR Inpatient	335	458		123	36.72%
OR Outpatient	1,773	1,999		226	12.75%
Pharmacy Billed Transactions	339,417	457,463		118,046	34.78%
Emergency Department Visits	14,426	13,514		(912)	(6.32%)

	FY 2018	FY 2019		
Rural Health Clinic Visits:			Difference	% Change
Clinic	25,995	37,231	11,236	43.22%
Specialty Physicians	3,035	2,066	(969)	(31.93%)
Physical Therapy Visits	24,035	25,537	1,502	6.25%
Infusion Center Visits	50	578	528	1,056.00%
Lab Procedures	134,476	160,070	25,594	19.03%
Respiratory Therapy Procedures	19,155	17,660	(1,495)	(7.80%)
Radiology Procedures	15,004	15,205	201	1.34%
CT Procedures	5,340	5,523	183	3.43%
Ultrasound Procedures	4,865	5,270	405	8.32%
MRI Procedures	1,650	1,683	33	2.00%
Mammo Procedures	1,217	1,126	(91)	(7.48%)
Wound Care Visit	967	1,354	387	40.02%
Nuclear Med Procedure	650	807	157	24.15%
Cath Procedures	595	550	(45)	(7.56%)
Kearny Imaging	539	578	39	7.24%
Sleep Studies Completed	141	171	30	21.28%

PAYOR MIX

Payor Mix	FY 2018	FY 2019	Difference	% Change
Medicare	0.34	0.32	(0.02)	(5.88%)
Medicaid	0.31	0.31	0.00	.00%
Insurance	0.24	0.25	0.01	4.17%
Private Pay	0.02	0.01	(0.01)	(50.00%)
HMO	0.06	0.08	0.02	33.33%
Industrial	0.01	0.01	0.00	.00%
State/Fed	0.02	0.02	0.00	.00%

CAPITAL EXPENDITURES

	FY 2018	FY 2019	Difference	% Change
Capital Expenditures	656,997	1,475,236	818,239	124.54%

Purchased capital included:

- Phillips Unity C-Arm for surgical procedures
- Phillips Epiq 5 Ultrasound Demo Unit with elasticity for both Cardiac and General Ultrasound.
- Hologic 3D Mammography
- ABL80 Flex Co-Ox Blood Gas Analyzer for CardioPulmonary
- NORAV Stress Test System for CardioPulmonary
- Echo-cardiology Ultrasound for Imaging
- NxStage dialysis machines for in-patient
- Meditech Expanse – new EMR
- Equipment for 5 new observation rooms
- Mizuho Hana Fracture Table for large bone lower extremity fractures as well as hip and pelvic fractures.
- Halcyon linear accelerator by Varian for Radiation Oncology
- JellyFish Health Software

QUALITY ASSURANCE AND INFECTION/RISK PREVENTION

Continuous evaluations and measurements of CVRMC's healthcare processes, patient outcomes and perceptions, and the structure and technology which drive timely, safe, effective, and responsive patient-centered care are key to improving patient outcomes and reducing hospital-acquired infection rates at CVRMC.

Monthly Quality/Infection/Risk Control meetings present both inpatient and outpatient data. In addition, data is routinely shared at various Provider and Staff meetings throughout the organization. CVRMC has partnered with the Center for Rural Health

and with AzHHA for participation in CMS hospital quality improvement initiatives. Some of these measures include:

- Occurrence Reporting (SQSS) including safety-related and unanticipated events related to:
 - Blood Product-related events
 - Documentation/Communication
 - Employee Injury/Exposure
 - Fall Events – With/Without Injury
 - Hospital-Acquired Infections
 - Medication Events
 - Patient Complaints & Grievances
 - Procedure/Test Events
 - Safety/Security from Violence
 - High Risk Events
 - Theft/Loss
- Medicare Beneficiary Quality Improvement Project (MBQIP)
 - ED Left Without Being Seen
 - Left Without Being Seen (LWBS)
 - LWBS Average Wait Time
 - Hospital Improvement Innovation Network (HIIN)
 - Adverse Drug Events
 - Readmissions – 30 Day All Cause
 - Hospital Acquired Pressure Ulcers – Stage 3 or greater
 - Ventilator Associated Condition Rate/Infection Related
 - Sepsis - Post Op Rate and Mortality
 - Post Op VTE (Venous Thromboembolism) and DVT (Deep Vein Thromboembolism)
 - Worker Safety Harm Events – Patient Mobilization
 - Worker Safety Harm – Workplace Violence
 - Core Measures – Hospital Compare Benchmarks
 - Early Elective Deliveries Prior to 39 Weeks Gestation
 - Fibrinolytic Therapy Received within 30 Minutes (ST Elevation Myocardial Infarction)
 - Median Time to Transfer for Acute Coronary Intervention
 - Median Time from ED Arrival to ED Departure for Discharged Patients
 - Head CT or MRI Scan Results for Stroke Patients Received Within 45 Minutes of arrival (Last Known Well Time within 2 Hours)
 - 7-Day Post-Colonoscopy Return to the Hospital (Medicare Patients)
 - Severe Sepsis/Septic Shock Early Management Bundle
 - Thrombolytic Administered Within 30 and 60 Minutes of Arrival for Qualifying Ischemic Stroke Patients
 - And a number of additional in-patient, out-patient, and infection prevention core measures
 - Level IV Trauma Designation

- Trauma Team Activations Alerts
 - Trauma Critical
- Clinics Quality
 - Diabetic Care Measures
- Annual Quality Goals
 - Improperly Identified Lab Specimens
 - HCAHPS Overall Hospital Rating
 - Patient Handling Worker Harm Events
 - All Cause 30 Day Readmission Rate
 - Inpatient Fall With Injury Rate
 - Stage 3, 4 and/or Unstageable HAPU (Hospital-Acquired Pressure Ulcers)
 - Safety Committee Participation/Attendance (Departmental)
- Infection Prevention and Control
 - Catheter Associated Urinary Tract Infection
 - Ventilator Associated Events
 - Central Line Associated Blood Stream Infection
 - Surgical Site Infection:
 - Total Abdominal Hysterectomy
 - Colon Procedures
 - Hernia Repair
 - Appendectomy
 - Total Hip Replacement
 - Total Knee Replacement
 - Cholecystectomy (Open and Laparoscopic)
 - Cesarean Section (Obstetrical Delivery)
- Public Health Communicable Disease Reporting
- HCAHPS (Hospital Consumer assessment of Healthcare Providers and Systems)
- Patient Experience – Outpatient Services

EMERGENCY DEPARTMENT TRANSFERS

Many factors contributed to the trend of reduced transfers from the ED since 2016. The building of the new patient rooms, the increase in observation beds, the addition of in-patient dialysis, to name a few.

	FY 2016	FY 2017	FY 2018	FY 2019
Acute Care Transfers	823	683	495	472
Total ER Admissions	15489	15824	14414	14676
Transfers as a % of Total ER Admissions	5.31%	4.32%	3.43%	3.22%

COMMUNITY SERVICE AND BENEFIT

2019 saw the completion of the Community Health Needs Assessment (CHNA) with the contracted vendor, Pinnacle Prevention. Pinnacle Prevention used the American Hospital Association/Association for Community Health Improvement framework as a guide for conducting the assessment. There are multiple drivers that influence an individual's health status beyond clinical care. These drivers include the social and economic environment, access to clinical care, health behaviors, a comprehensive look at community health, and the physical environment of the communities in which our patients reside.

Key findings of the CHNA are summarized as follows:

Robert Wood Johnson Foundation (RWJF) County Health Rankings

- In Health Outcomes: Gila County ranks 13th out of the 15 Arizona counties.
- In Health Factors: Gila County ranks 11th out of the 15 Arizona counties.
- In Health Behaviors: Gila County ranks 11th out of the 15 Arizona counties.
- In Clinical Care: Gila County ranks 12th out of the 15 Arizona counties.
- In Social & Economic Factors: Gila County ranks 11th out of the 15 Arizona counties.
- In Physical Environment: Gila County ranks 8th out of the 15 Arizona counties.

Strengths

- CVRMC serves as a strong pillar of support addressing the health needs of residents across the region.
- The region offers extensive outdoor recreation opportunities, with a mild climate and clean air, for residents of all ages to engage in free outdoor physical activity.
- Approximately 84.5% of community members surveyed described their health status as good to excellent.

Alarming Health Trends

- Two of the leading causes of death in Gila County are death by suicide and drug induced deaths, both of which have increased significantly more than the average in Arizona.
- The percent of the Gila county population that is 65 years of age and older is almost 12% higher than the state average resulting in a greater demand for elder care services and increased stress on the system as a whole.
- Rates of premature death are increasing and is double the average for the state of Arizona.
- Two of the increasing top 10 causes of death in the region are the result of cardiovascular disease and cancer.
- The number of primary care physicians serving the region is significantly lower than the state of Arizona based on population demand.

Elements of a Healthy Community Disproportionately Affecting Health in the Region

- 39% of children in the region are living in poverty.
- 1 in 4 children in the region are food insecure.
- The region has a low walkability score impacting residents' opportunities to safely walk and bike.

Concerns and Opportunities Identified by Community Input

- The top three health care specialty services needed in the region are cardiologist (55.7%), pediatrician (34.9%), and obstetrician/gynecologist (34.7%).
- Drug and alcohol misuse are perceived to be the top health problems in the region.
- Almost one half (44.7%) of respondents reported feeling worried tense or anxious at least 6 days or more out of the previous 30 days with 21.8% feeling worried, tense, or anxious at least half of the time.
- Over 12.5% of respondents reported feeling isolated from others either every day or most of the time with only just over one third of respondents (32%) reporting that they never feel isolated from others.
- Community members and key informants report pressing needs when it comes to access to urgent care and preventative services in the region.
- Overall, addressing youth and the aging population for 'one-stop-shop' services are identified as the greatest opportunities for collective action.

The Community Health Improvement Plan (CHIP) will be completed in early 2020 and both documents, CHNA and the CHIP, will reside on the CVRMC website, www.CVRMC.org.

ADDITIONAL INITIATIVES

Other community services and initiatives in 2019 included much participation, donations, or clinical expertise in a variety of community health events sponsored by many different types of organizations. Some of these events included: Safety is No Accident: Over the Counter Medication Safety Class for Parents, Community Overdose Prevention and Naloxone Training, Wellness Rocks, Passport Adventures, Horizon Human Services Health Fair, Small Town Christmas, CVRMC Community Angel Tree, Tonto Basin Halloween Event, Downtown Globe Halloween, Read on Express, Student Volunteer program, Women's Wellness initiatives, Teen Pregnancy, and The Spirit of Christmas in Superior, Arizona to just name a few. The contributions of time, energy, and monetary resources to the regional communities made by the hospital and staff are to be commended.

CVRMC continued to be actively involved in resourcing the future of nurses in partnership with our local college, Gila Community College, a branch of Eastern Arizona. A partnership was formed to expand the nursing program and to keep it local for nursing students.

In July 2019, CVRMC initiated a corporate structure called Rural Health Systems (RHS). Rural hospitals face many unique challenges. Community focus, growth, finances, physician and other medical professional recruitment, the patient experience, and how they are operated are just a few difficulties rural hospitals face. The strategy of RHS is to move rural hospitals under one structure to provide strategies and solutions specific to the environment of rural communities.

Another focus has been employee wellness. Gila County provides for some of the most scenic views and opportunities for fishing, hiking, kayaking, camping, and many other outdoor activities in Arizona. CVRMC has introduced the "Toy Box" for employees to "check-out" kayaks, paddle boards, camping equipment, and other outdoor gear to enjoy the beauty of our environment and to improve employee health and wellness. This program is expected to launch in early 2020.