

**COBRE VALLEY REGIONAL  
MEDICAL CENTER  
FISCAL YEAR 2023  
CRITICAL ACCESS HOSPITAL  
ANNUAL REPORT**

*MAY, 2024*

May 31, 2024

**To:** CVRMC Governing Board

**From:** Neal Jensen CEO

**Re:** Fiscal Year 2023 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 2023, 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.

## 1. LEADERSHIP CHANGES

Lydia Macias was promoted to Surgery Director, and Amber Bauer became the Med/Surg Director. Joy Peery advanced to the position of CNO, while Dr. Peter Seipel added CMO to his current role. Linda Harris was promoted to Infusion Center Manager, and Timothy Rogers became the EMS Supervisor. George Anderson was promoted to Maintenance Director, and Dylan Hansen took on the role of Purchasing Director. Rocky Gonzales became the CS Supervisor, whereas Lisa Zahl left the HIM Director position. Lastly, Jake Black was promoted to Physical Therapy Director. Patrick Schooley left the Radiation Oncology Director position.

## 2. MEDICAL STAFF CHANGES

Six providers started at CVRMC during 2023, three physicians, two nurse Practitioners and a physician assistant. Three provide left the organization, all physicians.

<b>NAME</b>	<b>SPECIALTY</b>
Tyler Peery, FNP-C	Family Practice
Casey Seaver, PMHNP-BC	Psychology
Terrence Crowder, MD	Ortho/Spine
Nils Nystrom, MD	Hand Surgery
Craig Robson, MD	Urology
Jackie Mooney, PA-C	Family Practice

<b>NAME(s) of Leaving Physician</b>	<b>SPECIALTY</b>
Natasha Patel, MD	OB/GYN
Winlove Suasin, MD	Radiation Oncology
Craig Robson MD	Radiology

## 3. NEW SERVICES

New services added in 2023 included: Urology, Psychology, Robotic Surgery and Hand surgery.

## 4. PAYOR MIX

<b>Payor</b>	<b>Payor Mix FY 2022</b>	<b>Payor Mix FY 2023</b>
AHCCCS	31%	29%
Commercial	20%	20%
HMO	18%	19%
Industrial	1%	1%
Medicare	26%	27%
Self-Pay	1%	1%
State/FED	2%	4%

## 5. CUSTOMER SATISFACTION

Cobre Valley Regional Medical Center is dedicated to provide patients with exceptional care. Since implementing various measures to improve customer satisfaction, CVRMC's Google satisfaction ratings have increased from an average of 3.5 out of 5 stars to an average of 4.8 stars across all locations and providers.

Review Site	At Go-Live		7/2/2024		Status
	Ratings	Stars	Ratings	Stars	
Increase			↑ 1,574%	↑ 1.3	
Total	110	3.5	1,841	4.8	
Cobre Valley Regional Medical Center	69	3.3	523	4.6	Active
CV FAMILY PRACTICE			130	5.0	Active
CV KEARNY CLINIC	4	2.8	191	4.9	Active
CV Pleasant Valley Community			21	5.0	Active
CV RED ROCK CLINIC	5	4.4	168	4.9	Active
CV SUPERIOR CLINIC	7	4.0	140	4.9	Active
CV TONTO BASIN			26	4.9	Active
OB OUTPATIENT SERVICES	1	1.0	2	3.0	Active

## 6. MEDICAL RECORD REVIEW

CVRMC medical records are reviewed and audited by outside consultants to ensure for accuracy and consistency.

## 7. MEDICAL STAFF RECORD REVIEW

The purpose of the medical staff peer review process is to ensure that the organization, through the activities of its medical staff, assesses the Ongoing Professional Practice Evaluation of individuals granted clinical privileges and uses the results of such assessments to improve care and, when necessary, performs Focused Professional Practice Evaluation.

## 8. CONTINUOUS SURVEY READINESS

A survey was completed by the State of Arizona Department of Health in October of 2023. A Plan of Correction was developed and implemented. The Plan of Correction was determined to be satisfactory by the Department of Health. Findings did not require a return survey.

CVRMC also regularly conducts mock surveys to ensure its compliance with state and federal law.

## 9. QUALITY ASSURANCE PERFORMANCE IMPROVEMENT

### Quality Improvement Plan

The Quality Improvement Plan was reviewed and updated in July of 2023.

### QAPI

The purpose of the Cobre Valley Regional Medical Center QAPI (Quality Assessment/Process Improvement) Plan is to provide a framework for a collaboratively planned, systematic and hospital-wide approach to improving organizational performance. It is designed to provide an integrated and comprehensive program that will monitor, assess and improve the safety and quality of patient care delivered at this facility.

The CVRMC QAPI program is aligned with the organization's mission and is focused on achieving excellence in each of the following six (6) pillars:

- a. Quality Care
- b. Customer Service
- c. Financial Stewardship
- d. Delivery of Care
- e. Safety

### National Patient Safety Goals

Cobre Valley Regional Medical Center has implemented the Critical Access Hospital National Patient Safety Goals including:

- Improve Staff Communication
- Use Medications Safely (Medication Error Reporting and Prevention – MERP)
- Prevent mistakes in Surgery
- Prevention of Infections
  - Hand Hygiene
  - Hospital Acquired Infections
  - CLABSI
  - CAUTI

- SSI
- Fall Prevention

### Department Performance Improvement Measures

Each department manager in collaboration with senior leadership is responsible for developing goals (lead measures) with measurable outcomes for their department(s) as well as other various improvement projects identified at the departmental level and in collaboration with departmental staff and appropriate providers. These measures should support the medical center QAPI goals and the six (6) pillars. Each Manager (or designee) is responsible for discussing progress on departmental goals with staff as part of staff huddles and staff meetings and for providing periodic updates on goal progress to the QAPI Committee

## **10. INFECTION CONTROL**

CVRMC is committed to providing quality health care and to maintaining a safe work environment. To this end the hospital maintains and supports an ongoing, coordinated, and a goal oriented infection prevention and control (IP&C) program. The IP&C program shall ensure that the organization develops, implements, and maintains an active, organizationwide program for the prevention, control, and investigation of infections and communicable diseases in order to reduce the risks of endemic and epidemic infections in patients, visitors, and healthcare workers, as well as to optimize use of resources.