Community Hospitals and Wellness Centers
Archbold Medical Center
Bryan Hospital
Montpelier Critical Access Hospital

PRESIDENT'S ANNUAL REPORT 2017-2018

for FISCAL YEAR ENDING SEPTEMBER 30, 2018

Our NEW Mission Statement!

*We **will provide** comprehensive, patient centered healthcare;*
*We **will respect** the dignity and uniqueness of all;*
*We **will enhance** the health, safety, and well being of our community.*

Presented to CHWC Board of Directors
January 16, 2019
by
Philip L. Ennen
President/CEO

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STATE OF OHIO: BED REGISTRATION DATA

Community Hospitals and Wellness Centers is registered with the Ohio Department of Health as one hospital system with two acute care hospitals and one ambulatory care center (Archbold). As of August 1, 2018, the beds are allocated as follows:

	Bryan	Montpelier	Total
Med/Surg Beds	54	25	79
Telemetry Beds	10	0	10
Intensive Care Beds	6	0	6
Obstetrical Beds	9	0	9
Pediatrics Beds	6	0	6
	85	25	110
Newborn Bassinets	13	0	13
	98	25	123

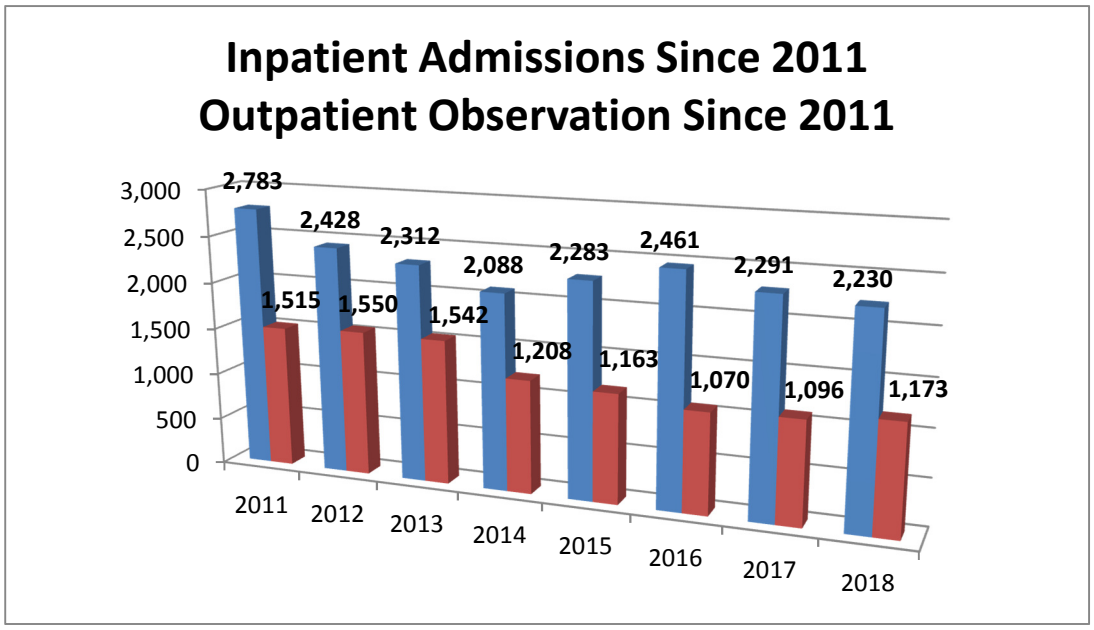
OUR MEDICAL STAFF

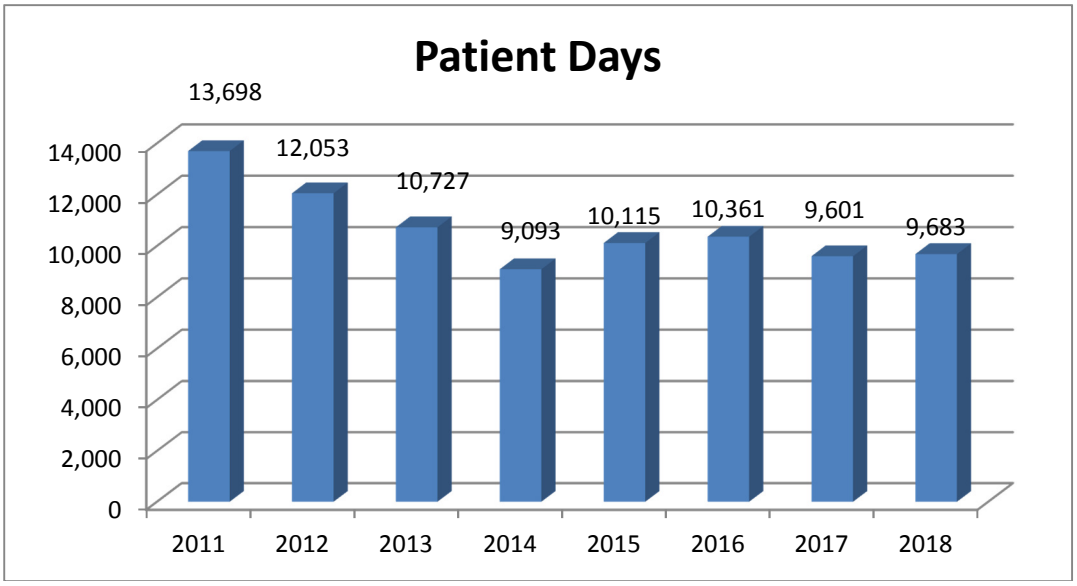
During calendar year 2018, Glen T. Seaman , MD, served as Chief of Staff and Peggy Watson, MD, as Vice Chief of Staff. During this twelve-month period we had:

30 Medical Professionals on Active Medical Staff
92 Medical Professionals on Courtesy Medical Staff
21 Allied Health Professionals on Medical Staff
33 Medical Professionals on Courtesy; Emergency Department Staff

PATIENT CENSUS HISTORICAL COMPARISON

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Patients Admitted	**3,760**	**3,474**	**3,293**	**2,783**	**2,428**	**2,312**	**2,088**	**2,283**	**2,461**	**2,291**	**2,230**
Bryan – Med/Surg	1,432	1,329	1,184	1,129	1,051	935	814	812	884	779	769
Bryan - Pediatric	86	65	73	68	55	46	22	22	3	-	-
Bryan – ICU & TU	1,032	962	814	654	692	751	689	796	882	884	873
Montpelier (CAH)	425	479	483	354	334	304	256	343	371	305	276
Bryan - Newborn	302	216	269	284	296	276	307	310	321	323	312
Observation				1,515	1,550	1,542	1,208	1,163	1,070	1,096	1,173
2016											
Patient Days	**17,021**	**15,204**	**15,137**	**13,698**	**12,053**	**10,727**	**9,093**	**10,115**	**10,361**	**9,601**	**9,683**
Bryan – Med/Surg	6,444	5439	5,111	4,901	4,398	3 ,872	2,798	2,967	2,987	2,502	2,598
Bryan - Pediatric	234	145	166	139	155	99	47	57	8	-	-
Bryan – ICU & TU	3,034	2,850	2,504	2,383	1,387	2 ,423	2,034	2,477	2,627	2,628	2,638
Montpelier (CAH)	5,331	5,131	5,419	4,722	4,481	3 ,657	3,450	3,862	4,022	3,780	3,749
Bryan - Newborn	655	478	646	657	632	676	764	752	717	691	698





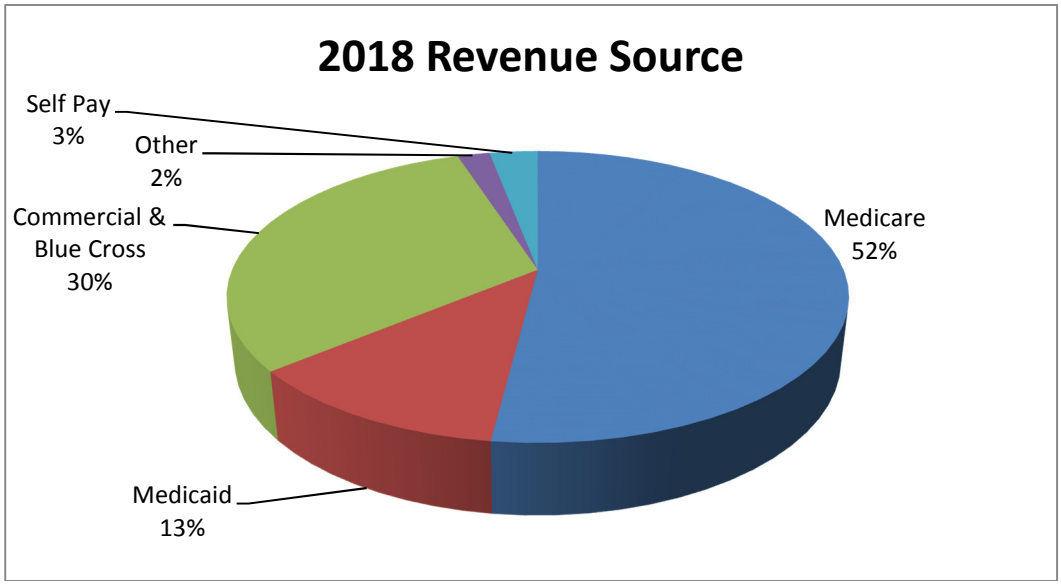
SELECTED SERVICES HISTORICAL COMPARISON

		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Radiology	Inpatient	4,236	4,098	4,011	3,370	3,036	2,571	2,795	3,096	2,899	2,946
	Outpatient	15,206	13,545	14,559	13,831	13,053	13,385	14,408	14,625	15,687	15,208
Radiation Oncology		13,245	10,407	9,090	10,141	10,359	11,087	10,710	9,837	9,436	9,520
Laboratory	Inpatient	119,58	109,749	112,431	102,846	101,922	85,522	91,825	102,610	114.386	122,761
	Outpatient	180,50	163,270	181,579	196,254	196,175	182,553	187,184	201,867	213,837	230,208
Surgery	Inpatient	1,449	1,330	732	742	686	600	589	625	504	596
	Outpatient	5,990	5,635	5,005	5,175	4,970	4,260	3,806	4,323	4,643	4,752
Emergency Department		18,180	18,454	16,409	17,622	17,521	16,686	18,452	18,542	18,253	17,947
Caths/Peripheral		428	381	274	447	469	496	508	529	643	548
Cath Stents/Devices				226	235	243	211	240	228	274	316
Pain Management Clinic*						1,248	2,196	2,301	2,325	2,490	2,454

* *CHWC implemented a Pain Management Joint Venture with Pain Management Group in 2013*

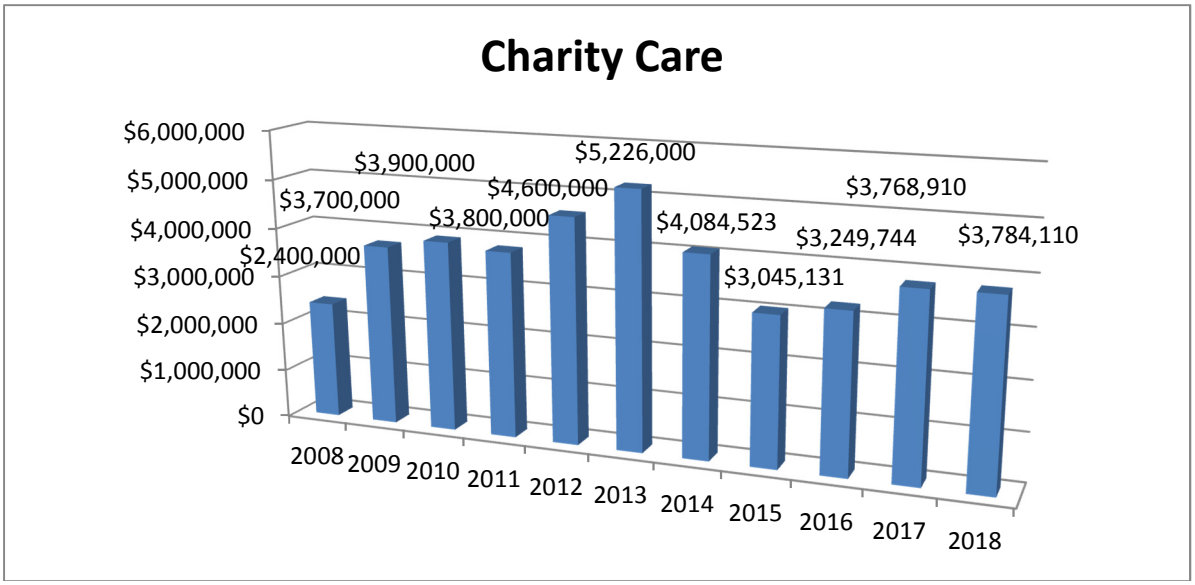
THE SOURCES OF OUR REVENUES

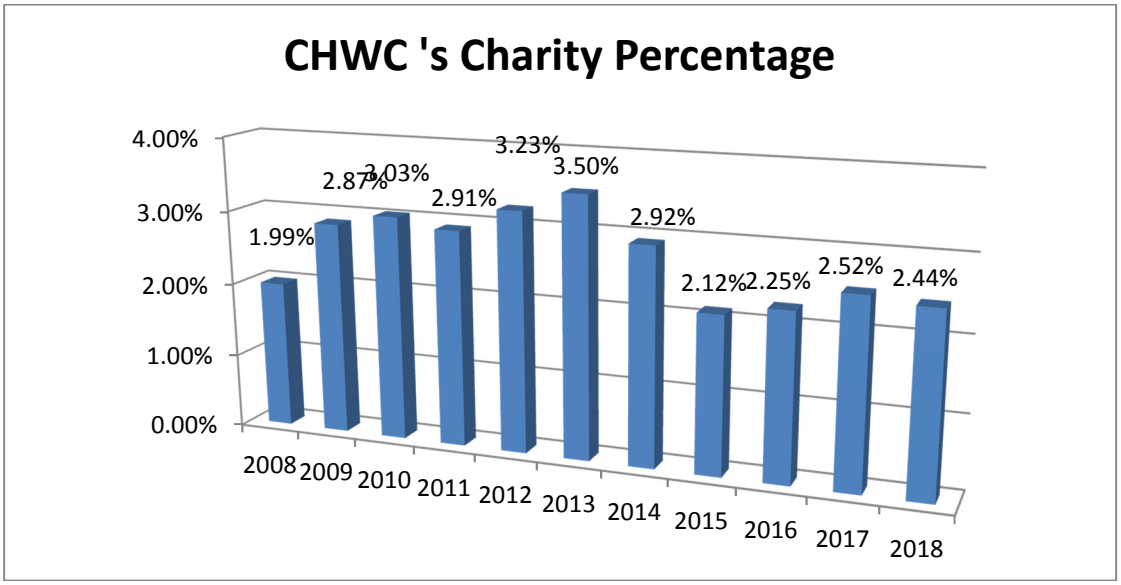
	GROSS 2015 Revenue	%	GROSS 2016 Revenue	%	GROSS 2017 Revenue	%	GROSS 2018 Revenue	
Medicare	$72,798,448	50.85%	$74,462,578	51.64%	$79,834,129	51.79%	$80,076,357	
Medicaid	$19,823,938	13.84%	$19,186,539	13.30%	$18,505,474	12.20%	$18,869,909	
Commercial	$43,894,928	30.66%	$43,959,356	30.48%	$44,807,244	31.01%	$47,956,343	
Other	$3,028,249	2.11%	$3,269,417	2.26%	$2,272,568	2.01%	$3,114,860	
Self-Pay	$3,598,039	2.54%	$3,304,651	2.32%	$3,647,847	2.99%	$4,594,839	
TOTAL	$143,143,602	100.00%	$144,182,541	100.00%	$149,067,262	100.00%	$154,612,308	



CHARITY CARE PROVIDED BY CHWC

The hospital maintains records to identify and monitor the level of charity care provided. These records include the amount of charges forgone for services and supplies rendered under its charity care policy. The following information measures the level of charity care provided. The first graph shows charges foregone (based on established rates). The second graph shows the equivalent percentage of charity care (reductions to total charges). This work is conducted under the accordance of the Charitable Care Policy of Community Hospitals and Wellness Centers, supported in part by the SHARE Foundation.





CHWC SHARE FOUNDATION

For the past 27 years, the SHARE Foundation of CHWC has received contributions, gifts, and bequests for the specific purpose of providing healthcare for those persons who have become financially disadvantaged. The total assets of the SHARE Foundation, as of September 30, 2018, were approximately $7.2 million. The SHARE Foundation works hand in hand with the Charitable Care Policy as established by the Hospital Board of Directors.

OUR HOSPITAL EMPLOYEE TURNOVER INFORMATION

OCTOBER 1, 2017 thru SEPTEMBER 30, 2018

Employees	CHWC	National Comparison Benchmark (Advisory Board)
All Staff (Overall Rate)	18%	23%
Voluntary (resigned, relocated, another job, retired)	87%	74%
Involuntary (terminated for cause, deceased)	13%	26%
Vacancy Rate Comparisons		
Overall CHWC Vacancy Rate	5.9%	7.4%
RN/LPN	27%	27%

Commentary:

Comparisons with the national benchmark are reasonable. CHWC's smaller employee population will cause percentages to swing more dramatically versus the benchmark data. We do greatly prefer that the involuntary termination be a lower percentage. At the same time we remain mindful of what we can learn from exit surveys when staff leave voluntarily. For example; exit interviews of staff leaving our Obstetrics program identified a desire for 12-hour shifts. Our subsequent research identified the CHWC Bryan Maternity Unit was the only unit in the region still working 8-hour shift patterns. After gaining staff input we determined to change to 12-hour shift staffing and will implement the new pattern in April 2019..

A PROGRESS REPORT ON ADDRESSING COMMUNITY HEALTH

Community Health Needs Assessment (CHNA)

In 2013 and 2016 the Bryan and Montpelier hospitals provided 100% of funding for the Williams County Community Health Needs Assessment (Williams CHNA). The hospitals will make the same commitment for the 2019 assessment. The Williams CHNA is projected to cost $43,000.00. With each assessment our leadership commitment to set and achieve goals to confront the issues identified for adults and children grows exponentially. The W**illiams CHNA and Community Health Improvement Planning that results is a broad partnership effort led by the Williams County Health Department. Additional committed effort is given by the Williams County Schools, Parkview Physicians Group, social service and mental health agencies, law enforcement, the United Way of Williams County, faith-based groups, the Williams County YMCA and the American Cancer Society.** For every Williams CHNA cycle, once the data was compiled the Williams County Health Department forms and facilitates community assessment groups to discuss and make plans for interventions. Our reports are posted at the hospital web site for public review (www.chwchospital.com). The survey results made clear the community continues to have the same health status issues that are a national dilemma.

In September 2016; the CHWC Board of Directors approved three-year strategic implementation plans for both Montpelier Critical Access Hospital and Bryan Hospital. CHWC's specific efforts will focus on:

- Continued efforts to adopt and implement the Healthy Hospitals Initiative promoted by the American Hospital Association.
    - *We have achieved mixed success on this goal. We have made advancements in more nutritional food options and in environmental impact reductions. We have not achieved the removal of unhealthy drink and snack options from hospital vending.*

- Confronting the issue of access the mental health therapy for school aged children.
    - *In 2016, the CHWC Board of Directors approved an initiative to recruit children's therapy specialists and place these professional directly inside Williams County School Districts. The therapy program is a collaboration with the Williams County Safe Schools Healthy Students (SSHS) project, led by the Williams County Educational Service Center. Care Coordinators working in the schools identify and refer at risk children to the CHWC counselor. CHWC does not charge any fee for therapy. Two full-time CHWC therapists are working in six Williams County School Districts.*
- We are attempting to address the issue of food insecurity. For the food insecurity effort we are working with the Promedica Health System in Toledo, Ohio to adopt the primary elements of their hunger initiative. We are working to create a sustainable effort that will address some of the immediate food insecurity needs of our patients and to also find a path toward continuous availability of food to families.
    - *We have been unable to secure and launch a sustainable solution to this problem. The solutions we have considered have not survived the "sustainable-over-time" test and we do not wish to initiate programming that will come to an end within 3 years.*

PREVENTING HARM
&
IMPROVING SAFETY

Over 108 Months of Sustained Excellence

Stop Blood Stream Infections

Thousands of central-line associated bloodstream infections (CLABSI) occur in hospitals each year. The infections harm patients and in some cases result in deaths. In the summer of 2009, CHWC joined a national initiative led by Johns Hopkins Hospital in conjunction with the Ohio Patient Safety Institute with the goal to reduce CLABSIs. The specific goals of this initiative are to vastly reduce the CLABSI rate in the United States.

CHWC's caregivers fully embraced the effort. The result is that CHWC has not experienced a CLABSI infection since December 2009.

Reducing/Eliminating Ventilator-Associated Pneumonia

At the same time as the CLABSI effort our Bryan Hospital Intensive Care Unit staff focused on reducing/eliminating ventilator-associated pneumonia (VAP). This is a very dangerous condition that can be prevented with vigilance. In the fall of 2009, the Intensive Care Unit nurses, cardiopulmonary respiratory care staff and all physicians made the commitment to adopt and uphold a set of evidence-based best practices (known nationally as the "Ventilator Bundle") created by national and international research groups. Then we began measuring VAP rates. The result is that CHWC has kept a ZERO rate of VAP since October 2009.

CHWC PHARMACY LEADS EFFORTS TO PROVIDE CORRECT AND SAFE CARE

1. (Pharmacy) PENICILLIN ALLERGY TESTING
   Our Antibiotic Stewardship Program has initiated a protocol to test patients for penicillin allergy. Numerous patients claim penicillin allergy even though the reaction may have been decades in the past or they cannot remember which drug or what the reaction was. This takes tools out of the toolbox when they are admitted for infections and we cannot treat with the best antibiotic choice. With the assistance of Ear, Nose and Throat Specialist Dr. Michael Nosanov and the Ambulatory Surgery Department we are now skin testing to prove Penicillin allergy in patients scheduled for upcoming surgeries and will need antibiotics or have reoccurring infections and admissions.

2. (Pharmacy) BACTERIAL CULTURE REVIEW
   The Pharmacy department now receives cultures and sensitivities as they are finalized from our laboratory. (Every 2 hours) These are reviewed by a Pharmacist with current patient antibiotic therapy for appropriateness. The Hospital has also improved communications with medical staff to better guide them to choosing the most effective drug for the bug cultured while causing the least amount of adverse outcomes and further antibiotic resistance.

3. (Pharmacy & Emergency Department) URINARY TRACT INFECTION PROJECT
   Symptoms of urinary tract infections (UTI) is a leading cause of emergency room admissions. These patients usually present in hospital EDs and are treated and discharged with little oversight of antibiotic use and prescriptions issued. The Antibiotic Stewardship Committee, spearheaded by Amy Eriksen RPH, initiated a review of treatment of UTIs in the ED compared with current CDC recommendations indication for use of antibiotic, drug choice and length of therapy. Treating these patients with appropriate antibiotics, only when needed and for shorter duration should decrease side effects such as Clostridium difficile, renal failure, and yeast infections while decreasing future antibiotic resistance in the patient and our community.

4. (Laboratory) PHLEBOTOMY CARTS
   Phlebotomy carts eliminate lab staff from having to carrying draw trays into patient's rooms and place them on the patient's bed, tray, floor, etc. These carts reduce the risk of transmitting infections room to room and also provide working space for our staff when labeling blood after collection.

5. (Laboratory) SHARPS SAFETY
   Lab created a sharps safety document that lists all the sharps within the department and their associated safety devices. This handout is used to educate and train new staff on the equipment they will be using in the department in effort to limit potential needle stick exposures.

REDUCTION IN USE OF RESTRAINTS WITH VENTILATED PATIENTS
PROCESS IMPROVEMENT IN INTENSIVE & TELEMETRY CARE
18.75% DECREASE in the use of restraints in intubated ventilated patients with no patients self-extubating.

PROBLEM STATEMENT:
Ventilated patients continue be restrained despite evidence that restraint use does not decrease self-extubation and can be dangerous for patients.

MEASURE:
It was decided to collect data for a three month period. The data collected would include patients that required ventilation with intubation, the number of days each patient was intubated, if that patient required restraints, and how many days they were restrained. Charts were also reviewed for self-extubations to be sure that decreasing the use of restraints does not result in adverse outcomes.

ANALYZE:
Data was collected from March 1st 2015 to May 31st 2015. There were sixteen patients that required ventilator assistance with eleven requiring restraints. The total amount of days those sixteen patients were intubated equaled thirty-six. Of the thirty-six ventilator days, twenty two included the use of restraints. This is equivalent to 61% percent restraint use. There were no self-extubations. After meeting, the group decided that the restraint use was a multifactorial issue and decided to review the entire process and re-evaluate all of the steps involved in implementing restraints.

IMPROVE:
To decrease the amount of restraint use we revised the restraint assessment tab. The revised tab encourages nursing to consider 4 factors that may be causing patient agitation and need for restraint. These factors include: Physical; Physiological; Psychological; Environmental Factors. It also includes a large number of possible nursing interventions for each of these factors to be attempted prior to the use of restraints. Many of these, we had not considered in the past. Some of these ideas include communication aids such as putting on the patient's glasses, inserting their hearing aids and using a pocket talker.

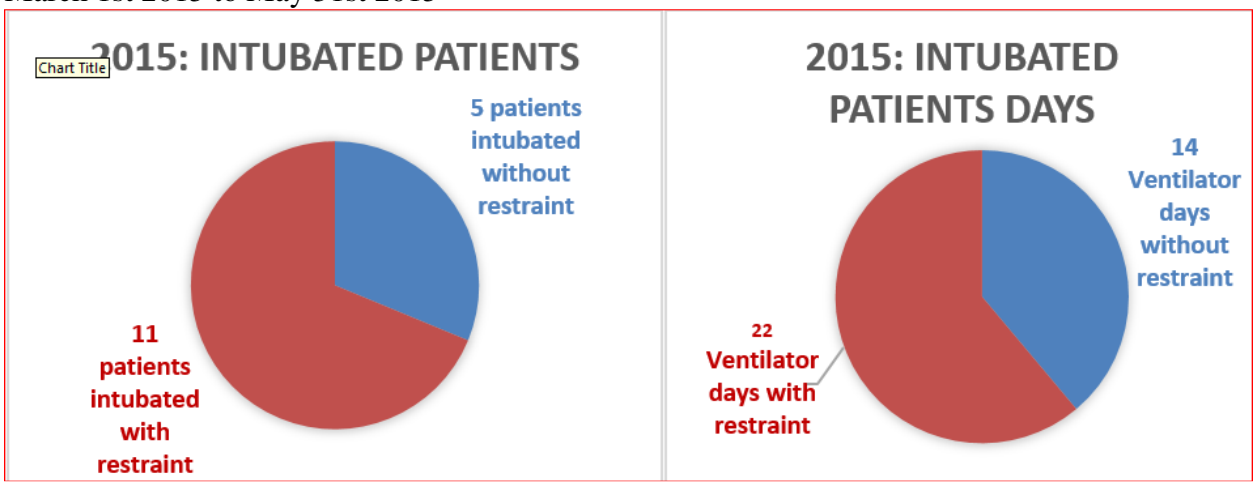
Posey Peek-a-boo mitts were made available on the unit for easy use as an intervention to be implemented prior to the use of restraints. The ventilator orders were also modified to discourage the use of restraints by requiring the use of mitts prior to obtaining an order for restraints.

The restraints items available were re-evaluated and reduced to just side rails x4, soft restraints and pose twice as tough. The other restraints were removed from the units (i.e. lap buddies and vests) and the policies were revised accordingly. The restraint tab and downtime forms were also revised to be reflect this change.

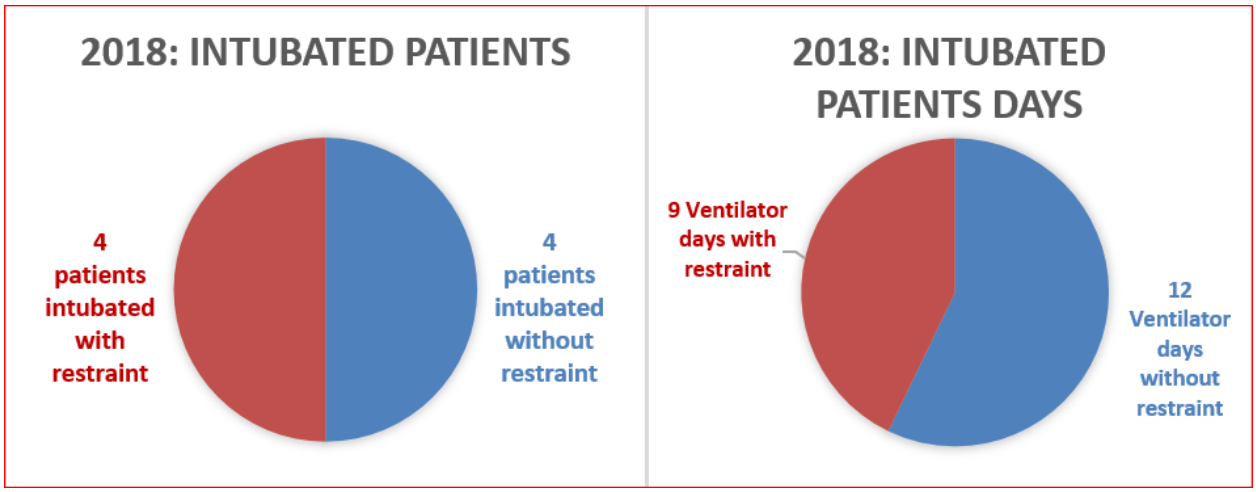
The medication Precedex was taken to committee, added to orders, and made available for use on restrained patients as a means of helping to keep patients calm while still being able to be aroused. Better ET tube securement devices were evaluated and made available in ED for patients that are anticipated to be admitted.

The staff was provided education related to the use of restraints and the associated risks. A Power Point on the use of the revised tab and interventions was presented at a unit meeting. The nursing care plan was revised to encourage a work flow that reducing the need to initiate the use of restraints by examining the contributing factors of a patient's undesirable behavior and to be more helpful to nursing.

CONTROL:
March 1st 2015 to May 31st 2015



November 1st, 2017 to January 31st, 2018.



After implementing the process improvement, there were eight patients that required ventilator assistance with four requiring restraints. The total number of days those eight patients were intubated equaled twenty-one. Of those twenty-one ventilator days, nine included the use of restraints. This is equivalent to 43% restraint use.

The results on the data collection following implementation resulted in a decrease of 18.75% in the use of restraints in intubated ventilated patients with no patients self-extubating.

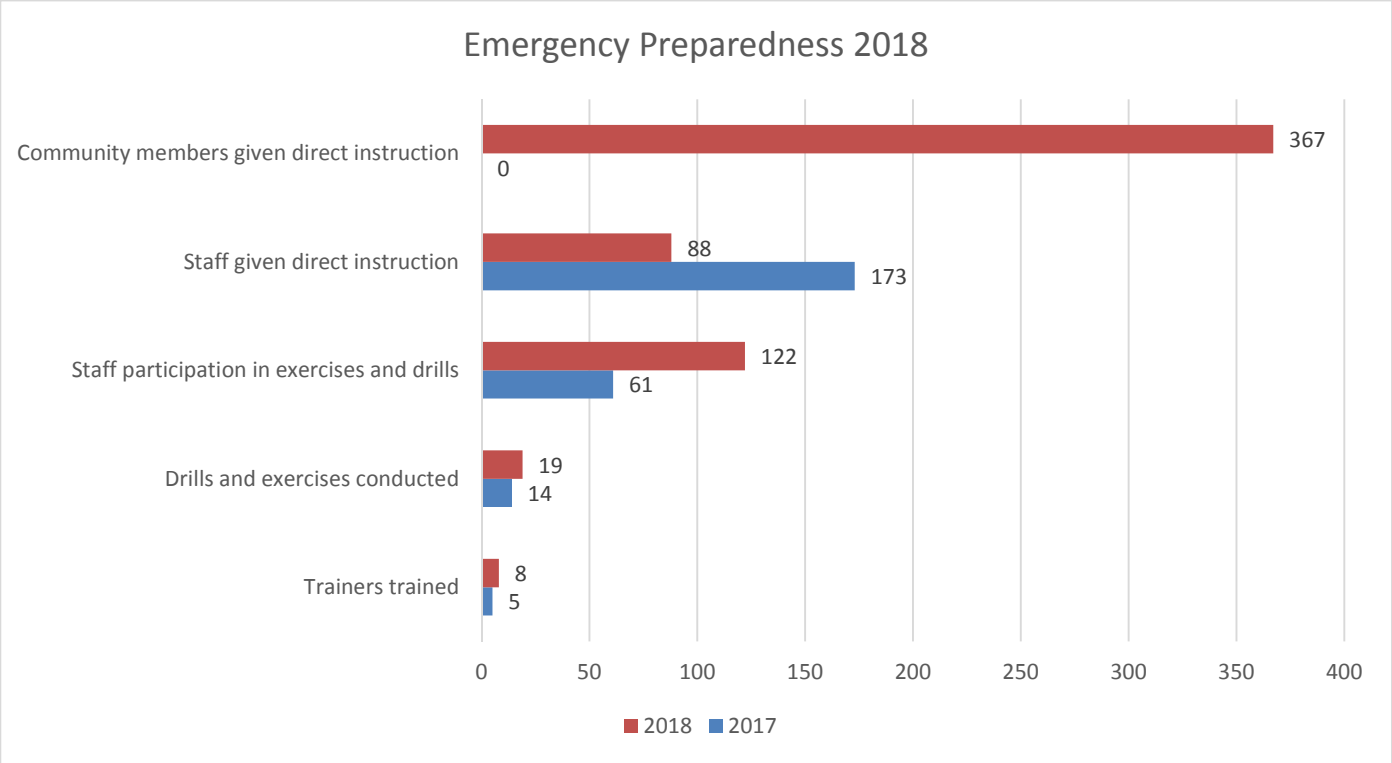
Our Efforts to Sustain Emergency Preparedness

2018 was a year in which CHWC was pushed to test the capabilities of its staff, resources, and leadership. This year's focus was on testing the plans that have been put into place in the previous two years. The emergency preparedness program had both major successes in this area as well as some areas that have been shown to need more focus.

CHWC was pressed to test, through a number of paper drills, its response to tornado threat. Early on in the year the drill was run in various departments multiple times reaching out to a large number of staff. Starting in early spring and culminating in the fall, staff from CHWC worked with the Local Emergency Planning Committee to engineer a full scale haz-mat focused exercise that encompassed a whole community response. We were left with lots of gaps to fill after the exercise completed and will work towards rectifying our response procedures.

Finally, CHWC was called upon for a no notice evacuation exercise. It was one of the most well-handled exercises in recent memory and the evaluator involved struggled to find much more than superficial faults in our response. Staff and leadership should be lauded for their efforts to handle such an impactful event with such acumen.

This year, there has been an effort to reach beyond our walls this year with the **Stop the Bleed** program. In an effort to make our community as resilient as possible, CHWC spearheaded efforts to help local schools and community partners prepare in a more comprehensive way so that if an incident occurs, CHWC will be able to respond more effectively.



Process Improvement "Across Silos"

Imaging Services Seeks Improved Patient Scheduling

Assistance Providing by Admissions Office and Management Information Services

Problem: Scheduled Outpatients arriving to Imaging for after-hour or weekend testing and no Imaging staff available to greet them / provide initial instructions

Goal: Improve patient satisfaction: Have staffing in place to greet patient; Facilitate screening form completion; Facilitate completion of screening x-rays as needed. We sought to accommodate the needs of after-hours patients without increasing expense / staffing

Measure: The Imaging Reception office is staffed Monday through Friday, 0630-1730. Patients were being registered in Admissions for outpatient testing after 1730 or on weekends.

Analyze: Patients presented to Imaging**:** Signage was in place to instruct MRI or Ultrasound patients to complete screening forms or questionnaires. If the patient did not see or understand signage, exams were delayed as the imaging staff came to take patient for testing. Resulting in delays in schedules for subsequent patients. Unscheduled patients would wait until a staff member happened to see them in the waiting room or they went back to the Admissions office and had Imaging staff paged.

Improve: Implemented Sept. 1, 2018: Team members initiated the following expectations:

- Registration staff will cortext the X-ray inhouse Bryan iPhone to notify that they have registered an OP for Imaging. Registration staff will send the patient to the Imaging waiting room.
- Imaging staff: during hours that we have scheduled outpatients
    a. If current patient care needs do not require all scheduled staff for imaging, one of the staff should man the reception office – realizing this may result in intermittent staffing of the office.
    b. When unable to have a technologist in the office, the staff member carrying the iPhone is responsible for coordinating someone to acknowledge the outpatient in the waiting room as soon as is feasible.
    c. Verify the patients are completing screening forms while waiting.
    d. If the patient needs screening films, enter the order, complete imaging and forward for interpretation to facilitate MRI being able to stay on schedule.
    e. Lock the reception window after last scheduled outpatient.
- Imaging staff – to accommodate unscheduled patients
    a. Upon cortext notification that a patient has been registered, the staff member carrying the iPhone is responsible for coordinating someone to acknowledge the outpatient in the waiting room as soon as is feasible.

Control: Intermittent review of cortext messages appears that messages are being sent routinely. Intermittent observation of Imaging staff responding to waiting outpatients. MRI staff interviews indicate that the patient / work flow is greatly improved. Patients have screening forms completed. Forms are stickered / prepped. Screening studies are complete. Improved communication with the MRI is the techs notice screening concerns on forms.

Outcome: Improved workflows = improved patient satisfaction.

Bryan Hospital Medical Surgical Unit
Efforts to Improve Safety and Reduce Potential for Harm

OPIOD TASKFORCE

Throughout the year Med-Surg and ICU/Telemetry Nursing Directors have formed a multidisciplinary Opioid Taskforce that has been meeting routinely. The goal of this taskforce is to educate our providers, staff and patients on opioids. Over the past 1 ½ years the taskforce has submitted an awareness article in Wellness Matters on opioids and how to properly dispose of prescription drugs, created an educational pamphlet on how to manage pain after patients are discharged from the hospital, added a reference to the hospital website for area resources for opioid addition help, and have had speakers come into the facility to speak on the opioid crisis in our community. The taskforce has also placed a focus on doing an evidenced based search for non-opioid options for pain management in the postoperative phase of recovery, and after this research dive we have adjusted order sets to include others options for pain relief such as scheduled non-opioid medications and pain balls. This committee will continue to meet as this opioid crisis continues with a goal of bringing awareness to our patients, staff, providers and community.

FALL PREVENTION

Med-Surg has had a focus on fall prevention for many years and over the past 5 years with hard work from the nursing staff we have been very successful in lowering our inpatient fall rates. As we have monitored fall reduction numbers we do draw our attention to the month of November each year, as it seems as though we have higher numbers of falls during this month. It was decided that this was a year to beat the odds and go for a no fall month, since we have not done it for the past 5 years…plus some!! With a little brainstorming and craftiness it was decided that Med-Surg was going to have a "**No Fall November**" in 2018. On October 31st we planted paper turkeys throughout the unit to raise awareness for the month that we want a fall free month. The staff was emailed to include what "No Fall November" met and included tips on how to prevent a fall. We placed paper turkeys outside of the patient rooms, on top each nursing computer and 2 large turkey's at the desk hanging on the wall. The turkeys at the desk have paper feathers with a saying that states "Pluck a feather for every fall, but remember we want to keep the prettiest turkey of all". It has been a fun and engaging way to draw attention to fall reduction, raise staff awareness to use proper fall interventions and improve patient safety. Although we did end the month with one fall, we were still successful in lowering our average fall number for the month of November.

PATIENT-CENTERED ORTHOPEDIC CARE

The Med-Surg Department is living by our CHWC Mission Statement because we are providing our orthopedic patients with patient-centered and unique individualized care. Around two weeks prior to a patient having orthopedic surgery, the Orthopedic Nurse Navigator is working with Discharge Planning, Case Management, Nursing, the therapy department and the surgeon to develop an individualized plan of care for each total joint patient. This plan is centered around the patient's needs, abilities and personalized goals for an improved lifestyle. Time is spent reviewing what equipment and assistance the patient may need, along with discussing what outcome the patient would like to achieve, all while keeping their length of stay in mind. We respect the patient's dignity by creating a unique plan of care for them, thus enhancing their health, safety and overall well-being.

NUTRITION FOOD SERVICES

COLLABORATION WITH SURGICAL SERVICES
This past year the Surgery Department began Nissen Fundoplication procedures. Our Dietitians worked closely with the surgery staff to develop the Esophageal Soft Diet offering foods the patient could tolerate after the procedure. It is a limited diet and it changes each day. Individualized menus were designed and NFS staff were educated on the restrictions of the diet.

MONITORING PATIENT MEALS TO IMPROVE OUTCOMES
NFS monitors food patient's request that is not allowed on their prescribed diet order. We found that low sodium ranch dressing, low sodium tartar sauce and low sodium BBQ sauce were items frequently requested. Test recipes were tried until the right products and right amount of seasonings were incorporated so a palatable substitute could be offered. Success is seen in our high ratings of the food by patients.

ENCOURAGING WELLNESS THROUGH "LIVE IT" TV SHOW
The NFS and Wellness Committee work closely together each month to produce the LIVE IT program with Bryan Municipal Utilities – Communications Department. A few of the recipes were added to the patient and cafeteria menus this year and they sold out almost every time they were offered.

LIVING OUR NEW MISSION STATEMENT
All of the above projects and processes have relevance to the New Mission Statement. When there is a need for a unique diet for our comprehensive, patient centered healthcare, it is developed. When patient's with diet restrictions request inappropriate items, appropriate items were produced as we respect the dignity and unique requests of each patient as much as possible. The LIVE IT program has been designed to enhance the health, safety, and wellbeing of the community as well as benefit for patients and staff.

CARDIOPULMONARY REHABILITATION

INFECTION PREVENTION
The Cardiopulmonary Rehabilitation Department's main effort to improve safety and reduce potential for harm for patients and staff was focused around infection prevention. All therapy staff members are now involved in cleaning the exercise equipment. The cleaning regimen was organized and is now documented on a check sheet that must be initialed by the primary staff members performing the cleaning.

EMBRACING THE NEW MISSION STATEMENT
The Cardiopulmonary Rehabilitation Department has strived to incorporate the new CHWC mission statement. We have enhanced the health, safety and well being of our community by adding Peripheral Arterial Disease Rehab (PAD Rehab) to our broad list of program offerings. We have continued to remain organic and engaged in delivering quality rehab services for all of our exercising patients, regardless of their medical needs. We have been able to give our community a healthy fitness and activity option for people with special medical needs. We have truly extended our service beyond just fulfilling medical requirements. We have been able to contribute to the overall wellness of our community.

EMERGENCY DEPARTMENT

IMPROVEMENT IN TREATMENT OF URINARY TRACT INFECTIONS

The Emergency Department in conjunction with our Pharmacy Department started collecting data on patients who were diagnosed with UTIs and if their antibiotic therapy that was prescribed followed the standard of care in regards to length of therapy. The first quarter of 2018 our compliance was at 30%. We educated both the ED physicians and nursing staff on the current standard of care concerning UTIs and antibiotic length of therapy. We are now running 85% compliance. Getting the appropriate length of therapy (which is shorter than what was traditionally prescribed) increases the patient's compliance of completing therapy and decreases the risk of developing antibiotic resistance.

SCIENCE-BASED INFECTION PREVENTION

The rigid stylets that we use inside the ET tube when we intubate patients using the glidescope was being cleaned with the antiseptic wipes and returned to service. According to the manufacturers most recent IFU this is not adequate. The stylets must be sterilized and left in the packages to assure they are sterile for patient use. We implemented a process in all units where there is a glidescope (ED, Surgery, ICU) so that the stylets are sent to sterile processing after use. This will decrease the risk of infection and cross contamination between patients who are being intubated.

SCREENING FOR SIGNS OF SEPSIS

ED started this year screening all adult patients who present with an illness (not injury) for the signs of sepsis. If the patient screens positive the ED physician is notified so that appropriate tests and/or treatment can be initiated. We have also educated staff and physicians on evidence based monitoring criteria and standard of care for treatment of sepsis.

LIVING OUR NEW MISSION STATEMENT

The ED truly is a portal for anyone seeking medical care. We accept any patient who comes to the ED. We triage, assess, and treat based on medial need and not social, economic, religious, or other aspects of the patients' life. We strive to treat all patients equally regardless of their appearance, cleanliness, personality, educational status, etc. The emergency department tries to respect the patient's dignity by keeping patients covered as much as possible and keeping curtains closed for privacy. We believe that our efforts to evaluate treat, and provide resources for follow-up care does enhance the well-being of the community.

COMPLIANCE AND RISK MANAGEMENT

AUDIT, AUDIT, AUDIT (TRUST & VERIFY)
CHWC embraces our need to self-examine our work. So we study and audit patient care and services to confirm whether we are truly keeping patients safe and providing evidence based care. We studied 721 incident reports to assess for improvements and to spot negative trends and take action to stop them. We use the reports to identify process improvement opportunities.

INDUCTION OF LABOR
We work with the Obstetrics Medical Staff and Department to improve induction timelines. We carry out extensive Labor and Delivery tracers (direct tracking of care) to ensure the policy and orders are being followed.

SEPSIS TEAM
We carry out constant Sepsis surveillance to identify strengths and weakness to improve patient management – we are working in the future to provide real time information. Based on our learning we arrange and present continuing education to improve Sepsis recognition and proper intervention.

ACCREDITATION COMPLIANCE
Our accreditation agency is The Joint Commission. In November 2018 we underwent a very successful triennial survey for our Bryan Hospital, Montpelier Critical Access Hospital, Ambulatory Services and Laboratory. We completed multiple clinical tracers prior to the survey. Tracing has been used to identify strengths and weaknesses of departments and staff. We use our Joint Commission Committee to keep department leaders aware of new items and review of current standards. We developed our own Ligature Risk Committee to complete risk assessment and provide staff policy and an environment to prevent potential self-harm

WE INSIST ON PATIENT PRIVACY
We conduct monthly audits of the patient care record to assess for the risk of a breach of privacy. Last year we audited 280 records and used what we learned to provide education to staff addressing how privacy can be breached and what can be done to avoid a breach.

VIOLENCE TASK FORCE
We launched a Violence Task Force. We learned to combine policies so all information is in one place. We developed a process to make staff aware when violent, aggressive or intimidating behavior has been exhibited in previous encounters of the patient or their visitors.

WE ASPIRE TO PROVIDE COMPREHENSIVE CANCER CARE

We have an active advocacy group in our Cancer Committee. The committee has representation from every group providing cancer care in our service area. Through the Cancer Committee's efforts, We have:

- Improved community outreach by contacting local industry and offering health initiatives for their employees
- Home colon health screening "FIT tests" were provided free of charge. There were double the amount of FIT tests resulted when comparing 3rd quarter 2017 and 2018. There have been 10 positive results that required follow up. Colonoscopy rates did not increase in this quarter.
- Mammograms increased by 25% during the same time period, there have been 11 additional patients diagnosed in 2018.
- Promotion of new Low Dose Lung Screening program. 11 screens have been done since the initiation of the program, with one positive result.
- Navigation cared for 213 new cancer patients and assisted 85 additional patients getting through the testing and biopsy process.

REDUCING THE RISK OF INFLUENZA
COMPLIANCE WITH NATIONAL EXPECTATIONS

This past year our employee flu immunization policy was tightened for employees, volunteers and vendors who elect to refuse vaccination. The enhanced measures require an exemption request and approval, and subsequent mask-wearing in all work areas during flu season. Our objective was to increase patient and staff safety and comply with accreditation standards. Our goal was to immunize 88% of all healthcare staff this 2018-19 season and achieve 90% immunization or higher by 2020.

Currently, **94% of all healthcare staff** have received the flu shot. 5.6% of all healthcare staff received exemptions and will wear masks, Volunteers, students, and vendors who did not respond will not be scheduled to work in CHWC facilities during flu season unless they receive a flu shot. These numbers represent the highest numbers ever for flu shot compliance at CHWC.

BRYAN RADIATION ONCOLOGY CENTER

ACCREDITATION COMPLIANCE

Our Bryan Radiation Oncology Center (ROC) continues to be accredited through the American College of Radiology, this accreditation requires a variety of safety standards to be met and reported on. Those standards include, but not limited to: safety in appropriate staffing based on volumes and procedures performed, tracking of outcomes for patients who received radiation therapy treatment, required processes to ensure that appropriate checks have been performed concurrently and prior to delivering radiation treatment.

NATIONAL AND INTERNATIONAL LEARNING

The ROC also participates in a patient safety organization through ASTRO. This Radiation Oncology Incident Learning System (RO-ILS) allows the department to report and track incidents, near misses, or an unsafe condition. Through this trends can be determined and assessed. Along with that, information from other participating Radiation Oncology departments is available. This allows the department to advantage of an opportunity for shared learning and be proactive based on that learning. Each week the team meets to discuss any events that may or may not be recorded in RO-ILS.

A FOCUS ON EVERY POINT OF CARE

Our Radiation Oncology department works diligently at each point of care to collaborate with other providers associated with the patient providing their cancer care. This can be challenging as a single service line in a very comprehensive treatment model. The Radiation Oncology team works closely with the patient navigators and Medical Oncology departments to ensure the patient's autonomy and dignity are respected though their treatment process. This includes ensuring the patient is navigated to the appropriate providers and procedures for each unique case.

This mission is carried through from the initial visit to the last follow-up appointment. The Radiation Oncology department along with the Cancer Committee strive to inform and aid in efforts to prevent cancer in our community. Efforts such as: distribution of cancer prevention information, sharing data on cancer statistics of the community, and participating in cancer related screenings. For instance, a calendar was created to distribute to the community with cancer prevention, screening, and resource information. Educating the community on these topics promotes the health and well-being of our community.

TRACKING OF PATIENT/FAMILY GRIEVANCES

ANNUAL ASSESSMENT & REPORT

CHWC knows that there is always a significant opportunity for learning when we open ourselves to patients and families who are not satisfied with our services. We began formally tracking "grievances" in 2017. A "grievance" is considered to have taken place when a patient and/or family expresses concern about care and/or services either verbally or in writing. A "grievance" is not about monies, bills or charges. It is about care provided and services rendered. Here is the 2017/2018 full year outcomes report.

Department/Service	Total Grievances	Patient Visit Activity for the year	Calculated "Grievances per 1000 visits"
Bryan Hospital Medical Surgical Service	4	769 patients	5.2 / 1000
Combined Bryan and Montpelier Emergency Departments	39	18,066 visits	2.03 / 1000
Surgical Services	6	5,348 procedures	1.12
CHWC Clinics	2	No measure established	
Imaging Services	1	No measure established	

- There were 52 total formal grievances for this measurement year.
- If a department/service is not listed then there were no formal grievances reported.
- Is there under-reporting? We do not believe so. Patients and families who express concerns while care and services are actually taking place…and CHWC addresses those concerns before the completion of care…we do not record these as grievances.
- The Emergency Department can be a difficult place to meet patient expectations. Therefore we are not surprised that 39 of the 52 complaints involved this department. But with over 18,000 patient visits we believe the number of grievances is acceptable, although we will always strive for fewer complaints.
- What we learn more than anything else in our investigations is that the complaint is most often regarding the patient's negative experience in terms of staff providing prompt attention, listening skills and giving respect. The complaints are not often about misdiagnoses or incorrect care. Rather, the patient felt ignored, not listened to, disregarded, etc. This is a great learning tool for our staff and we treat what we learn as an opportunity to grow, and we try very hard not to "punish" staff based on what we learn.

WE BELIEVE IN PRICING TRANSPARENCY

CHWC, along with all of our Ohio hospital peers wants very much to give every patient accurate information on the costs of our services. There are many obstacles beyond our direct control that prevent a truly simple process for knowing the cost of health care before getting services. Over the course of a year CHWC interacts with thousands of patients who have dozens of different insurance plans that work in hundreds of different ways. Trying to determine the cost of a service for a patient with private or employer provided health insurance is complicated by the need to know the patient's obligations, at that particular moment in time, for deductibles not yet met and whether there are required co-payments. The is no real-time solution for checking every patient's insurance plan and their current status.

Nevertheless, CHWC wants to work with people who need and want to know this information. We have staff who can work with patients and give them the best possible estimates for care and services. Anyone wanting our pricing can call 419.636.1131 and ask to be directed for patient pricing information.

We Offer Prompt Payment Discounts

CHWC offers patients a prompt payment discount of 15% when a bill is paid in full within 30 days of the first statement date. If a patient wants a larger discount these requests are advanced to CHWC Administration for consideration. If payment in full is not possible, the guarantor is asked to make monthly payments to pay the account in full within 18 months, and with a minimum payment of $50.00 per month. Exceptions can be made to these payment guidelines to allow a smaller payment or extended time to pay off the bill.

Helping self-pay patients deal with large surgery bills

For self pay elective procedures in surgery, CHWC will accept a substantial discount but will require two-thirds of the discounted fee to be paid before the surgery is scheduled and the remaining one-third within 30 days of the statement. As a first step our Case management professionals will verify with patient accounts if the patient has qualified for charity care within the past three months and if so will apply the charity discount to the service, which could be at 100% and thus require no prepayment.

Direct access testing (DAT); another method to save patients money

Ohio Law allows patients to request and pay for lab tests without a physician order. Results are sent directly to the patient and follow up of the test results are the sole responsibility of the patient. A specific list of Lab tests has been approved by CHWC to be offered to patients under this provision. DAT testing is available at all CHWC locations during staffed hours, no appointment is needed. Lab staff will assist the patient in choosing the tests desired, giving direction to avoid duplication of results. The order form indicates the need for fasting status. Critical results will be called to the patient, with instruction to seek immediate medical attention from their health care provider or the closest emergency department. When all results are complete, a hardcopy set of results will be mailed to the patient.