

# CRITICAL ACCESS HOSPITAL ANNUAL REPORT

2023 Year-In-Review

LUCAS **LC** COUNTY  
HEALTH **HC** CENTER

An Affiliate of  UnityPoint Health



# SUMMARY

Marked by a steadfast commitment to community well-being and significant accomplishments, 2023 was a phenomenal year for Lucas County Health Center. Below are the key highlights that define our fiscal year.

## July 2022: Facility Master Plan Pause

Due to the economy, rise in interest rates, and rise in materials/labor costs, our Leadership Team and Board of Trustees voted to pause the project and revisit its current state each quarter.

## July 2022: Community Benefit Contributions

LCHC proudly surpassed expectations by contributing over \$4.5 million in community benefits. This substantial investment reflects the dedication to increasing access to care and improving the overall health and well-being of our community.

## August 2022: Medical Clinic Expands Hours

Responding to the evolving needs of the community, our medical clinic expanded its hours to include Tuesday and Thursday evenings. This initiative aims to improve accessibility and ensure that healthcare services are available at times that are convenient.

## September 2022: CEO Returns

LCHC proudly announced that Brian Sims would be returning to the CEO position at LCHC. Sims was previously the CEO and left in September 2020.

## October 2022: Iowa Clinic Cardiology

Dr. Luke Groben with The Iowa Clinic Cardiology began seeing patients at LCHC Medical Clinic.

## October 2022: First Knee Replacement

Dr. Ian Lin and LCHC's Surgery Team hit a milestone achievement when they performed their first total knee replacement surgery.

## November 2022: Chartis Performance Leadership Award for Patient Perspective

LCHC was proud to receive the esteemed Performance Leadership Award for Patient Perspective, an award that honors top-quartile performance among rural hospitals.

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## December 2022: Surgeon Changes

After Dr. Mike Thompson announced he would be moving out of the area, Dr. Paul Conte joined the surgery team and began performing surgeries.

## March 2023: Strengthening Community Ties

LCHC demonstrated its commitment to community well-being by donating first aid kits to Lucas County Little League. This initiative aligns with our mission to support local organizations and enhance the safety of the community.

## May 2023: Trustees Attain Prestigious Certification

LCHC's trustees achieved certification from the Iowa Hospital Association, earning a coveted three-star certification. Being one of only seven hospitals in the state to receive this recognition highlights the commitment to governance and exceptional standards.

## May 2023: Honoring Nursing Excellence

Branigan Head was named the DAISY Award winner, a testament to the contributions and compassion demonstrated by LCHC nursing staff.

## May 2023: Future Addition To Team

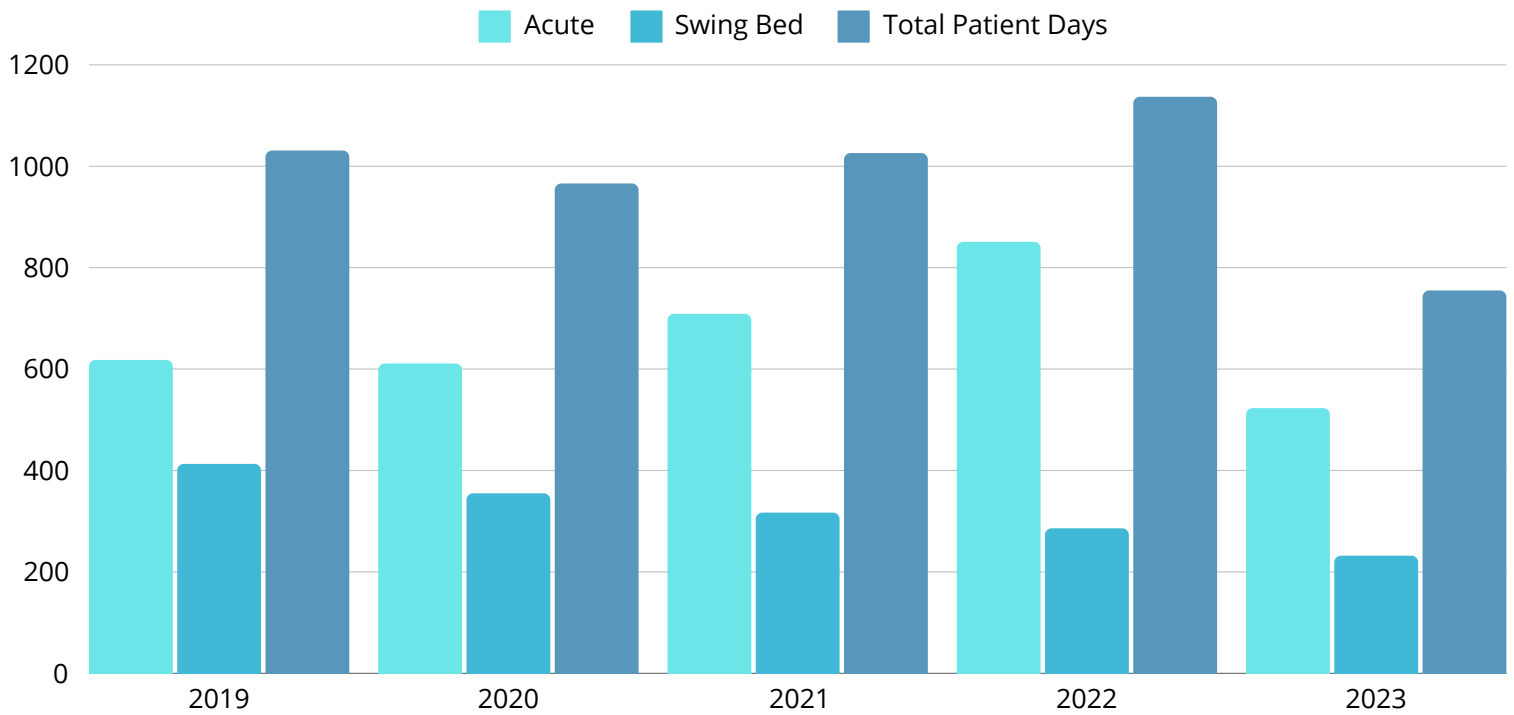
LCHC announced plans to welcome Dr. Zach Johnson in the fall of 2024. This underscores our commitment to providing top-tier healthcare services to the community.

# UTILIZATION OF SERVICES


During the twelve (12) month period being reported, Lucas County Health Center experienced a decrease in the number of acute patient admissions, a decrease in the number of acute patient days, a decrease in the number of swing bed admissions, and a decrease in the number of swing bed patient days.

Total combined admissions decreased by 26.89% and the combined total patient days decreased by 33.60%. The average length of stay for acute care during the twelve (12) month period being reported was at 3.21 days, which is a decrease of 13.24% over the prior twelve months.

## Total Patient Days (Acute/Skilled)



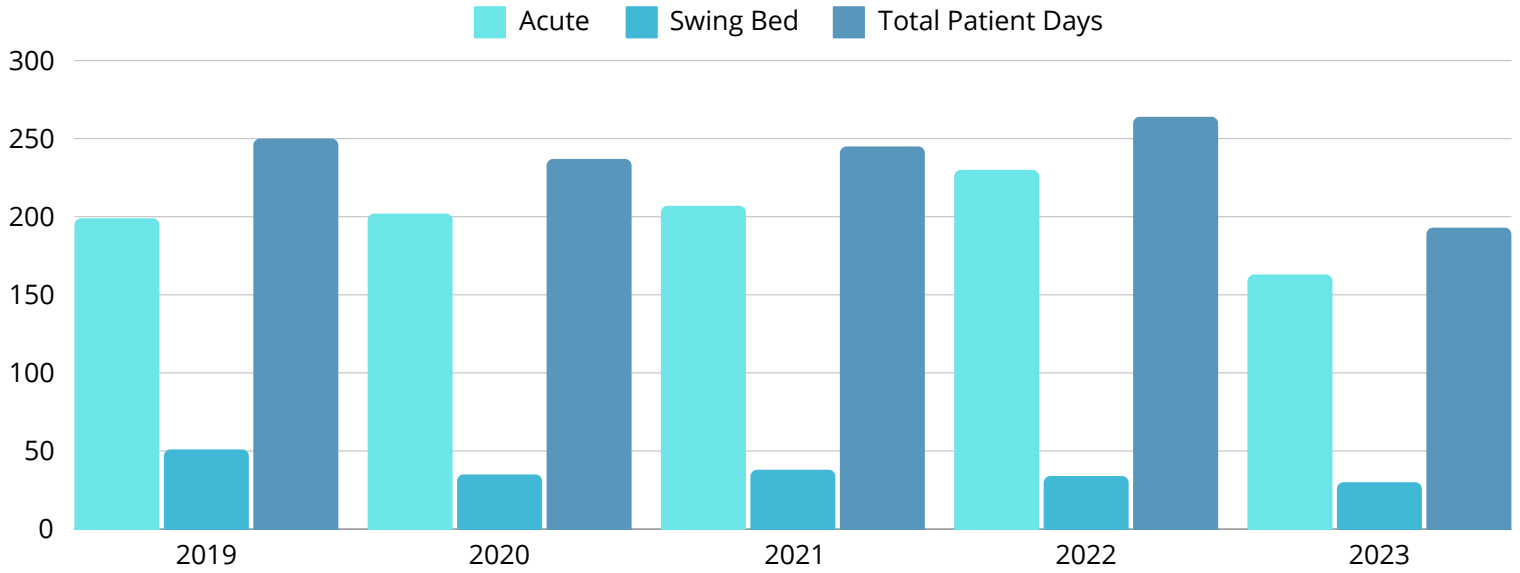
	2019	2020	2021	2022	2023	% Change (22-23)
Acute	618	611	709	851	523	(38.54%)
Swing Bed	413	355	317	286	232	(18.88%)
Total Patient Days	1031	966	1026	1137	755	(33.60%)



43.8%

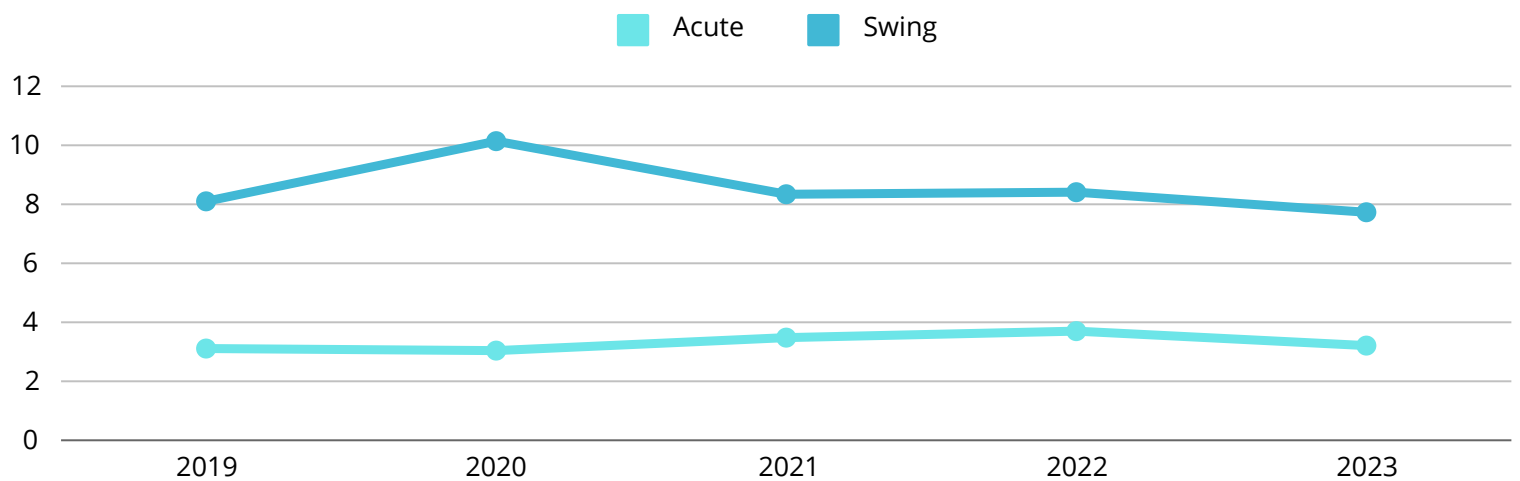
Observation patient days increased by 43.8% in fiscal year 2023

## Total Admissions (Acute/Skilled)



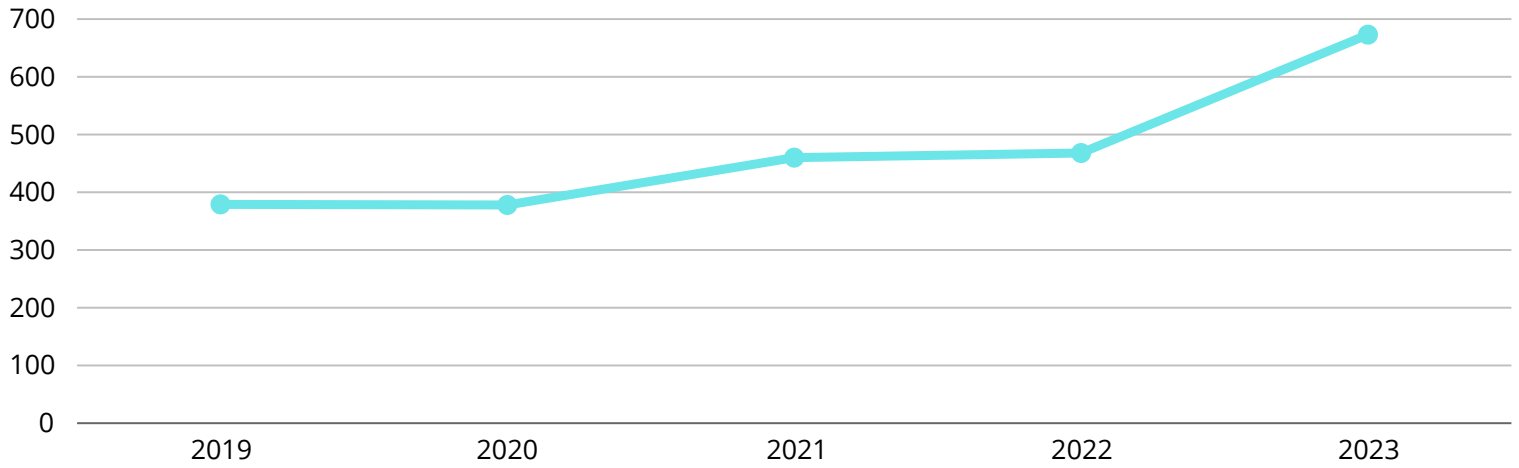
	2019	2020	2021	2022	2023	% Change (22-23)
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Swing Bed	413	355	317	286	232	(18.88%)
Total Patient Days	1031	966	1026	1137	755	(33.60%)

## Length of Stay (Days)



	2019	2020	2021	2022	2023	% Change (22-23)
Acute	3.11	3.04	3.48	3.7	3.21	(13.24%)
Swing Bed	8.1	10.14	8.34	8.41	7.73	(8.09%)

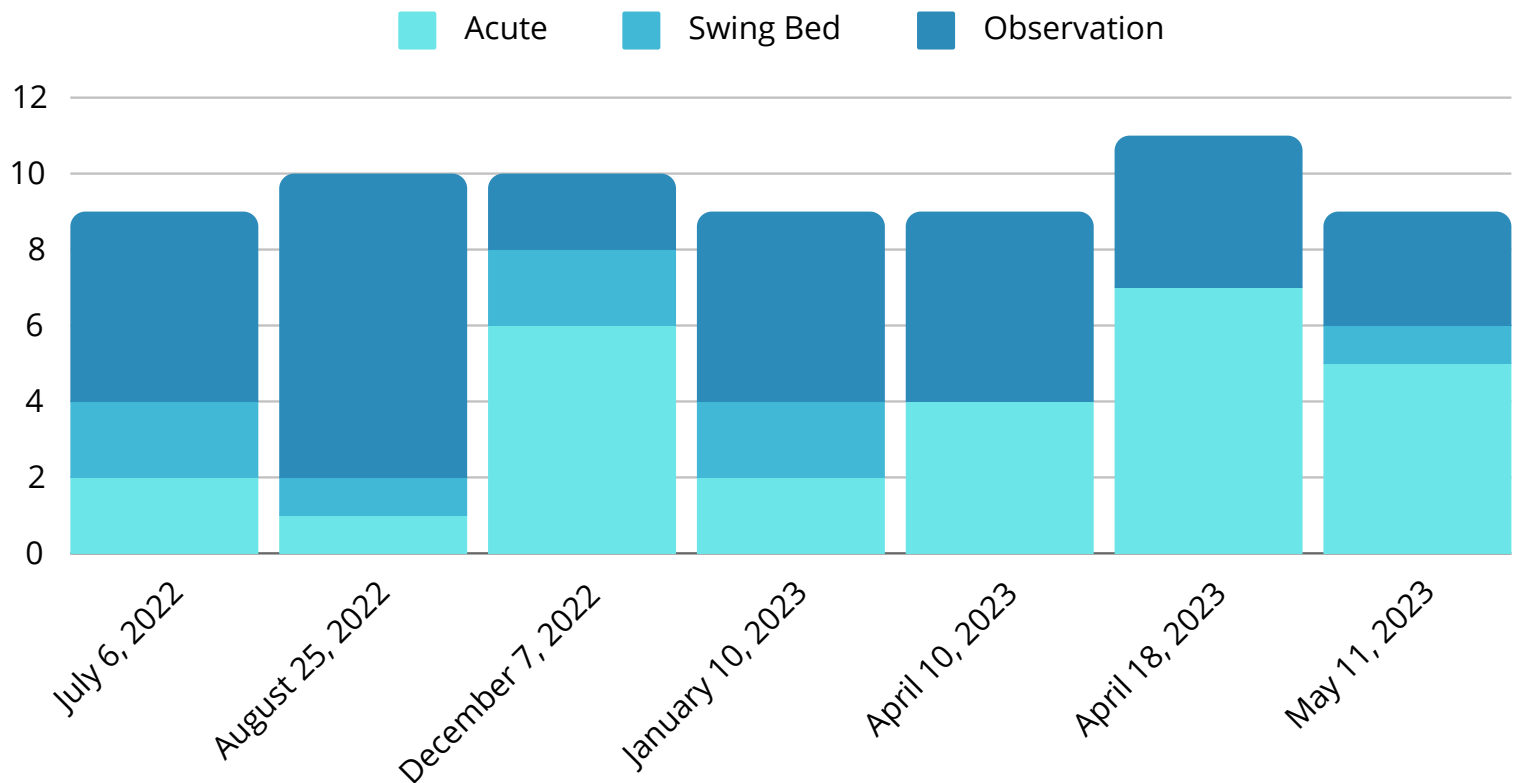
## Observation Patients (Patient Days)



	2019	2020	2021	2022	2023	% Change (22-23)
Patient Days	379	378	460	468	673	43.80%

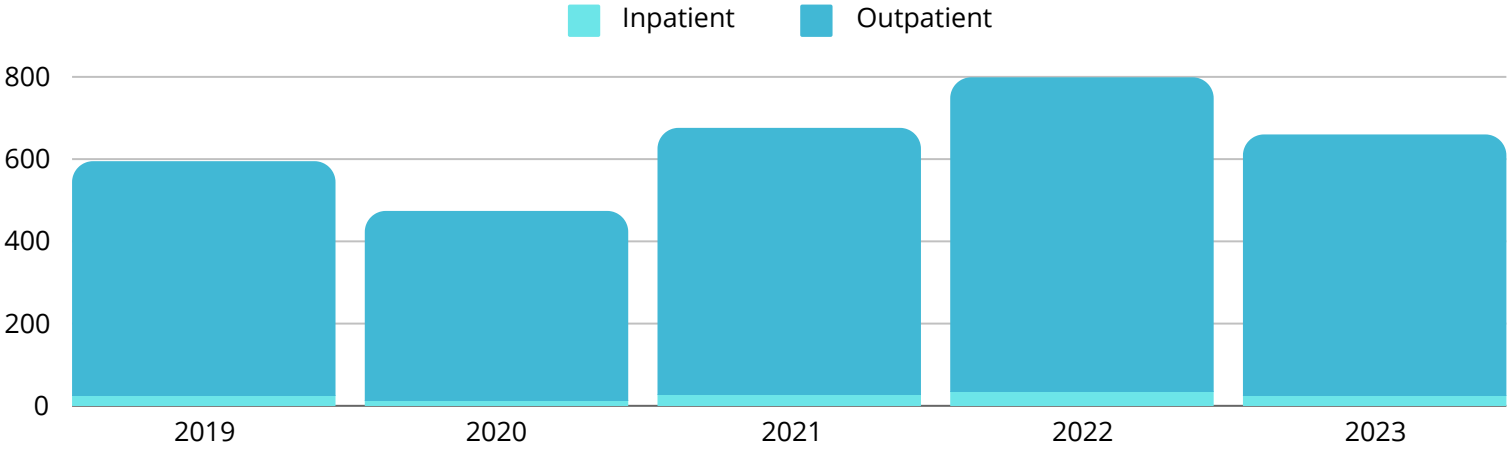
## High Census Days

During the twelve (12) month period being reported, the following dates are the days that LCHC experienced the highest census days.



# Surgery Services

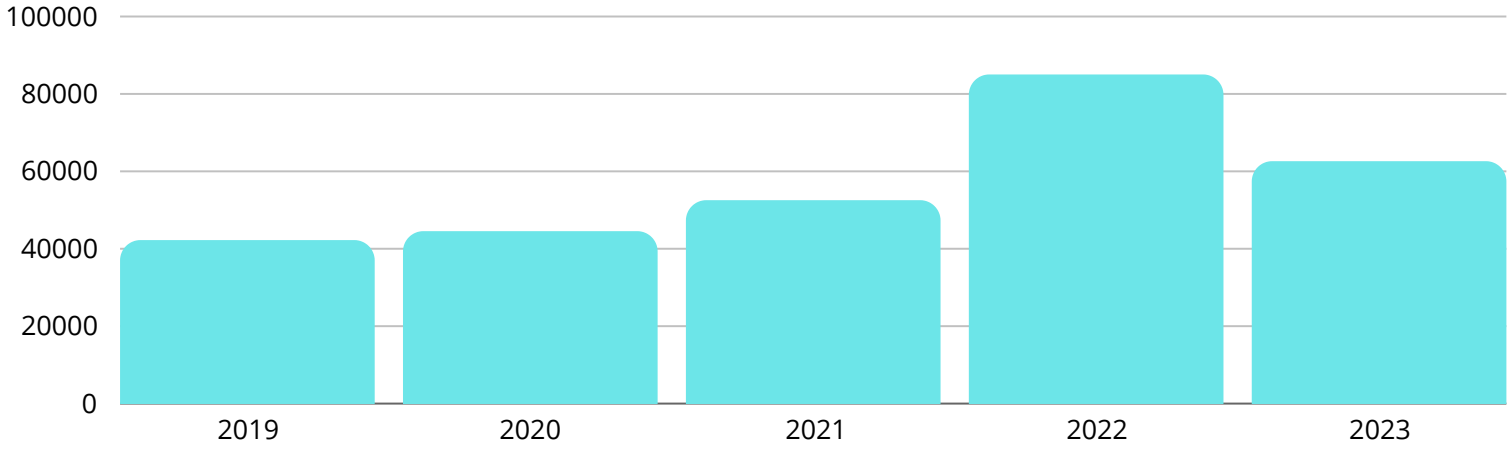
During the twelve (12) month period being reported, inpatient surgery procedures decreased 29.41% over the previous year. Outpatient surgery procedures decreased by 16.99%. Dr. Thompson left the Health Center in December of 2022. Dr. Paul Conte began providing general surgery services in January of 2023. Additional opportunities for surgeries are being explored.



	2019	2020	2021	2022	2023	% Change (22-23)
Inpatient	25	14	27	34	24	(29.41%)
Outpatient	570	460	649	765	635	(16.99%)
Total Procedures	595	474	676	799	659	(17.52%)

# Laboratory

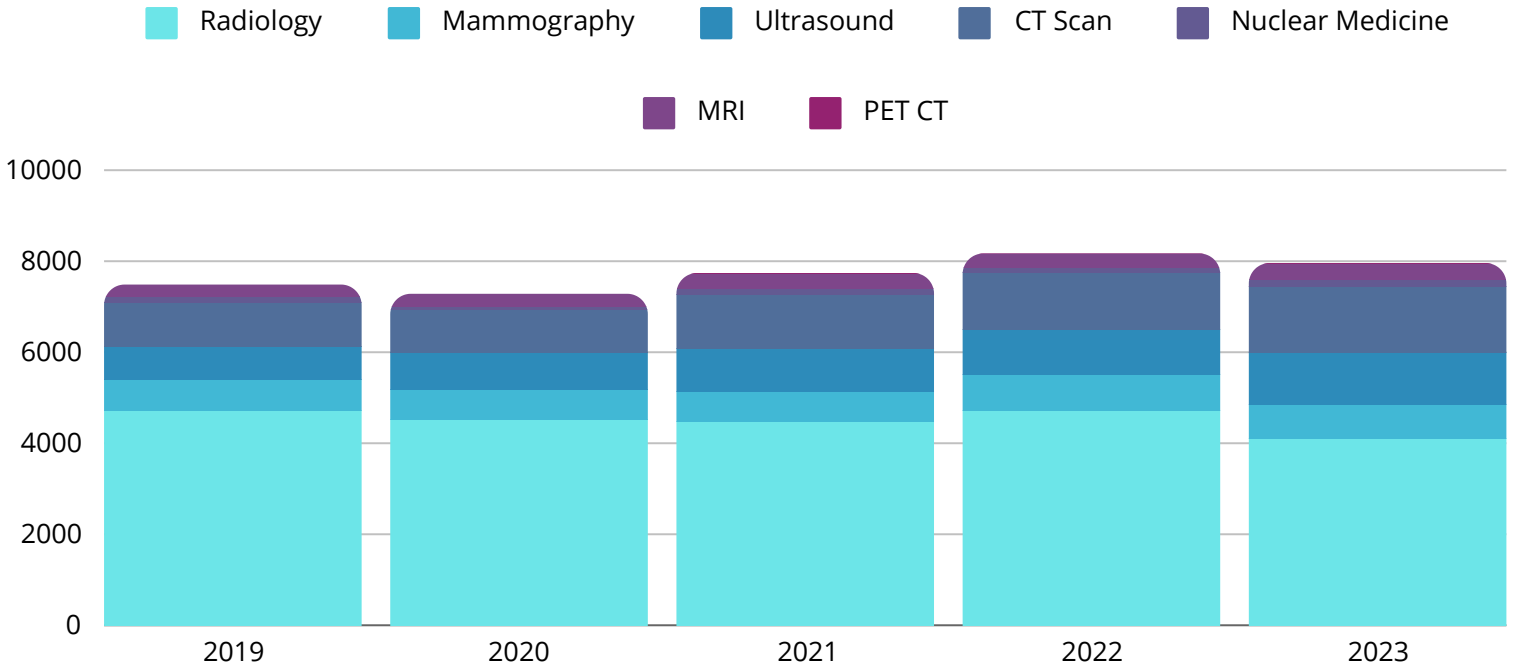
Laboratory procedures decreased by 26.35% over the previous year. COVID-19 tests performed last year totaled 6,000, with this year falling to 3,500 tests. The Blood Bank Agreement between LCHC and ImpactLife (formally Mississippi Valley Regional Blood Center) was reviewed and approved by the Medical Staff in June.



	2019	2020	2021	2022	2023	% Change (22-23)
Laboratory Tests	42,237	44,543	52,546	85,024	62,620	(26.35%)

# Diagnostic Imaging

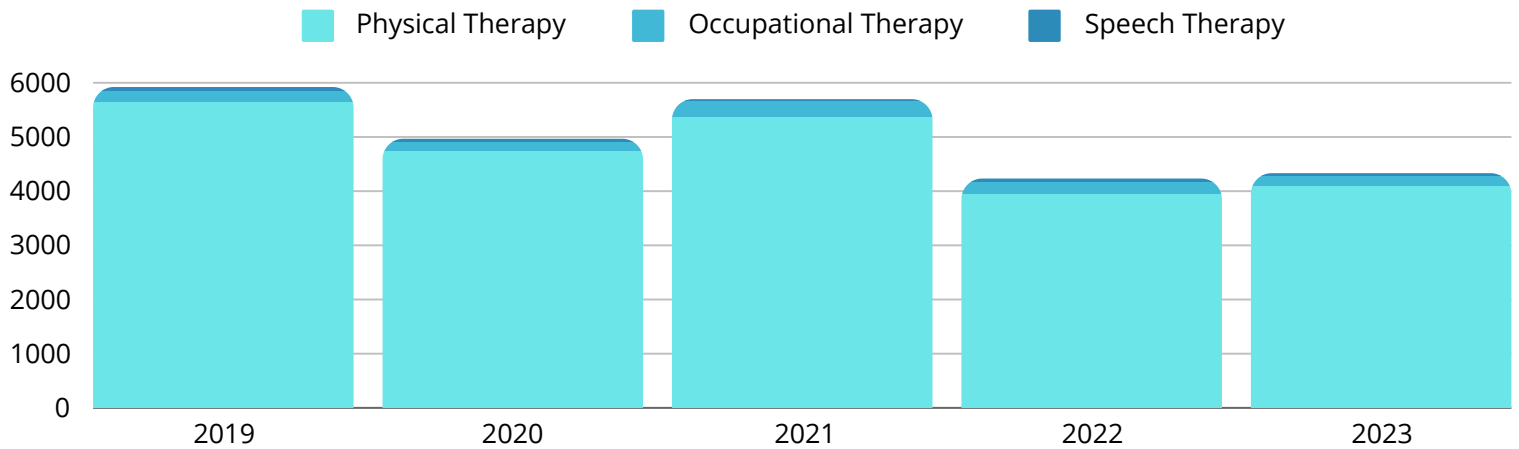
Total diagnostic imaging procedures overall decreased 2.58% in fiscal year 2023. PET CT and Nuclear Medicine saw the largest increases in procedure counts. Nuclear Medicine, PET CT, and MRI scans are provided as a contracted service by outside trained technicians. In October of 2022, the MRI day was moved to Saturday. MRI tests show the highest numbers since 2005. The department continues to collaborate with the physicians and other hospital staff to secure all required pre-authorizations prior to a test being performed.



	2019	2020	2021	2022	2023	% Change (22-23)
Radiology Procedures	4,722	4,517	4,470	4,727	4,110	(13.05%)
Mammography	670	668	674	774	746	(3.62%)
Ultrasound	742	806	932	1,009	1,138	12.78%
CT Scan	961	943	1,183	1,241	1,453	17.08%
Nuclear Medicine	132	73	145	113	143	26.55%
MRI	260	277	323	295	354	20.00%
PET CT	0	0	13	10	14	40.00%
Total Procedures	7,487	7,284	7,740	8,169	7,958	(2.58%)

## Therapy Services

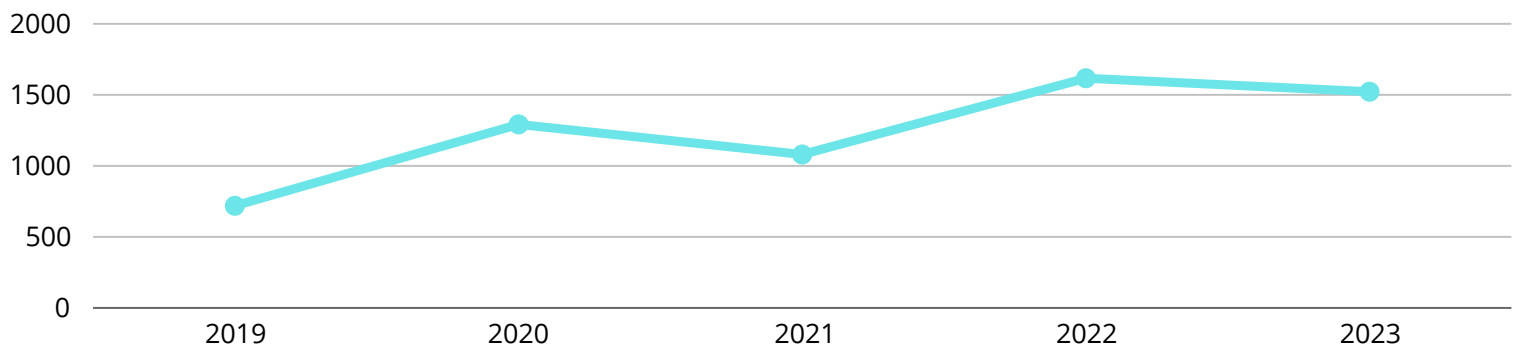
During the past twelve months, physical therapy experienced an increase in volume of 3.71%, occupational therapy experienced a decrease in volume of 16.82%, and speech therapy experienced a decrease in volume of 22.92%. There are currently three physical therapists in the department. Speech and occupational services are being provided by a contracted service; however, a decision to hire staff in these two areas was made at the end of fiscal year 2023.



	2019	2020	2021	2022	2023	% Change (22-23)
Physical Therapy	5,649	4,748	5,382	3,965	4,112	3.71%
Occupational Therapy	214	168	292	220	183	(16.82%)
Speech Therapy	59	51	24	48	37	(22.92%)

## Infusion Therapy Services

Infusion therapy includes services such as outpatient injections, chemotherapy infusions, and Infusaport/PICC line blood draws. Infusion Services experienced a 5.88% decrease in services provided to patients from the prior year.

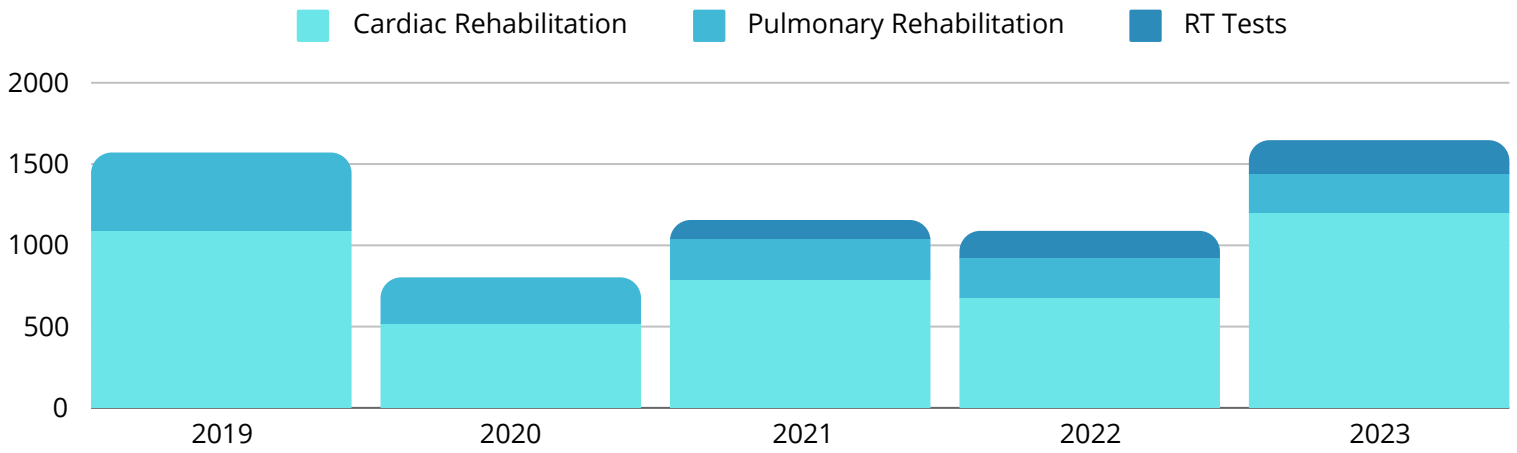


	2019	2020	2021	2022	2023	% Change (22-23)
Infusion Therapy	719	1,292	1,080	1,617	1,522	(5.88%)



## Respiratory Therapy and Cardiac/Pulmonary Rehabilitation

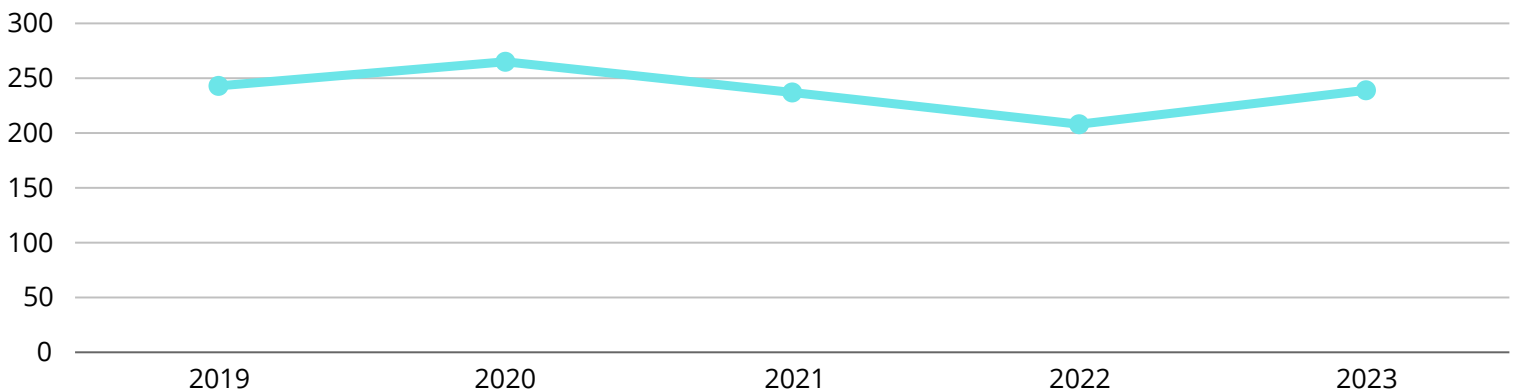
Cardiac Rehabilitation experienced a 76.91% increase from the prior year. Pulmonary Rehabilitation experienced a 2.04% decrease. The Respiratory Therapy department added sleep studies to its service line in March of 2022. RT tests reported here include pulmonary function tests and sleep studies.



	2019	2020	2021	2022	2023	% Change (22-23)
Cardiac Rehabilitation	1,089	520	792	680	1,203	76.91%
Pulmonary Rehabilitation	482	283	252	245	240	(2.04%)
RT Tests			112	164	204	24.39%

## Diabetes Education

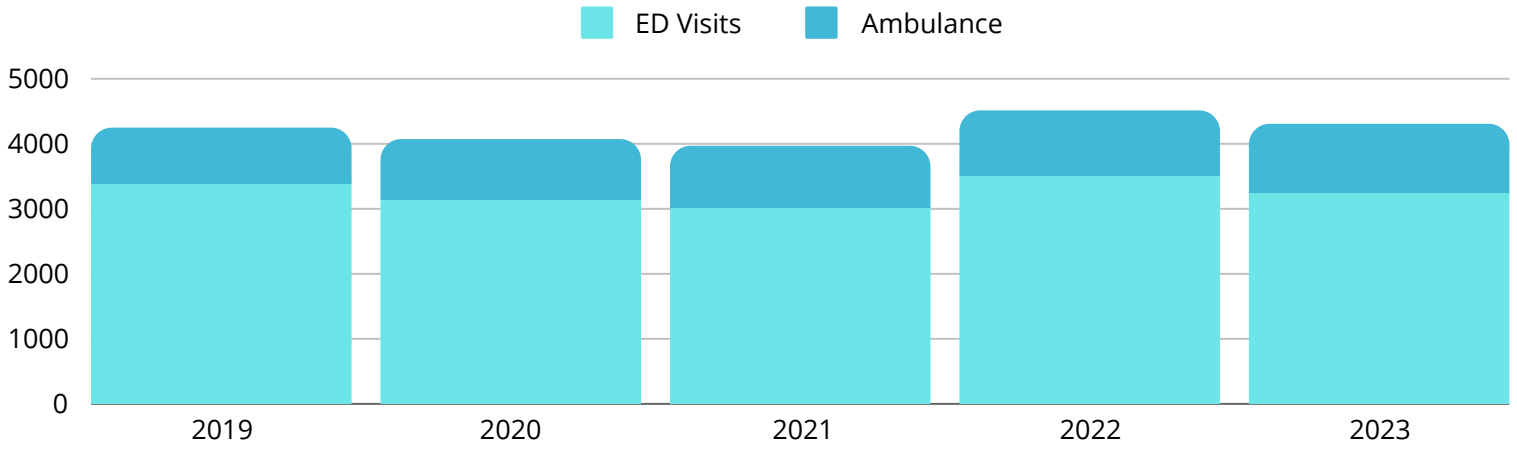
Diabetes Education services are provided by Linda Klejch, CDE, RD, one day a week. Diabetes Education offers important information to improve health and quality of life for those with diabetes. Individuals and their loved ones learn to manage the disease and decrease the risk of long-term complications. Diabetes Education visits experienced a 14.90% increase in services provided to patients from the prior year.



	2019	2020	2021	2022	2023	% Change (22-23)
Visits	243	265	237	208	239	14.90%

## Emergency Department & Ambulance Services

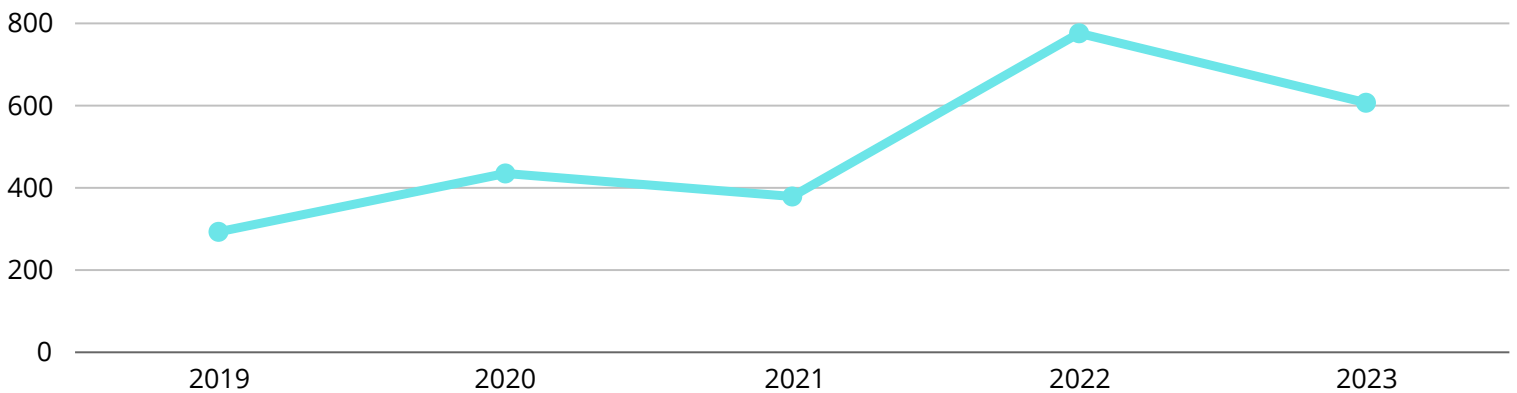
Emergency Department visits decreased by 7.18% from the prior year. Ambulance runs increased for the 2022-2023 year by 4.57%. These ambulance numbers are the highest on record since 2005.



	2019	2020	2021	2022	2023	% Change (22-23)
ED Visits	3,390	3,136	3,021	3,508	3,256	(7.18%)
Ambulance	859	937	949	1,006	1,052	4.57%

## Wound Care Services

Wound Healing Clinic experienced a decrease of 21.78% in patient visits from the prior year. Dr. Sundquist and Dr. Muhm provided services in the Wound Healing Department in fiscal year 2023.



	2019	2020	2021	2022	2023	% Change (22-23)
Visits	293	435	379	776	607	(21.78%)

## Outpatient Specialty Services

The Outpatient Specialty Services leases office space to providers to offer specialty services that otherwise would only be available in metro areas or at other healthcare facilities. Specialty providers for 2022-2023 included the following:

Ravinder Agarwal, MD	Allergy/Immunology
Martin Aronow, MD	Cardiology
Laurie Barr-Cronin	Orthotics/Prosthetics
Rodney Clark, ARNP	Dermatology
Daniel Dodge, DO	Pulmonology/Sleep Medicine
Amerlon Enriquez, MD	Pulmonology/Sleep Medicine
Craig Hoffman, PA-C	Cardiology
AnnMarie Kinsella	Hearing Instrument Specialist
Ian Lin, MD	Orthopedics
Mason Olson, HIS	Hearing Instrument Specialist
Eric Scott, MD	Vascular Surgery
Rebecca Sims	Audiology
Todd Troll, MD	Physical Medicine
Vignesh Viswanathan, MD	Nephrology
David Wonnell, PA-C	Otorhinolaryngology
Simon Wright, MD	Otorhinolaryngology
Fawad Zafar, MD	Urology

## Summary of Utilization of CAH Services

During the period being reviewed, Lucas County Health Center saw several statistics show a decrease in numbers. There was a notable change in the statistical reporting methodology starting in 2022-2023. This has caused a few statistics to show increases/decreases that may not reflect an accurate picture when compared to previous years. This will continue to be monitored to determine appropriate reporting methodology.

Patient days and admissions declined for both acute care and swing bed patients. Observation days saw a 43.80% increase over the prior year. Surgery saw a decrease in procedures, most likely due to Dr. Thompson's departure. Lab procedures showed a decrease in the number of procedures with COVID tests falling to a lower level. Radiology did show strong numbers, particularly in MRI, Ultrasound, and CT. The MRI patient day was changed to Saturday during this fiscal year. MRI numbers for the year were the highest since 2005. Infusion therapy saw a small decrease; however, the numbers are still strong when compared to previous years. The ambulance showed the highest number of runs since 2005. Occupational Therapy and Speech Therapy saw decreases in patient visits. LCHC is looking to hire staff for these areas to reduce the reliance on contracted staff.

# QUALITY IMPROVEMENT

The Quality Improvement (QI) Committee is comprised of three physicians, the Chief Nursing Officer, Quality Improvement Manager, Chief Operating Officer, Laboratory Manager, and the Infection Control Manager. During the last twelve months, the QI Committee met twelve (12) times. All Departments are responsible for identifying quality indicators, monitoring, and implementing changes for improvement, and sharing reports with the QI Committee. The information from the QI Committee is also reported to the Medical Staff and the Board of Trustees. Review of criteria reported, and areas of improvement continues by the Quality Improvement Committee on a quarterly basis.

Additional areas of review include medication errors, patient complaints, unplanned returns to the Emergency Department, trauma reviews, sepsis reviews, and morbidity reviews.

## **Clinical Monitoring**

Clinical monitoring audits and reviews include Care Plan audits, blood usage reviews, trauma alert reviews, billing compliance audits, medication errors reviews, acute myocardial infarction transfer reviews, readmissions, and patient falls reviews. Based on the data monitored, quality improvement activities have been identified and corrective action has been taken to improve services/processes related to patient care and/or customer service.

## **Infection Prevention**

100% of acute and skilled records were reviewed for the twelve (12) month period being reported, totaling 1,494 patient days. There was one hospital-acquired infection during this time for a nosocomial rate of 0.67 per 1,000 patient days. The last fiscal year showed a nosocomial rate of 0.61 per 1,000 patient days.

There was one *Clostridium Difficile* patient, which is a reportable condition to the National and State Departments. Staff member hand hygiene observations continue and LCHC scores have increased from last year and remain in the 90 to 97% range. Employee training and in-services continue as a reminder of the importance of hand hygiene and isolation precautions. Infection Control staff and pharmacy have implemented an antibiotic stewardship program. An antibiogram is being distributed to all providers yearly. Antibiotic use is reported to the P&T Meeting quarterly. Antibiotics are reviewed within 48 hours of initiation to determine the need/correctness of antibiotic therapy. The pharmacist speaks with providers about changing or stopping antibiotics if necessary.

## **Medical Records Review**

In accordance with 485.641 (a)(1)(ii), Lucas County Health Center conducted a review of both open and closed clinical records. The records were selected by choosing a sample representation of open and closed clinical records for the fiscal year ending June 30, 2023. This review includes an evaluation of required forms, insurance verifications, orders signed/dated, charges, coding, and billing processes.

The Nursing Department Managers and/or applicable ancillary Department Managers, and the Revenue Cycle Manager are responsible for conducting annual open and closed clinical records review. Charts from each service type are audited quarterly for medical necessity, documentation practices, appropriateness of care, level of service review, and billing compliance. These reviews were performed as a part of the Compliance Committee meeting. Additional charts are reviewed as part of the quality improvement program as mentioned earlier in this report.

# QUALITY IMPROVEMENT

## Peer Review

The LCHC peer review process is a non-biased activity performed to measure, assess and, when necessary, improve performance on an organization-wide basis. All practitioners providing diagnosis and/or treatment at LCHC will undergo the peer review process at least once per credentialing period. LCHC has developed peer review triggers and processes for external peer review utilizing the network hospital, UnityPoint Health-Des Moines.

## EMTALA & Transfers

EMTALA transfer documentation is reviewed by the ED Manager after patient transfer. Any issues identified are sent to the nurse and/or provider for education.

## Blood Product Review

100% of all blood product transfusions were reviewed for compliance and appropriateness. The issues identified over the past year included missing patient education and vitals as per policy. Both of these issues have improved from the prior year. As issues are found, emails are sent to the involved staff educating them on the proper process.

## Patient Satisfaction

Lucas County Health Center uses several methods to measure patient satisfaction. Phone calls are placed to patients after discharge from the Emergency Department, Medical Surgical Department, and Surgery Department to assess their satisfaction with services. In January of 2022, the Health Center moved to a new patient satisfaction survey vendor, NRC Health. NRC Health distributes the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys to patients, along with shorter surveys for other patient-facing Health Center departments. Patient satisfaction metrics are reviewed and discussed at the Medical Staff and Board levels. The new vendor uses a Net Promoter Score (NPS) to measure and compare patient satisfaction. NPS changes the focus from satisfaction, which can be fleeting, to loyalty. The formula for calculating Net Promoter Score is  $NPS = \% \text{ Promoter (those scoring LCHC 9 \& 10)} - \% \text{ Detractors (those scoring LCHC 0-6)}$ .

The results of patient surveys are shown on the next page.

## Patient Survey Data

Department	2022 NPS Score	2022 N-Size	2023 NPS Score	2023 N-Size
Med Surg	81	69	81.82	121
Cardiac Rehab	100	2	88.2	17
CT	93.3	15	80.8	26
Diabetes Education	100	5	87.5	16
Emergency Department	73.9	88	76.4	225
General Radiology	89.7	68	86.1	158
Lab Administration	76.9	39	87.7	81
Mammography	82.9	41	94.1	102
MRI	90	10	91.9	37
Nuclear Medicine	100	6	76.5	17
Occupational Therapy	100	2	33.3	3
Outpatient Services	56.3	16	94.4	54
Physical Therapy	80	30	92	75
Pulmonary Rehab	100	1	100	8
Respiratory Therapy	100	8	89.3	28
Speech Therapy	100	1	33.3	3
Surgery	84.3	51	85.8	120
Ultrasound	80	25	88.7	71
Wound Clinic	100	1	60	5
Medical Clinic	82.3	559	81.9	1,272

# FINANCIAL PERFORMANCE

## Gross Patient Revenue

During the last fiscal year, gross patient revenue increased by 7.87%.

## Contractual Deductions

Overall, contractual deductions as a portion of gross patient revenue increased 4.58% during fiscal year 2023.

## Net Income (Loss)

Lucas County Health Center's total operating revenue increased \$2,572,969 in 2023. Total salaries and benefits decreased by 8.6% to \$15,161,949 and total professional fees and purchased services increased 40.8% to \$2,760,575 in fiscal year 2023. Lucas County Health Center reported net income of \$1,153,384.

Critical Access Hospital designation is extremely important to the financial viability of Lucas County Health Center. The CAH designation allows LCHC to continue providing services to the citizens of the community, fund depreciation so that the hospital can maintain the quality of equipment/technology necessary to be competitive and support the economy of the community by employing 211 individuals.

	2019	2020	2021	2022	2023	% Change (22-23)
Gross Patient Revenue	\$32,810,257	\$31,143,271	\$36,467,326	\$41,898,351	\$45,193,956	7.87%
Contractual Deductions	\$13,175,277	\$11,227,937	\$14,137,527	\$15,790,045	\$16,512,681	4.58%
Net Income (Loss)	\$572,154	\$1,087,573	\$4,595,039	\$2,525,329	\$1,153,384	(54.33%)

# CRITICAL COMPETENCE

## Credentialing

Consistent with the CAH Network Agreement with UnityPoint Health – Des Moines, 100% of all medical staff and allied health professional new applications are reviewed by a representative of UnityPoint – Des Moines to ensure that Lucas County Health Center by-laws and policies were followed. In addition, 10% of all re-appointments were reviewed.

## Criteria included in the review are:

- Application
- Practice Information
- Affiliations
- Employment History
- Professional references
- Education
- Continuing Medical Education information
- License number and expiration date
- DEA number and expiration date
- CSA number and expiration date
- Board Certification (if applicable)
- Liability Insurance coverage
- National Practitioner's Data Bank
- Authorization of Release of Information
- Date of Medical Staff Review and Recommendation
- Date of Board of Trustees decision/approval
- Letter of Approval sent to the applicant

Medical Staff appointments and re-appointments are reviewed by the LCHC Medical Staff Executive Committee who recommends appropriate action, such as approval or denial, to the LCHC Board of Trustees.

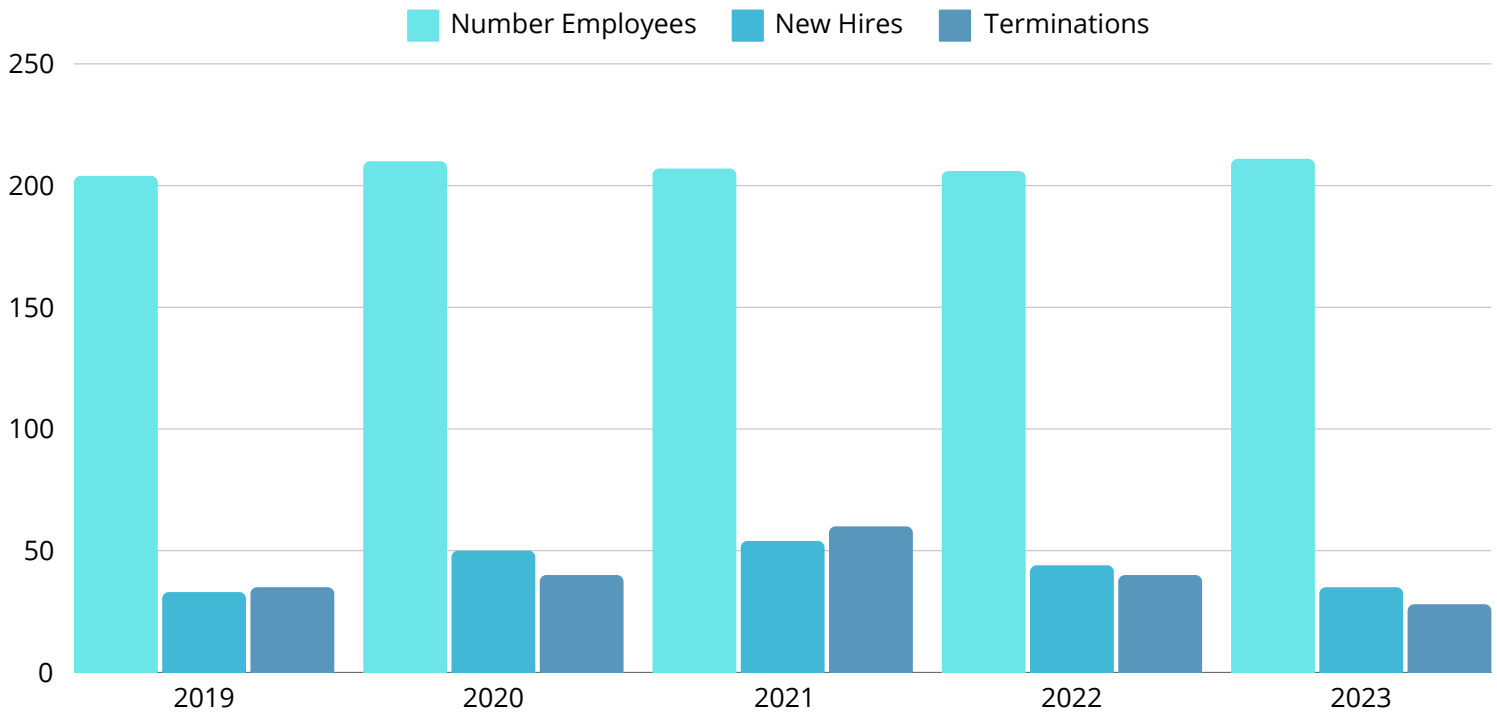
## Staff Competence

Specific to departments, various certifications are required but not limited to BLS, ACLS, PALS, TNCC, and cardiac monitoring. Along with these, the nursing department conducts annual competencies skills review of EMTALA, restraint use, equipment, and respiratory therapy. Mock Code Blue drills and Rapid Response Team drills are also now routinely performed. Hospital staff members complete annual competencies in Universal Precautions, TB, Infection Control, Fire Safety, General Safety, Customer Service, HIPAA, HAZMAT, Patient Rights & Responsibilities, Emergency Preparedness, Ergonomics, Workplace Violence, and SDS.



# HUMAN RESOURCES

As of June 30, 2023, LCHC employed 211 individuals compared to 206 one-year prior. The turnover rate decreased to 14.52% from 18.60% in the previous year with 28 terminations and 35 new hires.



	2019	2020	2021	2022	2023	% Change (22-23)
Number Employees	204	210	207	206	211	0.02%
New Hires	33	50	54	44	35	(0.2%)
Terminations	35	40	60	40	28	(0.3%)

# HIPAA COMPLIANCE

Lucas County Health Center incorporates HIPAA education in annual training required for all employees. A HIPAA program has been implemented, employees trained, and the process is being continuously monitored.

# PHYSICAL PLANT STANDARDS & SAFETY

Lucas County Health Center last received a Fire Marshall and Iowa Department of Inspections and Appeal recertification survey visit in October of 2020.

Routine safety programs which include biomedical equipment safety checks, electrical safety checks, routine maintenance of equipment, fire drills, tornado drills, safety inspections, emergency generator testing and sprinkler testing are completed annually or more frequently as required/recommended by code.

# GOALS

Goals for fiscal year 2024 include the following:

- Strategic Plan and Roadmap– The LCHC Board of Trustees created an updated five-year strategic plan for the Health Center. This functional strategic plan focuses on the areas of patient experience, provider/employee experience, community experience, and financial stability. The goals created will be the focus of the Health Center over the next several years and are as follows.
  - Improve and align quality outcomes with the patient’s perception of care.
  - Create a patient-centered culture where providers and employees work together to serve our communities become the healthcare “employer of choice.”
  - Increase awareness of services while upholding trust.
  - Have a 3% positive margin at the end of each fiscal year.
- Physician/Provider Recruitment – LCHC is continuously recruiting for providers to ensure patient access needs are met. Additional new strategies surrounding collaborating with specialist providers to provide services out of the Medical Clinic will create additional opportunities for local residents and additional visits for the Clinic.
- Surgical Options – LCHC will continue to evaluate the need for additional surgical specialties to ensure patient access is maintained.
- School Collaboration – LCHC will evaluate a scholarship program to assist local students who are entering a needed healthcare field.
- Upgrade Facilities and Equipment – LCHC has an aging plant and will continue with the facility master planning process to develop an upgrade and improvement strategy in the next year.
- Continue to recover from COVID-19 and develop processes that ensure we are better prepared for the next pandemic.
- Continue to stabilize and strengthen the workforce by offering competitive wages and a culture where people enjoy coming to work.