

CRITICAL ACCESS HOSPITAL ANNUAL REPORT

2024 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, 2024 was a phenomenal year for Lucas County Health Center. Below are the key highlights that define our fiscal year.

July 2023: Economic Impact

Lucas County Health Center (LCHC) generated 483.8 jobs and contributed \$23.7 million to Lucas County's economy in 2023. CEO Brian Sims highlighted LCHC's broader impact beyond healthcare, underscoring the hospital's role in improving the overall well-being of the community.

July 2023: Main Street Health Partnership

LCHC partnered with Main Street Health to improve healthcare outcomes through value-based payments. This collaboration focuses on addressing health disparities and enhancing care in smaller communities, aiming to create tailored solutions that promote wellness and foster a healthier population.

September 2023: Go Pink Volleyball Game

The Chariton Chargers and Clarke Indians hosted a successful "Pink Out" game on September 26, raising over \$1,000 each for LCHC and Clarke County Hospital to support local cancer patients. The event included a tribute to survivors, a moment of silence, and a lively auction, with proceeds going directly to cancer care.

October 2023: LCHC Managers Complete IHA Leadership Program

Managers Paige Nelson and Denise Smith completed the 2023 Iowa Hospital Association (IHA) Leadership Development Program, which refines leadership skills for healthcare professionals. They were recognized for their achievement at the IHA Annual Meeting.

October 2023: Photo & Art Contest

LCHC installed 10 new photographs in patient rooms, submitted by Iowa photographers. This initiative, aimed at promoting health and wellness through art, enhances the atmosphere for patients and their families.

March 2024: LCHC Ranks in 80th Percentile

LCHC ranked in the top 20% of rural critical access hospitals nationwide, surpassing the 80th percentile according to Chartis. The recognition highlights the hospital's commitment to high-quality care and patient satisfaction.

March 2024: Medicaid Directed Payment Program

LCHC received the first Medicaid Directed payments in March, which will be used to improve care and incentivize high-quality services for Medicaid beneficiaries. Part of the payment was allocated for staff retention bonuses.

April 2024: ServiShare Safety Spotlight Award

LCHC was awarded the ServiShare Safety Spotlight Award for its "Hear It, Clear It" program, designed to address patient falls. The initiative empowers staff to respond quickly to patient needs, promoting a culture of safety and care.

May 2024: Anderson Is IOMA Physician of the Year

Dr. Kenneth Anderson was named the 2024 IOMA Physician of the Year, honoring his nearly 40 years of service and leadership, including his role in establishing LCHC's medical clinic and his efforts during the pandemic.

June 2024: Employee Volunteer Days

LCHC launched volunteer days in 2024, with staff contributing time at Almost Home Animal Rescue in March and the local food pantry in June. These initiatives foster community engagement and strengthen connections with local organizations.

June 2024: New General Surgeon Joins LCHC

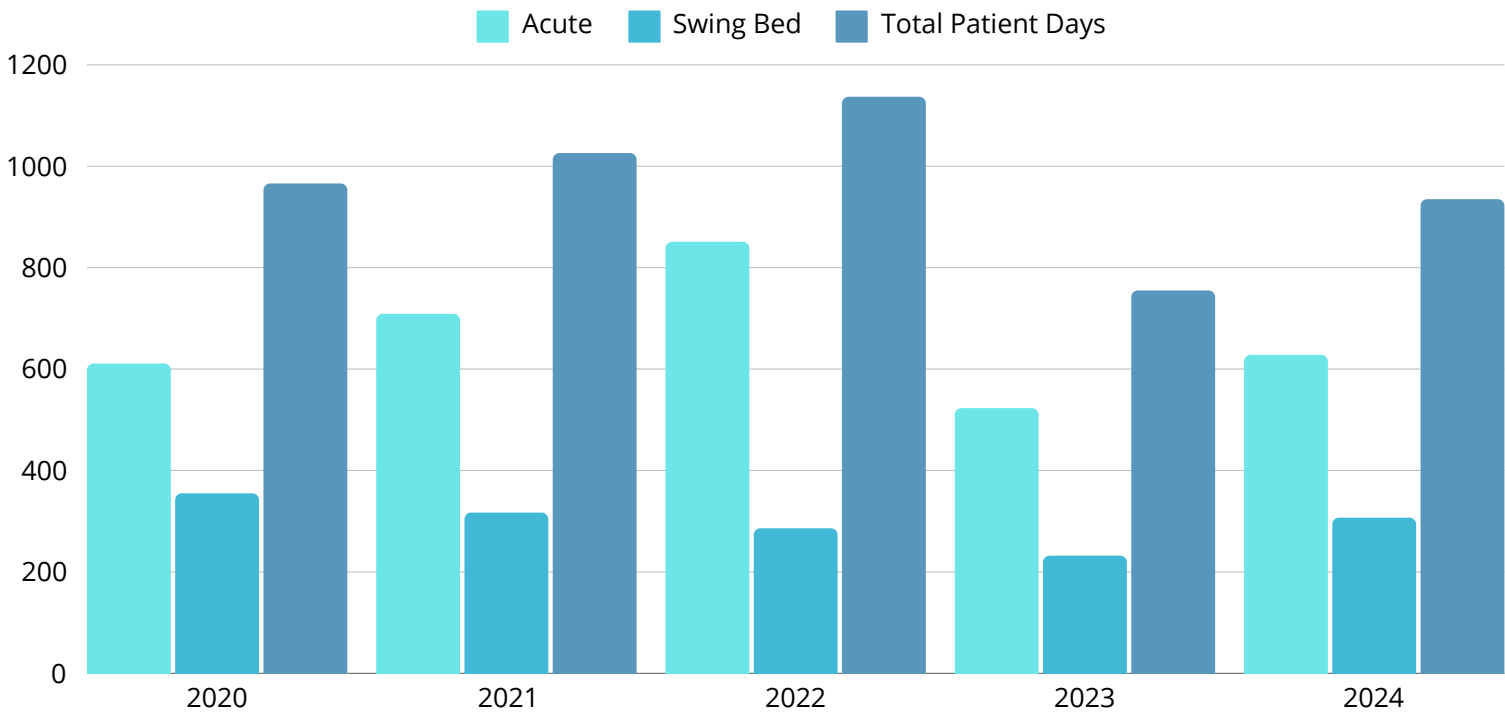
Dr. Casey Joe joined LCHC in June 2024 as a general surgeon, with plans to perform 300 cases annually.

UTILIZATION OF SERVICES

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

Total combined admissions increased by 11.4% and the combined total patient days increased by 23.84%. The average length of stay for acute care during the twelve (12) month period being reported was at 3.47 days, which is an increase of 8.1% over the prior twelve months.

Total Patient Days (Acute/Skilled)



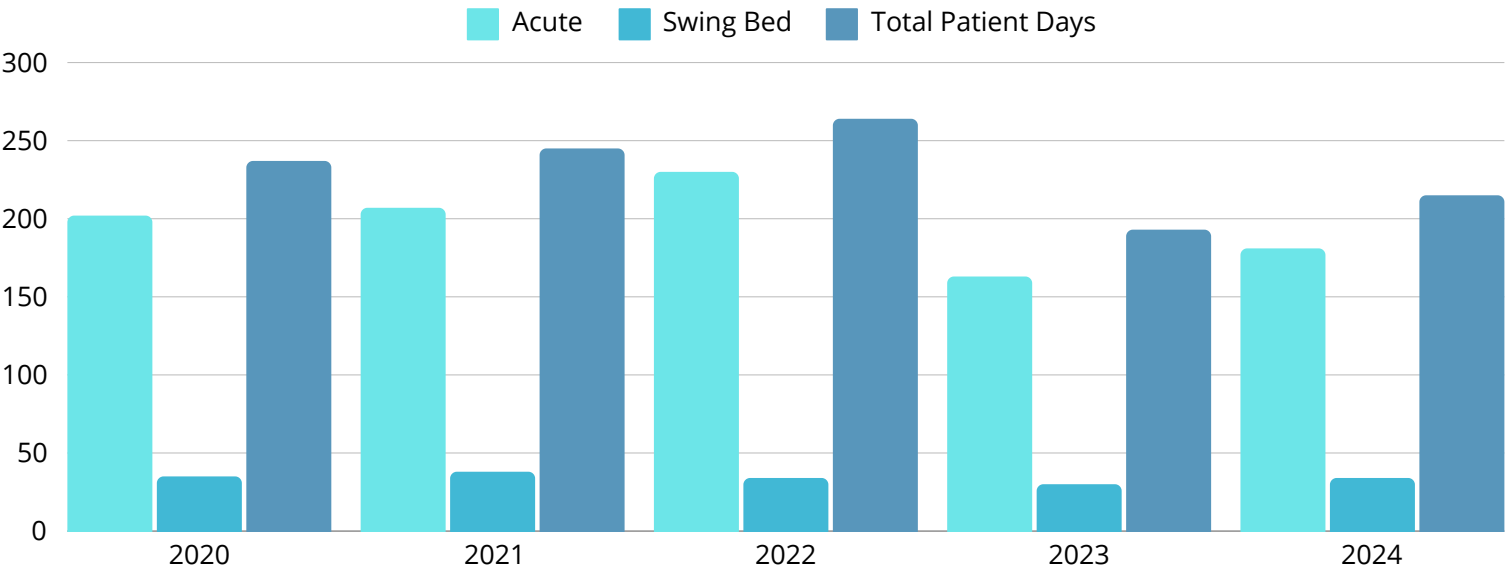
	2020	2021	2022	2023	2024	% Change 2023-2024
Acute	611	709	851	523	628	20.08%
Swing Bed	355	317	286	232	307	32.33%
Total Patient Days	966	1026	1137	755	935	23.84%



16.8%

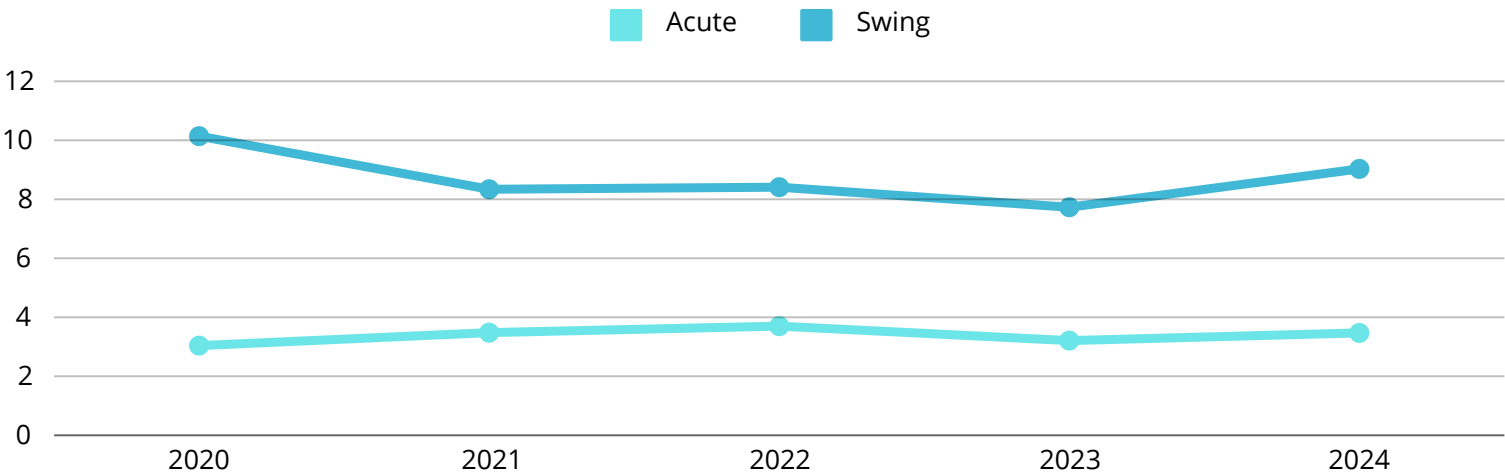
Length of stay days increased by 16.82% in fiscal year 2024

Total Admissions (Acute/Skilled)



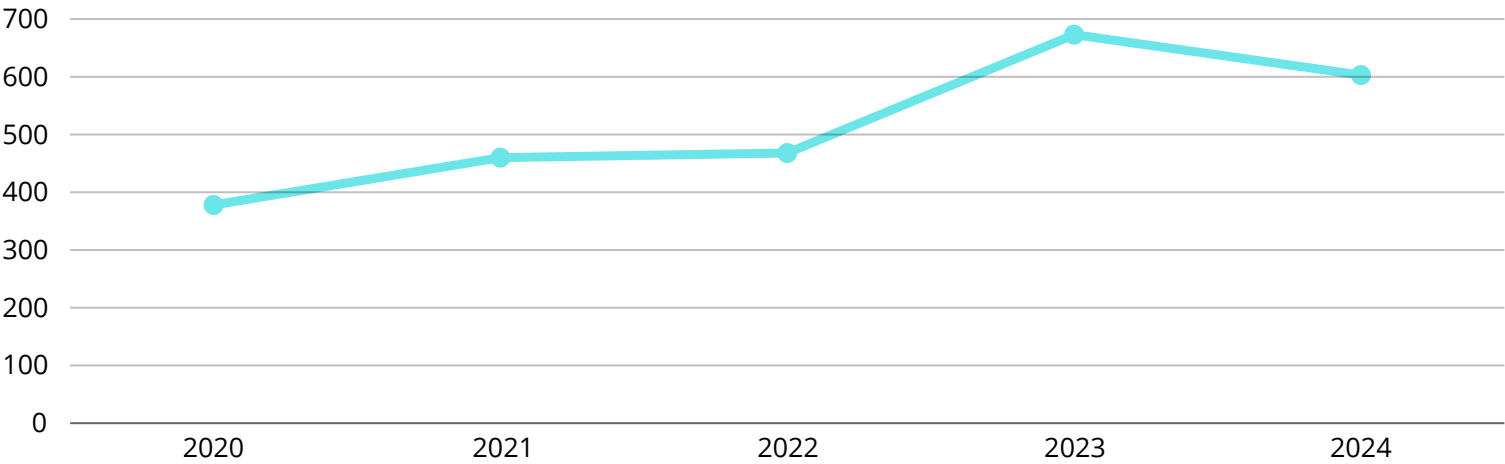
	2020	2021	2022	2023	2024	% Change 2023-2024
Acute	202	207	230	163	181	11.04%
Swing Bed	35	38	34	30	34	13.33%
Total Patient Days	237	245	264	193	215	11.40%

Length of Stay (Days)



	2020	2021	2022	2023	2024	% Change 2023-2024
Acute	3.04	3.48	3.7	3.21	3.47	8.10%
Swing Bed	10.14	8.34	8.41	7.73	9.03	16.82%

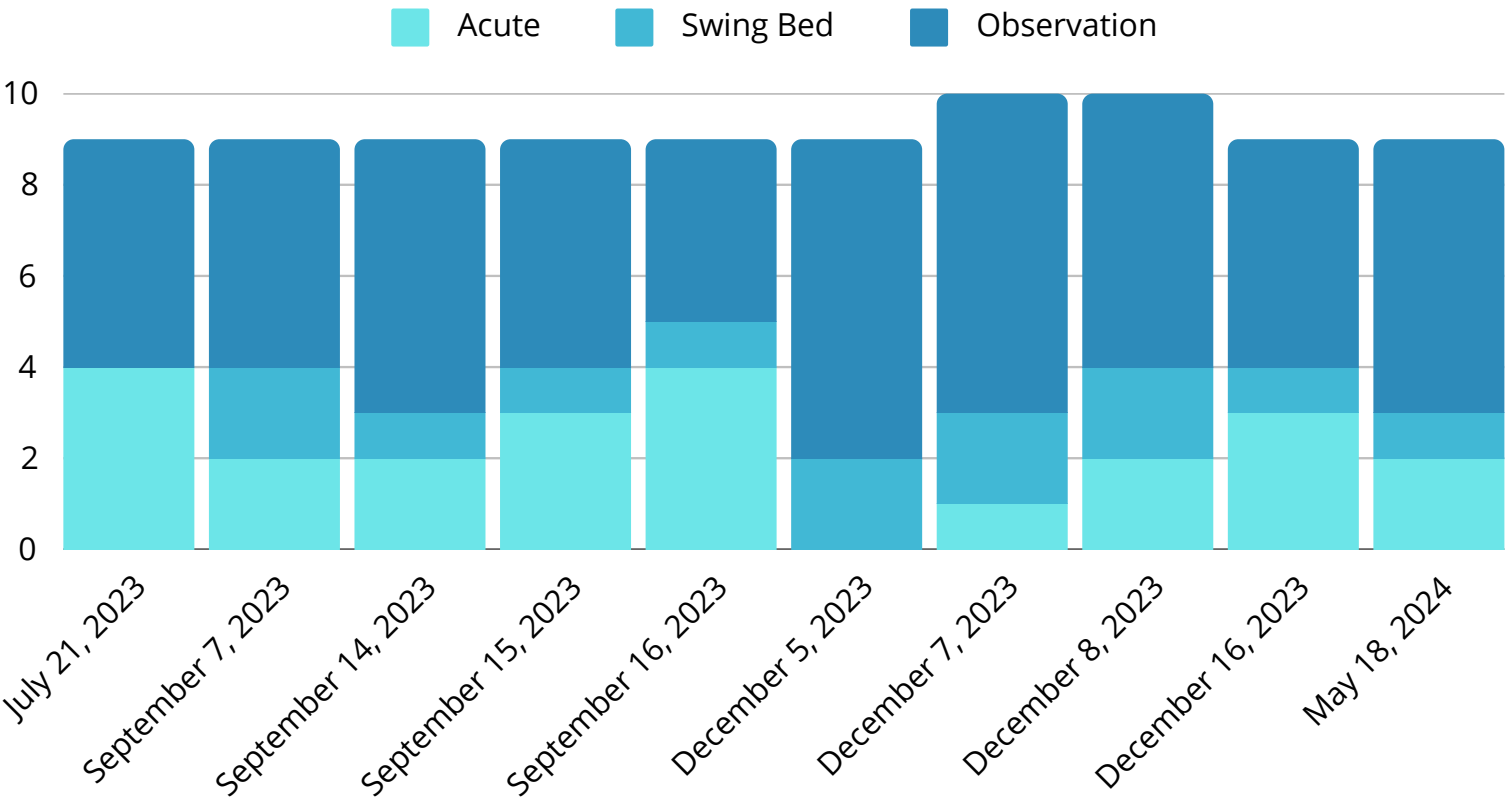
Observation Patients (Patient Days)



	2020	2021	2022	2023	2024	% Change 2023-2024
Patient Days	378	460	468	673	603	(10.40%)

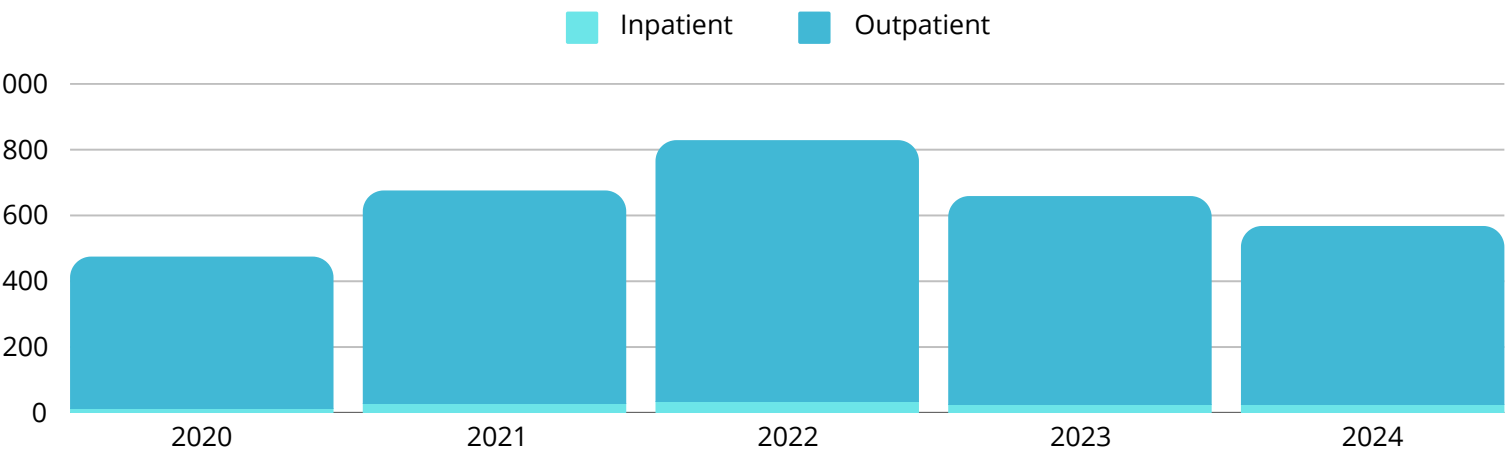
High Census Days

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



Surgery Services

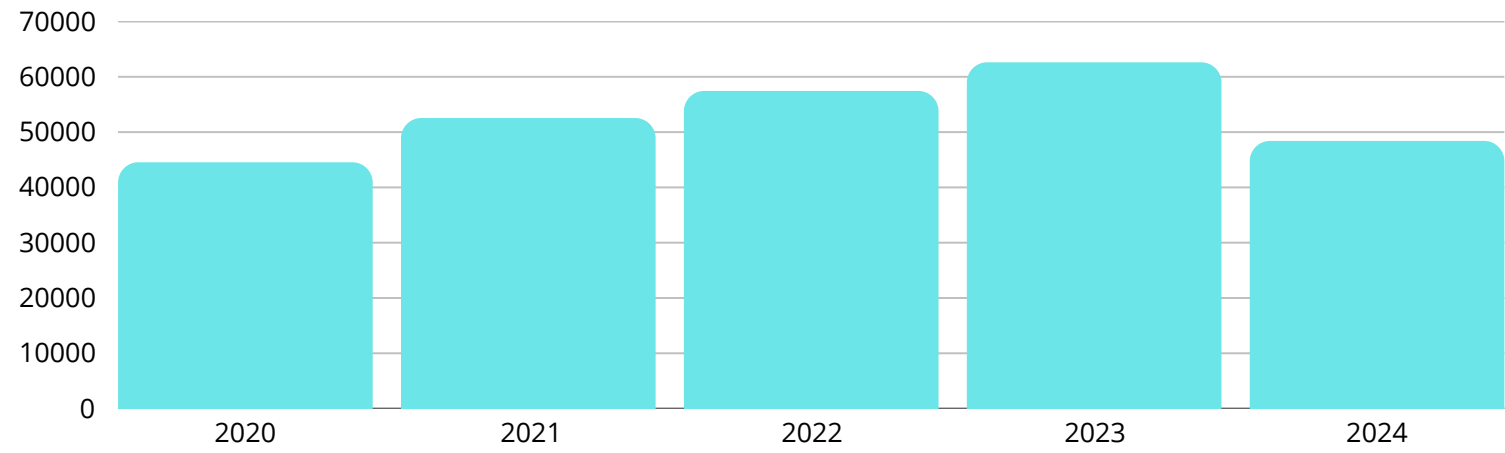
During the twelve (12) month period being reported, inpatient surgery procedures stayed flat over the previous year. Outpatient surgery procedures decreased by 14.33%. Dr. Casey Joe began providing general surgery services in June of 2024. Additional opportunities for surgeries are being explored.



	2020	2021	2022	2023	2024	% Change 2023-2024
Inpatient	14	27	34	24	24	0%
Outpatient	461	649	795	635	544	(14.33%)
Total Procedures	474	676	799	659	568	(13.81%)

Laboratory

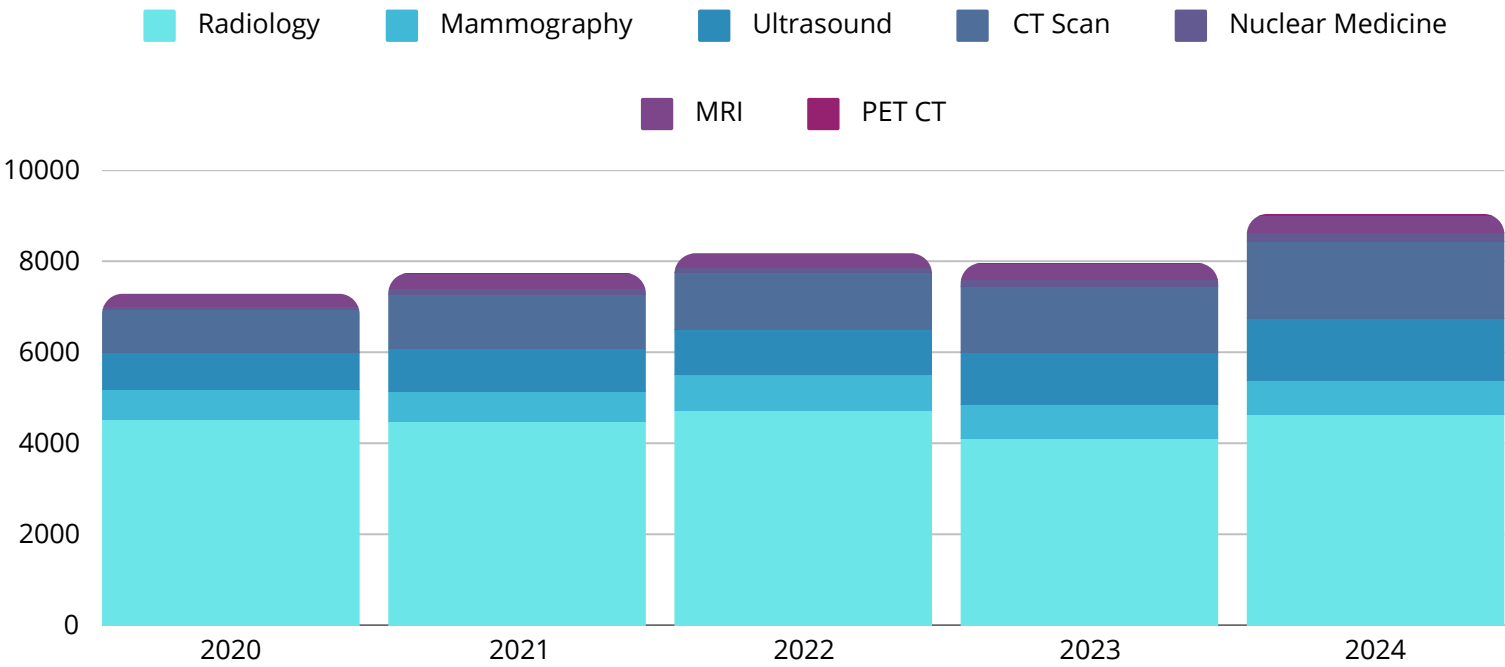
Laboratory procedures decreased by 6.73% over the previous year. LCHC changed their sole provider of blood products to LifeServe Blood Center in May of 2024. The Blood Bank Agreement was reviewed and approved by the Medical Staff in June.



	2020	2021	2022	2023	2024	% Change 2023-2024
Laboratory Tests	44,543	52,546	57,445	62,620	58,408	(6.73%)

Diagnostic Imaging

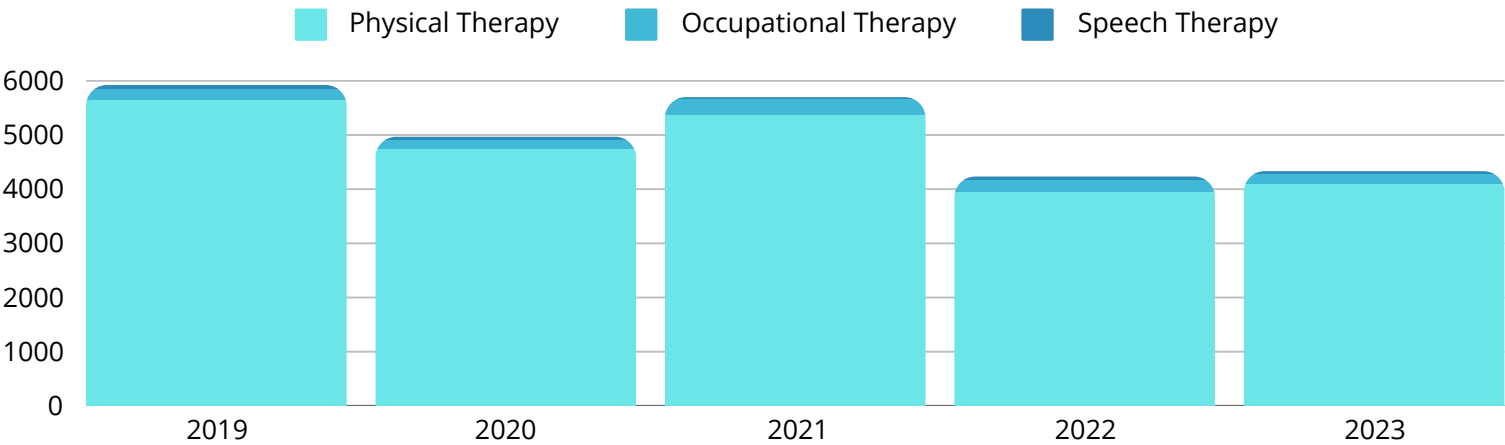
Total diagnostic imaging procedures overall increased 13.57% in fiscal year 2024. PET CT and Nuclear Medicine saw the largest increases in procedure counts. Nuclear Medicine, PET CT, and MRI scans are provided as a contracted service by outside trained technicians. In October of 2022, the MRI day was moved to Saturday. MRI tests show the highest numbers since 2005.



	2020	2021	2022	2023	2024	% Change 2023-2024
Radiology Procedures	4,517	4,470	4,727	4,110	4,623	12.48%
Mammography	668	674	774	746	761	2.01%
Ultrasound	806	932	1,009	1,138	1,351	18.72%
CT Scan	943	1,183	1,241	1,453	1,702	17.14%
Nuclear Medicine	73	145	113	143	188	31.47%
MRI	277	323	295	354	383	8.19%
PET CT	0	13	10	14	30	114.29%
Total Procedures	7,284	7,740	8,169	7,958	9,038	13.57%

Therapy Services

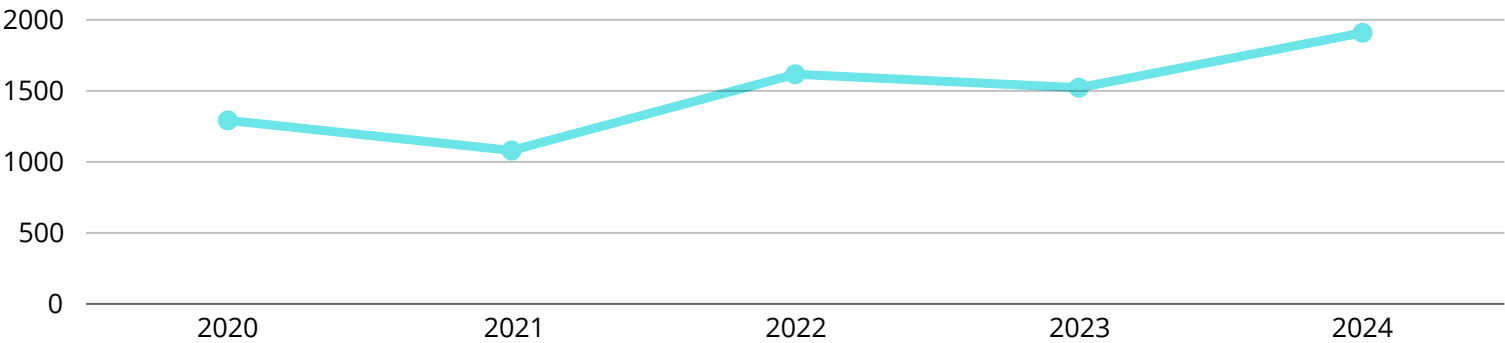
During the past twelve months, physical therapy experienced a decrease in volume of 5.72%, occupational therapy experienced a decrease in volume of 50.82%, and speech therapy experienced an increase in volume of 16.22%. There are currently three physical therapists in the department. In August of 2023, LCHC hired a part-time Speech Therapist who is providing inpatient, swing and some outpatient speech services. LCHC changed their Occupational Therapy contracted service in January of 2024 to a new company.



	2020	2021	2022	2023	2024	% Change 2023-2024
Physical Therapy	4,748	5,382	3,965	4,112	3,877	(5.72%)
Occupational Therapy	168	292	220	183	90	(50.82%)
Speech Therapy	51	24	48	37	43	16.22%

Infusion Therapy Services

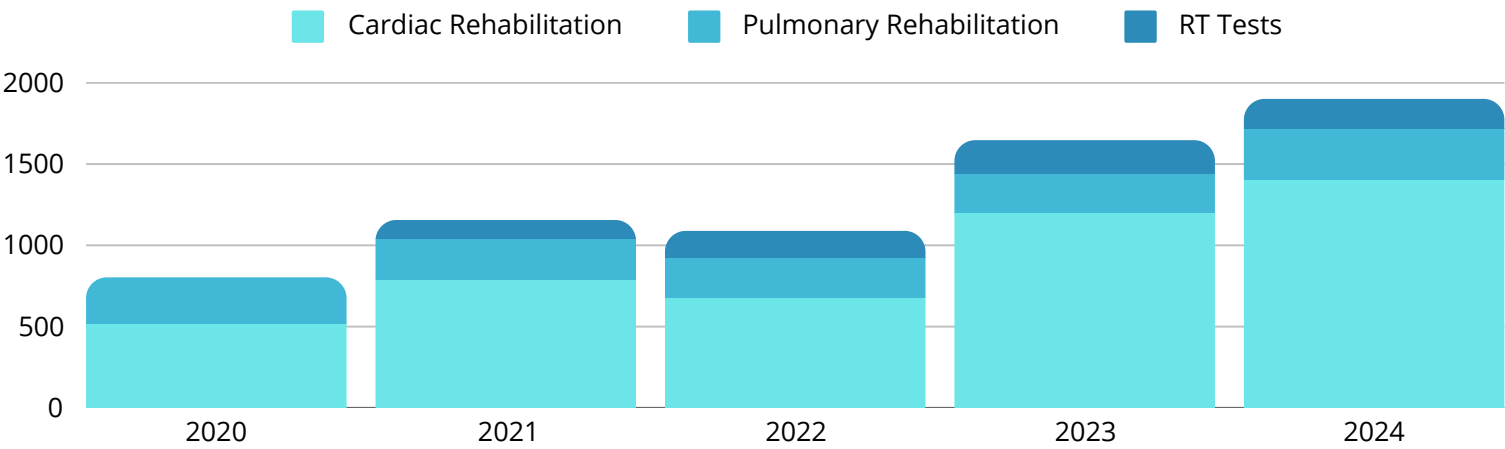
Infusion therapy includes services such as outpatient injections, chemotherapy infusions, and Infusaport/PICC line blood draws. The Infusion Clinic experienced a 25.43% increase in services provided to patients from the prior year. This is the highest number of visits reported for this department since 2005.



	2020	2021	2022	2023	2024	% Change 2023-2024
Infusion Therapy	1292	1080	1617	1522	1909	25.43%

Respiratory Therapy and Cardiac/Pulmonary Rehabilitation

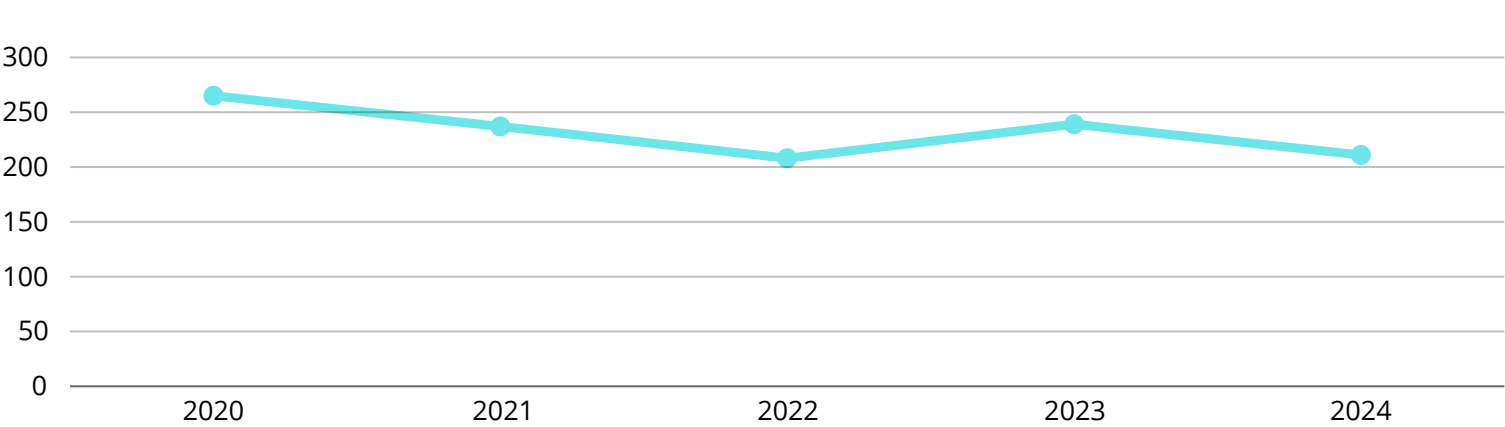
Cardiac Rehabilitation experienced a 16.54% increase from the prior year. Pulmonary Rehabilitation experienced a 31.5% increase. The Respiratory Therapy department added sleep studies to its service line in March of 2022. RT tests reported here include pulmonary function tests and sleep studies.



	2020	2021	2022	2023	2024	% Change 2023-2024
Cardiac Rehabilitation	520	792	680	1,203	1,402	16.54%
Pulmonary Rehabilitation	283	252	245	240	315	31.5%
RT Tests		112	164	204	184	(9.8%)

Diabetes Education

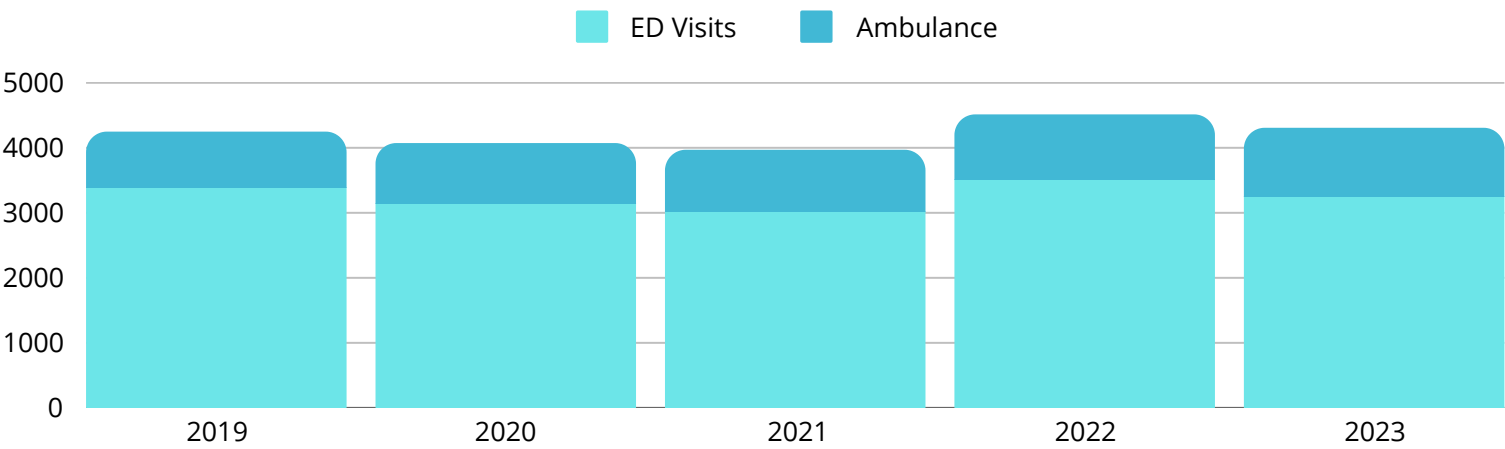
Diabetes Education services are provided by Linda Klejch, CDE, RD, one day a week. Diabetes Education offers important information to improve health and quality of life for those with diabetes. Diabetes Education visits experienced a 11.72% decrease in services provided to patients from the prior year.



	2020	2021	2022	2023	2024	% Change 2023-2024
Visits	265	237	208	239	211	(11.72%)

Emergency Department & Ambulance Services

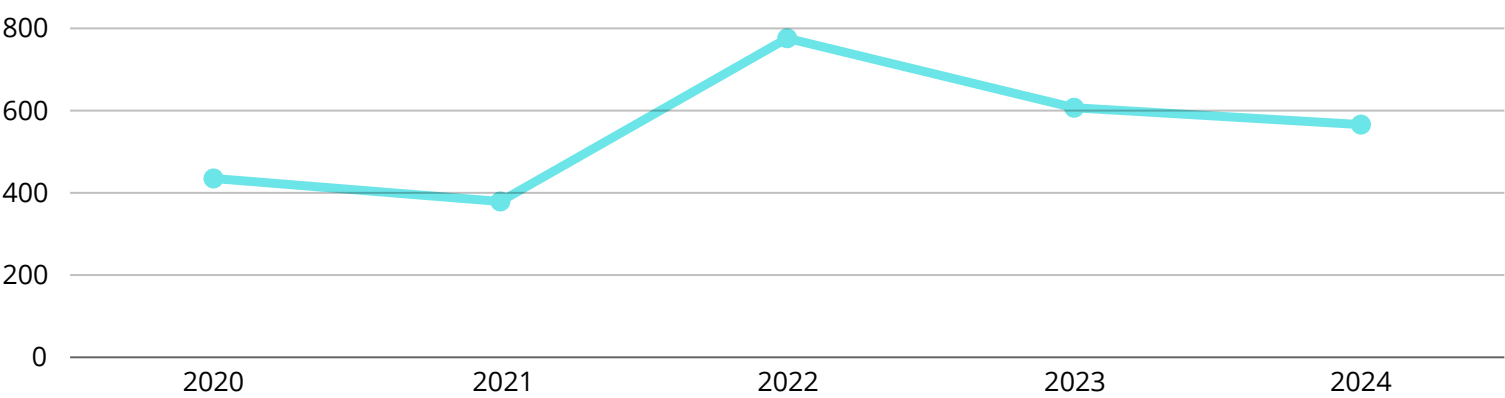
Emergency Department visits decreased by 2.86% from the prior year. Ambulance runs decreased for the 2023-2024 year by 7.70%.



	2020	2021	2022	2023	2024	% Change 2023-2024
ED Visits	3,136	3,021	3,508	3,256	3,163	(2.86%)
Ambulance	937	949	1,006	1,052	971	(7.7%)

Wound Care Services

LCHC Wound Healing Clinic experienced a decrease of 6.76% in patient visits from the prior year. Dr. Sundquist and Dr. Muhm provided services in the Wound Healing Department in fiscal year 2024.



	2020	2021	2022	2023	2024	% Change 2023-2024
Visits	435	379	776	607	566	(6.76%)

Outpatient Specialty Services

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The Outpatient Specialty Services leases office space to providers in order to offer specialty services that otherwise would only be available in metro areas or at other healthcare facilities. Specialty providers for 2023-2024 included the following:

Ravinder Agarwal, MD	Allergy/Immunology
Laurie Barr-Cronin	Orthotics/Prosthetics
Rodney Clark, ARNP	Dermatology
Daniel Dodge, DO	Pulmonology/Sleep Medicine
Amerlon Enriquez, MD	Pulmonology/Sleep Medicine
AnnMarie Kinsella	Hearing Instrument Specialist
Ian Lin, MD	Orthopedics
Mason Olson, HIS	Hearing Instrument Specialist
Eric Scott, MD	Vascular Surgery
Todd Troll, MD	Physical Medicine
Vignesh Viswanathan, MD	Nephrology
David Wonnell, PA-C	Otorhinolaryngology (ENT)
Simon Wright, MD	Otorhinolaryngology (ENT)

Some Specialty Services are offered as a service out of the LCHC Medical Clinic. Those specialty providers providing services in the LCHC Medical Clinic during the 2023-2024 year included the following.

Lucas Groben, DO	Cardiology
Kelli Larson, ARNP	Cardiology
Dale Lensing, MD	Gynecology
Giselle Mery, MD	Oncology
Eric Muhm, DPM	Podiatry
Jessica Ogden, ARNP	Rheumatology
Megan Yonkovic, ARNP	Oncology

Summary of Utilization of CAH Services

During the period being reviewed, Lucas County Health Center saw mixed performance across various departments. Patient days, admissions, and length of stay have all increased, suggesting higher hospital utilization. However, surgery numbers and lab tests have decreased. With the addition of a new general surgeon later in the year, we anticipate numbers in surgery to increase next fiscal year. On the positive side, all radiology modalities have seen an increase in numbers with MRI showing the highest number of procedures performed since 2005. Physical therapy and occupational therapy have seen a decline while speech therapy is experiencing growth. Respiratory therapy procedures are down but cardiac and pulmonary rehab numbers have increased. Infusion services are also showing strong numbers. On the downside, diabetes education, emergency department visits, ambulance runs, and wound care are all down.

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 Infection Control Manager. During the last twelve months, the QI Committee met eleven (11) 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, falls, readmissions, 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, trauma alert review, billing compliance audits, medication errors review, acute myocardial infarction transfer reviews, readmissions, and patient falls review. 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 1,611 patient days. There was no hospital acquired infection during this time for a nosocomial rate of 0.0 per 1,000 patient days. The last fiscal year showed a nosocomial rate of 0.67 per 1,000 patient days.

There were two *Clostridium Difficile* patients, and two Methicillin-resistant *Staphylococcus aureus* (MRSA) inpatients, which are both reportable conditions to National and State Departments. The MRSA inpatient was one patient, who was admitted in two different months. Staff member hand hygiene observations continue and LCHC scores have decreased from last year 90 to 97% to between 60-97% with the average being 87%. Employee training and in-services continue as a reminder of the importance of hand hygiene and isolation precautions. This percentage has reflected observing multiple departments and not just Med Surg area.

Infection Control staff and pharmacy have continued with an antibiotic stewardship program. An antibiogram is being distributed to all providers yearly. Antibiotic use is reported to the Pharmacy and Therapeutics meeting quarterly and antibiotics are reviewed within 48 hours for need/correctness of antibiotic therapy. The pharmacist speaks with providers about change or stopping antibiotics if necessary. Pharmacy attends all morning huddles to address antibiotic usage. We had 815 antibiotic days during this period of evaluation. LCHC is going live with the Buggy program in EPIC in July 2024 and will be able to monitor data and run reports more efficiently. Continuous tracking of differences from manual reports to electronic will be monitored and evaluated throughout the 2024-2025 period.

QUALITY IMPROVEMENT

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, 2024. 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.

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.

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 $NPS = \% \text{ Promoter (those scoring LCHC 9 \& 10)} - \% \text{ Detractors (those scoring LCHC 0-6)}$.

Department	2023 NPS Score	2023 N-Size	2024 NPS Score	2024 N-Size
Med Surg	81.82	121	79.10	110
Cardiac Rehab	88.2	17	95.8	24
CT	80.8	26	86	43
Diabetes Education	87.5	16	100	12
Emergency Department	76.4	225	75.3	235
General Radiology	86.1	158	91.1	225
Lab Administration	87.7	81	86.2	87
Mammography	94.1	102	89.8	128
MRI	91.9	37	83.7	43
Nuclear Medicine	76.5	17		
Occupational Therapy	33.3	3	50	2
Outpatient Services	94.4	54	89	73
Physical Therapy	92	75	91.5	94
Pulmonary Rehab	100	8	100	9
Respiratory Therapy	89.3	28	82.4	17
Speech Therapy	33.3	3	33.3	3
Surgery	85.8	120	85.6	90
Ultrasound	88.7	71	94.1	51
Wound Clinic	60	5	91.7	12
Medical Clinic	81.9	1,272	81.6	1,349

FINANCIAL PERFORMANCE

Gross Patient Revenue

During the last fiscal year, gross patient revenue increased by 1.3%. Most of the year the facility did not have full-time general surgery services available, and revenue was significantly impacted.

Contractual Deductions

Overall, contractual deductions as a portion of gross patient revenue decreased 24.3% during fiscal year 2024. The main difference was the Medicaid Directed Payment program, which provided nearly \$4 million in additional reimbursement, reducing contractual adjustments by the net amount.

Net Income (Loss)

Lucas County Health Center's total operating revenue increased \$2,179,572 in 2024. Total salaries and benefits increased by 7.2% to \$15,205,467 and total professional fees and purchased services decreased 0.8% to \$2,758,068 in fiscal year 2024. Lucas County Health Center reported net income of \$3,332,956. The major difference in the bottom line is the Medicaid Directed Payments noted under the Contractual Deductions section. Without those additional funds in fiscal 2024, LCHC would have had a net loss.

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 220 individuals.

	2020	2021	2022	2023	2024	% Change 2023-2024
Gross Patient Revenue	\$31,143,271	\$36,467,326	\$41,898,351	\$45,193,956	\$44,593,144	(1.3%)
Contractual Deductions	\$11,227,937	\$14,137,527	\$15,790,045	\$16,512,681	\$12,504,140	(24.3%)
Net Income (Loss)	\$1,087,573	\$4,595,039	\$2,525,329	\$1,153,384	\$3,332,956	189%

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

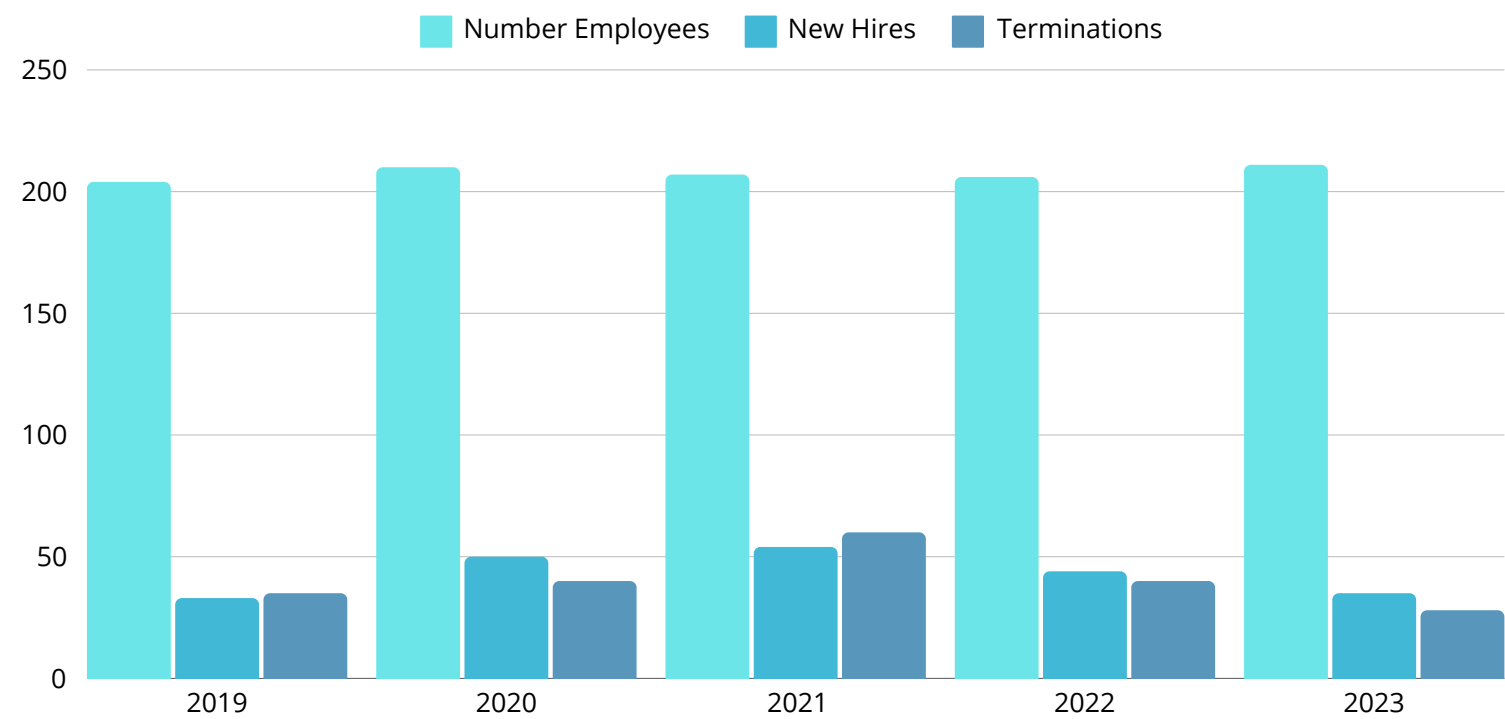
Medical Staff appointments and re-appointments are reviewed by the LCHC Medical Staff Executive Committee who recommends appropriate action, such as approval or denial, to the LCHC Board of Trustees.

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, Diversity, and SDS.

HUMAN RESOURCES

As of June 30, 2023, LCHC employed 220 individuals compared to 211 one-year prior. The turnover rate decreased to 14.19% from 14.52% in the previous year with 41 terminations and 35 new hires.



	2020	2021	2022	2023	2024	% Change 2023-2024
Number Employees	210	207	206	211	220	4.3%
New Hires	50	54	44	35	35	0%
Terminations	40	60	40	28	41	(46.4%)

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 2025 include the following:

- Strategic Plan and Roadmap– The LCHC Board of Trustees created an updated four-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. A new or revised goal will incorporate health equity into the strategic plan for the facility in 2025. The current 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 and 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.
- Scholarship Program – LCHC will evaluate a scholarship program to assist local students and/or staff members 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 stabilize and strengthen the workforce by offering competitive wages and benefits and a culture where people enjoy coming to work.