



**Minidoka Memorial Hospital
Annual Report
Fiscal Year 2010**

October 27, 2010

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Minidoka Memorial Hospital Annual Report Fiscal Year 2010

Introduction

The purpose of the Minidoka Memorial Hospital (MMH) Annual Report is to summarize operational activities, financial and quality outcomes as of the end of Fiscal Year (FY) 2010, and to outline the hospital's goals and objectives for FY 2011.

Statement of Purpose

The purpose of Minidoka Memorial Hospital (MMH) is to provide and promote high quality, compassionate, primary health care services and health improvement strategies for residents of, and visitors to, the Mini-Cassia area.

Philosophy Statement

MMH fulfills this purpose by functioning as an independent community hospital adhering to ten core values, listed below:

- 1- We acknowledge that physicians are the leaders in providing healthcare and we value physician participation in planning, promoting, and performing healthcare functions.
- 2- We provide compassionate care to everyone, without regard to their ability to pay, their race, religion, gender, or nationality.

- 3- We recognize the highly competitive nature of healthcare in the Mini-Cassia area, and we are committed to providing the best possible care with the resources available, while remaining cost-competitive with other area hospitals, surgery centers, nursing homes, and home health agencies.
- 4- We believe in the value of the individual, and respect differing opinions and perspectives.
- 5- We realize that many healthcare services are provided beyond the walls of the hospital's building. We are committed to delivering those needed services in the setting or location most appropriate for a beneficial outcome.
- 6- We value cultural diversity and endeavor to meet the community's varying needs.
- 7- We expect the best possible performance from the hospital's employees and associates.
- 8- We emphasize cooperative planning between the Board, Medical Staff, Administration and Employees in meeting the public's healthcare needs.
- 9- We encourage continuing education and professional development for all employees, including certification in areas of expertise and meaningful participation in professional societies.
- 10- As a community hospital, we value community involvement and service.

Organizational Structure

MMH is owned by Minidoka County. The Minidoka County Commissioners have appointed a Board of Trustees (7 voting and 3 non-voting members) that is responsible for the overall viability of the hospital and have final say in decisions relating to the organization. Attachment A lists the members of the MMH Board of Trustees and the offices each Trustee held as of September 30, 2010.

In May, 2009, the Minidoka County Commissioners recommended that MMH create a community-owned, not-for-profit corporation that could lease the hospital from the County. That task has been accomplished. The new corporation is called, Minidoka Memorial Hospital, Incorporated. However, as of the end of fiscal year 2010, the Internal Revenue Service had not completed the review process to determine if the new corporation should be exempt from taxation. It is anticipated that the IRS will make its determination sometime before December 31, 2010, and the operation of MMH may be transferred to Minidoka Memorial Hospital, Incorporated, depending upon the outcome of HJR4, the Constitutional Amendment to allow public hospitals to incur long term debt without voter approval, provided no tax money is used for debt service.

Attachment B lists all members of the MMH Medical Staff, their respective Specialties, and the status of their privileges as of October 1, 2010.

Attachment C is the MMH Organizational Chart displaying reporting relationships and operational responsibilities that existed October 1, 2010.

Attachment D consists of the various clinical departments at MMH and their respective medical leadership positions.

Attachment E lists the various Board, Medical Staff, and Administrative Committees at MMH, including leadership and composition.

Utilization Trends

Attachment F is the MMH Statistical Report showing departmental utilization for FY 2010 as compared to budget and prior year totals by product line. FY 2010 utilization met or exceeded expectations in most categories. Demand for inpatient care continues to decline slightly.

The average length of stay in the hospital totaled 3.7 days in FY 2010. The average daily census in acute care during FY 2010 was 5.4. There were on average 2 people per day in a hospital bed (swing bed) waiting for a nursing home or rehabilitation bed to become available. The average daily census in the nursing home totaled 57 residents during FY 2010.

Financial Performance

Attachment G is the interim financial statement for FY 2010 showing a surplus of revenue over expenses of \$930,482 or a profit margin of 4.45%. Necessary adjustments to the financial statements will be made at the conclusion of the financial audit, including tentative settlement of the FY 2010 Medicare and Medicaid Cost Reports. Deductions from revenue, including bad debt and charity care, has increased from 34% of gross income in FY 2008, 37% in FY 2009, and 37.5% in FY 2010.

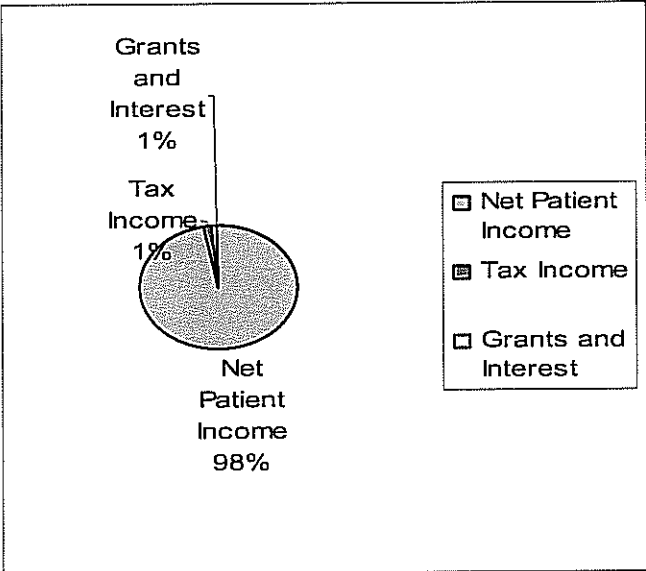
Attachment H is an interim balance sheet showing that cash reserves increased by 18% during FY 2010. MMH was in compliance with all creditor covenants and obligations throughout FY 2010.

98% of the hospital's income resulted from patient care services. 1% of income originated from grants and bequests, and another 1% came from taxes. Minidoka County provided \$284,000 in tax revenue to Minidoka Memorial Hospital as a subsidy for operating the county's ambulance service and to offset a discount in the daily room rate for county property owners that live in the nursing home.

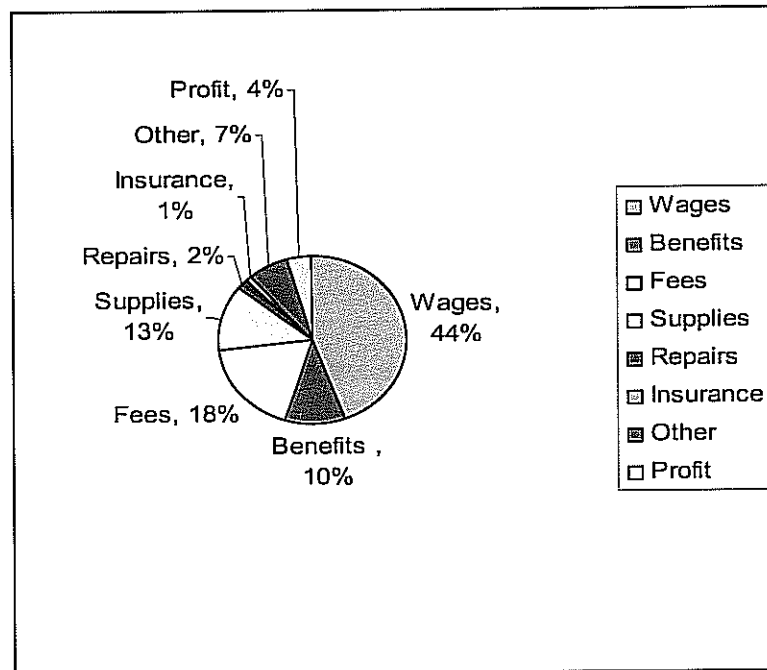
The largest expense for the hospital is wages, making up 44% of net income. Employee benefits totaled 10% of income.

The graphs below detail the sources and uses of income at Minidoka Memorial Hospital during FY 2010.

Sources of Income



Uses of Income



Charge and Cost Comparisons

Charges are determined by a number of factors, including contracts with health insurance providers such as Blue Cross and Regence Blue Shield, amounts charged by competing hospitals, and amounts paid by Medicare and Medicaid programs.

MMH participates in numerous surveys and comparisons to ensure that charges are within reason. The most detailed charge comparison is provided by Code Correct, a nationwide company that compares hospital charges per billing code. MMH uses the 50th percentile from Code Correct from Federal Year 2008 as a benchmark or standard for setting prices.

Exceptions to Code Correct's 50th percentile are allowed when regional data

indicates the need to vary. Sources of regional data include the Idaho Hospital Association's DataBank and surveys from the Hospital Cooperative, a coalition of 13 hospitals in Southeastern Idaho and Western Wyoming.

A 5% rate increase has been implemented for FY 2011. Exceptions to the rate increase include the nursing home and swing bed room rates, and charges for home health services. Rates for those services remain unchanged from FY 2010.

Quality of Care/Patient Satisfaction

MMH uses a combination of outside contractors and internal processes to monitor patient satisfaction and to assess quality of care. Attachment I is Countryside Care and Rehabilitation's recognition as "Best in Class" for first impression, facility cleanliness, timely follow-up, admission process and quality of food, as determined by Pinnacle Quality Insight from Salt Lake City, UT. J is an internally produced report showing acute inpatient satisfaction at 99%. Attachment K is also internally produced and shows patient satisfaction in the emergency department (ED) at 97% based upon telephone calls to approximately 10% of ED patients treated during FY 2010.

Attachment L shows the acquired infection rates for acute care and swing bed patients, and for nursing home residents. There were no hospital acquired infections or surgical site infections in FY 2010. That compares to a statewide Critical Access Hospital acquired infection rate of .41%. The acquired infection rate in the nursing home totaled 5.2%. That compares to 10.9% state-wide and 9.5% nationwide.

Attachment M shows that 98 medication errors were committed in both the hospital and the nursing home while administering 337,252 medications during FY 2010

for an error rate of .003%. That compares to an error rate of .002% in FY 2009 and .003% in FY 2008.

All departments and services offered by the hospital were fully licensed and accredited during FY 2010.

Patient care policies and procedures were reviewed and revised as needed to meet state and national requirements.

Work Place Safety

MMH continues to place a high priority on workplace safety. The ratio of claims paid for workers injuries divided by workers compensation premiums (MOD factor) for policy year 2011 is .66. That is up from policy year 2010 MOD of .65.

Goals and Objectives for FY 2010

Attachment N displays the hospital's goals and objectives for FY 2010.

Summary

This annual report summarizes activity and operational outcomes at MMH during FY 2010 and future plans for FY 2011.

Risks that warrant close observation include retaining physicians and key personnel, the lack of economic development in the primary market area served by MMH; becoming a meaningful user of an electronic medical record (EMR) by July, 2012; and efforts at the national level to reform health care.

**MMH Board of Trustees
FY 2010**

Attachment A

Voting Members

Ted Garcia, Chairperson

Jay McBride, Vice Chairman

Cheryl Juntunen, Secretary

Jeff Heins, Treasurer

Mike Haskins

Liliana Saunero-Nava, MD

Garth Baker

Hospital Attorney

Alan Goodman

Non-voting Members

Lynn Hunsaker, County Commissioner

Carl Hanson, Administrator

MEDICAL STAFF

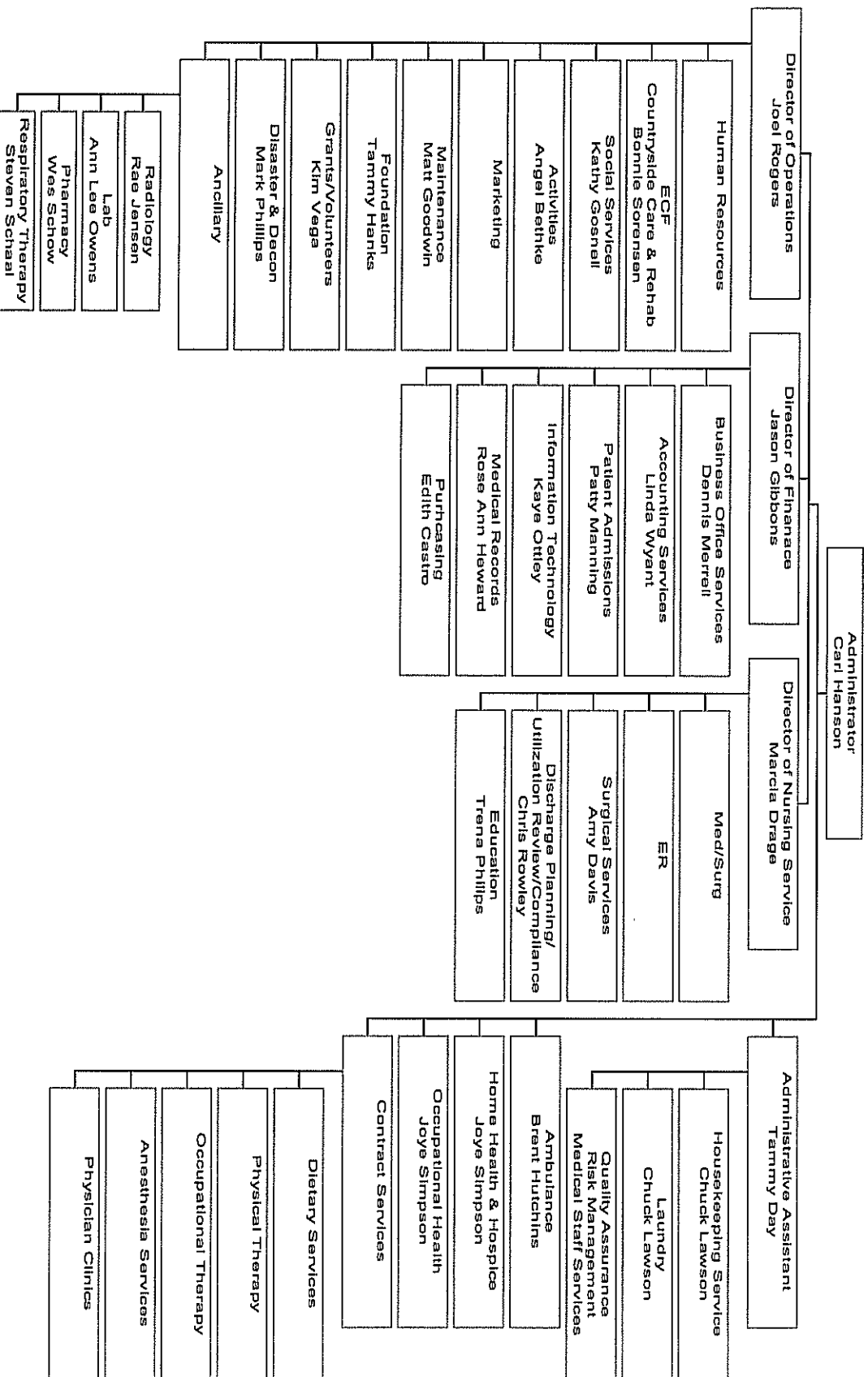
ATTACHMENT B

September 27, 2010

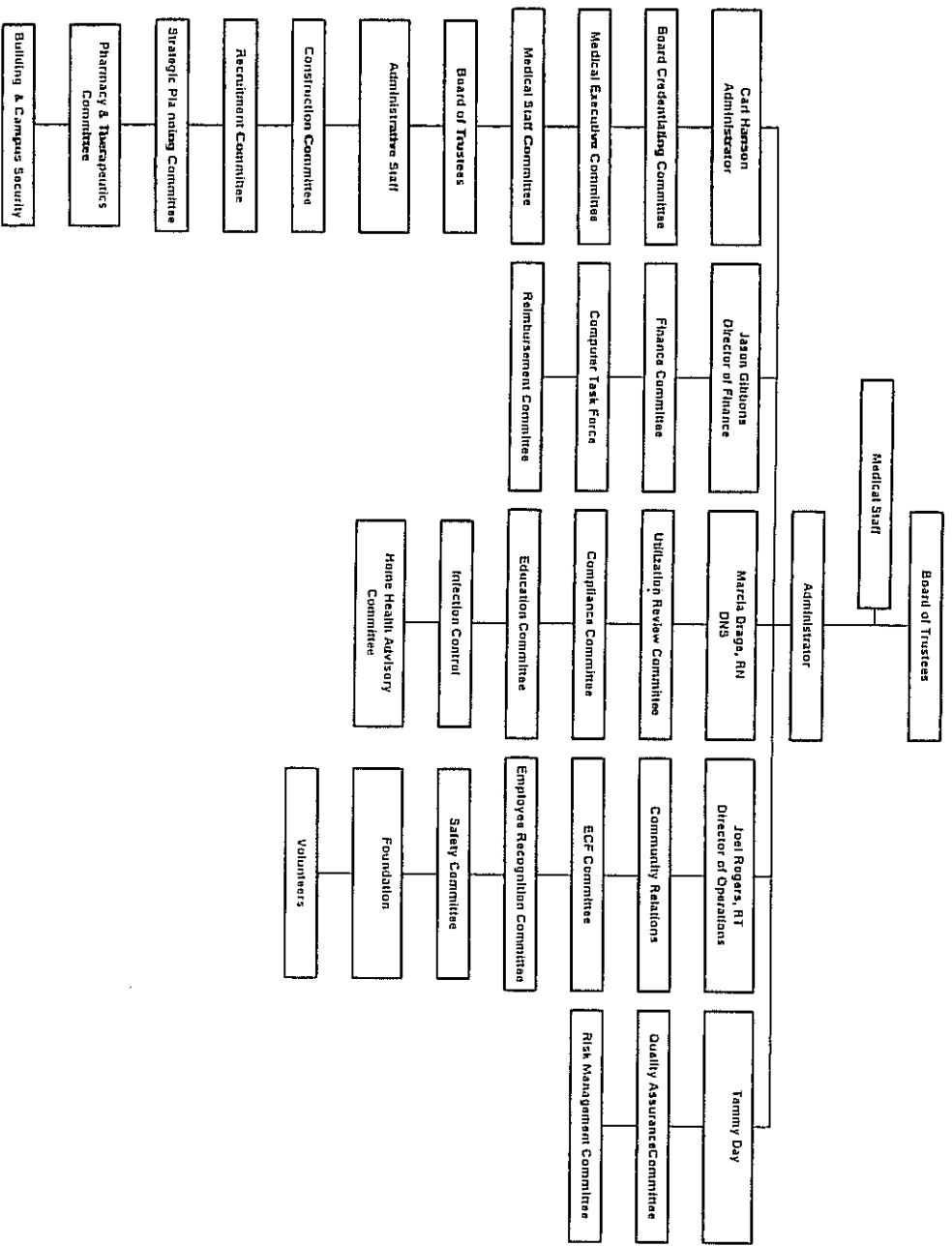
PROVIDER	Classification	Specialty
BOETTCHER, GREG DO	Active	Family Practice
BROWN, LEO MD	Active	General Surgery
CAMPBELL, RONALD COT	DAHP	Ophthalmology (Assist)
CANNON, MICHAEL DO	Associate	OB/GYN
COOMBS, JAMES MD	Courtesy	Ophthalmology
CRANE, GILBERT MD	Active	Orthopedic
CUEVA, ANN CRNP	DAHP	Nurse Practitioner
DOWDLE, MARK MD	Associate	OB/GYN
FITZHUGH, WILLIAM MD	Courtesy	Ophthalmology
GARRARD, JOHN DDS	Courtesy	Dentist
HANSEN, A. LANE DO	Active	Family Practice
HARRIS, REED DO	Courtesy	Cardiology
HAUSER, LEEANA MD	Active	Pathology
JOHNSON, DACLYNN	Active	General Surgery
KEMP, DAVID MD	Courtesy	Cardiology
KONRAD, DONALD DO	Active	Family Practice
MARTIN, LAYNE	DAHP	Surgery Scrub Tech
PATES, DON MD	Active	Family Practice
PATTERSON, TEMP MD	Active	Otolaryngology
PETERSEN, JOSEPH MD	Active	Orthopedic
PILLING, CORY	AHP	Podiatry
SAUNDERS, MARGO MD	Active	Internal Medicine
SAUNERO-NAVA, LILIANA MD	Active	Internal Medicine
SAUREY, KERRY MD	Active	Family Practice
SMITH, DELL MD	Courtesy	Plastic Surgery
SMITH, KENT MD	Courtesy	Gastroenterology
SOLIS, ANA MARIA	DAHP	Surgery Scrub Tech
STRICKLER, STEVEN D.O.	Courtesy	Radiology
SWENSON, JEFFREY M.D.	Associate	Family Practice
WAYMENT, DON DO	Active	Radiology
WAYMENT, KEITH MD	Retired	Family Practice
WRAALSTAD, RANDAL DPM	IAHP	Podiatry

Minidoka Memorial Hospital Attachment C

Organizational Chart



Mindoka Memorial Hospital and Extended Care Facility Administrative Council Committee Assignments



Attachment F

MINIDOKA MEMORIAL HOSPITAL
 STATISTICAL REPORT
 SEPTEMBER 2010

% Var.	Last Year	% Var.	Budget	Current Month	DESCRIPTION	Year to Date	Budget	Var %	Last Year	Var %
62%	29	-6%	50	47	TOTAL PATIENTS ADMITTED	524	600	-13%	586	-11%
56%	117	5%	175	183	TOTAL PATIENT DAYS	1,953	2,100	-7%	2,050	-5%
11%	72	-2%	82	80	SURGICAL PROCEDURES	1,120	984	14%	977	15%
-4%	1,703	-5%	1,717	1,627	EXTENDED CARE FACILITY DAYS	20,697	20,604	0%	20,622	0%
40%	67	6%	89	94	SWING BED DAYS	721	1,068	-32%	984	-27%
-11%	358	-1%	321	317	EMERGENCY ROOM VISITS	3,589	3,852	-7%	3,943	-9%
0%	980	14%	857	980	OUTPATIENT VISITS	11,430	10,284	11%	9,820	16%
1%	1,123	3%	1,096	1,129	HOME HEALTH VISITS	12,691	13,152	-4%	12,808	-1%
93%	667	110%	613	1,286	RURAL HEALTH CLINIC VISITS	11,249	7,356	53%	7,110	58%
20%	127	5%	146	153	PHYSICIAN CLINIC VISITS	1,830	1,752	4%	1,692	8%
36%	73	41%	70	99	AMBULANCE RUNS	1,038	840	24%	824	26%

MINIDOKA MEMORIAL HOSPITAL
STATEMENT OF OPERATIONS
SEPTEMBER 2010

Attachment G

% Var.	Last Year	% Var.	Budget	Current Month	DESCRIPTION	Year to Date	Year to Date Budget	Var %	Last Year	Var %
REVENUE										
PATIENT REVENUE										
62%	561,552	27%	712,998	908,606	INPATIENT	8,246,601	8,673,940	-5%	8,101,788	2%
25%	721,679	0%	907,991	905,556	OUTPATIENT	11,235,570	11,046,119	2%	9,768,199	15%
6%	270,728	1%	285,674	287,677	EMERGENCY SERVICES	3,099,756	3,475,355	-11%	3,349,007	-7%
54%	95,987	16%	127,387	147,558	SWING BED	1,158,061	1,549,721	-25%	1,408,153	-18%
-1%	458,937	-2%	463,500	454,776	EXTENDED CARE FACILITY	5,775,156	5,638,682	2%	5,562,522	4%
-17%	175,499	-4%	151,806	145,698	HOME HEALTH	1,924,954	1,846,794	4%	1,857,512	4%
0%	102,795	65%	114,312	188,271	CLINIC SERVICES	1,892,819	1,390,661	36%	1,241,257	0%
27%	2,387,177	10%	2,763,669	3,038,142	TOTAL PATIENT REVENUE	33,332,917	33,621,272	-0.9%	31,288,438	7%
59%	(286,625)	-21%	(580,353)	(456,758)	CONTRACTUAL ADJ MEDICARE	(6,365,715)	(7,060,254)	-10%	(5,987,186)	6%
-38%	(199,439)	-10%	(136,833)	(123,121)	CONTRACTUAL ADJ MEDICAID	(1,999,574)	(1,664,633)	20%	(1,738,528)	15%
126%	(146,554)	77%	(186,542)	(330,738)	CONTRACTUAL ADJ INSURANCE	(2,810,472)	(2,269,367)	24%	(2,123,105)	32%
6%	(36,302)	75%	(22,109)	(38,608)	CONTRACTUAL ADJ COUNTY	(230,364)	(268,962)	-14%	(223,693)	3%
91%	(13,786)	-41%	(44,217)	(26,309)	CHARITY CARE	(277,200)	(537,924)	-48%	(481,299)	-42%
0%	(5,001)	-43%	(8,397)	(4,745)	CONSIDERATION ADJ	(59,269)	(102,152)	-42%	(64,340)	0%
323%	(8,412)	189%	(12,330)	(35,612)	OTHER ADJUSTMENTS	(195,510)	(150,000)	30%	(165,020)	18%
34%	(117,069)	89%	(82,908)	(156,556)	BAD DEBT	(996,608)	(1,008,608)	-1%	(607,813)	23%
44%	(813,189)	9%	(1,073,688)	(1,172,446)	TOTAL REVENUE DEDUCTIONS	(12,934,712)	(13,061,900)	-1%	(11,590,984)	12%
19%	1,573,988	10%	1,689,981	1,865,696	NET PATIENT REVENUE	20,398,205	20,559,372	-1%	19,697,454	4%
-2%	24,200	1%	23,345	23,662	COUNTY TAX REVENUE	284,000	284,000	0%	290,400	-2%
-4%	25,665	-11%	27,636	24,531	OTHER OPERATING REVENUE	231,464	336,203	-31%	247,105	-6%
NON-OPERATING REVENUE										
18%	1,623,854	10%	1,740,961	1,913,888	TOTAL REVENUE	20,913,669	21,179,575	-1%	20,234,959	3%
EXPENSES:										
9%	712,783	0%	772,331	775,257	SALARY & WAGES	9,256,441	9,395,751	-1%	8,694,223	6%
6%	175,447	3%	180,873	186,802	EMPLOYEE BENEFITS	2,180,040	2,170,476	0%	2,049,759	6%
2%	74,063	1%	75,075	75,530	PHYSICIAN FEES	966,390	900,900	7%	910,367	6%
8%	205,197	-3%	229,963	222,548	OTHER PROFESSIONAL FEES	2,730,793	2,759,556	-1%	2,701,252	1%
12%	148,644	-24%	217,808	166,009	SUPPLIES - MEDICAL	2,561,654	2,613,696	-2%	2,499,488	2%
3%	12,227	-35%	19,331	12,538	SUPPLIES - OTHER	226,485	231,972	-2%	232,356	-3%
41%	5,493	22%	6,350	7,751	MINOR EQUIPMENT	82,934	76,200	9%	68,501	21%
24%	2,649	11%	2,952	3,274	RENT / LEASE	32,878	35,424	-7%	37,473	-12%
14%	28,189	12%	28,621	32,163	REPAIRS & MAINTENANCE	373,884	343,452	9%	297,748	26%
-2%	21,706	-17%	25,893	21,369	UTILITIES	272,140	310,716	-12%	290,352	-6%
-50%	12,550	-54%	13,705	6,276	INSURANCE	153,426	164,460	-7%	149,584	3%
-20%	12,819	-1%	10,365	10,226	TRAVEL & EDUCATION	92,514	124,380	-26%	116,043	-20%
25%	12,329	-10%	17,167	15,387	OTHER EXPENSES	173,848	206,008	-16%	171,459	1%
-6%	16,905	7%	14,906	15,925	INTEREST EXPENSE	195,475	178,872	9%	229,432	-15%
7%	84,159	67%	54,000	90,285	DEPRECIATION EXPENSE	684,285	648,000	6%	656,159	4%
8%	1,525,159	-2%	1,669,340	1,641,340	TOTAL EXPENSES	19,983,186	20,159,863	-0.9%	19,104,195	5%
176%	98,694	281%	71,621	272,548	PROFIT OR (LOSS)	930,482	1,019,712	-9%	1,130,764	-18%
134%	6.08%	246%	4.11%	14.24%	OPERATING MARGIN	4.45%	4.81%	-8%	5.59%	-20%

Attachment H

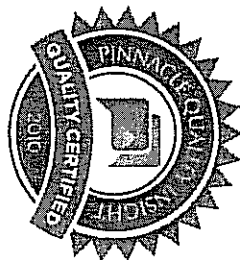
MINIDOKA MEMORIAL HOSPITAL
BALANCE SHEET REPORT
SEPTEMBER 2010

DESCRIPTION	Current Month Changes	Year to Date	Last Year to Date
A S S E T S			
CURRENT ASSETS			
CASH	27,531	760,261	638,050
SAVINGS & INVESTMENTS	-74,041	4,285,072	3,654,434
TOTAL CASH & INVESTMENTS	-46,511	5,045,333	4,292,484
RESTRICTED INVESTMENTS	0	0	0
PATIENT RECEIVABLES	604,732	7,149,639	5,258,085
PATIENT RECEIVABLES PLEDGED	128,747	1,142,113	1,013,366
BAD DEBT ALLOWANCE	17,927	-1,055,352	-841,453
BAD DEBT ALLOWANCE PLEDGED	-63,500	-263,000	-199,500
MEDICARE ALLOWANCE	-88,328	-639,085	-672,057
MEDICAID ALLOWANCE	-49,182	-724,380	-283,143
INDUSTRIAL & OTHER ALLOWANCE	-111,146	-636,704	-371,813
NET PATIENT RECEIVABLES	439,250	4,973,229	3,903,483
OTHER RECEIVABLES	209,316	-556,999	77,728
INVENTORIES	94,568	791,797	697,228
PREPAID EXPENSES	-13,592	271,761	309,834
TOTAL CURRENT ASSETS	683,031	10,525,122	9,280,758
LONG TERM ASSETS			
PROPERTY, PLANT & EQUIP	-127,740	19,943,480	19,668,492
LESS DEPRECIATION	295,731	-12,062,491	-11,764,222
NET PROPERTY PLANT & EQUIP	167,991	7,880,989	7,904,270
TOTAL LONG TERM ASSETS	167,991	7,880,989	7,904,270
TOTAL ASSETS	851,022	18,406,111	17,185,028
LIABILITIES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	403,084	1,035,425	632,094
ACCOUNTS PAYABLE CAPITAL	0	0	0
ACCRUED PAYROLL EXPENSES	69,915	762,404	714,111
OTHER ACCRUED EXPENSES	0	8,267	8,267
SHORT TERM DEBT	0	304,845	304,845
FIRST FEDERAL RECOURSE	-30,000	484,000	514,000
TOTAL CURRENT LIABILITIES	442,999	2,594,941	2,173,318
LONG TERM LIABILITIES			
LOANS & CONTRACTS PAYABLE	-23,271	4,202,768	4,532,359
OTHER LONG TERM LIABILITIES	158,747	658,113	499,366
TOTAL LONG TERM LIABILITIES	135,476	4,860,881	5,031,725
EQUITY AND FUND BALANCE			
FUND BALANCE	0	10,019,807	8,849,221
PROFIT OR (LOSS)	272,548	930,482	1,130,764
TOTAL EQUITY & FUND BALANCE	272,548	10,950,289	9,979,985
TOTAL LIABILITIES & FUND BALANCE	851,022	18,406,111	17,185,028

Attachment I



PINNACLE
QUALITY INSIGHT



Pinnacle Quality Insight
64 E. Winchester Ste. 300
Salt Lake City, Utah 84107

801.293.0700 (phone)
800.381.6037 (fax)

February 03, 2010

To whom it may concern,

Over the course of the last twelve months, Pinnacle Quality Insight, a nationally recognized customer satisfaction firm, has interviewed the customers of Countryside Care And Rehabilitation Center regarding their satisfaction levels.

Customers were asked to evaluate several aspects of their received services. From the results of these interviews, Pinnacle has determined that Countryside Care And Rehabilitation Center has qualified as **Best In Class** for the following service areas:

- First Impression**
- Facility Cleanliness**
- Timely Follow-Up**
- Admission Process**
- Quality of Food**

The Best In Class rating was determined by comparing Countryside Care And Rehabilitation Center in each service area to similar care providers across the country.

Pinnacle congratulates the staff of Countryside Care And Rehabilitation Center for achieving excellence in care.

Stan Magleby
CEO
Pinnacle Quality Insight



MINIDOKA MEMORIAL HOSPITAL
DISCHARGE PLANNING
CALL-A-CARE for ACUTE CARE
PATIENT SATISFACTION SUMMARY

Attachment J

FISCAL YEAR: 2010

QUESTIONS ASKED	1 st Q Oct. Nov., Dec.	2 nd Q Jan., Feb., Mar.	3 rd Q Apr., May, June	4 th Q July, Aug., Sept.	Fiscal Year % Satisfied	Fiscal Year Number NOT Satisfied
PATIENT'S CONDITION:						
Did you require admission to another facility after discharge?	0/71 = 0%	0/70 = 0%	0/72 = 0%	0/55 = 0%	0/268 = 0%	
B. Have you developed any signs of infection within 3 days of your discharge?	0/71 = 0%	0/70 = 0%	0/72 = 0%	0/55 = 0%	0/268 = 0%	
HOSPITAL STAFF:						
A. Were you checked on frequently during your stay?	71/71 = 100%	67/70 = 96%	68/72 = 94%	55/55 = 100%	261/268 = 97%	7
B. Was your call light answered within three minutes of pushing it?	70/71 = 99%	70/70 = 100%	70/72 = 97%	55/55 = 100%	265/268 = 99%	3
C. Did the hospital staff treat you with respect?	70/71 = 99%	70/70 = 100%	69/72 = 96%	55/55 = 100%	264/268 = 99%	4
D. Did the hospital staff treat each other with respect?	70/71 = 99%	69/70 = 99%	71/72 = 99%	55/55 = 100%	265/268 = 99%	3
E. Were you well cared for?	71/71 = 100%	70/70 = 100%	72/72 = 100%	55/55 = 100%	268/268 = 100%	0
PHYSICIANS:						
A. Did your physician include you in your plan of care?	71/71 = 100%	67/70 = 96%	70/72 = 97%	53/55 = 96%	261/268 = 97%	7
B. Was your physician available to you?	71/71 = 100%	67/70 = 96%	69/72 = 96%	55/55 = 100%	262/268 = 98%	6
C. Were you kept informed of your progress?	71/71 = 100%	68/70 = 97%	70/72 = 97%	54/55 = 99%	263/268 = 98%	5
D. Did your physician tell you when you were going home?	71/71 = 100%	69/70 = 99%	70/72 = 97%	55/55 = 100%	265/268 = 99%	3
HOSPITAL AND ROOM:						
A. Was your room kept clean?	70/71 = 99%	68/70 = 97%	71/72 = 99%	55/55 = 100%	264/268 = 99%	4
B. Were needed supplies furnished to you?	70/71 = 99%	69/70 = 99%	71/72 = 99%	55/55 = 100%	265/268 = 99%	3
C. Was the hospital well maintained?	70/71 = 99%	69/70 = 99%	71/72 = 99%	55/55 = 100%	265/268 = 99%	3
D. Was the hospital appropriate for your care needs?	71/71 = 100%	70/70 = 100%	72/72 = 100%	55/55 = 100%	268/268 = 100%	0
DISCHARGE:						
A. Were you given instructions on what you should do after?	71/71 = 100%	68/70 = 97%	70/72 = 97%	55/55 = 100%	264/268 = 99%	4
B. Was your discharge handled smoothly?	71/71 = 100%	70/70 = 100%	72/72 = 100%	55/55 = 100%	268/268 = 100%	0
Did you need any special arrangements made for after your?	18/18 = 100%	17/17 = 100%	20/20 = 100%	17/17 = 100%	72/72 = 100%	0
C. Were you told about the arrangements that were made for you?	18/18 = 100%	17/17 = 100%	20/20 = 100%	17/17 = 100%	72/72 = 100%	0
E. Were the arrangements followed through after your discharge?	18/18 = 100%	17/17 = 100%	20/20 = 100%	17/17 = 100%	72/72 = 100%	0
OVERALL:	1136/1141 = 99%	1080/1096 = 99%	1117/1140 = 98%	873/876 = 99%	4206/4253 = 99%	



MINIDOKA MEMORIAL HOSPITAL
DISCHARGE PLANNING
CALL-A-CARE -
EMERGENCY ROOM PATIENTS
PATIENT SATISFACTION SUMMARY

Attachment K

FISCAL YEAR 2010

Question	1 st Quarter Oct., Nov., Dec.	2 nd Quarter Jan., Feb., Mar.	3 rd Quarter Apr., May, June	4 th Quarter July, Aug, Sept.	Fiscal Year % Met Expectations	Number Who's Expectations <u>NOT</u> met
1. Did the doctor see you in a timely manner?	119/120 = 99%	120/120 = 100%	118/120 = 98%	120/120 = 100%	477/480 = 99%	3
2. Were you kept informed of your progress?	116/120 = 97%	116/120 = 97%	115/120 = 96%	115/120 = 96%	462/480 = 96%	18
3. Were you well cared for?	116/120 = 97%	112/120 = 93%	111/120 = 93%	115/120 = 96%	454/480 = 95%	25
4. Were needed supplies furnished to you?	116/120 = 97%	118/120 = 98%	117/120 = 98%	118/120 = 97%	469/480 = 98%	11
5. Did the Emergency Room staff treat you with respect?	117/120 = 98%	117/120 = 98%	119/120 = 99%	119/120 = 97%	472/480 = 98%	8
6. Did the Emergency Room staff treat each other with respect?	118/120 = 98%	120/120 = 100%	120/120 = 100%	120/120 = 100%	478/480 = 99%	2
7. Were you transferred to another facility?	0/120 = 0%	0/120 = 0%	0/120 = 0%	0/120 = 0%	0/480 = 0%	N/A
8. Were you given instructions on what you should do after your discharge?	119/120 = 99%	120/120 = 100%	120/120 = 100%	118/120 = 98%	477/480 = 99%	3
9. Was the Emergency Room clean?	119/120 = 99%	119/120 = 99%	119/120 = 99%	120/120 = 100%	477/480 = 99%	3
Ambulance						
10. Did the EMT's treat you with respect?	6/6 = 100%	7/7 = 100%	6/6 = 100%	7/7 = 100%	26/26 = 100%	0
11. Were you well cared for?	6/6 = 100%	7/7 = 100%	6/6 = 100%	7/7 = 100%	26/26 = 100%	0
12. Was the ambulance clean?	6/6 = 100%	7/7 = 100%	6/6 = 100%	7/7 = 100%	26/26 = 100%	0
OVERALL	958/978 = 98%	967/985 = 98%	961/987 = 97%	970/985 = 98%	3856/3935 = 98%	

QUALITY IMPROVEMENT REPORTING FORM Fiscal Year 2010 Attachment L

Department: INFECTION CONTROL

Date of Study: October 2009 - September 2010

Title of Study: Acute Care and ECF Hospital Acquired Infection Rates

<p>STEP 1</p> <p>IDENTIFY PROBLEM/STUDY</p>	<p>NATURE OF PROBLEM & HOW IDENTIFIED:</p> <p>In order to protect patients, visitors, and health care workers, it is important to monitor and maintain low hospital acquired infection rates. Hospital acquired infections are associated with increased medical cost resulting from prolonged recovery periods, longer inpatient days, additional therapies and treatments, as well as placing patients at increased risk.</p>				
<p>STEP 2</p> <p>STUDY PLAN</p>	<p>DESCRIPTION OF STUDY:</p> <p>Study involves total surveillance of patients and residents in MMH. Possible problem cases are reviewed by the infection control nurse, who is notified by nursing staff who fills out Infection Control Report form or by review of patients who have a temperature of 101 F. or greater. An infection Control Report form is generated when a patient has an elevated temperature, obvious signs and symptoms of an infection, physician documentation, positive cultures, or positive x-ray. Laboratory refers all positive cultures to Infection Control nurse for review. CDC Guidelines and criteria are followed in identifying hospital acquired infections. Rates are calculated according to patient days in ECF and number of discharges on Med/Surg. On a monthly basis. The results are reported to the Infection Control Committee, results are reviewed then recommendations are made, if any, by the committee.</p>				
<p>STEP 3</p> <p>DATA RESULTS and EVALUATION OF DATA</p>	<p>4th Quarter Oct. – Dec. 09</p>	<p>1st Quarter Jan-Mar 10</p>	<p>2nd Quarter Apr-June 10</p>	<p>3rd Quarter July-Sept. 10</p>	<p>Over all for the FY</p>
<p>M/S</p> <p>Swing Bed</p>	<p>0%</p>	<p>0%</p>	<p>0%</p>	<p>0%</p>	<p>0%</p>
<p>ECF</p> <p>State</p> <p>National</p>	<p>0%</p>	<p>0%</p>	<p>0%</p>	<p>0%</p>	<p>0%</p>
<p>ECF</p>	<p>4.6%</p>	<p>6.0%</p>	<p>7.7%</p>	<p>2.5%</p>	<p>5.2%</p>
<p>State</p>					<p>10.9%</p>
<p>National</p>					<p>9.5%</p>
<p>STEP 4</p> <p>FOLLOW UP/ ACTION PLAN</p>	<p>Acute Care: There were 0 patients who developed signs of infection for the fiscal year.</p> <p>Swing Bed: There were 0 patients who developed signs of infection for the fiscal year.</p> <p>ECF: There were residents who had UTI (Urinary Tract Infections), URI (upper respiratory infection), skin infection, and other infections during the fiscal year.</p>				

Department: PHARMACY & THERAPEUTICS

Date of Study: October 2009- September, 2010

Title of Study: Medication Error Reports

IDENTIFY PROBLEM/STUDY	NATURE OF PROBLEM & HOW IDENTIFIED: Monitoring of Medication Error Reports						
STUDY PLAN	DESCRIPTION OF STUDY: All Medication Error reports will be tracked for common cause.						
DATA RESULTS and EVALUATION OF DATA		# Documented Medication Errors	Medication not given/missed	Wrong Medication Given	Wrong Dose Given	Wrong Route of Admin	Wrong Patient
	<u>Acute Care</u>						
	4 th Q 09	14	6/14 = 43%	5/14 = 38%	2/14= 14%	1/14= 5%	0
	1 st Q 10	8	5/8 = 62%	3/8 = 38%	0	0	0
	2 nd Q 10	4	2/4 = 50%	1 /4 = 25%	1 /4 = 25%	0	0
	3 rd Q10	7	6/7 = 86%	0	1//7 = 14%	0	0
	Overall	33	19/33 = 58%	9/33 = 27%	4/33 = 12%	1/33 = 3%	0
	<u>ECF</u>						
	4 th Q 09	12	10/12 = 83%	0	2/12 = 17%	0	0
	1 st Q 10	15	7/15 = 47%	1/15 = 7%	6/15 = 39%	0	1/15 = 7%
	2 nd Q 10	16	11/16= 69%	3/16 = 19%	2/16 = 12%	0	0
	3 rd Q 10	22	18/22 = 82%	0	3/22 = 14%	0	1/22 = 4%
	Overall	65	46/65= 71%	4/65 =6%	13/65 = 20%	0	2/65 = 3%
	<u>PHARMACY DISPENSING ERROR</u>						
		# documented errors	Wrong Med	Wrong form or Strength	Wrong Dose	Med not in drawer	MAR ERROR
4 th Q 09	0	0	0	0	0	0	
1 st Q 10	0	0	0	0	0	0	
2 nd Q 10	0	0	0	0	0	0	
3 rd Q 10	0	0	0	0	0	0	
Overall	0	0	0	0	0	0	
<p>Total Medications Dispensed: 337,252 Total Errors: 98 (decreased from: 79 for FY 2009) Total Medications Dispensed Correctly: 337,154 = 99.997%</p> <p>None of the errors resulted in Harm to the Patients.</p>							

MMH FY 2011 Operational Priorities

Attachment N

Finance

- 5% Margin
- Days Cash in Reserve >90 Days
- A/R Days <60
- A/P Days <25
- Debt Service Ratio >1.25

Quality

- No Hospital Acquired Infections
- No Surgical Site Infections
- Overall Med Error <.005%
- Earn a Second Schoonover Award by 2012
- Swing Bed Acquired Infection Rate <5%
- ECF Acquired Infection Rate < State-wide Average

EMR

- Purchase EMR Order Entry and Documentation Technology by 9-2010.
- Hire a Clinical Software Specialist by 9-30-2010

Work Force

- No Long Term Temporary Personnel
- Worker's Comp MOD <.75
- Recruit Another Primary Care Provider by End of Calendar Year 2010.

Governance

- Create a community owned, not-for-profit corporation to lease MMH from Minidoka County by 9-30-2010.
- Finalize transfer of MMH to new corporation by 10-1-2010.

Buildings

- Finalize Construction Documents by 12-31-2010 (FY 2011?).
- Secure Financing for ER Construction by 12-31-2010.
- Begin Construction by 12-31-2010