

Colorado Rural Health Care GRANT PROGRAM



Final Report Template

This form must be signed and returned with the Grant Report Narrative. Please complete and return this report by July 28, 2011. No further grant requests from your organization can be considered until this report has been completed and returned.

Name of organization reporting: East Phillips County Hospital District dba The Family Practice of Holyoke

Dates covered by this grant: from June 2010 to November 2010

Executive Director: John J. Ayoub, FACHE

Phone and Email: (970) 854.2241x226 and John.Ayoub@Bannerhealth.com

Contact person (if different from Executive Director): Same

Title: Administrator/CEO

Phone and Email: Same

Mailing Address: 1001 East Johnson Street

City/State/Zip: Holyoke, CO 80734

Fax Number: (970) 854-3821

Amount of Grant: \$16,534

Purpose of Grant: Equipment Purchase for The Family Practice of Holyoke

I hereby certify that the above and attached statements are true and accurate.

Signature of Executive Director or Authorized Board Officer

5/8/11
Date



EAST PHILLIPS COUNTY HOSPITAL DISTRICT
1001 EAST JOHNSON STREET
HOLYOKE, COLORADO 80734
TELEPHONE: 970/854-2241

**The Colorado Rural Health Center
Colorado Rural Health Care Grant Program
Final Report – August 8, 2011**

Results/Outcomes

The generous grant we were awarded funded the purchase of equipment for East Phillips County Hospital District dba The Family Practice of Holyoke, which is a federally certified Rural Health Clinic. While the purchase of equipment was important in its own right, the overall thrust of the grant was to purchase equipment that would allow our staff to shift their focus to the implementation of an Electronic Medical Record (EMR).

The equipment purchased included a tympanogram, which we could no longer get replacement parts for and was no longer functioning, a hematocrit centrifuge for which we could no longer get replacement parts, and a pharmaceutical grade freezer, which had problems holding the correct temperature; we had a freezer/refrigerator unit that had to be watched very closely and needed servicing almost constantly. The same was true of our audiometer, which was broken and for which replacement parts were no longer available and our digital thermometers, which had long outlived their useful lives and were going bad and eating batteries, wouldn't hold their charges, and needed replacement batteries almost weekly, which consumed staff time and clinic resources. All of those items were replaced with new equipment, most of which is under warranty and none of which take any staff time or attention, which freed up time and resources for EMR focus. The computers themselves are utilized by our front office staff and are vital to the new EMR system in terms of scheduling and report generation, which should lead to our achievement of Meaningful Use criteria; the thermal prescription printer is EMR compatible and is for all prescriptions that cannot be sent electronically (i.e. scheduled narcotics). The Urine Analyzer allows us to provide results more accurately and faster than the manual analysis that staff was performing prior to its purchase. The Mayo Trays and surgical tools replaced items that had been in use for over 10 years, while the clinic exam table is the first one our clinic has ever had that electronically raises and lowers for patient convenience and patient and staff safety.

With the purchase of this equipment in place, The Family Practice of Holyoke went live with its Electronic Medical Record (EMR) on August 15th, 2010. While the initial push was slow, with continued training and practice, the proficiency of staff and efficiency of the clinic has increased significantly.

In looking at measurable results to show progress with this project, patient encounters at the clinic were tracked and reviewed. Additionally, a clinic specific satisfaction survey was implemented in January of 2011 to ensure that expectations were being met for the population we serve. The tally of the clinic encounters, beginning with January 2010 for a sense of scope, is as follows:

January 2010	706	October 2010	543
February 2010	702	November 2010	553
March 2010	761	December 2010	579
April 2010	744	January 2011	675
May 2010	617	February 2011	640
June 2010	736	March 2011	740
July 2010	672	April 2011	661
August 2010	658	May 2011	652
September 2010	519	June 2011	684

When looking at the numbers of visits, it is obvious that the clinic “went live” with its EMR in the middle of August 2010. With the implementation of the new EMR product, the lack of familiarity with it, the increased time to utilize it, and the staff’s overall comfort level, the productivity level of the clinic decreased significantly. There was additional time and training that was conducted for the administrative, nursing, and Medical staffs. Efforts were made to streamline what we were doing. A process mapping team was created to look at how we do things and how we can do things better; this ensures that we’re not using old, inefficient systems in a new electronic environment. It is a multidisciplinary team whose members include a physician, a family practice nurse practitioner, a member of the clinic’s patient check-in team, a clinic LPN, the clinic manager, the hospital district administrator, and the hospital district’s quality improvement director. It is very much driven by the Medical Staff members and strives to improve quality, decrease variation, and increase efficiency of the entire patient/provider experience. The findings and improvements made by the team have led to increased training/retraining for staff, which while increasing the amount of time and resources spent in this regard has also significantly boosted productivity and patient satisfaction of the clinic.

Over the course of the first half of 2011, the clinic has given out over 2,500 satisfaction surveys and received slightly fewer than 400 back. They show an overall satisfaction level of 98.3%. This coupled with the fact that the clinic slowed down to seeing only 519 patients in September when we had first gone live with the new EMR, but managed to increase numbers and get back to consistently hitting in the high 600s (while seeing 740 patients in March!), shows that the staff has come a long way in its training. The new EMR is now in full swing with providers, staff, and most of all patients benefiting from its utilization. None of this would have been possible without the new computers and equipment, which allowed the implementation and afforded more staff to pursue our EMR goals.

Photographs and Testimonials

Photos of the equipment purchased are attached as JPG files to the final report email. We are certainly proud of the new equipment we have purchased with the funds you have generously provided us and wanted to show you that it was put to good use in the manner in which we said it

would be. Patients and staff feel great about the new equipment and our ability to provide excellent patient care with these new tools within our clinic.

The item that receives the greatest number of testimonials is our new clinic exam table. While all of the equipment is excellent and provides opportunity for staff to be more efficient and provide higher quality patient care, the exam table gets rave reviews from all patients. From elderly patients who lack mobility to handicapped patients who are wheelchair bound to children who feel a sense of independence and accomplishment from getting up on the table themselves, the ability to lower the table to a level at or below that of a wheelchair is obvious to patients, better for safety and back health for our staff, and greatly appreciated by all who use it. It is the first and only exam table in the clinic to be able to go up and down, but (hopefully) will not be the last one we purchase.

Future Plans

The future plans for the clinic are to maintain the equipment that was purchased so we can continue to utilize it for many years moving forward. We will look to continue to maintain and supplement the new equipment through additional grant funding and clinic operations. Additionally, with the time and resources that we no longer have to spend with monitoring and repairing old equipment, we continue to focus additional time and talent on increasing our proficiency with the EMR and our process mapping activities.

Other Comments

It has been almost a year since the purchase of our new equipment and our launch of the EMR at the clinic; we are well into our planning for the hospital's launch and hope to be a completely paperless system by year end. We expect that a great deal of the learnings made during our clinic implementation will have lasting carryover effect as we apply them to our training and implementation in the hospital. The grant making process employed by The Colorado Rural Health Center was easy to use and very fair; the staff and representatives were excellent to work with and fine emissaries of their organization. Thank you so very much for your generous donation, an investment in high quality care within a rural Colorado community!

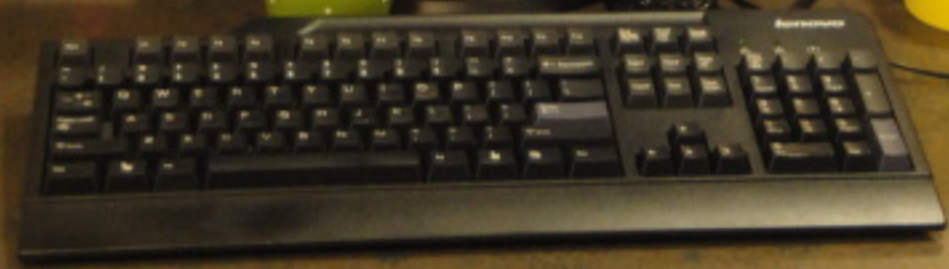
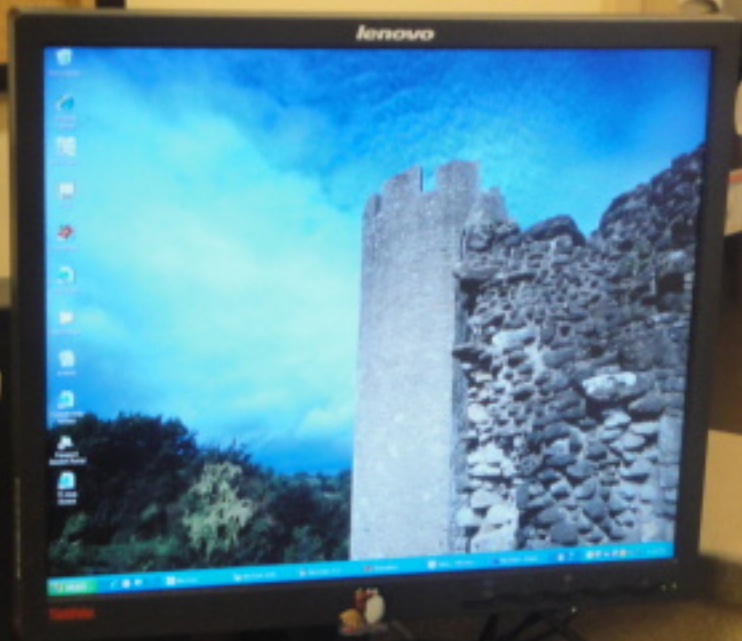
Words cannot fully express the magical transformation that has occurred within our clinic. If members of the Board or staff of The Colorado Rural Health Center are ever in the Holyoke area or would like to arrange a visit, the staff and administration would be proud to provide a tour and show firsthand how the funds provided for this project have been used and the excellent care that is given to our patients because of it.

Financials

Attached to this report as an Excel Spreadsheet is actual requested amounts and spent amounts for equipment. There was no significant variation from the time of the additional funding request when we stated that we would come in under budget and requested permission to utilize those funds to purchase additional equipment, which was granted. The items that were part of the supplemental request were purchased for the amounts listed and when all was said and done, we were under our allotted budget by almost \$40.









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Windows XP Professional

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LW Scientific, Inc.

LWS-M24

Micro-Hematocrit Centrifuge

24 Place



brake



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Keep fingers out of the cutter

Ne pas introduire les doigts dans l'unité de découpage

Finger aus dem Schneidwerk fernhalten.

star^{plus} TSP800II



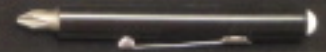




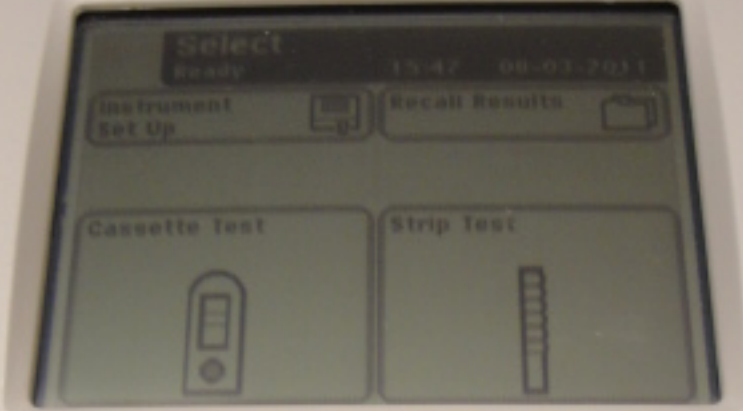
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