

2021

QUALITY ASSESSMENT & IMPROVEMENT

PLAN

*To empower the fulfillment
of life through better health.*



Thank You



Thank you for taking the time to read our 2021 Quality Assessment & Improvement Plan Report. We appreciate your interest in the hard work and dedication of everyone here at Huggins Hospital.

At Huggins Hospital, our Vision is to be the community's home for health and wellbeing and our Mission is to empower the fulfillment of life through better health. To continue being as strong an organization as we are, both culturally and financially, our focus on quality and continuous improvement is a constant priority.

In 2021, we continued to focus on caring for our employees and our community during a global pandemic. We pushed through the most intense aspects we have experienced from this crisis so far. Our employees continued to go above and beyond in showing our community how much we care and the expertise we have available here at Huggins Hospital.

We continue to be in awe of everything our employees have been able to accomplish through these past few years of a global pandemic and we will forever be thankful for each and every one of them. Through the peak of the pandemic, we turned our administrative focus on maintaining the health and wellbeing of our employees so they could continue to care for our patients. We will continue this focus as we move into the upcoming year and strive to provide the best quality care and safety we can.

Thank you to our Huggins Family for their dedication, for saving lives, and for being there for those who are at the end of their life. The quality work we do makes all the difference. Thank you.

A handwritten signature in black ink that reads "Kathy Barnard".

Kathy Barnard
Chair, Quality Care and
Patient Experience Committee
Huggins Hospital Board of Trustees

A handwritten signature in black ink that reads "Jeremy Roberge".

Jeremy Roberge, CPA
President & CEO
Huggins Hospital

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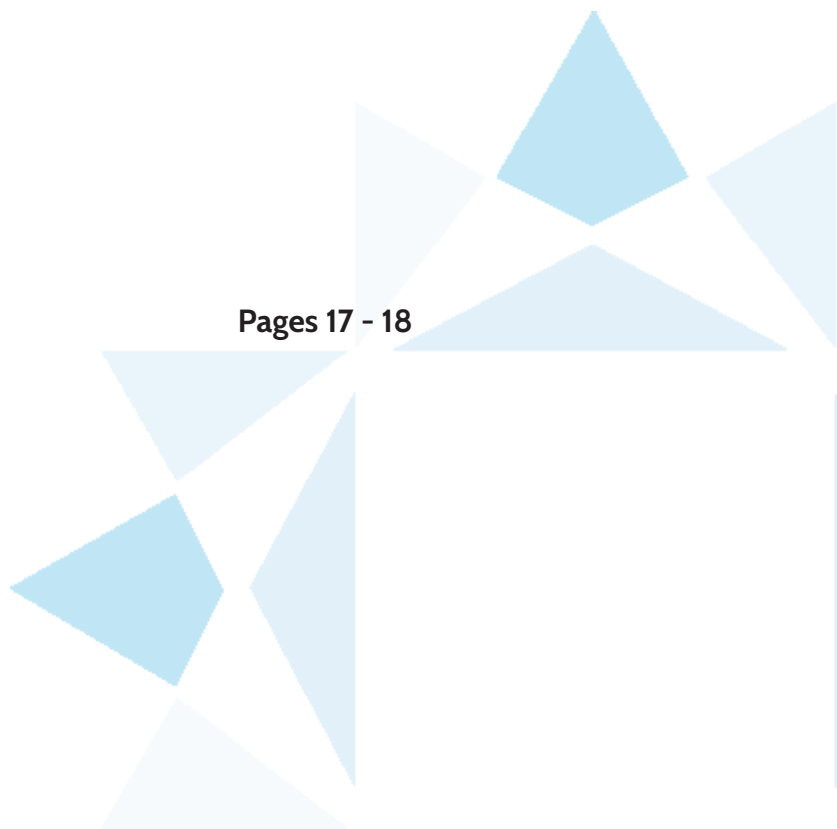
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HUGGINS HOSPITAL ENDURES SECOND YEAR OF PANDEMIC



Hope and positive anticipation filled the beginning of 2021. After a year of constant change and adjustments to fight COVID-19, we were at a point where protection and prevention measures were available. By the end of 2021, Huggins Hospital was experiencing the biggest surge in COVID-19 that had hit the area since the beginning of the pandemic.

In early 2021, staff worked diligently to make Huggins Hospital one of the first hospitals to provide an on-site public Vaccine Clinic (story on page 5) and to offer a COVID-19 Monitoring Program (story on page 4). These programs provided positive momentum as everyone came together to vaccinate our community and help community members care for themselves at home after testing positive for COVID-19.

In late 2021, Huggins Hospital and other hospitals across the state issued public statements regarding the unprecedented number of patients and high numbers of COVID-19 positive cases. Hospitals did not have enough staffed beds to transfer patients efficiently. Huggins Hospital staff were caring for patients at a higher level of acuity than ever before due to lack of ability to transfer. The test positivity rate for COVID-19 reached levels over 20 percent. Non-emergent patients were seeking care in Emergency Departments, creating a strain on departments that were already past capacity. The death rates in our local area were extremely impactful, with almost all deaths occurring in those who were not vaccinated against the disease.

2021 was certainly a challenge for everyone in healthcare, Huggins Hospital included. Huggins Hospital continued all COVID-specific services from the prior year: COVID-19 Drive Up Testing, COVID-19 Hotline, Entrance Screenings, Telehealth, Temporary Outpatient Practice access and more. While maintaining those services, Huggins Hospital also added new ones – Vaccine Clinic, COVID-19 Monitoring Program and Monoclonal Therapy. Throughout the crisis, we continued to keep a focus on quality and safety for our patients and our staff.

Pandemic Operations

COVID-19 Monitoring Program

preventing the escalation of disease

In early 2021, Huggins Hospital developed and deployed a program to monitor COVID-19 positive patients during their home-isolation period. This program is still operational as of early 2022. The purpose of the program is to provide education, monitoring, triage and guidance to individuals newly diagnosed with COVID-19.



Sometimes the condition of a COVID-positive patient can escalate quickly when they are trying to care for themselves at home. With this program, Huggins Hospital is able to prevent serious illness, emergency department visits or hospitalization. The goal is to monitor patients and catch any escalation before it reaches critical levels as well as provide a resource to patients who are managing this process at home.

The program is offered through Huggins Hospital's Care Coordination team and more than half of the patients who have tested positive at Huggins Hospital since the program began have decided to participate.

Upon entering the program, participants are given a packet of educational materials including information on how to properly isolate at home and a chart to record their O2 readings. They also are given the phone number for a phone line dedicated to the program that will connect them directly to a nurse at the hospital. Nurses also reach out to the participants during their isolation period to check in with the participant, assess symptoms and check oxygen saturation levels.

Patients were relieved to have someone there to support them through their illness and to help them alleviate their fears. Through this innovative program, Huggins Hospital staff saved lives by catching advanced disease early.

Start of program January 2021	# of Patients
Positives notified	1975
COVID Monitoring Program Total	842
High Risk (4 total calls)	209
Low Risk (3 total calls)	405
End of illness (2 calls)	154
Monoclonal Therapy Infusions	138

Pandemic Operations

COVID-19 Vaccine Clinic

offering hope to employees and community



In early 2021, Huggins Hospital operationalized a public Vaccine Clinic and continued offering the vaccines to employees of Huggins Hospital. Team members from across the organization helped manage the initial influx of demand for the vaccine as well as subsequent demand for second doses, boosters and more.

Throughout the year, the Vaccine Clinic team continued to improve processes and workflows to ensure the best experience possible to everyone who wanted to be vaccinated. As soon as vaccines were available for certain groups, including pediatrics, the team was ready to be a resource and provide the service for the community. As a result, the town of Wolfeboro had one of the highest rates of vaccination of any town in the state without any state-run vaccination nearby.

Employees from Huggins Hospital also offered their services by working at multiple state mass vaccination events at New Hampshire Motor Speedway.



HUGGINS HOSPITAL QUICK TO RESPOND TO NEED TO SAVE DOSES OF VACCINE

At the end of January of 2021, Huggins Hospital partnered with Public Health to administer COVID-19 vaccines about to expire.

Huggins Hospital was informed of approximately 100 doses of the vaccine allocated for Carroll County that were set to expire. With quick action and mobilization of teams from across the organization, Huggins Hospital collaborated with Carroll County Coalition for Public Health (C3PH) and local EMS to make sure no doses would go to waste. The urgent vaccine clinic was set up in a day and allowed our most vulnerable community members the opportunity to be vaccinated sooner than they had hoped.

“We will do everything we can to make sure our community members don’t miss out on the vaccine to prevent COVID-19,” said Janet Williamson, Huggins Hospital EMS and Emergency Management Coordinator. “When we heard these doses would expire on Sunday, we had employees drop everything over the weekend to come in and help. We were met by a large team of CERT volunteers and staff from C3PH who helped us navigate patients through our on-site clinic.”

Huggins Hospital staff called high-risk patients to come in and were pleasantly surprised with how those community members were also willing to drop everything on a Sunday and come in to be vaccinated. Huggins Hospital physicians, providers and nurses were ready at a moment’s notice to administer the vaccines.

Due to the teamwork and quick mobilization of this urgent COVID-19 vaccine clinic, Huggins Hospital and C3PH were able to put over 100 at-risk people on the road to immunity against COVID-19.



Evaluation and Quality Assurance Reviews

In order to participate in Medicare and Medicaid Programs, Critical Access Hospitals must meet certain Conditions of Participation put forth by the Centers for Medicare & Medicaid Services (CMS). One condition includes a periodic review of the hospital's total quality program. Huggins Hospital performs an annual review and includes the evaluation of Patient Care Services, Health Care Policy Reviews, Evaluations of Medication Therapy and Clinical Record Reviews.

Continuous Evaluation during COVID-19 Pandemic

When January 2021 hit, hospitals had hope that the pandemic would be over or nearing an end. The hope continued to rise when summer rounded the corner and positivity rates appeared to be dropping, fear of illness wasn't as heightened for the community, and masks were slowly coming off in public. Vaccinations were now approved and a majority of healthcare staff had started their primary series. Huggins still maintained all services that were operationalized just the year prior, such as the COVID-19 Hotline, Drive Up COVID-19 Testing, and our COVID-19 Monitoring Program. As summer drew to an end, Huggins Hospital started to see the biggest increase of COVID-19 positive patients in our community. This eventually spread quickly across the state of NH. By fall of 2021, COVID-19 positive patients comprised over half of our inpatient rooms, stretchers lined the hallways in the ED, and transfers to alternative facilities for care was almost impossible. Fortunately, Federal waivers were still in place that allowed Huggins Hospital to be flexible with strict mandates that govern Critical Access Hospital operations. Clinical staff demonstrated immense resiliency during these times of critically acute patients and critically low staffing.

Healthcare Policy Review

In 2020, Huggins Hospital staff developed critical COVID-19 policies quickly and rapidly. By 2021, we were updating to the 10th, and sometimes even the 20th, rendition of each policy because of constantly evolving guidance from state and federal levels. It was these policies and continuous updates that helped guide staff through each step of COVID-19 patient management and daily operations. Continuous communication helped staff keep track of what PPE to utilize, how to best transport COVID-19 patients, testing guidelines, best care guidelines and much more. In 2021, OSHA issued its Emergency Temporary Standard (ETS) for Healthcare to abide by in a short timeframe. Fortunately, Huggins Hospital had many portions of the ETS completed and was able to create our organization's plan efficiently.

Evaluation of Medication Therapy

In 2021, the evaluation of Emergency Use Authorization medications for COVID-19 treatment continued evolve as new products were tested and made available. Evaluation included availability of medication, treatment benefits, patient population that would utilize the medications, and actionable protocols to implement safe administration of drugs. Huggins Hospital ensured that – when new medications were available – they were evaluated promptly to ensure access to our patients in need. This occurred not only with inpatient medication therapy, but for outpatient COVID-19 positive patients as well. Huggins Hospital worked diligently to administer IV monoclonal therapy to eligible patients via our Infusion Services Department and eventually shifted to utilization of the oral monoclonal therapies as they became available.

Evaluation of Patient Care Services

Internal Review

- Incident Command
- COVID-19 Committee
- Department-specific Quality Projects
- Peer Review
- Accountable Care Organization (ACO)
- Medicare Beneficiary Quality Incentive Program (MBQIP)
- Committee Review (Medical Divisions, Pharmacy & Therapeutics, Infection Prevention, Clinical Staff Meetings, Blood Utilization, Utilization Review, Policy Committee)

External Review

- State and Federal Surveys
- Medical Mutual of Maine
- New England Quality Innovation Network
- Foundation For Healthy Communities
- New England Organ Bank
- NH Peer Review Network
- Peer Organization ACO Quality Review

Evaluation & Review

Clinical Record Review

Huggins Hospital uses a representative sample of both active and closed clinical records for evaluation purposes. All inpatient clinical records are reviewed by Utilization Management for acuity and level of care as well as appropriate length of stay. Closed clinical records are reviewed by the following departments of Huggins Hospital: Nursing, Medical Records, Quality, Utilization Management and others as applicable. Peer review records are selected for review by indicator and presented at the appropriate Medical Staff Division.

Records are also reviewed by the Beneficiary and Family Centered Care (BFCC)-QIO, to address all beneficiary concerns and appeals, quality of care concerns related to the Emergency Medical Treatment and Labor Act (EMTALA), and other types of case review.



The Medical Staff divisions are responsible for the review of quality and appropriateness of care through the monitoring and evaluation of care provided in the hospital and in the hospital-owned practices. Records reviews occur at the level of Medical divisions and sections (Emergency Medicine, Medicine- Outpatient Section, Hospitalist Section, Pediatric Section, and Surgery). Significant and/or persistent findings regarding individual practitioners are taken to the Medical Executive Committee and, as appropriate, to the Joint Conference Committee. Findings regarding systems issues are referred to the Quality Care and Patient Experience Committee.

Utilization of Critical Access Hospital Services

Huggins Hospital reviews all Critical Access Hospital services on an annual basis. This review includes the number of patients served and the volume of services provided.

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Total Admissions	2020	2021
Inpatient Admissions (ICU, M/S, SW)	676	745
Observation Patients	459	471
Emergency Department Visits	9,999	11,371
Practice Visits	64,388	63,616
Surgical patients	1,334	1,842
Type of Insured Patient – Total CAH Patients		
% of Medicare Patients	44%	41%
% of Medicaid Patients	10%	11%
% of Patients with other insurance	42%	45%
% Uninsured	3%	3%
Acute Average Length of Stay	3.3	3.9

Accountable Care Organization (ACO)

Huggins Hospital is participating in NH Value Care, an ACO for its third year in a row. NH Value Care, LLC is a limited liability corporation that was set up in 2018 for the express purpose of participating as an ACO in the Medicare Shared Savings Program in partnership with other healthcare organizations. Participation with an ACO requires organizations to report on several quality measures to calculate hospitals performance which is ultimately tied to financial incentive payments. For the 2021 reporting year, NH Value care is reporting on these following quality metrics: Fall Risk Screening, Hg-BA1c Control <9, Blood Pressure Control, Depression Remission at 12 months, Breast Cancer Screening, Clinical Depression Screening, Colorectal Cancer Screening, Influenza Immunization, Statin therapy, Tobacco Screening.

Evaluation & Review

Hospital Suvery by Centers for Medicaid and Medicare (CMS)

Huggins Hospital is certified by CMS who is the regulatory agency to ensure hospital processes are in compliance with the conditions of participation for critical access hospitals. On August 3rd, CMS surveyors arrived at Huggins to perform the hospitals recertification survey. Of note, Huggins was the first NH hospital post the COVID Pandemic to have their re-certification survey. The survey team spent three days reviewing charts, processes, life safety codes, and patient safety initiatives. At the end of the three days, the Survey team held a closing conference to review their findings with hospital leadership. They identified that the hospital had an abundance of friendly and knowledgeable staff, which demonstrated Huggins resilience throughout the COVID pandemic. The survey team also emphasized how impressed they were with the hospitals patient safety initiatives, from entrance and text screening, to the COVID-19 Monitoring and Antibiotic Stewardship programs. The team did find areas of opportunity related to medication safety in the physician practices, medical record deficiency process, and “SWING bed” order compliance. Huggins promptly made corrections to the immediate concerns and instituted audits to each of these processes to ensure ongoing compliance. A corrective action plan was submitted to CMS and Huggins obtained re-certification.

Ambulance Transfers

Late in 2021, Huggins Hospital experienced unprecedented times, where receiving facilities were at full capacity – leaving Huggins Hospital unable to transfer patients as fluidly as we had in past years. Although this presented some challenges, we recognized that patients acutely critical and requiring specialized care were always accepted, while patients who required specialized treatment less critically were managed by Huggins Hospital until a bed opened up at a receiving facility. All patients were evaluated continuously for changes in condition that may require a more acute transfer, with patient safety and effective treatment being priority.

Quality Improvement Presentations

Throughout the year, departments, programs and projects are presented to the Quality Committee by employees, about their quality improvement initiatives. In 2021, those Quality Improvement presentations included:

- Education Department- Sim Lab
- Materials Management- Supply Chain Challenges
- Philanthropy- Donor Engagement
- Medical Imaging- Mammography
- Pharmacy- Abx Stewardship, 340B, Infusions
- Food and Nutrition- Cafeteria COVID adjustments
- Emergency Dept- Heavy Volumes and Dept Adjustments
- Physician Services- Primary Care needs through COVID
- Med-Surg- Clinical COVID operations
- Maintenance- COVID Impact on Facilities
- COVID Drive Through testing
- Incident Response- Code White; COVID
- Community and Patient Relations- COVID-19
- Infection Prevention/Employee Health- PPE, COVID reporting
- COVID Vaccine clinic
- Medical Staff- Education
- Patient Access- COVID-19 Entrance Screening
- Care Coordination- COVID-19 Monitoring Program
- ICU- COVID-19 Preparation
- Cardiac Rehab-Adaptions during COVID-19

Effective Treatment and Safety

Evaluation of Nosocomial Infections, Hospital Acquired Conditions and Antibiotic Stewardship

Workplace Violence

Workplace violence is defined as violence or the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide. Huggins Hospital uses an incident reporting system for employees to enter any acts of threatening or unusual behavior, physical or verbal assault, and employee injury as a result of those behaviors. The system is easy to use and all staff are educated during orientation on behaviors they should report.

Historically, clinical staff do not report all incidents such as verbal abuse or name calling because it's seen as normal human behavior. However, Huggins Hospital encourages all reports to be made as it is unacceptable for staff to be treated disrespectfully and with aggressive behaviors. The data from these reports has driven many important changes within our organization via the Safety Committee including:

- » “Aggressive behavior will not be tolerated” signs in the Emergency Department (ED) with examples of aggressive behaviors as well as consequences of those behaviors.
- » All clinical staff attend Management of Aggressive Behavior training as part of hospital orientation.
- » A Broset Violence Checklist is completed on all psychiatric patients and a staff member will be called for standby if the patient meets criteria for high risk.
- » Aggressive patients who damage property are formally and legally charged for their acts.
- » Staff are encouraged to file charges against patients who assault them (some limitations to this may be an aggressive dementia patient).
- » “No trespass” orders are issued when needed (but do not apply to emergency visits)
- » Aggressive patient flowsheet instituted with a clear process to intervening when actively aggressive patients need to be medicated.
- » Panic buttons are accessible to staff.
- » Bullet proof glass installed.
- » Increased Security presence from 3 PM – 7 AM.

Our hospital is a healing environment.

**Aggressive behavior
WILL NOT
be tolerated.**

Examples of aggressive and abusive behavior include:

- Physical assault (including spitting)
- Verbal harassment
- Abusive language (swearing, yelling, etc.)
- Sexual language (and/or innuendo)
- Threats

Incidents may result in removal from this facility and prosecution. Hospital leadership supports team members in pressing charges for aggressive behavior they encounter.

Patients, visitors and/or family members can question treatment or file a complaint at any time. Please ask any employee for assistance or review your Patient Rights & Responsibilities documentaries for more information. We appreciate your help in keeping our facilities safe.

 **Huggins**
Hospital

Huggins Hospital compiles the data that is entered into the event reporting system to track workplace violence. Several categories are combined to trend incidents. These categories include safety, security, workplace violence and behavioral incidents. When evaluating the data, some trends emerge from each category: a majority of patients responsible for workplace violence incidents are psychiatric patients, substance use



patients, and patients with a medical reason for altered mental capacity (dementia, autistic, etc.); most Security incidents reported include security or law enforcement involvement.

To the left is a graphical representation of the rising workplace violence incidents collected through Symplr, Huggins Hospital Event reporting system. This increase is represented due to both an increase in staff reporting after education about the importance of reporting, as well as an actual rise in incidents over the years.

Treatment & Safety

Huggins Hospital Quality Dashboard

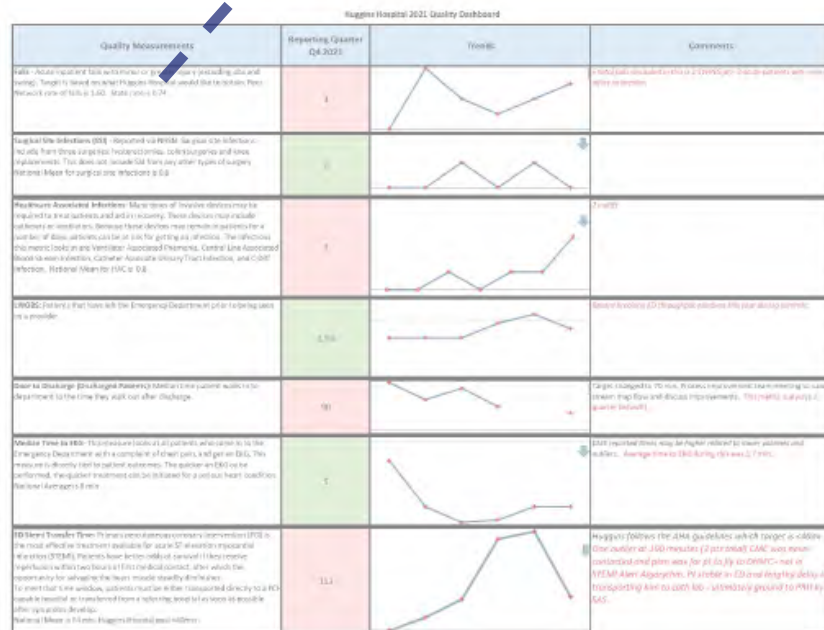
Huggins Hospital maintains a healthcare quality dashboard that summarizes and visualizes data in a way that makes it easy to understand what's important and what needs immediate attention. It shows organizational and departmental performance at a glance and is shared broadly. Below are a few highlights of our programs from 2021 based on data reported in the Quality Dashboard.

Falls

As our need to focus on the pandemic and our spike in COVID-19 inpatients grew in 2021, some portions of our regular focus on falls “fell by the wayside.”

Our Falls Committee was on a lengthened hiatus to meet and keep up with the oversight of our Falls Program due to contributing factors of staffing changes, being short staffed, increased patient volumes, higher patient acuities and emergency operations.

Although it was not a major focus, it was never completely lost. Staff generated new ideas such as a post fall huddle and assessment checklist to be implemented once we reached organizational stabilization. Most NH hospitals were in a very similar position during this time, which allowed increased flexibility with the demands of grant funded state falls programs.



Example of Quality Dashboard

Treatment & Safety

Hypertension

Huggins Hospital has been focusing on the quality measure “controlling HTN” for several years. The evaluation includes the percentage of patients 18 - 85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior to the measurement period, and whose most recent blood pressure was adequately controlled (< 140/90 mmHg). The journey started with education to all primary care office staff regarding how best to take a blood pressure. Following the education, teams made improvements with obtaining accurate data from the outpatient EMR, Greenway, which switched to Allscripts in early 2020. Currently, data is being regularly abstracted on a quarterly basis and the numbers have shown great improvement.

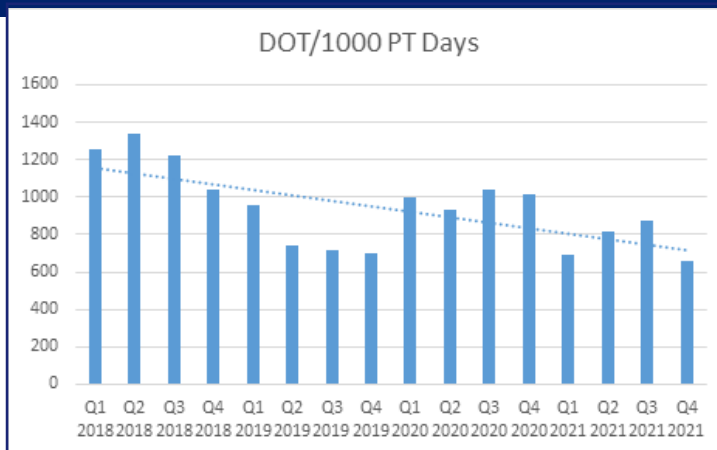
Huggins Hospital set a goal of >70% compliance with controlling HTN in our patients and a majority of our practices have superseded that goal! Our journey with this continues as we evaluate increasing our organization’s goal to maintain improvement within this metric over the next few years.



Example of Quality Dashboard

Antibiotic Stewardship

Throughout 2021, the Huggins Hospital Antibiotic Stewardship Program maintained its focus through day-to-day monitoring of appropriate antibiotic use. Although the Antibiotic Stewardship Committee meetings were placed on hold for an extended period of time, program data was compiled and reported to providers on a quarterly basis. One interesting finding during Huggins Hospital’s largest spike of COVID-19 positive inpatients was the decline in antibiotic use. This phenomenon was correlated with the increased use of antivirals in this patient population per treatment recommendations. Meanwhile, focused reports for Emergency Department providers covered appropriate ordering of antibiotics in patients with diagnoses of bronchitis and sinusitis.



Huggins Hospital began a hospital-wide antibiotic stewardship program in 2018. Through data collection comparing Days of Therapy against 1000 patient days we were able to compare our data with other facilities metrics in a standardized way (see graph at left).

Evaluation of Nosocomial Infections

The Infection Prevention Coordinator, in conjunction with the Infection Control Committee, performs surveillance of healthcare-associated infections and epidemiologically significant organisms. The Infection Prevention Coordinator implements, supports, and sustains evidence-based interventions to prevent healthcare-associated infections throughout the organization. The Infection Control Committee reviews cumulative data trends on a regular basis regarding healthcare-associated infections, hand hygiene and multidrug-resistant organisms. The table below identifies Huggins Hospital nosocomial infections reported to the National Safety Network (NHSN) of the Centers for Disease Control and Prevention (CDC).

Surgical Site Infection by Procedure

<i>Procedure</i>	<i># of Infections</i>	<i># of Procedures</i>
Colon Surgery	0	9
Abdominal Hysterectomy	0	1
Total Knee Replacement	1	26

Central Line Associated Blood Stream Infections

<i>Type of Unit</i>	<i># of Infections</i>	<i># of Line Days</i>
Medical/Surgical/ICU	0	141

Catheter Associated Urinary Tract Infections

<i>Type of Unit</i>	<i># of Infections</i>	<i># of Catheter Days</i>
Medical/Surgical/ICU	0	699

Ventilator Associated Conditions

<i>Type of Unit</i>	<i># of Conditions</i>	<i># of Ventilator Days</i>
Medical/Surgical/ICU	0	4

C-Diff

<i>Type of Unit</i>	<i># of Infections</i>	<i># of Patient Days</i>
Medical/Surgical/ICU	8	3676

Pressure Ulcers, Stage 2

<i>Type of Unit</i>	<i># of Ulcers</i>	<i># of Patient Days</i>
Medical/Surgical/ICU	1	719

Pressure Ulcers, Stage 3

<i>Type of Unit</i>	<i># of Ulcers</i>	<i># of Patient Days</i>
Medical/Surgical/ICU	1	719

Treatment & Safety

Hospital Acquired Conditions

Huggins Hospital works with the Foundation for Healthy Communities (FHC) to report data through the Hospital Improvement Innovation Network (HIIN) in line with the Network's "core areas of harm." This data includes Pressure

Ulcers, Readmissions, Injury from Falls and Immobility, Venous Thromboembolism (VTE) in surgical settings, and Sepsis. Huggins Hospital, as part of the FHC, is collaboratively involved in the Eastern US Quality Improvement Collaborative (EQIC) initiative. This initiative supports participating hospitals' improvement work to achieve the CMS goals of reducing all-cause patient harm by 9%, readmissions by 5%, adverse drug events by 13% and adverse drug events related to opioids by 7%.

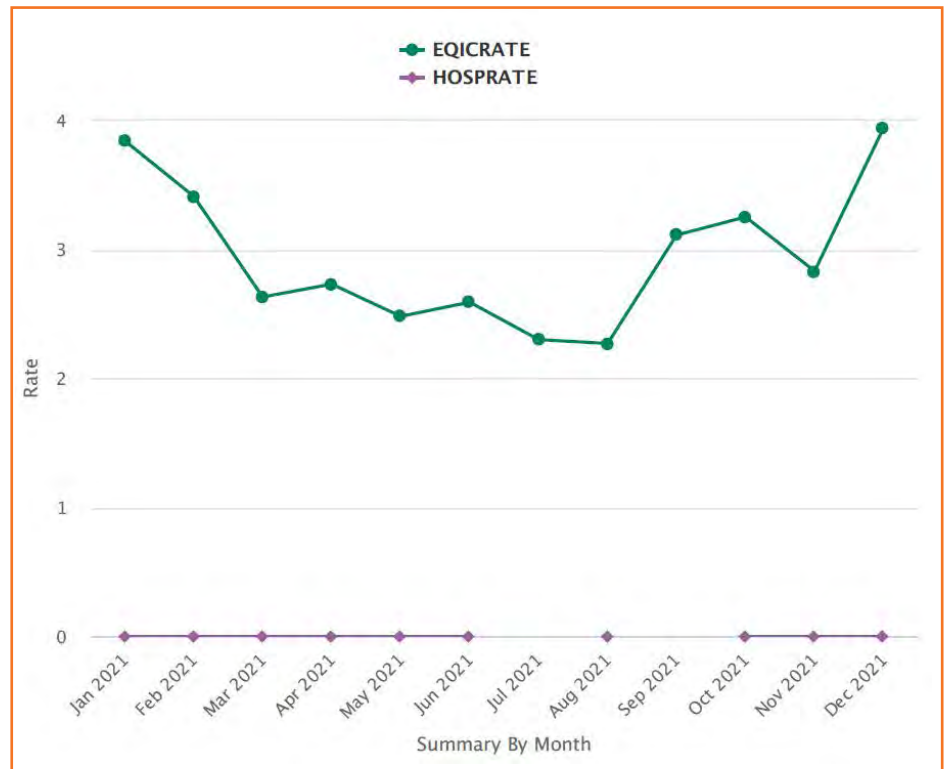
Hospital Acquired Conditions (HACs) are conditions that a person may contract while receiving medical care for another condition. Nationwide, HACs are a significant cause of patient harm and patient deaths. Low numbers indicate that a hospital is doing a good job of preventing these conditions.

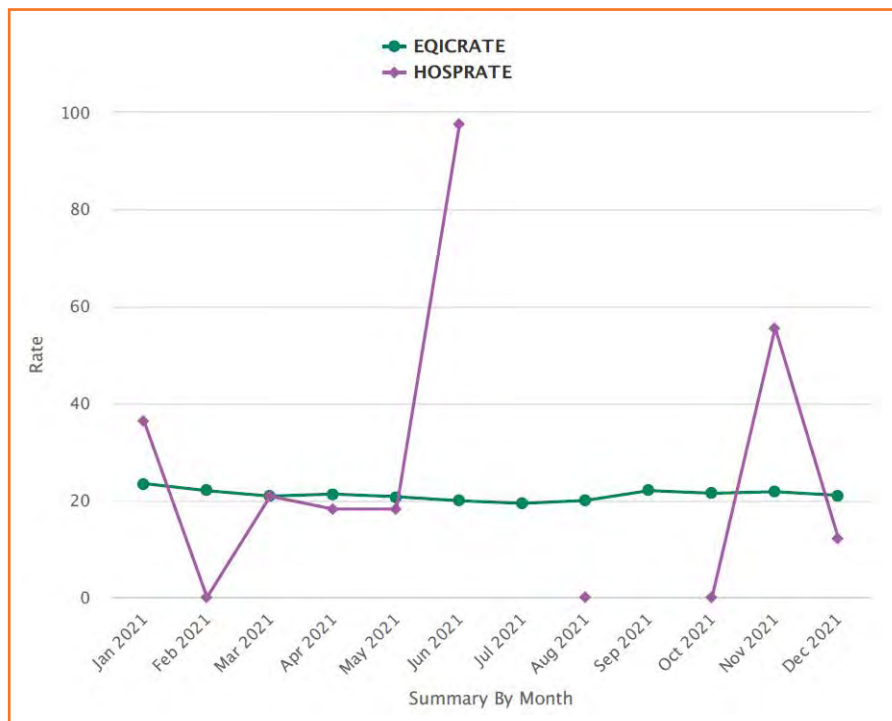
Emergency Operations

Through the EQIC initiative, the manual data abstraction for Huggins Hospital was reduced immensely, however other federal mandates for reporting continued through time. Through the Juvare reporting system, hospitals in NH were mandated to report on 140 measures throughout 2021 to ensure up-to-date data was being collected at the state level. The requirement was burdensome, calling for reporting every day of the week that is still occurring into 2022.

Prevention of Post Operative Blood Clots

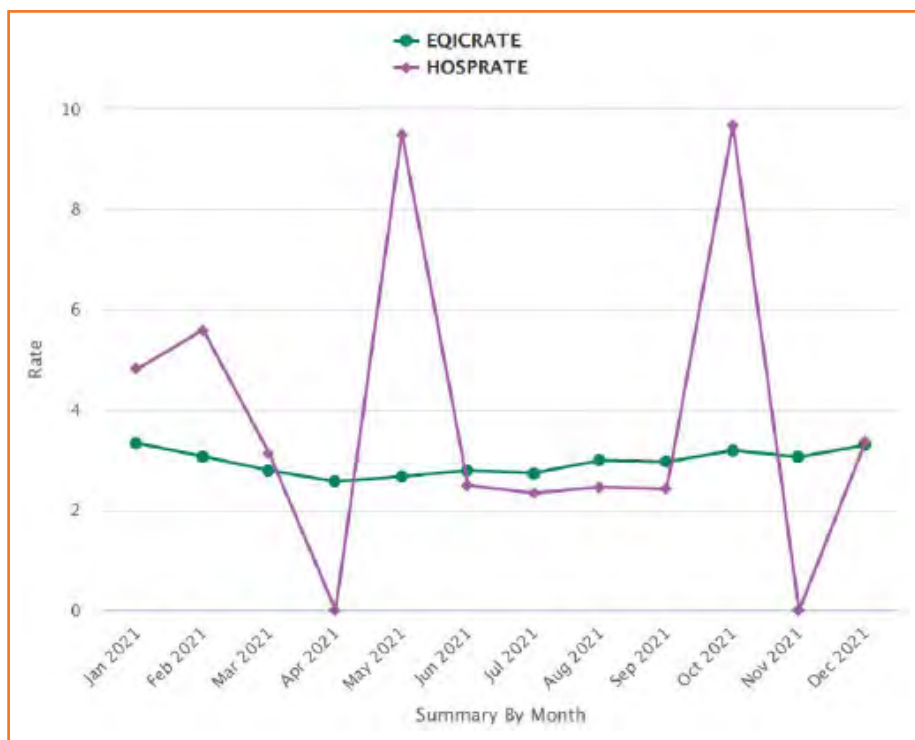
Hospital-associated venous thromboembolism (VTE), also known as blood clots, including pulmonary emboli, are the most common causes of preventable hospital death. Pharmacologic and mechanical methods to prevent VTE are safe, cost-effective and supported by evidence-based research. Huggins Hospital has a comprehensive program to reduce the incidence of blood clots. *Data collection period is January 1 - December 31, 2021.*





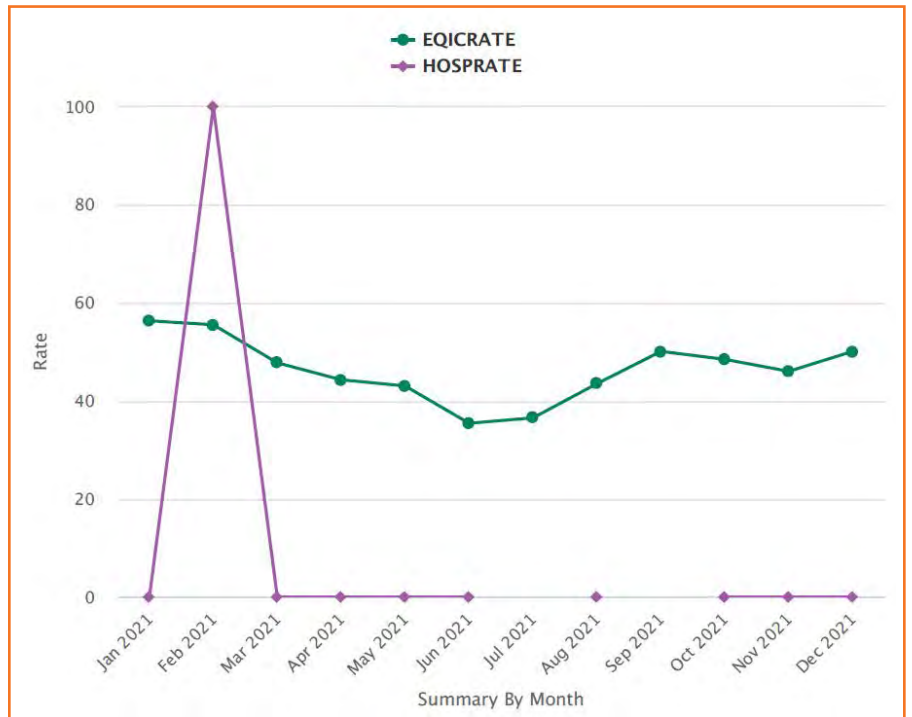
Falls Prevention Program

Unintentional falls are the most common cause of nonfatal injuries for people older than 65 years. The Falls Prevention Program at Huggins Hospital includes a variety of measures to identify patients at risk for falls. The Program uses a combination of strategies to minimize that risk. Patients, physicians, nurses, therapists and pharmacists work in collaboration in preventing falls. Data collection period is January 1 - December 31, 2021.

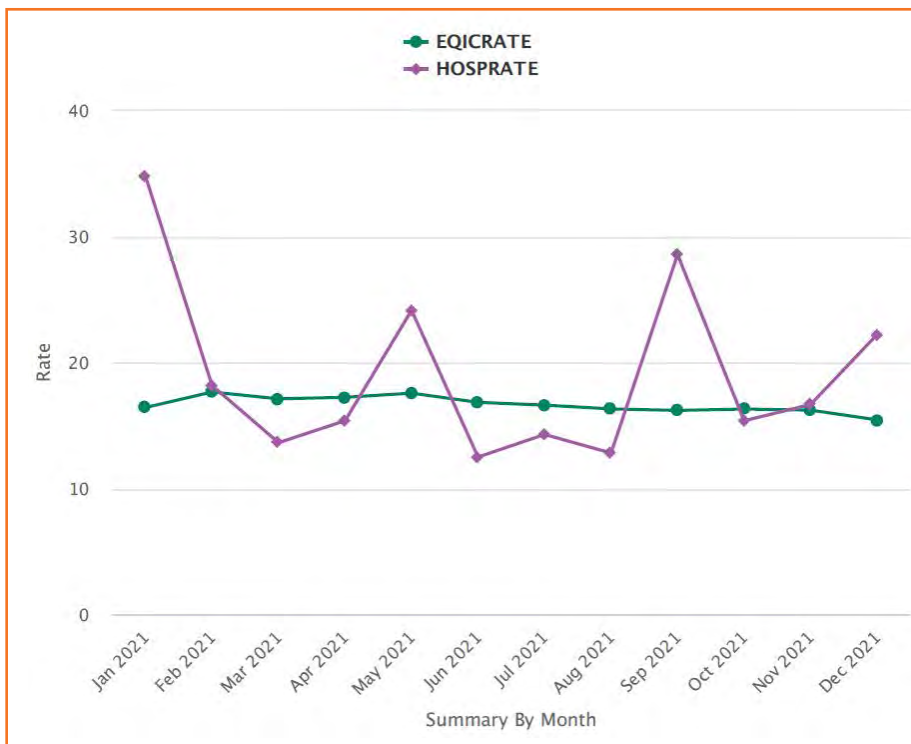


Sepsis

Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death. Data collection period is January 1 - December 31, 2021.



Treatment & Safety



Readmission Rates

Inpatients returning as an acute care inpatient to the same facility within 30 days of date-of-discharge are considered to be readmissions. Success with reducing readmissions requires a multifactorial approach including patient needs assessments, medication reconciliation, patient education, arranging timely outpatient appointments and providing telephone follow-up.

Data collection period is January 1 - November 30, 2021.



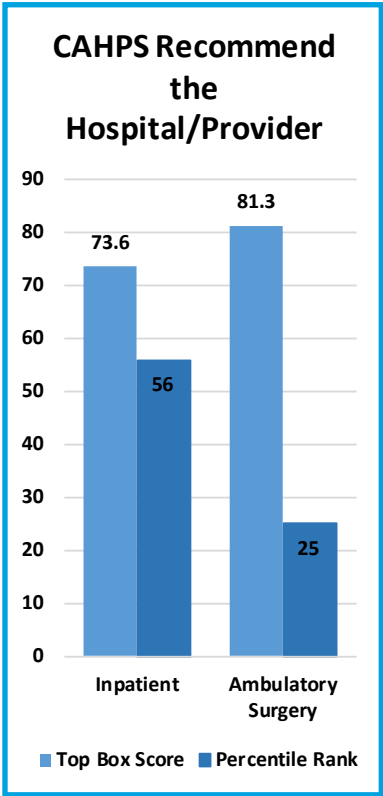
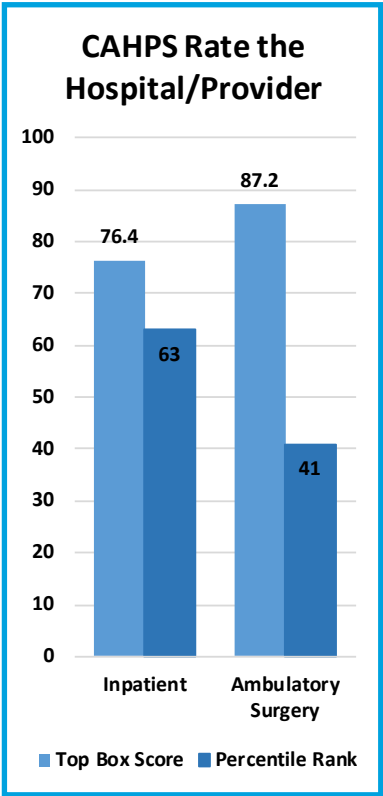
Engagement with Patients and Family

Patient Experience

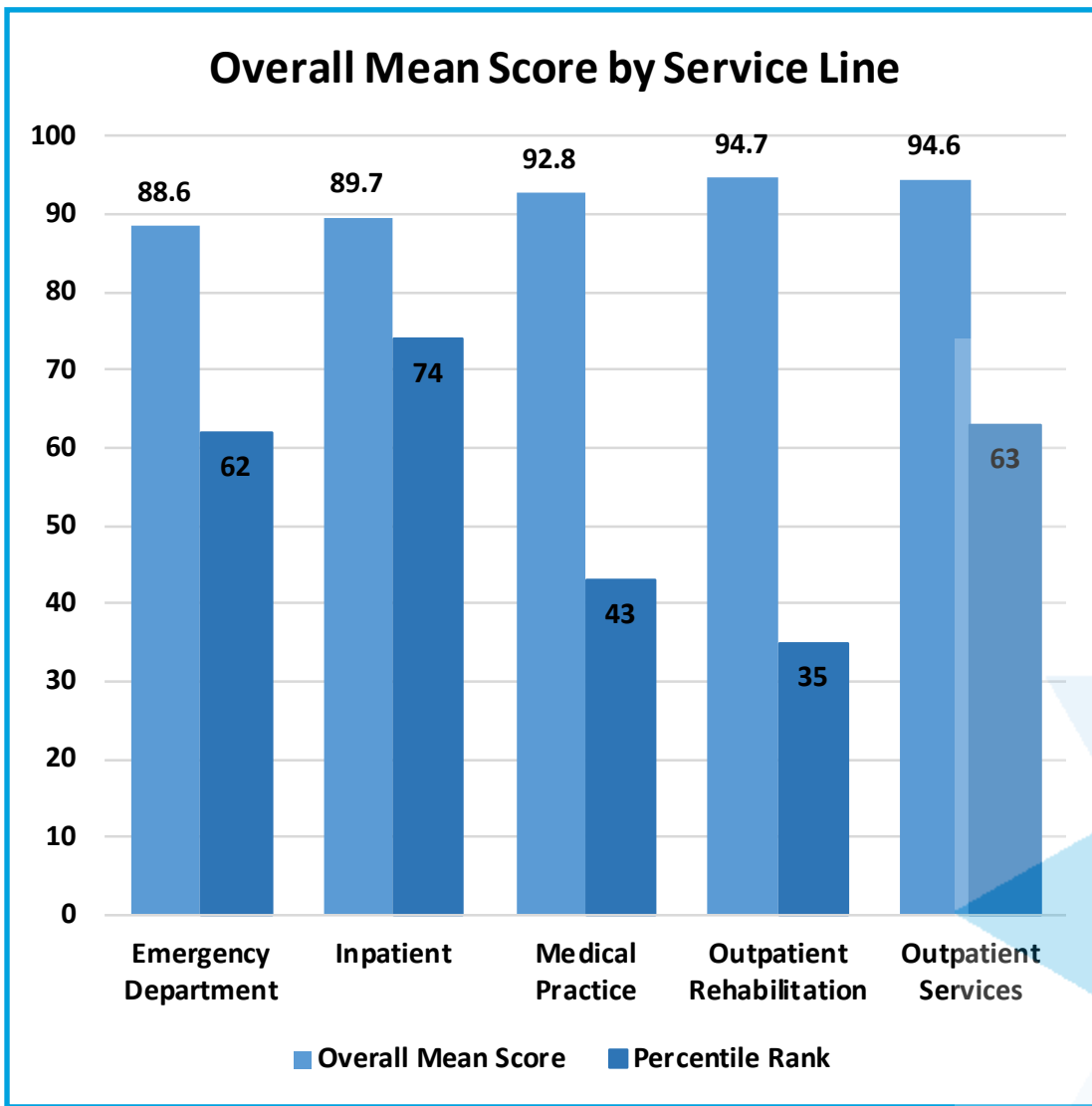
Many of our patients receive patient experience surveys following their care which has proven to be an invaluable tool to help us learn ways we can continue to improve. In fiscal year 2021, six of our main service lines met 7 out of the 15 organizational patient experience survey improvement goals. Of those, 8 were over the 50th percentile.

To maintain alignment with best practices and current industry improvements, Kera Favorite, Huggins Hospital's Director of Community & Patient Relations, maintained regular contact with our Press Ganey team and their provided resources. Press Ganey closely monitored industry changes and emerging patient experience trends as they related to the COVID-19 pandemic and healthcare and provided rapid analysis of these observations. Notable findings included an overall decline in patient experience as well as staff engagement across their extensive national client database. Huggins Hospital experienced a lesser impact in most service lines than compared to the overall national data.

The Patient Experience Committee, led by the Director of Community & Patient Relations, consists of the service line directors as well as directors with interdepartmental involvement. The committee meets monthly to review current data and discuss patient experience needs and initiatives. Each director leads their service line in taking ownership of their respective results and encouraging teamwork to ensure we provide the optimal experience for all patients.



Experience



The Patient Experience Committee continued to maintain our monthly meeting schedule but attendance and focus varied while focusing on COVID-19. The Director of Community & Patient Relations took primary responsibility for closely monitoring comments submitted by patients and significant areas of concern within survey data to best monitor the unique needs the year presented. Additionally, direct patient feedback related to concerns and complaints was consistently analyzed for trends in both Huggins Hospital's service as well as the emotional climate of our patients.

Huggins Hospital participated in the New Hampshire Public Health COVID-19 vaccination program by providing an open COVID-19 Vaccine Clinic (story on page 4). Our Huggins Hospital patients and surrounding community needed access to vaccines and we responded. These initial months of the vaccine program were of utmost priority to our patients and most of the committee members devoted our focus to these needs. Patients shared immense pride and praise for Huggins Hospital through gifts of support, direct calls and communications to Huggins Hospital and letters of support to local and social media.

In addition to building and maintaining an active COVID-19 Vaccine Clinic, Huggins Hospital continued to provide community Drive Up COVID-19 testing. Patient surveys captured feedback from the testing program and our COVID-19 Monitoring Program, aiding us in patient-focused continuous improvement.

A healthcare worker with long brown hair, wearing a white protective gown and a light blue surgical mask, is looking directly at the camera. The background is a blurred hospital setting.

**TO OUR HUGGINS
HOSPITAL FAMILY,**

Thank You!

