At Lake Regional Health System, everything we do is aimed at providing high-quality health care. It is always our goal to provide the best possible care experience with the best possible outcomes for our patients.

High-quality health care doesn’t just happen; it takes hard work, dedication, consistency and start-to-finish exceptional service, with every encounter, every patient, every time. This report provides examples of our success in making good care even better, and it lists a few of the awards and recognitions we received in 2016 for high-quality health care.

From fast treatment for stroke to safe deliveries for moms and babies, we have many reasons to take pride in the quality of our care at Lake Regional. If it’s been a while since you’ve given us a look, we hope this report will encourage you to find out more about all we offer. We are pleased to be here for you.

Sincerely,

Michael E. Henze, CEO
Quality Improvement: Committed to Exceptional Care

At Lake Regional Health System, we are committed to quality improvement.

“Each year we set the bar higher so that we are continually improving our processes and care,” says Cheryl Creasy, R.N., MBA, CPHRM, director of Quality Management. “We do not want to get complacent and be satisfied with average. As our mission statement says, we want to ‘Provide Exceptional Care.’”

At Lake Regional, exceptional means attaining best in practice, a national standard. Succeeding in that goal requires a team effort.

“We have a great team that not only provides exceptional care but also monitors and improves that care,” Creasy says. “Every member of our staff is trained and encouraged to look for opportunities to increase patient satisfaction and improve patient outcomes.”

Collecting data is essential to finding opportunities for improvement. For example, the only way for us to know our average time for treating heart attack patients is for us to keep track of how long it takes us to treat individual patients. Once we have collected that individual data, we can compute our average time and compare it with national guidelines to see how well we are performing.

Collecting data also lets us track our performance throughout time. When we make changes, we can see whether those changes lead to improvement, and if so, how much.

“Making changes based on data collection is only the beginning,” Creasy says. “It is sustaining that change into the future that builds success. That is our goal at Lake Regional, to continuously improve and be the lake area’s first choice for health care.”
We’re Honored

GOLD SEAL OF APPROVAL
Lake Regional Health System programs that have earned The Joint Commission’s Gold Seal of Approval™ for accreditation include the hospital, home health and clinical laboratory. Accreditation ensures Lake Regional is meeting The Joint Commission’s high standards for quality and safety. To receive the Gold Seal of Approval, the three programs underwent an unannounced, thorough on-site review.

BECKER’S HOSPITAL REVIEW
“The Joint Commission survey serves as an independent audit of our organization’s commitment to continuous quality improvement,” said Michael E. Henze, CEO. “The Gold Seal of Approval assures our patients that we deliver safe, high-quality care.”

In 2016, Becker’s Healthcare published a list of the nation’s 49 hospitals with the lowest proportion of serious medical complications per hospital discharge.

The rate is based on how often adult patients had certain serious, but potentially preventable, complications related to medical or surgical inpatient hospital care.

Nationwide, the average rate of serious complications per hospital discharges is 0.81. At Lake Regional, the rate is 0.48, placing the hospital at No. 40 on the national list.

“This achievement demonstrates our commitment to providing patients with quality care and the best possible outcomes,” Henze said. “Every day, we strive to make our hospital and clinics the best place to give and receive health care.”

U.S. NEWS & WORLD REPORT
U.S. News & World Report Best Hospitals 2017 Edition recognized Lake Regional Health System as a high-performing hospital for treating Chronic Obstructive Pulmonary Disease (COPD). A hospital’s COPD score is based on multiple data categories, including patient survival, nurse staffing and more. Hospitals that earned a high-performing rating scored significantly better than the national average.

Stroke Honor Roll
Overuse and misuse of antibiotics lead to antibiotic resistance, a threat that causes at least 23,000 deaths each year in the United States.

Lake Regional is committed to good antibiotic stewardship — using antibiotics only when needed and then choosing the right antibiotic for the job. That is why Lake Regional’s hospital laboratory, pharmacy and infection prevention staff joined forces to implement a formal medication review process for certain hospitalized patients.

Fast action is required to stop sepsis, a life-threatening condition that can begin with any infection, anywhere in the body.

Sometimes called blood poisoning, sepsis occurs when the body mounts an overwhelming immune response that causes inflammation of blood vessels. This inflammation leads to the formation of small blood clots, which can cause tissue damage, organ failure and death.

To catch and treat sepsis early, Lake Regional implemented a new sepsis care program in 2015. Specific actions taken through the program include educating staff about the various levels of sepsis and the required care for each level; educating patients and the public about the signs of sepsis; adding a sepsis screening tool to be used in the Emergency Department to catch sepsis as early as possible; collecting data to measure our success in implementing national sepsis care guidelines; and other steps.

By following nationally recognized guidelines for screening, diagnosing and treating sepsis, our team saves patients from organ damage and even death. We’re proud our patients receive best practice sepsis care.

When patients first enter the hospital, it’s often difficult for doctors to pinpoint immediately the exact bacteria causing their infections. So, doctors order tests and prescribe a broad-spectrum antibiotic or two while waiting for results. If a patient remains on an IV antibiotic for 48 hours, a Lake Regional pharmacist reviews their medications and lab results to ensure the patient receives the antibiotic that best targets the specific bacteria causing their illness. This antibiotic targeting reduces the patient’s risk for medication side effects. It also reduces the threat of antibiotic resistance.
The rate of cesarean sections in the United States has climbed steadily for most of the last 40 years. Although cesarean delivery is the safest option in some births, experts agree it should not be used in most low-risk pregnancies because of the greater risks posed to the mother.

At Lake Regional Family Birth Center, our providers perform cesarean sections when medically necessary. Nationwide, the rate of cesarean sections in births of first-time mothers with a single baby in the proper birthing position (not breach) was 26.3 percent in 2016. At Lake Regional, it was just 7.14 percent.

“Our priority is a safe delivery for the mother and the baby,” said Mary Lou Gamm, nurse manager, Lake Regional Family Birth Center. “This commitment is evident not only in our low cesarean section rates but also in our exceptional scores for maternal safety and newborn safety. We continuously monitor our care to ensure we not only meet expectations but exceed them.”

Sabrina Ingram, R.N.
LakeRegional Family Birth Center
Cardiac Rehab

After a heart attack or heart surgery, people need help regaining strength and stamina. They also need help knowing how to care for their hearts through diet, exercise and stress management. Lake Regional Cardiac Rehab provides this help for more than 2,500 patients every year.

Another important goal for cardiac rehab is to increase the amount of exertion that patients can tolerate while completing activities. This is tracked using a measure called the metabolic equivalent of task, or MET. Lake Regional has achieved a significant increase in patients’ MET level changes in the past year, jumping from an average MET level change of .66 in 2015 to an average MET level change of 1.32. Improvements have continued through 2017.

Jennifer Newman, R.N., director of Cardiopulmonary Rehabilitation, attributes the gain to several process improvements. One big change is that our exercise physiologist now meets with every patient at the start of rehab and at the end. Exercise physiologists have extensive education in the science of exercise and how it affects the body. They are able to formulate an exercise prescription that is customized to the individual patient’s goals for treatment and adapt for any limitations.

Another important change focuses on removing barriers. Previously, new cardiac rehab patients could expect to spend 120 to 150 minutes at their first appointment and would go from office to office to meet with the various cardiac rehab providers, a group that includes nurses, a dietitian, an exercise physiologist, laboratory staff and more. Now, new patients are taken to a private consultation room and all of the providers come to them. The entire process takes less than 90 minutes for most patients.

“Our new process is very patient-centered because we understand that every patient is unique,” Newman said. “We start by finding out what is important to each person and focus on how we can help them achieve their goals.”
Total Joint Replacement

At Lake Regional, patients receiving total hip or knee replacement begin their care with a free Total Joint Camp. This class lasts about two hours and helps patients know what to expect before, during and after total hip or total knee replacement surgery. Speakers include physical and occupational therapists, nurses, dietitians and social workers.

After taking this class, patients know what actions to take to prepare for surgery — for example, strengthening exercises — and they learn what to do (and what not to do) after surgery to encourage a full, speedy recovery.

Since launching Total Joint Camp in 2012, Lake Regional has seen length of hospital stays for total joint patients drop from an average of 5.61 days in 2011 to 3.46 days in 2016. That’s an average of two fewer days that patients have to spend in the hospital before they can move on to either a skilled nursing facility or home health care to complete their recoveries.

Even with these impressive results, we are not satisfied. To give patients an even better total joint experience, in 2017, Lake Regional added a Total Joint Navigator to our staff. This team member follows patients throughout the process, including consultation, surgery and post-surgical care, to ensure they have all of their questions answered and receive all of the support they need.

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Average Hospital Stay for Total Joint Patients

Quality Care
During a heart attack, time is critical. At Lake Regional, patients with certain acute heart attacks known as STEMIs receive treatment an average of 40 minutes faster than the national guideline.

“Time is muscle, and every minute counts,” said Willie Maxwell, R.N., Cardiac Catheterization Lab director. “If you’re having a heart attack, quick intervention not only increases your chance of survival, it also helps minimize damage to your heart.”

Door-to-balloon time measures how much time passes between a patient with STEMI arriving at the hospital and the patient receiving treatment in the Cath Lab to open the blocked heart vessel. This treatment involves threading a thin tube called a catheter through blood vessels to the heart. The end of the catheter has a balloon — thus the door-to-balloon name — and inflating this balloon pushes plaque aside to restore blood flow. National guidelines recommend a door-to-balloon time of no more than 90 minutes. In 2016, Lake Regional’s average time was 47.5 minutes.

Learn more about Lake Regional’s exceptional cardiac care at www.lakeregional.com/heartcare.
Like heart attack, stroke is a time-critical diagnosis. To help stroke patients get the right treatment as quickly as possible, a state law requires ambulances to take stroke patients to the closest designated stroke center. As a designated Level II Stroke Center, Lake Regional is that choice for stroke patients throughout the lake area.

Stroke patients receive exceptionally fast treatment at Lake Regional. On average, it takes hospitals nationwide 15 minutes to activate their stroke team once a patient arrives. At Lake Regional, that activation occurs on average within four minutes of a stroke patient’s arrival. Also, while stroke patients nationwide wait an average of 60 minutes to receive tPA, a clot-busting drug that restores blood flow to prevent further damage, Lake Regional patients wait an average of 48 minutes.
Preventing Infection

One important piece of providing safe, quality care is preventing hospital-acquired infections. Lake Regional’s infection prevention program includes continuously monitoring for signs of infection of any kind. Our infection rates are historically low when compared to national data. We stay up-to-date with best practice guidance, which we use to develop and implement processes to prevent infections. The processes range from protocols that our doctors, nurses and other care team members follow, to careful data monitoring that enables staff to spot potential problems. We are constantly evaluating and tweaking our processes to ensure the highest degree of safety for our patients.

“Infection prevention and infection control requires a full team effort,” said Jim Howard, R.N., CIC, infection preventionist at Lake Regional Health System. “It takes constant attention to detail by the entire health system staff to attain the success we have had.”

SURGICAL SITE INFECTIONS

Selecting a facility and surgeon to provide surgical services is a very important decision for our patients. Of many factors to consider, the surgical site infection rate for a facility is one of the most important. Our surgical site infection rate is very low for all surgery types, when compared to national hospital data published by the U.S. Centers for Disease Control and Prevention.

“Our care team takes great satisfaction and pride from the fact that we have exceptionally low surgical site infection rates at Lake Regional,” Howard said. “Everyone desires a good surgical outcome without complication. At Lake Regional, it is our expectation — for every patient, for every surgical procedure.”

In 2016, Lake Regional Hospital’s surgical site infection rate was only 0.8 percent (the same as in 2015). At that rate, only 1 in 125 patients will experience a surgical site infection. The 2008 National Healthcare Safety Network report, using a sample of hospitals nationwide, reported an average infection rate that was more than two times as high — 1.95 percent — for the same surgical categories. At that rate, instead of 1 in 125 patients, almost 1 in 50 patients will experience a surgical site infection.

Low surgical site infection rates at Lake Regional are not new. Lake Regional’s surgical site infection rate has averaged 0.9 percent for the last 10 years.
ICU CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS

At Lake Regional, our intensive care patients have a very good chance to recover without complications associated with IV therapy, which is not the case across the United States. Our ICU central line-associated blood stream infection (or CLABSI) rate is far below the national data as reported by the CDC. In fact, it tends to be at or near zero.

“Our patients can have confidence that our care team is doing everything possible to assure safe IV therapy when a central line must be used to deliver critical medications for their treatment,” Howard said.

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

Throughout the past several years, the Lake Regional care team also has focused on preventing infections that are associated with urinary catheters, another type of hospital-acquired infection that has the CMS’ attention. These infections, called catheter-associated urinary tract infections (or CAUTI), can increase hospital stays, increase medical costs and impact overall health for the patient. We have been working together to learn and implement CAUTI prevention best practice from around the United States and have had great success in our efforts. CAUTI rates have declined steadily and are well below national averages. We are currently participating in a CAUTI prevention collaborative with many hospitals across Missouri that is sponsored by the Missouri Hospital Association and funded by a federal grant.

“We are excited about the opportunity this collaborative provides to share our successes with other hospitals and to learn what they have done that we can incorporate at Lake Regional to protect our patients,” Howard said.
Clinics Also Recognized for Quality Care

**PRIMARY CARE**

All seven of Lake Regional’s primary care clinics — Camdenton, Eldon, Iberia, Lake Ozark, Laurie, Macks Creek and Osage Beach — have earned national recognition for high-quality, patient-centered care. The National Committee for Quality Assurance awarded the clinics a Level 3 Patient-Centered Medical Home designation. Level 3 is the highest designation available.

The recognition focuses on the clinics’ successful adoption of the patient-centered medical home model. In this model, patients are encouraged to consider their primary care provider’s clinic as their “medical home” — or the central hub for all of their health care activities.

The medical home model supports a proactive approach to patient care. Instead of waiting to deliver care to patients when they are sick, medical homes help patients keep up with preventive care and manage their chronic conditions. This proactive approach helps patients avoid illness and hospitalizations.

**SPECIALTY CARE**

Five Lake Regional specialty clinics — Cardiology, General Surgery, Obstetrics and Gynecology, Orthopedics, and Arthritis and Rheumatism — have earned Level 3 recognition as a Patient-Centered Specialty Practice to date.

This recognition from the National Committee for Quality Assurance focuses on how effectively specialists work with primary care clinicians to coordinate care and share information. It requires clinicians to organize care around patients — across all clinicians seen by a patient — and to include patients and their families or other caregivers in planning care and as partners in managing conditions.
Following are recommended sites for viewing hospital quality data.

**HOSPITALCOMPARE.HHS.GOV** provides data on more than 50 metrics, including measures of the timeliness and effectiveness of care, complications, readmissions and patient satisfaction. The site, created by the Centers for Medicare & Medicaid Services, allows users to find hospitals and compare the quality of their care.

**QUALITYCHECK.ORG** provides a quality report for all Joint Commission-accredited and certified organizations. Reports indicate compliance with National Patient Safety Goals and National Quality Improvement Goals.

**FOCUSONHOSPITALS.COM** is a new site designed to help consumers explore pricing for Missouri hospital services, the quality of care delivered and how hospitals create value for the communities they serve. The site is owned and maintained by the Missouri Hospital Association.