

**Year to Date
Oct 1, 2016 to Sept 30. 2107**

**First Quarter
2018**

Clinics

Olton	2351	561
Family Medicine	15621	4,025

Hospital

Total Admits	335/1573 days	94/520
Medicare	155/993 days	22/309
Medicaid	110/218 days	33/48
Self and other ins	70/362 days	
Total Patient days	1573	520
Swing Bed	431	204
Acute	1142	307
ER Visits	3335	802
Observation	168 patients/231 days	62/95
Deliveries	96	17
Surgeries	29IP/39OP	4IP
Dietary meals	31,284	8,597
Lab tests	40,030	11,086
Radiology xrays	4,428	962
EKG's	499	121
Respiratory Therapy procedures	6,014	871
Pharmacy drug orders filled	42,703	15,546

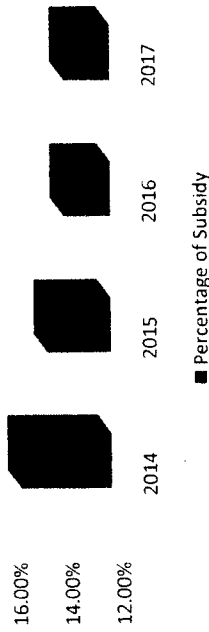
CLINICS

Olton will be open Friday afternoons
 Littlefield -extended hours
 ER - have good set of docs coming now

Lamb County Tax Value Analysis
 FY 2018 Tax Revenue comparable to Taxable Value

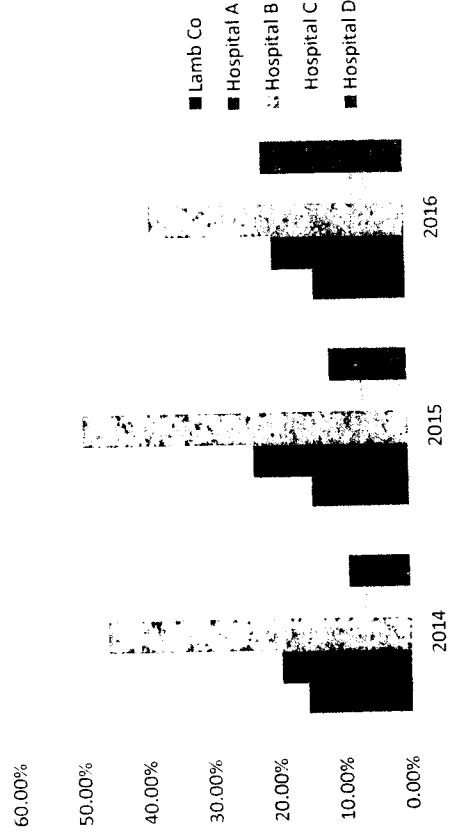
Fiscal Year	Lamb County Aggregate Value	Actual County Levy	Percentage Change	Tax Proceeds to		Percentage of Total - Hospital	Percentage of Change in Tax Proceeds
				Hospital	Total - Hospital		
		0.7943					
2008	862,371,310	6,849,815	--	1,175,318	1,175,318	17.16%	
2009	880,268,545	6,991,973	2.08%	1,103,459	1,103,459	15.78%	-6%
2010	938,788,819	7,456,800	6.65%	1,130,370	1,130,370	15.16%	2%
2011	957,074,827	7,602,045	1.95%	1,139,350	1,139,350	14.99%	1%
2012	1,001,562,498	7,955,411	4.65%	1,155,796	1,155,796	14.53%	1%
2013	980,845,327	7,790,854	-2.07%	1,138,820	1,138,820	14.62%	-1%
2014	895,194,187	7,110,527	-8.73%	1,099,403	1,099,403	15.46%	-3%
2015	869,196,445	6,904,027	-2.90%	997,063	997,063	14.44%	-9%
2016	890,098,866	7,070,055	2.40%	974,581	974,581	13.78%	-2%
2017	911,726,006	7,241,840	2.43%	997,430	997,430	13.77%	2%

Percentage of Subsidy as a percent of Co Tax Revenue



Comparable Value

Fiscal Year	Total Aggregate Property Value	Total Tax Revenue	% change	Hospital	Tax Subsidy to Percent of Subsidy
Hospital A (Pecos)					
2014	3,363,778,210	24,185,565		4,709,295	19.47%
2015	2,456,821,737	19,630,006	-19%	4,573,127	23.30%
2016	2,166,960,909	17,314,018	-12%	3,455,312	19.96%
2017	2,220,614,335	-	-100%		
Hospital B (Graham)					
2014	1,151,846,710	6,552,361		3,010,974	45.95%
2015	1,144,631,290	6,509,518	-1%	3,211,420	49.33%
2016	1,067,496,239	7,916,862	22%	3,066,088	38.73%
2017	1,104,453,187	-	-100%		
Hospital C (Yoakum - Denver City)					
2014	4,317,529,546	18,867,608		1,297,779	6.88%
2015	2,801,491,655	18,550,945	-2%	1,298,250	7.00%
2016	1,780,008,448	15,925,901	-14%	1,301,200	8.17%
2017	2,036,656,545	-	-100%		
Hospital D (Ward - Monahans)					
2014	3,941,097,440	27,223,414		2,500,000	9.18%
2015	3,488,807,480	24,070,801	-12%	2,800,000	11.63%
2016	2,402,435,940	17,776,354	-26%	3,810,850	21.44%
2017	3,116,254,589	15,566,315	-12%		



Reform of the ACA needs address the rural hospital closure crisis

Alan Morgan

9/25/17

<http://thehill.com/blogs/congress-blog/healthcare/352338-reform-of-the-aca-needs-address-the-rural-hospital-closure>

“If you want to watch a rural community die, kill its hospital.” Those portent words appeared last week in an article describing the rural hospital closure crisis in Georgia. Those words are true not just for rural towns in Georgia, but for rural communities across the nation. And, not one proposal to replace the Affordable Care Act (ACA), including the Graham-Cassidy proposal, does anything to address this health crisis or the other provisions in the ACA that are not working in rural America.

The National Rural Health Association (NRHA) strongly supports the goals of the ACA, especially Medicaid expansion as well as the numerous patient protections afforded in the bill. However, NRHA has long fought for Congress to improve provisions in the ACA to address the great needs in rural America. The lack of plan competition in rural markets, exorbitant premiums, deductibles and co-pays, the co-op collapses, lack of Medicaid expansion by predominately rural states, and devastating Medicare cuts to rural providers – all collided to create a health care crisis in rural America.

Unfortunately, many of the most rural and poor states in the nation have opted to not expand Medicaid, leaving millions of rural Americans unable to obtain coverage. Rural Americans still become sick and need care. As a result, bad debt of Medicaid (as well as Medicare) at rural hospitals is escalating, and 50 percent higher than urban hospitals. At the same time, reimbursement for bad debt has seen significant reductions. Because of this, rural hospital closures have escalated, leaving 63 percent of the closures occurring in states that have not expanded Medicaid. And, the future for rural hospitals is bleak - - one in three is in financial risk, and 25 percent of all rural hospitals will close in less than a decade if Congress doesn't act.

While NRHA supports empowering states to make their own decisions on the health care needs of their population, NRHA does not support block granting Medicaid. Even though the majority of rural residents are in non-expansion states, a higher proportion of rural residents are covered by Medicaid (21 percent compared to 16 percent). Protecting this vulnerable patient population is especially important in light of research showing rural life expectancy rates are on the decline as a result of rising levels of chronic disease, the opioid epidemic, and rural access to care diminishing due to the hospital closure crisis.

Additionally, NRHA is concerned that in Graham-Cassidy, flaws in the ACA marketplace will remain. In 2017, 41 percent of rural marketplace enrollees have only a single option of insurer, representing 70 percent of counties that have only one option. This lack of competition in the marketplace means higher premiums. Rural residents average per month cost exceeds urban (\$569.34 for small town rural vs. \$415.85 for metropolitan). Based on what we already know, the situation is far worse for 2018 with many counties having no insurers in the marketplace and dramatically increased premiums.

Any federal health care reform proposal must address the fact that insurance providers are withdrawing from rural markets. Despite record profit levels made in large part by tax-payer subsidized programs

such as Medicare Advantage and Medicaid managed care, insurance companies are permitted to cherry pick profitable markets for participation and are currently not obliged to provide service to markets with less advantageous risk pools. In the same way that financial service institutions are required to provide services to underserved neighborhoods, profitable insurance companies should be spurred to provide services in underserved communities.

Rural Americans need accessible and affordable health insurance, and need access to their rural hospital. Rural Americans are more likely to have obesity, diabetes, cancer and traumatic injury; they are more likely to participate in high risk health behaviors including smoking, poor diet, physical inactivity, and substance abuse. Rural Americans are more likely to be uninsured or underinsured and less likely to receive employer sponsored health insurance. It's time to listen to rural America and stop the rural hospital closure crisis and make health care affordable.

A Hospital Crisis Is Killing Rural Communities. This State Is 'Ground Zero.'

Inside three Georgia counties that have struggled to keep their hospitals — and futures — alive.

By Lauren Weber and Andy Miller

09/22/2017 05:01 am ET Updated Sep 27, 2017

GLENWOOD, Ga. — if you want to watch a rural community die, kill its hospital.

After the Lower Oconee Community Hospital shut down in June 2014, other mainstays of the community followed. The bank and the pharmacy in the small town of Glenwood shuttered. Then the only grocery store in all of Wheeler County closed in the middle of August this year.

On Glenwood's Main Street, building after building is now for sale, closing, falling apart or infested with weeds growing through the foundation's cracks.

Opportunity has been dying in Wheeler County for the last 20 years. Agriculture was once the primary employer, but the Wheeler Correctional Facility, a privately run prison, is now the biggest source of jobs. With 39 percent of the central Georgia County's population living in poverty, there aren't enough patients with good insurance to keep a hospital from losing money.

The hospital's closure eliminated the county's biggest health care provider and dispatched yet another major employer. Glenwood's mayor of 34 years, G.M. Joiner, doubts that the town will ever recover.

"It's been devastating," the 72-year-old mayor said, leaning on one of the counters in Glenwood's one-room city hall. "I tell folks that move here, 'This is a beautiful place to live, but you better have brought money, because you can't make any here.'"

Since 2010, 82 rural hospitals have closed nationwide. As many as 700 more are at risk of closing within the next 10 years, according to Alan Morgan, the CEO of the National Rural Health Association, a nonprofit professional organization that lobbies on rural health issues.

The reasons are complex, woven into the fabric of a changing economy and an evolving health care system. But these rural hospital closures are hitting the southern United States the hardest.

"The Southeast of the U.S. is where things are going horribly wrong. You've got higher levels of obesity, diabetes, hypertension — you pick up any health disparity or measure and it's there," Morgan said. "And again this is where now we are shutting down rural hospitals."

One in five adults in the South report having poor health. Fifteen percent of non-elderly residents are uninsured, according to the Kaiser Family Foundation, and that's 5 percent higher than the rest of the country. The South also has the largest cluster of states that have not expanded Medicaid under the Affordable Care Act: Alabama, Florida, Georgia, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia.

“Those most in need of health services have the fewest options available, and we are closing rural hospitals,” Morgan said. “From a policy standpoint, we are going in the wrong direction.”

Georgia is “ground zero” for rural hospital closures, he said.

Six rural hospitals in the state have closed their doors since the beginning of 2013. Two of those have been reopened as modified medical facilities, but no longer function as full-fledged hospitals. And more than half of the state’s remaining rural hospitals are vulnerable to closure, according to a 2016 report on rural hospital strength by iVantage Health Analytics for the National Rural Health Association.

The troubles with Glenwood’s hospital became apparent about a decade ago.

First there were management problems at Lower Oconee Community Hospital as the facility grappled with cash flow difficulties, stemming in part from the county’s uninsured rate of 20 percent. Then the hospital was sold. Then there were more management problems and some failed last-ditch attempts to keep the hospital open, according to Mayor Joiner. It finally closed its doors for good in June 2014. That brought the total number of hospitals in Wheeler County, where some 8,000 people live, to zero.

About 120 jobs at the hospital itself — including positions for doctors, nurses, administrators, orderlies and the cleaning crew — vanished, along with most of the foot traffic on Glenwood’s main street. Attracting other businesses got that much harder. Most importantly, gone was potentially life-saving care.

For three years now, the building has sat vacant, a deteriorating reminder of the community’s loss.

The drive to the nearest hospitals in neighboring counties averages between 30 and 45 minutes, depending on where the patient is coming from in Wheeler County. The county’s two ambulances don’t carry blood. And any delay in getting to an emergency room can be deadly for someone who has suffered a heart attack, a stroke or massive trauma.

“Now that may not seem like a lot, but it sure meant something to those folks’ families,” she said.

Howell wearily explained that she herself has been struggling with a kidney infection on and off for the past year, but there are long waits to see a doctor because of the decreasing numbers of physicians and hospitals in the region. The soonest she could get an appointment was months away.

Candler County is struggling to make sure its hospital, which is about 45 miles east of Wheeler County, doesn’t go the same way as Glenwood’s. Among rural hospitals, the Georgia Department of Community Health ranks Candler County’s facility as the second-most financially in need. The state’s new rural hospital tax credit program encourages businesses and individuals to donate to these facilities through a 90 percent tax write-off.

“You don’t know what’s going to happen in the next five months,” Candler County Commission Chairman Glyn Thrift said last month. “Today’s a good day. We have enough money to make payroll today.”

A series of bad decisions — especially the installation of a faulty IT system — combined with the usual factors squeezing rural hospitals have left the Candler County Hospital with about \$6 million in accounts payable and an additional \$4 million debt that the county incurred on its behalf, according to hospital CEO Dave Flanders. The facility, located in the town of Metter, owes another \$1.8 million in additional

notes and liabilities. The hospital has been unable to make debt payments to the county, forcing the local government to increase property taxes and borrow money in January and February to cover its own bills.

But Flanders and Larry Hadden, who sells insurance in Metter and serves as chairman of the Candler County Hospital Authority, both think the hospital is going to make it.

“Will it be easy? Absolutely not. We’ll probably rely on support from the county,” Hadden said.

Candler County, population 11,000, has dug deep to keep its second-largest employer afloat.

“We’re all in this together. It’s one thing to look at the financial numbers,” Hadden said. “It’s another thing to look at saving someone’s life.”

The loss of a rural hospital goes beyond even vital medical care. It represents a loss of identity, a loss of community.

“There’s a psychological impact where people are tied to their hospital and feel comfort with it here,” said Doug Eaves, the Candler County administrator. “They’re emotionally committed to it. It’s something they’ve always had.”

“I understand things are changing, but try to have a thriving community without a hospital,” said Carvy Snell, publisher of the Metter Advertiser, a 104-year-old local paper.

Metter’s main street is already showing economic cracks. While it looks bustling compared to Glenwood’s, some shops are closed or empty.

The county got a financial boost when Linzer Products Corporation opened up a paint manufacturing and distribution center in Metter last year, creating 200 jobs. It would be a lot harder to attract that kind of new business without a hospital, Snell said.

Flanders pointed toward cost-cutting measures implemented by the management company ER Hospitals — including better negotiation on insurance payments and streamlining of administrative services across the company’s health care operations — as critical to the Candler facility’s survival. The hospital’s robust volume of 130 to 135 surgeries a month and its profitable “swing beds” — which can be used for patients requiring either acute care or skilled nursing care — are helping it break even on operating revenue, according to Flanders.

But he has no answer for the long-term debt, and if the hospital were to close, Candler County would still be on the hook for the money.

“We’ve got to go down swinging,” said Thrift, the county commission chairman.

Health care experts point to a variety of reasons for the rapid decline of rural hospitals since 2010. Most rural hospitals were built decades ago and can’t afford upgrades, so they’re losing patients with private insurance — which often pays better — to regional hospitals with newer facilities. Doctor shortages are widespread in rural areas, as communities have a hard time recruiting without substantial financial incentives.

At the same time, many uninsured people have come to rely on emergency room care. Under the federal Emergency Medical Treatment and Labor Act of 1986, hospitals are required to screen and

stabilize patients regardless of their insurance status or ability to pay, which means hospitals often end up absorbing the costs associated with those patients. This is called “bad debt.”

Meanwhile, financial help from the federal government has decreased in recent years. Due to sequestration, Medicare payments have been reduced. To find the funds to insure more people, the Affordable Care Act cut back a program to reimburse rural hospitals for bad debt. And cuts are coming to the Disproportionate Share Hospital program, which provides extra funding for hospitals that serve higher levels of low-income patients.

But many states — like Georgia — didn’t expand Medicaid. So rural areas in those states have been hit by the cuts without getting the full coverage boost offered by Obamacare.

“The problem with Georgia is you have a higher percentage of low-income people, a higher percentage of people who are uninsured, and you have a higher percentage of health disparities,” said Morgan, the head of the National Rural Health Association. “Now if we just had a federal-state program that addressed that. Oh wait, we do — it’s called Medicaid.”

Expanding Medicaid would have meant greater access to insurance for low-income people and more reimbursement for hospitals, thus helping their bottom lines. But Georgia’s political leadership has refused to expand the program, citing the costs for the state.

Still, the future of the Affordable Care Act and its Medicaid expansion is up in the air, with Republicans pushing another repeal bill in the U.S. Senate. With that uncertainty in mind, political leaders in Georgia are in a wait-and-see mode.

David Ralston, the speaker of the Georgia House and a Republican from rural Blue Ridge, said the state “did the financially prudent thing when we decided not to expand Medicaid.”

However, community leaders in Wheeler and Candler counties said there is no doubt that a Medicaid expansion could have helped. “The reality is from a hospital management standpoint, the non-expansion of Medicaid has hurt all rural county hospitals,” said Eaves, the Candler County administrator.

It’s inexcusable that Washington is leaving rural hospitals to founder, Morgan argues.

“At the federal level, they’re just watching it burn. It’s beyond frustrating,” he said. “At some point I hope rural communities recognize this and hold people accountable for it.”

“Patients aren’t going to go away if new health care [legislation] comes out with severe cuts to Medicaid,” Flanders said. “Patients will still show up in the ER, and it’s up to us to figure out how to pay for it.”

Jimmy Lewis, who heads HomeTown Health, an association of rural hospitals in Georgia, said there’s a magic number when it comes to sustaining a rural hospital without extra government support: a potential patient population of 40,000 people.

You need that many people to sustain surgery services, which in turn help keep the hospital profitable, Lewis said. Without a population that large, hospitals need substantial county assistance, a high level of diversification in health services or the backing of a regional hospital system.

In Cook County, about 100 miles southwest of Glenwood with a population of just 17,000, another version of this story is playing out.

The hospital authority that operates Tift Regional Medical Center, based in nearby Tift County, acquired Cook County's hospital in July 2012. The Cook Medical Center, located in Adel, is now getting a new facility to replace the one built in the 1940s. Construction is expected to be completed in the summer of 2019.

There's just one catch: The new facility won't have an emergency room.

Cook Medical Center had seen unpaid charges in its ER balloon from \$5.6 million in 2012 to \$8.5 million in 2016. Hospital CEO Michael Purvis, who started at the facility as an X-ray technician two decades ago, said 95 percent of patients who visited the ER were "non-emergent" — meaning they could have been treated in a clinical setting. And the ER saw an average of only about 0.4 patients between midnight and 7 a.m.

The costs of keeping the emergency room open, combined with general upkeep for the deteriorating building, were unsustainable. The hospital had a net loss of \$2.6 million in 2016. So earlier this year, the hospital decided to shut down its ER, steering patients to a nearby community clinic that it operates.

Purvis, meanwhile, had pulled together a stakeholders group that included the Cook County commissioners, officials from the city of Adel, the Adel Industrial Development Authority and the Cook County Economic Development Authority to talk through their options.

In the spring of this year, they presented the county with a choice: They could build a new facility with convenient care and primary care clinics, a surgical center, a geriatric psychiatric center, an attached nursing home, inpatient and outpatient services, and no ER for about \$35 million. Or they could close the hospital all together.

"We needed to figure out a new way to serve our rural community, or else you don't have a viable shot," Purvis said.

Under the plan for a new hospital, Cook County would be on the hook for \$5 million, the city of Adel for \$4 million, and the Adel Industrial Development Authority and the Cook County Economic Development Authority for \$600,000 each. The remaining costs of at least \$25 million would be covered by the Hospital Authority of Tift County.

When the Cook County Board of Commissioners took up the plan this March, Purvis wasn't sure what was going to happen. The commissioners had been upfront about their unease with an expensive new building plan, which they feared could require raising taxes and create political blowback. But a no vote meant the hospital would close completely.

More than 200 people came to the monthly meeting, which usually attracts only about 10 residents. The community was not going to let the hospital go without a fight. They presented a petition signed by 697 people lobbying to keep it alive. One resident held up a sign that read "No Hospital - Dead City," according to the Adel News Tribune. The event was also streamed live on the newspaper's Facebook page, where more than 400 people watched it.

The commissioners' vote was unanimous: The hospital project would go forward.

"We felt like as leaders we had to band together to save 250 jobs and the industry in the area," said Adel Mayor Buddy Duke, one of many who spoke at the meeting.

The project aims to save those jobs and create 50 more when it's completed in the summer of 2019.

When asked, Purvis said he didn't know of any patients who were harmed by the closure of the ER earlier this year. Most of the major trauma cases were already traveling the 30-plus minutes to Tift Regional or a hospital in Valdosta, he said.

People in Cook County aren't particularly excited about losing the ER, but they're happy there's still a hospital at all, said Maria Hardman, general manager of the Adel News Tribune.

"We didn't want it shuttered with trees growing up through it," said Brent Dixon, chairman of the Adel Industrial Development Authority.

Still, there are nearly 700 other rural hospitals in danger of closing across the country and thus hundreds of rural communities that need to find a solution.

Thrift, the Candler County commissioner, acknowledges that the future of rural health care probably lies in prioritizing regionalized medicine with larger, newer facilities that draw patients from several counties — much like what's happening in Cook County.

"Only way we're going to survive in rural Georgia is we've got to learn where the county line doesn't end anymore," he said.

Some health care experts say the rural future lies in standalone emergency rooms, perhaps with a few beds on standby for follow-up care. Shifting people with less urgent conditions to convenient care clinics, instead of relying on expensive ER visits, can cut down costs. Telemedicine will serve some needs, although broadband service in Georgia's rural areas has a long way to go.

The total number of full-fledged hospital beds should also be reduced, some experts say. And some community hospitals may survive by investing in new facilities and equipment to better compete for patients and cut down on maintenance costs.

One way or another, the size and scope of care at many rural hospitals has to be reduced to beat the bottom line pressures.

"Health care looks different every day, it's ever evolving, and new delivery looks different," said Dixon, the chairman of Adel's development authority. "Eventually you realize you can't do business the same way you're always doing business, so you either stop doing business or change."

NOVEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT 14

COMPLAINT 4

BREASTFEEDING FOLLOW UP

Stay #	Stay type	Needs Identified/Resolution
	SWB	No answer
	SWB	F/U: made; Rx: none; Exp.: good except for meals; Needs Improvement: Meals
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	Transferred to CMC; unable to contact
	ER	Transferred to UMC; unable to contact
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
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	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; Patient states that she was treated very well in the ER. She states that Michelle was awesome.
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; "I am still hurting. The pills don't seem to help."
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	OB	F/U: made; Rx: none; Exp.: good; exclusively breastfeeding, initial within 1 st hour of birth, latching well feeding 8-12 times daily, received clear/ consistent info about breastfeeding before and after delivery, Baby was held immediately skin to skin for 1 hour, patient received assistance with latching on and positioning but does not remember anyone teaching her to hand express breast milk.
	CUST	Patient deceased
	OBS	F/U: will make when back to Lubbock; Rx: filled
	OP	F/U: made; Rx: filled

NOVEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: made; RX: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; Mother reports that patient was sent home from school until rash is gone. Prescription received from ER physician will cost \$138.00 for one tube. Mom is hoping that her PCP will order something less expensive.	
	ER	Transferred to CMC children's; unable to contact	
	ER	Not a working number	
	ER	F/U: not made; Rx: none; Exp.: alright; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: filled; Exp.: very good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Transferred to UMC; unable to contact	
	ER	F/U: not made; Rx: none; patient's daughter has called clinic to get prescription but has not had a return call yet. RN contacted PCT who will call patient back.	
	ER	F/U: not made; Rx: none; Exp.: "really bad, it was horrible," "they could have acknowledged that I was there, they were not busy at all"; diagnosis and discharge instructions were thoroughly explained; Chrissy/McNeill/Christene - 5 patients including this one were seen during the time she arrived and the time she left. 2 had involved care with 1 being transferred to Lubbock.	
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	IP	Number has been disconnected	
	OBS	Wrong number	
	ER	Hang up after LHC identified	
	ER	No answer	
	ER	Wrong number	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained; Needs Improvement: Dr. rolled eyes and questioned why patient came for falling in Bathtub. Patient's thumb and forearm were splinted in ER for "hairline" fractures Endicott	
	ER	No answer	
	ER	No contact phone number on chart	
	ER	Wrong number	
	ER	No answer	
	ER	Patient expired later on in the day she was seen	
	ER	Patient expired	
	ER	F/U: not instructed to; Rx: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Transferred to UMC; unable to contact	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	IP	Transferred to UMC; unable to contact d/t disconnected number	
	OBS	No answer	
	ER	F/U: not made; Rx: none; Exp.: good - "quick and easy"; diagnosis and discharge instructions were thoroughly explained	
	ER	Wrong number	
	ER	Number disconnected	
	ER	F/U: not instructed to; Rx: none; Exp.: "It was great, everyone was sweet,"; diagnosis and discharge instructions were thoroughly explained	
	ER	Patient admitted to hospital today	
	ER	Patient incarcerated; no call made	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	F/U: not instructed to; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: not instructed to; Rx: none; Exp.: good - "it was quick,"; diagnosis and discharge instructions were thoroughly explained	
	ER	Hang up after LHC identified	

NOVEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT

COMPLAINT

BREASTFEEDING FOLLOW UP

ER	F/U: not instructed to; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; Dad called back to hospital and had questions about medication and how often to administer lotion. PCP contacted by nurse and directions given to Dad.
ER	F/U: made; Rx: none; Exp.: Staff was very nice; diagnosis and discharge instructions were thoroughly explained; patient states hospital was low staffed and wait time was very long Michelle, McNeill, Ashley – there were 3 MVC patients that arrived at the same time with minor injuries, there was no one in the ER before they got there or after they left for a while.
ER	F/U: made; Rx: none; Exp.: Staff was very nice; diagnosis and discharge instructions were thoroughly explained; patient states hospital was low staffed and wait time was very long Michelle, McNeill, Ashley – there were 3 MVC patients that arrived at the same time with minor injuries, there was no one in the ER before they got there or after they left for a while.
ER	Phone cannot accept calls at this time
OP	F/U: not made; Rx: none; Exp.: good; having abdominal and pelvic pain after IUD insertion, will call PCP for appointment today.
OP	No answer
ER	No answer
ER	No answer
ER	F/U: not instructed to; Rx: none; Exp.: fine, took good care of her; diagnosis and discharge instructions were thoroughly explained
ER	F/U: not made; Rx: filled; Exp.: good; everyone was respectful and concerned about patient; diagnosis and discharge instructions were thoroughly explained
ER	F/U: not instructed to; Rx: filled; Exp.: good; Diagnosis and discharge instructions were thoroughly explained
IP	No answer
ER	F/U: not made; Rx: none; Exp.: good, it was wonderful visit; diagnosis and discharge instructions were thoroughly explained
ER	No answer
ER	F/U: made; Rx: none; Exp.: okay; diagnosis and discharge instructions were thoroughly explained; Patient is at pediatrician's office and x-rays are being redone because someone would not send them. 10y/o
ER	Patient in nursing home, no further problems
ER	Patient was transferred to CMC and had appendectomy; F/U: not made; Rx: none; Exp.: good
ER	No answer
ER	No answer
OBS	No answer
OBS	No answer
ER	No answer
ER	No answer
ER	Transferred to UMC; unable to contact
ER	No answer
ER	F/U: not made; Rx: filled; Exp.: okay; diagnosis and discharge instructions were thoroughly explained
ER	F/U: not instructed to; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
ER	No answer
ER	No answer
ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
ER	No answer
ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
ER	No answer
ER	No answer
ER	No answer
ER	No contact phone number on chart
ER	Number provided by patient is out of country, no call made
ER	No answer
IP	F/U: not made; Rx: none; Exp.: okay; feeling weak; encouraged to fill prescription today and start taking it. Instructed her that if she did not feel better by Monday, she needs to make an appointment to be seen.
OP	No answer

NOVEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT

COMPLAINT

BREASTFEEDING FOLLOW UP

	ER	No answer
	ER	No answer
	ER	No answer
	ER	No answer
	ER	Deceased
	ER	Disconnected phone number
	ER	Phone number is disconnected
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; diarrhea stopped; drinking lots of water but not voiding "normal" per patient. Explained that trouble voiding is a symptom of UTI and that after taking antibiotic if not getting better by Friday, make appointment at clinic.
	ER	No answer
	SWB	No answer
	ER	Transferred to CMC; unable to contact
	ER	Not a working number
	ER	No answer
	ER	No answer
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: not filled due to lack of funds; Exp.: "they treated me good"; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not instructed to; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	OB	BFFU: no call made
	OBS	F/U: not made; Rx: none; Exp.: good
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	IP	No answer
	IP	No answer
	SWB	F/U: not made yet; Rx: filled; Exp.: very good, everyone was wonderful, everybody was very nice and treated me with respect
	SWB	Patient went to nursing home, no follow-up call made
	SWB	F/U: not made yet; Rx: none; Exp.: good
	ER	F/U: not instructed to; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	Deceased, no call made
	ER	F/U: not instructed to; Rx: not filled - has not filled due to busy after MVC trying to get "things" done.
	ER	No answer
	ER	F/U: not made; Rx: filled; Exp.: good, quick and painless; Mom states doctor did not explain diagnosis to her McNeill
	ER	No answer
	ER	No answer
	ER	No answer
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	Disconnected phone number
	ER	F/U: not made; Rx: none; Exp.: "They treated me very well"; diagnosis and discharge instructions were thoroughly explained; Patient states he just moved here and does not have a PCP. Clinic number was given to him to establish a PCP

NOVEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT

COMPLAINT

BREASTFEEDING FOLLOW UP

	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: filled; Exp.: wonderful; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	No answer
	ER	Number is disconnected
	ER	F/U: not made; Rx: filled; Exp.: full, had to wait about 1 hour but pleasant; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: filled; Exp.: fine but long; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	No answer
	ER	F/U: not instructed to; Rx: none; Exp.: long wait, but okay; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	IP	Both numbers on chart are disconnected
	OBS	Number disconnected
	ER	No working number; transferred to jail
	ER	Wrong number
	ER	Transferred to CMC; unable to contact
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	No call made
	ER	No call made
	ER	No call made
	ER	No call made
	IP	F/U: made; Rx: filled; Exp.: "Great Hospital stay"; she did not like the patient gowns
	OB	No call made
	OB	No call made
	ER	Not a working number
	ER	Not a working number
	ER	No answer
	ER	No answer
	ER	F/U: not made; Rx: none; Exp.: good, everything was okay; Mother states that patient is still having bloody BMs and having a fever. She will be going to Lubbock for the patient to see his PCP there.
	ER	Not a working number
	ER	Patient at TCCC, did not call
	ER	F/U: made; Rx: filled; Exp.: very good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: made; Rx: none; Exp.: okay, nice; They treated the patient fast and were nice; diagnosis and discharge instructions were thoroughly explained
	ER	Phone number is disconnected
	ER	Transferred to CMC; unable to contact
	ER	Not a working number
	ER	No answer
	ER	No answer
	ER	No answer

NOVEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT

COMPLAINT

BREASTFEEDING FOLLOW UP

Total # of discharged patients:	221 (P. 1-5)		
No answer:	59	No # on chart:	2
Not a working #	7	Deceased:	3(no call made)
Wrong #:	5	MC for jail:	0
Disconnected number:	10	Tx/unable to contact:	9
CN/nurse did not make call:	53	Tx/received feedback:	1
Hang up after LHC identified	2	AMA	0
Received feedback:	64	Call rejected	0
Complaints:	4	Language barrier	0
Compliments:	14	Incarcerated	2
Phone not accepting calls:	1	Admitted to Hospital (direct adm.)	1
Can't be reached at this time:	0	Phone # out of Country	1

BFFU: 4 D/Cs - 1 feedback; 0 no answer; 3 no call made

October 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT 38

COMPLAINT 6

BREASTFEEDING FOLLOW UP

Stay #	Stay type	Needs Identified/Resolution
	OBS	No answer
	ER	F/U: not made; Rx: none; Exp.: Fair; Physician did not explain diagnosis but nurse explained diagnosis and discharge instruction very well [Donna] . What can we do better? Get a better doctor than one who just gives a pill and sends them on their way. Maybe do x-rays on a head injury. Hit on head with fist; no LOC; change in mental status; no neck pain = no x-ray indicated
	ER	No answer
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained; "Dr. Helak did a good job"
	ER	F/U: not made; Rx: none; Exp.: Very good, well taken care of; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; y'all did pretty good
	ER	Number is disconnected
	ER	F/U: made; Rx: none; Exp.: pretty good; diagnosis and discharge instructions were thoroughly explained; y'all were pretty good
	ER	Transferred to UMC; Exp.: good; diagnosis and discharge instructions were thoroughly explained.
	ER	No answer
	ER	No answer
	ER	Disconnected number. Patient transferred to UMC; Talked with 3 west CN who stated pt is stable and refused surgery.
	ER	Hung up after LHC identified
	ER	No contact number on chart
	ER	No answer
	ER	F/U: not instructed to; Rx: none; Exp.: Donna was great and Dr. Moses-Nathan was great with patient; diagnosis and discharge instructions were thoroughly explained
	ER	Mother states father brought son in to ER. Mother states patient is doing well.
	ER	Patient incarcerated; unable to contact
	ER	F/U: made; Rx: none; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: made; Rx: none; Exp.: great; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	F/U: not made; Rx: none; Exp.: "It was nice"; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	No answer
	ER	F/U: not made; Rx: none; Exp.: good
	ER	No answer
	OB	BFFU: Combination of breastfeeding and bottle feeding; breastfeeding initiated after birth; baby is feeding "every 2 hours", urinating every hour, defecating "very often"; vaginal delivery, experiencing no pain; F/U: not made; Rx: filled; Exp.: good; received clear and concise information regarding breast feeding pre and postpartum; held baby immediately after birth skin to skin for longer than an hour; Staff assisted her with feeding cues, positioning and latching, and hand expression of milk; states is formula feeding and pumping breastmilk. Giving breast milk with baby bottle.
	IP	No answer
	OB	BFFU: no answer
	IP	No answer
	OB	BFFU: Exclusively breastfeeding 8-12 times daily; applying EMLA cream for sore nipples; urinating and defecating every 2 hours; vaginal delivery and not having pain; F/U: made; Rx: none; received clear and concise information about breastfeeding pre and postpartum; staff assisted patient with feeding cues; positioning and latching, and hand expression of milk; held baby immediately after birth skin to skin for longer than an hour
	ER	No answer
	ER	Transferred to CMC; unable to contact
	ER	F/U: made; Rx: none; Exp.: everything was good; diagnosis and discharge instructions were thoroughly explained; Positive feedback: "They did great"

October 2017 AFTER DISCHARGE FOLLOW-UP CALLS

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	F/U: not made; Rx: none; Exp.: fine; diagnosis not explained by physician; discharge instructions were thoroughly explained by nurse	
	ER	No answer	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	No answer	
	ER	Answered then hung up before anything was said	
	ER	No answer	
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Number is disconnected	
	OBS	F/U: made; Rx: filled; Exp.: good	
	ER	Number is disconnected	
	ER	Not a working number	
	ER	Phone is not accepting calls	
	ER	No answer	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained; He was treated good in the ER	
	ER	F/U: not made; Rx: filled; Exp.: fine	
	ER	No answer	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: made; Rx: none; Exp.: Nurse was rude; physician explained diagnosis but nurse did not explain discharge instructions	
	ER	Patient expired; no call made	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: none; Exp.: Nurse was very rude; diagnosis and discharge instructions were not explained; They needed to pay attention to my complaint	
	ER	No answer	
	ER	No contact number on chart	
	ER	No contact number on chart	
	ER	Not a working number	
	IP	No answer	
	OB	BFFU: no call made	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained; ER Doctor and nurses were friendly and pt was seen in a timely manner	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Number is disconnected	
	ER	F/U: not made; Rx: none; Exp.: really good; diagnosis and discharge instructions were thoroughly explained; They were treated very well.	
	ER	No answer	
	ER	Not a working number	
	ER	Language barrier, could not communicate	
	ER	F/U: not instructed to (no PCP); Rx: filled; Exp.: fine; everyone was real friendly and real nice	
	ER	No answer	
	ER	Patient at doctor right now; states ER visit was very good considering the circumstances (diagnosis)	
	ER	F/U: not made – waiting on insurance; Rx: filled; Exp.: good; everyone was very helpful	
	ER	No answer	
	IP	language barrier; unable to communicate	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	

October 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT

COMPLAINT

BREASTFEEDING FOLLOW UP

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	No answer	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; She does not have a PCP but will try to get one; Positive feedback: They were really good	
	ER	No answer	
	ER	No answer	
	ER	Not a working number	
	ER	Transferred to Plaza at CMC; unable to contact	
	ER	No answer	
	ER	F/U: not made; Rx: filled; Exp.: very good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: not instructed to; Rx: none; Exp. They were very nice; diagnosis and discharge instructions were not explained to patient; Nurse reports that patient was confused	
	SWB	No call made	
	OBS	No call made	
	OBS	No call made	
	OP	No answer	
	IP	F/U: made; Rx: filled; Exp.: "I enjoyed it thoroughly, it was very pleasant."; Has experienced SOB after discharge and called hospice	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: filled; Exp.: "It was amazing, I was surprised"; Dr. Fried was really helpful, made patient feel comfortable, nurses (Stacie, Christene) were nice	
	ER	Phone not accepting calls at this time	
	ER	No answer	
	ER	F/U: made; Rx: filled; Exp.: It was alright; "It was the best ER experience I have had there." (Dr. Fried, Stacie, Ashley)	
	ER	F/U: only if needed; Rx: none; Exp.: It was alright; diagnosis and discharge instructions were thoroughly explained to patient	
	IP	F/U: transferred after call to clinic to set up appointment; Rx: none; Exp.: good; no questions regarding discharge instructions.	
	OBS	F/U: not made; Rx: none; Exp.: "just fine"; no questions regarding discharge instructions	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Wrong number	
	ER	F/U: not made; Rx: none; Exp.: good; "They always treat me well there" (Dr. Fried, Ana, Michelle); diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: not made; Rx: none; Exp.: Great. "They (Dr. Helak, Rachel, Jenny) took good care of her." Diagnosis and discharge instructions were thoroughly explained	
	OB	No answer	
	IP	No answer	
	ER	Not a working number	
	ER	Phone not accepting calls	
	ER	F/U: not made; Rx: not filled; Exp.: pretty good; discharge instructions were thoroughly explained; Was not given a diagnosis, Dr. could have given him some idea of what was causing his dizziness	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained; Doctor didn't seem interested at first but he did get better	
	ER	F/U: not made; Rx: filled; Exp.: alright; diagnosis and discharge instructions were thoroughly explained;	

October 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT

COMPLAINT

BREASTFEEDING FOLLOW UP

(DO NOT EVER SAY THIS TO

PATIENTS/PARENTS – They are here because they feel like it is an emergency, you can explain the Medicaid responsibility form to them when they sign it: "If Medicaid does not pay for this visit you will be responsible for the payment). Mother felt it was an emergency due to child's breathing; Mother stated everything else went well once they were brought back.

	ER	No answer
	ER	No answer
	ER	Transferred to CMC; unable to contact
	ER	No answer
	ER	F/U: not made; Rx: filled; Exp.: good
	ER	F/U: not made; Rx: filled; Exp.: They (Dr. Helak, Rachel, Ana) treated me well
	ER	F/U: made but canceled it; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	OBS	No answer
	OBS	F/U: made; Rx: none; Exp.: good
	OBS	No answer
	IP	F/U: made; Rx: none; Exp.: It was good, the nurses (Lilie, Tonya, Debbie, Dena Deanna, Jenny, Emma, Aimee, Summer, Ruth) and doctor (George) did good
	ER	No answer
	ER	Number disconnected
	ER	Visit was good
	ER	Number disconnected
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: none; Exp.: It was great! Very professional (Dr. Fried, Valarie, Jenny) ; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	No answer
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	IP	F/U: not made; Rx: filled; Exp.: Everything was great
	IP	F/U: waiting for clinic to call back; Rx: filled; Exp. Good
	OP	No answer
	ER	TCCC states he seems to be doing great
	ER	No answer
	ER	No answer
	ER	F/U: made; Rx: filled; Exp.: great; a whole lot better than it used to be; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: filled; getting run around from Walmart pharmacy at 4th and Frankfort. They were supposed to be there at noon today but it was not there due to miscommunication. Went to Walgreen's; Exp.: great; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: made; Rx: filled; Exp.: really good; diagnosis and discharge instructions were thoroughly explained
	IP	F/U: made; Rx: none; Exp.: Great; appreciated the way we took care of her and the way we treated her. (Lilie, Tonya, Debbie, Deanna, Aimee, Summer)
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	Phone is not accepting calls
	ER	Not a working number
	ER	No answer
	ER	Not a working number
	ER	Phone cannot receive calls
	OB	No call made

October 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT

COMPLAINT

BREASTFEEDING FOLLOW UP

	ER	No call made
	ER	No answer
	ER	Verizon customer not available
	ER	F/U: not made; Rx: none; Exp.: fine; discharge instructions were thoroughly explained
	ER	No answer
	ER	F/U: not made; Rx: filled; Exp.: It went well; diagnosis and discharge instructions were thoroughly explained
	ER	Transferred to UMC; unable to contact
	OBS	Not a working phone number
	OBS	F/U: not made; Rx: filled; Exp.: good
	IP	It was good, no complaints. Everyone was so nice to my husband; Patient was set up with hospice will see patient daily.
	ER	F/U: not made; Rx: none; Exp.: alright; discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: none; Exp.: it took too long, 2 hour wait; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	IP	Transferred to CMC; Unable to contact
	OBS	No call made to nursing home
	OBS	F/U: made; Rx: none; Exp.: Good; The nurses (Adela, Karen, RoseMarie, Rachel, Patricia, Summer, Elizabeth) were very friendly; everything was very nice
	ER	Patient is currently in the ER at UMC. They called requesting his records.
	ER	Transferred to CMC; unable to contact
	ER	F/U: not made; Rx: none; Exp.: "OK I guess."; Patient states that the doctor nor the nurse explained his problems to him and that he has had this pain before but nobody knows what is causing the pain.
	ER	F/U: made; Rx: none; Exp.: "Treated us OK;" Nurse explained discharge instructions thoroughly but doctor did not explain diagnosis or answer his questions.
	ER	No answer
	ER	Number has been disconnected
	ER	Not a working number
	ER	F/U: only as needed; Rx: none; Exp.: nice; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	IP	F/U: will set up on Monday; Rx: none; Exp.: Good, staff friendly (Debbie, Dena, Michael, Kyle, Patricia, Stephanie, Adela, RoseMarie, Tasha, Lillie)
	ER	No answer
	ER	F/U: made; Rx: none; Exp.: very good; diagnosis and discharge instructions were thoroughly explained
	ER	Transferred to CMC; unable to contact
	ER	No answer
	ER	F/U: made; Rx: none; Exp.: good; Melissa was great and so was Dr. MOLINA . States that everything was great in the ER except that it took too long for the x-rays to be read. Diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: none; Exp.: "it was ok;" Diagnosis and discharge instruction were thoroughly explained
	ER	No answer
	ER	F/U: not made; Rx: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	Not a working number
	ER	F/U: not made; Rx: filled; Exp.: Great, they (Dr. Scott, Michelle, Jenny) were great; diagnosis and discharge instructions were thoroughly explained
	ER	Patient was very rude on the phone acting like she did not want to talk to me
	ER	F/U: not made; Rx: not filled due to money??; Exp.: They were okay; diagnosis and discharge instructions were thoroughly explained
	OP	No call made
	ER	No answer
	ER	No answer

October 2017 AFTER DISCHARGE FOLLOW-UP CALLS

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	F/U: not made; Rx: none; Exp.: It was pretty good; We were in and out of the ER quickly (Dr. Helak, Rebecca, Christene); diagnosis and discharge instructions were thoroughly explained	
	ER	Spoke to nurse at TCCC, laceration without any signs of infection	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: made; Rx: filled; Exp.: It was a little slow; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	OB	BFFU: Bottle feeding every 3 hours; F/U: made; P/P 4 times daily each; vaginal delivery without pain; Rx: none; Exp.: good; received consistent information before and after birth; held newborn immediately after birth skin to skin; did not remember if feeding cues and positioning were taught during stay	
	OP	No call made	
	OBS	F/U: not made; Rx: filled; Exp.: good	
	ER	No answer	
	ER	No contact number on chart	
	ER	No answer	
	ER	Wrong number	
	ER	F/U; not made; Rx: filled; Exp.: Good visit, was seen quickly ; diagnosis and discharge instructions were thoroughly explained (Dr. Helak, Rebecca, Ana)	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	Phone cannot accept calls at this time	
	ER	No answer	
	ER	Transferred to CMC; unable to contact	
	ER	No answer	
	ER	AMA: phone cannot accept incoming calls	
	ER	F/U: not made; Rx: none; Exp.: it was great; diagnosis and discharge instructions were thoroughly explained; "was in and out, everything was great" (Dr. McNeill, Rebecca, Frances)	
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: filled; Exp.: "it was ok"; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	No contact number on chart	
	IP	F/U: made; Rx: filled; Exp.: "it was perfect"; "Everyone (Aimee, Tonya, Debbie, Emma, Summer, Deanna, RoseMarie, Stephanie G, Lillie, Karen) was nice, friendly, helpful"	
	ER	No answer	
	ER	F/U: not made; Exp.: "it was real good"; everyone (Dr. McNeill, Donna, Jenny) was real nice; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: made; Rx: none; Exp.: "it was fine, staff treated them promptly" (Dr. Moses-Nanthan, Donna, Christene); diagnosis and discharge instructions were thoroughly explained	
	ER	No one listened to mother who is a nurse. Mother unhooked pt and left.	
	ER	F/U: not made; Rx: filled; Exp.: alright, long wait but was made comfortable and staff (Dr. Moses-Nanthan, Donna, Jenny) helpful; diagnosis and discharge instructions were thoroughly explained	
	ER	Inmate; no call made	
	IP	No answer	
	ER	No answer	
	ER	F/U: not instructed to; Rx: none; Exp.: fine; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not instructed to; Rx: none; Exp.: fine; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	

October 2017 AFTER DISCHARGE FOLLOW-UP CALLS

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	No answer	
	ER	F/U: not instructed to; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: not instructed to; Rx: none; Exp.: good; complaint: "be more welcoming; was told by clinic to ensure no injury in ER; ER staff did not seem to think patient needed to come to ER and it showed in their actions"	
	ER	Transferred to CMC; unable to contact	
	ER	F/U: not made; Rx: not filled; Exp.: good, quicker than anticipated (Dr. McNeill, Dena, Christene)	
	ER	No answer	
	ER	No answer	
	ER	F/U: not made; Rx: none; Exp.: good	
	ER	No answer	
	ER	F/U: not made; Rx: none; Exp.: 9/10, fast visit; diagnosis and discharge instructions were thoroughly explained (Dr. Funk, Rebecca, Ana)	

Total # of discharged patients: 273 (P. 1-7)

No answer:	95	Can't be reached at this time:	1
Not a working #	10	No # on chart:	5
Wrong #:	2	Expired:	1(no call made)
Disconnected number:	8	MC for jail:	0
CN/nurse did not make call:	8	Tx/unable to contact:	10
Hang up after LHC identified	3	Tx/received feedback:	2
Received feedback:	113	AMA	2
Complaints:	6	Call rejected	0
Compliments:	38	Language barrier	2
Phone not accepting calls:	7	Incarcerated	2

BFFU: 7 D/Cs - 3 feedback; 2 no answer; 2 no call made

There were 6 lists covering 2 days consisting of 30 discharges that were not called back due to increased census

SEPTEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT

COMPLAINT

BREASTFEEDING FOLLOW UP

Stay #	Stay type	Needs Identified/Resolution
	ER	No answer
	ER	No answer
	ER	No answer
	ER	No answer
	ER	F/U: not made; Rx: none; Exp.: okay; Diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	Left AMA; No answer
	ER	Wrong number
	ER	No answer
	ER	F/U: not made; Rx: none; Exp.: "everyone did a good job"; diagnosis and discharge instructions were thoroughly explained.
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained
	ER	F/U: made; Rx: filled; Exp.: good; Diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: none; Exp.: okay; Diagnosis and discharge instructions were thoroughly explained
	ER	Phone number disconnected
	ER	No answer
	OB	BFFU: F/U: made; Rx: none; Exp.: good; exclusively breastfeeding 8-12 times daily with good latch; no pain after vaginal delivery; did receive clear and concise information before and during delivery on breastfeeding; immediately held baby skin-to-skin after delivery and held baby for longer than an hour; did receive help with latching and positioning and how to hand express milk before discharge.
	IP	Phone is not accepting calls at this time
	ER	NH resident; staff states patient doing well
	ER	Phone does not accept incoming calls
	ER	F/U: not made; Rx: none; Exp.: okay; Diagnosis and discharge instructions were thoroughly explained
	ER	F/U: made; Rx: none; Exp.: good; Diagnosis and discharge instructions were thoroughly explained
	ER	No answer
	ER	No answer
	ER	No working phone number on chart
	ER	No answer
	ER	F/U: not instructed to; Rx: none; Exp.: good; Diagnosis and discharge instructions were thoroughly explained
	ER	F/U: not made; Rx: filled; Exp.: good; Diagnosis and discharge instructions were thoroughly explained; Positive Feedback: fast and really nice
	ER	No answer
	ER	F/U: not made; Rx: filled; Exp.: good; Diagnosis and discharge instructions were thoroughly explained; Positive Feedback: everything was great
	ER	No answer
	ER	F/U: not made; Rx: none; Exp.: good; Diagnosis and discharge instructions were thoroughly explained
	ER	Transferred to CMC; Exp.: good; Diagnosis and discharge instructions were thoroughly explained
	ER	NH patient; staff states patient doing well
	ER	F/U: not made; Rx: none; Exp.: good; Diagnosis and discharge instructions were thoroughly explained; Positive Feedback: In and out, everything was great
	ER	F/U: not made; Rx: none; Exp.: good, everything was great; Diagnosis and discharge instructions were thoroughly explained; Positive Feedback: Patient would like to thank everyone, including hospital staff, Littlefield EMS and the Littlefield PD.
	ER	Staff at TCCC states patient doing better
	IP	F/U: made; Rx: filled; Exp.: good; Patient's spouse states he would've liked to be more informed rather than the daughter. He states that daughter doesn't really come around and he is the one taking care of her at home.
	IP	Phone number is not in service
	ER	Unable to contact; incarcerated
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained to parent
	ER	Transferred to CMC; unable to contact
	ER	No answer
	ER	No answer

SEPTEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT

COMPLAINT

BREASTFEEDING FOLLOW UP

	ER	F/U: not made; Rx: filled; Exp.: good; Diagnosis and discharge instructions were thoroughly explained to patient
	ER	F/U: not made; Rx: none; Patient states she doesn't remember much but she is feeling better
	ER	No answer
	ER	Wrong number
	OP	F/U: made; Rx: none; Exp.: good
	OBS	Rx: filled; Exp.: great; staff did terrific and saved my life
	IP	F/U: not made; Rx: filled; Exp.: great; everything was great.
	OP	No answer
	ER	Number is disconnected
	ER	No answer
	ER	Nursing home patient, staff states patient is improved from ER visit
	ER	No answer
	ER	No answer
	ER	Transferred to CMC; unable to contact
	ER	F/U: not made; Rx: filled; Exp.: good; Positive feedback: Dr. Fried and Dr. Carreon explained everything, staff was great.
	ER	No answer
	OBS	No answer
	ER	F/U: not made; Rx: filled; Exp.: terrible; the nurse explained discharge instructions thoroughly; Improvement needed: Get rid of Doctor; Patient was very unhappy with the ER Doctor. She states that the nurses were very nice. She had to go to the ER in Lubbock. She states that she got antibiotics and pain medications in Lubbock. She states that she will not come back to this ER.
	ER	Incarcerated; sent back to Jail
	ER	F/U: not made; Rx: none; Exp.: Wonderful; Diagnosis and Discharge Instructions were thoroughly explained; EVERYTHING WAS WONDERFUL
	ER	F/U: made; Rx: filled; Exp.: very good; Diagnosis and Discharge instructions were thoroughly explained; "I was very satisfied with the care I got."
	ER	No answer
	ER	No answer
	ER	No answer
	ER	Transferred to UMC; unable to contact
	ER	F/U: not made; Rx: filled; Exp.: everything was good; diagnosis and discharge instructions were thoroughly explained
	OB	BFFU: patient is bottle feeding and is bonding well with the baby. Difficult to speak to due to language barrier
	IP	Transferred to Arbor Grace; unable to contact.
	ER	No answer
	ER	F/U: made; Rx: filled; Exp.: good; physician explained diagnosis thoroughly and answered all questions
	ER	No answer
	ER	No answer
	ER	F/U: Will make if needed; Rx: filled; Exp.: good; diagnosis and discharge instructions thoroughly explained
	ER	TCCC resident; unable to contact
	ER	F/U: will make next week; Rx: filled; Exp.: treated very well; diagnosis and discharge instructions were thoroughly explained; patient feeling better and back to work today
	ER	Phone is not accepting calls
	ER	F/U: not made; Rx: not filled – will try to fill tomorrow; Exp.: good; diagnosis and discharge instructions were thoroughly explained; Everyone has always been very helpful
	ER	Not a working number
	ER	F/U: made; Rx: filled; Exp.: pretty good; diagnosis and discharge instructions were thoroughly explained
	ER	Call was rejected
	ER	No answer
	ER	F/U: not made; Rx: none
	ER	F/U: only if needed; Rx: none; Exp.: good
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; Everyone was attentive, nice and the ER was clean. "I really liked the doctor." [Helak]
	ER	F/U: not made; Rx: none

SEPTEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	F/U: not instructed to; Rx: not filled; Exp.: very good, very nice, got things done fast; diagnosis and discharge instructions were thoroughly explained; Fastest I have ever been seen, Everyone [Dr. Helak, Rachel, Jenny] was very happy and polite, no complaints at all!	
	ER	F/U: made; Rx: filled; Exp.: good, it is always good; diagnosis and discharge instructions were thoroughly explained; "You have a good little hospital there."	
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	Number is disconnected	
	ER	F/U: not made; Rx: filled; Exp.: everything was excellent; diagnosis and discharge instructions were thoroughly explained	
	OBS	F/U: made; Rx: filled; Exp.: Everything was good, friendly people and very efficient; patient stated that everything was great and that he would recommend other people to use this hospital.	
	OP	No follow up call was made	
	IP	Expired	
	IP	No answer	
	ER	F/U: not instructed to; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained; staff [Dr. Genraich, Donna, Christene] was excellent	
	ER	F/U: made; Rx: filled; Exp.: alright; diagnosis and discharge instructions were thoroughly explained; liked the ER doctor [Genraich] and nurse [Donna]	
	ER	Transferred to UMC; doing okay; fluid in knee removed and possible surgery needed.	
	ER	No answer	
	ER	Left AMA; no answer	
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; patient still weak, disoriented	
	ER	F/U: not made; Rx: filled; Exp.: everything great except physician; still not better; Doctor basically called her drug seeker; she did not ask for any pain medication but he did give her pain medication that did not work.	
	ER	F/U: made; Rx: filled; Exp.: good, nice; pain is gone now; Needs Improvement: put coffee and donuts in waiting area - hahaha; nothing	
	ER	F/U: not made; Rx: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Not a working number	
	ER	F/U: made; Rx: filled; Exp.: good; Diagnosis and discharge instructions were thoroughly explained	
	ER	Not a working number	
	IP	F/U: made; Rx: filled; Exp.: Very good, everyone was sweet; every one took good care of me. I wish I was back in the hospital	
	ER	No answer	
	ER	They hung up when LHC identified	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: filled; diagnosis and discharge instructions were thoroughly explained; Improvement needed: for the person registering the patient to be nicer; the person that registered the patient was not nice. The nurse and the Doctor were nice.	
	ER	Not a working number	
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: only if needed; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	OBS	Number is disconnected	
	IP	F/U: not made; Rx: filled; Exp.: "Everybody treated me wonderfully"; All of the nurses and CNAs were very good to me	
	ER	No follow up call made	
	ER	No answer	
	ER	F/U: made; Rx: none – OTC med for ear not purchased yet; Exp.: okay; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made, sees PCP monthly; Rx: none; Exp.: good	
	ER	F/U: made; Rx: none; Exp.: Everyone was good; diagnosis and discharge instructions were thoroughly explained; Christene and Michelle were good; everyone was great, saw my son fast	
	ER	No answer	

SEPTEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	No answer	
	ER	No answer	
	ER	Not a working number	
	ER	No answer	
	ER	Not a working number	
	ER	No answer	
	ER	No answer	
	ER	Not a working number	
	ER	F/U: made; Rx: filled; Exp.: okay; diagnosis and discharge instructions were thoroughly explained	
	ER	Phone number is not accepting calls	
	ER	Not a working number	
	ER	No answer	
	ER	F/U: not instructed to; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: made Rx: filled; Exp.: "It was great"; diagnosis and discharge instructions were thoroughly explained; "They got me in and out and took care of my swelling"	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	Phone number is disconnected	
	ER	Not a working number	
	ER	No answer	
	ER	F/U: not made; Rx: none; Exp.: "It was awesome. You guys did great."; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: made; Rx: filled; Exp.: "It was ok"; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: filled; Exp.: "It went great"; diagnosis and discharge instructions were thoroughly explained; everyone [Dr. Helak, Jenny, Rebecca] was nice and courteous and she felt better when she left the ER	
	OB	BFFU: bottle feeding only every 2-3 hours; mom not having pain after vaginal delivery; F/U: not made; Rx: filled; received clear/concise info about breastfeeding before and after delivery; baby held skin-to-skin immediately after birth for about 30 minutes or less; staff offered to assist with breastfeeding and positioning but did not receive information on how to hand express milk; Exp.: good; Started breastfeeding at hospital but stated her milk didn't come in so she decided to give a bottle while in hospital	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	F/U: no instructed to; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Disconnected number	
	ER	No call made	
	ER	Wrong number	
	IP	Informed by family that patient is undergoing surgery at 9:30 this morning. Patient reported before being transferred yesterday that everyone was great.	
	IP	F/U: made; Rx: filled; Exp.: good	
	IP	F/U: not made; Rx: none; Exp.: good; Patient states that intake and output was falsified. Wants us to be aware that it could affect her healthcare. Pt states other than that everything was good.	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	F/U: not instructed to; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	AMA; no call made	
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Incarcerated; no call made	
	ER	F/U: made; Rx: filled; diagnosis and discharge instructions were thoroughly explained	

SEPTEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	Wrong phone number	
	ER	Phone cannot accept calls at this time	
	ER	No answer	
	ER	Not a working number	
	ER	Incarcerated; no follow-up call made	
	ER	Not a working number	
	ER	F/U: not made; Rx: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	IP	No answer	
	IP	No answer	
	ER	Wrong number	
	ER	F/U: made; Rx: none Exp.: very good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: none; Exp.: very short; diagnosis and discharge instructions were thoroughly explained; was concerned because no x-rays done and patient had previous broken c-spine	
	ER	No answer	
	ER	Incarcerated; no follow-up call made	
	ER	Resident at TCCC; no follow-up call made	
	ER	AMA; left due to family emergency, woke up today and was fine	
	ER	Was hung up on	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	Incarcerated; no follow-up call made	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were explained thoroughly	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: filled; Exp.: okay; diagnosis and discharge instructions were thoroughly explained; it took a long time	
	ER	No answer	
	ER	F/U: made; Rx: none; Exp.: alright; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	Incarcerated; no follow-up call made	
	OB	BFFU: no answer	
	OBS	No answer	
	ER	Transferred to CMC; unable to contact	
	ER	No answer	
	ER	No a working number	
	ER	No answer	
	ER	Phone is disconnected	
	IP	F/U: made; Rx: none; Exp.: good	
	IP	F/U: not made; Rx: none; Exp.: Great; very pleased with the cleanliness and the food was good	
	ER	No answer	
	ER	No answer	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Transferred to UMC; stay was awesome at LHC	
	ER	F/U: made; Rx: filled; Exp.: great; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: made; Rx: none; Exp.: good; Discharge instructions were thoroughly explained but information regarding her diagnosis was not. Improvement needed: tell the patient was is wrong/going on.	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Phone number disconnected	
	ER	No answer	
	ER	No answer	

SEPTEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

COMPLIMENT

COMPLAINT

BREASTFEEDING FOLLOW UP

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	F/U: not instructed to; Rx: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Hang up after LHC identified	
	ER	No answer	
	ER	Transferred to UMC; unable to contact	
	ER	No contact number on chart	
	ER	F/U: made; Rx: filled; diagnosis and discharge instructions were thoroughly explained; was seen in a timely manner, dr. and nurses explained things well	
	ER	F/U: not made; Rx: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; all those involved, from Dr. to MHMR staff were great	
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; Rachel was really nice	
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Number is no longer in service	
	ER	Transferred to UMC. Family member reports she is still there and did receive dialysis.	
	ER	Phone number is not in service	
	ER	No contact number on chart	
	ER	Phone number disconnected	
	ER	No contact number on chart	
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	No answer	
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No contact number on chart	
	ER	No contact number on chart	
	ER	F/U: made; Rx: filled; Exp.: very good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained; we were treated good	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Wrong number	
	ER	AMA; wrong number for patient	
	ER	F/U: not made; Rx: not filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: none; Exp.: "They were great"; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: made; Rx: filled; Exp.: okay; nurse explained discharge instructions thoroughly; They did not explain diagnosis well, "I still don't know what was wrong with him."	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	F/U: not made; Rx: not filled; unable to communicate with patient due to language barrier (pt speaks Guatemalan and a little Spanish). Pt did state her eye was not getting any better and did get prescription. Advised her to see PCP or return to ER.	
	ER	Wrong number	
	ER	No answer	
	ER	Wrong number	
	ER	Wrong number; Phone number provided is patient's father, Father had no information on patient.	
	ER	F/U: made; Rx: none; Exp.: "They did well"; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	No answer	

SEPTEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	No answer	
	ER	Phone number is disconnected	
	ER	Phone number is disconnected	
	ER	No answer	
	ER	No answer	
	ER	Not a working number	
	ER	F/U: not made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: made; Rx: filled; Exp.: good; diagnosis and discharge instructions were thoroughly explained; Everyone [Dr. Fried, Jenny, Melissa] was very nice	
	ER	F/U made; Rx: none; Exp.: excellent; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	Transferred to CMC children's hospital; unable to contact	
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	Incarcerated; no follow-up call made	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	F/U: not made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Patient is very confused and does not remember why she came to the ER or if they gave her any prescriptions. Will attempt to contact her son later.	
	OBS	F/U: made; Rx: none; Exp.: "It was ok. I have no complaints about it."	
	OP	No answer	
	OB	BFFU: no answer	
	IP	F/U: made; Rx: filled; Exp.: good; Everything was wonderful. Everyone anticipated my needs.	
	IP	Discharged to Nursing home; no follow-up call made	
	OBS	Patient was dismissed to Harmonee House. Patient had an appointment to see Dr. Jenkins at UMC. She was taken to day. Facility will call with results.	
	IP	F/U: made; Rx: filled; Exp.: good	
	IP	F/U: made; Rx: filled; Exp.: good	
	ER	No answer	
	ER	No answer	
	ER	Patient is doing well according to nursing home staff	
	ER	Phone does not accept incoming calls	
	ER	No answer	
	ER	F/U: made; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Wrong number	
	ER	F/U: not instructed to; Rx: none; Exp.: good; diagnosis and discharge instructions were thoroughly explained	
	ER	Transferred to CMC; unable to contact	
	ER	Number is disconnected	
	ER	No answer	
	ER	Number is disconnected	
	ER	Incarcerated; no follow-up call made	
	OBS	No answer	
	OP	No answer	
	ER	F/U: not made; Rx: none; Exp.: okay; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: made; Rx: none; Exp.: very good, very satisfied; Diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	Number is disconnected	
	ER	F/U: made; Rx: none; Exp.: okay; diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	

SEPTEMBER 2017 AFTER DISCHARGE FOLLOW-UP CALLS

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: filled; Exp.: fine; Diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: not made; Rx: filled; Exp.: very good; diagnosis and discharge instructions were thoroughly explained; Visit went really well	
	ER	No answer	
	OB	Bottle feeding only; feeding "3 hours"; urinating/defecating well; vaginal delivery with no pain after discharge; F/U: made; Rx: none; Exp.: good; patient held newborn immediately after birth skin to skin for about 1 hour. Patient did not breastfeed and she stated she was not given any breastfeeding information because she was giving formula	

Total # of discharged patients: 321 (P. 1-8)

No answer:	113	Can't be reached at this time:	0
Not a working #	16	No # on chart:	6
Wrong #:	11	Expired:	1(no call made)
Disconnected number:	14	MC for jail:	0
CN/nurse did not make call:	13	Tx/unable to contact:	7
Hang up after LHC identified	3	Tx/received feedback:	5
Received feedback:	117	AMA	5
Complaints:	7	Call rejected	1
Compliments:	31	Language barrier	3
Phone not accepting calls:	6	Incarcerated	9

BFFU: 6 D/Cs - 4 feedback; 2 no answer; 0 CN/nurse did not make call

AUGUST 2017 AFTER DISCHARGE FOLLOW-UP CALLS

	COMPLIMENT	COMPLAINT	BREASTFEEDING FOLLOW UP
	ER	No answer	
	ER	No answer	
	ER	No answer	
	ER	F/U: made; Rx: filled; Exp.: fine; Diagnosis and discharge instructions were thoroughly explained	
	ER	No answer	
	ER	F/U: not made; Rx: filled; Exp.: very good; diagnosis and discharge instructions were thoroughly explained; Visit went really well	
	ER	No answer	
	OB	Bottle feeding only; feeding "3 hours"; urinating/defecating well; vaginal delivery with no pain after discharge; F/U: made; Rx: none; Exp.: good; patient held newborn immediately after birth skin to skin for about 1 hour. Patient did not breastfeed and she stated she was not given any breastfeeding information because she was giving formula	

Total # of discharged patients: 321 (P. 1-8)

No answer:	113	Can't be reached at this time:	0
Not a working #	16	No # on chart:	6
Wrong #:	11	Expired:	1(no call made)
Disconnected number:	14	MC for jail:	0
CN/nurse did not make call:	13	Tx/unable to contact:	7
Hang up after LHC identified	3	Tx/received feedback:	5
Received feedback:	117	AMA	5
Complaints:	7	Call rejected	1
Compliments:	31	Language barrier	3
Phone not accepting calls:	6	Incarcerated	9

BFFU: 6 D/Cs - 4 feedback; 2 no answer; 0 CN/nurse did not make call

July

Total # of discharged patients:	222 (P. 1-5)
No answer:	87
Not a working #	2
Wrong #:	2
Disconnected number:	11
CN/nurse did not make call:	5
Hang up after LHC identified	1
Received feedback:	85
Complaints:	10
Compliments:	30
BFFU: 8 calls -	2 feedback; 3 no answer; 3 CN/nurse did not make call
Phone not receive calls:	3
Can't be reached at this time:	0
No # on chart:	4
Expired:	0(no call made)
MC for jail:	2
Tx/unable to contact:	16
Tx/received feedback:	5
AMA	2
Call rejected	0
Language barrier	1
International Number	1

June

[Signature]
253(P. 1-6)

Total # of discharged patients:

No answer: 84

Not a working # 5

Wrong #: 4

Disconnected number: 9

CN/nurse did not make call: 6

Hang up after LHC identified 2

Received feedback: 141

 Complaints: 21

 Compliments: 37

BFFU: 6 calls - 2 feedback; 3 no answer; 1 CN/nurse did not make call

Phone not receive calls: 1

Can't be reached at this time: 0

No # on chart: 1

Expired: 2(no call made)

MC for jail: 0

Tx/unable to contact: 16

Tx/received feedback: 5

AMA 1

Call rejected 0

Language barrier 1

May

Total # of discharged patients:	304
No answer:	95
Not a working #	3
Wrong #:	10
Disconnected number:	18
CN/nurse did not make call:	5
Hang up after LHC identified	0
Received feedback:	132
Complaints:	18
Compliments:	18

BFFU: 4 calls; 0 feedback; 3 no answer; 1 CN/nurse did not make call

Phone not receive calls:	0
Can't be reached at this time:	2
No # on chart:	3
Expired:	1(no call made)
MC for jail:	4
Tx/unable to contact:	21
Tx/received feedback:	4
AMA	5
Call rejected	1

April

Total # of discharged patients:	337 (P. 1-7)
No answer:	129
Not a working #	1
Wrong #:	6
Disconnected number:	13
I did not make call:	7
Waking up after LHC identified	4
Received feedback:	126
Complaints:	13
Compliments:	35
FU: 2 calls; 2 feedback; 0 no answer	
Someone not receive calls:	9
Can't be reached at this time:	1
# on chart:	1
Not hired:	4(no call made)
Not for jail:	5
Unable to contact:	10
Not received feedback:	8
A	2

	No answer
	F/U: made; Rx: none; Exp.: everyone was very nice
	F/U: only if needed; Rx: none; Exp.: good
	F/U: not made; Rx: none; Exp.: visit went well
	Wrong number
	F/U: made; Rx: filled; Exp.: good
	F/U: made; Rx: filled; Exp.: good
	F/U: not made; Rx: not filled; Exp.: great; he has no money to get his antibiotics, referred to Danielle for possible assist.
	No answer
	No answer
	F/U: no instructed to; Rx: not filled; Exp.: pretty good
	F/U: made; Rx: not filled – had the same medication at home; Exp. Great
	No answer
	No answer
	No answer
	No answer
	F/U: not instructed to; Rx: none; Exp.: okay
	Transferred; unable to contact
	No answer
	Unable to contact
	F/U: not made; Rx: none; Exp.: good; [REDACTED]
	F/U: not made; Rx: no filled; Exp.: good; Patient's mother states that she has not filled the prescription, but that the patient is doing better. He is running all over the house.

Total # of discharged patients: 301

No answer: 112

Not a working #/ Wrong #: 5

March

Disconnected number: 12

Hang up after LHC identified 3

Received feedback: 138

Complaints: 5

Compliments: 16

BFFU: 5 calls; 4 feedback; 1 no answer

Phone not receive calls/can't be reached at this time: 3

No # on chart: 1

Expired: 2(no call made)

MC for jail: 1

Tx/unable to contact: 8

Tx/received feedback: 5



very much!

For the wonderful

care you gave our Mom

Aurora Falcon, you are
greatly appreciated.

Estela Canana

Falcon family

Words cannot express my appreciation to the nursing staff at LHC. I want to say thank you for your gratitude, patience, caring attitude and comfort every one of you have provided to me and my family as we stayed in your facility for my recovery process. I couldn't ask for a better team to help get me through this. My time there was truly the best care I've ever had. You are very much appreciated.

Doris Lerner

Aruchi Lerner
(Granddaughter)



10: Whom It May Concern,

Our daughter Jasmine L. Brown was admitted to LHC Hospital on Dec 23, 2017.

We would just like to say a huge thank you for you amazing nurses and handful of CNA's that made her stay a little better due to she had to be there through the holidays. They treated her not only with respect & dignity, but also treated her as though she was their only patient. She loved, Dena, Lili, Ruth, Rachel, and Donna. She stated that these ladies have a special heart cause they are wonderful. Just want to express how much appreciative we are for these ladies as well as a few of your CNA's. May God Bless them all.

Thank you
again
The Brown
Family

Mario Mendez – called to say thanks for the care he received when he was here. The nurses and everyone else were great and patient with him. Everyone he came across was wonderful. We are all angels of mercy,

Rene Trevino – called to say when his daughter was wanting him to come here he did not want to because of things he had heard. He was so glad they talked him into coming because nothing he heard was correct. We treated him so nice and made sure all of his needs we met. We made sure he was comfortable, his TV worked, he had his snacks and sugar checked regularly. We made everything right! He liked that we were Christian based.

Jake and Lucy Moreland – Everybody here was so nice to them, from the people that came in to clean to the nurses and doctors. They were very pleased with Jake's stay and don't know what they would do without the hospital here, it was easy for her to come and go.



Twenty-Five Things to Know About Texas Rural Hospitals

Prepared by the Texas Organization of Rural & Community Hospitals



Connally Memorial Medical Center



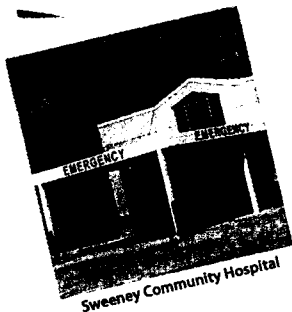
Muenster Memorial Hospital



Pecos County Memorial Hospital



Ballinger Memorial Hospital



Sweeney Community Hospital

1. Seventeen (17) Texas rural* hospitals – more than 8% – have closed permanently or for a period of time** in the last four and a half years. And, more closures are expected.
2. The driving force behind the closures is cuts and underpayments to rural hospitals by Medicare and Medicaid totaling an estimated \$120 million a year.
3. There are currently 164*** rural hospitals in Texas out of approximately 550 acute care general hospitals.
4. Texas rural hospitals provide access to emergency and other care for 15% of the state's population but cover 85% of the state's geography.
5. Only 72 of the 164 rural hospitals provide obstetrical care and deliver babies.
6. 90 of Texas rural hospitals have 25 or less beds.
7. 122 Texas rural hospitals have 50 or less beds.
8. 45 rural hospitals are located in counties of less than 10,000 persons.
9. 78 of the 254 Texas counties do not have a hospital.
10. Some parts of Texas are more than 75 miles away from the nearest hospital.
11. Texas has 83 Critical Access Hospitals (CAH) – a special Medicare designation for certain small rural hospitals with 25 or less beds, and at least 35 miles from another hospital (some exceptions on mileage separation). CAHs receive reimbursement consideration from Medicare so they can remain financially viable even with lower patient volume.
12. Texas has 43 Sole Community Hospitals (SCH) – a special Medicare designation for some slightly larger rural hospitals not designated CAH and at least 35 miles from another hospital. SCHs receive reimbursement consideration from Medicare.
13. Half of Texas rural hospitals rely on local tax support to remain open.
14. Small, rural hospitals nationally have equal or better patient quality outcomes, and cost less per Medicare beneficiary than their urban counterparts.
15. Rural hospitals have a narrower patient revenue margin than urban hospitals and do not provide more profitable advanced services and medical procedures.
16. The operating cost in a rural hospital can be higher on a per-patient basis because of the challenging dynamics such as low patient volume, dramatic swings in patient numbers from day to day, recruitment difficulties which can drive up payroll costs, and a general lack of an economy of scale in high volume purchasing and procurement.
17. Rural hospitals treat older and poorer patients providing a higher percentage of Medicare and Medicaid services than urban hospitals – both which often pay less than private insurance.
18. Rural hospitals are negatively impacted more than urban hospitals from Medicaid and Medicare cuts because of the higher levels of Medicaid and Medicare patients they have.
19. Rural areas in Texas have the highest levels of uninsured – some more than 30% – while the Texas average is 17%.
20. Medicare spending is 3.7% less per rural Medicare beneficiary than care delivered in urban systems.
21. Texas rural hospitals comprise only 1% of the Texas Medicaid budget.
22. More than 200 hospitals closed in Texas during the 1980s and 1990s, most of them were rural.
23. Closures from decades ago were slowed by financially stabilizing programs such as CAH, SCH, Texas Medicaid cost-based payments, and other special payment provisions to rural hospitals.
24. Rural hospitals are critical to their local economy – often the second or third largest employer in a community, with the highest paying jobs, and a key to economic development. **No hospital – no new businesses.**
25. Rural hospitals should be a concern for all Texans as rural areas provide the food, fuel, and fiber for the entire state, as well as being traveled through by everyone at one time or another.

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* Rural hospital defined by Medicare as Critical Access Hospital, Sole Community Hospital, Rural Referral Center, hospital in a non-MSA, or other designation as rural/defined by Texas Medicaid as CAH, SCH, RRC in a non-MSA, RRC in a MSA but 100 or less beds, or in county of 60,000 population or less. TORCH does not consider urban/MSA located RRCs as rural for purposes of this map.

**A hospital is considered closed when it ceases inpatient care on a permanent or temporary basis, although other limited services may continue.

*** Of the 17 closures, 4 are now back open for the time being and 3 are now an ER or urgent care center only.