



NATIONAL RURAL HEALTH RESOURCE CENTER

HOSPITAL SPOTLIGHT

Minnie Hamilton Health Care Center Experiencing Improved Community Feedback

[Minnie Hamilton Health Care Center](#) (MHHCC), an 18-bed, not-for-profit Critical Access Hospital (CAH), operates a rural health clinic (RHC) for the residents of Grantsville, WV and an FQHC in Glenville, WV. In 2017, MHHCC was selected by the [Small Rural Hospital Transition \(SRHT\) Project](#) and supported with a Quality of Care and Transition of Care Project. MHHCC was spotlighted in the [February 2018](#) edition of Timely Transitions for their initial work on their SRHT project. The quality project provides guidance to hospitals for initiating community care coordination activities to support future population health management.

MHHCC Reports Positive Outcomes Within 12 Months

- Completion of Emergency Department Transfer Communication (EDTC) has remained stable at 93%
- "Patients who reported that YES, they were given information about what to do during their recovery at home" increased from 90% to 91%
- "Patients who strongly agree they understood their care when they left the hospital" decreased slightly from 56% to 53%
- "Decision to admit to time of ED departure" decreased from pre-project measure of 122 minutes to a recent low of 57. Currently they are at 74, very close to the goal of 70.

Top Accomplishments

- **Patient Experience:** Staff are suggesting solutions to address patient experience issues; hospital feedback is elicited from community in general and HCAHPs scores are posted publicly and shared in local paper
- **Emergency Department (ED):** MHHCC closely tracked time on "decision to admit to time of ED departure;" educated ED providers concerning details of the measure and they provide the data monthly to providers and nursing staff
- **Transition of Care:** discharge planning huddles conducted five days a week and include providers, pharmacy, physical therapy and other disciplines relevant to individual cases; implemented [LACE](#) tool; close oversight of patients discharged on narcotics; early identification of learning gaps and participate with a rural health group and community workers to provide ongoing assistance to the patient in their homes

"Things are working; we are getting there. Ready to have conversations about raising the bar without settling. All the documentation and quality impacts reimbursement and we have a better understanding of this now. Understanding better how to meet patient needs and prevent readmission while impacting wellness." Stephen Whited, CEO