



NATIONAL RURAL HEALTH RESOURCE CENTER

HOSPITAL SPOTLIGHT: PENDER COMMUNITY HOSPITAL USES SRHT PROJECT TO PROPEL FORWARD

[Pender Community Hospital](#) (PCH) is a 21-bed, not-for-profit, Critical Access Hospital ([CAH](#)), providing acute care, swing bed, emergency medicine, rehabilitation therapies, imaging, lab, surgical services, and primary care to the residents of Pender, Nebraska and surrounding communities. In 2017, PCH was selected by the [Small Rural Hospital Transition \(SRHT\) Project](#) and supported with a Quality of Care and Transition of Care Project. The quality project provides guidance to hospitals for initiating community care coordination activities to support future population health management.

PCH Reports Positive Outcomes Within 12 Months

- Readmission rate is 2.5%; national average is 15.3%
- HCAHPS composite score "Patients who Strongly Agree they understood their care when they left the hospital" is 83.5%; national average is 53%
- HCAHPS "rate the hospital" is 93.5%; national average is 75%
- HCAHPS "recommend" is 95%; national average is 74%

Top Accomplishments

- **Patient Centered Medical Home (PCMH):** PCH has worked diligently this past year to obtain PCMH status. They recently completed final documentation for 4 of their clinics.

"The push for PCMH will propel us forward. That will be key to being paid for value and we feel better prepared for conversations with other providers about our high level of quality, which might surpass other's quality or if not, will request information about how we can improve."

- **Electronic health record (EHR) functionality Improvements:** PCH has conducted a strong campaign to increase enrollment in the patient portal to allow additional conversations with providers. Panel enrollment increased from 25 % to 35% and the goal is 45% by June 30.
- **Discharge Improvements:** PCH is re-evaluating questions asked for post-discharge phone calls. They're using the medical records to better communicate with patients. PCH is currently overhauling discharge folders. Additionally, they are using teach-back methods in all areas. They provided house-wide training for clinical and non-clinical staff. They are using this method as a process to be used any time they are training someone, clinical or not.