



Pullman Regional Hospital

2013 Annual Performance

Assessment & Improvement Report





Values:

- personal integrity and commitment to provide compassionate, responsible, quality services to our community
- an environment that allows individuality, team work, and communication to flourish
- the enriching nature of diversity, creativity, and innovation
- honesty and leadership in an atmosphere of mutual respect and trust.

Vision:

Pullman Regional Hospital is a community leader of integrated health and healing activities where our values guide and inspire, and science and technology quietly enable people to comfort, encourage, and heal.

Mission:

Pullman Regional Hospital exists to nurture and facilitate a healthier quality of life for our community.

Customer Service Philosophy:

Each of us at Pullman Regional Hospital is sincerely interested in exceeding the expectations of others in a courteous, respectful, and friendly manner. We accept personal responsibility to understand each person's needs and provide individualized service.

Patient Care Philosophy:

It is our belief that all individuals are active **partners** in their own health and healing activities. This is supported by a **flexible** care environment where information is shared while participation and personal **choice** are encouraged.

2013 — Continuing the Quest for Quality

At Pullman Regional Hospital, our Strategic Focus Areas provide direction for our efforts in supporting our mission, moving toward our vision, and being consistent with our values. Strategic objectives and organizational initiatives offer the operational roadmap for ongoing progress towards our future within a culture of performance measurement and continuous improvement.



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Strategic Planning Process

Strategic Framework at Pullman Regional Hospital

Our **overall strategy** is to create outcomes that, over time, will reflect the following attributes:

- We are regarded as a healthcare leader in our region.
- The services available in our region are integrated and collaborative and address population health and healing endeavors.
- There is a comprehensive care community on Bishop Boulevard.
- We are considered a preferred healthcare organization by physicians, staff, and patients by assuring that:
 - * The values we espouse as an organization truly serve as an inspiration for everyone that associates with the hospital;
 - * We continually upgrade our science and technology which further promotes a quiet, healing environment;
 - * The people providing the care and services sincerely feel they are supported and trained to comfort, encourage, and heal;
- We have created a self-sustaining, self-directed, inclusive model of healthcare for our community.
- The quality of life in our community is healthier.

In order to connect our **overall strategy** with our operating activities, we have adopted four **imperatives** that guide our efforts:

1. **Recruiting and retaining high quality physicians**, hospital staff, and other providers;
2. Continuing emphasis on our **quality** improvement culture by incorporating proven quality initiatives into our activities;
3. Strengthening **market share** in the region;
4. Fully embracing and integrating the principles of **generosity** as the transformative energy in creating a new model for healthcare for the future.

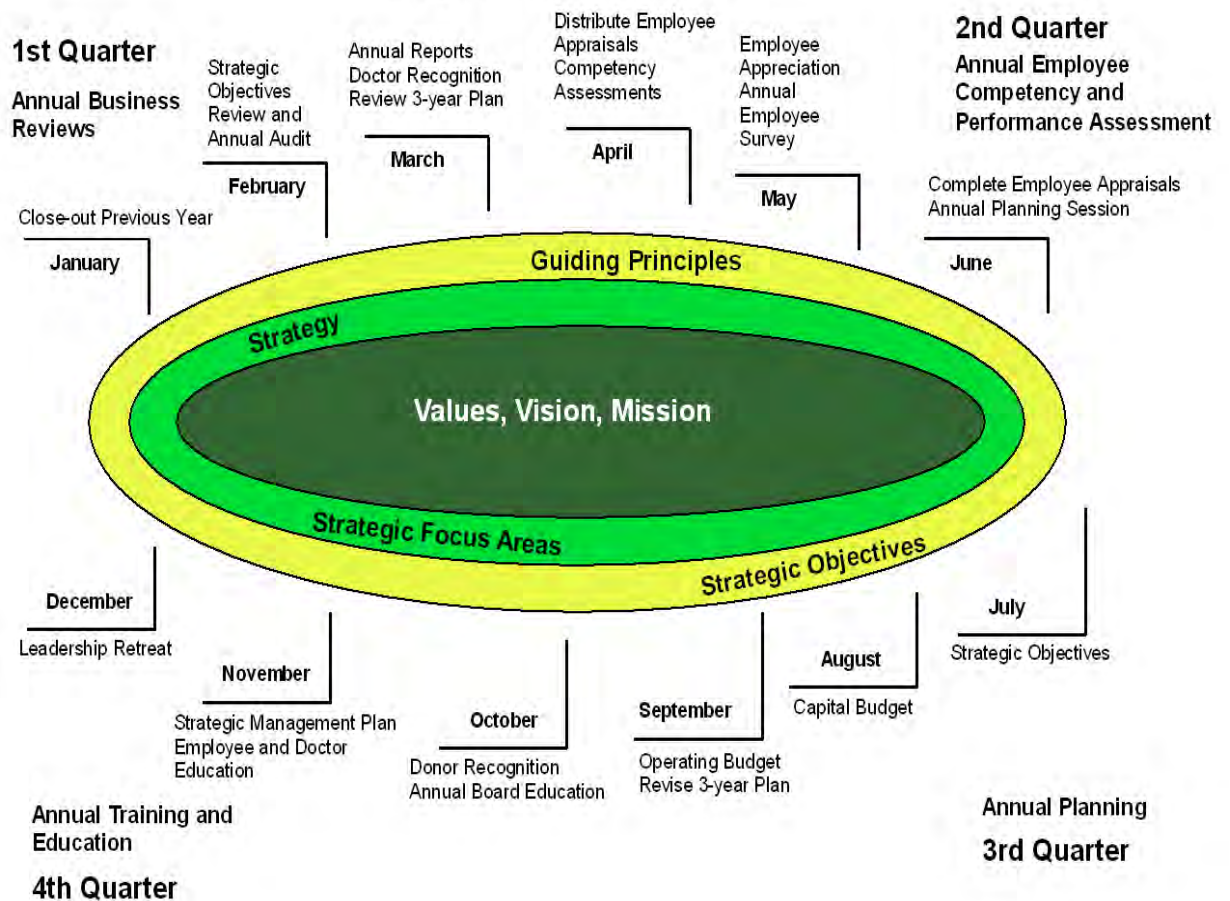
The following five **Strategic Focus Areas** will sharpen our planning:

- Developing and/or changing and implementing precise and rigorous systems to produce **superior clinical outcomes**;
- Assessing and improving the level of **customer loyalty** across all customer groups on an ongoing basis;
- Developing processes to enhance **employee engagement**;
- Improving the **efficiency and financial performance** of the hospital;
- Using the power and creativity of **innovation** to:
 - * Develop **partnerships** and seek collaborative opportunities that improve our capacity to better serve our community, and
 - * Create and implement new and/or improved **services and products**.

Strategic Planning Process



Setting the Standard Key Activities Calendar



Strategic Planning

Community Health 2020 and *Generosity Inspires*

In 2013, we organized our *Pathways to a Healthy Future* efforts to ensure a strong, robust healthcare system for the region. We have made progress in our ongoing goal to be a self-sustaining, self-directed, inclusive model of healthcare for the community. Our continuing success will be realized through ongoing partnerships with the community as we know it is not an easy path to take.

In late 2013, the Affordable Care Act was implemented on a national level. We will continue to see the impacts of this law on hospital operations, patient volumes, and reimbursement. On an inpatient level, in 2013, we saw a decline in total number of admissions to the hospital and a decrease in average length of stay. We do not know if this will be an ongoing trend, but it did impact our overall financial performance as the accompanying information indicates. This result, combined with an expected decrease in reimbursements by government and insurance companies for hospital care and our ongoing financial support of necessary services provided through the Palouse Clinic Network, illustrates the need for increased community support. Thus, two of our Pathways were put in to place in 2013. In December of 2013, the Board of Commissioners approved one pathway by placing a proposed Maintenance & Operations Levy on the February 2014 ballot. The community approved this levy in February, showing its trust and support of Pullman Regional Hospital. Additionally, a second Pathway has focused on our Community Health 2020 fund raising efforts and the Endowment for Quality & Access, with the return on this investment able to help fund ongoing needs of the hospital.

At the same time, we saw growth in some areas of service with a 10 percent increase in the number of surgical robotics cases performed since 2012, as one example. At the end of 2013, we had seven da Vinci trained surgeons on the Palouse. We are pleased to provide to our patients this innovation that has proven to provide minimally invasive surgical care with less pain, shorter hospital stays, a quicker recovery, and a faster return to normal activities.

Throughout 2013, a cornerstone Pathway, hospital patient satisfaction, remained one of the highest in the state. The dedication of our staff and physicians assure that we will maintain this commitment to provide this high level of care and service every day.

We embarked upon a new “Pathways to a Healthy Future” as part of our **Community Health 2020** vision. In August of 2013 Pullman Regional Hospital established the first Center for Learning & Innovation on the Palouse that focuses on creating high impact, cost-reducing solutions to improve the quality of healthcare and the healthcare experience for individuals throughout the region. Along with this, we established the National Board of Advisors, a brain trust of healthcare and business experts, as a resource for our efforts.

Our three strategies for delivering seamless and personalized life care experiences throughout each person’s continuum of care are:

1. Furnishing every community member with a personal, electronic health record;
2. Supplying every community member with access to a health coach;
3. Providing access to life care services, regardless of distance, through telemedicine and other technologies.

Strategic Planning

Community Health 2020 and *GenerosityInspires* Continued...

These are ambitious goals, but Pullman Regional Hospital has always been a leader in the delivery of healthcare for our region and we are excited to set out on this path, working collaboratively with others. Our next step is conducting a national search for a director for the Center for Learning & Innovation.

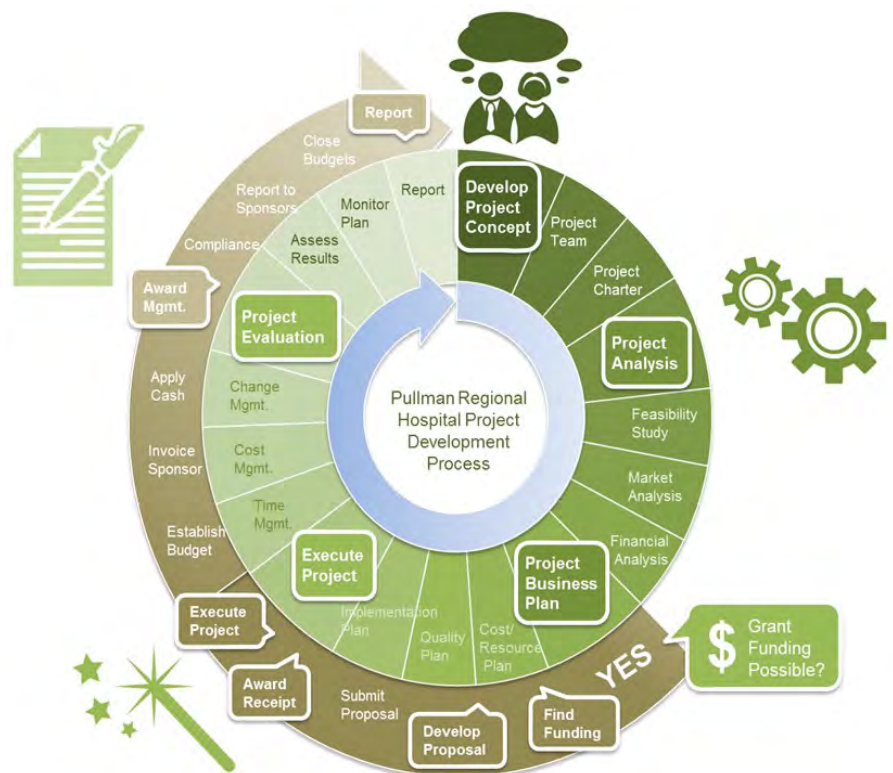


Our community engagement strategy took shape through GenerosityInspires activities. We developed a Community Engagement dashboard to measure generosity and engagement activities. Jessica Rivers, volunteer coordinator, organized a new volunteer group called Patient Support Volunteers, who will serve in the Emergency Department. These volunteers will act as communications liaisons between staff and patients/families, and encourage enrollment in the patient portal for access to their hospital medical information. We are excited to see if this new role will increase patient satisfaction related to communication in the ED.

We also finalized what generosity is at Pullman Regional Hospital. It's all about giving but we've identified specific ways the community can help: financially, volunteering or telling their story. A "Three Ways to Help" card was created and staff and volunteers will be trained on how to use the card with grateful patients and families. Additionally, the GenerosityInspires Team awarded \$1,000 in 2013 to employees in emergency financial situations. These funds all come from employee contributions.

In 2013, the Strategic Project Development Process was created to support our commitment to Community Health 2020 as well as an essential part of the success of the hospital in meeting our **overall strategy** of supporting our mission, moving toward our vision, and being consistent with our values.

Strategic Projects are expected to reach beyond the standard area of activity for the department. The project cycle includes the following phases: project concept development, project analysis, project business plan development, execution/implementation of the project, and evaluation of success.



Governing Board Committee Activities

Quality Improvement Committee (QIC):

The QIC provided oversight for performance assessment and improvement activities. It monitored the Superior Clinical Outcomes Dashboard, Medical Staff Report, Utilization Management Dashboard, and Customer Service Dashboard quarterly. Areas of focus continued to be patient safety with an emphasis on elective deliveries greater than 39 weeks, readmissions, medication safety, and carbon dioxide monitoring for respiratory compromise. Patient satisfaction was also a focus, particularly in outpatient areas.

Strategic Planning Committee:

The Strategic Planning Committee provided support and guidance in the hospital's strategic initiatives, including Community Health 2020 activities. The committee reviewed the Community Health 2020 Feasibility Study and a Community Health Assessment.

These included the Endowment for Quality and Access, the Center for Learning and Innovation, Center for Women and Children's Health, and the National Advisory Board. In addition, the committee was informed about the 2014 strategic project proposals and planning for a restructure of the leadership team. Expansion of hospitalist service to Avalon Care Center was considered. Other areas of focus included the refinancing of the current bond, succession planning, community engagement by members of the Board of Commissioners and board education.

Governance Committee:

The Governance Committee of the Board of Commissioners continued their work in a variety of areas. Ongoing efforts focused on the Board's self-evaluation process and education activities, annual calendar, CEO evaluation, employment agreements, bylaws and policies, committee structure, compliance and HIPAA updates, and succession planning.



Governing Board Committee Activities

Finance Committee:

In 2013, Pullman Regional Hospital's Finance Committee dealt with a variety of issues. The primary focus of the committee is an ongoing oversight and review of the monthly financial performance of the District. The bulk of the time is spent discussing various items, circumstances, and efforts the District is doing to improve the financial effectiveness. In addition, last year the committee discussed other key items noted below:



Robotic surgery review: The committee reviewed first and second years of activity on the robotics program since starting service in December 2011.

Annual review of the collection efforts/recap: Each year the committee reviews total claims as compared to claims turned for collection/legal efforts.

Revenue bond financing: Last year the committee interviewed two companies that would provide support through the financing process of the U.S. Bank revenue balloon payment that will occur in 2015. The committee interviewed Jeff Fivecoat of Robert W. Baird & Co., and Tom Whitson and Keith Kleven of Piper Jaffray.

340B program: This was a new program PRH implemented in 2013. The committee reviewed the effectiveness of the program.

Insurance renewals: As part of the committee's efforts, each year they review new quotes or recommendations on changes to the professional insurance coverage, property insurance coverage, and the like. In 2013, the committee recommended staying with Washington Casualty Company for professional liability. However, we moved our property insurance to a local broker as it improved coverage at a lower cost.

Pullman Regional Hospital recognizes and appreciates all of the Commissioners for their commitment, time, and effort.

Corporate Compliance

In 2013 the Corporate Compliance Committee continued its efforts to ensure that Pullman Regional Hospital was in compliance with federal and state laws. The committee continued to focus upon priority areas including clarification of appropriate admission status, nursing and physician documentation, education, and billing practices.

In addition, the Utilization Review (UR) Committee continued its efforts to provide information to hospital and medical staff. As a part of the Medicare Conditions of Participation, the Rural Healthcare Quality Network physician advisor reviewed charts on a quarterly basis and offers his feedback to the physicians regarding utilization of services as well as clinical management. A focus for 2013 was “Readmissions within 30 Days”.

Medicare and Medicaid audit findings resulted in modifications to the Chargemaster, and clarification of orders for contrast in the Imaging Department. In addition, a Revenue Cycle Coordinator position was added in order to conduct ongoing reviews and audits of charges.

Areas of focus for 2013/14 are:

One-day inpatient lengths of stay
Swing bed utilization
Two-midnight rule

Outpatient observation services
Informing patients of observation service
Outpatient and inpatient payments



Occupational Safety and Health



In 2013, a Director of Safety and Regulatory Compliance position was created. Laura Barrett will be providing oversight for activities related to safety, security, occupational health and safety, and accreditation.

In addition, with a national focus on mass casualty incidents, the Code Silver/Gray policy was revised to include “active shooter” management and provide guidance to staff concerning precautions if there is an incident of an “active shooter” at Pullman Regional Hospital. A mock code was conducted in cooperation with Pullman Fire and Police, and WSU Police at Summit Therapy. There were approximately 60 participants.

Also in 2013, preparation for the “Globally Harmonized System of Classification and Labeling of Chemicals” (GHS) implementation was initiated. This system is an internationally accepted system created by the United Nations, which will go into effect in 2014. The GHS was designed to replace all of the diverse classification systems currently present, and standardize all hazard classification and communication functions. It is expected to improve knowledge of the chronic health hazards of chemicals and encourage a move towards the elimination of hazardous chemicals, especially those that cause cancer and birth defects. It requires extensive training and education, and planning was started in 2013.

The Environment of Care/Safety Committee announced that Pullman Regional Hospital was again the recipient of a Top Performer Award from our Workers’ Compensation Program. The award is in recognition of our dedication to the safety and health of our employees. The hospital received a plaque and \$5000 to be used to enhance our continued efforts to provide a safe work environment for our employees.

Healthcare Insurance Portability & Accountability Act (HIPAA)

In 2013, the HIPAA Committee continued its efforts to ensure compliance with federal regulations relating to patient privacy and confidentiality. In September of 2012 the Omnibus Final Rule went into effect with new regulations concerning breach notification and conducting audits. Under these laws, organizations are now required to report all breaches of protected health information to the US Department of Health and Human Services and the affected party. This is an expansion of the prior definition which required reporting of only those that had a likelihood to cause harm. In addition, organizations are required to conduct ongoing proactive audits in order to “detect” possible breaches. The HIPAA Committee conducts monthly audits through the Security Audit Manager software. Findings have resulted in disciplinary action and additional education for staff.

Joint Commission Laboratory Accreditation

The Joint Commission conducted its biennial unannounced survey of the laboratory in October 2013. Pullman Regional Hospital achieved full lab accreditation with minor requirements for improvement in the areas of proficiency testing, reference intervals for non-waived testing, and calibration verification. The hospital-wide survey and a lab survey are expected again in 2015.



2013 Medical Staff Activities

Medical Staff Recruitment and Retention: In continuing our efforts to identify and respond to community needs for healthcare, 2013 was very successful for recruitment efforts. Drs. Shaleah Jones and Keith Gautreux joined Pullman Family Medicine in Family Practice, Drs. Jenell Decker and Sunday Henry joined WSU Health and Wellness in Family Practice, Dr. Alyssa Hoehn opened a practice in Moscow, Idaho in Ophthalmology, and Dr. Selvasaravanakumar Navaneethakrishnanpoovan (Kumar) joined the Hospitalist service at Pullman Regional Hospital.

Physician Leadership Council (PLC): A Physician Leadership Council was organized in 2011, with initial efforts focused upon developing their role and areas of focus in better serving the medical community and supporting Pullman Regional Hospital. The membership has expanded to nine physicians and they have recently identified several areas that merit their ongoing energy in order to further develop medical services in the community.

The team considered its role in the Community Health 2020, especially as it relates to improvement in the overall health of the community. Goals were established to improve discharge planning and follow-up with patients, thereby reducing readmissions and improving patient satisfaction. These are related conceptually to the development of a “medical neighborhood” in the Palouse.

In addition, the council was presented information concerning the timeframes and implementation planning for Community Health 2020 and the role of philanthropy in meeting the goals of this initiative.

The Leadership Council also became members of the American Society of Physician Executives in 2013.

Organizational Ethics

Ethics Committee: Membership in this committee includes both hospital staff and community professionals to include representation from Avalon Care Center, Bishop Place, WSU Counseling, Gentiva Hospice and WSU philosophy Department. The committee meets monthly. The cases reviewed for 2013 included a case brought forward by a primary care doctor caring for a patient in a facility and a patient family member who was requesting to change a patient's POLST form, contrary to what the patient had indicated and the primary understanding of patient wishes. The majority of cases brought to the Ethics Committee in 2013 included issues of surrogate decision making, advanced directives, and guardianship. The committee utilizes the 4 Box Method outlined in *Clinical Ethics: A Practical Approach to Ethical Decision in Clinical Medicine*, by Albert R. Jonsen, Mark Siegler & William J. Winslade.

Each year in February, the Ethics Committee holds a special session in collaboration with the WWAMI program at Washington State University. In 2013, we were honored to have Denise M. Dudzinski, Ph.D., MTS, spend some time with the committee. Denise is an Assistant Professor in the Department of Medical History & Ethics at the University of Washington School of Medicine. She is the Chief of the Ethics Consultation Service and provides organizational ethics consultation at the University of Washington Medical Center. Denise is also the editor, along with Paul J. Ford, of the book entitled *Complex Ethics Consultations: Cases That Haunt Us*.

Quality of Life Team: The Quality of Life Team was started as a way to support patients, families, physicians and hospital staff in navigating Quality of Life issues related to chronic and debilitating illness and end-of-life decision making. The committee is comprised of Dr. Rodney Story, Board Certified in Palliative Care and Pullman Regional Hospital Hospitalist; Dr. Karen Geheb, Director of Hospitalist Services and Medical Director for Avalon Care Center; Laure Larsen, Director of ICU/MSU; Joan Hendrickson, Assistant Director of ICU/MSU; Paula Fealy, Unit Clerk; Kelly Goertzen, ICU Nurse/Clinical Coordinator; Renee Heimbigner, Pharmacy; and Katie Evermann Druffel, Director of Social Work.

The Quality of Life efforts in 2013 included review and implementation of Comfort Care Orders, Ventilator Withdrawal Orders, and utilization of the POLST form. The team reviews hospital process and hospital deaths on a monthly basis to ensure quality care and consideration of patients wishes at the end of life. The team circulates a card signed by the hospital staff and then mailed to the family. Our volunteer Chaplain team sends out *Hope Through Healing Publications* for bereavement support, and most recently, the team has started offering "Blankets for Comfort" for patients who spend their last hours/days with Pullman Regional Hospital. The comfort blankets are hand tied fleece blankets made by hospital staff.

Organizational Ethics

Care Transition Group: This interagency team includes: Pullman Regional Hospital, Avalon Care Center, Bishop Place, Whitman Senior Living, Gentiva Hospice, Gentiva Home Health, and local Adult Family Homes. The group meets monthly. Current and future projects are listed below.

Goals:

To have all people in the right level of care at the right time, with seamless transitions between the organizations;

To have established relationships between the people in the organizations;

To work through issues related to the transition as early as possible;

To establish and maintain the best community team to support the people during their “transitions in care”.

What is Working:

- Consistency in the people that work together to arrange transfers, etc;
- Knowing who to call if there are questions;
- Receiving referral in a timely manner;
- Being able to see the home health patients while they are in the hospital;
- Receiving facility-placed calls to the transferring facility for the RN –to – RN report;
- Developing relationships with the people from the various facilities;
- The consistency of the people involved makes it feel like a community team;
- Moving to a growing level of trust between the facilities;
- Nurse – to – Nurse reports have improved;
- Improvement in the understanding of each organization’s needs and regulatory requirements;
- Improvement in the relationship between our staff (because there’s stronger relationships among this group of people);
- Everyone is focused on great patient care.

Organizational Ethics

Areas for Improvement:

- The transfer form for Pullman Regional Hospital discharges needs to be updated;
- Decide if the nurse-to-nurse form should be used for all transfers;
- Consistency in communication of all social situation information;
- Use of the single-page Plan of Care to document for all facility –to –facility transitions;
- Understanding that when a patient comes to PRH “emergently”, the plan of care/report can be sent the next day;
- More consistency in sending insurance information, demographics, contact information;
- Meeting transportation needs;
- Planning for complex patient needs require as much notice as possible so supplies can be arranged (wound vac, tube feeding, drainage, etc).
- Working with Materials and Resource Management to obtain needed supplies;
- Expansion of end-of-life care discussions and education, including chronic illnesses and POLST forms;
- Create interagency care plan meetings with all agencies involved in a patient’s care;
- Balancing medical necessity, social needs, payment abilities, and appropriate capabilities.



Patient Safety

Commitment to Patient Safety

Pullman Regional Hospital is committed to creating and sustaining a work environment where patient safety is consistently a top priority. This environment demonstrates a commitment to designing policies and processes to prevent errors, providing appropriate numbers of qualified staff, encourage event reporting, learning from errors, and commitment to continuous improvement. The core principles include: maintaining a safe reporting environment; identifying individual and leadership responsibilities; understanding errors and effectively responding; and the timely and effective response in the event of a significant error.

Highlights of 2013 Patient Safety Activities:

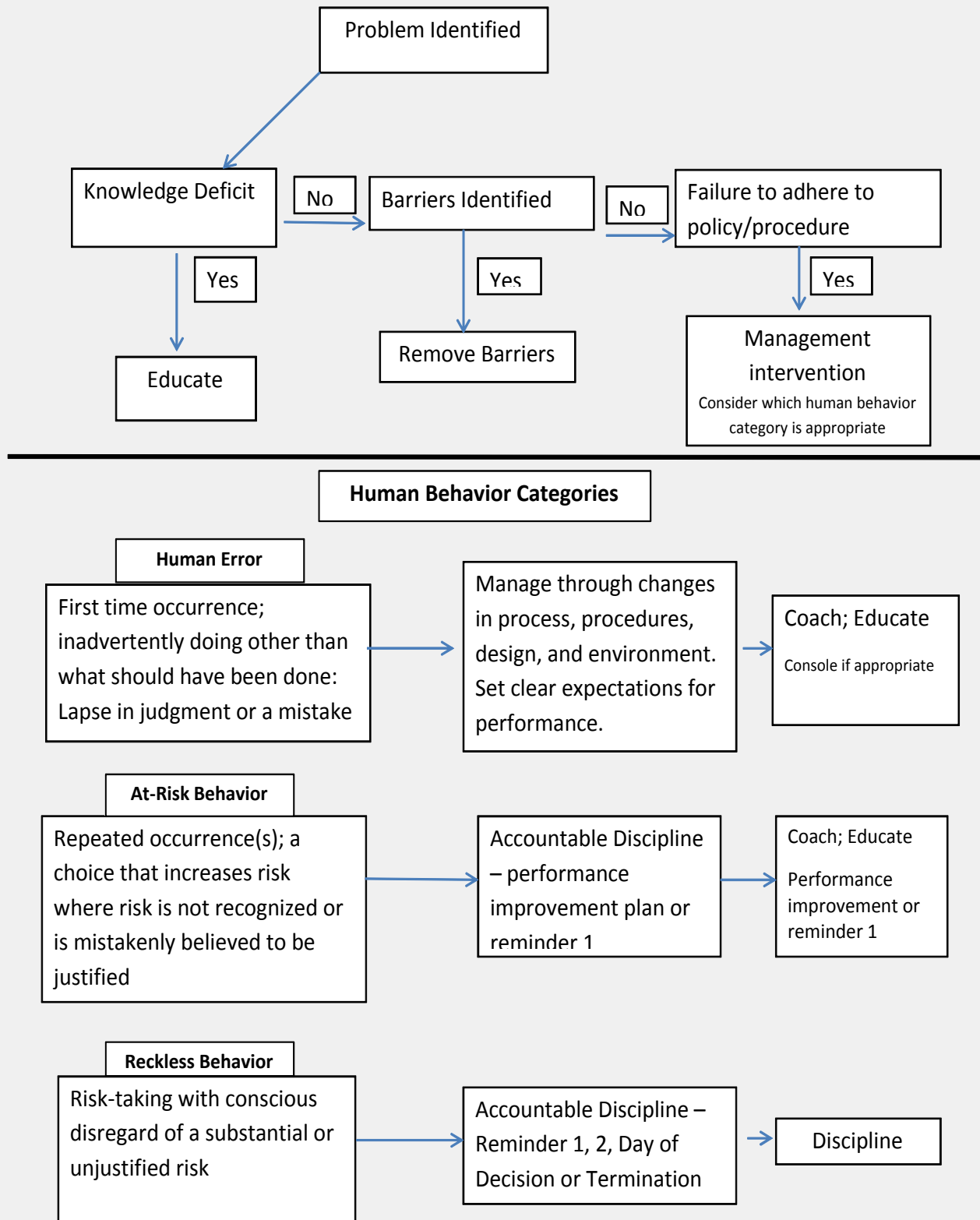
- Continued to use the “Commitment to Patient Safety” (see above) as a guide for ongoing improvements in processes and systems that effect patient outcomes.
- Continued expansion in the use of Bedside Medication Verification (BMV) and ongoing assessment of appropriate use of scanning medications and patients.
- Planning and implementation of a Medication Stewardship program.
- Redesign of the Respiratory Compromise process.
- Creating “Fatigue Guidelines” using evidence-based practices and encouraging clinical directors to utilize the recommendations.
- Continue the nurse-patient commitment to ALWAYS:
 - Scan medications prior to administration
 - Wash/sanitize hands prior to providing care
- Reviewed all of Pullman Regional Hospital’s Serious Preventable Events.
- Initiated the development of a “Narcotic Diversion Prevention Program”.
- Developed an interagency team to develop recommendation to improve “transitions in care”.
- Participated in the Washington State Safe Table workshops that focused upon medication errors, improving patient care when transitioning caregivers, reducing hospital-acquired infections, and reducing elective deliveries <39 weeks.
- Received the Washington State Hospital Association’s “Safe Care in Action” Award.

Planning for 2014:

- Participate in the “Culture of Safety “ survey.
- Implement the Narcotic Diversion Prevention Program

“Just Culture” Algorithm

In 2013, the Patient Safety Team continued to utilize this problem algorithm to conduct case reviews in order to identify systems/process issues as compared with human behavior issues and to identify the appropriate response in these issues.

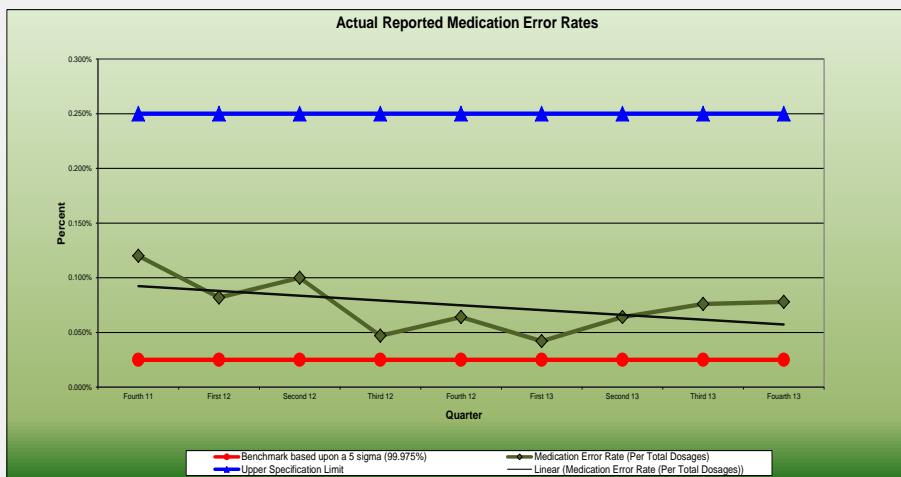


National Patient Safety Goals

Medication Safety: Medication Safety continued to be a focus in 2013. All reported medication errors were reviewed by type, contributing causes, location and severity, with a focus on system and process issues, human error and the use of safety practices. Several system issues were identified throughout the year. The following actions were taken in response to those issues:

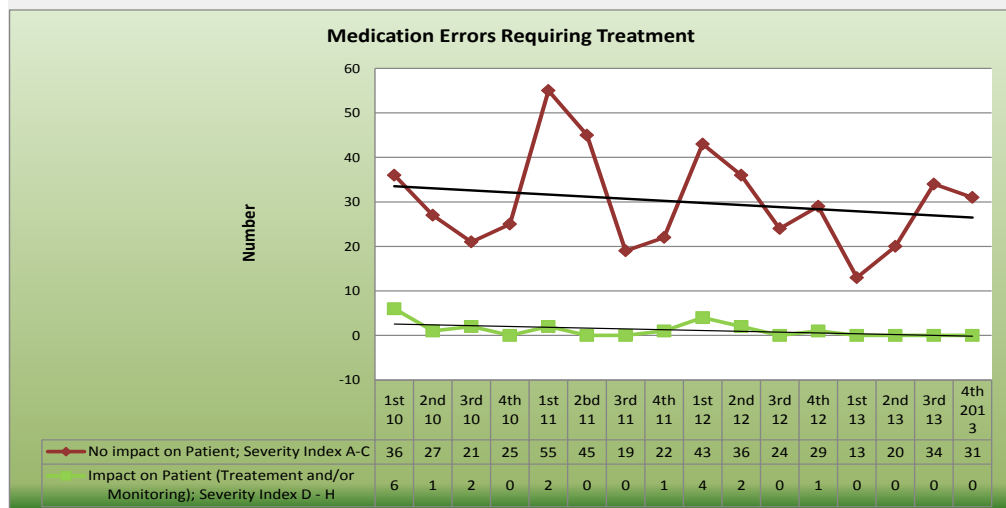
- A special comment box was added to the screen to clarify administration timing;
- Several physician order sets have been revised in response to errors in dosage and administration times;
- Pharmacy investigated the implementation of a change in Meditech which would flag the nurse about PRN meds when administration is potentially too close to previous dose;
- In response to written orders being overlooked, pharmacy worked with INHS to build an order set for epidurals into the electronic system. Retail medication "fill list" was revised and addressed;
- Pharmacy worked with INHS to resolve a "flagging" system issue in the ED.

In addition, ongoing education and training was provided to staff concerning the use of safety checks. As result of these and other efforts, the medication error rate continues to demonstrate a downward trend.



Reporting of Medication Errors: The Agency for Healthcare Research and Quality (AHRQ) has defined one of the important elements of creating a culture of safety is staff's willingness to report errors. Research has shown that most medical errors are due to process and systems issues, and the identification of potential (not reaching patient) and actual errors allows the hospital to make the necessary improvements in the system to avoid future errors.

Since 2009, Pullman Regional Hospital has had a focused effort to increase the reporting of these errors. These include efforts to create a non-punitive culture maintaining and improving the incident reporting system, and reinforcing the importance of reporting to hospital staff by department leaders.



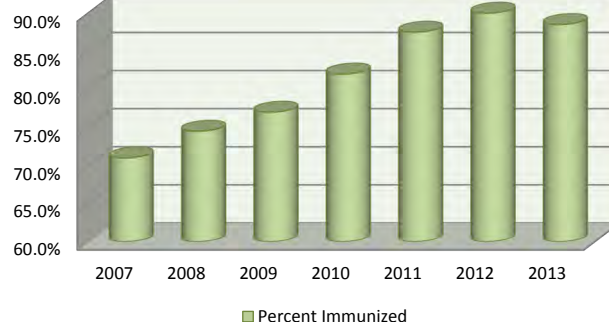
National Patient Safety Goals

Influenza Prevention Program

In a continuing effort to increase the rate of voluntary employee participation, a minimum goal of 90% was established by the Board of Commissioners. The hospital was again divided into teams (“herds”) by work areas. Each employee who participated in the program was entered into a weekly drawing for prizes. There was also a team competition to achieve 100% participation and eligibility for the grand prize of a \$500.00 Visa Card which was awarded at the Anniversary Party.

In addition, an event was conducted called “Shotoberfest” for administration of influenza vaccinations to employees and adult family members. Over 200 vaccinations were administered. All participants received a German-themed lunch (with root beer).

Staff Receiving Influenza Immunization

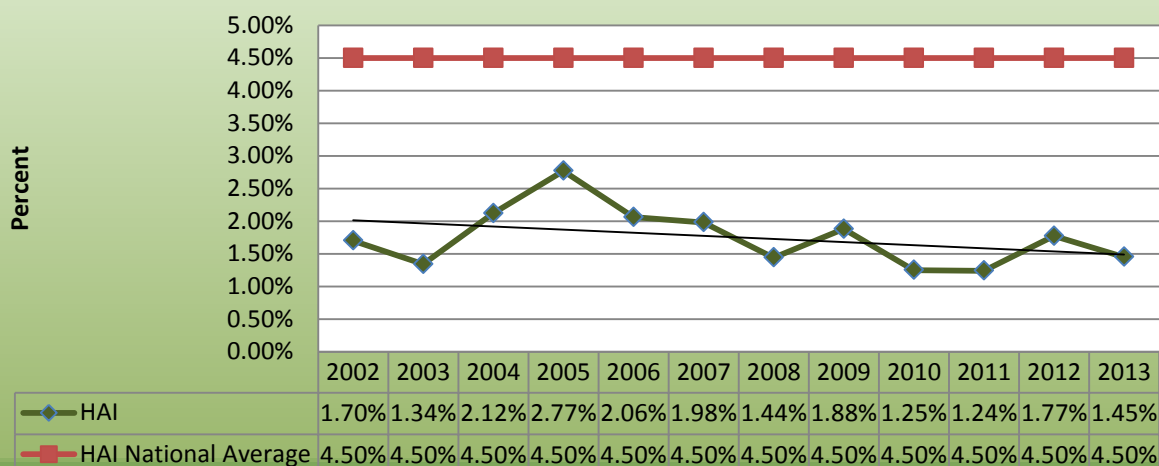


An on-line education program was required for employees who planned to decline the vaccine. These employees were required to have an “Informed Declination” meeting with the Medical Director for Employee Health or his designee. All employees were either required to have the vaccine, sign a medical declination, or complete the educational module and meet with the medical director or his designee. By the end of 2013, 87% of employees had been vaccinated.

Infection Prevention

Tdap Immunizations: In response to the epidemic of Pertussis in Washington State in 2012, an emphasis on immunizing our staff with Tdap resulted in an increase in overall vaccinations. This immunization became a condition of employment for all new employees in July 2012. We have achieved a participation rate of 87% as compared with 46% in 2011. The Board of Commissioners established a goal of 100% participation (excluding those having an allergy to tetanus).

Hospital-Acquired Infection Rate

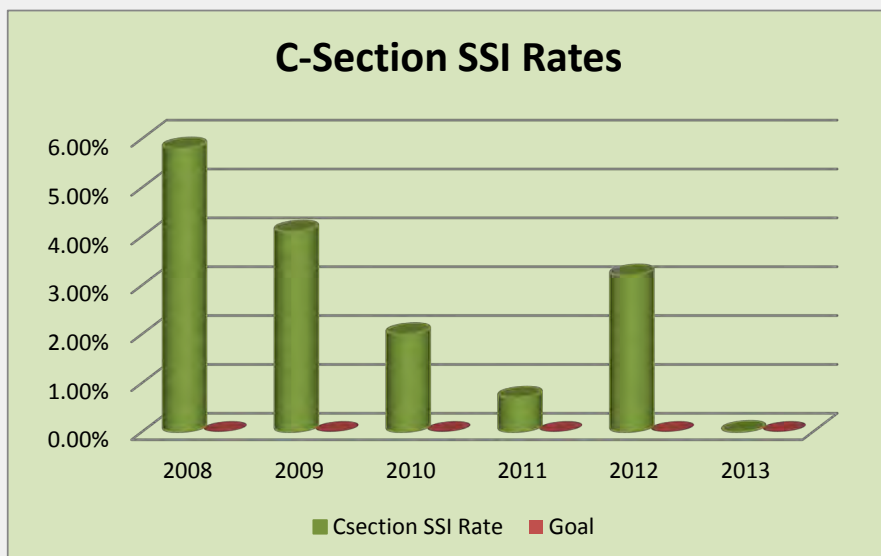


National Patient Safety Goals

Infection Prevention

Catheter-Associated Urinary Tract Infections: Through continuing efforts to discontinue catheters as soon as possible or to avoid the use of an indwelling catheter, a new process was initiated. This process allowed physicians to order in-and-out catheterization three times prior to placing an indwelling catheter. As a result, we had a considerable reduction in the number of foley catheter days in 2013 (777) as compared to 2012 (1116). In addition, there were no catheter-associated urinary tract infections in 2013.

C-Section Surgical Site Infections: In response to the increase in surgical site infections in 2012, we initiated the use of silver-impregnated dressings for post-C-section patients. In 2013, there were no cases of C-section surgical site infections.



Infection Prevention Risk Assessments: Annually, a risk assessment is conducted to evaluate service areas, patient populations, and procedures which have the potential for causing infections. We identify the strategies for prevention as well as the method for evaluating results. Areas of focus in 2013 were prioritized and included the following:

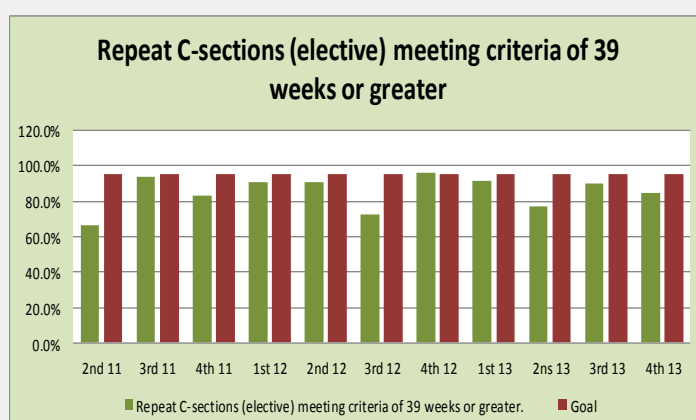
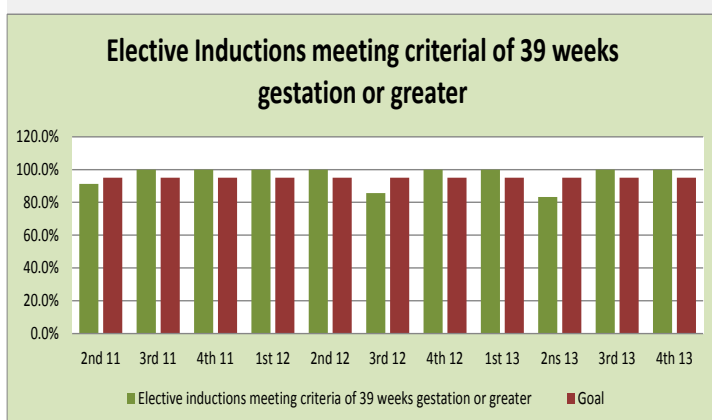
2013 Priorities for Infection Prevention

- | | |
|--|--|
| 1. Central line associated bloodstream infections* | 5. Surgical site infections |
| 2. Hospital-acquired pneumonia | 6. Infectious disease |
| 3. Multi-drug resistant organisms* | 7. Catheter-associated urinary tract infections* |
| 4. C-Section surgical site infections* | 8. Influenza/T-Dap vaccinations |
| * Required by CMS | 9. Compliance with isolation procedures |

My son was in your hospital. Everyone was so great we didn't meet anyone who wasn't kind and caring. I have elderly parents and have been in a lot of hospitals with them. This is by far the best. Thank you so much.

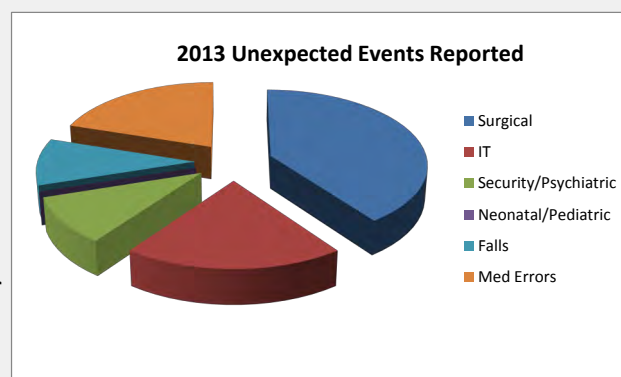
Additional Patient Safety Performance Improvement Initiatives

Elective Deliveries: In response to the American College of Gynecology's recommendations that no elective deliveries (inductions and C-sections) take place prior to 39 week gestation, the OB-Peds Committee and the Quality Improvement Committee (QIC) continued to track progress in meeting this target. While induction rates have improved significantly, the hospital continues to be challenged by scheduling issues for C-sections. The OB-Peds Committee continues to discuss possible options; in the meantime, it has recommended that a gestational age of at least 38 weeks plus 5 days be achieved. In 2013 we consistently met this goal. In 2014, the OB Peds Committee will work with Administration and Surgery to create more opportunities to meet the 39 week gestational age recommendations. No adverse outcomes have resulted from deliveries occurring prior to 39 weeks.



Unexpected Outcomes Management: Developed in 2007, the Unexpected Event Response Team (UERT) continued to support staff and patients through the on-call system in which members of administration provide 24/7 availability to assist with any occurrence which meets one or more of the following criteria:

- Is defined by law as a sentinel/never event;
- Uncharacteristically utilizes resources;
- Involves additional staff;
- Involves outside agencies;
- Has a significant emotional impact on the patient family or staff;
- Is a medical error resulting in temporary or greater harm.



The team responded to 10 reported events in 2013 as compared with 12 in 2012. Surgical events accounted for the majority of events reported. No events were required to be reported to the state (sentinel/never events).

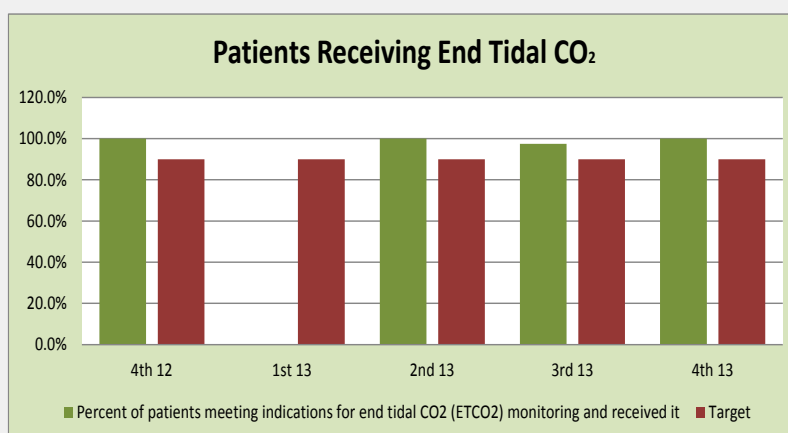
Communication of Critical Values: In 2013, communication of critical values continued to be the focus for the Respiratory Care Department, ICU, MSU, Laboratory, and Imaging. During the last two years, performance overall has improved in all areas. The process for recording and tracking critical values communicated by the RN was also improved through the implementation of an electronic documentation system. In addition, the data collection process changed from a manual system to an electronic database, thereby improving the accuracy of reported data.

2. Improve Staff Communication	4th 2012	1st 2013	2nd 2013	3rd 2013	4th 2013	Target	Goal
Percent of imaging results reported within 24 hours	97.6%	97.8%	97.5%	98.0%	98.1%	95.0%	100.0%
Percent of imaging critical results reported within 1 hour	NA	100.0%	100.0%	NA	100.0%	95.0%	100.0%
Stat lab turnaround time for the ED: 30 min for unprocessed specimens and 50 minutes for processed	98.0%	98.9%	98.7%	98.7%	98.9%	95.0%	100.0%
Critical lab value identified by RN and appropriate actions taken within 60 minutes	97.3%	NA	86.2%	88.0%	93.1%	95.0%	100.0%



Carbon Dioxide Monitoring: Standards of care for patients at high risk for respiratory compromise postoperatively were implemented in July 2011 and 2012. One of the specific interventions that Pullman Regional Hospital initiated is the use of End-Tidal CO₂ monitoring, which has the ability to recognize respiratory compromise much earlier than any other assessment or diagnostic tools by measuring the amount of exhaled CO₂. In 2013, Anesthesia and Respiratory Care modified the

assessment procedure in order to simplify the process and use this monitoring system for only those patients who had a likelihood of developing respiratory compromise post-operatively. All adult post-operative patients receive monitoring for at least 24 hours. The nurse anesthetists take responsibility for assessing the patient pre-operatively and post-operatively and order additional monitoring strategies as indicated. In addition, alarm settings have been changed to better reflect patient conditions and reduce alarm fatigue.



Screening and Brief Intervention and Referral to Treatment: The Emergency Department partnered with the Department of Social and Health Services in the spring of 2013 to participate in the Washington Screening, Brief Intervention, and Referral to Treatment Primary Care Integration grant (wasbirt-pci). WASBIRT-PCI is an evidence-based public health practice based on universal alcohol and drug screening to increase awareness about an important preventable health issue – substance abuse. Universal screening and brief intervention can effectively reduce substance use, abuse and dependency which can improve health outcomes; decrease risk for injury and negative life consequences; and decrease health care utilization. This in turn, reduces health care costs and the costs for other chronic health care conditions such as depression, anxiety, injury etc.

Funding from the grant provided the ED staff with eight hours of SBIRT and motivational interviewing education in August and one hour of education for physicians. We were able to employ a fulltime social worker in the ED to assist with screenings, referrals to treatment, follow-up and to fulfill various other patient needs. Staff received an additional six hours of follow-up training in December.

With the assistance of the grant and staff support, the screening tools were added to the electronic medical record. Universal screening began in October. Ten weeks of screening resulted in 1,635 prescreens, 1,415 positive health messages, 185 brief interventions, and 35 brief treatments/referrals to treatment.



2013 Medical Staff Performance

Improvement Activities

OB/Peds Committee

The committee reviewed 116 charts and provided physicians with copies of review worksheets for feedback. In some cases, the physician was invited to the committee to participate in the review. No actions were taken.

Other activities included the development of newborn intubation plan and a Code Airway team activation procedure. In addition, guidelines were developed for “Family-centered” C-sections. Overall improvements were made in the emergency c-section process. There was also ongoing discussion of elective C-sections less than 39 week gestational age.

Educational activities included participation in a workshop for the management of shoulder dystocia.

Critical Care/Medicine Committee

The committee reviewed 29 charts and provided general reminders regarding documentation issues. The “Respiratory Compromise Post-operative Risk Assessment” revised by anesthesia and respiratory care was endorsed. In addition, the committee accepted the “Urinary Retention Management” policy.

Educational activities included mock “Telestroke” drills, which highlighted the use of neurology services via a robot for diagnosing possible stroke and other neurological conditions.

Surgery Committee

The committee reviewed 66 charts; one case was reviewed with all providers present. In addition, the committee reviewed current recommendations for the use of antimicrobials in surgical infection prophylaxis. There was also a recommendation for a revision in the documentation policy to extend the time requirement for operative reports to be completed within 24 hours as compared with the previous 12 hour requirement. The committee also participated in the “Respiratory Compromise Post-operative Risk Assessment” revisions.

Anesthesia Committee

The committee reviewed 153 charts with feedback to the providers for documentation issues. Joint Commission standards were reviewed for clarification of documentation requirements. Additional areas of focus were procedural sedation, and capnography data and monitoring tool. The committee also participated in the task force for the management of neonatal and pediatric airways.

Credentials Committee

The committee reviewed and recommended 12 initial appointments, 86 reappointments, one request for additional privileges and 19 telemedicine providers. The committee revised the “Co-management Refer and Follow” privilege form, and added a new category for granting privileges to physicians as “Active Administrative” staff members.

2013 Medical Staff Performance

Improvement Activities

Family Medicine Committee

The committee reviewed 33 charts with no action required. Review forms were sent to the physician for feedback. The committee continued with the electronic review process, initiated in 2012. In addition, several chart review indicators were revised.

Psychiatry Committee

The committee reviewed 14 charts with no action required. The committee continued to work on the “Patient with Suicide Ideation/Psychosis policy. In addition, the mental health inpatient response system was reviewed and clarified.

Emergency Medicine /Trauma Committee

The committee reviewed 28 emergency medicine charts and 45 trauma charts. There were two verbal consultations with physicians for documentation issues. Participated in the “Code Airway Call Team” process development. Also participated in the “Tele-stroke” system development and the mock drills. The STEMI management protocol was also developed.

Pharmacy, Therapeutics, and Infection Control Committee

The committee continued to monitor adverse drug reactions, medication errors, hospital-acquired infections, DVT prophylaxis, and immunizations. It reviewed the Influenza Plan and infection prevention expectations.

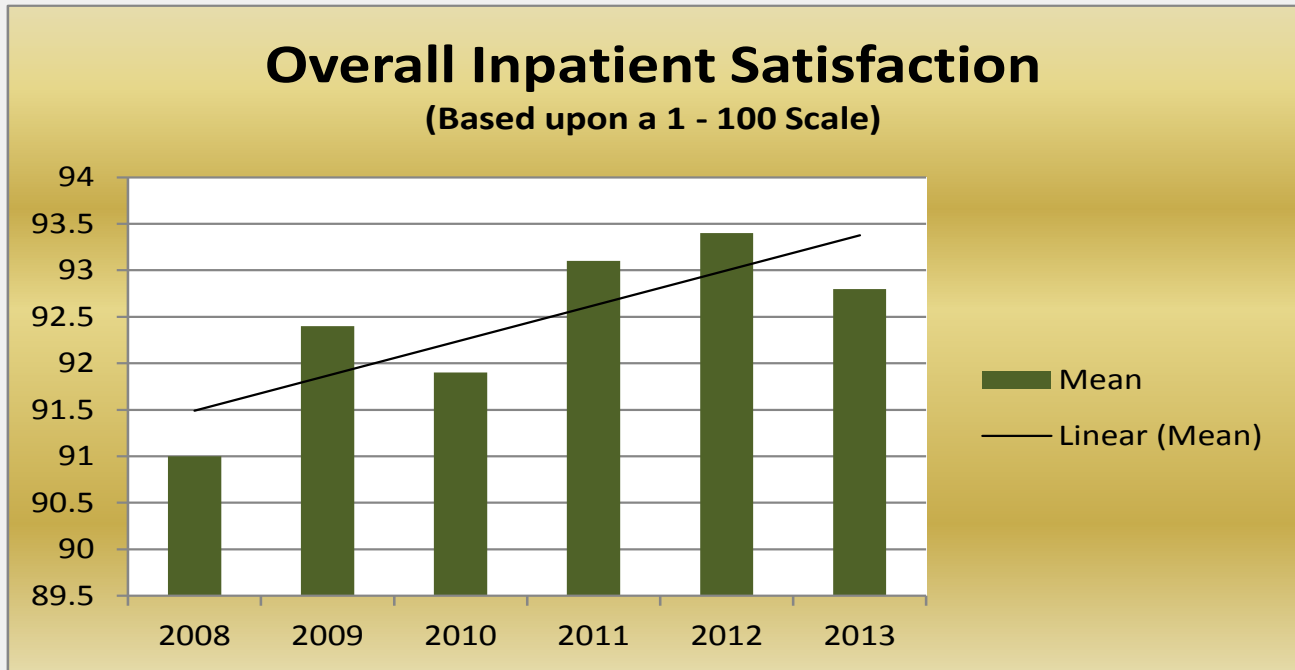
Medical Executive Committee

The committee participated in the development of the “Active Administrative” category and approved it for implementation. The committee also conducted annual policy review. As a result, the “Physician Recognition” criteria were revised. In addition, it participated in the “Refer and Follow” privilege criteria revisions, and the documentation of operative report within 24 hours versus 12 hours.





Customer Satisfaction Assessment



Pullman Regional Hospital contracts with HealthStream Research to assess patient satisfaction. In 2013, the program was expanded to include outpatient services, including Same Day Services, Emergency Department, Respiratory Care, Imaging, and Summit Therapy and Health Services. Three quarters of data have been collected and results have been shared with the department leaders in order to identify opportunities for improvement. In addition, leaders are investigating 'best practices' for their departments in customer services. For example, in the Emergency Department, a process for periodically checking in with patients and families was developed last year in order to improve overall communication.

Department	4th 2012	1st 2013	2nd 2013	3rd 2013	4th 2013
SDS Patient Satisfaction (mean score)	94.3 52nd	94.3 52th	97.2 92nd	96.0 76th	95.3 60th
Imaging Patient Satisfaction (mean score)	96.0 94th	94.6 80th	94.5 75th	94.0 64th	93.6 52nd
Respiratory Patient Satisfaction (mean score)	93.7 60th	93.3 53rd	94.3 66th	93.4 66th	90.3 7th
Rehabilitation Patient Satisfaction (mean score)	90.7 11th	94.4 80th	89.0 5th	89.9 9th	92.3 30th
Emergency Department Patient Satisfaction (mean score)	88.2 82nd	86.2 82nd	87.1 83rd	85.3 71st	88.8 92nd

Customer Satisfaction

Summit Therapy Registration Process: Based upon feedback from patients through the assessment process, a focus in 2013 was streamlining the registration process. A “Work Out” was conducted with staff. Through “process mapping” the team identified three specific areas of focus: charge slip system, the transcription process, and physician referrals. The charge slip system was changed from a multiple charge slip system to a single-charge slip system. This improved the need for redundancy, tracking charges and the potential for missed charges. The timeliness of transcription of initial evaluations was also addressed; these were often delayed several days to completion. Through the discontinuation of the Dictaphone and therapists now dictating on the phone directly to the transcription service, the turnaround time is now 24 hours or less. This contributes to improved patient satisfaction, improved clinical care, and improved revenue cycle time. The last area of focus was the physician referral process. Due to the diversity of services and service volumes, the staff had difficulty triaging and scheduling patients. The team agreed that two clinicians would be assigned to triage the referrals; timeframes for call-backs and scheduling appointments was also established (within 24 hours of receipt of the referral). It is anticipated that these changes will improve patient and physician satisfaction overall, as well as ensure the proper “pairing” of patient and provider based upon the triage.

WSU Satellite Therapy Clinic: In response to a request from the physicians at WSU Health and Wellness, the physical therapy department added a satellite clinic there 2 days per week in the spring of 2012. The service was very well received and the demand quickly exceeded capacity. In the fall of 2013 we added another physical therapist and 2 additional days of service per week. The on campus Physical Therapy Clinic is staffed by Physical Therapists Lenora Waelti and Paula Johnson, Monday through Thursday, 11 am-5 pm. It primarily serves the student population that do not have cars, and has proven to be a very popular and valued service by both students and physicians.



Community Engagement

Pullman Regional Hospital is a “community leader of integrated health and healing activities.” The hospital demonstrated this commitment through its community events and educational offerings.

Community Service and Education:

Prepared Childbirth Classes
Refresher Childbirth Classes
Sibling Classes
New Parent Classes
Fitness Program
Monthly EMS Rounds
ACLS/CPR Classes
Nutrition Education
Diabetes Support Group
Breast Cancer Support Group
Prostate Cancer Support Group
Lupus/Fibromyalgia Support Group
Type I Diabetes Family Support Group
Prostate Screening Program
Senior Citizen Luncheon Presentations
WSU Class Instruction by Physical Therapists
Alcohol Awareness Education
Community “Compass” Resource Guide
Pediatric Advanced Life Support classes
Neonatal Resuscitation classes
Meals on Wheels
Co-sponsorship of an educational series on
Alzheimer’s and related illnesses
“We Care” Senior Fair
Palouse Area Cancer Coalition
Wellness for Life Presentations
“Go Red for Women” Presentation
Blood Drive

Community Events:

Schweitzer Engineering Health Fair
Sunnyside Elementary Career Day
Palouse Mall Baby Fair
Inland NW Blood Drives
Family Fair
Lentil Festival
Relay for Life
“Great Shake Out”

Student Programs:

WWAMI Medical Student Preceptor Program
Interns in Pharmacy and Education
LCSC C.N.A., Nursing, and Radiology student clinical education
Walla Walla Community College nursing students
Intercollegiate College of Nursing students
Student volunteers in the Pharmacy and Emergency Department
Spokane Community College Health Information Management Interns
WSU Exercise Physiology students



Community Engagement

Our volunteers are an invaluable and welcomed complement to the care we provide and an indispensable part of Pullman Regional Hospital. The benefits of giving time to help others include a greater understanding of yourself, the development of life-long friends, and the joy of giving.

Community Volunteers: One hundred and fifteen community volunteers donated a total of 10,171 hours. These hours were donated at the Information Desk, Gift Garden, Same Day Services, Oncology Department, and Blood Drive. In addition, there are nine chaplains and seven Prescription Pets.

Student Volunteers: One hundred eighteen WSU student volunteers served in the Pharmacy, Med-Surg/ICU, BirthPlace, and Laboratory, contributing 3,256 hours. These hours also include the WSU Health Psychology post-doctoral students.

Auxiliary: In 2013, seven hospital departments were granted their requests for funding for patient comfort care items. Since 1968, the Auxiliary has donated \$452,591 to various hospital departments. On Saturday, December 7th, the Auxiliary hosted its annual Holiday Tea at Banyan's on the Ridge. Over \$1,500 was raised in donations at the tea. The Christmas Tree Raffle was also held in December. Twelve businesses and individuals donated decorated trees and \$4,662 was raised. The Gift Garden continues to be the major source of funding for the Auxiliary. Other fundraisers included sales of See's Candy, Have-a-Heart, Books-R-Fun book sales, and Miche Bag sales.

Volunteer/Auxiliary Recognition Lunch: The volunteers and auxiliary members were honored during the Annual Volunteer-Auxiliary Recognition Luncheon on May 16, 2013 at the Quality Inn of Pullman. Mary Ellen Gorham was honored as Auxilian of the Year and Barbara Christensen as Volunteer of the Year.

Areas of Focus in 2013:

A new Volunteer/Events Coordinator was brought onboard in June of 2013. Jessica Rivers spent the last 7 years coordinating and managing volunteers from the local hospice program. With that background, Jessica was asked to create a new group of Volunteers, called Patient Support Volunteers. They completed 24 hours of specialized training the last two months of 2013 and they began serving in January of 2014.



Community Engagement

Patient Support Volunteers are a unique group of Volunteers here at Pullman Regional Hospital. This small team of 14 individuals has been screened and identified to provide a calm and supportive presence to patients, family members, and staff. With a wide variety of life experiences, they have a mature wisdom that offers a compassionate listening presence. By the time they begin serving, they will have completed more than 24 hours of trainings in these respective areas:

- Compassionate Listening/Being Present for Others
- Family & Caregiver Dynamics/Serving in the Unknown
- Dementia & Depression in the Elderly
- Death & Dying
- Grief & Loss
- Comfort Touch
- Disease & Comfort Care
- Pullman Regional Hospital Culture of Service/Generosity Inspires
- Patient Privacy
- Infection Control
- Volunteer Expectations & Boundaries

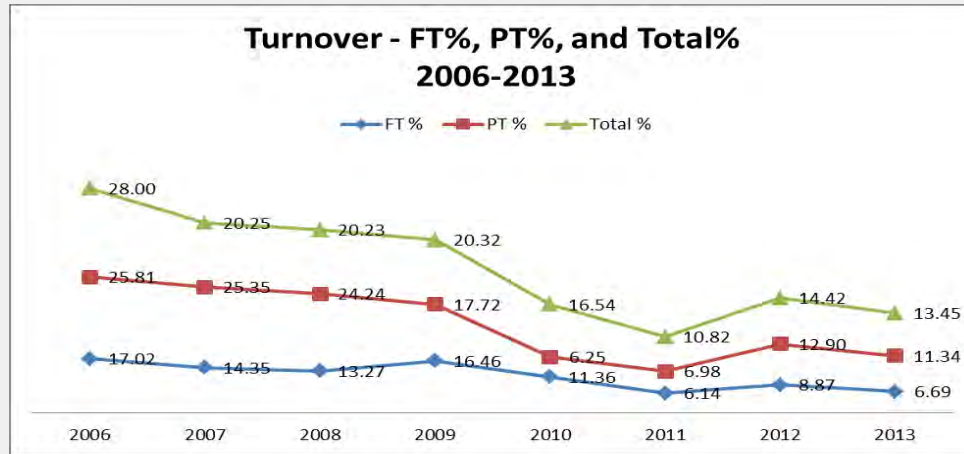
These volunteers will be serving in three respective areas: They will serve a three hour assigned shift in the Emergency Department. They will try to be available when emergent needs come up, being accessed on an “on-call basis” and finally, they will be providing companion visits for residents at Avalon Skilled Nursing Facility in Pullman.

Another Volunteer team that continues to thrive here at Pullman Regional Hospital is the Pet Partners program. This program was recently renamed **Pullman Regional Hospital Prescription Pets** in order to differentiate volunteers serving solely here at the hospital from the larger, nationally known Pet Partner program. Our Prescription Pets continue to recruit new members and formalize their team processes with the support of Kelly Sebold, Renee Piper and Jessica Rivers...and, of course, their dogs too!

The **Chaplain Team** added two new Volunteers to its membership: Dianne Lowe (ordained Episcopal Deacon), and Rod Schwartz, bringing the total to eight. The chaplains provide non-denominational spiritual support and comfort as requested on a daily visits to MSU/ICU patients.

Employee Recruitment and Retention

Pullman Regional Hospital continues to have a downward trend in staff turnover. In 2013, the hospital had an overall turnover rate of 13.45%, which included a full-time turnover of 6.69% and a part-time rate of 11.34%. The graph below shows the FT%, PT%, and Total % from 2006 through 2013.



The hospital has implemented many new processes to select and retain employees that are a cultural fit with Pullman Regional Hospital. These include an on-line application form that is accessed from the hospital's web page, "Hiring for Fit" candidate interview process, and our new employee orientation, which is the first day of hire for new employees and focuses on the culture and philosophy along with the regulatory requirements of employment. The hospital has continued to focus on employee safety and has won workplace safety awards in 2010, 2012, and 2013; and in 2013, we replaced the traditional employee performance review with the performance preview which focuses on the future instead of dwelling on the past. With these processes and many others, Pullman Regional Hospital continues to expand and progress as a great place to work.

Pullman Regional Hospital has continued to increase the total number of employees that are employed with the hospital. From 2006 to 2013, the hospital has seen an increase of 32% in staffing levels as seen in the graph below.

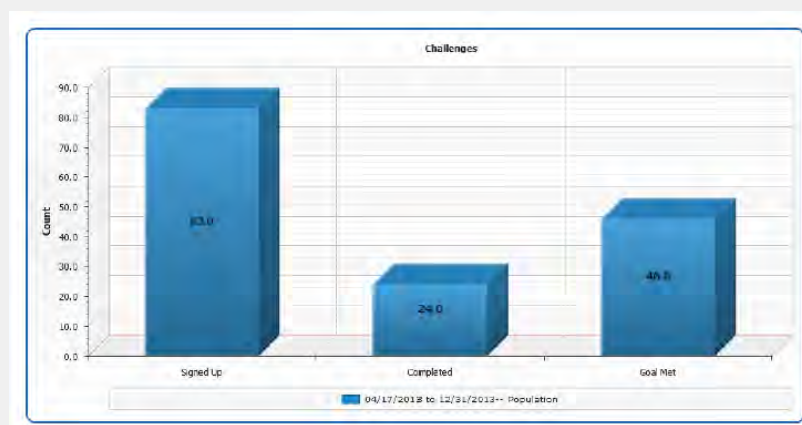
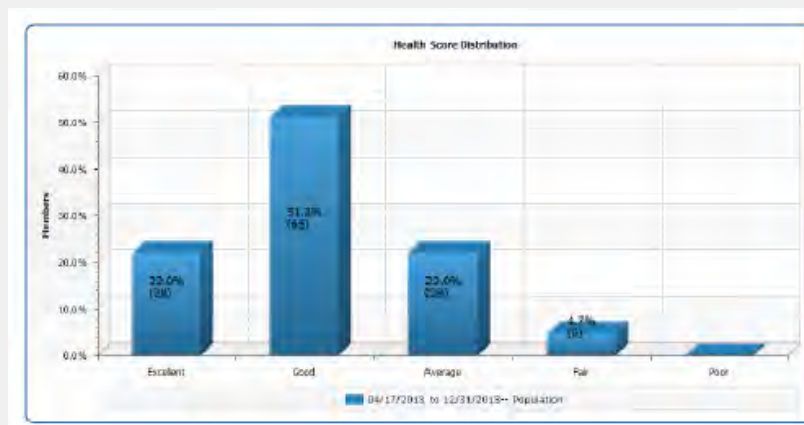


Employee Engagement

Wellness for Life: In 2013, Pullman Regional Hospital expanded its commitment to the health of the employees by providing additional avenues for employees to improve their health and quality of life through the Wellness for Life program. This program provides the employee with opportunities to identify health concerns, establish personal goals, lower healthcare expense and improve quality and outcome. Based upon a staff survey conducted in December, 2012, a pilot program was developed to specifically meet the needs identified by Pullman Regional employees.

On April 17th, employees were provided with the opportunity to participate in a “Biometric Screening Event” in order to determine “health age” and provide baseline values for total cholesterol, HDL and LDL cholesterol, triglycerides, blood glucose, blood pressure, height, weight, body mass index (BMI) and waist circumference. All information is confidential.

The Wellness Portal for Preventive Care and Health Improvement Activities provides all employees with access to ongoing education and information concerning a variety of health topics, including exercise, nutrition, cancer prevention, proper lifting and moving techniques, stress management and more. Employees also have access to the therapy staff at Summit Therapy to provide individualized exercise routines and the nutrition staff are available for consultation regarding proper dietary management.



90– Day New Employee Satisfaction

	2011	2011	2011	2012	2012	2012	2013	2013	2013
	St. Agree	Agree	Total	St. Agree	Agree	Total	St. Agree	Agree	Total
Number of Respondents			68			44			48
Recruitment Process									
My job interview was scheduled amazingly quick.	35.29	44.12	79.41	54.55	31.82	86.37	43.75	52.08	95.83
I felt really good about the time between my interview and my job offer.	51.47	35.29	86.76	56.82	34.09	90.91	54.17	35.42	89.59
The interview included a great description of my job responsibilities.	38.24	42.65	80.89	36.36	45.45	81.81	37.50	41.67	79.17
I received an astounding packet of information about the hospital.	54.41	35.29	89.70	65.91	27.27	93.18	58.33	35.42	93.75
It was easy to accept the job offer as it also included my competitive rate of pay.	50.00	35.29	85.29	61.36	27.27	88.63	64.58	25.00	89.58
New Employee Orientation									
I absolutely enjoyed attending the New Employee Orientation.	32.35	45.59	77.94	36.36	43.18	79.54	22.92	52.08	75.00
The information provided to me in NEO was what I need to begin my new job.	23.53	48.53	72.06	38.64	43.18	81.82	29.17	39.58	68.75
I see the information presented in NEO lived out in my department everyday.	35.29	45.59	80.88	36.36	52.27	88.63	52.08	29.17	81.25
Department Orientation									
My Dept. Orientation provided me the exact tools and knowledge to perform my new job.	27.94	51.47	79.41	34.09	50.00	84.09	39.58	31.25	70.83
My preceptor is an excellent role model expected of the staff members in my dept.	51.47	36.76	88.23	47.73	43.18	90.91	58.33	27.08	85.41
My preceptor did an amazing job of assisting me to know what is expected of me.	41.18	39.71	80.89	45.45	45.45	90.90	50.00	27.08	77.08
PRH has done a superior job in providing me the materials/equipment I need to do my job.	47.06	50.00	97.06	56.82	38.64	95.46	60.42	27.08	87.50
Employee Engagement									
At work, I have the opportunity to do what I do best every day.	41.18	50.00	91.18	56.82	27.27	84.09	43.75	35.42	79.17
In the last 7 days, I have received recognition or praise for doing good work.	41.18	35.29	76.47	43.18	40.91	84.09	35.42	35.42	70.84
I believe that my dept leader and/or someone else in the hospital cares about me as a person.	61.76	30.88	92.64	54.55	39.39	93.94	64.58	27.08	91.66
There is someone at the hospital who encourages my development.	50.00	35.29	85.29	52.27	38.64	90.91	45.83	37.50	83.33
I definitely feel as if I am a member of the PRH Team!	54.41	35.29	89.70	56.82	36.36	93.18	62.50	20.83	83.33

As of December 31, 2013 190 employees have completed the full class and 55 employees have completed the “Refresher”.

Crisis Prevention Institute (CPI) Training

In September 2010, Pullman Regional Hospital began offering CPI training. This *Nonviolent Crisis Intervention* training program is a holistic behavior management system based on the philosophy of providing the best *Care, Welfare, Safety, and Security* for staff and those in their care, even during the most violent moments. The program focuses on preventing disruptive behavior by communicating with individuals respectfully and with concern for their well-being. The program teaches physical interventions only as a last resort—when an individual presents an imminent danger to self or others—and all physical interventions taught are designed to be non-harmful, noninvasive, and to maintain the individual’s dignity. Follow-up debriefing strategies are also key components of the training program.



Specialty Certifications

Pullman Regional Hospital Employees

Scott	Adams	FACHE	Anna	Engle	RNC	Dawn	Libey	RNC	Helen	Scheibe	ARRT(M)(CT)
Stacey	Aggabao	CEN	Linda	Fisher	CNOR	Lyle	Lowder	NMTCB	Stephanie	Smick	RNC
Hawa	Al-Hassan	RNC	Marcy	Fisher	CCRN	Steffen	Ludwig	ServSafe	Kelly	Sebold	ASHA
Jennifer	Anderson	ARRT(CT)	Andi	Gallagher	ARRT(M)(MR)	Joann	Maurin	CRCST	Kate	Shoemaker	ASHA
Kells	Ausman	RNC	Jami	Gilkey	ARDMS	Cathy	Murphy	CAPA	Bill	Siegwarth	ARRT(CT)
Jennifer	Becker	RNC	Kelly	Goertzen	CCRN	Peggy	Myers	ARDMS	Jason	Sondgeroth	CEN
Nicoline	Blaker	RNC	Ginny	Gosse	CCRN	Carol	Owings	RNC	Dan	Swan	ARRT(CT)
Jonna	Boback	CEN	Charles	Gunkle	RNC	Jamie	Peters	CNOR	Austin	Swopes	ARRT(CT)
Johanna	Bounous	CCRN	Donna	Haynes	CNE	Justin	Peters	ARRT(CT)	Eileen	Taylor	CEN
Charles	Butler	CEN	Laurie	Heimbigner	RNC	Brian	Poxleitner	ARRT(CT)	Nicole	Weiss	RNC
April	Cane	ServSafe	Ambyr	Henderson	ASHA	Darin	Porter	ARRT(CT)(RRA)	Kerri	Weitz	CNOR
Brenda	Champoux	ARRT(M)	Dorcias	Hirzel	Trainer	Garrett	Quarve	ServSafe	Catherine	Wilkins	CEN
Lynne	Cooper	CEN	Angie	Hoener	ARDMS	Linda	Rauch	RNC	Betsy	Wilson	ASHA
Michele	Cranston	ARRT(CT)	Kai	Johnson	CEN	Amy	Richards	ARRT(CT)	Dianna	Wise	RNC
Lisa	Cordodor	CNOR	Keri	Jones	ASHA	Amber	Roberts	RNC	Melissa	Wolf	RNC
Tyson	Cranston	ARRT(CT)	Laura	Keogh	RNC	Lynn	Sakamoto	CNOR			
Nancy	Downs	ARRT(CT)	Laure'	Larsen	CCRN	Roseann	Sargent	ARRT(CT)			

Key:

FACHE	Fellow American College of Healthcare Executives	MRI	MRI registry in Imaging	CNE	Certified Nurse Educator
RNC	Registered Nurse Certified	CMSRN	Certified Medical Surgical Registered Nurse	M	Mammography registry in Imaging
CCRN	Certified Critical Care Registered Nurse	CNMT	Certified Nuclear Medicine Technologist	CT	CT registry in Imaging
CNOR	Certified Nurse Operating Room	CRCST	Certified Registered Central Sterilizing Technician	CEN	Certified Emergency Nurse
ServSafe	Advanced Food Handling Certification	CAPA	Certified Ambulatory Perianesthesia Nurse	PNBC	Pediatric Nurse Board Certified
CMSRN	Certified Medical Surgical RN	CNE	Certified Nurse Educator	ARRT	American Registry of Radiology Technologists
ASHA	American Speech and Hearing Association	ARDMS	American Registry of Diagnostic Medical Sonography	CDE	Certified Diabetes Educator
NMTCB	Nuclear Medicine Technology Certification Board				

Pullman Regional Hospital Medical Staff

All medical staff members are required to be board-eligible or board certified in a specialty in order to obtain privileges at Pullman Regional Hospital. Currently, of the 63 active medical staff, 62 are board certified (the remaining physician was a medical staff member prior to the implementation of this requirement). In 2013, four physicians were in the process of recertification: Dr. Mikkelsen in Emergency Medicine, Dr. Richards in Obstetrics/Gynecology, Dr. Geheb in Internal Medicine, Dr. Tingstad in Orthopedic Medicine.

The care here is wonderful!

Staff & Physician Recognition**Outstanding Employee Award:****Paula Feeley****Nurse Excellence Award:****Jason Sondgeroth RN****Physician Excellence Award:****Dr. Steve Hall****Patient Satisfaction Excellence Award (Dr. Congeniality):****Dr. John Visger****Dr. Rita Mellema****TechnoDoc Award:****Dr. Vickie Short****TechnoDoc Honorable Mention:****Dr. Stephanie Fosback****Dr. Jaime Bowman****Dr. Lennis Boyer****Dr. Ed Tingstad****Dr. Charles Jacobson**

Employee Appreciation: During National Hospital Week, several events were held in appreciation of our staff. These included a Longhorn Barbeque and a Fifteen-Year Luncheon honoring staff who have been with Pullman Regional Hospital for 15 or greater years. The festivities culminated in a celebration at Zeppoz for all employees and their families. Everyone enjoyed food, fun and games, and employees were recognized for specific years of service to the hospital.

Nurses' Recognition Day: The annual Nurses' Recognition Event was held in May 2013 and was hosted by staff nurses. It was a Mediterranean Breakfast that also included homemade crepes, Old European cinnamon rolls, quiche, meats and cheeses, and a Muesli bar. A "Top Chef" competition was also held. The "People's Choice Award" went to Connie Koal for her Zucchini Soup, and the "Top Chef Award" went Jacki Riley for her Chocolate Zucchini Cake.

Doctors' Day: In April, in celebration of Doctors' Day, awards for Physician Excellence, Dr. Congeniality (based upon patient satisfaction) and TechnoDoc were given out at the Quarterly Medical Staff Meeting (see left column). Two physicians were also recognized in 2013 for their years of service: Drs. John Keizur and Mike Frostad were recognized for 15 and 10 years of service, respectively.

Anniversary Celebration: The annual Anniversary Celebration was again held at Schweitzer Event Center. Approximately 200 hospital staff, Foundation board members, medical staff, and volunteers attended the event. A "Generosity Heals" fund was established in 2012 to provide resources for staff members during personal crises or in time of need. Initial contributions were raised through a Desert Auction and resulted in approximately \$1100 to contribute to the "Generosity Heals" fund.



Leadership and Staff Skill-Building



Leadership Retreat:

In December 2013, the first day of the Leadership Retreat focused upon exploring the sources of our leadership. The program was designed to help leaders come away with a renewed understanding of how each can facilitate change, both within the organization and in their personal lives.

On the second day leaders participated in project management software (AchieveIt) training within the context of our Leadership Councils. Each council used one strategic project to input data into the software. All projects will be loaded by January 2014.

ICU/MSU Nurse Education: Education was provided throughout the year for nursing staff:

- March: Education on the nursing management of cardiovascular accidents (CVAs);
- May: A Massive Transfusion (trauma) Code Blue was conducted;
- August: Acute Myocardial Infarction (AMI)/ST Elevation MI training was provided. In addition, education in the management of delirium was also conducted;
- December: Education on Rapid Sequence Intubation, sedation management and sepsis management was conducted.

BirthPlace Nurse Education: In October, Physicians Insurance hosted shoulder dystocia drills for our physicians and staff. We had 100% physician and RN participation.

1. Another RN was trained to be an NRP instructor—Nicoline Blaker.
2. All RN's participated in an online training-- 'Neonatal Seizures'.
3. Training in STABLE, NRP and Fetal Monitoring was maintained every 2 years.
4. Sixteen staff members were sent to Deaconess Perinatal Center's class "Drugs in Pregnancy"
5. Three staff members attended the OB conference (NACPE) in Spokane—"The Pot of Gold" in March
6. Eight staff members attended a doula class. This class taught them how to help women with positions, breathing etc...to have a natural birth.

Same Day Services Staff Education: Staff are provided with articles or published studies on new procedures, techniques, medications and points of clinical interest throughout the year. Charge nurses attended seminars on supervision. Using electronic learning and SimMan, nursing staff participated in clinical learning in malignant hypothermia, respiratory distress, and massive transfusion.

Emergency Services Staff Education: The focus of 2013 education was the SBIRT (see page 23) training. In addition there was extensive stroke management and Motivational Interviewing training.

Absolutely the best people!!! Fantastic service, excellent nurses and aides. Good food too! Thank you :)

A YEAR IN REVIEW – 2013

Numbers & Financials

Statement of People & Programs

Public Hospital District No. 1-A is a community consisting of:

- Pullman Regional Hospital (wholly owned by PHD 1-A)
- Pullman Regional Hospital Clinic Services, LLC (wholly owned by PHD 1-A)
- Palouse Surgeons, LLC (jointly owned by PHD 1-A at 40% ownership)

We are a community of:

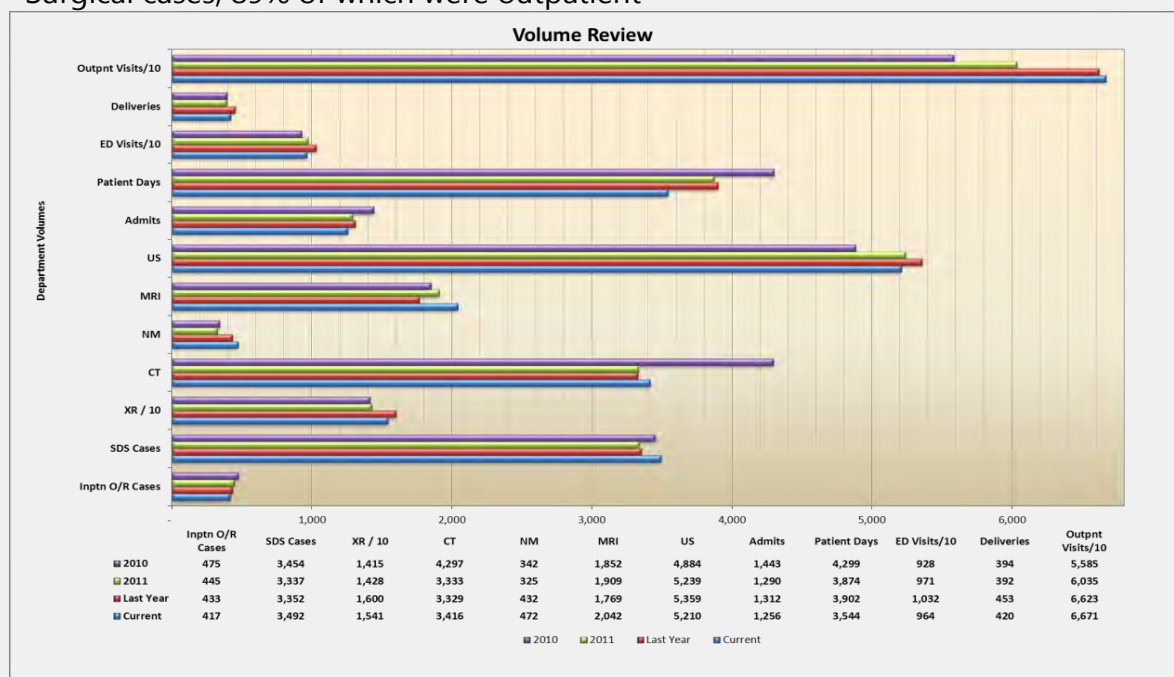
- 422 Full-time and Part-time Employees
- 310 Volunteers and Auxiliaries
- 150 Medical Staff (59 in active membership)

As a team we served:

- 1,676 Men, Women, Children, & Newborns as inpatients
- 66,709 Individual outpatient visits

That Totals:

- 3,544 Patient Days
- 420 Babies were delivered
- 710 Equivalent Observation Patient Days
- 17,034 Observation hours of care
- 9,637 Patients entered our Emergency Department
- 86,492 Laboratory tests were performed
- 26,548 Diagnostic Imaging studies completed
- 3,909 Surgical cases, 89% of which were outpatient



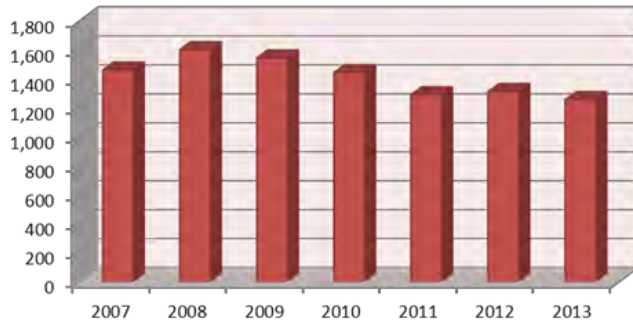
Financial Summary: 01/01/2013 – 12/31/2013 (PHD #1-A)

TOTAL HOSPITAL OPERATING REVENUE.....		\$83,829,449
Less: Non-Payment for Services Billed		
Contractual Write-offs.....	32,077,720	
Charity Care.....	1,390,333	
Bad Debt/Non-payment.....	<u>1,514,472</u>	
TOTAL NON-REIMBURSED.....		<u>34,982,525</u>
Net Received from Patient Services.....		48,846,924
Salaries, Benefits, and Professional Fees.....	31,459,241	
Supplies and Drugs.....	9,265,464	
Interest and Depreciation.....	3,398,189	
Other Operating Expenses.....	<u>5,617,104</u>	
TOTAL.....		<u>49,739,998</u>
Contribution from Hospital Operations.....		<893,074>
Non-Operating Income & Expenses.....		<u>1,289,462</u>
Net Excess Revenue over Expense Prior to LLCs activities		396,388
LLC Network/Joint Venture Activities		<u><1,786,573></u>
Retained for Plant, Property, & Equipment, Debt Repayment & Service Enhancements during FY 2013.....		<u><1,390,185></u>

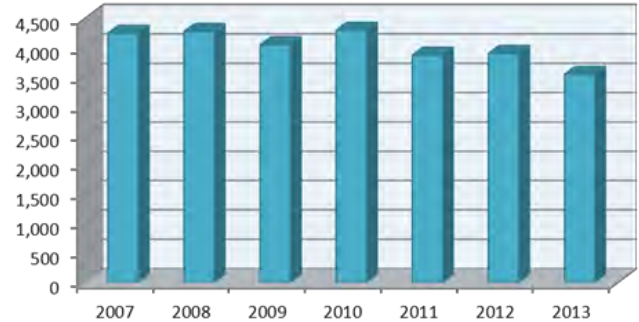


Financial Performance

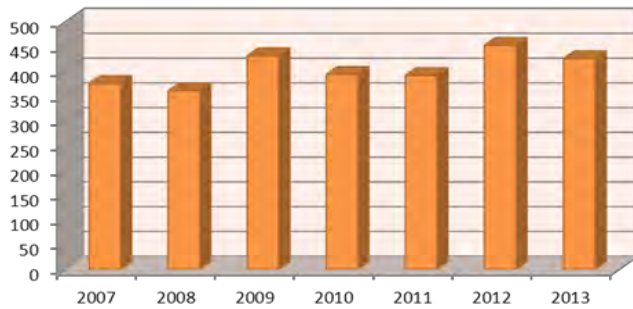
Admissions



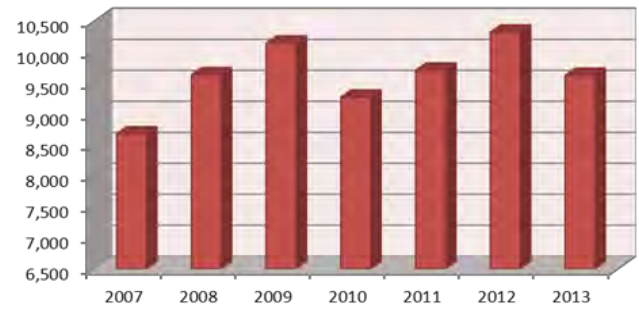
Patient days



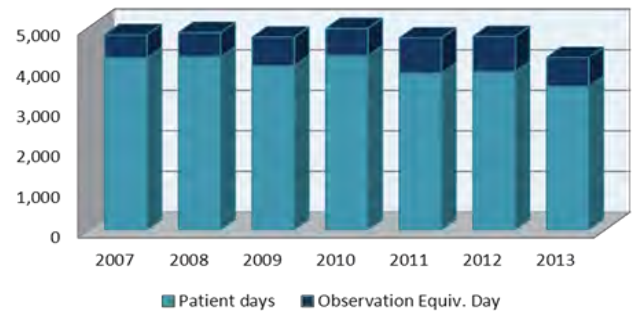
Births



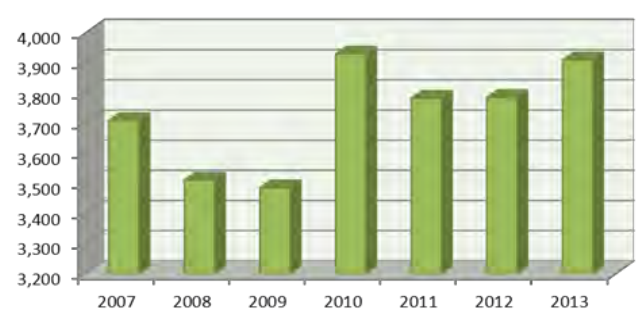
Emergency visits



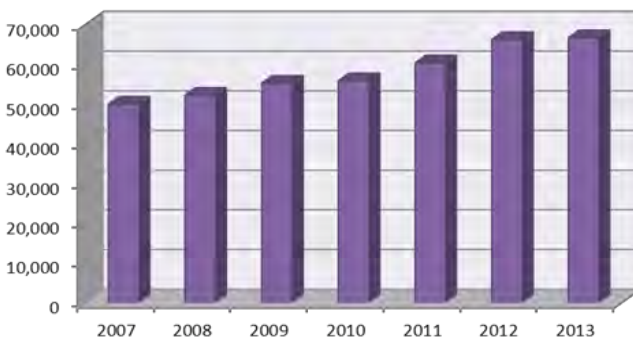
Combined Inpatient Day + Obs Equiv Day



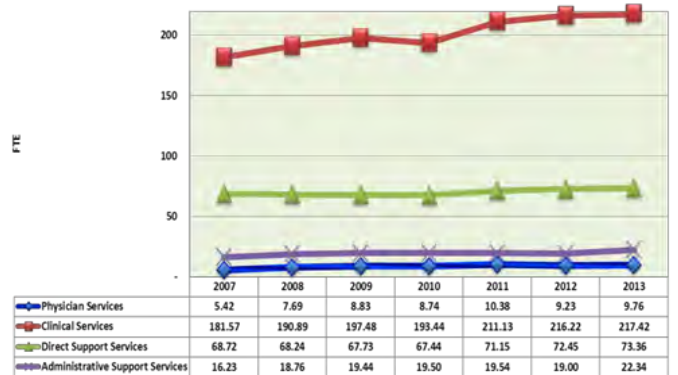
Surgical cases

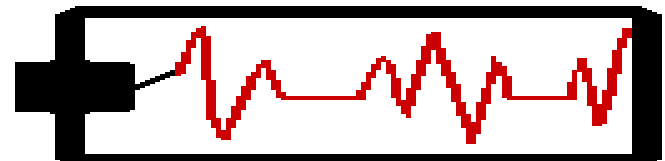
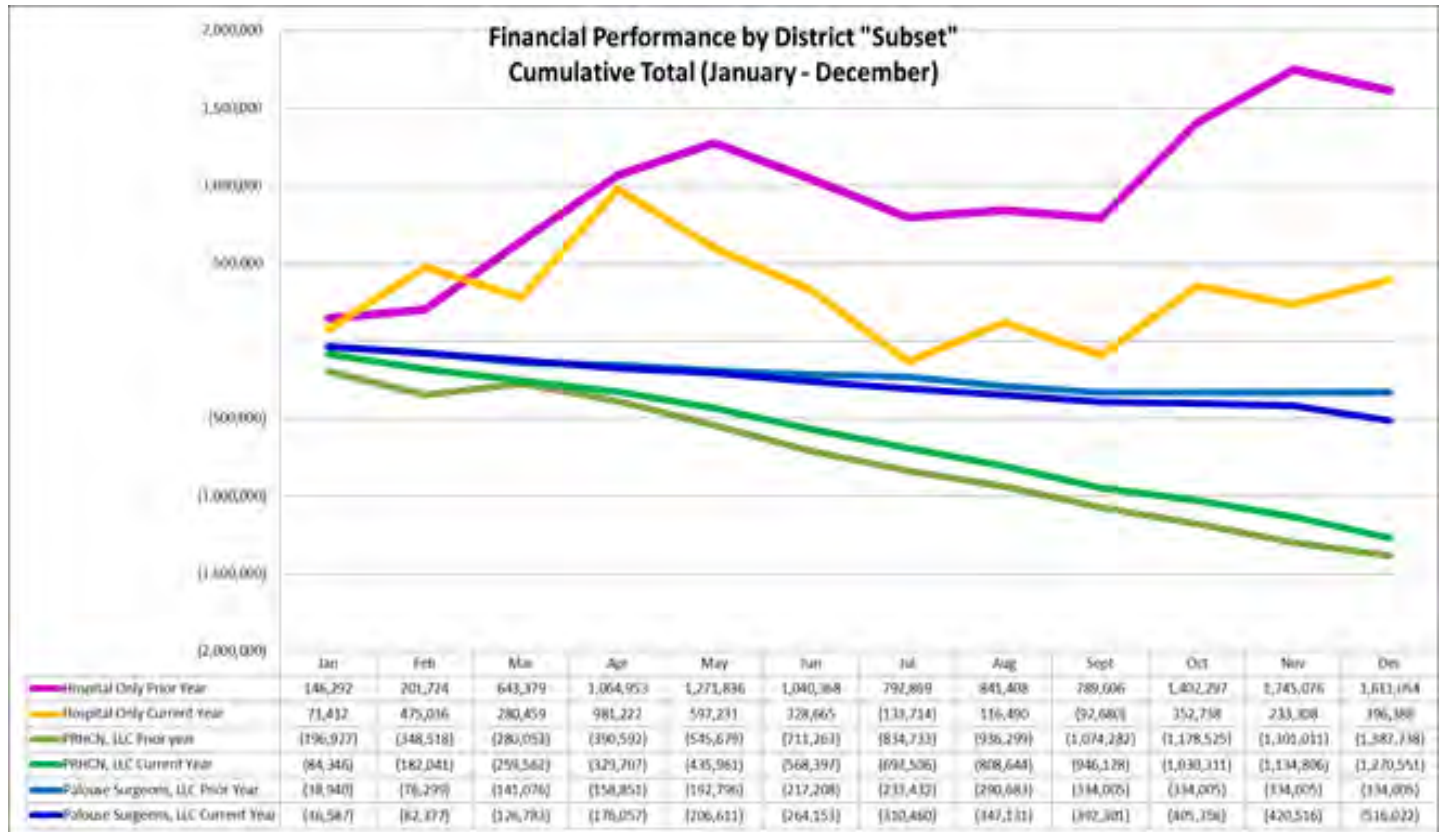


Outpatient visits



FTE's by service area





Pullman Regional Hospital Vital Signs

	2007	2008	2009	2010	2011	2012	2013
Patient Days	4,248	4,276	4,049	4,299	3,874	3,902	3,544
Patient Admissions	1,461	1,601	1,545	1,443	1,290	1,312	1,256
Surgical Cases	3,708	3,511	3,486	3,929	3,782	3,785	3,909
Births	376	361	432	394	392	453	426
Emergency Visits	8,680	9,633	10,145	9,275	9,706	10,322	9,624
FTEs	272	286	294	291	312	317	323

ICD 10 Conversion



In 2013, the hospital began major efforts to prepare for ICD-10 conversion. On October 1, 2014 a key element of the data foundation of the United States' health care system will undergo a major transformation. We will transition from the decades-old Ninth Edition of the International Classification of Diseases (ICD-9) set of diagnosis and inpatient procedure codes to the far more contemporary, vastly larger, and much more detailed Tenth Edition of those code sets (ICD-10) completed around 1992. Diagnosis & Procedure Codes are the foundation of healthcare. Current version of ICD-10 includes over 68,000 CM codes, compared to 14,000 ICD-9 codes. ICD procedure codes will increase from 4,000 ICD-9 codes

to 87,000 and counting in ICD-10. The transition to ICD-10 diagnosis and procedure codes is the most profound change our industry has ever faced. There are different numbers for getting struck or bitten by a turkey (W61.42 or W61.43). There are codes for injuries caused by squirrels (W53.21) and getting hit by a motor vehicle while riding an animal (V80.919), spending too much time in a deep-freeze refrigerator (W93.2) and a large toe that has gone unexpectedly missing (Z89.419).

Affordable Care Act



The Affordable Care Act is well underway; the enrollment of hundreds of thousands of people is a significant challenge that requires extraordinary amounts of effort and coordination. The Health Care Authority (HCA) is Washington's largest health care purchaser, responsible for providing comprehensive health coverage to more than 1.5 million residents through the Public Employees Benefits Board program and as the single state agency for the Medicaid program. Increasingly, HCA is involved in activities under the Affordable Care Act through Medicaid Expansion and subsidies available in the Health Benefit Exchange. They are a key player in the effort to develop a streamlined, efficient process for gaining health coverage for high quality health care services. We have already begun efforts through the hospital to reach out to the community. In September, we sent a letter to all patients within our system who we felt might qualify in part or in whole for coverage through the health insurance marketplace. Since that time, Pullman Regional Hospital has worked through the Revenue Cycle Coordinator and Patient Financial Services with current activities HCA has done to enroll people. The plans moving forward include the following:

- **Navigators:** Navigators will have a vital role in helping consumers prepare electronic and paper applications to establish eligibility and enroll in coverage through the Marketplace.
- **In-house personnel:** We will also offer support through our Social Services department, Revenue Cycle Coordinator, and Admissions.
- **Non-Navigator/Other assistance personnel:** Non-Navigator assistance personnel (also known as in-person assistance personnel) will perform generally the same functions as Navigators. We have made several contacts with outside groups/agents that are interested in assisting as well. This would include representation for the marketplace outside of Washington.

2013 Clinical Informatics

Nursing and Physician Documentation: “Meaningful Use” (MU), a set of objectives defined by the Centers for Medicare & Medicaid Services (CMS) to improve and promote the use of electronic medical records, has been a major focus for Clinical Informatics in 2013. Attestation for MU Stage 1 was completed in 2012 and 2013. MU Stage 2 brought additional objectives and challenges which have directed much work in electronic screen modification for measuring and reporting to CMS. Screen modifications to meet these requirements were made to several documentation screens such as the Admission Assessment, Newborn Birth screen, and Intake and Output screens. In addition, new orders were built to prompt physicians to answer some “Quality Measure” questions about each patient on admission and discharge.

Other nursing documentation screens developed were Physician Contact screens for reporting critical lab results, Sepsis Screening, Stroke Screening, and VTE (Venous Thrombo Embolism) risk assessment. In the Emergency Department, documentation templates were built to allow screening of alcohol and drug use and will be reported to the State for research purposes.

An interface was implemented which allows quick and accurate entry of a patient’s Blood Glucose result that is performed by nursing staff at the bedside throughout the hospital, including the Emergency Department. Physicians now find the Point of Care glucose results instantly upon entering into the patient’s Electronic Medical Record (EMR)

Computerized Provider Order Entry (CPOE): A change in requirements for CPOE orders entered into the EMR came about with new MU Stage 2 objectives. The percentage of medication orders entered by physicians has increased from 30% in Stage 1 to 60% in Stage 2, and we have worked to maintain that percentage. In addition, we have exceeded the Lab and Radiology electronic order requirements.

Post Anesthesia Care Unit (PACU) order sets were developed and are being entered by our anesthesiologists. In addition, PACU nursing staff are now scanning all medications in that unit before the medication is administered, adding another layer of safety to medication administration in PACU.

Three new orders were developed to help prevent hospital acquired infections. All advanced ICU patients now are screened for MRSA. Also, every patient who has a central line inserted automatically has orders to provide provider specific wound and skin care to prevent Central Line infections. Another order was developed to remind physicians to discontinue indwelling urine catheters as soon as possible.

Micromedex Resource: A new resource for patient education is now available within our Health Care Information System (Meditech). Discharge instructions are automatically attached to a patient’s record in the Emergency Department based on their diagnosis and can be modified by nurse or physician. CareNotes software within Micromedex is now used for inpatient discharge instructions. These, too, can be customized for individual patient needs.

Physician Documentation (pdoc): Pdoc templates were developed for anesthesia to allow documentation of follow up visits post-operatively. Improvements were made to other pdoc templates such as automatically pulling in a newborn’s birth date, time, and birth weight. We have achieved the MU2 objective for physician electronic documentation with increased use of the pdoc templates.

Information Technology

Intranet Site Update:

In 2013, Pullman Regional Hospital's Information Technology Department (IT) upgraded the intranet site to the latest Sharepoint version. This required building out the new portal and then migrating all the data from the old to the new.

Radio-Frequency Identification (RFID):

An RFID tracking system was installed in the ED to perform a time study in order to determine emergency physicians' availability for patients, which had the potential to result in additional reimbursement.

Internet Connection:

The internet connection was moved to a new Internet Protocol (IP) address and at the same time, the firewall was updated. This required that all external sites be given new IP addresses.

Dictation System Upgrade:

The Crescendo Farm (the dictation system that doctors use and that HIM transcribes on) was upgraded to the newest version.

Phone System Upgrade:

The phone system at Corporate Point was upgraded in conjunction with the relocations of the Centralized Billing Office (for the medical office practices in the clinic network) and the Pullman Regional Hospital Foundation to this site.

Proximal (Prox) Card System:

A new prox card system was developed and all cards (which are used to access the building by providers and employees) were moved to this new system.



Pullman Regional Hospital was again named as one of the 25 most wired rural hospitals nationally by *Hospital and Health Networks*. Based upon a benchmarking study, hospitals report how they use information



technology to address five key areas: safety and quality, customer service, business processes, workforce, and public health and safety. Awards are given to hospitals achieving the highest scores in these areas. This was the seventh time Pullman Regional Hospital has received this award (2007-2013).

Partnerships for Patients

Pullman Regional Hospital joined Partnership for Patients, a nationwide collaborative effort to reduce the number of hospital-acquired conditions by **40%** and hospital readmissions by **20%** by the end of **2013**. By joining this initiative, hospitals and health care providers across the nation are pledging to make health care safer, more reliable and less costly – ultimately saving thousands of lives and millions of dollars.

Washington State Hospital Association (WSHA) is one of 26 health care organizations in the U.S. to be awarded a Hospital Engagement Network (HEN) contract by the U.S. Department of Health And Human Services in 2011. The Safe Table Collaboratives were focused on the key strategies (see table) and we participated in all of the infection prevention, adverse drug events, and preventable readmissions workshops.

Key Strategies
Adverse Drug Events
Catheter-associated Urinary Tract Infections (CAUTI)
Central Line-associated Blood Stream Infections (CLABSI)
Injuries from Falls & Immobility
Safe Deliveries
Pressure Ulcers
Surgical Site Infections
Venous Thromboembolism
Ventilator-associated Pneumonia
Preventable Readmissions
Patient and Family Engagement

Feeding Team

The Feeding Team is a collaborative effort between Speech Therapy, Social Work, and Nutrition Therapy to specifically treat children who have feeding and swallowing problems that interfere with growth and development. Kelly Sebold, Speech and Language Pathologist, Marilyn Burch, Registered Dietician, and Elizabeth Hillman, MSW, are the lead team members who evaluate and treat children in the Summit Therapy and Health Services facility. They have worked with 30 different children and families in 2013. This unique service allows for a team approach and family-oriented style with follow up visits that can take place in the home, daycare setting, parent meetings or individual therapy, depending upon the need. The team works closely with the family physician and does have the expertise of Dr. Methuel Gordon, Pediatrician, as the medical director.

Community Coalition

In 2013, Pullman Regional Hospital became part of the Community Coalition, an interagency group working with WSU to improve the conditions on College Hill. In addition to PRH, other stakeholders include the following agencies and individuals: residents of College Hill, property owners, City of Pullman officials and staff, police and fire, social service agencies, churches, members of the media, citizens of other neighborhoods, students, WSU staff and students. This group's initial efforts included conducting an environmental risk assessment of College Hill, identifying potential risk and protective factors. Through this assessment and the mapping of problem areas, four categories were prioritized for ongoing focus: substance abuse, civility and neighborliness, physical improvements, and architectural design. Short and long term goals were established for each category. It was also determined that property owners would be held accountable for conditions on College Hill, including over-occupancy. The group will continue its efforts to improve conditions on College Hill in 2014. Stacey Aggabao, RN, is the hospital's representative to this coalition.

Electronic Learning



2013 HealthStream Review. In 2013, employees of Pullman Regional Hospital completed a total of 6,924 HealthStream courses which is an average of 577 per month. The staff completed 42 Advanced Cardiac Life Support (ACLS) courses, 164 Basic Life Support (BLS) courses, 31 Pediatric Advanced Life Support (PALS) courses, and 22 Neonatal Resuscitation (NRP) exams. Along with the completed courses, the staff also completed 346 Performance Previews on the HealthStream system.

BLS Course Feedback

98.61% felt the on-line class was an appropriate level of difficulty.

95.14% felt they were confident in the skills the course taught.

“Prefer the on-line learning because it is more self-directed, can go at your own pace.”

ACLS Course Feedback

79.49% felt confident they could use the skills the course taught.

80% felt more confident in responding to an emergent situation after taking the course.

95% of learners took the course for professional education credit.

“A strength is that you can read/re-read material, so it does help you pick up things previously missed and learn more this way.”

PALS Course Feedback

96.67% said they would recommend the blended learning approach to their peers.

96.67% felt confident in their ability to apply their skills learned to a real emergent situation.

“I feel much more confident in my ability to respond effectively.”

In conjunction with the certification courses, the hospital provides a series of Mock Code Simulations. The simulations bring together a multi-disciplinary team to reinforce the skills learned in the certification courses, strengthen effective communication and teamwork, and builds confidence in the staff members ability to respond effectively in an emergent patient care situation. In 2013, 120 staff members participated in a Mock Code Simulation.

Mock Code Feedback

92% felt the exercise was highly effective as it pertains to their patient care role.

82% felt more confident to respond to adult codes.

86% felt more confident to respond to pediatric codes.

“Practice working in a team dynamic situation. Learning to verbalize clearly so that the team members know something is being done.”

In 2013, PRH received the Successful Outcomes Award for the Mock Code/Rapid Response Curriculum from HealthStream Learning.

Computerized Tomography (CT) Scanner



In 2013, Pullman Regional Hospital installed a new CT scanner, a GE VCT 64-slice machine with Adaptive Statistical Iterative Reconstruction technology. It produces higher quality images in less time. With image slices less than half a millimeter thick, it can increase the accuracy in a patient's diagnosis and can perform specialized studies, such as cardiac and vascular exams.

The scanner also reduces the amount of radiation received by the patient during the scan by approximately 1/2 to 1/3. This contributes to less risk and improved safety for patients.

daVinci Robotic Surgical System

In 2013, Pullman Regional Hospital continued to utilize the daVinci Robotic System. Our experience with patient outcomes continues to be consistent with the benefits reported by those providing education about the capabilities of the robot. Patients have had shorter lengths of stay post-surgically, less pain, and lower blood loss. There are currently seven daVinci-trained surgeons: Dr. John Keizur, Dr. Ric Minudri, Dr. Charles Richards, Dr. Nigel Campbell, Dr. Derrick Walker, and Dr. Huong Trinh, and Dr. John Visger. The da Vinci system has been used for urologic, gynecological, and general surgery. A total of 158 procedures were completed.

TeleStroke Technology

New Telestroke technology was implemented in August, 2013 at Pullman Regional Hospital. Collaboration with the Providence Telestroke Network provides Pullman Regional Hospital patients 24-hour access to acute stroke experts via a secure Internet connection and two-way live video/audio conferencing using the RP-Lite mobile monitor and tower.

"This technology connects us to world-class stroke specialists at any time, day or night," said Pete Mikkelsen, M.D., Director of Emergency Services at Pullman Regional Hospital. "A stroke is time-critical, and the faster patients can be accurately diagnosed and treated, the better their outcomes."

The portable two-way communication system is equipped with high definition cameras, capable of detecting pupil movement, directional microphones and speakers, and a stethoscope that sends vitals directly to the consulting neurologist. Imaging results, such as CT scans, can also be shared.

A patient experiencing stroke-like symptoms can receive a remote consultation with a Providence stroke neurologist as soon as they arrive at the emergency department. Keeping treatment, rehabilitation, and follow up care within the community reduces costs and travel time for patients and their families.



Evaluation of the 2013 Performance Improvement Program

In 2013, patient safety continued to be a focus for our performance assessment and improvement efforts, with particular emphasis on medication safety, infection prevention, communication among caregivers, creating a “Just Culture” and “Culture of Safety”, and transitions of care.

In addition, the Dashboards and Balanced Scorecard were revised to establish metrics for the 2013 departmental and interdepartmental Strategic Objectives, related to the six Strategic Focus Areas as identified in the 2013 Strategic Plan. Efforts will continue to provide timely, accurate, and relevant information to all staff, medical staff, and board members, regarding performance assessment and improvement priorities through All Staff meetings, dashboards, Balanced Scorecards, Leadership Group meetings, Board meetings, and display in the staff hallway.

The Focused and Ongoing Professional Performance Review Process continued as a part of our competency assessment process, with the continued refinement of “report cards” for each specialty and the acquisition of a database for data collection. It is anticipated that in 2014, committees will further delineate the function and intent of the performance review process, as well as develop a complimentary process to provide more consistency and collaboration in the case review and presentation process.

The 2013 Annual PI Report has been accepted by the Quality Improvement Committee, Medical Executive Committee and the Board of Commissioners. The Performance Assessment and Improvement Program has been acknowledged as effective in its scope and direction. Furthermore, it is the goal of Pullman Regional Hospital to continue to identify opportunities to improve the safety and efficacy of patient care, treatments, and services through effective monitoring and evaluation processes.

The following have been identified as areas of focus for 2014:

- Superior Clinical Outcomes

- Customer Satisfaction

- Employee Engagement

- Financial Effectiveness

- Innovation

 - Partnerships and Collaboration

 - New and Improved Products and Services

Scott K. Adams, Chairperson
Quality Improvement Committee

Benno Mohr, MD, President
Medical Staff 2013

Tricia Grantham, President
Board of Commissioners

Pullman Regional Hospital Employees



Baby Fair



"Active Shooter" Drill



"Go Red for Women"



Relay for Life



Lentil Festival



Students in the Skills Lab

Redefining Healthcare