



**PULLMAN  
REGIONAL  
HOSPITAL**

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CENTERED ON EXCELLENCE

**2016 Annual Performance  
Assessment & Improvement Report**





# PULLMAN REGIONAL HOSPITAL

## 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.

# 2016 — Centered on Excellence

*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

The Strategic Project Development process was used to support our commitment to our vision, values, and mission, including Community Health 2020. Throughout the year we gained experience and identified additional opportunities that have carried us into 2017.

Innovation - 2016 Strategic Projects	
Objective	Project Leader(s)
Enhancing the overall food service experience for patients	Marilyn Burch
ANCC Pathways to Excellence Recognition	Stacey Aggabao and Corrine Phillips
Master plan for story telling	Rueben Mayes and Megan Guido
Engage leadership consultant to develop possible new leadership structures and formal succession planning process.	Scott
Patient centered collections - Phase II	Mary Taggart
Wellness For Life Employee Wellness Program	Carrie Coen
Develop & implement a comprehensive leadership learning initiative that will provide resources and support for individual and collective learning in the areas of leadership, patient-focused excellence, staff enrichment, innovation/creativity, partnerships and teamwork, communication, and ongoing process improvement and management.	Bernadette and Adi
Develop a Public Works Policy and Process to satisfy state legal documentation and reporting requirements.	Shauna and Pat
Electronic Information Management Strategy development	Vishal Chaudhry
The hospital needs the ability to base decisions and investments from data driven information.	Steve Febus
Monthly financial reporting	Steve Febus
Electronic appointment scheduling	Eric Olson
Supply procurement	John O'Bryan
Explore expanding and upgrading our technology and services by providing mobile PET/CT.	Darin Porter and Dr. Lloyd
The Telemedicine program includes both outpatient and inpatient opportunities. The focus is on improving access to patient care over distances. The three primary elements for long term success are (1) Provider acceptance, (2) Reimbursement, and (3) Access to appropriate technology.	Dr. Early and Scott Adams
Orthopedic and Pediatric Centers of Excellence	Scott Adams
Upgrade radio communication capabilities	Laura Barrett
Women's Leadership Guild	Rueben
Improve the environment of medication ordering, preparing and administration	Pete M. and Stacey
Surgery Expansion and remodel project	Jeannie Eylar and Ed Harrich
Completing the pipeline - expanding our medical education commitment	Dr. Jaime Bowman
Managing population health through shared medical visits with patients of a common diagnosis.	Marilyn and Andrea
Reaching a currently unreached population by promoting the addition of midwifery services at Pullman Regional Hospital by Palouse Medical Group	Corrine Phillips
Create a process to provide care, assessment, education, and training to struggling post hospital discharged patients and patients identified by their primary care Physicians.	Steve Dunning
Hospital & Community Partnership in Advance Care Planning and End-of-Life Care Coordination – Gundersen Lutheran Model	Katie Everman-Druffel
Develop regional Palliative Care service	Katie Everman-Druffel and Rod Story
Implement Meditech Transfusion Administration Record (TAR)	Cathy Murphy
Employee vaccination records uploaded to the state vaccination repository	Krystal Rogers
Integrated electronic risk management and peer review process	Vishal Chaudhry and Patty Snyder



## Strategic Planning

### Health Innovation Summit – 2016

In October of 2016 we held our 4th annual Health Innovation Summit. As in the past we highlighted areas of innovation that we continue to focus on. Specifically we showcased Pediatric Care, Pullman Feeding Team for Children, Vocal Cord Dysfunction and Athletic Training, Personality Color Code, and Surgical Expansion. Our keynote presentation was titled **Navigating the Healthcare Maze: Integrating Health and Social Services** given by Katie Evermann-Druffel, the Director of Care Coordination Services at Pullman Regional Hospital. Katie provided a timeline perspective of the development of care coordination on the Palouse and emphasized the increasing importance of effective care coordination in addressing significant health challenges in our community. She concluded with a reference to a model that encourages the full integration of social services efforts with the provision of healthcare services.





## Strategic Agility

In 2016 Pullman Regional Hospital leadership devoted time to exploring the challenges of the changing healthcare environment. Through these conversations a process for increasing our strategic agility was developed. This process is described below.

**General Purpose:** To reshape how we function to assure optimal responsiveness as we pursue multiple paths to achieve our vision for the future. This will encompass exchanging current practices of organizational commitment made well in advance of known dynamics for contingent commitments that support flexible responsiveness as current and future dynamics converge to create presently unknown possibilities.

**Desired Outcomes:** Increased nimbleness, fluidity, and timeliness in assessing, understanding, and responding to the external and internal dynamics that impact the pursuit of our shared vision. Increased capacity for informed, integrated decision making.

### **Structure for Action:**

#### **Administrative Liaison Role**

- Provide a monthly forum for review, discussion, problem solving, and brainstorming related to a variety of issues of strategic importance.
- Strategic Review
  - Each month review activities in the following areas:
    - Hiring, productivity target, accountable discipline, vacancies, temporary staffing, skill mix, staffing, service growth, employee engagement, patient/customer loyalty, etc.

#### **Leadership Councils**

- Strategic Agility Agenda
  - Each meeting will review and discuss activities in the following areas of strategic importance:
  - Strategic project updates
  - Access to services and patient flow activities
  - Physician practice activities
  - New revenue sources identified/being developed
  - Cash reserves – current and projected
  - Staffing and productivity
- Administrative Leadership Group
  - Recommend periodic performance targets to strengthen our strategic agility
  - Monthly reports from the Administrative Liaisons
- Leadership Group
  - Approve periodic performance targets to strengthen our strategic agility
  - Regular report from the Leadership Councils

## Governing Board Committee Activities

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

### **Quality Improvement Committee (QIC):**

The QIC provided oversight for performance assessment and improvement activities. It monitored the Clinical Indicators Dashboard, Risk Management Report, Patient Satisfaction Dashboard, Environment of Care Report and the Community Engagement Dashboard on a regular basis. In 2016, the committee provided oversight to a refresh of the organization's Quality Management System. Areas of focus continued to be patient safety with an emphasis on patient restraints, readmissions, medication safety and infection prevention.

### **Strategic Planning Committee:**

Strategic Planning activities in 2016 addressed ongoing strategic projects and their support for inclusion in the 2017 Strategic Management Plan. The committee also addressed revisions to the physician recruitment policies of the Board of Commissioners. Commitments were finalized about establishing a regional oncology service through the Palouse Specialty Physicians partnership. The full integration of Palouse Urology as part of Palouse Specialty Physicians was also accomplished in 2016. The committee spent time reviewing proposals that would more closely integrate primary care practices in the community with Pullman Regional Hospital. Those efforts will continue in 2017. The committee made recommendations to the Board of Commissioners regarding expanding space for Same Day Services and creating "surge" space for additional service expansions in the future.

### **Governance Committee:**

The Governance Committee recommended a process flow for addressing leadership succession planning needs for the hospital. This process design was approved by the Board of Commissioners. The committee established an education calendar for Board members, reviewed and updated bylaws, received quarterly reports on HIPAA and compliance activities, conducted the annual CEO evaluation and the annual self-assessment of the Board, reviewed and revised Board policies, and reviewed executive employment contracts.

### **Finance Committee:**

In 2016, Pullman Regional Hospital's Finance Committee continued to provide leadership in the financial administration of the hospital. Attention by the committee was given to contract renewal on orthopedic implants, providing an overall practice assessment for Pullman Regional Hospital Clinic Network (PRHCN) LLC, integration of additional primary care groups into the PRHCN, developed pathways for several major construction remodels/renovations, as well continue efforts to look at expansion needs for the hospital, improvement in the revenue cycle denial/eligible process, and guiding the development of the 2017 Strategic Management Plan and Budget.

### Pullman Regional Hospital Foundation

Areas of focus for 2016 include the following:

Key Metrics in funds raised; Foundation infrastructure including board development, staffing and policies and procedures; Major fundraising initiatives underway and the engagement of community volunteers .

#### Key Metrics

FY 2016 Total Funds Raised: \$1,565,794

Total Expenses: \$761,151

Total Raised per Campaign:

- Endowment for Quality and Access \$331,261
- Annual Giving for Excellence \$1,062,083
- Innovation \$172,450

Total Number of Donors: 689



#### Board Development, Staffing and Policies and Procedures

In 2016, the 24 member Foundation Board oversaw the operations of the Foundation and is engaged in governance and fundraising activities. Board members serve on several committees including the Giving Committee, Gala Committee, and Golf Classic Committee. In addition, each Foundation Board Member elects to join either the Governance or Finance Committee.

The Foundation Board provided tremendous support under the leadership of Josh Smart and the Executive Committee (Josh Smart, Mike McNamara, and Pat Wright). Jack Fulfs continues to lead our volunteers in reaching out the local and rural community. Over the last four years, the Foundation Board has become increasingly more active through serving on Foundation committees (Governance, Finance, Gala and Golf) and providing volunteer leadership.

The Foundation staff continues to excel in their areas of responsibility while concurrently exhibiting Pullman Regional Hospital core values of teamwork, innovation and collaboration. Team members met their philanthropic goals, received a “clean” audit for the fourth year consecutive year, and the Foundation was under budget for expenses.

#### Major Fundraising Initiatives

##### ***The Endowment for Quality and Access continues to make great progress.***

The Foundation is in the leadership phase of the Endowment for Quality and Access Campaign. This volunteer led effort began with a Steering Committee that included ten dedicated volunteer leaders, and has now transitioned to a Foundation Board Member based Giving Committee with eight members. The Giving Committee, in coordination with the Foundation staff, continues to reach out and educate community members.

The endowment campaign feasibility study was completed June 2013 and the Foundation Board approved the recommendations to implement a \$10 million campaign as the first step to ultimately raise \$75 million.

### Pullman Regional Hospital Foundation

The Giving Committee is tasked with cultivating and soliciting five assignments with community members with support from Foundation staff. The committee meets once a month to celebrate gifts received, discuss assignments and review and refine strategies. Major emphasis this year has been on the outlying farming community, the employees of Washington State University and the employees of Schweitzer Engineering Laboratories. These areas will continue to be the focus as we go forward.

In addition to the Giving Committee, the Foundation is working with the Planned Giving Advisory Council, a group of attorneys, CPAs and other financial professionals in the community, not only to increase awareness of our planned giving portfolio, but also to solicit advice as to the giving options we make available to donors. This group meets on a quarterly basis and is a great resource to our efforts.

Gifts include cash, bequests, life insurance and even donations of grain. Planned giving options continue to grow, making legacy giving a flexible and viable option for many people. As we transition from the leadership phase of the campaign to the public phase, the Foundation Giving Committee has become a permanent committee providing leadership and raising funds for the endowment as we reach the \$10 million goal and beyond.

***The annual fundraising program is growing.*** Since its inception in 2013, the Annual Giving Fund Drive in support of the hospital's highest needs continues to provide an enriching experience for donors and provides critical medical technology for Pullman Regional Hospital. Through philanthropy, the Foundation engages the community, staff and granting organizations to offset the cost of capital equipment for the hospital, ensuring providers have up-to-date technology to complement the exceptional care.

The components of the annual fundraising program include :

- Direct Mail (3) -- All donors and targeted audiences
- Grateful Patient Letter (4) -- Inpatients
- Events (Gala, Golf Tournament) -- All donors and past attendees
- WSU Dance-a-thon/Benefit Concert -- WSU students
- Auto Dealers for Health -- Four area auto dealers
- Women's Leadership Guild -- 25-65 aged women
- Face-to-face annual solicitations
- Foundation Board annual drive
- Employee Campaign -- Pullman Regional Hospital employees



## Pullman Regional Hospital Foundation

Highest Needed Items Funded through the Annual Giving Program:

2013: Endoscopy system, Critical Care beds/mattresses, HydroWorx therapy pool + underwater treadmill.

2014: Video laryngoscope for newborns, fetal heart rate monitor, BirthPlace Labor Beds, 3D Tomosynthesis and Stereotactic Technology

2015: Defibrillators, EKG monitors, King of Hearts monitor, emergency care patient monitor, cardiac rehabilitation workstation, patient treadmill, therapeutic hypothermia system, patient locker room remodel at Summit Therapy, BirthPlace labor bed, neonatal crib, mini telemetry monitors, MyoSure fibroid and tissue removal system, BirthPlace monitor.

2016: Surgery Expansion Project = fourth operating room and upgrade of surgical technology in all operating suites (including 4k camera and video steaming capabilities).

In 2013 the Foundation raised \$420,823; \$778,660 in 2014; \$750,211 in 2015; and \$1,062,083 in 2016 for the hospital's highest needs through the Annual Giving Fund Drive.

**Fundraising for Innovation** generated \$172,450, and has new leadership with Becky Highfill as the newly appointed Director for the Center for Learning and Innovation. Over the past 3 years the Foundation has secured over \$1.7 million in grant funding for capital and innovation in health and wellness projects. Projects include implementation of Telespeech in our area schools, 3D Tomosynthesis and Stereotactic Technology, Care Coordination efforts through Social Work Extenders in low income independent living facilities, and educational outreach opportunities for seniors in our community. In addition, Becky Highfill has built relationships with two prominent regional foundations and participates on the Whitman County Health Network. We continue to strengthen collaborative ties to Washington State University and other regional partners to increase capabilities and maximize resources.





### Hospital Awards and Happenings

#### Women's Choice Award

Once again, we were recognized as one of America's 100 Best Hospitals with two different Women's Choice Awards in 2016 -- one for overall patient experience and another for obstetrical care. Women's Choice is a national award, based on the recommendations and preferences of women as measured by HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) data.



#### Most Wired Hospital

For the 10th consecutive year, Pullman Regional Hospital was named one of the 'Most Wired' Hospitals in the nation. The 18th annual, 'Most Wired' survey is administered by Hospitals & Health Networks, which recognizes hospitals for utilizing information technology to better connect health care providers and patient information.



#### Safe Sleep Certification

Pullman Regional Hospital was recognized by the National Safe Sleep Hospital Certification Program as a Gold Certified Safe Sleep Champion for our commitment to best practices and education on infant safe sleep. We are one of the first hospitals in Washington state and one of 38 in the nation to receive the designation.



#### eHealthcare Award for Marketing

Marketing & Community Relations won an award from the 17th annual eHealthcare Leadership Awards in the category of Rich Media, which includes our Web site and videos. An independent panel of healthcare and digital communications professionals evaluated each entry.





### Hospital Awards and Happenings

#### **CNOR Strong**

Pullman Regional Hospital earned the CNOR® *Strong* designation from the Competency & Credentialing Institute (CCI) for the second year in a row. The CNOR Strong® designation is given to facilities having at least 50 percent of its operating room nursing staff CNOR certified. All of the full-time nurses in Surgical Services at Pullman Regional Hospital who are eligible to take the CNOR test are CNOR certified.

#### **Dr. Story receives Fellow Designation**

Rod Story, M.D., hospitalist at Pullman Regional Hospital, earned the Fellow in Hospital Medicine (FHM) designation from the Society of Hospital Medicine's Fellows program. The recognition demonstrates his commitment to hospital medicine, system change and quality improvement principles.

#### **Full Level IV Trauma Designation Earned**

Pullman Regional Hospital was awarded a full level IV Trauma Designation for another four years by the Washington State Department of Health's Office of Community Health Systems – EMS & Trauma program. The designation was awarded after a state review and administrative and clinical evaluation was conducted on Pullman Regional Hospital's trauma service.

#### **Imaging Services receives ACR accreditation for all seven of its modalities**

Imaging Services received accreditation from the American College of Radiology for stereotactic breast biopsy. This is in addition to its accreditation in Mammography and Breast MRI. All imaging services – Ultrasound, Breast Ultrasound, MRI, Breast MRI, CT, Mammography and Nuclear Medicine – at Pullman Regional Hospital received accreditation by the American College of Radiology (ACR), indicating the highest seal of safety and quality. No other hospital in eastern Washington has received ACR accreditation for all its medical imaging services based on the ACR's Web site.



### Corporate Compliance

In 2016, the Pullman Regional Hospital Corporate Compliance Committee comprised of the following primary oversight positions, Corporate Compliance Officer (currently CFO holds this responsibility), Chief Quality & Data Officer, Chief Clinical Officer, Director of Safety and Regulatory Compliance, Revenue Cycle Coordinator, and Director of Health Information Management. The early part of 2016 the committee's primary focus was on standardization of the consent to treatment forms and informed consent form. Additionally, the committee review the hospital's charity care plan and notification communication for our patients. For 2017, the primary focus will be the implementation of the sharing of a new CMS-developed standardized notice, known as the "Medicare Outpatient Observation Notice" (MOON).



### Healthcare Insurance Portability & Accountability Act (HIPAA)

This past year the HIPAA Committee went through a "risk assessment". The Office for Civil Rights (OCR) suggested assessment methodology that provides a subjective analysis and conclusions based on the control objectives for the National Institute of Standards and Technology was used; namely the NIST 800-30 publication. This framework is the suggested framework from the HIPAA Security Rule and was the methodology used in the assessment to ensure compliance and due-diligence for Pullman Regional Hospital. The HIPAA Committee focus is from protection of access to the physical plant to electronic records/systems. Beyond routine review and safeguard, the primary focus continues to be on educating employees as to the importance of handling and protecting Protected Health Information (PHI).

## Environment of Care

Pullman Regional Hospital is committed to providing a safe work environment and has a formal structure to oversee health, safety, and security of the environment. The formal structure includes a Safety Director and the Environment of Care / Safety committee. All participants involved, work together to identify concerns, develop solutions, and evaluate the effectiveness of the safety program. This committee, as delegated by the Administrator, has the authority and responsibility to organize and manage the Safety Management Program at Pullman Regional Hospital. The majority of this committee is front-line staff members which helps facilitate and encourage direct communication of safety and security concerns. The hospital departments elect a representative from their departments to be on the Environment of Care/Safety Committee for a one year term.

The work of EOC Committee is categorized into seven areas related to the physical environment:

### Life Safety

- Six new pull stations were added in Red Sage, Imaging, Lab, SDS/Surgery, BP, and Med/Surg.

### Hazardous Waste

- Five new members of the Code Orange team received their required training.

### Safety

- Maintenance built and installed the panels for the railing by Sid's Pharmacy to prevent falls from an otherwise unprotected one story fall to the loading dock.
- Parking lot light fixtures were replaced with LED, which are far more reliable and provide brighter light and provides for greater staff safety and security during non-daylight hours. Additionally, there will be substantial savings in energy costs as well as a rebate from Avista.

### Security

- Two new Crisis Prevention Institute (CPI) instructors successfully completed the four-day Certification Program in July.
- The Work Place Violence Prevention Committee (WPVP) met throughout the year and discussed current security and safety issues. The WPVP Committee is reviewing the situations and trends and is considering what actions seem most appropriate.

### Medical Equipment

- Sacred Heart Engineering Services, which provides our Biomedical Preventative Maintenance and Repair Services, started a new electronic preventative maintenance system for tracking medical equipment and work performed by their technicians.

### Emergency Preparation

- Eight exercises were conducted throughout 2016: 2 actual events, 1 full scale exercise (FSE), 1 functional exercise (FE), 2 tabletop exercises (TTX) and 2 drills.
- Everbridge mass alerting notification system is proving to be a good tool for staff notification as demonstrated through several tests and exercises throughout 2016.

### Utilities

- Letter of commitment from a second diesel supplier emergency diesel delivery will be available 24 hours a day was secured.

### DNV Hospital Accreditation



Det Norske Veritas (DNV), a Norwegian manufacturing and maritime company, entered the healthcare accreditation arena in 2008 when it received deemed status from the Centers for Medicare and Medicaid Services (CMS). Extensive research, including interviews with hospitals that had moved to DNV, concluded that DNV provided a more consultative approach to the accreditation process, with a primary focus on the development of high reliability organizations through rigorous attention to continuous process improvement. In 2014, Pullman Regional Hospital began working with DNV for hospital accreditation. DNV conducted our third annual accreditation survey in August 2016, resulting in full accreditation for Pullman Regional Hospital, which was finalized in October. Ongoing focus of our future work with DNV will include integration of ISO 9001 standards with the CMS conditions of participation for Critical Access Hospitals.

### 2016 Medical Staff Activities

**Physician Practices:** We view our Physicians and Advanced Practice Providers as a precious resource and seek to engage and support them. Recent losses of community providers have occurred and successful recruitments are in process that include both primary and specialist providers. In addition, there is ongoing growth in hospital/physician integration that promises to increase our collective agility and stability.

**Physician Leadership Development:** We continue an ongoing effort to encourage, support and promote physician and advanced practice provider leadership. This has included participation in organizational leadership programs, coaching and a day long program on physician leadership presented by the American Association for Physician Leaders (formerly ACEP).

## Organizational Ethics

### Ethics Committee

Ethics Committee membership includes Beth Suarez, Pullman Regional Hospital Laboratory; Jeannie Eylar CCO; Anna Engle RN; Sandy O'Keefe RN/Hospital Board; Laurie Brown RN, Bishop Place; Tarrin Weber, Avalon Care Center; Barb Sheffler, DSHS Children & Family Services; Pete Mikkelsen, Emergency Department MD; Karen Karpman, Retired Clinical Psychologist; Stephanie MacCulloch RN Same Day Surgery; Leyen Vu, MD WSU Health & Wellness. The committee meets monthly. An example of the cases from 2016 include: Medical Professional Fiduciary Duty; Conflict of Interest; Reproductive Autonomy; Decision Making Capacity; Patient Autonomy/Self-Neglect; Medical Futility versus Qualitative Futility; What liability would an emergency physician have if they honored a patient's advanced directive or POLST form even if there is one family member fighting against the wishes on that directive; Survivability of cardiac arrest; Quality of Life. Each meeting consists of an educational component from a biomedical ethics perspective, a case review and committee discussion. The committee utilizes *Clinical Ethics: A Practical Approach to Ethical Decision in Clinical Medicine*, by Albert R. Jonsen, Mark Siegler & William J. Winslade.

Katie Evermann Druffel, LICSW

Director of Social Work and Care Coordination

Ethics Committee Chair

Bill Kabasenché Ph.D.

Philosophy & Ethics Professor

Washington State University

Ethics Committee Co-Chair, Consultant & Educator



## Care Coordination

### Interagency Care Transitions

The Interagency participants with the Care Transition Group include: Pullman Regional Hospital, Circles of Caring, Avalon Care Center, Bishop Place, Regency Senior Living, Gentiva Hospice, Gentiva Home Health, local Adult Family Homes, Rural Resources and Pullman EMS. The group meets monthly. Below is a list of what the group works on .

Goals:

- A. To have all people in the right level of care at the right time, with seamless transitions between the organizations.
- B. To have established relationships between the people in the organizations
- C. To work through issues related to the transition issues as early as possible.
- D. To establish and maintain the best community team to support the people during their “transitions in care”.

As a group, we strive to improve on the following:

1. More consistency in sending insurance information, demographics, contact information
2. Interagency patient transportation to and from and within the community
3. Complex patient needs require as much notice as possible so supplies can be arranged (wound vac, tube feeding, hospital bed, oxygen etc.)
4. Expansion of end-of-life care discussions and education including chronic illnesses and POLST forms
5. Create interagency care plan meetings with all agencies involved in a patient’s care
6. Juggling and balancing medical necessity, social needs, payment abilities and appropriate capabilities.

### Quality-Of-Life Team

The Quality of Life Team support patients, families, physicians and hospital staff in navigating Quality of Life issues related to chronic & debilitating illness and End of Life decision making. The committee is comprised of Dr. Rodney Story, Board Certified in Palliative Care; Joan Hendrickson, Assistant Director of ICU/MSU; Paula Fealy, Unit Clerk; Anna Engle RN/ELNEC Educator; Renee Heimbigner, Pharmacy; Steve Dunning, Director of Respiratory Therapy; Katie Evermann Druffel, Director of Social Work & Care Coordination; Dianne Lowe, Volunteer Chaplain. One goal of the team is to positively influence primary care physician and hospitalist communication as it relates to their patients and end of life planning and conversations.

The Quality of Life efforts in 2016 included review of 31 hospital deaths: Did the patient have an Identified Health Care Agency; Did the patient have a POLST form and or Advance Directive? and of those patients with advance directives did the care team honor any known wishes. We meet on a monthly basis to ensure quality care and consideration of patients’ wishes at the end of life. The team offers comfort blankets for patients who spend their last hours/days with Pullman Regional Hospital. The comfort blankets are hand tied fleece blankets made by hospital staff and community members. The Quality of Life team is working towards the development of a Palliative Care service.



## 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 2016 Patient Safety Activities:

- Promote a Culture of Patient Safety
  - Participated in the AHRQ Culture of Safety Survey , analyzed the results and identified the focus areas for the upcoming 18 months (see page 22)
- Medication Safety
  - Emergency Department remodel to increase medication safety and remove medication ordering and preparation from the high traffic area of the nurses' station
  - Bar code scanners in the operating rooms for medication administration
- Prevent Infections:
  - Successful Influenza Vaccination Program (92% employee vaccination)
  - CAUTI committee established and a CAUTI protocol initiated
- Prevent Mistakes in Surgery:
  - Redesigned the surgical timeout, improving “fully effective” timeouts
- Increase reporting of unexpected events:
  - Implemented Pavissee reporting system in June
- Provide Safe Obstetrical Care
  - 100% elective inductions were > 39 weeks gestation
  - Focused attention to decreasing NTSV C-section rate
- Improve communication amongst providers
  - Implemented “grapevine” HIE with Pullman Family Medicine to improve the continuity of care
- Improve pediatric care
  - Initiated a pediatric IV team
  - Implemented bronchiolitis protocol
- Improve critical response:
  - Implemented RQI (Resuscitation Quality Improvement)
  - Updated all defibrillators to ZOLL
  - Updated Mock Code training
  - Expanded sepsis screening
  - Introduced Clearlight to better monitor fluid status for patients non-invasively
- Use the “Just Culture” algorithm to review cases and understand the process of understanding human error and appropriate response

## Culture of Safety

Pullman Regional Hospital participates in a bi-annual national Culture of Safety staff survey. This survey was funded through the Rural Healthcare Quality Network and facilitated by the Patient Safety Team. In 2016 the fourth survey was administered by Pullman Regional Hospital. The previous surveys took place in 2009, 2011 and 2014. While this provides a means to see progress within the hospital, it also provides national comparative data. **There was a 64% response rate, with 73% provided by staff in direct patient care roles.**

Key elements to creating a “culture of safety” are the following:

- ▶ **Flexible (teamwork) Culture**
  - Teamwork within units
  - Staffing
  - Communication Openness
  - Teamwork across departments
  - Handoffs and transitions
- ▶ **Learning Culture**
  - Hospital management support for patient safety
  - Manager expectations & actions promoting patient safety
  - Feedback and communication about errors
  - Organizational learning and continuous improvement
- ▶ **Reporting Culture**
  - Number of events reported
- ▶ **Just Culture**
  - Nonpunitive response to errors

### Just Culture

Just culture is being hard-wired into our process of evaluating clinical situations, considering what we can learn from them and how to improve our processes or individual and/or team performance. Pullman Regional Hospital has developed a Just Culture Evaluation Tool that considers five categories of behaviors:

- General professional practice
- Knowledge, skills and ability
- Internal policies, standards and practices
- Choices and decisions involved in the situation
- Individual accountability, ethical and credibility

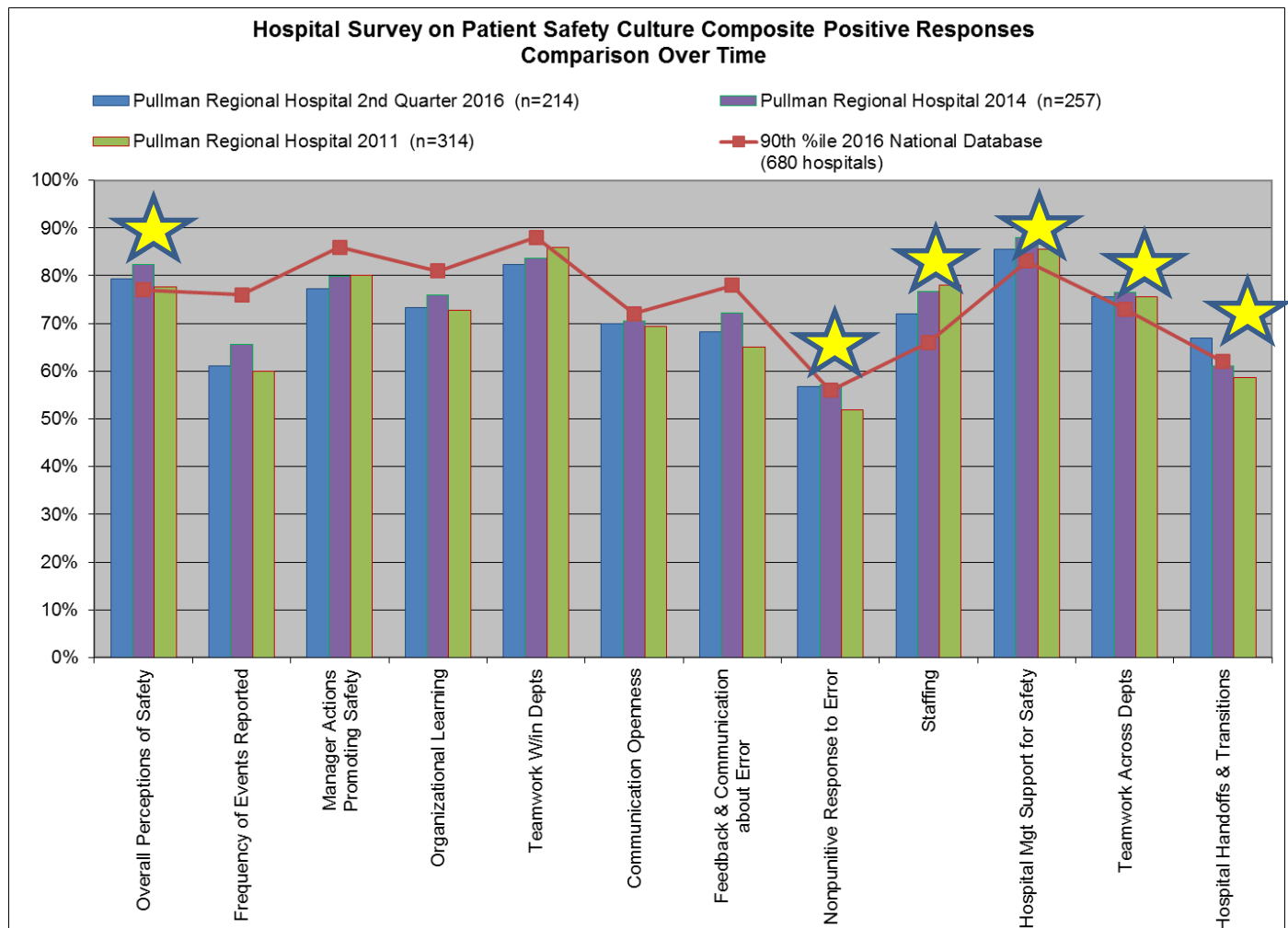
As these five categories are considered with a leader and employee, the individual(s) will be considered into three categories and actions with the individual will be considered using our accountable discipline process. The categories are:

- **Human error**, which indicates that the individual inadvertently made a mistake or had a lapse in judgment
- **At-risk behavior**, which indicates the individual made a choice that increases risk where the risk is not recognized. The risk is mistakenly believed to be insignificant and justified.
- **Reckless behavior**, which indicates there is risk-taking with conscious disregard of a substantial or unjustifiable risk

Department leaders have found that this tool is helpful to use working with staff members in reviewing situations and the patient safety team uses it with case scenarios for the team learning considerations.

## Culture of Safety

214 people participated in the Culture of Safety Survey in 2016. Pullman Regional is at or above the 90<sup>th</sup> percentile in six of the categories marked below with a ★



### Patient Safety Team Priorities

**We believe that if we focus on these three specific questions, it may also improve our frequency of events reported, manager promoting safety, organizational learning and feedback about error categories.**

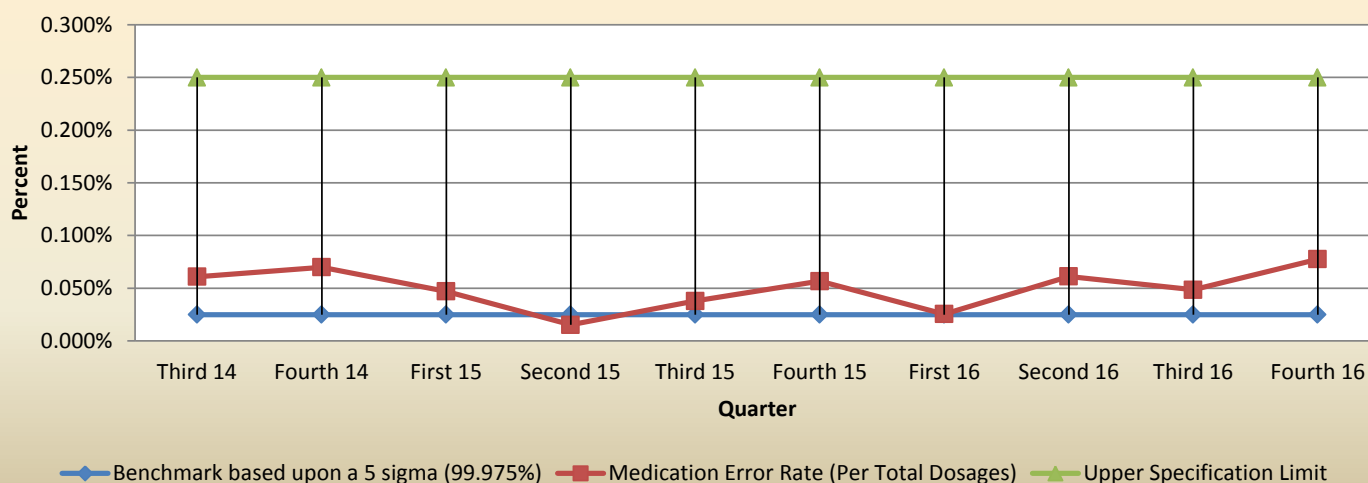
1. After we make changes to improve patient safety, we evaluate their effectiveness.
2. We are given feedback about changes put into place based on event reports.
3. We are informed about errors that happen in this department.

## National Patient Safety Goals

### Medication Safety

Medication Safety continued to be a focus in 2016. 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.

#### Actual Medication Errors



Several education/training and system issues were identified throughout the year. The following actions were taken in response to those issues:

- Reminders sent to staff regarding the need to scan medications before administration.
- Tele-pharmacy issues included incorrect administration time, and pre-op medications not discontinued when post-op orders received. Follow up by pharmacy was provided.
- In terms of systems issues, the hospital began electronic prescribing of medications at discharge. This will help facilitate medications being available for patients as they transition home.
- One liter sterile water bags for use with the ventilators by Respiratory Therapy were transitioned to two liter size as a best practice to avoid inadvertently hanging sterile water as a primary IV infusion.
- Other issues included patients taking home medications while in hospital. Reminders sent to staff regarding following the medication reconciliation processes.

Through our “Culture of Safety” efforts, we continue to encourage our staff to report near misses and actual errors in order to identify opportunities for improvement. The number of total reported errors remained consistent in 2016; near-misses averaged approximately 9 per quarter in 2016, the same as in 2015.

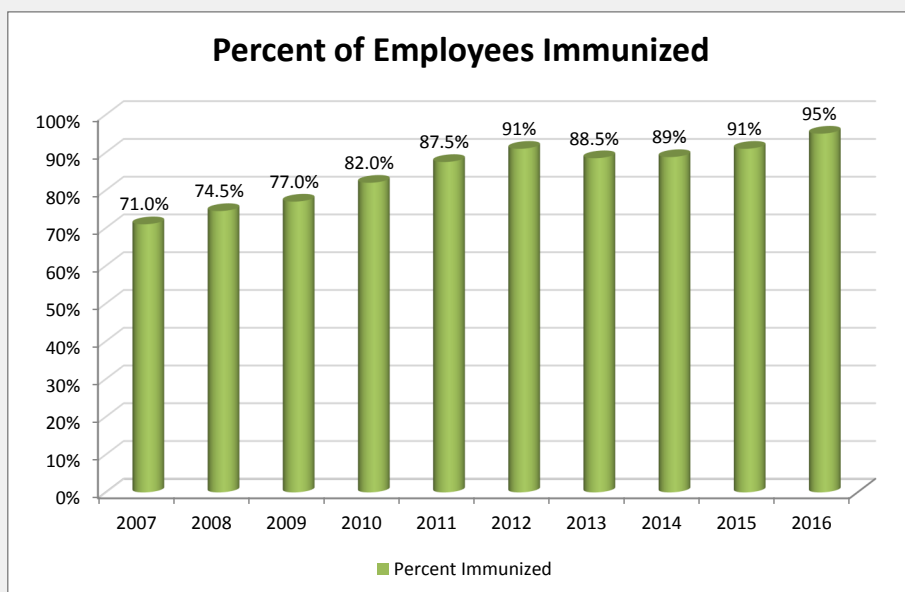
## Infection Prevention

### Influenza Prevention Program

Once again the goal of 90% employee immunization and 100% participation was set by the Board of Commissioners. These results are reported to National Healthcare Safety Network (NHSN) annually. This year's Influenza campaign "Shotoberfest" was during the month of October. During the four-week campaign 92 percent of Pullman Regional Hospital employees were vaccinated. A two-week extension was given where employees could get vaccinated elsewhere and bring in proof, this brought our vaccinated total up to 95%. During Shotoberfest incentives were offered on a weekly basis, with the number of incentives decreasing with each passing week. Grand Prizes included tickets to Apple Cup game and a \$500 gift card.

Employees who decided to decline the vaccine were required to watch an online educational module which included a video of one of our employees sharing the experience of her sister who almost died from influenza the prior year.

For 2016-17, 95% of employees employed at the time were vaccinated.



### 2016 Infection Prevention Risk Assessment

Based on the risk assessment, the facility has identified and prioritized the following risks:

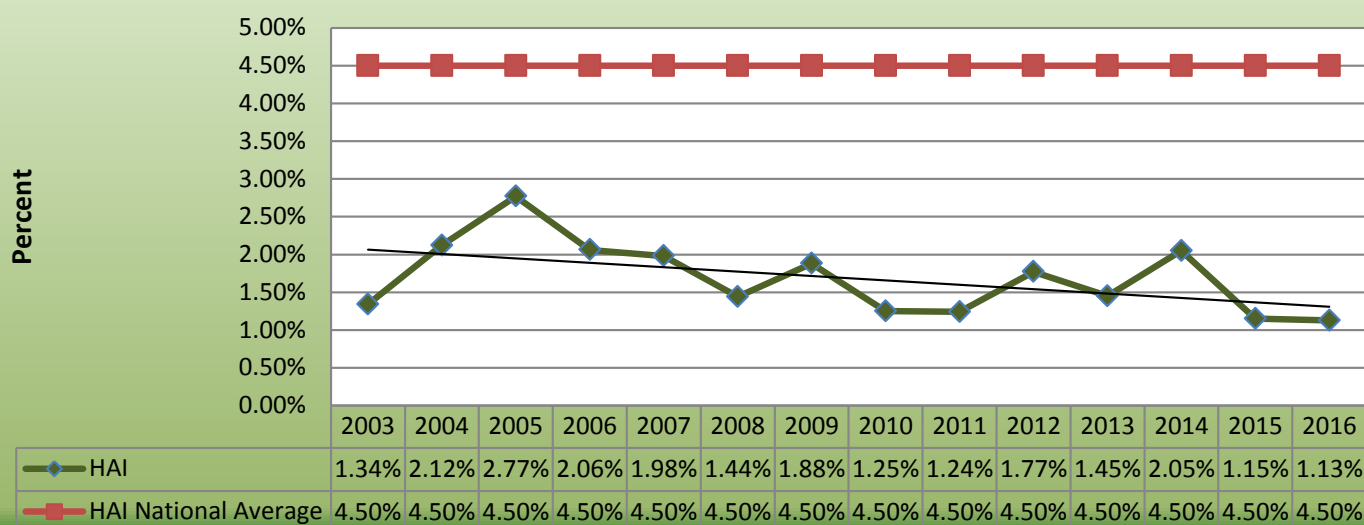
1. Surgical site infections\*
2. Multi-Drug Resistant (MDROs), Clostridium difficile\*
3. Hospital acquired pneumonia- include VAP\*
4. Improving Processes in Employee Health
5. Central line-associated blood stream infections \*
6. Multi-drug resistant organisms (including MRSA\*)
7. Catheter- associated urinary tract infections\*
8. Compliance with isolation procedures
9. Maintain employee Influenza vaccination rate of 90% or greater

In the upcoming year Infection Prevention focus will be on construction projects that will be occurring throughout the facility.

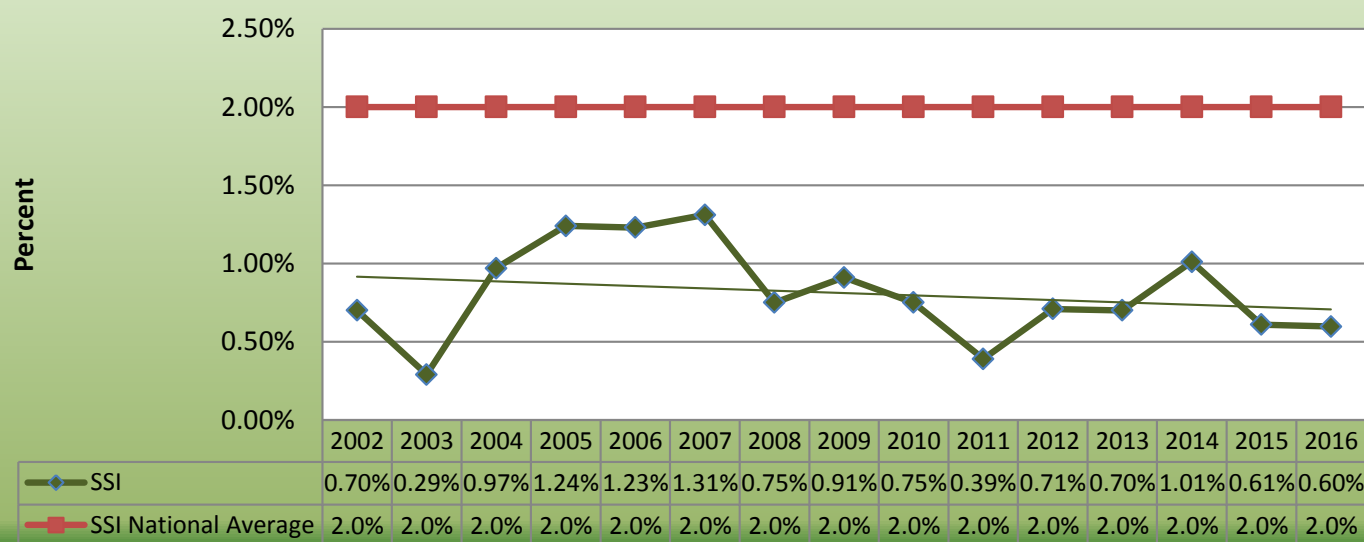
\*required by CMS

## Infection Prevention

### Hospital-Acquired Infection Rate



### Surgical Site Infection Rate

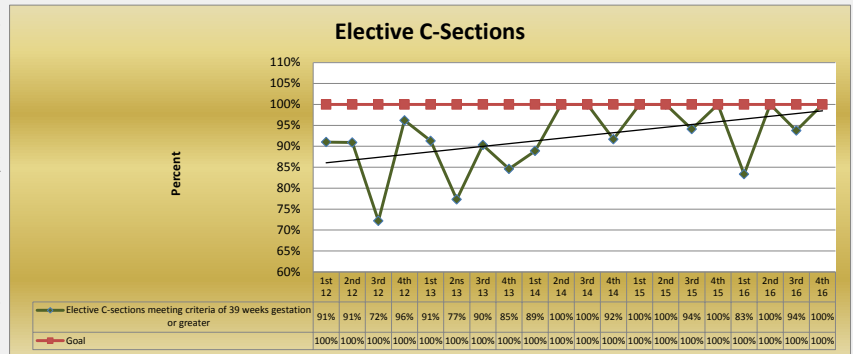


*"I had nothing but a great success of with the staff in cardio-pulmonary rehab! All of the staff were very knowledgeable about what they do and actually helped me a lot and I so appreciate them!"*

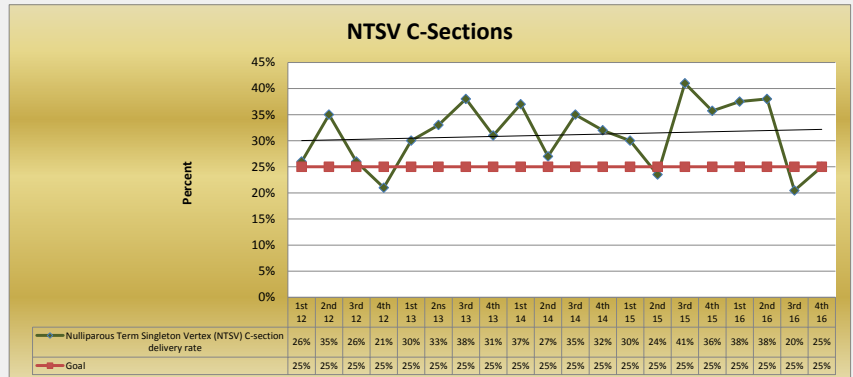


## Additional Patient Safety Performance Improvement Initiatives

**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 its progress. Elective C-sections intermittently fails to meet this target.

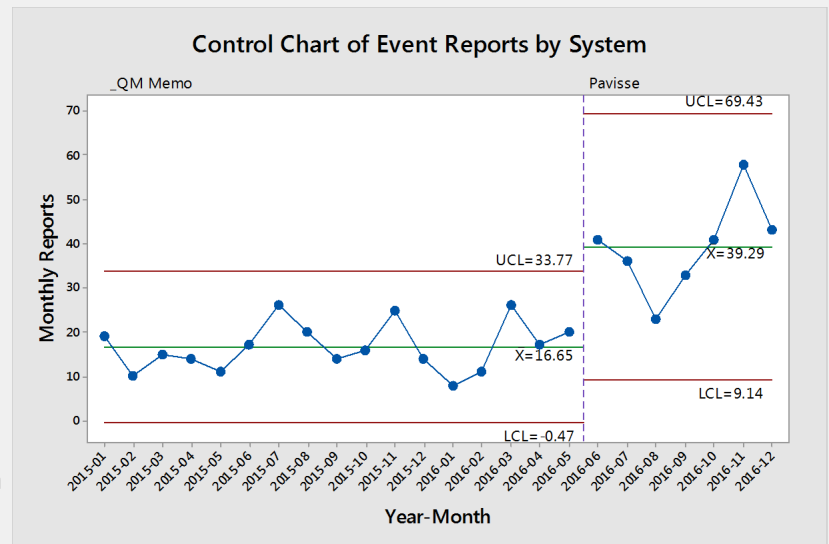


**Nulliparous Term Singleton Vertex (NTSV) C-Section Rate:** The NTSV C-section rate became an area of focus in 2016. With the addition of a physician and nurse OB champion along with individual physician statistic reporting improvement was noted.



**Unexpected Events\* 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 unexpected occurrence. Guidelines for notification have been provided in the First Responder Guidebook (see below).

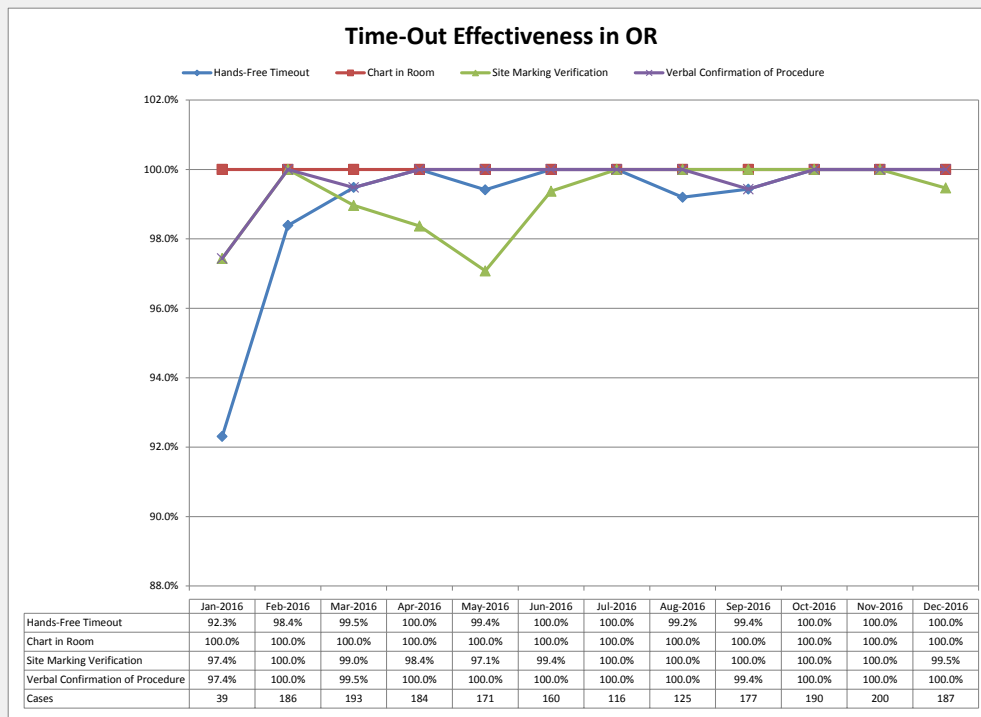
Pavise® event reporting system was implemented in June 2016, and has had a positive impact on the reporting culture as evident by increased number of event reports illustrated in the graph.



\*An unexpected event at Pullman Regional Hospital is any occurrence which:

- Is defined by law as a sentinel event, and/or
- Uncharacteristically utilizes resources (staff, supplies, equipment, etc.), and/or
- Involves additional staff, and/or
- Involves outside agencies/groups, and/or
- Has a significant emotional impact on the patient, family, or staff, and/or
- Is a medical error resulting in temporary or greater harm.

**Time-Out Effectiveness in Operating Room:** An important process of assuring patient safety in the operating room is performing a “time-out” prior to initiating all surgical procedures. Pullman Regional Hospital has been performing time-outs for many years, and identified opportunities to make this procedure more effective. Working with physicians, anesthesiologists, and operating room employees, the time out procedure is far more robust and all of the individuals involved are truly engaged in the process, and not just going through the motions. The graph demonstrates the measurements we are monitoring for the effectiveness of this safety measure.



**Improved Process in Central Sterile:** The central sterilizing department and surgery recognized an opportunity to improve the systems for processing and storing surgical equipment to add safety features, that would guard against having any unsterile equipment be mistaken as sterilized. The new process was instituted in the third quarter of the 2016 and is working very well.

**Emergency Department Remodel for Medication Safety:** Pullman Regional Hospital remodeled 4,300 square feet of its Emergency Department to further enhance medication safety. Specifically, the redesign will reduce traffic and interruptions in key areas of the Emergency Department where physicians review records and enter orders in to a computer system and where nurses prepare medications. Relocating these patient care functions will lessen distractions and interruptions and compliment Pullman Regional Hospital’s high standard of safety by removing opportunities for medication errors.

“Our goal is always zero percent medications errors,” said Pete Mikkelsen, MD, Pullman Regional Hospital Medical Director of Emergency Services. “While our rate is well below the national standard of two percent set by the Centers for Medicare & Medicaid Services, we saw an opportunity to make further progress towards zero.”

Emergency departments are high-traffic, high-risk patient care areas involving complicated tasks. Over the past 10 years, the annual volume of patients in Pullman Regional Hospital’s Emergency Department has doubled. More than 17,000 medications are administered each year in Pullman Regional Hospital’s Emergency Department. The Emergency Department safety plan and renovation is being funded in part by a grant from Coverys Community Healthcare Foundation.

## 2016 Medical Staff Performance Improvement Activities

### **OB/Peds Committee**

The committee reviewed 89 charts and provided physicians with copies of review worksheets for feedback. Improvement focus areas included Nulliparous Term Singleton Vertex (NTSV) C-Section rates, with a Physician champion participating in the Washington State Hospital Association's Safe Deliveries Roadmap initiative.

### **Pediatrics Committee**

The committee has worked on improving standardization of care for bronchiolitis, diabetic keto-acidosis and asthma. The committee completed work on a pediatric bronchiolitis protocol, and a pediatric sepsis screening tool.

### **Critical Care/Medicine Committee**

The committee reviewed 26 charts and provided physicians with copies of review worksheets for feedback. Improvement focus areas included glucose management and urinary catheter utilization. The glucose management protocol and urinary catheterization protocol were successfully piloted in collaboration with two surgeons.

### **Surgery Committee**

The committee reviewed 27 charts. The committee worked on a process and policy to improve operating room block utilization rates. The glucose management protocol and urinary catheterization protocol were successfully piloted in collaboration with Critical Care/Medicine committee.

### **Anesthesia Committee**

The committee reviewed 126 charts which confirmed excellent improvements in documentation. Improvement focus areas included pre- and post-anesthesia documentation and epidural delay criteria. Providers also completed an epidural education video for childbirth classes.

### **Credentials Committee**

The committee reviewed and recommended 15 initial appointments, 54 reappointments, 26 telemedicine providers, and conducted five Focused Physician Performance Evaluations. The committee reviewed and recommended the Advanced Practice Provider privilege form.



## 2016 Medical Staff Performance Improvement Activities

### **Family Medicine Committee**

The committee reviewed 7 charts and provided physicians with copies of review worksheets for feedback. The committee continued with the electronic review process, initiated in 2012.

### **Psychiatry Committee**

The committee reviewed 32 charts and provided providers with copies of review worksheets for feedback. The committee continued to provide oversight for the tele-psychiatry services offered at the Hospital. The committee collaborated with Pediatrics committee on developing care processes for pediatric behavioral health admissions.

### **Emergency Medicine /Trauma Committee**

The committee reviewed 26 emergency medicine charts resulting and provided physicians with copies of review worksheets for feedback. 38 trauma cases were also reviewed. Improvement focus areas included the Cervical-Spine protocol, a review of code cart medications and collaboration with Pediatrics committee on the pediatric bronchiolitis protocol.

### **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 recommended the following to the Board of Commissioners:

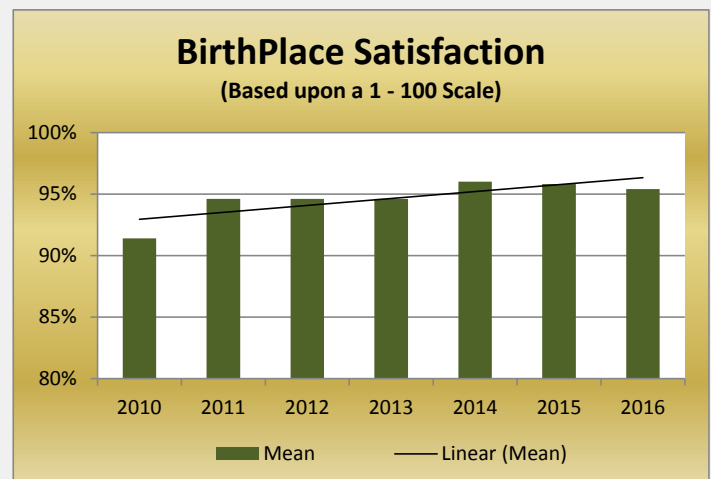
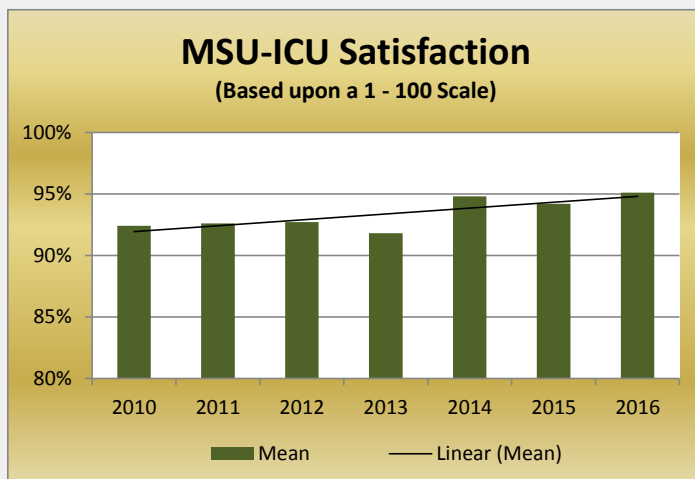
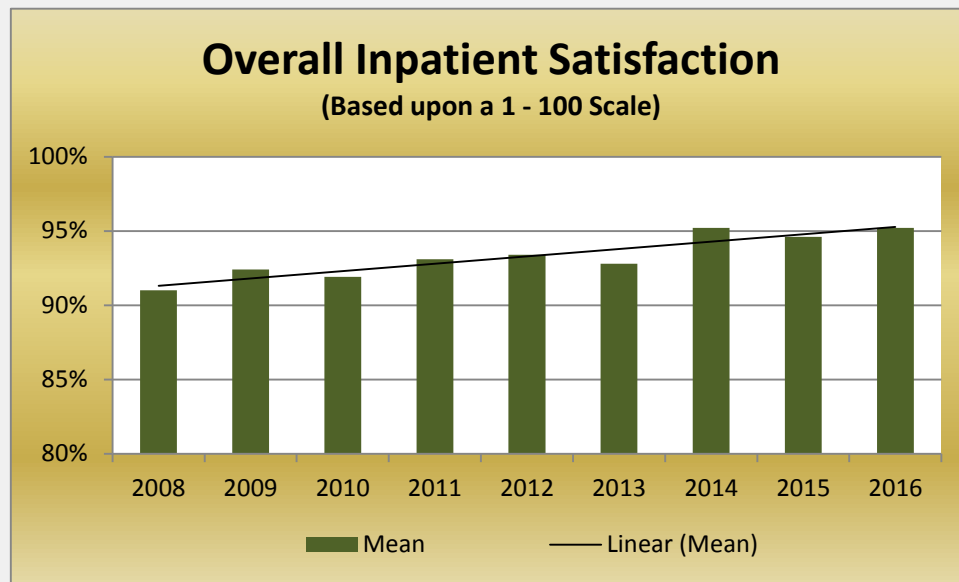
- Inception of Pediatric committee under guidance of the OB/Peds committee
- Advanced Practice Providers privilege form
- Revised medical staff documentation policy





## Patient Satisfaction Assessment

Pullman Regional Hospital contracts with HealthStream Research to assess patient satisfaction. The program includes outpatient services, including Same Day Services, Emergency Department, Respiratory Care, Imaging, and Summit Therapy and Health Services. Data are regularly collected and results are shared with the department leaders in order to identify opportunities for improvement. In addition, leaders continue to explore “best practices” for their departments in customer services.

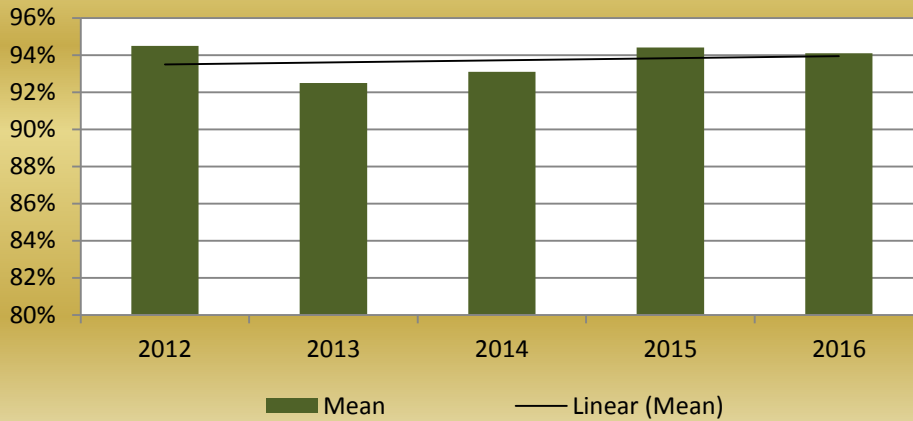


*“I would like to say that I had a really positive experience in the BirthPlace, and I was overly impressed with the coordinated care between the doctor and the hospital including the coming back a week later for the caring for baby visit and some additional tests. As far as the care from the nurses I really appreciated Caleb, Izzy, Janet, and Bonnie.”*

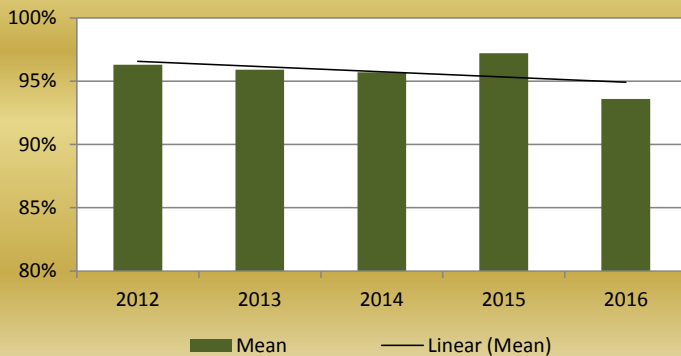
## Patient Satisfaction Assessment



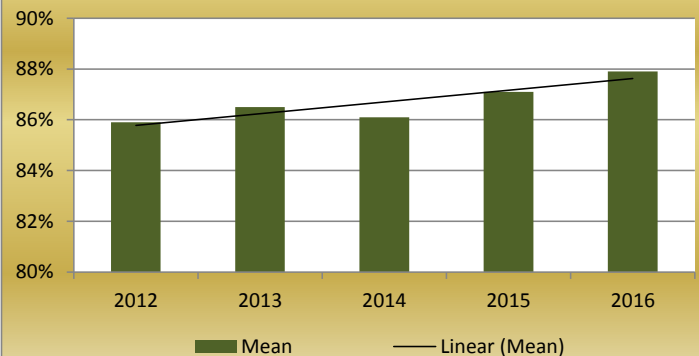
### Overall Outpatient Satisfaction (Based upon a 1 - 100 Scale)



### Overall Outpatient Surgery Satisfaction (Based upon a 1 - 100 Scale)



### Overall Emergency Dept Satisfaction (Based upon a 1 - 100 Scale)



Department	2nd 2013	3rd 2013	4th 2013	1st 2014	2nd 2014	3rd 2014	4th 2014	1st 2015	2nd 2015	3rd 2015	4th 2015	1st 2016	2nd 2016	3rd 2016	4th 2016
SDS Patient Satisfaction (mean score)	97.2	96.0	95.3	96.6	96.3	95.7	95	98	100	95.8	97.5	95.7	93	91.5	94.2
Imaging Patient Satisfaction (mean score)	94.5	94.0	93.6	94.9	94.4	94.6	96	96.6	87.2	95	93.6	94.2	95.8	95.2	96.1
Respiratory Patient Satisfaction (mean score)	94.3	93.4	90.3	93.6	95.3	94	94.7	96.9	86.7	94	92.3	94.7	96	95.7	94.7
Rehabilitation Patient Satisfaction (mean score)	89.0	89.9	92.3	90.6	93.0	90.1	92.4	94.9	87.7	92.5	93.7	92.9	90.7	93.2	94.5
Emergency Department Patient Satisfaction (mean score)	87.1	85.3	88.8	85.8	86.7	87.1	84.3	87.6	74.2	88.4	86.4	89.5	87.5	87.5	87.1

*"This is the first time any of my kids have been injured really bad. I took my son into the ER and the nurse was incredible! She gave my son a stuffed dog, and made sure that he was warm, and comfortable and me too. It was comforting having the doctors, and the nurses comfort me, comforting my son, and so it was very nice."*



## 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 Outreach and Education:

Total Joint Preparation Class	Ecuador Medical Outreach
NCOA’s Aging and Mastery Program®	WSU Memory & Aging Program
AMP® Elective	National Go Red® Day
Senior Health and Technology Classes	Neill Public Library Outreach
Childbirth 101	Individual Staff Outreach
Weekend Childbirth	INHS Telehealth Services
Infant Massage	Feeding Team
Alzheimer’s Association Classes	BookPeople® PRH Book Exchange Program
Healthy Steps Together	National Health Care Decisions Day
Honoring Choices	Have a Heart Fund Raiser
Wellness for Life Presentations	Fall Caregivers Conference
PRH Auxiliary	WSU Coug Health Fair
PRH Volunteer Programs	Health Innovation Summit
Front Desk	Palouse 100 K Relay and Solo Run
Gift Shop	Palouse 100 K Expo
Community Volunteers	Daily News Women’s Expo
WSU Student Volunteers	Schweitzer Engineering Laboratories Health & Wellness Expo
Music & Memory	Palouse Mall Maternity & Baby Fair
Sunnyside Elementary Career Day	Lincoln Middle School Family Fair
Hospital Tours	Lentil Festival
Advanced Women’s Fitness Program	PRH/PRH Foundation Golf Tourney
Qigong for Arthritis	Avista PRH Foundation Gala
Qigong for Beginners	PRH/WSU Dance-A-Thon
Tai Chi Beginners	Whitman County Humane Society Furball
Tai Chi Advanced	WSU Day of Service/Greek Life
Prescription Pets	Breast Cancer Support Group
Chaplin Program	Lupus Fibro Myalgia Support Group
Women’s Leadership Guild	Good Samaritan Parkinson’s Support Group
Social Services Extenders Program	Pullman Relay for Life
Gentle Yoga for Volunteers taught by C. Murphy	Meals on Wheels
ELNEC Program	INBC –Inland Northwest Blood Center
GenerosityInspires Bunko Fund Raiser for Pullman Relay for Life	INHS Telemedicine/Telestroke
GenerosityInspires Volunteers Knitting Baby Hats	Family Promise
Palouse Pathways Program	Palouse Alliance

## Community Engagement

### Community Outreach and Education (cont'd):

Whitman County Hospice  
 Whitman County CASA  
 Poverty Awareness Task Force  
 PRH Admin/FDN Annual Holiday Gift Donation  
 for Pullman Child Welfare  
 PRH Generosity Inspires  
 ENLEC Training  
 BLS  
 ACLS  
 NRP  
 AWHONN Fetal Heart Monitoring  
 Hand Hygiene Education  
 Crisis Prevention Intervention Training (CPI)  
 CPI Refresher  
 WWAMI Tutor Sessions  
 "Great Shake Out"  
 Code Orange Annual Training  
 Physician Excellence  
 Nurses Recognition Week  
 WSU Architecture Poster Presentation & Exhibit  
 Volunteer Appreciation Luncheon

Hospital Appreciation Week  
 CRNA Appreciation Week  
 Volunteer Appreciation Week  
 Flu Shot Campaign & PRH Family Flu Clinic  
 National Board of Advisors for Center for Learning & Innovation

### Student Programs:

WWAMI Medical Student Preceptor Program  
 Interns in Pharmacy  
 Intercollegiate College of Nursing  
 LCSC & Walla Walla Community College  
 C.N.A., and  
 Radiology clinical education  
 WSU Exercise Physiology  
 WSU Health Psychology  
 Post-Doc WSU Students in ED, Med-Surg, shadowing physicians

### GenerosityInspires

The two annual fundraisers for GenerosityHeals, an employee-assistance fund, generated approximately \$4,300 in donations. One employee, who prefers to be anonymous, was the recipient of \$500 to help pay for medical bills. GenerosityInspires awards were given to Rod Schwartz, Ginny Hauser, Betty Rehnberg, John Juan Rameriz, and Jean Pederson. Leanne Kaiser Carlson visited the hospital in November and spent time with the GenerosityInspires Team, providing continuing guidance on how to engage the staff and community on the power of generosity.



### 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.*

#### Volunteer Program Overview

In 2016, 226 volunteers donated 15,717 hours for a total value added of \$362,291. Michelle Smith and Nikki Nolt joined the team as the Volunteer Coordinator and Volunteer Assistant when Jessica Rivers moved to the Social Services Department. Michelle is also the Chaplain Coordinator and Nikki also serves as the manager of the gift shop. Two longtime volunteers retired in 2016: Diane Wilson and Sandy Spoonemore. The gift shop was renamed Diane's Gift Garden in honor of Diane Wilson's service as the volunteer manager and two new volunteer buyers replace Sandy.



The volunteer of the year award went to Lucille Guettinger for her many hours of service at the Information Desk and the INBC Bloodmobile.

The many volunteer groups who serve at the hospital include: Music & Memory, Prescription Pets, Direct Patient Support volunteers, and Guest Service volunteers

The Volunteer Services Team implemented Vsys, a volunteer management software which helps track and onboard volunteers.

#### Auxiliary

In 2016, the Pullman Regional Hospital Auxiliary granted project funding requests for fourteen different projects reaching departments hospital wide totaling \$20,174, honoring its mission to help fund patient healing and comfort needs. The Auxiliary will also fund equipment for the Music and Memory program and support End-of-Life training for two nurses. Since its inception in 1968, the Auxiliary has donated more than \$511,230 towards patient care at Pullman Regional Hospital.

This dedicated group of volunteers raises funds through membership dues and yearly fundraising activities. In 2016, membership reached 113 of both active (contributing through dues and serving on event committees) and inactive (contributing through dues) members. The Annual Christmas Tree Raffle, held in December, brought in \$3,521 in ticket sales and was supported by sixteen businesses and hospital departments.

The Annual Holiday Tea was also held in December and brought in over \$1,900 in donations. The Auxiliary filled 438 Valentine's deliveries through the Have-A-Heart fundraiser in February. The Gift Garden, run by volunteer Auxilians, continues to be the major source of funding and is stocked with an assortment of local, handmade, and seasonal gifts.

## Community Engagement

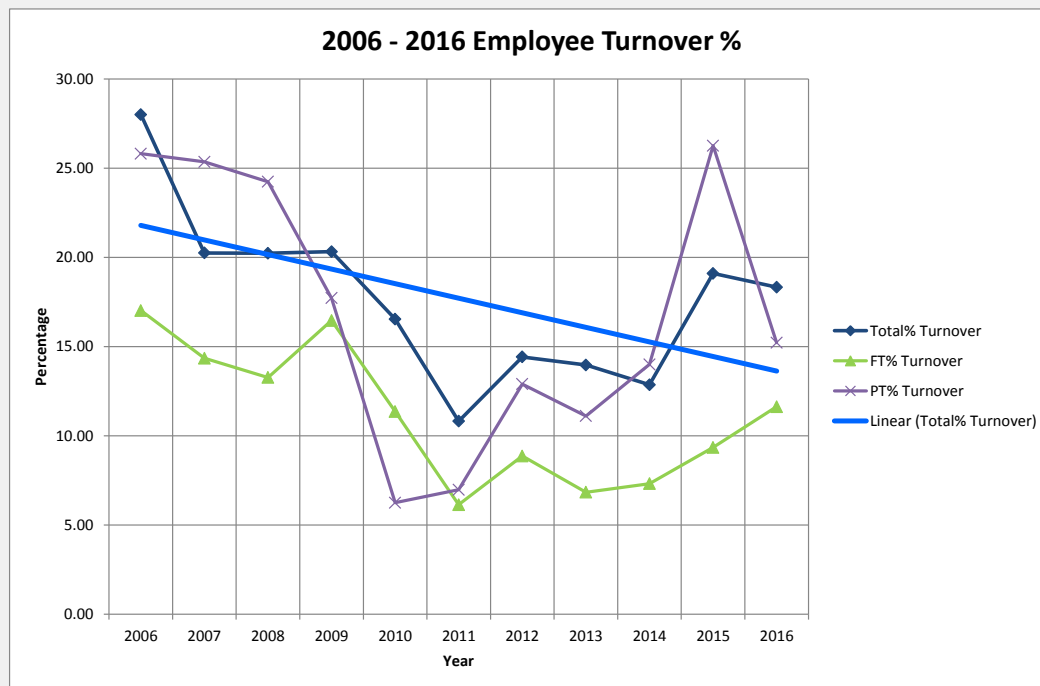
### Community Engagement Dashboard

Performance Measures	1st 2016	2nd 2016	3rd 2016	4th 2016	Year End 2016 Goal
<b>Volunteerism</b>					
Average number of community and hospital volunteers	118	118	123	125	120
Average number of hours per active volunteer served by community and hospital volunteers (excluding students)	31 hours	25 hours	23 hours	23 hours	
<b>Storytelling</b>					
Number of Generosity Stories published (cumulative)	6	9	13	18	30
<b>Philanthropy</b>					
Number of donors	341	443	508	675	no goal set



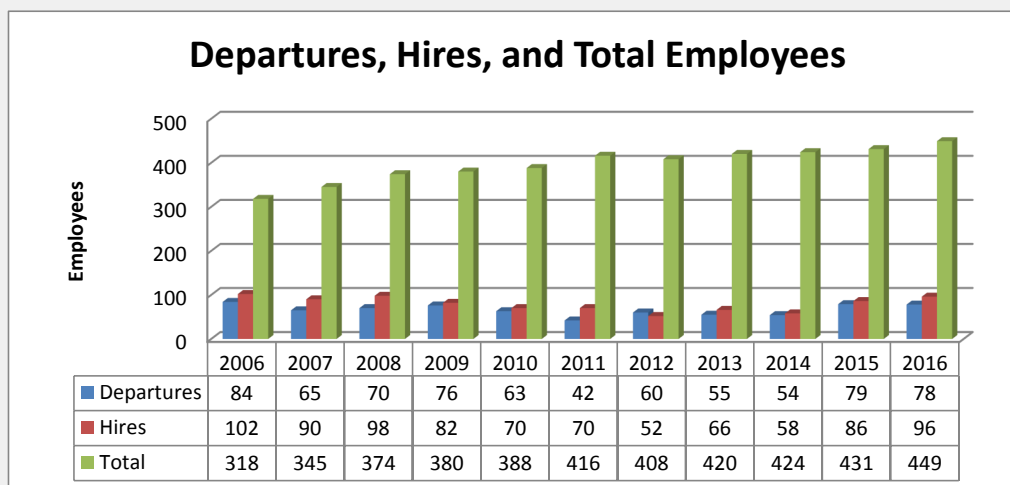
## Employee Recruitment and Retention

Pullman Regional Hospital staff turnover rate slightly improved in 2016 as compared to the previous year during which there had been an upward spike. In 2016, the hospital had an overall turnover rate of 18.33%, which included a full-time turnover of 11.63% and a part-time rate of 15.22%. The graph below shows the full-time, part-time and total turnover rates from 2006 through 2016.



In May of 2016 the hospital implemented a new background and drug screening system. The hospital worked with Certiphi for the implementation and Healthcare source to integrate it into the applicant tracking system. The system now requires applicants to enter information needed to perform background and drug screenings when they submit an application for employment thereby streamlining the process. Since implementing Certiphi the average turnaround time for background screening has decreased from 10 business days to 1.6 days. The drug screening error percentage has gone to 0%.

Pullman Regional Hospital has continued to increase the total number of employees that are employed with the hospital. From 2006 to 2016, the hospital has seen an increase of 41% in staffing levels as seen in the graph below.





## Employee Engagement Survey

### 2016 Employee Engagement Survey:

In 2016, the hospital partnered for the third year in a row with Strategic Management Decisions (SMD) to conduct the annual employee engagement survey. The survey ran from 9/16 to 10/10 with a goal that 80% of the employees would complete a survey. An email was sent to each employee's work email with a link to the survey. Employees accessed the survey using the link in the email and the survey took about 10-15 minutes to complete. All individual responses are confidential. The hospital and the departments only receive aggregate results.

In early November, the hospital received the full employee engagement survey report and department leaders received the results for their departments. A total of 348 employees completed the survey which is an 80% completion rate and this met the completion goal for the hospital. Every department in the hospital had at least 50% of their staff complete the survey and 21 departments had 100% of their employees complete the engagement survey. Of the 11 major categories in the survey, ten of them increased their score from 2015. Only one category, Safety Climate, had a slight decrease from 2015 at -.03. Overall employee engagement has increased each year in the survey from 4.41 in 2014 to 4.47 in 2015, and 4.52 in 2016. The highest scoring category in the survey is Customer Focus at 4.54 and the lowest is Accountability at 3.83 (on a 5-point scale with 5=strongly agrees).

A few comments from the survey include:

"I have the best group of coworkers in the area."

"I like that the environment, overall, at PRH is a positive and friendly place."

"I feel like my work makes a difference in the community."

"Holding people accountable for their actions, at all levels of the organization."

"I would like to see more opportunities for continuing education and career development."

### Employee Engagement Survey Results -- Overall

Survey Dimension	Mean Score (Scale of 1/5)		
	2014	2015	2016
Accountability	3.71	3.79	3.83
Career Development	3.96	4.04	4.14
Compensation and Benefits	3.83	3.98	4.14
Customer Focus	4.43	4.49	4.54
Engagement	4.41	4.47	4.52
Job Fit	4.27	4.30	4.37
Management/Leadership Skills	4.03	4.11	4.22
Quality	4.39	4.43	4.47
Safety Climate	4.36	4.47	4.44
Senior Management	4.07	4.22	4.25
Teamwork	4.01	4.08	4.18



## Employee Engagement Survey

### Key Drivers of Turnover Risk:

As part of the hospital's employee engagement survey results, a heat map is generated to graphically show the relationship between drivers in the organization and their impact on employee turnover. There are four quadrants in the grid, Promote, Maintain, Monitor and Focus.

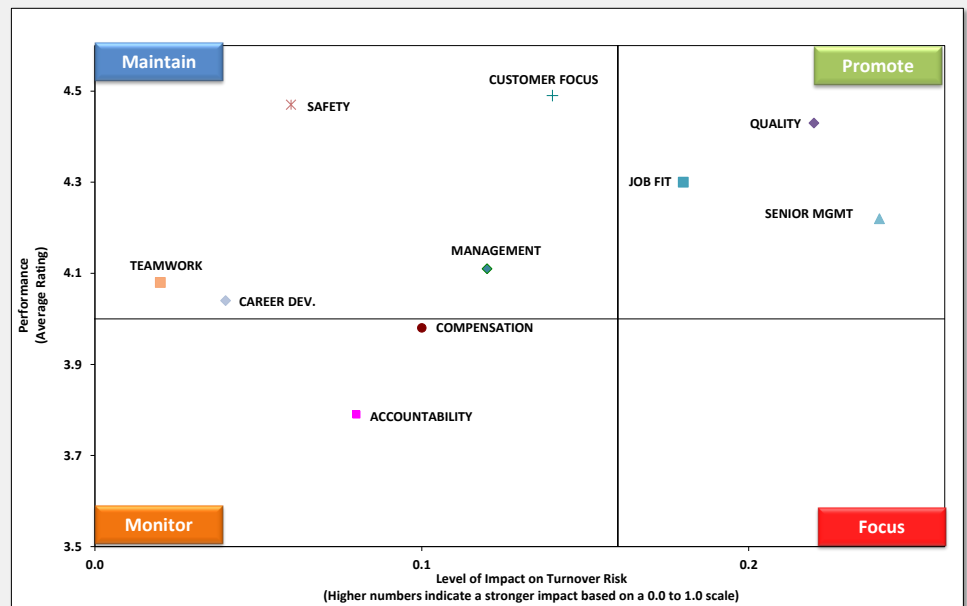
**Promote:** the hospital is doing well and needs to continue to promote those areas.

**Maintain:** the hospital is also doing well and needs to continue to do good work.

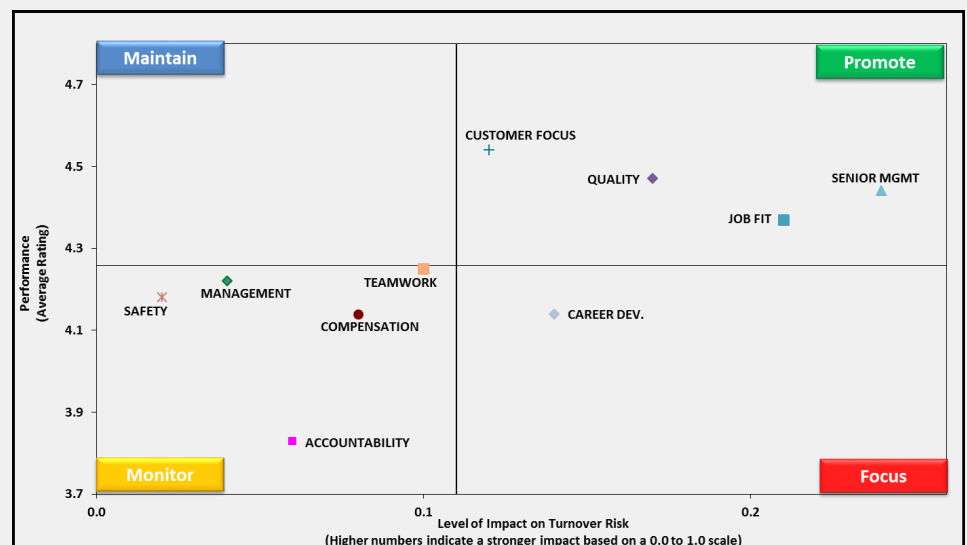
**Monitor:** the hospital needs to continue to monitor and look for ways to improve.

**Focus:** the hospital needs to pay attention to and develop plans for improvement.

The heat map results from the 2015 engagement survey had reported significant changes over 2014. The majority of the key drivers were now in the Maintain and Promote quadrants with two drivers in the Monitor quadrant and zero drivers in the Focus quadrant.



The heat map results from the 2016 engagement survey has not reported significant changes. The majority of the key drivers are now in the Monitor and Promote quadrants with one driver in the Focus quadrant and zero drivers in the Maintain quadrant.



## Wellness for Life

### Wellness for Life:

In 2016, Pullman Regional Hospital again sponsored the Wellness for Life Program. Started in 2012, this program provided employees with opportunities to identify health concerns, establish personal goals, lower healthcare expense and improve quality and outcome.

In April, 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.

For the first time, Wellness for Life program was connected to the hospitals health insurance. Employees had the opportunity to select the health insurance plan from Premera that met their deductible and out of pocket cost needs. The plan entitled “Wellness Insurance Plan” came with the requirement that the employee must participate in the Wellness for Life program. The other two plans – “Base Plan” and “90/10 Plan” had the option for employees to participate in the Wellness for Life program. Employees who participated in and completed the 2016 Wellness for Life program would be eligible to select either a \$500 contribution to their Health Savings Account or a \$250 Gift Card. If an employee either did not participate in or complete the 2016 Wellness for Life program, they would not be eligible to participate in the 2017 Wellness Insurance plan.

The Average Health Score chart displays the average score for members who completed the Member Health Assessment and the Biometric Screening. It represents the current health status and overall wellness of the organization by examining participating employees’ health management.

The Health Score Distribution chart displays, by percentage and number, the breakdown of members into the five risk levels associated with the Health Score. It identifies by individual and organizational health demographics:

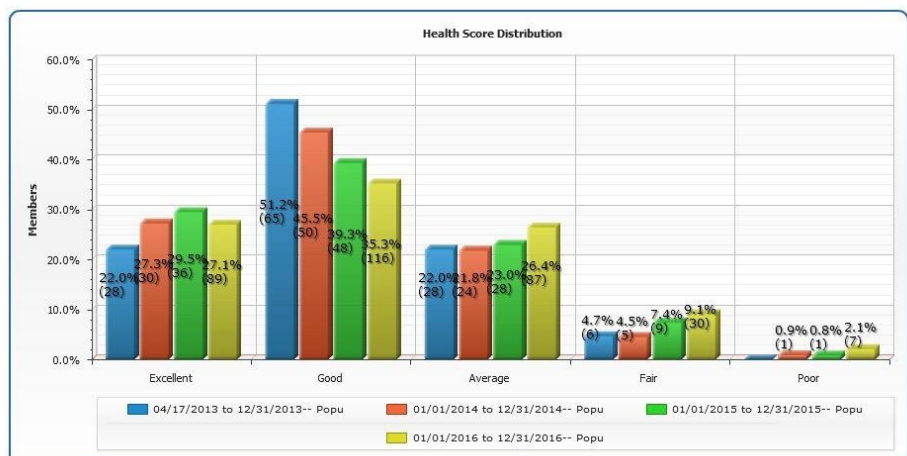
Excellent: 90.0—100.0

Good: 80.0—89.0

Average: 70.0 — 79.9

Fair: 60.0 — 69.9

Poor: <60.0



## Specialty Certifications

## Pullman Regional Hospital Employees

Employee Name	Certifications	Employee Name	Certifications	Employee Name	Certifications
Scott Adams	FACHE	Andi Gallagher	ARRT(MR)	Justin Peters	ARRT(CT)
Jennifer Anderson	ARRT(M)	Regina Garcia	AHIMA	Darin Porter	ARRT(RRA)
Kellsie Ausman	RNC	Jami Gilkey	ARDMS	Brian Poxleitner	ARRT(CT)
Jenny Becker	RNC	Ginny Gosse	CCRN	Acacia Prather	RNC
Ginny Berg	CEN	Charles Gunkle	RNC	Frances Preston	NBCOT
Nicoline Blaker	RNC	Leah Haak Beck	CDR	Garrett Quarve	ServSafe
Jonna Bobeck	CEN	Randy Hartig	CNOR	Linda Rauch	RNC
Johanna Bounous	CCRN	Laurie Heimbigner	RNC	Amy Richards	ARRT(CT)
Marilyn Burch	CDR	Amyr Henderson	ASHA	Amber Roberts	RNC
Charles Butler	CEN	Joan Hendrickson	ANCC	Izzie Roepke	RNC
April Cane	ServSafe	Jesse Holcomb	CNOR	Anna Rubalcava	CNOR
Brenda Champoux	ARRT(M)	Jamie Johnson	ARDMS	Lynn Sakamoto	CNOR
Vishal Chaudhry	FACHE/CSSBB	Tom Johnson	ARRT(MR)	Roseann Sargent	ARRT(CT)
Lynne Cooper	CEN	Kai Johnson	CEN	Ben Schacher	CNOR
Lisa Cordodor	CNOR	Keri Jones	ASHA	Helen Scheibe	ARRT/NMTCB
Michelle Cranston	ARRT(CT)	Sarah Kangas-Hanes	SPHR	Kelly Sebold	ASHA
Tyson Cranston	ARRT(MR)	Laura Keogh	IBCLC	Kai Seshiki	NATA
Steve Cromer	CNOR	Joan Laundry	RNC	Kate Shumaker	ASHA
Lindsay Davies	ARRT-CT	Lyle Lowder	ARRT/NMTCB	Bill Siegwarth	ARRT(CT)
Kim Devich	CNE	Brigitte Lowe	ARRT(CT)	Stephanie Smick	CMSRN
Heather Dixon	AHIMA	Kim Lunsford	CNOR	Dan Swan	ARRT(CT)
Nancy Downs	ARRT(CT)	Marie Maggio	ARDMS	Austin Swopes	ARRT(CT)
Jeremy Ellison	ServSafe	Cathy Murphy	CAPA	Nicole Weiss	RNC
Anna Engle	ANCC	Peggy Myers	ARDMS	Kaliub Whitman	RNC
Marcy Fisher	CCRN	Zack Myers	ServSafe	Catherine Wilkins	CEN
Melissa Francik	CDR/WellCoach	Kathryn Nesbit	ARRT(CT)	Betsy Wilson	ASHA
Lacey Frei	ARDMS	Tawny Nichols	RNC	Dianna Wise	RNC
Sandy Frisbey	AHIMA	Carol Owings	RNC/IBCLC		

<b>Key:</b>	AHIMA	American Health Information Management Association	CMSRN	Certified Medical Surgical Registered Nurse	(M)	Mammography registry in Imaging
	ARDMS	American Registry of Diagnostic Medical Sonography	CNE	Certified Nurse Educator	MBCOT	National Board for Certification of Occupational Therapy
	ARRT	American Registry of Radiology Technologists	CNE	Certified Nurse Educator	NMTCB	Nuclear Medicine Technology Certification Board
	ASHA	American Speech and Hearing Association	CNMT	Certified Nuclear Medicine Technologist	(MR)	MRI registry in Imaging
	CAPA	Certified Ambulatory Perianesthesia Nurse	CNOR	Certified Nurse Operating Room	NATA	National Athletic Trainer Association
	CAPA	Certified Ambulatory Perianesthesia Nurse	CRCST	Certified Registered Central Sterilizing Technician	NMTCB	Nuclear Medicine Technology Certification Board
	CCRN	Certified Critical Care Registered Nurse	CSSBB	Certified Six Sigma Black Belt	PCCN	Progressive Care Nursing Certification
	CDE	Certified Diabetes Educator	(CT)	CT registry in Imaging	PNBC	Pediatric Nurse Board Certified
	CEN	Certified Emergency Nurse	FACHE	Fellow American College of Healthcare Executives	RNC	Registered Nurse Certified
	CMSRN	Certified Medical Surgical RN	IBCLC	International Board Certified Lactation Consultant	ServSafe	Advanced Food Handling Certification

## 2016 Pullman Regional Hospital Medical Staff Certification

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.

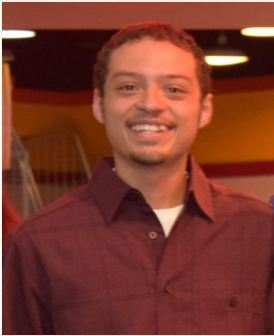
## Staff & Physician Recognition

### Outstanding Employee Award:

**Jeremy Ellison**

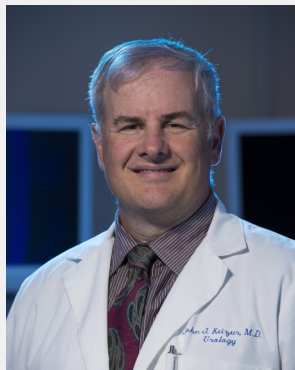
### Nurse Excellence Award:

**Anna Engle, RN**



### Physician Excellence Award:

**Dr. John Keizur**



**Employee Appreciation:** During National Hospital Week, several events were held in appreciation of our staff. These included a Longhorn Barbeque and a 15-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 and featured a breakfast for all staff, a scrub sale, and a "Top chef Challenge". Two hundred staff were served omelettes and tea/coffee. The cook-off featured "sweet" and "savory" dishes with the required ingredient "bacon". Nate James won the "savory" category with his Morrell-Bacon gnocchi and Anita Parrott won the "sweet" category with her maple bacon upside down cake.

**Anniversary Celebration:** The annual Anniversary Celebration was again held at SEL Event Center. Over 200 hospital staff, Board of Commissioners, Foundation board members, medical staff, and volunteers attended the event. The "Generosity Heals" fund was established in 2012 to provide resources for staff members during personal crises or in time of need. Approximately \$1600 were raised through a Dessert Auction towards the "Generosity Heals" fund.

**Doctors' Day:** In April, in celebration of Doctors' Day, awards for Physician Excellence, Dr. Congeniality (based upon patient satisfaction) awards were given out at the Quarterly Medical Staff Meeting (see left column and below).

### Patient Satisfaction Excellence Award (Dr. Congeniality):

**Dr. Benjamin Adkins**



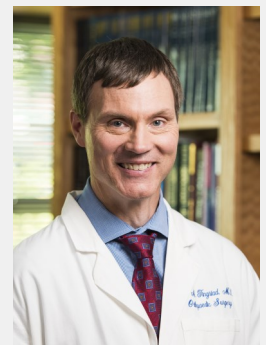
**Dr. Nigel Campbell**



**Dr. Vicki Short**



**Dr. Edwin Tingstad**



## Leadership Development and Skill-Building

### Leadership Development:

In 2016, a Leadership Development Team was established to look at ways to create and implement a leadership development program and to continue to provide learning in the leadership area. The team organized a series of Lunch and Learns to continue the learning from the 2015 Leadership Retreat and specifically focused on the Five Practices of Exemplary Leadership. Between March and June, a Lunch and Learn was offered each month where leaders were able to attend and learn more in-depth about each of the five practices. Leadership development topics and activities were also incorporated into the regular monthly meetings of the Leadership Group.



In November, the annual Leadership Retreat covered a variety of topics and opportunities for learning. On the first day of the retreat, Dr. Early, Dr. Mikkelsen, and Dr. Geheb shared with the leader's information about Physician Burnout including the prevalence and effects, signs and symptoms, and treatment. The Leadership Development Team led the group in exercises and conversations concerning the multi-generational workforce. On the second day of the retreat, guest speakers Mary Kay Patton and Holly Henning Yeager from the WSU Center for Transformational Learning and Leadership lead the group in a session entitled Managing Transitions: A Workshop for Pullman Regional Hospital. This workshop provided the group an opportunity to look at the past and see where critical points of change had occurred the past and then to talk about how change can be managed in the future. The final session in the retreat was led by Scott Adams and covered the generosity and how that can be transformative and how leaders can incorporate that into their daily work as leaders.

### HealthStream Electronic Learning System:

In the summer of 2016, the hospital was introduced to a new way for staff to stay current and competent on their CPR skills. The Resuscitation Quality Improvement (RQI) program is a comprehensive training program from the American Heart Association (AHA) that addressed the problem of rapid CPR skills decay. The hospital made the decision to implement the RQI program in October 2016. There are two advanced Simulation Stations that clinical employees use to refresh vital CPR skills in just minutes every 90 days. The hospital successfully completed the first quarter using the new Resuscitation Quality Improvement (RQI) system for Basic Life Support (BLS) and Advances Cardiac Life Support (ACLS) in December 2016.

The second quarter of RQI activities will begin on January 1, 2017 and employees will once again practice their CPR skills using the RQI carts and they will continue to improve their resuscitation skills competencies.

*"I had Mark as an ICU nurse, and he's absolutely outstanding. He provided really good care for me. He explained things to me and he took time to care about how I was doing, and how I was handling things. He worked to keep me and my family calm during a critical situation, and I just was very, very appreciative for the care that he provided. My family was also impressed with the level of care and compassion. We were all really impressed with the hospitalists that we saw. They were also very good, took time to explain things, figured out what's wrong with me, and helped us understand the treatment that was needed."*



# A YEAR IN REVIEW – 2015

## 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)

Palouse Specialty Physicians, P.S. (jointly owned)



### We are a community of:

448 Full-time (274) and Part-time Employees (174)

226 Volunteers that served over 15,718 hours with an estimated value of \$362,000

113 Members of the Hospital Auxiliary. The Auxilians transferred \$20,174 in support of hospital needs

156 Medical Staff (62 in active membership)

### As a team we served:

1,764 Men, Women, Children, & Newborns as inpatients

77,911 Individual outpatient visits

### That Totals:

4,452 Patient Days

426 Babies were delivered

720 Equivalent Observation Patient Days

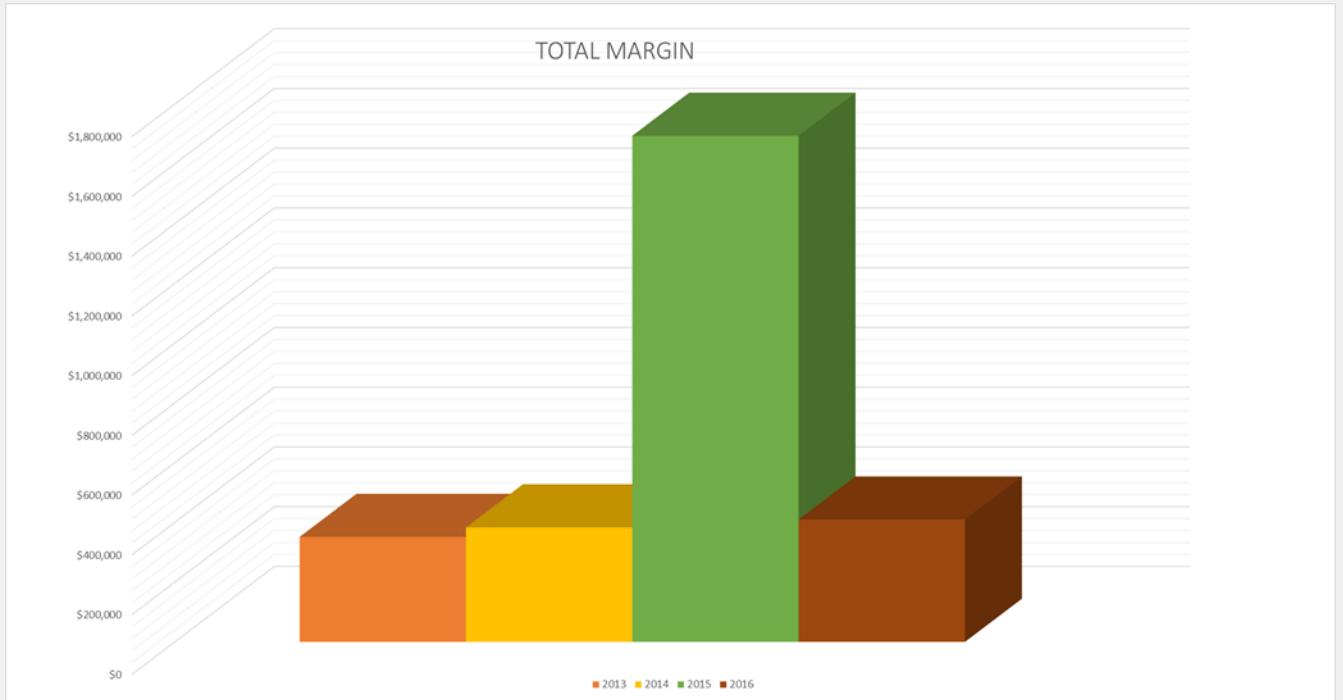
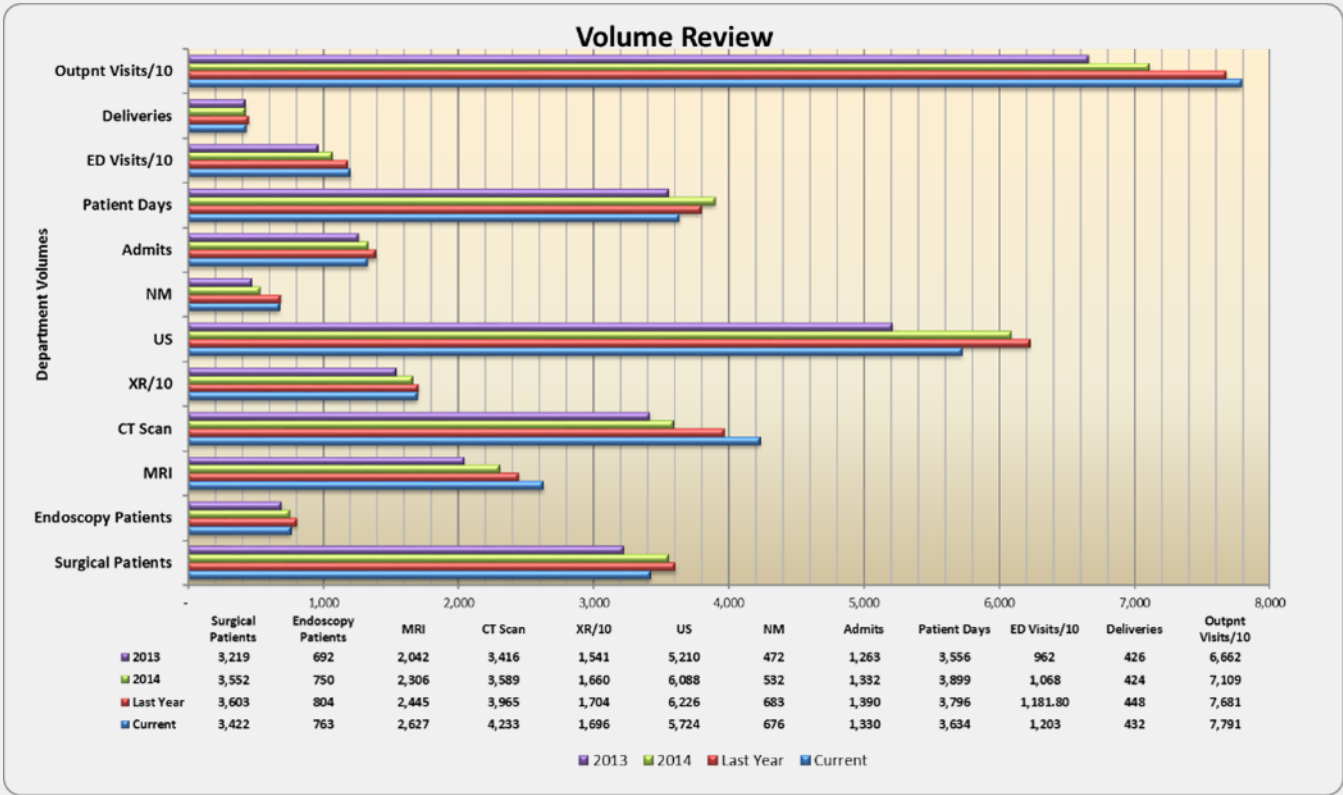
17,286 Observation hours of care

12,028 Patients entered our Emergency Department

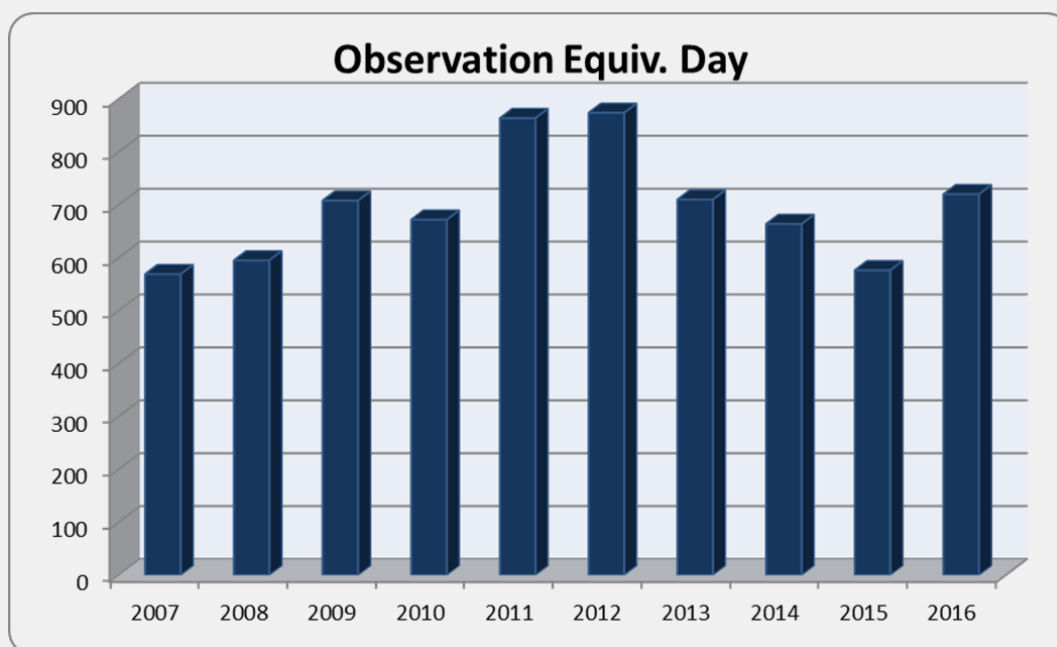
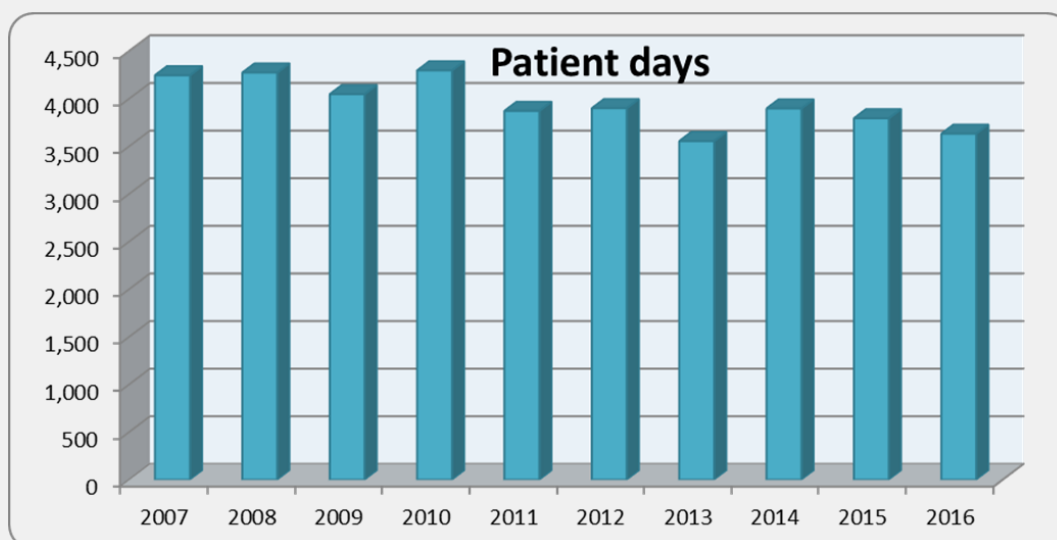
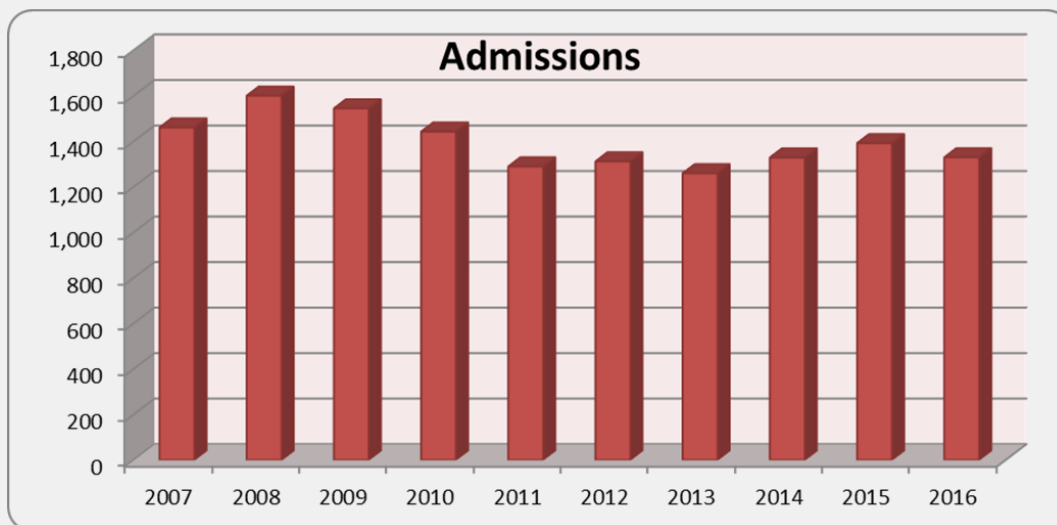
96,636 Laboratory tests were performed

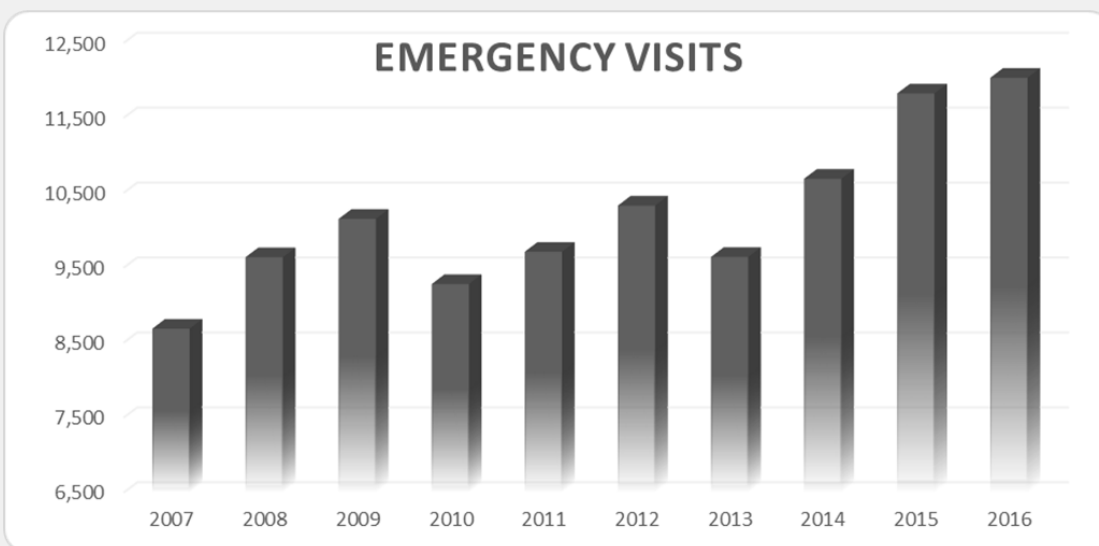
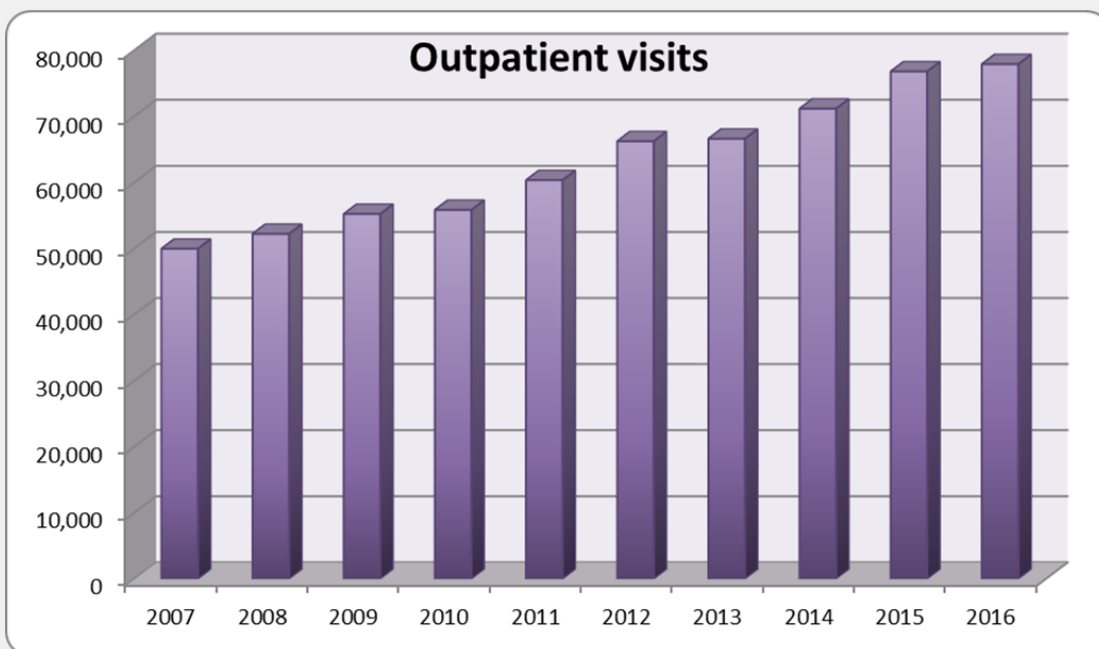
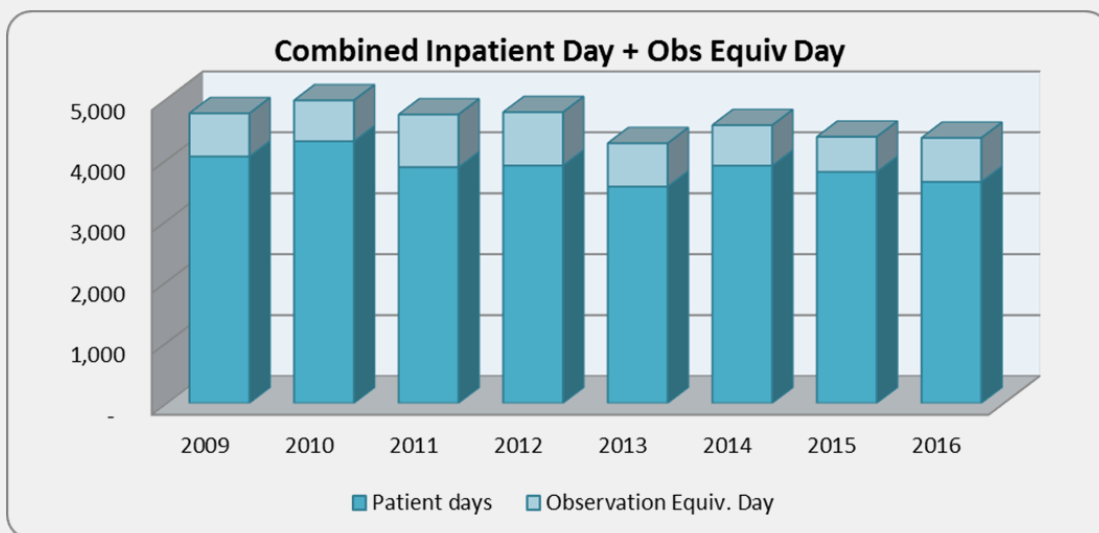
30,220 Diagnostic Imaging studies completed

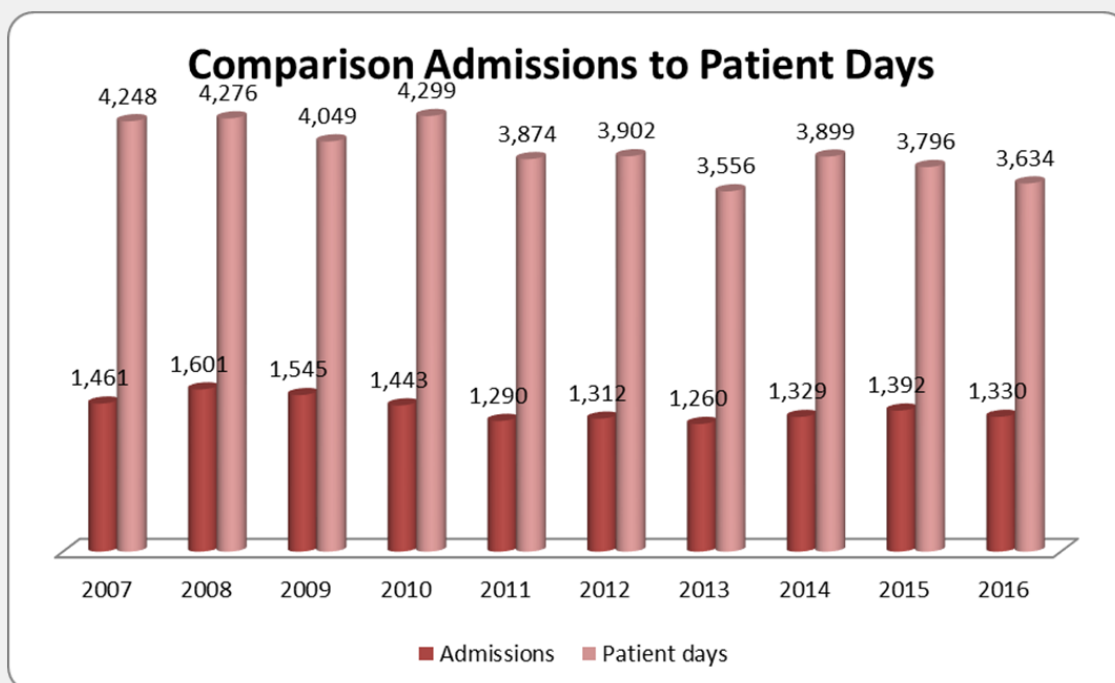
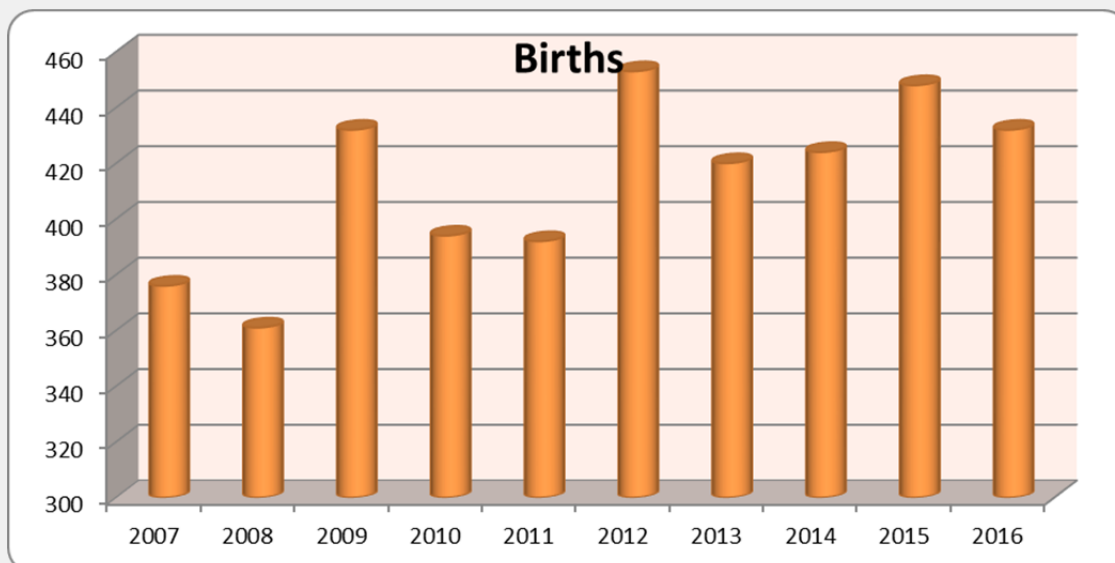
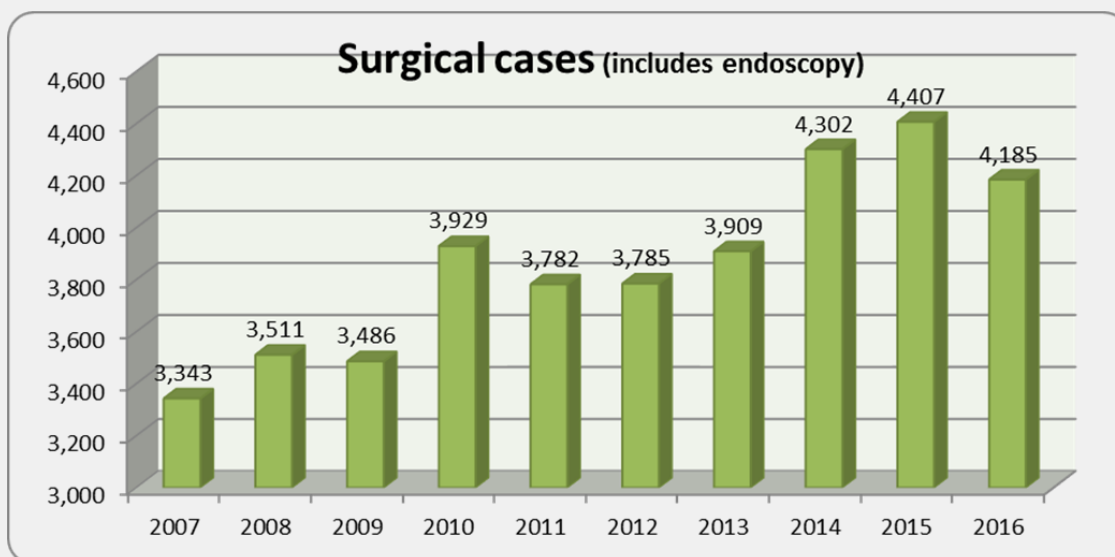
4,185 Surgical patients, 82% surgical vs. 18% endoscopy

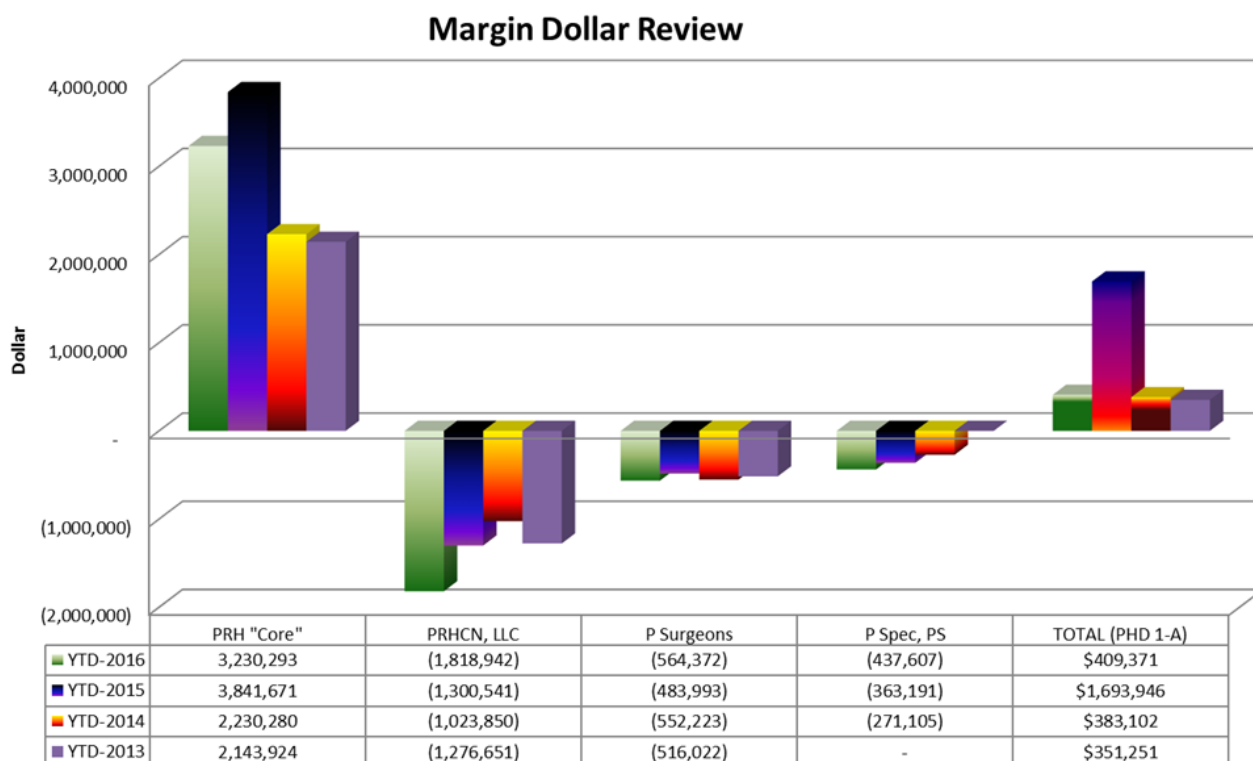












## Pullman Regional Hospital Vital Signs

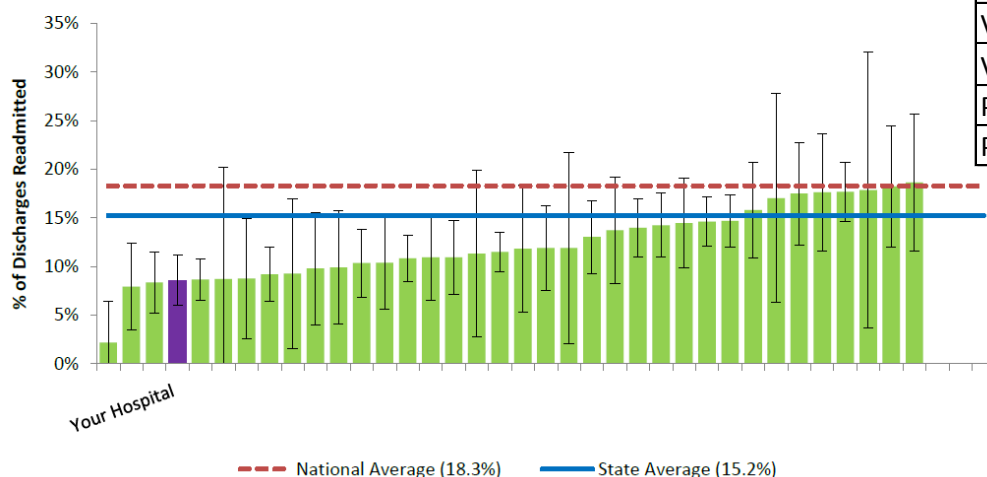
	2012	2013	2014	2015	2016
Patient Days	3,902	3,556	3,899	3,796	3,634
Patient Admissions	1,312	1,260	1,329	1,392	1,330
Surgical Cases (including endoscopy)	3,785	3,909	4,302	4,407	4,185
Births	453	420	424	448	432
Observation Hours of Care	20,976	17,040	15,931	13,832	17,286
Diagnostic Imaging	26,893	26,548	29,114	30,357	30,220
Emergency Visits	10,322	9,637	10,680	11,818	12,028
Laboratory Tests	87,898	86,492	90,218	93,924	96,636
FTEs	317	323	324	328	350

## 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 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.

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

Figure 2: 30-Day Readmissions (as a Percent of Medicare Discharges) by CAH, Current Year



## Graduate Medical Education

There is ongoing interest in developing a Rural Training Track for Family Medicine at Pullman Regional Hospital. Funding of the effort has been a large barrier. Recently, there has arisen new hope of governmental assistance that may help with further steps.

## Student Education

Several active and retired members of the Medical Staff serve in faculty positions for medical students through the WWAMI program. They find it personally rewarding to “give back”, provide service in educating the future physician workforce and, by their actions and commitment, demonstrate to future providers the advantages of being part of the medical community at Pullman Regional Hospital.

The Medical Staff has also engaged WSU undergraduate students on campus with presentations regarding the healthcare professions and members have served as part of roundtable discussions/ conferences within the hospital. We are finding new and exciting ways to partner with the rich resources that are so much a part of our University community.

## 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 (EMR), continued to be a major focus for Clinical Informatics in 2016. Nursing staff and physicians have increased their utilization of the EMR by entering almost all orders and documentation electronically. MU Stage 1 attestations were successfully completed in 2012 and 2013 followed by attestation for MU Stage 2 in 2014 and 2015. Finalized MU Stage 3 objectives were released in the Fall and plans are underway to meet those objectives. Many nursing documentation screens have been enhanced in 2016 based on requests from nurses and nursing managers. Examples include screening tools for sepsis and stroke. Both screening tools were expanded to include assessment of applicable patients in the Emergency Department as well as Inpatients. New assessment screens developed and implemented were Neurovascular, Ostomy, and CAUTI (Catheter Associated Urinary Tract Infection). Staff provides ongoing support to clinical staff in utilizing new screens and functions. A major project that was initiated in the Fall of 2016 was Discharge Routine with electronic prescribing. The first phase of implementation included the emergency department and inpatient units including the ED physicians and hospitalists performing the first electronic prescribing of new prescriptions for patients at discharge. The Discharge Routine will allow inpatient staff to complete all required documentation for discharge from one location in the record including patient discharge instructions and completion of medication reconciliation. The next phase of this project will involve implementation of e-prescribing by other members of the medical staff. Provider documentation expanded in 2016 for our CRNAs (Certified Registered Nurse Anesthetists). They now document procedures and post-anesthesia evaluations for all patients. In addition, a template was created for telepsychiatrists who consult remotely for emergency department and inpatient psychiatric patients. All of these documents are available for other providers and staff to view within our EMR immediately after submission.

**Data Reporting:** In recent years, efforts are increasingly shifting reimbursement models for Critical Access Hospitals from a cost-based model aimed at stabilizing financing to a value-based model with an emphasis on quality. This is driving measurement and reporting of specified quality measures to regulatory agencies such as CMS (Centers for Medicare and Medicaid Services). Providing evidence of high-quality care delivery necessitates participation in 2 quality reporting programs; MBQIP (Medicare Beneficiary Quality Improvement Program) and PQRS (Physician Quality Reporting System). Staff audit electronic medical records and submit reports on a quarterly or yearly basis. These reporting systems can provide evidence that the quality of care provided in a small, rural hospital is equivalent to, if not better than, those same services in urban settings.

**Interoperability:** The ability to connect with other health care facilities and share information is a major objective of the national Healthcare Information Exchange (HIE) and Meaningful Use initiatives. We are now automatically electronically reporting immunizations to the Washington State Registry. In addition, Continuity of Care documents (CCD) automatically flow to patients' outpatient clinic records when the clinics' Electronic Health Record (EHR) is a part of our network. Collaborative efforts with Pullman Family Medicine clinic in 2016 provided the opportunity for Pullman Regional Hospital to now receive CCDs when patients use our emergency services. The CCD provides essential information for care of the patient such as allergies and medications taken at home.

## **Information Technology**

### **Tiani Spirit Interface:**

This is an interface through INHS that shares data between Meditech and PFM's Centricity platform.

### **Pavisse Servers:**

Built and connected servers for risk management.

### **Meeting Room Signs:**

Built a server that allows interfacing with Exchange calendars so that we could display meeting room agendas on digital signage outside of each meeting room.

### **Voicemail Upgrade:**

Migrated our old voicemail system (CallPilot) to our new Avaya Aurora Messaging Platform. This new platform consists of a 6 server farm and allows for more integration of voicemail and fax into our email environment.

### **FireSight and AMP for Endpoints:**

This is a new security platform that works in conjunction with our firewall to help keep our work environment safe.

### **Password Reset Tool:**

A new piece of software was added to our set of tools that will help end users, that forget their passwords, to go through a set up self-setup questions and allow them to reset their password without calling IT each time.

### **HIPAA Risk Assessment:**

We had our yearly HIPAA risk assessment over the summer.

### **Summit EMR:**

An EMR was implemented for Summit Therapy called Practice Perfect.



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 ninth time Pullman Regional Hospital has received this award (2007-2015).



## Care Coordination and Delivery Systems

**Health Homes:** Health Homes is a care coordination service offered by the Washington State Health Care Authority. Pullman Regional Hospital, Elizabeth Hillman, LICSW, is a contracted provider for Molina Health Home Program. A Health Home is not a place. It is a set of services to support Medicaid clients with serious chronic conditions and more than one medical or social service need. Health Home services can make things go more smoothly between the client and medical and social service support. This may help reduce visits to hospitals and emergency rooms and support health, overall well-being and self-care.

The Health Home Care Coordinator works in collaboration with the client, client's family, caregivers, doctors, nurses, mental health and case manager. Our contracted service area includes Pullman, Colton, Uniontown, Palouse & Garfield.

**Social Work Extenders:** In a unique partnership with Washington State University, Human Development undergraduate students are serving as "social work extenders" in internships with the hospital Department of Social Work & Care Coordination. As Social Work Extenders, the students are working in at the Palouse Free Clinic, Pullman Family Medicine, Regency Senior Living, Pioneer Square, Palouse Cove and Bishop Place. The students are helping clients set health goals, create action plans and address barriers to independence, health & wellness. Since the program's start in August 2014, the Social Work Extender Interns have offered outreach support to more than 130 residents in Whitman County .

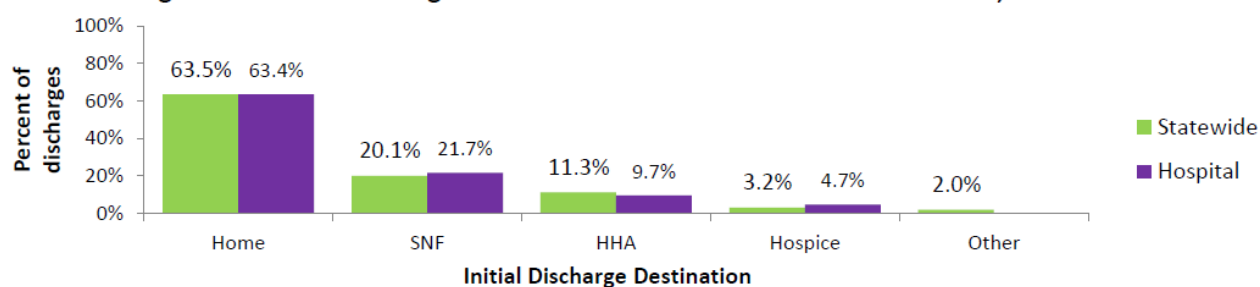
### Readmissions for Select Demographic Groups and Health Conditions

Figure 6: 30-Day Readmissions (as a Percent of Medicare Discharges)

	2014 Baseline Readmit %	Hospital			Statewide Current Year Readmit %
		Readmit %	Discharges	% of all Discharges	
All	9.3%	8.6%	443		15.2%
Dual-Eligible	17.0%	12.1%	66	14.9%	19.5%
Individuals Under 65	17.3%	7.9%	38	8.6%	19.7%
Individuals 65-84	8.0%	9.1%	318	71.8%	14.5%
Individuals 85+	9.1%	6.9%	87	19.6%	13.1%
0 or 1 Chronic Condition(s)	11.5%	10.4%	115	26.0%	12.3%
2 or 3 Chronic Conditions	8.8%	5.1%	235	53.0%	12.7%
4 or More Chronic Conditions	7.1%	15.1%	93	21.0%	16.8%

### Post-Acute Services Utilization

Figure 7: Actual Discharge Destinations for Medicare FFS Beneficiaries, Current Year



### **Care Coordination and Delivery Systems**

**The Pullman Feeding Team for Children:** Pullman Regional Hospital (PRH) is the Lead Agency for The Pullman Feeding Team for Children. The Team had a busy and productive 2016. There were over 20 new referrals from as far away as Orofino, Pomeroy, Endicott and Sacred Heart Neonatal Intensive Care Unit. Many members attended the Sequential Oral Sensory (SOS) intensive training conference in Denver, CO, in July. This was made possible by a grant from the Women's Leadership Guild in 2015. The result was the ability to ramp up services that our team offers to include intensive ongoing therapy for food sensitivity, tactile aversion, limited food repertoire, and carry-over of treatment strategies into the home. We added an additional dietitian who has expertise in premature infants and children with nasal or gastric feeding tubes. Our team continues to evaluate approximately 4-6 patients per month. We do 1-2 follow ups per week and have children in individual therapy on a weekly basis as needed. Follow-up has remained steady and after our attendance of the SOS training, we conducted our first "Food School". In this setting, children come in a small group and participate in about 20 minutes of gross motor, proprioceptive and sensory play, then transition to a table for oral motor skill development and finish with a snack. This intensive therapy is offered in 12-week sessions and includes a parent education piece where our social worker can provide education, counseling and interpretation of the services provided using closed circuit television or telehealth technology .

**Circles of Caring Partnerships:** Since Circles of Caring moved their location to Pullman, Pullman Regional Hospital has had a great opportunity to partner with them to provide a variety of services. Summit Therapy and Rehabilitation Services offers physical therapy and occupational therapy at Circles of Caring on a regular basis. The laboratory staff goes to provide blood draws for patients so they don't have to endure transport to the hospital for outpatient phlebotomy. In May of 2016 we entered into a contract with Circles of Caring for 20 hours per week of Social Work support. These are some great examples of Pullman Regional Hospital staff innovation and partnership that provides services to our community .

**Advance Care Planning:** During 2016 Pullman Regional Hospital and Pullman Family Medicine implemented a test of change for Advance Care Planning (ACP). Referrals made during a patients' Preventive Care Visit with Dr. Adkins were received by a hospital based ACP Facilitator and conversations arranged at the location of patients' choice. Once documents are completed, they are scanned into Docuware for storage and retrieval. The goal moving forward is to implement this test of change across the community and further develop a process to store and retrieve ACP documents to better ensure patients' wishes are known and honored. 112 ACP referrals were received from Dr. Adkins during our test of change, May 2016-December 2016. Not all referrals resulted in facilitated conversations but through the hospital and primary care partnership, we are increasing awareness and influencing change when it comes to Advance Care Planning .

*"I would like to thank Pullman Regional Hospital for all the care and help from the nurses, the doctors, and the whole staff, I was treated excellent while I was in your care. It was a pleasure being there for something you wouldn't normally want to do."*

### **Community Health Impact Faculty Fellowships**

As part of the 2016 Health Innovation Summit the Center for Learning and Innovation introduced a new collaborative program with the faculty at Washington State University. Our Community Health Partners Fellowship program is intended to identify innovations in health and healthcare delivery that can be strengthened by a cooperative effort between WSU faculty and Pullman Regional Hospital. The program outline is as follows:

#### **Eligibility:**

- Be a full-time faculty member at Washington State University
- Have the endorsement of his/her Dean and Department Head

**Funding:** \$5,000 fellowship

#### **Proposal should address the following:**

- Describe the research/project and how it relates to one or more of our innovation priorities.
- Describe the impact this project will have on the hospital and/or the community. What resources will be required (e.g. data, access to patients, access to medical professionals, etc)?
- What are the desired outcomes?

Applications were accepted through Dec 31, 2015 and two Fellowship recipients will be selected in 2017.

### **New Director for the Center for Learning and Innovation**

In 2016 Becky Highfill was named the Director of the Center for Learning & Innovation at Pullman Regional Hospital. Highfill has been working as the Grants Manager at the Pullman Regional Hospital Foundation since 2013. Highfill will direct the activities of the Center for Learning & Innovation while continuing to administer the hospital's grant program.

In this new role, Becky will lead the development and execution of Pullman Regional Hospital's strategic plan to integrate innovation with healthcare delivery. The Center for Learning & Innovation will also coordinate learning and leadership activities, such as coaching, personality and communications assessments, the role of Generosity in health and wellbeing, and effective leadership. Becky will work with Chief Medical & Innovation Officer Dr. Gerald Early, hospital leaders and physician practices to address identified health needs of populations in the region through delivery models, such as care coordination, telemedicine, and ongoing development of an electronic medical record .

## **Whitman County Health Network**

Throughout 2016 the Whitman County Health Network continued to identify and support efforts that addressed issues related to the Network vision of:

The Whitman County Health Network will represent the united voice of Whitman county constituencies in the development, coordination, and delivery of health and human services. We envision that this united effort will:

- Improve family and individual health and well-being
- Improve access to health and human services
- Reduce costs of current delivery processes and redirect savings toward targeted, strategic early intervention.

Specifically, this year's efforts addressed the integration of physical medicine with behavioral health services, the expansion of care coordination, a cooperative effort with the Yakima Valley Farm Workers to establish a dental and medical clinic in Pullman, collaborative work with the Pullman School District to expand capacity to address issues related to adverse childhood events (ACEs) through trauma informed practice (TIP), and assuming responsibility for the producing and managing the electronic version of the Palouse Resource Guide.

## **Northwest Rural Health Network (formerly the Critical Access Hospital Network)**

2016 brought new structure and a new name to the original Critical Access Hospital Network. Membership remains the same and a new executive director has been appointed. Jac Davies, the new executive director, led the Network through activities in 2016 that helped organize the Network for continuing to meet our mission and vision for rural healthcare in Washington. Specifically these efforts included:

- Updated organizational bylaws
- Established standard dues structure for members
- Identified and implemented committee structure for accomplishing the work of the Network
- Established a process for grant submittals and grant applications
- Developed a business plan with clear priorities for the Network

## Orthopaedic Excellence

During the first year of activity in the Orthopaedic Center of Excellence we have solidified our orthopedic emergency call coverage with 24 hours per day, 7 days a week guaranteed coverage from Inland Orthopaedics and Sports Medicine. The service has been timely, responsive, and dependable. Other patient care activities in the hospital have been equally attentive, collaborative, and high quality in their outcome. We have seen good improvement and stabilization of orthopedic services during this first year of partnership.

Additionally, we have conducted four steering committee meetings with each attended by all six members of the committee (Dr. Tingstad, chair, Dr. Pennington, Dr. Jacobsen, Scott Adams, Jeannie Eylar, Ed Harrich). Through the conversations and brainstorming efforts we have arrived at the following plan to guide our activities going forward.

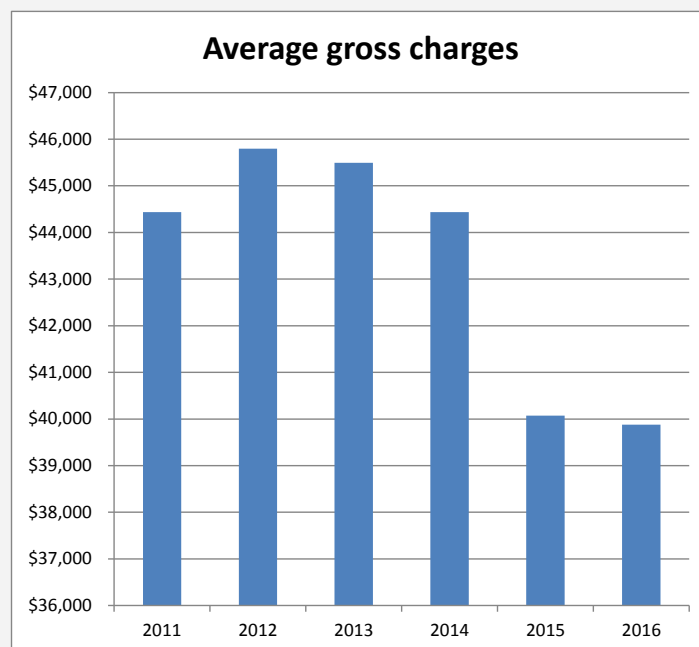
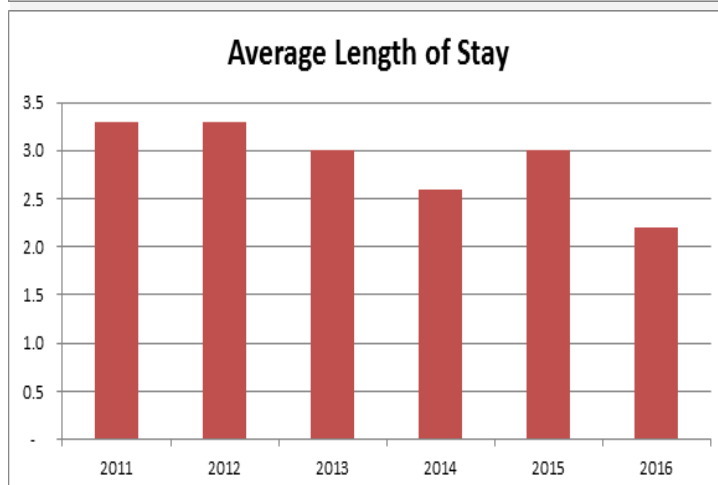
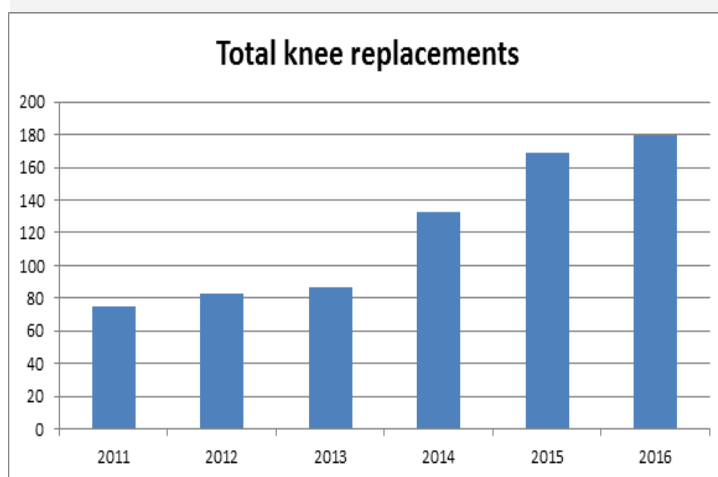
Patient Experience: Quarterly review, assessment, and plan development of HCHAPS scores specifically related to orthopaedic services

Physician Recruitment: Reshape the opportunity to focus on a fellowship trained total joint surgeon

Quality/Process Improvement: Establish revised/improved pre-op clinic process

Expanding Services: Focus on joint reconstruction and sports medicine

These four areas of focus and the specific activities identified will form the work plan for the Orthopaedic Center of Excellence for the coming year



## Pediatric Excellence

Continuing our commitment to excellence we organized the Pediatric Center of Excellence in 2016. Catherine Wilkins, RN was hired as the pediatric care coordinator and the steering committee approved the following vision for the Center of Excellence:

Pullman Regional Hospital's **Pediatric Center of Excellence** promotes wellness and treats illness for all pediatric patients, from birth through adolescence. We are committed to provide exemplary pediatric, family focused care by:

- Continually improving our capabilities to safely care for patients
- Creating a standardized approach to ensure quality services
- Strengthening competence in pediatric care utilizing local, regional, and statewide expertise
- Centralizing coordination of care
- Enhancing the physical environment for pediatric care
- Assuring patient choice, flexibility, and a partnership approach to care

Another aspect of care excellence regarding pediatric care was developed by the Pediatric committee of the Medical Staff addressing the challenges of treating bronchiolitis in children. The treatment protocol was developed in collaboration with Seattle Children's Hospital. The following excerpt from the treatment protocol highlights the attention to evidence based care through the Pediatric Center of Excellence.

### Identifying Patients Appropriate for the Bronchiolitis Pathway

*Patients who meet these criteria should be placed on the bronchiolitis pathway via use of the bronchiolitis ordersets (AAP 2014).*

Inclusion Criteria	Exclusion Criteria
Age <2 years Viral upper respiratory symptoms & lower respiratory symptoms that may include: increased work of breathing, cough, feeding difficulty, tachypnea, wheeze, fever	Chronic lung disease or other significant lung disease (e.g., cystic fibrosis)
	Cardiac disease requiring daily medications or with baseline symptoms
	Anatomic airway defects
	Neuromuscular disease
	Immunodeficiency

**NOTE:** *Ex-premature infants and those <12 weeks of age are not excluded from the pathway, but providers should be aware that these children may have a more severe course of illness.*

## Evaluation of the 2016 Performance Improvement Program

In 2016, 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 “Culture of Safety”, and transitions of care.

In addition, the Dashboards and Balanced Scorecard were revised to establish metrics for the 2016 departmental and interdepartmental Strategic Objectives, related to the six Strategic Focus Areas as identified in the 2016 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 medical staff competency assessment process, with the continued refinement of “report cards” for each specialty and the acquisition of a database for data collection. Collaborative case review and presentation was piloted by the Critical Care/Medicine Committee. It is anticipated that in 2017, committees will further delineate the function and intent of the performance review process, as well as develop a complementary process to provide more consistency and collaboration in the case review and presentation process.

The 2016 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 2017:

- Superior Clinical Outcomes

- Community Engagement and Patient Satisfaction

- Employee Engagement

- Financial Effectiveness

- Innovation

  - Partnerships and Collaboration

  - New and Improved Products and Services

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Scott K. Adams, Chairperson  
Quality Improvement Committee

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Robert Lloyd, MD, President  
Medical Staff 2016

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Tricia Grantham, President  
Board of Commissioners



# Pullman Regional Hospital Employees



Go Red for Women's Heart Health



Asthma Clinic



Zeppos Night—Employee Recognition



Summit Therapy—Pediatric Gym



Pie-Face Contest to benefit *GenerosityInspires*



Knitters Group

***Centered on Excellence***