



Pullman Regional Hospital
2014 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.

2014 — Continuing the Quest for Quality

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



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Strategic Planning Process

Strategic Framework at Pullman Regional Hospital

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

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

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

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

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

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

Strategic Planning

In 2014, the Strategic Project Development Process was created to support our commitment to Community Health 2020 as well as an essential part of the success of the hospital in meeting our **overall strategy** of supporting our mission, moving toward our vision, and being consistent with our values.

2014 Innovation Strategic Projects		
Project Concepts	Project Leader(s)	Strategic Focus Area
Improve patient safety in Emergency Department with sterile cockpit	Dr. Pete Mikkelsen & Stacey Aggabao	Clinical Outcomes
Secure funding for first year of Center for Learning and Innovation & Hire new Director	Scott Adams & Dr. Richard Caggiano	Innovation
Telemedicine options for inpatient services	Laure Larsen	Clinical Outcomes
Outpatient telemedicine program	Pete Peters	Clinical Outcomes
Leadership Development Program	Dorcas Hirzel	Employee Engagement/Innovation
Post discharge continuation of care and specialty consultation for inpatient & outpatient	Steve Dunning	Clinical Outcomes/Innovation
Research implementation & training of health coaches	Jeannie Eylar	Clinical outcomes/Innovation
Group patient appointments	Marilyn Burch & Andrea Howell	Clinical Outcomes/Innovation
Advanced Care Planning - Gunderson Model	Katie Evermann-Druffel	Clinical Outcomes/Innovation
Extension of hospitalist service to Avalon SNF	Karen Geheb, M.D.	Clinical Outcomes/Financial Effectiveness/Customer Loyalty
Patient support volunteers and music therapy	Megan Guido and Jessica Rivers	Clinical Outcomes/Customer Loyalty
Health Psychology post doctoral students	Jeannie Eylar and Katie Everman-Druffel	Clinical Outcomes/Innovation
Whitman County home visits through Agency on Long Term Care for Eastern Washington	Jeannie Eylar and Katie Everman-Druffel	Clinical Outcomes
Physical therapy, social services, pharmacy, medical nutrition working with Palouse Free Clinic	Steve Hall, MD	Clinical Outcomes

As we started our work around innovation in 2014, the projects above provided the framework for our focus and energy. We remained committed to our three innovation ideals of:

Supplying every community member with access to health coaching and care coordination

Furnishing every community member with access to a personal, electronic health record

Providing access to life care services, regardless of distance, through telemedicine and other technologies.

Throughout the year, we gained experience and identified additional opportunities that we continue to work on in 2015.

Strategic Planning**Health Innovation Summit – 2014**

In October of 2014, we held our 2nd annual Health Innovation Summit. We showcased several innovation projects that we were developing and highlighted our partnership efforts with GeminII Systems out of Spokane. This project focuses on bringing internet- based speech therapy services to outlying school districts through tele-speech technology. We expect to launch our first effort in 2015. This Summit also provided the forum for addressing the needs and concerns of employers as they relate to health care services and health benefits for employees. We extended an invitation to the attendees to join us for the first community conversation related to establishing a community based health plan. This first conversation will take place in the first quarter of 2015.

National Board of Advisors

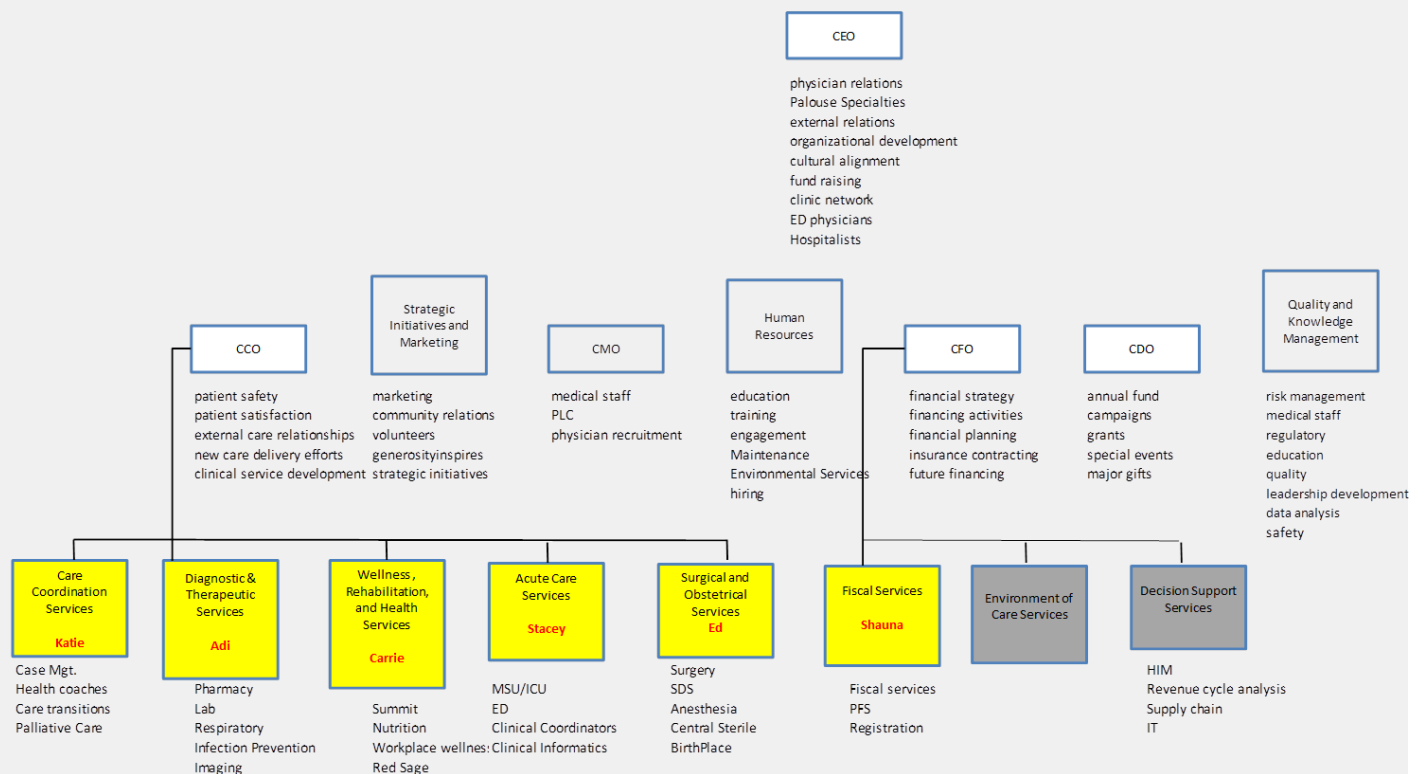
We continued to develop and engage our National Board of Advisors in our innovation efforts and activities. We met four times during the year and developed the initial concepts for the Health Innovation Summit with the Board of Advisors. Membership on the Board has stabilized and we will begin recruiting additional members in 2015.

National Board of Advisors	
Clint Cole, Founder & President Digilent, Inc., Pullman	Samantha Ramsay Assistant Professor of Foods & Nutrition U of I School of Family & Consumer Sciences
Judy Kolde Senior Director, Public Sector Health Partners Microsoft Corp. (retired)	Scott Campbell, President Decagon Devices, Inc., Pullman
Maureen Schmitter-Edgecombe, Ph.D. Professor, Dept. of Psychology, WSU	John McCarthy, M.D. Assistant Dean for Regional Affairs Univ. of WA School of Medicine E & C Washington Clinical Medical Educ.
Marilyn Klug Director, Swift Water Foundation	Sherry Immediato Rethink Health Boston, MA.
Karl M. Hoover & Associates, LLC Executive Consulting Services	Mike Rask AON Senior Vice President Resident Sales Director

Leadership Realignment

In 2013/14, in response to growing demands upon Pullman Regional Hospital leadership, planning was initiated to re-define the structure, function, and organization of the leadership team with the following goals in mind:

- Strengthen and expand leadership capacity
- Re-design leadership support
- Sustain and strengthen organizational structure
- Create learning opportunities
- Increase focus on day-to-day operations
- Concentrate time and attention on external, strategic, and support activities
- Utilize existing resources
- Initiate succession planning possibilities
- Be thoughtful and attentive to talent and knowledge management
- Heighten commitment to accountable community services
- Incorporate planned leadership transitions



- Support increased consistency of leadership activities

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 Superior Clinical Outcomes Dashboard, Medical Staff Report, Patient Satisfaction Dashboard and the Community Engagement Dashboard quarterly. Areas of focus continued to be patient safety with an emphasis on elective deliveries greater than 39 weeks, readmissions, medication safety, and infection prevention.

Strategic Planning Committee:

The Strategic Planning Committee provided support and guidance in the hospital's strategic initiatives, including Community Health 2020 activities. The June planning session entitled "Philanthropy, Generosity, and Innovation: "Pathways for Transforming Healthcare" included participation by the Foundation Board, Volunteers, Board of Commissioners, Administrative and hospital leadership, the National Board of Advisors, and physician practices.

Areas of focus continued to include the Endowment for Quality and Access, the Center for Learning and Innovation, and the Center for Womens' and Children's Health. In addition, the committee was informed about the 2015 strategic project proposals and provided recommendations for inclusion in the 2015 Strategic Management Plan and Budget. Future regional service development strategic projects were also considered with recommendations for the 2015 Strategic Management Plan and Budget for 2015. In addition, the committee also initiated efforts to guide regional health service development activities.

Governance Committee:

The Governance Committee of the Board of Commissioners continued their work in a variety of areas. Ongoing efforts focused on the Board's self-evaluation process and education activities, community involvement by board members, the CEO evaluation, employment agreements, bylaws and policies, committee structure, compliance and HIPAA updates, leadership transition and succession planning. Exploration of the possible future role of community members participating in board committees was initiated.

Finance Committee:

In 2014, Pullman Regional Hospital's Finance Committee continued to provide leadership in the financial administration of the hospital. Areas of focus included planning for the revenue bond refinancing, the state audit, Charity Care policy revisions, ongoing monthly and year-end financial review of the district, service line review, price study, and as part of 2014 strategic efforts, a component was the development of a data-driven analysis for cost accounting and contract negotiating.

2014 Pullman Regional Hospital Foundation

Areas of focus for 2013/2014 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 2014 Total Funds Raised \$3,071,149
- Total Expenses \$742,237
- Return on Investment (ROI) 4.13:1 (413%)
- Total donors 710 or 13% increase from 2013

Board Development, Staffing and Policies and Procedures

The Foundation revised the financial policies and procedures and the bylaws. The 2014 financial audit had “No Recommendations” (clean audit). The 16 member Foundation Board continues to be engaged in governance and fundraising activities. The Foundation Board had 100% giving participation in 2014. Every board member participated in at least one strategic activity. Alison Weigley, Assistant Director of Development External Relations and Marketing and Communications, joined the Foundation team July 2014. She is responsible for managing the Annual Giving for Excellence Fund Drive and Marketing for the Foundation. Alison is also the program liaison for the Pullman Regional Hospital Auxiliary. Clear roles, responsibilities and accountabilities continue to be a big part of the Foundation culture. The Foundation had two retreats in 2014, primarily focused on innovation projects, productivity and team building. The foundation staff roster includes:

- Rueben Mayes-Chief Development Officer
- Kim Cook-Assistant Director of Development-Operations
- Laura Child-Assistant Director of Development-Donor Relations (Major and Planned Gifts)
- Alison Weigley-Assistant Director of Development-External Relations and Marketing and Communications
- Becky Highfill-Grants Manager

Major Fundraising Initiatives and Engagement of Community Volunteers

The Endowment for Quality and Access Campaign has made great progress.

The Foundation is in the leadership phase of the Endowment for Quality and Access Campaign. This is a volunteer lead effort with ten dedicated volunteer leaders. In addition, Scott Adams is an active participant in the campaign. Rueben Mayes and Laura Child participate on the steering committee and Kim Cook provides administrative assistance.

Pullman Regional Hospital Foundation

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. Carol Chipman and Mike Sodorff agreed to be co-chairs in October 2013 and helped recruit steering committee members. The steering committee has focused on leadership gifts (\$100,000+) from November 2013 to present. Each committee member has committed to cultivating and soliciting five assignments during the eighteen-month tenure. The committee has weekly conference calls and monthly in-person meetings to accept campaign gifts, discuss assignments and review communications strategies.

To-date the campaign has raised \$2,804,492.01. On June 30, 2015 the endowment campaign steering committee will have completed the leadership phase of the campaign. The Foundation has recruited Board members to participate in a planned giving committee to continue the next phase of the endowment campaign. The Foundation Planned Giving Committee will be a permanent committee providing leadership and raising funds for the endowment campaign, and continue the process beyond the \$10 million initial goal.

Fundraising for Innovation has begun. The Foundation has raised \$50,000 in addition to the Foundation match of \$125,000 to help fund the Chief Medical Innovation Officer position. The third leg of Community Health 2020 will be to raise funds to build a new pavilion that will house co-located physician services for women's and children's health, as well as resources to test innovative projects and services.

The annual fundraising program is growing. The Foundation initiated an annual campaign May 2013. The purpose of the annual campaign is to raise funds for the highest capital needs of the hospital. The process starts in September by reviewing the hospital capital equipment requests submitted by department leads. The Foundation, in partnership with hospital Administration, assesses what category of capital needs best align with a compelling case for support. This category of capital also includes items that affect delivery of care for women and children. The components of the annual fundraising program include:

Direct Mail (3)-All donors

Patient Direct Mail (10)-In-patients

Events (Gala, Golf Tournament)-All donors and past attendees

WSU Dance-a-thon-WSU students

Auto Dealers for Health-Four area auto dealers

Women's Leadership Guild-25-65 age professional women and working moms

Face-to-face annual solicitations by opt-in Foundation Board annual drive

Employee Campaign-Pullman Regional Hospital employees

2014 Pullman Regional Hospital Foundation

Planned Giving has had success. The Foundation has received over twenty-five planned gifts over the last two years and now has a sustainable planned giving program. March 2015, the Foundation received its largest planned gift to date-\$603,000 in support of the Center for Women's and Children's Health.

Grant funding continues to grow. The Foundation has secured over \$600,000 in grant funding for capital and innovation in health and wellness projects. In addition, Becky Highfill built relationships with two prominent regional foundations and participates on the Whitman Health Network Committee.

A high number of Community Volunteers are engaged in the work of the Foundation. The number of community volunteers actively engaged in the work of the Foundation grew by 200% the past two years. The Foundation now has 48 community volunteers engaged in the work of the following:

Foundation Board-16

Endowment for Quality and Access Steering Committee-10

Planned Giving Advisory Council-10

WSU Dance-A-Thon-5

Auto Dealers for Health-4

Women's Leadership Guild-4



Corporate Compliance

In 2014, Pullman Regional Hospital initiated a reassessment process of the compliance and utilization management functions, including committee structure, purpose, composition and responsibilities. The hospital contracted with Centers for Case Management to evaluate our processes and functions; this evaluation concluded with recommendations for improvements in our utilization management processes. They provided education and training for staff and physicians, facilitated redesign of interdepartmental processes such as pre-authorizations, and developed a physician documentation tool. When the Utilization Review Committee reconvened following this consultation, it was determined that two areas of focus for 2015 would be one-day inpatient admissions, and observation admissions that result in a length of stay of greater than 48 hours.



In addition, the Director of Safety and Regulatory Compliance joined the Corporate Compliance Committee and assumed responsibility for overseeing the regulatory requirements, including the OIG Work Plan. In considering the function and composition of the committee, planning included asking Laure Larsen (Director of ICU/MSU) to join the membership of the committee. It is anticipated that Janine Zorb will assume the chairperson role in January 2015. Areas of focus will be “hotline” reports, reported compliance concerns and issues, and open audits findings and response.

Occupational Safety and Health



In 2014, the Environment of Care Committee continued to oversee the activities related to ensuring that the hospital provides a safe work environment for staff. The seven safety plans were reviewed and revised by the committee in accordance with federal and state regulations. Security continued to be an area of focus, as well as emergency preparedness and life safety.

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

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

Healthcare Insurance Portability & Accountability Act (HIPAA)



In 2014, the HIPAA Committee continued its focus on patient privacy and confidentiality. Monthly random audits were conducted, resulting in opportunities for improvement in the areas of staff education and clarification of Protected Health Information (PHI). Education was also provided to new employees during the orientation process. Several investigations were conducted in response to concerns, and with the advice of legal counsel, were addressed through additional staff training and email reminders. The Director of Safety and Regulatory Compliance assumed responsibility for overseeing the regulatory requirements.

DNV Hospital Accreditation

In 2014, Pullman Regional Hospital began exploring alternative resources for 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. 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. DNV conducted an accreditation survey in October 2014, resulting in full accreditation for Pullman Regional Hospital, which was finalized in November. On December 3, the Board of Commissioners approved a resolution to discontinue accreditation with the Joint Commission and move to DNV.

2014 Medical Staff Activities

Medical Staff Recruitment and Retention: In continuing our efforts to identify and respond to community needs for healthcare, 2014 was very successful for recruitment efforts. Four physicians joined our active medical staff: Isaac R. Grindeland, MD, Pathology; Anmol Kahlon, MD, Internal Medicine; Shawn C. Richards, MD, Ophthalmology; and Brian David Smith, MD, Urology.

Physician Leadership Council (PLC): In 2014, the PLC continued to focus its efforts to serve the medical community by supporting Pullman Regional Hospital through physician leadership, and in supporting the Endowment for Quality and Access. In addition, the viability of creating a medical education program involving medical students and residents here on the Palouse was initiated.

Organizational Ethics

ETHICS COMMITTEE

Ethics Committee membership includes hospital staff from Social Work Services, Medical Surgical Department, the Emergency Department, Same Day Surgery and the ICU. Membership additionally includes community professionals with representation from DSHS Family Services, Avalon Care Center, Bishop Place, WSU Counseling, Gentiva Hospice and Board of Commissioners liaison. The committee meets monthly. Cases brought to the Ethics Committee in 2014 included the challenges faced with surrogate decision making, POLST form interpretation and quality of life at the end-of-life. Each meeting consists of a case review, committee discussion and an educational component historical ethics perspective as prepared by Professor Kabasenche. The committee utilizes the 4 Box Method outlined in *Clinical Ethics: A Practical Approach to Ethical Decision in Clinical Medicine*, by Albert R. Jonsen, Mark Siegler & William J. Winslade.

Each year in February, the Ethics Committee holds a special session, in collaboration with the WWAMI program at Washington State University. In 2014, Dr. Kelly Edwards spent an evening with the Ethics Committee. Dr. Edwards, a Professor in the Department of Bioethics and Humanities at the University of Washington School of Medicine, Adjunct Professor of Environmental Health in the School of Public Health, and core faculty for the Institute for Public Health Genetics. Ph.D.

Katie Evermann Druffel, LICSW

Director of Social Work

Ethics Committee Chair

Bill Kabasenche Ph.D.

Philosophy & Ethics Professor

Washington State University

Ethics Committee Consultant & Educator



Organizational Ethics

INTERAGENCY CARE TRANSITIONS

The Interagency participants with the Care Transition Group include: Pullman Regional Hospital, Avalon Care Center, Bishop Place, Whitman Senior Living, Gentiva Hospice, Gentiva Home Health, local Adult Family Homes, Rural Resources, Whitman Health & Rehab 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, drainage etc.)
4. Expansion of end-of-life care discussions and education including chronic illnesses and POLST form
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 was started as a way to support patients, families, physicians and hospital staff in navigating Quality of Life issues related to chronic and debilitating illness and end-of-life decision-making. The committee is comprised of Dr. Rodney Story, Board Certified in Palliative Care and Pullman Regional Hospital Hospitalist; Dr. Karen Geheb, Director of Hospitalist Services and Medical Director for Avalon Care Center; Laure Larsen, Director of ICU/MSU; Joan Hendrickson, Assistant Director of ICU/MSU; Paula Fealy, Unit Clerk; Kelly Goertzen, ICU Nurse/Clinical Coordinator; Renee Heimbigner, Pharmacy; Anna Engle, MSU Nurse, and Katie Evermann Druffel, Director of Social Work.

The Quality of Life efforts in 2014 included continued review and implementation of Comfort Care Orders. The team reviews hospital processes, individual patients with advance directives, and hospital deaths on a monthly basis to ensure that care decisions are consistent with the end-of-life wishes. We are working on processes to identify and document the health care agent for hospitalized patients, especially patients who are at the end of life. The team circulates a card signed by the hospital staff and then mailed to the family. Our volunteer Chaplain team sends out *Hope Through Healing Publications* for bereavement support and most recently, the team has started offering 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. The team is working to positively influence primary care physician and hospitalist communication as it relates to their patients and end-of-life planning and conversations.

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 2014 Patient Safety Activities:

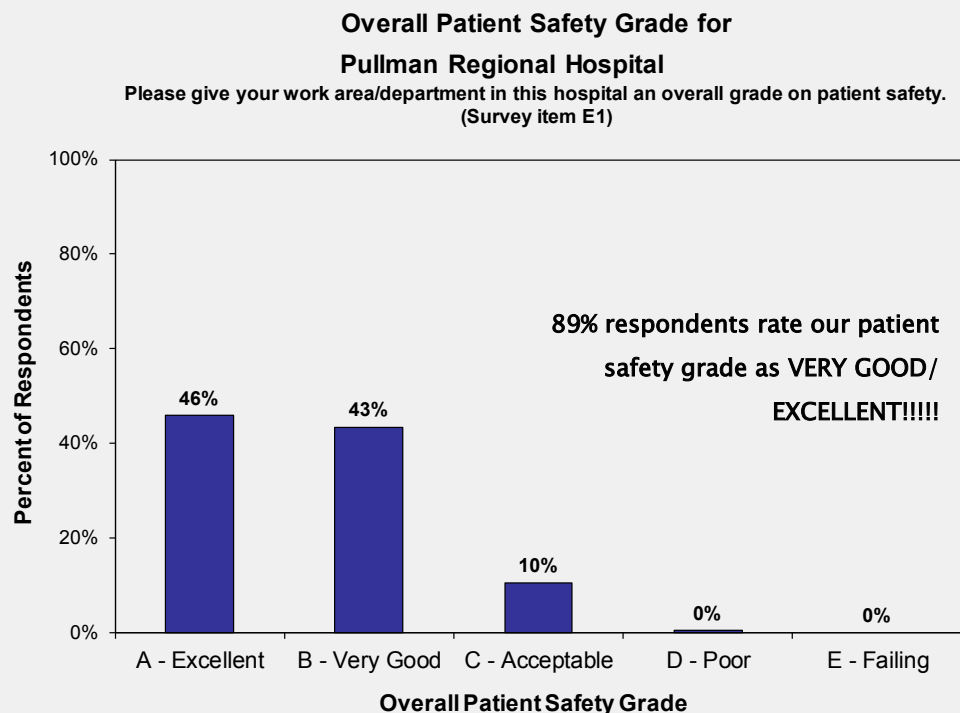
- Continued to use the “Commitment to Patient Safety” (see above) as a guide for ongoing improvements in processes and systems that effect patient outcomes.
- Continued expansion in the use of Bedside Medication Verification (BMV), and ongoing assessment of appropriate use of scanning medications and patients through patient and staff interviews and observation.
- Planning and implementation of a Medication Stewardship program.
- Purchased \$10,000 in additional copper surfaces.
- Conducted a successful influenza vaccination program with 91% of employees participating in this voluntary program.
- Conducted extensive Ebola preparation (see page 21).
- Trained five employees in TeamSTEPPS training and implemented these tools in MSU and ICU.
- Significantly improved elective delivery compliance (see page 22).
- Participated in the AHQR Culture of Safety survey with results demonstrating our highest performance (see page 17).
- Continued utilization of End Tidal CO2 monitoring process and expanded its use to procedural sedation.
- Implemented the Narcotic Diversion Prevention Program.
- Participated in the WSHA Safe Table Learning Collaboratives in the areas of medication safety, improving patient care when transitioning caregivers, reducing hospital-acquired infections, imaging safety, and reducing elective deliveries less than 39 weeks gestation.
- Continued to use fatigue guidelines, using evidence-based practices.
- Use of the “Just Culture” algorithm to review cases and understanding appropriate analysis and response.
- Continue the nurse-patient commitment to ALWAYS scan medication prior to administration and to wash/sanitize hands prior to providing patient care.

Culture of Safety

In 2014, Pullman Regional Hospital again participated in a national Culture of Safety staff survey. This survey was funded through the Rural Healthcare Quality Network and facilitated by the Patient Safety Team. This was the third survey administered by Pullman Regional Hospital. The first took place in 2009 and the second in 2011. 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.

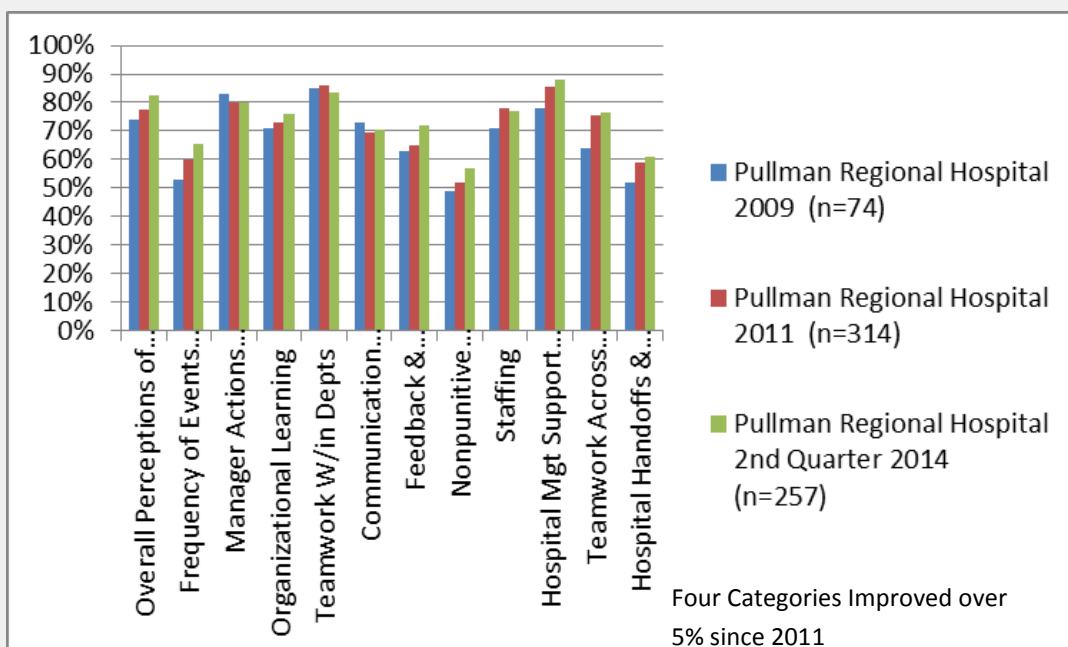
Key elements to creating a “culture of safety” are the following:

- ▶ **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

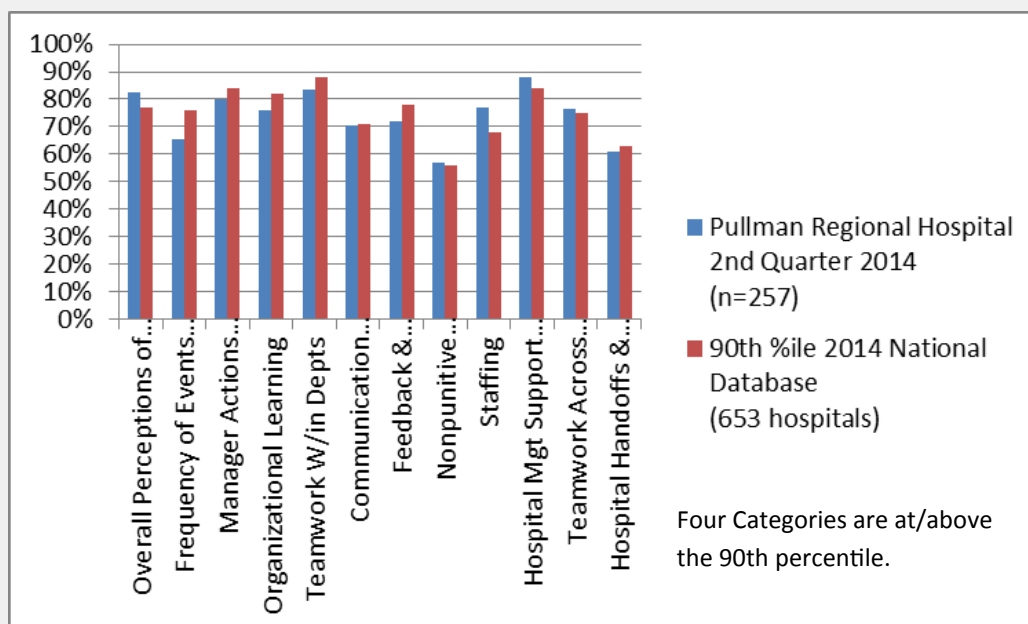


Culture of Safety

Pullman Regional Hospital Comparison over Time



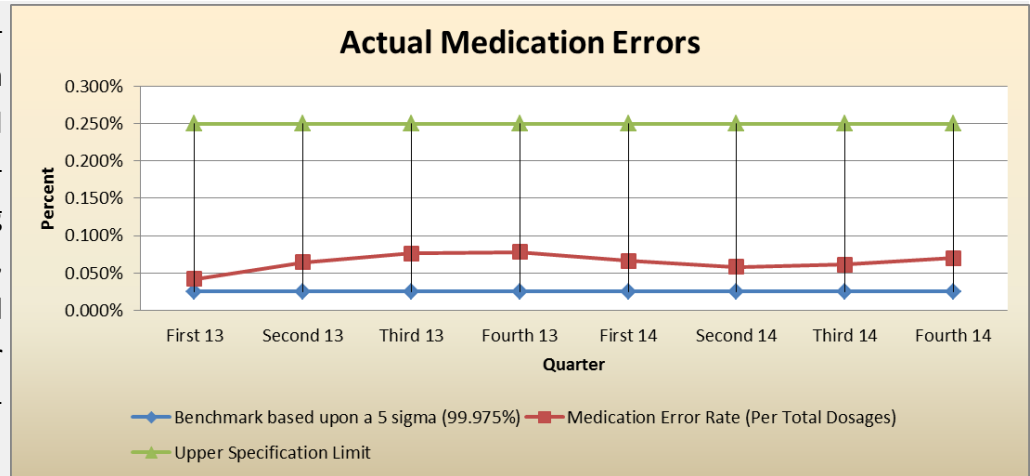
Pullman Regional Hospital Comparison with National Database



TeamSTEPPS: In 2014, the RHQN also funded six employees to attend a 2-day training session in Team-STEPPS, which is an evidence-based comprehensive teamwork training system that provides team strategies and tools to enhance performance and patient safety. This approach is currently being used by the ICU and MSU staff and will be introduced to other clinical and non-clinical departments in 2015.

National Patient Safety Goals

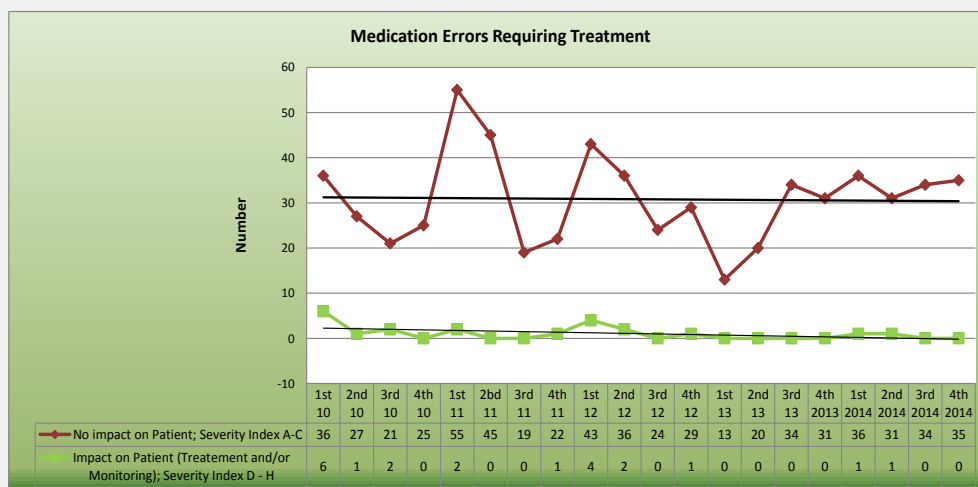
Medication Safety: Medication Safety continued to be a focus in 2014. All reported medication errors were reviewed by type, contributing causes, location and severity, with a focus on system and process issues, human error and the use of safety practices.



Several 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.
- There were several issues related to orders for insulin administration being mis-interpreted. Pharmacy is working with hospitalists to clarify dosing instructions; also nursing staff education was provided verbally and will be required in HealthStream.
- Telepharmacy issues included incorrect administration time, and a medication inadvertently being discontinued. Followup by pharmacy was provided.
- In terms of systems issues, it was noted that when adjusting time/date in computer, it is easy to get it on the wrong date. Pharmacy is working with INHS to improve this system.
- There was a scanning issue with Ranitidine. Pharmacy is addressing this issue through standardization of drug set up so that it will work universally throughout the hospital.

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 2014; near-misses averaged approximately 12 per quarter in 2014, as compared with 8 in 2013.



Infection Prevention

Influenza Prevention Program

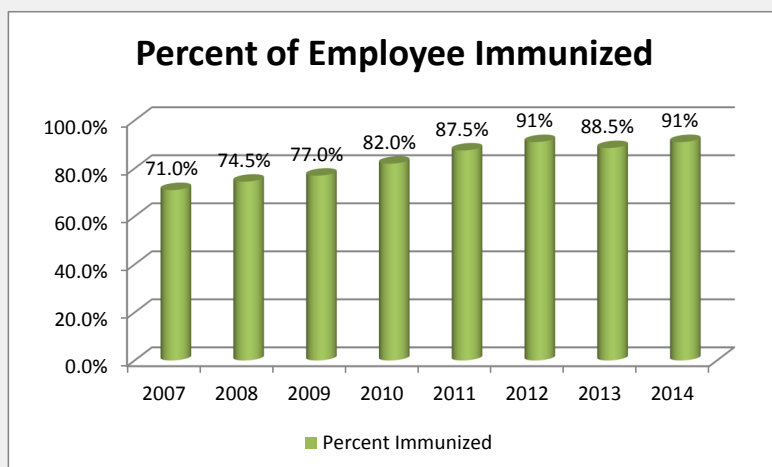
Once again the goal of 90% employee immunization was set by the Board of Commissioners. This year staff members were not assigned to teams but they formed their own voluntary teams. Seven teams were formed from 250 employees who chose to participate. All but one team achieved 100% vaccination by the deadline for the contest. This year we had a “friendly” competition with Gritman Medical Center which did a great job boosting their vaccination numbers but didn’t have the desired effects on ours. The coveted first annual “Flu Fighter Cup” went across the state line this year.

We continued our annual tradition of “Shotoberfest” as our kick-off event for the influenza campaign, vaccinating 288 employees, volunteers, EMS, and adult family members.

Weekly drawings were held for gift cards and the grand prize of \$500 Visa card was drawn at the annual anniversary party.

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.

By the end of 2014, 91% of employees employed at the time were vaccinated.



2014 Infection Prevention Risk Assessment

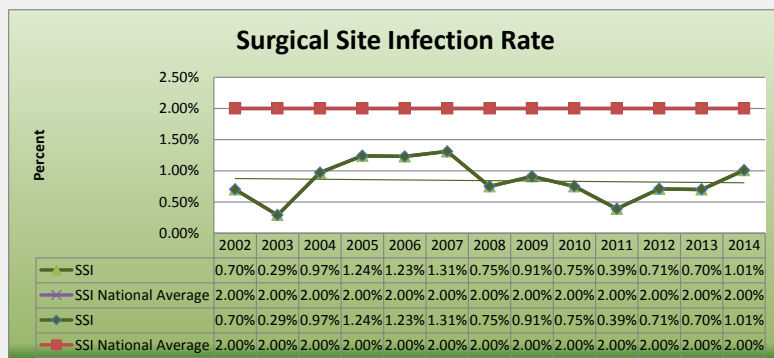
Based on the risk assessment, the facility has identified and prioritized the following risks:

1. Surgical site infections*, in particular hysterectomies and colon surgeries.
2. Infectious disease, Clostridium difficile
3. Hospital acquired pneumonia- include VAP
4. Influenza / Tdap vaccinations
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

*required by CMS

Surgical Site Infections

Post-operative infections in colon patients had been identified as a problem-prone area in 2014. Infections for colon surgeries decreased by 50% in 2014 but remains above the national average. There were 3 infections in hysterectomy patients in 2013 and that was reduced to 2 infections in 2014.



C-Section Surgical Site Infections:

We continued to utilize infection prevention strategies to avoid C-section SSI's. In 2014, one patient developed a SSI following a C-section for a rate of 0.6%.

Overall, surgical site infections increased somewhat in 2014 and will be a focus area for 2015.

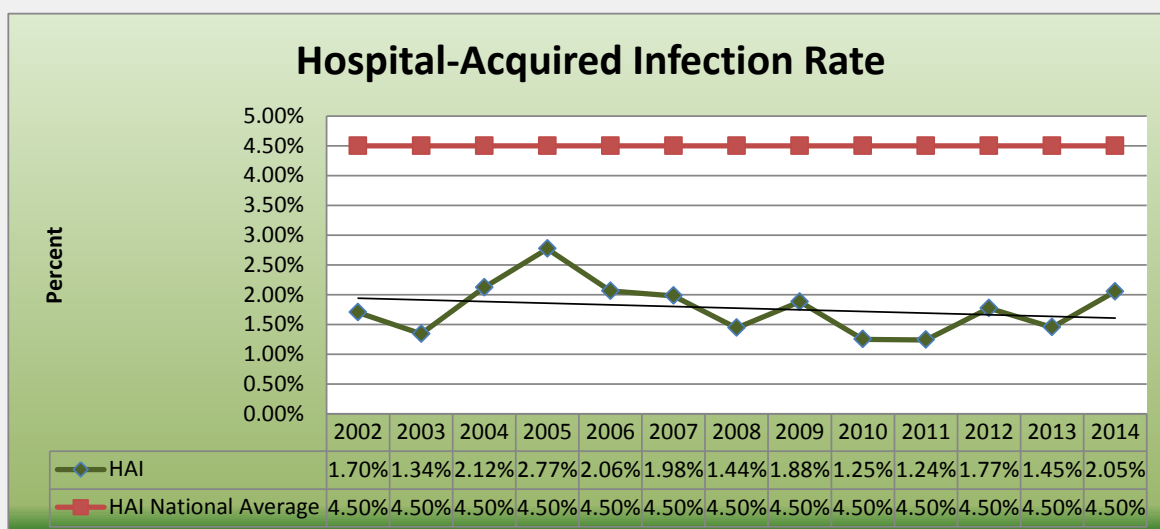
Central-Line Associated Blood Stream Infections (CLABSI)

For the second year in a row, we had no CLABSI.

Catheter-Associated Urinary Tract Infections

A new reminder to discontinue indwelling urinary catheters was placed in hospitalist and surgeon progress note templates. Through continuing efforts to discontinue indwelling urinary catheters when no longer medically necessary, there were no catheter-associated urinary tract infections in 2014.

The plan continues to be revised as more information is provided by the state of Washington.



Infectious Disease Prevention/Planning

Middle Eastern Respiratory Syndrome (MERS)

A plan was developed with the help of a task force to prepare for the possibility of caring for a patient with MERS.

Ebola Virus Disease Preparations

Beginning in the fall, with the arrival of the first “Ebola” patient in the U.S., preparations began in earnest for the possibility of needing to care for a patient in our facility. A task force was convened which met several times to formulate the plan utilizing the guidance provided by the Centers for Disease Control. Additional personal protective equipment (PPE) was purchased and select staff were trained in the proper donning and doffing of the PPE. A special portable barrier was built to provide a segregated area in the Emergency Department that would allow safe evaluation and



Portable Barrier in the ED



Ebola Team in PPE

care of a patient. Two drills were conducted in the Emergency Department which allowed us to identify

areas of improvement needed in our processes. Questions regarding travel history were incorporated at each point of entry for patients coming into the hospital to help identify a patient of potential concern. Even the volunteers at the welcome desk were trained in this regard. Special signage was produced which identified countries of interest for Ebola as well as countries of interest for Middle Eastern Respiratory Syndrome.

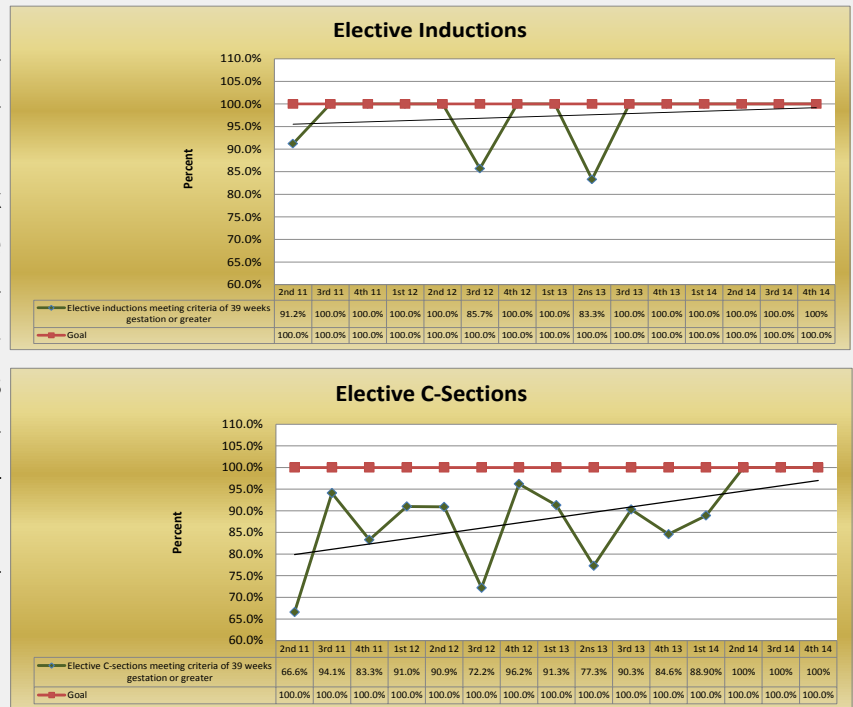
The plan continues to be revised as more information is provided by the state of Washington

Antimicrobial Copper

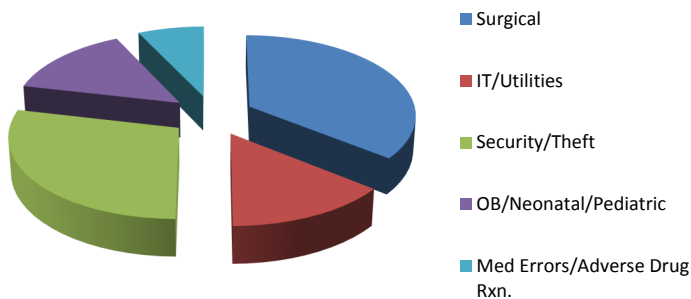
Pullman Regional Hospital is an early adopter of antimicrobial copper in protecting against bacteria and infectious diseases. We are only one of several hospitals in the nation implementing copper throughout its facility. In 2014, we used the \$10,000 grant award received from the Copper Development Association to purchase and install copper hardware in high-touch areas of the hospital: door handles, faucet levers, handles on IV poles, and handicapped-access push plates for double doors. We have installed approximately 600 copper drawer handles in patient care areas and will be installing another 600. The next installation phase will also include door pulls and flat push plates on doors as time and funds permit. We received regional and national media exposure on our copper installation and were featured in a video produced by the Copper Development Association.

Additional Patient Safety Performance Improvement Initiatives

Elective Deliveries: In response to the American College of Gynecology's recommendations that no elective deliveries (inductions and C-sections) take place prior to 39 week gestation, the OB-Peds Committee and the Quality Improvement Committee (QIC) continued to track progress in meeting this target. During 2014, while elective inductions met its target consistently, significant progress was made in terms of elective C-sections. This is attributed to surgery room scheduling adjustments with increased flexibility, improved communication, and overall awareness and commitment among staff.



2014 Unexpected Events Reported



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).

The team responded to 14 reported events in 2014 as compared with 10 in 2013 and 12 in 2012. Surgical events accounted for the majority of events reported. No events were required to be reported to the Washington State Department of Health.

*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.



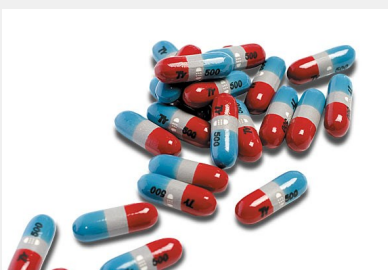
Narcotic Diversion Prevention Program:

In response to growing awareness and concern within the national healthcare community concerning drug diversion among healthcare providers and care givers, in 2014, a review of current practices was initiated. Jeannie Eylar, RN, Chief Clinical Officer, organized a team to review current policies relating to drug diversion prevention. Others on the team included Bernadette Berney, Chief Human Resources Officer; Andrea Howell, Director of Pharmacy; Laure Larsen, Director of ICU/MSU; and Dorcas Hirzel, Director of Quality and Knowledge Management/Risk Management.

It was concluded that the current program should be expanded to consist of greater definition of risk factors, processes for follow-up and response, and programmatic components. These included pre-employment prevention, safe drug-handling practices, processes for surveillance, investigation, intervention, and disposition.

- Pre-employment prevention focuses upon reference checks, pre-employment drug testing, and background checks.
- Safe drug handling practices include the management of controlled substances, proper use of the medication dispensing system and bedside medication verification, and documentation in the electronic medication administration record.
- System surveillance includes several options for department leaders: patient “rounding” focused upon pain management, observation, narcotic dispensing and administration review, and “high use” evaluation.
- Investigation is focused upon “suspicious” activities and reported concerns and includes an evaluation of patient care indicators, employee behaviors, and level of suspicion. A Narcotic Diversion Worksheet was developed to assist in the investigation process.
- Focused investigation and intervention utilizes the Drug Diversion/Impairment Team to evaluate all findings, including interviews with staff, and make recommendations for appropriate action(s).

Education was provided to staff and leadership concerning the program, and included information concerning the prevalence of drug diversion nationally, recognitions and reporting of concerns, and surveillance and monitoring mechanisms.



Communication of Critical Values: In 2014, communication of critical values continued to be the focus for the Respiratory Care Department, ICU, MSU, Laboratory, and Imaging. During the last two years, performance overall has improved in all areas. The process for recording and tracking critical values communicated by the RN was also improved through the implementation of an electronic documentation system. In addition, the data collection process changed from a manual system to an electronic database, thereby improving the accuracy of reported data.

2. Improve Staff Communication	4th 2013	1st 2014	2nd 2014	3rd 2014	4th 2014	Target
Percent of imaging results reported within 24 hours	98.1%	97.5%	97.5%	97.0%	96.6%	95.0%
Percent of imaging critical results reported within 1 hour	100.0%	100.0%	100.0%	NA	100.0%	95.0%
Stat lab turnaround time for the ED: 30 min for unprocessed specimens and 50 minutes for processed	98.9%	99.5%	98.3%	98.4%	98.3%	95.0%
Critical lab value identified by RN and appropriate actions taken within 60 minutes	93.1%	85.7%	91.0%	93.0%	92.0%	95.0%

Fatigue Management Guidelines: In 2014, utilizing recommendations from the Institute of Medicine report on medical errors and evidence-based practice to provide a safe environment for staff and patients, Pullman Regional Hospital developed fatigue prevention guidelines. These guidelines relate to total hours worked in a row, total days worked in a row, providing rest time for staff during the night shift, and maintaining appropriate staff levels while minimizing the use of agency nurses and overtime. These also include encouraging staff to take breaks and mealtimes, asking for assistance from co-workers when fatigued, supporting team members to work within these guidelines, and promoting healthy behaviors and self-care.

Medical Device Alarms: In response to national concern regarding the effective management of alarms on patient monitoring equipment, in 2014, Pullman Regional Hospital developed a policy which provides guidelines for setting alarm parameters, establishing appropriate response time, and minimizing the use of unnecessary alarms. The policy delineates staff responsibility for checking alarm parameter during each shift, the adjustment of settings to respond to patient condition, minimizing the use of “stand-alone” devices which do not sound at a central station, and staff responsibility to respond immediately.

2014 Medical Staff Performance

Improvement Activities

OB/Peds Committee

The committee reviewed 78 charts and provided physicians with copies of review worksheets for feedback. One case review included all providers involved.

Other activities included the following:

- Established target /goals for performance indicators;
- Admission guidelines for pediatric patients were developed;
- Determined the hospital's approach to Vaginal Birth After C-section (VBAC);
- Developed a new Certified Nurse Midwife (CNM) privilege form;
- Established an obstetric hemorrhage protocol;
- Approved nitrous oxide during labor in protocol.

Critical Care/Medicine Committee

The committee reviewed 27 charts and identified opportunities for improvement in hand-off communication. Two cases were referred to Surgery Committee for further review; one case was reviewed with all providers present. The committee further developed a perioperative glucose management protocol.

Surgery Committee

The committee reviewed 42 charts; one case was reviewed with all providers present. Two cases resulted in verbal consultations for protocol adherence. In addition, the committee reviewed a recommendation from Critical Care/Medicine Committee regarding the perioperative glucose management protocol.

Anesthesia Committee

The committee reviewed 155 charts which confirmed excellent improvements in documentation. Additional areas of focus were developing guidelines for the inclusion of surgical fire prevention measures in the "time-out", providing increased security of the epidural cart, and reviewing procedural sedation policies for increased consistency and oversight in all areas of the hospital. In addition, the committee assisted with the protocol for the use of nitrous oxide during labor.

Credentials Committee

The committee reviewed and recommended 12 initial appointments, 52 reappointments, four telemedicine providers, and conducted four Focused Physician Performance Evaluations. The committee revised the "Refer and Follow" privilege form and the endoscopy privilege form, and revised board certification and MOC criteria.

2014 Medical Staff Performance

Improvement Activities

Family Medicine Committee

The committee reviewed 13 charts with no action required. Review forms were sent to the physician for feedback. The committee continued with the electronic review process, initiated in 2012. In addition, the committee revised chart review indicators, and participated in the development of Certified Nurse Midwife privileges and the endoscopy privilege form revisions.

Psychiatry Committee

The committee reviewed 10 charts; there was one verbal consultation with a Designated Mental Health Professional (DMHP). The committee continued to provide oversight for the “safe room” activities, the Care of the Boarded Patient policy, and also provided recommendations for patient safety in the Emergency Department.

Emergency Medicine /Trauma Committee

The committee reviewed 22 emergency medicine charts resulting in one verbal consultation for documentation concerns, one verbal consultation for educational purposes, and one verbal consultation for care process issues. Forty-five trauma cases were also reviewed. The committee also considered patient flow metrics data.

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 Credentials Committee and the Board of Commissioners:

- Certified Nurse Midwife privilege form
- Endoscopy privilege form revision
- Revised Refer & Follow privilege form
- Board Certification criteria/MOC

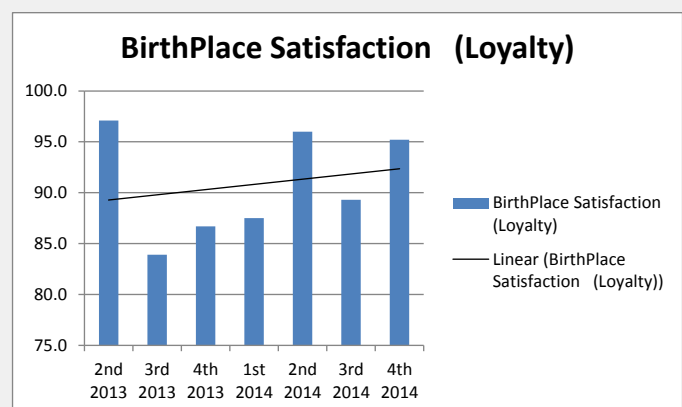
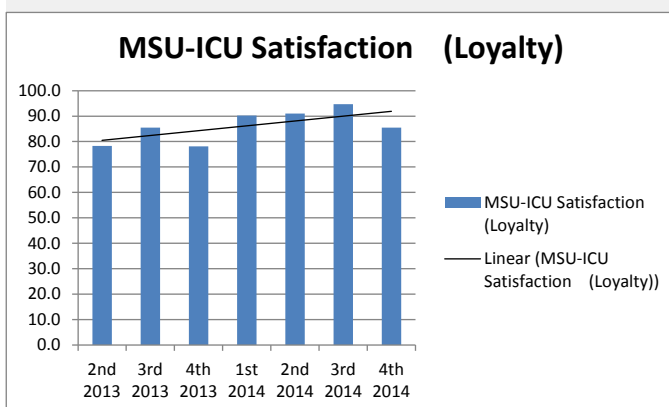
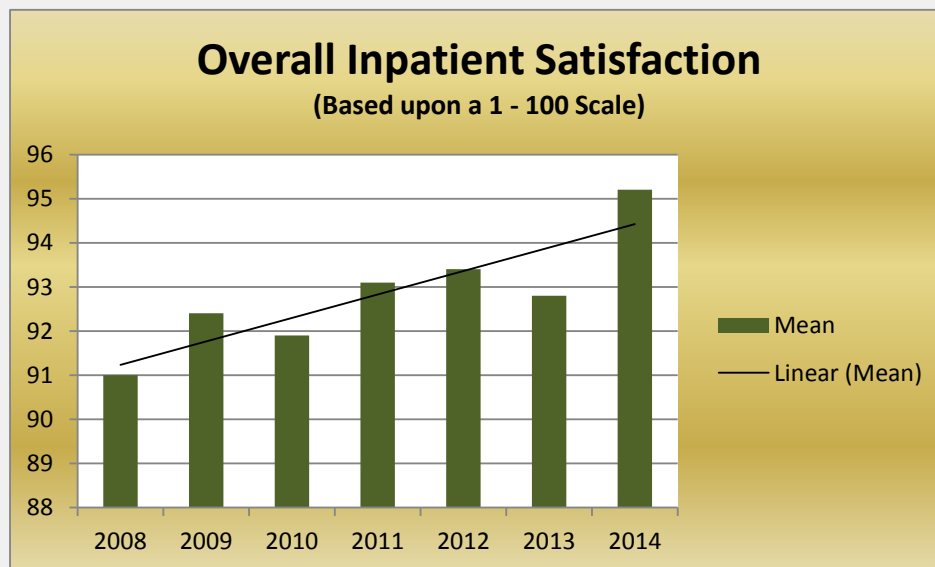
It also recommended changing accreditation organization for the Joint Commission to Das Norske Veritas (DNV).





Patient Satisfaction Assessment

Pullman Regional Hospital contracts with HealthStream Research to assess patient satisfaction. In 2014, the program was expanded to include outpatient services, including Same Day Services, Emergency Department, Respiratory Care, Imaging, and Summit Therapy and Health Services. Three quarters of data have been collected and results have been shared with the department leaders in order to identify opportunities for improvement. In addition, leaders are investigating “best practices” for their departments in customer services.

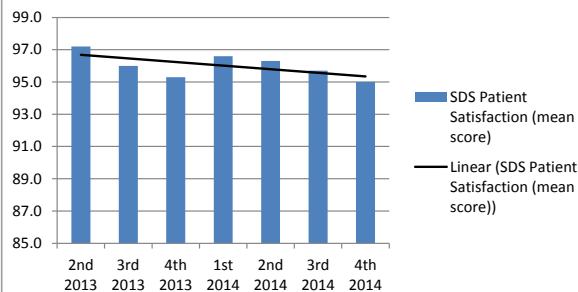


I'm so thankful for all of the caring nurses and CNAs, housekeepers, Sage Café' workers, all hospital staff talked and encouraged me with husband in after surgery from emergency. Thank you."

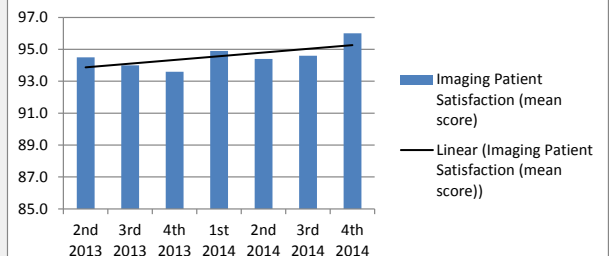
Patient Satisfaction Assessment

Department	2nd 2013	3rd 2013	4th 2013	1st 2014	2nd 2014	3rd 2014	4th 2014
SDS Patient Satisfaction (mean score)	97.2	96.0	95.3	96.6	96.3	95.7	95
Imaging Patient Satisfaction (mean score)	94.5	94.0	93.6	94.9	94.4	94.6	96
Respiratory Patient Satisfaction (mean score)	94.3	93.4	90.3	93.6	95.3	94	94.7
Rehabilitation Patient Satisfaction (mean score)	89.0	89.9	92.3	90.6	93.0	90.1	92.4
Emergency Department Patient Satisfaction (mean score)	87.1	85.3	88.8	85.8	86.7	87.1	84.3

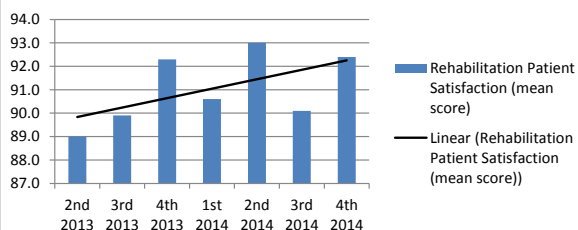
SDS Patient Satisfaction (mean score)



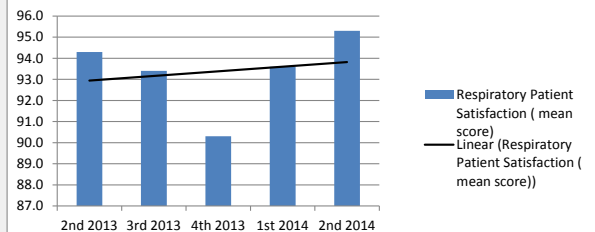
Imaging Patient Satisfaction (mean score)



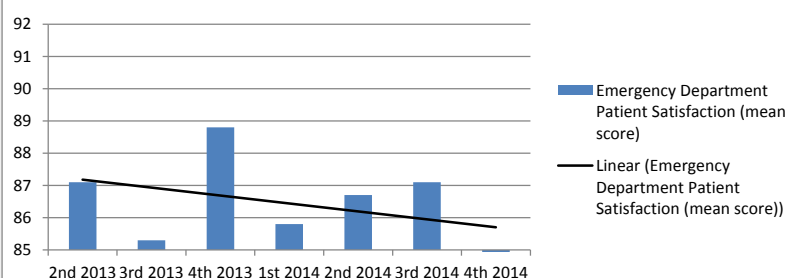
Rehabilitation Patient Satisfaction (mean score)



Respiratory Patient Satisfaction (mean score)



Emergency Department Patient Satisfaction (mean score)



Community Engagement

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

Community Service and Education:

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

Community Events and Outreach:

Schweitzer Engineering Health Fair
Sunnyside Elementary Career Day
Palouse Mall Baby Fair
Inland NW Blood Drives
Family Fair
Lentil Festival
Relay for Life
“Great Shake Out”
“Pennies for Pink” (Breast cancer survival stories)
“Mindful Eating — Harvest Reading”

Student Programs:

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

Community Engagement

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

Volunteer Program Overview

118 Community Volunteers donated 12,841 hours. These include both our Guest Services Volunteers working at the two information desks, Gift Garden and Blood Mobile as well as our Direct Patient Care Volunteers working on the Chaplain, Patient Support, Prescription Pets, and Music Memory teams.

102 Student Volunteers donated 4,034 hours serving in our Emergency Department, Med/Surg/ICU units, BirthPlace, Pharmacy and Laboratory. These hours also include Health Psychology Students and NARAP students.

All totaled, 220 Volunteers served a cumulative of over 16,875 hours, valued at \$294,462 (per the Points of Light Foundation in Washington, DC.)

Highlights

The Guest Services Volunteers continue to provide information and escorts for patients and visitors throughout the hospital as well as running the Gift Garden and supporting the Blood Mobile.

Our Direct Patient Care teams are growing and refining themselves. There are 10 Chaplains that continue to provide daily rounds as well as emergency services. Our Prescription Pets teams now number 11 and are also making daily rounds. Our Patient Support Volunteers doubled in size this year, totaling 26. They continue to serve in the ED, at Avalon and on-call. The music program is just beginning to develop more fully with recent training and certification in the Music & Memory program.

Auxiliary: In 2014, the Pullman Regional Hospital Auxiliary granted project funding requests from eight hospital departments totaling \$22,624, honoring its mission to help fund patient healing and comfort needs. Since its inception in 1968, the Auxiliary has donated more than \$475,234 towards patient care at Pullman Regional Hospital. This dedicated group of volunteers raise funds through membership dues and yearly fundraising activities. The Annual Christmas Tree Raffle, held in December, brought in over \$8,000 in ticket sales and was supported by fifteen businesses and hospital departments. The Annual Holiday Tea was also held in December and brought in over \$2,000 in donations. Over 500 Valentine's gifts were delivered through the Have-A-Heart fundraiser in February, and book sales, a purse sale, and jewelry sales also contributed to 2014 fundraising success. 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.

Volunteer/Auxiliary Appreciation Luncheon

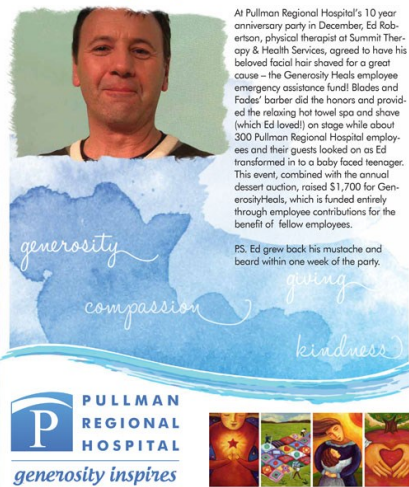
115 people attended the Volunteer and Auxilian Appreciation Luncheon, which was held at Banyan's Event Center on April 9th. Robert Rehwaldt received the Volunteer of the Year award, while Susan Weed was honored as Auxilian of the Year. Spirit of Generosity awards were given to Kelly Sebold for her creation of the Prescription Pets program, and to Bruce Palmer for his decades of leadership with the prostate cancer support group.

Community Engagement

GenerosityInspires

The GenerosityInspires Committee held two fundraisers for the GenerosityHeals fund, a basket raffle during National Hospital Week and the Dollar Auction during the Anniversary Party. Thanks to the generosity of employees and hospital family, these fundraisers brought in nearly \$2,500 for the employee assistance emergency fund. At the same time, the Committee made five individual awards of \$500 to employees in need through the GenerosityHeals fund. Members of the GenerosityInspires team also participated in the Highway Cleanup (Adopt a Highway) program.

GenerosityInspires a close shave



Healing Hearts



Relay for Life

The Relay for Life Team, supported by the GenerosityInspires, made a contribution to the American Cancer Society of nearly \$8000 which was raised and donated in memory of Dennise Stannard, BirthPlace/MSU Director, who succumbed to cancer, and others also impacted by this disease. Marie Erickson acted as team captain of "Dennise's Divas", and Pullman Regional Hospital was recognized the top team fundraiser for the Relay in Pullman. Fundraising efforts by the staff resulted in a great success.



Palliative Care Room

In addition, the generosity of Pullman Regional Hospital employees, the Auxiliary, and Friends of Hospice, a patient room was redesigned in honor of Dennise and her commitment to palliative care. The room features natural colors, a view of the birdbath, thoughtful conveniences for families, and a cozy, healing environment.



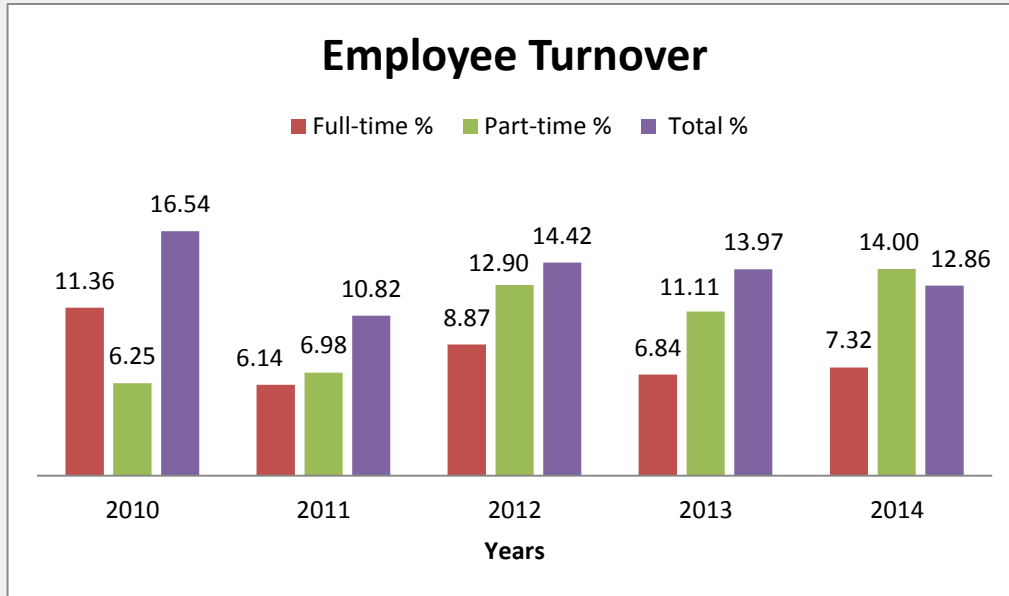
Community Engagement

Community Engagement Dashboard

Performance Measures	1st 2014	2nd 2014	3rd 2014	4th 2014	Year End 2014 Goal	Comments
Number of new community volunteers (YTD)	4	12	19	29	10 (cum)	
Number of volunteer hours served by community volunteers (YTD)	3,284	6,549.50	9,536.00	12,840.75	10500 (cum)	
Number of volunteer hours served by student volunteers (YTD)	1,362	2,123.50	2,852.40	4034	3500 (cum)	
Number of patient support volunteers (YTD)	14	14	14	26	26	
Number of patient support visits made (YTD)	n/a	78	383	768	100 (cum)	Program did not exist in 2013 so goal was an estimate.
Total number of Chaplain volunteers (YTD)	10	11	10	10	10	
Number of Chaplain visits made (YTD)	NA	183	635	1086		
Total number of Prescription Pet volunteers (YTD)	9	6	8	11	11	
Number of Prescription Pet visits made (YTD)	NA	33	121	217	250 (cum)	
Performance Measures	1st 2014	2nd 2014	3rd 2014	4th 2014	Year End 2014 Goal	Comments
Number of job shadows	2	2	1	19	15 (cum)	Reporting mechanism by departments has not been established
Number of senior projects	0	3	0	0	3 (cum)	
Total Number of Health Coaches (includes WSU Health Psychology students)	8	5	5	9	10 (cum)	
Number of Leads provided for GenerosityInspires stories (YTD)	10	24	31	34	70	
Number of Generosity Stories told (through Web site, at All Staff meetings, in internal and external marketing) (YTD)	30	54	60	65	100/year	
Number of Auxiliary engagement events held (YTD)	1	4	8	11	12	
Number of Foundation engagement events held (YTD)	2	6	12	16	5 (cum)	
Number of attendees at Health Innovation Summit	n/a	n/a	n/a	140	100	
Number of hospital engagement events for community held (YTD)	145	279	376	483	145	
Performance Measures	1st 2014	2nd 2014	3rd 2014	4th 2014	Year End 2014 Goal	Comments
Number of earned media spots (YTD)	32	92	170	282	75	
Number of unique page views for Robotic-Assisted surgery page	No data	223*	329*	417*		Highest unique views on April 17: 43
Number of unique page views for Transparency section of Web site	No data	180*	408*	613*		Highest unique views in September: 87
Number of page views of Cost of Care video on YouTube	No data	59	83	90		Published on YouTube on April 29. Highest daily unique views was 12.
Number of page view for Community Health 2020 Webpage	No data	193*	333*	491*		Highest unique views in June: 75
Number of page views for Early Adopter of Copper video (video published on Youtube on Nov. 13, 2014)				500 views		Published on YouTube on November 13. Highest daily unique views was 320.
* Unique Page Views: the number of visits during which the specified page was viewed at least once. A unique pageview is counted for each page URL and page title combination.						

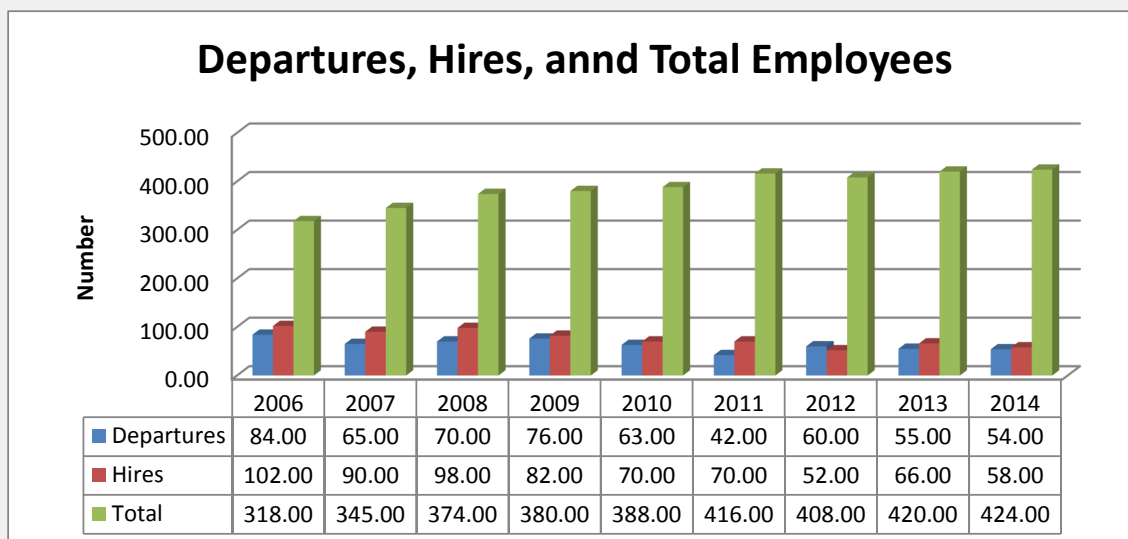
Employee Recruitment and Retention

Pullman Regional Hospital continues to have a downward trend in staff turnover. In 2014, the hospital had an overall turnover rate of 12.86%, which included a full-time turnover of 7.32% and a part-time rate of 14.00%. The graph below shows the full-time percent, part-time percent, and total percent from 2010 through 2014.



The hospital has implemented many new processes to select and retain employees who are a cultural fit with Pullman Regional Hospital. These include an on-line application form that is accessed from the hospital's web page, "Hiring for Fit" candidate interview process, and our new employee orientation, which is the first day of hire for new employees and focuses on the culture and philosophy along with the regulatory requirements of employment. The hospital has continued to focus on employee safety and has won workplace safety awards in 2010, 2012, 2013, and last year in 2014.

Pullman Regional Hospital has continued to increase the total number of employees that are employed with the hospital. From 2006 to 2014, the hospital has seen an increase of 33% in staffing levels as seen in the graph below.



Employee Engagement

2014 Employee Engagement Survey:

In 2014, the hospital recently partnered with Strategic Management Decisions (SMD) to conduct an employee engagement survey. The survey ran from July 1 to July 18. An email was sent to each employees work email with a link to the survey. The 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 will only receive aggregate results.

The hospital has received organization-wide information and specific departmental data will be distributed to departments in the middle of August. For the hospital, there were 324 employees who completed the survey. This is a 77.7% completion rate. The goal when we started the survey was at least a 70% completion rate, so we met our participation goal. The hospital also has a 96 percentile ranking for overall employee engagement. The highest scoring area on the survey was Customer Focus with a 4.43 on a 5 point scale (5 = Strongly Agree) and the lowest area was Accountability with a 3.71.

A few comments from the survey include:

“I can’t imagine a place where the staff works together better as a team.”

“The culture that supports individual accountability and allows me to work in an environment that is trusting, challenging and supportive.”

“Focus on coming up with a plan to provide more affordable health coverage for a family of an employee.”

“A higher degree of accountability should be implemented for those employees who refuse to be team players.”

As departments received their individual feedback, they were able to evaluate where they have areas of strengths and opportunities for improvements. Departments received support from an internal group of folks and SMD in interpreting and moving forward with their information.

Patient Engagement Survey Results -- Overall

Survey Dimension	Mean Score (Scale of 1/5)
Accountability	3.71
Career Development	3.96
Compensation and Benefits	3.83
Customer Focus	4.43
Engagement	4.41
Job Fit	4.27
Management/Leadership Skills	4.03
Quality	4.39
Safety Climate	4.36
Senior Management	4.07
Teamwork	4.01

Planning is currently underway to conduct another survey in 2015, which will provide comparative data as we move forward.

Employee Engagement

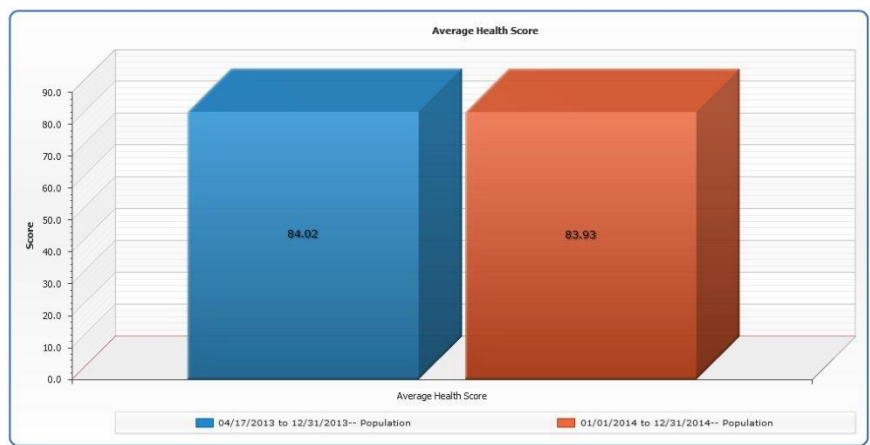
Wellness for Life:

In 2014, Pullman Regional Hospital again sponsored the Wellness for Life Program. Started in 2012, this program provided the employee 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.

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

The Average Health Score chart below 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:

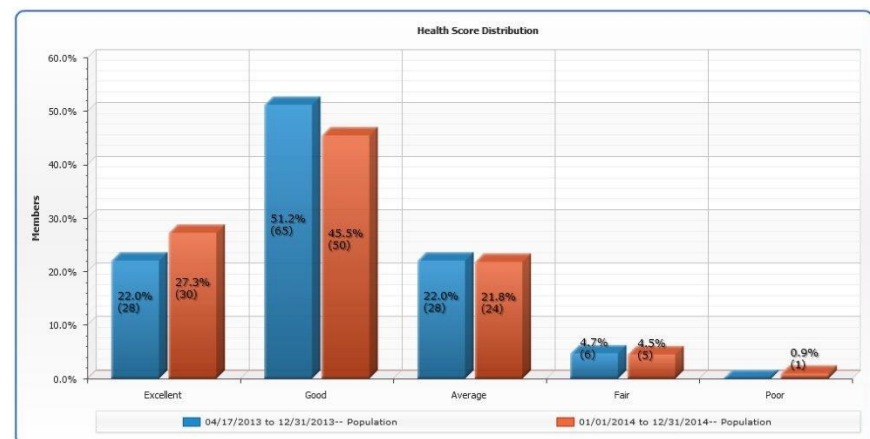
Excellent: 90.0—100.0

Good: 80.0—89.0

Average: 70.0 — 79.9

Fair: 60.0 — 69.9

Poor: <60.0



Specialty Certifications

Pullman Regional Hospital Employees

Scott	Adams	FACHE	Tanya	Dial	CST	Dorcas	Hirzel	Cert. Trainer	Linda	Rauch	RNC
Stacey	Aggabao	CEN	Nancy	Downs	ARRT (CT)	Kai	Johnson	CEN	Amy	Richards	ARRT (CT)
Hawa	Al-Hassan	RNC	Jeremy	Ellison	ServSafe	Keri	Jones	ASHA	Amber	Roberts	RNC
Jennifer	Anderson	ARRT (CT)(M)	Anna	Engle	RNC	Laura	Keogh	IBCLC	Lynn	Sakamoto	CNOR
Kells	Ausman	RNC	Brandi	Fiorino	CEN	Laure'	Larsen	CCRN	Roseann	Sargent	ARRT (CT)
Jenny	Becker	RNC	Linda	Fisher	CNOR	Jennifer	Lehmitz	CST	Helen	Scheibe	ARRT/NMTCB
Nicoline	Blaker	RNC	Marcy	Fisher	CCRN	Lyle	Lowder	NMTCB	Kelly	Sebold	ASHA
Jonna	Boback	CEN	Melissa	Francik	CDR	Kim	Lunsford	CNOR	Kai	Seshiki	NATA
Johanna	Bounous	CCRN	Sandy	Frisbey	AHIMA	Joann	Maurin	CRCST	Kate	Shumaker	ASHA
Marilyn	Burch	CDR	Andi	Gallagher	ARRT(MR)	Cathy	Murphy	CAPA	Bill	Siegwarth	ARRT(CT)
Charles	Butler	CEN	Jami	Gilkey	ADRMS	Peggy	Myers	ARDMS	Stephanie	Smick	RNC
April	Cane	ServSafe	Kelly	Goertzen	CCRN	Carol	Owings	RNC/IBCLC	Dan	Swan	ARRT (CT)
Brenda	Champoux	ARRT (M)	Ginny	Gosse	CCRN	Katie	Packwood	PCCN	Austin	Swopes	ARRT(CT)
Lynne	Cooper	CEN	Charles	Gunkle	RNC	Justin	Peters	ARRT(CT)	Eileen	Taylor	CEN
Lisa	Cordodor	CNOR	Randy	Hartig	CNOR	Darin	Porter	ARRT (CT)	Nicole	Weiss	RNC
Tyson	Cranston	ARRT (CT)	Laurie	Heimbigner	RNC	Brian	Poxleitner	ARRT (CT)	Catherine	Wilkins	CEN
Michelle	Cranston	ARRT (CT)	Ambyr	Henderson	ASHA	Acacia	Prather	RNC	Betsy	Wilson	ASHA
Steve	Cromer	CNOR	Joan	Hendrickson	RNC	Frances	Preston	NBCOT	Dianna	Wise	RNC
						Garrett	Quarve	ServSafe	Melissa	Wolf	RNC

Key:

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

2014 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. Currently, of the 62 active medical staff, 61 are board certified (the remaining physician was a medical staff member prior to the implementation of this requirement). Four physicians achieved additional certification: Dr. Aaron Scott and Dr. Cliff Lightfoot in Tropical Medicine, Dr. Rodney Story in Hospital Medicine, and Dr. Karen Geheb became a certified Medical Director. In addition, Dr. Nigel Campbell achieved certification in Obstetrics/ Gynecology, and one physician achieved recertification: Dr. Pete Mikkelsen, in Emergency Medicine.

Staff & Physician Recognition**Outstanding Employee Award:****Alison Weigley****Nurse Excellence Award:****Kelly Goertzen, RN****Physician Excellence Award:****Dr. Robert Lloyd****Patient Satisfaction Excellence Award (Dr. Congeniality):****Dr. Charles Richard****Dr. Gerardo Rodriquez****TechnoDoc Award:****Dr. Steve Pennington****TechnoDoc Honorable Mention:****Dr. Ric Minudri****Dr. Charles Jacobson****Dr. Charles Richards****Dr. Selvasaravanakumar
Navaneethakrishnanpoovan
(Kumar)**

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

Nurses' Recognition Day: The annual Nurses' Recognition Event was held in March and featured a breakfast for all staff, a scrub sale, and a "Top chef Challenge". Two hundred staff were served waffles and Thomas Hammer coffee. The cook-off featured "sweet" and "savory" dishes. Pat Patnode won the "savory" category with his torpedoes of tastiness and Nicole Weiss won the "sweet" category with her sweet potato scones.

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

25 years — Dr. Morgan Wright and Dr. Charles Richards

15 years — Dr. Larry Brown, Dr. Richard Caggiano, Dr. Jeff Radakovich, and Dr. Vicki Short

5 years — Dr. Rodney Story

Anniversary Celebration: The annual Anniversary Celebration was again held at Schweitzer Event Center. Approximately 200 hospital staff, Board of Commissioners, Foundation board members, medical staff, and volunteers attended the event. A "Generosity Heals" fund was established in 2012 to provide resources for staff members during personal crises or in time of need. Initial contributions were raised through a Dessert Auction and resulted in approximately \$1700 to contribute to the "Generosity Heals" fund.

"Wonderful, caring, precision-oriented team from beginning to end of visit; my life was treated with respect and dignity by all."

Leadership Development and Skill-Building



Leadership Development Strategic Project Implementation:

In 2014, Leadership Development was established as a strategic project as a part of the Innovation I Council. The first phase of this project began in March and was completed in September 2014. The focus of this phase was the development of a skilled coaching culture at Pullman Regional Hospital, utilizing personal/professional individualized coaching and ongoing development of coaching competency. This process was facilitated by Ron Moser, a certified executive coach. In

November, Phase 2 coaching was initiated; there was an initial Kickoff at the 2014 Leadership Retreat in December, during which we further re-enforced the expectation that all leaders who have leadership responsibilities for staff will complete the personal coaching and training. Additionally, we presented the Phase I coaching team. Individuals who wished to participate in Phase II were invited to participate with a peer coach (from Phase I) and Ron Moser initially. An additional 14 leaders signed up for this phase and coaching/training began in December.

At the same time, planning was underway by the Leadership Development Work Group to begin structured curriculum development. A survey was conducted in late January of the Leadership Group to determine areas of initial focus and ongoing development, as well as preferred learning methods. Topics included:

- Leadership and Professionalism
- Communication
- Partnerships and Teamwork
- Process Improvement and Management
- Business Management
- Human Resource Management
- Strategic Management
- Innovation and Creativity

Data were compiled and reviewed. Initial development is planned for February/March 2015.

HealthStream Electronic Learning System:

The management of the HealthStream Electronic Learning System was reorganized in 2014. Responsibilities were de-centralized with Laure Larsen, RN, Director of ICU/MSU taking the simulation functions, Amber Roberts, RN, acting as the overall system administrator, and Laura Barrett, RN, working on the regulatory compliance aspects of the system. In addition, preliminary work has been initiated to develop a comprehensive competency and performance center that would standardize orientation requirements for each department.

"I love Pullman Regional Hospital — my experience here has always been pleasant. I came here for my procedure today from Lewis Clark valley. Everyone took excellent care of me! Thank you!"

A YEAR IN REVIEW – 2014

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:

- 425 Full-time and Part-time Employees
- 315 Volunteers and Auxiliaries that served over 16,875 hours
- 159 Medical Staff (63 in active membership)

As a team we served:

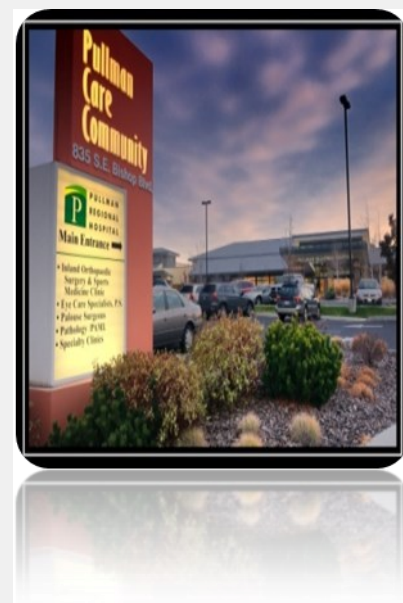
- 1,757 Men, Women, Children, & Newborns as inpatients
- 71,170 Individual outpatient visits

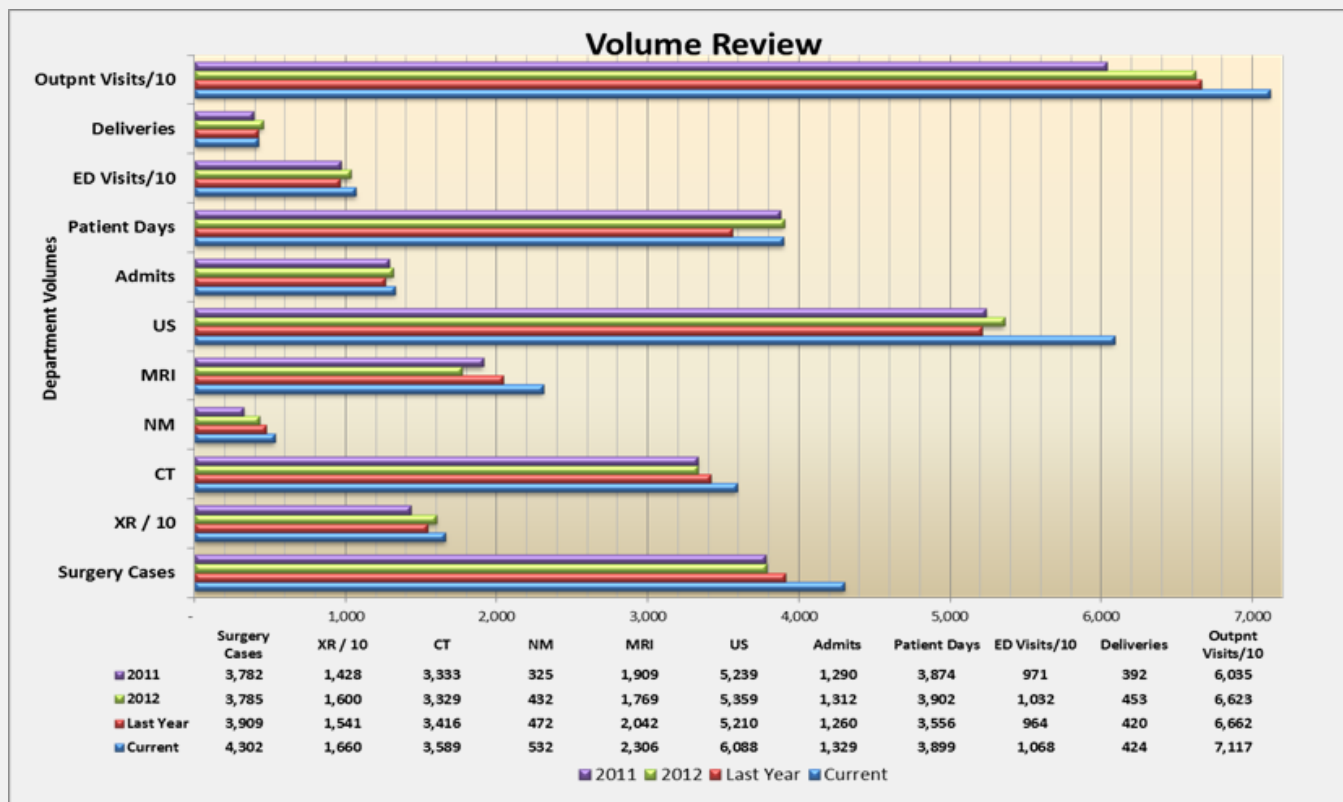
That Totals:

- 3,899 Patient Days
- 424 Babies were delivered
- 660 Equivalent Observation Patient Days
- 15,849 Observation hours of care
- 10,680 Patients entered our Emergency Department
- 90,218 Laboratory tests were performed
- 29,114 Diagnostic Imaging studies completed
- 4,302 Surgical patients, 83% surgical vs. 17% endoscopy

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

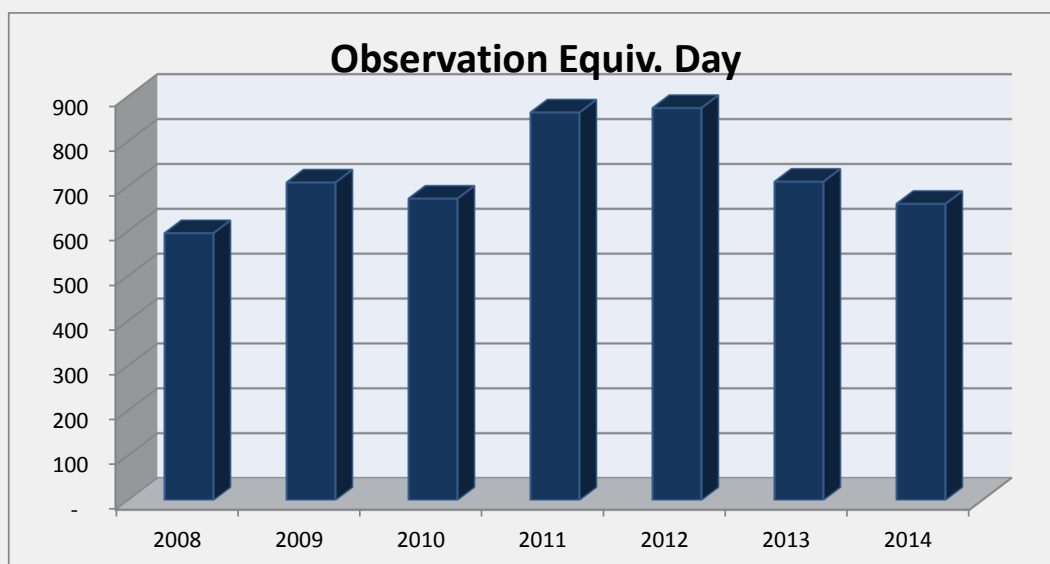
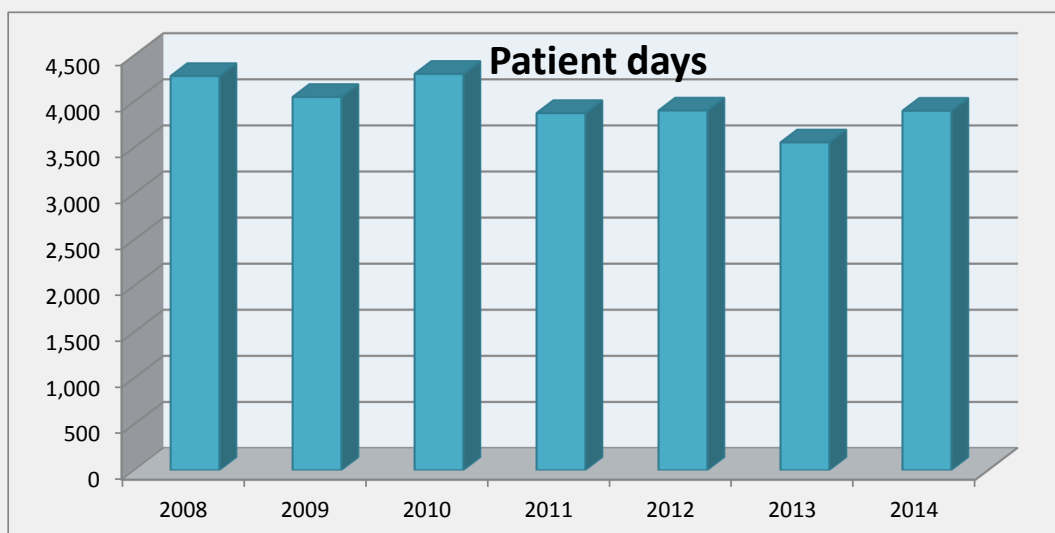
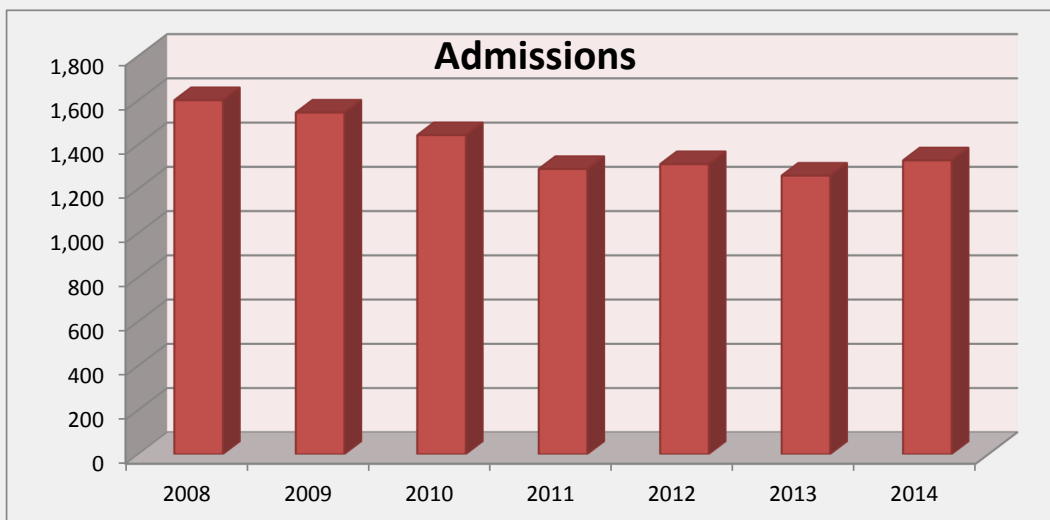
TOTAL HOSPITAL OPERATING REVENUE.....	\$83,829,449
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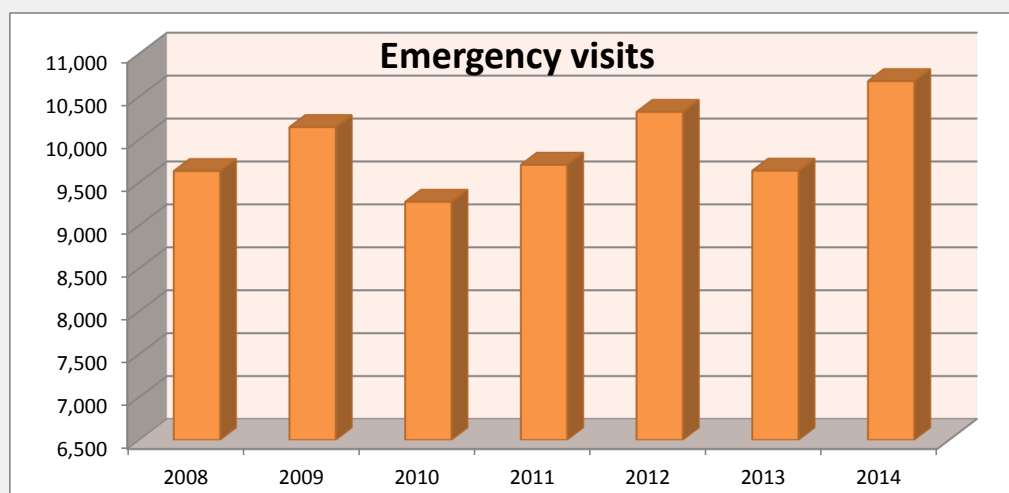
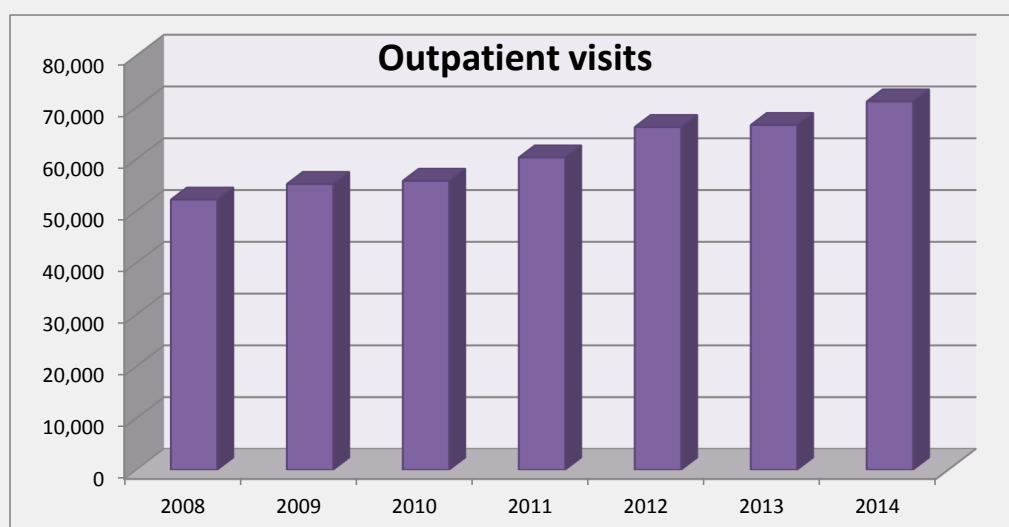
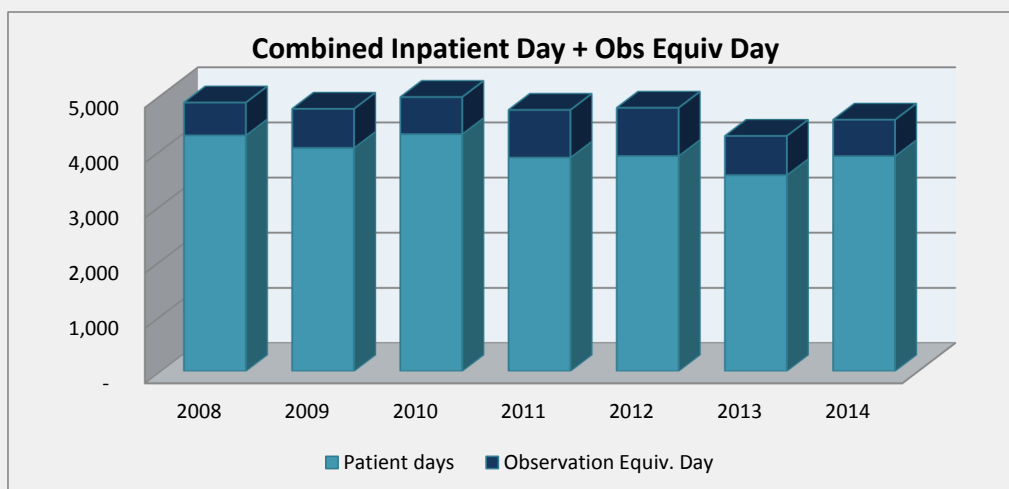


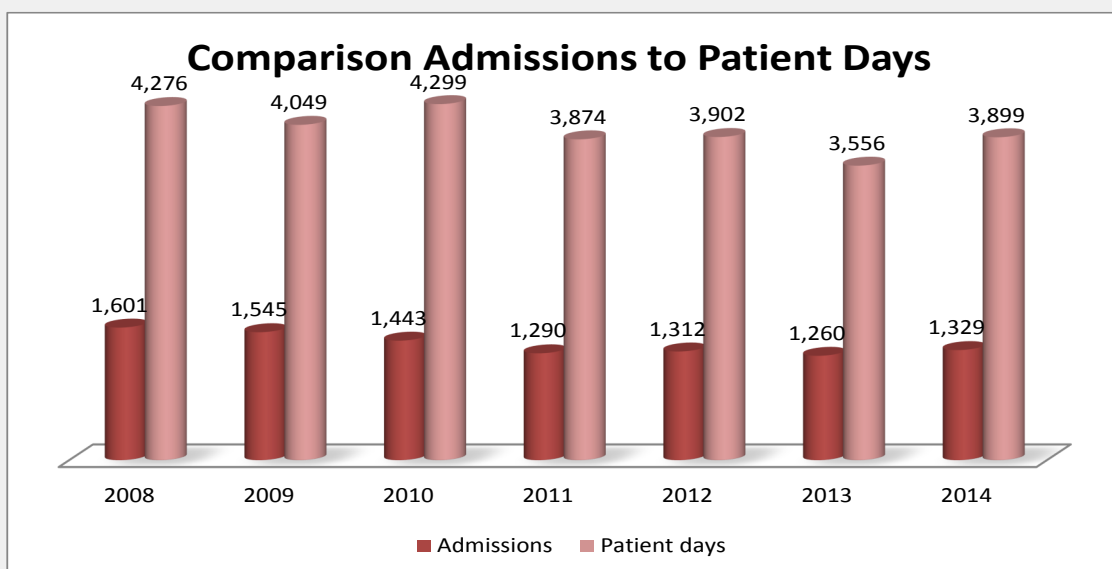
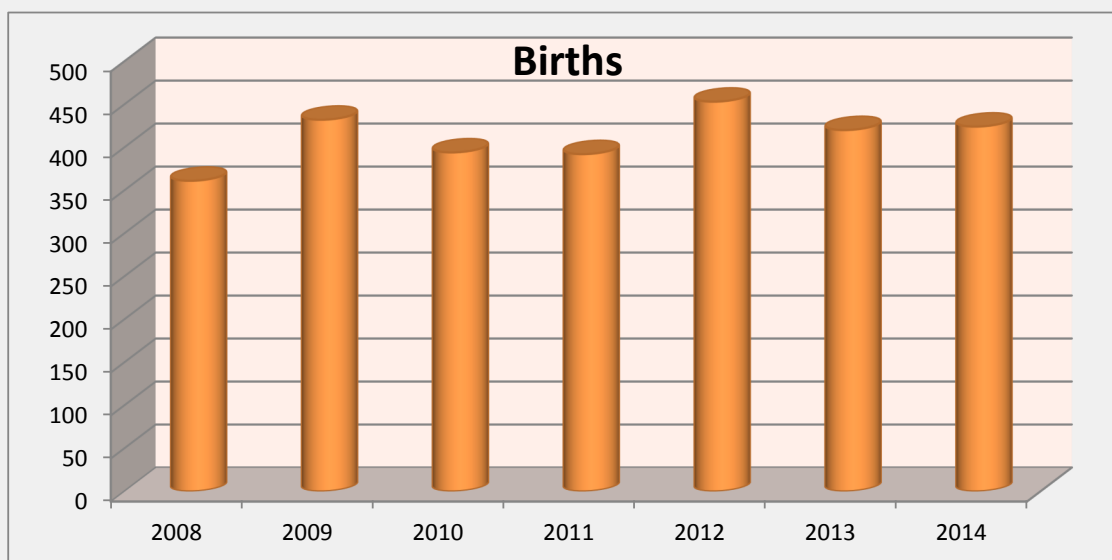
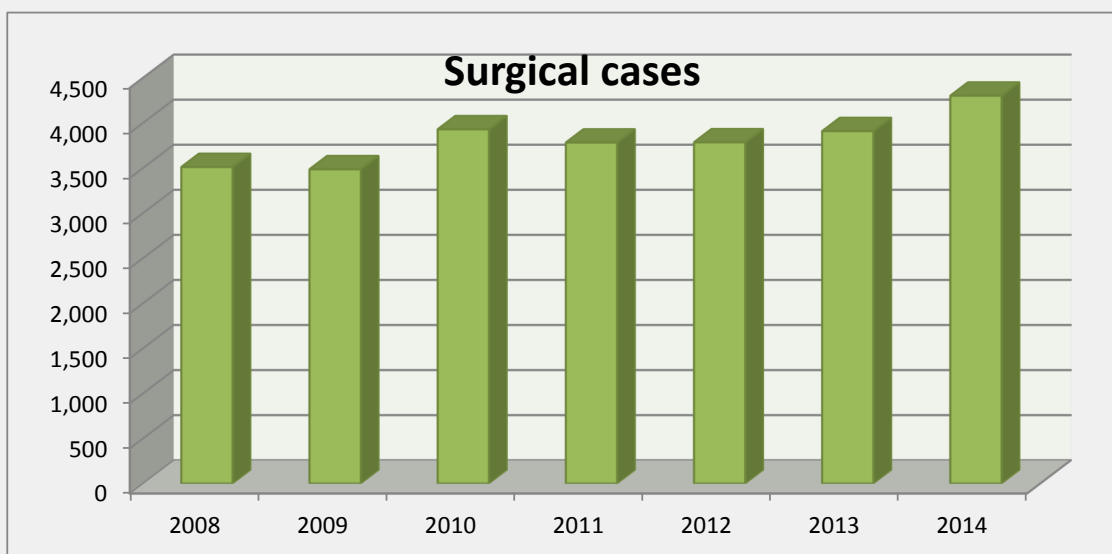


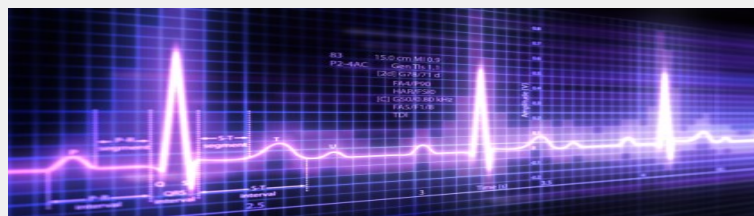
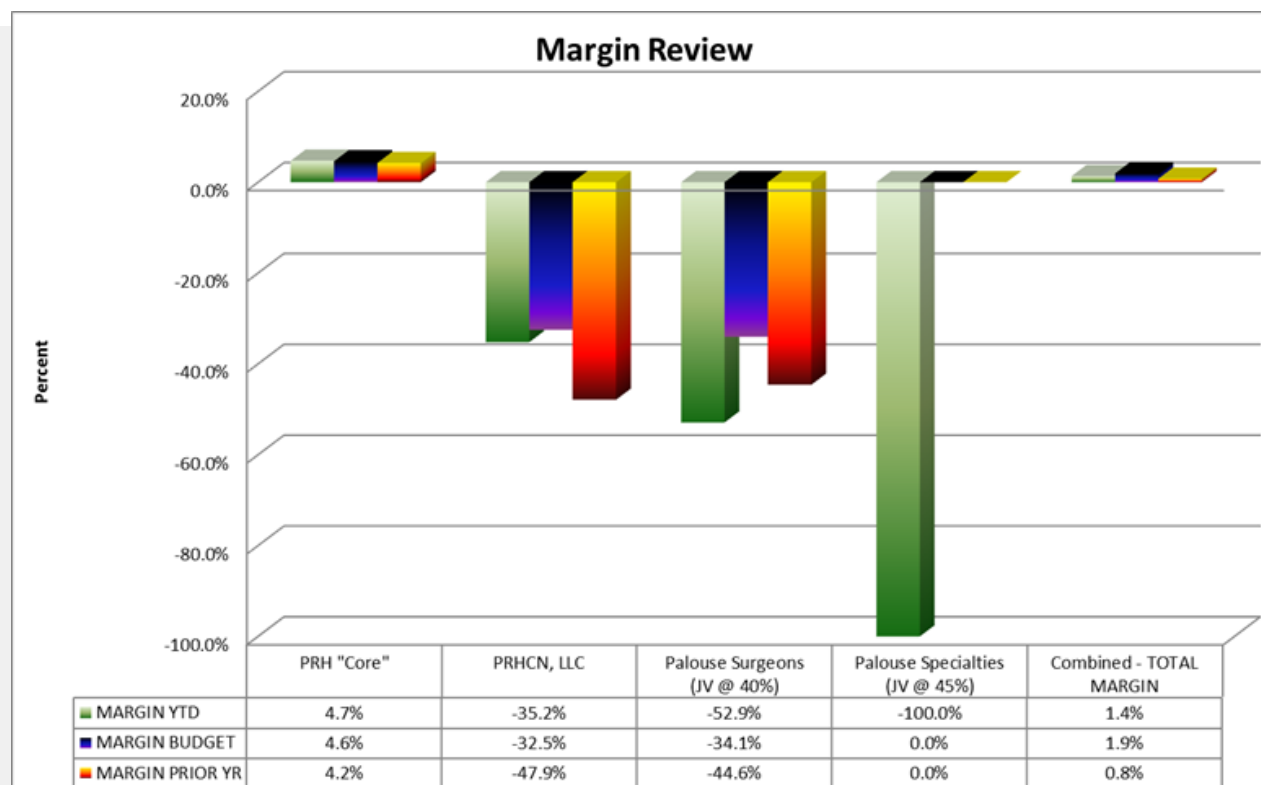
DISTRICT REVENUE (NET)	\$ 59,426,791
SALARIES, WAGES, & BENEFITS	32,277,952
PROFESSIONAL FEES	4,213,994
SUPPLIES	11,119,992
INTEREST & DEPRECIATION	3,899,052
ALL OTHER COSTS	7,132,360
NET EARNINGS*	\$ 783,441

* Retained for plant, property, and equipment, debt repayment and service enhancement during fiscal year 2014.









Pullman Regional Hospital Vital Signs

	2008	2009	2010	2011	2012	2013	2014
Patient Days	4,276	4,049	4,299	3,874	3,902	3,556	3,899
Patient Admissions	1,601	1,545	1,443	1,290	1,312	1,260	1,329
Surgical Cases	3,511	3,486	3,929	3,782	3,785	3,909	4,302
Births	361	432	394	392	453	420	424
Emergency Visits	9,633	10,145	9,275	9,706	10,322	9,637	10,680
FTEs	286	294	291	312	317	323	324

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.

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

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

Graduate Medical Education

Planning was initiated in 2014 to create a Rural Training Track for graduate medical education. This endeavor was in collaboration with Empire Health Foundation, Providence Health Systems, and WSU. This track would be in affiliation with the Providence Residency Program and would provide two years Family Practice residency experience for two-to-four second and third year residents in Pullman, both in the clinic setting as well as at Pullman Regional Hospital. This program would provide area physicians the opportunity to share their knowledge and experience. Dr. Jaime Bowman is providing the leadership for its development as the Director of Graduate Medical Education. The target date for implementation is July 2018.

Community Coalition

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

2014 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 2014. 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. MU Stage 3 objectives will be released soon for the coming years.

Many nursing documentation screens have been enhanced in 2014 based on requests from nurses and nursing managers. Changes have been made to all major nursing screens to improve workflow and ensure capture of pertinent patient information for complete documentation of quality care. A new Interdisciplinary Rounding screen was developed to aid in a team approach to documentation of care and plan for discharge. A new discharge routine was implemented which automatically pulls the physician discharge order details to the nursing screens, eliminating the need for nurses or unit secretaries to re-type the order details. Improvements in efficiency and accuracy have been appreciated. Due to an unexpected Ebola outbreak in Africa, new screening tools were developed and placed for Registration, the Emergency Department, and other areas of entry into our healthcare system.

Physical Therapy, Occupational Therapy, and Speech Therapy documentation screens were expanded to include entry of billing information. This addition improved efficiency of documentation and accuracy of services for which reimbursement is available.

My Health Portal: A patient health portal was launched in March, 2014, following active efforts from Clinical Informatics, Marketing & Strategic Initiatives, Registration, Laboratory, Health Information Management, Volunteer Services, and all Nursing departments. The Health Portal is a convenient tool which provides information such as medication list, allergies, laboratory, and radiology results wherever internet access is available. Informational brochures were developed and distributed as well as newspaper announcements and other media efforts to educate the community about this new service. Patients are briefly introduced to the Health Portal through the registration department on admission as an outpatient or inpatient. Enrollment is completed upon request and patients receive notification via email when their account is ready to access. Self-enrollment is also possible through the hospital web site. Many questions about the Health Portal have been fielded and at-the-elbow assistance is provided to patients while they are patients in the hospital if needed. Electronic access to patient health information is one of the Meaningful Use Stage 2 objectives and was successfully met in 2014.

Interoperability: The ability to connect with other health care facilities and share information when needed 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 automatically flow to some patients’ outpatient clinic records when the clinics’ Electronic Health Record (EHR) is a part of our network. Collaborative efforts will continue to include other providers’ clinics as opportunities arise.

Information Technology

New Data Center:

In 2014, the virtual server environment was built and migrated out to a new Storage Area Network (SAH) and new hosts. This has provided more horsepower to run Pullman Regional Hospital's ever-growing server demands.

New Core Switch:

The core switch was upgraded in 2014 as the previous switch was nearing the end of its functionality and technical support. At the same time, we also assumed all network management responsibilities, which were previously provided by Inland NW Health Services.

Centricity Upgrade:

Pullman Family Medicine's Centricity program was upgraded during the summer 2014.

Patient Room Flat Panel TVs:

The patient rooms received new flat panel TVs. This upgraded technology also included new digital feed from Time Warner Cable that also provides patients and families with music channels as well.



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 eighth time Pullman Regional Hospital has received this award (2007-2014).

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. Annually, members attend the Washington State Feeding Team Meeting hosted by the University of Washington. PRH provides space to conduct evaluations, billing and patient registration services. The feeding team was formed in the summer of 2012 and has been scheduling 1-2 team evaluations and 1-2 follow ups per week on average. Home visits, daycare observations and group therapy are used when indicated. The core evaluation team includes Elizabeth Hillman, MSW, Marilyn Burch, RD, and Kelly Sebold, SLP. PRH also employs a number of other key providers, including Genetic Counseling and Occupational and Physical Therapies. There were 26 referrals in 2013 and 46 referrals in 2014. Referrals have come from Pullman/Moscow, Lewiston/Clarkston, Spokane, Seattle, Whitman and Latah Counties. Client ages have ranged from 1-2 months to 12 years. Most common age is birth to 2 years. The most common diagnoses include Failure to Thrive, Feeding Difficulties and Mismanagement, Sensory Processing Disorder, Dysphagia (choking or swallowing difficulty), Oral Aversion, and Developmental Delay. Our team is one of about 20 teams in the state of Washington. If PRH did not have this clinic, the closest location would be Spokane, Yakima, or the Tri Cities.

Interagency Care Coordination: Since October 2012, Pullman Regional Hospital has facilitated a monthly interagency meeting which has included representatives from our social work and nursing departments, Avalon, Bishop Place, Whitman Senior Living, LMK Adult Family Homes, Circles of Caring, Rural Resources, Home Health and Hospice, and Whitman Health & Rehab. A variety of topics have been covered at these meetings, including sharing the full extent of services that each agency provides for their residents, process development for how people can move most effectively through the care continuum in our community, sharing services, and creating a strong sense of community amongst these providers to support the people using all of our services. Most recently, Pullman Fire and EMS joined the group to discuss creating an opportunity to provide after-hours transportation back to the residential facility for Pullman residents who do not otherwise meet medical necessity for transport. Pullman EMS has developed a contract with a \$100 fee that will be shared by the hospital and the residential facility to transport patients in a safe and timely way from the emergency department back to the facility. These types of transports occur 1-2 times per month and while they are not frequent, this new capability will be a win-win for the emergency department, the residential facility and the patients.

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 an additional transportation to the hospital for outpatient phlebotomy. These are some great examples of our staff going above and beyond to provide services to the community.

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 signed a contract with Aging and Long Term Care of Eastern Washington (ALTCEW) to provide Health Homes Services to eligible Whitman County residents. In November, Pullman Regional Hospital Social Work completed the required two day Basic Training for Health Homes Care Coordinators and on December 16th, we engaged our first two Health Homes clients, making home visits in Colfax and Steptoe. Health Homes services are designed to:

- Identify health risks and referral needs;
- Set person-centered goals that improve beneficiaries health and service access;
- Improvement management of health conditions through education and coaching;
- Support changes to improve beneficiaries ability to function in their home and community and their self-care abilities;
- Slow the progression of disease and disability;
- Access the right care, at the right time and place;
- Successfully transition from hospital to other care settings and get necessary follow-up care;
- Reduce avoidable health care costs.

People are eligible for Health Homes if they are in Medicaid and Medicare, have serious chronic conditions or complex health issues that require multiple service providers. There is no additional cost to the client, it is voluntary and the client may opt out at any time. The Health Homes Care Coordinator works in collaboration with the client, client's family, caregivers, doctors, nurses, counselors and case manager.

Honoring Choices Whitman County: In October, 38 volunteers were trained in having conversations for Advance Care Planning. Advance Care Planning (ACP) is a process of communication that helps every person understand, reflect upon, and discuss their goals, values, and beliefs for future healthcare decisions. These volunteers are certified First Steps ACP facilitators through "Respecting Choices" at the Gundersen Health System. The volunteers completed seven on-line learning modules and an eight-hour course with role playing on having these conversations with people in our communities. The steering committee chose these volunteers to represent Whitman County broadly so that the volunteers could give presentations for ACP and have individual conversations with people in their own social and professional circles. The volunteers include physicians, nurses, social workers, pastors, librarians, hospice volunteers, and various other lay people. This training is an additional step in advancing our community services by facilitating conversations that otherwise are very difficult to have and so often don't occur.

Whitman County Health Network

In 2014, the Whitman County Health Network was organized in in order to represent the healthcare needs of the county population.

Whitman County Health Network Statement of Vision, Priorities, and Principles

Vision

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.

Priorities

- Coordinate care – reduce duplication/fill in gaps
- Focus on prevention and wellness
- Increase awareness of health and health factors
- Assess opportunities for appropriate regional alliances related to health services, social services, public secondary education services, etc.
- Integrate medical care with social determinants of health
- Explore role of “medical equity” in plans and programs as it relates to access to services

Principles

- Assure financial viability of current system participants while exploring opportunities to transform services to a new delivery and payment model
- Consider payment reform dynamics as new opportunities arise
- Maintain current relationships and consider expanding relationships to benefit community members
- Consensus decision making with majority vote decisions if consensus cannot be reached
- Open, frank dialogue
- Monthly meetings
- Major work product updates and network-wide communications will be distributed in advance of all standing meetings
- Inclusive membership structure
- Monitor effectiveness of initiatives

Governance Structure

Governing Board

Meet monthly

Proposed Board members

Whitman County Public Health
Pullman Family Medicine
Palouse Medical
Palouse Pediatrics
Whitman Medical Group
Pullman Regional Hospital
Whitman Hospital and Medical Center
Palouse River Counseling
Washington State University Student Health and Wellness
Washington State University Office of Civic Engagement
Community action Center
Pullman School District
Colfax School District
Long term care provider

Leadership Council

Meet 4-6 times per year

25-30 people

Proposed Members of the Leadership Council

County Commissioners
Local elected officials
Emergency services providers
Housing groups
Senior living centers
Senior services groups
Housing groups
Transportation groups
Child care services
Libraries
Community enrichment groups
Before and after school activities groups (i.e. YMCA)
Law enforcement/Public safety
Substance abuse intervention groups
The Palouse Alliance
Poverty on the Palouse
Private schools
Counseling services

daVinci Robotic Surgical System

In 2014, Pullman Regional Hospital continued to utilize the da Vinci Robotic Surgical System. Our experience with patient outcomes continues to be consistent with the benefits reported by those providing education about the capabilities of the robotic surgical system. Patients have had shorter lengths of stay post-surgically, less pain, and lower blood loss. There are currently eight daVinci-trained surgeons: Dr. John Keizur, Dr. Bryan D. Smith, Dr. Ric Minudri, Dr. Charles Richards, Dr. Nigel Campbell, Dr. Derrick Walker, and Dr. Huong Trinh, and Dr. John Visger. The da Vinci system has been used for urologic, gynecological, and general surgery. A total of 168 procedures were completed in 2014 as compared with 158 in 2013.

HydroWorx Therapy Pool

Aquatic therapy is effective in rehabilitation for patients with arthritis, fibromyalgia, or specific bone or tissue injuries. The buoyancy of the water provides an unloading of the weight bearing joints of the spine, knee, and hips. It is also an effective exercise therapy for those who cannot tolerate weight bearing. HydroWorx750 therapy pool has a built in variable speed treadmill, adjustable water levels, a warm water environment, and improved safety features, including stairs with railings to enter and exit the pool for patients with mobility issues.

The underwater treadmill provides rehabilitation opportunities for almost any post-operative condition earlier than therapy programs utilizing a traditional treadmill. The treadmill simulates real walking in the safety of the water, benefitting patients with balance deficits, reconditioning, and poor endurance. The treadmill can achieve up to 7.3 mph to provide advanced training for athletes and runners.

Benefits of the HydroWorx Therapy Pool

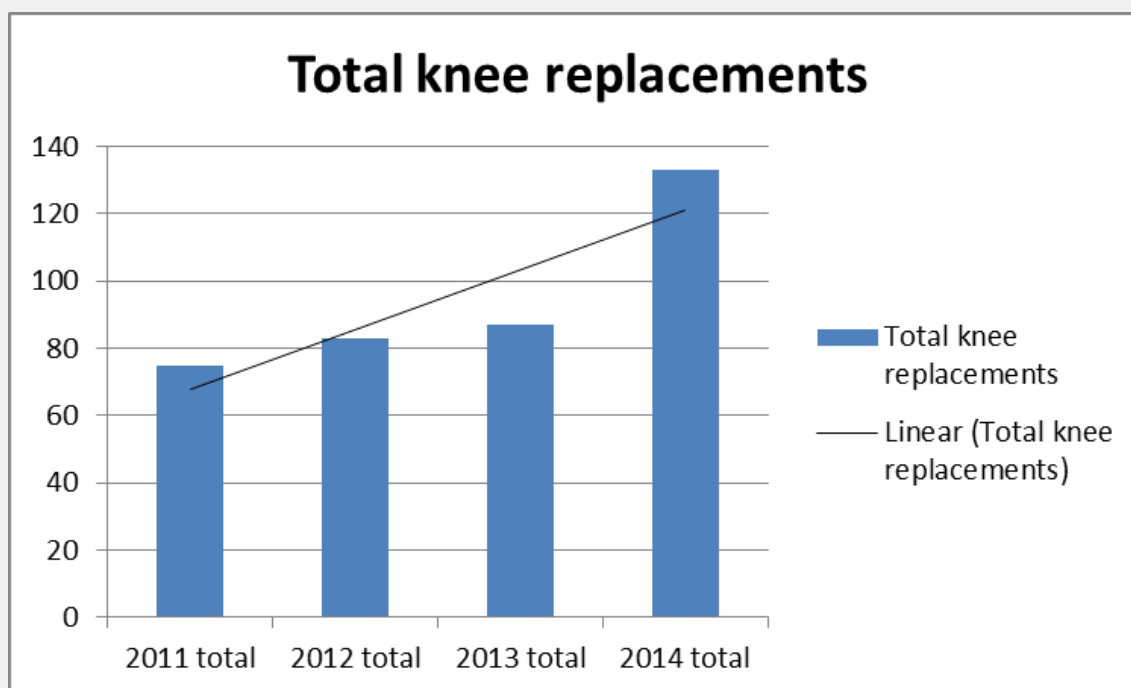
- Patients can often begin therapy sooner than on land.
- Promotes healing, increased blood flow and oxygen, and increases strength due to the water's resistance.
- Adjustable water levels allow patients to progress from non-weight bearing activities to specific levels of partial weight bearing.

Soon after the HydroWorx installation, Tim Williams and Ambyr Henderson with Summit Therapy combined their expertise in physical therapy and speech therapy, respectively, to develop an innovative combined therapy approach for one of their patient utilizing the aquatic technology. Their patient, a two year-old boy who experienced a brain injury, has flourished and it is clear that treatment has been enhanced by the use of HydroWorx.

Note: In 2015 it was announced that Tim and Ambyr won a competition sponsored by HydroWorx for innovative application of this technology.

Orthopedic Excellence

Since 2011, an interdisciplinary team has been considering how we could continue to provide exceptional service and care to patients receiving joint replacement services at Pullman Regional Hospital. The group first focused on total knee replacements as this was over 80% of the total joint replacement surgeries occurring in the facility. A video was produced for patient exercise education, an educational booklet was created, reviewing the preoperative, intraoperative, postoperative care as well as the post-discharge course. In addition to these educational changes, the interdisciplinary group made comprehensive improvements in the care processes. Anesthesia has changed their techniques which have improved pain control and patient's mobility. Physical therapy, social work and nursing services provide the patients preoperative care enabling patients and families to be better prepared for the hospital course and make appropriate discharge arrangements. These care processes have improved the patients' experience, shortened their recovery times, and lowered the average costs of knee replacements.



"We wanted to let you know that we appreciated so much the care given to us. Patient and family. Was very outstanding. We were in day surgery inpatient over night. Thank you"

Evaluation of the 2014 Performance Improvement Program

In 2014, 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 2014 departmental and interdepartmental Strategic Objectives, related to the six Strategic Focus Areas as identified in the 2014 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 2015, 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 2014 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 2015:

- Superior Clinical Outcomes

- Community Engagement and Patient Satisfaction

- Employee Engagement

- Financial Effectiveness

- Innovation

 - Partnerships and Collaboration

 - New and Improved Products and Services

Scott K. Adams, Chairperson
Quality Improvement Committee

Derrick Walker, MD, President
Medical Staff 2014

Tricia Grantham, President
Board of Commissioners

Pullman Regional Hospital Employees



"Generosity Inspires" highway cleanup team



Santa Visit



Ebola Preparation



Hydroworks Pool Dedication



Employee Recognition at Zeppoz



2014 Baby Fair

Redefining Healthcare