



**PULLMAN  
REGIONAL  
HOSPITAL**

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*Pathways to a healthy future*

**2015 Annual Performance  
Assessment & Improvement Report**





### Values:

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

### Vision:

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

### Mission:

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

### Customer Service Philosophy:

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

### Patient Care Philosophy:

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

# 2015 — 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

As we continued our work around innovation in 2015, the projects below 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.

### Innovation - 2015 Strategic Projects

Superior Clinical Outcomes	Project Leader(s)
Continue to define and implement the Pullman/Whitman county Health coaching continuum and care coordination opportunities.	Jeannie Eylar
Implement Meditech discharge routine including e-prescribing capability	Cathy Murphy
To increase access to direct physician care and provide improved quality and safety to residents of a long-term care facility (a CMS regulatory requirement)	Dr. Geheb
Create a process to provide care, assessment, education, and training to struggling post hospital discharged patients and patients identified by their primary care Physicians.	Steve Dunning
Establish active documentation for nursing staff at PRH.	Laure' Larson and Stacey Aggabao
Maximize evidence-based practices to reduce preventable surgical-site and hospital acquired infections to as close to zero as possible using strategies including new technologies such as UV light disinfection, copper surfaces and evidence-based practices to help us achieve these results.	Ed Harrich, Connie Koal and William Gonello
Customer Loyalty	Project Leader(s)
Create meaningful opportunities for stakeholders to interact with hospital, to give through volunteering, philanthropic gift or tell story.	Megan Guido
Develop opportunities for increased exposure for individual members of the Board of Commissioners and the Board as a whole.	Megan Guido
Explore the path for PRH to become an ACCME accredited provider to be able to provide courses here in Pullman for our physicians, jointly sponsor conferences with WSU and others and produce revenue from these activities and decrease costs of travel.	Patty Snyder
Employee Engagement	Project Leader(s)
Emphasize the Crisis Prevention Institute (CPI) training to all departments within Pullman Regional Hospital in order to promote a culture of safety and a safe working environment for staff.	Eric Olsen and Lori Nagle
Reinforce Pullman Regional Hospital's commitment to be a great place to work. Provide information to each department and the organization on how to improve business outcomes based on the results of an employee engagement survey.	Bernadette Berney and Adi Nkwonta
Efficiency and Financial Effectiveness	Project Leader(s)
The hospital needs the ability for PRH's patient access staff to identify whether an authorization is required, and the status of that authorization.	Eric Olsen
We will transition from the decades-old Ninth Edition of the International Classification of Diseases (ICD-9) to (ICD-10).	Sandy Frisbey
The hospital will need to close on the refinancing of the US Bank bonds and provide a platform for future challenges faced with eroding reimbursement, physician alignment, and the like.	Steve Febus
Receiving correct billing information from the physician's office for referred labs	Janine Maines
Patient Letter	Rueben Mayes
Innovation	Project Leader(s)
Expand our current wireless infrastructure in order to support new RFID technology.	Chris Jensen
Implement the business plan developed for the Center for Learning and Innovation - Phase I.	Dr. Caggiano, Rueben Mayes and Scott Adams
Continue implementation of Telemedicine program to meet patient and community needs.	Laure' Larson and Pete Peters

The Strategic Project Development Process was used to support our commitment to Community Health 2020 and as an essential part of our success in meeting the hospital's **overall strategy** of supporting our mission, moving toward our vision, and being consistent with our values. Throughout the year, we gained experience and identified additional opportunities that we continue to work on in 2016.



## Strategic Planning

### Health Innovation Summit – 2015

In October of 2015, we held our 3<sup>rd</sup> annual Health Innovation Summit. This year's Summit continued to highlight various innovation efforts that we have supported during the year. These included the installation of our Tomosynthesis technology, care coordination activities, Badger Braces, telemedicine efforts, and our Be The Entrepreneur project of a children's speech therapy book. We took the opportunity to introduce our new Chief Medical/Innovation Officer, Dr. Gerald Early, and he provided some thoughts around innovation opportunities in the Palouse region. Our concluding presentation was provided by Dr. Stephanie Fosback as she shared her experience with implementing a new scheduling process for primary care patient visits as part of her internal medicine practice. The WAVE schedule allows for a team based approach to care to address multiple health concerns for patients and improve the outcomes and satisfaction for the patient and the providers.



### 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 continued explorations of establishing a community based health plan in the Pullman community. We added a few members to the Board of Advisors and will look to expand membership in 2016.

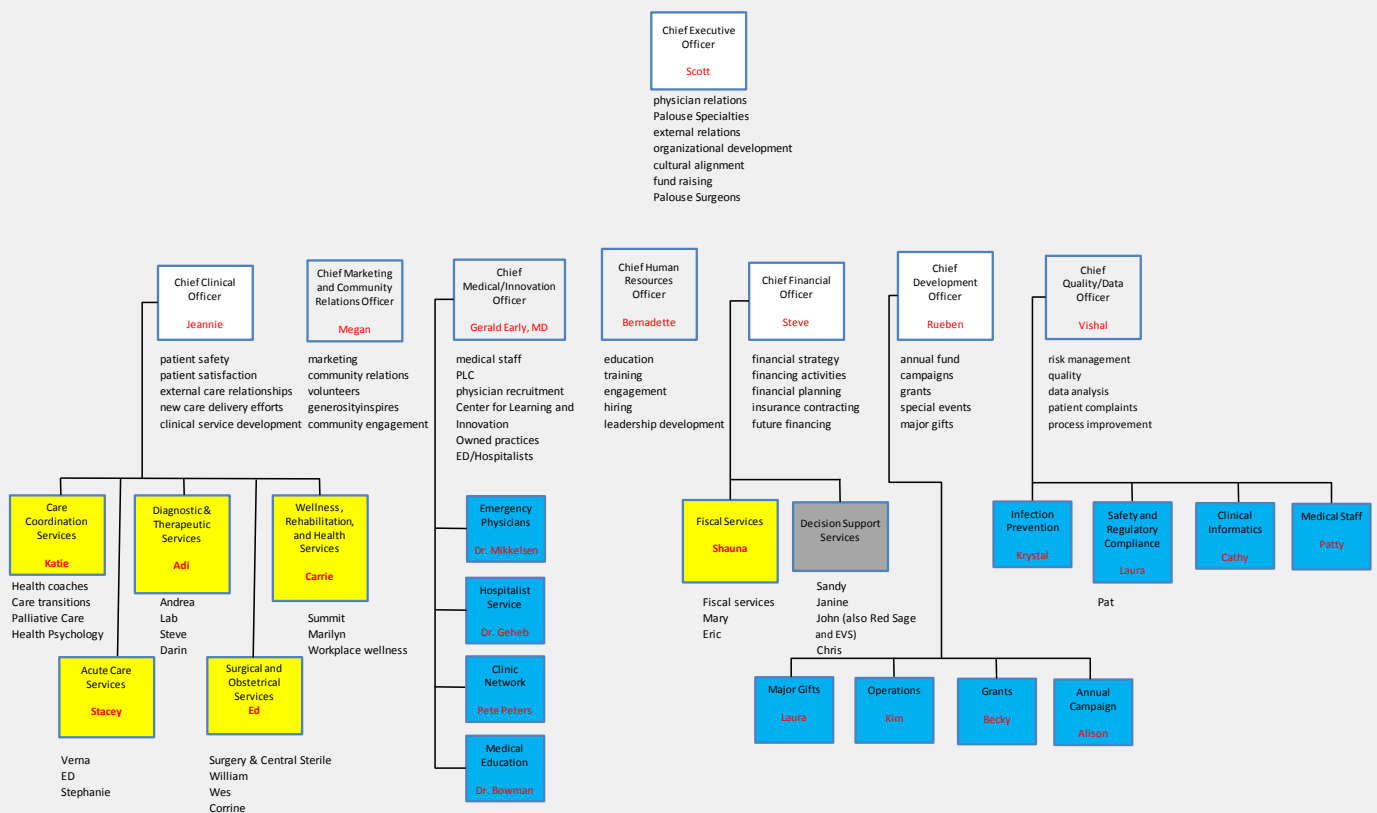
National Board of Advisors Members	
Clint Cole Erin Sedam Gerald Early Jeannie Eylar John McCarthy Judith Kolde Karl Hoover Kristen West Marilyn Klugg Maureen Schmitter-Edgecombe	Megan Guido Mike Rask Oliver Thurman Rueben Mayes Samantha Ramsay Scott Adams Scott Campbell Sherry Immediato Steve Febus Vishal Chaudhry



## Leadership Alignment

Leadership structure and support processes continue to evolve in response to growing demands upon Pullman Regional Hospital leadership. Leadership planning continued in 2015 to strengthen 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. Areas of focus continued to include the Endowment for Quality and Access, the Center for Learning and Innovation, and the Center for Women's' and Children's Health. In addition, the committee was informed about the 2016 strategic project proposals and provided recommendations for inclusion in the 2016 Strategic Management Plan and Budget. Future regional service development strategic projects were also considered with recommendations for the 2016 Strategic Management Plan and Budget for 2016. In addition, the committee also initiated efforts to guide regional health service development activities. Specific endeavors included ongoing discussions to establish a regional cancer service for the Palouse, the need for additional office space on the hospital campus, the need for more operating room space and the decision to expand surgery by one operating room, the transition of the ENT practice to partnership ownership with Palouse Specialty Physicians.

### **Governance Committee:**

The Governance Committee of the Board of Commissioners continued their work in a variety of areas. 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. of the possible future role of community members participating in board committees was initiated.

### **Finance Committee:**

In 2016, Pullman Regional Hospital's Finance Committee continued to provide leadership in the financial administration of the hospital. Attention by the committee was given to completing the Rural Health Clinic designation for Palouse Pediatrics, revamping the compensation practices for the pediatricians, assessing potential impacts from proposed reductions in funding for Critical Access Hospitals, a review of activities in the registration/patient access functions of the hospital, reviewing results of the annual independent audit, and guiding the development of the 2016 Strategic Management Plan and Budget.

### Pullman Regional Hospital Foundation

Areas of focus for 2015 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 2015 Total Funds Raised: \$2,477,946

Total Expenses: \$760,952

Total Raised per Campaign:

- Endowment for Quality and Access \$1,013,946
- Annual Giving for Excellence \$750,211
- Innovation \$713,817

Total Number of Donors: 810 (increase of 100 donors in 2015)



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

The 19 member Foundation Board oversees the operations of the Foundation and is engaged in governance and fundraising activities. Board members serve on several committees including the Giving Committee, Gala Committee, and Golf Classic Committee. In addition, each Foundation Board Member elects to join either the Governance or Finance Committee.

The Foundation Board provided tremendous support under the leadership of Josh Smart and the Executive Committee (Josh Smart, Mike McNamara, Pat Wright, and Fritz Hughes). Jack Fulfs continues to lead our volunteers in reaching out the local and rural community. Over the last three years, the Foundation Board has become increasingly more active through serving on Foundation committees (Governance, Finance, Gala and Golf). Ashley Alred has demonstrated effective leadership as Chair of the newly formed Women's Leadership Guild program. She has set high goals for the board and program in 2016. Alison Weigley is to be commended for her support of the Women's Leadership Guild. Six hospital staff stood out in their leadership and collaborative efforts in support of Generosity and Philanthropy in partnership with the Foundation.

- Carrie Coen-Grants
- Katie Evermann Druffel-Grants
- Steve Febus-Finance & Accounting
- Megan Guido-Marketing & Communications
- Ed Harrich-Employee Campaign
- Dr. Pete Mikkelsen-Endowment for Quality and Access Campaign

The Foundation staff continues to excel in their areas of responsibility while concurrently exhibiting Pullman Regional Hospital core values of teamwork, innovation and collaboration. The annual employee engagement survey results for Foundation staff showed improvement over the previous year. In 2015, there were no survey topics in the Focus quadrant and one survey topic in the Monitor quadrant. All the remaining topics were in the Maintain or Promote quadrants. Under Rueben's leadership, Alison, Becky, Kim and Laura all met their 2015 goals and continued to provide the type of leadership that is needed to help Pullman Regional Hospital achieve its goals.

**Pullman Regional Hospital Foundation**

The Foundation received a “clean” audit for the third year consecutive year. New financial policies were developed regarding grants. These include approval for all purchases by PRH grant leads, purchases processes, tracking of grant income and expenditures and responsibilities of the foundation staff and foundation accountant. As the foundation continues to grow, financial procedures are reviewed and refined.

Processes are being put in place to better utilize eTapestry, the Foundation donor software, to gather information regarding donors and prospective donors. Traditionally, the system has been utilized to record and acknowledge donor gifts and pledges. Entries to the data base as well as defined fields have been refined to enable staff to pull more detailed information.

**Major Fundraising Initiatives*****The Endowment for Quality and Access continues to make great progress.***

The Foundation is in the leadership phase of the Endowment for Quality and Access Campaign. This volunteer led effort began with a Steering Committee that included ten dedicated volunteer leaders, and has now transitioned to a Foundation Board Member based Giving Committee with eight members. The Giving Committee, in coordination with the Foundation staff, continues to reach out and educate community members. As the year came to a close, a local family made a \$100,000 endowment pledge to support physician excellence and the highest needs of the hospital. It was the first endowment of its kind at Pullman Regional Hospital and the 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. The Giving Committee is tasked with cultivating and soliciting five assignments with community members with support from Foundation staff, primarily Rueben Mayes and Laura Child. The committee meets in-person once a month and on a conference call once a month to celebrate gifts received, discuss assignments and review and refine strategies. Major emphasis this year has been on the outlying farming community, the employees of Washington State University and the employees of Schweitzer Engineering Laboratories. These areas will continue to be the focus as we go forward.

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

To date the campaign has raised \$3,578,116 in major and planned gifts. Gifts include cash, bequests, life insurance and even donations of grain. Planned giving options continue to grow, making legacy giving a flexible and viable option for many people. As we transition from the leadership phase of the campaign to the public phase, the Foundation Giving Committee will be a permanent committee providing leadership and raising funds for the endowment as we reach the \$10 million goal and beyond.

### Pullman Regional Hospital Foundation

**The annual fundraising program is growing.** Since its inception in 2013, the Annual Giving Fund Drive in support of the hospital's highest needs continues to provide an enriching experience for donors and provides critical medical technology for Pullman Regional Hospital. Through philanthropy, the Foundation engages the community, staff and granting organizations to offset the cost of capital equipment for the hospital, ensuring providers have up-to-date technology to complement the exceptional care. Alison Weigley oversees the program, coordinates volunteer leadership, drafts the program marketing plan, writes the case for support and develops print and online creative collateral with data provided by hospital leaders. The components of the annual fundraising program include:

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



Highest Needed Items Funded through the Annual Giving Program:

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

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

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

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

**Fundraising for Innovation** generated \$713,817, which included a charitable remainder annuity gift from Carol Gordon for \$603,605 in support of the Center for Women's and Children's Health--the largest single gift to-date in support of the hospital.

**Grant funding continues to grow.** Over the past 2 years the Foundation has secured over \$1.25 million in grant funding for capital and innovation in health and wellness projects. Projects include implementation of Telespeech in our area schools, 3D Tomosynthesis and Stereotactic Technology, Care Coordination efforts through Social Work Extenders in low income independent living facilities, and educational outreach opportunities for seniors in our community. In addition, Becky Highfill has built relationships with two prominent regional foundations and participates on the Whitman County Health Network. We continue to strengthen collaborative ties to Washington State University and other regional partners to increase capabilities and maximize resources.



### Hospital Awards and Happenings

#### 11th Annual Anniversary Party celebrated family and fun!

Scott Adams was the resounding winner of the Ugly Sweater Contest with his festive (*and ugly*) suit! The dessert auction brought in \$1,300 for GenerosityHeals and the approximately 200 attendees enjoyed the food and desserts made by staff and volunteers.



#### 3-D Mammography

In 2015, we introduced 3-D Mammography to our patients thanks to the support of Pullman Regional Hospital Foundation, community donations and a \$248,000 grant from the MJ Murdock Charitable Trust. The technology is a revolutionary new screening and diagnostic tool designed for early breast cancer detection.



#### Women's Choice award received for second year in a row

For the second year in a row, Pullman Regional Hospital received the Women's Choice award in 2015 as one of America's Best Hospitals in Obstetrics by Women Certified.® Women chose Pullman Regional Hospital's BirthPlace in record numbers in 2015, with the highest number deliveries – 455 – on record.



#### Pullman Regional Hospital rated 5-stars

In 2015, Pullman Regional Hospital received the highest ranking possible in overall patient experience by the Centers for Medicaid & Medicare. The ranking is based on HCAHPS data from April 2014 through March 2015 that shows only 154 hospitals out of 3,538 earned a five-star HCAHPS summary star rating.

HCAHPS has been in use since 2006 to measure patients' perspectives of hospital care, and includes topics such as: How well nurses and doctors communicated with patients.

- How responsive hospital staff were to patient needs.
- How clean and quiet hospital environments were.
- How well patients were prepared for post-hospital settings.





## Hospital Awards and Happenings

### **Pullman Regional Hospital Receives National Perioperative Nursing Certification**

Pullman Regional Hospital earned the CNOR® Strong designation from the Competency & Credentialing Institute (CCI). The CNOR Strong® designation is given to facilities having at least 50 percent of its operating room nursing staff CNOR certified. This is the first year CCI has awarded this elite status to facilities nationwide. Our OR nurses who are qualified to take the test are all certified.

### **Pullman Regional Hospital receives Excellence through Insight Award**

Pullman Regional Hospital received an Excellence through Insight Award from HealthStream, a patient satisfaction surveying contractor. The award is for “Overall Patient Experience in Inpatient Medical-Surgical Unit” and acknowledges exceptional performance achieved by a healthcare organization.

This was the third year in a row that Pullman Regional Hospital received an Insight Award from the organization. The other two Insight Awards were “Insight through Excellence for Overall Inpatient Experience” in 2014 and “Innovation for Resuscitation Curriculum Development” in 2013.

### **Summit Therapy receives Healthcare Excellence in Aquatics Award for innovative therapy**

Pullman Regional Hospital’s Summit Therapy & Health Services was the recipient of the 2015 Healthcare Excellence in Aquatics Award from HydroWorx. Ambyr and Tim were recognized amongst their peers on a national basis as clinicians who garnered superior rehabilitation results through innovative and unconventional methods.

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

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



### **Laboratory receives Joint Commission Accreditation**

The Laboratory at Pullman Regional Hospital received accreditation by the Joint Commission in 2015 as part of a two-day unannounced survey. Accreditation means strict standards of care and safety and regulatory requirements are met.

### Corporate Compliance

In 2015, the Pullman Regional Hospital Corporate Compliance Committee comprised of the following primary oversight positions, Corporate Compliance Officer (currently CFO holds this responsibility), Chief Quality & Data Officer, Chief Clinical Officer, Director of Safety and Regulatory Compliance, Revenue Cycle Coordinator, and most recently the committee has added the Utilization Review Coordinator. The early part of 2015 the committee's primary focus was on the one-day inpatient admissions and observation admissions that result in a length of stay of greater than 48 hours. This was a focus area from the Office of Inspector General (OIG) work plan. The committee tackled other issues that arose including consent to treatment notifications, attestation, ABN's, and other hot topic issues. Moving forward, the committee is focusing on the structure and reporting out of results.



For 2016, the primary focus will be two-midnight regulations, committee education, 2016 OIG work plan, any "hotline" reports, reported compliance concerns and issues, and open audits findings and response.

### Environment of Care

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



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

- Life Safety
- Hazardous Waste
- Safety
- Security
- Medical Equipment
- Emergency Preparation
- Utilities

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



The HIPAA Committee implemented a HealthStream process to remind and educate employees as to the importance of handling and protecting Protected Health Information (PHI). Additionally, education continues to be provided to new employees during

the orientation process. The hospital performed an external review of the overall infrastructure and safety of our information system platform. This effort was to identify potential weaknesses and strengthen our security of data. As a result, we have implemented new measures, added additional restrictions in application, and monitoring/blocking potential threats that try to breach our system. Internally, several investigations were conducted in response to concerns of potential HIPAA violations, action taking as needed, and continued visibility of random reviews was conducted.

### DNV Hospital Accreditation

Det Norske Veritas (DNV), a Norwegian manufacturing and maritime company, entered the healthcare accreditation arena in 2008 when it received deemed status from the Centers for Medicare and Medicaid Services (CMS). Extensive research, including interviews with hospitals that had moved to

DNV, concluded that DNV provided a more consultative approach to the accreditation process, with a primary focus on the development of high reliability organizations through rigorous attention to continuous process improvement. In 2014, Pullman Regional Hospital began working with DNV for hospital accreditation. DNV conducted our second annual accreditation survey in September 2015, resulting in full accreditation for Pullman Regional Hospital, which was finalized in November. Ongoing focus of our future work with DNV will include integration of ISO 9001 standards with the CMS conditions of participation for Critical Access Hospitals.



### 2015 Medical Staff Activities

**Medical Staff Recruitment and Retention:** In continuing our efforts to identify and respond to community needs for healthcare, 2015 was very successful for recruitment efforts. Five physicians joined our active medical staff: Kristin Edgehouse, DO (Pediatrics), Tim Goodrich, DO (ENT), Katie Hryniewicz, MD (Pediatrics), Jarrett Riley, DO (Pediatrics) and Alan Unis, MD (Psychiatry).

**Physician Leadership Council (PLC):** In 2015, 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 continues to be explored.

## Organizational Ethics

### Ethics Committee

Ethics Committee membership includes interdisciplinary hospital staff including physicians, social work, nursing, laboratory, board and administration. Membership additionally includes community professionals with representation from DSHS Family Services, Avalon Care Center, Bishop Place, WSU Counseling and Gentiva Hospice. The committee meets monthly. Examples of the cases brought to the Ethics Committee in 2015 included patient assault of staff, vaccination declination and issues of quality of life. Each meeting consists of an educational component from a biomedical ethics perspective, a case review and committee discussion. 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.

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



## Care Coordination

### 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 and Pullman EMS. The group meets monthly. Below is a list of what the groups works on .

Goals:

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

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

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

### Quality-Of-Life Team

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

The Quality of Life efforts in 2015 included continue review of hospital deaths and those individuals with advance directives on a monthly basis to ensure quality care and consideration of patients’ wishes at the end of life. The team circulates a card signed by the hospital staff and then mailed to the family. The team offers comfort blankets for patients who spend their last hours/days with Pullman Regional Hospital. The comfort blankets are hand tied fleece blankets made by hospital staff.

During 2015 Joan Hendrickson and Katie Evermann Druffel completed advanced training in palliative care through the University of Washington Cambia Palliative Care Training Center. The team is working towards the development of a Palliative Care service.

## Patient Safety

### *Commitment to Patient Safety*

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

#### Highlights of 2015 Patient Safety Activities:

- Medication Administration System:
  - \* Using observation, patient and staff interviews to assess BMV (Bedside Medication Verification) utilization to maximize patient safety
  - \* Focused efforts on antibiotic stewardship
- Infection Prevention Systems:
  - \* Successful Influenza Vaccination Program (91% employee vaccination)
- Participated in webinar series on **TeamSTEPPS**
- Maintain the focus on **elective deliveries < 39 weeks** with one elective delivery at 38.6 in 2015
- Continued utilization of the **ETCO2 monitoring** process and expanded its use in procedural sedation
- Participated in WSHA safe table Partnership for Patients, focused on medication errors, improving patient care when transitioning caregivers, reducing hospital-acquired infections, **imaging safety** and reducing elective deliveries prior to 39 weeks gestation.
- Report medication errors delineating errors requiring intervention from near-misses and errors that resulted in no harm.
- Expanded the use of **fatigue guidelines** using the literature evidence based practices and providing at least 10 hours rest between shifts for all staff.
- Updated the “Just culture” algorithm tool
- Use the “**Just Culture**” algorithm to review cases and understand the process of understanding human error and appropriate response.
- Continue to use the Pullman Regional Hospital **Commitment to Patient Safety**
- **Implemented tele-psychiatric consultations to increase psychiatric support for patients and providers.**
- As part of the Universal Protocol, the “Time Out” process was adopted outside the operating room.
  - \* The Time Out is a deliberate pause in activity involving clear communication (that includes active listening and verbal confirmation of the patient, procedure, site and side) among all members of the surgical/procedural team



## Culture of Safety

Pullman Regional Hospital participates in a bi-annual national Culture of Safety staff survey. This survey was funded through the Rural Healthcare Quality Network and facilitated by the Patient Safety Team. In 2014 the third survey was 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

### Just Culture

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

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

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

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

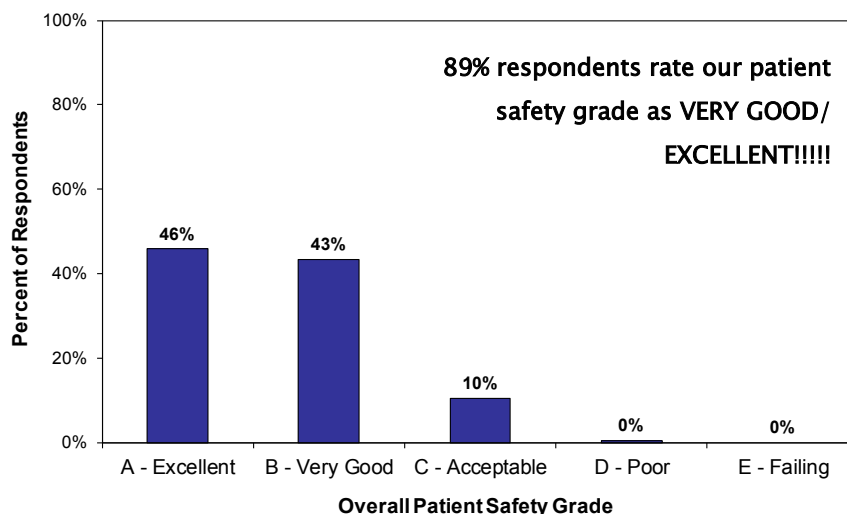
Department leaders have found that this tool is helpful to use working with staff members in reviewing situations and the patient safety team uses it with case scenarios for the team learning considerations.

# Culture of Safety

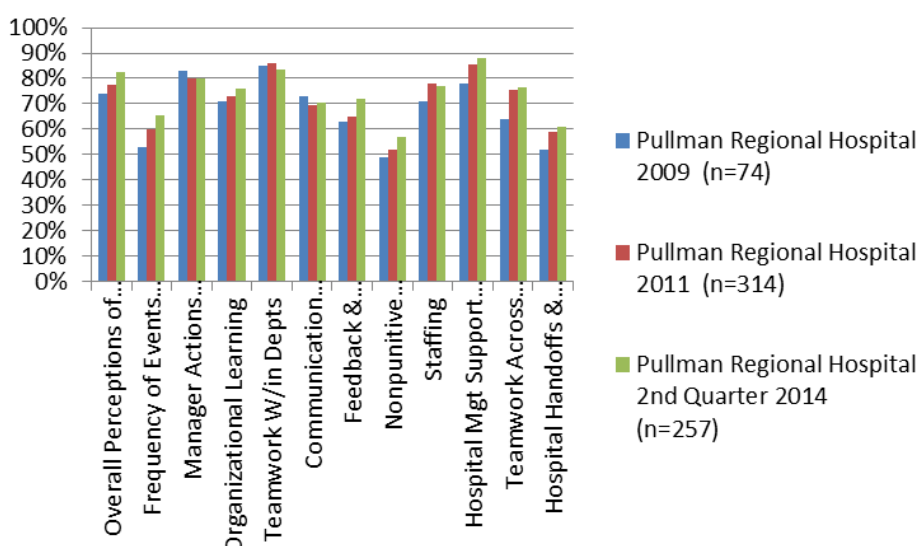
## Overall Patient Safety Grade for

### Pullman Regional Hospital

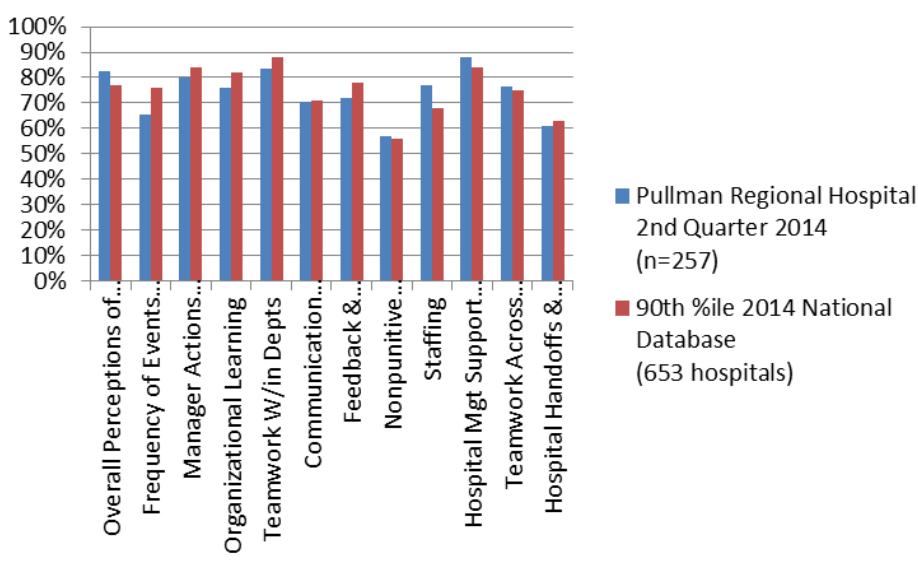
Please give your work area/department in this hospital an overall grade on patient safety.  
(Survey item E1)



## Pullman Regional Hospital Comparison over Time



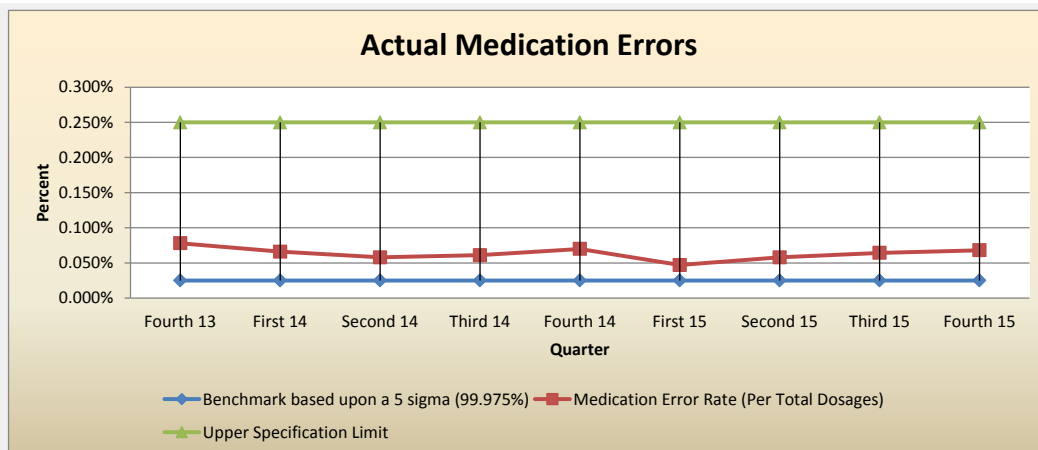
## Pullman Regional Hospital Comparison with National Database



## National Patient Safety Goals

### Medication Safety

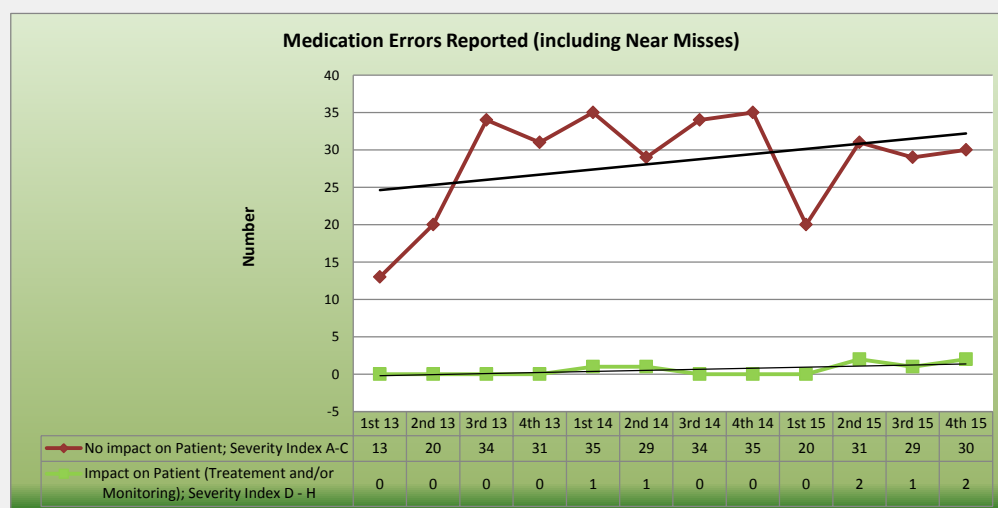
Medication Safety continued to be a focus in 2015. All reported medication errors were reviewed by type, contributing causes, location and severity, with a focus on system and process issues, human error and the use of safety practices.



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 with nursing students not fully aware of hospital medication administration policies and procedures. We have worked with LCSC nursing school and support hospital staff as faculty to better support nursing students in their learning while providing safe patient care.
- Tele-pharmacy issues included incorrect administration time, and medications inadvertently being discontinued. Follow up by pharmacy was provided.
- In terms of systems issues, it was noted that the system does not have checks built-in to prevent patient weights entered in lbs. Clinical Informatics is working with INHS to improve this system.
- Other issues included patients taking home medications while in hospital. Reminders sent to staff regarding following the medication reconciliation processes.

Through our “Culture of Safety” efforts, we continue to encourage our staff to report near misses and actual errors in order to identify opportunities for improvement. The number of total reported errors remained consistent in 2015; near-misses averaged approximately 9 per quarter in 2015, as compared with 12 in 2014.



## Infection Prevention

### Influenza Prevention Program

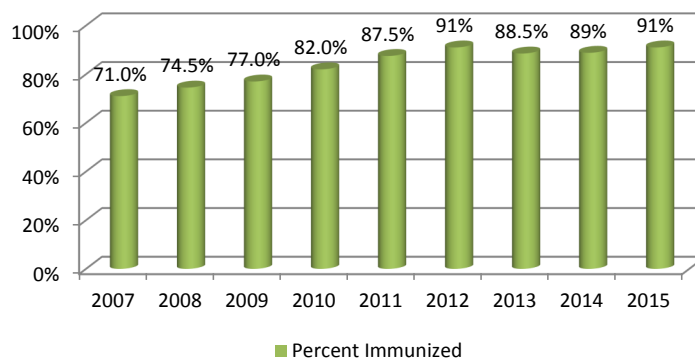
Once again the goal of 90% employee immunization was set by the Board of Commissioners. These results are reported to National Healthcare Safety Network (NHSN) annually. Due to the unexpected arrival of influenza in the community, we had to start vaccinating staff before the season event planning was completed. Even with starting almost a month ahead of schedule 91 percent of the employees at Pullman Regional Hospital received vaccination. 8.7% of the employees signed a declination to be vaccinated against influenza.

With the unexpected start, we still had a “Shotoberfest” and continued with the tradition of weekly drawings for gift cards and a grand prize of \$500 Visa card. The \$500 Visa Card was presented at the Shotoberfest luncheon which was held at the wrap up of the campaign .

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

For 2015-16, 91% of employees employed at the time were vaccinated.

**Percent of Employees Immunized**



### 2015 Infection Prevention Risk Assessment

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

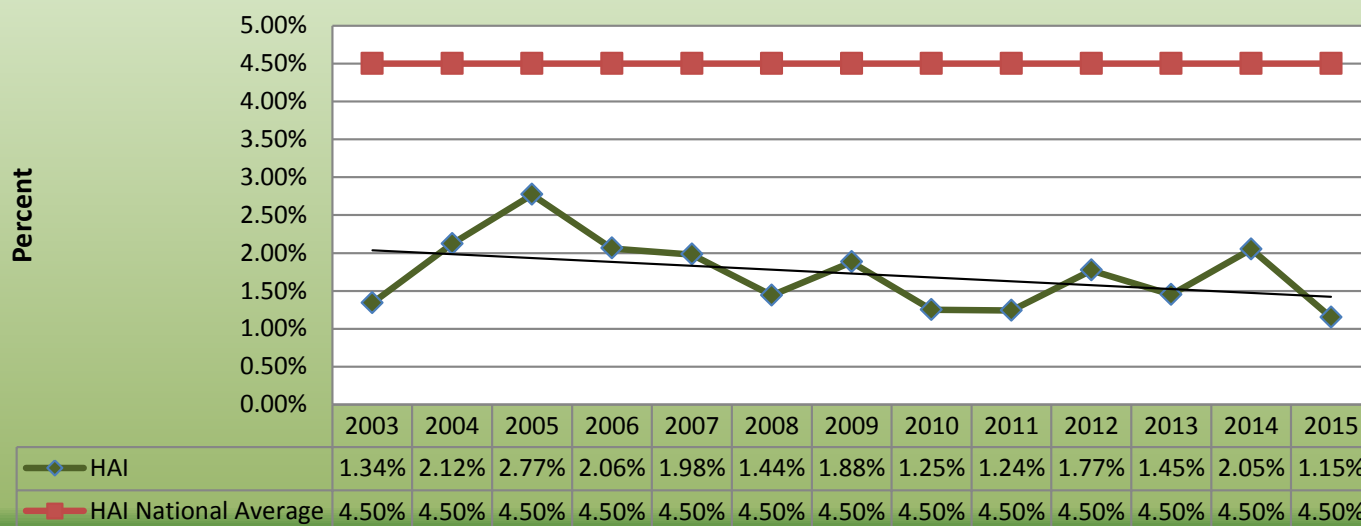
1. Surgical site infections\*, in particularly colon surgeries.
2. Multi-Drug Resistant (MDROs), Clostridium difficile\*
3. Hospital acquired pneumonia- include VAP\*
4. Improving Processes in Employee Health
5. Central line-associated blood stream infections \*
6. Multi-drug resistant organisms (including MRSA\*)
7. Catheter- associated urinary tract infections\*
8. Compliance with isolation procedures
9. Exposure to Bioterrorism
10. Influx of Infectious Diseases

In the upcoming year Infection Prevention focus will be on construction projects that will be occurring throughout the facility. There will be a focus to work on an Influx of Infectious Disease Protocol and to work with the Safety Department on developing a solid protocol for Exposure to Bioterrorism.

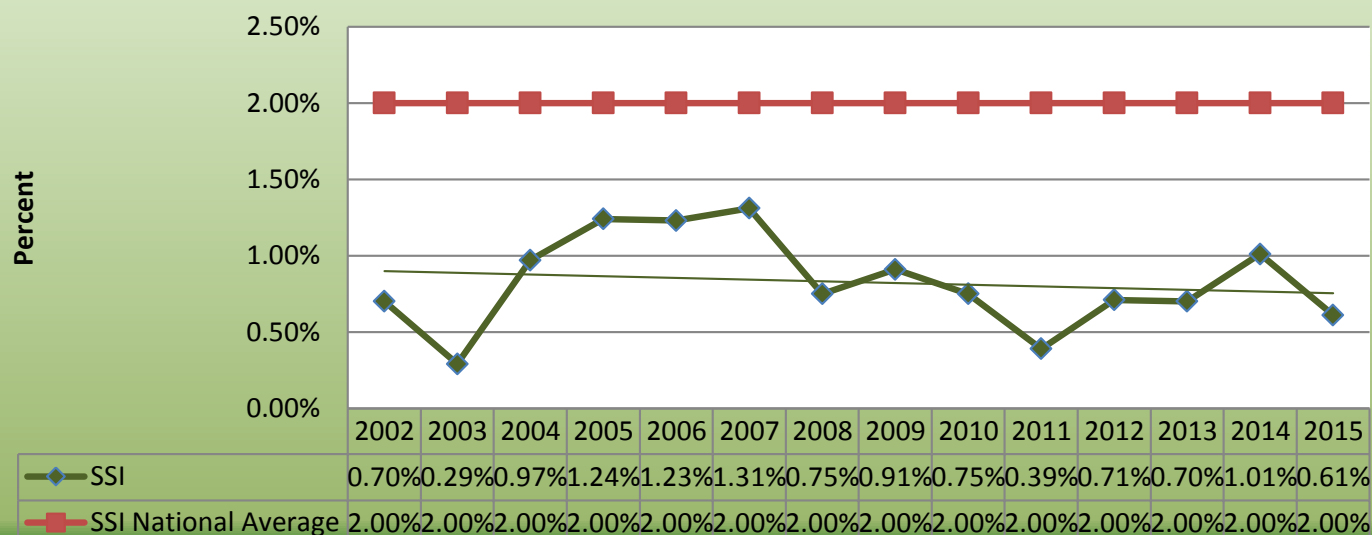
\*required by CMS

## Infection Prevention

### Hospital-Acquired Infection Rate

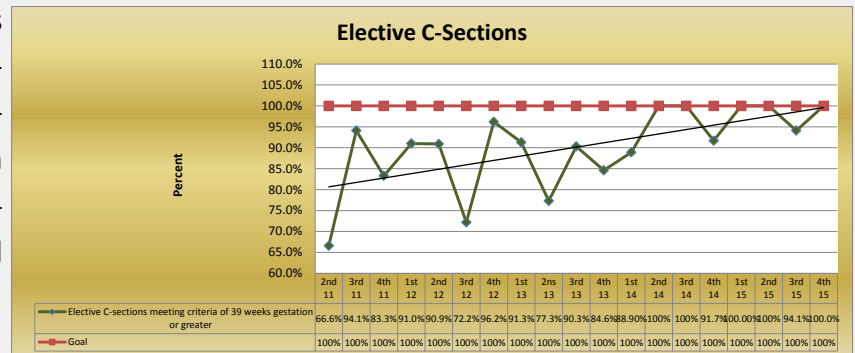
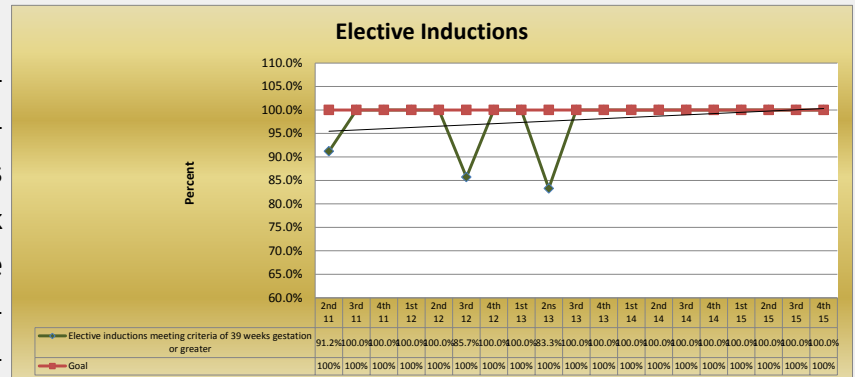


### Surgical Site Infection Rate

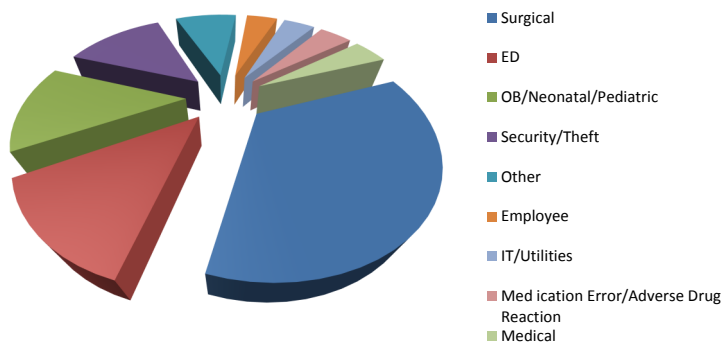


## Additional Patient Safety Performance Improvement Initiatives

**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 2015, 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.



2015 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 23 reported events in 2015 as compared with 14 in 2014 and 10 in 2013. Surgical events accounted for the majority of events reported. One event was 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.



**Communication of Critical Values:** In 2015, communication of critical values continued to be the focus for the Respiratory Care Department, ICU, MSU, Laboratory, and Imaging. During the last three years, performance overall has improved in all areas.

2. Improve Staff Communication	4th 2014	1st 2015	2nd 2015	3rd 2015	4th 2015	Target
Percent of imaging results reported within 24 hours	96.6%	97.6%	97.2%	97.3%	96.8%	95.0%
Percent of imaging critical results reported within 1 hour	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%
Stat lab turnaround time for the ED: 30 min for unprocessed specimens and 50 minutes for processed specimens	98.3%	99.1%	98.6%	97.1%	98.4%	95.0%
Critical lab value identified by RN and appropriate actions taken within 60 minutes	92.0%	91.2%	93.0%	92.5%	88.7%	95.0%

**Fatigue Management Guidelines:** The use of fatigue prevention guidelines continued in 2015. These guidelines utilize recommendations from the Institute of Medicine report on medical errors and evidence-based practice to provide a safe environment for staff and patients; and 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. Recognizing that all staff contribute to patient safety, the use of fatigue prevention guidelines was expanded to all non-exempt staff as well as the commitment to pay overtime for the shift following inadequate rest between shifts.

**End-tidal CO<sub>2</sub> (EtCO<sub>2</sub>) Monitoring:** To continue our dedication to patient safety, Pullman Regional Hospital expanded EtCO<sub>2</sub> monitoring to include high risk medical patients. EtCO<sub>2</sub> has been proven to detect respiratory depression earlier than the more common oximetry monitoring. This allows interventions to occur before a patient is in serious respiratory compromise.

*“I'd like to give a solid shout out to everyone and all the respiratory therapists in the radiology techs. They're a bunch of great people, really helpful, really explained everything really well. They know what they're doing and they're great.”*

## 2015 Medical Staff Performance

### Improvement Activities

#### **OB/Peds Committee**

The committee reviewed 79 charts and provided physicians with copies of review worksheets for feedback.

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

The committee reviewed 26 charts and identified two cases were referred to other Committees for further review.

#### **Surgery Committee**

The committee reviewed 48 charts. The committee approved a recommendation from Critical Care/Medicine Committee regarding the perioperative glucose management protocol.

#### **Anesthesia Committee**

The committee reviewed 152 charts which confirmed excellent improvements in documentation. The committee completed reviewing procedural sedation policies for increased consistency and oversight in all areas of the hospital. In addition, the committee oversaw electronic documentation improvements for pre-operative and post-operative anesthesia notes.

#### **Credentials Committee**

The committee reviewed and recommended 9 initial appointments, 63 reappointments, 18 telemedicine providers, and conducted two Focused Physician Performance Evaluations. The committee revised the Family Medicine privilege form and the Emergency Medicine privilege form.

#### **Family Medicine Committee**

The committee reviewed 6 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 the specific OB-Gyn procedures section of the privilege form.

## 2015 Medical Staff Performance

### Improvement Activities

#### **Psychiatry Committee**

The committee reviewed 19 charts; there were two verbal consultations with a Designated Mental Health Professional (DMHP). The committee continued to provide oversight for the “safe room” activities and the Care of the Boarded Patient policy.

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

The committee reviewed 29 emergency medicine charts resulting in one verbal consultation for care process issues. Forty trauma cases were also reviewed.

#### **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:

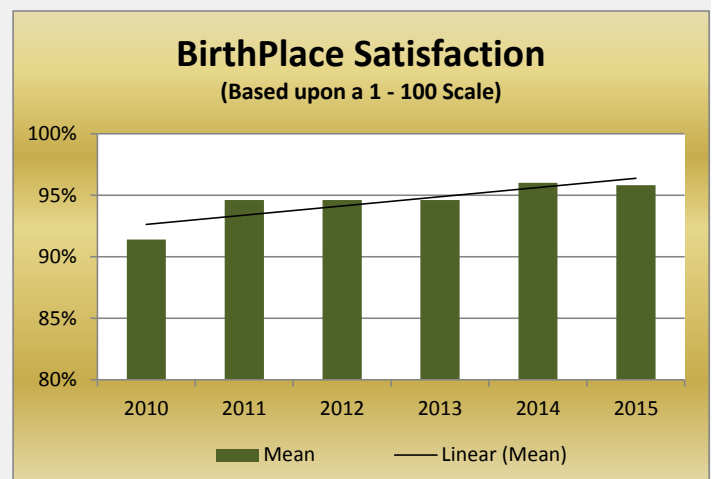
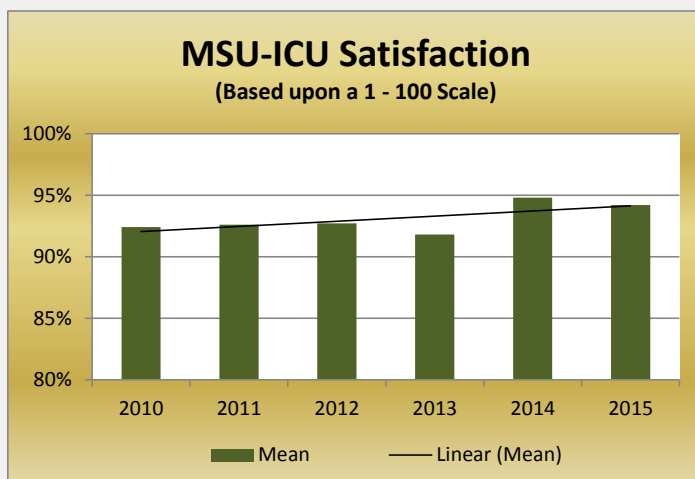
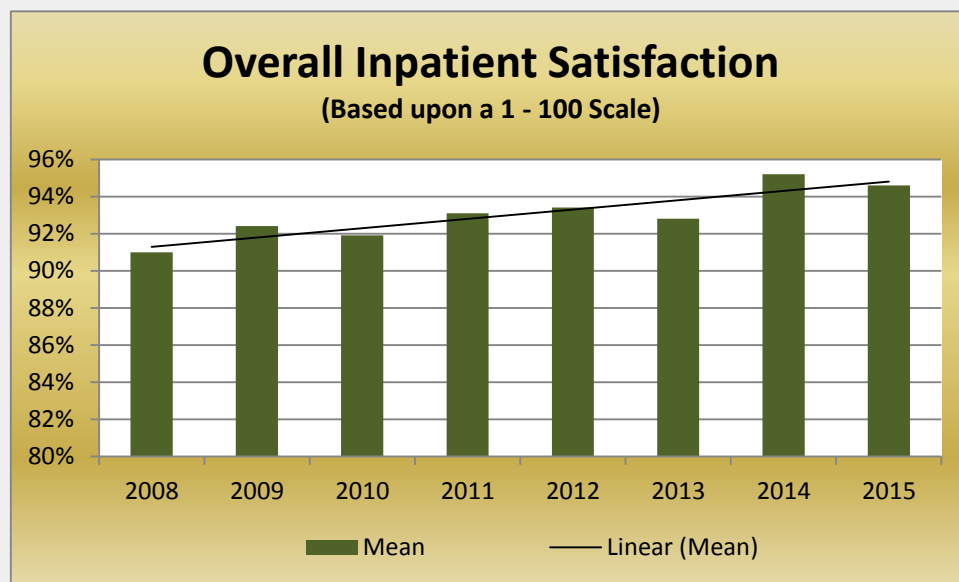
- Chief Medical and Innovation Officer job description
- Family Medicine and Emergency Medicine privilege form revisions
- Approved suspension policy
- Revised the Peer Review Plan
- Revised the Telemedicine Physician Credentialing policy





## Patient Satisfaction Assessment

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

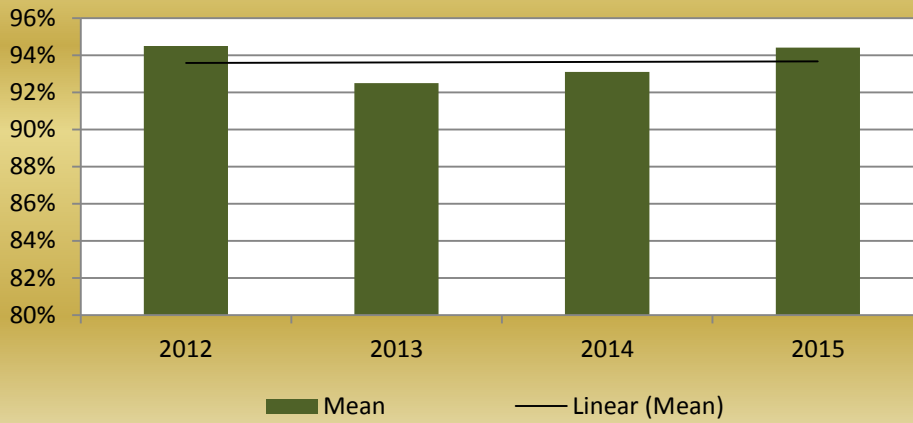


*“I have had four children, all at Pullman Hospital and my last pregnancy was a high risk one so I saw all of these staff frequently. I recommend that anyone in the nation go there to have their baby.”*

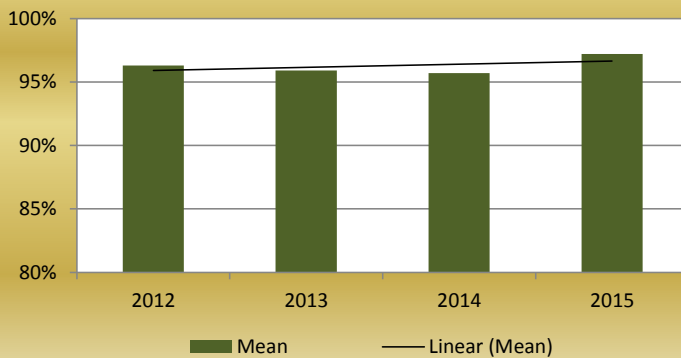
## Patient Satisfaction Assessment



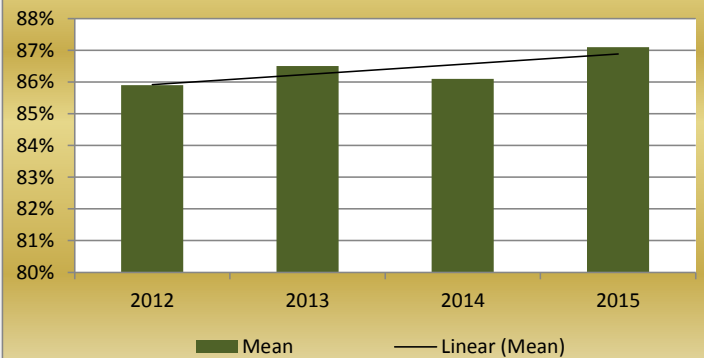
### Overall Outpatient Satisfaction (Based upon a 1 - 100 Scale)



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



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



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

*"The emergency doctor was wonderful. He took the time to listen to my concern, and go over everything that was wrong with me, and explain to me. The nurses were very efficient, and the one nurse who took my blood was very good at it, and she showed me an easier way to take it, so it wouldn't be painful. They were very caring and kind, and I would recommend this hospital to anybody. I actually request this hospital when I need the emergency room."*

## Community Engagement

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

### Community Outreach and Education:

Mental Health First Aid  
 Healthy Steps Together  
 Honoring Choices  
 Women’s Leadership Guild  
 Childbirth 101  
 Infant Massage  
 Weekend Childbirth  
 Senior Health and Technology Classes  
 Facebook Healthcare and Seniors  
 Music and Memory  
 Prescription Pets  
 AWHONN Fetal Hear Monitoring  
 ENLEC Training  
 CPI  
 Parkinson’s Telehealth Support Group  
 SLRI Stroke Telehealth Support Group  
 WSU Memory & Aging Program  
 Social Services Internships  
 WWAMI Tutor Session  
 Cardiac Rehab Fitness  
 National Health Care Decision Day  
 Arts in Medicine program  
 YMCA Summer Camp Mindful Eating presentation  
 Ebola Physician presentation  
 Tomo Breast presentation  
 Relay for Life Bake sale fund raiser  
 Family Promise  
 Gentle Yoga for Volunteers  
 Total Joint Replacement Class  
 Ecuador Medical Outreach  
 Pullman Regional Bliss-Out  
 “Maintain Your Brain” presentation  
 PRH Dance-A-Thon

Meals on Wheels  
 Advanced Women’s Fitness Program  
 Schweitzer Engineering Laboratories Health & Wellness Expo  
 Music in Medicine, Healing Through Senses Workshop  
 Palouse Mall Maternity & Baby Fair  
 Lincoln Middle School Family Fair  
 Lentil Festival  
 Relay for Life Event  
 WSU Cougar Health Fair  
 Experience Pullman Regional Hospital –Series  
 Whitman County Human Society Furball  
 Volunteer Appreciation Luncheon  
 Palouse 100 K Relay and Solo Run  
 Hospital Week  
 Nurses Week  
 Fall Caregivers Conference  
 Senior Fair  
 Flu Shot Campaign  
 Hospital Tours  
 Sunnyside Elementary Career Day  
 Inland NW Blood Drives  
 “Great Shake Out”  
 “Mindful Eating-Harvest Reading”

### Student Programs:

WWAMI Medical Student Preceptor Program  
 Interns in Pharmacy and Education  
 LCSC C.N.A., Nursing, Radiology clinical education  
 Walla Walla Community College nursing students  
 Intercollegiate College of Nursing students  
 Student volunteers in the Pharmacy and ED  
 Spokane Community College HIM Interns  
 WSU Exercise Physiology students  
 WSU Health Psychology  
 Post-Doc 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

126 Community Volunteers donated 13,278 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.

98 Student Volunteers donated 3,397 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, 224 Volunteers served a cumulative of over 16,675 hours.



#### 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. Our Chaplains continue to provide daily rounds as well as emergency services. Our Prescription Pets teams are also making daily rounds. Our Patient Support Volunteers continue to serve in the ED, at Avalon and on-call. The music program is developing more fully with ongoing training and certification in the Music & Memory program.

#### Auxiliary

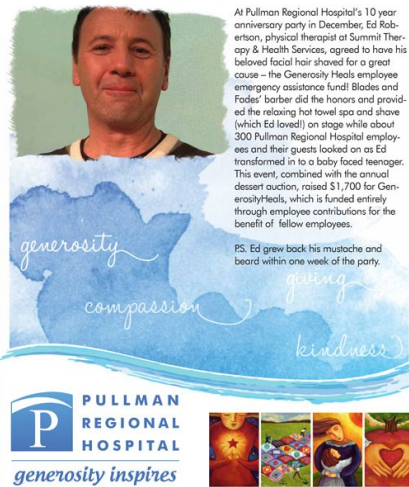
In 2015, the Pullman Regional Hospital Auxiliary granted project funding requests from five hospital departments totaling \$15,178, honoring its mission to help fund patient healing and comfort needs. Since its inception in 1968, the Auxiliary has donated more than \$491,056 towards patient care at Pullman Regional Hospital. This dedicated group of volunteers raises funds through membership dues and yearly fundraising activities. In 2015, membership reached 130 of both active (contributing through dues and serving on event committees) and inactive (contributing through dues) members. The Annual Christmas Tree Raffle, held in December, brought in \$5,000 in ticket sales and was supported by thirteen businesses and hospital departments. The Annual Holiday Tea was also held in December and brought in over \$2,000 in donations. More than 430 Valentine's gifts were delivered through the Have-A-Heart fundraiser in February. The Gift Garden, run by volunteer Auxilians, continues to be the major source of funding and is stocked with an assortment of local, handmade, and seasonal gifts.

## Community Engagement

### GenerosityInspires

The GenerosityInspires Committee held several fundraisers for GenerosityHeals with the annual basket raffle and a dunk tank 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 \$2,400 for the employee assistance and emergency fund. In 2015, the committee made five individual awards of \$500 to employees in need through the GenerosityHeals fund. The hospital also gave nearly \$20,000 in the WOW and Red Sage Bucks program to employees and hospital visitors.

#### *GenerosityInspires a close shave*



#### *Healing Hearts*



### **Relay for Life**

Pullman Regional Hospital sponsored the Pullman Relay for Life event in April and staff organized a bake sale/craft fair with proceeds going to the American Cancer Society.

### **Be the Entrepreneur Boot Camp sponsorship**

Pullman Regional Hospital supported the Palouse Knowledge Corridor Be the Entrepreneur Bootcamp by sponsoring the Health Track and sending Ambyr Henderson and Betsy Wilson to the camp for their Sunnyside Stories project.



### **“Experience Pullman Regional Hospital” Open House held for community**

Pullman Regional Hospital celebrated its 10 year anniversary at its Bishop Boulevard location by holding “Experience Pullman Regional Hospital,” a community open house in May.

Sessions on the hospital’s innovations featured telemedicine (telespeech and telestroke); Advance Care Planning; antimicrobial copper in high touch areas; and newly installed 3D mammography.

### **Music and Medicine Workshop**

Pullman Regional Hospital presented “Music in Medicine: Healing through the senses, a two hour public workshop and collaborative between Pullman Regional and WSU Performing Arts. The workshop focused on the role of music in healing. Special guest Rani Arbo and daisy mayhem, a nationally touring string band, performed their “reused and recycled 150 years of American music.” Rani Arbo is a breast cancer survivor, a trained hospice volunteer, and advocate of arts in medicine.

## Community Engagement

### Community Engagement Dashboard

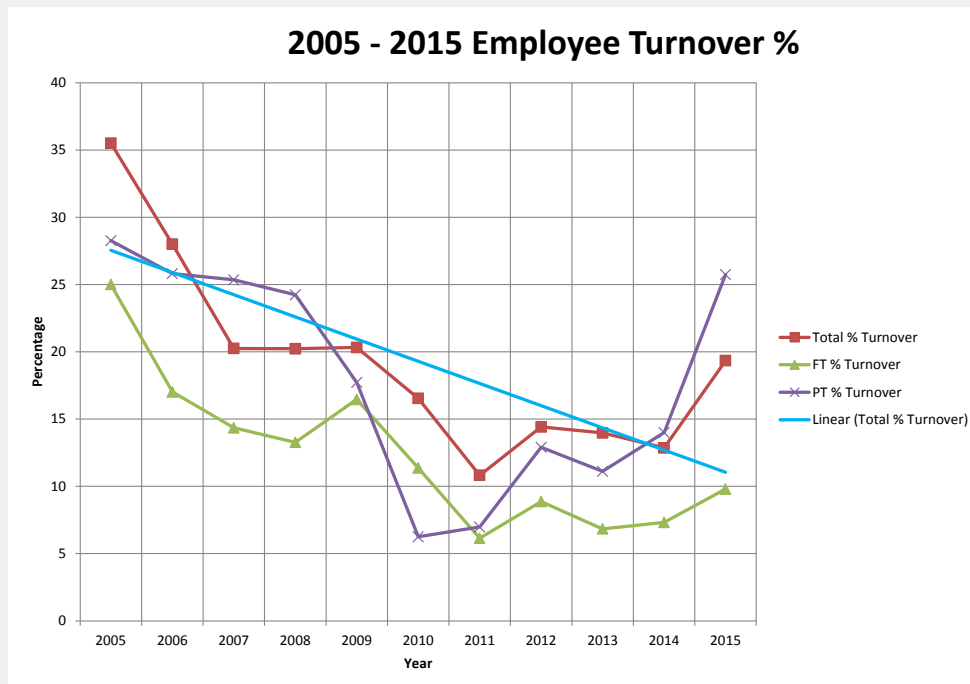
Performance Measures	1st 2015	2nd 2015	3rd 2015	4th 2015	Year End	Year End 2015 Goal
<b>Volunteerism</b>						
Average number of community and hospital volunteers			131	105	126	
Average number of hours per active volunteer served by community and hospital volunteers (excluding students)			25 hours	30 hours	105 hours	
<b>Story telling</b>						
Number of Generosity Stories published (cumulative)	3	8	24	38	38	40
<b>Philanthropy</b>						
Number of donors					859	





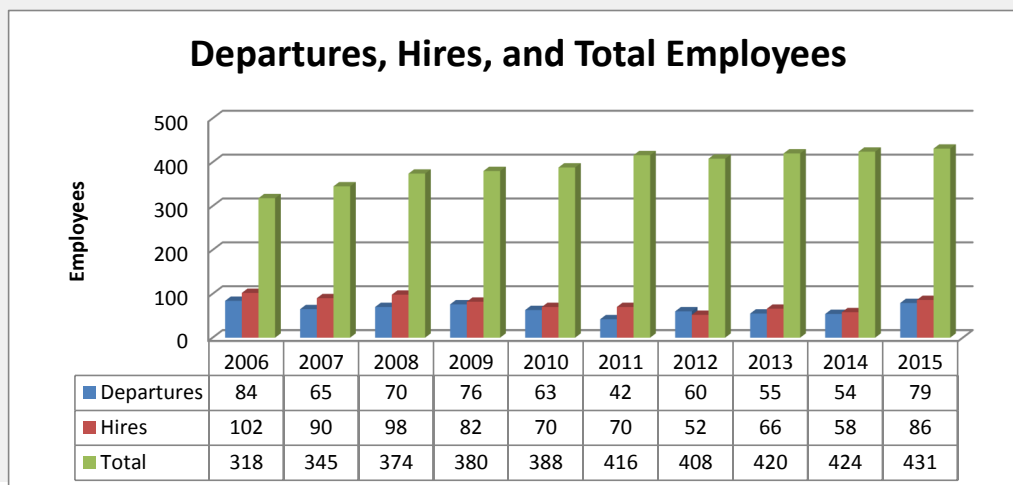
## Employee Recruitment and Retention

Pullman Regional Hospital staff turnover rate was higher in 2015 as compared to the previous years during which there had been a downward trend. In 2015, the hospital had an overall turnover rate of 19.10%, which included a full-time turnover of 9.35% and a part-time rate of 26.26%. The graph below shows the full-time, part-time and total turnover rates from 2005 through 2015.



The hospital implemented a new on-line applicant tracking system. The hospital worked with Healthcare Source and implemented their product Position Manager. This system is more robust than the previous on-line applicant tracking system. It allows the department leaders to submit requests for hiring positions, it supports current hospital employees to submit applications as an internal applicant, and it has direct integration for background and drug screening. Position Manager was implemented in the fall of 2015 and the hospital continues to work with the new system to expand it to its full capabilities.

Pullman Regional Hospital has continued to increase the total number of employees that are employed with the hospital. From 2006 to 2015, the hospital has seen an increase of 35.5% in staffing levels as seen in the graph below.



## Employee Engagement Survey

### 2015 Employee Engagement Survey:

In 2015, the hospital recently partnered with Strategic Management Decisions (SMD) again to conduct an employee engagement survey. The survey ran from July 7 to July 21. An email was sent to each employee's work email with a link to the survey. Employees accessed the survey using the link in the email and the survey took about 10-15 minutes to complete. All individual responses are confidential. The hospital and the departments only receive aggregate results.

The hospital received organization-wide information and specific departmental data was distributed to departments in the middle of August. For the hospital, there were 315 employees who completed the survey. This is a 77.2% completion rate which did not meet our target of 80%. All 11 major categories in the survey had increased scores from 2014. There were only 3 individual questions that scored lower in 2015 than they did in 2014. The overall engagement score for 2015 is 4.47 as compared to 4.41 (on a 5-point scale with 5=strongly agree) in 2014. The highest scoring area on the survey was Customer Focus with a score of 4.49 and the lowest area was Accountability with a score of 3.79.

A few comments from the survey include:

"I sincerely enjoy and appreciate the culture of quality customer service oriented care in an atmosphere of teamwork."

"The work I do makes a difference in people's lives every day."

"We have a culture of excellence and are encouraged to provide exceptional customer service."

"Better team work within departments and with other departments. Better communication between departments as well."

"Less tolerant of poor performers."

"A better medical insurance plan. I realize ours is "not so bad" but I believe it could be better."

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.

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

## Employee Engagement Survey

### Key Drivers of Turnover Risk:

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

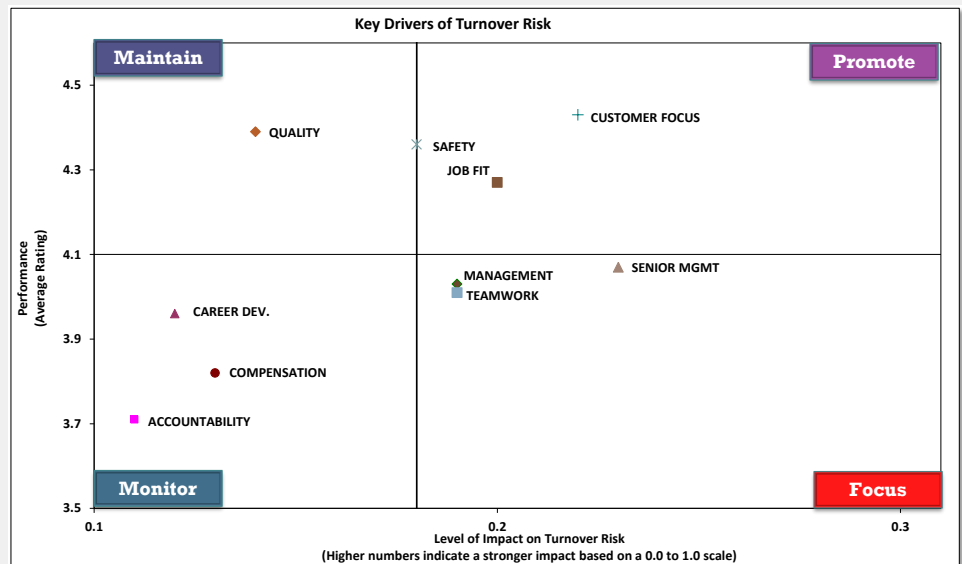
**Promote:** the hospital is doing well and needs to continue to promote those areas.

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

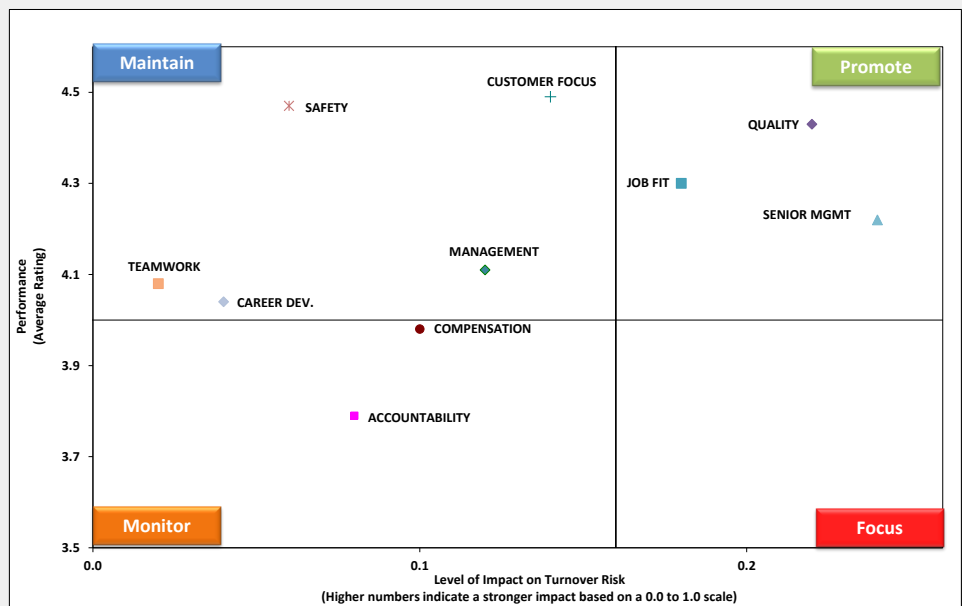
**Monitor:** the hospital needs to continue to monitor and look for ways to improve.

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

In the 2014 survey, there were several drivers in the Focus area. With the results of the 2014 survey, many departments took specific actions to address the drivers within the focus quadrant. These included department directors posting their schedule outside of their office door so staff would be able to locate their leader if needed, staff training and development of new skills, identifying the specific culture of a department, and providing closed-loop communication with staff on issues that were brought forward by staff members.



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





## Wellness for Life

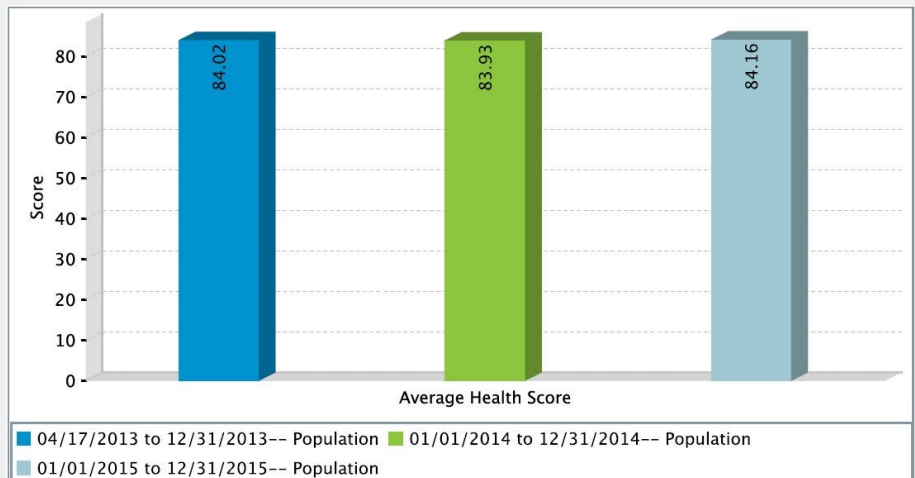
### Wellness for Life:

In 2015, Pullman Regional Hospital again sponsored the Wellness for Life Program. Started in 2012, this program provided employees with opportunities to identify health concerns, establish personal goals, lower healthcare expense and improve quality and outcome.

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

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



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

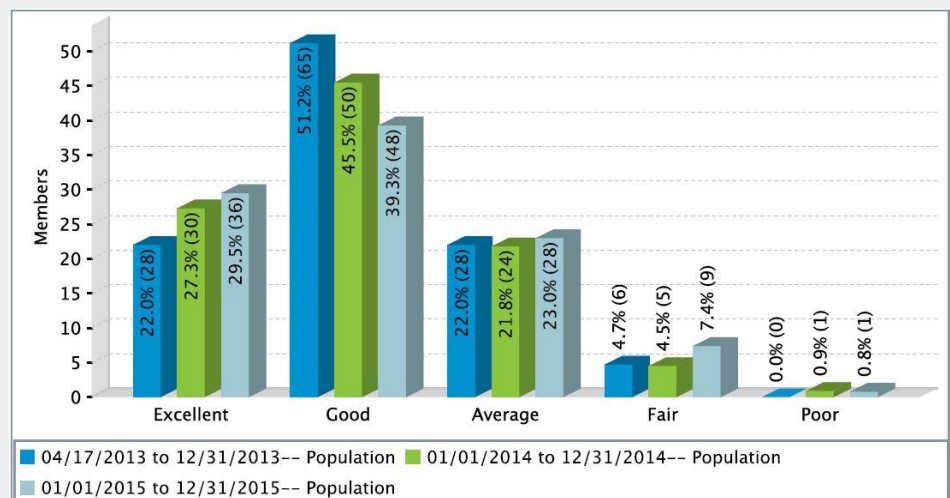
Excellent: 90.0—100.0

Good: 80.0—89.0

Average: 70.0 — 79.9

Fair: 60.0 — 69.9

Poor: <60.0



## Specialty Certifications

## Pullman Regional Hospital Employees

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

## Key:

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

## 2015 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. In 2015, Dr. Rodney Story was promoted to Fellow status in the Society of Hospital Medicine.

## Staff & Physician Recognition

### Outstanding Employee Award:

**Andrew Knecht**

### Nurse Excellence Award:

**Bekah Herndon, RN**



### Physician Excellence Award:

**Dr. Cliff Lightfoot**



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

**Dr. Kumar (Inpatient)**

**Dr. Larry Brown (ED)**



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

**Nurses' Recognition Day:** The annual Nurses' Recognition Event was held in May and featured a breakfast for all staff, a scrub sale, and a "Top chef Challenge". Two hundred staff were served omelettes and tea/coffee. The cook-off featured "sweet" and "savory" dishes with the required ingredient "bacon". Nate James won the "savory" category with his Morrell-Bacon gnocchi and Anita Parrott won the "sweet" category with her maple bacon upside down cake .

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

30 years — Dr. Martha Hunt

15 years — Dr. Edwin Tingstad

10 years — Dr. Aurora Horstkamp, Dr. John Horstkamp, Dr. Brad Bowman, Dr. Jaime Bowman

**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.

*"When I was in the hospital in the November it was the second hip surgery that I had, had. I had a wonderful experience the first time in July, and I had an equally good experience the second time in November. All of your nurses were so attentive, and would call, would come whenever I push the call button for any reason, and they were on top of my pain medicine which I needed regularly, and I had nothing, but good things to say at Pullman Regional Hospital ."*

## Leadership Development and Skill-Building

### Leadership Development:

The 2015 Leadership Retreat focused on each leader learning about their personal leadership qualities using the Leadership Practices Inventory (LPI). LPI is a 360-degree assessment instrument that was developed by James Kouzes and Barry Posner. The focus areas of LPI are the Five Practices of Exemplary Leadership which are:

- Model the Way (MTW)
- Inspire a Shared Vision (ISV)
- Challenge the Process (CTP)
- Enable Others to Act (EOA)
- Encourage the Heart (ETH)



Each member of the hospital's leadership team had ten surveys completed on them. Each leader completed a self-assessment, their supervisor completed a survey, and eight other individuals completed a survey. The other individuals included staff members from their department and other leaders that they work closely with. A total of 360 surveys were completed. The average score for the entire leadership group for each leadership practice are below. Total average scores (Self/Observer) on the five exemplary leadership practices out of a total score of 60:

	MTW	ISV	CTP	EOA	ETH
<b>Average</b>	<b>49.2</b>	<b>47.8</b>	<b>48.2</b>	<b>51.0</b>	<b>47.9</b>

As the leadership development project continues into 2016, there will be learning opportunities for leaders to continue to learn about and practice the Five Practices of Exemplary Leadership .

### HealthStream Electronic Learning System:

2015 brought another change with the administration of HealthStream and the Simulation Lab. Amber Roberts, RN joined the human resource department and become the full-time Education Coordinator – Hospital Staff. She took on the challenge of managing the HealthStream system and Simulation Lab. The clinical departments of the hospital worked with Amber and together they evaluated the CE Center which is a new learning module with HealthStream. The CE Center provides on-line learning that staff can earn CE credits for their professional licenses. Along with the CE credits, the CE center also provides on-line study courses for over 20 certification courses. These certifications include Certified Emergency Nurse (CEN), Certified Critical Care Nurse (CCRN), and Certified Nurse Operating Room (CNOR). Many of the staff will have the opportunity to complete their certification courses at no-charge to them. The decision was made to purchase the CE Center and implementation is scheduled for early 2016.

The Simulation Lab also received new pieces of equipment. After eight years of dedicated service, it was time to replace and update the CPR manikins. Both the adult and infant manikins were updated and now perform better for staff to complete their BLS and ACLS competency. Sim-Man and Sim-Baby both received new software system called LLEAP – Laerdal Learning Application. The LLEAP software unifies the control of all the PC-operated Laerdal simulation manikins. It brings simplicity to running and developing scenarios for simulations. Two new laptops with the LLEAP software were installed and this now makes the use of the simulation manikins easier for staff .

# A YEAR IN REVIEW – 2015

## Numbers & Financials

### Statement of People & Programs

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

Pullman Regional Hospital (wholly owned by PHD 1-A)

Pullman Regional Hospital Clinic Services, LLC (wholly owned by PHD 1-A)

Palouse Surgeons, LLC (jointly owned)

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



### We are a community of:

435 Full-time (261) and Part-time Employees (174)

224 Volunteers that served over 16,675 hours with an estimated value of \$385,000

132 Members of the Hospital Auxiliary. The Auxilians transferred \$15,178 in support of hospital needs

156 Medical Staff (64 in active membership)

### As a team we served:

1,851 Men, Women, Children, & Newborns as inpatients

76,811 Individual outpatient visits

### That Totals:

4,670 Patient Days

452 Babies were delivered

576 Equivalent Observation Patient Days

13,832 Observation hours of care

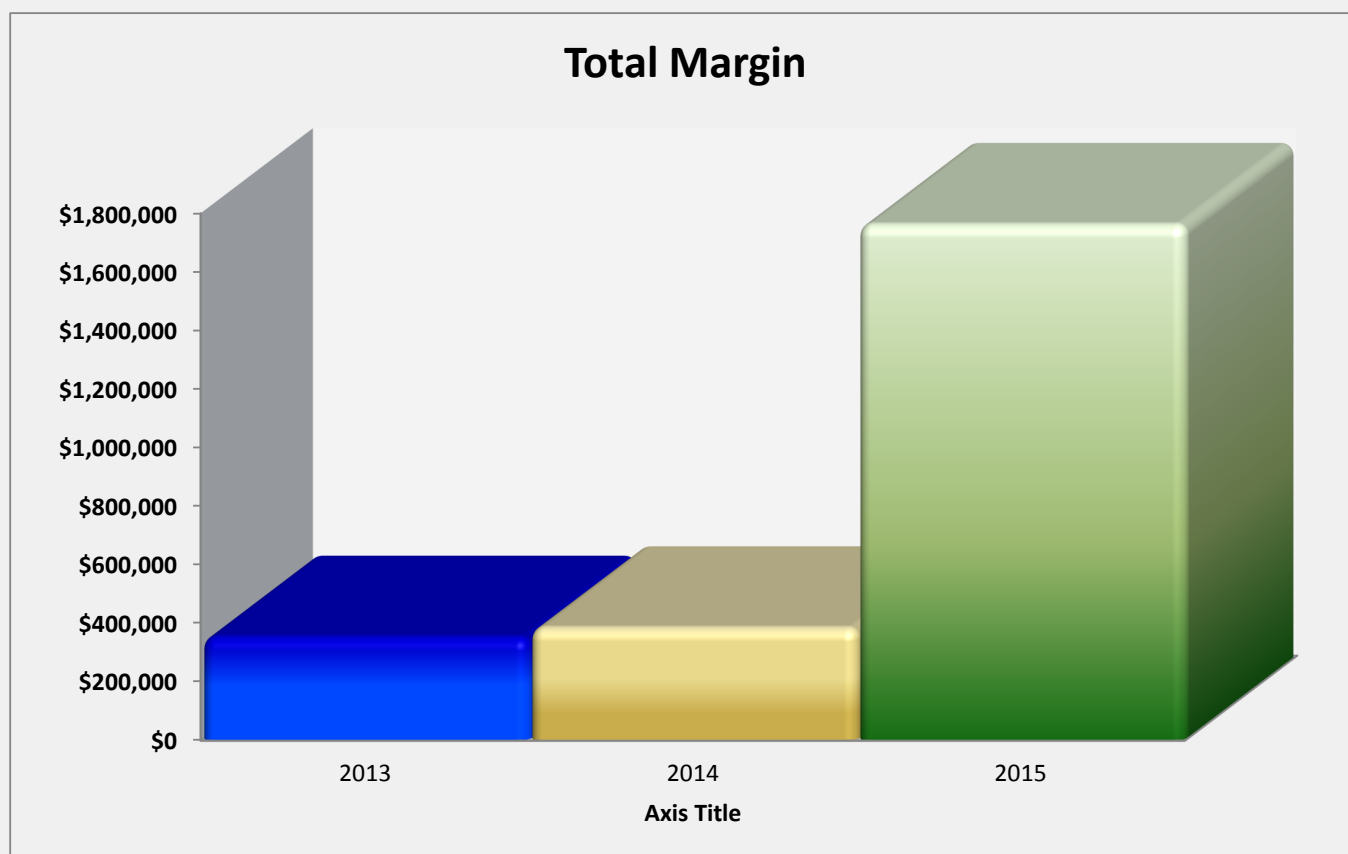
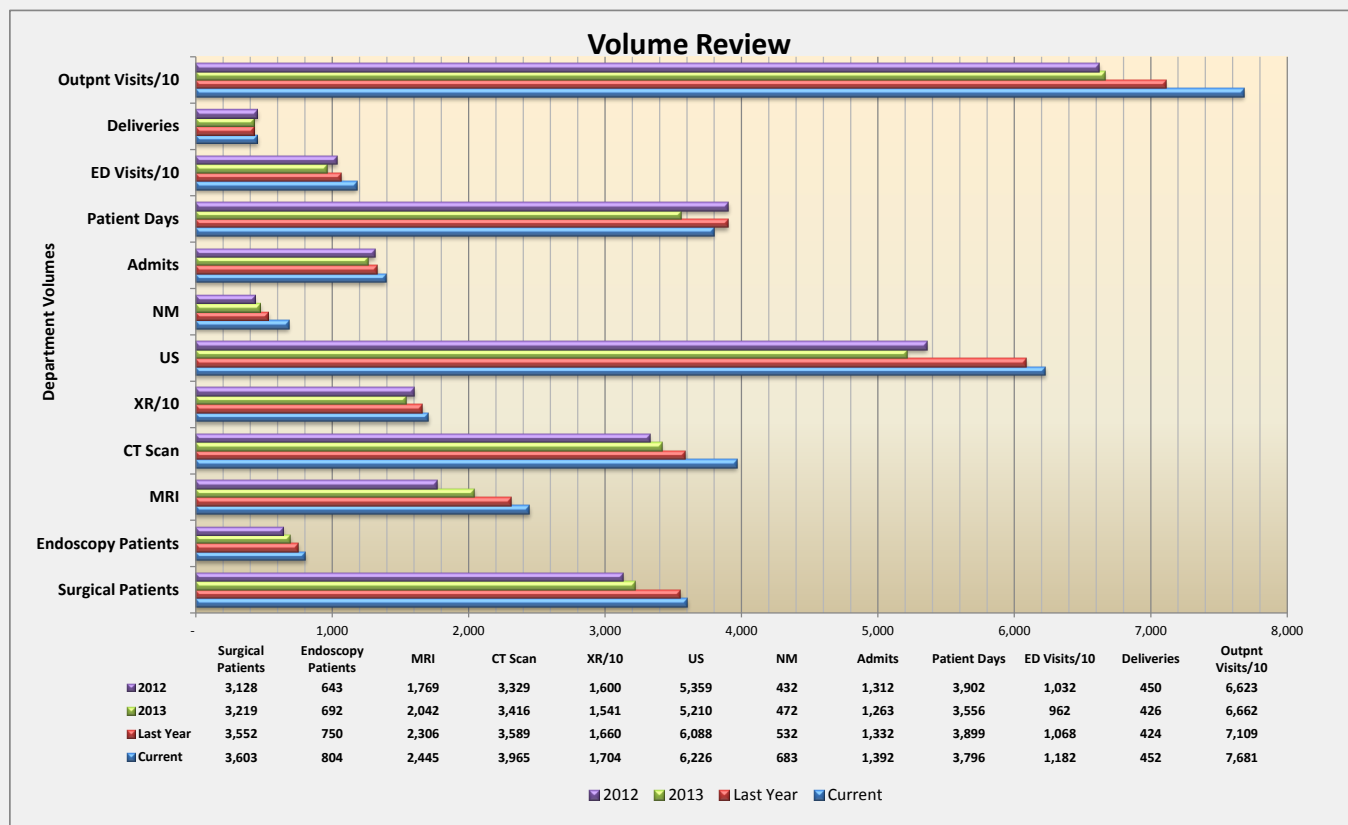
11,818 Patients entered our Emergency Department

93,924 Laboratory tests were performed

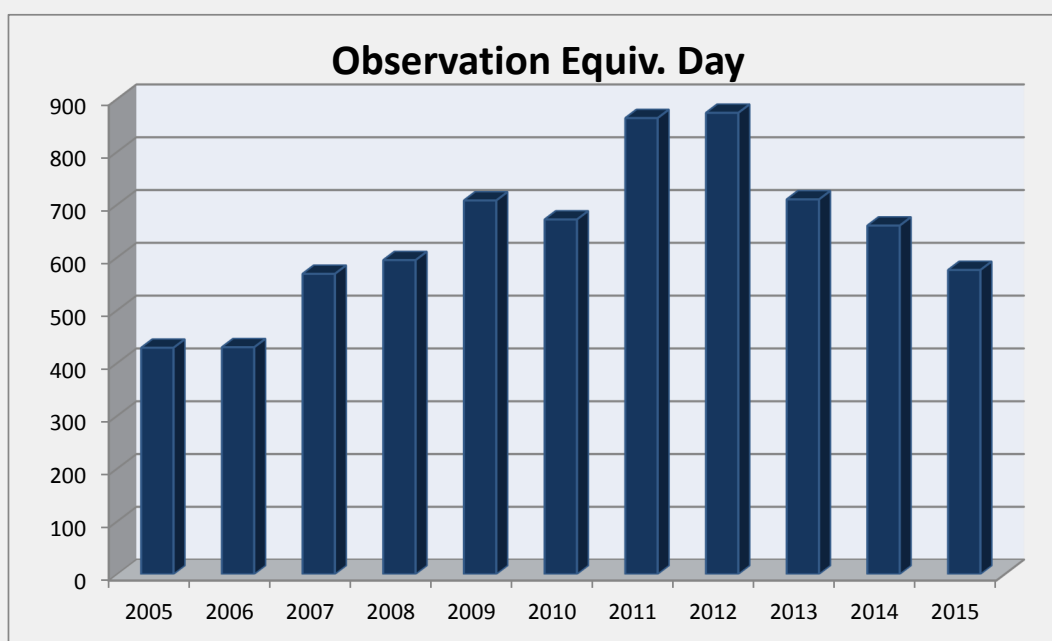
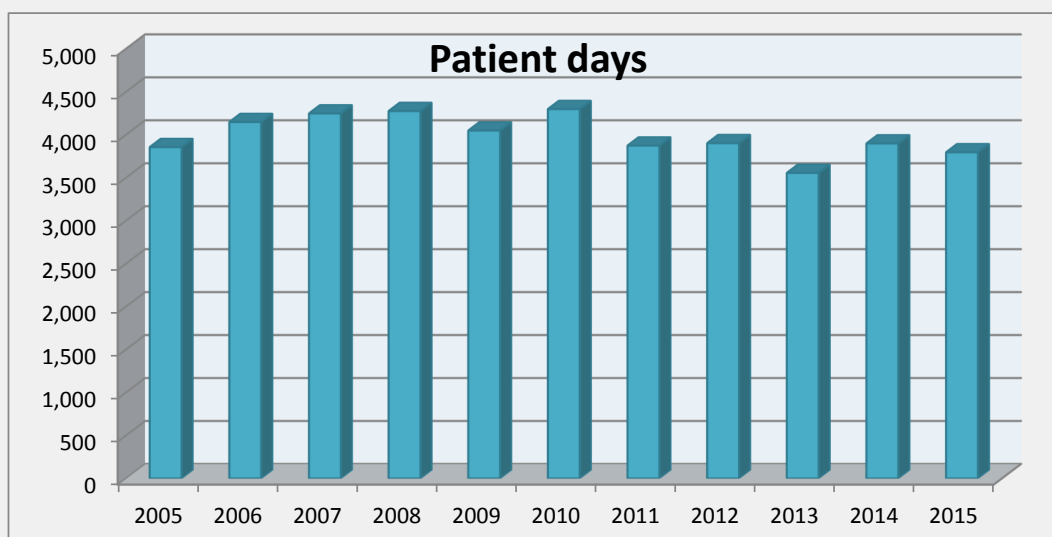
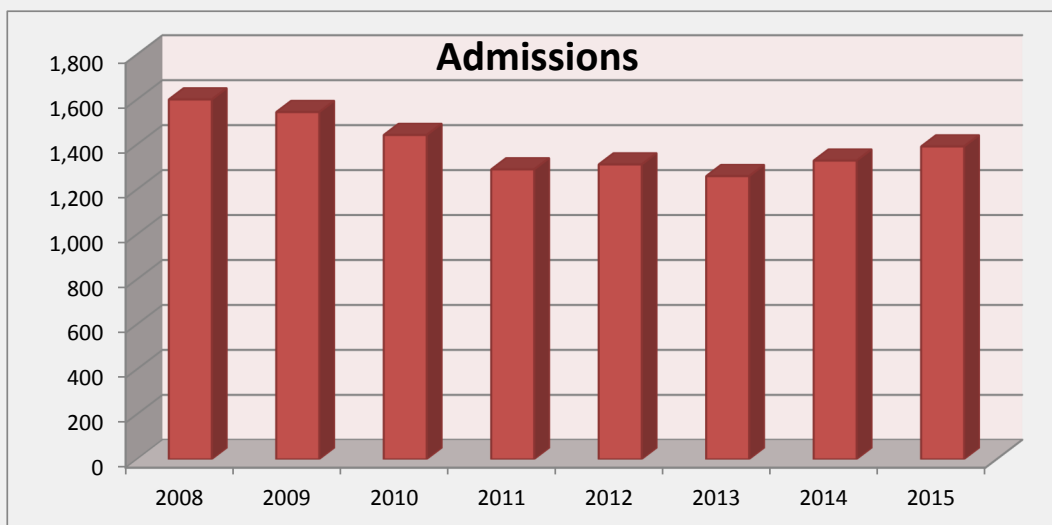
30,357 Diagnostic Imaging studies completed

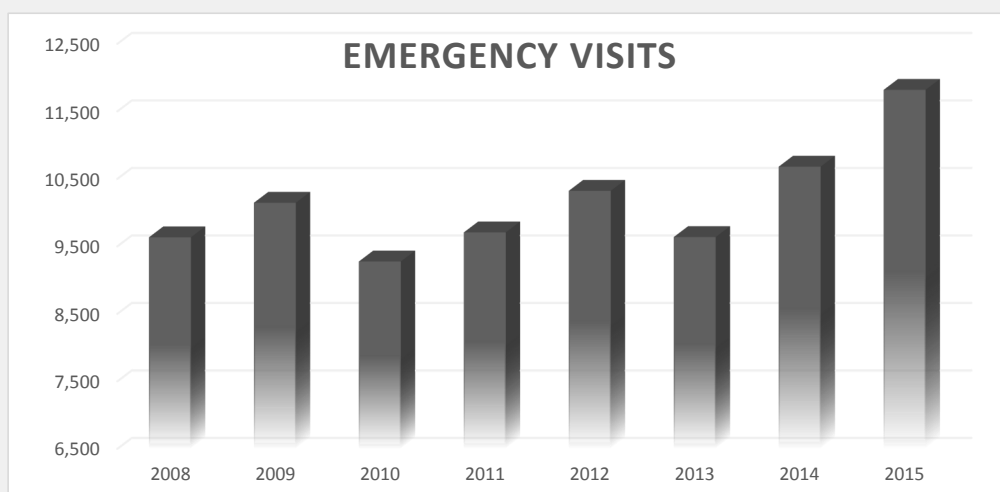
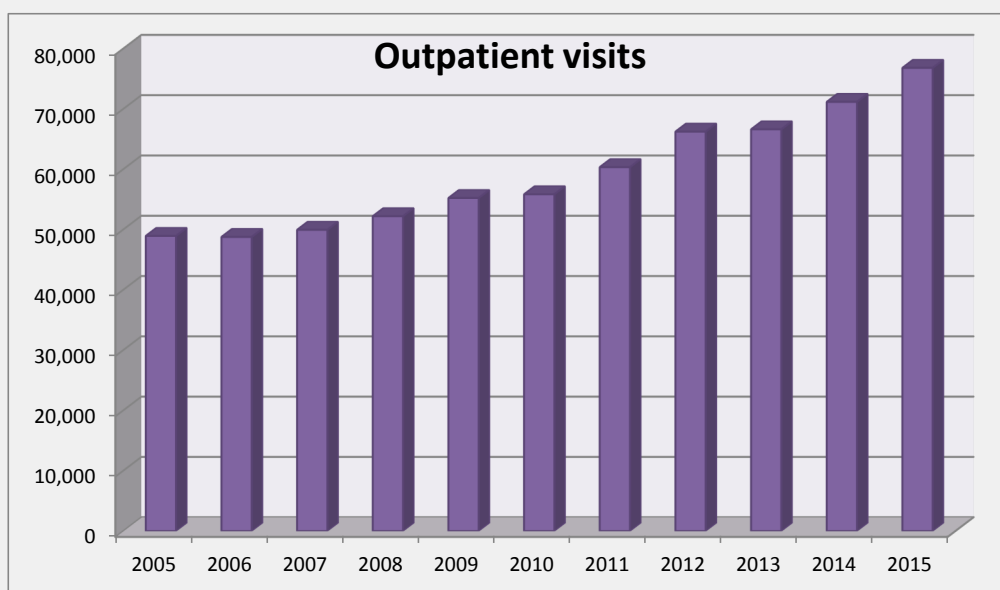
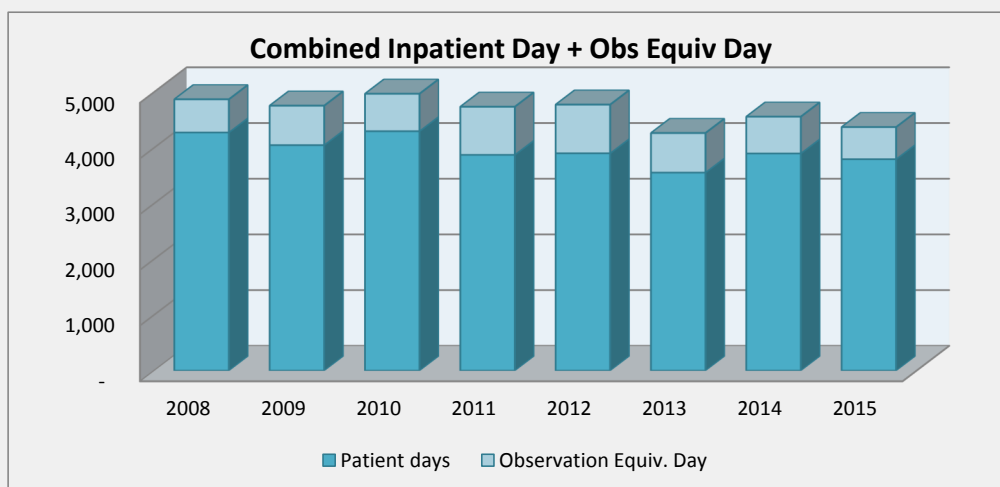
4,407 Surgical patients, 83% surgical vs. 17% endoscopy

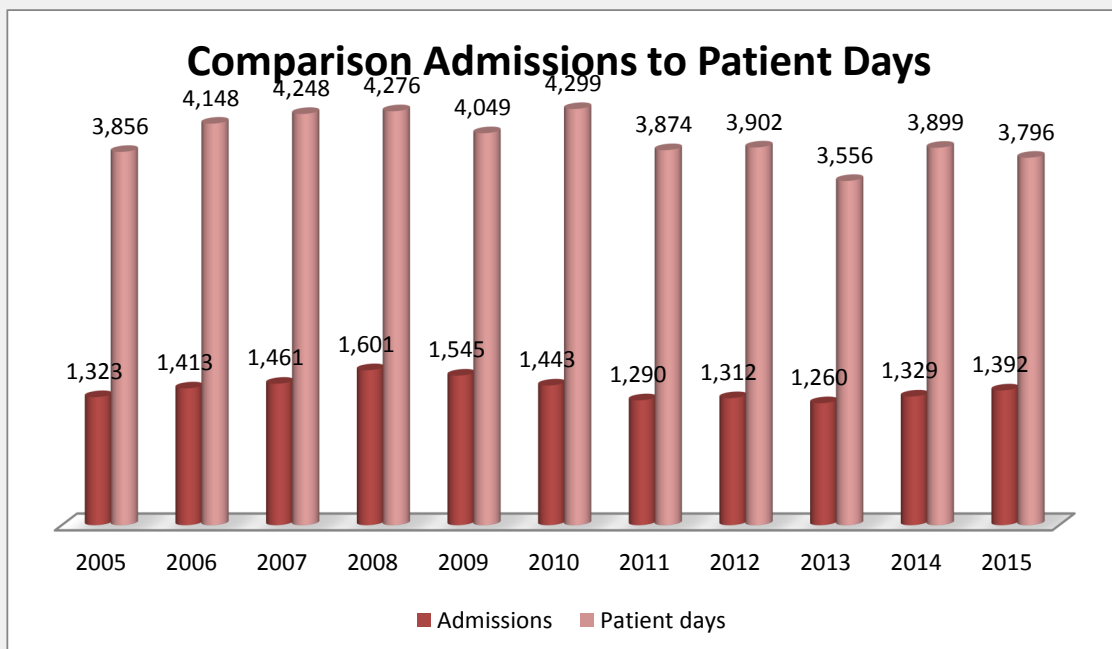
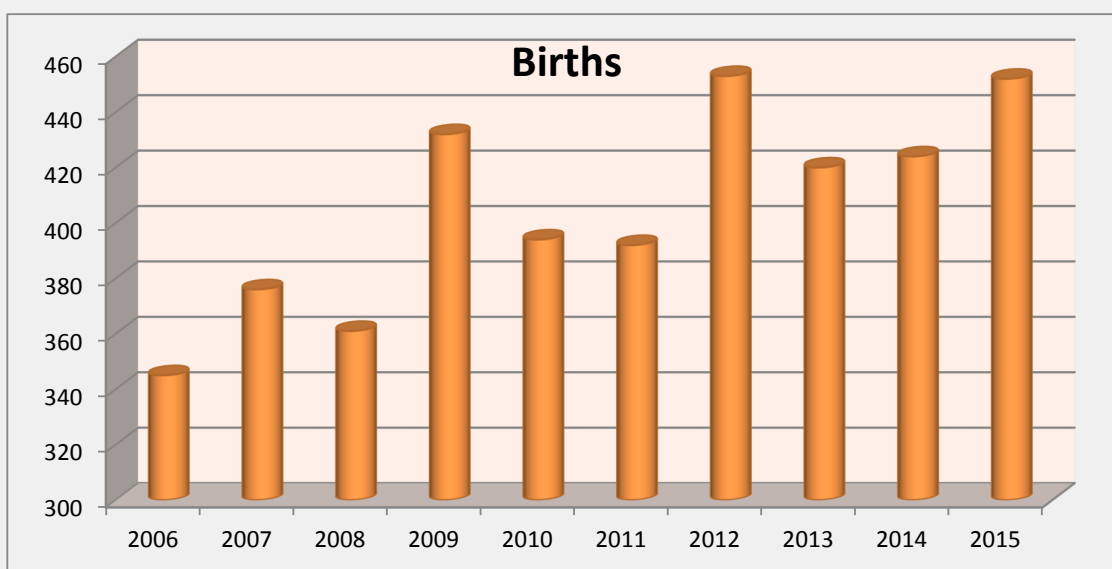
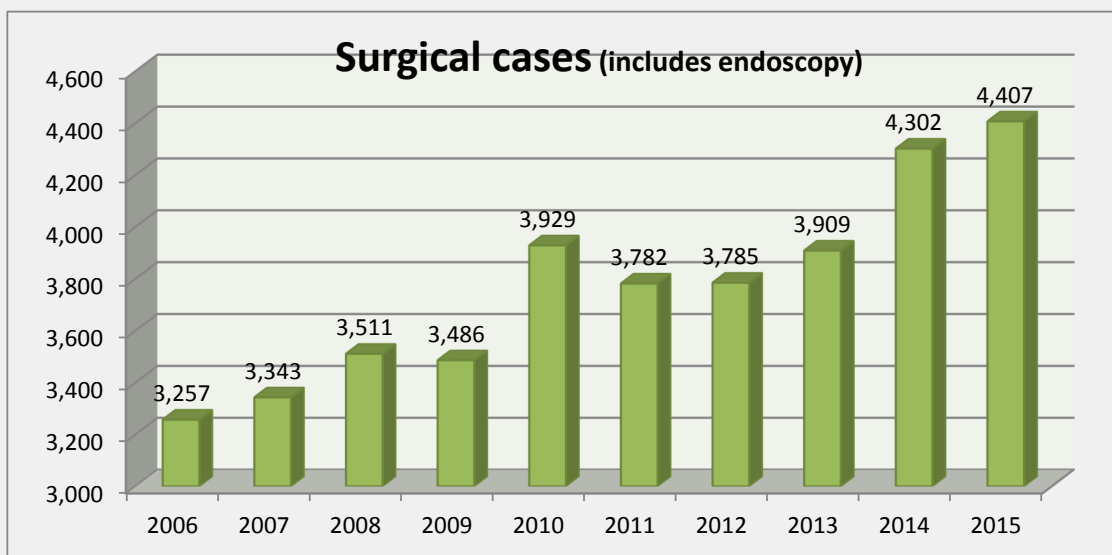




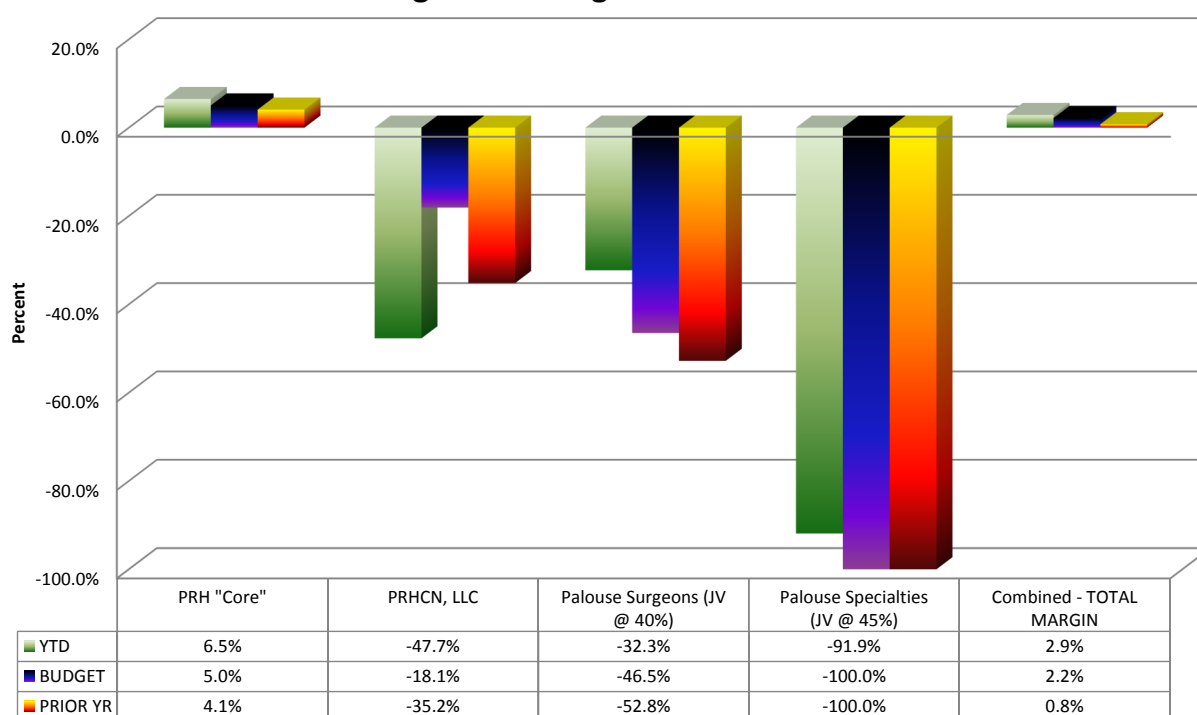








### Margin Percentage Review



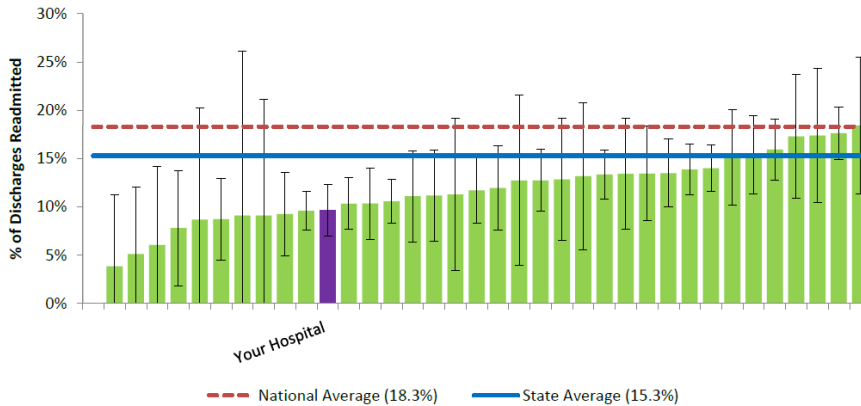
### Pullman Regional Hospital Vital Signs

	2009	2010	2011	2012	2013	2014	2015
<b>Patient Days</b>	4,049	4,299	3,874	3,902	3,556	3,899	3,796
<b>Patient Admissions</b>	1,545	1,443	1,290	1,312	1,260	1,329	1,392
<b>Surgical Cases (including endoscopy)</b>	3,486	3,929	3,782	3,785	3,909	4,302	4,407
<b>Births</b>	432	394	392	453	420	424	452
<b>Observation Hours of Care</b>	16,992	16,128	20,736	20,976	17,040	15,849	13,832
<b>Diagnostic Imaging</b>				26,893	26,548	29,114	30,357
<b>Emergency Visits</b>	10,145	9,275	9,706	10,322	9,637	10,680	11,818
<b>Laboratory Tests</b>				87,898	86,492	90,218	93,924
<b>FTEs</b>	294	291	312	317	323	324	328

## 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.

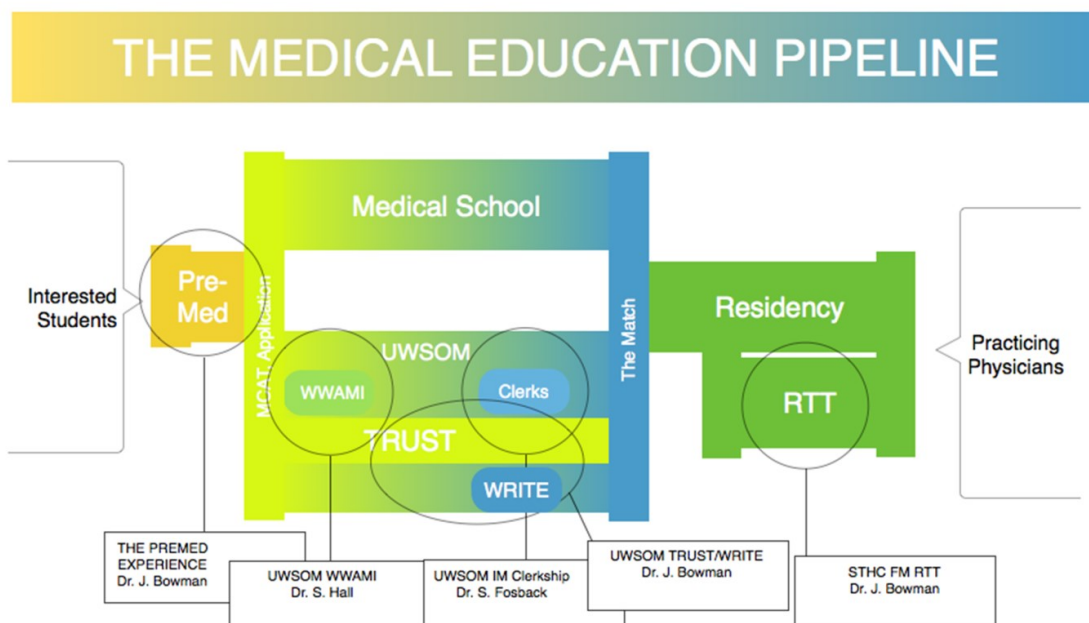
Figure 2: 30-Day Readmissions (as a Percent of Medicare Discharges) by CAH, Current Year



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

Our efforts to organize and establish a Rural Training Track residency in family medicine continued in 2015. We developed effective relationships with program sponsors in Spokane through the Providence Health and Services family medicine residency based out of Sacred Heart Medical Center. Our activities have resulted in an overall plan that addresses all of the components of a comprehensive medical education focus for Pullman and the surrounding region. The diagram below gives greater detail to this “pipeline” of medical education .



## 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 2015. Nursing staff and physicians have increased their utilization of the EMR by entering almost all orders and documentation electronically. MU Stage 1 attestations were successfully completed in 2012 and 2013 followed by attestation for MU Stage 2 in 2014 and 2015. Finalized MU Stage 3 objectives will be released soon for the coming years.

Many nursing documentation screens have been enhanced in 2015 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. Improvements in efficiency and accuracy have been appreciated. Discharge Routine project was initiated in the last quarter of 2015 and will allow providers to complete medication reconciliation at the time of discharge. This project is anticipated to be completed in 2016.

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 for patients to access their medical information such as medication list, allergies, laboratory, and radiology results wherever internet access is available. 634 patients logged into the portal in 2015 to gain access to their medical information. 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 and 2015.

**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**

### **Remote Access Functionality Upgrade:**

Upgrading the software infrastructure utilized for remote access by physicians and hospital staff.

### **Hospital Phone System Upgrade:**

Updated the PBX software to latest version and added a redundant CPU to mitigate outage impact.

### **RFID Temperature Monitoring:**

Added automated temperature monitoring for clinical equipment such as refrigerators, freezers and warmers used on clinical units.

### **Data Center Upgrade:**

Updated the server environment software to enhance server performance and system security.

### **Hospital Wi-Fi Upgrade:**

Increase capacity of the hospital's wireless infrastructure by implementing hardware and software upgrades.



Pullman Regional Hospital was again named as one of the 25 most wired rural hospitals nationally by *Hospital and Health Networks*. Based upon a benchmarking study, hospitals report how they use information technology to address five key areas: safety and quality, customer service, business processes, workforce, and public health and safety. Awards are given to hospitals achieving the highest scores in these areas. This was the ninth time Pullman Regional Hospital has received this award (2007-2015).



## Care Coordination and Delivery Systems

**Health Homes:** Health Homes is a care coordination service offered by the Washington State Health Care Authority. Pullman Regional Hospital social work trained to be care coordinators with Aging and Long Term Care of Eastern Washington (ALTCEW) to provide Health Homes Services to eligible Molina and Community Choice clients in Whitman County. Health Home 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.

**Social Work Extenders:** In a unique partnership with Washington State University, Human Development undergraduate students are serving as "social work extenders" in internships the hospital. As social work extenders, the students are working in primary care clinics in Pullman, at the Palouse Free Clinic, independent living and low income housing facilities in Whitman County. They are providing coaching for self-care of chronic conditions and helping to set health goals and action plans.

Since the program's start in August 2014, the Social Work Extender Interns have offered outpatient support to more than 90 residents in Whitman County .

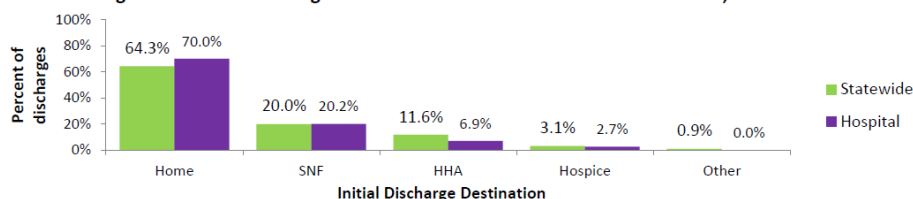
### Readmissions for Select Demographic Groups and Health Conditions

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

	2012 Baseline	Hospital			Statewide
	Readmit %	Readmit %	Current Year Discharges	% of all Discharges	Current Year Readmit %
All	8.3%	9.7%	476		15.3%
Dual-Eligible	13.8%	8.9%	56	11.8%	19.5%
Individuals Under 65	9.5%	4.5%	44	9.2%	19.3%
Individuals 65-84	8.5%	9.7%	320	67.2%	14.6%
Individuals 85+	7.4%	11.6%	112	23.5%	13.8%
0 or 1 Chronic Condition(s)	8.0%	9.1%	121	25.4%	11.9%
2 or 3 Chronic Conditions	8.1%	10.0%	231	48.5%	12.0%
4 or More Chronic Conditions	9.5%	9.7%	124	26.1%	16.8%

### Post-Acute Services Utilization

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



### Care Coordination and Delivery Systems

**The Pullman Feeding Team for Children:** Pullman Regional Hospital (PRH) is the Lead Agency for The Pullman Feeding Team for Children. 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. In 2015, approximately 35 new patient referrals were received from physicians representing the quad city area and rural Whitman, Latah and Clearwater counties. Client ages have ranged from 1-2 months to 12 years. Most common age is birth to 5 years. The most common diagnoses include failure to thrive, feeding difficulties, sensory processing disorder, dysphagia (choking or swallowing difficulty), oral aversion, chronic cough, developmental delay, underweight, abnormal weight gain, feeding aversion with anxiety, feeding tube dependence, prematurity, GI dysfunction and constipation. 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.

**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.

**Advance Care Planning:** During 2015 Pullman Regional Hospital and Pullman Family Medicine began collaborating with the goal of streamlining ACP conversations and developing a process to store and retrieve ACP documents to better ensure patients' wishes are known and honored. In October this collaboration was accepted as an Early Adopter site for the state of Washington initiative, Honoring Choices Pacific Northwest. Training and implementation began in January 2016.

*"Okay, the experience at Pullman was like none other that I ever had from the very time they checked me in until I went home. Even the pre-surgery interviews, and all of the staff from pharmacy, nurses, doctors, everyone! I've never seen such thorough coverage of all things that I would anticipate regarding my surgery. The cafeteria had excellent food and service! The comments from staff seem to link it all back to Scott Adams and the way he runs the show. What can I say except it was the best hospital experience I have ever had."*

## **Whitman County Health Network**

The Whitman County Health Network formed in 2014 to identify service gaps and to identify the county's highest healthcare needs. The Network Board consists of representatives from Pullman Regional Hospital, Community Action Center, Whitman County Public Health, Palouse River Counseling, Pullman Family Medicine, Palouse Medical, Whitman Hospital and Medical Center and WSU Student Health and Wellness. A Rural Health Network Development Planning Grant from the Health and Human Resources Agency received by Pullman Regional Hospital Foundation helped fund the majority of the Network's activities in 2015.

### 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

The HRSA grant also supported the Network in conducting the Health and Social Services Needs in Whitman County Survey in 2015. Surveys were completed online in Spring 2015 and had 266 questions about quality of life, economic development, employment, health, housing, food security and use of social services. More than 1,000 Whitman County residents responded to the survey and the resulting Community Needs Assessment report identified five key areas for improvement:

- Extreme need for affordable Dental Care
- Transportation to services
- Access to nutritious food
- Access to Preventive Care
- Access to Social Services for low-income non-Pullman residents

## Critical Access Hospital Network

### Mission Statement

To enhance the quality of care and test an infrastructure designed to stabilize and strengthen the local rural health care delivery system.

### Purpose

To advocate for rural health care delivery and to develop program funding and resources to support and strengthen CAHN Member care systems:

Shared Understanding of Key Planks for Crossing the Bridge to Value and Specific Network Member CAH Achievements or Standards that Demonstrate Progress				
Leadership	Partnerships	Care Management	Information Management	Operational Efficiencies & Quality
CEO commitment to leading transition to value	Local 'ACH-like' partnership organization with clear definitions of accountability	Providing the right care, at the right place, at the right time	Providing accurate, timely and relevant data	Documented improved quality of care AND decreased cost per patient
<ul style="list-style-type: none"> <li>Bridge to value on monthly agenda</li> <li>Education for staff, medical staff and board is taking place</li> <li>Primary care physician champion is part of education effort</li> <li>Organization includes strategies on progress toward value</li> <li>Key stakeholders are identified and MOA's are in place to share information and increase collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Develop shared vision among partners of local 'ACH-like' organization</li> <li>Create a formal county coalition = local 'ACH-like' organization</li> <li>W/ partners design, create and implement an integrated local delivery system of care</li> <li>W/ partners agree on how to measure quality outcomes and patient care</li> <li>W/ partners define and commit to specific populations</li> <li>W/ partners design referral agreements to set expectations and identify patient 'flow'</li> <li>W/ partners agree on and adopt 'best practices'</li> </ul>	<ul style="list-style-type: none"> <li>Develop a care coordination method appropriate for your partnership</li> <li>Identify and commit to a Care Coordinator with assigned duties and responsibilities</li> <li>Physician champion actively engaged in meetings and education efforts</li> <li>Design and implement a health care team approach with identified responsibilities for each member</li> </ul>	<ul style="list-style-type: none"> <li>Use informatics and disease registry data to identify and define population</li> <li>Share key patient information between 'ACH-like' organization partners</li> <li>Share key metrics with CAHN</li> <li>Use covered lives data to define and commit to specific population</li> </ul>	<ul style="list-style-type: none"> <li>Agree to CAHN standard metrics</li> <li>Identify &amp; commit to metrics point person; responsible for gathering/sharing agreed to standard metrics with CAHN</li> <li>Establish baseline metrics &amp; commit to improve</li> <li>Share w/ CAHN operational metrics, such as, oper. margin, days COH.</li> <li>Share with CAHN quality and care metrics, such as, '5 ACO metrics'</li> <li>Build quality metrics into primary care annual physicals</li> </ul>

### Member Hospitals

Lincoln Hospital  
Odessa Memorial Healthcare Center  
Garfield County Hospital  
Newport Hospital  
Coulee Medical Center  
Samaritan Hospital  
Columbia Basin Hospital  
Dayton General Hospital

Othello Hospital  
East Adams Hospital  
Pullman Regional Hospital  
Medical Center  
Tri State Hospital  
Whitman Hospital  
Ferry County Hospital  
Sunnyside Community Hospital

### **Total Joint Replacement Preparation Class**

Our first Total Joint Replacement preparation class was held on October 5th. The class uses a multimedia and multidisciplinary format, with Carrie Coen being the primary facilitator. Niki Roberts created a video which added to the comprehensive nature of the class. The class was an hour long and following the class the 31 participants completed a preoperative preparation survey and had the opportunity to talk to pharmacy, medical nutrition, respiratory therapy, physical therapy and nursing. Bellevue Healthcare provided a variety of equipment such as bath benches and toilet risers for participants to see and determine what would work the best for them following discharge. The surveys were reviewed by this interdisciplinary team and a follow-up phone call was initiated if the participant was interested. The largest number of participants requested a financial review and Janine Maines was able to provide them with a comprehensive estimate of what their insurance would cover and their out-of-pocket expenses.

### **Improvements in Access to Psychiatric Care**

We are excited for the advancements in our ability to provide patients with mental illness greater access to psychiatric care in a safe environment. For several years, the psychiatric committee has considered how we can make our inpatient rooms safer for patients that are at high risk for suicidality. Two months ago, the biggest concern for patient safety was addressed with safe glass windows and blinds between the window panes, installed in our two primary psychiatric patient rooms. These windows increase the safety for patients significantly. The behavioral health practice is adding additional psychiatric providers which will give our emergency physicians and hospitalists additional access to psychiatric consultation, and a contract has been signed with Insight Psychiatry for after-hours Tele-Psychiatric consultations. The technology is in place, thirteen psychiatrists are credentialed, and they are being trained on Meditech and our dictation system. We went live with this service in November and have experienced successful consultations.

### **Imaging Department Accreditation**

The Imaging department began a journey of full accreditation from the American College of Radiology (ACR) in 2012. Before that time the mammography service was the only service that had been ACR accredited, which has been a requirement for many years. ACR accreditation indicates a high level of excellence in imaging safety, radiation doses, image quality, report timeliness and accuracy, as well as invasive procedure proficiency. Pullman Regional Hospital received accreditation in CT and Nuclear Medicine in 2013, Ultrasound was accredited in 2014 and MRI and Breast MRI accreditation was achieved this year. Hospital imaging services are not required to be ACR accredited, and in fact we are the only hospital in eastern Washington that is accredited in all six modalities. Our imaging department sought this higher level of excellence as a great opportunity to differentiate the work we do here. What this means to our community is that Pullman Regional Hospital Imaging Services meets or exceeds the industry standards for excellence!

## Orthopaedic Excellence

In 2015 Pullman Regional Hospital entered into a partnership with Inland Orthopaedics and Sports Medicine to establish an Orthopaedic Center of Excellence. Opportunities identified through this partnership include:

- Assure access to quality orthopaedic services for emergency patients, trauma patients, outpatients and inpatients.
- Improve patient outcomes
- Develop a sense of shared ownership for the quality of care and the overall patient experience
- Support continued long-term success and growth of orthopaedic services on the Palouse
- Create a stable environment for current orthopaedic surgeons
- Establish clear pathways for strongly aligned incentives between hospital and orthopaedic surgeons
- Create a formal structure that strengthens relationships amongst care providers, thereby developing a team atmosphere amongst hospital staff, referring physicians, and orthopaedic surgeons
- Establish comprehensive, integrated processes of care
- Improve physician recruitment efforts
- Improve longevity of physicians
- Improve the overall patient experience
- Reduce costs of orthopaedic care
- Create a unique brand
- Joint planning to expand hospital capacity
- Assure availability of up-to-date technology.

*"I had knee replacement there, and the care was exceptional. Every single person that I dealt with was professional, kind and caring, from the nurses, doctors, the lab people, the pastoral staff. They made me feel very, very cared about. I can't say enough about the entire staff, and what a wonderful job they did, and also I appreciate the way they took care of my wife who was there with me the majority of her time, and made her feel welcome, and she was important to them as well as I was, and that was really good, so I just want to say thank you."*

Operational Goals					
Year	2011	2012	2013	2014	2015
Average Length Of Stay (days)	3.3	3.3	3	2.6	3
					ranged from 1-13 days Average los 2 days removing the outlier
<b>Total knee replacements</b>	75	83	87	133	169
Number of cases with Dr Tingstad	43	45	45	65	68
Number of cases with Dr Pennington	27	27	34	45	82
Number of cases with Dr Jacobsen	5	11	8	23	19
Number of tka cases performed on patients living outside of Pullman, Albion, Palouse, Colton, Uniontown	69 (92%)	62 (75%)	69 (79%)	96 (72%)	75%
Total gross charges for tka cases	\$ 3,332,753.00	\$ 3,801,300.00	\$ 3,995,900.00	\$ 5,910,346.75	\$ 6,771,922.09
Whitman County	35	33	30	57	Pullman 28 Colfax 17 Rural 24
Latah County	5	20	28	25	Mocow 26 Rural 14
Lewiston/Clarkston	20	15	19	13	29
Further away	15	15	10	38	50
Oldest:		89	86	87	93
Youngest:		51	51	45	46
females:		43	41	67	85
males:		40	46	66	84
Disposition:					
discharged home:		79	71	113	
discharged to Avalon:		3	6	10	
Swingbed	0	1	2	1	
Assisted living, SNF, Home Health				9	
<b>Average gross charges</b>	\$ 44,436.00	\$ 45,798.00	\$ 45,493.00	\$ 44,438.70	\$40,070.00
<b>Average reimbursement</b>			\$ 15,151.00	\$ 17,757.93	\$16,313.00

## Evaluation of the 2015 Performance Improvement Program

In 2015, 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 2015 departmental and interdepartmental Strategic Objectives, related to the six Strategic Focus Areas as identified in the 2015 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 2016, 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 2015 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 2016:

Superior Clinical Outcomes

Community Engagement and Patient Satisfaction


Employee Engagement

Financial Effectiveness

Innovation

Partnerships and Collaboration

New and Improved Products and Services



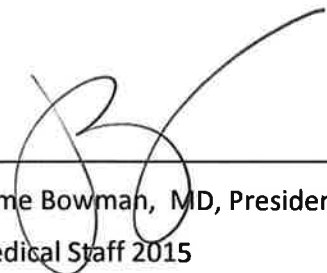
Scott K. Adams, Chairperson

Quality Improvement Committee



Tricia Grantham, President

Board of Commissioners

  
Jaime Bowman, MD, President  
Medical Staff 2015



# Pullman Regional Hospital Employees



Go Red for Women's Heart Health



Cougar Health Fair



Palouse 100K



HydroWorx Excellence in Aquatics Award



Showcasing Copper Innovation at Open House



2015 Shake Out

***Redefining Healthcare***